

## Abortion Culture in Serbia

The large number of abortions carried out in Serbia was first highlighted at the Congress of physicians, in 1935. Although abortion, at that time, was already practised on a large scale, the number increased further after socio-medical indications were accepted as grounds for the procedure. Between 1969, the year when complete liberalisation of abortion came into effect, and 1989, the number of abortions increased from 167,383 to 201,660. The same trend was observed when the number of abortions was compared to the number of live births and number of women of reproductive age. From 1969 to 1989 the number of abortions per 100 live births increased from 107.0 to 133.7, and per 1,000 women aged 15-49, the rate increased from 72.2 to 82.4. The registered data regarding induced abortions since about 1990 are no longer reliable; the number of registered abortions in the years thereafter has been grossly underestimated. The estimated number of induced abortions in Serbia today (excluding Kosovo and Metohia) is about 150,000 abortions per year or 90.5 per 1,000 women aged 15-49

We investigated both primary and secondary factors of the large number of induced abortions in Serbia. Legal aspects of birth control, related health care regulations and policies as well as the social environment are the primary factors. As secondary factors, we assessed knowledge, attitude and practice of both health care providers and clients related to abortion. Laws relating to abortion and contraception, relevant family planning documents and indicators, sex education in schools, specific training in family planning counselling of medical professionals, as well as the development of youth friendly reproductive health care services was evaluated. Characteristics of the main protagonists involved in the delivery of options were analysed through all available data, obtained from three representative population surveys, five in-depth published investigations and one unpublished to date, all of which were conducted in Serbia after 1990.

The advantage of this kind of investigation is that it took different data sources to evaluate the wide range of possible causal factors of the high prevalence of induced abortion in Serbia. Research findings discovered a complex array of factors. The large number of abortions could partly be explained by the early liberalisation of abortion, at a time when modern contraceptives were neither fully developed nor widely available. Regulations with respect to introducing contraceptives into the market are complicated and financially discouraging for pharmaceutical companies. Because of this, combined oral contraceptives, the levonorgestrel-

intrauterine system, condoms and spermicides are the only available contraceptives and none is free of charge. Unfortunately, copper intrauterine devices, implants, injectables, progestogen only pills, the contraceptive patch and the vaginal ring are not on the market. In addition, neither female sterilisation nor vasectomy are available in Serbia, due to the lack of both relevant legislation and customary law, making it impossible for gynaecologists to perform these procedures. Empowerment of Serbian women to control their fertility has been mainly achieved by liberalisation of abortion. The promotion of modern contraception is rare, and is usually presented as part of much broader activities. Traditional contraception and induced abortion have a firm social basis in Serbia which tends to make the population not question the status quo. Generations of women and men prevented conception by resorting to *coitus interruptus* and used abortion, as a backup method. Health care professionals, especially gynaecologists, contribute to maintaining the abortion culture and the slow transition from traditional to modern birth control in Serbia. Serbian gynaecologists were still lagging behind with modern family planning, both on a personal and professional level. Although both abortion and some modern methods were equally accessible in Serbia, contraception was often not the women's first choice. They considered abortion to be an equally valid option and in fact, one which was psychologically less burdensome. Most of the mentioned factors may be classified as a part of traditional or even abortion culture which exists on political, educational, health care and individual level. On the other side, clear limitations in this investigation are the wide time frame; regional character of the majority of in-depth surveys, and relatively small sample in several of them.

However, the approach we took opts for several possible solutions regarding expanding women's birth control choices. The important ones appear to be the establishment of sex education in primary and secondary school curricula; full development of youth friendly reproductive health care services; the introduction of contraception guidance in relevant health care documents and regulations; the improvement of knowledge and skills of health care workers who provide contraception counselling. Apart from gynaecologists, general practitioners, midwives and family nurses could also be involved in contraceptive counselling. Information and education of women and men with respect to contraceptive options could be achieved by different communication channels and messages to form the basis for informed choices. In addition, easy access to the full range of contraceptive choices is necessary. All these proposed activities require government involvement, especially in raising the question of birth control as a significant socio-medical issue in Serbia.