

# THE REPRODUCTIVE HEALTH IN ROMANIA -CURRENT STATUS.

Marius CIUTAN<sup>1</sup>  
Silvia Gabriela SCINTEE<sup>1</sup>,  
Michaela NANU<sup>2</sup>,  
Ecaterina STATIVA<sup>2</sup>,  
Cristian VLĂDESCU<sup>1</sup>

<sup>1</sup> National School of Public Health, Management  
and Professional Development Bucharest

<sup>2</sup> National Institute for Mother and Child Health  
"Alessandrescu - Rusescu"

## 1. BACKGROUND

Health is an essential condition for ensuring sustainable global development. Reproductive health (with both dimensions: women and children) are important health components that ensure the progress of society.

In this context, it is necessary to monitor inequalities in access to quality health services in order to find solutions to reduce these inequalities and to raise the awareness the reproductive health should be an area of interest for decision makers and to support decisions in this field.

In Romania, there is not specific national health inequality monitoring strategy focused on reproductive health. Existing routine statistic at national level, can provide information on very few variables: ex. rural/urban gradient, gender, age and geographical differences in health and health services utilization. More in-depth information on health inequalities has been obtained mainly through specifically designed surveys. One example of such study is the Reproductive Health Survey, conducted in 1993, 1999, 2004, 2016, and it could offer details on the level of covering population with specific reproductive health services.

Currently, at national level, two representative actions could provide information for supporting policy making in the field of reproductive health, and these two public health actions were analysed: The Reproductive Health Study in Romania (RHS), and the National Health Programme for Mother and Child Health (NHP-MCH).

**Reproductive Health Study in Romania.** After previously three rounds (in the years 1993,1999 and 2004), in the year 2016 it was planed the fourth round of the Reproductive Health Study in Romania having as main objectives: to identify inequalities in the field of family planning associated with the residence place, level of education, socio-economic level, age, ethnicity, religion, marital status (relevant indicators); to provide information about the evolution of family planning methods used between 2004 and

*Currently, at national level, two representative actions could provide information for supporting policy making in the field of reproductive health, and these two public health actions need improvements in certain aspects: The Reproductive Health Study in Romania (RHS), and the National Health Programme for Mother and Child Health (NHP-MCH).*

*After decades of sexual education and family planning interventions, reproductive health in Romania is still a matter of concern. The current image of this field in Romania is difficult to be precisely configured having few elements and data in this sense. Main available indicators highlight a low contraception use, a high rate of abortion and high birth rate among adolescents is mainly the consequence of insufficient information on contraception among all population strata.*

*Implementation of an action towards the development of a health inequality monitoring system would be of great importance for getting timely information on this subject, and it is favoured by the increased political awareness on the topic after joining EU, the inequalities that should be reduced as mentioned by the National Health Strategy 2014-2020, the existence of structures needed to develop a health inequality monitoring system and the declared political will. Monitoring reproductive health inequalities would provide information on the necessary actions to be implemented towards reaching a better reproductive health, and would also serve as an action implementation evaluation tool.*

*A special attention should be payed to vulnerable groups: young population in rural communities, low socio-economic and educational status, and persons with mental disabilities.*

**Keywords:** Reproductive health, monitoring, inequalities, Romania

2016 based on the analysis of relevant indicators (such as the prevalence of using any method, modern methods vs. traditional methods) in family planning [1].

**National Health Programme for Mother and Child Health.** Elaboration of the national health programmes is a common way, which has become ubiquitous in the field of implementing policies to prioritize health problems in Romania. The concern of MoH in approaching Reproductive Health field as a health priority issue is old and it was transposed in practice by implementing the National Health Programme for Mother and Child Health within the annually health policy at national level.

In the year 2019, the domains of the National Health Programme for Mother and Child Health [2] included:

1. prophylaxis of dystrophy in children aged between 0 - 12 months, who do not benefit from breast milk by administering powdered milk;
2. prophylaxis of malnutrition in low birth weight children;
3. prevention of phenylketonuria and congenital hypothyroidism by neonatal screening, confirmation of the diagnosis of phenylketonuria and monitoring of the evolution of the disease;
4. dietary treatment of children with phenylketonuria and other congenital metabolic diseases;
5. prevention of hearing impairments through hearing screening in new-borns;
6. prevention of premature retinopathy and its complications, through neonatal screening, laser therapy and monitoring the evolution of the disease;
7. prevention of associated morbidity and complications, through early

diagnosis, as well as monitoring of chronic diseases in children; 8. prevention of complications, through early diagnosis and monitoring of epilepsy and non-epileptic paroxysmal manifestations in children; 9. analysis of inequalities in children's health.

**SCOPE.** The main objective is to provide a current image on the Reproductive Health sector in Romania and to identify the needs in this fields that could support decision making process.

#### OBJECTIVES.

To present the current situation in the field of the Reproductive Health in Romania.

To identify inequalities linked with the provision with specific Reproductive Health services

#### METHOD

The current article briefly presents the results of a review of the main documents (legal framework, policy, scientific reports) and the results of an analysis of the latest available data in the field of the reproductive health in Romania. In this sense, three main documents were reviewed and the relevant information were extracted for identifying the strengths and weaknesses of the health monitoring system in the reproductive health sector in Romania: National Health Strategy 2014-2020, National Health Programme for Mother and Child Health, Reproductive Health Study in Romania.

#### RESULTS

##### A. Current situation in the field of the reproductive health in Romania

In Romania, even if the Reproductive Health is recognized as a health priority there is not specific national health inequality monitoring strategy allowing the implementation of a health inequality monitoring system that could support decisions in this field.

At present, there are several data collection systems with no databases linkage leading to difficulties in comparison data. Also, there is no systematically data collection on health determinants and disease risk factors, and the few data collected are aggregated at district level and frequently are operates changes of software. There is no structure with clear responsibilities in monitoring health population at national level and there is no standard set of indicators for measuring and monitoring the health status of population, at national level.

So, the development of a health inequality monitoring system, and especially its implementation, could still be jeopardized by some factors such as: shortage of human and financial resources, poor collaboration among different sectors that might impede an effective linkage between different national databases, long-lasting decision-making process and lack of political stability to support the entirely implementation of such an action.

The National Health Strategy 2014-2020 [3] recognizes that there are inequalities in the health status, health determinants and health system, but there are not specific

objectives or activities directly referring to the health inequalities monitoring system. Two national health programmes approved annually by a Government Decision monitor the health status of general population (the programme for evaluation of health status and health promotion and education) and for some vulnerable groups (the programme for mother and child health), but they are not specifically focused on inequalities.

By analysing the relevant actions, structures and processes put in place for monitoring health status of population in terms of reproductive health, it can be concluded that even if, in the field of reproductive health, annually is carried out a specific health programme (the National Health Programme for Mother and Child Health), the strategic purpose is not for a systematically monitoring of health status of population by specific indicators, but rather for covering a prior need in developing the sector of family planning and assuring basic services of reproductive health.

Even if, some data are collected, the indicators calculated from these data does not allow to build and update an image of the reproductive health in Romania, so that to provide decision makers with valid and exhaustive evidence for policy making in this field. The current image has many elements missing and others needing improvements (figure 1 and figure 2).

##### B. Inequalities in reproductive health in Romania

The main available evidence on disparities in reproductive health are derived from the in-depth revision of the previous studies on Reproductive Health in Romania, with special focus on the study performed in 2016 (the last one with results available).

The main dimensions for measuring inequality in the field of reproductive health, in Romania are represented by four characteristics evaluated in the Reproductive Health studies, such as: education\*, place of residence\*\*, socio-economic level\*\*\* of the family, ethnicity\*\*\*\*.

Where:

\*Education was distributed on three levels: 1. without school, primary, general education, 2. upper secondary education, 3. tertiary education.

\*\*Residence place is distributed on two levels: urban and rural.

\*\*\*Socio-economic level was distributed on three qualitative levels: low, medium and high.

\*\*\*\*Ethnicity is distributed on three levels: Romanian, Roma, others.

According to the final results of the 2016 Reproductive Health studies in Romania, some clear inequalities can be underlined regarding the aspects related to the reproductive health in Romania:

◇ *Women's education level* influences both the use of contraceptive methods in general and modern methods of contraception. As can be seen in the table below, the share of users of modern methods is higher in women with tertiary education compared to the other categories by 5-8%.

◇ *The residence place* influences both the use of any methods and the use of modern methods. The percentage of women who use modern methods in urban areas is about 6 percentage points higher than in rural areas.

Figura 1. The Health Monitoring Sector in Romania

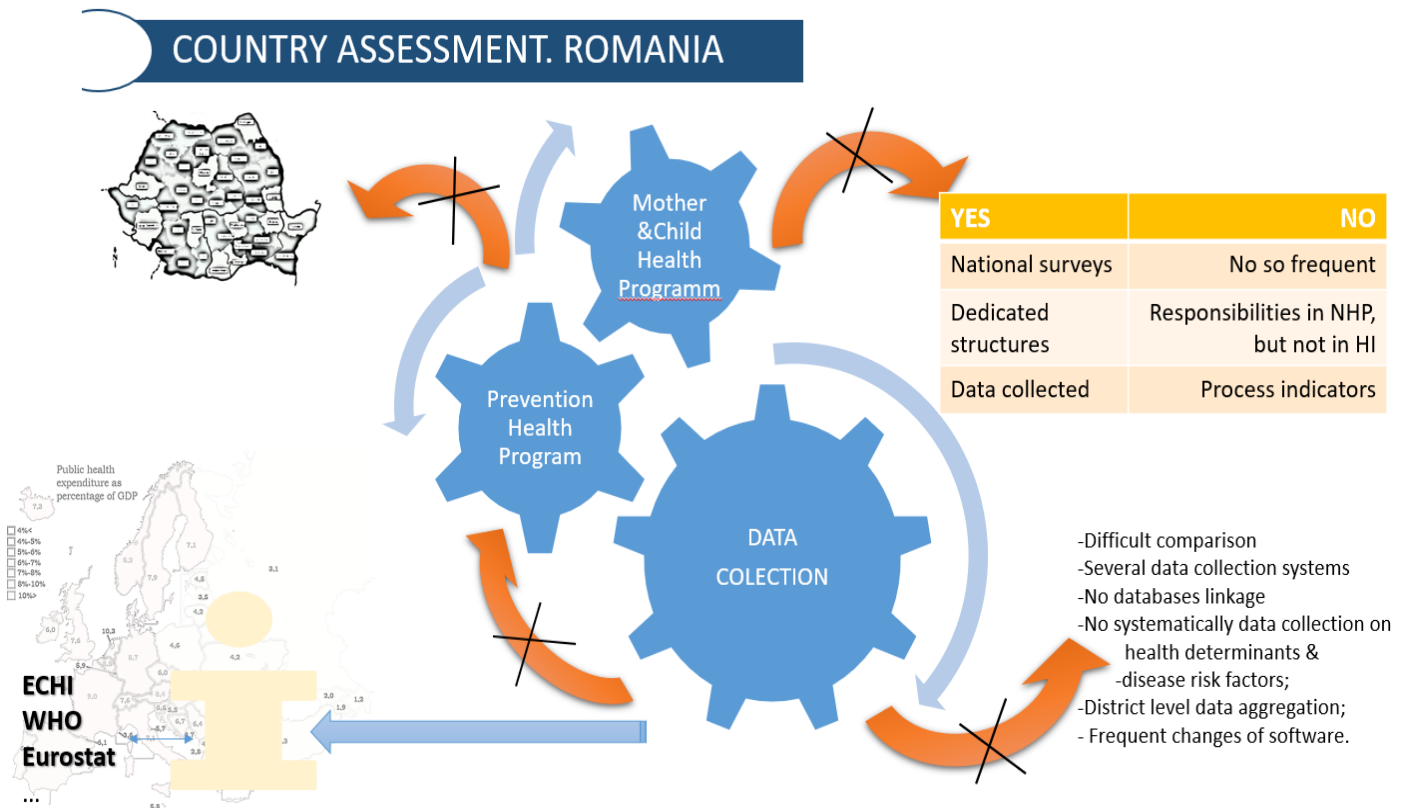
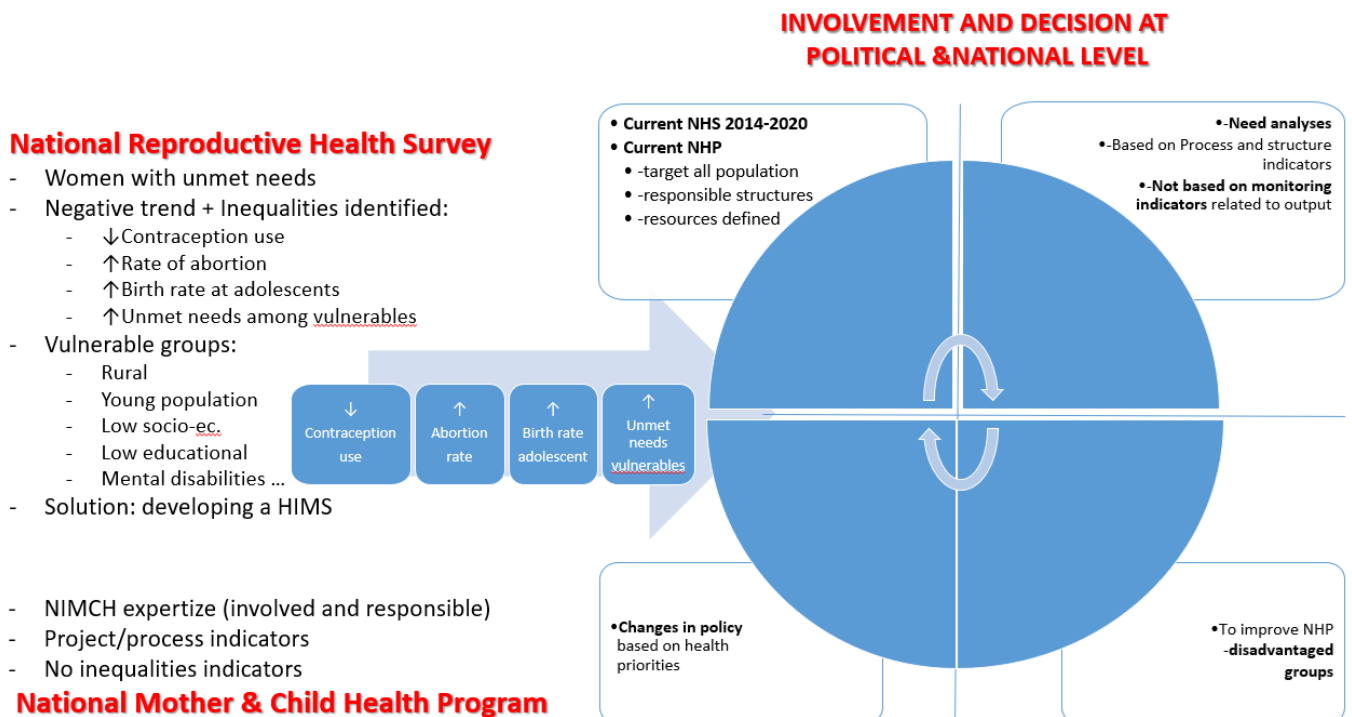


Figura 2. Levels of interventions in the field of Reproductive Health Monitoring System, Romania



- ◇ *The socio-economic level* most dramatically influences the use of modern methods of contraception. The percentage of women with a high socio-economic level who use modern methods of contraception is 20 percentage points higher than women with a low socio-economic level.
- ◇ *The use of contraceptive methods* in general as well as modern methods of contraception is almost 20 percentage points lower in the Roma population than in other ethnic groups.

In addition to these clear evidence, numerous specific aspects related to elements of reproductive health have been measured, and the level of disparities can be highlighted in the detailed summary below that presents the values of relevant indicators collected and calculated, such as: Use of contraception by young people (15-19 years) at the first sexual experience and by couples; The use of abortion; Prenatal care; Number of prenatal consultations; Birth and type of birth; Preventing cervical cancer.

***Use of contraception by young people (15-19 years) at the first sexual experience***

Contraceptive behaviour in the first sexual experience is an important indicator of the risk of unwanted pregnancies of sexually transmitted diseases as well as a predictor for the subsequent use of contraception by women.

More than half of the 51.1% of young women stated that they used a method of contraception at the first sexual experience (chart 1). This percentage is similar, although slightly lower than the value recorded in the previous 2004 RH in Romania study.

There are very large differences between urban and rural, where in urban the share of users of a method of contraception is double that of rural women (chart 1).

***Use of contraception by couples***

Globally, the level of contraception methods use decreased in comparison with the previous period (2016 vs. 2004) from 70.3% to 55.6%, and the proportion decreased also for urban and rural; even if for some contraception methods the prevalence of use is satisfactory, it can be encountered some differences in proportion of couples using different contraception methods between the two period of analysis, respectively RHS-Ro in 2004 and in 2016 (table 2).

Traditional methods use has decreased with 20.2% (12% in 2016 vs. 32.2% in 2004) while proportion couples using modern methods increased but in a lower rhythm, with only 5.4% (43.6% in 2016 vs. 38.2% in 2004).

It can be noticed a diminishing urban-rural difference on contraceptives use behaviour: from 9.2% in 2004 to 5.4% in 2016 (for modern methods), respectively from 13% in 2004 to 3.2% in 2016 (for traditional methods) -see values of differences between categories in table 2.

As a general trend, it can be highlighted the use of modern methods of contraception has increased between the two period of analysis (2004 and 2016) for all categories analysed while traditional methods became less and less used among the population (table 2, where the arrow signals the sense of trend).

***Experimentation/use of abortion***

The data from the 2016 RH in Romania study show that abortion is used more frequently by women in urban areas with higher education and high socio-economic status. This situation can be explained by the fact that access to abortion (although it is undesirable) is limited to socio-economically disadvantaged people, most likely due to the cost of an abortion (table 3).

**Chart 1. Use of method to avoid pregnancy at the first sexual experience, Romania, 2004-2016**

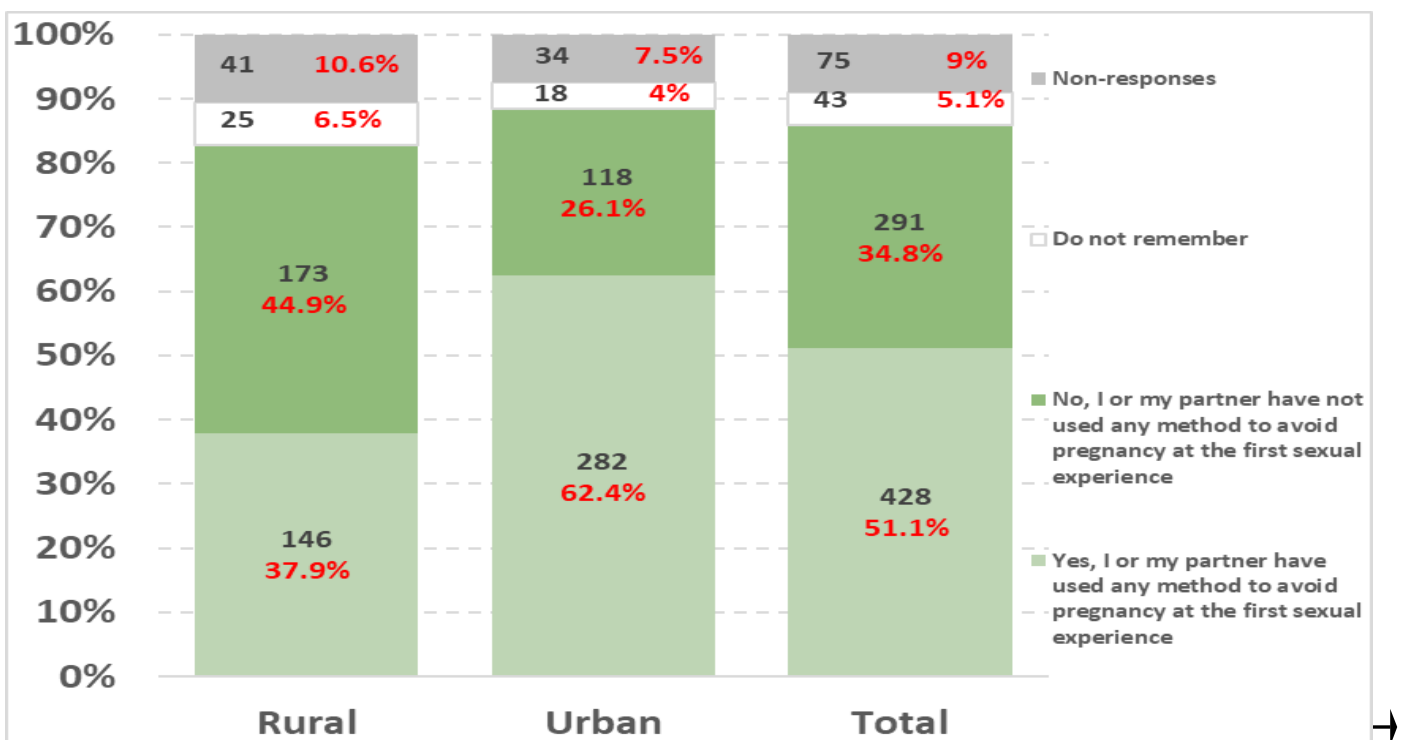




Table 2. Comparison 2004-2016 RHS-Ro regarding the Use of method to avoid pregnancy in the couple

		SR2004				SR2016			
		No. of respondents	Any method %	Modern methods %	Traditional methods %	No. of respondents	Any method %	Modern methods %	Traditional methods %
<b>ROMANIA</b>	<b>Total</b>	<b>3113</b>	<b>70.3</b>	<b>38.2</b>	<b>32.2</b>	<b>3540</b>	<b>55.6↓</b>	<b>43.6↑</b>	<b>12↓</b>
Residence	Rural	1551	70.2	33	28	1657	54.3↓	40.6↑	13.8↓
	Urban	1562	70.5	42.2	37.5	1883	56.8↓	46.2↑	10.6↓
<b>DIFERENCIAS between categories</b>			<b>0.3</b>	<b>9.2</b>	<b>13</b>		<b>2.5</b>	<b>5.40↓</b>	<b>3.2↓</b>
Regions	BU_IF	274	69.4	50.8	18.6	374	55.6↓	49.2↑↓	7.2↓
	Centru	370	69	37.4	31.7	410	47.8↓	38.3↑	9.5↓
	NE	514	72.7	33.4	39.3	612	46.1↓	37.4↑	9.2↓
	NV	338	74.7	46.5	28.3	440	49.5↓	36.6↑	13.6↓
	SE	400	70.1	36.8	33.2	472	61.2↓	45.6↑	16.1↓
	SUD-M	548	69.1	36.8	32.4	523	61.2↓	44.6↑	17.8↓
	SV-O	402	65.8	31.1	34.7	419	59.7↓	44.9↑	15.5↓
	VEST	267	71.8	38.6	33.2	290	49.7↓	40↑	13.4↓
<b>DIFERENCIAS between categories</b>			<b>8.9</b>	<b>20</b>	<b>21</b>		<b>5.1↓</b>	<b>12.6↓</b>	<b>10.6↓</b>
Age	15-24 years	300	64.3	39.4	24.9	372	40.9↓	29.6↓	11.3↓
	25-34 years	1477	73.4	42.8	30.6	1389	55.2↓	43.2↑	12↓
	35-44 years	1336	68.9	32.7	36.2	1779	57↓	44.8↑	13.3↓
			9.1	10.1	11.3		16.1↑	15.2↑	2↓
Education	Tertiar	344	74.9	54.5	20.5	1243	62.3↓	52.3↓	9.9↓
	Upper Secondary	1029	62	28.4	33.5	1261	57.5↓	44.5↑	13↓
	No school/ Primary/ General	1740	74.3	40.5	33.8	1036	57.2↓	47.4↑	9.8↓
<b>DIFERENCIAS between categories</b>			<b>13</b>	<b>26</b>	<b>13</b>		<b>14.3↑</b>	<b>19.1↓</b>	<b>5.2↓</b>
Ethnicity	Romani-ans	2846	71.1	38.3	32.8	3121	55↑	43.1↑	12.7↑
	Romma	176	43.8	16.5	27.2	247	36.8↑	24.3↑	13.4↑
	Others	68	69.5	48.1	21.4	172	58.7↑	44.8↑	15.1↑
<b>DIFERENCIAS between categories</b>			<b>27</b>	<b>32</b>	<b>11</b>		<b>21.9↓</b>	<b>20.5↓</b>	<b>2.4↓</b>

**Satisfied need for family planning services for women**

The difference is also high in term of potential need for family planning services appreciated as: Current user of a modern method of contraception, 15.4; -Current user of a traditional method of contraception, 8.2%.

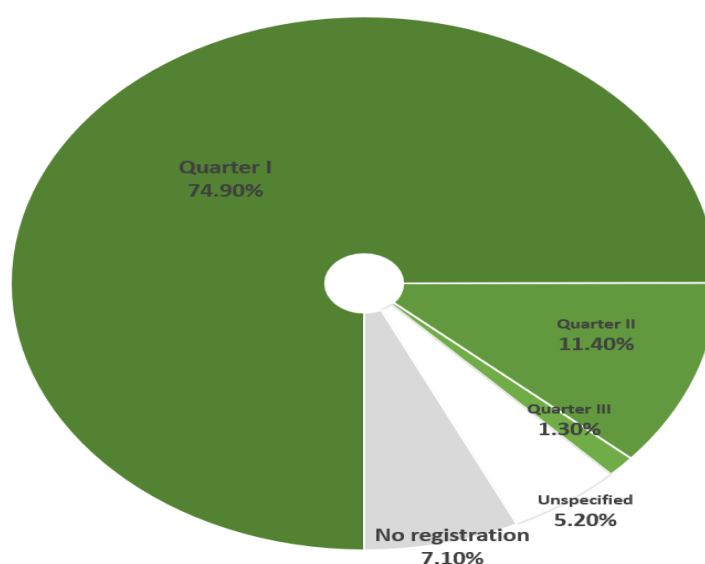
**Prenatal care**

Registration of the woman in order to monitor the pregnancy women in the first trimester of pregnancy and performing the number of prenatal visits established by the MoH, for low-risk pregnancy represents one of the prerequisites for quality care during pregnancy. Nearly two-thirds of women were diagnosed in the first trimester of pregnancy. The other women were noted in the second (11.4%) and third trimesters (1.3%) or never used prenatal care (Figure 3).

*Tabel 3. Use of abortion*

Dimension	Characteristic	Married people			
		Spontaneous abortion	Caused abortion	Abortion	No abortion
Residence	Rural	23,5	18,7	30,4	69,6
Education level	Tertiary	30,2	20,5	38,0	62,0
	Upper secondary	19,1	11,7	21,7	78,3
	No school/Primary/General	22,6	18,9	30,1	69,9
Ethnicity	Romanian	29,9	27,0	41,2	58,8
	Romma	23,0	18,0	29,6	70,4
	Other	29,1	28,7	42,1	57,9
Socio-economic level	Low	29,2	29,0	42,0	58,0
	Medium	24,8	20,2	32,7	67,3
	High	19,6	13,1	23,3	76,7
<b>Total</b>		<b>832</b>	<b>663</b>	<b>1077</b>	<b>2463</b>

*Fig. 3. Registration of the woman in order to monitor the pregnancy (time for the first registration during pregnancy)*



*Table 4. Satisfied need for family planning services for women by marital status*

	Total	Married	Divorced/ Widowed	Never married
<b>No. of women (respondents)</b>	<b>5051</b>	<b>3540</b>	<b>296</b>	<b>1215</b>
<b>Women who do not need family planning services at the moment</b>	<b>35</b>	<b>25</b>	<b>55</b>	<b>60</b>
-never had sex	9	0	0	36
-not sexually active at the moment	12	6	52,4	20,6
-trying to get pregnant	7	9	2,0	2
-pregnant or postpartum	6	8	0,6	0,8
-subfertility	1	2	0,0	0,2
<b>Potential need for family planning services</b>	<b>65</b>	<b>75</b>	<b>45</b>	<b>40</b>
-Current user of a modern method of contraception	38,7	43,6	25	28,2
-Current user of a traditional method of contraception	9,7	12	4	3,8
<b>The need covered by a method of contraception</b>	<b>48,4</b>	<b>55,6</b>	<b>29</b>	<b>32</b>
-Non-users at risk of unwanted pregnancy	16,7	19,3	16	8
<b>The unmet need for a modern method of contraception</b>	<b>26,3</b>	<b>31,4</b>	<b>20</b>	<b>11,8</b>
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Over 90 percent of the women interrogated used specialized prenatal services, both in rural and urban areas, with some preponderance in rural areas - almost 2 percent. (table 5) It is observed that about 93% of respondents benefited by specialized medical services for prenatal control, the proportion being approximately equal between rural and urban areas with a difference of 1.9% in favor of rural areas (93.9 vs 92%) (table 5).

The level of education reflects faithfully and directly proportional, the attitude towards access to prenatal services, respondents with higher education using these services in proportion of 99%, while those with lack or minimum education only in 84.5% of cases.

If the accessibility to prenatal services for the Romanian population is 95.6%, for the Roma population a little over three quarters of the interviewed women presented to prenatal checks (75.9%). (table 5)

The socio-economic level is in direct correlation with the level of accessing the prenatal care services. Thus, access to prenatal controls is 76.4% for those with low socio-economic level, and rises to 97.6% for those with high socio-economic level (table 5).

#### Number of prenatal consultations

The level of knowledge was a serious reason for understanding the need to present at prenatal consultations, about 2/3 of three respondents having over 3-4 consultations and 44.3% +10 consultations; only 1% of respondents had no consultation, unlike those who have graduated at most primary education, where 15.8% were not at any consultation, while only 13% had over 10 prenatal consultations.

There is an interested evidence regarding the proportion of women answering with "I do not remember how many prenatal consultations"; about 31.4% of tertiary education graduates and only 17.7% of primary school graduates or without school answered with Do not remember their number (table 6).

Regarding the ethnicity, it can be noticed that almost a quarter (about 25%) of the respondents of Roma ethnicity did not attend any prenatal consultation, compared to the Romanian population (4.4%); for the category over 10 prenatal consultation, the Romanian and other nationalities answered in a somewhat equal percentage (33.3 or 34.6), while the Roma only 10.3% (table 6).

Regarding the residence place, the number of women from urban areas who had at least seven prenatal consultations is higher than those from rural areas (table 6).

#### Birth and type of birth

Most of respondent women gave birth in public hospitals (87.5%), while only a tenth (10.9%) in private maternity hospitals.

It is noted that the share of women who gave birth in private maternity hospitals in urban areas is four times higher than those who gave birth in rural areas (table 7).

Also, women with residence in urban areas gave birth much more frequently by cesarean section than those from rural areas (table 8).

#### Preventing cervical cancer

Cervical cancer is the leading cause of death in women in Romania.

Periodic performance of the Babes-Papanicolau test is essential for early detection and treatment of the disease.

Table 5. Use of prenatal consultation by socio-demographic characteristics, RHS Ro 2016

Dimension	Characteristic	No.	Never	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7-9	Do not know
Residence place	Rural	246	6,1%	21,1%	33,3%	17,1%	11,8%	2,4%	1,2%	2,0%	4,9%
	Urban	288	8,0%	21,5%	44,8%	11,5%	5,9%	1,7%	0,3%	0,7%	5,6%
Education level	Tertiary	194	1,0%	26,3%	57,2%	9,3%	2,6%	1,0%	0,0%	0,0%	2,6%
	Upper secondary	131	2,3%	25,2%	38,9%	15,3%	10,7%	1,5%	0,8%	1,5%	3,8%
	No school/ Primary/General	209	15,8%	14,4%	23,4%	17,7%	12,9%	3,3%	1,4%	2,4%	8,6%
Ethnicity	Romanian	450	4,4%	22,7%	42,9%	14,4%	8,0%	1,6%	0,7%	1,3%	4,0%
	Roma	58	24,1%	10,3%	13,8%	17,2%	10,3%	5,2%	1,7%	1,7%	15,5%
	Hungarians and others	26	15,4%	23,1%	38,5%	0,0%	15,4%	3,8%	0,0%	0,0%	3,8%
Socio-ec level.	Low	106	23,6%	10,4%	13,2%	15,1%	15,1%	5,7%	3,8%	2,8%	10,4%
	Medium	261	3,4%	22,6%	41,0%	16,5%	9,2%	1,9%	0,0%	1,5%	3,8%
	High	167	2,4%	26,3%	53,9%	9,6%	3,6%	0,0%	0,0%	0,0%	4,2%
Total	Number	534	38	114	211	75	46	11	4	7	28
Total	Percentage	534	7,1%	21,3%	39,5%	14,0%	8,6%	2,1%	0,7%	1,3%	5,2%

Source: 2016 Reproductive Health Study in Romania

Tabel 6. Use of prenatal consultation by socio-demographic characteristics, RHS Ro 2016

Dimension	Characteristic	No.	0 visits	1-3 visits	4-6 visits	7-9 visits	>=10 visits	Do not remember
Residence place	Rural	246	6,1%	10,6%	21,5%	14,2%	27,2%	20,3%
	Urban	288	8,0%	5,6%	9,0%	17,0%	34,0%	26,4%
Education level	Tertiary	194	1,0%	1,0%	6,2%	16,0%	44,3%	31,4%
	Upper secondary	131	2,3%	6,1%	16,0%	15,3%	38,9%	21,4%
	No school/Primary/General	209	15,8%	15,3%	22,0%	15,8%	13,4%	17,7%
Ethnicity	Romanian	450	4,4%	7,3%	15,1%	15,1%	33,3%	24,7%
	Roma	58	24,1%	12,1%	19,0%	19,0%	10,3%	15,5%
	Hungarians and others	26	15,4%	7,7%	0,0%	19,2%	34,6%	23,1%
Total	Total	534	38	42	79	84	165	126
Total	Total	534	7,1%	7,9%	14,8%	15,7%	30,9%	23,6%

Tabel 7. Use of prenatal consultation by socio-demographic characteristics

Setting of birth	Rural	Urban	Total	Rural	Urban	Total
Public maternity unit	229	238	467	93,1	82,6	87,5
Private maternity unit	10	48	58	4,1	16,7	10,9
At home	1	0	1	0,4	0,0	0,2
Other	1	0	1	0,4	0,0	0,2
Non response	5	2	7	2,0	0,7	1,3
<b>Total</b>	246	288	534	100,0%	100,0%	100,0%

Tabel 8. Women by way of birth

Way of birth	Rural	Urban	Total	Rural	Urban	Total
Vaginally birth	166	164	330	67,5	56,9	61,8
Caesarean birth	76	122	198	30,9	42,4	37,1
Non response	4	2	6	1,6	0,7	1,1
<b>Total</b>	<b>246</b>	<b>288</b>	<b>534</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Regarding the frequency of gynecological examinations performed outside pregnancy, 50.5% of respondents in rural areas stated that they had never been to control, while in urban areas, only 37.3% gave the same answer.

Of those who have been checked at least once a year, the difference between rural and urban is about 9% in favor of those in urban areas (18.9% rural vs. 28.1% urban).

The percentage remains lower for the rural area compared to the urban area and in terms of controls to every 1-2 years and to 3-5 years, but with a decrease of the difference between them (12.1% compared to 17.8% for controls at 1-2 years and 7.8% vs. 7.9% for controls at 3-5 years). The proportion changes when it comes to fre-

quency "over 5 years" or "once" 4.6% rural compared to 3.8% urban, respectively 6.2% rural vs. 5.0% urban.

The level of knowledge was a favorable factor for the percentage of performing the Babes-Papanicolau test, the rate of passing the test starting from 22.4% in the last 3 years for those with minimal or no education, up to 69.7% for those with tertiary education level.

The performance of the Babes-Papanicolau test was directly proportional to the socio-economic level of the study participants. Ethnicity is directly associated with the frequency of controls. The share of Roma women who never did the Babes-Papanicolau test is almost double compared to other ethnicities (table 9).



Table 9. Frequency of performing the Papes Pap test

Dimension	Characteristic	No.	Last year	1-2 years	2-3 years	>3 years	Do not remember	Never
Residence place	Rural	2146	16,6%	17,1%	4,2%	5,9%	5,8%	50,3%
	Urban	2905	25,1%	23,6%	3,5%	5,4%	5,0%	37,3%
Education level	Tertiary	1672	36,0%	30,0%	3,7%	5,3%	4,2%	20,8%
	Upper secondary	1799	19,6%	21,0%	4,7%	6,8%	6,0%	42,0%
	No school/ Primary/General	1580	8,4%	11,1%	2,9%	4,6%	5,8%	67,2%
Ethnicity	Romanian	4490	22,0%	22,2%	3,8%	5,8%	5,3%	40,7%
	Roma	315	8,3%	5,7%	3,2%	3,2%	6,7%	73,0%
	Hungarians and others	246	28,5%	15,0%	4,5%	5,3%	4,1%	42,7%
Socio-economic	Low	599	6,5%	9,2%	2,3%	4,7%	8,2%	69,1%
	Medium	2544	17,0%	21,1%	4,8%	6,7%	6,0%	44,5%
	High	1908	32,2%	24,3%	3,0%	4,5%	3,6%	32,4%
<b>Total</b>	<b>Total</b>	<b>5051</b>	<b>21,5%</b>	<b>20,9%</b>	<b>3,8%</b>	<b>5,6%</b>	<b>5,3%</b>	<b>42,8%</b>

Source of tables and figures: 2016 Reproductive Health Study in Romania

## CONCLUSIONS AND DISCUSSIONS

After decades of sexual education and family planning interventions, reproductive health in Romania is still a matter of concern. The current image of this field in Romania is difficult to be precisely configured having few elements and data in this sense. Main available indicators highlight a low contraception use, a high rate of abortion and high birth rate among adolescents is mainly the consequence of insufficient information on contraception among all population strata.

Implementation of an action towards the development of a health inequality monitoring system would be of great importance for getting timely information on this subject, and it is favoured by the increased political awareness on the topic after joining EU, the inequalities that should be reduced as mentioned by the National Health Strategy 2014-2020, the existence of structures needed to develop a health inequality monitoring system and the declared political will. The development of a health inequality monitoring system, and especially its implementation, could still be jeopardized by some factors such as: shortage of human and financial resources, poor collaboration among different

sectors that might impede an effective linkage between different national databases, long-lasting decision-making process and lack of political stability to support the entirely implementation of such an action.

In this context, it appears as necessary to elaborate and implement a sectorial health inequality monitoring system, in reproductive health field. On one hand, this is an area where have been identified several public health problems and health inequalities and on the other hand, it would be easier to implement as there are some premises and prerequisites already staged and implemented such as: Reproductive Health Studies (one at 6-12 years) and the National Health Programme for Mother and Child Health (annual/multiannual).

A special attention should be paid to vulnerable groups: young population in rural communities, of low socio-economic and educational status, and persons with mental disabilities.

Monitoring reproductive health inequalities would provide information on the necessary actions to be implemented towards reaching a better reproductive health, and would also serve as an action implementation evaluation tool.

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