

DESCRIPTIVE STUDY OF SOME ASPECTS OF THE DEMOGRAPHIC BEHAVIOR OF A FEMALE ADOLESCENT POPULATION

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Abstract

The purpose of this study was to evaluate the effect of the demographic behavior of groups of female persons of childbearing age, from a school community under the following aspects: the person's opinion and the situation in her family regarding marriage (age, motivation), pregnancy, birth (number of children desired, achieved, spacing of births, motivations), abortive and contraceptive methods used to limit family size, level of knowledge and information possibilities.

Material and methods. The type of study designed was a descriptive study of the demographic behavior of groups of female persons from a school community. For the school community, the multistage sampling type was applied, through which in the first stage the classes were selected, and in the last stage we used the nested sample (cluster) examining the entire population of the chosen classes. The aspects we set out to investigate were numerous and for these a questionnaire sheet was developed (with individual and anonymous application), for teenage girls in school

Results and discussions.

Conclusions: Our study served to develop a methodology for understanding current female demographic behavior, simple, inexpensive, but also to develop a program of measures, including health education.

Keywords: demographic behavior, adolescence, community.

INTRODUCTION

The analysis of some particularities of the demographic evolution in Romania represents the motivation of the study carried out, as support for the need to equip with family planning offices and techniques, to increase their accessibility and addressability, as well as for some objectives for national or loco-regional reproductive health programs (1,2).

As objectives, the study aimed to know and describe the demographic behavior of groups of female persons of fertile age, from a school community under the following aspects: the person's opinion and the situation in his family regarding marriage (age, motivation), pregnancy, birth (number of children desired, achieved, birth spacing, motivations), abortive and

contraceptive methods used to limit family size, level of knowledge and information possibilities (3,4). Adolescence has long been regarded as a transition from childhood to adulthood. More recently it is become a concern of those wishing to avoid adverse health outcomes during middle and late adulthood. Most of this effort has been focused on behavioural risk factors such as tobacco and excessive alcohol use, physical exercise habits, dietary habits, as well as sexual and injury-related behaviours (5,6,7).

The concern is that these habits are established during adolescence, continue into adulthood, and come to constitute ongoing risk factors for adverse health outcomes during middle and late adulthood. There is good reason to criticize

this approach. These behaviours are themselves shaped by adolescents' living and working conditions and even then constitute a small proportion of the variance predicting adverse health outcomes during adulthood. More complex models of how adolescence serves as a gateway to adult health outcomes are presented (8,9).

These are the socio-environmental, public policy, and political economy approaches. The argument is made that adolescence is a period during which public policy plays an especially important role in predicting future health outcomes (10). Yet, these public policies influence health all across the life span with adolescence providing only one of many important periods during which public policy shapes health prospects during middle and later adulthood (11). Ultimately one should consider a range of approaches ranging from the behavioural to the political to examine how adolescence serves as a

gateway towards future adult prospects. An Adolescent Gateway Towards Adult Health Model is provided to assist in this process (12,13).

MATERIAL AND METHODS

Based on the hypothesis that the number of children born decreases with each generation, the questionnaire applied referred to the number of children born to the maternal great-grandmother, maternal grandmother and mother of the student under investigation; these results were compared with the number of children that the person under investigation wants.

RESULTS AND DISCUSSIONS

The results will be processed as proportions of correct answers, and the differences in frequencies in the test-retest moments will be assessed in terms of statistical significance using the chi2 test.

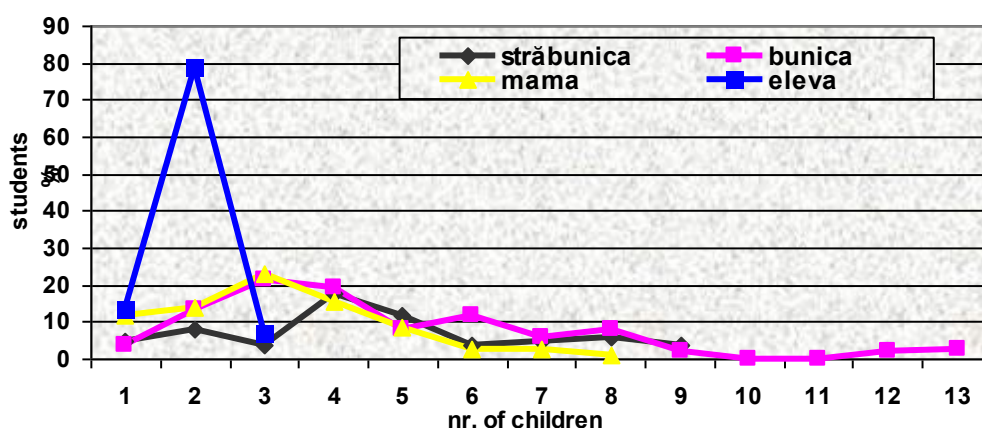


Fig. 1. Distribution of surveyed individuals by the number of children born by previous generations compared to the number of children they want (p.100)

For the great-grandmother, the mode (the highest frequency of cases) is 4 children, for the grandmother 3, for the mother 2; for the previous generations there are cases with a large number of children (up to 9 for the great-grandmother, 13 for the grandmother, 7 for the mother), while only 6.8% of the surveyed students want a maximum of 3 children. For the maternal great-grandmother 25.8% gave birth to only 1-3 children, for the grandmother the proportion increases to 39.6%, for the mother to 68.9%, and the investigated girls want 1-3

children in a proportion of 99.0% (fig.1). As expected, there are numerous cases (35.9%) unspecified regarding the number of children born to the maternal great-grandmother.

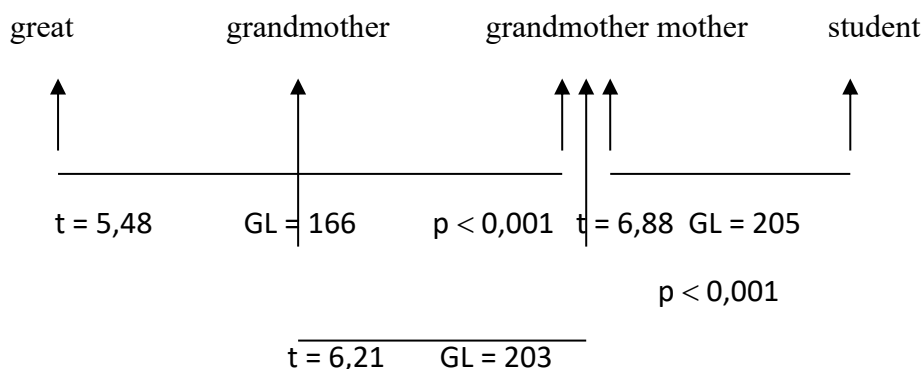
The average number of children born (desired for students) has the following evolution for the 4 generations.

	Urban	Rural	Urban + Rural
Great-grandmother	$4,9 \pm 2,2$	$3,8 \pm 2,0$	$4,7 \pm 2,2^{*)}$
Grandmother	$4,5 \pm 2,6$	$5,0 \pm 2,5$	$4,8 \pm 2,6$
Mother	$2,9 \pm 1,5$	$3,6 \pm 1,6$	$3,0 \pm 1,5$
Student (wants)	$1,9 \pm 0,4$	$2,0 \pm 0,5$	$1,9 \pm 0,5$

*) for great-grandmother – there are 37 unspecified cases (27 in urban, 10 in rural)

For the urban environment, the decrease in the number of descendants from great-grandmother to the investigated student is evident; the difference is highly statistically significant between great-grandmother – mother, grandmother – mother and mother – daughter.

Student's t-test value for differences in the average number of descendants



In rural areas, the trend is clearly decreasing from grandmother to granddaughter and the same trend is maintained for the entire group (urban + rural) (fig. 2).

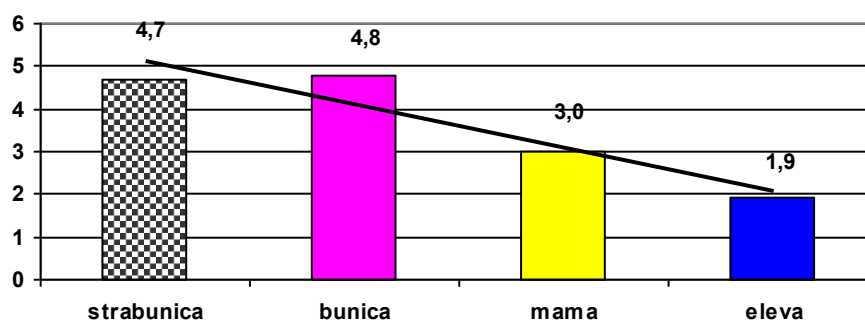


Fig. 2. Average number of children and the trend of evolution for 4 generations

If we break down according to the mother's level of education, for some categories a small number of people results; however, we find a trend of decreasing the number of children for women with a higher level of education, more evident for the entire group than for each residential environment taken separately (tab. 1).

Table I. Average number of children by mother's education level

<i>Level of instruction \ Number of children</i>	Urban	Rural	Urban + Rural
Secondary school	3,40 ± 1,95	3,33 ± 0,82	3,36 ± 1,30
Vocational school	2,20 ± 0,84	3,36 ± 0,58	2,75 ± 1,04
High school	2,50 ± 1,36	2,80 ± 1,35	2,69 ± 1,36
Post high school	2,00 ± 1,00	2,50 ± 0,70	2,20 ± 0,84
Faculty	1,86 ± 0,38	2,75 ± 1,50	2,20 ± 1,03

c) Through 14 questions in the questionnaire, the person's opinion regarding marriage and the number of children was investigated

c1) Regarding the age considered suitable for marriage, we compared the following aspects: - the appropriate age for a de facto marriage;

- the appropriate age for a legal marriage;
- the mother's age at marriage;
- the age when a girl can start her sexual life.

Through this comparison, we wanted to verify the hypothesis that currently girls are getting married later, among other reasons being the extension of the duration of schooling.

In the case of the group of female students investigated, their mothers married between the ages of 16-30, but the majority (72.8%) married between the ages of 18-22 (tab. II and fig. 3), so that the module is located at the age of 20.

Table II. Distribution of girls in the group by mother's age at marriage

Mother's age	Urban	Rural	Urban + Rural	p.100
16	1	1	2	1,9
17	3	4	7	6,8

18	9	1	10	9,7
19	13	1	14	13,6
20	17	8	25	24,3
21	10	3	13	12,6
22	11	2	13	12,6
23	3	2	5	4,9
24	6	-	6	5,8
25	3	1	4	3,9
27	1	-	1	1,0
28	2	-	2	1,9
30	1	-	1	1,0
$X \pm \sigma$	20,86 $\pm$ 2,67	19,96 $\pm$ 2,25	20,66 $\pm$ 2,6	

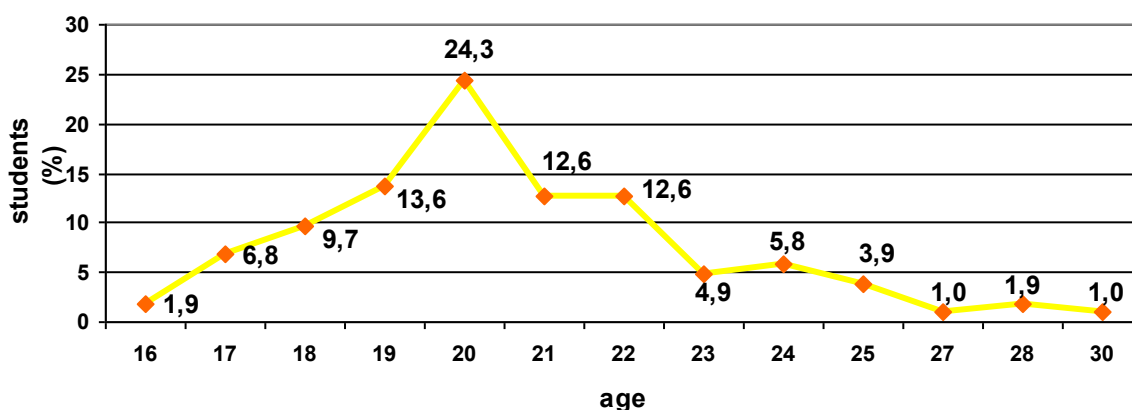


Fig. 3. Distribution of girls in the group by mother's age at marriage (p.100)

The average age at marriage tends to increase for women with a higher level of education (subject to the small number of cases for some categories, especially in rural areas) (tab. III).

Table III. Average age at marriage of the mother according to the level of education

Level of instruction	Urban	Rural	Urban + Rural
Secondary school	19,43 $\pm$ 1,09	19,83 $\pm$ 3,13	19,55 $\pm$ 2,38

Vocational school	19,40 ± 1,87	19,00 ± 1,00	19,25 ± 1,48
High school	21,17 ± 2,1	20,62 ± 1,98	20,84 ± 2,03
Post high school	23,0 ± 1,0	19,50 ± 0,71	21,60 ± 2,07
Faculty	22,33 ± 3,93	26,00 ± 6,05	23,80 ± 4,98

The girls surveyed referred to the appropriate age for a de facto and a legal marriage, with gaps in this regard. The majority opt for a legal marriage later (table IV and fig. 4); 49.5% of girls want a legal marriage after 23 years, but for a de facto marriage 47.5% opt for ages between 18-22.

Table IV. Distribution of girls by option regarding the appropriate age for marriage (c.a. and p.100)

Marrigeable age	Actually		By right		Urban + Rural			
	U	R	U	R	Actually		By right	
					U	R	U	R
					c.a.	p.100	c.a.	p.100
18 age	6	3	1	5	9	8,7	6	5,8
19	3	-	5	-	3	2,9	5	4,9
20	13	4	5	3	23	22,3	8	7,8
21	4	1	4	1	5	4,9	5	4,9
22	8	1	6	4	9	8,7	10	9,7
23	8	2	9	3	8	7,8	12	11,7
24	8	2	24	2	8	7,8	26	25,2
25	8	3	9	2	9	8,7	11	10,7
30 age	-	-	2	-	-	-	2	1,9
When he wants	6	1	4	-	7	6,8	4	3,9
I don't know	16	6	11	3	22	21,4	14	13,5
Total	80	23	80	23	103	100	103	100
$\bar{x} \pm \sigma$	21,74± 2,24	21,63± 2,58	23,03 ± 2,27	21,30± 2,43	21,72± 2,30		22,62± 2,41	

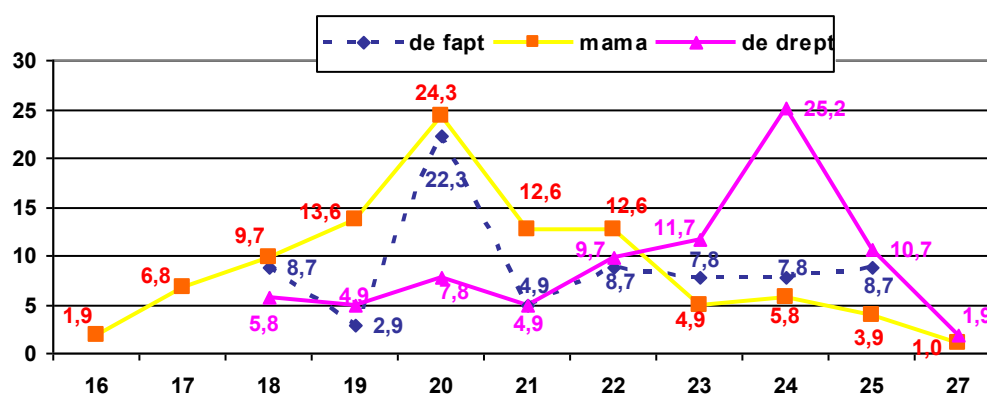


Fig. 4. Distribution of girls by mother's age at marriage and age considered suitable for one's own marriage (p.100)

With these options, the module for actual marriage age is the same as the module for mother's age at marriage (20 years), 4 years earlier than the module for legal marriage.

In contrast, the age considered appropriate to begin sexual life is lower than that for marriage (tab. V and fig. 5).

This could be the expression of the "acceleration" of development, while for the postponement of marriage there are different motivations, which will be presented below.

Table V. Distribution of girls by age appropriate to begin a sexual life (c.a. and p.100)

Age	Urban	Rural	Urban + Rural	
			c.a.	p.100
16	2	-	2	1,9
17 – 18	4	-	4	3,9
18 – 19	35	8	43	41,7
19 – 20	11	1	12	11,6
20 – 21	6	7	13	12,6
22 – 23	2	1	3	2,9
As later as possible	-	2	2	1,9
When it is ready	14	1	15	14,6
It depends on the person	3	1	4	3,9
After marriage	1	1	2	1,9

I don't know	2	1	3	2,9
$\bar{x} \pm \sigma$	$19,04 \pm 1,24$	$19,72 \pm 1,22$	$19,21 \pm 1,27$	

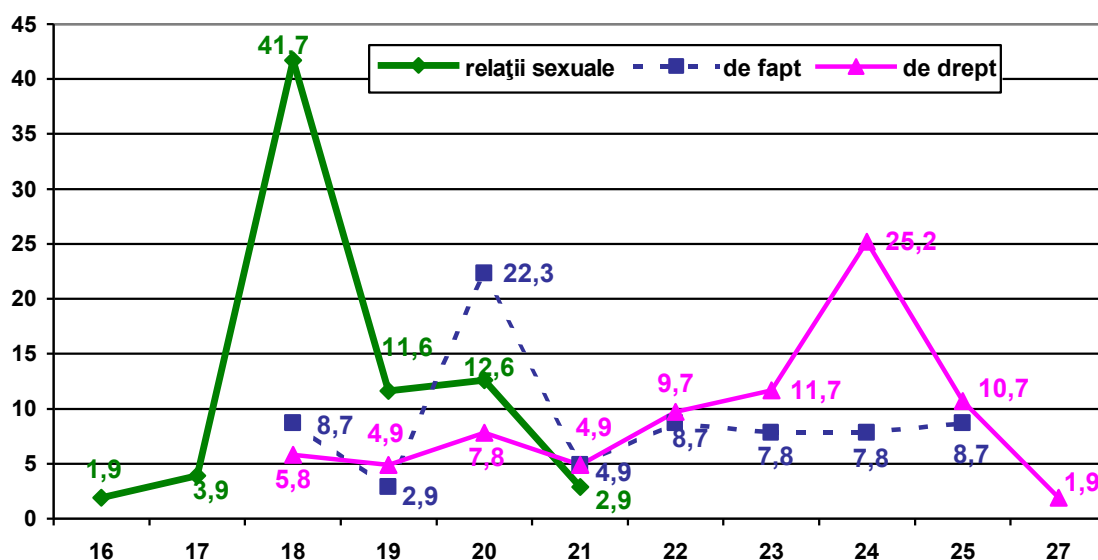


Fig. 5. Distribution of girls by appropriate age for starting sexual relations compared to appropriate age for marriage (p.100)

Most girls consider religious marriage mandatory, but more than 1/3 would accept a marriage in a religion other than the one they practice (tab. VI), if the partner particularly wanted this.

Table VI. Distribution of girls by option for religious marriage (cf. and p.100)
- obligatory religious marriage –

	Urban	Rural	Urban + Rural	p.100
yes	74	17	91	88,3
no	3	6	9	8,7
Does not appreciate	3	-	3	2,9

- only in the person's religion –

	Urban	Rural	Urban + Rural	p.100
yes	41	10	51	49,5
no	30	8	38	36,9
Does not appreciate	9	5	14	13,6

Under these conditions, of the option for an earlier age to start sexual relations and a later age for marriage, almost 7/10 of the girls consider a period of cohabitation before legitimate marriage necessary/useful (tab. VII), for various reasons (fig. 7): a good knowledge or compatibility with the partner's character, for accommodation to the couple's life, to avoid subsequent surprises or divorce.

The decision to accept such a period of cohabitation is so certain that 28.1% of the girls will not take into account the possible opposition of the parents.

Answers such as: - "I am too old for someone to control me"

- "I will make the decision myself, I am only of age"

are edifying in this sense and only 7.8% answer that they will give up this option if the parents oppose.

Table VII. Frequency of girls who consider "trial marriage" necessary (c.a. and p.100)

	Urban	Rural	Urban + Rural	p.100
yes	59	12	71	68,9
no	19	8	27	26,2
Does not appreciate	2	3	5	4,8

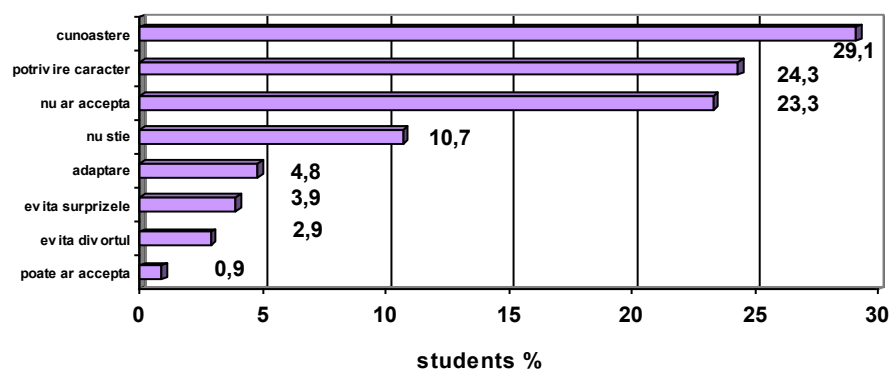


Fig. 6. Reasons for trial marriage (p.100)

In order to start a family, the girls surveyed consider it necessary to ensure both economic and emotional conditions. Less often, only one type of conditions (material/emotional) is considered necessary, most often these are combined in different associations:

- o only material conditions 13 (12.6%)
- o only emotional conditions 30 (29.1%)
- o don't know 25 (24.5%)

Detailing these answers, the top three places are: understanding, love, housing (fig. 7).

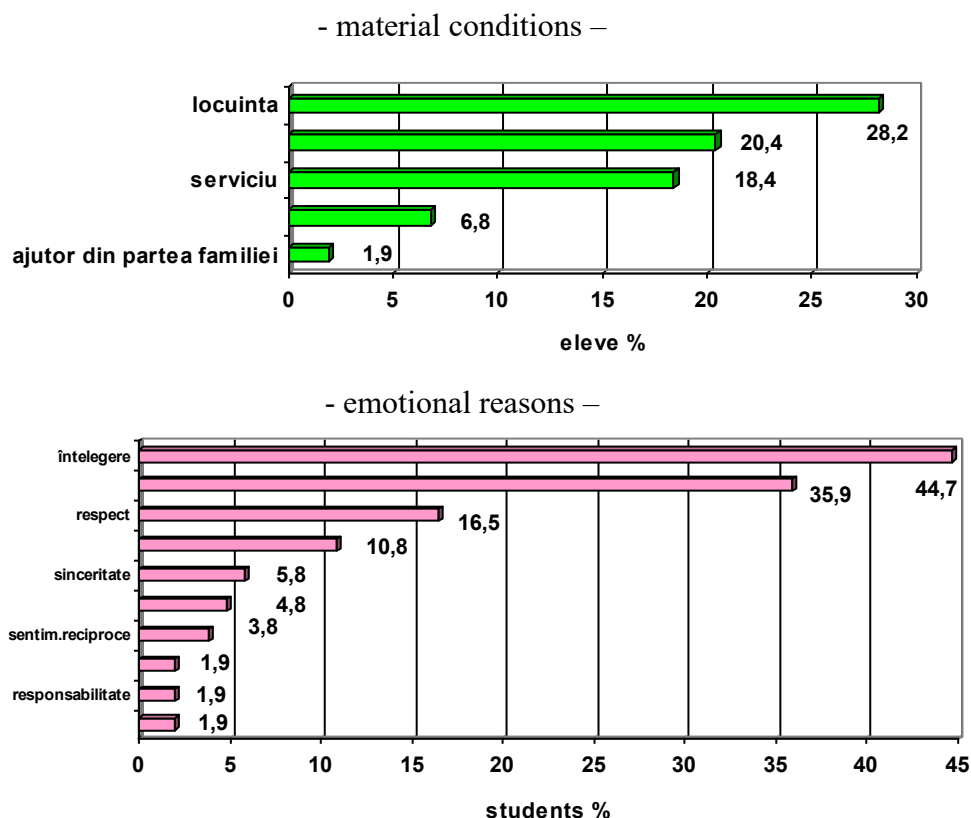


Fig.7 Conditions for starting a family (p.100)

c2) Regarding the number of children, the person's opinion on the number of children a family should have and the number of children they want, at what interval from each other and the reasons for this opinion were taken into account.

The result was generally an option for a family with 2 children, an option that is also maintained with regard to one's own family (tab. VIII); however, there is a slight shift in the distribution curve towards a lower number of children compared to that regarding the number of children for a family in general (fig. 8). This shift is even more evident compared to the situation of previous generations.

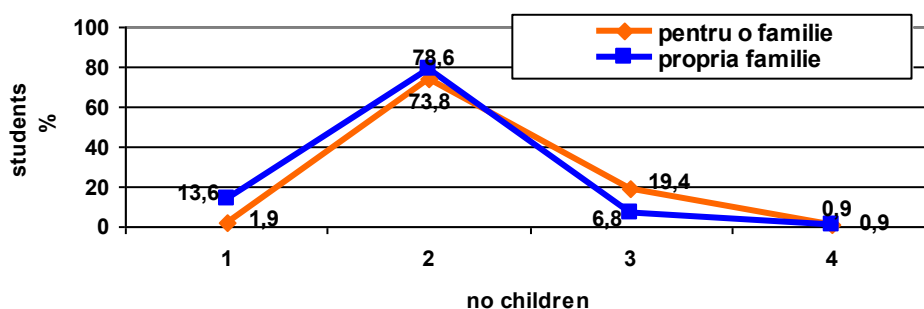
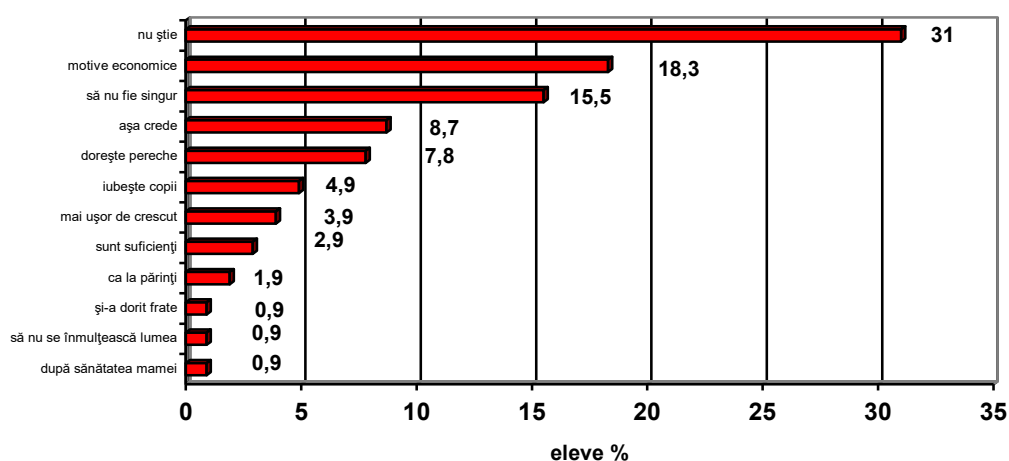


Fig. 8. Distribution of students according to their opinion on the number of children (p.100)

Table VIII. Distribution of students according to their opinion on the number of children (c.a. and p.100)

What does he generally think for a family					- for his own family -				
No. children	U	R	U+R	p.100	No. children	U	R	U+R	p.100
1	2	-	2	1,9	1	12	2	14	13,6
2	60	16	76	73,8	2	63	18	81	78,6
3	14	6	20	19,4	3	4	3	7	6,8
4	-	1	1	0,9	I don't know	1		1	0,9
He doesn't	2	-	2	1,9					
$\bar{x} \pm \sigma$	2,16 $\pm$ 0,43	2,35 $\pm$ 0,57	2,20 $\pm$ 0,47			1,89 $\pm$ 0,44	2,04 $\pm$ 0,47	1,93 $\pm$ 0,45	

The option for a certain number of children is motivated differently: from economic reasons to demographic ones ("so that the world does not multiply too much"), or by motivating the personal situation (what he wanted when he was a child or what is the situation in his family) (fig. 9).

**Fig. 9. Motivation for the option for a certain number of children (p.100)**

Although the number of children is primarily influenced by economic considerations, only 26.2% believe that wealthy families should have more children; in line with this economic motivation, 65% believe that poor families should limit the number of children they have.

Regardless of the time considered appropriate to begin sexual life, the desired number of children is mainly 2.

87.4% of students believe that a pregnancy should only occur during legitimate marriage, because a child born out of wedlock would suffer for various reasons, especially emotional ones (fig. 10 and fig. 11).

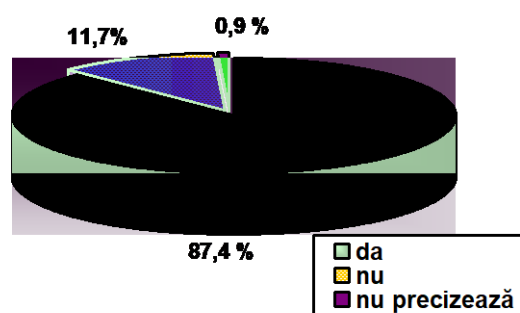


Fig. 10. Girls' entertainment according to their opinion regarding pregnancy only during marriage (p.100)

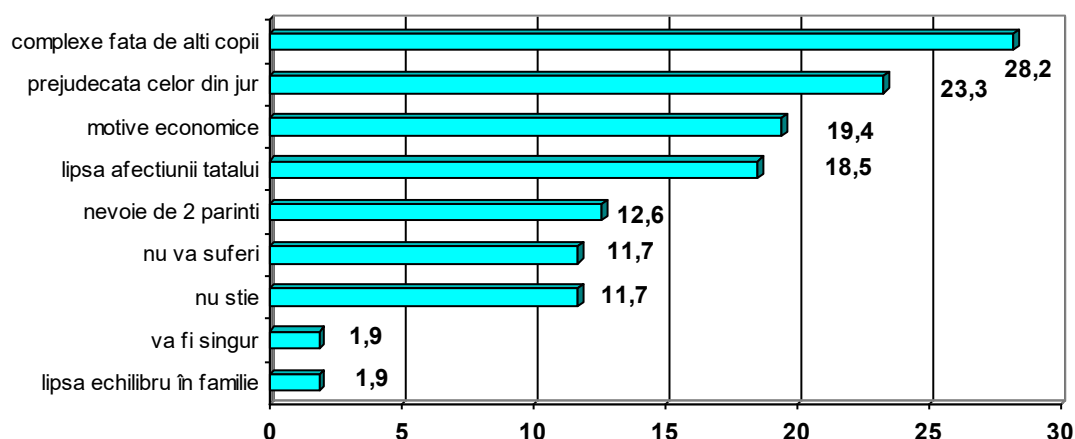


Fig. 11. Reasons for suffering for an illegitimate child (p.100)

Despite these inconveniences, 35.9% of girls want a child so much that they would give birth outside of marriage.

The option regarding the most appropriate time difference between births is very different: between 1-7 years, both for a family in general and - with some differences - for their own family; most options are for differences of 2-3 years. In the case of their own person, there is the unique situation of a girl who wants twins (tab. IX).

Table IX. Distribution of girls according to opinion regarding birth spacing
- for the family in general –

Difference (age)	Urban	Rural	Urban + Rural	U + R (%)
1	6	1	7	6,8
2	38	14	52	50,5
3	18	4	22	21,4
4	5	1	6	5,8
5	5	2	7	6,8
7	2	1	3	2,9
I don't know	6	-	6	5,8
$\bar{x} \pm \sigma$	2,63 $\pm$ 1,22	2,69 $\pm$ 1,36		2,65 $\pm$ 1,25

- for one's own family –

Difference (ge)	Urban	Rural	Urban + Rural	U+R (%)
1	13	-	13	12,6
2	26	12	38	36,9
3	15	7	22	21,4
4	3	2	5	4,8
5	2	1	3	2,9
7	1	-	1	0,9
gemini	1	-	1	0,9
I don't know	9	1	10	9,7
$\bar{x} \pm \sigma$	2,32 $\pm$ 1,14	2,64 $\pm$ 0,85	2,40 $\pm$ 1,07	

The reasons for this spacing of births are different, most of them being related to the small difference between the children's ages (fig. 11).

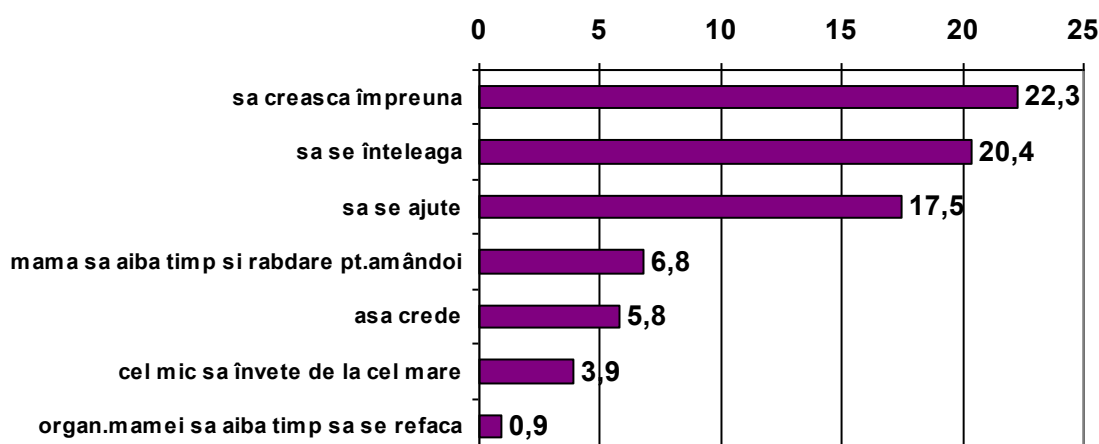


Fig. 11. Reasons for birth spacing (p.100)

The age considered suitable for the first pregnancy was extremely varied, ranging from 18-28 years. The average age was 23.26 years and the maximum frequency of options is 25 years (tab. X).

Table X. Distribution of girls by option regarding the suitable age for the first pregnancy

Age	Urban	Rural	Urban + Rural	U + R (%)
18	1	-	1	0,9
19	1	2	3	2,7
20	14	3	17	15,3
21	-	2	2	1,8
22	7	1	8	7,2
23	10	1	11	9,9
24	11	3	14	12,6
25	20	7	27	24,3
26	5	1	6	5,4
27	1	-	1	0,9
28	-	3	3	2,7

I don't know	10	-	10	9,0
Total	80	23	103	
$\bar{x} \pm \sigma$	23,16 $\pm$ 2,14	23,56 $\pm$ 2,83	23,26 $\pm$ 2,32	

At the border between the questions regarding the opinion on the number of offspring and the knowledge about contraception, 3 questions were formulated regarding the option for abortion, in the event of an unwanted pregnancy and its risks.

It turned out that 27.2% of the girls would have an abortion and 1.9% would probably have an abortion, although over 3/4 of the girls know – at least partially – the risks of abortion (fig. 12).

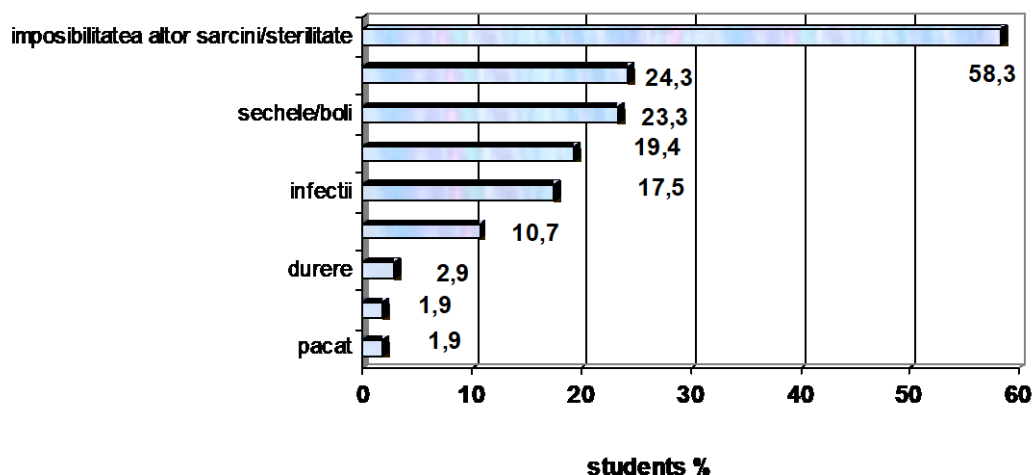


Fig.12 Risks of abortion declared by the respondents (p.100)

The two girls who include “sin” among the risks come from rural areas, both of whom are Orthodox.

d) A number of 7 questions in the questionnaire refer to contraception, in order to investigate the level of knowledge of the students on this process of demographic behavior.

In this regard, 7.8% of girls admit that they do not know what contraceptives are, 43% give a more or less complete definition, the rest list between 1-5 contraceptives (fig. 13).

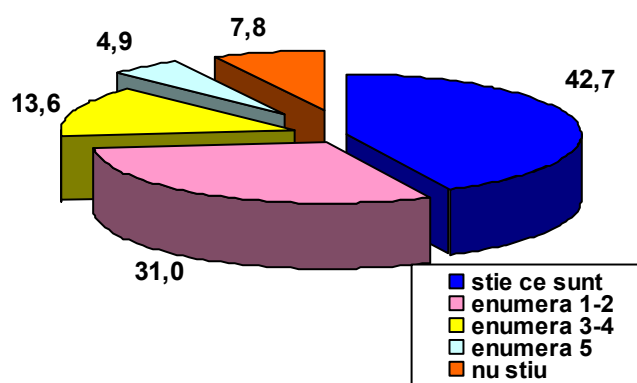


Fig. 13. Distribution of girls according to their knowledge about contraception (p.100)

Among contraceptives, the following are considered more effective: condom, pill and intrauterine device; condom and pill/IUD are considered to have the least inconvenience (tab. XI). 19.4% of girls have used a contraceptive method so far.

For the future, the majority (86.4%) believe that they will use a family planning clinic, 8.7% that they will not use one, and 4.9% do not know.

Table XI. Distribution of girls according to knowledge of contraceptive methods.

knowncontraceptives	U	R	U + R	p.100
condoms	30	3	33	32,0
pill	20	4	24	23,3
iuds	14	3	22	21,4
schart	5	1	6	5,8
Calendar method	3	-	3	2,9
tubal ligation	2	-	2	1,9
coitus interrupted	-	1	1	0,9
Famyli planning	1	-	1	0,9
abstinence	1	-	1	0,9
Pelricula	1	-	1	0,9
The most efficient				
condoms	23	8	31	30,1
pilula	19	7	26	25,2
iuds	10	5	15	14,6
chart	2	-	2	1,9
Abstinence	1	-	1	0,9
Tubal ligation	1	-	1	0,9
coitus interrupted	1	-	1	0,9
Famyli planning	1	1	2	1,9
pelricula	1	-	1	0,9
all	1	-	1	0,9
With the least inconvenience				
condoms	12	4	16	15,5
pilula	7	3	10	9,7
iuds	7	3	10	9,7
Calendar method	3	-	3	2,9
spermicide	1	-	1	0,9
chart	1	-	1	0,9
Famyli planning	1	-	1	0,9
abstinence	1	-	1	0,9
Tubal ligation	1	-	1	0,9

These aspects regarding pregnancy and its avoidance are known by the surveyed girls from discussions with different people: friends, mother, doctor (fig. 14). Girls use different means and occasions for additional information: information from doctors (family, gynecologist, family planning offices), from different books, brochures, magazines, media and others (fig. 15).

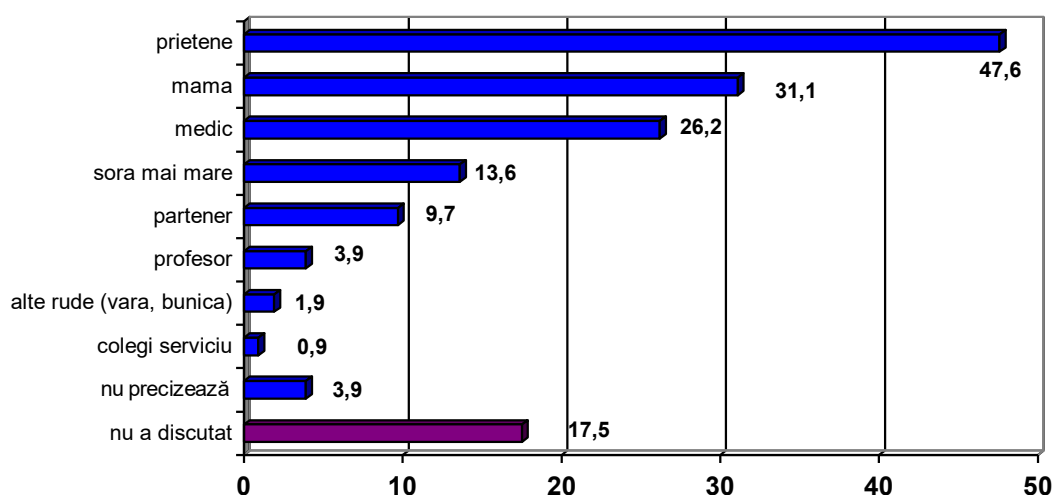


Fig. 14. Distribution of girls by person they discuss/have discussed with about contraception (p.100)

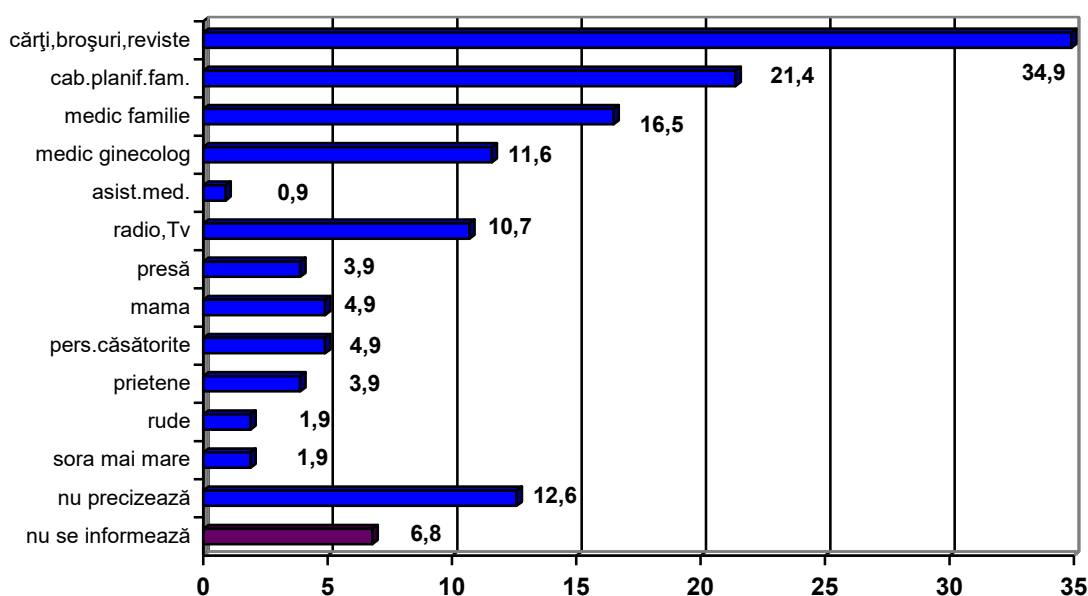


Fig. 15. Additional information sources (p.100)

f) As future nurses, girls (94.2%) are aware that they will be put in a position to transmit such information to different categories of people; 89.3% even consider it necessary for this information to be transmitted to students. Therefore, a number of 4 questions refer to such aspects.

Regarding the age when sex education should begin in school, there are different answers – from 8 years to after 18 years (tab. XII).

Table XII. Age at which sex education can begin in school

age	U	R	U + R	p.100
As early as possible	2	1	3	2,9
8	2	-	2	1,9
10	2	-	2	1,9
10-15	2	-	2	1,9
10-18	-	1	1	0,9
11	1	-	1	0,9
12-14	4	1	5	4,9
13	1	-	1	0,9
14	16	4	20	19,4
14-15	9	-	9	8,7
14-16	5	-	5	4,9
15	3	5	8	7,8
16	8	4	12	11,6
liceu	3	-	3	2,9
17	-	2	2	1,9
18	9	3	12	11,6
Before puberty	1	-	1	0,9
la pubertateat puberty	1	-	1	0,9
After 18 years	6	-	6	5,8

The ages of 14-16 dominate (53.3%), therefore around the age of puberty.

Regarding the separation of such lessons by gender, over 1/2 of the people consider that they should be carried out with the whole class, and approximately 6% believe that this is adapted depending on the theme and/or age.

This information should be transmitted – in the opinion of the surveyed girls – especially by doctors or other specialized personnel (57.3%) and secondarily by teaching staff (22.3%) (fig. 16).

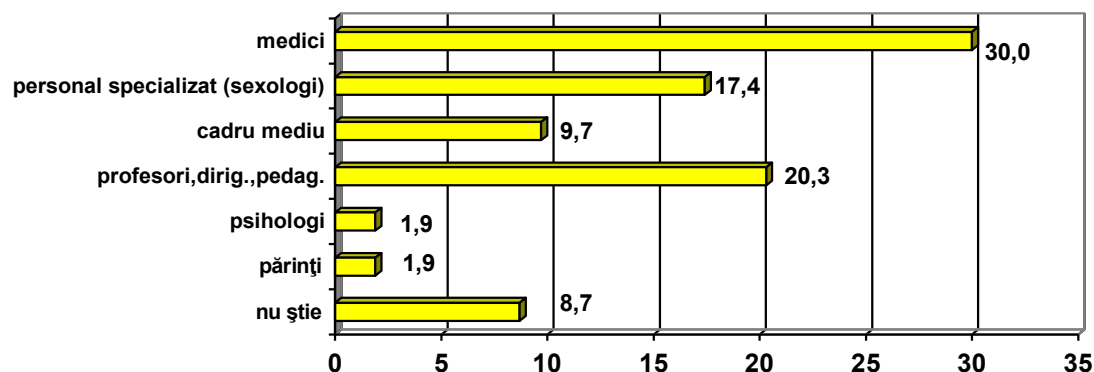


Fig. 16. Girls' opinion on the person indicated for sex education in school (p.100)

To these we add some observations and proposals of girls which, although differently formulated, converge towards the same idea: the need and interest for correct information, obtained from informed persons:

- the need for more sex education in school 7.8%
- more information is needed 5.8%
- courses on these topics 3.9%
- in-depth discussions in school 2.9%
- seriousness in presentation 0.9%
- the need for information especially in rural areas 0.9%
- textbooks, sexology magazines 0.9%

DISCUSSION

The evolution of the number of inhabitants in different territories and different periods is most strongly influenced

by two of the demographic phenomena, namely birth rate and mortality (14).

The evolution of the population in different territories of the globe and in different historical stages is conditioned by multiple socio-economic causes, variable in turn, in time and space, which also influence demographic behavior (15).

Conscious demographic behavior is associated with a couple that applies contraceptive or abortive methods of family planning in order to determine the final number of offspring and their spacing (16).

Family planning – priority of specialists in the United Nations system – establishing the awareness, by a couple, of the number of offspring and their spacing over time; through family planning, the couple – the woman in particular – is given the freedom to decide and have, under these conditions, the desired child (17).

The problems of family planning, conception and sexual education must be approached from a population (community) and interdisciplinary (intersectoral) perspective. Doctors, psychologists, sociologists, sexologists, pedagogues, priests, lawyers, nurses, etc. participate in these actions (18,19).

The directions of action of the national family planning program in Romania are the following:

1. training of medical and health personnel capable of carrying out the family planning program, with the establishment of specific attributions for each category of personnel;
2. providing contraceptive materials and making them available to the population;
3. identifying educational methods appropriate to the cultural level, knowledge and attitude of the population in our country towards family planning methods, in the sense of transferring the center of gravity from abortion to contraception (20).

Viewed at a global, population, demographic level, the problems presented have particularly important implications. Thus, when the practice of abortion and contraception reaches high levels, a decline in the birth rate inevitably occurs, an important demographic phenomenon of population reproduction. If the birth rate drops below a certain level, negative demographic phenomena appear (decrease in natural growth, population aging, etc.). Therefore, within the framework of family planning, the social and demographic implications of individual (family) decisions to terminate a pregnancy or use contraception must be constantly taken into account (21,22).

The most important problem, however, is that of sexological information and education. Serious cultural and health

deficiencies are noted, extremely low knowledge regarding contraception, often coming from random sources, as well as a lot of reticence and embarrassment on the part of women regarding these issues. In addition to health education provided by specialized personnel, it is imperative to introduce effective educational forms in schools, so that children and adolescents acquire correct information and skills regarding sexuality, graded according to age (23,24).

Although there is an obvious reluctance on the part of parents and even teachers to discuss this issue in school, explained by the opinion that this would cause the beginning of sexual life too early and would increase the risk of prostitution, usually associated with pornography, specialists note a pressing need for information, education and counselling in the field of family planning. As a result, more and more specialists and more and more non-governmental organizations initiate and carry out such educational programs addressed to the younger generation, programs that can lead to demographic policies that ensure the health of women and their offspring (25, 26).

CONCLUSIONS.

The type of study designed was a descriptive study of the demographic behavior of groups of female persons from a school community. For the school community, the multistage sampling type was applied, through which in the first stage the classes were selected, and in the last stage we used the nested sample (cluster) examining the entire population of the chosen classes.

Our study served to:

- develop a methodology for understanding current female demographic behavior, simple, inexpensive.
- developing a program of measures, including health education (developing educational leaflets for adolescents and adult women with a modest level of education), to inform young people about conscious, appropriate behavior, but also to ensure family health.

Starting from the hypothesis that there are gaps in information among adolescents and at the same time there is an interest in correct information from competent and specialized personnel, our study will aim to demonstrate that an appropriate level of knowledge in the field can be obtained through appropriate actions.

The experimental study will have two components:

- comparing the level of knowledge in the field of groups of high school students, some of whom had benefited from a sustained and coherent organized

educational program, and others only from disparate, occasional information;

- comparing the level of knowledge of the same group at different times: this was carried out in a school community nominated on the same criteria in which a probabilistic sample will be calculated in the same way as in the other high schools and which will be investigated by the test - action - retest method. This will mean applying the same CFE questionnaire at the "starting" moment, carrying out an educational program through specialists in the field - doctors, sociologists - and repeating some questions from the questionnaire (targeting the level of knowledge and some motivations of demographic behavior) to the same adolescents.

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