

Original article

Low prevalence of use and negative attitudes toward oral contraceptive pills among female students at the University of East Sarajevo

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Summary

Introduction. Oral contraceptive pills (OCP) are the most widely used form of reversible contraception globally, although their prevalence of use varies across regions. In Bosnia and Herzegovina, particularly among young women, there remains a significant gap in knowledge regarding sexual and reproductive health, including contraception. Low level of knowledge, limited financial resources, inadequate access to gynecologists, and factors related to religion or nationality have been identified as predictors of OCP non-use. This study focused on a student population to assess knowledge, attitudes, and practices regarding OCP use. We further examined associations between OCP use and demographic, medical, and knowledge-related factors. The investigation aimed to identify determinants promoting positive attitudes and practices toward OCP.

Methods. A cross-sectional online survey was conducted in 2024 among 162 female students at the University of East Sarajevo. Data were collected using a specially designed questionnaire assessing demographic characteristics, gynecological and medical profiles, as well as knowledge, attitudes, and practices related to OCP.

Results. Among 162 surveyed students, only 13 (8%) reported current OCP use, while the additional 21 students (14.2%) reported previous use. More than one-third of participants stated that they would never use OCP. Knowledge and positive attitudes emerged as the most significant predictors of OCP use, in contrast to demographic and most medical factors.

Conclusion. The prevalence of OCP use among students at the University of East Sarajevo is lower than in Western countries. Fear of side effects and insufficient knowledge of the benefits of OCP represent the main reasons for non-use. Although students of medical sciences demonstrated greater knowledge toward OCP, their knowledge was not sufficient to significantly increase OCP use within this population.

Key words: oral contraceptive pills, knowledge, attitudes, students

Introduction

Oral contraceptive pills (OCP) have been the most widely used method of reversible contraception worldwide since their introduction into clinical practice in the 1960s [1, 2]. In recent

years, however, a decline in their use has been observed, most likely due to misconceptions regarding health risks and benefits, often fueled by the spread of unverified information through the internet and social media [3, 4]. The effectiveness of OCP is user-dependent, requiring strict adherence to the prescribed regimen and accurate understanding of correct administration [5].

Beyond their contraceptive role, OCP provide numerous clinically significant non-contraceptive benefits. These include a decrease in dysmenorrhea, menorrhagia, and iron-deficiency anemia, as well as protection against ectopic pregnancy, pelvic inflammatory disease, ovarian cysts, and benign breast disease. Furthermore, long-term use has been associated with a reduced risk of endometrial, ovarian, and colorectal cancers [6, 7]. Despite these well-documented benefits, survey data indicate that most women remain unaware of the protective effects, with knowledge generally limited to short-term outcomes such as cycle regulation, relief of menstrual pain, and improvement of acne. When informed, many women identify the preventive effect against gynecological cancers as one of the most important health advantages [8].

Nevertheless, OCP use is not without risks, which vary depending on the formulation. Combined estrogen–progestin preparations are associated with an increased risk of venous thromboembolism, ischemic stroke, cervical cancer, and breast cancer. Cardiovascular complications are especially pronounced among women who smoke while using combined formulations. Other adverse effects that have been reported include weight fluctuations, breast tenderness, nausea, abdominal bloating, dermatological manifestations, and menstrual irregularities. There are a lot of indications that women often overestimate these risks, attributing health problems to OCP beyond what is supported by scientific evidence [4, 5].

According to World Health Organization (WHO) data, knowledge about modern

contraception among women in Bosnia and Herzegovina has been insufficiently studied. It is estimated that 12.3% of women aged 15–49 in the country use some form of modern contraception. The most commonly reported method is the male condom (51.7%), followed by the intrauterine device (31.7%) and OCP (13.3%) [9]. There are significant gaps in knowledge about sexual and reproductive health of women in Bosnia and Herzegovina, especially in young population [9].

Low levels of knowledge, limited financial resources, inadequate access to gynecologists, and certain factors related to religion or nationality have been identified as predictors of non-use of OCP [10].

The present study focused on the student population, aiming to evaluate their knowledge, attitudes, and practical use of OCP. In addition, we aimed to examine the associations between OCP use and socioeconomic status, access to healthcare providers, and general knowledge and attitudes toward contraception.

Methods

Study design and population

A cross-sectional study was conducted among female students at the University of East Sarajevo during 2024. The study included students from all faculties and scientific disciplines who voluntarily participated in the survey. Data collection was performed online using a Google Form distributed via email to all female students. Prior to completing the questionnaire, participants were informed about the purpose of the study, the voluntary nature of participation, and the anonymity and confidentiality of their responses. Completion of the questionnaire was considered as providing informed consent for participation. A total of 162 students completed the survey.

Questionnaire

The questionnaire was developed following a comprehensive review of the literature [1, 2, 4–7]. It was initially drafted in English and subsequently translated into Serbian to ensure clarity and accessibility for the target population. A bilingual expert conducted the translation, and an independent specialist performed a back-translation to confirm accuracy. Discrepancies were resolved by a panel of experts. Content validity was established through expert review, and the instrument was pilot-tested on a sample of 10 students to evaluate clarity and feasibility. No difficulties were reported, and the average completion time was 10–15 minutes. The pilot data were excluded from the final analysis.

The final instrument consisted of five sections:

1. Demographic characteristics: age, field and year of study, place of residence, and financial status.
2. Gynecological and medical profile: menstrual history, sexual experience, sources of information regarding OCP, and preferred method of contraception.
3. Knowledge about OCP: assessed through 11 items addressing general knowledge, indications for use, awareness of possible side effects and health risks, and understanding of pregnancy risk during OCP use. Responses were categorized as correct, incorrect, or don't know.
4. Attitudes toward OCP: evaluated using five statements reflecting perceptions of safety, adverse effects, and complexity of use. Responses (agree, neutral, disagree) were later classified as positive, neutral, or negative.
5. OCP use: included current use, past use, and willingness to use OCP in the future if needed.

Data analysis and statistics

Descriptive and analytical statistical methods were used for data presentation and analysis. Differences in OCP use across demographic and medical variables were examined using Pearson's χ^2 test or Fisher's exact test for univariate analyses. Determination of OCP use in relation to knowledge (number of correct, incorrect or "don't know answers) and attitudes (number of positive, neutral or negative attitudes) was tested by ANOVA. Multivariate ANOVA was applied to evaluate the contribution of individual knowledge items and attitude statements to overall knowledge and attitudes. A p-value < 0.05 was considered statistically significant. Data analyses were conducted using IBM SPSS Statistics for Windows, version 24.

Results

In this study, 162 female students from the University of East Sarajevo were enrolled. The mean age of participants was 22.9 ± 4.2 years (range: 19–44 years; median: 22). The majority were enrolled in undergraduate programs ($n = 149$; 92%), while the remaining participants were pursuing master's or doctoral studies ($n = 13$; 8%). The survey encompassed all faculties of the university, which were categorized into natural sciences, social sciences, and medical sciences for analytical purposes. The sociodemographic characteristics of the participants are presented in Table 1.

When asked about their preferred method of contraception, the majority of students reported condom use ($n = 133$; 83.3%), followed by coitus interruptus ($n = 10$; 6.2%). OCP were chosen as the preferred method by only eight students (4.9%).

Both current and past OCP use were assessed. At the time of the survey, 13 students (8%) reported current OCP use, while an additional 23 (14.2%) reported past use, resulting in a total of 36 ever-users (22.2%). Furthermore,

56 participants (34.6%) stated that they would never use OCP.

Table 1. Sociodemographic characteristics of participants (n = 162)

Variable		number	(%)
Age	≤21	43	26.5
	21–25	71	43.8
	≥25	48	29.6
Field of study	Natural	30	18.5
	Social	66	40.7
	Medical	66	40.7
Year of study	I	43	26.5
	II	39	24.1
	III	22	13.6
	IV	28	17.3
	Final	17	10.5
	Postgraduate	13	8.0
Place of study	Local*	51	31.5
	Non-local#	111	68.5
Residence	With parents	57	35.2
	Rented accommodation	52	32.1
	Student dormitory	42	25.9
	Other	11	6.8
Financial status	Low	2	1.2
	Moderate	72	44.4
	High	88	54.3

*Local - studying in the place of residence; #Non-local - studying outside the place of residence

The most frequently reported reason for OCP use was contraception (Figure 1). Among medical indications, students most commonly cited the treatment of polycystic ovary syndrome, followed by endometriosis and acne. In contrast, discontinuation of OCP use most often occurred without consultation with a gynecologist, either because students believed they no longer required contraception (12 participants, 52%) or due to the experience of serious side effects (10 participants, 44%). Only one participant (4%) reported discontinuing OCP use based on medical advice from a gynecologist. Assessment of user satisfaction further revealed that approximately half of the respondents were dissatisfied, characterizing their experience as highly unpleasant or even intolerable.

The association between OCP use and sociodemographic variables was not statistically significant, although the role of age approached the threshold of significance ($p \approx 0.05$; Table 2).

Considering menstrual characteristics—such as age of menarche, duration of menstruation, presence of intermenstrual bleeding, and menstrual blood loss—only heavy menstrual bleeding showed a significant association with OCP use. Students reporting heavy bleeding were more likely to use OCP (Table 3).

Sexual activity was positively associated with OCP use, whereas having a romantic relationship was not significantly associated,

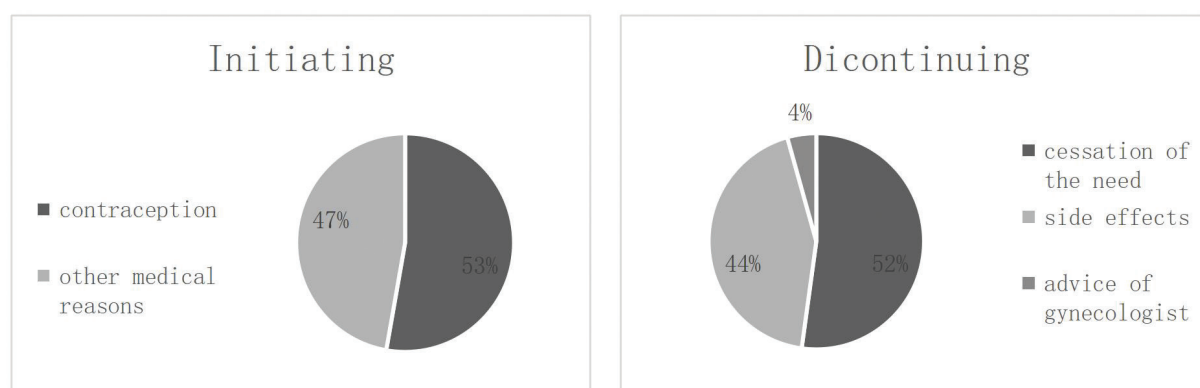


Figure 1. Reasons of initiation and discontinuation of OCP use

Table 2. Use of OCP in relation to sociodemographic factors

Variable		User (n = 36)		Non-user (n=126)		p
		N	%	N	%	
Age	≤21	11	6.8	58	35.8	0.063
	21–25	15	9.3	52	32.1	
	≥25	10	6.2	16	9.9	
Year of study	I	8	4.9	35	21.6	0.663
	II	7	4.3	32	19.8	
	III	5	3.1	17	10.5	
	IV	6	3.7	22	13.6	
	Final year	5	3.1	12	7.4	
	Postgraduate	5	3.1	8	4.9	
Field of study	Natural	4	2.5	26	16.0	0.304
	Social	14	8.6	52	32.1	
	Medical	18	11.1	48	29.6	
Place of study	Local	14	8.6	37	22.8	0.312
	Non-local	22	13.6	89	54.9	
Residence	With parents	14	8.6	43	26.5	0.391
	Student dormitory	6	3.7	36	22.2	
	Rented accommodation	12	7.4	40	24.7	
	Others	4	36.4	7	4.3	
Financial status	Low	0	0	2	100	0.674
	Moderate	15	20.8	57	79.2	
	High	21	23.9	67	76.1	

Table 3. Use of OCP in relation to gynecological/medical factors

Variable		User (n = 36)		Non-user (n = 126)		p
		N	%	N	%	
Menstrual blood loss	Low	3	1.9	2	1.2	0.006
	Average	22	13.6	106	65.4	
	Large	11	6.8	18	11.1	
Ever had sex	Yes	13	8.0	111	68.5	0.003
	No	0	0	38	23.5	
In relationship	Yes	11	6.8	86	53.1	0.077
	No	2	1.2	63	38.9	

though it approached the threshold of significance. Access to healthcare services and sources of information about OCP did not show significant associations. Similarly, students who had received formal education on OCP as part of their curriculum had the same likelihood of use as their peers who had not.

Knowledge and attitudes toward OCP were associated with the likelihood of use. OCP users provided more correct answers and fewer “don’t know” responses compared with non-users. They also demonstrated more positive and fewer neutral or negative attitudes (Table 4).

Table 4. Use of OCP in relation to knowledge and attitudes

Variable		User (n = 36)		Non-user (n=126)		P
		N	min - max	N	min - max	
Answers	Correct	5.5	0–11	3.6	0–11	<0.001
	Incorrect	1.3	0–6	1.0	0–5	0.182
	Don't know	4.2	0–10	6.4	0–11	<0.001
Attitudes	Positive	1.7	0–4	0.6	0–5	<0.001
	Neutral	1.4	0–4	1.8	0–4	0.024
	Negative	0.8	0–3	1.5	0–4	<0.001

Table 5. MANOVA analysis of responses to knowledge questions

Dependent Variable	Mean Square	F	Sig.	Partial Eta Squared	Observed Power ^p
1. OCP do not protect against sexually transmitted diseases.	2.405	7.219	0.000	0.426	1.000
2. OCP may relieve painful menstruation.	2.726	4.485	0.000	0.315	1.000
3. OCP may reduce the intensity of menstrual bleeding.	3.682	6.406	0.000	0.397	1.000
4. OCP may have a beneficial effect on migraine.	2.145	4.108	0.000	0.297	1.000
5. OCP may cause mood changes.	3.102	6.320	0.000	0.394	1.000
6. OCP must not be used by women with breast cancer.	2.346	3.301	0.000	0.253	0.998
7. OCP may lead to increased blood pressure.	3.479	9.118	0.000	0.484	1.000
8. OCP may cause thrombosis (formation of blood clots).	4.109	6.977	0.000	0.418	1.000
9. OCP may cause nausea and vomiting.	5.322	10.619	0.000	0.522	1.000
10. The risks of using OCP are higher in smokers.	2.594	5.612	0.000	0.366	1.000
11. The risks of using OCP are higher in women with anxiety disorders.	0.966	2.752	0.001	0.220	0.992

Table 6. MANOVA analysis of attitudes toward OCP

Dependent Variable	Mean Square	F	Sig.	Partial Eta Squared	Observed Power ^g
OCP are safe.	3.583	13.037	0.000	0.295	1.000
The use of OCP has many advantages.	4.644	15.178	0.000	0.327	1.000
If I used OCP, I would be afraid of their side effects.	6.476	26.830	0.000	0.462	1.000
The use of OCP is complicated.	9.385	33.317	0.000	0.516	1.000

Multivariate ANOVA of knowledge questions (Table 5) and attitude statements (Table 6) showed that the most predictive knowledge item was: "Can OCP cause nausea and vomiting?" (MANOVA, $F = 10.619$, $p < 0.001$). Awareness of this adverse effect increased the likelihood of current or past OCP use. The most predictive attitude was "The use of OCP is complicated" (MANOVA, $F = 9.385$, $p < 0.001$). Students who perceived OCP use as

complicated were less likely to use them than their peers with neutral or opposite views.

The answer to the most predictive knowledge question ("Can OCP cause nausea and vomiting?") showed a statistically significant association with field of study, curriculum-based education, and OCP use. Students who answered correctly that OCP may cause nausea and vomiting were more likely to use OCP than those who responded incorrectly or

Table 7. Sources of information about OCP among students from different fields of study

	Field of faculty	Natural (n=30)	Social (n=66)	Medical (n=66)	p
		N (%)	N (%)	N (%)	
Source of data about OCP	Professional literature	4 (13.3)	7 (10.6)	20 (30.3)	0.081
	Medical professionals	6 (20.0)	16 (24.2)	14 (21.2)	
	Family	1 (3.3)	6 (9.1)	3 (4.5)	
	Friends	2 (6.7)	9 (13.6)	10 (15.2)	
	Social networks	17 (56.7)	28 (42.4)	19 (28.8)	

Table 8. Self-evaluated level of knowledge in relation to number of correct answers about OCP

Level	Number of correct answers			F	p
	Mean	N	Range		
Have enough knowledge	6.1	12	2–10	5.413	0.005
Intermediate knowledge	4.6	18	0–11		
Insufficient knowledge	3.8	132	0–8		

stated “don’t know” (χ^2 test, $p < 0.001$). Number of correct responses was also associated with faculty field: medical students answered correctly more often than students of social or natural sciences (χ^2 test, $p < 0.043$). However, students across all fields reported use of same sources of information. Most participants cited social networks as their primary source of information (Table 7).

Students were asked to self-evaluate their own knowledge about OCP and emergency contraception. Majority of students evaluated their knowledge about OCP as insufficient (132, 81.5%). Self-evaluated level of knowledge was highly significantly associated with number of correct answers to the knowledge questions (Table 8).

Discussion

The prevalence of OCP use among female students at the University of East Sarajevo was found to be low, with only 8% reporting current use and 14.2% reporting previous use. More than one-third of respondents stated they would never use OCP, indicating that a considerable proportion of young women

maintain negative attitudes toward this method of contraception. Comparable results have been reported in Bosnia and Herzegovina, where OCP use among women of reproductive age was approximately 11% [11], and in Serbia, where prevalence ranged from 11% among non-medical students to nearly 25% among medical students [12]. By contrast, rates are substantially higher in Western Europe, the United States, and Saudi Arabia, where more than half of women reported current or past OCP use [4, 7, 13]. These findings underscore a pronounced regional disparity, suggesting that cultural, informational, and attitudinal factors may play a decisive role in contraceptive choices.

The most frequently reported reason for OCP use was contraception, underscoring its primary role as a method of birth control. In addition to contraceptive purposes, several medical indications were also identified. Students most commonly reported the treatment of polycystic ovary syndrome, followed by endometriosis and acne. These findings highlight that OCP are valued not only for their contraceptive efficacy but also as therapeutic agents in the management of gynecological and dermatological conditions. Side effects

were frequently cited as the main reason for discontinuation. Notably, it is particularly concerning that even women who initiated OCP use following medical advice from their gynecologist chose to discontinue treatment independently.

Patterns of contraceptive preference observed in this study further highlight these differences. Only a small proportion of students reported reliance on coitus interruptus, with a prevalence of approximately 6%, comparable to findings from Greece but lower than in Serbia, where more than 15% of female students reported withdrawal as their preferred method [12, 14]. The male condom emerged as the most commonly used form of contraception, consistent with previous regional studies [12]. These results suggest that barrier methods are viewed as more acceptable and accessible among students, while hormonal methods remain underutilized.

Knowledge and attitudes were identified as the most important predictors of oral contraceptive pill (OCP) use, whereas demographic and most medical factors showed no significant associations. This finding is consistent with previous research demonstrating that women who are better informed about OCP are more likely to initiate and maintain their use [15]. Adequate awareness of both the benefits and potential side effects of OCP is crucial, as insufficient knowledge appears to be a major contributing factor to the low prevalence of OCP use. Moreover, even an informed understanding of expected side effects should increase the likelihood of OCP adoption. By contrast, lack of knowledge directly fosters negative attitudes toward OCP, such as perceiving their use as complicated—an attitude identified as one of the strongest predictors of non-use. Importantly, even medical students, despite possessing higher levels of knowledge compared to their peers, did not report significantly greater OCP use. This suggests that superficial knowledge alone may be insufficient to overcome persistent

concerns and negative perceptions.

The role of information sources also emerged as highly relevant. Social networks were the most frequently reported source of information about OCP, surpassing both healthcare professionals and formal educational curricula. This is concerning, as informal sources often provide incomplete or inaccurate information, reinforcing existing misconceptions. Previous studies have emphasized the importance of gynecologists and pharmacists as reliable sources of contraceptive information [4, 7, 15]. Strengthening their role, together with improving the quality and reach of reproductive health education, is likely to be critical in counteracting misinformation and promoting evidence-based attitudes.

The implications of these findings extend to both clinical practice and public health. Given that OCP use is strongly shaped by knowledge and attitudes, targeted educational interventions should be prioritized. Incorporating comprehensive, evidence-based education on contraception into university curricula, especially for non-medical students, may help address existing gaps. Additionally, health campaigns led by pharmacists, gynecologists, and other professionals could provide accurate information, reduce fears, and encourage informed decision-making regarding contraceptive use.

This study has several limitations. First, data were self-reported, which may introduce recall or social desirability bias. Second, the study was limited to a single university with a relatively small sample size, which restricts the generalizability of findings to the wider student population in Bosnia and Herzegovina. Third, data collection via online survey may have excluded students with limited internet access or reduced motivation to complete questionnaires. Finally, the cross-sectional design does not allow causal relationships between knowledge, attitudes, and OCP use to be established. Despite these lim-

itations, the study provides valuable insights into contraceptive behavior, knowledge, and attitudes among young women in Bosnia and Herzegovina.

Conclusion

In summary, this study highlights the low prevalence of OCP use among female students in Bosnia and Herzegovina, with fear of side effects and insufficient knowledge

emerging as the main barriers. Although medical students demonstrated somewhat higher levels of knowledge, this did not translate into significantly greater OCP use. Interventions aimed at addressing misconceptions, improving reproductive health education, and promoting evidence-based guidance are urgently needed. Pharmacists and healthcare providers may play a pivotal role in supporting young women to make safe and informed contraceptive choices.

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Ethical approval. The Ethics Committee of the University of East Sarajevo, Faculty of Medicine Foča, Foča, Republic of Srpska, Bosnia and Herzegovina, approved

the study (No: 01-2-39/24) and informed consent was obtained from all individual respondents. The research was conducted according to the Declaration of Helsinki.

Conflicts of interest. The authors declare no conflict of interest.

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Niska učestalost upotrebe i negativni stavovi prema oralnim kontraceptivnim pilulama među studentkinjama Univerziteta u Istočnom Sarajevu

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Uvod. Oralne kontraceptivne pilule (OKP) predstavljaju najčešće korišćen oblik reverzibilne kontracepcije na globalnom nivou, iako se učestalost primjene razlikuje među regionima. U Bosni i Hercegovini, posebno među mladim ženama, i dalje postoji izražen jaz u znanju o seksualnom i reproduktivnom zdravlju, uključujući i kontracepciju. Nizak nivo znanja, ograničeni finansijski resursi, nedovoljna dostupnost ginekologa, kao i faktori povezani sa religijom ili nacionalnošću, identifikovani su kao prediktori neupotrebe OKP. Istraživanje je sprovedeno u studentskoj populaciji sa ciljem procjene znanja, stavova i prakse u vezi sa upotrebom OKP. Dodatno su ispitane povezanosti upotrebe OKP sa demografskim, medicinskim i faktorima povezanim sa znanjem, kako bi se identifikovali činioci koji doprinose formiranju pozitivnih stavova i prakse u vezi sa OKP.

Metode. Tokom 2024. godine sprovedeno je istraživanje tipa studije presjeka putem onlajn ankete među 162 studentkinje Univerziteta u Istočnom Sarajevu. Podaci su prikupljeni pomoću posebno dizajniranog upitnika koji je procjenjivao demografske karakteristike, ginekološki i medicinski profil, kao i znanje, stavove i praksu u vezi sa upotrebom OKP.

Rezultati. Od ukupno 162 anketirane studentkinje, samo 13 (8%) je izjavilo da trenutno koristi OKP, dok je još 21 (14,2%) navelo da su ih ranije koristile. Više od jedne trećine ispitanica izjavilo je da nikada ne bi koristilo OKP. Znanje i pozitivni stavovi pokazali su se kao najznačajniji prediktori upotrebe OKP, za razliku od demografskih i većine medicinskih faktora.

Zaključak. Prevalencija upotrebe OKP među studentkinjama Univerziteta u Istočnom Sarajevu niža je u poređenju sa zapadnim zemljama. Strah od neželjenih efekata i nedovoljno znanje o prednostima OKP predstavljaju glavne razloge neupotrebe. Iako su studentkinje medicinskih nauka pokazale viši nivo znanja o OKP, to znanje nije bilo dovoljno da značajno poveća njihovu upotrebu u ispitivanoj populaciji.

Ključne riječi: oralne kontraceptivne pilule, znanje, stavovi, studenti