

Key barriers to the use of modern contraceptives among women in Albania: a qualitative study

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Abstract: *In spite of a number of communication campaigns since 1999 promoting modern contraceptives in Albania, their use remains low. In this paper we identify and analyse key barriers to the use of modern contraception among women in Albania. Semi-structured interviews with 11 stakeholders from organisations involved in promoting modern contraception, and four focus group discussions with 40 women from Tirana and a rural village in the periphery of Tirana, divided according to age and residence, were also conducted. Content analysis was used to analyse both the interviews and focus group discussions. Barriers identified included socio-cultural issues such as status of the relationship with partners and the importance of virginity, problems talking about sexual issues and contraception being taboo, health care issues – especially cost and availability – and individual issues such as unfavourable social attitudes towards contraceptives and a lack of knowledge about the use and benefits of modern contraception. To promote contraceptive use in the future, campaigns should address these barriers and expand from a focus on women of reproductive age only to target youth, men, health care providers, parents and schoolteachers as well.* © 2012 Reproductive Health Matters

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The International Conference on Population and Development in Cairo in 1994 was a landmark within the field of sexual and reproductive health. The Programme of Action committed governments to ensure that their populations have access to modern contraceptive methods.¹ In Albania, during 46 years of Communist rule (1945–1991), increases in the use of modern contraception, which occurred elsewhere in the world,² did not take place. The main reason was the regime's pro-natalist policies, in which modern contraceptives were banned, abortion was illegal and sex was considered a taboo topic.³

In the early 1990s, the country underwent a transition to a market economy, which drastically changed the situation: modern contraceptives were introduced and abortion legalised. However, the distribution of modern contraceptives remained limited until the mid-1990s and studies showed that discussing sex was difficult; knowledge and

awareness about sexuality and contraception were limited; and while the use of modern contraceptives had remained low during the 1990s, the number of abortions recorded skyrocketed.^{3–7} People continued to rely on traditional methods, primarily withdrawal, to avoid pregnancy and resorted to abortion when necessary. Hence, in 2002, 8% of married women were using a modern contraceptive method while 67% were relying on withdrawal – many believing it was more effective at preventing pregnancies than modern methods.³ Almost one in four pregnancies ended in abortion, at least 62% of which were induced.⁸ Hence, since the transition, Albania has seen a continued drop in the total fertility rate to an estimated 1.6 in 2009.⁹ To promote the use of modern contraceptives, a series of communication campaigns were carried out, starting in 1999. These were funded by foreign or international agencies such as USAID

and UNFPA and implemented by both foreign and locally-based organisations, consultancy firms and other organisations.^{10–13} In addition to a media component aimed at creating awareness, these campaigns have trained health care providers, pharmacists and journalists, worked to ensure contraceptive security and implemented inter-personal communication interventions.

By 2009, when this study was conducted, pills, condoms and injectables were being offered free of charge at public health facilities, and pills, condoms and emergency contraception were also available at subsidized prices at pharmacies through social marketing programmes.^{7,9} Condoms could also be purchased at market prices through the commercial for-profit sector and tubal ligations and intrauterine device insertions were provided by obstetrician-gynaecologists.⁹

Despite these efforts, the 2008–09 Demographic & Health Survey (DHS) found that there had only been a slight increase in the use of modern methods in the previous seven years, with only 11% of married women using them in 2009,^{3,9} making Albania one of the countries with the lowest use of modern contraceptives in the European Region.^{4,9} Moreover, 59% were still relying on withdrawal as their principal means of avoiding pregnancy.⁹ Among sexually active unmarried women, 29% were using modern contraception (mainly condoms), but among unmarried 15–24 year-olds who were sexually active, 47–49% were relying on withdrawal. Women living in urban areas were only a bit more likely to use modern methods (12%) than women in rural areas. Women with higher education and women in the highest wealth quintile were more likely to use modern methods.⁹ These findings imply that there are barriers to the use of modern contraceptive methods that either have not been addressed or have been insufficiently addressed by the communication campaigns. Alternatively, or in addition, other interventions may be required to effectively promote the use of modern contraception. This article aims to contribute to the design of targeted and tailored interventions by identifying and analysing the key obstacles Albanian women face in relation to the use of modern contraception.

Methods

We employed qualitative methods to collect information: semi-structured interviews with

11 stakeholders in the field of family planning and sexual and reproductive health in Albania, and focus group discussions with 40 Albanian women aged 15–50. The data collection took place in Albania in October–November 2009. This study was conducted for a Master's thesis, and we did not conduct focus group discussions with men due to limited time and resources. Ethical permission was granted by the Ministry of Health of Albania.

Purposive sampling was used to select participants. Initially, we drew up a list of organisations and individuals promoting family planning and sexual and reproductive health in Albania, identified through a literature and internet search. Whenever we conducted an interview we applied a rudimentary snowball sampling method, asking the informant if there were any relevant people missing on our list. This made it possible to sample informants who could shed light on other aspects of the topic than the initially identified informants. Two informants were added to the original list from these suggestions, resulting in 11 people interviewed (Table 1). The sampling was stopped when we no longer got new suggestions and theoretical saturation was reached.

We pre-tested the interview guide with a medical doctor working for one of the informant organisations. The interview guide contained mainly open-ended questions about their use of and experiences with the health communications campaigns promoting modern contraceptives (not reported in this paper) as well as the reasons they perceived for only 11% use of modern contraception, in spite of a number of campaigns aimed at increasing the use of contraceptives. The interviews were recorded and conducted in a location selected by the informants, usually their office.

The participants in the focus group discussions were selected using convenience sampling and were recruited through a trained peer student educator at the University of Tirana, two primary level health care providers, and a secondary school-teacher. The peer student educator and school-teacher were selected due to their easy access to younger women who do not necessarily attend health facilities, whereas the health care providers had good access to and knowledge of women over 25 years old who, for the most part, had already had children and attended the health facility. There were a total of 40 participants in four discussion groups. The women were divided into four

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