

THE LEVEL OF KNOWLEDGE AND OF THE USAGE OF CONTRACEPTIVE METHODS, BARRIERS THAT EXIST IN RURAL AREAS OF ELBASAN'S PREFECTURE

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Abstract

This study was mainly focused on pointing out contraceptive practices and methods in rural areas comparing socio-demographic, cultural and religious characteristics, informed and uninformed people and the analysis of contraceptive methods usage from the community. The study was carried out through half-structured interviews, asking about 120 people. 30 men, 30 women and 60 teenagers were interviewed, paying attention to the equal distribution of subjects from rural areas.

As suggested by the study, men were more informed about these methods (96%) as compared to women (91%), and the percentage of teenagers that were aware of them was higher among boys (84%), but girls were more conscious regarding their usage (87%). Subjects vary from uninformed to well-informed according to different characteristics like age, religion, education, media information and contact with the medical staff.

The usage of contraceptive methods was varying from 6% to 27% within the 4 groups, but the usage depends heavily on the access that people have on the health service. About 47% of the women in remote areas see the distance from medical centers as an obstacle to the contraceptive methods usage, whereas 41% think that the incapacity of the medical staff to help them in case of problems is to blame.

The usage of the contraceptive methods is following a descending trend when it comes to using it for a long time.

The are characterized even by an experimentation of different methods in an attempt to find the method with less side effects and long-term

Subjects expressed their will to use contraceptive methods in the future: 52-88% depending on groups and the methods chosen would be: pills, injectables and IUDs.

Keyword: *contraception, contraceptive methods, knowledge*

Introduction

The Albanian population still remains a relatively young population, with an average age of 32.8, 32.3 for men and 33.3 for women¹. Anyway, compared to 2001, when the average was 29 years², we can see a shift, this mainly due to the decrease in the number of births. This decrease is not only due to the introduction of Reproductive health services and contraceptives³, but also because of the increased “awareness” of couples to limit births.

The main objective of reproductive health is to ensure the coverage, the usage, and the quality of the services in the field of reproduction⁴.

More than 100 million women in less developed countries, or 17% of all married women, would prefer to avoid a pregnancy, but do not use a method of family planning⁵. Whereas WHO estimates that 120 million couples do not use contraceptives even though they want to limit or have a gap between births⁶.

Health policies in Albania have changed considerably, from being pronatalist (for birth) to encouraging the usage of contraceptives through freely distributing them thanks to a program of the Ministry of Health backed up by UNFPA. In 2002, the Law for “Reproductive Health”, nr.8876, of the 4.4.2002 was approved. The aim of this law was recognize and accept the reproductive rights and the reproductive health of each individual, the improvement of the health for the entire country’s population and particularly, women’s, children’s and teenagers’ health⁷.

Family planning services are offered in health centers in municipalities, with a trained staff, where thanks to a program from the Ministry on Health, contraceptives are freely distributed, but they are not reachable from all the resident female population. Medics, midwives and nurses are responsible for counseling regarding reproductive health in the countryside’s ambulances and in the countryside’s and city’s health centers, in women’s and children’s clinics, whereas gynecologists are accounted for the obstetric-gynecology services. In all 27 centers of counseling and distribution of contraceptives in the District of Elbasan there is trained staff for offering FP services thanks to a project from SEATS/USAID in 2000.

The clinics offer free contraceptives from 1996 thanks to UNFPA, including: contraceptive oral pills (combined, only with progesterone), condoms, intrauterine dispositive (IUDs), injections (Depo-Provera). Still, Albania remains a country where the usage of contraceptive methods is lower than Moldavia, Ukraine, Armenia and Azerbaijan⁸. Even though it’s been nearly 20 years of Reproductive Health promoting activities, the access to FP and contraceptive methods remains low. The rate of modern contraceptive usage is not higher than 11%, according to the demographic health study of 2008-2009⁹.

It is difficult for these methods to win over traditional methods, especially in rural areas¹⁰.

*The rate of coverage years of protection in years (CYP/GRM %)*¹¹

District/ Years	2006	2007	2008	2009	2010
Elbasan	3.5%	3.3%	2.9%	2.4%	2.4%

To help understand the reasons of this situation, we conducted a study in some villages of Elbasan using direct interviews, half structured. 120 women and men, of different ages, considered sexually active were included.

The study's parameters include socio-demographic parameters, the geographical aspect, their habitation, their knowledge of family planning, contraceptive methods used by the woman or her husband/partner, their access to RH services.

They accepted the creation and revitalization of Health Services/Family Planning, aware of these health matters, including reproduction¹².

We undertook this study to identify the context of the usage, the nature of the contraceptive methods used by women and men, and to draw a strategy to encourage the best usage of modern contraceptive methods or RHS/FP, in order to contribute in the exclusive mission of evaluating the low usage of modern contraceptive methods from the population and to understand their concern in RH/FP

Methods

The population of the Prefecture of Elbasan is estimated to be 279991 people¹³.

We conducted this study in a 3-month period (October-December 2012). The survey was conducted with 120 people, based on half structured, direct interviews, in the habitations of selected families, by completed questionnaire directly to female and male

We contacted approximately 137 families, with the criteria of having teenagers or youngsters in their composition, since we were to interview the mother, the father and one or two teenagers.

Another criteria for the selection would be areas where the family lived and had families to two children at home. Only 17 families selected from those interviewed refuses.

The sample was selected using quotas, considering habitation characteristics, 10 families were selected from rural areas around the city (Labinot-fushe, Bradashesh, Shirgjan), 10 families from hilly areas (Klos, Tregan, Shales), and 10 families from mountain areas (Labinot-mal, Rrase, Gjinar).

The survey was conducted with people from 15 to 54 years old, of which 60 were youngsters from 15-19 years old (22 or 36.6%) and 20-24 years (38 or 63.4%); and 60 were adults from 25-34 years old (16 or 26.7%), 35-44 years (25 or 41.6%), 45-54 years (19 or 31.7%). (figure 1)

The respondents were selected from rural areas and were part of a family, the mother, the father and one or two teenagers. 30 families were surveyed with a division in territory (10 families from field areas, 3 in villages with 3-4 families/village). This methodology was used even for other areas, 10 families from hilly areas and 10 from mountain areas. The criteria required these families to have members between 15-54 years old, all of them in reproductive age.

The educational level was not a criterion. Anyway 12% of the respondents had a low educational background, 21% had completed the lower educational cycle, 54% had an average educational level and 13% had a high one. (figure 2)

From the 60 women who were interviewed, 38 (or 63.3%) were married, 22 (36.7%) were single and none declared to be cohabiting with a partner. (figure 3). Whereas for men, 33 (55%) were married and 26 (43.3%) were single, and only one declared to be cohabiting (1.6%) (figure 4)

The place of the interview was in the family, organizing separate interviews in separate rooms.

Table 1. Distribution of interviewed by age

Group/age	15-19 years	20-24 years	25-34 years	35-44 years	45-54 years
Females			8	12	10

Males			8	13	9
Girls	12	18			
Boys	10	20			

The age group 55-64 years are not included in the study because women in this age group have entered menopause

Table 2 *Distribution according to educational level*

Grup/moshe	15-19	20-24	25-34	35-44	45-54
Low (incomplete)	1	2	2	5	4
Low (complete)	2	3	5	7	8
Medium	15	25	7	11	7
High	4	8	2	2	0

Criteria for exemption

People below 15 years old and over 55 years old are out of the surveyed area.

Results

Differently than expected, contraceptive knowledge is slightly higher among currently married men (96%) , while married women 91 % , sexually active unmarried young men 84 % , and women aged 15-24 79 % ¹⁴.

When asked if they knew the importance of the use of contraceptives to prevent an unplanned pregnancy , also as protection from IST, 81 % of boys and 87 % of girls knew that through contraception both can be avoided, while among both men and women (96 % of men and 91 % of women) knew this fact¹⁵. (Figure 4). In this context because of the socio-cultural level, 4 men and 2 women aged 45-54, 1 woman aged 35-44 years, do not connect condom usage as pregnancy prevention and as protection against IST.

When asked if they are using any contraceptive method, positive responses range from 6 -27 % , but we notice that age groups 49-54 and 15-19 years old, report not using any modern contraceptive method .

Modern methods of contraception are used by: only one individual of age group 25-34 years or 6 % , 3 individuals aged 20-24 or 8 % , 7 persons aged 35-44 or 27 % of the individuals of this age group (Figure 5). If we do not take into consideration the two individual age groups that are not using any contraceptive method, and analyze the age groups who do, among 79 people, 11 of them are using some form of contraceptive method, or 13.9 % or 9.1 % of the total of people interviewed. This number is still lower than that of demographic health survey in Albania.

While 30.9 % of persons use coitus. This method is characteristic in the national level, since most of currently married women in Albania are using a traditional method (59%) ¹⁶. The natural method that was known and used was the coitus, while the standard days and the Billings method were not known and not used by any of the respondents.

Table 4 *Types of contraceptives related to age*

Metods	Pill	IUD	Injection	Condom	LT
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ages 20-24	2	-	-	1	-
25-34	-	-	-	1	-
35-44	3	1	3	-	-

Table 5 Distributed by region:

Method / Region	Lowlands	Hilly areas	highlands
Pill	3	2	-
Injection	1	1	1
IUD	-	1	-
condom	1	1	-
TL	-	-	-

Table 6 Regarding educational level

Method / Ed. level	Primary	9-year	High school	University
Pill		1	3	1
Injection	1	1	1	-
IUD	1	-	-	-
Condom	-	1	-	1
TL	-	-	-	-

Seeking the cause of this low level of usage of the modern methods of contraception, the answer was found on the low access of the community to health services.

Thus, 67.5 % of the interviewed, or 81 of them were not sure their health centers provided services of family planning. In addition no individual in the age group of 15-19 years were aware that their health centers offered reproductive health services. (Figure 9). 32.5 % knew that their health centers provided free contraceptive, they also knew that a variety of modern contraceptive methods are present from the public sector (free of charge) , social marketing (subsidized) and private sector ¹⁷ .

But in this context, 47% or 56 of the interviewed have considered distance as an obstacle to get any kind of health service, including family planning, expressed in age groups 20-24 years (17 people), ages 45-54 13 people, and so on to 16 people of group ages 15-19 years old, 6 on group age 35-44 years, and 4 people on ages 25-34 . (Figure 10).

In function of this logic searches were conducted to highlight other obstacles in obtaining reproductive health services of the interviewed, and was found that 41 % or 49 persons deemed the medical personnel inefficient to provide such services .(figure 11)

Women and girls who reported that they would not go to the health center for their needs on RH and contraceptive methods is not significantly associated with age , educational status , occupation or marital status.¹⁸ rather than economical. At least nine out of ten women who would seek the services of health centers had low social status (unemployed , low -income). Such surveys serve as briefings for the community. So when informed that these services and contraceptives are near their residential centers such individuals stated that they tend to use

contraceptives in the future, except the 45-54 years age group where no individual is aspiring to adopt the contraceptive in the future. In other age groups the percentage of intent to use in future contraceptive varies from 52 % for the age group 35-44 years to 88 % in the age group 20-24 years . (Figure 12)

Among contraceptives preferred to use, pills were those to be preferred by many to be used by 67 % and then comes injections with 53 %, IUD 42 %, and last condoms preferred by 22.7 % . (Figure 13)

Discussion

The findings of this survey are consistent with other studies of women in reproductive age in Albania¹⁹ in which the observed lack in knowledge about contraception and methods (with the exception of condoms and oral contraceptive)²⁰. A qualitative study found that it may be for because women think that the withdrawal and condom contraceptive methods are more intimate²¹.

Women's knowledge about specific methods were closely related to their level of education-SLI observed in a 2002 study of.²²

Knowledge of contraception are slightly higher among currently married men, while 96% of women (women) 91%, and unmarried sexually active boys than 84% among all women. aged 15-24 years 79%.

Subjects vary from the uninformed to the well-informed based on various characteristics such as age, religion, education, information, media and contacts with medical staff. Almost all members of the higher education community, to recognize method of contraception . Likewise young people from 15-24 years of age almost all the methods I know is contraceptive. Perhaps, coincidence as champion is too small and the purpose of the study was that no differences were seen to exist as a result of religion, but noticed a the best information of individuals belonging to the Orthodox compare Muslim religion.

We asked if they knew the importance of the use of contraceptives and to prevent an unplanned pregnant but as protection from STIs, due to socio-cultural level of the age group 4 men and 2 women 45-54 years of age group and this is one woman 35-44 years age group do not associate the use of condom and prevention of a pregnancy and STI protection.

For now the question if you are using any contraceptive method positive responses ranging from 6-27%, which means that the level of use is very low. Thing to drop us look more in that age group is 49-54 years old and 15-19 years old report that does not use any modern method contraceptive. While age with the largest percentage of use is what 35-44 years or 27%, which means that this age group has closed the number of births and fears of an unplanned pregnancy.

If we do not take into consideration that no two individual age groups are not using any contraceptive method in these age groups who use the 79 persons, 11 using any contraceptive method so; 13.9 % or 9.1 % of total interviews. This number is still lower than the demographic health survey in Albania²³.

While 30.9 % of individuals use withdrawal. This method is in the national characteristic, since most of currently married women in Albania using a traditional method (59 percent) . Natural method that was used was known and coitus, while the standard days method and Billings was not known and it is not used by any of the respondents .

Seeking the cause of this package using the methods of modern contraception was because of low access to community health services.

Thus 67.5 % of the respondents or 81 of them were not sure their health centers provided. Planning service as not only does not exist in the tables show that these centers provide family planning services, that already existed are removed, but not medical personnel and continues sensibilisation. Campaigns as well as the youths have no information on the rest of service. While 32.5 % knew that their health centers provide free contraceptive , although I do not express that they frequented these to receive these services .

In this context, 47 % or 56 of the respondents how far have seen as an obstacle to get a kind of health service, and here it includes family planning and more expressed in this age group 20-24 years with 17 of them. Distance services health of their residential centers was about 45 min - 1.5 hours after these services are not provided in the ambulatory care units but only in health centers

Then when the function of this logic were asked to highlight and other obstacles in obtaining reproductive health services of the respondents, they identified and failure of medical personnel to provide such services and to the extent that 41 % or 49 persons. It's about ten specific cases are not professional advice and full of uncertainty by medical personnel.

Women and girls who reported that they would go to the health center for their needs on SHR and contraceptive methods not significantly associated with age , educational status , occupation or social situation²⁴. Lack of information sources , and interest the extreme age groups , shame they have to be addressed for such problems are the main reasons for low use of services healthy centers²⁵ .

Such surveys serve and briefings for communities. So be aware that these services and contraceptives are near their residential centers was expressed that these individuals tend to use in the future except contraceptive. 45-54 years age group where no individual aspiring to adopt the contraceptive in future justified by no serious need of them. For the other age groups the percentage of intent to use in future contraceptive varies from 52 % for the age group 35-44 years to 88 % in the age group 20-24 years, these figures satisfactory.

Among the preferred contraceptives to be used at future pills were they to be more preferred for use with 67 % and then comes injection 53 % , 42 % and IUD in the end you will want to use these individuals was condom 22.7 % the data shows that the use of condom still remains taboo. In survey said 60 youngsters aged 15-24 and 18.3 % of them or 11 said they were going to use in the future is condom.

Conclusions

And why contraceptive methods generally recognized rural population, again using modern methods of contraception remains low .This means that more work needs to be done in individual meetings with community groups.

Generally couples are aware of the limitation of the number of births and the space between births, but still remain traditional .Contraceptive method remain very low percentage of use, which shows that the level of “missed opportunities ” are high

There are age who do not believe in it may need for contraception because of great age , while the age group of 15-19 years with partners that have not sustainable which means it does not connect with IST contraceptive methods

Condom still usable while in rural areas not used because of taboos and his connection with extramarital affairs .

Use of the service is low due to the fact that women and girls find it difficult to approach the center because of the distance us these services , because of mistrust in the quality of treatment from medical personnel

All these make us we suggest that awareness campaigns should continue for communities and perhaps with the help of non-governmental organizations operating in their areas .

Departments of health centers should plan funds for training in the field of reproductive health .

Nurses and doctors must determine the unmet needs of reproductive age groups in order to identify the needs and priorities determining interventions .

If the intervention will be implemented at all levels these results will be visible .

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