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Report of findings

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**Cover Photos:** Left photo – C-Change/Albania peer educator sharing information on oral contraceptives with a male student during the Peer Education Intervention, Tirana, March 2009; Center photo – C-Change/Albania peer educator team regrouping during outreach activities with summer vacationers on a beach in Vlorë, Albania, Summer 2009; Right photo – C-Change/Albania peer educators preparing a table with information on family planning/reproductive health in front of male student dormitory, Tirana, March 2009.

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## **Acronyms**

ACPD	Albanian Center for Population and Development
AED	Academy for Educational Development
EC	emergency contraception
FGD	focus group discussions
STI	sexually transmitted infection
USAID	United States Agency for International Development



## **Executive summary**

The Family Planning Project in Albania is an integrated program implemented by the C-Change project, which is managed by the Academy for Educational Development (AED) and funded by the United States Agency for International Development (USAID). C-Change conducted qualitative research in May 2009 to explore factors that influence contraceptive choices of young women attending universities. The researchers conducted 10 focus group discussions (FGD) with women attending universities in Tirana. These findings are being used to help design and improve communication activities carried out by C-Change in Albania.

The research revealed an unmet need for accurate information about contraceptives among women attending university. Participants noted a pervasive societal taboo about discussing contraceptives in public or with health professionals, which limits women's options for accessing information and advice about choosing and using methods. Women expressed fear that the side effects of oral contraceptives and emergency contraception (EC) could damage their health, a common concern that affected their confidence in using these methods. The source of these fears was information from friends and also to some extent from health professionals.

A key motivating factor for using contraceptives is avoiding an abortion, a major concern of women who attend university. Participants felt unprepared to take on child-rearing and feared that an abortion could result in infertility in the future. Many women were motivated to have their partner use a condom to avoid sexually transmitted infections (STIs). Other advantages of the condom that they cited were no side effects, relatively low cost, readily available, and effective. However, they had some concerns about condom breakage and generally found it difficult to persuade partners to use them. Furthermore, in relationships considered stable and long-term, women tended to use withdrawal instead because they have developed trust in their partner's fidelity and ability to withdraw, and were concerned about their partner's sexual pleasure.

Further interventions should address the unmet need for information, such as by ensuring that health professionals are better informed and more accessible to women and improving communication between partners to make informed choices about contraception.

## **Introduction**

The Family Planning Project in Albania implemented by C-Change builds on previous USAID-supported behavior change communication activities and the family planning efforts of numerous stakeholders including the United Nations Population Fund, the World Bank, and the Albanian Institute of Media. In October 2008 C-Change, managed by AED, initiated an integrated communication program with three objectives: increase the uptake of modern family planning methods, create a more supportive environment for the use of modern contraceptives, and develop programmatic linkages with organizations and stakeholders working in reproductive health.

To encourage young adults to use modern contraception, C-Change conducted a multi-component communication campaign that brought together mass media at the national level with an intensive interpersonal communication intervention targeting young university students and pharmacists surrounding university housing complexes. In designing the program, C-Change collaborated with partners from the public and private sectors, particularly the media, pharmacists, and universities. C-Change formed a technical advisory group to solicit technical advice and feedback on messages to generate demand for modern contraceptives.

This study was designed to augment the research and information gathered through the C-Change communication program by providing additional in-depth understanding into how women make contraceptive choices. The resulting information is being used to design and improve the communication activities that C-Change is conducting in Albania.

## **Purpose of the study**

The research activities described in this protocol were carried out to further understand the factors underlying choice of contraception method among young, university women. This information is being used to assist to develop additional programs targeting young women in Albania in order to improve their ability to make conscious and informed contraceptive choices.

Two research methods were used in the study. One followed the standard FGD methodology of free-flowing discussion led by a trained facilitator with a discussion field guide. The second followed an adaptation of this approach in which women were asked to work as a group to rank different contraception methods on such characteristics as safety, efficacy, ease of use and accessibility. Five of the 10 FGDs followed the standard method and five followed the adapted method. Data from both approaches were coded, analyzed, and synthesized for this report.

The qualitative study primarily serves the purpose of determining the underlying factors of contraceptive choice, but also serves a secondary purpose: evaluation of these two methods of conducting FGDs. (Results of that comparison will be reported in a separate document. Patterns of information yielded by each method were compared to assess how they can best be used in

complementary ways to explore pertinent underlying issues. This will assist researchers in adapting qualitative and participatory methodologies for specific applications.)

## **Research protocol**

### **Qualitative investigation of use of contraception among young women**

The research team used a combination of focus groups and ethnographic methods to help ascertain the motivations and beliefs around use of contraception. The qualitative assessment examined the following questions:

1. What factors and situations influence women to choose certain methods or use no method at all?
2. What are women's perceptions of safety and risk regarding modern methods of contraception?
3. What are women's perceptions of efficacy of modern contraception?

### **Population**

The population chosen for the qualitative assessment was young women enrolled in a university in Tirana, second year or higher, in a non-intervention area. A sample of university women was selected based on enrollment in the second year or higher and willingness to participate in a qualitative discussion; 80 young women were recruited to volunteer to take part in 10 discussions. Participants were recruited through advertising on student notice boards and contacting student organizations in university dorms and departments. Each participant received all the pertinent information about the qualitative process, including confidentiality, the topic to be discussed, the fact that it would be taped, potential risks, potential benefits, time, location and the principal investigator's contact information. They were asked to arrive at the designated time and place to participate. The research team did not record their names or contact information. Participation in the research was completely voluntary. While all participants were studying in Tirana, around half came from different areas of Albania such as Korca, Vlorë, Durres, and Shkodra. Some of the participants in sessions knew one another since they were studying in the same academic department. (While a general principle for focus groups is to assemble individuals who do not know one another to minimize inhibitions, for certain topics and cultural settings it can be more appropriate for participants to know one another. For some situations, participants might feel more comfortable about expressing their perspectives around familiar people rather than around strangers.) Despite the sensitivity of the topic of sexuality, for the most part women shared ideas openly, agreed or disagreed with one another's opinions, and even asked one another questions about their views, as happens in natural conversations.

### **Ethical review**

The protocol, informed consent forms, and other requested documents were reviewed by a U.S. institutional review board and Albania's National Committee on Ethics. All documents were presented to both committees, including protocol, consent forms, questionnaires and requested IRB application forms. All documents were translated into Albanian for the in-country review.

### **Consent process**

Recruiters introduced themselves and the research study to a prospective participant. If the prospective participant was interested in proceeding, the recruiters explained the consent form and gave her a copy to read. Finally, the recruiters asked the women if they had any questions and reminded them that 1) they had the right to refuse to answer any questions with which they uncomfortable, 2) they could end the interview at any time without any repercussions, and 3) all information would be kept in the strictest of confidence.

When the women read the form and orally agreed to participate, they received a copy of the form with the principal investigator's contact information in case they had any problems or questions after the interview was completed. Because the research team had received a waiver of documentation of consent based on U.S. regulations (45 CFR), participants were not required to sign the consent form.

### **Focus Groups and Ethnographic Methods**

The assessment allowed the team to compare standard FGDs with a group activity approach using pile sorting and ranking methods. Five of the 10 discussion groups were FGDs, and five used pile sorting and ranking. There were 75 participants. For the FGDs, three groups had seven participants, one had 10, and one had eight. For the other method, four had eight participants, and one had four. The discussions were held in Tirana in May 2009. There were 80 recruited in case there was dropout among recruits. The 5 additional were on reserve but not needed in the end.

In the pile sorting activity, the facilitator gave the women a stack of cards with the names and pictures of various contraceptive methods. The facilitator asked the women to decide as a group which cards showed similar methods and to place them in separate piles. When completed, the facilitator guided them through a discussion of the similarities, differences, and attributes that formed the rationale for their grouping of methods.

Then women were asked as a group to use the cards to rank the methods from "lowest" to "highest" on particular attributes. For example, they were asked to rank the cards in order from the method they believed to be the "lowest cost" to the one they believed to be the "highest cost." After each attribute had been ranked, the facilitator guided them in a discussion of their rankings.

The combined findings of the standard FGD and the pile sorting group activity are reported here. An assessment of any differences in the types of information gleaned from the two approaches will be reported separately.

### **Facilitators**

Eight Albanian Center for Population and Development (ACPD) staff were trained to run the FGDs, conduct the ethnographic method (pile sorting and ranking), and manage all logistics. The staff was also trained in use of the discussion guide and the voice tracer digital recorder, pile sort and

ranking, confidentiality, research ethics, note-taking, and ways to handle potential distractions during the sessions. Teams included a facilitator, note taker, observer, and a back-up member in case someone was ill or absent.

### **Data analysis**

The FGD data were analyzed using standard analysis techniques for qualitative methods by the local research group. The team used the note-taker's notes to write transcripts and listened to the digital recording to fill in any missing information. Using a unified coding system, the teams coded each transcript by topic and subtopic, grouped the data by code, and then wrote a summary for each discussion using the coded categories.

After all transcripts and summaries were translated into English, the principal investigators analyzed the data to identify similar phrases, relationships between variables, patterns, themes, distinct differences, and outlying information, as well as create conceptual clusters. Data were combined and reported by topic and subtopic.

## **Findings: What women say about contraceptive methods**

### **Lack of information about contraceptives**

In each session, women commonly expressed concern about health effects of any contraceptive method that is ingested or put in their body. While they believed they were more knowledgeable than their parents' generation, many said they were uninformed or under-informed about how contraceptive methods work and their effectiveness in preventing pregnancy. They were fearful or doubted whether the methods were safe.

### **Health disadvantages of contraceptives**

Risk of future infertility was one of the biggest concerns cited by participants. They were concerned about sterility if they used the pill too long or used EC too often. Another concern associated with the pill was side effects, such as menstrual disorders, headaches, body aches, bloating, weight gain, acne, feeling upset, dizziness, and weakness. Severe nausea and menstrual disorder was described as an effect of EC use. Cancer (e.g., uterine and cervical cancer and tumors) was a general concern associated with using the pill.

### **Health advantages of contraceptives**

Some women were aware of the positive effects that contraceptives could have on their appearance. They mentioned that some friends were pleased with the breast and weight gain they experienced while taking oral contraceptives. Other advantages cited include diminished acne and regulation of the menstrual cycle. One participant said that advertising for the Yasmin brand of oral contraceptives highlighted acne reduction and strengthening the roots of women's hair. One respondent specifically referred to the health advantage of avoiding an abortion by using contraception: her mother told her abortion leads to the possibility of infertility due to "erosion to the part where the embryo is attached."

While many understood that condoms are the only method that protects against STIs, most groups had several participants who seemed to be uncertain whether other methods do as well. Several participants stated strongly that men care only about avoiding a pregnancy and aren't concerned about STIs: *"When this topic [STIs] is mentioned, they consider it as a game; they don't take it seriously."* Condoms were often mentioned as the only way to prevent STIs, *"not just those which are not grave, like syphilis, but also HIV, which causes death."* Only a few participants specifically mentioned HIV/AIDS. One said she first became interested in seeking information about contraception after seeing a movie about a woman with AIDS. Another said that a few days earlier she had heard a news report that HIV/AIDS is caused by Albanian emigrants who return to Albania.

### **Effectiveness in pregnancy prevention**

With the exception of withdrawal, the pill, and condoms, participants generally expressed uncertainty about the terms used for different methods and how they work. They considered the pill more effective in preventing pregnancy than condoms, since condoms can break; however, they also expressed some concern about forgetting to take the pill. They viewed the condom as a trusted method but often noted that it can break, which was cited as a common reason for using EC.

Most participants expressed strong opinions that men prefer withdrawal over condoms. Some women described their perspective that withdrawal is not highly effective in preventing pregnancy: *"The male wants to be dominant in sexual intercourse, which means through withdrawal as the best way, even though it is only 70% effective protection against pregnancy."*

While some participants saw withdrawal as less effective than other methods, others trust it: *"As long as the male is able to withdraw, the condom can be excluded."*

Participants said little about periodic abstinence or the calendar method, but some mentioned that they did not know how to determine the fertile times of the month. Despite this, several felt it was very effective and liked it because there are no side effects.

Women expressed uncertainty about some methods. Some participants used the term *diaphragm*, but this was sometimes described as the *female condom*. Participants sometimes called the IUD *spiral*, *butterfly*, and *apparatus*. A few had heard of the patch (*ngjiteset*); one had seen it at a pharmacy. The terms contraceptive and condom sometimes were used interchangeably.

### **Information that parents/older generation have about contraception**

Many said that parents know less about contraception than they do *"because in their time they didn't have many methods of protection."* Most participants said they never discuss contraception with their parents. Some said their parents would not want them to use the pill, injections, or the IUD because they are concerned about side effects. Many think parents would prefer them to use condoms, but there was a general feeling that parents disapprove of sexual activity among students.

Some participants said their parents have outdated, inaccurate information about hormonal methods being harmful, and they do not agree with them.

Participants said parents find it embarrassing to buy a condom for themselves at the pharmacy, but it is less of a problem for younger people. They said young people have more access to information from various sources. Most participants mentioned the Internet as an accessible source, as well as sex education in high school.

When asked who first told them about contraceptive methods, a few said their mother told them about using a condom to prevent pregnancy and to buy it rather than risk pregnancy:

*“Mother has only said to me that this [pregnancy] is a risk and if it is time to have intercourse, refuse it without a condom. If it is possible go and buy it.”*

*“[Mother says] when that moment comes, better go and buy it in the pharmacy.”*

Some participants said the term “protective measures” was often used to refer to contraceptives when they first heard about it, which for most was in eighth-grade sexual education class. One mentioned that a teacher said a woman can become pregnant even when the womb becomes “*a little wet*” (i.e., with a small amount of semen).

Some women perceived a generational shift, noting that younger parents are becoming more open to talking about contraception: *“There are parents 30–40 years of age who tend to seek information in order to have better communication with their children. Now the old-age parents are molded by another idea, they are strict in this point. The idea is ‘I am your parent, so you can’t teach me anything.’”*

### **Sources of information about contraception**

Friends, high school, the Internet, and TV ads for condoms, pills, and Postinor (an EC brand) were the most commonly cited sources of information and advice about contraception. A few participants said they received detailed information about a range of methods and their side effects from a gynecologist or pharmacist. Most women felt embarrassed to ask because it is socially unacceptable:

*“In Albania it is still a taboo to talk about these topics, we are ignorant concerning this topic. It so happened I went to the gynecologist, but I noticed the professionals are not tactful and are not able to answer properly, [and] made me feel embarrassed.”*

*“There is a mentality that exists, hesitation to communicate with the gynecologist, and the gynecologist’s communication with the patient is a problem.”*

A few participants said they could get detailed information such as brochures from pharmacies. One

said that while in high school, a pharmacist gave her information on EC and how to use it. In general, pharmacists are viewed as not communicative and as more concerned with making a sale.

When asked about advantages and disadvantages of different sources of information, one respondent explained the difference between getting information from friends and getting it from pharmacists. Both sources were seen as having drawbacks: *“If we were to talk with our friends about contraceptive methods, often there are prejudices (biases). ...It may happen there can be wrong suggestions. If we were to talk to the pharmacists, they say what is in their interests and [what] they want. It is a disadvantage.”*

Others said pharmacists and others in society are judgmental of women who seek contraceptives or information related to sexual health:

*“[Students get] information everywhere, if you just open the Internet and it’s fine ...from the friendship, close female friends, in the pharmacy. ...”*

*“In the pharmacy, it’s something else. The ‘way’ she looks [at you] ...”*

*“We went to a bookstore and asked, ‘Do you have the book of Kama Sutra?’ Girls are spoiled said the bookseller, [but] that’s just a way to learn about healthy sexual life.”*

While some participants felt that pharmacists are eager to sell EC and pills because they are most profitable, others say that pharmacists are most likely to recommend condoms over other methods and to discourage them from using EC often.

### **What their partners say about contraception**

Participants had varied opinions about whether partners talk with each other about contraception. Women felt generally able to raise the topic but felt that men tend to be uninterested or uninformed about it. They said boyfriends are particularly uninformed about contraceptive methods used by women: *“It seems to me they are not interested compared to us because in the end, we are those that bear the consequences and they seem to prefer to neglect it.”*

A few felt that neither men nor women take the initiative to discuss and decide on a method together: *“Because we take for granted to have sexual intercourse without any protecting measures, we don’t think about it that well.”*

Couples are more likely to talk about methods when in a longer and deeper relationship: *“Since I live with my fiancé, it is somehow easy to tell him what I feel about everything. And anyway the manner he likes most would be the condom more than any method especially when I mentioned the pill that is taken during the month he said that it can be used a little bit later...”*

Participants also said couples might discuss contraception at the beginning of the relationship and then not discuss it or use it later in the relationship: *“We as a couple ourselves don’t use contraceptive methods. We have discussed it together at the beginning of our relationship and now it’s been some time that we haven’t talked about it. I have taken two or three times those pills that are taken the next day (EC). I didn’t want to, but it happened by chance and I had no other choice. But I can tell that males don’t want to use the condom. I don’t know why, but they don’t want to.”*

### **Gender perspectives**

Several participants said that they felt it is unfair for women to have the burden of risk of pregnancy and that their partners expect them to take risks by not using a condom, because the partner was thinking only of pleasure: *“It seems to me that they consider it a sacrifice to use a condom. They don’t reach the pleasure, but women should say if he wants my goods, then, son, you have to use it.”*

One woman said partners say ‘Don’t you trust me?’ if they are asked to use a condom. Many described the need to be assertive with partners: *“I want to emphasize this, if males have a serious relationship, they don’t want to use contraceptive methods. ...But you are the one to tell him that ‘in case I get pregnant, what will happen then? The consequence will be for the female. That’s why I say that the female should provide information about contraceptive methods for the partner. And in the case the partner isn’t convinced; I have personally bought the contraceptive myself.”*

Participants said they prefer their partner to use a condom because women’s methods caused health problems: *“I am of the opinion that males should use the condom because for females [women’s methods] are physiologically harmful.”* When asked whether contraception should be used every time couples have sex, some women compared different methods. One woman said about the *spiral* (IUD): *“I have the impression that it is painful and not comfortable, while for the usage of the condom, I think it should be used.”* Women would rather not risk having health problems they associate with female contraceptive methods.

A few participants said using contraceptive methods had the advantage of preventing stress and allowing the woman to *“[enjoy] sexual life just like the boyfriend.”*

Many felt that it is a norm that couples talk about contraception but that men’s preference is usually followed: *“I have the impression that it is something very normal to talk about contraceptive methods as a couple, and I have the impression that males don’t agree very much with using the condom. In my opinion, females are more likely to use contraceptive methods, the pills.”*

### **Ways to initiate discussion with a partner**

A few participants gave examples of how they first started talking with their partner about contraception. One said she and her partner started discussing contraception after seeing a condom fall out of the wallet of a man paying his bill at a café. Another said that hearing that a friend had become pregnant pushed her and her partner to talk about their own relationship and contraception.

### **Obstacles to couple communication**

When the group was asked what they felt after the FGD, one participant who lives with her fiancé said it might be useful to include men in the group. A few others reacted negatively: *“What would a male say if he saw that a female knows so much about contraceptives and the possible methods?”* This statement indicated a concern that men will judge women negatively if they know or talk openly about contraceptives.

### **Choices and decisions related to contraception and pregnancy**

#### **Reasons for using contraceptives**

Using contraceptives was strongly preferred over abortion. Several participants felt that because so many methods are available, there is no reason to have an unwanted pregnancy. Some said using contraceptives and not having to worry about pregnancy led to peace of mind and a lack of stress, allowing for more pleasurable intercourse for both partners.

Many women viewed protection from STIs as an important motivation for using condoms, usually with a new partner: *“In my opinion, if you have a boyfriend and you know him for a long time and you know him well, there is no need to use a condom because you know he hasn’t got a disease and you can easily take the pill. I think that the boyfriend is a person that stays all the time with you, you know everything about him. I don’t mean in the first months, but after some time you stay with him and the condom seems to me a little unnecessary.”*

Purchased at pharmacies and some supermarkets, condoms were considered the most affordable and accessible contraceptive. Pills and EC were considered easy to find but more expensive: *“I prefer the condoms because the pills are costly. As a student you don’t have a big budget to spend 6,000 or 10,000 Leks, so better to take the condom.”*

A few women believed that some men force women to use EC because they *“are violent”* and refuse to wear condoms or give the women EC and insist on its use. Others disagreed, saying that usually women use EC without their partner’s knowledge.

#### **Reasons for not using contraceptives**

Fear of side effects that would harm their health and fertility was the overriding reason for not using women’s contraceptive methods. A few believed that once a woman starts using the pill, she might be at greater risk for pregnancy if she stops taking it. Participants commonly said that partners felt the condom reduced men’s pleasure, but they never said condoms reduced their own pleasure. Participants thought withdrawal was comparatively more acceptable to partners than using a condom: *“Having a strong, three-year relationship, I simply thought of the probability of greater pleasure. ... I thought with pills, getting fat is possible ... [and] because you don’t take it simply for a week, for a day ... if for a long period of time you take the pill and you stop doing this, I have heard that the probability of getting pregnant is bigger.”*

## **Decisions about ending pregnancy**

Participants felt strongly that avoiding pregnancy and abortion is a priority: *“I believe that prevention of pregnancy is very important. When considering abortion, care should be maximal regarding preventing pregnancy.”*

When discussing circumstances leading to abortion, participants described their personal aspirations for studies and career: *“Above all, we won’t spoil the course of our life. We wouldn’t bring to life a child that we would consider an obstacle for what we haven’t done yet, won’t reach, and we wouldn’t be able to become educated.”*

They also expressed an inability to raise a child properly: *“I think that a child that comes to life at an inconvenient time, be it economic or psychological, means that the girlfriend needs to be prepared for abortion. An unexpected and unwanted child, at a time when the couple doesn’t have the conditions to keep him or her, will grow up stressfully, and what is more it will affect the embryo development in the mother’s womb. I think that an unwanted child had better not come to life.”*

A few participants noted the partner’s involvement in the decision or how it can affect the couple’s relationship. One said that having an abortion can strain the relationship and cause it to end. Others said:

*“Abortion doesn’t come simply because the pregnancy is unwanted, but there are also other causes. The partner may force her, because the male also has a part and forces the female to have an abortion because he may be a student himself and can’t face this responsibility.”*

*“There are very few partners who get married because of pregnancy. They often choose abortion.”*

While participants feared that abortion would cause infertility, they emphasized the potential harm to their emotional health more than to their physical health. Many noted how socially isolating and stressful the circumstance of an abortion can be: *“More to the mental health because the female in her nature is to give birth, give life. In the moment when she is given this life, when she has a fetus inside and ‘kills’ it, she feels bad and she has a feeling of guilt. She can suffer depression, post-traumatic stresses that have consequences not only for nine months but for the whole life. If she doesn’t receive treatment from her doctor, psychologists...and this is kept secret, this is the most impossible.”*

## **Keeping an abortion a secret from friends and family**

Participants said contemplating abortion is considered *“being in a difficult situation. The person is not aware if she is acting rightfully or not. Decisions will be taken. Given that for Albanian families it is a taboo to speak with the mother and say, ‘look I am pregnant; how should I act?’ Because you know what the reaction will be.”*

Participants said abortion is considered by society to be shameful and to be a result of a mistake that the woman is responsible for. *“It is very secret. It has become part of life.”*

The women said an abortion is kept secret to protect the woman and her family from criticism, scandal, and judgment. One participant gave an example of how word of someone having an abortion spreads fast and wide, even if the woman confides in a close friend and asks her to keep it

secret. Other participants felt that family members want to keep the abortion secret to protect their reputation: *“I think that it is not kept so much a secret by the person who gets the abortion as much as by her family. Knowing the stereotypes that we have, that the female should get engaged, marry, and then have children.”*

Abortion was described as very widespread and frequent, but very secret:

*“As far as this is considered as the only solution, the sole choice becomes common.”*

*“In most cases, it is carried out secretly or in private clinics that keep the secrecy.”*

*“It depends if she understands this is when she is [in] the first month. I have heard that one can take the pill which stops the pregnancy. If one understands this later, then she uses abortion...It depends on the person, what plans that person [has] for the future. ...”*

*“I have heard about cases of two-three abortions by the same person. I have also heard about cases when an uninvited child has come to life, and they have kept the child for the sake of the family, for the sake of the circumstances.”*

Participants considered abortion to be expensive for students:

*“In private clinics, the cost is higher but the conditions are better than in the state clinic. ...In the clinics for a student, it is unaffordable. It varies from 10,000 Leks.”*

*“It is minimally 20,000 Leks.”*

One participant described health risks related to quality of care: *“A careless abortion can lead even to death as far as I know, so it is very dangerous. It depends on who does it and how.”*

Several women said that abortion occurs within the first three months of pregnancy and that in most cases there are no problems *“when the fetus is young.”*

A few said they would never get an abortion and see it as morally wrong: *“She should have thought that an unwanted pregnancy was possible ... the fetus is a human life, will become one, thus I consider it a crime and I wouldn't think of doing it and don't justify someone else that does it.”*

### **EC awareness and experience**

Participants did not usually refer to EC as “emergency” contraception. They commonly referred to EC as “fast contraceptives,” *“the pill that is taken after sexual intercourse and [if she] thinks she is pregnant,” “the pill taken the day after,”* or *“the pill taken one day later.”* Participants also used the name brand Postinor. After the facilitator introduced the term “EC,” participants then used the term in the discussion. Most said they heard that EC should be used within 72 hours. Participants noted some common reasons EC is used: when the woman or couple is uncertain about protection, such as if

the woman was drunk and does not remember what happened; when the condom breaks; or when the couple is not sure about withdrawal: *“When withdrawal is used, it becomes quite possible to use EC.”*

Most participants said they were unsure how EC works but said that it destroys the ovary or sperm, or makes the walls of the vagina swell so the sperm won't pass. Most were afraid of how EC affects health because they believed it contains a full month's dose of the daily pill:

*“It seems like an overdose. If the pills can have side effects, imagine the side effects of this kind of pill.”*

*“Since it is the same as all the pills used during the entire month, I guess it is dangerous for the whole body. I have no idea what part of it, but it can have negative effects in the ovary.”*

Some said it is necessary to go to a doctor before using EC, and many were concerned about overuse:

*“Since it has negative effects, it should be used rarely.”*

*“Since there are contraceptive methods, it shouldn't be used.”*

A few described some advantages of EC, such as *“eliminates abortion and hormonal disorders.”* Most felt it was potentially dangerous if used habitually:

*“You can become dependent on this medicament and can use it even when you have the minimal idea of an unwanted pregnancy.”*

*“It is horrifying; it brings about health problems for the female.”*

Participants considered EC expensive and seemed to believe the cost recently had been raised. Many said that EC is commonly used and that demand for it is high: *“I have a friend of mine who is a pharmacist. I pass a lot of time with her, and I see that every day, girls come and buy it.”*

One participant said it is stressful to take a second pill 12 hours after the first and not know whether it worked until the next menstruation.

### **How EC compares with other methods or abortion**

Most participants saw health risks with both abortion and EC but viewed abortion as more detrimental. They associated abortion with the risk of sterility and said the procedure weighs on women's conscience. When asked whether abortion affects health, many emphasized the emotional strain even more than physical risks and considered it to be a devastating and isolating personal experience.

Some saw EC as equivalent to abortion and said it causes sterility: *“I have been told abortion and EC are the same. This medicine is so harmful that as soon as you use it, you cannot give birth to children anymore, especially if you use it more than once in two years.”* In addition, some viewed using EC as ending a pregnancy rather than preventing it: *“The last method I would use would be this one. Knowing that I got pregnant, this would be the only method I would use and after that abortion.”*

Avoiding abortion was a significant motivation for using EC and an important reason to use contraceptive methods. One said, *“Thank God [EC] exists.”* Others said:

*“It is more efficient to take EC (compared to other contraceptive methods) than to think you will get pregnant or get an abortion or grow the child. ...”*

*“I think abortion should be more harmful, because the fact itself that EC is taken within 72 hours, it means that it destroys the conception right after it is done. In this way, the consequences are minimal than in the case when it destroys the fetus.”*

The women had conflicting feelings about using EC and expressed regret about using it, even though they felt it was necessary. They expressed some sense that they are doing something harmful to themselves or are wrong to use it. Some put EC in a separate category from contraceptives, considering it more harmful.

*“Since there are contraceptives, it [EC] shouldn’t be used.”*

*“Considering the negative effects of EC, we should take measures to take the pills (oral contraceptives) instead.”*

*“Despite the fact that it seems as if EC saves you, it is not very good.”*

### **What they hear about EC from others, friends, media, or health professionals**

Some participants felt reassured knowing others who use EC: *“I think it is very important for the female to act in an established ground. If she knows the effects of EC, how many other people take it, she can feel safer to use it like the other part of the population, while about the modern methods there are more doubts, and in the moment that there are more doubts, you can overcome them and they turn into an opportunity for your life.”*

Others were alarmed by warnings from pharmacists and doctors:

*“They have advised me to persuade my partner to use a condom as EC is very harmful. They have underlined this fact.”*

*“The pharmacist said it should be used once in two years.”*

Some participants said doctors tell patients that overuse of EC causes infertility: *“A friend of mine who has been married seven years now has decided to have children, but she is not getting pregnant. According to the gynecologist, she used a lot of EC.”*

Participants reported that they commonly hear from friends that EC should be used within 72 hours, that it should not be used very often, and that it is very effective. While there seemed to be consensus that EC should be used rarely because of associated health risks, there were different views on the proper number of uses. For example, some said it should be used only three times in the woman’s life, while others said it should be used only once in three months. Most simply said they did not know what is correct but feared overusing it.

*“...It has negative effects, it is harmful. For some time, it was not marketed because it caused a lot of side effects and it was widely used in Albania. Then it started to be marketed again.”*

*“Too harmful when used too often, as if it’s daily contraception, because the dose is equal to all pills of the normal contraception, and if you read the insert paper you get terrified because of the effects it might have, but I know it is widely used. What is more, it is not very effective but here it is widely used by young people like candy. The pharmacist gives it to you easily and without any explanation.”*

Many participants mentioned specific health concerns attributed to EC, including side effects such as nausea, severe pain, vomiting, pain when menstruation resumes, and the risk of cervical cancer if EC is used frequently. Some thought EC should be taken only after consulting with a doctor, and a few had heard it has been outlawed in Albania.

## **Discussion**

Certain norms and social factors limit university women’s access to accurate information about reproductive health and contraception. While generational changes are making it possible to more openly discuss contraception, many participants felt that there is still a strong taboo limiting discussion about contraception in society. Women’s and families’ respectability is in question if sexuality before marriage is evident, and if women ask for information or know about contraceptives, it is seen as a sign of possible promiscuity. Women expressed embarrassment about asking health professionals such as pharmacists and gynecologists for information and described the perceived judgmental attitude of health professionals when they asked for this information. Some doubted the accuracy of information from pharmacists. Further, participants obtained information opportunistically through TV or the Internet. They also talked with supportive female friends but were aware that the friends might not be accurate sources. The women felt that their male partners were uninformed and often uninterested in learning about contraceptives.

Women seemed aware that withdrawal is not highly effective in preventing pregnancy, but they weighed other considerations when choosing contraceptives. Based on information they obtained from experience, friends, and other sources, they were motivated to avoid the side effects that they

saw as health hazards associated with female contraceptive methods. While they viewed condoms as an effective, affordable, and beneficial method for protection from pregnancy and STIs, their partners resist or refuse to use them because it reduces the male's pleasure. The women said that their partner feels "constrained" or feels he is making a "sacrifice" to use a condom. The perceived difficulty of asking or expecting a partner to use a condom consistently was a big obstacle. Not using a condom indicated intimacy and trust in the relationship: Women reported using a condom at the beginning of a relationship and then discontinuing use when they developed trust in their partner's lack of an STI, fidelity and ability to be "careful" in practicing withdrawal.

While women overall seemed to have very limited up-to-date information about contraceptive methods, each session had some participants who clearly had been exposed to information about a broader range of contraceptives. A few participants were married or living with a fiancé, and a few had lived in other countries. Around half of the women were raised in Tirana, so it is possible that information was more available to them than to students from smaller towns and other regions.

Ending pregnancy was seen as a devastating and isolating experience. Abortion was considered a common, but a very secret, practice. While participants had a strong preference for using contraception over abortion, they cited concerns about their health, men's reluctance to use a condom, and trust in a long-term partner's fidelity and ability to withdraw as reasons for not using contraceptives. Reasons they gave for using contraceptives included accessibility, affordability, encouragement and reassurance of friends who use a method, partner support, and STI protection.

Women expressed uncertainty and fear about how to use EC without harming their health and were unsure how often it could be used. They were afraid EC could cause future sterility. Some said they had heard gynecologists or pharmacists warn that using EC is dangerous.

## **Implications and recommendations**

This study reveals obstacles women face in making informed choices about contraceptives. Participants referred to the general societal taboo about openly discussing sexual health and detailed contraceptive information. Young women feel they are treated judgmentally by health professionals and the older generation if they seek reproductive health information.

To improve access to accurate information about contraceptives available to young women attending universities, health providers' interpersonal communication skills need to be improved through pre-service and in-service education, as well as by other means of changing peer norms in professional associations. In addition, health and media professionals need training on contraceptive technologies using approaches such as intensive workshops and seminars.

There is also a need to make information about contraceptive choices more accessible in public and reduce the taboo on discussion by "mainstreaming" the information through integrating it into TV/radio programs and spots, newspaper articles, pamphlets, and special reports during national

events such as Contraceptives Day and Population Day. In urban areas, it might be appropriate to increase Web-based information dissemination through sites such as Facebook linked with other sites. This study focused on women living in Tirana, a large urban center of Albania, but efforts to improve information access must be adapted to meet the needs of different regions.

The information should include messages to promote couple communication, strengthen women's negotiation skills to encourage her partner to use a condom, instruct on how to use a condom correctly, and emphasize contraceptive safety for reproductive health and future fertility. Messages should continue to increase awareness of condoms for STI protection, maintain the condom's image as good choice for pregnancy prevention, and counter the idea that using a condom is only for new relationships or indicates lack of trust.

Considerations for future messaging would include an alternative term for EC, such as the "day-after pill," the "pill of tomorrow," or "taken one day later," which is how women commonly referred to it and which can help reinforce the idea of how to use it. The term "emergency" might invoke undue fear about using EC. Educational messages should explain that EC can be used within five days but that it is most effective if taken as soon as possible after intercourse. An alternative term could include "safety," as in "contraceptive for safety" (Kontracesioni I shpetimi), rather than "emergency." Participants had misunderstandings about how EC prevents pregnancy, and many were unclear about whether it is abortion. One recommendation to combat this is to conduct campaigns with health professionals in collaboration with the media to clarify what EC is, how it works, and what its effects are.

The findings of this study indicate the need to improve the quality of communication between partners. This should involve improving both the accuracy of information about preventing STIs and pregnancy, as well as promoting gender-equitable relationships for good reproductive health decisions. Peer education can include mixed groups of men and women at universities to discuss how to improve communication with partners when making contraceptive choices. Holding open discussions with groups of men and women together can help promote mutual understanding and provide opportunities to practice talking about these issues with partners.

Other possible activities to promote open discussion of reproductive health issues between genders as well as between generations to reduce the social barriers to seeking reproductive health information are:

- Conduct qualitative research with men to understand how to promote gender-equitable relationships and couple communication.
- Work with high school teachers to promote effective ways to provide the right information on contraceptives and STIs.
- Promote activities to help parents discuss sexuality with their children.
- Invest in interactive educational materials about contraceptives to eliminate the gender barrier (such as puzzles, games, etc.).

A few participants identified some enabling factors for using contraception such as 1) getting information they trusted from media, parents, and health professionals that was offered in a non-judgmental way; 2) having their partner's support; 3) taking the initiative to overcome embarrassment in accessing information or contraceptives; 4) getting friends' supportive advice; 5) trying a method to develop confidence in it based on one's own experience; and 6) being encouraged by others' positive experiences using contraception. Elements of these factors could be incorporated into interventions to further the supportive social environment for informed contraceptive choice.



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