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Signature:

Fraser Langdon

Date

“Skilled Enough to Pull Out”: factors influencing contraceptive use in urban Albanian youth.

By

Fraser Daniel Langdon

Master of Public Health

Hubert Department of Global Health

Kate Winskell, PhD

Committee Chair

“Skilled Enough to Pull Out”: factors influencing contraceptive use in urban Albanian youth.

By

Fraser Daniel Langdon

B.S., Northern Arizona University, 2003

Kate Winskell, PhD

An abstract of

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Abstract

“Skilled Enough to Pull Out”: factors influencing contraceptive use in urban Albanian youth.

By Fraser Daniel Langdon

Background: Rates of contraceptive use in Albania are among the lowest in Europe. Modern contraceptives, such as long-acting reversible methods, are less popular than traditional contraceptive methods such as withdrawal. Identifying factors associated with contraceptive practice, and increasing understanding of the reasons individuals choose one method can help governments and organizations design appropriate interventions. One intervention designed to increase contraceptive prevalence is C-Change/Albania’s Maternal Newborn Health Family Planning (MNCH FP) program, which uses peer educators to increase knowledge and motivate positive behaviors among young urban Albanians.

Objective: This study aims to increase understanding of how the social environment in Albania affects contraceptive use. By exploring the behaviors and perceptions of trained reproductive health peer educators, the study can provide insight into behaviors that influence contraceptive acceptance and practice, thus helping to identify why young Albanians may not utilize modern contraceptives.

Methods: Data collection emphasized qualitative methods. Four Focus Group Discussions were carried out to provide the framework for an interview guide for In-Depth Interviews. Twenty-one In-Depth Interviews were carried out among university-aged Albanian peer educators. Key themes that emerged in the interviews were analyzed according to grounded theory.

Results: Factors influencing contraceptive use included: norms around masculinity and male-dominance, trust in long-term partners, the normativity of withdrawal, misinformation, and gender norms governing desired levels of sexual experience for men and women respectively. These factors influenced whether a couple would use contraceptives and which contraceptives they might choose. Among sexually active respondents, condoms and pills were some of the most popular methods. Participants discussed how, prior to the C-Change/Albania intervention, they or their friends used withdrawal as a primary method of contraception and provided insights into their motivations.

Discussion: Increased understanding of the context in which young Albanians’ reproductive health decisions are made can inform the design and implementation of more appropriate and efficient interventions. We propose more research on underlying determinants of withdrawal and that intervention development should focus on social norms and sexual divisions of labor and power in Albania.

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Chapter 1: Introduction

In 1912, Albania declared its independence from the Ottoman Empire. By the end of World War II it had been conquered by Italy then taken over by communist factions. Since that period, Albania has allied itself with two communist powers, first with the USSR until 1960, then with the Maoists till 1978. After severing ties with China, Albania became a non-aligned communist state effectively cutting itself off from the rest of Europe. Since multiparty democracy was established in the 1990s, Albania has been known for a slow economic transition compounded by alleged electoral fraud, poor infrastructure, rampant corruption, and well-established organized crime networks (1).

When the government severed ties with other nations, it effectively distanced itself from certain forms of economic and infrastructural development. Because of this, Albania has lagged behind in contraceptive use with only an improvement of 3% between 2000 and 2005 (2). Times are changing; the Ministry of Health has taken clear steps, with bi-lateral support and the help of non-governmental organizations, to provide evidence-based interventions to increase contraceptive use (3).

Given that contraceptives are a proven method for preventing unplanned pregnancies, many governments and non-governmental organizations have promoted interventions increasing their use (4). One method, the condom (both female and male) substantially prevents not only pregnancy but sexually transmitted infections (5).

Illegal under communist rule, contraceptives were legalized in May 1992 by government decree. The Ministry of Health has spearheaded contraceptive promotion by increasing knowledge, supply and quality of modern contraceptives (3).

Modern contraceptives fall into three categories: surgical (e.g., female sterilization or vasectomy), hormonal (e.g., the pill, injectables, implants, some intrauterine devices, and emergency contraception), and barrier methods (e.g., the intrauterine device or male or female condom). Not included in this category are the traditional means of contraception: lactation, rhythm (periodic abstinence) and coitus interruptus or withdrawal. Modern contraceptives are desired because of their superior efficiency at preventing unplanned pregnancies when compared with more traditional methods (5). Sixty-nine percent of married women in Albania of reproductive age (15-49 years) have used any kind of contraceptive method. Within the same demographic, Albania has the second lowest prevalence of modern contraceptive use (11%) of any European country. Withdrawal is the most utilized form of contraceptive among married women of reproductive age with 58% reporting recent use (3).

The purpose of this exploratory qualitative study is to examine factors perceived as influencing contraceptive use among young urban Albanians working as peer educators. Specific research questions sought with this study include: What factors influence reproductive decisions? Why do individuals choose to use an inefficient form of contraceptive, such as withdrawal? Do those on the frontline of the knowledge transition, such as peer educators, subscribe to the behaviors they are advocating?

The qualitative study was carried out with the help of C-Change/Albania, an affiliate of the Academy for Educational Development (AED). This study comprised focus group

discussions and in-depth interviews with peer educators, who were responsible for teaching contraceptive methods to their peers in the capital city of Tirana. The study provides insight into the decision-making processes of the youth in Albania and will inform the creation and implementation of future reproductive health interventions.

Chapter 2: Comprehensive Review of the Literature



Source: University of Texas Libraries (6)

Historical Background

Albania is situated in the heart of the Balkans, with Greece to the south, Montenegro to the north and Italy to the West, across the Adriatic Sea. It is known to many as a hub for the transport of goods between the major economies of Europe and the emerging markets of Central Asia. Its close proximity with Italy and Greece allows for easy migration. Many Albanians migrate for temporary or permanent residence in these countries; these Albanians are typically young males looking for employment. These migratory groups often choose their destinations based on “geographical, cultural, and linguistic proximity” (7).

Historical events have influenced the perspectives and policy on fertility and family planning. The Albanians, known historically as the Illyrians, have been conquered various times in their history, though they have resisted attempts at assimilation, fiercely protecting their language and their culture. In modern times, the Albanians won autonomy from the Turks in 1912, and declared themselves the People’s Republic of Albania in 1941 (8). Many things were outlawed under the communist rule of leader Enver Hoxha, including religion and family planning. Initially, Albania adhered to a strict Stalinist philosophy but it withdrew from the Warsaw Pact in 1968, drawing allegiances with the Maoist regime in China. This did not last, however, and Albania severed ties with China in 1978. With a lack of political allegiances, Albania entered a period of isolation and under-development. This period ended, following the death of Hoxha and the fall of communism in 1991, and Albania was introduced to a multi-party system, which led to victory for the Democratic Party. In the mid-nineties, however, development was halted due to the collapse of the economy, and the country broke into rioting and chaos. This event brought the socialists back into political contention, and the government has switched often between multiple parties since (9). Underdevelopment and generational societal attitudes have influenced the lives of previous

generations in Albania, but with a new generation that has grown up in a democratic and less-isolated Albania, the potential for changing poor health outcomes has improved.

Contraceptives

Modern contraceptives differ from traditional methods of contraception in that they use more efficient new technologies to assist couples in preventing an unplanned pregnancy. These modern methods include several options: hormonal, barrier and surgical methods. Hormonal methods include the pill, an intrauterine device (IUD), injectables, implants, and emergency contraception. Barrier methods include a copper IUD and male/female condoms. Surgical methods include female/male sterilization. An array of traditional methods are used in Albania: local traditional medicines, the lactational amenorrhoea method (LAM), periodic abstinence (rhythm method), and coitus interruptus (withdrawal) (5). Both modern and traditional forms of contraception have their advantages: where traditional is often cheap and accessible, modern is effective (see Table 1 for contraceptive effectiveness). The prevalence of contraceptive use differs greatly from country-to-country in the region. Some countries have much higher use of modern as compared to traditional methods of contraception (see Figure 1 for regional contraceptive prevalence). However, the prevalence of effective modern methods in Albania is low when compared with neighboring countries in the Balkans and Western Europe. Albania has a much higher prevalence of traditional methods as opposed to modern methods of contraceptive. This study will contextualize the factors determining contraceptive choice.

A wide variety of contraceptives are available in Albania with some methods more widely available and more widely used than others (see Figure 2 for contraceptive prevalence in Albania). In the Albanian Demographic Health Survey (DHS) 2008-2009, withdrawal is the most common form of contraceptive practiced by women of reproductive age, aged 15-

49. Withdrawal is when a man removes his penis from the vagina just before ejaculation. It is a method that requires no material resources or health provider inputs and is easily explained to those interested in implementing it. The least common methods of contraceptive, according to the 2008-9 DHS, also happen to be the most effective: Long-Acting Reversible Contraceptives (LARC). LARC are efficient means of contraception that “require no daily or coital adherence and avoid the adverse events and health risks of estrogen-containing contraceptives” (10). More women know about the methods than are practicing: among adult female respondents (aged 15-49) in the DHS, 34.7 percent could name a specific LARC method, whereas only 1.2 percent reported using such methods (3).

Trends in contraceptive use in Albania are difficult to ascertain. Different figures are reported by three surveys conducted on contraceptive use over the same five-year period: a Multiple Indicator Cluster Survey (MICS) conducted by UNICEF in 2000, a Reproductive Health Survey (RHS) conducted by the CDC in 2002, and another MICS conducted in 2005. Of any modern method, the 2000 MICS shows a prevalence of 15.3%, while the 2002 RHS records a prevalence of 8.0%, and the 2005 MICS reports a prevalence of 22.4%. Even if the use of modern contraceptives is assumed to be increasing, the rates are still low (2).

Conceptual Framework

Multiple decisions may influence reproductive choice: whether someone uses a contraceptive method, whether that method is a modern contraceptive and which contraceptive they choose to use. Rašević and Sedlecky distinguish between primary and secondary factors influencing reproductive choice. The primary factors include a) legality, policy, and regulations affecting contraceptive use, and b) the social environment. Secondary factors include a) knowledge b) attitudes and c) practices of both the clients and the health care providers (11). Primary factors are societal and involve large groups, organizations,

communities, or governments. Secondary factors are factors influencing the individual. This study will use this taxonomy of primary and secondary factors as a conceptual framework to structure previous literature and articulate the research questions (see Figure 3 for conceptual framework).

Of Rašević and Sedlecky's primary factors in contraceptive use, legality has particular relevance to Albania. Contraception became legal in Albania relatively recently, in May 1992. Family planning was legalized in the newly democratic Albania under government order no. 226 (3). Shortly thereafter, the Ministry of Health began distributing contraceptives to the public free-of-charge in government institutions. At the time of this study, select modern contraceptives were available for free at government institutions, at subsidized rates from social marketing organizations, and for sale commercially at many pharmacies. Contraceptives are distributed for free at 431 public sector health facilities. (3). UNFPA is the sole donor of contraceptives to the government, but has been incrementally reducing quantities at the Ministry of Health's behest. The government hopes to be fully self-sufficient in contraceptive procurement by the end of 2010 (3).

As an outcome of a presumably unplanned pregnancy, abortion is an important legal issue, worldwide. Abortion is illegal in neighboring countries within the Balkan region but is available safely in Albania. Abortion is so widely used in Albania that in 2008, there were 4.3 abortions for every live birth (12). This statistic may be under-reported, according to other surveys measuring abortion (3). The adoption of contraceptive use is expected to affect the abortion rates of Albania, by reducing the number of unplanned pregnancies. Studies have shown that as the final stage of the fertility transition of a population approaches, the rise of contraceptives will coincide with a decrease in abortion rates (13-15).

Another primary factor affecting contraceptive use, the social environment, is the main focus of this qualitative study. Alongside an individual's psychological traits, social environment, or the social context, is the main determinant of youth contraceptive use and abortion or lack thereof (16). Due to the paucity of qualitative research in reproductive health in Albania, countries geographically proximal were examined. One study in Italy investigated the personal relationships and social factors that influence young Italian women not to use contraceptives. As an important neighbor with close ties, through migration and cultural imports, understanding the social factors affecting contraceptive use among women in Italy may provide possible clues to how young urban Albanians make reproductive decisions. The cross-sectional study asked 104 Italian women aged 14-23, all of whom had had sexual intercourse, 26 questions, on topics including sexual partner, first sex, attitudes toward contraceptive methods, family relationship, factors influencing decisions, etc. Results showed that 24% of the women did not use an efficient means of modern contraception during their first sexual intercourse and 21% were current non-users. Another finding was that girls over the age of 18 were 5 times more likely to use contraceptives (16). Several limitations of this study present themselves upon inspection. The sample population of Italian women was recruited at Family Planning Service Centers and Adolescent Health Service Centers in two cities. Bias occurs in that those that seek out contraceptive, family planning, or reproductive health services may have a predisposition towards a certain outcome and the sample population may not appropriately represent the study population (Italian women of reproductive age). Another limitation is the exclusion of traditional methods of contraception in the definition of contraceptive use. One such method on which data was not collected, withdrawal, may be an effective method if used correctly (5), and its potential use as a primary method should not be ignored.

Religion

In light of the divergence in dominant religion in Italy and Albania, comparison should not be overstated; however the younger generations of Albanians are influenced by Italian youth culture. Many Italian males migrate to Italy for work; as of 2004, approximately 25% of the total population has emigrated with roughly 200,000 Albanians living in Italy (7). Religion is nonetheless an important factor in the social environment that can influence reproductive choice through a variety of mechanisms. Religious groups may influence public policy and regulation. Religion influences the community and the individual by supplying a moral and social code that is to be adhered to. According to current estimates of religious affiliation, the Albanian population is 70% Muslim, 20% Albanian Orthodox, and 10% Roman Catholic. However, statistics on the religious affiliation of the population are not collected by the government, perhaps as a consequence of the fact that religious observances were banned in 1967 and Albania only began allowing personal religious practice in communities again in November 1990 (1). Religion can positively influence reproductive choice and validate contraceptive use. With mosques found in most Albanian towns, understanding how reproductive health fits into the Quran provides insight into reproductive choice. In contrast to the Christian Bible, sexual activity in the Quran is not purposed with the act of procreation alone, but stands alone as a factor promoting tranquility in marriage. Family planning may further promote tranquility in a marriage (17).

Gender and Power

Reproduction – and therefore contraceptive use - is dependent on gender relations. A structural theory that can help to conceptualize the influence of gender on reproductive decision-making in Albania is Connell's Theory of Gender and Power (18), a theory of the social environment that focuses on gender, power inequities, and sexual inequality. It divides

the factors that characterize the social environment into 3 structures: the sexual division of labor; the sexual division of power; and cathexis, the social norms and affective attachments one has acquired (18). These three structures are often divided into institutional and societal levels (see Table 2 for an adapted table of the theory). Of these two levels, society writ large is slower to evolve than smaller institutions. While contraceptive use within a small group may increase or decrease with relative ease, the three structures at the societal level, and their component parts, are slow to evolve due to “numerous historical and sociopolitical forces” that divide power and perpetuate norms from the previous generation’s gender roles (18).

Knowledge, Attitudes and Practices

Rašević and Sedlecky’s secondary factors affecting contraceptive use stem from the individual. These are the knowledge, attitudes, and practices of the clients and the providers. Knowledge of contraceptives exists in the communities, though this does not always translate into behavior. In Albania, 98.6% of all women, age 15-49, responded they knew *any method* of contraception and 94.8% could name *any modern method*, which includes condom but only 26% of women, age 15-49, have ever used a modern method of contraception (3).

The knowledge, attitudes, and practices of the health providers influence the acceptance and coverage of modern contraceptives. Providers play an important role in the transition process of moving from an “abortion-based family planning (FP) culture to a contraceptive-based one” by providing guidance and acting as role-models for their clients (Sedlecky & Rašević, pg 158) . A 2008 survey of Serbian gynecologists indicated that 5% of the gynecologists had never used a form of contraceptive and 32% reported using withdrawal as their main form of contraception, leading the authors to conclude that they “neither use . . . nor have adequate knowledge to advise their patients (19).” In the same study, 61% of providers reported a history of abortion with 41.8% of providers, or their

partners, having had more than two induced abortions (19). Nearly 45% of the providers were over the age of 50, an age group where societal norms and laws may have been very different from those influencing the decisions of today's youths.

Peer Education and C-Change

To increase consumer confidence, contraceptive knowledge, and the use of modern contraceptives, C-Change initiated an integrated program that involves training health providers, pharmacists and journalists in MC, and a mass media campaign to increase awareness among youth. In October of 2008, C-Change began collaborating with local, national government, and international partners. One way that C-Change has elected to reach youth populations is through the use of peer educators (20). These peer educators are the respondents in this qualitative study; they are workers on the frontline of contraceptive acceptance among youth in Albania.

The idea of modern contraceptives may not be a new one but its introduction to Albanian society is relatively recent. Organizations may use change agents to spread a new idea through communities. The U.S. Peace Corps describes a change agent as “someone who generates ideas, promotes new practices, models healthy behaviors, draws attention to opportunities, and encourages networks to help people move forward in reaching their goals.” (21) Many organizations engage peer educators as change agents. Peer education (22, 23) is defined as “the teaching or sharing of health information, values and behaviours by members of similar age or status group” (24). Of the 195 Behavior Change Communication programs conducted/undertaken by FHI/USAID between 1992 and 1997, 116 of them used peer education (25). Peer education is a valued tool in the provision of healthy behaviors.

The validity of peer education as a means of health promotion is contested in meta-analyses and systematic reviews. A meta-analysis by Kim and Free, found no evidence that peer education promotes behaviors such as condom usage or reduction of pregnancy, “however, study results were highly heterogeneous, suggesting that there may be real differences in the effects of interventions included (26).” More research is needed in resource-poor countries, on how effective peer education interventions can be to address behavior challenges.

Peer educators were chosen as the respondents in this study due to their experience on the front-lines of efforts to promote contraceptive use among Albanian youth. Their role as peer educators puts them in a unique position, allowing them to draw on their own experiences with contraceptives but also to observe and comment on their peers. This makes them an ideal group with which to gauge contraceptive acceptance and subjective norms around contraception among Albanian youth. Assessment of their behaviors and documentation of the factors they perceive as influencing youth contraceptive practices will provide important insight for program designers and managers by providing context to the reproductive decision-making processes.

Contribution of Student

Fraser Langdon designed the research and supervised all aspects of data collection with the help of C-Change/Albania. Focus groups and in-depth interviews (IDI) were carried out by facilitators under the supervision of Langdon. The facilitators for the IDI were trained by Langdon. All writing, analysis and table development was carried out by Langdon.

“Skilled Enough to Pull Out”: factors influencing contraceptive use in urban Albanian youth

Fraser Langdon

Key Words: modern contraceptive, Albania, influencing factors

1100 Colquitt Ave #4

Atlanta GA 30307 USA

flangdo@emory.edu

717-357-3323

Abstract

Objectives: Rates of contraceptive use in Albania are among the lowest in Europe. This study aims to increase understanding of how the social environment in Albania affects contraceptive use among young people by exploring the behaviors and perceived social norms of trained reproductive health peer educators.

Methods: Data collection focused on qualitative methods: Four focus group discussions (FGD) provided a contextual framework for the in-depth interview (IDI) guide. The main data source was twenty-one IDI among university-aged Albanian youth who volunteered as peer educators. Key themes that emerged in the interviews were analyzed using methods based in grounded theory.

Results: Factors influencing contraceptive use included: norms around masculinity and male-dominance, trust in long-term partners, the normativity of withdrawal, lack of correct information, and gender norms governing desired levels of sexual experience for men and women respectively. These factors influenced whether a couple would use contraceptives and which contraceptives they might choose. Among sexually active respondents, condoms and pills were some of the most popular methods. Participants discussed how, prior to the C-Change/Albania intervention, they or their friends used withdrawal as a primary method of contraception and provided insights into their motivations.

Conclusions: Increased understanding of the context in which young Albanians' reproductive health decisions are made can inform the design and implementation of more appropriate and efficient interventions.

Introduction

Albania has one of the lowest rates of modern contraceptive (MC) use in Europe(3). In this study the modern methods will be divided into 3 options: hormonal, barrier and surgical methods. Hormonal methods include the pill, an intrauterine device (IUD), injectables, implants, and emergency contraception. Barrier methods include a copper IUD and male/female condoms. Surgical methods include female/male sterilization. Traditional methods in this study include: local traditional medicines, the lactational amenorrhoea method (LAM), periodic abstinence (rhythm method), and coitus interruptus/withdrawal (5). Both forms of contraception have their advantages: traditional is often cheap and accessible, whereas modern is effective (see Table 1). Factors beyond accessibility and price are affecting the choice of contraceptive in Albania.

A wide variety of contraceptives are available in Albania with products available in pharmacies, hospitals, and various non-governmental organizations, however young Albanians are choosing traditional methods, such as withdrawal, over modern methods of contraception (see Figure 2). In the Albanian Demographic Health Survey (DHS) 2008-2009, withdrawal is the most common form of contraception practiced by women of reproductive age, aged 15-49 (3). The least common methods of contraceptive also happen to be the most effective: Long-Acting Reversible Contraceptives (LARC). LARC are efficient means of contraception that “require no daily or coital adherence and avoid the adverse events and health risks of estrogen-containing contraceptives.” (10) Examples of LARC’s ‘forget-me’ methods include injectables, IUD, and implants. Unfortunately, LARC is rarely used: among adult female respondents (aged 15-49) in the DHS, 34.7 percent could name a specific LARC method; whereas of the same demographic, reported use with such methods was only 1.2 percent (3).

Trends in contraceptive use in Albania are difficult to ascertain. Of 3 surveys collecting contraceptive use over a five year period, 3 very different numbers are reported. Of any modern method, the 2000 Multiple Indicator Cluster Survey (MICS) conducted by UNICEF shows a prevalence of 15.3, while the 2002 Reproductive Health Survey conducted by the US Centers for Disease Control and Prevention records a prevalence of 8.0, and the 2005 MICS reports a prevalence of 22.4. Even if the use of modern contraceptives is assumed to be increasing, the rates are still low (2).

Government policy on fertility and family planning are heavily influenced by Albania's unique history. Under communist rule, religion and family planning were outlawed. Albania allied itself first with the USSR until 1960, then with the Maoists till 1978. After severing ties with China, Albania became a non-aligned communist state effectively cutting itself off from the rest of Europe. Since multiparty democracy was established in the 1990s, Albania has been known for a slow transition compounded by alleged electoral fraud, poor infrastructure, rampant corruption, and well-established organized crime networks (1). Underdevelopment and conservative societal attitudes have influenced previous generations in Albania but with a new generation, that has grown up in a democratic and less-isolated Albania, the potential for changing poor health outcomes has improved.

Rašević and Sedlecky distinguish between primary and secondary factors influencing reproductive choice. The primary factors include a) legality, policy, and regulations affecting contraceptive use b) and the social environment. Secondary factors include a) knowledge b) attitude c) and practices of both the clients and the health care providers (11). Primary factors are societal and involve large groups, organizations, communities, or governments. Secondary factors are factors influencing the individual (see Figure 1).

Contraception became legal in Albania relatively recently, in May 1992. Family planning was legalized in the newly democratic Albania, under government order no. 226. (3). Shortly thereafter, the Ministry of Health began distributing contraceptives to the public free-of-charge in government institutions. At the time of this study, there were select modern contraceptives available for free at 431 public sector health facilities, at subsidized rates from social marketing organizations, and for sale commercially at many pharmacies (3). The UNFPA is the sole donor of contraceptives to the government, but has been incrementally reducing quantities at the Ministry of Health's behest. The government hopes to be fully self-sufficient in contraceptive procurement by the end of 2010 (3).

Another primary factor affecting contraceptive use is the social environment. Social environment, or the social context, has been seen to affect contraceptive method adoption. These (paired with an individual's psychological traits) are the main determinants of youth contraceptive use and abortion or lack thereof (16).

Reproduction – and therefore contraceptive use - is dependent on gender relations. A structural theory that can help to conceptualize the influence of gender on reproductive decision-making in Albania is Connell's Theory of Gender and Power, a theory of the social environment that focuses on gender, power inequities, and sexual inequality. It divides the factors that characterize the social environment into 3 structures: the sexual division of labor; the sexual division of power; and cathexis, the social norms and affective attachments one has acquired (see Table 2) (18). These three structures are often divided into institutional and societal levels. Of the two levels, society writ large is slower to evolve than smaller institutions. Contraceptive use within a small group may increase or decrease with relative ease, however, the three structures at the societal level, and their component parts, are slow

to evolve due to “numerous historical and sociopolitical forces” that divide power and perpetuate norms from the previous generation’s gender roles (18).

To increase consumer confidence, contraceptive knowledge, and the use of modern contraceptives, C-Change initiated an integrated program that involves training pharmacists in MC, a journalist MC training initiative, a mass media campaign to increase awareness among youth. In October of 2008, C-Change began collaborating with local and national government, and international partners. One way that C-Change has elected to reach youth populations is through the use of peer educators (20). These peer educators are the target population of this qualitative study; they are workers on the frontline of contraceptive acceptance in Albania.

This study aims to better understand how the social environment in Albania affects contraceptive use. By assessing the behaviors and subjective norms of trained reproductive health peer educators, the study can assist in evaluating their performance and provide insight into behaviors that influence contraceptive acceptance and practice, thus helping to identify why young Albanians may not practice certain behaviors pertaining to modern contraceptive use.

Methods

In June 2010 a cross-sectional study using qualitative research methods was carried out in the Qyteti Studenti (Student City) at the University of Tirana. Urban Albanian youth were selected as the population of study, specifically, peer educators trained by C-Change/Albania who act as change agents, conveying information and informing attitudes about contraception. As front-line workers, they provide insight into the transition toward contraceptive acceptance among urban Albanian youth.

The study was vetted by the Emory University Institutional Review Board (IRB) and was determined to not require IRB review because it did not meet the definition of “Research” or the definition of “Clinical Investigation” under federal regulations.

Focus group discussions (FGD) provided contextual background for the creation of an in-depth interview (IDI) guide. FGD participants were selected by peer education program coordinators and were divided into 3 female and one male groups ranging in size from 6-9 people. An IDI guide was written in English in response to discussion findings and translated by program coordinators into Albanian. An English translation of each guide and interview was produced to ensure quality and relevance to the research question. Two female and one male peer educator were selected by program coordinators to conduct the interviews. Interviewers attended mandatory training on qualitative research techniques and research ethics. The interview guide focused on questions pertaining to the social context for contraceptive decision-making. Topics ranged from contraceptive promotion and usage, initiation of sex, and factors influencing the decision-making process. One IDI was piloted using the guide and promptly reviewed by the entire research team, in a second training/workshop. Probes on abortion were added to the revised version.

Sample size was initially determined utilizing the Guest model of 12 interviews to reach data saturation (27). Additional participants were added in order to increase diversity in place of origin from participants. All participants lived in Tirana but had grown up in various towns throughout Albania. Twenty-one IDI were conducted by the research team. All but two participants were female. This was due to the limited number of male participants in the peer education program. Participants were chosen randomly from a list of all peer educators in the program utilizing the random number generator function in Microsoft Excel. Peer educators were contacted by members of the interview team by phone to request participation.

All interviews were audio-recorded, transcribed by the interviewer, and translated into English by a third party in Albania. All collected data was then analyzed in Atlanta GA, using MaxQDA2010 (28). In line with grounded theory (29), data was coded for thematic elements that covered breadth, depth, and nuance; codes were both inductive (created before analysis) and deductive (created in response to emergent themes). Prominent codes were analyzed to produce 'thick' descriptions.

Results

Abortion

In response to a question about how abortion relates to contraceptive use, a majority of participants reported that by preventing unwanted pregnancies, contraceptives ultimately prevent abortion. When participants were probed by facilitators on reasons young Albanians may not want to have a child, participants cited economic and psychosocial reasons, and a desire not to raise a child with someone who is not your chosen life partner. One participant responded that modern contraceptives allowed him to have pleasure without fear. Another participant, a female, commented that MC lowers the possibility of making a mistake. As an undesired outcome to reproductive decision-making, abortion and unplanned pregnancies are seen as an outcome the peer educators can help eliminate.

Male Roles

It was evident from data collected that reproductive health decisions are made based on social and cultural norms. Gender norms and roles are central in creating the context in which the youth make their decisions. For instance when a male participant was asked about who makes decisions in Albania, he reported that men are superior to females in many regards, especially in decision-making. :

Participant: [He is] Superior in the relationship, he makes the decisions, makes suggestions, advises, etc. This is what I think.

Interviewer: You think that male is better than the female, to be superior in these things?

Participant: Of course man is better. I am not a 'macho' but the thing is that this is how it is, how it has been, and how it will continue to be. He is better so that's what makes him superior in his relationship with females.

Interviewer: Do you think it should continue like this?

Participant: It should continue to be like this. . . things are changing and in some cases the female can make decisions as well, but very few cases.

Across the interviews, male and female respondents expressed the sense that their society is male-driven and that men make the decisions in relationships and in families. These patriarchal family structures were not only evident throughout the interviews, but they were also mentioned in informal dialogues carried out with key informants: men bring income into the family while the women's responsibility revolves around activities carried out in the home, the most important being supporting the husband and the children. Childcare appears to take precedence, with one participant stating that often husbands feel neglected in Albanian society because once the couple has a child, the woman must devote her attention to the baby and thereby ignore many of the husband's needs. In response to various probes regarding a male-driven society, two participants revealed that when a child is born many families celebrate the birth of a boy. This baby boy will carry on the family surname and continue the blood and honor of the family (an important cultural value as illustrated by the family feuds that take place in some regions). When asked about gender relations in Albania one of the male participants stated that there is a saying, "when a man is born, there is a big celebration in the house and when a female is born, it is seen as something inferior."

Some respondents stated that at least one boy is desired by most couples, hopefully as a first born. Males may be prized as first-borns not only because they inherit surnames but because of the decision-making power and responsibilities they assume. In response to a question about why men are always prioritized, one female respondent stated:

Because Albanian society has always idealized men in the family . . . That's why I say that it has been men, the one that has made the decisions, even for contraceptive methods.

When asked about why society is the way it is, some participants reported that patriarchal social norms are passed on to the children. Some respondents report that certain men have more modern/western views of gender equality that depart from what they term this 'old mentality'. However, these views are not shared by all and many are of the opinion that there is no attempt to change the 'old mentality.'

Participant: Female is fragile, delicate. It's the idea that the female is under man's power. It has always existed and without the man she can't live. She has to stay home, take care of the children, and she can't work because her man does not let her go to work because she can make a career.

Interviewer: In Albania it has always been like this?

Participant: Yes, it has always been like this and there is no attempt to change.

Across the data set, there were no notable differences in definitions of man's role in the society. A recurrent theme across the interviews was that men are the heads of the household, the heads of the relationship. They make the decisions that are important and

often have the last say in many of the discussions that come up in a relationship, including contraceptive decisions. When respondents were asked to define men in one word they used: 'powerful', 'important', 'superior', 'stronger', 'commander', 'law-maker', 'ruler', 'god', 'leader', 'stable', and 'always has the last word'.

A few female participants felt that times are changing and gender equality is slowly increasing in Albania. Several female participants reported that the inequality only exists because of the lessons and culture taught to the youth by their parents and guardians. In response to probing on the causes of changes to the 'old mentality', some participants expressed the sentiment that industrialization was an underlying determinant. Others felt that the struggling economy had the effect that now the wife must find a job to contribute to the family's success, in contrast to the 1990s when a man could provide for all the needs of his family. It is assumed the wife is thus effectively assuming more responsibilities, including ones traditionally considered to be male. The decision-making process associated with the 'old mentality' is entrenched but may be changing with the younger population.

Although the Albanian man is not the caretaker of the children, nor the housekeeper, he has many responsibilities, chief among them providing the security for the family. Many participants mentioned men's role as breadwinners, which included variations of: getting a good job and providing security and support for his family. Not all respondents had positive descriptors for men; when asked to describe males one female participant described men as just wanting to have fun, saying they are impulsive with little care about the future. Other female respondents when asked to define men reported they are 'rude', 'rough', 'egotistical' and 'selfish' ('selfish' being the most prevalent response in most interviews). According to

these women, their role as dominators makes them indifferent to many of the women's fears.

Though the risk of pregnancy and STI is a recurrent theme throughout, some women stated that men find condoms so un-pleasurable that they will risk a more traditional method such as 'pull out.' 'Pull out' is the *in vivo* term for withdrawal/coitus interruptus, which many women told the peer educators was an ineffective method. In informal interviews with key informants associated with the peer education intervention, they reported that some men find the use of condoms to be un-masculine. One male, when asked about what behaviors of his have changed since the intervention, said that he and his friends used to have unprotected sex with frequency. This was because using the 'pull out' method - removing at the precise moment before ejaculation - was seen as a mark of sexual experience and control.

A recurrent theme in the interviews is that in Albanian society, men should be experienced about sex and should feel free to talk about it; however, some female respondents said this is often done with their friends and other males, and rarely with women. Many respondents spontaneously mentioned how judgment by friends and family is important and all youth, including men, want to be seen in a positive light. This concern for reputation can be inferred in many interviews where women often fear to be labeled as promiscuous; men fear judgment that they are inadequate and inexperienced in sex.

Both male and female participants stated that men are seen to have biological needs that have to be met. These needs make them sexually excited and assertive towards their partners. Most participants mentioned this aggressive dominance in relationships but often with the caveat that they did not agree with its acceptance. Some female participants clarified

that even with all these negative statements, men can also be lovely and understandable. Some female respondents stated they knew men that are very caring toward their partners; one female respondent when asked to clarify what she meant when describing men as strong, stated that a man is strong but “he is very soft inside.” The ‘strong’ males that are influencing the decisions on contraceptives are, themselves, influenced by their friends and their peers. They are judged on their sexual experience and to a lesser extent on how they address their partner’s safety and security.

It emerged from the data that, when it comes to talking about sex, gender norms vary. Female participants described how women do not like to talk about sex especially with men; however, through the peer education program they were learning to be more comfortable approaching men. Some female participants had experiences where they were shunned if they talked about their sexual activity. The same participants explained that men, in contrast, are held in high esteem if they talk about their sexual exploits: this suggests that with men it is more socially acceptable to discuss sex. This does not mean that men will ask for information about or even want to discuss sex with peer educators. When asked about the difficulties of being a peer educator, many of the women reported that men were tough to interact with, which they concluded was because of their sex; they questioned if men may have felt the embarrassment of discussing sex with someone of the opposite sex. Participants reported that as peer educators they often talk about sex within the framework of family planning, a topic that men might regard to be in the women’s realm. Female participants described situations they experienced where some men may listen but act indifferent. Participants often attributed this to trying to look cool in front of their friends. If males and females are unable to share information regarding reproductive health, the

assumption the interventions make about the decision process within a relationship may be inherently flawed.

Female Roles

Reproductive choices are also informed by female gender roles and norms. The female respondents considered child-rearing a very important role. Several female participants stated that women plan their careers around their family responsibilities. Participants talked about having a career after or before pregnancy and child rearing but never during. When asked why women should be using MC, a female respondent stated that women give up many things for pregnancy. Within the house, the women are the keepers; taking care of chores and house responsibilities. The language these women used to define women in this role may give us more clues. Perhaps, the role of being a cleaner for their *husband's* home, and taking care of *his* kids gives ownership to the man and not the wife. Women are described as obedient by female participants. Women know how to behave, being very careful to not upset the balance that their relationship rests on. When asked to define women in one word, female participants used the words: 'lovely', 'understandable', 'polite', 'fragile'/'delicate in body & mind', 'sly'/'clever', 'inferior to men', 'calm', 'diplomatic'/'artful', 'devoted'/'obedient', 'sincere', 'faithful', 'sweet', and with the ability to be 'vindictive'. The contrast between these terms and those the women used to describe males suggests that the prescribed gender roles allow males a more dominant role in reproductive health decision-making.

Biological needs were mentioned by many respondents. A few female participants reported that women's biological needs include being in a relationship with a man. When describing the 'closed parts' of Albania, one female respondent reported that at a certain age a female cannot live without a man. The participant referred to 'closed parts' as the rural

regions of Albania that are difficult to reach. A recurrent theme throughout the data was that women desire protection from infections and unplanned pregnancy, but not to an extent that would undermine her obedience to her male partner. Participants reported that sometimes the woman wants to initiate contraceptive use, or make reproductive choices, and she may do so, but the male can reject this move, basically holding veto power over most decisions in the relationship. A few female participants reported they find independent women, or strong women, to be admirable people but often question that woman's ability to find a man. When a female participant was describing a career woman she stated, "When a man sees a strong woman, he knows he can't control her," and he may choose a more obedient female for his partner. A 'strong woman' may play a different role in the decision-making process in a relationship than an obedient woman from the 'closed parts.'

An emergent theme was that women fear being judged for their sexual behavior. When asked about the effects of family size on relationships, participants' answers varied. No discernable pattern was seen, but when probed further several participants mentioned how in-laws negatively affect couples. Several female participants stated that the responsibilities of a new wife include supporting the new in-laws, especially the mother-in-law. A few female participants commented that they feared the judgment of the mother-in-law. They stated that mothers-in-law want to see a wife come home from work, and even if tired, perform all the required roles: raising children, cleaning, ironing, and cooking. In informal interviews many couples stated that they lived with their parents.

Female participants also reported that women fear unplanned pregnancies. This is related to the recurrent theme that a woman should only have sex with one person her entire life: her husband/fiancé. This suggests that women are to be virgins until they meet their life

partners. An emergent theme is that women do not talk about sexual activity, talking about sex means that one has sexual experience, and women are to have none. This is a barrier that many peer educators stated they had to overcome. Some participants indicated that they were perfectly fine talking about sex but they often want to only talk with other female peer educators about the topic. Speaking to men about sex is usually difficult but talking to women is considered much easier and acceptable. When asked about the knowledge base of their peers, many participants remarked that many women do not have information about contraceptives, especially modern contraceptives that require a doctor, i.e., 'spiral' and injection. Throughout the interviews IUD are referred to as 'spiral' by participants. When asked what contraceptives their peers are familiar with, the peer educators reported that many women know about pills and emergency contraceptives. Participants reported that women may not use these familiar contraceptives because of fears. One such fear is the fear of losing their partners, often referred to specifically in the interviews as 'boyfriend'. Women fear losing their partners, especially in connection with getting pregnant. An unplanned pregnancy may lead to the boyfriend leaving and, as a few female participants reported, will ultimately lead to abortion to assist in hiding one's sexual activity from the family. This was cited repeatedly as a reason for using contraceptives, and strong feelings towards abortion were often the reasons why some participants became peer educators. If women fear losing their partners over reproductive health outcomes, the decision to use contraceptives may have multiple benefits.

Initiating Relationships and Contraceptives

Both male participants saw women as being very shy and not talkative. They stated they don't freely express themselves to women and to other males. The concept of *the times changing* was reported by many participants but as one male participant pointed out: when all

is done, women still take the man's surname. The roles of men and women affect contraceptive use, but initiating sex within a relationship may be different. Overall, men were seen as the initiators of sexual activity by the majority of participants. Many participants attributed Albanian social norms as being the underlying reason for male dominance in relationships. When a participant was asked why men start the relationship in Albania, the male participant cited the dominant position of power the males currently hold in the Albanian society, "Maybe because of the position that man has had in Albania... always dominant, maybe this is the reason why they are the ones to start." This was not the only point of view reported by participants. Some female respondents stated that some women may start the sexual act, as they are the ones that must face the consequences of the act. There was little variation in the response to this question between those *in relationships* and those *not in relationships*. The majority found men to be the initiators, with *both partners initiating* being the second most common choice. Men have specific roles they play and one of the many roles noted by some participants is his role as initiator:

He [initiates] first; he is the one that needs to provide everything in a relationship. . . He is not the one that is going to play the role of a housekeeper, to take care of the children [pause] in fact he needs to provide the money.

Participants' responses pertaining to initiating contraceptive use in a relationship were different from questions pertaining to initiating sex. Most participants felt that both members of a relationship initiated contraceptive use, with females initiating use being the second most common response. Only one participant reported that men initiate contraceptive use. Both partners may decide on the use of contraceptives but the overall

theme was that “the female makes the initiative and the man makes the rejection.”

Participants stated that women often have to make an effort to introduce contraceptive use into their relationship. Female participants reported that men may feel that ‘pull out’ is acceptable as a form of contraceptive but the female partner may find that inadequate in preventing pregnancy and infection. However, in regards to this assertive attitude in men, many female participants stated that some men desire to protect their partners: one female participant reported that “everything he would say, was for her own good, as well.” Some sexually-active female participants reported their male partners were accepting of the modern contraceptives, after they had informed them on the merits of modern methods following their own peer educator training. These findings suggest the roles of the male continue to dominate in the reproductive health decision-making process. Knowing that males have the final say in MC use is vital to understanding the dynamics of the sexual division of power.

However, the type of relationship heavily influences the factors leading to contraceptive adoption; official/formal relationships are much different than casual/informal relationships. When asked who initiates modern contraceptive methods, some participants stated that before a relationship was official, before the male had told his family of his relationship, he was more likely to use modern contraceptive methods. This was done to avoid the risk of infection (a condom’s ‘double protection’ was cited specifically) or getting a girl pregnant or before he finds his life partner. One female respondent reported that men may use contraceptives when they are having sexual relations with women with whom they are not in a “serious relationship.” A few interviews, both male and female, stated that men must be experienced with sex before finding their ideal partner, or future wife. During the period where men are not sure about the long-term suitability of

the partner, they may use contraceptives to prevent pregnancy. These findings suggest that MC, specifically condoms, is used by these males because of their dependability. Another reoccurring theme is the taboo nature of having sex before formal engagement. The data further suggest that men do not want to announce their sexual activity to their family before they are engaged and so will wear a condom until they are in a long-term relationship. When condoms are not used, 'pull out' may be used. If this method fails, the boyfriend is often described by participants as strongly advocating an abortion or possibly leaving. As dominant forces in decision-making, males are either strong advocates of MC or decisively against, often depending on the type of relationship.

Contraceptives

The most popular form of contraception in Albania, withdrawal/'pull out', was mentioned frequently, by participants. A male participant reported that the process of pulling out in the nick-of-time is highly respected by young males, for the reason it requires control and experience. No beginner is good enough to 'pull out' at the correct time. It is manly and tough to use this as a contraceptive method. One male participant shared:

...in the beginning we used to be a group of friends together. We used to like to have sex without protection, because that made us more tough and more of a man; we were skilled enough to pull out. We wanted to show that we had experience and we were not beginners, that we could control ourselves. Now I am the first one that raises my hand and says: use protection, because we are human and we make mistakes.

Many peer educators, after the training, learned the human error component of using 'pull out,' but some still promote it as a safe method to some of their peers, especially peers that

are in a long-term relationship. The peer educators believe that 'pull out' is the most common method being used by Albanians, especially with youth. Among the participants, conflicting views were expressed about its effectiveness. In interviews the peer educators rated effectiveness from 13% all the way to 70%. Female participants reported that it is a method males believe is effective, and is therefore the method they rely on; in cases where it fails, males may advocate for the use of emergency contraception to avoid abortion. In some interviews, 'pull out' is referred to as the 'normal method', a method that some consider safer than contemporary/modern methods. This suggests that its status as a 'normal method' impacts the decision-making process, making it the *de facto* method that young Albanians use. It can nonetheless be a subject of embarrassment. In one interview a female peer educator told a story about how she did not know what 'pull out' was, and the other educators refused to tell her and recommended she ask the trainers. Even the most common method may be taboo to talk about.

Trust

Trust is an issue mentioned by many participants. For 'pull out' to be an acceptable method, for example, the female partner must trust the timeliness of the 'pull out' and the STI status of the partner. A female participant stated that if a partner is trustworthy the woman may start using the pill. Trust is a factor that is earned, e.g., one participant stated that a male can gain trust if he always uses a condom, without fail. It is implied later on that after trust is earned in condom use, another method such as the pill can be used. When participants mentioned a reason that their peers may not use MC, trusting their partner was given. Many of the peer educators gave advice to fellow students that if they were in a relationship they did not need to wear condoms or use modern contraceptives. Trust is an

underlying factor that affects contraceptive use, depending on the type of relationship: casual or formal.

Specific Methods

Participants often stated that males think that condom use reduces sexual pleasure. Some female participants stated that men do not want to wear condoms and will often request not wearing them with their partners, thereby opting for a traditional method. Several respondents stated that if one is in a stable relationship, condoms are often not used; they are for the beginning of the relationship or for casual relationships. According to a majority of respondents, if a young Albanian plans on being with the partner forever, 'pull out' is the method most people would choose. Participants stated that some of their peers erroneously believe that condoms do not work and so do not like to use them.

When participants were probed on how the general youth population regards modern contraceptive methods, many barriers were evoked. Despite barriers to the pill described by many, a few female participants currently use them. Participants reported that many women felt pills affect one's weight. According to the respondents, the pill is perceived by many women to either cause weight gain or weight loss, both at alarming rates. Women also fear getting facial acne from pill use. Hair loss is also mentioned by a participant as a reason why women fear taking the pill. Often women tell the peer educators that these factors were experienced first-hand or by their friends. The peer educators may have felt similarly before the training but state that their opinions have changed.

Participants that use MC currently rarely discussed fears. Participants often talked about non-MC use as how they thought previously, before the training. When participants were asked about why people may not use a specific method, they listed fears and other

barriers associated with modern contraceptives. For example, MC is viewed as expensive. People may not use pills because it is thought that they cause more harm than they prevent. A few participants relayed that some young people erroneously believe that pills cause cancer. With emergency contraceptives, participants reported that women think they cause hemorrhages and destroy the uterus. There is also a fear among young women of the menstrual cycle being altered. One participant stated that a cycle is supposed to be 28 days, no less-no more. Participants reported that spotty bleeding is worrisome to some women. Many female participants mention fear of sterility as another reason not to use MC. This is reported especially for 'spiral' and injections. One female participant cited an additional barrier: they are difficult to use when you have a long distance relationship; when someone rarely sees their migrated partner, they don't consider pills an appropriate method. The fears, whether or not founded in fact, affect the decision-making process by increasing the barriers for using MC, altering the balance of factor in favor of one method over another.

Pills are highly recommended for women by the peer educators. Participants report that women may regard pills negatively but they found them to be important enough to heavily promote. The breadth of reasons for pill use include: they are not un-pleasurable unlike condoms, they alter the menstrual cycle (a possible negative with some participants), they fix acne on the face, they are easy to use, they help with other health problems (especially with the ovary), and finally they prevent pregnancy and allow family planning. In the eyes of most of the participants, the advantages of using pills, far out-weighed the disadvantages.

There was little mention in the interviews of LARC. Peer educators mentioned various methods of MC, but rarely used these methods themselves. The participants

reported that 'spiral' was not as heavily promoted as other methods. Most participants felt that this form of contraceptive was best used by women who have already had one child and want to focus on their career. One female participant explained that 'spiral' is very effective but requires insertion by a trained doctor, making it less accessible.

A female participant described condoms as the "king of contraceptives," and she was not alone in her feelings: condoms are the most promoted of the contraceptives by the peer educators. The main reasons, cited by participants, for using a condom are that it offers 'double protection' from infection and pregnancy. Female participants tended to fear pregnancy more than infections but some participants observed that males would fear infections more. Other reasons given by participants for using condoms include: availability (pharmacies and groceries), the ability to inspect to see if it's working properly, ease, low cost, and speed and practicability of use. A male participant stated that one reason for men to use condoms was moral obligation: one should not get a woman pregnant.

One reoccurring theme addressed the reasons why a woman would decide to use modern contraceptives: female participants often distinguished between the time before and after having a baby. The time before having a baby was reported as a time of freedom, where one gathers life experiences. Some female participants stated that this period of freedom was a reason to use contraceptives. Children require lots of attention, and if one wants to prolong the period of fewer responsibilities, then modern contraceptives should be used. Also, the time after babies is seen as the time when a woman can focus on her career. Participants reported that contraceptives ensure that a woman can focus on her career and not raising a baby; 'spiral' and injections were viewed by some as the MC of choice for this

time of life. This suggests another factor affecting reproductive health decision-making: the planning of one's career around household roles and responsibilities.

Household Influence

Reproductive decision-making in Albania is influenced by family and household structure. In informal interviews with reproductive health providers, they reported that parents allow their children to live in the house until marriage, around the age of 24. Fathers were rarely mentioned in the interviews, unlike mothers who were mentioned by the female participants. When asked about the role they played in sharing information as peer educators, three female participants reported that their mothers did not know a lot about reproductive health, especially contraceptive use. One participant reported that mothers may not discuss sex or contraceptives with their husbands very often. When they do, they may want to use contraceptives but the husband may not. This was referred to as the 'traditional way.' Participants reported that children do not discuss sex with their parents but the few times it did happen, it was described in the interviews as only occurring between female children and their mothers. Participants shared that even if they did discuss sex/contraceptives with their mother, it was particularly difficult, even if their mother was a health professional, like a nurse. When the participants discussed how they talked with their parents it was never about sexual activity or contraceptives but about the training itself. Any discussion about sex occurred as a result of the catalyst of talking about their role as a peer educator. The parents of the participants did not promote talk about contraceptives except with the encouragement of taking every possible training/workshop available, to increase one's chances of acquiring decent employment. The reoccurring theme of parent's involvement suggests that children live in the same household with their parents until

marriage, yet beyond the fear of judgment from their family are rarely influenced by discussing pertinent information on reproductive health.

Within the female group the concept of big Albanian families was popular. Findings in both informal key informant interviews and the in-depth interviews with peer educators suggest that compared to their American counterparts, Albanian families are large, consisting not just of many children but of several generations, with grandparents, parents, and children often living in the same household. Peer educators stated that this may cause conflict within the family; having multiple adults in a household will affect the decisions being made. Within the big families, the women also mentioned the mother-in-law, invariably in a negative light. The mother-in-law is the source of many conflicts and it is often the role of the wife to satisfy and support her. If a mother-in-law applies pressure on the new spouse to produce grandchildren, family planning decisions are effectively involving more than the couple in the household.

Peer Education

Most of the participants shared knowledge on MC by going to dormitories door-to-door, and working in groups. They felt it was a productive role to assist others in the adoption of MC. Female participants typically found working in dorms of the opposite sex difficult at first and several experiences were shared where small groups of males would express disinterest in the topic. However, they found that educating the opposite sex got easier with time. Consistently during the interviews, the peer educators demonstrated correct knowledge, except for information on 'spiral'/IUD. Information on 'spiral' was not up-to-date, and implied that only women over 40 or women that have had several children are eligible. This has been proven to be incorrect by several recent studies (5). As role models and front-line information providers, the knowledge and practices of the peer educators

provides a glimpse into the reproductive health decision-making process of these gateway informants.

Discussion

This study has two major findings. First, the dominance of men in Albanian culture has clear and observable effects on reproductive decision-making. Second, traditional contraceptive methods are popular, such that males advocate the use of withdrawal with their partner.

When applying Connell's Theory of Gender and Power to the results of this study, factors influencing contraceptive decision-making were divided into the three structures: sexual division of labour, sexual division of power, and cathexis (see Table 3 for the Albanian risk factors affecting the three structures).

Reproductive health decision-making in Albania is affected by the structure of sexual division of labor. Young urban Albanian women plan their careers around future families. They have to decide at what point of their lives they wish to have children or a career, rarely envisaging the possibility of both occurring at the same time. Decision-making is influenced by inequitable gender roles and responsibilities.

The sexual division of power affects relationships, creating inequities of control in decision-making. In the Albanian context this includes a male partner controlling MC methods and vetoing their use. It includes the physical exposure of a woman trusting her partner and allowing the use of 'pull out.' A male may insist that condoms are not pleasurable, or desire to prove his sexual experience, and demand the use of traditional methods. A male Albanian may engage in high-risk behavior and may transmit an STI to the woman who feels she cannot say 'no' to her boyfriend for fear of losing him. Women may have limited access to their preferred method, as the two most prevalent methods are male initiated (condoms and 'pull out'). Women may have poor negotiating skills with their

partner and may fear his leaving upon pregnancy.

Cathexis, the norms of the society, may affect women's role in reproductive decision-making. In the Albanian context this may include the desire of some couples to hide their sexual activity from the family. Families and in-laws influence young Albanians by applying pressures on the individual and the couple to fulfill societal expectations. The social norms of Albania permit women to have limited knowledge of MC methods, compounded by the difficulty of sharing information with others, especially within a romantic relationship. Society may hold negative beliefs toward family planning or specific methods, such as the view that condoms are not pleasurable and therefore are not to be used with any frequency. Another component of cathexis affecting the decision-making process is the personal risk factor of perceived invulnerability to pregnancy and sexually transmitted infection. Social norms perpetuate male dominance, affecting the decision process for current couples.

Men often have the final say in Albanian relationships and this affects the decision to use contraceptives. This study found that reputation is important in the performance of masculinity, echoing the findings of Hirsch et al, (30). When a male participant described his use of withdrawal, it was within the context of doing so in a group, discussing the sexual act with friends. They all practiced the behavior and were aware and judged others' sexual activity. Further research is warranted to increase understanding of how men affect the contraceptive decision-making process and the factors that influence their decisions. A lack of male role models in reproductive health programs will only hinder acceptance of modern contraceptives. Specially recruiting male role models as peer educators could help disseminate an alternative model of masculine identity that would increase acceptance of modern contraceptive use among males. The data suggest that this could be central in

promoting MC adoption in Albania.

As peer educators laying the foundation for contraceptive adoption, participants shared information on MC knowledge before and after the training. Misconceptions that existed before the trainings were corrected. Unfortunately, inconsistencies were still found. Many participants provided outdated information on the use of Long-Acting Reversible Contraceptives (LARC). The study found that all participants were highly motivated and embraced what they had learned; some were eager to foster an environment in Albania that more widely used and accepted modern contraceptive methods. Many participants understood the importance of reproductive health behaviors and the need for broad social change but not all participants implemented the behaviors they publicly advocated, i.e., MC use. Regardless of participants' relationship status, some did not use MC; they trust their partners and saw no need to use MC. Even with a comprehensive training, cathexis and social norms still strongly influence how participants make decisions. The peer educators, while still on the forefront of social acceptance of contraceptives, act as role models in knowledge but not in action.

The most effective forms of birth control, LARC, are not utilized by peer educators (10). Participants had multiple requests for more information on LARC. Curiosity about methods needs to be met with correct and consistent information with an increased number of providers trained in broader contraceptive provision. Current multimedia campaigns need to broaden their focus from just condoms and pills to include other forms of MC. For those that feel that condoms are not pleasurable, LARC may be an appropriate alternative, especially in light of the low prevalence of STI in the country. The Albanian DHS showed

that 1 percent of men and 2 percent of women, age 15-49, reported having an STI in the year preceding the survey (3).

The use of withdrawal in a relationship hinges on trust, e.g., trusting the partner has no sexually transmitted infections or trusting the partner will not ejaculate during intercourse. 'Pull out' also hinges on perceived masculinity. Males prove their manliness by exhibiting their sexual experience: withdrawal in the nick-of-time. There are other arenas in which a male can prove his masculinity. The provision of safety and economic security for a female partner is a factor associated with masculinity that is cited by participants. Future programs should encourage alternative ways to demonstrate masculinity, beyond withdrawal and sexual prowess. Unfortunately, fellow males may provide unwanted judgment on the male innovator. 'Pull Out' is an ineffective method of contraception, and addressing how the opinion of others affects its use would greatly improve current understanding of contraceptive decision-making among urban youth in Albania.

More research needs to be done to understand the complexities of withdrawal, not just in Albania but worldwide. It is a common form of contraception, and where many studies address the mechanics of its use or debate whether it should be encouraged as a method, few address the reasons *why* it is used (31). Withdrawal accounts for over 60% of contraceptive prevalence in Albania and more data needs to be collected on underlying determinants for its high prevalence.

C-Change/Albania's Maternal Newborn Health Family Planning (MNCH FP) program is successful in providing clear information to sexually active urban youth. To increase the use of modern methods nationally, the program should increase coverage of the Interpersonal Communications Intervention (Peer Education) (20). In the interviews many

peer educators expressed the view that the program needs to roll-out into the rural areas. Many youth, who are either sexually active or on the cusp of sexual activity, have no information and have insufficient access to MC. Alongside other cities and rural areas, younger teenagers need to be targeted. Sexual activity may occur for many youth before they leave secondary school/high school.

Future contraceptive programs need to be tailored for male audiences. A successful campaign would contain components that focus greater attention on male roles. Males have a strong influence on reproductive choice, due to inequities in labor, power, and social norms. Therefore, future interventions in Albania need to address both women and men, thus improving the reproductive decision-making process, and increasing modern contraceptive use.

Limitations

This study is not without limitations, the most prominent being the limited number of male participants. Unfortunately, with a restricted number of male students in the peer educator program, recruitment was difficult. This did not preclude masculinity-themed questions, or the collection of insights and stories that were rich in data, however the study would have benefitted from a higher proportion of male perspectives. Another recruitment limitation was the focus on Tirana. Many students were originally from other parts of the country, both rural and urban but all lived in the immediate Tirana area at the time of the interview.

Chapter 4: Recommendations

This qualitative research study illustrates the underlying factors affecting reproductive decision-making among young urban Albanians, specifically among peer educators. In order for organizations, such as C-Change/Albania, to continue to provide quality modern contraceptive interventions, more research needs to be performed. The information brought forth by participants regarding ‘pull out’ was surprising and informative. More research pertaining specifically to withdrawal’s popularity among users would greatly benefit future interventions. Peer educators are an ideal study population for this study, but more data needs to be collected on other youth populations in Albania. There is a pressing need for greater understanding of the experiences and the social norms of youth across Albania. This additional research will provide greater contextual insight into the behaviors being practiced by Albanian youth.

The work currently being done by C-Change/Albania should be expanded. Behavior Change Communication (BCC) interventions need to focus greater attention on specific norms and roles. Understanding the context in which young urban Albanians make decisions will allow for finer-tuned BCC programs. Mass media messages need to focus greater attention on males, especially with their dominant role in the decision-making process. ‘Pull out’ hinges on perceived masculinity: males demonstrate their manliness and exhibit their sexual experience by withdrawing moments before ejaculation. There are other, safer arenas in which a male can demonstrate his masculinity. The provision of safety and economic security for a female partner is a factor associated with masculinity that is cited by participants. Future programs should encourage alternative ways to demonstrate masculinity, beyond withdrawal and sexual prowess. Unfortunately, fellow males may provide unwanted

judgment on the male innovator. ‘Pull Out’ is an ineffective method of contraception, and addressing how the opinion of others affects its use would greatly improve current intervention practice in Albania.

Media interventions also need to focus more on the most effective forms of birth control, LARC (10). Many participants had multiple requests from peers for more information on LARC. Curiosity about methods needs to be met with correct and consistent information and an increase in the number of providers that are trained in broader contraceptive provision. Current multimedia campaigns need to broaden their focus from just condoms and pills to include other forms of MC. For those that feel that condoms are not pleasurable, LARC may be an appropriate alternative, especially in light of the low prevalence of STI in the country. The Albanian DHS showed that 1 percent of men and 2 percent of women, age 15-49, reported having an STI in the year preceding the survey.

C-Change/Albania’s Maternal Newborn Health Family Planning (MNCH FP) program is successful in providing clear information to sexually active urban youth. To increase the use of modern methods nationally, the program should increase coverage of the Interpersonal Communications Intervention (Peer Education) (20). In the interviews many peer educators expressed the view that the program needs to roll-out into the rural areas. Many youth, who are either sexually active or on the cusp of sexual activity, have no information and have insufficient access to MC. Alongside other cities and rural areas, younger teenagers need to be targeted. Sexual activity may occur for many youth before they leave secondary school/high school.

The underlying sociocultural context influences the reproductive decisions made by urban Albanian youth. As front-line workers, the participants shared the views of their peers

along with their own valuable experiences. This study shows a society that is strongly influenced by the values of the older generation, the 'old mentality.' The findings of this research also suggest that Albanian youth are receptive to sharing information pertaining to reproductive health with their peers. As the momentum surrounding the delivery of contraceptive methods increases, the peer educators will continue to perform their role as community change agents overcoming barriers to knowledge provision.

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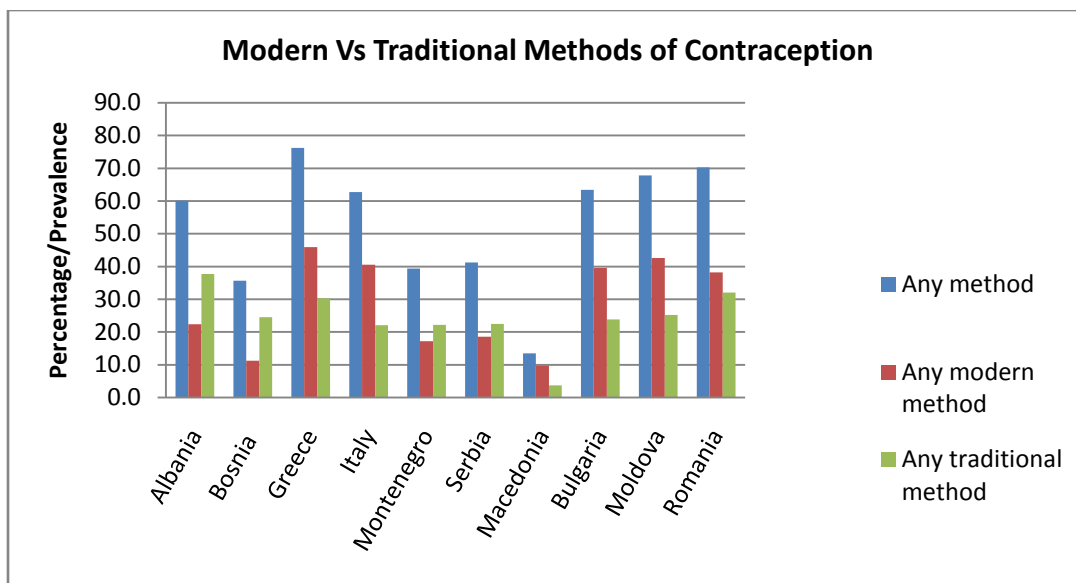
Appendix

Table 1: Effectiveness of contraceptive methods, with typical and perfect use *

Method	% of Women Experiencing an Unintended Pregnancy within the First Year of Use		% of Women Continuing Use at One Year
	Use		
	Typical Use	Perfect Use	
No method	85	85	-
Spermicides	29	18	42
Withdrawal	27	4	43
Fertility awareness-based methods	25	-	51
Standard Days method	-	5	-
TwoDay method	-	4	-
Ovulation method	-	3	-
Sponge	-	-	-
Parous women	32	20	46
Nulliparous women	16	9	57
Diaphragm	16	6	57
Condom	-	-	-
Female	21	5	49
Male	15	2	53
Combined pill and progestin-only pill	8	0.3	68
Evra Patch	8	0.3	68
NuvaRing	8	0.3	68
Depo-Provera (injectable)	3	0.3	56
IUD	-	-	-
ParaGard (copper T)	0.8	0.6	78
Mirena (LNG-IUS)	0.2	0.2	80
Implanon (implant)	0.05	0.05	84
Female Sterilization	0.5	0.5	100
Male Sterilization	0.15	0.1	100

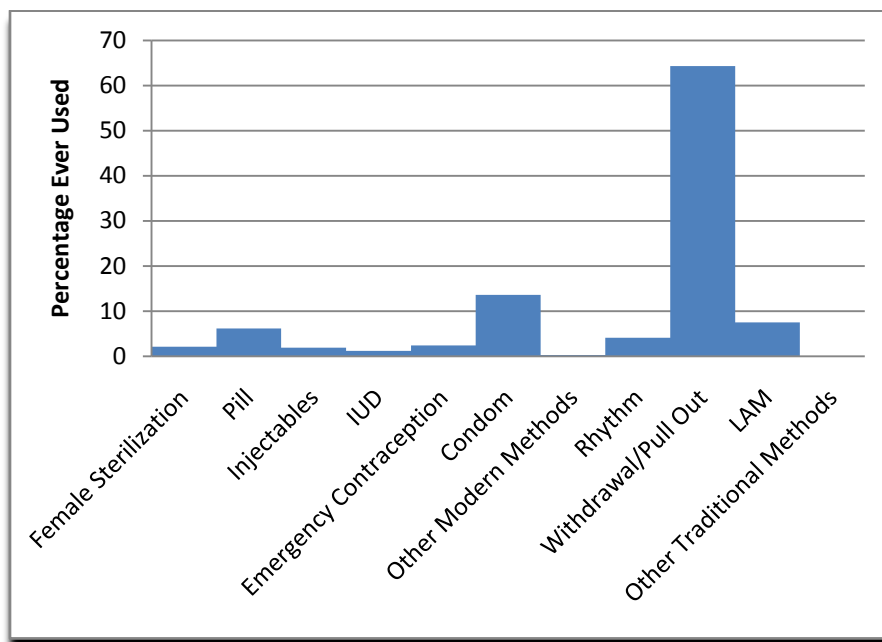
*source: Hatcher, R., J. Trussel, et al., Eds. (2007). Contraceptive Technology. New York, Ardent Media.

Figure 1: Modern vs Traditional Contraceptives in various countries in Eastern Europe*



*Source: adapted from UNESA World Contraceptive Use, 2009

Figure 2: Ever use of specific contraceptives in women, aged 15-49 in DHS Albania 2010*



*Source: adapted from Albania Demographic Health Survey (DHS) 2008-09.

Figure 3: Proposed Conceptual Framework drawing on Rašević & Sedlecky's Theory of Risk



Table 2: Proposed Model Conceptualizing the Influence of the Theory of Gender and Power on Women's Health*

Societal Level	Institutional Level	The Social Mechanisms	Exposures	Risk Factors
Sexual division of labor	Work site School Family	Manifested as unequal pay, which produces economic inequities for women	Economic exposures risk factors	Socio-economic
Sexual division of power	Relationship Medical system Media	Manifested as imbalances in control, which produce inequities in power for women	Physical exposures	Behavioral risk factors
Structure of cathexis: Social norms and affective attachments	Relationships Family Church	Manifested as constraints in expectations, which produce disparities in norms for women	Social exposures	Personal risk factors

*Source: adapted from Wingood & DiClemente. Application of the theory of gender and power to examine HIV-related exposures, risk factors and effective interventions toward women. *Health Education and Behavior*. 27:5, 539-656

Table 3: Adaptation of Model Conceptualizing the Influence of the Theory of Gender and Power in relation to Albanian Female Risk Factors, 2011

Societal Level	Institutional Level	The Social Mechanisms	Exposures	Risk Factors
Sexual division of labor	Work site School Family	Manifested as unequal pay, which produces economic inequities for women	Economic exposures	Socio-economic
			<i>fewer female migration opportunities</i>	<i>male monetary responsibilities</i>
Sexual division of power	Relationship Medical system Media	Manifested as imbalances in control, which produce inequities in power for women	Physical exposures	Behavioral risk factors
			<i>disapproving partner</i>	<i>Poor negotiating skills</i>
			<i>trusting high-risk partner</i>	<i>Limited perceived control over relationship</i>
			<i>limited access to MC</i>	
Structure of cathexis: Social norms and affective attachments	Relationships Family Church	Manifested as constraints in expectations, which produce disparities in norms for women	Social exposures	Personal risk factors
			<i>Partner desires to hide sexual activity</i>	<i>Limited knowledge of MC methods</i>
			<i>Male dominance</i>	<i>Negative beliefs toward family planning</i>
			<i>Family & in-law influence</i>	<i>Perceived invulnerability to pregnancy</i>

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