Emergency Contraception in Albania

A multi-methods study of awareness, attitudes and practices

Florida Doci, MSc, BSc, BA
Jonida Thaci, BA
Angel Foster, DPhil, MD, AM
Conflict of interest statement

We have no conflict of interest to declare.
Overview

❖ Background
❖ Research questions & objectives
❖ Methodology
❖ Results
❖ Implications & limitations
❖ Acknowledgments
Geographical, political and social context

- Small country with significant geopolitical role
- Characterized by inefficient democratic institutions, high levels of corruption and political interference, and instability.
- Male-dominated society
Economy and health care

- Emerging and developing economy in Europe (GDP per capita of US$3945)
- High unemployment rates of 17.5%.
- Extremely low per capita public expenditure on health (US$116).
- Health system characterized by lack of resources, lack of infrastructure and high levels of corruption.

Albania’s per capita total expenditure on health (blue) compared to the WHO region average (green)
Reproductive health in Albania

- High fertility rate (1.8 children per woman)
- Low prevalence of modern contraceptive methods (8%)
- High abortion rate (180 abortion per 1000 live births)
- Misinformation and misconceptions about modern methods of contraception.
- Lack of awareness with regard to EC
  - 2.4% of women of reproductive age in Albania reported ever using EC
Research objectives

❖ Explore the factors that influence women’s reproductive health choices in Albania

❖ Assess the levels of awareness and perceived need for emergency contraception among women, health care professionals, service providers and other stakeholders

❖ Identify barriers to accessing emergency contraception among women in Albania

❖ Determine future steps that can contribute to improving EC accessibility
Methods

- **Community based survey** to assess women’s knowledge, attitudes, and practices related to contraception, with an emphasis on EC
- **Focus group discussions** with women of reproductive age to explore their beliefs and attitudes towards EC
- **Interviews with pharmacists** to assess their knowledge, training, and personal beliefs regarding EC
- **Semi-structured key informant interviews** with clinicians, reproductive health service providers, policymakers, local experts, and scholars on reproductive health
Participants’ characteristics

❖ 115 eligible responses from the online survey
  ❖ Majority were college-aged women
  ❖ More than half were not in a relationship
  ❖ Majority resided in Tirana county
❖ 6 focus group discussions
  ❖ In total 37 women between 17 and 56 years old
  ❖ 4 different cities (Tirana, Vlora, Korca, Shkodra)
Participants’ characteristics

- **19 key informants**
  - 7 clinicians and service providers
  - 4 coordinators from the IPH
  - 5 representatives from national NGOs
  - 2 youth program coordinators
  - 1 representative from a regional institute of health.

- **16 pharmacists in Tirana county**
  - 13 identified as women and 3 as men
  - 6 pharmacies in urban areas, 5 in suburban areas, and 5 in rural areas within the county
Availability and accessibility of EC

- Norlevo® and Postinor-2® are registered and available in pharmacies; UPA became available in 2018
- ECPs are not available in the public sector
- ECPs are very popular among women, although demand varied by location
- KI and pharmacists expressed unfounded concern about women using EC too frequently and relying on ECPs as a “regular” form of contraception

‘I think they’re a good thing, but women should use [EC] more cautiously...Use of ECPs has spread like a fever, and it baffles me how brave some women are that use them like candies.’

34-year-old female pharmacist
Awareness and knowledge of EC

- Knowledge and awareness of EC among women is limited
  - More than a quarter of surveyed women (n=30, 26%) did not know whether EC is available in Albania
  - More than a third (n=43, 37%) did not think EC is safe to use
  - Many do not know that the side effects of using EC are transient

- KIs were generally aware of ECPs; however many were unfamiliar with the mechanism of action or side effects.

- Pharmacists in Tirana were both uninformed and misinformed regarding EC
Barriers to EC access

- Women are hesitant to discuss their EC needs with service providers and feared judgment.

> ‘... to be honest, I had to walk past 2-3 pharmacies, I would walk past the window and glance at the seller, I mean the pharmacist...for instance in the first pharmacy there was a middle-aged male [pharmacist] and I thought that it’s unseemly going in. I went in [a pharmacy] where there was a young [female] pharmacist instead.’

Young, unmarried woman, Tirana

> ‘They are afraid of the mentality, of people seeing them buying such products, or of the pharmacist gossiping about them, especially because this is a small community so word spreads quickly.’

34- year-old female pharmacist, rural area
Barriers to EC access

- Health service providers and pharmacists are often untrained to provide sexual and reproductive health services
- Pharmacists lacked dedicated materials for clients that discuss EC
Avenues for improving EC delivery

❖ Training of health service providers and pharmacists appears warranted
Avenues for improving EC delivery

- Training of health service providers and pharmacists appears warranted

‘If you [train] health service providers, it is easier to see results in the community, because health service providers play a key role in changing the mentality within a community.’

Reproductive health analyst, Tirana
Avenues for improving EC delivery

- Training of health service providers and pharmacists appears warranted
- Need for rigorous research to explore the factors that affect women’s contraceptive choices and identify barriers to accessibility
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❖ Need for rigorous research to explore the factors that affect women’s contraceptive choices and identify barriers to accessibility

‘A misinformed woman does not use [EC], whereas a misinformed provider does not promote it. So it is necessary to conduct qualitative research to understand or identify the barriers due to [each actor’s] perceptions.’

Epidemiologist, Tirana
Avenues for improving EC delivery

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❖ Need for rigorous research to explore the factors that affect women’s contraceptive choices and identify barriers to accessibility

❖ Offering ECPs through public sector would expand access
Avenues for improving EC delivery

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- Need for rigorous research to explore the factors that affect women’s contraceptive choices and identify barriers to accessibility
- Offering ECPs through public sector would expand access

‘… now there should be a concrete plan how to promote [EC], and involve the government, activists, social marketing sector, media etc. [EC] should have its own specific place, and it should be promoted and offered for free.’

Youth program coordinator, Tirana
Avenues for improving EC delivery

- Training of health service providers and pharmacists appears warranted
- Need for rigorous research to explore the factors that affect women’s contraceptive choices and identify barriers to accessibility
- Offering ECPs through public sector would expand access
- Development of written materials and resources that provide EC information for women is key
- Translation of patient information leaflet is a priority
‘Women are embarrassed to ask questions or discuss their need for EC with the pharmacists, so having a flyer with information that women can take home and read on their own, would be useful and helpful.’

Pharmacist, Tirana
Conclusions

❖ Lack of knowledge, misinformation, lack of public sector provision, and fear of judgement pose obstacles to timely access of EC

❖ Women fail to validate the knowledge of contraception due to fear of judgement or embarrassment

❖ Pharmacists lack appropriate training, skills or resources to provide quality counselling for EC

❖ Provision of ECPs through public health centres across the country could eliminate many of the obstacles
Limitations

• Some components of our research were geographically constrained to Tirana county
  • Availability and accessibility of services is much greater
  • Increased access to professional development opportunities, resources, and general information
  • Diverse community, highly educated and progressive
• Participation in all components of our study was age-restricted
Implications

- First holistic view of Albania’s current reproductive health landscape
- Findings identify some key challenges that the country is facing
- Findings fill a gap in the literature
- Inform efforts by NGOs and clinicians to increase access to contraceptive services and utilization of modern methods.
  - PIL translation efforts
  - Develop materials for distribution
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