

*“We want to know
everything
about it”*

Albanian
women speak
about family planning

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Acronym List

AFPA	Albanian Family Planning Association
AIDS	Acquired Immunodeficiency Syndrome
FGD	Focus group discussion
FP/RH	Family planning/reproductive health
HIV	Human immunodeficiency virus
IEC	Information, education, and communication
MOH	Ministry of Health and Environment
NGO	Non-governmental organization
STD	Sexually transmitted disease
SEATS	Family Planning Service Expansion and Technical Support Project
USAID	United States Agency for International Development

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Executive Summary

Very little research has been done in Albania to understand knowledge, attitudes, and practices regarding contraceptive use. Between July and October, 1996, the Family Planning Service Expansion and Technical Support Project (SEATS) collaborated with the Albanian Ministry of Health and Environment (MOH) and the Albania Family Planning Association (AFPA) to conduct focus group research with women of reproductive age. This research included separate discussions with married women, unmarried university students, postpartum women, and women who had recently received abortions in order to better appreciate the informational needs of these primary audiences for information, education, and communication (IEC) activities in the SEATS/Albania project. A total of 8 focus group discussions (FGDs) were held in Tirana, Durrës, and Bathore, a squatter community near Tirana where many northern Albanians have settled to look for work.

The FGDs revealed a lack of knowledge about both the concept of family planning (FP) and specific contraceptive methods, except in the group of unmarried students. Women report that service providers themselves need more information about FP and reproductive health (RH) to be able to counsel them effectively. All participants expressed support for the concept of family planning, perhaps because most were involuntarily unemployed, under economic stress, and could appreciate how FP contributes to the financial well-being of the family. However, many participants believed modern contraceptives to be not only unsafe, but toxic to women's health. Women's acute concerns about contraceptive safety are a primary impediment to their use. Perceived price is also a barrier to use, although none of the participants were aware that contraceptives are available free of charge in public-sector health facilities.

Participants feel their husbands would support their wife's contraceptive use, again because of economic pressures in the family, if they were involved in the decision and if they could be assured by medical personnel of contraceptive safety. FGD discussants feel men in more rural parts of Albania would be opposed to contraceptive use.

Unmarried women report an interest among their peers in contraceptive use for pregnancy prevention, but little concern about sexually transmitted disease (STD) and human immunodeficiency virus (HIV), as youth they know feel less vulnerable to these health threats. Although reproductive health services for young people are theoretically available in the maternity hospitals, the intimidating nature of the site and negative attitudes of staff make these services virtually unavailable to unmarried women. Young women recommended that services be made available to young people outside the maternity hospital setting.

All groups prefer print materials that they can read at their convenience and in privacy. Most also expressed interest in more discussions such as the FGD in which they participated, where service providers could give them information. Both communication channels were preferred to mass media because they allow women to give their undivided

attention to the topic. Regarding mass media, all groups tended to listen to radio programming in the early morning (6-7:30 a.m.) and television in the evening.

Immediate recommendations for programming include emphasizing messages on contraceptive safety and price, developing youth-friendly services that include counseling on STD/HIV protection, providing updated information, again emphasizing contraceptive safety, to service providers, including allied health personnel who can refer women to RH services, and producing print materials for women on FP and contraception.

Background and Purpose

Contraception and abortion were illegal in Albania under the former Communist regime. Consequently, unsafe, illegal abortion flourished, resulting in high rates of maternal morbidity and mortality. Family planning activities and hospital-based abortions have been permitted by the government since 1992 and 1991, respectively. As in other Eastern European countries, the lack of accurate and positive family planning knowledge and skills regarding modern methods, coupled with the general unavailability and inaccessibility of services have resulted in a continued over-reliance on abortion as a family planning method.

The SEATS Project began working in Albania in January 1996, with funding from the United States Agency for International Development (USAID). SEATS/Albania works in both the public and private sectors to increase the quality of and access to family planning/reproductive health (FP/RH) services. A significant component of the project is the development of FP/RH materials and mass media programming for service providers, clients, and potential clients to increase knowledge and use of quality FP/RH services.

Very little research has been done in Albania to understand general knowledge, attitudes, and practices regarding contraceptive use. In order to better appreciate the informational needs of women of reproductive age, the primary audience for IEC activities in the first phase of the project, SEATS/Albania conducted focus group research with women of reproductive age, including separate discussions with married women, unmarried university students, postpartum women, and women who had recently received abortions.

Research Methodology

Description of Focus Group Methodology

A focus group discussion (FGD) is a guided, in-depth exploration in which 6-12 members of the target population discuss their feelings, beliefs, and behaviors relative to the research topic. A trained moderator facilitates the discussion and a note-taker records the proceedings. FGDs attempt to discover how people behave, and, even more important, why they behave as they do. FGDs expose attitudes, popular vocabulary, and correct or incorrect beliefs related to practices or products in question. They are useful for, among other things, designing appropriate educational strategies and materials and developing programming when relatively little is known about the target group's practices and preferences.

Participants in each FGD should be representative of the population under investigation. In order to facilitate free dialogue, group members should not know each other, but they should share similar demographic characteristics. For reproductive health programs, these can include, among others, age, sex, ethnic group, urban vs. rural residence, language, religion, education, and particular health practices. The moderator should be similar to the participants in ethnicity, sex, and age group.

Recruitment and Organization of Groups

Organizers, moderators, and note-takers for this research included the local project coordinator for SEATS/Albania, personnel of the Albanian Family Planning Association (AFPA), a counselor from the Consulting Center of the Women's Forum in Tirana, and health staff working in FP/RH in Tirana and Durrës. Population Services International, a condom social marketing program training their own qualitative research team in Albania, also introduced the SEATS researchers to facilitation and note-taking skills in July 1996. A SEATS consultant provided more in-depth training in August 1996 immediately before the start of the research. The team conducted the focus groups between August and October in Durrës, Tirana and in Bathore, a squatter community outside Tirana where many recent migrants from northern Albania have settled to look for work.

For the postpartum groups, researchers recruited women in the wards of the Durrës and Tirana maternity hospitals and held the FGDs in an information center or room near the ward. They recruited women receiving abortions by asking them if they would like to participate in a group to be conducted at a later date. AFPA and MOH staff recruited women of reproductive age in the community and these groups were held in meeting rooms and, in Bathore, in an open field. All participants received a nominal stipend in acknowledgment of their participation.

Table 1: Summary of Focus Groups Conducted

Site	Groups	Age Range	Number of Children	Occupation
Bathore	7 married women	25-40 years	3-6	all involuntarily unemployed
	7 married women	19-29 years	1-4	5 involuntarily unemployed, 1 shopkeeper at a pharmacy, 1 nurse
Tirana	6 postabortum women (5 married, 1 unmarried)	19-37 years	0-2	all involuntarily unemployed
	6 postpartum women, all married	17-32 years	1-2	5 involuntarily unemployed, 1 worker
	6 unmarried women	18-24 years	0	5 students, 1 secretary
Durrës	5 married women 1 unmarried woman	30-39 years 27 years	0-3	3 involuntarily unemployed, 2 library workers, 1 secretary
	6 postpartum women, all married	24-38 years	1-4	2 workers, 2 involuntarily unemployed, 2 homemakers
	6 postabortum women, all married	26-38 years	2-4	1 worker

For each FGD, the moderator welcomed participants and introduced herself and the note-taker. She then explained the general purpose of the discussion, which was to improve the quality of FP services, and had participants introduce themselves. She asked permission to audiotape each discussion and encouraged the women to participate, to respect the opinions of all, and to reserve questions for the organizers until after their own discussion had ended.

In general, the discussions were animated, although some groups were shy at first, as they had never publicly discussed such topics before. At the end of most FGDs, the women expressed interest in having future discussions in their communities, like these, where they could get information about FP and other RH topics and discuss among themselves.

SEATS/Albania staff made full transcripts of notes and tapes from each discussion and translated them to English. SEATS staff completed the analysis of results and drafted this report in Tirana in November 1996. The output of the analysis was subsequently

included in the design of clinical training, counseling training, and development of materials for both clients and providers.

Research Limitations

Several limitations of this small study should be noted. Because participants in FGDs are not selected at random and, in fact, are recruited expressly because they possess certain demographic and experiential characteristics, the results of such qualitative research can not be generalized to the broader population of Albanian women, as is true of statistically valid research. In addition, although many of the participants were originally from rural areas of the country, including all the women in the Bathore groups and many of the women in the Durrës discussions, they all live in or near Tirana and Durrës, the focus sites of the SEATS/Albania project. The opinions and experiences of these women are likely to differ from those of women in more rural sites. Given the general lack of awareness about FP among the study population, we can only assume that rural women will need even more information. Finally, it would have been useful to hold additional discussions with women representing each sub-group in the study in order to obtain even richer information. However, given time and budget constraints, the information obtained is useful in guiding the development of basic informational materials on the different contraceptive methods available in Albania and programming to meet the needs of women in Durrës and Tirana.

Findings

Meaning of Family Planning

Although awareness of FP varied widely among the groups and was generally low, all women who had heard about it related it somehow to the economic well-being of the family. Many women had never heard of FP. Others tried to make sense of the term by rephrasing it: *“it’s to plan everything within the family”*, *“it has to do with the family, how to plan it”*. Not one participant reacted negatively to the concept of FP, although there were strong concerns about contraceptive safety. Even those who knew nothing about the topic before the discussion were eager to learn more about what FP means and about the specific contraceptives available.

“I’m from a village of Permet [southeastern Albania] and the women there don’t know anything about these methods, so I don’t know. It’s good if they can get more information.”
(Postpartum, 35 years old, 4 children, Durrës)

Most women in the Bathore groups had never heard of FP. A few responded vaguely in relation to family finances. Few postpartum women in the Tirana group, some of whom came from northern villages, had heard of FP either.

“I don’t know what it means, but I have very bad economic conditions.” (Married, 6 children, Bathore)

“I don’t know how to define it, but I can say that with fewer children, you have a better life waiting for you.” (Unemployed, 27 yrs. old, 4 children, Bathore)

For unmarried university students in Tirana, FP is fundamentally understood as a *“basic human right”* that allows couples to decide for themselves when, how many, and how close together to have their children. For them, FP provides:

“well-being, security and culture for a family.”

A very few women had heard about FP from either the television or the radio. These were

in favor of the concept and saw it as a joint effort of the couple. They also tended to see FP as a comprehensive concept that included spacing and limiting births as well as other aspects of reproductive health.

"Through the contraceptive methods, the couple can decide on the number of children they want and when they want to have these children." (Postpartum, 24 yrs. old, first child, Durrës)

"It is very good for each couple to plan their family in different ways: such as how many children they should have, the distance between two children, etc." (unmarried, 27 yrs. old, Durrës)

"FP has to do with the number of children, with abortion, with unplanned children, or if the couple can raise a child because of difficult economic conditions or if it is better not to have any child for a period. Also, FP can tell the couple what to do if they don't want to have any more children." (39 yrs. old, 2 children, Durrës)

"I think women will accept these methods, all the women want to do something not to get pregnant, but the majority don't know what to do." (Postpartum, 30 yrs. old, 3 children, Durrës)

Desired Family Size

The majority of married women said they did not want any more children, although few knew how to prevent further pregnancies. Many felt that the number of children *"is not in my hands"*, either because they did not know how to control fertility or, in two cases, because *"it's in God's hands"*. Of those who still wanted more children, many also wanted to delay further births until the economic situation of the family improved.

"My husband and I want more children, but we don't have the conditions to raise them." (Unemployed, 19 yrs. old, 1 child, Bathore)

"During this period, I don't want to have another child, but after 2 or 3 years, if my economic situation is better, I'd like to have one more." (Unemployed, 30 yrs. old, 2 children, Durrës)

"I want to rest for at least 5 years." (25 yrs. old, 2 children, Durrës)

Most felt that 2-3 children were enough for their family,

"In general, women don't want to have a lot of children, so you have to tell us what to do to prevent a pregnancy."

"I'm not married, but I've always dreamed of having two children." (27 yr. old, Durrës)

Several mentioned having as many children as needed to have a boy. Son preference was shared by the women and their husbands and some felt pressure from the husband's family, particularly his mother, to produce boys.

On the other hand, some women feel pressure from their husbands to abort undesired pregnancies and they complain that men don't really care that women have to undergo repeated abortions to achieve desired family size.

"They [husbands] say 'go and abort this child' and 'you have to abort this child'."
(Postabortion group, Durrës)

"FP is very good because couples can decide when they can have children, otherwise we women are obliged to abort the child and this is not good." (35 yrs. old, 2 children, Durrës)

Knowledge of Contraceptive Methods

The most common response regarding contraceptive knowledge was *"I know nothing"* or *"I haven't heard about these methods"*. Although some women could list several methods, especially condoms, oral pills, and injectables, few knew any details beyond the name. Others only knew that there are drugs one can take to avoid pregnancy.

"I am from a village of Mirdita [in northern Albania], and there nobody speaks about [FP]." (Postpartum woman, 21 yrs. old, Tirana)

Most couples use natural methods, including withdrawal and abstinence *"during the middle of the cycle"*, although they don't consider these methods very effective or satisfactory. Because they know of no other options, they *"rely on my husband to be careful"*.

"I have heard of the prezervativ (condom), pilula (pills) and the method that my husband and I are using, which is withdrawal." (Postpartum, 28 yrs. old, 4 children, Durrës)

A few of the women were currently using FP methods:

"I know kokrrat (pills) because I use them and I know I can't be pregnant if I use them correctly." (32 yrs. old, 3 children, Durrës)

"I'm using the injection every three months, and I have some problems with my period." (30 yrs. old, 2 children, Durrës)

Of those who had heard of FP before, most had heard that contraceptive methods pose a health threat, and they were eager to hear more *"about the methods that are not dangerous"*. The vocabulary the women use to describe their concerns about contraceptive safety is strong: they are not simply concerned about common side effects but *"dangers"*, *"threats to the organism"*, *"damage to the woman's health"*, *"destruction of the uterus so I can't have children anymore"*, etc.

"I have heard that there are some drugs that destroy the child in the woman's stomach."
(Postpartum woman, 38 yrs. old, 4 children)

"I wouldn't use these [contraceptive] methods, because they are dangerous for your health." (Postpartum, 25 yrs. old, 1 child)

"I have heard about the drugs and the 'prezervativ', and in my opinion, the second one is very safe."

For those that mentioned acquaintances or family members who had told them about using FP methods, it was usually because they had experienced side effects. Women in the postabortion group in Durrës, some of whom had had 4 or 5 abortions, were concerned about the safety of the pill. However, the women admit they do not know much about the methods, and said that if they could learn about safe methods, they would be willing to use them.

"If the doctor offers me a method that doesn't destroy my health, I will use it."

"If they [FP methods] are not bad for the health, then of course I would use them."
(Postabortion, Durrës)

"I want to know those methods which won't damage my health, because I have heard from a friend of mine that if use these drugs you can't have children anymore." (Postpartum, 25 yrs. old, 1 child, Durrës)

Although some knew that FP might help couples who are ready to limit their family size, only one person in all the groups referred to sterilization, by mentioning "*operacion*" as a possible contraceptive method. Of those who knew about the injection, some thought it was given every 5 or every 6 months.

The student group said that young people prefer condoms and pills. They are aware of pills, injections, condoms, and abortion, which is used by young women because of the difficulty of obtaining FP counseling and methods in a youth-friendly service. They are eager to learn more about all methods and feel that "*girls need a lot of information because they fear side effects*". Although they think youth may be more open to condom use than the rest of the population, they are primarily interested in pregnancy prevention.

"Nobody talks about AIDS or takes it into consideration [when they discuss contraceptive methods]...Pregnancy is the primary thing, even when they speak of the condom. AIDS for them is not dangerous because they think it's difficult to get [infected]."

They feel youth, especially girls, need more sexuality information, because they are experimenting at a young age and may not know the consequences of their actions.

Married women are very eager to learn more about contraception, particularly methods doctors could recommend to them that are safe and effective. They are specifically interested in learning about the side effects associated with each method.

"It's in women's interest to know everything about the contraceptive methods, because all women would like to decide the number of children they want and when to have them."
(Postpartum, 25 yrs. old, 1 child, Durrës)

"I want to know everything about all the methods."

Table 2: Common Terms for FP Methods

Contraceptive	Common Albanian Terminology
pills	kokrra tableta pilula
injectable	gjilpëra injeksion
intrauterine device (IUD)	aparat spirale
condom	prezervativ kapuç këlluf (used by youth)
sterilization	operacion per mbylljen e tubave

Perception of Services

Most women thought that contraceptives might be obtained in pharmacies and would be too expensive for them to use, especially for the unemployed. One woman emphasized the need to upgrade the skills of health workers, who themselves seem to know little about the methods.

"I come from a place called Adriatik in Laci district, 1 hour, 30 minutes outside Tirana. We can't come to Tirana. But the medical staff in our area don't serve women, they say 'we are only here for children's vaccination', so women don't know where to go to get this service."

Virtually none of the participants knew that contraceptives are available free of charge in public-sector clinics, although this has been true since January, 1996. Women prefer to get contraceptives at the local clinic *"because there might be more specialized people for counseling"*.

Youth do not like to go to the (Tirana) maternity hospital for counseling because it is difficult for them to enter and because of the attitudes of the staff.

"So they [youth] never go there, except at the end when they need an abortion."

"Even if we have a disease, we don't go there."

"People don't have a good opinion of girls who enter the maternity and it is easy for them to think that these girls are going to have an abortion or see a gynecologist."

Although it is easier for youth to obtain contraceptives at pharmacies, they, like the married women, would prefer to obtain services at a clinic or consulting center in the community, outside the maternity hospital. The women in Bathore underscored the difficulty of traveling to Tirana for services, both because of the expense and because their husbands will not allow them to travel. They would prefer to have clinical services available in their own communities.

Constraints to FP Use

The biggest constraint to FP use is lack of information about FP in general, the methods and where to obtain them, and their relative effectiveness and safety. Women feel that service providers themselves need more information, even to refer women to appropriate services.

"FP is quite new to Albania, so this is one of the major constraints to the use of FP." (39 yrs. old, 2 children, Durrës)

Women mistrust the safety of the methods and feel they are hazardous,

"I don't know which methods are useful, and which are dangerous."

Many are unemployed and price, or perceived price is an obstacle to FP use. None could say how much contraceptives cost, and only one or two knew that they are available free of charge in the public-sector consulting services.

"We don't know the price, but whatever it is, we can't buy them. We are jobless."

"Whatever the price is, we can't afford to buy them." (Postabortion group, Durrës)

"My husband won't allow me, if we have to buy them, but if somebody gives them to us free, he won't say anything." (Postabortion, Durrës)

"I can't buy the drugs, I'm not working, so my husband wouldn't let me use them." (25 yrs. old, 2 children, Durrës)

Only a few make the connection that having a child or an abortion may be more expensive than use of contraception.

"Even if I am in difficult conditions, I would try to buy them, because to raise a child is more expensive."

"The price [of contraceptives] is normal when you compare it with abortion." (Durrës women)

Two participants in the youth group felt that if a couple needed contraceptives, they would not take price into consideration, although the rest of the group felt such a decision depends on each person's economic situation.

The student group felt strongly that parents would be opposed to their own sons and especially their daughters getting general counseling from a gynecologist or using contraceptives. However, they do not think this is a big obstacle, since young people would not tell their parents.

"These are very private matters, only my partner and I should know."

Another obstacle to youth is lack of information, although youth tend to be passive about learning about contraception and using it, even if information is available.

"As a result they find themselves in a new and disagreeable situation, which is getting an abortion."

Married women in all groups in this study do not generally feel that their husbands would oppose their wife's contraceptive use. However, they prefer that the couple decide together. Men need to be convinced by a doctor that the woman's health will not be harmed. However, most believe that the men they know think that the available methods are harmful. The women also acknowledge differences between urban men and men living in smaller cities, towns, or more rural areas.

"In Tirana, it is not difficult to convince husbands about using methods. The husbands discuss it with their wives and they decide together. There is a big difference between the cities and the villages, because of the husbands."

Some think their husbands might use a condom, some have no idea what he thinks, and many stated that their husbands would not use a condom. Women think that their mothers-in-law would be more opposed to contraceptive use than their husbands.

"If it is true that they [FP methods] prevent pregnancy, then my mother-in-law will not let me use them."

"My mother-in-law wants her son to have more children, because she had 8 herself." (Postabortion, Durrës)

Some said they would use contraception without the husband's knowledge, if necessary, but certainly without the mother-in-law's.

"My mother-in-law gave birth to a lot of children, so she would not accept for me to use these drugs to prevent pregnancy. So if I use them, I won't tell her."

"It's not the business of the family, only my husband and I have to resolve it."

Media Preferences

The student group reported that youth tend to get RH information from their friends. They would prefer to receive information via television (after 8 pm), radio (6-7:30 am) and, best of all, via written materials to which they can refer in private and when needed. They suggest putting information in newspapers and other periodicals that young people read. They want practical information, not just theoretical -- for instance, guidance on how to avoid condom breakage and on emergency contraception.

"You open a condom, you put it on, you have intercourse and it breaks. The result is pregnancy, then abortion. It is important to have illustrations with human figures in this information [so that you know how to use the methods correctly]."

The young women like discussions like the FGD in which they participated, *"because we feel free and it's not the old mentality any more."* They feel discussions like this should be held at the middle-school level. They say the ideal way for youth to get information is from a gynecologist, but these clinic services are not considered accessible to youth.

All the married women's groups prefer group discussions like the one they participated in, especially if conducted by a service provider who will give them information. Because they are busy, organized discussions allow them to get information without interruption. They prefer colorful printed pamphlets (fletepalosje) that they can refer to in private and at their convenience to television and radio because they have a lot of work and they miss programs entirely or can only watch or listen in passing. However, they raise the problem of where to obtain printed materials, as few are currently available. Women in Tirana and Durrës watch TV in the evening, often while they are doing chores and listen to radio in the early morning only.

In Bathore, women also commented that they don't like to hear reproductive health information via mass media in the presence of their in-laws because it makes them feel ashamed and because they feel their in-laws will look at them in a new light (i.e., as sexually active). They also prefer written materials they can read privately.

Conclusions and Recommendations

This research has highlighted the interest of urban and semi-urban Albanian women in learning more about FP in general and contraceptive methods, in particular. Knowledge about FP and contraception was low in all groups, except that of younger, unmarried women. Yet, during the course of the discussions, women readily made the connection between child spacing and the economic well-being of the family. As many of the participants are involuntarily unemployed, this is a powerful motivation to learn more about, and use, contraception.

All of the participants in these FGDs were supportive of the concept of family planning. However, they also hold deep reservations about almost all methods as toxic to women's health.

Recommendation: Contraceptive safety will be a key message for potential clients of reproductive health services.

The success of work being done by the AFPA and women's NGOs in support of reproductive rights is reflected in the positive perceptions of the younger, unmarried women interviewed about FP and other RH issues that concern them. These women do not feel, however, that they and their peers have access to services. They also recommend that youth receive more information on sexually transmitted diseases and HIV. Further work needs to be done, particularly with service providers, to ensure that Albanians at any stage in the reproductive life cycle are offered safe, comprehensive, and high-quality services.

Recommendation: Youth-friendly reproductive health services need to be developed outside the maternity hospital setting, which is intimidating to unmarried clients.

Recommendation: Youth services should include both contraceptive and STD/AIDS prevention messages, as youth may underestimate the risks of acquiring an STD, including AIDS.

Women participating in these discussions trust service providers and want to get more information from them about family planning.

Recommendation: Service providers need up-to-date information on contraception and on the reproductive rights of all clients.

Recommendation: Associated service providers not directly involved in reproductive health service delivery, such as pediatric and school-based

medical staff, should receive information on where to refer potential clients for reproductive health information and services.

Women in all groups prefer to receive attractive written materials on reproductive health topics, because they are too busy to follow mass media programs in their entirety. Women also express interest in discussions with service providers, in order to learn more about health topics from a knowledgeable counselor, as long as these are held close to women's homes.

***Recommendation:* Develop and disseminate written materials to women. Where possible, encourage health services to conduct group health education sessions with clients.**

Appendices

Topic Guide for Discussions with Women of Reproductive Age re Family Planning Services in Albania

I. Introduction

Greet participants
Introduce self, note-taker and have participants introduce themselves
Give rules of discussion:
 no wrong answers
 respect all opinions
 speak one at a time
 moderator here to learn and will give her/his opinions after discussion

Explain tape recording and notes: confidentiality of discussion
General reason for visit: to improve the quality of family planning services

II. Family Planning

Participants' definition of FP
Knowledge of contraception
Knowledge of methods:
 Have women describe each method in "everyday" terms
 What women want to know about each

Key benefits of FP
Major constraints to use of FP
 How to overcome constraints

Attitude toward contraception
General use of contraception in neighborhood
 Where do women go for services
 Willingness to pay (and how much) for good, convenient services

III. Health services for women

Current use of women's health services, including pharmacies
Opinion of women's health services, providers, pharmacies

IV. Media

Preferences for how to receive FP information
Ideas regarding easily identified logo for 1) materials and 2) as symbol for quality services
Color preferences

V. Other comments/suggestions

Thanks for participation.

Topic Guide for Discussions with Postpartum Women re Family Planning Services in Albania

I. Introduction

Greet participants
Introduce self, note-taker and have participants introduce themselves
Give rules of discussion:
 no wrong answers
 respect all opinions
 speak one at a time
 moderator here to learn and will give her/his opinions after discussion

Explain tape recording and notes: confidentiality of discussion
General reason for visit: to improve the quality of family planning services

II. Family Planning

Participants' definition of FP
Knowledge of contraception
Knowledge of methods:
 Have women describe each method in "everyday" terms
 What women want to know about each

Key benefits of FP
Major constraints to use of FP
 How to overcome constraints

Attitude toward contraception
General use of contraception in neighborhood
 Where do women go for services
 Willingness to pay (and how much) for good, convenient services

III. Health services for women

Current use of women's health services, including pharmacies
Opinion of women's health services, providers, pharmacies
Best means of delivering information and services to postpartum women

IV. Media

Preferences for how to receive FP information in the postpartum period
Ideas regarding easily identified logo for 1) materials and 2) as symbol for quality services
Color preferences

V. Other comments/suggestions

Thanks for participation.

Topic Guide for Discussions with Postabortum Women re Family Planning Services in Albania

I. Introduction

Greet participants
Introduce self, note-taker and have participants introduce themselves
Give rules of discussion:
 no wrong answers
 respect all opinions
 speak one at a time
 moderator here to learn and will give her/his opinions after discussion

Explain tape recording and notes: confidentiality of discussion
General reason for visit: to improve the quality of family planning services

II. Family Planning

Participants' definition of FP
When do women choose abortion, when do they choose FP?
Knowledge of contraception
Knowledge of methods:
 Have women describe each method in "everyday" terms
 What women want to know about each

Key benefits of FP
Major constraints to use of FP
 How to overcome constraints

Attitude toward contraception
General use of contraception in neighborhood
 Where do women go for services
 Willingness to pay (and how much) for good, convenient services

III. Health services for women

Use of women's health services, including pharmacies
Opinion of women's health services, providers, pharmacies
Perceived willingness of women who've recently received an abortion to receive FP information
Best means of delivering information and services to postabortum women

IV. Media

Preferences for how to receive FP information
Ideas regarding easily identified logo for 1) materials and 2) as symbol for quality services
Color preferences

V. Other comments/suggestions.

Thanks for participation.

