REPRODUCTIVE HEALTH SURVEY
ALBANIA, 2002

FINAL REPORT

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PREFACE

In Albania, some models of services related to reproductive health have traditionally existed; this is especially the case for mother and child care services. Meanwhile, reproductive health programs are relatively new and began to function after the fall of the old system. During this period of time, Albania has faced a range of health problems which have followed economic and especially social changes in the country.

For 50 years Albania followed a pro-natalist policy, with modern family planning methods banned; and it was almost taboo to discuss sexuality and contraception in public. Abortion was also banned before the year 1991 and half of the maternal deaths in the 80's were caused by abortion complications.

The Ministry of Health of Albania has started to adapt specific policies to cope with increasing risks, which are mostly related to changing life styles, and to meet as well the increasing demands from the population for specific services. Products of such policies are new programs of family planning and programs of sex education. Through these approaches we aim to support the Albanian women and men of reproductive age taking rational decisions for the number of children they want to have, the time they want them, child spacing, and safe sex.

Vice Minister of Health
Saemira Pino

Only a few years ago the Albanian parliament passed a law on reproductive health, which regulates management and functioning of all services concerning reproductive health in public and private institutions. The law guarantees the rights of every individual and every couple related to reproduction in coherence with national policies and well known international principles.

The reproductive health survey of Albania has provided baseline data for new developments in recent years in this field, developments which have affected lifestyle, legislation, policies and social services. Until this survey was in place there was no comprehensive comparative analysis of the main indicators of family planning and reproductive health, utilizing data from a nation-wide representative sample.

A main objective of this survey is to assess reproductive health status and needs, which will help us design new programs and adjust existing ones according to the needs of the population. I strongly believe that the results presented in this report will serve most managers and professionals who operate in the field of reproductive health, as a important reference in their everyday activities.

EXECUTIVE SUMMARY

ALBANIA REPRODUCTIVE HEALTH SURVEY: 2002

BACKGROUND

The Albania Reproductive Health Survey (RHS) 2002 was conducted by the Institute of Public Health, with the support of the United States Agency for International Development (USAID), the United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF), and with the technical assistance of the Division of Reproductive Health (DRH) of the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia, USA. It is the first national survey on reproductive health, for both female and male respondents, in Albania, and the 18th survey of this type in 13 countries of Eastern Europe and the Former Soviet Union since 1993. The results obtained from this population-based survey provide the Ministry of Health, NGO's and donor agencies the current status of the reproductive health situation in the country and make possible the comparison of results with other national and international surveys.

The Institute of Statistics (INSTAT) provided information from the 2001 census to serve as the sampling frame for the national sample and also was responsible for data processing.

A principal objective of the study was to examine the reproductive health status of the population and needs that can be used to help direct or modify program interventions. Until this survey, relatively little detailed and reliable population-based information was available about important reproductive health topics in the country. The RHS examines patterns and levels of fertility, contraceptive use and method selection, health behaviors, knowledge of HIV/AIDS, attitudes toward specific contraceptive methods, domestic violence and sexual abuse, as well as sex education and sexual behavior of young adults. These data are particularly useful in assisting policy makers and program officials in evaluating health service needs and identifying reproductive health behaviors associated with poor health outcomes.

METHODOLOGY

Results of the Albania RHS are based on in-person face-to-face interviews with 5,697 women and 1,740 men in their homes. The household-based survey was designed to collect information from a representative sample of reproductive age men (15-49 years of age) and women (15-44 years of age), regardless of marital status, who were living in Albania when the survey was conducted in late 2002. Male and female samples were selected independently. For analysis purposes, three strata were constructed for the sample design: Metropolitan Tirana, other urban areas and other rural areas.

As in other countries in Eastern Europe, the survey had a three-stage sampling design: (1) selection of census sectors with probability proportional to the number of households in the 2001 census (2) clusters of households randomly selected in each census sector chosen in the first stage of the sample and (3) random selection of one eligible respondent in each household.

CHARACTERISTICS OF THE SAMPLE

The average size of a household in Albania with at least one eligible female respondent is 5.1, ranging from 4.6 in urban areas to 5.4 in rural areas. Almost two-thirds (65%) of the female sample were currently married compared with 60% of the male sample and 36% of females reported secondary complete or post-secondary education compared with 43% of the male sample; there was a marked differential in educational attainment of urban and rural Albanians. About 80% of both samples reported their religion to be Muslim, but only 5% reported that they attend religious services at least once a month.

FERTILITY TRENDS AND LEVELS

Albania has had a 21% decline in the Total Fertility Rate (TFR) between 1993 and 2002. The survey data show that the TFR has declined from 3.3 children per woman during the three-year period from August 1993 to July 1996 to 2.8 from 1996-1999 to 2.6 from 1999-2002. Women 20-29 years of age at birth contribute 65% of the fertility rate. The TFR for women with post-secondary education is estimated to be 2.0 compared with 2.7 for women with primary school education.

Over 90% of married women (93%) have had a live birth and 11% have had four or more children. The median age of first intercourse for all women is 21.1, first marriage is 21.9 and first live birth is 23.4.

Unfortunately, the survey rate of 73 abortions per 1,000 live births for the three years prior to the survey is 64% lower than the officially reported rate of 200 per 1000 live births. Since the apparent underreporting by survey respondents is at least 50% and may be as high as 77% (upper limit of 95% confidence interval), and since the underreporting is most likely not random but associated with the characteristics of the respondent, further analysis of the abortion data is probably unreliable and beyond the scope of this report.

MATERNAL and CHILD HEALTH

Nineteen percent of women with births in the past five years reported that they did not have prenatal care during their pregnancy. No prenatal care was highest among rural women (26%), older women (28%), women primary education (25%) and women classified as low socioeconomic status (SES) (26%). Of women with prenatal care, one-fourth (24%) reported a pregnancy complication, including risk of preterm delivery and anemia related to pregnancy as the most frequent complications reported.

Almost all women (94%) gave birth in a medical facility. Ten percent of births to rural women, women older than 34, low SES women and women with birth order 3 or greater were reported to be at home. Fifteen percent of women with no prenatal care reported a home birth. Only 19% of women reported a post-partum care visit following delivery.

Postnatal baby clinic visits were more common with 86% of women reporting a postnatal clinic visit for their baby. The overwhelming majority of babies were breastfed (93%) with a mean duration of 14.3 months. However, exclusive breastfeeding was only 2.8 months on the average and full breastfeeding 4.9 months on the average.

The infant mortality rate (IMR) calculated for the period from August 1992 to July

2002 is 26.2 per 1000 and the under five mortality rate for the same period is 31.9 per 1000. These results are similar to the results of the MICS survey carried out in 2000: infant mortality was 28 per 1000 and the child mortality rate was 33 per 1000. The survey IMR of 26.2/1000 for the period, 1992-2002, is 29% higher than the official rate reported between 1995 and 2000.

AWARENESS AND USE OF CONTRACEPTION

Nine out of 10 Albanian women have heard of at least one modern method and 87% have heard of at least one traditional method, predominantly withdrawal. However, while 81% of women have heard of the condom, only two-thirds of women have heard of oral contraception or tubal ligation. Less than 35% have heard of other modern methods. There are 13 percentage point differences for most modern methods between women living in urban areas vs. rural areas.

Males have principally heard of the condom (89%) and withdrawal (89%). Knowledge of other modern methods is very low, reaching only 33% for oral contraceptives.

Women who have heard of contraception believe that withdrawal is much more effective at preventing pregnancy than are modern methods. Males said that tubal ligation was best at preventing pregnancy followed by the condom and withdrawal.

Contraceptive prevalence is 75% for married women (8% modern methods) and 77% for married men (3% modern methods). For both genders, the predominant method is withdrawal, 67% reported by the females sample and 74% reported by the male sample. Only three groups of married women reported at least a 15% contraceptive prevalence for modern methods: High SES (18%), post-secondary education (17%) and living in metro Tirana (15%). Married men with post-secondary education (13%) and high SES (12%) were the only groups to surpass a level of 9% using modern methods.

Almost three out of four women (73%) using traditional methods thought that withdrawal was more effective at preventing pregnancy than modern methods. Among men using traditional methods, 48% thought withdrawal was more effective than modern methods and 42% thought that they were equally effective.

NEED FOR CONTRACEPTIVE SERVICES

Unmet need for contraception is a very specific estimate that measures the gap between desired fertility levels and the contraceptive practices adopted to ensure that fertility preferences are met. In addition to unmet need for any contraceptive method, the Albania survey also estimated the need for modern contraception – an indicator used in other Eastern European surveys.

It is estimated that 46% of all women and 68% of married women have unmet need for modern contraception if unintended pregnancies were to be prevented. Among married women, since only 8% report using modern contraception, only 12% of the potential "demand" for modern contraception has been met. The highest percentage of "met demand" was for women living in Metro Tirana (22%), women with a post-secondary education (26%) and women classified as high SES (27%).

Two-thirds of women (68%) expressed a desire for more information about

contraception. The desire for more information was highest among non-users (75%), young adults 15-24 years of age (84%), and never married women (85%). Ninety percent of women and 77% of men said that information about contraception should be broadcast on radio or television.

REPRODUCTIVE HEALTH KNOWLEDGE AND ATTITUDES

Women said that the ideal number of children for a young family in Albania was 2.6, coincidentally equal to the total fertility rate found in the three years prior to the survey. For men, the ideal number of children was 2.4. Almost all women (96%) and 89% of men agree that both the husband and wife should decide together on how many children a couple should have.

Only 26% of women and 11% of men knew the most likely time during the menstrual cycle that a woman would get pregnant. Only 9% of unmarried women and 10% of 15-19 year olds responded correctly to this question. Also, only about one-fifth of women and men knew that the likelihood of pregnancy was lower if the mother was breastfeeding.

Almost three-fourths of women (72%) and 53% of men agreed that seeking an abortion is a woman's personal decision. Of those not agreeing, 26% of women and 45% of men said that abortion was alright under certain circumstances. Only one percent of females and males said that abortion is never acceptable.

More than 75% of women and more than 84% of men agree that the husband should help with chores if the wife works, the main job of women is housework and every individual should get married. Three-quarters of women (75%) and 64% of men agree that a married woman needs her husband's permission to work.

HEALTH BEHAVIORS

Only 24% of women and 14% of men visited a health facility in the past 12 months. Only 16% of those women visiting a health facility received counseling for family planning. The main reasons expressed by women as a barrier in getting medical advice or treatment for themselves were "lack of money" (46%) and "not wanting to go alone" (41%). The two main reasons expressed by men ware "lack of money" (54%) and "did not know where to go" (40%).

Of sexually experienced women, two-thirds (69%) have never had a routine gynecological exam. About one-half of women (52%) were aware of breast self-exam, but only 8% have ever practiced breast self-exam. Only 3% of sexually experienced women had ever had a pap smear for cervical cancer screening. Fully 70% of these women had never heard of screening for cervical cancer.

Almost one-half of men (46%) smoke compared with only 3% of women.

YOUNG ADULTS

More than 90 percent of women 15-44 years of age (92%) agree that age appropriate sex education topics concerning human reproduction, contraception and sexually transmitted infections should be taught in school. For men 15-49 years of age, 84% agree.

For young adult women 15-24 years of age, two-thirds (64%) have discussed sex education topics with a parent before they reached age 18, but only 15% discussed HIV/AIDS and 8% discussed contraception.

For young adult men, only 11% discussed any sex education topic with a parent before age 18, and only 9% discussed HIV/AIDS and 2% methods of contraception.

Three fourths (77%) of young adult women and 64% of young adult men said that they were taught some sex education topic in school by age 18. However, only about one-half of females and males received information about HIV/AIDS and only 30% of males and 24% of females received information about contraceptive methods.

One-third of young adult women (32%) reported sexual experience and 14%, or 42% of those with sexual experience, had premarital sex; almost all (99%) reported to be their fiancée or boy friend. Among young adult males, 29% reported having had sexual experience and 27%, or 91% of those with sexual experience, had premarital sex. Most men with premarital sexual experience reported their first partner to be a girl friend (43%), a lover (19%) or a friend (14%). Only 1% reported that their first sexual encounter was with a prostitute.

Four out of five (81%) females said that they or their partner used a contraceptive method at first intercourse, mostly withdrawal, with the following distribution: withdrawal (96%), condoms (3%) and other modern methods (1%). Eight-five percent of men reported contraceptive use at first intercourse, including withdrawal (56%), condoms (43%) and other modern methods (1%).

Eighteen percent of unmarried males and 5% of unmarried females15-24 years of age were sexually active at least once in the past three months. Only 15% of sexually active unmarried males reported using a modern method at last intercourse similar to the 11% of sexually active unmarried females.

Of all sexually experienced men, 72% report two or more lifetime partners versus only 3% of females.

KNOWLEDGE OF HIV/ AIDS TRANSMISSION AND PREVENTION

Almost all women and men of reproductive age (96%) have heard of or are aware of HIV/AIDS; However, only 56% of women and 45% of men believe that HIV can be asymptomatic, and only 17% of women and 33% of men know where HIV tests are provided.

Seventy-three percent of all women and 69% of all men identified monogamy, partner limitation and condom use as prevention measures against HIV/AIDS (UNAIDS indicator no. 1). However only 1% of both women and men had correct knowledge that HIV could be asymptomatic, and is not spread by mosquito bites or through medical treatment (UNAIDS indicator no. 2).

Seventy-nine percent of both women and men say they have no risk of contracting HIV/AIDS; 95% of the women who say that they are not at risk say they are monogamous (41%), not sexually active (32%) or they trust their partner (23%), and 87% of the males give the same three reasons plus 8% saying they use condoms. Of those that think they have some risk, the overwhelming proportion of women (91%) stated that their risk was from medical or dental treatment. Slightly over half of the men (54%) also gave this reason followed by unprotected sex with casual partners (16%).

VIOLENCE AGAINST WOMEN

The data in this report on violence against women, also known as “gender-based violence”, represent the first national

population-based information on the issue of violence against women in Albania. Women who have ever been married reported both lifetime intimate partner violence (IPV) and IPV during the past 12 months. During their lifetime, among these women, 30% report verbal abuse, 8% physical abuse and 3% sexual abuse; during the past 12 months, the corresponding reports are 23%, 5% and 2%, respectively. Except for sexual abuse, men report inflicting more abuse on their partners than reported by women indicating a possible reluctance of women to report IPV even in a private interview. Lifetime, 33% of men reported inflicting verbal abuse, 14% physical abuse and 1% sexual abuse. In the past 12 months the corresponding reports are 19%, 5% and <1%, respectively.

Of women reporting physical violence in the past year, less than half (46%) talked to anyone about this violence, mostly with family, a relative or a friend. Only 20% talked to the police, a health provider or a legal adviser.

All women were asked if they have been forced to have sexual intercourse against their will during their lifetime. Only 2% of women reported that they have ever experienced forced sexual intercourse, lower than the prevalence reported in other countries of this region. About 90% of these women reported that the perpetrator of forced sex was their husband or partner or ex-husband or ex-partner. It is notable that no woman reported forced sexual intercourse by a casual partner or stranger.

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Chapter 1 BACKGROUND

Albania is a small country of about 28,748 km^2, situated in southeastern Europe. It borders on Greece to the south, the Former Yugoslav Republic of Macedonia to the east, the UN administered province of Kosova and Republic of Serbia and Montenegro to the north and the Adriatic and Ionian Seas to the west. There are 720 km of land borders and 362 km of coastline. The terrain is mountainous except along the central coast. About 42% of the 3.1 million people of Albania live in urban areas and approximately 20% of the population live in the capital of Tirana (INSTAT, 2002). Albanians are the majority ethnic group, representing over 95% of the population. Albania is a multi-religious country and three major religions, Muslim, Orthodox Christian, and Roman Catholic, have been important in contributing to the Albanian heritage and culture. All religious practice was outlawed and mosques and churches closed in 1967. However, private religious practice was again legalized in 1990, with a separation of religion and state functions.

There are no official data on the prevalence of religious identity among Albanians. A recent unofficial study indicated that about 72% of the country identifies themselves as Muslim, 18% as Orthodox Christian, and 10% as Roman Catholic (Neza, 2000), but religious affiliation is relative and linked mainly with inheritance from the past and not with current practice and beliefs.

Albania is administratively divided into 36 districts, 12 prefectures, 311 communes, and 64 municipalities (INSTAT, 2002). The population distribution between districts is quite different; there are districts with less than 10,000 inhabitants and there are districts with as many as 200,000 inhabitants. Seven cities with more than 50,000 inhabitants represent 62% of the total urban population. This diversity is reflected in the average number of persons per square kilometer. There are districts with as low as 21 persons per km^2 while there are a number of districts with more than 400 persons per km^2 (INSTAT, 2001).

The modern history of the Albanian state starts at the beginning of the last century when it gained independence from the Ottoman Empire in November 1912. Between the two world wars Albania was first a parliamentary democracy, then a monarchy. After the end of World War II, the National Liberation Front (NLF) led by the Communist Party, controlled the country and a one party system headed by the Workers' Party was established. At that time Albania was part of the socialist bloc but gradually became isolated not only from the capitalist West but from almost all other Communist countries. This isolation was complete after 1978 when the country broke ties with China.

The collapse of Communism across Eastern Europe in 1990–1991 brought a number of social, economic, and political changes to the region. Albania began a transition toward a democratic government and new, market-oriented economy, which has presented formidable challenges. The current Constitution of Albania was ratified in 1998 and established the government as a parliamentary republic, with the capital in Tirana.

During the past 12 years Albania has faced continuous political and social changes, and after a period of transition, interrupted many times by social crises such as those of the years 1991–1992 and 1997 (the collapse of pyramid schemes) and the Kosovo crisis in 1999, Albania is now a country undergoing profound economic and structural reforms.

The economy of the country is changing from a central economic planning system to a free-market system; many questions related to privatization, property ownership claims, and the appropriate regulation of business still remain unresolved. The country has experienced slow but steady economic progress; however, according to poverty baseline statistics, 25.4% of the population is poor and 5% of Albanian citizens live in extreme poverty. The rates of poverty are higher in rural and remote areas of the country (UNDP, 2004). The official unemployment rate is 16%, with two-thirds of all workers employed in agriculture, mostly at the subsistence level. Remittances from citizens working abroad remain extremely important, as does foreign assistance.

Albania is a lower middle income country with a Gross National Income (GNI) per capita of US$ 1,380. The agricultural sector accounts for 34% of Gross Domestic Product (GDP). Workers' remittances account for an additional 12% of GDP, with industry and services contributing 13% and 32%, respectively.

While economic growth in Albania has fluctuated during the last five years, it is now on a positive track for growth. The government is projecting that economic growth will increase to 6% from 2003-2005, with inflation rates of 2-4% (Ministry of Finance, 2002). The country has good potential for growth in agriculture, livestock, fisheries, forestry, tourism, mining, and light industry.

Nonetheless, the country faces considerable challenges as it remains one of the poorest countries in Europe. According to available data, as mentioned above, about one out of four Albanians is poor and lack access to basic services. A weak and deteriorating infrastructure and related services have left up to 40% of households without access to necessities such as basic education, water, sanitation, and heating. The Government of Albania has developed a National Strategy for Social and Economic Development (NSSED) to lower the level of poverty and improve social and economic development. The main objectives of the NSSED for the three-year period, 2002-2004, are the following: (i) real GDP growth of 22-25 percent; (ii) reduction of number of people living in poverty, particularly for the worst-affected social groups and areas; (iii) tangible improvement of infrastructure and related services, e.g. supply of potable water and electricity, particularly for the impoverished populations; (iv) reduction of infant and maternal mortality rates and disease incidence; and (v) increase in the level of elementary and secondary education school enrollment (Ministry of Finance, 2002).

Reductions in infant and maternal mortality are one of the objectives of the Strategy and it follows that the health sector is responsible for this objective. Public spending on health is low compared to the average of 3.0% of GDP for lower middle income countries. As a consequence, one of the strategic priorities for public expenditures is to increase the share of GDP allocated to the health sector. The government planned to increase the share of GDP in 2005 to 4% compared with 1.85% in 2001. The percentage of total public expenditures has increased to 11% in 2004 from 7.4% in 1998.

Albania started negotiations in January 2003 with the European Union for a Stabilization and Association Agreement (SAA). Negotiations have so far focused on political issues.

The Albanian Government committed to

achieve Millennium Development Goals (MDG) following the July 2003 parliament resolution in support of MDGs, and recently prepared a MDG Progress Report as a result of the work of national consensus building groups comprising all partners and stakeholders. The Albania relevant MDG targets and indicators have been identified at the national level and regional and local levels, adopting different regional strategies consistent with local and national indicators (UNDP 2004).

An Albanian-European Partnership Action Plan document has also been prepared by the Government with clearly identified measures to improve food safety, the environment and control and surveillance of communicable diseases, including process and outcome indicators. Also, the Government, in collaboration with donor agencies and other partners, is coordinating the MDG process and strategy using the objectives of the NSSED as well as related long term development efforts towards European and regional integration through the Stabilization and Association Agreement process. Strong links have been formed between global, national and local development agendas emphasizing national ownership of the process, unification of stakeholders and common advocacy campaigns, and establishing strong mechanisms for monitoring and reporting.

During the years 1992–1993 there was a huge wave of emigration, mainly to neighboring European countries (Greece and Italy). During the period 1990–1995, it is estimated that the number of emigrants fluctuated between 300,000 and 600,000, representing 9%–11% of the total population in 1995. Around 40% of them are estimated to be women and a new pattern of women emigrating alone without family members has been seen in recent years. Female trafficking and their exploitation as sex workers has appeared in the aftermath of the fall of old regime and in the vacuum of legislation (National Equity Committee, 2002; Lesko et al., 2003).

The social changes have also been associated with the internal migration of the population towards the big cities and particularly towards the capital city of Tirana. The internal migration during these years brought changes in the ratio of the urban/rural population. In 1989, the urban population was 36% of the total population and by the year 2001, the percentage had increased to 42% (INSTAT, 2002).

The demographic changes and the urbanization process are directly reflected in the decrease of the average household size. While in 1979 the average household size was 5.6 persons with 4.6 in the urban zones and 6.2 in the rural areas, the same indicator for 1989 was 4.7, 3.9, and 5.3 persons, respectively, and in the 2001 Census was 4.2, 3.9, and 4.5 persons, respectively (INSTAT, 2002). It appears that the tendency toward a family with two parents and two children is the new norm in Albania, as in many other countries. Internal migration has affected the lives of both women and children due to difficult access of services, unemployment and dependence on the male as the workers in the family.

Life expectancy for females in 2001 was estimated to be 77.5 compared with 72.5 for males. Women typically marry and begin families at a relatively young age; the average age at marriage for women is 23 years (INSTAT, 2002).

The provisions of the Albanian Constitution of 1946 sanctioned for the first time basic rights for women. However, Albanian women tend to follow a traditional model where women defer to the men in the family and the society has been very conservative

in preserving traditional family structures and inequalities in the family. The Albanian Parliament ratified in December 1993 the Convention on the Elimination of all Forms of Discrimination Against Women (AFPA et al, 2002). However, during the transition period, due to lack of work and high unemployment, women became more vulnerable and male or family support was necessary to survive. Many social services helping women in the past were eliminated due to lack of funding. In the northern parts of Albania the influence of the Kanun, a code of traditional law dating back several centuries, is still practiced although it was prohibited by the state after the second world war. In the aftermath of the fall of the hard-line Communist regime, the Kanun is reported to have regained strength in the north of the country (National Equity Committee, 2002). The Kanun declares a woman to be property transferable from her father to her husband.

When Albania was a Communist country, the healthcare system was centrally controlled and based on the Semashko model as in other countries of Eastern Europe and the Former Soviet Union. Health care was free to all with emphasis on infectious disease prevention and some health education programs, but an important percentage of the budget went to medical treatment. A variety of changes in the health legislation have been proposed very recently with the drafting or revision of important laws related to the financing and organization of the health care systems, and the creation of a health insurance fund and the patient rights card. Also, Albania has recently developed a new national ten-year strategy for healthcare reform. The implementation of a National Health Promotion Strategy has been discussed, consistent with the objectives of the health sector reform (under The National Strategy for Social-Economic Development) and includes the following goals: 1) increased effectiveness and efficiency in use of resources; 2) increased access to quality health services nationwide; and 3) improvement of health indicators through specific targeted interventions. The increased effectiveness and efficient use of resources will be achieved through: (i) improvement of the planning process and needs assessment with improved management and fairer distribution of resources; (ii) decentralization of management functions to local institutions, including regional health authorities, and strengthening of the role of professional organizations; (iii) reduction in corruption; (iv) the gradual establishment of information systems; and (v) support for the privatization process in providing health services and monitoring of the private sector (Ministry of Health, 2004)

The Primary Health Care Policy adopted in 1997 aims to offer accessible and financially affordable healthcare to all. Officially, health care still remains free, but while physicians are still employed by the state, many people pay for healthcare services in the form of gifts or unofficial fees for service. This unofficial expense comes out of limited household budgets. Very recently, user fees were introduced in hospitals and some primary health care facilities which are meant to limit and prevent "unofficial expenses." Even though many health care facilities were rehabilitated since 1997 there are still facilities that urgently need basic repairs. Also, due to the closed nature of the country until 1990, physicians may not have the most up-to-date information and skills. In addition to Ministry of Health operated clinics, there are now private providers of healthcare and clinics operated by international organizations.

Infant and under five mortality are officially reported as 23 deaths per 1,000 live births and 32 deaths per 1,000 live births, respectively, as of 2000, the

highest officially reported rate in Europe (INSTAT, 2002). Although these rates have both declined considerably from rates in the late 1950s and early 1960s, and the official statistics appear to show improvement in infant mortality since the transition, the rates may in fact be affected by problems such as non-registration of births in which the infant dies shortly thereafter and the definition of early neonatal deaths and early deaths of premature infants as stillbirths. Mortality rates are estimated to be more than twice as high among children in the more rural northern areas of the country than in the more urban central and coastal areas (World Bank, 1997).

For 50 years Albania had a pronatalist population policy; modern family planning was forbidden and it was taboo to speak about sexuality and contraception in public. Reproductive health care and basic family planning services were introduced into the country in 1992 after a Decision of the Council of the Ministers that declared family planning should be seen as a basic human right from which all citizens should be able to benefit on their own free will. Eleven services are now provided with three levels of care, starting with primary healthcare services (health centers, ambulances in villages, and consulting centers for women and children in cities), maternity and pediatric hospitals at the secondary level, and the Hospital of Obstetrics and Gynecology in Tirana and the University Hospital Center "Mother Teresa" in Tirana at the tertiary level of care. Also, national and international NGOs provide family planning services in addition to advocacy on this issue. However, women often have limited access to information and services regarding reproductive health, especially in rural areas.

Abortion, prior to 1991, was also forbidden and about half of the maternal deaths during the decade of the 1980's were due to complications following illegal abortion. In April 1991, through the "order of the Minister of Health" and the "Decision of the Council of Ministers for the approval of activities of Family Planning in Albania," abortion was legalized and modern methods of contraception were introduced in the public health services. The "Law for the Voluntary Interruption of Pregnancy until 12 Weeks Gestation" passed the Parliament in May 1995. Following its legalization in 1991, abortion declined as a cause of maternal mortality from 50% in 1989 to 25% in 1993 and to 6% in 1997 (unpublished paper, Population in Europe and North America on the Eve of the Millenium: Dynamic and Policy Responses, presented at the UNFPA Regional Population Meeting, December 1998, Budapest, Hungary). During the past 12 years, the figures for maternal and infant mortality remain relatively high despite the fact that they had declined by about 50% compared with the years before 1990.

A national law on reproductive health passed the parliament in June 2001 which regulates the management, administration, functioning and supervision of all reproductive health services and activities in public and private health institutions. The law protects the reproductive rights of individuals and couples in accordance with national policies and laws as well as known and accepted international principles. According to the law, the overall goals of reproductive healthcare services are to offer good access and quality reproductive healthcare; to improve the health status of women during their reproductive years, especially during childbearing and delivery; to improve the health status of newborns, infants, and children; and to improve the health of adolescents and young adults.

In addition to the striking similarities in socioeconomic conditions inherited from the Communist era, there have also been demographic and health similarities among countries in the region, in particular a heavy reliance on abortion rather than on modern contraception as a means of preventing unintended births. Therefore, reproductive health is an issue of critical importance for the countries of this region (CDC and ORC MACRO, 2004). Also, reproductive health has been considered as one of the priorities of the national health promotion and public health strategy (MOH, 2003)

Beginning in 1993, several surveys on family planning and reproductive health attitudes and behaviors were conducted in Eastern Europe (CDC and MACRO, 2003). To this end, the Division of Reproductive Health of the U.S. Centers for Disease Control and Prevention (CDC/DRH) in Atlanta has provided technical assistance for Reproductive Health Surveys (RHS) in collaboration with local counterparts. Between 1993 and 2001, ten Reproductive Health Surveys were conducted in seven countries in Eastern Europe.

A Reproductive Health Survey (RHS) was conducted in Albania in 2002 making it the 8th country in the region to conduct this type of survey. This survey represents the first systematic effort to gather representative national data on population and reproductive health issues in Albania. Population-based surveys of women of reproductive age using nationally representative samples are an effective mechanism for collecting information on topics such as family planning, fertility, contraceptive use, knowledge about HIV/AIDS, and other reproductive health issues. Until recently, relatively little detailed and reliable population-based information was available about the situation in the country with regard to important reproductive health topics.

The RHS, supported by USAID, UNFPA and UNICEF, examines patterns and levels of fertility, family planning, contraceptive use and method selection, health behaviors, knowledge of HIV/AIDS, as well as attitudes towards specific contraceptive methods and abortion. These issues are of particular importance in Albania, since for many years women and healthcare providers had limited access to up-to-date and reliable information on these topics. The survey also provides data on key maternal and child health indicators, infant feeding, and the extent to which mothers receive medical care during pregnancy and at delivery.

A principal objective of the survey is to examine the reproductive health status and needs that can be used to help direct or modify program interventions. These data are particularly useful in assisting policy makers and health planners in evaluating health service needs, and identifying reproductive health behaviors associated with poor health outcomes. They could also play a significant role in designing programs better targeted to meet the needs of population subgroups. A key programmatic difference between policy objectives in Albania and other countries in Eastern Europe, compared with those in some developing countries, is that the emphasis is not on promoting a decline in fertility and population growth, but on bringing about improvements in women's health through increased availability and improved use of modern contraceptive methods and reduced reliance on abortion. Until now, a comprehensive comparison of key family planning and reproductive

health indicators had never been compiled in Albania.

The nationally representative data on key indicators presented in this report can be used to design or modify health interventions, identify high-risk behaviors amenable to change and highlight reproductive health areas that warrant greater attention. These data can be translated into policy and programmatic activities to improve services and findings may be combined with other existing information to contribute to a more profound understanding of reproductive health in Albania.

CHAPTER 2 METHODOLOGY

Sampling Design

The Albania RHS 2002 is based on in-person, face-to-face interviews with 5,697 women and 1,740 men in their homes. The household-based survey was designed to collect information from a representative sample of men and women of reproductive age throughout Albania. Respondents were selected from the universe of all females aged 15–44 years and all males aged 15–49 years, regardless of marital status, who were living in Albania when the survey was conducted. Male and female samples were selected independently.

For analysis purposes, three strata were constructed for the sampling design: Metro Tirana, other urban areas and other rural areas. Metro Tirana includes 6 of the 19 communes in Tirana district: Bashkia Tirane (capital city of Tirana) , Kamez, Vore, Farke, Kashar and Paskuqan. These six communes include 85% of the District population and an estimated 92% of the urban population in the District. The "Other Urban Area" stratum includes urban areas outside of Metro Tirana and the "Other Rural Area" stratum includes all rural areas outside of Metro Tirana.

As in other countries in Eastern Europe with Reproductive Health Surveys, the survey had a three-stage sampling design, which allows independent estimates for the female and male samples. The first stage of the sample design was a selection of census sectors with probability proportional to the number of households recorded in the 2001 Census. During this stage, 300 census sectors, 100 in each of the strata defined above, were selected as primary sampling units (PSUs) throughout Albania. This step was accomplished by using a systematic sample with a random start in each strata for the female sample. A 33% sub-sample (every third PSU) of the census sectors selected in the female sample constituted the first stage of the male sample. Thus, the first-stage selection included 300 sectors for the female sample and 100 sectors for the male sample.

In the second stage of sampling, clusters of households were randomly selected in each PSU that was chosen in the first stage (separate households were selected for the female and male samples). Finally, in the third stage of sampling, in each of the households in the female sample, one woman aged 15–44 years was selected at random for interview and in the male sample one man aged 15–49 years was randomly selected for interview.

Metro Tirana and Other Urban Areas were over-sampled, and rural areas were under-sampled, so that more precise estimates could be made for the two mostly urban strata. Two variables are used in this report: STRATA, including metro Tirana, other urban areas and other rural areas as defined above and RESIDENCE representing urban or rural residence independent of strata. Urban residence includes the 100 PSUs in the "other urban areas" stratum and 86 of the 100 PSUs in Metro Tirana. Rural residence includes the 100 PSUs in the "other rural areas" stratum and 14 of the 100 sectors in Metro Tirana.

Some PSUs intended for both the male and female samples were not large enough to provide non–overlapping clusters. In these cases, an adjacent enumeration area in the same location was identified for the male sample, and in a few instances the male sample was drawn from a combination of both areas due to small population size.

Because only one respondent was selected from each household with women (or men) of reproductive age, all results have been weighted to compensate for the fact that some households included more than one eligible respondent. Survey results were also weighted to adjust for over-sampling of the metro Tirana stratum and other urban areas and under-sampling of rural areas. A review of the sample data compared with results from the 2001 census showed that there was differential non-response in certain age groups for both females and males and also differential non-response by marital status among females. Thus, a third weight was added to adjust for differential non-response. Response rates were lowest for unmarried women 30–44 years of age but they represent only 4% of all women of reproductive age (WRA). For women 15–19, married women were underrepresented and unmarried women overrepresented in the sample; however, married teenagers represent only 2% of all WRA. Thus, the differential non-response weight for females is not a significant adjustment. For males, teenagers 15–19 were over-represented in the sample and older working age men from 20–49 years of age slightly under-represented. The third weight for males adjusted for this differential non-response.

Presentation of Tables

All tables in this report represent weighted results. However, the un-weighted number of cases, used for variance estimates, is shown in each table (see Appendix A on sampling errors). Thus, the survey can be used to make national and sub-national estimates because of the process to "weight" the data —that is, to determine how many women in the population were represented by each woman in the sample.

Another note concerning data presented in tables in this report relates to percent distributions; although all percent distributions are shown to add to 100.0%, they may actually add to 99.9% or 100.1% due to rounding. Also tables for females (A) and males (B) that relate to the same topic are positioned to face each other for easier comparisons by the reader. Tables labeled A (female) will always be on an even-numbered page and corresponding B tables will be on the following odd-numbered page. To maintain these comparisons, there sometimes will be blank numbered pages in the table sections of the report.

Questionnaire

The individual questionnaire included information on each respondent's education, employment, living arrangements, and other background characteristics, as well as histories of marriage, divorce and cohabitation, sexual experience, pregnancy and contraceptive use. Additional questions investigated health risk behaviors that may affect reproductive health (smoking and drinking habits), women's health screening practices, young adult sexual and contraceptive behavior, knowledge and attitudes related to HIV/AIDS, and intimate partner violence. The questionnaire was developed in English and translated into Albanian and underwent two pretests. The second pretest, in May 2002, was performed to test changes in the questionnaire made after the first pretest.

Data Collection

The interviews were performed by 25 female and 8 male interviewers specially trained in interview techniques, survey procedures, and questionnaire content before the beginning of fieldwork. Interviewer training took place in the Health Authority Training Center, a facility next to the headquarters of the Albanian National Institute of Public Health (IPH), just before data collection began and consisted of one week of classroom

training in fieldwork procedures and proper administration of the questionnaire and one week of practical training in the field with close monitoring by the trainers. At the end of the training period, five female and two male teams were selected for the fieldwork. Each team consisted of one Supervisor, four Interviewers, and a Driver. Fieldwork was managed by staff of IPH with technical assistance from CDC/DRH. The overall fieldwork implementation was supervised by two fieldwork coordinators. Fieldwork lasted from August through December 2002. Each team was assigned to visit a number of primary sampling units in all regions of the country and traveled by car throughout the country on planned itineraries. Interviews were conducted at the homes of the respondents and lasted on average about 35 minutes for both men and women. Interviews were conducted in Albanian. Completed questionnaires were first reviewed in the field by team supervisors and then were taken by the fieldwork coordinators, who also reviewed them, to the National Institute for Statistics (INSTAT) headquarters where they were reviewed again by a data quality consultant before data processing.

Response Rates

Of the 10,316 households selected in the female household sample, 5,866 (57%) included at least one eligible woman (age 15–44 years) (Table 2.1A). One-third (34%) of households did not include an eligible woman and 8% of households were unoccupied, principally in rural areas (12%). Of the identified respondents, 5,697 were successfully interviewed, yielding an individual response rate of 97% for an overall response rate of 97% for women. Virtually all respondents who were selected to participate in the sample agreed to be interviewed and were very cooperative. Less than one percent refused to be interviewed. Response rates were similar in all three strata.

The male sample totaled 3,965 households with 1,831 (46%) including at least one eligible man (age 15–49 years) (Table 2.1B). A lower percentage of households included an eligible male than did the female sample (include an eligible female) due, in part, to the emigration of males of working age. A total of 1,740 eligible males were interviewed for a 95% individual response rate, yielding an overall response rate of 94% (.95 x 99%). As with the female sample, refusals were less than one percent and response rates in the three strata were similar.

Table 2.1 A
Results of Household Visits and Interview Status of Eligible Women by Stratum
(Percent Distribution)
Reproductive Health Survey: Albania 2002

		Strata		
Households Visits	**Total**	**Metro Tirana**	**Other Urban**	**Rural**
Identified eligible women*	56.9	59.7	52.5	58.6
No eligible woman lives in household	34.0	35.5	37.0	28.8
Residents not at home	0.8	0.3	1.4	0.6
Household refusal	0.0	0.0	0.0	0.0
Unoccupied house	8.4	4.5	9.1	12.0
Total	**100.0**	**100.0**	**100.0**	**100.0**
No. of Households Visited	**10,316**	**3,594**	**3,593**	**3,129**
Eligible Women				
Completed interview	97.1	98.2	96.3	96.7
Selected respondent not home	1.5	0.7	2.3	1.7
Selected respondent refusal	0.1	0.1	0.2	0.0
Other reasons**	0.2	0.4	0.2	0.0
Total	**100.0**	**100.0**	**100.0**	**100.0**
No. of Eligible Women Identified	**5,866**	**2,146**	**1,886**	**1,834**
No. of Completed Interviews	**5,697**	**2,108**	**1,816**	**1,773**

* Includes women 15–44 years of age who had complete or incomplete interviews, who were absent or handicapped, or who refused to be interviewed.

**Includes women with a handicap preventing them to be interviewed and women having incomplete interviews.

Table 2.1 B
Results of Household Visits and Interview Status of Eligible Men by Stratum (Percent Distribution)
Reproductive Health Survey: Albania 2002

		Strata		
Households Visits	**Total**	**Metro Tirana**	**Other Urban**	**Other Rural**
Identified eligible men*	46.2	54.3	42.2	41.2
No eligible man lives in household	42.0	34.7	45.5	46.5
Residents not at home	1.3	1.6	1.1	1.5
Household refusal	0.1	0.1	0.1	0.0
Unoccupied house	10.4	9.3	11.1	10.8
Total	**100.0**	**100.0**	**100.0**	**100.0**
No. of Households Visited	**3,965**	**1,402**	**1,380**	**1,183**
Eligible Men				
Completed interview	95.0	94.3	93.8	97.5
Selected respondent not home	4.4	4.3	6.2	2.5
Selected respondent refusal	0.2	0.5	0.0	0.0
Other reasons**	0.3	0.8	0.0	0.0
Total	100.0	100.0	100.0	100.0
No. of Eligible Men Identified	**1,831**	**761**	**583**	**487**
No. of Completed Interviews	**1,740**	**718**	**547**	**475**

* Includes men 15–49 years of age who had complete or incomplete interview, who were absent or handicapped, or who refused to be interviewed.

**Includes men with a handicap preventing them to be interviewed and men having incompleted interviews.

CHAPTER 3 CHARACTERISTICS OF THE SAMPLE

Household characteristics

In the 2002 Albania Reproductive Health Survey, the household questionnaire included a roster for the interviewer to list all members of the household who met the criteria to be eligible for the sample. From this list, one eligible respondent was randomly selected for the female sample or one eligible man was randomly selected for the male sample. The household questionnaire also listed the total number of persons living in the household. In addition, the individual questionnaire collected data on amenities and durable consumer goods belonging to the household, which would later be used to construct a socioeconomic scale to allow assignment of a socioeconomic status indicator to women and men in the sample. In this way, we would be able to examine the association of socioeconomic status with reproductive health indicators or behaviors measured in the survey. Tables 3.1 (A & B) and 3.2 (A & B) present data from the household questionnaire.

In Tables 3.1 (A & B), the average size of Albanian households can be seen to be 5.1 persons in the female sample and 4.6 persons in the male sample. The most frequent household sizes are four- and five-person households. More than half of all the households, for the total country and for specific geographic strata in both female and male samples, have an average size of four or five persons. Households of one or two persons are relatively rare, with less than 1% of households being single-person households and less than 4% being two-person households in both the female and male samples. However, the percentage of one- or two-person households may be understated due to the greater likelihood of the interviewer finding no one at home for the household interview visit compared to households having three or more members. As would be expected, rural areas have a slightly larger household size than urban areas, especially in the female sample.

Household amenities and consumer goods are shown in Tables 3.2A and 3.2B. Roughly one-quarter of Albanian households in 2002 had a telephone line, and 63% had flush toilets. Less than 10% had access to 24-hour electricity. Dramatic differences in these amenities can be seen between the urban and rural strata. This is particularly so for telephone lines and flush toilets. Almost half of the households in urban areas had telephone lines, whereas less than 10% of rural households had these lines. However, in both samples, approximately 60% of respondents (females-62%, males-58%) reported having cell phones; about two-thirds of households in urban areas and approximately half of households in rural areas. While more than three quarters of urban households had flush toilets, less than half of rural households reported having them. There is strong consistency between the female and male samples.

Among the durable goods possessed by households, the most frequent are TVs and refrigerators, with more than 90% of all households possessing these items. Ownership of these items appears to be geographically ubiquitous, with only minor differences between urban and rural areas. Seventy-eight percent of Albanian households have a gas or electric stove, roughly 60% have cell phones, and 21% have a working automobile. These three possessions vary markedly by strata, with their presence more common among the urban compared to the rural population. Computers and air-conditioning are rare. Less than 5% of households outside of Metro Tirana have these modern goods, and in Tirana only 12% of the households reported having them. Vegetable gardens,

on the other hand, are quite common, with 90% of rural households and 20 to 40% of urban households reporting access to a vegetable garden. Again, as with household amenities, there is strong consistency in percentages of durable goods between the female and male samples.

Characteristics of the Respondents

Tables 3.3A and 3.3B present selected sociodemographic characteristics of the samples.

Regarding the age distribution, 38% of female respondents and 33% of male respondents were young adults (15–24 years of age). The age distribution is slightly younger in rural areas for both females and males. Overall, the age distributions are similar to those found in official statistics (Instituti I Statistikes, 2002).

Sixty-five percent of women and 60% of men reported that they were currently married. Divorce and widowhood are very infrequent in Albania. Only 2% of women and less than 1% of men reported themselves in either of these categories. There is no significant urban-rural difference in marital status. More than a third of both women and men reported being childless, and among those with children, the modal number of children is two. Although the percentage of childless respondents did not significantly differ between urban and rural areas, more women and men reported three or more children in rural areas than in Tirana or other urban areas. Among women in rural areas, 28% had 3 or more children compared to 15% in Tirana and 16% in other urban areas. The corresponding percentages for men were 25% in rural areas, 13% in Tirana, and 11% in other urban areas.

Eight percent of women and 9% of men have had post-secondary education. Respondents in urban areas were significantly more likely to have post-secondary education than those in rural areas (17% vs. 2%). Most women (54%) and men (48%) have had only primary or no schooling. In rural areas, three-quarters of the female population and two-thirds of the male population fall into this latter category.

The majority of respondents reported that they were Muslim; 80% of women and 84% of men. This is somewhat higher than the 72% reported in the census, but this difference may be affected by differential emigration patterns. Another 8% of women and 9% of men said they were Orthodox, and Catholics made up 12% of the women and 4% of the men. Ethnically, the population is almost 100% Albanian.

As for religiosity — measured by frequency of attendance at religious services, less than 50% of respondents reported that they attend services at least once a month. The one exception to this norm is Catholic men living in rural areas. Among the latter group, two-thirds (67%) report they attend church once a month or more frequently. Otherwise, only 5% of all Muslim women and men report attending religious services at least once a month, and the comparable percentages for the other religions are 34% and 25% for Orthodox women and men, respectively, and 44% for Catholic women and 43% for Catholic men.

Only 49% of men and 15% of women reported that they were working outside the home for 20 or more hours per week. These percentages rise to 60% for men and 25% for women in urban areas, and drop to 39% for men and 8% for women in rural areas. As for geographic mobility, the women report more mobility than the men. More than half of the women (53%) reported to have ever migrated, with only 22% of the men reporting the same. As would be

expected, the Metro Tirana population has a much higher percentage of migrants than other urban or other rural places. Male-female differences in migration history are greatest in the rural population. Only 3% of rural men have ever migrated, whereas 51% of rural women report having migrated.

Tables 3.4A and 3.4B show the marital status distribution controlling for various sociodemographic characteristics. There is little to no variation in marital status by residence for both women and men. The positive association between age and marriage occurs before the age of 35 for both sexes, although women appear to marry at younger ages than men. By age 20–24, half of the women are married, whereas for men this proportion is not married until age 25–29. None of the men in the sample are married at ages 15–19, while 10% of women are married in these young ages. On the other hand, at ages 40–44, 4% of women and less than 1% of men have remained never married. The median age at first marriage is 21.9 years for the women and 26.5 years for the men (see Chapter 4).

An association for number of living children with marital status is observed only between no children and any children. Once there are any living children present, currently married status reaches 95% or higher. The relation of educational level with marital status appears to be linked in part with school attendance. Women and men with secondary incomplete and post-secondary educational levels are more likely to be still in school (data not shown) and, consequently, less likely to be married. For both sexes, those with completed secondary education are more likely to be married than those with primary or less. At the same time socioeconomic status has no effect for women and a very modest effect for men, with men at the lowest status level somewhat more likely to be married than those at the other two levels. Employed women and men have higher percentages married than those not working (74% vs. 64% for women and 76% vs. 45% for men), also likely reflecting current school attendance and young age among those not working.

Table 3.1 A
Size of Households with at Least One Eligible Respondent by Stratum
(Percent Distribution)
Female Sample,
Reproductive Health Survey: Albania 2002

	Strata			
No. Persons per Household	**Total**	**Tirana**	**Other Urban**	**Rural**
1	0.2	0.9	0.2	0.0
2	2.5	3.5	3.7	1.5
3	10.7	14.4	11.4	9.3
4	28.6	34.8	36.8	22.3
5	24.0	22.1	25.9	23.4
6	16.5	12.5	12.8	19.8
7	8.7	4.8	4.8	12.0
8 +	8.8	7.0	4.3	11.7
Total	100.0	100.0	100.0	100.0
Average No. of Persons	5.1	4.7	4.6	5.4
No. of Cases	5,788*	2,125	1,859	1,804

* Exludes 15 households whose number of inhabitants was unknown.

Table 3.1 B
Size of Households with at Least One Eligible Respondent by Stratum
(Percent Distribution)
Male Sample,
Reproductive Health Survey: Albania 2002

		Strata		
No. Persons Per Household	**Total**	**Metro Tirana**	**Other Urban**	**Other Rural**
1	0.5	0.9	0.7	0.2
2	3.9	5.3	4.6	2.9
3	14.4	15.6	19.7	10.8
4	30.8	32.1	40.3	24.6
5	27.4	21.9	24.1	31.4
6	12.6	13.2	8.2	15.0
7	6.7	6.0	2.0	9.7
8 +	3.8	4.9	0.3	5.4
Total	100.0	100.0	100.0	100.0
Average No. of Persons	4.6	4.6	4.1	4.9
No. of Cases	1825*	755	583	487

* Excludes 6 households whose number of inhabitants was unknown

Table 3.2 A
Percentage of Households with Basic Household Amenities and Goods, by Stratum, for Women Aged 15–44 Years
Reproductive Health Survey: Albania 2002

		Strata		
Household Amenities	**Total**	**Metro Tirana**	**Other Urban**	**Other Rural**
Flush Toilet	62.9	77.4	80.9	48.8
Cell Phone	61.6	69.5	66.5	56.7
Telephone Line	24.7	47.6	48.6	4.9
Electricity (24 Hours)	9.5	31.5	5.3	5.3
Vacation Home	1.5	5.6	1.1	0.5
Household Goods				
TV	96.4	97.7	98.5	94.9
Refrigerator	90.0	97.3	96.3	84.5
Gas/Electric Stove	78.1	84.0	93.7	67.9
Family Has Access to Vegetable Garden	60.7	33.9	22.9	89.0
VCR	31.8	44.6	42.4	22.3
Satellite Antenna	30.2	22.2	33.3	30.8
Auto	20.9	29.9	25.1	15.9
Computer	3.7	12.1	5.1	0.6
Air Conditioner	2.9	11.2	2.6	0.6
Percentage of Households With				
Crowded Conditions*	92.6	92.1	94.1	92.0
No. of Cases	5,697	2,108	1,816	1,773

* Total number of persons living in the household divided by total number rooms in the house (not including kitchen and bathroom) was higher than one

Table 3.2 B
Percentage of Households with Basic Household Amenities and Goods, by Stratum, for Men Aged 15–49 Years
Reproductive Health Survey: Albania 2002

		Strata		
Households Amenities	**Total**	**Metro Tirana**	**Other Urban**	**Other Rural**
Flush Toilet	62.9	83.2	76.5	46.9
Cell Phone	58.3	73.6	68.9	46.0
Telephone Line	24.0	46.8	39.9	5.6
Electricity (24 Hours)	5.3	19.2	3.3	1.1
Vacation Home	1.3	2.8	1.4	0.6
Household Goods				
TV	98.4	99.2	99.7	97.4
Refrigerator	92.7	98.4	98.7	86.9
Gas/Electric Stove	77.6	93.5	94.5	61.3
Family Has Access to Vegetable Garden	60.2	39.4	19.4	92.6
VCR	32.5	51.1	40.0	20.8
Auto	20.8	35.8	29.8	9.6
Satellite Antenna	17.3	18.7	16.1	17.5
Computer	3.9	12.7	4.1	0.4
Air Conditioner	3.2	12.2	2.2	0.3
Percentages of Households With				
Crowded Conditions*	88.5	86.9	87.6	89.6
No. of Cases	1,740	718	547	475

* Total number of persons living in the household divided by total number rooms in the house (not including kitchen and bathroom) was higher than one

Table 3.3 A
Percent Distribution of Characteristics of Female Sample by Residence and Stratum
Reproductive Health Survey: Albania 2002

		Residence		Strata		
Characteristics	**Total**	**Urban**	**Rural**	**Metro Tirana**	**Other Urban**	**Other Rural**
Age Group						
15–19	21.0	18.5	22.9	18.3	18.8	23.0
20–24	17.0	15.5	18.1	18.2	14.7	17.9
25–29	15.6	15.3	15.8	16.7	14.8	15.7
30–34	15.7	17.4	14.5	16.1	18.1	14.4
35–39	15.6	17.9	13.9	15.7	18.5	14.0
40–44	15.0	15.4	14.7	15.0	15.1	15.0
Marital Status						
Currently Married	65.1	66.3	64.2	63.1	68.0	64.1
Previously Married	2.1	2.4	1.8	2.9	2.1	1.9
Never Married	32.8	31.3	34.0	34.0	30.0	34.0
Living Children						
0	37.8	36.7	38.6	39.6	35.4	38.6
1	12.8	13.8	12.0	16.3	12.6	11.9
2	27.1	34.1	21.9	29.3	35.7	21.8
3	14.9	11.5	17.4	10.6	12.2	17.5
4 +	7.4	3.8	10.1	4.3	4.0	10.2
Education Level						
Primary or Less	53.9	27.5	73.7	33.8	27.7	74.0
Secondary Incomplete	10.2	14.3	7.2	12.0	15.1	7.1
Secondary Complete	27.7	41.3	17.6	35.9	42.3	17.4
Post-Secondary	8.1	16.8	1.6	18.2	14.9	1.5
Socioeconomic Index						
Low	42.2	20.0	58.8	22.1	21.4	59.4
Medium	49.5	63.0	39.5	53.9	66.6	39.0
High	8.2	17.0	1.7	24.0	12.0	1.6
Religion*						
Muslim	79.6	76.6	81.8	84.5	74.1	81.1
Orthodox	8.1	12.7	4.7	7.9	14.1	4.9
Catholic	11.5	9.2	13.2	5.7	10.7	13.6
Other/Undeclared	0.8	1.5	0.3	2.0	1.1	0.3
Employment						
Working	15.3	25.7	7.6	27.8	23.5	7.3
Not Working	84.7	74.3	92.4	72.2	76.5	92.7
Migration Status						
Ever Migrated	52.8	53.1	52.6	67.5	48.3	51.0
Never Migrated	47.0	46.7	47.3	31.7	51.7	48.9
Do Not Know	0.1	0.3	0.0	0.7	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	5,697	3,572	2,125	2,108	1,816	1,773

*With regard to religious service attendance, the percentages of women who attend religious services at least once a month are:

	Total	**Urban**	**Rural**	**Metro Tirana**	**Other Urban**	**Other Rural**
Muslim	5.4	6.5	4.6	6.3	6.7	4.5
Orthodox	33.7	34.9	31.2	37.3	34.2	31.3
Catholic	43.8	36.1	47.8	44.6	34.2	47.9

Table 3.3 B
Percent Distribution of Characteristics of Male Sample by Residence and Stratum
Reproductive Health Survey: Albania 2002

		Residence		Strata		
Characteristics	**Total**	**Urban**	**Rural**	**Metro Tirana**	**Other Urban**	**Other Rural**
Age Group						
15–19	18.9	16.6	20.9	16.3	16.9	21.0
20–24	14.5	13.2	15.6	14.9	13.3	15.0
25–29	13.3	12.9	13.7	14.2	12.0	13.8
30–34	13.6	14.6	12.8	12.4	15.8	12.8
35–39	14.1	14.6	13.7	11.7	16.3	13.8
40–44	14.2	15.6	12.9	16.2	14.8	13.0
45–49	11.4	12.4	10.6	14.3	11.0	10.6
Marital Status						
Married	60.3	59.6	61.0	59.8	59.8	60.9
Previously Married	0.6	0.9	0.4	1.2	0.5	0.4
Never Married	39.0	39.5	38.6	39.0	39.7	38.7
Living Children						
0	45.5	45.5	45.5	47.4	45.0	45.1
1	11.5	13.4	9.8	13.5	12.8	9.9
2	24.9	30.0	20.5	26.6	31.5	20.3
3	11.8	8.5	14.7	7.7	8.9	15.1
4 +	6.3	2.6	9.5	4.8	1.8	9.5
Education Level						
Primary or Less	48.4	28.4	65.7	30.0	30.5	66.1
Secondary Incomplete	8.7	10.6	7.1	11.8	9.7	6.9
Secondary Complete	33.9	43.6	25.5	39.6	44.4	25.4
Post-Secondary	9.1	17.4	1.8	18.7	15.4	1.6
Socioeconomic Index						
Low	47.2	25.1	66.4	20.9	29.2	68.2
Medium	42.2	53.6	32.3	52.3	54.8	30.9
High	10.6	21.3	1.2	26.8	16.0	1.0
Religion*						
Muslim	84.0	75.9	91.1	84.0	71.6	91.4
Orthodox	8.8	15.0	3.4	7.6	18.4	3.6
Catholic	4.3	5.6	3.1	3.4	7.3	2.8
Other/Undeclared	2.9	3.5	2.4	5.0	2.7	2.2
Employment						
Working	48.9	60.3	39.1	63.7	57.1	38.3
Not Working	51.1	39.7	60.9	36.3	42.9	61.7
Migration Status						
Ever Migrated	21.7	38.3	7.2	58.8	29.4	2.6
Never Migrated	78.1	61.2	92.7	39.8	70.6	97.4
Do Not Know	0.3	0.5	0.0	1.3	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	1,740	1,155	585	718	547	475

*With regard to religious service attendance, the percentages of men who attend religious services at least once a month are:

	Total	Urban	Rural	Metro Tirana	Other Urban	Other Rural
Muslim	5.4	3.1	7.2	4.9	2.8	6.9
Orthodox	25.0	23.6	30.5	23.0	23.7	30.5
Catholic	42.7	27.0	67.0	36.1	23.1	76.0

Table 3.4 A
Percent Distribution of Marital Status by Selected Characteristics, for Women Aged 15–44 Years
Reproductive Health Survey: Albania 2002

Characteristics	Marital Status			Total	No. of Cases
	Married	Previously Married	Never Married		
Total	65.1	2.1	32.8	100.0	5,697
Strata					
Metro Tirana	63.1	2.9	34.0	100.0	2,108
Other Urban	68.0	2.1	30.0	100.0	1,816
Other Rural	64.1	1.9	34.0	100.0	1,773
Residence					
Urban	66.3	2.4	31.3	100.0	3,572
Rural	64.2	1.8	34.0	100.0	2,125
Age Group					
15–19	9.5	0.0	90.5	100.0	1,094
20–24	49.5	0.3	50.2	100.0	936
25–29	78.9	2.8	18.3	100.0	946
30–34	89.5	1.8	8.6	100.0	1,067
35–39	92.3	3.9	3.8	100.0	958
40–44	92.5	4.6	2.8	100.0	696
Living Children					
0	12.9	0.3	86.8	100.0	1,943
1	94.8	5.2	0.0	100.0	828
2	96.9	3.1	0.0	100.0	1,840
3 +	97.9	2.1	0.0	100.0	1,086
Education Level					
Primary or Less	66.8	2.2	31.0	100.0	2,519
Secondary Incomplete	35.2	1.9	62.9	100.0	653
Secondary Complete	75.1	2.2	22.7	100.0	1,830
Post-Secondary	57.5	1.0	41.5	100.0	695
Socioeconomic Index					
Low	67.3	2.1	30.6	100.0	1,940
Medium	63.0	2.2	34.8	100.0	2,985
High	66.7	1.1	32.2	100.0	772
Employment					
Working	73.6	4.2	22.2	100.0	1,118
Not Working	63.6	1.7	34.7	100.0	4,579

Table 3.4 B
Percent Distribution of Marital Status by Selected Characteristics, for Men Aged 15–49 Years
Reproductive Health Survey: Albania 2002

Characteristics	Marital Status			Total	No. of Cases
	Married	Previously Married	Never Married		
Total	60.3	0.6	39.0	100.0	1740
Strata					
Metro Tirana	59.8	1.2	39.0	100.0	718
Other Urban	59.8	0.5	39.7	100.0	547
Other Rural	60.9	0.4	38.7	100.0	475
Residence					
Urban	59.6	0.9	39.5	100.0	1155
Rural	61.0	0.4	38.6	100.0	585
Age Group					
15–19	0.0	0.0	100.0	100.0	401
20–24	13.3	0.4	86.3	100.0	189
25–29	60.2	1.0	38.8	100.0	218
30–34	87.3	0.4	12.3	100.0	253
35–39	94.9	0.7	4.5	100.0	255
40–44	98.7	0.7	0.6	100.0	277
45–49	97.4	1.5	1.0	100.0	147
Living Children					
0	13.7	0.5	85.8	100.0	815
1	99.2	0.8	0.0	100.0	221
2	98.8	1.2	0.0	100.0	468
3 +	100.0	0.0	0.0	100.0	236
Education Level					
Primary or Less	60.9	0.6	38.5	100.0	689
Secondary Incomplete	13.9	0.3	85.9	100.0	199
Secondary Complete	72.1	0.6	27.2	100.0	626
Post-Secondary	58.0	0.8	41.2	100.0	226
Socioeconomic Index					
Low	63.6	0.5	35.9	100.0	638
Medium	57.4	0.5	42.1	100.0	814
High	57.3	1.8	40.8	100.0	288
Employment					
Working	75.9	0.8	23.3	100.0	913
Not Working	45.4	0.4	54.2	100.0	827

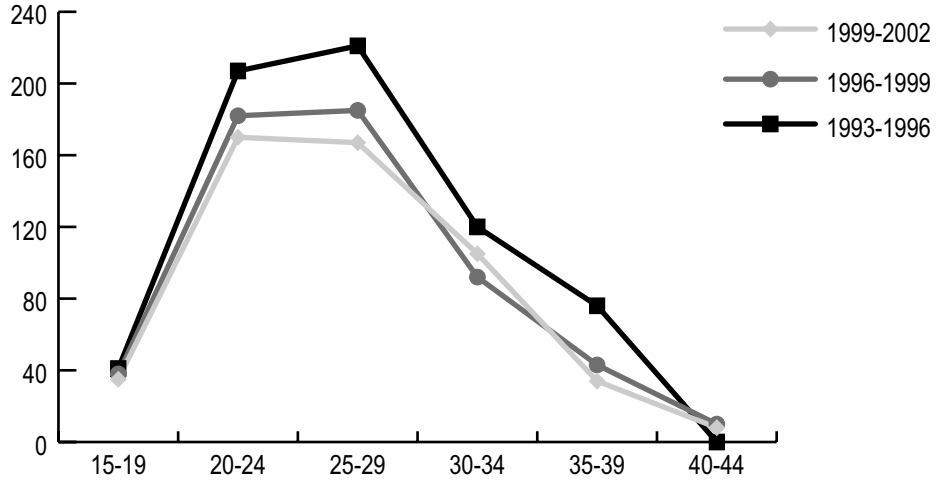
CHAPTER 4 FERTILITY AND PREGNANCY

Fertility Experience

Current levels of fertility presented in Tables 4.1, 4.2, 4.3A and 4.3B were estimated with the use of five-year age-specific fertility rates (ASFR) calculated from information collected through the respondents' lifetime pregnancy histories. ASFRs are expressed per 1000 women. The total fertility rate (TFR) is computed by multiplying the age-specific fertility rates by five (the number of years in each age group) and summing them over the reproductive ages. When this number is divided by 1000, the TFR can be defined as the average number of live births a women would have during her reproductive lifetime (15–44) if she experienced the observed ASFRs of a given time period. Numerators for the ASFRs were calculated by selecting live births that occurred during the 36-month period preceding the survey and grouping them (in five-year age groups) by the age of the mother at the time of the reported date of birth. The denominators for the rates represent the number of woman-years lived in each five-year age group during the specified three-year period.

Table 4.1 and Figure 4.1 present age-specific fertility rates calculated from the live birth history asked of every woman in the survey. These rates were calculated for three three-year periods over the last decade, 1993–1996, 1996–1999, and 1999–2002. As can be observed in the Table, the total fertility rate has declined substantially over the 10-year period, from 3.3 to 2.6 children per woman. This was due to pronounced declines in the most fertile ages of 20–24 and 25–29.

Figure 4.1
Three-Year Period Age-Specific Fertility Rates for Several Time Periods Among All Women



As with women in other countries of the region (Table 4.2), Albanian women initiate and complete childbearing at an early age. The highest fertility rates in Albania are among women 20–24 and 25–29 years of age, accounting for 33% and 32%, respectively, of the TFR of 2.6. Women aged 35–44 make a minimal contribution to total fertility of only 8% of the TFR. The adolescent fertility rate is very low, only 35 live births per 1000 women 15–19 years of age, representing 7% of the total fertility rate. The estimated TFR of 2.6 is a bit higher than the rate published by WHO for 2001 (2.4) and the rate of 2.3 published by the UN population Division (WHO, 2003; UN, 2003). The TFR of 2.6 is the highest in Europe and higher than the TFR in 9 of the 13 countries in Eastern Europe and the Former Soviet Union that have conducted similar Reproductive Health Surveys (CDC and MACRO, 2003).

There is no difference in the TFR in Albania by urban or rural residence, although the rate is slightly lower in Metropolitan Tirana than in the rest of the country (Table 4.3A). The TFR for women with a post-secondary education (2.0) is lower than the TFR for those with a primary (2.7) or secondary (2.5) education. Also, although the principal childbearing years for all women are 20–29 years of age, those with a post-secondary education tend to bear their children somewhat later at ages 25–34. There is also a tendency for age at childbearing to increase as SES increases.

Fertility rates for men are shown in Table 4.3B. These rates are based upon the responses of men to questions about children fathered by them. The male TFRs are universally lower than the female TFRs, due to very low fertility rates at ages 15–24 reflecting a later age at marriage and possibly indicating a tendency for men to underreport children fathered by them. Also, because of the smaller sample size for males with a small number of births reported by men, many of the male ASFRs are considered to be unstable. Nevertheless, the male rates show the same relationship with the selected characteristics as were observed for females in Table 4.3A. The male ASFRs also differ from the female in that they reveal older ages for childbearing, reflecting age differences between partners engaging in sexual intercourse.

Cumulative fertility of Albanian women and men is shown in Tables 4.4A and B. The number of live births (also known as "children ever born") in Table 4.4A shows that 38% of Albanian women in the reproductive years had not had a live birth at the time of the survey, but only 8% of women in union were without a live birth. By age 40–44, only 1% of married women reported never having had a live birth. The median number of live births for married women was 2, and for women at the end of their reproductive years the median increased to 3 live births.

Cumulative fertility levels observed for married men are similar to those of the women. Among all men, however, lower levels of fertility are reported, with 46% stating that they were childless. It is probable that single men are less knowledgeable about the number of children they may have fathered. It is worth noting that all men at ages 45–49 report completed fertility at similar levels to married women, most likely because most men in this age group are married.

Age at First Intercourse, Union and Birth

Tables 4.5A and B present data on age at first sexual intercourse, first union and first live birth for women and first sexual intercourse and first union for men, respectively, according to their age cohort at the time of the survey. By examining the percentages that have experienced sexual intercourse or marriage or a live birth by current age cohort, it is possible to determine whether the ages at which these events first take place are changing over time. For example, in Table 4.5A, the percentage of women who experienced sexual intercourse before age 18 increased from 10% among current 40–44 year olds to 16% among current 20–24 year olds. Similarly, the percentage of 40–44 year olds who married before age 18 is 7%, whereas 11% of 20–24 year olds married before age 18. In turn, a higher percentage of first live births before age 18 and before age 20 result from the younger ages of first intercourse and first union. Of course, these data cannot reveal the temporal relationship between marriage and intercourse – that is, which of these events preceded the other. It is also important to note that less than half of the women had had intercourse (47%) or had been married (41%) before age 22 and only a quarter had had a live birth (26%) before reaching 22 years of age. These findings are reflected in an average age 21.1 years at first intercourse, 21.9 years at first marriage, and 23.4 years at first live birth. These averages show little change across the age cohorts, suggesting little change over the last two decades in the timing of these events in a woman's life cycle.

Data for the men are shown in Table 4.5B. Here we see a more dramatic change in age at first intercourse across time. Only 5% of men currently aged 45–49 reported having had first sexual intercourse before age 18, compared to 22% of men currently aged 20–24. This substantial increase is also seen for percentages that had first intercourse by the age of 20. However, these increases in sexual experience at younger ages are not reflected in the average age at first intercourse for all ages and cohorts, which remained relatively stable over time. Also, age at first sexual intercourse for men does not correspond as closely to age at first marriage as it does for women. Thus, while the median age at first intercourse for all men is 21.5 years, the median age at first marriage for men is 26.5 years.

When observed by residence (Table 4.6), age at first intercourse for women is rather stable. The median age at first intercourse does not vary between urban and rural areas. However, on average, women in urban areas marry and have their first births a year later than those in rural areas. Educational level shows an even stronger and consistent effect on ages of these three events, resulting in a three-year difference in average age at first intercourse (20.5 vs. 23.3), a four-year difference in age at first marriage (21.0 vs. 25.1) and a four-year difference in age at first birth (22.5 vs. 26.6), when comparing the lowest and highest educational categories. (See also Figure 4.2.)

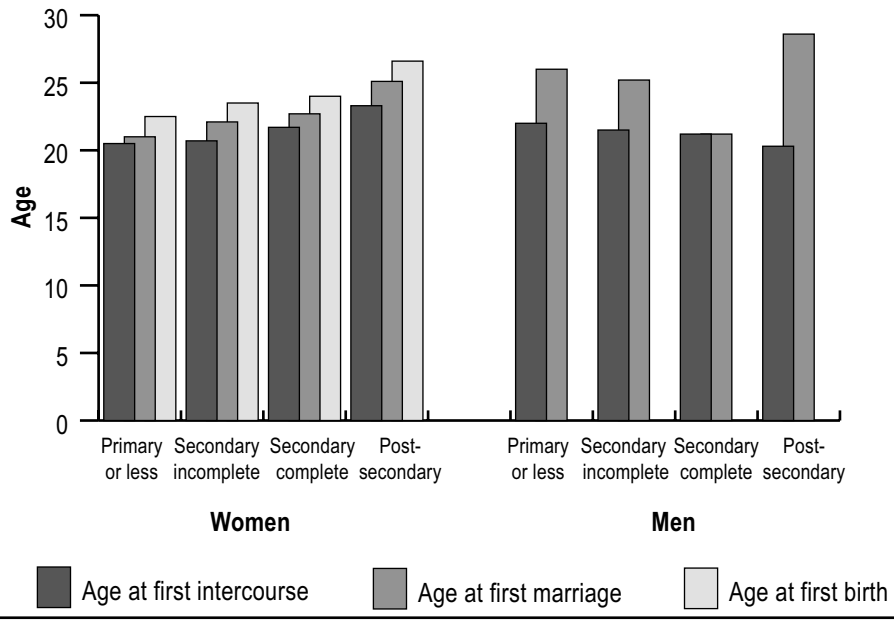
The patterns of age at first intercourse for men are somewhat different from those of women (Table 4.6). In contrast to women, the average age at first intercourse for men is higher in rural areas and inversely affected by educational level. For men in rural areas, the median age at first intercourse is 22.2 years compared to 20.6 years for men in urban areas. Likewise,

men with primary or lower levels of education have a median age of 22.0 years at first intercourse compared to 20.3 years for men with post-secondary education. Urbanization and education have the opposite effect on age at marriage for men. The median age at first marriage increases from 25.8 years for men living in rural areas to 27.4 years for those residing in urban areas. Similarly, men with the lowest educational levels marry, on average, at 26.0 years of age compared to 28.6 years of age for men with the highest level of education. The education effects for men are shown also in Figure 4.2.

Current Sexual Activity

Current sexual activity is an important measure for determining the women who are risk of an unintended pregnancy and thus in need of contraceptive services. Table 4.7 shows that 70% of Albanian women in their reproductive years have had sexual intercourse. This percentage comprises all married and previously married women and 8% of never married women. Seventy-five percent of currently married women had intercourse within the last month, and another 13% had last intercourse 1–3 months prior to the survey. Another 7% reported a pregnancy-related reason for no current sexual activity. Among previously married women, 76% last had intercourse one or more years ago, presumably when they were still married. Almost half (48%) of the sexually experienced never married women have had intercourse within the last month (3.9%/8.2%) and another 23% had their last intercourse 1–3 months ago (1.9%/8.2%). Current sexual activity among men is higher than that of women. Seventy-six percent of all men have ever had sexual intercourse, including 38% of never married men. The percentage of men who had

Figure 4.2
Median Age at First Sexual Intercourse, First Marriage and First Birth by Education Level



intercourse in the last month was 83% of the currently married and 14% of the never married men. Among the sexually experienced never married men, 38% (14.4%/37.5%) had sex in the last month and another 29% (11.0%/37.5%) had sex 1–3 months prior to the survey.

Induced Abortion

For several decades one of the most outstanding demographic features of most of the Eastern European countries has been the high reliance on induced abortion as a means of birth prevention (David, 1992). Induced abortion was the single most important means of controlling fertility. In recent years, abortion rates and ratios in many of these countries have been among the highest in the world. Among the factors frequently cited as contributing to the reliance on abortion has been the limited availability of modern contraceptive methods, poor quality of methods available, fears about possible side effects, and easy access to and low cost of induced abortion. However, since 1990, data show that an increase in use of modern contraception has been associated with a decline in abortion in many countries of the region (C Westoff et al., 1998, 2000, 2002; CDC and MACRO, 2003).

As with the calculation of the total fertility rate, age-specific induced abortion rates are calculated by using the age of the woman at age of pregnancy termination and then summed over the ages 15–44 to produce a total abortion rate. In Table 4.8, the number of induced abortions per 1000 live births reported in the reproductive health survey for the three years prior to the survey is compared with the official data reported to the Institute of Statistics (INSTAT) for 1999–2001. The survey rate of 73 abortions per 1,000 live births is 64% lower than the official data of 200 per 1,000 live births (three-year average) reported to INSTAT. Over the last three-year period, the official ratio reported to INSTAT has declined from 241 per 1,000 live births to 172 per 1,000, a 29% decrease (Instituti I Statistikes, 2003).

In Romania and the countries of the Former Soviet Union that have conducted Reproductive Health Surveys or Demographic and Health Surveys, reporting of induced abortion by survey respondents has been close to, and in some cases, has exceeded official reporting. (CDC and MACRO, 2003). Only in the Czech Republic has there been severe under-reporting of induced abortion by respondents as appears to be the case in Albania. It is estimated that respondents in the Czech survey only reported between 45% and 50% of induced abortions they underwent (Czech Statistical Office et al., 1995).

There are three principal factors that may affect the under-reporting of induced abortions, even in a country where they are legal, by survey respondents: (1) Under-reporting of unwanted pregnancies that have a higher probability of being terminated by the voluntary interruption of the pregnancy (see next section of this chapter); (2) Under-reporting of clandestine abortions outside of the medical system; and (3) a tendency to declare induced abortion as spontaneous abortions or miscarriages (see next section of this chapter).

Since the apparent underreporting of abortion by survey respondents is at least 50% and may be as high as 77%, and since the underreporting is most likely not a random event but associated with characteristics of the respondent, data from the survey on abortion is probably unreliable. For this reason, the further analysis of abortion data is considered beyond the scope of this report.

Planning Status of the Last Pregnancy

For every pregnancy ended since January 1997, respondents were asked the planning status of their pregnancies at the time of conception. Each pregnancy was classified as either intended (wanted at the time it occurred), mistimed (occurring earlier than intended), unwanted (the respondent did not want any more children), or the respondent was unsure. Mistimed and unwanted pregnancies together constitute unintended pregnancies (Westoff, 1976).

Despite the under-reporting of induced abortions, strongly associated with unwanted pregnancies, the results in Table 4.9A are somewhat useful for examining relative levels of the planning status of the last pregnancy among the various population sub-groups. The sharp differential between pregnancies ending in induced abortion and a live birth (or a current pregnancy) is obvious. Almost two-thirds (65%) of pregnancies ending in induced abortion were reported as unwanted compared with only 3% of current pregnancies and live births. Also, 11% of pregnancies ending in stillbirth, spontaneous abortion, or an ectopic pregnancy, were reported as unwanted, although the proportion would not be expected to be significantly higher than the 3% of live births reported as unwanted. This suggests that some women who experienced an induced abortion reported their pregnancy outcome as a spontaneous abortion.

The proportion of unwanted pregnancies increases as age group and number of living children, two correlated variables, increase, reaching 20% for 35–44 year old women and 28% for women with four or more living children. Mistimed pregnancies are highest for young adults 15–24 years of age and women with no living children. No major differences are seen by residence or by education. A rough adjustment for the underreporting of abortions puts the percentage of unwanted pregnancies closer to 12% (one out every eight pregnancies) compared with the 7% shown in the table.

Among men, for whom there is no pregnancy data, Table 4.9B shows men reporting 98% of last live births as intended, with no differentials observed by residence, age, number of living children or educational level.

Future Fertility Preferences

Data on fertility preferences are needed so that a determination can be made of the appropriate forms of contraception required by couples in the society. Tables 4.10A and B present future fertility preferences of currently married women and men. Approximately two-thirds (63%) of married women want no more children (Table 4.10A). Another 12% want a child after two or more years. The desire for no more children increases with parity from 2% of married women with no living children to 92% of women who have four or more children. The desire to delay the next birth for two years or longer is highest (45%) among women with one child. Age shows the same direct relationship with wanting no more children as observed for parity, with a low of 5% among women 15–19 and a high of 90% among women 40–44 years of age. Wanting to postpone the birth of a child for two or more years is inversely related to age, with 54% of 15–19 year olds and 1% of 35–39 year olds reporting a desire to postpone the next birth by two years or longer.

In Table 4.10B the percentage of married men who want no more children (58%) is similar to that of women, with a corresponding increase with parity and

age. However, compared to women, smaller percentages of men report wanting to postpone the next birth for two or more years (6% vs. 12% for women) and a larger percentage is undecided (13% of men compared to 7% of women). The differences between men and women appear to be most pronounced at parity one. Nineteen percent of men with one living child compared to 45% of women in that category want to postpone the next birth for two or more years. Furthermore, at parity one, 19% of men are undecided about having any more children and another 11% say they want more but do not know when. This contrasts to lower percentages for women at parity one, where the corresponding percentages are 9% and 5%, respectively.

In order to better understand the relationship between number of living children and desire for no more births, Table 4.11 shows this association controlling for fecundity and selected demographic characteristics. While in the aggregate, there appears to be no affect of residence on desire for more children, the trend by parity indicates that urban low-parity women are more likely to want no more births than rural low-parity women. Urban women with 0, 1, and 2 living children report wanting no more children at levels of 5%, 16% and 80%, respectively, compared to rural women at 0%, 5% and 67%, respectively. When the correlation between parity and age is controlled, both variables appear to have strong independent effects on desire for no more children. This is most noticeable at parities one and two. Only 3% of women 15–24 years of age with one living child state they want no more children, whereas 64% of women 35–44 years of age want no more children. Similarly, 47% of 15–24 year old women with two living children want no more births, and 90% of 35–44 year olds at the same parity want no more births. Education, while in the aggregate appears to have no effect, at parities one and two there is a direct relationship between wanting no more children and level of education.

Table 4.1
Three-Year Period Age-Specific Fertility Rates for Several Time Periods Among All Women Aged 15–44
Reproductive Health Survey: Albania 2002

	Albania	Albania	Albania
Age Group	**1993–1996 ***	**1996–1999 ****	**1999–2002 *****
15–19	41	38	35
20–24	207	182	170
25–29	221	185	167
30–34	120	92	105
35–39	76	43	34
40–44	0	10	8
Total Fertility Rate	3.3	2.8	2.6

*Period from August 1993 – July 1996

**Period from August 1996 – July 1999

***Period from August 1999 – July 2002

Table 4.2
Three-Year Period* Age–Specific and Total Fertility Rates, Among Women Aged 15–44
Reproductive and Demographic Health Surveys (RHS and DHS)
in Selected Eastern European and Former Soviet Union Countries
Albania Reproductive Health Survey 2002, Final Report

Region and Country	Time Period	Age–Specific Fertility Rates (per 1,000 women) †						TFR ‡	GFR §
		15–19	20–24	25–29	30–34	35–39	40–44	15–44	15–44
Eastern Europe									
Albania, 2002	1999–2001	35	170	167	105	34	8	2.6	89
Czech Rep., 1993	1990–1992	49	176	92	41	11	4	1.9	62
Moldova, 1997	1994–1996	57	158	88	40	17	6	1.8	64
Romania, 1999	1997–1999	36	100	83	29	13	2	1.3	49
Russia (three oblasts), 1999 ¶	1996–1998	39	101	73	28	11	7	1.3	44
Ukraine, 1999	1997–1999	49	115	66	36	14	4	1.4	49
Caucasus									
Armenia, 2000	1998–2000	50	149	88	35	16	3	1.7	56
Azerbaijan, 2001	1998–2000	44	151	133	58	19	9	2.1	71
Georgia, 1999	1997–1999	64	113	92	48	21	7	1.7	61
Central Asia									
Kazakhstan, 1999	1997–1999	40	167	106	64	24	9	2.1	67
Kyrgyz Rep., 1997	1995–1997	75	246	179	113	47	13	3.4	118
Turkmenistan, 2000	1998–2000	30	184	195	105	48	14	2.9	103
Uzbekistan, 1996	1994–1996	61	266	176	114	39	9	3.3	123

* Three years prior to the interview.

† Age at pregnancy outcome.

‡ TFR: Total Fertility Rate (number of births per woman).

§ GFR: General Fertility Rate (births divided by the number of women age 15–44), expressed per 1,000 women

¶ Yekaterinburg, Perm, and Ivanovo, respectively (predominantly urban sample).

Table 4.3 A
Age-Specific Fertility Rates and Total Fertility Rates by Selected Characteristics Among All Women Aged 15–44
Reproductive Health Survey: Albania 2002

Characteristics	Age-Specific Fertility Rate (per 1000) (ASFR)						Total Fertility Rate *	GFR †
	15–19	20–24	25–29	30–34	35–39	40–44		
Total	35	170	167	105	34	8	2.6	89
Strata								
Metro Tirana	37	143	170	98	30	(5)	2.4	85
Other Urban	38	184	159	100	45	(4)	2.7	92
Other Rural	33	172	171	111	27	(11)	2.6	89
Residence								
Urban	37	167	164	100	41	(4)	2.6	89
Rural	33	172	169	109	27	(11)	2.6	90
Education Level								
Primary or Less	51	187	171	105	28	(6)	2.7	96
Secondary	14	180	169	99	34	11	2.5	83
Post-Secondary	(6)	54	136	134	67	(4)	2.0	75
Socioeconomic Index								
Low	37	196	194	103	34	(9)	2.9	98
Medium	31	153	142	105	30	(8)	2.3	80
High	50	147	181	116	51	(0)	2.7	100

Note: All rates in this table are calculated based on births in the last three years (August 1999–July 2002) and ages of mothers at time of birth.

* The total fertility rate (TFR) is calculated as the sum of ASFR's for each year of age from age 15 to 44.

† The general fertility rate (GFR) is calculated as the number of births per 1000 women 15–44.

( ) Rates considered unstable due to numerators of less than 15 cases.

Table 4.3 B
Age-Specific Fertility Rates and Total Fertility Rates by Selected Characteristics
Among All Men Aged 15–49
Reproductive Health Survey: Albania 2002

Characteristics	Age-Specific Fertility Rate (per 1000) (ASFR)							Total Fertility Rate *	GFR †
	15–19	20–24	25–29	30–34	35–39	40–44	45–49		
Total	(1)	31	134	137	58	30	(8)	2.0	59
Strata									
Metro Tirana	(3)	36	125	125	46	(19)	(15)	1.8	52
Other Urban	(0)	(14)	109	163	52	38	(12)	2.0	62
Other Rural	(0)	38	152	122	68	29	(0)	2.1	60
Residence									
Urban	(0)	25	111	150	51	32	(15)	1.9	58
Rural	(1)	36	154	123	66	28	(0)	2.0	60
Education Level									
Primary or Less	(1)	61	142	143	70	28	(10)	2.3	65
Secondary	(1)	(59)	144	127	49	30	(9)	1.8	61
Post-Secondary	(0)	(4)	65	144	(53)	(43)	(0)	1.5	50
Socioeconomic Index									
Low	(0)	41	134	156	63	31	(3)	2.1	59
Medium	(1)	20	141	114	54	(10)	(8)	1.7	55
High	(0)	(45)	108	155	(54)	93	(40)	2.5	77

Note: All rates in this table area calculated based on births in the last three years (August 1999–July 2002) and ages of fathers at time of birth.

* The total fertility rate (TFR) is calculated as the sum of ASFR's for each year of age from ages 15 to 49.

† The general fertility rate (GFR) is calculated as the number of births per 1000 men 15-49.

( ) Rates caonsidered unstable due to numerators of less than 15 cases.

Table 4.4 A
Percent Distribution of Number of Live Births by Current Age of Respondents Among all Women and Among Married Women Aged 15–44
Reproductive Health Survey: Albania 2002

	All Women						
		Age Group (Current Age)					
Number of Live Births	Total	15–19	20–24	25–29	30–34	35–39	40–44
0	37.8	95.8	64.0	23.0	9.6	6.6	4.1
1	12.8	3.8	25.0	28.3	10.9	5.8	4.6
2	27.1	0.4	9.7	39.0	47.5	41.7	35.5
3	14.9	0.0	1.3	9.5	25.4	31.6	28.2
4 +	7.4	0.0	0.0	0.2	6.7	14.3	27.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
No. of Cases	5,697	1,094	936	946	1,067	958	696

	Married Women						
		Age Group (Current Age)					
Number of Live Births	Total	15–19	20–24	25–29	30–34	35–39	40–44
0	7.5	55.6	27.5	5.7	1.1	2.9	1.2
1	18.6	40.0	50.3	34.0	11.8	5.1	3.7
2	40.4	4.5	19.5	48.4	51.4	43.6	36.4
3	22.4	0.0	2.6	11.7	28.3	33.4	29.9
4 +	11.1	0.0	0.0	0.2	7.4	15.0	28.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
No. of Cases	3,965	97	502	800	1,004	906	656

Table 4.4 B
Percent Distribution of Number of Live Births by Current Age of Respondents Among All Men and Among Married Men Aged 15–49
Reproductive Health Survey: Albania 2002

	All Men							
		Age Group (Current Age)						
Number of Live Births	Total	15–19	20–24	25–29	30–34	35–39	40–44	45–49
0	45.5	100.0	94.9	63.4	21.4	7.0	1.6	2.7
1	11.5	0.0	2.6	22.9	33.5	15.4	6.8	3.2
2	24.9	0.0	1.5	12.0	36.8	51.3	45.8	38.0
3	11.8	0.0	1.0	1.6	6.8	20.0	32.3	27.6
4 +	6.3	0.0	0.0	0.2	1.6	6.3	13.5	28.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
No. of Cases	1,740	401	189	218	253	255	277	147

	Married Men							
		Age Group (Current Age)						
Number of Live Births	Total	15–19	20–24	25–29	30–34	35–39	40–44	45–49
0	10.3	**	61.7	39.1	10.4	2.7	1.0	1.4
1	18.9	**	19.2	38.0	38.3	16.2	6.2	3.3
2	40.8	**	11.5	20.0	41.7	53.4	46.4	37.6
3	19.6	**	7.6	2.6	7.8	21.1	32.7	28.3
4 +	10.4	**	0.0	0.3	1.8	6.6	13.7	29.3
Total	**100.0**	**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
No. of Cases	1,023	0	32	123	215	242	270	141

**Percentages are not shown when base is less than 25 cases.

Table 4.5 A
Percent of Women Aged 15–44 Who Had Their First Sexual Relation, First Marriage, and First Birth Before Selected Ages, and Median Age at These Events, by Current Age
Reproductive Health Survey: Albania 2002

	Age at First Sexual Intercourse								
Current Age	<15	<18	<20	<22	<25	Has Had Intercourse	Never Had Intercourse	Median Age †	No. of Cases
15–19	1.2	(10.8)	(13.8)	NA	NA	13.8	86.2	**	1,094
20–24	1.6	16.3	35.1	(50.2)	(55.2)	55.2	44.8	21.5	935
25–29	0.3	12.4	36.9	61.0	80.7	85.1	14.9	20.7	945
30–34	0.3	8.7	30.8	59.4	82.3	92.4	7.6	21.0	1,066
35–39	0.4	10.8	32.2	55.2	82.9	97.2	2.8	21.3	957
40–44	0.6	9.6	31.4	56.6	83.4	97.2	2.8	21.1	696
Total	**0.8**	**11.5**	**29.2**	**47.4**	**63.3**	**69.9**	**30.1**	**21.1**	**5693***

	Age at First Marriage								
Current Age	<15	<18	<20	<22	<25	Ever in Union	Never in Union	Median Age †	No. of Cases
15–19	0.6	(6.8)	(9.5)	NA	NA	9.5	90.5	**	1,094
20–24	0.9	11.2	27.8	(43.6)	(49.8)	49.8	50.2	22.2	936
25–29	0.1	7.9	28.0	51.8	75.6	81.7	18.3	21.8	946
30–34	0.6	6.7	23.5	51.4	79.1	91.4	8.6	21.9	1,067
35–39	0.4	7.7	24.6	47.6	76.9	96.2	3.8	22.2	958
40–44	0.2	6.8	25.4	51.5	79.0	97.2	2.8	21.9	696
Total	**0.5**	**7.8**	**22.4**	**40.7**	**58.5**	**67.2**	**32.8**	**21.9**	**5,697**

	Age at First Live Birth								
Current Age	<15	<18	<20	<22	<25	Has Had Live Birth	Never Had Live Birth	Median Age†	No. of Cases
15–19	0.2	(2.5)	(4.2)	NA	NA	4.2	95.8	**	1,094
20–24	0.2	3.8	15.1	(28.3)	(36.0)	36.0	64.0	23.6	936
25–29	0.0	1.6	13.7	37.0	65.8	77.0	23.0	23.3	946
30–34	0.5	2.7	9.7	31.9	69.2	90.4	9.6	23.3	1,066
35–39	0.2	2.1	11.7	31.0	65.3	93.4	6.6	23.7	955
40–44	0.0	2.6	9.8	33.2	66.5	95.9	4.1	23.5	696
Total	**0.2**	**2.6**	**10.4**	**26.3**	**48.3**	**62.2**	**37.8**	**23.4**	**5693***

* Excludes 4 cases not reporting the date at first sexual intercourse and 4 cases not reporting date at first birth

** Omitted because less than 50% in that age group reported the variable of interest by the end of the interval

( ) Time exposed partially truncated because not all cases have exposure throughout the period of analysis

NA. Not applicable

† Life table method used in calculation of median age at first intercourse, first marriage and first birth to control for truncated cases

Table 4.5 B
Percent of Men Aged 15–49 Who Had Their First Sexual Relation and First Marriage Before Selected Ages and Median Age at These Events, by Current Age
Reproductive Health Survey: Albania 2002

	Age at First Sexual Intercourse								
Current Age	<15	<18	<20	<22	<25	Has Had Intercourse	Never Had Intercourse	Median Age	No. of Cases
15–19	0.6	(4.5)	(4.8)	N/A	N/A	4.8	95.2	**	401
20–24	1.5	21.5	40.9	(56.1)	(61.3)	61.3	38.7	21.5	188
25–29	2.1	15.3	38.6	56.1	80.4	93.6	6.4	20.9	209
30–34	0.4	8.3	39.2	53.8	76.1	99.4	0.6	20.9	241
35–39	0.2	8.3	26.7	48.1	72.2	99.8	0.2	21.9	235
40–44	0.0	8.3	30.8	53.8	74.5	100.0	0.0	21.3	247
45–49	0.0	5.4	22.1	51.3	75.4	100.0	0.0	21.7	132
Total	**0.7**	**10.2**	**27.9**	**43.7**	**59.5**	**74.3**	**25.7**	**21.5**	**1,653***

	Age at First Marriage								
Current Age	<15	<18	<20	<22	<25	Ever in Union	Never in Union	Median Age	No. of Cases
15–19	0.0	(0.0)	(0.0)	N/A	N/A	0.0	100.0	**	401
20–24	0.0	1.0	4.3	(7.7)	(13.7)	13.7	86.3	**	189
25–29	0.0	0.0	3.1	11.1	28.7	61.2	38.8	26.4	218
30–34	0.0	0.0	2.1	6.0	31.6	87.7	12.3	26.9	253
35–39	0.0	0.7	1.0	6.4	30.8	95.5	4.5	26.7	255
40–44	0.0	1.1	5.1	11.0	33.6	99.4	0.6	26.6	277
45–49	0.0	0.5	1.5	13.8	35.8	99.0	1.0	25.8	147
Total	**0.0**	**0.5**	**2.4**	**7.4**	**23.3**	**61.0**	**39.0**	**26.5**	**1,740**

* Excludes 87 cases not reporting the date at first sexual intercourse.

** Omitted because less than 50% in that age group reported the variable of interest by the end of the interval.

( ) Time exposed partially truncated because not all cases have exposure throughout the period analisys

NA. Not applicable

† Life table method used in calculation of median age at first intercourse, first marriage and first birth to control for truncated cases.

Table 4.6
Median Age at First Sexual Intercourse, First Marriage and First Birth Among Women Aged 15–44 and Men Aged 15–49 by Selected Characteristics Reproductive Health Survey: Albania 2002

	Women			Men	
Characteristics	Median Age at First Intercourse	Median Age at First Marriage	Median Age at First Birth	Median Age at First Intercourse	Median Age at First Marriage
Total	21.1	21.9	23.4	21.5	26.5
Strata					
Metro Tirana	21.1	22.5	24.1	20.3	27.0
Other Urban	21.4	22.7	24.0	20.8	27.4
Other Rural	21.0	21.5	22.9	22.3	25.9
Residence					
Urban	21.3	22.7	24.1	20.6	27.4
Rural	21.0	21.5	22.9	22.2	25.8
Education Level					
Primary or Less	20.5	21.0	22.5	22.0	26.0
Secondary Incomplete	20.7	22.1	23.5	21.5	25.2
Secondary Complete	21.7	22.7	24.0	21.2	26.7
Post-Secondary	23.3	25.1	26.6	20.3	28.6

Table 4.7
Sexual Activity Status by Current Marital Status for Women Aged 15–44 and Men Aged 15–49 (Percent Distribution)
Reproductive Health Survey: Albania 2002

		Women Marital Status		
Sexual Activity Status	**Total**	**Married**	**Previously Married**	**Never Married**
Never Had Intercourse	30.1	0.0	0.0	91.8
Ever Had Intercourse	69.9	100.0	100.0	8.2
Within The Last Month	50.3	75.3	2.7	3.9
1–3 Months Ago	8.9	12.5	2.7	1.9
Over 3 Months But Within Last Year	2.6	3.2	9.9	0.8
One Year or Longer	3.7	2.5	76.4	1.4
Currently Pregnant	3.6	5.4	2.5	0.0
Postpartum	0.7	1.1	0.0	0.0
Unknown Interval	0.2	0.1	5.8	0.1
Total	100.0	100.0	100.0	100.0
No. of Cases	5,697	3,965	88	1,644

		Men Marital Status		
Sexual Activity Status	**Total**	**Married**	**Previously Married**	**Never Married**
Never Had Intercourse	24.4	0.0	**	62.5
Ever Had Intercourse	75.6	100.0	**	37.5
Within The Last Month	55.6	82.5	**	14.4
1–3 Months Ago	8.1	6.2	**	11.0
Over 3 Months But Within Last Year	2.7	0.8	**	5.5
One Year or Longer	2.9	1.4	**	4.9
Partner Currently Pregnant	2.4	3.9	**	0.0
Partner Postpartum	0.9	1.5	**	0.0
Unknown Interval	3.0	3.7	**	1.8
Total	100.0	100.0	**	100.0
No. of Cases	1,740	1,023	14	703

** Percentages are not shown when base is less than 25 cases.

Table 4.8
Abortions * per 1000 Births Reported in Reproductive Health Survey and By Albanian Institute of Statistics (INSTAT)†
Three Year Period: 1999–2001

	INSTAT	RHS (CI)‡	Under-Reporting in RHS (CI)‡
Abortion/1000 Births	200	73 (46 to 100)	64% (-77% to -50%)

* Arborteve me Nderprerje (Induced Abortions)
† Instituti I Statistikes (2003): Http:/www.Instat.gov.Al/graphics/doc/tablelat/shno1.html
‡ 95% confidence interval

Table 4.9 A
Planning Status of the Last Pregnancy Among Women 15–44 Years of Age With at Least One Pregnancy Since January 1997, by Selected Characteristics (Percent Distribution)
Reproductive Health Survey: Albania 2002

Characteristics	Planning Status of Last Pregnancy				Total	No. of Cases
	Intended	Mistimed	Unwanted	Not Sure		
Total	86.7	5.8	7.0	0.5	100.0	2,275
Last Pregnancy Outcome						
Current Pregnancy	86.7	9.3	3.0	1.0	100.0	222
Live Birth	91.7	4.8	3.2	0.3	100.0	1,811
Induced Abortion	22.2	11.6	64.7	1.5	100.0	149
Other Pregnancy Outcomes *	78.8	8.9	11.4	0.8	100.0	93
Strata						
Metro Tirana	83.3	7.9	8.5	0.3	100.0	844
Other Urban	85.3	7.1	7.3	0.3	100.0	730
Other Rural	88.5	4.5	6.4	0.6	100.0	701
Residence						
Urban	84.5	7.6	7.6	0.3	100.0	1,410
Rural	88.4	4.5	6.5	0.6	100.0	865
Age at The Time of The Last Pregnancy Outcome†						
< 20	88.5	10.4	1.1	0.0	100.0	135
20–24	92.0	6.6	1.4	0.1	100.0	653
25–29	87.1	6.7	5.6	0.5	100.0	798
30–34	82.0	3.5	13.2	1.3	100.0	498
35+	78.2	1.7	20.1	0.0	100.0	191
Marital Status at Last Pregnancy						
Currently Married	86.7	5.7	7.1	0.5	100.0	2,171
Not Currently Married	86.7	8.2	5.2	0.0	100.0	104
Living Children						
0	87.4	11.3	1.3	0.0	100.0	105
1	93.7	5.0	1.0	0.2	100.0	679
2	87.6	6.7	5.6	0.0	100.0	934
3	80.1	5.9	12.1	2.0	100.0	419
4 +	71.2	0.9	27.9	0.0	100.0	138
Education Level						
Primary or Less	87.5	5.4	6.7	0.4	100.0	1,072
Secondary Incomplete	84.4	8.5	7.1	0.0	100.0	158
Secondary Complete	86.5	5.0	7.8	0.8	100.0	795
Post-Secondary	84.1	10.0	5.9	0.0	100.0	250

* Includes pregnancies resulting in stillbirth, miscarriage or ectopic pregnancy.

† Age of the woman at the time of pregnancy outcome.

Table 4.9 B
Planning Status of the Last Live Birth Among Men 15–49 Years of Age With Partner Having at Least One Live Birth Since January 1997, by Selected Characteristics (Percent Distribution)
Reproductive Health Survey: Albania 2002

Characteristics	Planning Status of Last Pregnancy				Total	No. of Cases
	Intended	Mistimed	Unwanted	Not Sure		
Total	98.4	1.0	0.1	0.5	100.0	488
Strata						
Metro Tirana	96.4	3.1	0.5	0.0	100.0	181
Other Urban	98.8	0.6	0.0	0.6	100.0	162
Other Rural	98.7	0.7	0.0	0.6	100.0	145
Residence						
Urban	98.3	1.2	0.2	0.4	100.0	312
Rural	98.5	0.9	0.0	0.6	100.0	176
Age at Time of The Last Live Birth*						
< 25	98.6	1.4	0.0	0.0	100.0	27
25–29	97.9	2.1	0.0	0.0	100.0	152
30–34	99.3	0.7	0.0	0.0	100.0	189
35+	97.4	0.0	0.4	2.2	100.0	120
Living Children						
0–1	98.9	1.1	0.0	0.0	100.0	164
2	98.0	1.6	0.0	0.4	100.0	227
3 +	98.2	0.0	0.4	1.4	100.0	97
Education Level						
Primary or Less	99.0	0.3	0.0	0.6	100.0	212
Secondary Incomplete	**	**	**	**	**	6
Secondary Complete	97.6	1.8	0.2	0.5	100.0	214
Post-Secondary	97.8	2.2	0.0	0.0	100.0	56

* Age of the man at the time of live birth outcome

**Percentages are not shown when base is less than 25 cases.

Table 4.10 A
Fertility Preferences of Currently Married Women Aged 15–44 Years
By Number of Living Children and by Age Group
(Percent Distribution)
Reproductive Health Survey: Albania 2002

		Number of Living Children†				
Preference for Children	**Total**	**0**	**1**	**2**	**3**	**4 +**
Want a Child Now	3.4	29.2	6.5	1.4	0.3	0.3
Want a Child Within a Year	3.1	21.0	6.1	1.4	1.0	0.3
Want a Child in 1–2 Years	5.8	14.1	17.7	3.6	1.0	0.3
Want a Child After 2 or More Years	12.4	8.7	44.6	7.6	1.9	0.1
Want More But Do Not Know When	2.7	3.5	4.8	2.9	1.3	0.9
Want No (no more) Children	62.5	2.0	10.0	72.5	86.7	91.5
Undecided	7.3	6.6	8.5	8.6	5.8	3.6
Subfecund, Infecund	2.8	14.9	1.8	2.1	1.9	2.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	3,961*	211	783	1,864	809	294

		Age Group					
Preference for Children	**Total**	**15–19**	**20–24**	**25–29**	**30–34**	**35–39**	**40–44**
Want a Child Now	3.4	11.3	7.8	4.5	2.8	1.7	1.2
Want a Child Within a Year	3.1	5.1	9.6	3.7	2.9	1.1	0.5
Want a Child in 1–2 Years	5.8	6.4	15.0	12.1	5.1	1.1	0.3
Want a Child After 2 or More Years	12.4	53.6	38.4	23.2	5.5	1.1	0.0
Want More But Do Not Know When	2.7	5.7	3.9	3.7	3.1	2.2	0.8
Want No (no more) Children	62.5	5.1	15.2	41.1	68.4	84.2	89.9
Undecided	7.3	12.9	9.5	10.6	11.1	4.8	0.9
Subfecund, Infecund	2.8	0.0	0.6	1.1	1.1	3.8	6.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	3,961*	96	501	800	1,003	906	655

* Excludes 4 women with missing information.

† Women who were pregnant at the time of interview are classified as having one more child than their actual number of living children.

Table 4.10 B
Fertility Preferences of Currently Married Men Aged 15–49 Years
By Number of Living Children and by Age Group
(Percent Distribution)
Reproductive Health Survey: Albania 2002

		Number of Living Children †				
Preference for Children	**Total**	**0**	**1**	**2**	**3**	**4 +**
Want a Child Now	4.1	26.2	8.2	0.7	0.0	0.0
Want a Child Within a Year	4.3	25.6	8.6	0.5	0.8	0.4
Want a Child in 1–2 Years	6.2	9.1	21.5	2.9	0.0	0.0
Want a Child After 2 or More Years	5.6	3.2	18.6	4.1	0.0	0.0
Want More But Do Not Know When	3.7	6.9	10.9	2.0	1.0	0.0
Want No (no more) Children	58.2	4.5	9.9	74.7	85.5	76.2
Undecided	12.9	3.8	18.8	13.4	9.4	14.1
Subfecund, Infecund	4.9	20.7	3.5	1.7	3.4	9.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
No. of Cases	1,022*	88	221	473	170	70

		Age Group					
Preference for Children	**Total**	**20–24**	**25–29**	**30–34**	**35–39**	**40–44**	**45–49**
Want a Child Now	4.1	15.6	14.6	5.7	2.1	0.3	0.3
Want a Child Within a Year	4.3	19.1	12.0	6.9	1.4	1.6	0.3
Want a Child in 1–2 Years	6.2	8.9	15.2	13.9	3.4	1.7	0.3
Want a Child After 2 or More Years	5.6	17.8	14.6	12.7	2.7	0.2	0.0
Want More But Do Not Know When	3.7	5.1	8.9	6.6	4.0	0.5	0.6
Want No (no more) Children	58.2	14.0	15.3	32.0	64.7	84.0	84.2
Undecided	12.9	19.5	11.6	19.4	18.2	7.8	6.0
Subfecund, Infecund	4.9	0.0	7.8	2.9	3.5	4.0	8.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	1,022*	32	122	215	242	270	141

* Excludes 1 man with missing information.

† Men whose partner was pregnant at the time of interview are clasified as having one more child than their actual number of living children.

Table 4.11
Percentage of Fecund Married Women Reporting They Want no More Children by Number of Living Children and Selected Characteristics
Fecund Women 15–44 Years of Age
Reproductive Health Survey: Albania 2002

		Number of Living Children†				
Characteristics	**Total**	**0**	**1**	**2**	**3**	**4 +**
Total	64.3	2.3	10.1	74.0	88.5	94.2
No. of Cases	3,866*	183	769	1,833	795	286
Strata						
Metro Tirana	62.6	0.0	17.5	78.8	90.3	94.1
Other Urban	66.9	7.2	13.8	79.7	87.2	93.3
Other Rural	63.3	0.0	5.3	66.9	88.6	94.5
Residence						
Urban	65.8	4.8	16.1	79.8	87.9	93.8
Rural	63.1	0.0	5.2	67.2	88.8	94.4
Age Group						
15–24	13.3	2.5	2.7	46.8	69.4	**
25–34	56.3	0.0	7.7	65.4	78.1	81.2
35–44	91.7	**	63.7	90.3	95.6	96.8
Education Level						
Primary or Less	61.1	0.8	4.9	66.3	87.5	94.0
Secondary Incomplete	58.4	**	16.0	66.0	90.5	‡
Secondary Complete	71.0	8.5	15.3	81.7	90.3	94.3
Post-Secondary	63.1	0.0	20.9	85.6	85.1	‡

* Excludes 4 women with missing information.

† Women who were pregnant at the time of interview are clasified as having one more child than their actual number of living children.

‡ Percentages are not shown when base is less than 25 cases.

Chapter 5 Maternal and Child health

Adequate perinatal care is an essential approach in identifying and addressing risk factors that may affect the health of mothers and their babies. In Albania, perinatal care has been organized as a vertical program controlled by the Ministry of Health and for many years women have had free access. Currently, under the new health reform, it is included in all three sub systems: primary health care, secondary health care and tertiary health care.

Perinatal care consists of three components: preconception care, prenatal care and postnatal care. Preconceptional counseling and prenatal care are generally offered by primary care providers and consists of a wide range of information. Information includes risks associated with pregnancies, health risk factors that can affect the development of the fetus (e.g. tobacco and alcohol), maternal infection (e.g. rubella, toxoplasma, HIV and other sexually transmitted diseases), risks associated with maternal health conditions, and risks associated with genetic conditions.

Efforts are being made by the Ministry of Health of Albania to organize preconception counseling, especially in addressing the high prevalence of genetic conditions in some areas of the country. Nevertheless, preconception counseling is not routinely provided during health care visits in spite of the essential role the primary care provider plays in modifying women's health behaviors (many healthy behaviors must be in place before the pregnancy is recognized) and in identifying medical conditions that require special attention during pregnancy.

The use of timely and periodic prenatal care can assist in the identification and/or prevention of perinatal morbidity and prevention of mortality. In Albania, public prenatal care is organized within the primary health care subsystem, and in urban areas, it is offered in women's clinics (policlinics), and in both urban and rural areas the service is provided by family doctors (GP's) in their health centers. There are 95 women's clinics and 582 health centers in the urban areas. Prenatal care includes a general risk assessment, consisting of a medical examination and a series of laboratory tests, such as blood, urine, vaginal bacteriological exams, screening for sexually transmitted infections, and isoimmunization Rh. Pregnant women in Albania are entitled to use these public services free of charge. In urban areas, mainly in Tirana, there are an increasing number of private clinics that offer prenatal services, especially the use of ultrasound exams during pregnancy. Although women's clinics are now separated from well baby clinics in urban areas, postpartum care is performed jointly with infant care visits during the first year postpartum.

The Albanian Reproductive Health Survey looked at a number of factors which can have a considerable impact on the health of a woman, the health of her baby, and the outcome of her pregnancy. The instrument used for the survey covered issues such as: the use of health care services related to pregnancy; health related behaviors during pregnancy; the place of delivery; type and assistance at delivery; and postpartum behaviors, including infant feeding practices. However, the sample size allows the ability to estimate infant and child mortality indicators for only the ten year period prior to the survey.

In this chapter selected aspects of maternal and child care in Albania will be examined. Such aspects include sources of health care,

utilization of maternal health care clinics, quality of care, etc. The aim is to identify subgroups with specific needs of care and to investigate maternal and child outcomes, which may be related to the availability and quality of maternity care services. All this information will be used to help direct or modify program interventions.

Prenatal care

Prenatal care is most effective when it is initiated in the early stages of pregnancy, is continued throughout gestation, and is comprehensive. For the optimal health of the mother and child, it is recommended that every pregnant woman starts seeing a health care provider for prenatal care examinations during her first trimester of pregnancy.

This section describes the use of prenatal care for all pregnancies ending in a live birth since January 1997. Women participating in the survey were asked about the total number of prenatal care visits they have had during their pregnancy (information did not include visits made just to confirm pregnancy or the use of health care services for the delivery only). Another question regarded the week or month of gestation when they had their first visit for prenatal care.

Table 5.1 displays prenatal care which is distributed by pregnancy trimester of first visit and number of prenatal visits by selected categories. Nineteen percent of all pregnancies ending in a live birth since January 1997 have not received any prenatal care by health professionals. The figure is the highest when compared with Eastern European countries and it is among the highest even when compared with the Caucasus Region and Central Asian countries (CDC and ORC MACRO, 2004).

Although there is a considerable amount of variation between countries on how many prenatal visits a pregnant woman should make and when they should make their first visit, it is generally accepted that the first visit should take place within the first three months after conception. Among pregnant women who had a live birth since January 1997, including those who have not had any prenatal visits, only 59% received their first prenatal care during the first trimester. During the second trimester the first visit was made by 18 % of pregnant women, and the remaining 3% had their first prenatal visit only during the third trimester. Almost one-fifth of women (19%) reported no prenatal care.

While there are virtually no differences between women living in Tirana and women living in other urban areas in Albania, rural women are by far, more likely (two and a half times more) to carry their birth to term without having any prenatal visits. In addition to rural women there are two additional socio-economic factors, which increases the risk of not having any prenatal visits: level of education and socio economic index. One out of four women among those with only a primary education or less have not had any visits, compared to 7% for women who have had their university studies. The picture is similar when considering the socioeconomic index; women with a low socioeconomic index are almost two and a half times more likely to not have had any prenatal care visits.

Other characteristics that influence not having any prenatal care visits are the age of the mothers and the birth order. Table 5.1 shows a steady trend; women of older ages are more inclined to not receive any prenatal care and among those in the 35–44 age group the likelihood of not receiving prenatal care is almost twice as high as those under 20 years old. Almost 30% of women who have had three or more births made no prenatal visits.

The place of residence, education, and socioeconomic index are also three important factors which influence the early starting of prenatal care. More women living in an urban area started their prenatal care earlier compared to women living in a rural area: 71% versus 51%. Differences among various educational and socio-economic groups are even higher. Only one-fourth of women with a post-secondary education had their first visit after the first trimester or no visits, while almost half of the women with a primary education do so. When analyzing the socioeconomic index, the picture is the same: 79% of women classified in the high socioeconomic index start their prenatal care during the first trimester versus only 49 % of those classified in the low index.

Prenatal care should not only start early but also continue throughout pregnancy, according to the recommended standards of periodicity. To asses the adequacy of prenatal care it is necessary to monitor both the time of the first visit and the number of prenatal care visits. In our study the relative majority of women (slightly less than half of those who had some prenatal care) have had only 1–3 visits. The average number of prenatal visits among all pregnant women was around 3 ranging from no visits at all to 27 visits.

Women living in urban areas, women with higher education, and those with a higher socioeconomic status use the prenatal care services more frequently compared to the women living in rural areas, with less education and a lower socioeconomic status.

When compared to other countries in the sub-region, the same differences between areas of residence and education of mothers are noticed, but the range of differences is more similar to the Caucasus countries than Eastern Europe. Generally, in all of these countries, urban living and better educated women use the health services more frequently for prenatal care, compared to women living in rural areas and having a lower educational status. Nevertheless, only among countries such as Georgia, Azerbaijan or Armenia are differences as high as those seen in Albania (CDC and ORC MACRO, 2004).

The baby's weight at birth does not seem to be associated with onset of prenatal care. The proportions of the two categories – under 2500 kg and 2500 kg and above– are quite similar.

Prenatal care is inadequate in some of the countries of Eastern Europe and the former Soviet Union (successor states of USSR). In recent reproductive health surveys (RHS) and demographic and health surveys (DHS) conducted in the region, the proportion of pregnant women with no prenatal care was less than 1% in Czech Republic, 1% in Moldova, 4% in Russia, 8% in Armenia, 9% in Ukraine and Georgia, between 2% and 55% in Central Asian Republics, 11% in Romania, and 30% in Azerbaijan (CDC and ORC MACRO, 2004). Late prenatal care is also common. With the exception of Czech Republic, where more than 90% of women began receiving care in the first trimester, in all other countries less than three-fourths of women entered prenatal care early. Late prenatal care was more prevalent in the Caucasus region than in other regions. In the United States, in 2000, 83% of pregnant women began prenatal care in the first trimester, while only 4% had no prenatal care or late care (third trimester) (CDC, 2002).

In Albania there are no official indicators to measure the adequacy of prenatal care. In the United States the adequacy of prenatal care is assessed by using the Adequacy of Prenatal Care Utilization Index (APNCU), also known as the Kotelchuck index (Kotelchuck, 1994). This index is based

on the recommendation of the American College of Obstetricians and Gynecologists, and it is used in all similar reproductive surveys, which makes it a good comparison indicator. It combines the month when prenatal care begins with the number of visits received. Inadequate care is defined as no or late prenatal care or less than 50% of recommended visits. The three remaining levels (intermediate, adequate and adequate plus) require an early initiation of care by the fourth month of gestation. Intermediate care requires 50%–79% of the recommended number of visits; adequate care requires 80–109%; and adequate plus level requires 110% or more of the recommended number of visits.

Using the recommendations of the American College of Obstetricians and Gynecologists for number of visits, as has been used in other reproductive health surveys in Eastern Europe, the adequacy of prenatal care in Albania assessed by the Kotelchuck Index compared with four other countries is shown below. The percentage of women in each category is shown across multiple countries (figure 5.1) and for Albania (figure 5.2)

Figure 5.1
Adequacy of Prenatal Care Utilization Index*, Selected Countries in Eastern Europe

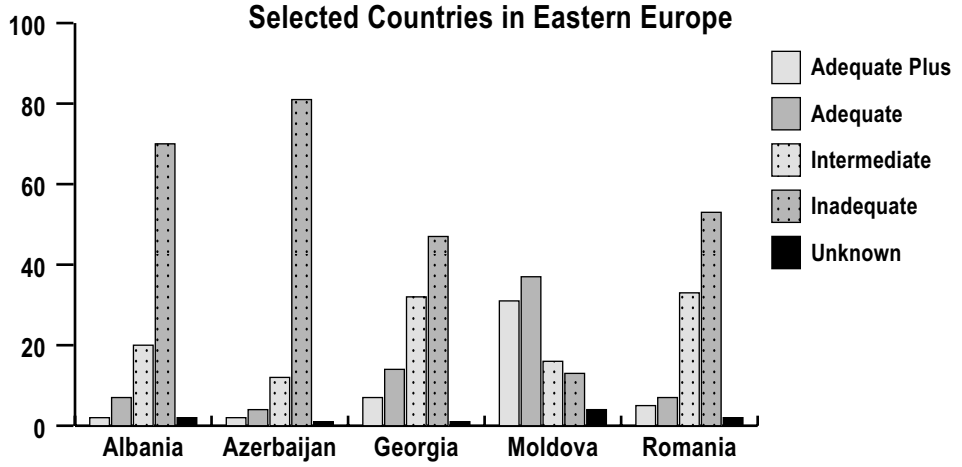
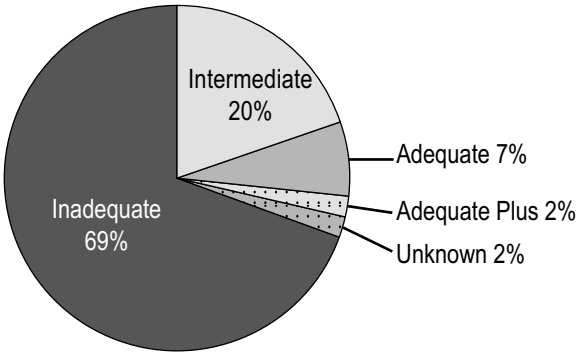


Figure 5.2
Adequacy of Prenatal Care Utilization Index*
Births in the 5 Years Prior to the Survey



*Also known as the Kotelchuck Index, it is a measure of adequacy of prenatal care based on initiation of such care (no prenatal care automatically warrants "Inadequate" level) and the number of required visits adjusted for the length of gestation and the gestational age at first visit.

Inadequate care ranges from 13% in Moldova to 81% in Azerbaijan. For Albania, inadequate care is estimated at 70% of the women eligible for prenatal care with live births since 1997. Adequate and Adequate Plus care ranges from 6% in Azerbaijan to 68% in Moldova. The percentage of women with adequate or adequate plus care in Albania is estimated at 9%, somewhat higher than Azerbaijan and somewhat lower than Romania.

In the prenatal health care package an important component is the dissemination of health information. Especially when preconception care is missing, the first prenatal visit is a critical opportunity to screen women for behavioral risk factors such as tobacco or alcohol use, medical and genetical risks, occupational risks and to provide comprehensive counseling. Counseling should include information about maternal behaviors and exposures that may affect the health of the fetus, nutrition, rest, and early signs and symptoms of pregnancy complications. In addition, approaching the time of delivery, counseling should prepare women for what they will face when giving birth, distribute accurate information regarding labor and delivery, and advise about techniques to reduce pain and anxiety during labor. Also, counseling about breastfeeding and family planning after birth should be initiated during the prenatal period and reinforced during post partum care.

The majority of the women (37%) had most of their prenatal care visits in a district hospital or in the Tirana maternity hospital. A similar proportion (33%) used policlinics, especially in Tirana or in another city, for most of their prenatal care visits and 23% of pregnant women used health centers or health posts for their visits (data not shown). It seems that some proportion of women living in rural areas prefer to use health services located in Tirana or other urban areas instead of going to the nearest health center or health post for examinations and counseling. Only 7% of pregnant women sought prenatal care in private clinics, ranging from 13% in Tirana to 5% in rural areas.

To complete the picture of the quality of prenatal care, besides the utilization of services discussed above, the reproductive health survey included additional questions aimed at assessing information received and measurements performed during the prenatal visit; that is the adequacy of the content of prenatal care. Table 5.2 shows the percentage of pregnant women who received some information about specific educational topics during their prenatal care visit.

Only 60% of women who attended prenatal care clinics received some counseling about nutrition during pregnancy. The proportion of women who received counseling on breastfeeding and delivery is approximately the same, slightly over 58%. These three topics are, nevertheless, the most discussed during the prenatal visits among pregnant women in Albania. Other topics, like postnatal care, pregnancy complications, effects of smoking and alcohol, are remembered to have been discussed with a health professional by roughly half of the pregnant women. Contraception was less frequently mentioned as a counseling topic during prenatal care visits; less than 40% of women reported it.

Maternal characteristics that appear to be associated with lower levels of counseling for almost all the topics include rural residence, low levels of education (less than secondary education), and a low socioeconomic index. Other maternal characteristics related with poor counseling practices during prenatal care are age of the

mother, under 20 years old, and having two or more previous pregnancies. The number of prenatal visits was directly related to the proportion of women receiving information during their prenatal care visits.

In addition to counseling, the first prenatal visit should include a detailed medical history of the women and her family, including information about risk factors and genetic disorders, a detailed obstetrical history, a comprehensive physical examination, measurement of blood pressure, urine tests, basic blood tests, an ultrasound, and tests for various types of infection. Monitoring of mothers weight, blood pressure, and basic blood tests are extended during the follow up visits.

The proportion of women who have received examinations such as blood tests, urine tests and measurement of blood pressure is above 80% (Table 5.3). About three-fourths (77%) of women had an ultrasound examination during their prenatal care visit, while only 62% stated that they received a tetanus immunization. Only one in four pregnant women received iron supplements as part of their prenatal care.

Residing in a rural area, a low educational level and a low socioeconomic status remains associated with lower proportions of exposure to most of the selected procedures presented in table 5.3. On the other hand, having more than three prenatal care visits increases the chances of receiving an ultrasound examination. A private clinic, as a source of prenatal care, raised the odds for having an ultrasound exam and blood and urine tests but not for the measurement of blood pressure or other selected procedures.

Routine measurement of blood pressure is an essential component of health risk assessment during prenatal visits. Table 5.4 clearly shows that the majority of women who gave birth during the 1997–2002 period had routine measurements of their blood pressure during pregnancy (83.3%). Among them, more than one in ten has been told by a doctor that they have high blood pressure. The proportion of those hospitalized exclusively for this condition was very low (only 0.5%), while more than half of the pregnant women diagnosed with high blood pressure received treatment for it.

Although blood pressure was measured more frequently among more educated, higher socioeconomic status women and those living in urban areas, high blood pressure was found at a higher prevalence among rural women and women with lower educational and socioeconomic level. Treatment and hospitalization for high blood pressure among pregnant women followed the same profile. The number of prenatal visits steadily increases the identification rate of high blood pressure. As a result, the prevalence of high blood pressure among women, having more than 10 prenatal care visits, is almost three times higher compared to women who have attended only one to three prenatal visits.

Table 5.5 shows the prevalence of ultrasound exams during pregnancies, carried to term, between 1997 and 2002. Overall, about three in four pregnant women (77%) had at least one ultrasound exam. This prevalence is lower than that observed in the Czech Republic in 1993, similar to the more recent data of the Ukraine (78%) and Moldova (75%), but much higher than the prevalence observed in Romania (47%) and some Caucasus Countries; Georgia (54%) and Azerbaijan (26%).

Ultrasound exam rates in Albania, similarly to those observed elsewhere, are higher in urban areas, among better educated and higher socioeconomic status women, and among women having their first

child. Ultrasound examinations rates are positively associated with the number of prenatal visits.

Almost one in three women (30%) had their first ultrasound exam very early in their pregnancy (less than 14 weeks) while the relative majority of first exams occurred between 14 and 26 weeks of pregnancy (44%). The three characteristics mentioned before (urban residence, a high educational level and a high socioeconomic status) are associated to starting an ultrasound examination early among pregnant women. The utilization of a private clinic for prenatal care visits is another important factor that is positively associated to the starting ultrasound examinations early; around 43% of pregnant women using a private clinic as a source of prenatal care receive their first ultrasound exam within the first 14 weeks of pregnancy.

The reproductive health survey data does not allow differentiation between selected specific indications (e.g. confirmation of gestational age, assessment of fetal viability, fetal malformations, fetal growth, fetal presentation and multiple pregnancy, examination of the placenta, assessment of amniotic fluid) or for routine ultrasound screening, either during early pregnancy (less than 14 weeks) or in late pregnancy (after 27 weeks).

Almost one in three women had their first ultrasound exam very early in their pregnancy (less than 14 weeks) while the relative majority of first exams occurred between 14 and 26 weeks of pregnancy (43.8%). The three characteristics mentioned before (urban residence, a high educational level and a high socioeconomic status) are associated with having an ultrasound examination early among pregnant women. The utilization of a private clinic for prenatal care visits is another important factor that is positively associated with starting ultrasound examinations early; around 43% of pregnant women using a private clinic as a source of prenatal care receive their first ultrasound exam within the first 14 weeks of pregnancy.

Pregnancy complications

Table 5.6 presents pregnancy complications that required medical attention distributed by selected characteristics. Among all pregnancies brought to term since January 1997 and that have some prenatal care, almost one in four were reported to have some kind of pregnancy complication. The most frequently mentioned complication was the risk of preterm delivery (10%), followed by anemia related to pregnancy (7%), a weak cervix, water retention or edema, an urinary tract infection (around 6% each), followed by high blood pressure related to pregnancy, bleeding, and Rh isoimunisation. There are no significant differences among the different subgroups, based on background characteristics of the mothers.

Intrapartum care

In Albania all births are recommended to occur in medical facilities where adequately trained personnel can monitor the progress of labor and delivery. The reproductive health survey data demonstrates that 85% of births in the country are occurring in a district maternity hospital or in Tirana maternity (Table 5.7). Only around 8% of deliveries take place in "birth houses"; 13% in rural areas. Births delivered outside medical facilities or at home are rare but still represent a significant 6% of total births in the country.

The proportion of births occurring outside a hospital or in birth houses become even higher in several subgroups of the population reaching 22% in rural

areas, 19% among women with primary education, and almost 21% among those of low socioeconomic status. Giving birth at home is highly associated with inadequate prenatal care; women who had no prenatal care visits have a four times higher risk of delivering their baby at home, compared to those who have had some prenatal care visits. The rate of giving birth at home is more than 15% among this subgroup. Other characteristics which are likely to increase the risk of giving birth at home are age of the women (those 35–44 years have a rate of 11%) and birth order (10% for women who already have two children)

Delivery at a birth house is affected by the same factors as the delivery at home. The phenomenon of giving birth in a private clinic or hospital remains extremely rare in Albania; only among women of higher socioeconomic status does this proportion reach 2.5%.

Table 5.8 shows the time spent in a medical facility prior to delivery and the length of stay after delivery. The average time spent prior to delivery in the hospital was about 7 hours (shorter than the times observed in Romania and Georgia, but similar to that observed in Azerbaijan) (CDC and ORC MACRO, 2004). The average duration of labor generally ranges from 6 hours (for multiparous women) to 10 hours (for nulliparous women). Thus, many women, particularly those giving birth for the first time were admitted for delivery during or right after the onset of labor. The average time spent in the medical facilities prior to delivery was slightly shorter for women living in urban areas, and those of higher socioeconomic status, probably indicating better access to hospitals by women of these subgroups. The time spent in the hospital prior to delivery was longer for nulliparous women (almost 10 hours), those who deliver by C-section and those who gave birth to babies weighing less than 2500 g.

The majority of Albanian women (59%) stay in the medical premises less than three days after giving birth. Less than 20% stay in the hospital for more than four days and most of these are women who delivered by C-section. Only low birth weight babies and C-section deliveries are factors which highly increase the period of stay in the hospital after delivery. Other characteristics do not seem to be associated with period of stay in the hospital after delivery.

Table 5.9 shows the percentage of births delivered by C-section by selected characteristics. The Caesarian section (C-section) rate varies considerably among countries, from about 5% to more than 20% of all deliveries. The optimal rate is not known, but little improvement in birth outcomes has been demonstrated if the rate is higher that 7%. In addition to unequivocal obstetrical indications, a C-section is often performed in less clear situations (e.g. prolonged labor) and often if a previous C-section was performed, which is rarely an adequate indication by itself.

The reproductive health survey shows that although most births are delivered vaginally, in Albania, between 1997 and 2002, the rate of C-section deliveries was 13.4% and this figure is only slightly higher than those reported by several Eastern European countries and the Caucasus region, where similar surveys were carried out. The C-section rate in those countries ranges from 3% in Azerbaijan to 11% in Romania and 12% in Russian areas with surveys (CDC and ORC MACRO, 2004).

Women residing in Tirana were almost twice as likely to have a C-section delivery compared to women in rural areas, demonstrating that the bases of decision for a C-section may include other reasons apart from medical ones. The socioeconomic index was another factor seemingly associated with this type of delivery. Women of a

high socioeconomic status are more than twice as likely to have a C-section delivery. Factors which might increase the chances of having a C-section are the age of the mother (especially over 35 years), prolonged labor, pregnancy complications, low weight of the baby at birth, and to a lesser extent, being a first time mother.

The Albania RHS also included a question directed to women who gave birth during the study period on the most important reasons for a C-section delivery. The most frequent reasons given by them included mainly clinical factors like malpresentation of fetus (35%), prolonged labor or baby started to suffer (22%), and baby too big for vaginal delivery (7%). Having had a previous C-section is also mentioned quite frequently as a reason for the actual C-section (22%). There were only 6% of women that requested a C-section delivery. Although small numbers do not allow important conclusions to be made, this last reason is more frequently found in urban areas compared to rural areas (9% versus 2%).

Poor birth outcomes

Poor birth outcomes are considered stillbirths, preterm births (live births within 37 weeks of gestation) and infants weighting less than 2500 grams at birth (low birth rate-LBW). Selected poor birth outcomes in the five years preceding the survey are shown in table 5.10.

The incidence of low birth weight (LBW) for infants born alive during the study period was 4.6%. It is only slightly higher than the rate reported by a recent survey in Albania (UNICEF and INSTAT, 2000). Nevertheless, it is lower than the rates produced by similar studies in some Eastern European countries and the former Soviet Union. There are no clear trends in low birth rate among selected background categories of women apart from age and birth order; LBW rate was respectively 5.7% and 6.7% among women younger than 20 years and first time mothers, while only 1.5% among the 35–44 age group and 2.4% among women who have had three or more births.

The preterm birth rate is slightly lower than the LBW rate (3.6%) but the birth order characteristic has the same profile as the LBW rate. Prolonged labor increases more than twofold the risk of LBW (slightly less that of prematurity birth), and this fact is consistent with other findings in other similar studies.

Postnatal care

After the birth of the child, it is important to provide appropriate postnatal care for both the health of the mother and the child, which must include counseling about breastfeeding, nutrition, and family planning. The postnatal period is a critical time that allows the health care provider to evaluate the physical and psychological health of the new mother and her infant, to detect and treat possible postpartum complications and to provide the support needed to address any specific problems related to child care.

The Albania RHS provided information on the use of postnatal care and the content of postnatal counseling. As it is clearly demonstrated by Table 5.11, the percentage of women who attended a postpartum care visit within a specified time period is only a fraction of those who have been receiving some kind of prenatal care. Less than one in five women (19%), currently aged 15–44, who delivered live birth babies during the 1997–2002 period, had at least one postnatal care visit. Furthermore, only 36% had their first postnatal visit within the first week after the delivery. About 61% of women had their first visit within the first two weeks after the delivery. Urban residency, high

level of education and high socioeconomic category were the main factors influencing a higher rate of postpartum care. Those giving birth at the Tirana Maternity Hospital, first time mothers, and those with postpartum complications were also more inclined to use the postnatal care services than other women.

Information on whether women received a postpartum examination following their most recent live births was collected by the RHS or DHS surveys in five other countries in Eastern Europe and the Caucasus Region. There was a high variation in the proportion of women across these countries who received postpartum care, raging from 74% in Moldova down to 11% in Georgia. Except in Moldova, postpartum care coverage was always higher in urban areas than in rural areas. Coverage also tended to increase with education.

During the postnatal care visits more than 70% of the women received information on immunization, child care, nutrition, breastfeeding and breast care by a health professional (Table 5.12). Although less frequent, contraception counseling was also received by slightly more than half of the women (55%). The differences, regarding this topic, between selected categories are not very sharp but proportions are always lower among women living in the rural areas, with lower education, and a lower socioeconomic category.

The Albania RHS questionnaire included questions regarding healthcare for the baby after the delivery. Table 5.13 shows the proportion of live births followed by postnatal baby care, whether that care was received during a routine health exam or sickness, and the timing when the care happened. More than 85% of babies were seen by a health professional and there are very small differences between the various categories. In only a few cases were the visits made to examine a sick baby (8%). Almost everyone used baby health care as a part of a routine health exam; 45% of these visits took place during the first week after the delivery, while slightly more than 20% was done only after the second week of the baby's life.

The proportion of women who registered their newborns was more than 92%. Only women under the age of 20 seem to have lower than a 90% rate of registration. Between the other categories, there are no significant differences. Around 20% of mothers registered their babies during the first week after the delivery. This proportion increases to almost 70% after the second week (Table 5.14).

Smoking and drinking during pregnancy

Smoking and alcohol drinking during pregnancy does not seem to be a problem in Albania; very few women smoke before becoming pregnant (1.3%) and almost half of them stop smoking when they become pregnant. Among 3.1% of women drink some alcohol during pregnancy, the majority drinks less than once a week (data not shown).

Postpartum complications

Postpartum complications reported by women who gave birth in the five years prior to the survey are shown in table 5.15. Roughly one in four women experienced at least one postpartum complication. From Tirana City, postpartum complications were reported more frequently than from other areas of the country, rural or urban. This increase in frequency might be influenced by the presence of the University Hospital in Tirana (as the likelihood of being diagnosed with a pregnancy complication increases with the capacity of the services to diagnose them). Complications during

pregnancy increase two times the odds for having a postpartum complication. Higher postpartum complications rates for women under age of 20 are likely to be caused by a two times higher rate of experiencing a painful uterus among these women compared to those women of older ages.

Breastfeeding

Infant feeding practices influence the health of both the child and the mother. Breast milk is the most complete food an infant can receive during the first few months of life. Early initiation of breastfeeding – within an hour following birth- permits the newborn to benefit immediately from colostrum, which is highly nutritious and contains antibodies necessary to protect babies before they are able to produce their own appropriate immune system. Early initiation also takes advantage of the newborn's sucking reflex alertness immediately during postpartum. In addition, breastfeeding has been shown to contribute to longer birth intervals, improve maternal health by reducing postpartum bleeding, allowing an earlier return to pre-pregnancy weight, and reduce the risk of premenopausal breast cancer.

In early infancy, frequent breastfeeding, including night feeds, is important to ensure that the infant receives sufficient breast milk and is able to increase its weight. Current recommendations are that infants should be breastfeed 8–10 times every 24 hours, and even more frequently during the first month of life. On the other hand, frequent feeding also ensures that the mother maintains her ability to produce sufficient quantities of breast milk.

Optimal breast feeding for infants includes:

1. Initiation of breastfeeding within one hour of birth
2. Frequent on demand feeding (including night feeds)
3. Exclusive breastfeeding (defined as breast milk only and no other foods or liquids) until the infant is about 6 months of age

The Albania RHS included questions about breastfeeding patterns and duration for all children under 5 years of age. Table 5.16 shows the percentage of children ever breastfed and percent distribution of initiation of breastfeeding by selected categories. The overwhelming majority (93%) of all babies born during the 1997–2002 period were breastfed for at least a short period of time. This result is consistent with other recent surveys in the country. The rate is also similar to ever breastfeeding rates reported by the RHS or DHS studies in the East European countries and the former USSR countries. The rate for Albania is slightly higher than that of Armenia and Georgia (89%, 87%), almost equal to that of Romania (93%), and to some extent lower than those of Central Asian countries (95–97%)

The percentage of babies ever breastfed was not significantly influenced by background characteristics. Only babies having a low birth weight were slightly less likely to be breastfed than those with a birth weight of 2500 grams or more (79% versus 94%). The same was true for babies born with a cesarean section compared to those having a vaginal birth (88% versus 94%).

In the same table (5.16), in the right panel, time elapsed between delivery and initiation of breastfeeding is included. Only 15% of infants ever breastfed started to do so within the first hour of life. Most children (52%) began breastfeeding between two hours after birth and completion of the first day of life. Less than 10% started breastfeeding the second day and the remaining 23% after the second day of life.

There is a significant difference among those who started breastfeeding within the first hour of life between Tirana and other parts of the country (rural or urban). Women who give birth with a C-section are visibly inclined to start breastfeeding their babies late. To a lesser extent, the same is true for those giving birth to low birth weight babies.

An infant is "exclusively" breastfed when he or she receives only breast milk and "almost exclusively" breastfed or predominantly breastfed when he receives breast milk accompanied by water or other liquids (except other types of milk). Children who are exclusively or almost exclusively breastfed are considered to be "fully" breastfed (Labbok and Krasovec, 1990). These indicators are recommended by WHO to assess the adequacy of breastfeeding practices in a population and allow for comparisons with findings from other countries. The WHO recommendations state that "all infants should be fed exclusively on breast milk from birth to 4–6 months of age" and that some breastfeeding should be maintained until the child is at least 1 year old (WHO 1991).

The indicator used to estimate the duration of breastfeeding is the mean duration of three different types of breastfeeding; exclusive breastfeeding, full breastfeeding, and any breastfeeding. The results are presented in Table 5.17. The proportion of children under 5 years old still being breastfed at the time of the survey was calculated by the single months of age (0–59 months). Those proportions were summed together to calculate the mean duration of breastfeeding. This method is known as the "current status mean" method (WHO 1991). Duration of exclusive and full breastfeeding were calculated in the same way, where babies who did not yet initiate any other liquids or food were classified as exclusively breastfed and those who were either exclusively breastfed or started to take liquids but no other food were classified as fully breastfed.

The mean duration of any breastfeeding was 14.3 months and it does not seem to be highly influenced by background characteristics included in the analysis. Obviously the mean time duration of the two other indicators was much smaller, indicating that most of these 14 months infants were being fed only partially with their mother's milk. The mean duration of exclusive breastfeeding was 2.8 months and that of full breastfeeding was almost 5 months. The differences between selected categories remain small.

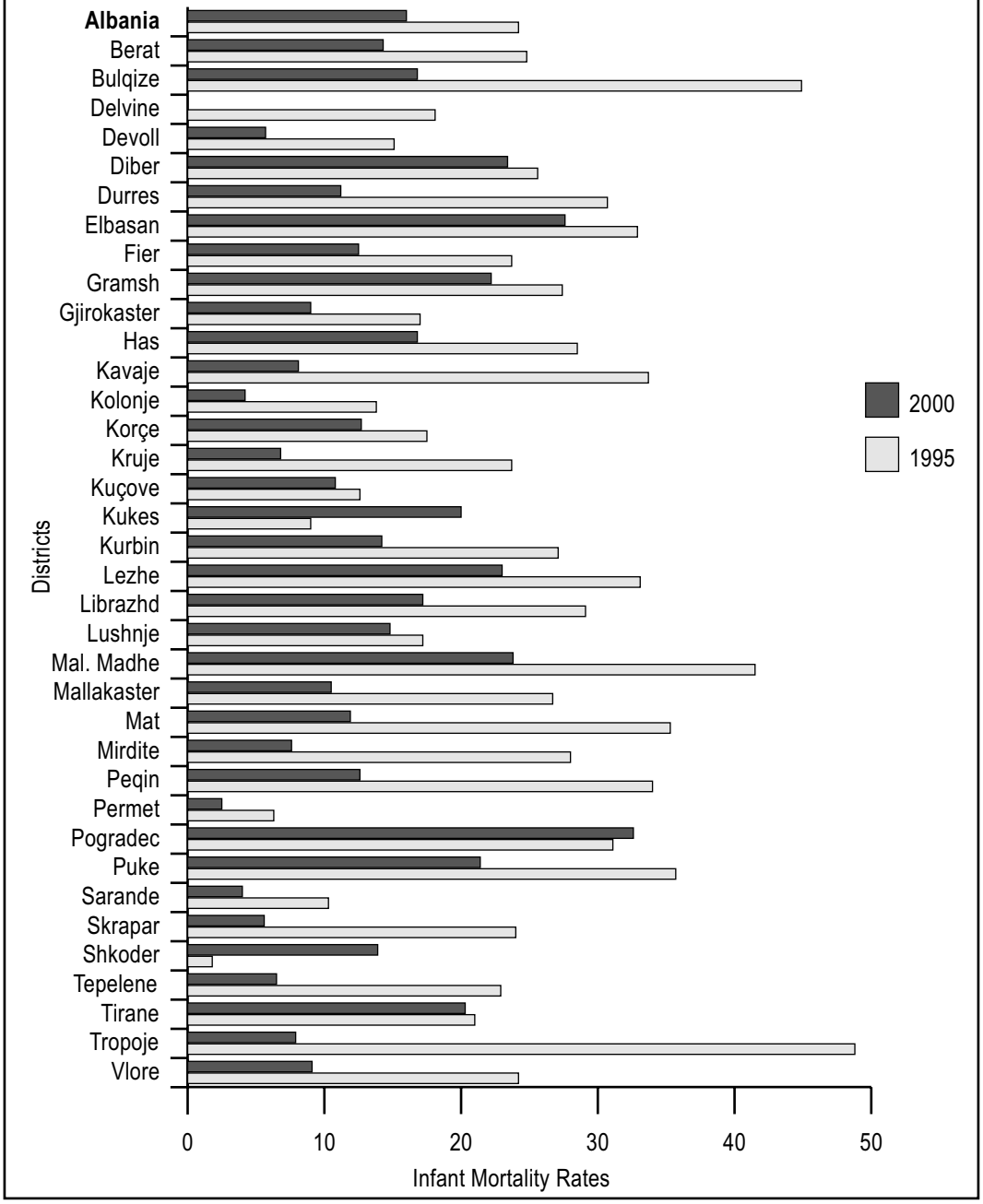
Infant and child mortality

Childhood mortality consists of deaths occurring among children from birth until the age of five. It can be broken down by an age classification: perinatal mortality, neonatal mortality, postneonatal mortality, infant mortality, child mortality (not to be confused with overall childhood mortality), and under five mortality. In this section perinatal mortality is not included. The age classifications used in this report are as follows:

- Neonatal mortality: the probability of dying between birth and less than 29 days
- Post neonatal mortality: the difference between infant and neonatal mortality rates
- Infant mortality: the probability of dying between birth and the exact age of one year
- Child mortality: the probability of dying between the exact ages of one and five years
- Under five mortality: the probability of dying between birth and the exact age of five years

Infant mortality is considered one of the crucial indicators for the health and social welfare of a country, as it synthesizes the quality of health care, nutrition, education and many other aspects of a society. Infant mortality for many years has been very high in Albania, ranked among the highest in the European Region. Despite a steady decrease from 45 per 1000 in 1990 to 16 per 1000 in 2000 in official reports, it remains far from the European Union standards. Official reports by the Ministry of Health of Albania demonstrate an infant mortality rate of 24.2/1,000 in 1995 and 16.0/1,000 in 2000. The official rates for 1995 and 2000 are presented by district in figure 5.3.

Figure 5.3
Infant Mortality Rates in Albaina by District, 1995–2000 (Ministry Of Health Data)

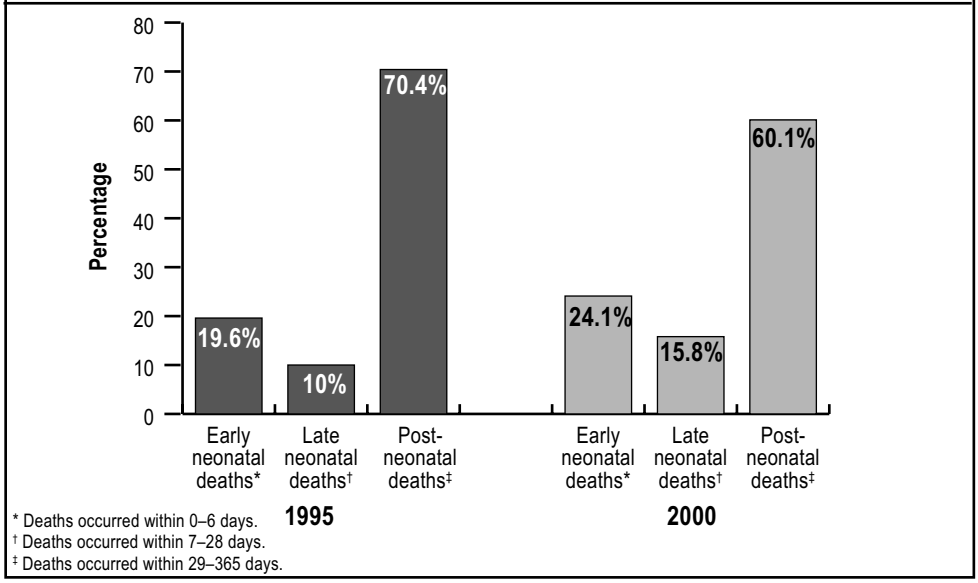


The survey questionnaire included a series of questions in the pregnancy history, which can help provided detailed information on infant and child mortality. For each live birth data are gathered on the date of the birth, sex of the child, survival status, and for children who have died, the age of when the death occurred. Respondents were asked to report pregnancy outcomes (e.g stillbirths and live births) according to international definitions. Accordingly, a live birth was defined as any infant, irrespective of the duration of the pregnancy, that breathes or shows any other signs of life after separation from the mother. Survey data on mortality levels among respondents' children were used to calculate the infant mortality (deaths before the first birthday per 1000) and child mortality (deaths between 12 and 59 completed months of age per 1000) rates. Infant mortality was further categorized into neonatal (0–28 days) and post-neonatal (29 days to 11 completed months) groups. Infant and child mortality rates were calculated by means of life table analysis.

Table 5.18 shows the survey estimates of infant and other childhood mortality rates distributed by selected categories. The infant mortality rate calculated for the period of August 1992 – July 2002 is 26.2 per 1000 and the under-5 mortality rate (children under five years), for the same period, is 31.9 per 1000. The survey IMR of 26.2 per 1000 for the 10 year period from 1992 to 2002 is 29% higher than the average official rate reported between 1995 and 2000. The MICS 2000 survey carried out two years prior to the Albania RHS has produced similar results; infant mortality was 28 per 1000 and child mortality was 33 per 1000 (UNICEF, 2000).

For this 10-year period of time, the estimated neonatal mortality rate is 11.9 per 1000 and the post-neonatal mortality result is 14.3 per 1000. In this type of survey and in vital statistics systems, underestimation of neonatal mortality tends to be greater than underestimation of child mortality at older ages. Some women do not always consider their births to be live births, especially when the death occurred in the first days of life. For this reason, the estimated 10 year neonatal and infant mortality rates should be considered minimum values. The RHS recorded 55% of infant deaths in the post-neonatal period, a similar result when compared to the 60% reported by the MOH in 2000 (see Figure 5.4).

Figure 5.4
Distribution of Neonatal and Post-Neonatal Deaths in Albania, 1995 and 2000 (Ministry of Health Data)



As shown in table 5.18, all indicators included in the table, with the exception of child mortality, neonatal mortality and post neonatal mortality are higher in rural areas. Accordingly, the infant mortality rate is around 40% higher in rural areas (30%) compared to urban areas. (21%). Only child mortality among 1–4 year olds seems quite similar in both areas. Another characteristic seemingly influencing the higher of the infant mortality rates, and to some extent under 5 mortality rates as well, is a low socioeconomic index. Nevertheless, one of the most strongly associated factors with infant mortality and under 5 mortality is education; among the lower education status group (not having finished secondary school), infant mortality is 2.3 times higher than in the more educated group. The difference is statistically significant. The ratio is almost as high when comparing child mortality among the two categories. Interestingly, the two later factors (socioeconomic index and education) do not seem to influence the risk of infants dying within the first month of life, a period of life, when other factors may be more important.

Infant mortality and post-neonatal mortality is higher for birth orders 3 or higher. Infants born after their mother had already two other children have higher rates. The infant mortality rate among them is almost 34 per 1000 while among the first born it is only 22.6 per 1000. The infant mortality rate estimate from the survey is 26.2/1000 with a 95% confidence interval of 21.8 to 30.6. The most strongly associated factor with infant mortality and child mortality in Albania seems to be birth spacing; children born within 24 months after their mothers had a previous birth have a three to four times higher risk of dying, either within the first year, or within the first five years of life, compared to children born after more than two years of time between the two births. Despite the small numbers, the difference is statistically significant.

Table 5.1
Prenatal Care by Pregnancy Trimester of First Visitand Number of Prenatal Visits, for Births in 1997–2002, by Selected Characteristics
(Percent Distribution)
Reproductive Health Survey: Albania 2002

	Trimester of First Prenatal Visit					Number of Prenatal Visits							
Characteristics	No visits	1st	2nd	3rd	Don't Know†	0	1–3	4–6	7–9	10+	Don't Know	Total	No. of Cases*
Total	**19.1**	**59.3**	**18.2**	**2.9**	**0.4**	**19.1**	**38.3**	**27.0**	**10.5**	**3.6**	**1.4**	**100.0**	**2,551**
Strata													
Metro Tirana	10.9	71.1	15.2	2.3	0.5	10.9	27.4	31.7	18.0	9.9	2.1	100.0	900
Other Urban	9.9	70.3	17.0	2.4	0.4	9.9	28.6	38.1	16.9	5.0	1.4	100.0	807
Other Rural	26.0	50.6	19.7	3.3	0.4	26.0	46.1	20.0	5.3	1.3	1.3	100.0	844
Residence													
Urban	9.0	72.0	16.3	2.4	0.4	9.0	27.2	37.0	18.2	7.0	1.7	100.0	1,522
Rural	26.0	50.6	19.6	3.3	0.4	26.0	46.0	20.1	5.3	1.3	1.2	100.0	1,029
Age Group at Birth													
< 20	15.1	53.9	28.0	2.8	0.2	15.1	42.6	31.2	7.1	2.5	1.4	100.0	196
20–24	18.4	62.1	16.2	2.8	0.3	18.4	41.2	24.0	12.1	3.1	1.1	100.0	867
25–34	19.2	59.4	17.9	3.0	0.5	19.2	36.9	27.8	10.5	4.1	1.5	100.0	1,350
35–44	28.2	50.4	18.8	2.6	0.0	28.2	27.3	30.7	6.5	4.4	3.0	100.0	138
Education Level													
Primary or Less	25.0	50.9	21.0	2.7	0.4	25.0	43.6	21.1	6.9	1.9	1.4	100.0	1,228
Secondary Incomplete	10.7	68.6	16.1	4.7	0.0	10.7	29.3	38.3	13.6	4.9	3.3	100.0	179
Secondary Complete	12.3	69.8	14.2	3.2	0.5	12.3	33.8	33.0	14.0	5.6	1.3	100.0	880
Post-Secondary	7.4	75.4	14.9	2.1	0.2	7.4	22.8	38.9	22.3	8.0	0.6	100.0	264
Socioeconomic Index													
Low	26.4	49.4	20.1	3.5	0.6	26.4	43.7	21.3	4.8	1.9	1.7	100.0	1,020
Medium	13.0	66.4	18.0	2.4	0.3	13.0	36.3	30.7	14.1	4.8	1.1	100.0	1,222
High	10.4	78.5	8.7	2.2	0.2	10.4	17.3	39.5	24.2	7.2	1.4	100.0	309
Birth Order													
First	12.4	64.3	19.5	3.2	0.6	12.4	39.2	29.3	13.2	4.1	1.7	100.0	963
Second	19.0	61.6	16.7	2.4	0.4	19.0	38.1	27.7	9.7	4.3	1.2	100.0	964
Third or More	28.9	49.2	18.5	3.1	0.3	28.9	37.4	22.6	7.7	2.1	1.4	100.0	624
Baby Weight at Birth													
< 2500 Grams	18.6	55.4	21.1	2.3	2.5	18.6	36.6	26.7	9.1	6.6	2.3	100.0	123
≥ 2500 Grams	19.1	59.9	17.8	2.9	0.3	19.1	38.2	27.1	10.6	3.5	1.4	100.0	2,414
Don't Know	**	**	**	**	**	**	**	**	**	**	**	**	14

* Data are missing for 5 live births in the last 5 years

** Percentages are not shown when base is less than 25 cases

† Women who did attend prenatal care but did not know in which trimester they began prenatal care

Table 5.2
Percentage Counseled on Specific Topics During Prenatal Care Visits for Births in 1997–2002 by Selected Characteristics, among Women with Any Prenatal Care
Reproductive Health Survey: Albania 2002

Characteristics	Nutrition	Breast Feeding	Delivery	Postnatal Care	Pregnancy Complications	Effects of Smoking	Effects of Alcohol	Contra-ception	No. of Cases
Total	**60.0**	**58.7**	**58.2**	**52.8**	**50.8**	**53.3**	**53.3**	**37.9**	**2,152**
Strata									
Metro Tirana	69.9	69.9	67.5	64.5	63.6	60.0	60.8	46.4	805
Other Urban	66.7	66.2	65.5	58.8	57.4	62.0	61.2	41.2	725
Other Rural	52.6	50.5	50.8	45.4	42.7	45.8	46.1	33.2	622
Residence									
Urban	68.6	68.4	67.0	61.7	60.3	62.4	62.1	44.0	1,394
Rural	52.7	50.5	50.8	45.3	42.8	45.6	45.9	32.8	758
Age Group at Birth									
< 20	56.5	56.3	58.9	49.8	49.1	49.2	48.4	33.7	168
20–24	61.8	60.0	57.4	54.3	51.9	55.4	55.7	38.6	733
25–34	58.2	57.1	58.0	51.6	49.7	51.5	51.3	36.9	1,141
35–44	70.2	68.7	64.6	59.5	56.5	63.5	65.1	49.6	110
Education Level									
Primary or Less	51.8	50.1	50.6	44.9	43.0	45.2	45.1	31.4	943
Secondary Incomplete	61.6	62.5	60.5	57.4	53.8	56.9	57.6	40.8	163
Secondary Complete	68.2	66.7	66.1	60.0	58.8	60.5	60.6	43.8	797
Post-Secondary	79.7	79.6	75.0	72.5	67.8	74.9	74.9	54.6	249
Socioeconomic Index									
Low	50.7	49.7	49.9	45.2	42.1	43.9	44.2	29.9	785
Medium	64.3	62.6	62.4	56.2	54.5	57.9	58.1	42.7	1,080
High	81.6	81.0	76.3	71.6	73.6	74.1	72.1	50.7	287
Birth Order									
First	63.6	62.6	61.8	57.6	53.5	57.5	57.3	39.1	858
Second	61.4	60.0	59.8	54.3	52.9	54.4	54.6	41.1	818
Third or More	51.5	49.7	49.6	42.1	42.8	44.2	44.4	31.0	476
Number of Prenatal Visits									
1–3	54.3	51.5	52.7	48.0	47.1	48.3	48.1	39.2	872
4–6	63.4	65.0	63.0	55.4	52.9	57.7	57.9	35.9	767
7–9	67.8	66.0	62.8	57.6	54.0	58.7	58.7	35.1	334
10+	71.7	66.0	65.4	61.9	59.6	59.6	60.1	44.3	137
Don t Know	60.4	60.1	65.5	71.6	64.6	48.7	49.8	45.8	42
Place of Prenatal Care									
District/Tirana Maternity/ Hospital	55.0	54.1	53.7	50.2	47.9	50.3	50.3	36.8	682
Policlinic	64.7	64.1	64.2	57.6	56.3	57.1	57.4	38.9	841
Rural/Urban Health Center	66.0	64.9	62.9	60.1	57.7	59.0	58.9	48.0	249
Health Post	62.3	58.5	52.1	44.4	42.5	51.9	52.4	29.5	195
Private Office/Clinic/ Hospital	52.1	50.1	54.6	49.9	46.1	46.6	45.0	40.9	173
At Home/Other	**	**	**	**	**	**	**	**	12

** Percentages are not shown when base is less than 25 cases

Table 5.3
Percentage Experiencing Selected Procedures During Prenatal Care Visits for Births in 1997–2002 by Selected Characteristics, among Women with Any Prenatal Care
Reproductive Health Survey: Albania 2002

Characteristics	Blood Sample Taken	Urine Sample Taken	Blood Pressure Measured	Had Ultrasound Exam	Tetanus Inmunization	Iron Supplements	No. of Cases
Total	**85.4**	**85.0**	**83.3**	**76.5**	**61.6**	**25.1**	**2,152**
Strata							
Metro Tirana	91.6	92.0	88.2	88.4	48.2	32.4	805
Other Urban	92.7	93.3	89.1	82.4	67.1	35.9	725
Other Rural	78.9	77.7	78.2	69.1	62.3	16.0	622
Residence							
Urban	93.1	93.7	89.0	84.7	60.9	36.1	1,394
Rural	79.0	77.8	78.6	69.6	62.1	15.8	758
Age Group at Birth							
< 20	90.0	91.4	80.1	74.9	55.0	21.5	168
20–24	85.5	85.3	81.6	75.2	62.8	26.0	733
25–34	83.8	83.0	84.3	77.8	61.8	24.4	1,141
35–44	91.8	91.8	90.6	75.1	62.4	31.4	110
Education Level							
Primary or Less	80.4	80.5	79.8	71.1	59.9	16.3	943
Secondary Incomplete	87.7	81.2	80.6	81.0	68.0	35.1	163
Secondary Complete	89.9	90.0	87.2	80.5	61.7	32.9	797
Post-Secondary	98.5	98.5	93.8	92.2	66.3	43.0	249
Socioeconomic Index							
Low	79.7	79.7	80.1	65.4	58.2	11.5	785
Medium	88.5	87.8	84.9	83.2	65.1	31.9	1,080
High	96.2	96.6	90.3	93.8	58.4	54.1	287
Birth Order							
First	88.3	87.9	83.9	80.3	59.9	29.0	858
Second	87.9	87.3	83.8	74.5	64.6	24.5	818
Third or More	76.6	76.7	81.5	72.7	59.9	18.9	476
Number of Prenatal Visits							
1–3	77.3	77.0	78.0	67.6	60.8	15.3	872
4–6	91.6	90.9	85.7	81.8	62.8	29.8	767
7–9	96.7	96.3	92.3	90.1	59.9	40.6	334
10+	95.9	95.9	94.0	91.0	63.8	49.4	137
Don t Know	78.5	79.6	87.2	76.8	65.3	22.3	42
Place of Prenatal Care							
District/Tirana Maternity/Hospital	87.7	88.2	82.6	79.4	61.4	23.8	682
Policlinic	88.0	88.0	86.8	78.4	59.8	26.8	841
Rural/Urban Health Center	91.0	87.4	86.1	76.5	64.6	25.1	249
Health Post	66.2	65.1	75.3	54.1	70.4	10.4	195
Private Office/Clinic/Hospital	91.4	90.6	80.4	90.7	53.3	47.8	173
At Home/Other	**	**	**	**	**	**	12

** Percentages are not shown when base is less than 25 cases

Table 5.4
Percentage with Routine Measurement of Blood Pressure (BP) During Pregnancy, Reported High Blood Pressure (HBP) During Pregnancy, and Hospitalization Rate for HBP, for Births in 1997–2002, among Women with Any Prenatal Care
Reproductive Health Survey: Albania 2002

Characteristics	Measurement of Blood Pressure	Told High Blood Pressure	Treatment HBP	Pregnancies Hospitalized for HBP (Exclusive)*	Pregnancies Hospitalized for HBP (Not Exclusive)*	No. of Cases
Total	**83.3**	**11.4**	**51.0**	**0.5**	**2.3**	**2,152**
Strata						
Metro Tirana	88.2	13.7	36.2	0.2	2.0	805
Other Urban	89.1	9.9	50.3	0.3	2.1	725
Other Rural	78.2	11.6	57.7	0.7	2.5	622
Residence						
Urban	89.0	10.9	54.3	0.3	2.1	1,394
Rural	78.6	11.8	44.3	0.7	2.4	758
Age Group at Birth						
< 20	80.1	11.9	48.2	0.0	3.0	168
20–24	81.6	7.9	42.7	0.1	1.8	733
25–34	84.3	12.9	52.3	0.8	1.9	1,141
35–44	90.6	17.6	67.6	1.4	7.8	110
Education Level						
Primary or Less	79.8	13.5	53.1	0.5	2.8	943
Secondary Incomplete	80.6	9.9	55.7	0.3	2.4	163
Secondary Complete	87.2	9.2	52.5	0.6	1.6	797
Post-Secondary	93.8	8.7	23.4	0.2	1.2	249
Socioeconomic Index						
Low	80.1	12.5	50.0	0.8	2.4	785
Medium	84.9	10.8	53.1	0.3	2.1	1,080
High	90.3	9.7	44.7	0.0	2.5	287
Birth Order						
First	83.9	11.7	47.5	0.5	2.4	858
Second	83.8	8.7	45.4	0.4	1.7	818
Third or More	81.5	15.0	61.1	0.6	3.0	476
Number of Prenatal Visits						
1–3	78.0	8.6	40.8	0.1	1.4	872
4–6	85.7	10.7	45.9	0.7	1.8	767
7–9	92.3	17.3	61.1	0.6	4.9	334
10+	94.0	24.5	71.9	3.2	5.6	137
Don t Know	87.2	9.8	87.6	1.0	6.5	42
Place of Prenatal Care						
District/Tirana Maternity/Hospital	82.6	12.9	63.7	0.9	3.4	682
Policlinic	86.8	9.5	45.2	0.2	1.9	841
Rural/Urban Health Center	86.1	7.9	44.7	0.2	1.5	249
Health Post	75.3	10.8	53.9	0.6	0.6	195
Private Office/Clinic/Hospital	80.4	14.7	26.7	0.0	2.4	173
At Home/Other	**	**	**	**	**	12

* Exclusive - hospitalized only for high blood pressure; non-exclusive - hospitalized with high blood pressure as only one of conditions.

** Percentages are not shown when base is less than 25 cases

Table 5.5
Use of Ultrasound Exams During Pregnancy and Time of First Ultrasound Exam, By Selected Characteristics, for Births in 1997–2002, among Women with Any Prenatal Care
Reproductive Health Survey: Albania 2002

	Had Ultrasound Exam		Time of First Ultrasound Exam (Percent Distribution)					
Characteristics	%	No. of Cases	< 14 weeks	14–26 weeks	27 +	Dk/Dr	Total	No. of Cases
Total	**76.5**	**2,152**	**29.6**	**43.8**	**26.0**	**0.6**	**100.0**	**1,736**
Strata								
Metro Tirana	88.4	805	35.5	34.6	29.0	0.9	100.0	712
Other Urban	82.4	725	30.6	47.1	21.7	0.6	100.0	599
Other Rural	69.1	622	26.5	45.1	28.0	0.4	100.0	425
Residence								
Urban	84.7	1,394	32.7	42.3	24.3	0.7	100.0	1,204
Rural	69.6	758	26.5	45.4	27.7	0.4	100.0	532
Age Group at Birth								
< 20	74.9	168	23.5	45.8	30.4	0.3	100.0	132
20–24	75.2	733	33.1	42.9	23.5	0.4	100.0	586
25–34	77.8	1,141	28.9	43.6	26.7	0.8	100.0	928
35–44	75.1	110	24.2	48.7	27.1	0.0	100.0	90
Education Level								
Primary or Less	71.1	943	25.6	47.0	26.9	0.4	100.0	698
Secondary Incomplete	81.0	163	26.2	50.2	22.1	1.6	100.0	136
Secondary Complete	80.5	797	34.4	39.1	25.9	0.6	100.0	667
Post-Secondary	92.2	249	36.2	38.6	24.7	0.5	100.0	235
Socioeconomic Index								
Low	65.4	785	23.6	45.8	30.2	0.4	100.0	544
Medium	83.2	1,080	31.1	44.2	24.0	0.7	100.0	923
High	93.8	287	43.2	35.0	21.4	0.5	100.0	269
Birth Order								
First	80.3	858	31.2	41.5	27.1	0.2	100.0	719
Second	74.5	818	26.3	46.9	25.8	1.0	100.0	657
Third or More	72.7	476	31.6	43.7	24.1	0.7	100.0	360
Number of Prenatal Visits								
1–3	67.6	872	22.1	48.6	29.1	0.2	100.0	615
4–6	81.8	767	29.7	47.8	22.2	0.4	100.0	651
7–9	90.1	334	45.0	30.2	23.3	1.6	100.0	307
10+	91.0	137	43.5	22.9	31.9	1.8	100.0	128
Don t Know	76.8	42	33.1	31.0	34.5	1.4	100.0	35
Place of Prenatal Care								
District/Tirana Maternity/Hospital	79.4	682	34.3	43.1	22.4	0.2	100.0	567
Policlinic	78.4	841	24.4	47.0	27.7	0.9	100.0	693
Rural/Urban Health Center	76.5	249	29.0	44.7	26.4	0.0	100.0	196
Health Post	54.1	195	18.1	52.0	28.2	1.7	100.0	109
Private Office/Clinic/Hospital	90.7	173	42.7	28.9	28.1	0.3	100.0	164
At Home/Other	**	**	**	**	**	**	**	7

** Percentages are not shown when base is less than 25 cases

Table 5.6
Percentage of Pregnancy Complications that Required Medical Attention, by Selected Characteristics, for Births in 1997–2002, among Women with Any Prenatal Care
Reproductive Health Survey: Albania 2002

Characteristics	Any Pregnancy Complication	Risk of Preterm Delivery	Anemia Related to Preg.	Weak Cervix	Water Retention or Edema	Urinary Tract Infection	High BP Related to Preg.	Bleeding During First 6 Mth	Bleeding at 6 Mth or More	Rh Isoimmu-nization	Other	No. of Cases
Total	**24.2**	**9.9**	**7.1**	**6.4**	**6.3**	**6.1**	**5.3**	**4.2**	**1.5**	**1.5**	**1.8**	**2,152**
Strata												
Metro Tirana	22.1	7.8	6.9	6.3	5.6	6.4	5.2	5.4	1.0	1.8	2.2	805
Other Urban	22.4	8.6	7.9	5.6	4.8	5.2	4.7	4.3	1.5	0.6	2.3	725
Other Rural	26.0	11.3	6.7	6.9	7.4	6.5	5.7	3.7	1.6	1.9	1.4	622
Residence												
Urban	22.6	8.3	7.6	5.9	5.1	5.6	4.9	4.8	1.3	1.1	2.3	1,394
Rural	25.5	11.1	6.6	6.8	7.3	6.4	5.6	3.7	1.6	1.8	1.4	758
Age Group at Birth												
< 20	24.0	11.0	10.8	6.9	7.2	8.5	5.1	3.2	2.8	0.8	2.6	168
20–24	24.8	10.4	7.1	7.8	5.9	6.4	3.5	4.8	0.5	1.5	1.9	733
25–34	23.9	9.2	6.3	5.3	5.9	5.0	5.9	3.9	1.6	1.7	1.6	1,141
35–44	23.6	10.6	7.9	7.1	10.8	9.1	10.8	4.5	4.0	0.0	2.2	110
Education Level												
Primary or Less	23.9	9.6	6.9	7.4	6.1	6.2	6.1	3.8	1.7	1.8	1.2	943
Secondary Incomplete	28.0	11.3	7.4	3.5	12.4	6.1	6.1	2.9	1.6	0.3	3.5	163
Secondary Complete	23.6	10.2	7.1	5.0	6.0	6.2	4.5	4.8	1.4	1.3	1.9	797
Post-Secondary	24.8	8.6	8.5	8.2	3.7	4.7	1.9	5.8	0.5	0.9	4.8	249
Socioeconomic Index												
Low	24.2	8.9	7.7	6.4	7.3	5.4	5.2	3.5	1.6	1.6	1.8	785
Medium	23.7	10.2	5.8	5.8	5.7	6.4	5.4	3.8	1.5	1.3	1.8	1,080
High	26.7	12.7	11.4	9.6	5.0	7.5	4.9	9.6	0.2	1.6	2.1	287
Birth Order												
First	26.6	12.6	8.3	7.4	6.4	6.9	5.3	6.0	0.8	1.8	1.5	858
Second	22.1	7.3	6.1	5.9	5.8	5.3	3.8	3.0	1.2	1.7	2.5	818
Third or More	23.0	8.8	6.4	5.5	6.9	5.7	7.5	2.8	3.0	0.6	1.6	476

Table 5.7
Place of Delivery for Births in 1996–2001 by Selected Characteristics
(Percent Distribution)
Reproductive Health Survey: Albania 2002

	Place of Delivery						
Characteristics	District Maternity Hospital	Tirana Maternity	Birth House/ Health Center	Private Clinic/ Hospital	At Home	Total	No. of Cases
Total	**70.9**	**14.3**	**8.2**	**0.6**	**6.0**	**100.0**	**2,551**
Strata							
Metro Tirana	16.6	78.0	2.0	0.9	2.5	100.0	900
Other Urban	92.8	2.9	2.2	1.3	0.8	100.0	807
Other Rural	73.8	3.6	12.9	0.2	9.6	100.0	844
Residence							
Urban	70.2	25.6	2.0	1.2	1.0	100.0	1,522
Rural	71.3	6.6	12.5	0.2	9.4	100.0	1,029
Age Group at Birth							
< 20	73.5	15.3	4.5	0.0	6.8	100.0	196
20–24	72.2	14.2	8.2	0.7	4.8	100.0	867
25–34	70.2	14.3	8.7	0.7	6.1	100.0	1,350
35–44	64.9	13.8	10.1	0.3	11.0	100.0	138
Education Level							
Primary or Less	70.3	10.1	11.0	0.4	8.3	100.0	1,228
Secondary Incomplete	74.5	16.0	5.6	0.0	3.9	100.0	179
Secondary Complete	70.9	19.8	4.9	1.1	3.2	100.0	880
Post-Secondary	71.9	24.4	1.9	1.3	0.4	100.0	264
Socioeconomic Index							
Low	69.7	8.9	10.6	0.2	10.6	100.0	1,020
Medium	74.4	16.0	6.7	0.7	2.1	100.0	1,222
High	56.9	37.3	2.5	2.5	0.8	100.0	309
Birth Order							
First	73.8	17.8	5.4	0.7	2.4	100.0	963
Second	68.5	14.7	9.4	0.9	6.6	100.0	964
Third or More	69.8	8.8	10.8	0.2	10.4	100.0	624
Trimester of First Prenatal Visit							
No Visits	65.6	6.8	12.2	0.3	15.1	100.0	399
1st	70.6	18.0	7.1	0.8	3.5	100.0	1,634
2nd	75.3	10.7	8.4	0.6	5.1	100.0	438
3rd	85.1	10.0	2.4	0.0	2.6	100.0	69
Don't Know	**	**	**	**	**	**	11

** Percentages are not shown when base is less than 25 cases

Table 5.8
Average Time Between Admission and Delivery and Percent Distribution of Number of Nights Spent in a Medical Facility, for Births in 1997–2002
Reproductive Health Survey: Albania 2002

Characteristics	Average Time Between Admission and Delivery (Hours)	Nights Spent in a Medical Facility Between Delivery and Discharge (Percent Distribution)					Total	No. of Cases
		0–2	3–4	5	6–7	8 or More		
Total	**7.2**	**59.0**	**21.8**	**4.0**	**7.0**	**8.2**	**100.0**	**2,444**
Strata								
Metro Tirana	6.8	60.4	19.2	6.0	6.9	7.5	100.0	876
Other Urban	6.0	56.9	22.0	4.8	8.5	7.8	100.0	800
Other Rural	8.0	59.8	22.4	3.0	6.2	8.6	100.0	768
Residence								
Urban	6.2	57.3	21.7	5.3	8.2	7.5	100.0	1,503
Rural	7.9	60.3	21.8	3.1	6.2	8.6	100.0	941
Age Group at Birth								
< 20	9.8	57.8	24.4	3.4	8.6	5.8	100.0	185
20–24	7.9	59.4	20.9	3.7	7.6	8.4	100.0	835
25–34	6.3	59.7	21.8	4.2	6.2	8.1	100.0	1,292
35–44	7.2	52.5	23.4	5.1	8.0	11.0	100.0	132
Education Level								
Primary or Less	7.7	58.8	23.1	3.2	7.3	7.6	100.0	1,150
Secondary Incomplete	5.5	59.2	20.6	7.3	4.2	8.8	100.0	174
Secondary Complete	7.0	58.9	20.2	4.7	6.8	9.4	100.0	858
Post-Secondary	5.4	61.3	19.1	4.3	8.8	6.4	100.0	262
Socioeconomic Index								
Low	7.9	59.6	21.0	3.7	7.7	8.0	100.0	939
Medium	6.7	59.4	22.6	3.5	5.8	8.7	100.0	1,199
High	5.9	53.3	21.3	8.6	10.5	6.3	100.0	306
Birth Order								
First	9.9	53.5	20.9	4.2	10.8	10.7	100.0	948
Second	5.3	60.7	24.3	4.2	4.9	6.0	100.0	919
Third or More	5.7	65.3	19.8	3.6	4.1	7.2	100.0	577
Baby Weight at Birth								
< 2500 Grams	12.6	21.6	16.2	3.7	15.8	42.7	100.0	116
≥ 2500 Grams	6.9	60.8	22.1	4.0	6.6	6.5	100.0	2,320
Dk/Dr	**	**	**	**	**	**	**	8
Type of Delivery								
Vaginal	6.3	67.2	22.7	2.8	4.0	3.2	100.0	2,075
Cesarean Section	13.4	5.9	15.8	11.8	26.4	40.1	100.0	369
Pregnancy Complications								
Yes	9.6	45.2	24.2	6.3	11.7	12.6	100.0	495
No	6.6	62.7	21.1	3.4	5.8	7.0	100.0	1,949

** Percentages are not shown when base is less than 25 cases

Table 5.9
Percentage of Cesarean Deliveries by Selected Characteristics, for Births in 1997–2002, among Women Currently Aged 15–44
Reproductive Health Survey: Albania 2002

Characteristics	Cesarean Deliveries	No. of Cases
Total	**13.4**	**2,444**
Strata		
Metro Tirana	19.2	876
Other Urban	14.4	800
Other Rural	11.2	768
Residence		
Urban	16.0	1,503
Rural	11.4	941
Age Group at Birth		
< 20	8.6	185
20–24	11.7	835
25–34	14.0	1,292
35–44	25.3	132
Education Level		
Primary or Less	12.0	1,150
Secondary Incomplete	12.1	174
Secondary Complete	15.3	858
Post-Secondary	16.7	262
Socioeconomic Index		
Low	11.0	939
Medium	14.0	1,199
High	22.7	306
Birth Order		
First	16.4	948
Second	12.2	919
Third or More	10.1	577
Pregnancy Complications		
Yes	19.0	495
No	11.9	1,949
Baby Weight at Birth		
< 2500 Grams	36.0	116
≥ 2500 Grams	12.3	2,320
Don't know	**	8
Prolonged Labor		
No	4.4	2,094
Yes	21.4	65
No Labor	98.9	233
Don't know	16.8	52

** Percentages are not shown when base is less than 25 cases

Table 5.10
Percentage of Poor Birth Outcomes by Selected Characteristics, for Births in 1997–2002, Among Women Currently Aged 15–44
Reproductive Health Survey: Albania 2002

Characteristics	Low Birth Weight < 2,500 grams	Preterm Birth	No. of Cases
Total	**4.6**	**3.6**	**2,551**
Strata			
Metro Tirana	5.3	4.3	900
Other Urban	4.1	3.6	807
Other Rural	4.7	3.4	844
Residence			
Urban	4.4	4.0	1,522
Rural	4.7	3.3	1,029
Age Group at Birth			
< 20	5.7	2.5	196
20–24	5.6	3.9	867
25–34	4.1	3.7	1,350
35–44	1.5	2.5	138
Education Level			
Primary or Less	5.4	3.1	1,228
Secondary Incomplete	3.8	1.5	179
Secondary Complete	3.2	4.7	880
Post-Secondary	5.0	4.6	264
Socioeconomic Index			
Low	5.5	3.3	1,020
Medium	3.4	3.5	1,222
High	6.6	5.8	309
Prenatal Care Visits			
Yes	4.6	3.7	2,152
No	4.5	2.9	399
Birth Order			
First	6.7	5.1	963
Second	4.0	2.8	964
Third or More	2.4	2.3	624
Pregnancy Complications			
Yes	8.9	5.5	498
No	3.5	3.1	2,053
Prolonged Labor			
No	3.9	3.5	2,195
Yes	9.5	5.8	70
No Labor	9.0	3.8	233
Don't know	10.5	0.8	53

Table 5.11
Percentage Who Attended Postpartum Care Visit within Specified Time Periods by Selected Characteristics, for Births in 1997–2002, among Women Currently Aged 15–44
Reproductive Health Survey: Albania 2002

	Postpartum Care		Time betwen Delivery and First Postpartum Visit (Percent Distribution of Weeks)					
Characteristics	%	No. of Cases	< 1	1–2	> 2	Don't Remember	Total	No. of Cases
Total	**18.7**	**2,551**	**36.0**	**24.9**	**34.3**	**4.8**	**100.0**	**549**
Strata								
Metro Tirana	26.9	900	25.2	35.7	36.8	2.3	100.0	243
Other Urban	21.9	807	33.3	27.1	36.5	3.1	100.0	179
Other Rural	14.8	844	43.1	18.2	31.5	7.2	100.0	127
Residence								
Urban	23.8	1,522	30.0	29.5	37.9	2.7	100.0	384
Rural	15.1	1,029	42.5	20.0	30.5	7.1	100.0	165
Age Group at Birth								
< 20	15.7	196	45.5	26.8	27.7	0.0	100.0	39
20–24	18.7	867	38.9	19.3	40.6	1.2	100.0	174
25–34	19.2	1,350	31.4	29.7	31.2	7.6	100.0	303
35–44	18.3	138	46.4	13.8	32.2	7.5	100.0	33
Education Level								
Primary or Less	16.0	1,228	44.2	19.0	34.0	2.8	100.0	215
Secondary Incomplete	21.2	179	41.8	30.0	28.2	0.0	100.0	45
Secondary Complete	20.6	880	27.7	29.3	34.1	8.8	100.0	203
Post-Secondary	30.2	264	20.5	34.4	40.0	5.0	100.0	86
Socioeconomic Index								
Low	13.9	1,020	39.7	27.2	28.5	4.6	100.0	158
Medium	21.3	1,222	37.8	23.3	34.2	4.7	100.0	292
High	31.8	309	18.9	25.1	50.3	5.7	100.0	99
Birth Order								
First	20.5	963	34.9	22.9	36.2	6.0	100.0	230
Second	18.6	964	36.6	25.2	35.2	3.1	100.0	205
Third or More	16.2	624	37.1	28.1	29.5	5.2	100.0	114
Place of Delivery								
District Maternity Hospital	17.8	1,527	40.0	22.2	34.7	3.0	100.0	294
Tirana Maternity	30.2	744	24.8	31.9	33.5	9.7	100.0	216
Private Clinic/Hospital	**	**	**	**	**	**	**	9
Birth House/Health Center	9.7	154	38.6	26.3	23.7	11.4	100.0	19
At Home	8.9	107	**	**	**	**	**	11
Postpartum Complications								
Any Complications	26.8	676	27.5	27.7	41.9	2.9	100.0	214
No Complications	16.0	1,875	40.7	23.4	30.1	5.9	100.0	335

** Percentages are not shown when base is less than 25 cases

Table 5.12
Percentage of Women with Information Received During Postpartum Care by Selected Characteristics, for Births in 1997–2002
Reproductive Health Survey: Albania 2002

Characteristics	Inmunization	Child Care	Nutrition	Breastfeeding	Breast Care	Contraception	No. of Cases
Total	**76.1**	**74.7**	**72.9**	**72.8**	**71.9**	**55.0**	**549**
Strata							
Metro Tirana	82.6	79.1	80.2	76.4	78.0	60.1	243
Other Urban	79.7	79.6	80.2	77.5	78.6	60.6	179
Other Rural	70.4	68.9	64.0	67.5	63.9	48.3	127
Residence							
Urban	82.0	81.2	81.5	78.8	80.0	62.9	384
Rural	69.8	67.8	63.7	66.3	63.1	46.5	165
Age Group at Birth							
< 20	81.1	72.6	76.9	68.1	70.2	52.4	39
20–24	76.2	74.5	74.4	70.5	72.6	55.7	174
25–34	75.4	75.2	71.4	75.1	71.4	53.6	303
35–44	75.6	74.1	72.7	72.7	74.1	65.8	33
Education Level							
Primary or Less	67.3	65.1	65.5	63.3	64.4	47.4	215
Secondary Incomplete	81.2	81.2	81.2	78.8	78.8	69.9	45
Secondary Complete	84.7	82.8	76.7	81.1	75.7	59.1	203
Post-Secondary	86.4	88.7	88.6	86.2	88.7	66.4	86
Socioeconomic Index							
Low	64.7	65.9	65.1	64.7	65.2	49.6	158
Medium	82.1	79.3	76.2	76.7	74.3	58.6	292
High	83.2	80.4	81.2	79.2	80.4	55.2	99
Birth Order							
First	81.9	79.3	75.1	76.6	73.3	54.2	230
Second	77.2	76.7	75.3	74.8	75.7	60.1	205
Third or More	64.0	63.6	65.4	62.9	63.6	48.9	114
Place of Delivery							
District Maternity Hospital	74.1	71.7	72.5	70.5	71.0	53.4	294
Tirana Maternity	83.8	82.5	74.8	78.2	72.3	57.5	216
Private Clinic/Hospital	**	**	**	**	**	**	9
Birth House/Health Center	84.8	98.1	85.2	96.2	98.1	66.5	19
At Home	**	**	**	**	**	**	11
Postpartum Complications							
Any Complications	74.8	73.3	75.1	69.6	70.9	52.8	214
No Complications	76.9	75.5	71.7	74.6	72.4	56.2	335

** Percentages are not shown when base is less than 25 cases

Table 5.13
Time Between Delivery and First Baby Clinic Visit by Selected Characteristics, for Births in 1997–2002
Reproductive Health Survey: Albania 2002

	Postnatal Baby Clinic Visit		Sick or Well Baby Clinic Visit		Time Between Delivery and First Postnatal Well Baby Clinic Visit (Percent Distribution of Months)					
Characteristics	%	No. of Cases	Health Exam for Sickness	Routine Health Exam	< 1	1–2	> 2	Don't Remember	Total	No. of Cases
Total	**85.8**	**2551**	**8.4**	**91.6**	**45.0**	**32.7**	**20.8**	**1.5**	**100.0**	**2,245**
Strata										
Metro Tirana	91.4	900	4.9	95.1	42.7	38.2	18.3	0.8	100.0	823
Other Urban	88.5	807	8.0	92.0	44.8	31.0	23.0	1.2	100.0	720
Other Rural	83.0	844	9.6	90.4	45.8	32.0	20.4	1.9	100.0	702
Residence										
Urban	89.9	1522	7.2	92.8	44.1	33.5	21.5	1.0	100.0	1,390
Rural	83.0	1029	9.3	90.7	45.6	32.1	20.4	1.9	100.0	855
Age Group at Birth										
< 20	86.5	196	14.0	86.0	43.5	26.0	29.0	1.5	100.0	170
20–24	83.3	867	8.3	91.7	41.2	34.1	23.9	0.9	100.0	743
25–34	86.5	1350	7.4	92.6	47.3	32.1	18.5	2.1	100.0	1,200
35–44	94.1	138	8.3	91.7	48.5	38.6	12.6	0.3	100.0	132
Education Level										
Primary or Less	82.8	1228	9.4	90.6	42.9	33.6	22.0	1.5	100.0	1,032
Secondary Incomplete	85.7	179	8.1	91.9	52.8	30.9	12.1	4.2	100.0	159
Secondary Complete	90.1	880	6.4	93.6	45.7	32.1	21.0	1.2	100.0	807
Post-Secondary	92.8	264	8.9	91.1	50.7	29.2	19.6	0.5	100.0	247
Socioeconomic Index										
Low	82.8	1020	10.0	90.0	45.0	32.7	20.4	1.9	100.0	853
Medium	88.5	1222	7.5	92.5	43.8	33.0	21.8	1.4	100.0	1,107
High	88.8	309	4.2	95.8	52.3	30.2	17.4	.	100.0	285
Birth Order										
First	85.1	963	10.2	89.8	41.2	32.9	24.2	1.8	100.0	839
Second	85.6	964	6.8	93.2	46.5	31.6	19.7	2.1	100.0	856
Third or More	87.2	624	7.9	92.1	48.4	33.6	17.6	0.3	100.0	550
Place of Delivery										
District Maternity Hospital	85.6	1527	9.9	90.1	42.3	31.7	24.0	2.0	100.0	1,328
Tirana Maternity	91.8	744	5.1	94.9	41.0	40.4	18.5	0.2	100.0	685
Private Clinic/Hospital	**	**	**	**	**	**	**	**	**	16
Birth House/Health Center	89.6	154	3.4	96.6	61.0	31.6	6.5	0.8	100.0	136
At Home	70.1	107	5.0	95.0	70.7	22.5	6.5	0.4	100.0	80

** Percentages are not shown when base is less than 25 cases

Table 5.14
Percentage of Babies With Birth Certificates Issued and Time Between Delivery and Certificate Issued for Births in 1997–2002
Reproductive Health Survey: Albania 2002

Characteristics	% With Birth Certificate		Interval Betwen Delivery and Birth Certificate (Percent Distribution of Weeks)						
	Yes	No. of Cases	< 1	1–2	3–4	> 4	Don't Remember	Total	No. of Cases
Total	**92.6**	**2,551**	**19.9**	**49.4**	**16.9**	**10.8**	**3.0**	**100.0**	**2,361**
Strata									
Metro Tirana	90.7	900	15.5	47.9	21.7	12.3	2.6	100.0	817
Other Urban	94.5	807	22.1	50.8	14.0	9.6	3.6	100.0	767
Other Rural	92.2	844	19.9	49.1	17.2	11.1	2.8	100.0	777
Residence									
Urban	93.3	1,522	20.8	49.7	15.9	10.2	3.3	100.0	1,414
Rural	92.1	1,029	19.2	49.3	17.5	11.2	2.8	100.0	947
Age Group at Birth									
< 20	88.8	196	19.5	47.0	12.5	15.6	5.3	100.0	166
20–24	92.5	867	20.3	46.9	16.6	12.8	3.3	100.0	798
25–34	93.0	1,350	20.4	49.9	18.0	9.3	2.4	100.0	1,263
35–44	95.5	138	14.5	62.3	15.3	5.5	2.4	100.0	134
Education Level									
Primary or Less	91.5	1,228	19.7	49.8	16.0	12.2	2.2	100.0	1,114
Secondary Incomplete	88.5	179	22.4	35.4	18.5	16.7	7.0	100.0	161
Secondary Complete	95.3	880	19.6	51.3	17.5	7.9	3.6	100.0	835
Post-Secondary	94.9	264	20.0	50.7	19.6	6.6	3.1	100.0	251
Socioeconomic Index									
Low	93.2	1,020	18.8	50.3	17.7	10.5	2.8	100.0	939
Medium	92.2	1,222	21.0	49.4	15.8	10.4	3.4	100.0	1,134
High	91.3	309	20.4	43.9	18.7	15.2	1.8	100.0	288
Birth Order									
First	90.1	963	**	**	**	**	**	**	**
Second	93.6	964	21.8	48.7	17.8	9.0	2.8	100.0	908
Third or More	94.9	624	19.7	52.5	16.2	8.8	2.8	100.0	591
Place of Delivery									
District Maternity Hospital	92.8	1,527	**	**	**	**	**	**	**
Tirana Maternity	91.3	744	11.9	48.5	23.8	10.5	5.2	100.0	676
Private Clinic/Hospital	**	**	**	**	**	**	**	**	17
Birth House/Health Center	94.4	154	17.4	58.5	15.1	7.5	1.5	100.0	145
At Home	91.3	107	22.2	42.1	15.3	16.7	3.8	100.0	95

** Percentages are not shown when base is less than 25 cases

Table 5.15
Percentage of Women Reporting Postpartum Complications, by Selected Characteristics, for Births in 1997–2002
Reproductive Health Survey: Albania 2002

Characteristics	Post Partum Complication	Painful Uterus	Painful Urination	Bad Smelling Vaginal charge	Severe Bleeding	High Fever	Breast Infection	Infection of Surgical Wound	Faint/ Coma	Other	No. of Cases
Total	**24.8**	**15.9**	**7.4**	**6.5**	**5.9**	**4.8**	**4.3**	**4.2**	**2.9**	**0.5**	**2,551**
Strata											
Metro Tirana	32.0	19.1	8.2	8.1	8.6	6.5	5.9	6.6	2.8	0.9	900
Other Urban	23.5	14.0	6.7	5.6	5.5	4.1	4.3	3.6	2.7	0.3	807
Other Rural	23.7	16.1	7.5	6.5	5.3	4.7	3.9	3.9	3.1	0.5	844
Residence											
Urban	26.2	15.4	7.2	6.1	6.5	5.1	4.8	4.6	2.9	0.5	1,522
Rural	23.9	16.3	7.5	6.7	5.4	4.6	4.0	3.9	3.0	0.5	1,029
Age Group at Birth											
< 20	31.5	22.2	9.3	7.5	5.5	6.0	3.3	3.9	3.3	1.3	196
20–24	23.9	14.9	7.9	6.7	5.9	4.8	4.4	5.3	3.1	0.5	867
25–34	25.0	15.9	6.7	6.3	5.8	4.6	4.3	3.5	2.6	0.3	1,350
35–44	19.1	12.6	6.4	5.2	6.8	5.0	5.3	4.8	4.6	2.0	138
Education Level											
Primary or Less	24.8	15.8	7.8	6.7	6.6	5.4	4.5	4.2	3.2	0.6	1,228
Secondary Incomplete	27.7	20.6	5.1	5.6	3.0	3.9	4.8	1.0	3.0	0.7	179
Secondary Complete	24.1	15.9	7.4	6.8	4.7	3.3	3.8	4.9	2.6	0.3	880
Post-Secondary	25.4	12.6	5.9	4.4	7.9	6.9	4.7	4.4	2.1	1.2	264
Socioeconomic Index											
Low	23.7	15.6	7.3	6.7	5.8	5.1	4.5	3.9	3.1	0.6	1,020
Medium	25.3	16.1	7.0	6.3	5.9	4.3	4.0	4.1	2.4	0.4	1,222
High	29.7	16.7	9.6	6.7	6.0	5.8	5.1	6.8	5.2	1.1	309
Birth Order											
First	26.0	16.6	10.1	5.4	5.9	5.4	4.4	6.0	3.1	0.7	963
Second	23.3	14.5	5.7	6.8	4.4	3.9	4.7	3.3	2.3	0.2	964
Third or More	25.2	16.8	5.6	7.6	7.7	5.1	3.7	2.9	3.6	0.8	624
Pregnancy Complications											
Yes	40.1	26.3	13.5	13.4	11.9	10.1	5.9	9.8	5.0	0.7	505
No	20.9	13.3	5.8	4.7	4.3	3.5	3.9	2.8	2.4	0.5	2,046
Prolonged Labor											
No	23.1	15.3	7.2	6.2	5.8	4.1	3.7	3.3	2.5	0.5	2,195
Yes	43.6	26.8	10.1	14.1	6.2	8.8	11.4	16.0	9.5	0.5	70
No Labor	35.8	18.5	7.9	6.5	6.0	9.6	7.0	9.1	6.2	0.6	233
Dk/Dr	31.2	16.6	6.9	6.6	6.1	9.0	10.3	6.0	0.8	0.0	53

Table 5.16
Percent of Children Ever Breastfed and Percent Distribution of Initiation of Breastfeeding, by Selected Characteristics, for Births in 1997–2002
Reproductive Health Survey: Albania 2002

Characteristics	Children Ever Breastfed		Initiation of Breastfeeding After Birth (Percent Distribution of Hours)						
	%	No. of Cases	1 Hour or Less	2–23	24–47	48 Hours or More	Unknown	Total	No. of Cases
Total	**93.2**	**2,551**	**15.4**	**51.8**	**8.8**	**23.2**	**0.9**	**100.0**	**2,381**
Strata									
Metro Tirana	93.5	900	22.5	47.0	7.0	22.5	1.0	100.0	839
Other Urban	92.9	807	14.7	50.9	9.2	24.8	0.5	100.0	753
Other Rural	93.3	844	13.9	53.5	9.0	22.6	1.0	100.0	789
Residence									
Urban	93.0	1,522	17.3	49.2	8.4	24.4	0.7	100.0	1,415
Rural	93.4	1,029	14.1	53.5	9.0	22.4	1.0	100.0	966
Age Group at Birth									
< 20	92.3	196	16.3	50.4	7.7	23.5	2.0	100.0	179
20–24	93.5	867	14.1	53.7	8.3	22.9	0.9	100.0	810
25–34	93.0	1,350	16.8	51.2	9.2	22.1	0.6	100.0	1,260
35–44	95.0	138	9.1	47.6	9.6	32.9	0.9	100.0	132
Education Level									
Primary or Less	93.3	1,228	14.4	54.6	7.2	23.0	0.8	100.0	1,143
Secondary Incomplete	90.7	179	18.4	49.0	6.0	25.6	1.0	100.0	166
Secondary Complete	93.1	880	16.1	48.1	12.6	22.1	1.1	100.0	820
Post-Secondary	95.6	264	17.2	47.2	7.7	27.6	0.2	100.0	252
Socioeconomic Index									
Low	93.9	1,020	15.1	52.6	8.2	22.7	1.4	100.0	957
Medium	93.0	1,222	15.0	52.1	9.1	23.3	0.5	100.0	1,142
High	90.8	309	19.1	44.6	10.6	25.7	0.0	100.0	282
Birth Order									
First	93.4	963	14.8	48.3	10.2	25.5	1.2	100.0	896
Second	93.5	964	17.2	53.6	7.6	21.0	0.6	100.0	902
Third or More	92.7	624	13.7	54.4	8.3	22.7	0.8	100.0	583
Type of Delivery									
Vaginal	93.9	2,182	16.8	55.6	7.9	18.8	0.9	100.0	2,054
Cesarean Section	88.3	369	4.7	23.4	15.4	55.7	0.8	100.0	327
Baby Weight at Birth									
< 2500 Grams	79.0	123	11.7	44.0	11.1	32.8	0.4	100.0	100
≥ 2500 Grams	94.0	2,414	15.6	52.1	8.7	22.7	0.9	100.0	2,270
Don't know	**	**	**	**	**	**	**	**	11

** Percentages are not shown when base is less than 25 cases

Table 5.17
Mean Duration of Breastfeeding in Months, by Type of Breastfeeding and Selected Characteristics, for Births in 1997–2002
Reproductive Health Survey: Albania, 2002

Characteristics	Exclusive Breastfeeding	Full Breastfeeding	Any Breastfeeding
Total	**2.8**	**4.9**	**14.3**
Strata			
Metro Tirana	2.7	4.8	15.2
Other Urban	2.5	4.9	13.8
Other Rural	2.9	4.9	14.6
Residence			
Urban	2.4	4.7	14.1
Rural	3.0	5.0	14.7
Age Group at Birth			
< 25	2.7	5.1	13.9
25–44	3.1	4.8	14.9
Education Level			
Secondary Incomplete or Less	3.0	5.2	14.8
Secondary Complete or More	2.0	4.1	13.4
Socioeconomic Index			
Low	2.9	5.2	15.7
Medium/High	2.7	4.8	13.2
Birth Order			
First	3.1	4.9	13.5
Second or More	2.6	4.8	14.8
Type of Delivery			
Vaginal	2.7	5.2	14.3
Cesarean Section	**	**	**
Initiation of Brestfeeding			
1 Hour or Less	2.4	4.4	16.1
2–23 Hours	3.2	5.8	15.8
24 or More	3.1	5.7	14.4
Unknown	**	**	**
Baby Weight at Birth			
< 2500 Grams	**	**	**
≥ 2500 Grams	3.0	5.2	14.7
Don't know	**	**	**

**Percentages are not shown when base is less than 25 cases

Table 5.18
Infant and Child Mortality Rates (Infant and Child Deaths per 1,000 Live Births) by Selected Characterisitcs, for Children Born August 1992–July 2002
Reproductive Health Survey: Albania 2002

Characteristics	Infant Mortality			Child Mortality (1–4 years)	Under-5 Mortality	No. of Births
	Total	Neonatal	Postneonatal			
Total	**26.2**	**11.9**	**14.3**	**5.8**	**31.9**	**4,823**
Residence						
Urban	21.7	10.3	11.5	6.2	27.8	2,881
Rural	29.3	13.0	16.3	5.5	34.7	1,942
Age Group at Birth						
< 25	23.6	13.0	10.6	6.0	29.4	2,066
25–44	28.2	11.1	17.1	5.7	33.7	2,757
Education Level						
Secondary Incomplete or Less	33.4	12.8	20.6	7.4	40.6	2,576
Secondary Complete or Post-Secondary	14.7	10.4	4.3	3.3	18.0	2,247
Socioeconomic Index						
Low	31.4	11.6	19.8	5.7	36.9	1,949
Medium/High	21.4	12.1	9.2	5.9	27.2	2,874
Birth Order						
1	22.6	10.3	12.3	6.1	28.6	1,874
2	23.1	13.6	9.5	5.3	28.2	1,800
3+	33.9	11.9	22.0	5.9	39.7	1,148
Birth Interval *						
First Births	21.7	10.6	11.1	6.0	27.6	1,746
< 24	63.8	31.4	32.4	7.2	70.5	841
24 +	14.5	5.3	9.2	4.6	19.0	2,208

* Excludes 28 cases with birth interval undefined

CHAPTER 6
CONTRACEPTION AWARENESS AND KNOWLEDGE OF USE

In this chapter the level of contraceptive awareness and the knowledge of how to use contraceptive methods are analyzed. Men and women of reproductive age in Albania were also asked about their sources of information regarding contraception and their opinion on contraceptive effectiveness. The information described in this chapter can help family planning program planners assess the overall knowledge on contraception and make informed decisions on how and where to strengthen information, education and communication programs on contraception.

Contraceptive Awareness and Knowledge of Use

Almost all of the Albanian women were aware of at least one method of contraception (97%), with 90% aware of at least one modern method. The most frequently known modern methods were condoms (81%), pills (68%), and tubal ligation (68%). More than half of the women had never heard of other modern methods. For example, spermicides were recognized as a contraceptive method by only 5% of the women. In addition, Albanian women demonstrated a relatively high awareness of traditional methods (86%) with withdrawal being the most frequently known traditional method (85%). Only one-fourth of the women were aware of periodic abstinence as a contraceptive method (Table 6.1A).

The level of awareness of any contraceptive method was highest among women who lived in urban areas other than Tirana, were between the age of 40 to 44 years, married, and more educated. Modern contraceptive awareness was almost universal among residents of Tirana and other urban areas. Not surprisingly, women from rural areas were overall less aware of any contraceptive method than their urban and Tirana residents' counterparts. Between Tirana and other urban areas, the level of condom and pill awareness were similar. However, in urban areas and Tirana awareness of tubal ligation (76% vs. 70% respectively) and injectables (43% vs 41% respectively) was slightly higher among residents of other urban areas. Awareness of emergency contraception, vasectomy, and spermicides was less than 11% and among rural residents was less than 6%.

Traditional methods were also more frequently recognized by women of urban residence. Among traditional methods, the largest gap in awareness was for periodic abstinence (33% vs. 19%).

Awareness of both modern and traditional methods among women was directly correlated with age (Table 6.1A). Almost all women aged 20 and older were aware of at least one contraceptive method. Awareness of modern methods had a weak inverse relationship with age for women aged 20 and older, while for traditional methods, level of awareness increased with the respondent's age. The best known methods for the youngest group were condoms (79%), pills (58%), and withdrawal (53%). However, among the oldest age group, withdrawal was the most recognized method (99%), followed by tubal ligation (79%), condoms (73%), and pills (64%). Only about one third of the 15-19 year olds have heard of tubal ligation as a contraceptive method.

Almost all women knew at least one modern method (87- 94%) regardless of their marital status. Withdrawal was the most widely known method among currently (100%) and previously married

(99%) women, while never married women had mostly heard of condoms (82%). Currently married women were familiar with condoms as much as tubal ligation (80%), followed by pills (70%). However, awareness of modern methods was greatest among previously married women (94%), and tubal ligation and pills ranked second and third respectively after condoms.

Among the female respondents, the awareness of both modern and traditional methods was directly correlated with their level of education (Table 6.1A). The difference in modern method awareness between the least educated women and those with post secondary education ranges from 29% for condoms to 92% for spermicides. The smallest gap in the level of awareness by education level is for withdrawal. Overall, more educated women had slightly higher awareness of modern methods than traditional methods.

Awareness of contraceptive methods by men was almost universal (Table 6.1B) and slightly higher than overall women's awareness. About 99% of men in the survey knew at least one contraceptive method, mainly withdrawal and condoms (89% each). However, more than two-thirds of men have not heard about other contraceptive methods. Among modern methods, pills were recognized by only one third of men, followed by tubal ligation and emergency contraception (15% and 10% respectively). Fewer men had heard of IUDs (8%), injectables (6%), vasectomy (5%), and spermicides (4%). Less than one- fourth of men knew about periodic abstinence as a contraceptive method.

By residence, the level of contraceptive awareness among men had little variation among Tirana residents and residents of other urban or rural areas (Table 6.1B). Urban residents (Tirana and other urban areas) were more aware of modern contraceptive methods than traditional methods (94% and 96% vs. 91%, respectively), while rural residents have heard of traditional methods more than modern ones (88% vs. 84%). Tirana residents had the highest level of awareness for all methods of contraception except for condoms and withdrawal, which had a slightly higher level of awareness among residents of other urban areas. Awareness of all modern methods was lowest for men in rural areas.

Contraceptive awareness (any method) was lowest, but still more than 90%, among 15-19 year old men (94%), however it was virtually universal among those aged 20 and older. Awareness of modern contraceptive methods had an inverse relationship with age after age 20, with awareness in the mid 90% for ages 25 to 34, mid 80% for ages 35 to 44, and 69% for ages 45 to 49. Nonetheless, this relationship was positive for traditional methods. Younger men (aged 15-19) were more aware of modern contraceptive methods than traditional ones (91% vs. 55%).

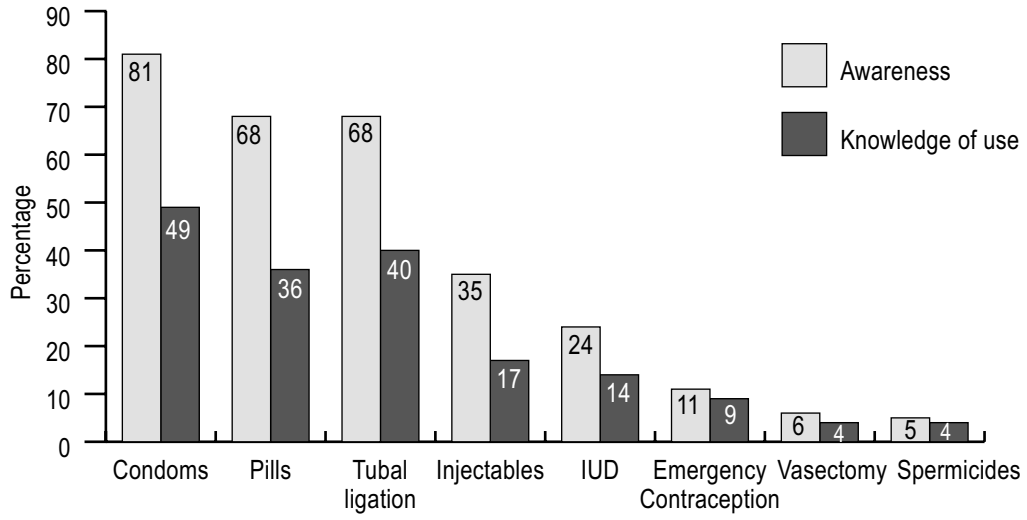
Never married men had greater awareness of modern contraceptive methods than currently married men (95% vs. 86%). Although virtually all currently married men have heard of at least one traditional contraceptive method, less than three-fourths of never married men were aware of traditional methods. As shown in Table 6.1B there were only 14 male respondents who were previously married, thus percentages for this group were not calculated.

The awareness of both modern and traditional contraceptive methods was directly associated with men's educational level (Table 6.1B). The gap in the level of awareness between the most and the least educated men was 19 percentage points for condoms, the best known method. For other

modern methods the difference between post-secondary and primary or less educated men, was even greater.

Male and female respondents who have heard of at least one contraceptive method were asked whether they knew how to use the method. Among women, knowledge of how to use any method, modern or traditional was lower than the corresponding awareness of the method (59% vs. 90% for any modern and 80% vs. 86% for any traditional), (Tables 6.1A and 6.2A). The proportion of women who knew how to use specific methods was considerably lower than the corresponding awareness of methods. This gap was largest for the most widely known modern methods: condoms, pill, tubal ligation, injectables, and IUD (Figure 6.1). Although 81% of women have heard of condoms, only slightly less than half of them stated that they knew how to use them (49%). The gap between awareness and knowledge of how to use the method was greatest for the pill (68% vs. 36%) and injectables (35% vs. 17%). The proportion of women who knew how tubal ligation and IUD protect against pregnancy was about 40% less than the proportion who have heard about them (68% vs. 40% and 24% vs. 14%, respectively). A relatively smaller gap between awareness of method and knowledge of its use was present for other modern methods (emergency contraception, vasectomy, and spermicides). The percentage of women who were aware of periodic abstinence and withdrawal were slightly different from the percentage who knew how to use them (85% vs. 79% and 25% vs. 20% respectively).

Figure 6.1
Awareness and Knowledge of How to Use Contraceptive Methods Among Women Aged 15-44 Years
Reproductive Health Survey: Albania, 2002



Among the female respondents, the gap between awareness of modern methods and knowledge of how to use them had a slight urban-rural variation, with a 10 percentage point gap among residents of Tirana and other urban areas vs. 13% among rural residents (Table 6.2A). Although 95% of urban residents had heard of at least one modern method, their knowledge of how to use them was substantially lower (70% and 66% among residents of Tirana and other urban areas respectively). Again, the difference between awareness of modern methods and knowledge of how to use them was greatest among rural residents (83% vs. 53%). The urban-rural variation in the knowledge of specific contraceptive methods was considerable. Knowledge of how to use condoms was to some extent lower among rural women (42%) than residents of urban areas (57% and 61% other urban and Tirana respectively). Women in rural areas had also considerably lower knowledge of the pill (29% v. 44% and 46%), injectables (13% vs. 22% and 23%), and IUD (10% vs. 19% and 20%) than other urban and Tirana residents. Women in the urban areas had 3-4 times greater knowledge about how emergency contraception and vasectomy prevent pregnancy than rural residents (12%-17% vs. 4% and 6%-8% vs. 2% respectively).

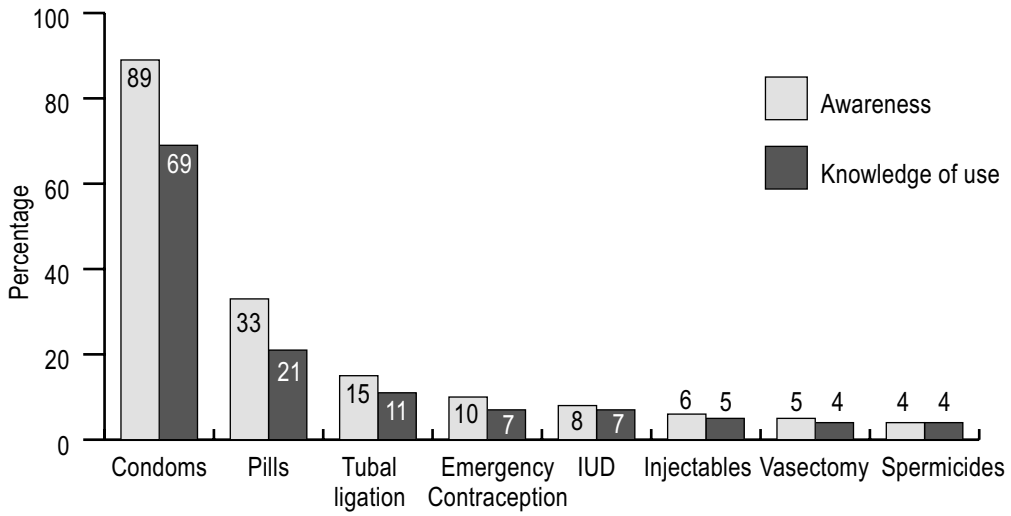
Regarding the age of respondents, among women, the difference between awareness of contraceptive methods and knowledge of how to use them was greatest among youngest women (88% vs. 57%) and smallest among women aged 35 and older (99%-100% vs. 97-98%). Although 86% of women aged 15-19 have heard of at least one modern contraceptive method, only about half of them knew how to use them. The knowledge of how to use specific contraceptive methods was highest among women aged 20-24 for condoms (56%); among women aged 30-34 for the pill (40%); among women aged 35-39 for tubal ligation (52%); and among women aged 25-34 for injectables (22%). The percentage of women who knew how to use withdrawal improved with increase in age of the respondent (from 39% for 15-19 year olds to 98% for 40-44 year olds). A similar increase for periodic abstinence (10% to 22%) is also observed.

Among currently and previously married women, there were no differences in contraceptive awareness and knowledge of use. However, never married women had a 32 percentage point gap between their contraceptive awareness and knowledge of use (89% vs. 57%). Knowledge of how to use modern methods was greatest among women who were previously married (75%), followed by married women (63%). Knowledge of how withdrawal works against pregnancy was universal among previously and currently married women (99%).

Women's education is directly associated with knowledge of how to use contraceptive methods. The gap in the knowledge of how to use modern methods between the least educated and the most educated women was greatest for condoms (41 percentage points) and the pills (42 percentage points).

Among the male respondents, knowledge of how to use modern contraceptive methods was lower than their corresponding awareness (70% vs. 89%). However, this gap was only 2 percentage points for traditional methods (Table 6.2B). While 89% of men have heard of condoms, only 69% of them knew how to correctly use them. The proportion of men who knew how other modern contraceptive methods prevent pregnancy was relatively small, hence, the gap between knowledge of how to use and corresponding awareness was smaller: 21% vs. 33% for the pills; 11% vs. 15% for tubal ligation; and 7% vs. 10% for emergency contraception (Figure 6.2).

Figure 6.2
Awareness and Knowledge of How to Use Contraceptive Methods Among Men Aged 15-49 Years
Reproductive Health Survey: Albania, 2002



Knowledge of how contraceptive methods work had a slight urban-rural variation among the male respondents. The largest gap between knowledge of contraceptive use and the corresponding awareness was among rural residents (90% vs. 98%), followed by residents of Tirana (94% vs.100%) and other urban areas (94% vs. 99%). Although 60% of men in the rural areas knew how to use condoms, a considerably smaller percentage of them knew how the pills and tubal ligation prevents pregnancy (12% and 10%, respectively). The urban-rural variation for traditional methods was relatively small (89% vs. 86%).

With respect to age groups, there was only a slight gap in knowledge on how to use contraceptive methods and the corresponding awareness for respondent men 25 years and older. Meanwhile, younger men (aged 15-19) had a huge gap between knowledge of how to use contraception and awareness of it (64% vs. 94%). While 91% of men aged 15-19 have heard of at least one contraceptive method, slightly more than half of them knew how to use them. Knowledge about how to use condoms was highest among men aged 20-24 (86%) and lowest among the oldest age group (51%). On the other hand, all the men in the oldest group stated that they knew how the withdrawal method works, while only half of the youngest respondents stated that they knew how to use withdrawal. One reason for this could be that 80% of adolescent men reported that they are not yet sexually experienced and therefore had not yet started to think about using contraceptives

Among men, all married men and 80% of never married men stated that they knew how to use at least one contraceptive method (Table 6.2B). The difference between awareness of modern contraceptive methods and knowledge of how to use them had only a slight variation according to the men's marital status. Never married men had greater knowledge of how to use all modern methods than married men, except for tubal ligation (7% vs. 14%). On the other hand, all married men knew how to

use withdrawal while only 68% of never married men knew how it was used.

According to marital status, all men with post-secondary education knew how to use at least one contraceptive method. The difference between awareness of contraceptive methods and knowledge of how to use them among men with secondary and primary or less education was 9 and 6 percentage points, respectively.

Knowledge about Contraceptive Source

The Albania Reproductive Health Survey included questions about source of modern methods of contraception for both women and men. About three fourths of women knew where to get condoms; almost two thirds knew a source for the pills; more than half knew where to get tubal ligation; and 30% knew a source for injectables (Table 6.3A). However, only 21% and 10% of women knew where to get IUDs and emergency contraception respectively. Very few knew a source for spermicides or where vasectomies are performed.

Knowledge of a source for contraceptive methods was higher among residents of urban areas (91% Tirana and 92% other urban) than rural residents (76%). Knowledge about where to get contraceptive methods had little variation among different age groups, with the highest among women aged 35-39 (87%). Previously married women had the highest knowledge of contraceptive sources (87%) and women with the highest education had almost universal knowledge of where to get contraceptive methods, especially for condoms (97%) and pills (93%).

Knowledge of a source for contraceptive methods among men was highest for condoms (70%). A substantially smaller proportion of men knew where to get pills (26%), or where vasectomy procedure is performed (4%) (Table 6.3B). Among men, knowledge of contraceptive sources was highest among Tirana residents (82%); men aged 20-24 (89%); never married men (79%); and men with a post-secondary education (94%). The difference between the highest educated and the least educated men in regard to the knowledge of a source was 35% for condoms, 82% for the pills, 65% for tubal ligation, 88% for emergency contraception and IUD, 83% for vasectomy, and 85% for spermicides.

Most Important Source of Information about Contraception

Survey respondents were asked their most important source of information regarding specific contraceptive methods (Table 6.4A). Among women, the most important sources of information for condoms and pills were television or radio (64%, and 50% respectively), followed by friends (15% pills and 22% condoms). Friends were the most important source of information about IUDs (32%), injectables (46%), tubal ligation (43%) and periodic abstinence (60%). The second most important source of information about IUDs (25%) and injectables (16%) were television and radio; about tubal ligation was a physician (17%), and about periodic abstinence was a relative (13%). A partner or husband was the most important source of information for withdrawal (78%).

Among men, television or radio were mentioned by half of the men as the most important source of information for condoms and the pills, followed by friends for condoms (24%) and books/newspaper/magazine for the pill (18%) (Table 6.4B). The same proportion of men (28%) named television or radio and a physician as the most important sources of information for tubal ligation. The most important source of information regarding injectables and IUDs

were the media (37% and 26% respectively). The most important sources of information about withdrawal were friends and coworkers (72%); for periodic abstinence, the most important sources were their partner or wife and coworkers (40%).

Knowledge about Contraceptive Effectiveness

Tables 6.5A and 6.5B lists contraceptive methods according to their theoretical effectiveness as published by the United States Food and Drug Agency (USFDA) (2002)[1]. Implants and vasectomy have the lowest failure rate (0.09 -0.1 pregnancies per 100 women) and therefore are the most effective methods. However, they are not widely available in Albania. The pills (combined oral contraceptives) have an expected failure rate of 0.1 pregnancies per 100 women if used correctly and consistently, but with typical use, the failure rate increases to 5 pregnancies per 100 women. The next effective methods are injectables, tubal ligation, and IUDs with failure rates of 0.3, 0.5 and 0.6 pregnancies per 100 women respectively when used correctly. Male condoms and other barrier methods have higher failure rates of 3-6 pregnancies per 100 women, and are less effective with the typical use (14-26 pregnancies per 100 women). Traditional methods are the least effective in preventing pregnancies.

Among women who have heard of modern methods, less than 20% thought that modern contraceptive methods were very effective. Condoms were the exception, with 18% of women considering them very effective (Table 6.5A). The proportion of women who were aware of a specific modern method and believed that they are very effective or effective was 57% for the pills, 51% for injectables, 72% for tubal ligation, 58% for IUDs, and 54% for condoms. On the other hand, 87% of women who have heard of withdrawal, the least effective method, believed that it is very effective or effective.

Among men, because of a very low awareness of modern contraceptive methods, the proportion that considered them as very effective or effective was small (Table 6.5B). After excluding men who were not aware of a specific contraceptive method, the proportion of men who believed certain methods were very effective or effective was 65% for the pills, 94% for tubal ligation, and 78% for condoms. Among men who have heard of periodic abstinence or withdrawal, 70% and 80%, respectively, considered them to be very effective or effective .

[1] http://www.fda.gov/fdac/features/1997/conceptbl.html

Table 6.1 A
Percentage of Women Aged 15-44
Who Have Heard of Specific Methods of Contraception by Selected Characteristics
Reproductive Health Survey: Albania, 2002

		Residence			Age						Marital Status			Education		
Contraceptive Method	Total	Tirana	Other Urban	Rural	15-19	20-24	25-29	30-34	35-39	40-44	Married	Previously Married	Never Married	Primary or Less	Secondary	Post-Secondary
Any Method	**96.5**	**97.5**	**98.2**	**95.2**	**88.0**	**97.0**	**99.3**	**99.3**	**98.6**	**99.6**	**99.9**	**99.3**	**89.4**	**94.5**	**98.5**	**100.0**
Any Modern Method	**89.6**	**95.3**	**94.9**	**85.2**	**85.5**	**92.0**	**92.7**	**91.4**	**90.6**	**86.9**	**90.9**	**94.0**	**86.9**	**83.5**	**96.2**	**99.8**
Condoms	**81.3**	90.9	90.5	73.4	79.3	87.0	86.2	81.3	80.9	72.7	80.4	89.3	82.4	70.9	92.2	99.1
Pills	**68.0**	79.4	79.0	58.8	58.3	73.4	76.2	70.8	68.2	64.1	69.3	77.5	65.0	56.1	79.0	95.9
Tubal Ligation	**67.6**	69.8	75.6	62.5	36.2	59.6	77.9	81.7	83.0	79.0	80.3	82.8	41.2	60.3	73.8	86.9
Injectables	**34.9**	41.3	43.4	28.4	20.3	33.7	43.6	41.0	40.2	35.4	39.9	42.4	24.5	27.1	41.5	55.8
IUD	**24.2**	34.6	32.9	16.4	9.6	23.1	27.3	32.7	30.1	27.2	28.8	25.8	14.9	15.1	30.9	52.6
Emergency Contraception	**10.7**	20.8	15.2	5.3	8.6	14.2	10.9	13.4	9.5	7.9	10.3	10.6	11.5	4.9	12.6	40.3
Vasectomy	**6.0**	13.7	8.0	2.7	3.6	6.4	8.1	6.9	6.6	5.3	6.2	6.6	5.6	1.5	8.7	24.0
Spermicides	**5.0**	11.1	5.6	2.9	2.6	6.2	5.7	6.2	6.2	3.8	4.8	9.3	5.0	1.6	6.6	20.1
Any Traditional Method	**86.0**	**86.8**	**90.5**	**83.3**	**55.0**	**82.9**	**94.5**	**97.4**	**98.3**	**99.4**	**99.8**	**99.3**	**57.8**	**83.9**	**86.8**	**95.7**
Withdrawal	**85.0**	85.9	89.0	82.6	52.8	81.6	93.3	96.8	98.1	99.3	99.7	99.3	54.9	83.5	85.2	94.0
Periodic abstinence (rhythm method)	**25.2**	33.0	33.1	18.6	12.5	26.2	29.9	32.0	27.1	27.9	29.4	27.2	16.7	16.8	29.3	62.0
No. of Cases	**5,697**	**2,108**	**1,816**	**1,773**	**1,094**	**936**	**946**	**1,067**	**958**	**696**	**3,965**	**88**	**1,644**	**2,519**	**2,483**	**695**

Table 6.1 B
Percentage of Men Aged 15-49 Who Have Heard of Specific Methods of Contraception by Selected Characteristics
Reproductive Health Survey: Albania, 2002

		Residence			Age							Marital Status*		Education		
Contraceptive Method	Total	Tirana	Other Urban	Rural	15-19	20-24	25-29	30-34	35-39	40-44	45-49	Married	Never Married	Primary Or Less	Secondary	Post-Secondary
Any Method	**98.6**	**99.6**	**99.3**	**97.8**	**93.6**	**99.9**	**100.0**	**100.0**	**99.3**	**99.4**	**100.0**	**99.7**	**96.9**	**97.2**	**99.8**	**100.0**
Any Modern Method	**89.4**	**94.1**	**95.7**	**83.9**	**91.0**	**99.7**	**95.5**	**95.6**	**87.6**	**83.4**	**68.8**	**85.9**	**94.9**	**81.4**	**96.3**	**99.8**
Condoms	**88.6**	93.9	95.5	82.5	91.0	99.0	94.7	95.2	85.0	83.4	67.6	84.9	94.7	80.4	95.7	99.1
Pills	**32.7**	51.8	42.3	19.5	26.2	42.7	45.4	38.0	28.6	27.9	20.4	28.7	38.3	16.7	40.6	80.7
Tubal Ligation	**14.8**	18.5	18.3	11.2	6.0	8.0	16.6	18.9	22.2	20.1	15.0	18.5	9.1	10.4	15.8	33.4
Emergency Contraception	**10.1**	16.2	15.0	4.9	8.3	13.1	10.7	16.8	7.3	9.3	5.4	8.5	12.6	4.9	10.3	37.7
IUD	**8.4**	15.6	11.9	3.4	4.8	6.3	9.6	15.0	8.3	8.4	7.8	8.5	8.0	3.4	10.0	27.0
Injectables	**6.4**	11.0	10.3	2.3	4.9	5.4	7.1	10.6	6.1	7.1	4.0	5.8	7.3	3.3	6.4	23.2
Vasectomy	**4.7**	11.0	4.9	2.1	2.6	2.3	5.7	8.2	3.1	5.4	6.7	4.6	4.8	2.6	4.0	19.1
Spermicides	**4.0**	10.2	4.0	1.5	2.3	2.6	4.9	6.3	3.8	4.8	3.8	3.9	4.1	1.9	3.9	15.7
Any Traditional Method	**89.4**	**90.6**	**91.2**	**87.9**	**55.2**	**88.6**	**98.0**	**100.0**	**99.1**	**99.4**	**100.0**	**99.7**	**73.6**	**88.5**	**88.9**	**96.8**
Withdrawal	**89.3**	90.5	91.2	87.7	54.6	88.6	98.0	100.0	99.0	99.4	100.0	99.6	73.4	88.3	88.9	96.6
Periodic Abstinence (rhythm method)	**22.5**	28.7	24.6	18.9	12.2	23.2	30.1	33.7	21.8	22.9	17.0	23.6	20.7	16.7	25.1	41.6
No. of Cases	**1,740**	**718**	**547**	**475**	**401**	**189**	**218**	**253**	**255**	**277**	**147**	**1,023**	**703**	**689**	**825**	**226**

*Excludes 14 previously married cases.

Table 6.2 A
Percentage of Women Aged 15-44
Who Say They Know How Specific Methods of Contraception
Are Used by Selected Characteristics
Reproductive Health Survey: Albania, 2002

		Residence			Age						Marital Status			Education		
Contraceptive Method	Total	Tirana	Other Urban	Rural	15-19	20-24	25-19	30-34	35-39	40-44	Married	Previously Married	Never Married	Primary or Less	Secondary	Post-Secondary
Any Method	**85.4**	**87.6**	**88.4**	**83.2**	**57.2**	**80.6**	**94.6**	**95.5**	**97.3**	**97.9**	**99.5**	**99.3**	**56.6**	**83.2**	**86.9**	**93.9**
Any Modern Method	**59.4**	**69.6**	**65.8**	**53.1**	**48.7**	**61.3**	**62.4**	**62.8**	**65.1**	**60.0**	**63.4**	**74.8**	**50.6**	**51.0**	**66.0**	**84.7**
Condoms	**49.4**	61.1	57.2	41.7	42.5	55.6	54.4	51.4	47.9	46.1	51.1	60.9	45.2	39.2	57.4	79.6
Pills	**36.0**	46.0	44.4	28.6	27.9	38.5	38.7	39.7	38.8	35.2	37.9	53.0	31.2	27.0	41.9	68.5
Tubal Ligation	**40.2**	38.5	46.2	37.4	20.6	35.4	43.1	48.1	51.6	49.7	47.5	64.9	24.0	34.9	44.1	56.7
Injectables	**17.4**	22.8	21.8	13.4	9.0	15.7	21.9	22.0	20.9	17.7	20.4	27.8	10.7	12.4	20.4	36.4
IUD	**14.0**	19.9	19.3	9.5	5.2	14.0	14.7	19.4	18.4	15.8	16.5	16.6	8.9	7.7	18.8	33.7
Emergency Contraception	**8.6**	16.9	12.0	4.4	6.4	12.2	8.4	11.2	7.5	6.2	8.4	9.3	8.9	4.0	9.4	35.0
Vasectomy	**4.3**	8.3	5.9	2.3	2.1	4.5	5.5	5.3	5.5	3.7	4.8	5.3	3.4	1.2	6.0	17.3
Spermicides	**3.6**	7.4	3.8	2.3	1.4	4.5	4.2	4.5	4.7	2.8	3.6	8.6	3.1	1.2	4.4	15.1
Any Traditional Method	**79.5**	**80.8**	**83.4**	**77.0**	**40.4**	**72.4**	**90.4**	**94.9**	**96.2**	**97.6**	**99.2**	**99.3**	**39.2**	**78.4**	**79.5**	**86.7**
Withdrawal	**78.9**	79.8	83.0	76.4	38.9	71.7	89.6	94.4	96.2	97.6	99.2	99.3	37.4	77.9	78.9	85.7
Periodic Abstinence (rhythm method)	**19.7**	25.8	24.8	15.1	9.5	20.0	23.6	24.9	22.1	21.5	23.5	21.2	11.9	13.4	22.4	48.3
No. of Cases	**5,697**	**2,108**	**1,816**	**1,773**	**1,094**	**936**	**946**	**1,067**	**958**	**696**	**3,965**	**88**	**1,644**	**2,519**	**2,483**	**695**

Table 6.2 B
Percentage of Men 15-49 Years Who Say They Know How Specific Methods of Contraception are Used by Selected Characteristics
Reproductive Health Survey: Albania, 2002

		Residence			Age							Marital Status			Education		
Contraceptive Method	Total	Tirana	Other Urban	Rural	15-19	20-24	25-29	30-34	35-39	40-44	45-49	Married	Previously Married	Never Married	Primary or Less	Secodary	Post-Seondary
Any Method	**92.0**	**93.8**	**94.3**	**89.9**	**63.8**	**94.2**	**99.8**	**99.5**	**99.1**	**99.3**	**100.0**	**99.6**	**	**80.2**	**91.2**	**91.3**	**99.5**
Any Modern Method	**69.5**	**79.9**	**76.6**	**61.3**	**57.6**	**88.2**	**85.0**	**82.9**	**61.1**	**61.4**	**52.1**	**65.8**	**	**75.6**	**59.8**	**75.8**	**92.0**
Condoms	**68.7**	79.6	75.8	60.1	57.4	86.2	85.0	82.0	59.8	60.6	50.8	64.8	**	74.8	59.1	74.6	91.6
Pills	**20.8**	37.7	25.2	11.5	13.1	28.2	34.1	26.1	17.7	16.7	11.2	17.9	**	25.1	10.2	24.3	60.6
Tubal Ligation	**11.1**	11.1	13.4	9.7	5.1	5.1	14.2	15.3	14.3	14.6	11.4	14.0	**	6.6	9.2	11.2	20.2
Emergency Contraception	**7.4**	13.7	9.8	3.6	5.4	8.1	9.3	14.2	5.5	6.0	4.1	6.4	**	9.0	3.5	7.6	27.7
IUD	**6.8**	12.3	10.0	2.7	4.0	5.5	9.0	12.1	5.0	6.1	6.7	6.4	**	7.2	2.9	7.7	22.5
Injectables	**5.1**	8.0	8.3	2.1	3.4	3.6	6.2	9.1	5.0	5.7	3.8	4.9	**	5.5	2.7	5.1	18.2
Vasectomy	**3.6**	7.5	4.3	1.7	2.3	2.1	3.9	6.3	2.6	4.4	4.5	3.5	**	3.9	2.1	3.1	14.3
Spermicides	**3.5**	8.2	3.7	1.5	2.0	2.6	4.0	5.4	3.5	4.2	3.2	3.3	**	3.7	1.7	3.7	11.6
Any Traditional Method	**87.3**	**88.6**	**88.6**	**85.9**	**45.7**	**87.1**	**97.7**	**99.4**	**99.0**	**99.3**	**100.0**	**99.5**	**	**68.2**	**86.5**	**86.2**	**96.6**
Withdrawal	**87.1**	88.5	88.6	85.7	45.2	87.1	97.7	99.4	98.8	99.3	100.0	99.5	**	68.0	86.2	86.2	96.4
Periodic Abstinence (rhythm method)	**21.4**	26.5	24.1	17.7	11.8	23.2	29.1	31.3	20.1	21.0	16.2	22.2	**	20.0	15.6	24.0	39.8
No. of Cases	**1,740**	**718**	**547**	**475**	**401**	**189**	**218**	**253**	**255**	**277**	**147**	**1,023**	**14**	**703**	**689**	**825**	**226**

** Percentages are not shown when base is less than 25 cases.

Table 6.3 A
Percentage of Women 15-44 Years Who Say They Know Where to Get Specific Contraceptive Methods by Selected Characteristics
Reproductive Health Survey: Albania, 2002

		Residence			Age						Marital Status			Education		
Contraceptive Method	Total	Tirana	Other Urban	Rural	15-19	20-24	25-29	30-34	35-39	40-44	Married	Previously Married	Never Married	Primary or Less	Secondary	Post-Secondary
Any Modern Method	**83.3**	**90.9**	**92.0**	**76.4**	**77.4**	**85.1**	**86.3**	**84.5**	**87.3**	**81.1**	**85.6**	**87.3**	**78.5**	**74.6**	**92.4**	**98.7**
Condoms	**74.1**	84.4	87.0	64.1	70.2	78.4	79.8	74.7	75.5	66.8	74.1	80.8	73.6	61.5	87.1	97.0
Pills	**65.2**	73.9	76.2	51.1	51.6	67.2	70.5	64.4	64.0	58.4	64.1	73.1	57.7	48.8	74.6	93.1
Tubal Ligation	**58.8**	59.5	68.1	53.6	30.2	50.3	66.5	72.3	75.7	68.9	70.8	77.5	34.0	51.8	64.7	78.3
Injectables	**30.2**	35.1	40.0	23.5	17.3	28.6	37.4	35.2	36.4	31.1	35.1	37.9	20.0	22.5	36.7	51.4
IUD	**21.3**	29.3	30.1	14.2	8.0	21.0	24.3	27.9	27.6	23.8	25.4	22.8	13.2	12.9	27.6	47.9
Emergency Contraception	**10.2**	19.6	14.6	5.0	8.0	13.3	10.5	12.9	9.0	7.6	9.8	10.0	10.8	4.6	11.9	38.9
Vasectomy	**5.1**	10.6	6.9	2.5	2.7	5.2	6.7	5.9	6.1	4.7	5.6	5.8	4.1	1.3	7.4	19.9
Spermicides	**4.4**	10.0	4.9	2.4	2.2	5.6	5.2	5.4	5.5	2.9	4.2	9.2	4.4	1.2	6.0	17.6
No. of Cases	**5,697**	2,108	1,816	1,773	1,094	936	946	1,067	958	696	3,965	88	1,644	2,519	2,483	695

Table 6.3 B
Percentage of Men 15-49 Years Who Say They Know
Where to Get Specific Contraceptive Methods by Selected Characteristics
Reproductive Health Survey: Albania, 2002

		Residence			Age							Marital Status		Education		
Contraceptive Method	Total	Tirana	Other Urban	Rural	15-19	20-24	25-29	30-34	35-39	40-44	45-49	Married	Previously Married	Never Married	Primary or Less	Secondary	Post-Secondary
Any Modern Method	**70.8**	**82.2**	**80.0**	**60.8**	**64.2**	**88.9**	**86.1**	**82.4**	**64.2**	**59.3**	**49.4**	**65.8**	**	**78.5**	**60.2**	**77.9**	**93.9**
Condoms	**70.1**	81.8	79.3	60.1	63.9	88.9	86.1	81.6	62.7	58.4	48.1	64.9	**	78.4	60.1	76.7	93.1
Pills	**26.2**	42.7	33.4	15.4	20.0	32.2	37.9	33.8	24.1	21.7	14.2	23.0	**	31.0	12.3	33.0	68.1
Tubal Ligation	**12.2**	12.2	15.6	10.3	5.0	6.2	13.9	17.1	17.6	17.0	11.5	15.6	**	7.1	9.3	12.7	26.1
Emergency Contraception	**8.4**	14.9	12.2	3.6	5.0	10.6	10.0	16.1	5.9	7.1	5.2	7.4	**	9.9	3.8	8.1	34.4
IUD	**7.3**	12.5	11.1	3.1	3.6	5.9	8.9	14.4	6.2	6.7	7.3	7.4	**	7.0	3.2	8.4	24.7
Injectables	**5.5**	8.5	9.0	2.3	4.0	4.1	6.3	10.0	5.0	6.3	3.2	5.0	**	6.4	3.0	5.1	20.7
Vasectomy	**3.6**	6.9	3.8	2.1	2.2	1.8	3.5	7.3	2.3	4.2	4.4	3.6	**	3.2	2.4	3.0	12.4
Spermicides	**3.6**	8.7	3.8	1.5	2.2	2.6	3.9	5.9	3.7	4.4	3.2	3.5	**	3.8	1.8	3.8	12.6
No. of Cases	**1,740**	718	547	475	401	189	218	253	255	277	147	1,023	14	703	689	825	226

**Percentages are not shown when base is less than 25 cases.

Table 6.4 A
Percent Distribution of Most Important Source of Information about Contraception by Specific Method Among Women Aged 15–44 Who Have Heard About Specific Methods of Contraception
Reproductive Health Survey: Albania, 2002

	Contraceptive Method						
Most Important Source of Information About Contraception	**Condom**	**Pill**	**Tubal Ligation**	**Injectables**	**IUD**	**Withdrawal**	**Periodic Abstinence**
Television or Radio	63.6	49.5	10.2	15.7	24.5	1.6	3.2
Friends	15.3	21.8	42.5	46.2	32.4	14.3	59.8
Pharmacist	6.0	5.7	0.0	1.7	1.0	0.0	0.3
Partner or Husband	4.6	0.0	0.7	0.3	1.0	77.7	2.8
Books/Newspaper/Magazine	2.0	4.9	2.2	4.6	6.6	0.6	7.0
Teacher	2.0	1.9	1.0	1.3	2.2	0.3	2.0
Nurse/Midwife/Community Health Worker	1.8	10.2	9.0	9.0	7.7	0.2	3.6
Coworker/Colleagues/Peers	2.5	2.0	2.5	3.6	3.6	1.9	4.1
Physician	1.0	1.1	16.8	10.2	15.5	0.5	2.8
Relative	1.0	2.4	12.6	6.9	4.6	2.2	13.3
Mother or Father	0.2	0.5	2.4	0.5	0.9	0.7	0.9
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Don't Know	0.0	0.0	0.1	0.0	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	4,901	4,178	4,023	2,179	1,643	4,985	1,653

Table 6.4 B
Percent Distribution of Most Important Source of Information about Contraception by Specific Method Among Men Aged 15–49 Who Have Heard About Specific Methods of Contraception
Reproductive Health Survey: Albania, 2002

	Contraceptive Method						
Most Important Source of Information About Contraception	**Condom**	**Pill**	**Tubal Ligation**	**Injectables**	**IUD**	**Withdrawal**	**Periodic Abstinence**
Television or Radio	51.2	44.9	27.7	37.3	26.4	0.2	7.4
Friends	23.7	9.4	5.5	7.4	3.5	41.5	12.7
Pharmacist	1.6	2.0	0.3	1.6	0.3	0.0	0.0
Partner or Wife	0.1	3.5	5.6	4.6	9.0	14.5	25.9
Books/Newspaper/Magazine	6.3	17.9	14.9	15.7	24.3	1.3	8.9
Teacher	3.5	7.6	8.3	14.7	7.9	0.3	3.7
Nurse/Midwife/Community Health Worker	0.4	1.7	4.5	2.0	3.8	0.1	0.9
Coworker/Colleagues/Peers	10.6	7.2	4.3	9.1	14.7	30.2	24.2
Physician	1.6	5.6	28.0	7.6	9.0	0.2	1.4
Relative	0.5	0.6	0.2	0.0	0.3	9.9	14.5
Mother or Father	0.3	0.1	0.2	0.0	0.9	0.5	0.1
Other	0.2	0.0	0.2	0.0	0.0	0.5	0.2
Don't Know	0.1	0.1	0.3	0.0	0.0	0.7	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	1,601	698	287	149	202	1,528	426

Table 6.5 A
Percentage Distribution of Women 15-44 by Their Opinion About Contraceptive Effectiveness if the Method is Used Correctly and Consistently
Reproductive Health Survey: Albania, 2002

Contraceptive Method*	Never Heard of Method	Heard of Method	No. of Cases	Very Effective	Effective	Some-what Effective	Not Very Effective	Do Not Know	Total	No. of Cases**
Pill	31.8	68.2	5697	9.5	47.7	9.8	2.9	30.1	100.0	4178
Injectables	64.6	35.4	5697	4.0	46.6	9.3	4.5	35.6	100.0	2179
Tubal Ligation	32.3	67.7	5697	12.7	59.5	4.6	1.9	21.3	100.0	4023
IUD	75.0	25.0	5697	6.0	52.0	8.4	3.2	30.4	100.0	1643
Condom	18.7	81.3	5697	18.3	36.0	17.2	1.6	26.9	100.0	4901
Calendar	74.3	25.7	5697	1.6	27.6	27.6	11.0	31.9	100.0	1653
Withdrawal	15.1	84.9	5697	69.3	17.2	6.9	1.6	4.9	100.0	4985

*Listed in descending order of contraceptive effectiveness when the method is used correctly and consistently (USFDA)
**Opinion about contraceptive effectiveness asked only of women who have heard of method

Table 6.5 B
Percentage Distribution of Men 15-49 by Their Opinion About Contraceptive Effectiveness if the Method is Used Correctly and Consistently
Reproductive Health Survey: Albania, 2002

Contraceptive Method*	Never Heard of Method	Heard of Method	No. of Cases	Very Effective	Effective	Some-what Effective	Not Very Effective	Do Not Know	Total	No. of Cases***
Pill	67.3	32.7	1740	12.5	52.0	12.2	1.8	21.4	100.0	698
Injectables	93.6	6.4	1740	**	**	**	**	**	**	149
Tubal Ligation	85.2	14.8	1740	79.7	14.2	1.4	1.4	3.3	100.0	287
IUD	91.6	8.4	1740	**	**	**	**	**	**	202
Condom	11.4	88.6	1740	46.8	31.2	4.7	0.6	16.7	100.0	1601
Calendar	77.5	22.5	1740	13.3	56.6	23.0	4.0	3.1	100.0	426
Withdrawal	10.7	89.4	1740	42.4	37.7	16.2	1.9	1.9	100.0	1528

*Listed in descending order of contraceptive effectiveness when the method is used correctly and consistently (USFDA)
**Less than 10 percent of respondents heard of method
***Opinion about contraceptive effectiveness asked only of men who have heard of method

CHAPTER 7
CONTRACEPTIVE USE AND PREFERENCES

Family planning is one of the most important components of reproductive health and maternal and child health programs. Use of modern methods of contraception influences both fertility and abortion rates and is also known to improve infant and child survival through birth spacing by at least two-year intervals.

In this chapter we examine the use of family planning in the Albanian reproductive age population and describe the sociodemographic characteristics that are associated with its use. We group family planning methods into two broad categories, modern methods and traditional methods. Modern methods consist of the oral pill, the condom, the IUD, implants, injectables, vaginal methods, and female and male sterilization (i.e., tubal ligation and vasectomy). Periodic abstinence (rhythm) and withdrawal comprise traditional methods (V Zlidar et al, 2003).

Current Contraceptive Use

Table 7.1 presents data from recent demographic and reproductive health surveys conducted in Eastern Europe and the former Soviet Union republics. The Eastern European countries, including Albania, show a relatively high prevalence of contraceptive use among married women. However, for unmarried women, Albania departs from the Eastern European pattern and demonstrates exceptionally low contraceptive prevalence for previously married (5%) and never married (4%) women, similar to rates found in the Caucasus region. This reflects the fact that more than 90% of the unmarried female population reported that they were not sexually active at the time of the survey (see Chapter 8).

Since the majority of sexually active women in Albania are married and because, by convention, most international contraceptive prevalence data are reported for married women, most of the data in this chapter will be confined to married women and married men (V Zlidar et al., 2003; R Salem, 2004).

In Tables 7.2A and 7.2B, the reported current practice of contraception is relatively high and very similar for women and men, at 75% for married women and 77% for married men. However, these rates are almost entirely due to the use of the traditional method of withdrawal (67% and 73% for married women and men, respectively). Given the history and geographic location of Albania, it may not be surprising that withdrawal is the most prominent method of contraception used (G Santow, 1993; H Goldberg and A Toros, 1994; Y Tountas et al., 2004). Overall, married men report a lower level of modern contraceptive use than women – only 3% compared to the 8% reported by married women. Previously and never married women exhibit very low levels of use, presumably reflecting low levels of sexual activity, as mentioned above. Among males who are not currently married, contraceptive use is somewhat higher than among unmarried females (14% for never married men), again more likely a reflection of higher sexual activity among men in this category compared to women.

Only 8.0% of married women report using a modern method. There are two recent studies to which we can compare this result. A baseline survey, also in 2002, of basic health service utilization, expenditures and quality, in three districts

(Berat, Kucova and Fier) yielded a modern contraceptive prevalence rate of 5.3% among married women (Abt, 2004). The upper limit of the 95% confidence interval is 6.4%, somewhat smaller than the lower limit of the RHS 95% confidence interval of 6.9%; the lower prevalence found in these three districts may be expected as the RHS includes metro Tirana with the highest geographic prevalence rate of 14.9%. The second survey was a UNICEF Multiple Indicator Cluster Survey (MICS) conducted in 2000. In that survey, a modern contraceptive prevalence rate of 15% was reported (95% CI = 13.5%, 16.5%), almost twice as high as the RHS result two years later (UNICEF and INSTAT, 2000). A secondary analysis would be needed to determine if the difference is due to methodological differences in the two surveys or a difference between two time periods.

Tables 7.3A and 7.3B show contraceptive use controlling for selected sociodemographic characteristics among married women and men. For married women (Table 7.3A), the use of any method has a small association with residence, with women in Metro Tirana reporting higher contraceptive prevalence than rural women (81% vs. 72%). There is a more pronounced and expected positive association with age, number of living children, and educational level of the woman. The low use at ages 15–19 (49%) and among women with no children (29%) is likely reflecting higher proportions of married women in those categories who are pregnant or seeking to become pregnant (See Table 7.9A). When looking at use of traditional versus modern methods, again we observe low levels of use of modern contraception. Modern contraceptive use appears to have similar associations with age and number of living children as use of traditional methods. Additionally, strata demonstrates a strong effect, with women in Metro Tirana three times as likely and women in urban areas twice as likely to use modern methods as women in rural areas (15%, 9% and 5%, respectively). There is no such effect of residence on traditional contraceptive use. Also, education and socioeconomic levels have a positive relationship with modern contraceptive use but little relation to use of traditional methods. Overall rates of modern use remain low in all categories of the demographic and socioeconomic characteristics shown. The highest percentages of married women using a modern method are 18% and 17% for women with a high socioeconomic level and with postsecondary education, respectively.

Among married men (Table 7.3B), there is no strong association between use of any method and stratum of residence. Men in Tirana report somewhat lower overall use than rural men or men in other urban areas. Furthermore, associations between use of any method and age, number of living children, and the man's educational level are much weaker than observed among the women or do not exist. Use of modern methods, however, is associated with residence, with 6% of urban men (7% in Tirana) versus less than 1% of rural men reporting modern contraceptive use, with educational level (increasing from 1% to 13% with increasing education), and with socioeconomic status (from 1% to 4% to 12% across the three SES categories). Only men living in Tirana (10%), men with one child (12%), men with a post-secondary education (17%), and men classified as high SES (14%) report at least 10% of their method use to be modern methods.

Table 7.4A shows the distribution of methods used by married women in greater detail. It is quickly evident that the principal modern method used by the few

Albanian women using modern methods is tubal ligation. Five percent of married Albanian women using contraception have been sterilized, and this percentage increases to 10% among women 40-44 and 8% among women with three or more children. The second most used modern method is the condom, whose highest prevalence is 10% among contracepting women with postsecondary education and 11% among women of high socioeconomic status.

Modern method use among married men is negligible at 3%. In Table 7.4B, we see that for these men the condom is by far the principal modern method used. Condom use is positively associated with urban residence, educational level and socioeconomic status. Among contraceptors, the highest percentage of condom use is 9% for married men residing in Tirana, 12% for those with postsecondary education, and 8% for men in the highest socioeconomic stratum.

While use of modern contraception increases with education, socioeconomic status and urbanization for both women and men, modern use is higher for women at each educational level and residence.

Source of Contraception

Because of the small numbers of married men using modern methods of contraception, information on source of modern methods can only be shown for the married women (Table 7.5). The data show that almost all tubal ligations (99%) are obtained from government hospitals and clinic facilities and the vast majority of condoms (78%) are obtained from pharmacies. Fifty-eight percent of women who use the pill reported the pharmacy as their source, and a third reported family planning clinics (20%) and health posts (12%). The few women who use IUDs primarily obtain them from government hospitals (71%), with another 13% reporting family planning clinics as their source.

Among all women currently using modern contraceptives, approximately two-thirds (65%) reported they had received advice from a physician (Table 7.6). Physician advice is primarily present for women who are using tubal ligation or the IUD. Condom users are more likely to have obtained advice from their partner, and pill users obtained advice from physicians, nurses, midwives or pharmacists. Among women who did receive counseling from a physician or other health worker, only two out of five (41%) reported having received information about other contraceptive methods and about half (53%) reported having received information about possible side effects.

Satisfaction with and Preference for Current Method

The vast majority of users of contraception report they are satisfied with the method they use (data not shown). Almost 100% of married women and men using withdrawal or condoms indicate they are satisfied with their method. Women who have been surgically sterilized report the least satisfaction at 78%. Only 5% of women and 3% of men currently using withdrawal said they would prefer another method.

Women and men who were using traditional methods (predominantly withdrawal) were read a list of reasons why a person might prefer these traditional or "natural" methods over modern ones, and were asked to rank their importance on a three-point scale from not important to somewhat important to very important. Tables 7.7A and B show the percentage who indicated the given reasons to be somewhat or very

important. In Table 7.7A, among the reasons provided, fear of side effects was by far the most important to the female respondents (84% reported somewhat or very important). Second among the given reasons was that the method used was the partner's preference (73%). And the third ranking reason was lack of knowledge of modern methods (64%). Almost half of the women said that access and cost (45% each) were somewhat or very important factors. Religious beliefs and doctor's or other person's advice were significantly less important. The most important reasons (fear of side effects and partner's preference) varied little by sociodemographic characteristics. However, access, cost and lack of knowledge were substantially more important in rural compared to urban areas and among the least educated and the lowest socioeconomic level. There is no significant variation for each reason among the three main religious groups.

Among the male respondents (Table 7.7B), the most frequently ranked factor for deciding not to use a modern method was "partner's preference" at 87%. This is consistent with results of a recent study in Turkey (A Kulczycki, 2004). Second in frequency were lack of knowledge of modern methods (76%) and fear of side effects (73%). More than half of the males also ranked cost (69%), difficult access (64%), doctor's recommendation (61%), and religious beliefs (57%) as somewhat or very important. There is little association between sociodemographic characteristics and reasons for not using modern methods among the men. Cost, access and knowledge varied somewhat or not at all with residence and educational level in comparison to the women. On the other hand, high socioeconomic status was strongly associated with the five factors most frequently ranked as important, and rural residence was strongly associated with the ranking of religious beliefs as an important factor.

When asked about the effectiveness of their current method, almost three-quarters (73%) of women using traditional methods said the method they were using was more effective than a modern contraceptive method (Table 7.8A). Another 10% believed their method was equally effective as modern methods. Even traditional method users with postsecondary education or a high socioeconomic level believed in the effectiveness of their method. Only 10% of women in these sociodemographic categories thought their current traditional method to be less effective than a modern method.

Men also were not convinced that modern methods were more effective than traditional methods (Table 7.8B), although their responses did differ slightly from the women. Almost half (48%) of the men believed their current traditional method was more effective than modern methods, but another 42% said it was equally effective. While education had no significant effect on men's perception of the effectiveness of methods, as with the women, men in the highest socioeconomic category were most likely to think that modern methods were more effective (still at only 11%).

There is very low knowledge of the true failure rate for withdrawal compared with modern methods such as the IUD and oral contraceptives as shown by recent surveys conducted in nine countries of Eastern Europe and the Former Soviet Union (CDC and MACRO, 2004). Results from these surveys show that the 12 month failure rate for withdrawal use ranges from 12% to 30 %, and from 17% to 30% in the four countries where withdrawal is the method most used, compared with the

12 month failure rates for IUD and oral contraceptives varying between 1% and 16%.

Reasons for Not Using Contraception

Tables 7.9 (A & B) and 7.10 (A & B) provide information on married women and men who are not currently using contraception. In Table 7.9A & B, we can readily observe that the vast majority of married nonusers are not using because they are not sexually active (husbands or wives may be absent)--55% for both women and men. Another 36% of women and 22% of men report they (or their wives) are either trying to get pregnant, are currently pregnant or are postpartum. Among women, these are mostly 15-24 year olds (66%). Women in the oldest age group (35-44) also report hysterectomy or other sources of infecundity (16%), and men in the oldest age group often (16%) report dissatisfaction with contraception due to its interruption of lovemaking – likely with reference to the method of withdrawal.

Intention to Use Contraception among Nonusers

Only fecund married women and men are presented in Tables 7.10A & B and Table 11. Table 7.10A demonstrates that those women who may not be currently using due to an absent spouse or pregnancy-related reasons are definitely thinking about using contraception in the future. It appears that the majority (80%) of nonusing married women want to practice family planning. There is little association with parity, except for the nulliparous women who report the least interest in practicing family planning; they are more likely to be 15-24 years of age and, as shown in Table 7.9A, were the group most likely to be trying to get pregnant. Thirty-one percent of nonusers with no children report they do not want to practice family planning. Men (Table 7.10B), on the other hand, are less likely than women to want to practice family planning in the future. Twenty percent of men do not want to use contraception and 37% are undecided. The percentage that does not want to use decreases with parity, while the undecided responses increase with parity. In Table 7.11, more than half (57%) of the married women currently not using contraception and who want more children also want to use a contraceptive method within the next 12 months and only 14% do not want to use a method. The women who do not want more children are more likely (69%) to want to use a method within the coming 12 months and less likely to not want to use a method.

Table 7.1
Percent of Women Currently Using Any Contraceptive Method by Marital Status Among Women Aged 15–44
Reproductive and Demographic Health Surveys (RHS and DHS)
In Selected Eastern European and Former Soviet Union Countries
Albania Reproductive Health Survey 2002, Final Report

Region and Country	Total	Marital Status			Number of Cases
		Currently Married	Previously Married	Never Married	
Eastern Europe					
Albania, 2002	51	75	5	4	5,697
Czech Rep., 1993	59	69	46	38	4,497
Moldova, 1997	54	74	27	7	5,412
Romania, 1999	48	64	20	20	6,888
Russia, 1999*	59	73	42	29	6,004
Ukraine, 1999	54	68	35	22	7,128
Caucasus					
Armenia, 2000	38	61	2	0	5,624
Azerbaijan, 2001	32	55	2	0	7,668
Georgia, 1999	25	41	3	0	7,798
Central Asia					
Kazakhstan, 1999	45	62	40	8	4,267
Kyrgyz Rep., 1997	42	60	15	1	3,529
Turkmenistan, 2000	34	55	18	0	7,263
Uzbekistan, 1996	40	57	11	0	4,091

* Yekaterinburg, Perm, and Ivanovo, respectively (predominantly urban sample).
Source: Goldberg H et al., 1993, KIIS and CDC, 2001; MACRO International 1995-2001; Serbanescu et al., 1998, 2001, 2001, 2003; VCIOM and CDC, 1998, 2000.

Table 7.2 A
Current Use of Contraception Among Women 15-44 Years of Age, by Marital Status (Percent Distribution)
Reproductive Health Survey: Albania, 2002

Use of Contraception	Total	Marital Status		
		Married	Previously Married	Never Married
Currently Using	50.5	75.1	5.1	4.4
Modern Methods	5.6	8.0	2.7	1.0
Tubal Ligation	2.7	4.0	2.4	0.1
Condom	1.6	2.1	0.3	0.7
PIII	0.7	1.0	0.0	0.2
IUD	0.3	0.5	0.0	0.0
Injectables	0.3	0.4	0.0	0.0
Traditional Methods	44.8	67.1	2.4	3.4
Periodic Abstinence (rhythm)	0.0	0.0	0.0	0.0
Withdrawal	44.8	67.1	2.4	3.4
Not Current Using	49.5	24.9	94.9	95.6
Total	**100.0**	**100.0**	**100.0**	**100.0**
No. of Cases	5,697	3,965	88	1,644

Table 7.2 B
Current Use of Contraception Among Men
15-49 Years of Age, by Marital Status
(Percent Distribution)
Reproductive Health Survey: Albania, 2002

		Marital Status		
Use of Contraception	**Total**	**Married**	**Previously Married**	**Never Married**
Currently Using	52.3	77.1	**	14.2
Modern Methods	4.2	3.3	**	5.4
Condom	3.6	2.4	**	5.4
Pill	0.2	0.3	**	0.0
IUD	0.2	0.3	**	0.0
Tubal Ligation	0.1	0.1	**	0.0
Injectables	0.1	0.2	**	0.0
Traditional Methods	48.2	73.9	**	8.8
Periodic Abstinence (Rhythm)	0.6	0.8	**	0.3
Withdrawal	47.6	73.1	**	8.5
Not Currently Using	47.7	22.9	**	85.8
Total	**100.0**	**100.0**	**	**100.0**
No. of Cases	1,740	1,023	14	703

**Percentages are not shown when base is less than 25 cases.

Table 7.3 A
Percentage Currently Using Modern and Traditional Methods by Selected Characteristics
Currently Married Women Aged 15-44 Years
Reproductive Health Survey: Albania, 2002

	All Married Women				Contraceptors	
Characteristics	Any Method	Modern Method	Traditional Method	No. of Cases	Percentage Using a Modern	No. of Cases
Total	**75.1**	**8.0**	**67.1**	**3,965**	**10.7**	**3,065**
Strata						
Metro Tirana	81.3	14.9	66.4	1,438	18.3	1,177
Other Urban	77.2	9.4	67.7	1,308	12.2	1,015
Other Rural	72.2	5.1	67.0	1,219	7.1	873
Residence						
Urban	78.6	11.3	67.4	2,488	14.4	1,993
Rural	72.4	5.5	67.0	1,477	7.6	1,072
Age Group						
15-19	48.9	2.5	46.4	97	5.1	52
20-24	62.4	3.7	58.7	502	5.9	324
25-29	67.4	5.3	62.1	800	7.9	567
30-34	78.7	9.4	69.3	1,004	11.9	812
35-39	81.9	9.3	72.6	906	11.4	756
40-44	82.7	10.9	71.8	656	13.2	554
Living Children						
0	29.3	2.2	27.1	291	7.5	91
1	60.9	3.1	57.8	800	5.1	514
2	82.7	9.1	73.6	1,806	11.0	1,544
3	85.5	10.6	74.9	783	12.4	681
4 +	81.5	10.8	70.7	285	13.3	235
Education Level						
Primary or Less	71.0	5.8	65.2	1,821	8.2	1,310
Secondary Incomplete	72.3	9.5	62.7	237	13.1	179
Secondary Complete	81.3	9.4	72.0	1,487	11.6	1,230
Post-Secondary	81.2	17.2	64.0	420	21.2	346
Socioeconomic Index						
Low	76.0	6.2	69.8	1,429	8.2	1,093
Medium	73.1	7.9	65.2	2,011	10.8	1,528
High	82.1	17.8	64.3	525	21.7	444

Table 7.3 B
Percentage Currently Using Modern and Traditional Methods by Selected Characteristics
Currently Married Men Aged 15-49 Years
Reproductive Health Survey: Albania, 2002

	All Married Men				Contraceptors	
Characteristics	Any Method	Modern	Traditional	No. of Cases	Percentage Using a Modern Method	No. of Cases
Total	**77.1**	**3.3**	**73.9**	**1,023**	**4.3**	**797**
Strata						
Metro Tirana	72.2	7.3	64.9	421	10.1	314
Other Urban	80.3	5.2	75.2	318	6.5	257
Other Rural	77.2	0.6	76.6	284	0.8	226
Residence						
Urban	78.1	6.3	71.8	670	8.1	526
Rural	76.3	0.7	75.6	353	0.9	271
Age Group						
20-24	67.7	0.0	67.7	32	**	21
25-29	73.9	2.1	71.8	123	2.8	91
30-34	82.2	5.6	76.6	215	6.8	176
35-39	84.1	2.6	81.6	242	3.1	204
40-44	76.7	3.0	73.7	270	3.9	205
45-49	67.8	3.3	64.5	141	4.9	100
Living Children						
0	45.9	2.7	43.2	105	5.9	51
1	79.0	9.3	69.7	218	11.8	169
2	83.0	2.3	80.8	464	2.8	393
3	84.0	1.4	82.6	167	1.7	136
4 +	68.7	0.5	68.3	69	0.7	48
Education Level						
Primary or Less	75.0	0.7	74.3	408	0.9	314
Secondary Incomplete	**	**	**	20	**	13
Secondary Complete	80.6	4.4	76.2	458	5.5	363
Post-Secondary	77.1	12.8	64.2	137	16.6	107
Socioeconomic Index						
Low	77.7	1.2	76.5	403	1.5	319
Medium	75.6	3.8	71.8	458	5.0	349
High	80.6	11.5	69.1	162	14.3	129

** Percentages are not shown when base is less than 25 cases

Table 7.4 A
Current Use of Specific Contraceptive Methods by Selected Characteristics
Currently Married Women Aged 15-44 Years
Reproductive Health Survey: Albania, 2002

			Specific Contraceptive Method Use (Percent Distribution)								
Characteristics	Any Method	No. of Cases	Tubal Ligation	Condom	Pill	IUD	Injectables	Periodic Abstinence Rhythm	Total	No. of Cases
Total	**75.1**	**3,965**	**5.3**	**2.8**	**1.3**	**0.6**	**0.5**	**89.3**	**0.0**	**100.0**	**3,065**
Strata											
Metro Tirana	81.3	1,438	6.6	6.8	3.4	1.2	0.3	81.6	0.1	100.0	1,177
Other Urban	77.2	1,308	5.4	3.5	1.5	0.8	1.1	87.7	0.1	100.0	1,015
Other Rural	72.2	1,219	4.9	1.2	0.5	0.3	0.3	92.9	0.0	100.0	873
Residence											
Urban	78.6	2,488	5.8	4.7	2.0	0.9	0.8	85.6	0.1	100.0	1,993
Rural	72.4	1,477	5.0	1.3	0.7	0.3	0.3	92.5	0.0	100.0	1,072
Age Group											
15-19	48.9	97	0.0	2.6	0.8	0.0	1.8	94.9	0.0	100.0	52
20-24	62.4	502	0.7	4.0	0.2	0.9	0.1	94.0	0.0	100.0	324
25-29	67.4	800	1.9	2.9	2.1	0.6	0.3	92.1	0.0	100.0	567
30-34	78.7	1,004	5.5	3.6	1.8	0.5	0.5	88.1	0.0	100.0	812
35-39	81.9	906	6.0	2.4	1.4	0.9	0.6	88.5	0.2	100.0	756
40-44	82.7	656	9.5	2.0	0.6	0.3	0.7	86.8	0.0	100.0	554
Living Children											
0	29.3	291	0.0	7.4	0.0	0.0	0.0	92.6	0.0	100.0	91
1	60.9	800	1.2	2.7	1.1	0.0	0.1	94.9	0.0	100.0	514
2	82.7	1,806	4.6	3.5	2.0	0.7	0.2	88.9	0.1	100.0	1,544
3	85.5	783	8.3	1.6	0.7	0.8	1.0	87.6	0.0	100.0	681
4 +	81.5	285	8.2	2.2	0.6	0.7	1.5	86.7	0.0	100.0	235
Education Level											
Primary or Less	71.0	1,821	5.1	1.5	0.5	0.4	0.7	91.8	0.0	100.0	1,310
Secondary Incomplete	72.3	237	9.3	0.8	1.2	1.0	0.9	86.8	0.0	100.0	179
Secondary Complete	81.3	1,487	5.3	3.6	1.7	0.7	0.2	88.5	0.0	100.0	1,230
Post-Secondary	81.2	420	4.4	10.1	5.1	1.3	0.3	78.4	0.4	100.0	346
Socioeconomic Index											
Low	76.0	1,429	5.7	1.0	0.6	0.2	0.6	91.9	0.0	100.0	1,093
Medium	73.1	2,011	5.0	3.0	1.6	0.7	0.5	89.1	0.1	100.0	1,528
High	82.1	525	5.2	10.8	3.0	2.0	0.6	78.2	0.1	100.0	444

Table 7.4 B
Current Use of Specific Contraceptive Methods by Selected Characteristics
Currently Married Men Aged 15-49 Years
Reproductive Health Survey: Albania, 2002

			Specific Contraceptive Method Use (Percent Distribution)								
Characteristics	Any Method	No. of Cases	Condom	Pill	IUD	Injectables	Tubal Ligation	Withdrawal	Periodic Abstinence (Rhythm)	Total	No. of Cases
Total	**77.1**	**1,023**	**3.1**	**0.3**	**0.4**	**0.3**	**0.1**	**94.8**	**1.0**	**100.0**	**797**
Strata											
Metro Tirana	72.2	421	8.7	0.5	0.3	0.0	0.6	88.5	1.4	100.0	314
Other Urban	80.3	318	3.6	0.7	1.3	0.8	0.0	91.8	1.8	100.0	257
Other Rural	77.2	284	0.8	0.0	0.0	0.0	0.0	98.8	0.4	100.0	226
Residence											
Urban	78.1	670	5.6	0.7	1.0	0.5	0.2	90.2	1.7	100.0	526
Rural	76.3	353	0.9	0.0	0.0	0.0	0.0	98.7	0.4	100.0	271
Age Group											
20-24	67.7	32	**	**	**	**	**	**	**	**	21
25-29	73.9	123	2.9	0.0	0.0	0.0	0.0	96.3	0.9	100.0	91
30-34	82.2	215	5.0	1.0	0.0	0.5	0.2	91.6	1.5	100.0	176
35-39	84.1	242	1.9	0.5	0.7	0.0	0.0	95.9	1.1	100.0	204
40-44	76.7	270	3.9	0.0	0.0	0.0	0.0	95.6	0.5	100.0	205
45-49	67.8	141	1.9	0.0	1.7	0.9	0.4	95.1	0.0	100.0	100
Living Children											
0	45.9	105	5.8	0.0	0.0	0.0	0.0	90.7	3.4	100.0	51
1	79.0	218	9.2	1.4	0.6	0.6	0.0	87.2	1.1	100.0	169
2	83.0	464	1.6	0.1	0.8	0.0	0.3	96.2	1.1	100.0	393
3	84.0	167	1.0	0.0	0.0	0.7	0.0	97.8	0.5	100.0	136
4 +	68.7	69	0.7	0.0	0.0	0.0	0.0	99.3	0.0	100.0	48
Education Level											
Primary or Less	75.0	408	0.9	0.0	0.0	0.0	0.1	98.1	0.9	100.0	314
Secondary Incomplete	**	20	**	**	**	**	**	**	**	**	13
Secondary Complete	80.6	458	4.0	0.1	0.8	0.6	0.0	93.4	1.1	100.0	363
Post-Secondary	77.1	137	11.5	3.2	1.3	0.0	0.7	82.8	0.6	100.0	107
Socioeconomic Index											
Low	77.7	403	1.4	0.0	0.0	0.0	0.1	98.3	0.2	100.0	319
Medium	75.6	458	4.0	0.4	0.0	0.6	0.0	92.9	2.0	100.0	349
High	80.6	162	7.9	1.6	4.2	0.0	0.6	84.8	1.0	100.0	129

** Percentages are not shown when base is less than 25 cases

Table 7.5
Source of Supply for Last Modern Contraceptive Used Among Currently Married Women Aged 15-44 Years Currently Using a Modern Method by Specific Methods (Percent Distribution)
Reproductive Health Survey: Albania, 2002

Source	Total	Tubal Ligation	Method Currently Using			
			Condom	Pill	IUD	Injectables
Public Medical Sector	**65.9**	**99.4**	**8.2**	**35.8**	**91.0**	**
Gov. Hospital-Maternity Ward	56.1	97.2	0.0	4.0	70.8	**
Familiy Planning Clinic	5.7	0.0	4.0	19.8	13.4	**
Health Post or Clinic	4.1	2.2	4.2	12.0	6.8	**
Pharmacy	29.0	0.0	78.2	58.1	4.6	**
Private Clinic or Office	0.5	0.0	0.0	1.0	4.4	**
Partner/Husband	3.2	0.0	12.0	0.0	0.0	**
Do Not Know	1.4	0.5	1.7	5.2	0.0	**
TOTAL	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**
No. of Cases	410	169	130	67	28	16

** Percentages are not shown when base is less than 25 cases.

Table 7.6
Percent Distribution of Type of Counseling by a Health Care Provider for Current Contraceptive Method Among Married Women Aged 15-44 Currently Using a Modern Method
Reproductive Health Survey: Albania, 2002

		Method Currently Using			
Who Advised User	**Total**	**Tubal Ligation**	**Condom**	**Pill**	**IUD**
Physician	65.3	93.6	14.4	54.1	88.8
Partner	16.5	0.2	58.7	2.3	0.0
Nurse/Midwife	4.0	1.2	2.3	15.7	6.7
Friend	2.5	1.0	1.8	7.9	0.0
Pharmacist	2.0	0.0	2.7	10.5	0.0
Mother or Other Relative	1.9	0.0	1.9	2.1	4.5
No One	7.8	4.0	18.1	7.4	0.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
No. of Cases	405	168	129	64	28
Type of Counseling by Physician, Nurse or Midwife					
General Information About Other Methods	40.7	25.6	**	67.9	77.4
Information About Possible Side Effects	52.5	44.9	**	68.0	73.3
No. of Cases	253	153	17	46	27

** Percentages are not shown when base is less than 25 cases

Table 7.7 A
Percentage of Contraceptive Users Who Stated that Selected Reasons Read to Them Were Very Important or Somewhat Important When Deciding To Use a Non-Supplied Method Instead of a Modern Method, by Selected Characteristics
Women Aged 15-44 Currently Using Traditional Methods
Reproductive Health Survey: Albania, 2002

Characteristics	Fear of or Experience With Side Effects	Partner Preference	Little Knowledge of Modern Methods	Difficult to Get a Modern Method	Cost of Modern Methods	Doctor Recomendation	Another Person's Advice	Religious Beliefs	No. of Cases
Total	84.1	73.2	64.2	45.4	44.7	33.0	23.4	21.5	2,739
Method Currently Using									
Rhythm Method	**	**	**	**	**	**	**	**	2
Withdrawal	84.2	73.2	64.1	45.5	44.7	33.0	23.4	21.5	2,737
Strata									
Metro Tirana	81.1	75.7	59.4	37.8	39.0	32.1	20.3	18.0	1,012
Other Urban	86.7	68.3	57.0	38.0	39.4	28.0	21.2	17.0	910
Other Rural	83.5	75.3	69.8	52.1	49.5	36.2	25.6	25.2	817
Residence									
Urban	85.0	70.6	57.6	37.7	38.8	28.4	20.0	16.5	1,750
Rural	83.4	75.2	69.4	51.7	49.4	36.7	26.0	25.5	989
Age Group									
15-24	85.1	74.0	63.3	45.4	43.9	31.0	23.8	19.8	407
25-34	83.7	73.8	64.2	45.7	44.6	31.1	22.2	19.6	1,216
35-44	84.2	72.4	64.4	45.2	45.1	35.3	24.3	23.7	1,116
Education Level									
Primary or Less	81.9	75.3	69.7	50.9	49.3	34.6	24.4	23.8	1,189
Secondary Incomplete	92.3	77.3	66.9	39.8	34.5	21.0	16.1	19.1	165
Secondary Complete	86.0	70.0	59.1	40.8	41.4	34.3	24.6	20.9	1,093
Post-Secondary	85.9	69.7	46.0	31.7	35.0	24.5	15.7	9.8	292
Socioeconomic Index									
Low	80.7	73.7	68.2	50.8	49.6	34.1	24.3	23.7	989
Medium	86.4	71.5	62.4	41.9	41.7	31.7	22.9	19.4	1,386
High	89.4	79.6	52.4	37.0	35.5	33.9	21.3	21.3	364
Religion									
Muslim	83.2	72.9	64.3	46.4	44.9	31.5	23.3	20.6	2,225
Orthodox	87.1	75.3	59.0	41.0	43.1	34.2	25.5	21.4	246
Catholic	89.4	73.9	69.3	44.8	46.4	42.6	22.4	27.6	240
Other/Undeclared	71.1	68.7	30.3	10.7	21.4	28.4	19.8	19.0	28

** Percentages are not shown when base is less than 25 cases

Table 7.7 B
Percentage of Contraceptive Users Who Stated That Selected Reasons Read to Them Were Very Important or Somewhat Important When Deciding To Use a Non-Supplied Method Instead of a Modern Method, by Selected Characteristics
Men Aged 15-49 Currently Using Traditional Methods
Reproductive Health Survey: Albania, 2002

Characteristics	Partner Preference	Little Knowledge of Modern Methods	Fear of or Experience With Side Effects	Cost of Modern Methods	Difficult to Get a Modern Method	Doctor Recommendations	Another Person's Advice	Religious Beliefs	Total	No. of Cases
Total	86.9	75.9	72.6	68.5	64.2	60.8	38.7	56.8	100.0	804
Method Currently Using										
Rhythm Method	**	**	**	**	**	**	**	**	**	13
Withdrawal	86.8	75.9	72.5	68.5	64.2	60.6	38.9	56.7	100.0	791
Strata										
Metro Tirana	84.4	73.9	72.7	65.1	66.1	53.1	27.5	40.7	100.0	300
Other Urban	84.7	72.5	72.5	65.7	58.0	59.1	38.1	54.8	100.0	271
Other Rural	89.1	78.6	72.5	71.3	67.3	64.4	42.7	63.3	100.0	233
Residence										
Urban	84.3	72.5	72.6	65.1	60.7	57.6	34.7	49.5	100.0	526
Rural	89.1	78.7	72.5	71.3	67.1	63.5	42.0	63.0	100.0	278
Age Group										
15-24	90.3	82.0	79.5	84.5	71.2	59.3	42.5	62.2	100.0	43
25-34	91.2	79.0	77.0	71.2	73.1	67.8	41.6	61.7	100.0	277
35-49	84.1	73.5	69.3	65.3	58.4	57.0	36.6	53.5	100.0	484
Education Level										
Primary or Less	84.7	77.4	70.8	67.6	62.2	59.6	39.6	60.2	100.0	324
Secondary Incomplete	**	**	**	**	**	**	**	**	**	14
Secondary Complete	90.2	76.6	74.3	69.6	67.7	62.4	35.3	53.6	100.0	364
Post-Secondary	87.1	65.5	75.5	66.7	60.7	60.3	45.5	51.3	100.0	102
Socioeconomic Index										
Low	82.6	75.9	65.7	65.7	57.5	55.3	36.8	52.7	100.0	321
Medium	89.7	74.1	76.7	68.4	68.2	64.6	37.7	60.3	100.0	353
High	97.0	82.0	90.3	81.7	81.3	73.0	50.8	63.1	100.0	130
Religion										
Muslim	87.3	75.1	71.3	66.9	62.9	59.2	38.3	54.7	100.0	675
Orthodox	82.6	74.7	73.3	75.3	67.4	63.5	39.3	63.2	100.0	80
Catholic	82.3	83.1	85.0	74.3	69.8	71.8	31.6	67.9	100.0	32
Other/Undeclared	**	**	**	**	**	**	**	**	**	17

** Percentages are not shown when base is less than 25 cases.

Table 7.8 A
Perceived Effectiveness of Traditional Methods Compared to Modern Methods by Selected Characteristics
Women Aged 15-44 Currently Using Traditional Methods
(Percent Distribution)
Reproductive Health Survey: Albania, 2002

Characteristics	Traditional Method vs Modern				Total	No. of Cases
	Current Method More Effective	About Equally Effective	Current Method/Less Effective	Do Not Know		
Total	73.3	10.2	5.5	11.1	100.0	2,739
Strata						
Metro Tirana	72.8	13.2	7.8	6.2	100.0	1,012
Other Urban	72.4	11.7	5.7	10.2	100.0	910
Other Rural	73.9	8.3	4.6	13.1	100.0	817
Residence						
Urban	71.9	12.6	6.4	9.1	100.0	1,750
Rural	74.4	8.2	4.7	12.7	100.0	989
Age Group						
15-24	73.4	11.0	4.7	10.9	100.0	407
25-34	71.6	9.9	6.5	12.0	100.0	1,216
35-44	74.6	10.1	4.8	10.4	100.0	1,116
Education Level						
Primary or Less	74.4	7.4	4.8	13.4	100.0	1,189
Secondary Incomplete	74.3	15.3	3.3	7.1	100.0	165
Secondary Complete	72.3	12.0	5.8	9.9	100.0	1,093
Post-Secondary	68.7	17.5	10.5	3.3	100.0	292
Socioeconomic Index						
Low	73.2	7.6	4.7	14.5	100.0	989
Medium	74.8	11.2	5.3	8.6	100.0	1,386
High	65.2	17.5	10.2	7.1	100.0	364

Table 7.8 B
Perceived Effectiveness of Traditional Methods Compared to Modern Methods by Selected Characteristics
Men Aged 15-49 Currently Using Traditional Methods
(Percent Distribution)
Reproductive Health Survey: Albania, 2002

	Traditional Method vs. Modern					
Characteristics	Current Method More Effective	About Equally Effective	Current Method/ Less Effective	Do Not Know	Total	No. of Cases
Total	47.7	41.5	4.6	6.1	100.0	804
Strata						
Metro Tirana	48.7	32.8	7.1	11.4	100.0	300
Other Urban	45.2	43.1	5.3	6.4	100.0	271
Other Rural	49.0	43.4	3.4	4.2	100.0	233
Residence						
Urban	46.5	39.5	6.0	7.9	100.0	526
Rural	48.8	43.2	3.5	4.6	100.0	278
Age Group						
15-24	21.7	68.3	7.4	2.5	100.0	43
25-34	41.3	47.1	6.4	5.2	100.0	277
35-49	54.0	35.7	3.4	7.0	100.0	484
Education Level						
Primary or Less	50.3	38.8	3.6	7.3	100.0	324
Secondary Incomplete	**	**	**	**	**	14
Secondary Complete	48.4	41.3	5.9	4.4	100.0	364
Post-Secondary	35.6	56.8	5.6	2.0	100.0	102
Socioeconomic Index						
Low	52.5	35.8	3.0	8.6	100.0	321
Medium	44.5	46.6	5.1	3.8	100.0	353
High	36.9	49.7	10.6	2.8	100.0	130

Table 7.9 A
Most Commonly Cited Reasons for Not Currently Using Contraception
Among Currently Married Women Aged 15-44 Years
(Percent Distribution)
Reproductive Health Survey: Albania, 2002

		Age Group		
Reason For Not Using Contraception	**Total**	**15-24**	**25-34**	**35-44**
Not Sexually Active/No Partner	57.6	43.6	61.9	63.5
Currently Pregnant	17.7	31.8	20.0	3.4
Trying to Get Pregnant	12.4	17.6	10.9	10.0
Postpartum/Breastfeeding	3.6	6.0	4.3	0.7
Infecundity/Subfecundity	6.4	0.3	1.3	17.7
Religious Reasons	0.8	0.0	0.3	1.9
Respondent Does Not Want to Use Contraception	0.5	0.0	0.4	0.9
Respondent Did Not Think About Using Contraception	0.4	0.0	0.2	0.9
Other Reasons	0.7	0.7	0.8	0.9
Total	100.0	100.0	100.0	100.0
No. of Cases	1,063	282	482	299

Table 7.9 B
Most Commonly Cited Reasons for Not Currently Using Contraception by Age Group
Among Currently Married Men Aged 15-49 Years
(Percent Distribution)
Reproductive Health Survey: Albania, 2002

		Age		
Reason Not Using Contraception	**Total**	**15-24**	**25-34**	**35-49**
Not Sexually Active/No Partner	55.3	90.1	46.8	41.3
Trying to Get Partner Pregnant	14.2	4.8	29.2	7.8
Lovemaking Interrupted	7.1	0.0	1.2	16.2
Partner Currently Pregnant	4.2	1.7	8.2	2.4
Partner Postpartum/Breastfeeding	4.0	0.8	6.5	3.8
Infecundity/Subfecundity	8.8	0.0	4.1	17.9
Other Reasons	6.3	2.5	4.0	10.7
Total	100.0	100.0	100.0	100.0
No. of Cases	392	94	138	160

Table 7.10 A
Desire to Use Contraception in the Future by Number of Living Children
Fecund Currently Married Women Aged 15-44 Years Who Are Not Using Contraception
(Percent Distribution)
Reproductive Health Survey: Albania, 2002

		Number of Living Children *			
Desire to Use Contraception	**Total**	**0**	**1**	**2**	**3 +**
Want to Use a Method Within 12 Months	62.2	29.3	60.3	70.8	70.2
Want to Use a Method Later	18.2	27.0	21.4	14.7	14.1
Do Not Want to Use Contraception	10.7	30.7	10.0	6.6	6.7
Undecided	9.0	13.1	8.3	8.0	9.1
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	838	110	262	298	168

* Women who were pregnant at the time of the inteview are classified as having one more child than the actual number

Table 7.10 B
Desire to Use Contraception in the Future by Number of Living Children
Fecund Currently Married Men Aged 15-49 Years Who Are Not Using Contraception
(Percent Distribution)
Reproductive Health Survey: Albania, 2002

		Number of Living Children *			
Desire to Use Contraception	**Total**	**0**	**1**	**2**	**3 +**
Want to Use a Method Within 12 Months	25.0	7.7	37.5	31.2	23.0
Want to Use a Method Later	18.2	37.6	27.9	11.1	5.8
Do Not Want to Use Contraception	19.8	45.8	22.1	11.0	8.9
Undecided	37.0	8.9	12.6	46.8	62.3
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	202	40	41	70	51

* Men whose partner was pregnant at the time of the interview are classified as having one more child than the actual number

Table 7.11
Desire to Use Contraception in the Future by Fertility Preferences
Fecund Currently Married Women Aged 15-44 Years Who Are Not Using Contraception
(Percent Distribution)
Reproductive Health Survey: Albania, 2002

		Desire for Aditional Children		
Desire to Use Contraception	**Total**	**Want More Children**	**No More Children**	**Undecided**
Want to Use a Method Within 12 Months	62.2	56.5	69.0	66.1
Want to Use a Method Later	18.2	20.9	15.1	15.3
Do Not Want to Use Contraception	10.7	14.2	5.9	11.9
Undecided	9.0	8.5	10.0	6.7
Total	100.0	100.0	100.0	100.0
No. of Cases	838	444	329	65

CHAPTER 8

NEED FOR CONTRACEPTIVE SERVICES AND CONTRACEPTIVE COUNSELING

The unmet need for contraception is a very specific estimate that measures the gap between desired fertility and the contraceptive practices adopted to ensure that fertility preferences are met in any given population. The conventional definition of unmet need includes women currently married or in consensual unions who are fecund, currently sexually active , currently exposed to the risk of pregnancy, not wanting to become pregnant, and not using any form of pregnancy prevention (Bongaarts, 1991). In this report, the standard formulation of unmet need is extended to all women, not just those in union.

In addition to the unmet need for any family planning method, the Albania RHS 2002 estimated the need for modern contraception – an indicator used in other Eastern European surveys that expanded the definition to include users of non-supplied methods in the category of unmet need. In countries with high use of non-supplied methods, such as withdrawal, the standard definition of unmet need masks the real need for more effective contraception because these methods tend to have higher failure rates (CDC and MACRO, 2003). For these countries it is more useful to also estimate the need for modern contraception in addition to any contraceptive method, despite the small risk of overstating the unmet need in some cases where traditional methods are used more effectively.

Potential Demand and Unmet Need for Family Planning Services

The survey asked all women about their sexual, contraceptive and reproductive behaviors, as well as their fecundity status and fertility preferences, allowing for an examination of contraceptive need among both married and unmarried respondents

Table 8.1 presents data on women in need of family planning, or at risk of an unintended pregnancy, in Albania by age group and marital status. Women who are currently pregnant or postpartum, currently seeking to become pregnant, sub-fecund, or who are not sexually active, are considered to not be in need of family planning services at the time of the survey. About one-half (49%) of women fall into this category, ranging from 80% of young adults to 36% of 25–44 year old women to only 23% of 35–44 year old women. This category excludes almost all previously married (95%) and never married women (96%) because of lack of sexual activity or lack of sexual experience, respectively. Only one-fourth (24%) of married women are classified as "not currently in need of family planning services". Thus, three-fourths (75%) of married women are considered to have potential need for family planning services, of whom 8% are current users of modern methods and 67% report using traditional methods, principally withdrawal. As mentioned above, the questionnaire design of the survey instrument allows an estimation of women in need of modern contraception. As shown in Table 8.1, 68% percent of married women are in need of modern contraception. This includes well over half of all women from 25–44 years of age.

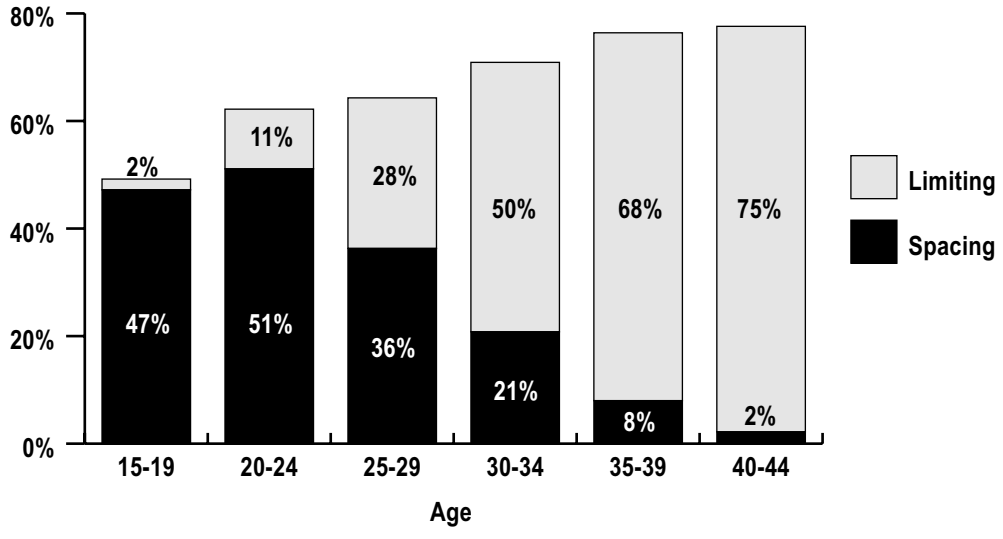
Table 8.2 shows need of any method and modern methods by selected characteristics for all women and currently married

women. Focusing on the two-thirds of married women (68%) in need of a modern method, there is not much variation in need by geographic area of residence, education level, or socioeconomic status. Only married adolescents and women with no children have a substantially lower risk of an unintended pregnancy due the high proportion of these women wanting a pregnancy.

Unmet need among fecund married women is shown in Table 8.3 and Figure 8.1 by future fertility preferences, ie. whether they want to space an additional child or do not want any more children. Knowledge of reproductive intentions can assist providers to help couples choose the correct contraceptive method that will allow them to control if and when to have a pregnancy. Approximately two-thirds (69%) of fecund married women with a risk of an unintended pregnancy do not want any more children. This includes over 75% of women with 2 or more children or from 35-44 years of age. Only married women with no children or one child and from 15-29 years of age have a greater proportion of those at risk of an unintended pregnancy that want to have a child or additional children.

Table 8.4 summarizes the percentage of the potential demand for modern contraceptive methods "satisfied" for married women by selected characteristics. The first column showing potential demand comes from Table 8.2 and the second column listing the prevalence of modern method use comes from Table 7.3A. The potential demand "satisfied" is the second column divided by the first column. For all married women, only 12% of the potential demand (women at risk of an unintended pregnancy) is satisfied (using a modern contraceptive to prevent an unintended pregnancy). This percentage compares with 54% to 79% of potential demand satisfied in other

Figure 8.1
Percentage in Need of Modern Contraception for Limiting and Spacing of Births Among Fecund Married Women



countries in Eastern Europe with a recent reproductive health survey. In the Caucasus region, both Armenia and Georgia have 31% of potential demand for modern contraceptive methods met and Azerbaijan has 18% met (CDC and MACRO, 2003). Potential demand satisfied is higher in urban areas and increases with age, educational attainment, socioeconomic status and number of living children. Only women in Metropolitan Tirana (22%), women with a post-secondary education (26%) and women classified as higher socioeconomic status (27%) have reached a level of 20% or higher.

Contraceptive Counseling

In Eastern Europe and the Former Soviet Union countries, most reproductive health services have been provided by physicians, and in some cases only by obstetricians, who traditionally have received little training in providing client-oriented counseling. The Albanian RHS included a series of questions designed to capture interactions between family planning providers and their clients. Specifically, women who had used a modern contraceptive method or had an abortion during the five years prior to interview were asked about the extent to which health providers provided basic information.

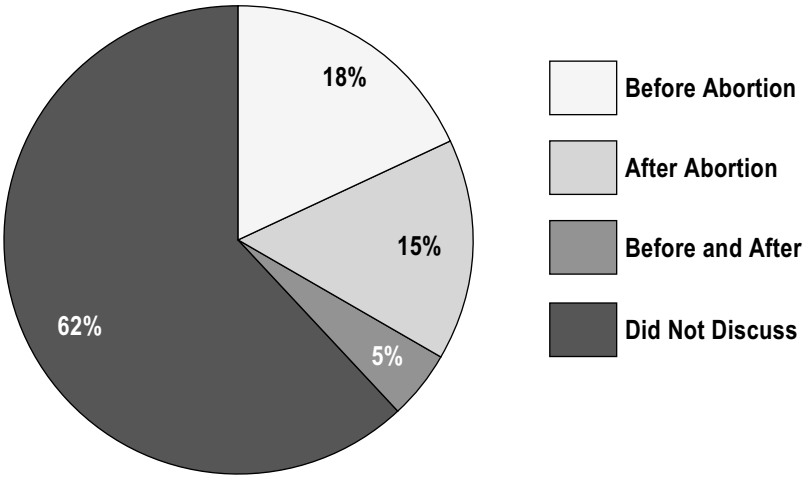
Women who had used at least one modern contraceptive method in the previous five years were asked who advised them to use their most recent modern method. If the advice came from a health care provider (i.e., physician, nurse, etc.) they were asked whether they received any information about other methods, including their comparative effectiveness and possible side effects associated with their use.

As shown in Table 8.5, almost two-thirds (63%) of women were advised by a health care provider (Ob/Gyn, general practitioner or nurse) to use their current or most recent modern method. However, for clinical methods, such as female sterilization and the IUD, 91% and 81%, respectively, were advised by an Ob/Gyn. Three-fourths of pill users (74%) were advised by a health care provider or a pharmacist. Condoms were usually suggested by the partner. About one-half of women (53%) received information about possible side effects, 41% received information about other methods and only 35% received counseling about method effectiveness. Although sample size is small, a higher proportion of women using the IUD received counseling.

Women who terminate their pregnancies in abortion and do not adopt an effective contraceptive method afterwards are probably at high risk for another unintended pregnancy and represent an important group whose family planning needs are not satisfied. A wide range of contraceptive methods, together with accurate information and/or referral for ongoing family planning care, should be made available and accessible to all women who have undergone abortions. As discussed in Chapter 4, women in the national household sample significantly underreported their experience with legally induced abortion. However, it may be instructive to look at the data for those women reporting at least one abortion in the past five years who were asked if they received any contraceptive advice either before or after the abortion procedure and whether they

received any contraceptive method or prescription for a method. As shown in Table 8.6 and Figure 8.2, only a minority of Albanian women who reported having had an abortion received contraceptive counseling before their abortion (18%), after their abortion (15%) or both before and after (5%). Only one in six women (16%) actually received a method or a prescription for a method. This result appears to confirm a missed opportunity to provide services to women who have just terminated an unintended pregnancy.

Figure 8.2
Percentage of Women Who Were Given Contraceptive Information Around the Time of Last Abortion



Percentage of Women Who Were Given Contraceptive Supplies Around the Time of Last Abortion

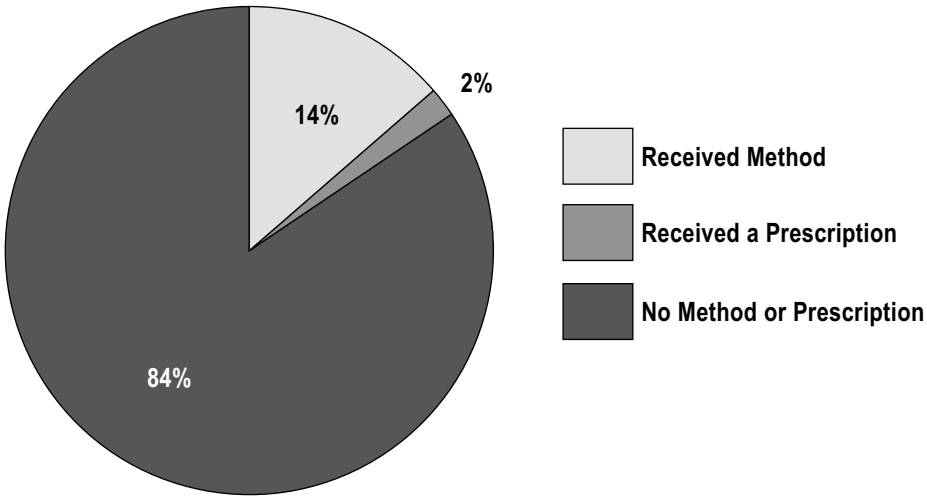


Table 8.1
Potential Demand For Family Planning (FP) Services by Age Group And Marital Status
(Percent Distributions and Percentage)
Reproductive Health Survey: Albania, 2002

		Age Group			Marital Status		
Demand for Family Planning Services	**Total**	**15-24**	**25-34**	**35-44**	**Married**	**Previously Married**	**Never Married**
Women Not Currently in Need of FP Services	**48.8**	**80.0**	**36.0**	**22.5**	**23.6**	**94.9**	**95.5**
Never Had Sexual Intercourse	30.1	67.7	11.2	2.8	0.0	0.0	91.8
Not Currently Sexually Active *	11.1	5.9	15.2	13.1	12.2	91.9	3.6
Currently Pregnant or Post-Partum	3.6	4.3	5.5	0.7	5.4	2.5	0.0
Seeking to Get Pregnant	2.2	2.0	3.2	1.2	3.2	0.5	0.1
Infecund/Subfecund ‡	1.8	0.1	0.9	4.7	2.8	0.0	0.0
Potential Demand for FP Services	**50.5**	**19.0**	**63.0**	**76.7**	**75.1**	**5.1**	**4.4**
Met Need							
Current Users of a Modern Method	5.6	1.5	6.6	9.6	8.0	2.7	1.0
Current Users of a Traditional Method	44.9	17.6	56.3	67.1	67.2	2.4	3.4
Unmet Need							
Non Users at Risk of Unintended Pregnancy	0.8	0.9	0.9	0.7	1.2	0.0	0.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Unmet Need For Modern Contraception †	**45.7**	**18.5**	**57.2**	**67.8**	**68.4**	**2.4**	**3.4**
No. of Cases	**5,697**	**2,030**	**2,013**	**1,654**	**3,965**	**88**	**1,644**

* Within the past month
† Includes nonusers at risk of unintended pregnancy and current users of traditional contraceptive methods
‡ Sterilization surgery for noncontraceptive reasons, medical conditions that preclude pregnancy, infertile partners, and menopause
Note: The use of withdrawal with a relatively high failure rate may indicate not that fertility control was achieved but only that it was desired (HIMES, 1970). Thus, the unmet need for modern contraception is presented for countries in Eastern Europe where withdrawal is a predominant method (CDC and Macro, 2004).

Table 8.2
Percentage of Women Aged 15-44 Years in Need of Any or Modern Contraceptive Methods by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristics	All Women			Married Women		
	Any Method	Modern Method	No. of Cases	Any Method	Modern Method	No. of Cases
Total	**0.8**	**45.7**	**5,697**	**1.2**	**68.4**	**3,965**
Strata						
Metro Tirana	1.0	45.4	2,108	1.5	67.8	1,438
Other Urban	0.7	48.3	1,816	1.1	68.8	1,308
Other Rural	0.8	44.4	1,773	1.3	68.3	1,219
Residence						
Urban	0.8	47.4	3,572	1.1	68.5	2,488
Rural	0.8	44.4	2,125	1.3	68.3	1,477
Age Group						
15-19	0.3	6.9	1,094	2.8	49.2	97
20-24	1.5	32.7	936	3.1	61.8	502
25-29	1.1	51.5	946	1.4	63.5	800
30-34	0.7	63.0	1,067	0.8	70.1	1,004
35-39	0.7	68.4	958	0.8	73.4	906
40-44	0.6	67.1	696	0.6	72.5	656
Living Children						
0	0.7	7.1	1,943	5.2	32.3	291
1	1.9	56.9	828	2.0	59.8	800
2	0.7	72.0	1,840	0.7	74.3	1,806
3 +	0.6	72.6	1,086	0.6	74.1	1,068
Education Level						
Primary or Less	0.9	45.1	2,519	1.4	66.6	1,821
Secondary Incomplete	0.1	24.3	653	0.3	63.1	237
Secondary Complete	0.6	55.6	1,830	0.8	72.8	1,487
Post-Secondary	1.6	42.8	695	2.5	66.5	420
Socioeconomic Index						
Low	0.8	48.1	1,940	1.3	71.1	1,429
Medium	0.8	43.4	2,985	1.3	66.5	2,011
High	0.6	47.2	772	0.9	65.3	525

Table 8.3
Percentage of Unmet Need for Contraception among Fecund Married Women of Reproductive Age by Future Fertility Preferences *
Reproductive Health Survey: Albania, 2002

	Unmet Need For Any Contraception			Unmet Need For Modern Contraception			Unmet Need For Limiting of Total	
Characteristics	Total	Spacing	Limiting	Total	Spacing	Limiting	Limiting Any Method	Limiting Modern Method
Total	**1.3**	**1.0**	**0.3**	**70.3**	**22.0**	**48.4**	**23.1**	**68.8**
Strata								
Metro Tirana	1.5	1.2	0.3	69.5	24.8	44.7	20.0	64.3
Other Urban	1.1	0.7	0.4	70.8	20.0	50.8	36.4	71.8
Other Rural	1.3	1.0	0.3	70.3	22.3	48.0	23.1	68.3
Residence								
Urban	1.2	0.9	0.3	70.4	21.1	49.3	25.0	70.0
Rural	1.4	1.0	0.3	70.3	22.6	47.6	21.4	67.7
Age Group								
15-19	2.8	2.8	0.0	49.2	47.2	2.0	0.0	4.1
20-24	3.1	2.8	0.3	62.2	51.1	11.1	9.7	17.8
25-29	1.5	1.0	0.4	64.3	36.3	28.0	26.7	43.5
30-34	0.8	0.4	0.4	70.8	20.8	50.1	50.0	70.8
35-39	0.8	0.7	0.1	76.4	8.0	68.4	12.5	89.5
40-44	0.7	0.2	0.5	77.6	2.2	75.4	71.4	97.2
Living Children								
0	5.8	5.5	0.3	36.1	34.6	1.6	0.0	4.4
1	2.0	2.0	0.0	60.9	53.1	7.8	0.0	12.8
2	0.8	0.4	0.3	76.0	17.9	58.1	37.5	76.4
3+	0.6	0.1	0.5	75.8	7.0	68.9	83.3	90.9
Education Level								
Primary or Less	1.4	1.1	0.4	68.5	22.8	45.7	28.6	66.7
Secondary Incomplete	0.3	0.3	0.0	65.6	26.2	39.4	0.0	60.1
Secondary Complete	0.9	0.5	0.3	74.9	19.6	55.2	33.3	73.7
Post-Secondary	2.6	2.4	0.1	67.7	22.8	44.9	3.8	66.3
Socioeconomic Index								
Low	1.3	1.0	0.3	73.2	22.2	51.0	23.1	69.7
Medium	1.3	0.9	0.4	68.4	21.8	46.6	30.8	68.1
High	1.0	1.0	0.0	66.4	21.7	44.7	0.0	67.3

* Excludes 99 women classified as subfecund or infecund

Table 8.4
Percentage of Potential Demand for Modern Contraceptive Methods Satisfied
Married Women 15-44 Years of Age At Risk of an Unintended Pregnancy
By Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristics	Total Potential Demand for Modern Methods	Percent Using Modern Methods	Percentage of Potential Demand for Modern Methods Satisfied
Total	**68.4**	**8.0**	**11.7**
Strata			
Metro Tirana	67.8	14.9	22.0
Other Urban	68.8	9.4	13.7
Other Rural	68.3	5.1	7.5
Residence			
Urban	68.5	11.3	16.5
Rural	68.3	5.5	8.1
Age Group			
15-19	49.2	2.5	5.1
20-24	61.8	3.7	6.0
25-29	63.5	5.3	8.3
30-34	70.1	9.4	13.4
35-39	73.4	9.3	12.7
40-44	72.5	10.9	15.0
Live Children			
0	32.3	2.2	6.8
1	59.8	3.1	5.2
2	74.3	9.1	12.2
3 +	74.1	10.7	14.4
Education Level			
Primary or Less	66.6	5.8	8.7
Secondary Incomplete	63.1	9.5	15.1
Secondary Complete	72.8	9.4	12.9
Post-Secondary	66.5	17.2	25.9
Socioeconomic Index			
Low	71.1	6.2	8.7
Medium	66.5	7.9	11.9
High	65.3	17.8	27.3

Table 8.5
Advise on Using Modern Methods by Method and Type of Counseling: Ever Users of Modern Methods
Reproductive Health Survey: Albania, 2002

		Last Used Contraceptive Method (Percent Distribution)			
Advise Last Method	**Total**	**Condom**	**Female Sterilization**	**Pill / Hormonal**	**IUD**
OB/GYN	57.6	10.7	91.3	52.6	81.0
Partner	21.0	61.3	0.2	6.7	0.0
Nobody	8.6	18.8	3.8	5.2	0.0
Nurse/Midwife/Feldcher	3.5	1.6	1.6	10.3	5.8
Friend	2.7	1.2	1.0	7.8	7.3
Pharmacist	2.3	3.1	0.0	6.8	0.0
General Practitioner	2.3	1.1	2.1	4.7	2.0
Mother/Other Relative	2.0	2.1	0.0	5.9	3.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
No. of Cases	509	193	175	110	31
% With Counseling	**63.4**	**13.5**	**95.0**	**67.6**	**88.8**

		Last Used Contraceptive Method (Percentage)			
Type of Counseling	**Total**	**Condom**	**Female Sterilization**	**Pill / Hormonal**	**IUD**
General Information About Other Methods	40.9	**	26.1	61.5	78.9
Information About Method Effectiveness	34.8	**	21.1	55.4	67.8
Information About Possible Side Effects	53.4	**	45.4	67.5	70.7
No. of Cases	287	22	160	76	29

** Percentages are not shown when base is less than 25 cases.

Table 8.6
Counseling and Contraception Offered at the Time of Legally Performed Abortions
Reproductive Health Survey: Albania, 2002

Characteristics	Percentage Reporting that MD Discussed Contraception with Them			Percent Distribution of Receipt of Contraceptive Method				
	Yes, Before Abortion	Yes, After Abortion	Yes, Before And After	Received a Method	Received a Prescription	No Method or Prescription	Total	No. of Cases
Total	**18.3**	**15.3**	**4.7**	**13.7**	**2.1**	**84.2**	**100.0**	**235**
Strata								
Metro Tirana	15.1	26.0	5.4	15.4	5.4	79.2	100.0	109
Other Urban	21.1	14.4	6.1	12.3	1.9	85.7	100.0	92
Other Rural	16.8	9.3	2.3	14.3	0.0	85.7	100.0	34
Residence								
Urban	19.1	18.3	5.7	13.5	3.2	83.3	100.0	190
Rural	16.9	9.9	2.7	14.0	0.0	86.0	100.0	45
Mother's Age at Abortion								
15-24	9.0	20.5	1.1	9.2	1.1	89.7	100.0	50
25-34	20.0	14.1	5.7	16.4	2.6	81.0	100.0	147
35-44	22.2	13.9	5.0	8.9	1.3	89.8	100.0	38
Education Level								
Primary or Less	16.5	15.6	5.3	16.4	1.1	82.6	100.0	114
Secondary Incomplete or Higher	20.7	14.8	3.8	10.0	3.4	86.5	100.0	121
Socioeconomic Index								
Low	19.7	13.8	3.4	16.1	0.0	83.9	100.0	71
Medium	16.6	15.0	5.6	9.0	3.8	87.2	100.0	111
High	19.3	20.4	5.5	20.7	2.8	76.4	100.0	53
Where Abortion Performed*								
Hospital / Maternity	21.8	17.1	6.4	16.5	1.7	81.8	100.0	166
Private Clinic / Office	9.7	14.5	0.0	6.3	4.3	89.4	100.0	62

* Excludes 7 cases that reported abortion performed in "other" location.

CHAPTER 9

OPINIONS ABOUT CONTRACEPTION AND ABORTION

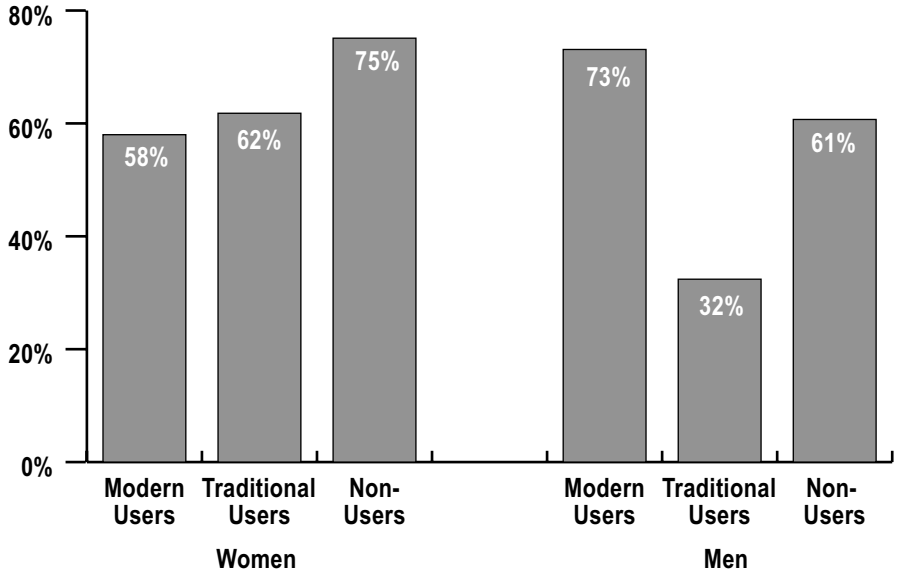
Introduction

For five decades Albanians lived without access to modern contraception and abortion or even accurate information on the topics. Part of the purpose of the Albania RHS 2002 was to assess Albanians' interest in obtaining more information about contraception and their opinions about the advantages, disadvantages, and safety of known methods. Specifically, survey questions asked about desire for more contraceptive information, preferred source of such information, whether contraceptive information should be broadcast over television and radio, advantage/ disadvantages of the intrauterine device (IUD) and oral contraceptives, and safety of selected methods of contraception and of abortion. These data on the opinions of the nation's reproductive age population can help direct efforts to meet the needs for accurate information about modern contraceptive methods in ways that suit the preferences of Albanian men and women

Desire for More Information about Contraception

Slightly more than two-thirds of Albanian women (68%) and nearly half of Albanian men (48%) wanted more information about contraception (Table 9.1). Desire for contraceptive information was not affected by survey strata or urban/rural residence. For both men and women, interest in more information about contraceptive methods declined as age and number of living children increased. Desire for information was nearly equal for women and men aged 15–19, 85% and 82%, respectively. Figure 9.1 shows that among women, interest was higher for those not currently using any contraception (75%) compared to those using either traditional or modern methods (58% and 62%), but among men, interest

Figure 9.1
Percentage of Women and Men who Want More Information about Contraception

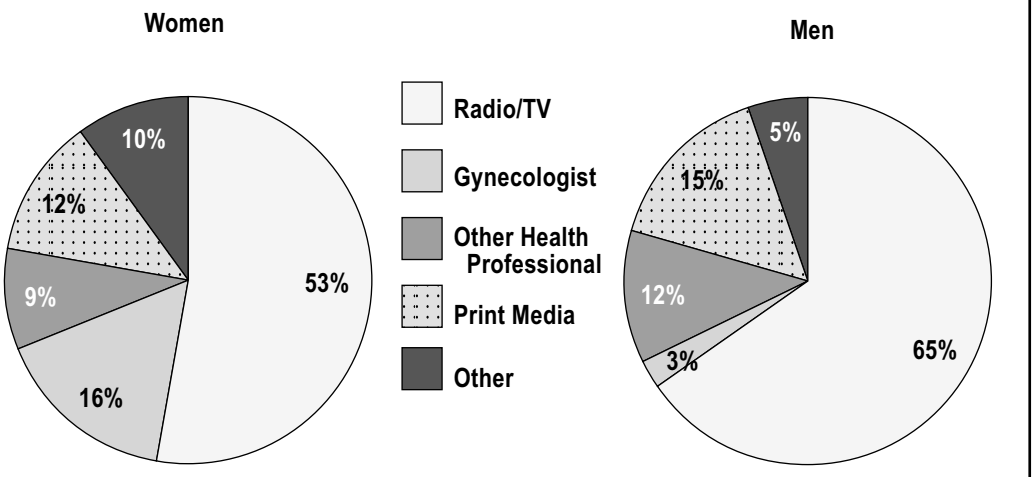


was higher among both non-users (61%) and modern method users (73%) than those using traditional methods (32%). For women, interest in family planning information increased with socioeconomic status, but interest was higher among men of low and middle SES. Women with post-secondary education were more interested in contraceptive information, but education appeared to have no impact on interest among men. Women who are less than 25 years old, women who have no living children and women who have never been married are most likely to want more information about contraception (83%-85%). Men reporting a high level of interest are less than 20 years old (82%), but interest is also very high (71%-74%) among those who have never been married, have no living children, or are currently using a modern method of contraception (mostly condom).

Opinion on the Best source of Contraceptive Information

Among women who want more information about contraception, more than half (53%) think that radio or television would be the best source of that information (Table 9.2A and Figure 9.2). One in six women think a gynecologist would be the best source and 12% favor print media such as newspapers or brochures. Radio and television were most popular among rural women, divorced and widowed women, and women currently using condoms. Preference for receiving contraceptive information through mass electronic media increased with age and number of living children and decreased with increasing SES and educational level. Gynecologist as the best source of information was preferred most by women in metro Tirana, urban women, and women using modern contraceptive methods other than condoms and tubal ligation. Women

Figure 9.2
Opinions on the Best Source of Contraceptive Information



also were more likely to name a gynecologist as the best source of information as education and socioeconomic status increased. Printed information was most preferred by almost a third of women with post-secondary education (31%), nearly as many as named television and radio (37%). Younger women, never married, better educated women, and those with higher socioeconomic status and no children, showed a greater interest in family planning information in print form.

Most Albanian men who wanted more information about contraceptive methods thought the best sources to be radio or television (65%), print media (15%), or a health professional other than a gynecologist (12%) (Table 9.2B and Figure 9.2). Radio and TV were most favored by rural men, younger men, men with two living children, those not using a modern method of contraception, and those with less than a college education. Also, interest in receiving information over the airwaves was inversely related to socioeconomic status. Men most likely to report that a health professional would be the best source of contraceptive information are those aged 40–44, or with three or more living children. Such health professionals were generally more often named by men over the age of 24, currently married men, men with lower socioeconomic status, primary education or less, and those already using some method of contraception.

Opinion on Appropriateness of Broadcasting Contraceptive Information on Radio and Television

The Albania RHS 2002 asked all respondents whether information about contraception should be broadcast over television and radio. This question helps determine whether such broadcasts would be acceptable to the general population. Additional questions ask both men and women how much time they spend listening to radio or watching television, what time of day, and which stations and types of programs they favor. While these data are not included in this report, they are available for use in developing targeted IEC programs.

Nine out of ten (90%) women think contraceptive information should be broadcast (Table 9.3). There is little variation across characteristics, although women aged 20–24, of high SES or with post-secondary education are most likely to agree that this information should be available over the broadcast media (94%–96 %).

Approximately three-quarters of men (77%) think that information about contraception should be broadcast on radio or television (Table 9.3). Approval for broadcasting such information decreases as age and number of living children increases, and increases with SES and education. Currently married men are less likely than those still unmarried to think family planning information should be broadcast (69% vs. 89%), and men aged 45–49 or with 3 or more living children are least likely to accept such information on TV and the radio (58% and 57%, respectively).

Opinions Regarding the Advantages and Disadvantages of Pill and IUD Use

Women who have heard of the birth control pill were presented with a series of statements expressing advantages and disadvantages of using the Pill. Advantages presented were that the Pill is easy to use, easy to get, makes periods more regular, reduces menstrual cramps, protects against cancer, and decreases monthly blood loss. Potential disadvantages presented were

that it can be stressful to remember to take the Pill everyday, pills make you gain weight, are too expensive, and are bad for circulation.

More than half of Albanian women who have heard of oral contraceptives think the Pill is easy to procure (68%) and easy to use (58%) (Table 9.4). Only one in five (19%) knows that the Pill can regulate the menstrual cycle and only one in ten knows that the Pill can reduce menstrual cramps, blood loss, and the risk of certain cancers. Agreement with these advantages was generally close between urban and rural women, although urban woman were somewhat more likely to know that pills can decrease blood loss. Women with education beyond secondary school were more aware of benefits from birth control pills than were women with primary education or less.

Approximately one-third of Albanian women agreed that the Pill can be stressful to remember to take (33%) or cause weight gain (32%), and a much smaller proportion thought that the Pill is too expensive (11%) or bad for circulation (8%). Urban women were somewhat more likely to agree that taking the Pill is stressful or causes weight gain, while women with higher education were much more likely to agree with these disadvantages.

Women were also presented with a similar set of statements regarding the advantages and disadvantages of IUD use. Statements about the possible advantages were that the IUD is Easy to use, relatively inexpensive, and decreases the risk of ectopic pregnancy. Possible disadvantages were that the IUD increases the risk of pelvic inflammatory disease (PID), may cause spotting between periods, may increase menstrual blood loss, and may increase painful menstruation.

Slightly more than a third (37%) of women agreed that the IUD is easy to use (Table 9.5). Agreement with this statement was consistent across residence and education, ranging from 33% to 39%. Twenty two percent agreed that the IUD was relatively inexpensive, and a higher proportion of women with post-secondary education agreed (31%). Less than 15% of women, overall, incorrectly stated that the IUD decreases risk of ectopic pregnancy.

Agreement with the disadvantages was low as well. Almost a third of women (32%) agreed that IUD use increases the risk of PID, and that agreement increased with education. The percent of women agreeing with the other disadvantages (causes spotting between periods, increases menstrual blood loss, and increases painful menstruation) also increased with educational attainment. However, given the small sample size of women who have heard of the IUD, the differences for the education variable are not statistically significant. While knowledge of advantages and disadvantages is low, this may be a result of the low level of IUD use in the country.

Opinions on Risks to Women's Health Due to Use of Selected Birth Prevention Methods

All respondents were asked their opinion of the degree of risk (low, medium, or high) posed to a woman's health by selected methods of family planning, including the Pill, IUD, condom, tubal ligation, and abortion. Anywhere from a third of respondents to nearly 90% felt they did not know enough about a given method to assess its health risk (Table 9.6).

More than half of Albanian women surveyed did not know how great or small a risk the Pill, the IUD, or tubal ligation posed to a woman's health. Most women had opinions about condoms and abortion.

The condom was generally believed to be low risk (47%) and abortion medium or high risk (23% and 40%, respectively).

More than two-thirds of Albanian men did not have enough knowledge to assess the risks the Pill, the IUD, or tubal ligation posed to a woman's health. Most men did report an opinion about the risk associated with condom and abortion. Sixty-four percent of Albanian men felt the condom posed a low degree of risk to a woman but 44% felt that abortion was of at least medium risk (18% medium, and 26% high).

In Tables 9.7 through 9.10, more detailed analyses are presented only for those birth prevention methods for which roughly half or more of respondents had an opinion. A look at women's perception of health risks from the contraceptive pill by selected characteristics shows that rural women, those under twenty years of age, with less than secondary education, or of low SES are the most likely to respond that they do not know what risks there might be (Table 9.7). Women more likely to have an opinion are those with a post-secondary education, of high SES, or those using a modern method of contraception other than tubal ligation. Most women with an opinion attribute a medium risk to the Pill, but previously married women and those currently using the Pill are more likely to say that the Pill poses a low risk to a woman's health.

Nearly half of Albanian women did not have enough knowledge to assess condoms' potential health risks. Women were more likely to have formed an opinion as their education and socioeconomic status increased, if they lived in metropolitan Tirana or other urban areas, and if they used a modern method of contraception other than tubal ligation (Table 9.8A). The vast majority of women with an opinion felt that the condom poses a low health risk to a woman. Condom users, especially, held the opinion that condoms pose a low risk (95%).

More than two-thirds of Albanian men had an opinion on condoms' health risks to women, although more than half of men 45–49 years of age or with three or more children did not know enough about condoms to form an opinion (Table 9.8B). As with the women, the vast majority of men who had an opinion rated condoms' health risks as low.

Slightly more than half of Albanian women surveyed did not know whether tubal ligation posed a health risk, but the proportion of women without an opinion decreased as age, educational level and SES increased (Table 9.9). Never married women, those with no living children, and those who are not using any form of contraception were much less likely to have an opinion, while most women who are surgically sterilized did have an opinion about the risks of the procedure. In general, few women with an opinion were inclined to say tubal ligation posed a high risk to a woman's health (8%). Most felt there was medium risk (27%), with about half as many assessing a low risk (13%).

Opinions on Risks to Women's Health Due to Abortion

About two-thirds of Albanian women had an opinion on the possible health risks posed to a woman by abortion, and nearly all of those attributed a medium or high risk to the procedure (Table 9.10A). Women were more likely to have an opinion on abortion risks as level of education and socioeconomic status increased, and if they lived in Metro Tirana or an urban area, or had ever had an abortion. Women under age twenty and those with no living children were less likely to have formed an opinion about the health risk from abortion. Most

women with an opinion felt that abortion posed a high risk to a woman's health and roughly one-third attributed a medium risk. Almost half of women who reported ever having had an abortion perceived that the procedure posed a high risk to women's health.

Albanian men were less able to give an opinion on the risks that abortion might pose to women's health (44% of the total responded "don't know") (Table 9.10B). Men aged 15–19 were least likely to have an opinion (40%), while those with post-secondary education or high SES were more likely to have an opinion (68% and 70%, respectively), and users of modern contraception were the most likely to do so (89%). Generally, men felt that abortion was a medium- to high-risk procedure, with high risk accounting for one-fifth to nearly one-half of all men's responses (21%–49%) across characteristics.

Concluding Comments

These findings from the Albania RHS 2002 indicate that Albanians in general, both men and women, want and need to know more about modern contraceptive methods so that they can decide which method or methods may be best for them as they plan their families. They want to receive this information by television and radio, and such broadcasts would be acceptable to most men and women. Women are less than knowledgeable of the benefits and disadvantages that come with using an IUD or the Pill, important facts that can affect a woman's decision to begin using these methods or to continue to do so when unexpected side effects occur. Albanian men and women express uncertainty about the health risks from using modern contraceptive methods; more information would likely reduce fear of such methods. Men and women alike are suspicious of health risks due to abortion, which would seem to make them more open to using effective modern methods of contraception if they have enough information to make informed decisions. By simply meeting the demand for contraceptive information, reproductive health programs may very well generate demand for modern contraceptive methods.

Table 9.1
Percentage Who Want More Information about Contraception by Selected Characteristics Among Women Aged 15–44 and Men Aged 15–49 Reproductive Health Survey: Albania, 2002

Characteristic	Women Who Want More Information %	No. of Cases	Men Who Want More Information %	No. of Cases
Total	**68.1**	**5,697**	**47.6**	**1,740**
Strata				
Metro Tirana	67.7	2,108	48.1	718
Other Urban	68.2	1,816	48.3	547
Other Rural	68.2	1,773	47.0	475
Residence				
Urban	68.5	3,572	47.9	1,155
Rural	67.8	2,125	47.3	585
Age Group				
15–19	85.0	1,094	82.3	401
20–24	83.0	936	66.6	189
25–29	71.9	946	57.5	218
30–34	62.9	1,067	41.1	253
35–39	56.0	958	31.3	255
40–44	41.9	696	20.4	277
45–49	N/A	N/A	16.1	147
Marital Status				
Currently Married	60.5	3,965	31.1	1,023
Previously Married	45.6	88	**	14
Never Married	84.7	1,644	73.5	703
Living Children				
0	83.6	1,943	71.0	815
1	68.6	828	40.7	221
2	60.4	1,840	31.1	468
3+	51.2	1,086	15.9	236
Education Level				
Primary or Less	66.5	2,519	47.0	689
Secondary	68.5	2,483	48.4	825
Post-Secondary	77.3	695	46.6	226
Socioeconomic Index				
Low	65.5	1,940	47.4	638
Medium	69.7	2,985	49.2	814
High	72.5	772	41.9	288
Current Method of Contraception				
Modern	58.0	456	73.1	98
Traditional	61.8	2,739	32.4	804
Non-User	75.1	2,502	60.7	838

**Percentages are not shown when base is less than 25 cases.

Table 9.2 A
Percent Distribution of Women's Opinion on the Best Source of Contraceptive Information by Selected Characteristics
Among Women 15–44 Who Want More Information About Contraception
Reproductive Health Survey: Albania, 2002

Characteristic	Radio/ TV	Gyne-colo-gist	Print Media	Other Health Pro-fessional	Relative/ Partner/ Boyfriend	Friend/ Cowork-er/ Contracep-tive User	Teacher	Other/ Don't Know	Total	No. of Cases
Total	**52.8**	**16.3**	**11.7**	**8.8**	**4.1**	**2.8**	**1.4**	**2.1**	**100.0**	**3,885**
Strata										
Metro Tirana	45.6	25.8	12.9	5.5	4.8	3.3	1.4	0.8	100.0	1,442
Other Urban	48.0	18.1	18.7	6.5	3.3	2.3	1.6	1.6	100.0	1,237
Other Rural	57.5	12.6	7.6	11.0	4.4	2.9	1.3	2.8	100.0	1,206
Residence										
Urban	47.1	21.2	16.7	5.9	3.7	2.7	1.5	1.2	100.0	2,464
Rural	57.1	12.6	7.9	10.9	4.4	2.9	1.3	2.8	100.0	1,421
Age Group										
15–19	49.3	11.1	13.7	5.7	9.0	4.0	4.8	2.4	100.0	923
20–24	52.6	16.9	12.6	8.4	4.5	2.9	0.3	1.8	100.0	769
25–29	50.9	18.6	13.2	9.7	3.1	2.2	0.2	2.0	100.0	663
30–34	54.6	18.4	9.2	12.2	0.8	2.7	0.1	2.1	100.0	671
35–39	56.8	18.7	8.7	12.1	0.4	1.7	0.0	1.5	100.0	545
40–44	58.0	18.9	9.8	6.9	1.5	2.0	0.0	3.0	100.0	314
Marital Status										
Currently Married	56.7	18.5	8.8	10.3	1.5	2.3	0.1	1.8	100.0	2,445
Previously Married	67.7	10.3	1.5	15.5	1.0	1.0	0.0	2.9	100.0	48
Never Married	46.7	13.4	16.2	6.4	7.9	3.7	3.2	2.6	100.0	1,392
Living Children										
0	47.7	13.8	15.3	6.8	7.4	3.7	2.8	2.3	100.0	1,611
1	53.8	20.9	10.3	9.1	1.2	2.9	0.2	1.6	100.0	563
2	57.6	19.1	10.1	8.1	1.4	1.6	0.2	1.9	100.0	1,134
3+	59.1	15.6	5.1	14.8	1.1	2.0	0.0	2.3	100.0	577
Education Level										
Primary or Less	58.2	13.2	6.8	10.7	3.9	3.3	1.0	2.9	100.0	1,649
Secondary	49.2	19.0	13.9	7.3	4.9	2.1	2.1	1.5	100.0	1,709
Post-Secondary	36.5	23.0	30.8	3.7	1.9	3.0	1.0	0.0	100.0	527
Socioeconomic Index										
Low	56.9	13.8	7.3	11.4	4.4	2.3	1.2	2.6	100.0	1,241
Medium	51.0	16.5	14.3	7.7	3.9	3.1	1.4	2.0	100.0	2,090
High	43.8	26.4	17.0	2.8	4.2	3.3	1.8	0.7	100.0	554
Current Method of Contraception										
Tubal Ligation	54.8	17.4	9.8	16.8	0.7	0.6	0.0	0.0	100.0	70
Condom	60.7	21.6	10.0	4.8	0.0	2.4	0.5	0.0	100.0	123
Other Modern	43.8	36.4	10.7	9.0	0.0	0.0	0.0	0.0	100.0	94
Traditional	54.7	19.4	9.2	10.7	1.4	2.2	0.2	2.2	100.0	1,708
Non-User	51.3	13.2	13.7	7.2	6.5	3.4	2.4	2.3	100.0	1,890

Table 9.2 B
Percent Distribution of Men's Opinion on the Best Source of Contraceptive Information by Selected Characteristics
Among Men Aged 15–49 Who Want More Information About Contraception
Reproductive Health Survey: Albania, 2002

Characteristic	Radio/ TV	Print Media	Other Health Professional	Friend/ Coworker/ Contraceptive User	Gynecologist	Teacher	Relative/ Partner/ Girlfriend	Other/ Don't Know	Total	No. of Cases
Total	**65.4**	**15.2**	**11.6**	**3.2**	**2.6**	**1.2**	**0.3**	**0.5**	**100.0**	**863**
Strata										
Metro Tirana	54.2	24.3	11.0	2.9	4.4	2.7	0.3	0.3	100.0	351
Other Urban	62.1	17.2	8.6	5.9	4.3	0.8	0.0	1.1	100.0	277
Other Rural	71.9	10.4	13.6	1.6	0.8	0.9	0.5	0.2	100.0	235
Residence										
Urban	59.2	19.3	9.5	5.0	4.5	1.6	0.1	0.9	100.0	571
Rural	70.9	11.7	13.4	1.6	0.9	0.9	0.5	0.2	100.0	292
Age Group										
15–19	70.2	15.6	7.3	3.3	0.7	2.5	0.2	0.3	100.0	328
20–24	68.3	19.5	4.5	2.1	2.6	1.2	0.0	1.7	100.0	131
25–29	62.1	13.3	18.3	3.8	2.5	0.0	0.0	0.0	100.0	122
30–34	61.8	12.8	15.6	3.6	6.3	0.0	0.0	0.0	100.0	105
35–39	61.3	10.3	15.7	6.2	4.7	1.7	0.0	0.0	100.0	88
40–44	52.9	18.8	25.0	0.0	3.3	0.0	0.0	0.0	100.0	61
45–49	64.1	11.5	13.2	1.6	1.6	0.0	6.5	1.6	100.0	28
Marital Status										
Currently Married	63.7	13.0	15.9	2.0	4.1	0.4	0.6	0.2	100.0	335
Previously Married	**	**	**	**	**	**	**	**	**	6
Never Married	66.5	16.6	8.7	3.9	1.6	1.8	0.1	0.8	100.0	522
Living Children										
0	65.6	16.6	10.1	3.7	1.7	1.6	0.1	0.7	100.0	580
1	61.2	13.6	15.6	0.0	9.1	0.5	0.0	0.0	100.0	89
2	70.1	13.4	9.2	2.9	3.3	0.7	0.0	0.4	100.0	153
3+	57.3	7.7	28.1	2.8	0.0	0.0	4.1	0.0	100.0	41
Education Level										
Primary or Less	67.8	9.3	17.1	3.1	0.8	0.5	0.5	0.9	100.0	340
Secondary	65.9	16.9	7.5	3.8	4.0	1.8	0.1	0.0	100.0	419
Post-Secondary	50.3	39.4	1.7	0.5	5.0	2.4	0.0	0.7	100.0	104
Socieconomic Index										
Low	71.1	8.7	14.2	3.4	0.9	0.5	0.5	0.7	100.0	321
Medium	60.7	19.7	10.1	3.6	3.5	2.1	0.1	0.3	100.0	414
High	58.5	27.2	5.2	0.0	7.1	1.1	0.3	0.7	100.0	128
Current Method of Contraception										
Modern	41.8	22.8	17.1	3.5	8.5	0.0	0.0	6.3	100.0	68
Traditional	66.8	12.9	15.1	2.2	2.5	0.5	0.0	0.0	100.0	273
Non-User	67.1	15.7	9.1	3.6	2.0	1.8	0.5	0.2	100.0	522

**Percentages are not shown when base is less than 25 cases.

Table 9.3
Percentage Who Think That Information about Contraception Should be Broadcast on Radio or Television by Selected Characteristics Among Women Aged 15–44 and Men Aged 15–49
Reproductive Health Survey: Albania, 2002

Characteristic	Women	No. of Cases	Men	No. of Cases
Total	**90.0**	**5,697**	**76.9**	**1,740**
Strata				
Metro Tirana	91.1	2,108	82.5	718
Other Urban	91.6	1,816	79.5	547
Other Rural	88.9	1,773	73.1	475
Residence				
Urban	91.8	3,572	81.0	1,155
Rural	88.7	2,125	73.2	585
Age Group				
15–19	90.6	1,094	90.9	401
20–24	94.3	936	86.9	189
25–29	91.7	946	84.2	218
30–34	89.7	1,067	76.8	253
35–39	88.4	958	66.7	255
40–44	84.7	696	66.5	277
45–49	N/A	N/A	57.8	147
Marital Status				
Currently Married	89.5	3,965	68.9	1,023
Previously Married	83.4	88	**	14
Never Married	91.6	1,644	88.9	703
Living Children				
0	92.0	1,943	89.1	815
1	92.2	828	76.7	221
2	89.2	1,840	69.2	468
3+	86.6	1,086	56.8	236
Education Level				
Primary or Less	87.5	2,519	72.7	689
Secondary	92.3	2,483	80.1	825
Post-Secondary	96.2	695	83.7	226
Socioeconomic Index				
Low	86.8	1,940	71.5	638
Medium	92.0	2,985	79.6	814
High	94.9	772	90.0	288
Current Method of Contraception				
Modern	92.2	456	95.7	98
Traditional	89.8	2,739	70.9	804
Non-User	90.0	2,502	81.2	838

**Percentages are not shown when base is less than 25 cases.

Table 9.4
Percentage Who Agree with Selected Statements Concerning Possible Advantages and Disadvantages of Using the Pill, by Residence and Education Among Women Aged 15–44 Who Have Heard of the Pill
Reproductive Health Survey: Albania 2002

		Residence		Education Level		
Statements	Total	Urban	Rural	Primary Or Less	Secondary	Post-Secondary
Advantages						
Pills Are Easy to Procure	67.9	72.1	63.6	62.6	69.5	81.7
Pills Are Easy to Use	58.1	59.0	57.2	54.8	58.7	68.4
Pills Regulate Periods	18.9	21.4	16.5	13.1	20.2	36.6
Pills Decrease Menstrual Cramps	10.5	11.4	9.5	6.6	12.1	19.0
Pills Protect Against Cancer	10.5	11.2	9.9	7.2	12.8	14.4
Pills Decrease Blood Loss	9.7	12.4	7.0	5.9	11.2	19.0
Disadvantages						
Stressful to Remember to Take the Pill	32.9	35.8	30.0	28.4	34.7	43.4
Pills Make You Gain Weight	32.2	36.8	27.6	25.1	35.3	47.7
Pills Are Too Expensive	11.0	11.1	10.9	11.4	11.1	9.3
Pills Are Bad for Circulation	8.0	8.2	7.8	6.4	8.5	12.0
Number of Cases	4,178	2,887	1,291	1,475	2,031	672

Table 9.5
Percentage Who Agree with Selected Statements Concerning Possible Advantages and Disadvantages of Using the IUD, by Residence and Education Among Women Aged 15–44 Who Have Heard of the IUD
Reproductive Health Survey: Albania 2002

		Residence		Education Level		
Statements	Total	Urban	Rural	Primary Or Less	Secondary	Post-Secondary
Advantages						
IUD is Easy to Use	36.5	35.0	38.6	32.5	39.4	36.0
IUD is Relatively Inexpensive	22.4	23.2	21.3	20.3	21.0	30.5
IUD Decreases Risk of Ectopic Pregnancy	14.4	16.2	11.7	9.3	15.6	20.6
Disadvantages						
Increases Risk of Pelvic Inflammantory Disease	31.6	30.5	33.2	27.1	32.6	37.5
IUD May Cause Spotting Between Periods	21.2	20.0	23.0	20.8	20.0	25.3
IUD May Increase Menstrual Blood Loss	15.3	14.0	17.2	14.3	14.9	18.0
IUD May Increase Painful Menstruation	14.8	14.2	15.6	13.2	14.9	17.5
Number of Cases	1,643	1,244	399	433	835	375

Table 9.6
Percent Distribution of Opinion of Degree of Risk to a Woman's Health from Using Selected Birth Prevention Methods Among Women Aged 15-44 and Men Aged 15-49
Reproductive Health Survey: Albania, 2002

Birth Prevention Method	Low Risk	Medium Risk	High Risk	Don't Know	Total	No. of Cases
Women						
Pill	12.8	26.5	6.6	54.2	100.0	5,697
IUD	3.4	8.9	3.6	84.1	100.0	5,697
Condom	46.6	7.3	1.4	44.7	100.0	5,697
Tubal Ligation	12.7	26.8	7.6	52.9	100.0	5,697
Abortion	4.3	22.9	39.7	33.1	100.0	5,697
Men						
Pill	13.0	10.7	3.7	72.7	100.0	1,740
IUD	4.3	4.4	2.6	88.8	100.0	1,740
Condom	64.4	6.3	0.1	29.3	100.0	1,740
Tubal Ligation	3.4	7.8	7.3	81.6	100.0	1,740
Abortion	11.8	18.3	25.9	44.1	100.0	1,740

Table 9.7
Percent Distribution of Opinion of Degree of Risk to a Woman's Health From Using the Pill by Selected Characteristics Among Women Aged 15–44
Reproductive Health Survey: Albania, 2002

Characteristic	Low Risk	Medium Risk	High Risk	Don't Know	Total	No. of Cases
Total	**12.8**	**26.5**	**6.6**	**54.2**	**100.0**	**5,697**
Strata						
Metro Tirana	16.4	32.3	8.9	42.3	100.0	2,108
Other Urban	14.1	31.9	6.3	47.8	100.0	1,816
Other Rural	11.0	22.0	6.0	61.1	100.0	1,773
Residence						
Urban	14.9	32.4	7.2	45.5	100.0	3,572
Rural	11.1	22.1	6.1	60.7	100.0	2,125
Age						
15–19	8.8	23.7	3.7	63.8	100.0	1,094
20–24	15.5	22.8	8.6	53.1	100.0	936
25–29	12.8	29.8	8.6	48.7	100.0	946
30–34	15.8	27.9	6.5	49.8	100.0	1,067
35–39	12.4	27.6	6.2	53.8	100.0	958
40–44	12.4	28.6	6.6	52.5	100.0	696
Marital Status						
Currently Married	13.1	27.4	7.1	52.4	100.0	3,965
Previously Married	24.0	26.7	5.8	43.5	100.0	88
Never Married	11.3	24.9	5.6	58.3	100.0	1,644
Living Children						
0	11.2	25.6	5.6	57.7	100.0	1,943
1	17.0	24.2	7.7	51.1	100.0	828
2	14.0	30.5	7.0	48.4	100.0	1,840
3+	11.4	24.7	7.1	56.9	100.0	1,086
Education Level						
Primary or Less	10.0	19.7	5.7	64.7	100.0	2,519
Secondary	14.6	32.1	7.6	43.5	100.0	2,483
Post-Secondary	22.5	46.3	10.3	21.0	100.0	695
Socioeconomic Index						
Low	9.5	19.3	5.7	65.4	100.0	1,940
Medium	14.4	30.5	6.7	48.4	100.0	2,985
High	19.2	39.9	9.8	31.1	100.0	772
Current Method of Contraception						
Tubal Ligation	12.2	34.4	5.5	47.9	100.0	173
Pill	78.7	19.6	0.0	1.7	100.0	74
Condom	11.7	53.7	11.6	23.0	100.0	165
Other Modern	22.9	39.0	13.8	24.4	100.0	44
Traditional	12.8	27.7	7.2	52.3	100.0	2,739
Non-User	11.7	24.1	5.9	58.3	100.0	2,502

Table 9.8 A
Percent Distribution of Opinion of Degree of Risk to a Woman's Health From Using the Condom by Selected Characteristics Among Women Aged 15–44
Reproductive Health Survey: Albania, 2002

Characteristic	Low Risk	Medium Risk	High Risk	Don't Know	Total	No. of Cases
Total	**46.6**	**7.3**	**1.4**	**44.7**	**100.0**	**5,697**
Strata						
Metro Tirana	61.0	7.1	0.8	31.1	100.0	2,108
Other Urban	52.6	8.2	1.0	38.2	100.0	1,816
Other Rural	39.1	6.8	1.8	52.3	100.0	1,773
Residence						
Urban	56.3	7.9	0.9	34.9	100.0	3,572
Rural	39.3	6.8	1.7	52.1	100.0	2,125
Age						
15–19	45.5	4.8	1.4	48.3	100.0	1,094
20–24	52.6	6.2	1.6	39.6	100.0	936
25–29	49.4	8.4	0.9	41.3	100.0	946
30–34	46.0	9.4	1.5	43.0	100.0	1,067
35–39	43.3	8.9	1.0	46.9	100.0	958
40–44	42.4	6.8	2.0	48.7	100.0	696
Marital Status						
Currently Married	45.7	8.3	1.5	44.5	100.0	3,965
Previously Married	47.9	8.9	2.3	40.8	100.0	88
Never Married	48.3	5.1	1.2	45.4	100.0	1,644
Living Children						
0	48.5	5.5	1.1	44.8	100.0	1,943
1	51.1	8.5	1.3	39.0	100.0	828
2	48.4	9.7	2.1	39.8	100.0	1,840
3+	38.4	6.5	1.1	53.9	100.0	1,086
Education Level						
Primary or Less	37.2	7.2	1.4	54.2	100.0	2,519
Secondary	53.6	7.4	1.3	37.8	100.0	2,483
Post-Secondary	76.3	7.4	2.0	14.3	100.0	695
Socioeconomic Index						
Low	35.3	6.6	1.8	56.2	100.0	1,940
Medium	52.4	7.7	1.1	38.7	100.0	2,985
High	69.1	7.9	1.1	21.9	100.0	772
Current Method of Contraception						
Tubal Ligation	52.3	4.1	0.0	43.6	100.0	173
Condom	95.2	0.4	0.4	4.1	100.0	163
Other Modern	61.1	15.0	0.0	23.8	100.0	120
Traditional	45.9	8.1	1.7	44.2	100.0	2,739
Non-User	44.9	6.7	1.3	47.1	100.0	2,502

Table 9.8 B
Percent Distribution of Opinion of Degree of Risk to a Woman's Health From Using the Condom by Selected Characteristics Among Men Aged 15–49
Reproductive Health Survey: Albania, 2002

Characteristic	Low Risk	Medium Risk	High Risk	Don't Know	Total	No. of Cases
Total	**64.4**	**6.3**	**0.1**	**29.2**	**100.0**	**1,740**
Strata						
Metro Tirana	75.4	3.6	0.3	20.7	100.0	718
Other Urban	72.4	5.6	0.0	22.0	100.0	547
Other Rural	55.4	7.8	0.0	36.9	100.0	475
Residence						
Urban	73.8	4.8	0.1	21.2	100.0	1,155
Rural	56.2	7.6	0.0	36.2	100.0	585
Age						
15–19	63.2	5.8	0.0	31.0	100.0	401
20–24	83.5	3.9	0.0	12.6	100.0	189
25–29	72.7	8.5	0.0	18.8	100.0	218
30–34	74.0	7.5	0.0	18.5	100.0	253
35–39	59.3	5.5	0.0	35.2	100.0	255
40–44	55.2	8.0	0.0	36.8	100.0	277
45–49	38.7	5.1	0.5	55.7	100.0	147
Marital Status						
Currently Married	57.5	7.5	0.1	34.9	100.0	1,023
Previously Married	**	**	**	**	**	14
Never Married	75.2	4.5	0.0	20.3	100.0	703
Living Children						
0	74.9	5.5	0.0	19.6	100.0	815
1	73.5	6.8	0.0	19.7	100.0	221
2	58.4	8.3	0.2	33.1	100.0	468
3+	40.5	5.2	0.0	54.3	100.0	236
Education Level						
Primary or Less	55.8	6.4	0.0	37.9	100.0	689
Secondary	70.0	6.6	0.1	23.4	100.0	825
Post-Secondary	84.2	4.5	0.3	11.0	100.0	226
Socioeconomic Index						
Low	52.4	6.1	0.0	41.5	100.0	638
Medium	71.4	7.0	0.1	21.5	100.0	814
High	90.0	4.3	0.3	5.5	100.0	288
Current Method of Contraception						
Modern	98.3	1.2	0.0	0.6	100.0	98
Traditional	58.3	7.0	0.1	34.6	100.0	804
Non-user	67.6	6.1	0.0	26.3	100.0	838

**Percentages are not shown when base is less than 25 cases.

Table 9.9
Percent Distribution of Opinion of Degree of Risk to a Woman's Health from Tubal Ligation by Selected Characteristics Among Women Aged 15–44
Reproductive Health Survey: Albania, 2002

Characteristic	Low Risk	Medium Risk	High Risk	Don't Know	Total	No. of Cases
Total	**12.7**	**26.8**	**7.6**	**52.9**	**100.0**	**5,697**
Strata						
Metro Tirana	16.4	23.7	9.4	50.5	100.0	2,108
Other Urban	12.1	29.6	8.9	49.4	100.0	1,816
Other Rural	12.0	26.2	6.3	55.5	100.0	1,773
Residence						
Urban	13.6	27.7	9.1	49.6	100.0	3,572
Rural	12.0	26.2	6.4	55.3	100.0	2,125
Age						
15–19	6.2	15.0	3.0	75.8	100.0	1,094
20–24	12.5	20.7	7.6	59.2	100.0	936
25–29	13.6	31.2	9.3	45.9	100.0	946
30–34	15.0	32.3	9.5	43.2	100.0	1,067
35–39	14.6	32.2	9.8	43.4	100.0	958
40–44	16.9	34.5	7.8	40.7	100.0	696
Marital Status						
Currently Married	15.2	32.5	9.2	43.1	100.0	3,965
Previously Married	12.7	33.6	13.8	39.9	100.0	88
Never Married	7.7	15.2	4.0	73.1	100.0	1,644
Living Children						
0	8.7	16.3	4.7	70.3	100.0	1,943
1	14.1	30.3	9.4	46.2	100.0	828
2	15.1	36.1	9.8	39.0	100.0	1,840
3+	15.8	31.5	8.8	44.0	100.0	1,086
Education Level						
Primary or Less	11.2	24.3	6.7	57.8	100.0	2,519
Secondary	13.3	28.7	8.1	49.9	100.0	2,483
Post-Secondary	19.9	34.6	11.5	34.0	100.0	695
Socioeconomic Index						
Low	11.4	22.9	6.4	59.3	100.0	1,940
Medium	13.2	29.5	7.4	49.8	100.0	2,985
High	16.7	31.0	14.2	38.1	100.0	772
Current Method of Contraception						
Tubal Ligation	47.6	32.0	5.0	15.4	100.0	173
Condom	8.7	36.1	14.1	41.1	100.0	163
Other Modern	22.9	29.6	13.2	34.4	100.0	120
Traditional	13.9	32.9	9.5	43.7	100.0	2,739
Non-User	9.6	20.7	5.6	64.1	100.0	2,502

Table 9.10 A
Percent Distribution of Opinion of Degree of Risk to a Woman's Health From Abortion by Selected Characteristics Among Women Aged 15–44
Reproductive Health Survey: Albania, 2002

Characteristic	Low Risk	Medium Risk	High Risk	Don't Know	Total	No. of Cases
Total	**4.3**	**22.9**	**39.7**	**33.1**	**100.0**	**5,697**
Strata						
Metro Tirana	5.7	23.0	46.2	25.1	100.0	2,108
Other Urban	4.8	24.6	40.9	29.8	100.0	1,816
Other Rural	3.6	22.0	37.2	37.2	100.0	1,773
Residence						
Urban	5.3	24.0	43.4	27.4	100.0	3,572
Rural	3.6	22.1	37.0	37.3	100.0	2,125
Age						
15–19	3.1	21.1	31.1	44.8	100.0	1,094
20–24	4.1	21.2	40.1	34.6	100.0	936
25–29	4.4	25.3	43.8	26.5	100.0	946
30–34	5.9	23.4	43.4	27.3	100.0	1,067
35–39	3.6	24.7	42.5	29.3	100.0	958
40–44	5.3	22.6	40.5	31.6	100.0	696
Marital Status						
Currently Married	5.0	24.0	42.4	28.6	100.0	3,965
Previously Married	4.0	19.4	44.7	31.9	100.0	88
Never Married	3.0	21.0	34.0	41.9	100.0	1,644
Living Children						
0	3.2	20.8	35.5	40.5	100.0	1,943
1	5.0	25.9	42.4	26.7	100.0	828
2	4.6	23.7	42.9	28.8	100.0	1,840
3+	5.4	23.8	41.5	29.3	100.0	1,086
Education Level						
Primary or Less	4.0	22.5	35.9	37.6	100.0	2,519
Secondary	4.9	22.9	42.3	29.9	100.0	2,483
Post-Secondary	3.8	25.8	53.0	17.5	100.0	695
Socioeconomic Index						
Low	4.5	21.5	35.4	38.5	100.0	1,940
Medium	3.9	24.0	41.8	30.3	100.0	2,985
High	5.6	23.2	49.5	21.6	100.0	772
Ever Had Abortion						
No	4.0	22.5	39.3	34.2	100.0	5,359
Yes	11.0	31.6	48.1	9.3	100.0	338

Table 9.10 B
Percent Distribution of Opinion of Degree of Risk to a Woman's Health from Abortion by Selected Characteristics Among Men Aged 15–49
Reproductive Health Survey: Albania, 2002

Characteristic	Low Risk	Medium Risk	High Risk	Don't Know	Total	No. of Cases
Total	**11.8**	**18.3**	**25.9**	**44.1**	**100.0**	**1,740**
Strata						
Metro Tirana	8.6	20.2	26.1	45.1	100.0	718
Other Urban	12.6	18.1	29.6	39.7	100.0	547
Other Rural	12.5	17.7	23.5	46.3	100.0	475
Residence						
Urban	10.9	19.5	28.3	41.3	100.0	1,155
Rural	12.5	17.3	23.7	46.5	100.0	585
Age						
15–19	7.4	10.6	22.4	59.7	100.0	401
20–24	11.9	19.8	25.9	42.4	100.0	189
25–29	13.7	25.8	23.1	37.4	100.0	218
30–34	15.6	24.8	26.1	33.6	100.0	253
35–39	10.5	18.9	28.2	42.4	100.0	255
40–44	11.0	18.1	29.7	41.2	100.0	277
45–49	14.6	12.2	26.7	46.6	100.0	147
Marital Status						
Currently Married	12.5	19.2	25.9	42.4	100.0	1,023
Previously Married	**	**	**	**	**	14
Never Married	10.7	16.8	25.4	47.1	100.0	703
Living Children						
0	11.6	17.7	25.4	45.2	100.0	815
1	13.3	22.7	28.8	35.2	100.0	221
2	11.5	18.3	28.0	42.2	100.0	468
3+	11.5	16.8	22.0	49.6	100.0	236
Education Level						
Primary or Less	12.5	16.2	24.5	46.8	100.0	689
Secondary	10.4	19.3	26.7	43.6	100.0	825
Post-Secondary	14.5	24.7	29.1	31.7	100.0	226
Socioeconomic Index						
Low	12.3	17.8	20.9	49.0	100.0	638
Medium	10.3	17.9	29.6	42.2	100.0	814
High	15.3	22.0	32.9	29.8	100.0	288
Current Method of Contraception						
Modern	14.9	26.0	48.5	10.6	100.0	98
Traditional	14.5	21.4	22.4	41.8	100.0	804
Non-User	8.8	14.5	27.4	49.3	100.0	838

**Percentages are not shown when base is less than 25 cases.

CHAPTER 10

REPRODUCTIVE HEALTH KNOWLEDGE AND ATTITUDES

In most of the Communist countries of Eastern Europe, as mentioned previously, choices for contraception were limited and fertility control was achieved chiefly through abortion (David, 1992). Communist Albania, like Romania, was even more restrictive than other countries of Eastern Europe, prohibiting both contraception and abortion in favor of a pronatalist national policy. Post-Communist Albania has enacted new laws changing the situation. Modern contraception was legalized in 1988 and abortion in 1992 (Islami et al, 1999). Reproductive health education and services in Albania are still evolving.

The ALRHS02 incorporated questions about both men's and women's opinions about ideal family size, basic knowledge of fertility, attitudes about abortion and unintended pregnancy, and perceptions about gender roles and norms. Responses to these questions can help target and shape information, education, and communications programs intended to improve reproductive health knowledge among Albanians of child bearing age.

Ideal Family Size

Respondents were asked "What do you think is the ideal number of children for a young family in Albania?" The question is intended to illuminate a cultural or social norm, rather than a personal desire for a certain number of children. Response categories ranged from 0 to "5 or more", and included non-numeric responses such as "as many as God gives" and "as many as possible." The mean ideal number of children was calculated for women and men, excluding non-numeric responses (Table 10.1).

Among women, the mean ideal number of children for a young family in Albania was 2.6 children. The ideal was higher outside of metro Tirana, in rural areas, and among currently married women. Ideal number of children increased with age and number of living children, and decreased as educational level and socioeconomic status increased.

In general, men thought the ideal number of children was somewhat lower (2.4). The same demographic patterns held true for men, although the mean ideal reported by men was always lower except among men and women with three or more children (3.1 for both).

Knowledge of the Menstrual Cycle

Men and women's knowledge of the menstrual cycle was explored with two questions. The first asked whether there are certain days during a woman's cycle when she is more likely to become pregnant. Respondents that answered yes were then asked when those days occur: just before her period, during her period, right after her period, or halfway between periods.

Fewer than one in five Albanian women (18%) correctly identified the time halfway between periods as a woman's most fertile time (Table 10.2A). One-fourth incorrectly thought that the week after menses was the most likely time for a woman to become pregnant (26%). Nearly half responded that they did not know if a woman is more likely to become pregnant at any particular point in her cycle (46%). Correct knowledge was more prevalent in urban areas, among ever married women, and increased with level of education and socioeconomic status.

Albanian men knew even less about the menstrual cycle. Three quarters of men surveyed responded that either they did not know or that a woman is equally likely to become pregnant at any point in the menstrual cycle (Table 10.2B). Just 11% knew that the time halfway between periods is when a woman is most fertile.

Knowledge of the Fertility Effect of Breastfeeding

The RHS questionnaire included a question asking if breastfeeding increases, decreases, or has no effect on a woman's chance of getting pregnant. Nearly half of the women (47%) responded that they did not know whether there was any effect (Table 10.3A). Only one in five women knew that breastfeeding reduced a woman's fertility (20%). Women outside metro Tirana, rural women, women of lower education and socioeconomic status were more likely to respond that they did not know and were less likely to correctly specify that breastfeeding lowers the chance of pregnancy. Unmarried women, women aged 15–19, or without children were most likely to have no knowledge of the effect of breastfeeding on fertility and least likely to know that pregnancy is less likely when a woman is breastfeeding.

Two-thirds of Albanian men (66%) surveyed reported not knowing if breastfeeding affected a woman's chance of becoming pregnant and approximately 20% knew that it lowers the chance (Table 10.3B). As with the women, knowledge was greater among urban men, and much lower among never married men, young men, men with less than complete secondary education, low socioeconomic status, and with no children.

Attitudes Toward Abortion

To explore whether Albanians, in the abstract, consider abortion to be an option for limiting fertility, the questionnaire asks whether respondents believe that a woman always has the right to decide about her pregnancy, including whether or not to have an abortion. Respondents who do not agree that abortion is always a woman's decision answer a question about whether abortion is acceptable under certain circumstances. Table 10.4A displays the percent distribution of surveyed women who agree that abortion is always a woman's decision, that abortion is acceptable under at least one of six selected circumstances, or never acceptable.

Nearly three quarters of Albanian women (72%) think that a woman always has the right to make decisions about her own pregnancy, including whether to have an abortion. Almost all other women believe that abortion is acceptable under some circumstances (26%). The opinion that abortion is a woman's decision does not vary much by demographic characteristics, although it is most common among women with postsecondary education (78%) and least prevalent among women of low socioeconomic status (69%).

Fewer Albanian men report that abortion is always a woman's personal decision (53%), but because most others believe it is acceptable in certain circumstances, the proportion that believe abortion is never acceptable is about equal to that of women (1%) (Table 10.4B). Acceptance of abortion varied among Albanian men by strata, residence and age; it was most common among men in urban areas other than Tirana (61%) and least likely among men aged 45 – 49 (44%). Acceptance of a woman's right

to decide about her pregnancy increased somewhat with socioeconomic status (52% to 59%).

Respondents who did not think that a pregnant woman always has the right to decide about abortion were asked about the acceptability of abortion under specific circumstances: danger to a woman's life, danger to a woman's health, deformity of the fetus, pregnancy resulting from rape, pregnancy outside of marriage, and inability to support a/another child. Among both men and women, the selected circumstances can be grouped into three levels of acceptance.

Among women, being unmarried or unable to afford a child were the least acceptable reasons for abortion (38% and 22% respectively) (Table 10.5). Lack of money for a child was also found to be the situation with the greatest definitively negative response of abortion as opposed to "depends" or "don't know" (59%). The second level of acceptance among women was for situations in which the pregnancy was the result of a rape or it posed a danger to a woman's health (53% and 59%, respectively). About one in five respondents (19%) to these questions thought that abortion was not appropriate in these circumstances. The highest level of acceptance among women was for pregnancies in which the fetus had some sort of deformity (70%) or which threatened a woman's life (80%). One in ten women felt a woman must carry a pregnancy to term even if it might end her life and 19% felt she should do so even if the fetus was physically deformed.

Acceptance of abortion under specific circumstances shows some patterns when examined by women's characteristics (Table 10.6A). Women who are aged 15 – 19, never married, have no children, of lower socioeconomic status, live in rural areas, or who have less education are in general less likely to accept abortion in any of the situations presented. However, in the first three cases shown, from one-half to three-quarters of these women accepted abortion in these circumstances. With regard to urban/rural residence and socioeconomic status, the proportion was inverted when the circumstance in question was a pregnancy in a woman without a husband; in that case rural women were more likely to agree with abortion (42% vs. 32%) as were women in the lowest socioeconomic level (42% vs. 34% and 35%).

Albanian men were similar in their acceptance of abortion under the circumstances shown (Table 10.5). However, compared with female respondents, they were less likely to accept abortion as an option when a family can not afford a child or when a woman is unmarried, and most likely to disapprove outright in those circumstances. Albanian men also showed less acceptance when a fetus is malformed. Men placed the greatest value on a woman's health and life, agreeing that abortion was acceptable when her health or life were at risk (74% and 87%, respectively).

In looking at the situational acceptance of abortion among men by selected characteristics, one can see that, in general, approval was higher among men living in urban areas, currently married men, men with secondary complete education, and men with high socioeconomic status (Table 10.6B). Men who live outside of Tirana were less likely to accept abortion when a woman is unmarried or the family cannot support the child once it is born.

While most believe that abortion is a woman's personal decision, in the event of an unintended pregnancy, a large majority of

Albanian women tend to think that a woman should have the baby and raise it herself (71%) and a significant minority think that she should have an abortion (21%) (Table 10.7A). Only 2% think a woman should have her baby adopted. Women most likely to think a woman should give birth and keep the baby are those in rural areas. "Keep the baby" decreases with higher levels of education and socioeconomic status.

Albanian men are much less likely to say that a woman should have and keep an unwanted baby (40%) (Table 10.7B). Adoption as a choice of action is generally more favored by men than women (10% vs. 2%). Men living in Tirana and in other urban areas, as well as men with postsecondary education and of high socioeconomic status, were most likely to think a woman should have an abortion. Men at the extremes of the reproductive ages were least likely to suggest a woman abort an unwanted pregnancy (19%). Reporting both that a woman should have an abortion and that she should have her baby adopted increased with education level. Increased socioeconomic status was associated with increased approval of abortion for an unwanted pregnancy. Older men aged 45 – 49 were the most likely to expect a woman to give birth and to raise the child (58%).

Attitudes and Perceptions about Gender Norms

Both male and female respondents were asked whether they agreed with several statements reflecting gender norms and roles. Responses to these statements provide a limited snapshot of the cultural expectations regarding men and women and the roles they play in society as perceived by the respondents.

The vast majority of surveyed women agreed that housework is a woman's main job (87%) but that a husband should help with household chores if his wife works (94%) (Table 10.8). At least three quarters of women agree that a woman should be a virgin at her marriage, that women need their husbands' permission to work outside the home, and that every person should marry. If a woman works, 70% of women believe she should give the money she earns to her husband, while two-thirds (66%) of women know a woman can become pregnant the first time she has sex. The least commonly held norms were that childcare is a woman's job (52%) and that men should have the final say in the family (42%). Agreement with all the statements, except those about a husband's help around the house and possible pregnancy at first sex, was greater among rural women and women with less education. With the exception of "husband helping with chores," agreement was inversely related to education attainment.

Generally, women in metropolitan Tirana are least likely to agree with these gender-related statements and women in rural areas outside of Tirana are most likely to agree (Table 10.9A). Agreement tends to increase with age and with number of living children. On the whole, as socioeconomic status and level of education increase, agreement decreases. Currently married women are more likely to accept the norms and Orthodox Christian women are least likely to accept the norms.

In general, men most strongly agree that everyone should get married, that a woman's main job is housework, and that if a woman works her husband should help around the house (84% – 85%) (Table 10.8). More than half of Albanian men also agree that a woman needs her husband's permission to work; that, if she works, all of her money should go to her husband; that a woman should be a virgin until she marries, and that a woman can get pregnant the first time she

has sex (64% – 71 %). Slightly more than a third of Albanian men believe that childcare is a woman's job (36%) and that men have the final say in family matter (37%). As seen with the women, with the exception of a husband's responsibility to help with chores when his wife works and the belief that a woman can become pregnant at first sex, agreement with all statements was higher among rural men and decreased with higher educational attainment.

Belief that men should help working wives with household chores was nearly unaffected by men's demographic characteristics as was agreement that a woman can become pregnant the first time she has sex, with the exception of education noted above and the much lower agreement among men without any living children (Table 10.9B). Men from rural areas outside of metro Tirana were most likely to agree with nearly all the other gender norms. For the most part, more traditional norms were more popular with older men and agreement increased with number of living children. Marital status had no impact on whether men felt husbands should help their wives with chores, or have the final say in the family, or that child care is a woman's job. For all other statements, higher proportions of currently married men agreed. Agreement with all the statements of gender norms decreased with socioeconomic status and level of education, although there was very little difference for beliefs that a woman can become pregnant at first sex or that a husband should help with household chores when his wife works. Muslim and Catholic men were very close in agreement , while Orthodox Christian men were, for the most part, less likely to agree with the selected gender norms. Otherwise, Orthodox men were more likely to agree that a woman should give her salary to her husband. Religion had no effect on attitudes toward helping with household chores.

When asked who should decide how many children a couple should have, most women reported that both the man and the woman should decide (96%) with little variation by urban/rural residence or education (Table 10.10). A majority of men also felt that the decision should be made jointly (89%), and that opinion increased with level of education (85% to 97%).

Table 10.1
Mean Ideal Number of Children for a Young Family in Albania by Selected Characteristics Among Women Aged 15–44 and Men Aged 15–49
Reproductive Health Survey: Albania, 2002

Characteristic	Women 15–44		Men 15–49	
	Mean Ideal Number of Children	No. of Cases*	Mean Ideal Number of Children	No. of Cases*
Total	**2.6**	**5,459**	**2.4**	**1,527**
Strata				
Metro Tirana	2.4	2,046	2.3	661
Other Urban	2.6	1,750	2.3	472
Other Rural	2.7	1,663	2.5	394
Residence				
Urban	2.5	3,462	2.2	1,033
Rural	2.7	1,997	2.5	494
Age Group				
15–19	2.4	1,042	2.3	336
20–24	2.5	907	2.2	166
25–29	2.5	914	2.2	180
30–34	2.7	1,025	2.3	232
35–39	2.7	904	2.4	223
40–44	2.9	667	2.5	257
45–49	N/A	N/A	2.8	133
Marital Status				
Currently Married	2.7	3,807	2.5	924
Previously Married	2.4	82	**	12
Never Married	2.4	1,570	2.3	591
Number of Living Children				
0	2.4	1,851	2.2	686
1	2.4	805	2.1	199
2	2.5	1,792	2.3	445
3 or More	3.1	1,011	3.1	197
Educational Level				
Primary or Less	2.7	2,347	2.5	568
Secondary	2.5	2,423	2.3	741
Post-Secondary	2.3	689	2.2	218
Socioeconomic Status				
Low	2.7	1,789	2.5	538
Middle	2.6	2,909	2.3	727
High	2.4	761	2.2	262

*Excludes non-numeric responses: 4% of female and 12% of male respondents.
**Percentages are not shown when base is less than 25 cases.

Table 10.2 A
Percent Distribution of Women's Opinion on the Most Likely Time in the Menstrual Cycle for a Woman to Become Pregnant by Selected Characteristics Among Women 15–44
Reproductive Health Survey: Albania, 2002

Characteristic	Just Before Menses Begins	During Menses	Just After Menses Ends	Halfway Between Menses	Anytime	Do Not Know	Total	No. of Cases
Total	**3.4**	**1.6**	**25.6**	**17.7**	**5.7**	**46.0**	**100.0**	**5,697**
Strata								
Metro Tirana	4.3	1.8	26.4	22.7	7.6	37.2	100.0	2,108
Other urban	3.4	1.4	29.3	22.4	4.7	38.8	100.0	1,816
Other rural	3.1	1.6	23.3	13.8	5.7	52.5	100.0	1,773
Residence								
Urban	3.9	1.6	28.7	23.2	5.8	36.8	100.0	3,572
Rural	3.0	1.6	23.2	13.6	5.6	53.0	100.0	2,125
Age Group								
15–19	2.5	0.8	10.3	11.2	3.3	71.9	100.0	1,094
20–24	2.9	0.9	20.5	19.1	5.4	51.2	100.0	936
25–29	2.3	1.5	35.7	15.4	7.2	37.9	100.0	946
30–34	4.1	1.9	29.3	22.2	5.9	36.6	100.0	1,067
35–39	3.6	2.0	33.7	18.7	5.9	36.2	100.0	958
40–44	5.3	2.8	29.9	22.2	7.4	32.3	100.0	696
Marital Status								
Currently Married	4.0	1.8	33.5	19.6	6.2	34.9	100.0	3,965
Previously Married	2.5	3.5	36.5	19.6	9.7	28.2	100.0	88
Never Married	2.2	1.1	9.2	13.9	4.3	69.2	100.0	1,644
Number of Living Children								
0	2.3	1.2	11.6	15.1	4.4	65.4	100.0	1,943
1	4.0	1.3	37.6	19.1	5.2	32.9	100.0	828
2	3.0	1.9	33.1	22.3	6.9	32.8	100.0	1,840
3 or more	5.3	2.0	33.3	15.9	6.6	36.9	100.0	1,086
Educational Level								
Primary or Less	3.0	1.7	23.1	11.3	6.4	54.5	100.0	2,519
Secondary	3.8	1.5	28.7	21.4	4.7	39.9	100.0	2,483
Postsecondary	3.6	1.1	27.7	43.4	5.6	18.6	100.0	695
Socioeconomic Status								
Low	2.9	1.6	23.3	11.4	6.0	54.8	100.0	1,940
Middle	3.7	1.6	26.3	21.9	5.2	41.2	100.0	2,985
High	3.8	1.1	33.0	25.2	6.8	30.1	100.0	772

Table 10.2 B
Percent Distribution of Men's Opinion on the Most Likely Time In the Menstrual Cycle for a Woman to Become Pregnant by Selected Characteristics Among Men Aged 15–49
Reproductive Health Survey: Albania, 2002

Characteristic	Just Before Menses Begins	During Menses	Right After Menses Ends	Halfway Between Menses	Anytime	Do Not Know	Total	No. of Cases
Total	**4.3**	**1.9**	**9.3**	**10.5**	**14.9**	**59.0**	**100.0**	**1,740**
Strata								
Metro Tirana	3.9	2.0	10.9	13.2	20.2	49.9	100.0	718
Other urban	4.5	3.2	9.9	14.6	11.2	56.7	100.0	547
Other rural	4.4	1.1	8.4	7.0	15.0	64.0	100.0	475
Residence								
Urban	4.3	2.8	10.4	14.3	14.5	53.7	100.0	1,155
Rural	4.3	1.1	8.4	7.2	15.2	63.7	100.0	585
Age Group								
15–19	4.0	0.6	3.6	3.4	6.3	82.1	100.0	401
20–24	4.5	1.5	10.6	12.0	6.5	65.0	100.0	189
25–29	6.6	2.5	11.6	13.1	16.4	49.8	100.0	218
30–34	5.7	3.3	15.6	13.1	20.7	41.5	100.0	253
35–39	3.4	3.9	10.1	10.6	25.3	46.7	100.0	255
40–44	4.6	1.3	7.5	14.4	15.5	56.6	100.0	277
45–49	1.0	0.5	8.6	9.2	17.3	63.4	100.0	147
Marital Status								
Currently Married	4.4	2.3	10.7	11.2	20.3	51.2	100.0	1,023
Previously Married	**	**	**	**	**	**	**	14
Never Married	4.3	1.4	7.1	9.5	6.7	71.1	100.0	703
Number of Living Children								
0	4.3	1.2	8.6	10.1	8.4	67.4	100.0	815
1	8.0	4.2	13.5	13.0	21.1	40.1	100.0	221
2	3.0	3.3	10.3	12.8	21.4	49.3	100.0	468
3 or more	3.8	0.3	7.2	6.9	18.2	63.6	100.0	236
Educational Level								
Primary or Less	2.8	1.5	8.2	5.4	14.7	67.4	100.0	689
Secondary	6.3	1.3	10.3	11.9	14.7	55.5	100.0	825
Postsecondary	3.4	7.1	10.8	31.1	16.9	30.8	100.0	226
Socioeconomic Status								
Low	2.8	1.8	6.4	5.1	17.0	66.9	100.0	638
Middle	5.2	1.3	11.8	13.0	13.0	55.7	100.0	814
High	7.8	4.8	12.5	24.5	13.0	37.5	100.0	288

**Percentages are not shown when base is less than 25 cases.

Table 10.3 A
Percent Distribution of Women's Opinion on the Likelihood of Pregnancy While Breastfeeding by Selected Characteristics Among Women Aged 15–44
Reproductive Health Survey: Albania 2002

Characteristic	Higher Risk	Lower Risk	Same Risk	Don't Know	Total	No. of Cases
Total	**9.3**	**20.3**	**23.1**	**47.3**	**100.0**	**5,697**
Strata						
Metro Tirana	9.4	23.8	23.0	43.7	100.0	2,108
Other urban	10.0	23.5	23.5	43.0	100.0	1,816
Other rural	8.9	17.6	22.8	50.6	100.0	1,773
Residence						
Urban	9.7	24.1	23.6	42.6	100.0	3,572
Rural	9.0	17.5	22.7	50.7	100.0	2,125
Age Group						
15–19	4.8	7.4	7.6	80.2	100.0	1,094
20–24	6.6	16.6	18.3	58.5	100.0	936
25–29	10.2	24.6	31.0	34.1	100.0	946
30–34	11.1	27.0	29.6	32.3	100.0	1,067
35–39	13.0	23.5	31.1	32.4	100.0	958
40–44	12.0	28.1	26.7	33.1	100.0	696
Marital Status						
Currently Married	11.6	25.8	29.5	33.1	100.0	3,965
Previously Married	11.3	38.5	27.9	22.4	100.0	88
Never Married	4.7	8.4	10.1	76.9	100.0	1,644
Number of Living Children						
0	4.9	10.2	10.3	74.6	100.0	1,943
1	10.0	24.8	30.9	34.4	100.0	828
2	12.0	29.8	30.0	28.3	100.0	1,840
3 or more	13.2	23.6	31.9	31.4	100.0	1,086
Educational Level						
Primary or Less	9.4	17.9	21.3	51.4	100.0	2,519
Secondary	9.4	22.0	24.4	44.2	100.0	2,483
Postsecondary	8.5	28.7	28.9	33.9	100.0	695
Socioeconomic Status						
Low	9.5	18.3	22.9	49.4	100.0	1,940
Middle	9.1	21.4	22.7	46.8	100.0	2,985
High	10.1	24.5	26.6	38.9	100.0	772

Table 10.3 B
Percent Distribution of Men's Opinion on the Likelihood of Pregnancy While Breastfeeding by Selected Characteristics Among Men Aged 15–44
Reproductive Health Survey: Albania 2002

Characteristic	Higher Risk	Lower Risk	Same Risk	Don't Know	Total	No. of Cases
Total	**1.1**	**19.3**	**13.8**	**65.8**	**100.0**	**1,740**
Strata						
Metro Tirana	2.2	20.0	12.8	64.9	100.0	718
Other urban	1.3	22.4	18.9	57.4	100.0	547
Other rural	0.6	17.1	11.2	71.1	100.0	475
Residence						
Urban	1.7	21.8	16.3	60.2	100.0	1,155
Rural	0.6	17.1	11.7	70.7	100.0	585
Age Group						
15–19	0.4	6.1	7.4	86.1	100.0	401
20–24	1.1	14.7	11.5	72.8	100.0	189
25–29	0.4	23.5	16.0	60.2	100.0	218
30–34	2.1	26.0	20.7	51.3	100.0	253
35–39	1.1	21.6	18.7	58.6	100.0	255
40–44	2.3	26.2	12.4	59.2	100.0	277
45–49	0.6	22.6	12.3	64.5	100.0	147
Marital Status						
Currently Married	1.4	24.6	16.6	57.4	100.0	1,023
Previously Married	**	**	**	**	**	14
Never Married	0.7	11.1	9.5	78.7	100.0	703
Number of Living Children						
0	0.7	11.5	11.0	76.8	100.0	815
1	1.5	32.7	18.7	47.1	100.0	221
2	1.9	25.7	17.9	54.5	100.0	468
3 or more	0.9	21.5	12.0	65.6	100.0	236
Educational Level						
Primary or Less	0.7	15.0	11.7	72.6	100.0	689
Secondary	1.6	19.9	16.2	62.2	100.0	825
Postsecondary	1.1	38.9	13.5	46.6	100.0	226
Socioeconomic Status						
Low	0.8	15.7	12.7	70.7	100.0	638
Middle	1.1	20.9	13.4	64.6	100.0	814
High	2.4	28.6	20.0	49.0	100.0	288

**Percentages are not shown when base is less than 25 cases.

Table 10.4 A
Percentage Distribution of Women's Agreement that Abortion Is a Woman's Personal Decision by Selected Characteristics Among Women Aged 15–44
Reproductive Health Survey: Albania, 2002

Characteristic	Always	Under Certain Circumstances	Never	Don't Know	Total	No. of Cases
Total	**72.4**	**26.2**	**0.9**	**0.6**	**100.0**	**5,697**
Strata						
Metro Tirana	73.1	25.6	0.9	0.3	100.0	2,108
Other urban	74.4	24.7	0.7	0.2	100.0	1,816
Other rural	71.1	27.2	0.9	0.8	100.0	1,773
Residence						
Urban	74.3	24.8	0.7	0.2	100.0	3,572
Rural	70.9	27.3	1.0	0.8	100.0	2,125
Age						
15–19	70.8	26.6	0.6	1.9	100.0	1,094
20–24	72.4	26.7	0.7	0.2	100.0	936
25–29	74.0	24.3	1.4	0.3	100.0	946
30–34	73.6	25.6	0.6	0.2	100.0	1,067
35–39	72.0	27.5	0.5	0.0	100.0	958
40–44	72.1	26.2	1.3	0.4	100.0	696
Marital Status						
Currently Married	72.8	26.2	0.7	0.3	100.0	3,965
Previously Married	77.0	23.0	0.0	0.0	100.0	88
Never Married	71.2	26.4	1.3	1.1	100.0	1,644
Number of Living Children						
0	71.6	26.3	1.2	1.0	100.0	1,943
1	72.9	26.2	0.4	0.5	100.0	828
2	72.7	25.9	1.1	0.3	100.0	1,840
3 or more	73.1	26.4	0.3	0.2	100.0	1,086
Educational Level						
Primary or Less	71.5	26.6	1.0	0.9	100.0	2,519
Secondary	72.5	26.7	0.6	0.1	100.0	2,483
Postsecondary	77.8	21.1	1.1	0.0	100.0	695
Socioeconomic Status						
Low	69.3	28.5	1.0	1.3	100.0	1,940
Middle	74.6	24.5	0.9	0.1	100.0	2,985
High	75.2	24.6	0.2	0.0	100.0	772

Table 10.4 B
Percentage Distribution of Men's Agreement that Abortion Is a Woman's Personal Decision by Selected Characteristics Among Men Aged 15–49
Reproductive Health Survey: Albania, 2002

Characteristic	Always	Under Certain Circumstances	Never	Don't Know	Total	No. of Cases
Total	**52.9**	**44.9**	**1.0**	**1.2**	**100.0**	**1,740**
Strata						
Metro Tirana	48.6	47.5	0.8	3.0	100.0	718
Other urban	61.1	38.2	0.7	0.0	100.0	547
Other rural	49.8	48.0	1.1	1.2	100.0	475
Residence						
Urban	56.8	41.3	0.7	1.2	100.0	1,155
Rural	49.5	48.1	1.2	1.2	100.0	585
Age						
15–19	54.0	41.2	0.6	4.2	100.0	401
20–24	52.5	46.6	0.0	0.8	100.0	189
25–29	53.3	45.9	0.9	0.0	100.0	218
30–34	56.1	43.2	0.3	0.3	100.0	253
35–39	50.3	48.1	1.3	0.3	100.0	255
40–44	58.8	39.5	1.1	0.6	100.0	277
45–49	43.6	52.8	2.9	0.8	100.0	147
Marital Status						
Currently Married	52.7	45.5	1.3	0.4	100.0	1,023
Previously Married	**	**	**	**	**	14
Never Married	53.3	44.0	0.4	2.3	100.0	703
Number of Living Children						
0	53.0	44.3	0.7	2.0	100.0	815
1	51.0	47.0	1.4	0.6	100.0	221
2	55.5	42.9	1.0	0.6	100.0	468
3 or more	50.5	48.0	1.3	0.2	100.0	236
Educational Level						
Primary or Less	50.4	46.5	1.5	1.6	100.0	689
Secondary	55.1	43.7	0.5	0.7	100.0	825
Postsecondary	56.4	42.4	0.3	0.9	100.0	226
Socioeconomic Status						
Low	51.9	45.4	1.5	1.2	100.0	638
Middle	52.7	45.5	0.6	1.3	100.0	814
High	58.5	40.8	0.1	0.6	100.0	288

**Percentages are not shown when base is less than 25 cases.

Table 10.5
Percent Distribution of Opinion Regarding Abortion Under Selected Circumstances by Selected Characteristics Among Women and Men of Reproductive Age Who Do Not Believe That Abortion Is Always a Woman's Personal Decision
Reproductive Health Survey: Albania, 2002

	Women Aged 15–44					
	Acceptability of Abortion					
Circumstances	Yes	No	Depends	Don't Know	Total	No. of Cases
Woman's Life is Endangered	80.4	9.5	5.9	4.2	100.0	1,492
Fetus is Malformed	70.1	18.6	5.0	6.4	100.0	1,492
Woman's Health is Endangered	59.1	20.1	15.1	5.6	100.0	1,492
Pregnancy is Result of Rape	53.1	20.2	16.9	9.8	100.0	1,492
Woman is Unmarried	37.9	31.6	21.1	9.4	100.0	1,492
Family Cannot Afford the Child	21.9	58.6	11.8	7.6	100.0	1,492

	Men Aged 15–49					
	Acceptability of Abortion					
Circumstances	Yes	No	Depends	Don't Know	Total	No. of Cases
Woman's Life is Endangered	86.5	4.0	6.4	3.2	100.0	818
Woman's Health is Endangered	73.7	9.6	11.7	5.0	100.0	818
Pregnancy is Result of Rape	59.0	11.6	20.2	9.2	100.0	818
Fetus is Malformed	55.5	14.6	16.0	14.0	100.0	818
Woman is Unmarried	17.9	46.1	22.5	13.5	100.0	818
Family Cannot Afford the Child	13.9	45.4	22.6	18.0	100.0	818

Table 10.6 A
Percentage Who Agree with the Acceptability of Abortion Under Selected Circumstances by Selected Characteristics Among Women Aged 15–44 Who Do Not Believe That Abortion is Always a Woman's Personal Decision
Reproductive Health Survey: Albania, 2002

	Circumstances						
Characteristic	Woman's Life in Danger	Fetus Deformed	Woman's Health in Danger	Pregnancy Resulted From Rape	Woman Unmarried	Cannot Afford Child	No. of Cases
Total	**80.4**	**70.1**	**59.1**	**53.1**	**37.9**	**21.9**	**1,492**
Strata							
Metro Tirana	82.7	69.9	66.7	47.2	25.5	20.9	557
Other urban	83.1	73.3	59.0	54.5	35.9	27.7	444
Other rural	78.4	68.6	57.1	54.0	42.3	19.4	491
Residence							
Urban	83.6	72.4	62.9	52.3	31.7	25.8	886
Rural	78.2	68.6	56.6	53.6	42.0	19.3	606
Age							
15–19	74.8	56.4	50.8	46.8	33.5	13.8	290
20–24	81.0	69.2	61.9	55.6	44.0	20.9	244
25–29	76.9	73.7	61.9	53.7	39.5	21.5	238
30–34	87.8	74.5	63.0	56.5	40.3	28.2	284
35–39	85.9	79.7	63.5	54.1	35.7	28.6	253
40–44	78.1	73.2	57.2	54.6	36.2	22.1	183
Marital Status							
Currently Married	83.8	75.0	62.1	55.3	39.4	24.6	1,049
Previously Married	**	**	**	**	**	**	19
Never Married	74.1	61.1	52.7	48.6	34.5	16.2	424
Number of Living Children							
0	74.8	62.0	54.0	48.7	35.1	16.5	500
1	85.7	77.4	63.7	59.8	43.8	22.0	211
2	80.9	75.9	64.2	54.2	35.8	26.6	493
3 or more	86.7	73.1	59.5	55.7	42.3	25.7	288
Educational Level							
Primary or Less	76.0	66.1	56.5	52.4	41.8	18.6	700
Secondary	85.4	75.4	55.2	60.8	32.9	26.2	641
Postsecondary	88.8	72.9	71.3	47.0	33.9	25.2	151
Socioeconomic Status							
Low	76.4	65.0	55.3	50.6	42.4	19.9	576
Middle	82.9	74.7	61.7	55.0	33.9	23.6	746
High	90.4	74.1	67.5	57.3	34.5	23.7	170

**Percentages are not shown when base is less than 25 cases.

Table 10.6 B
Percentage Who Agree with the Acceptability of Abortion Under Selected Circumstances by Selected Characteristics Among Men Aged 15–49 Who Do Not Believe That Abortion Is Always a Woman's Personal Decision
Reproductive Health Survey: Albania, 2002

	Circumstances						
Characteristic	Woman's Life in Danger	Woman's Health in Danger	Pregnancy Resulted From Rape	Fetus Deformed	Woman Unmarried	Cannot Afford Child	No. of Cases
Total	**86.5**	**73.7**	**59.0**	**55.5**	**17.9**	**13.9**	**818**
Strata							
Metro Tirana	86.3	75.3	60.3	60.3	28.0	19.2	365
Other urban	88.2	77.4	65.2	56.0	13.4	12.8	209
Other rural	85.8	71.3	55.6	53.3	16.0	12.4	244
Residence							
Urban	87.7	76.5	62.8	58.4	19.0	15.5	516
Rural	85.6	71.6	56.1	53.3	17.1	12.8	302
Age							
15–19	76.5	68.5	58.3	42.0	17.4	3.8	187
20–24	88.4	74.8	57.9	56.3	12.9	14.9	89
25–29	85.3	81.3	57.1	55.1	16.7	12.5	108
30–34	90.4	74.7	59.6	60.4	19.2	19.1	112
35–39	92.4	81.0	67.7	60.5	20.0	17.1	124
40–44	88.7	78.6	61.1	69.0	21.7	23.0	126
45–49	87.3	58.6	51.0	50.9	18.5	11.4	72
Marital Status							
Currently Married	88.6	73.5	59.6	57.5	19.9	17.4	486
Previously Married	**	**	**	**	**	**	7
Never Married	83.1	73.9	57.7	51.9	15.0	8.7	325
Number of Living Children							
0	84.2	75.0	58.3	53.0	16.5	9.6	382
1	82.9	72.6	61.6	48.4	17.5	10.9	115
2	90.1	75.4	62.7	60.0	19.0	20.1	214
3 or more	89.9	69.1	54.3	60.1	20.4	18.4	107
Educational Level							
Primary or Less	83.9	70.5	56.2	48.2	19.5	12.1	339
Secondary	88.9	76.8	63.6	62.2	16.4	14.9	376
Postsecondary	91.1	77.9	53.7	66.9	15.5	20.0	103
Socioeconomic Status							
Low	83.5	69.9	57.4	51.3	16.5	14.0	299
Middle	88.6	75.8	58.7	56.0	17.5	12.8	388
High	92.8	83.9	68.6	74.6	27.3	18.8	131

**Percentages are not shown when base is less than 25 cases.

Table 10.7 A
Percent Distribution of Women's Opinion on What a Woman Should Do If a Pregnancy is Unwanted by Selected Characteristics Among Women Aged 15–44
Reproductive Health Survey: Albania, 2002

	What Should A Woman Do If A Pregnancy is Unwanted					
Characteristic	Give Birth and Keep the Baby	Have an Abortion	Give Birth and Have Baby Adopted	Don't Know	Total	No. of Cases
Total	**70.8**	**20.5**	**2.3**	**6.4**	**100.0**	**5,697**
Strata						
Metro Tirana	65.7	24.4	3.0	6.9	100.0	2,108
Other urban	66.9	24.0	2.6	6.5	100.0	1,816
Other rural	74.5	17.5	1.9	6.1	100.0	1,773
Residence						
Urban	65.9	24.7	2.9	6.6	100.0	3,572
Rural	74.6	17.4	1.8	6.2	100.0	2,125
Age						
15–19	69.9	17.8	3.4	8.9	100.0	1,094
20–24	72.8	18.1	2.7	6.4	100.0	936
25–29	70.0	22.2	2.4	5.4	100.0	946
30–34	69.2	24.3	1.3	5.1	100.0	1,067
35–39	71.2	21.5	1.6	5.7	100.0	958
40–44	72.2	20.3	1.8	5.6	100.0	696
Marital Status						
Currently Married	71.4	21.9	1.6	5.0	100.0	3,965
Previously Married	67.6	25.1	0.6	6.7	100.0	88
Never Married	69.9	17.5	3.7	8.9	100.0	1,644
Number of Living Children						
0	71.0	17.4	3.4	8.2	100.0	1,943
1	69.6	24.7	1.8	3.9	100.0	828
2	70.3	21.6	1.6	6.6	100.0	1,840
3 or more	72.0	22.2	1.5	4.3	100.0	1,086
Educational Level						
Primary or Less	73.8	18.1	1.5	6.6	100.0	2,519
Secondary	68.0	22.6	2.9	6.2	100.0	2,483
Postsecondary	64.4	26.1	4.3	5.2	100.0	695
Socioeconomic Status						
Low	73.4	17.1	2.0	7.5	100.0	1,940
Middle	70.7	21.4	2.4	5.6	100.0	2,985
High	58.6	32.9	3.4	5.1	100.0	772

Table 10.7 B
Percent Distribution of Men's Opinion on What a Woman Should Do If a Pregnancy is Unwanted by Selected Characteristics Among Men Aged 15–49
Reproductive Health Survey: Albania, 2002

	What Should A Woman Do If A Pregnancy is Unwanted					
Characteristic	Give Birth and Keep the Baby	Have an Abortion	Give Birth and Have Baby Adopted	Don't Know	Total	No. of Cases
Total	**40.2**	**23.4**	**9.6**	**26.8**	**100.0**	**1,740**
Strata						
Metro Tirana	37.7	29.0	9.5	23.7	100.0	718
Other urban	39.1	28.7	11.1	21.2	100.0	547
Other rural	41.8	18.1	8.7	31.3	100.0	475
Residence						
Urban	38.6	29.0	10.6	21.8	100.0	1,155
Rural	41.6	18.6	8.8	31.1	100.0	585
Age						
15–19	32.3	19.0	10.5	38.1	100.0	401
20–24	30.8	28.0	9.5	31.8	100.0	189
25–29	41.6	21.6	9.5	27.3	100.0	218
30–34	38.9	29.2	7.4	24.5	100.0	253
35–39	41.4	21.4	13.2	24.0	100.0	255
40–44	44.3	26.4	11.5	17.8	100.0	277
45–49	58.2	19.0	4.3	18.6	100.0	147
Marital Status						
Currently Married	45.4	22.5	9.5	22.6	100.0	1,023
Previously Married	**	**	**	**	**	14
Never Married	31.9	25.0	9.9	33.2	100.0	703
Number of Living Children						
0	34.7	24.1	9.6	31.6	100.0	815
1	45.9	21.0	6.2	26.9	100.0	221
2	42.4	25.3	11.1	21.2	100.0	468
3 or more	47.1	20.8	9.8	22.3	100.0	236
Educational Level						
Primary or Less	41.8	20.2	6.0	32.0	100.0	689
Secondary	39.1	24.7	12.4	23.8	100.0	825
Postsecondary	36.5	35.1	15.4	13.1	100.0	226
Socioeconomic Status						
Low	43.2	20.1	7.1	29.5	100.0	638
Middle	37.5	24.4	12.4	25.7	100.0	814
High	37.4	34.4	9.3	18.9	100.0	288

**Percentages are not shown when base is less than 25 cases.

Table 10.8
Percentage Who Agree with Statements on Gender Norms by Residence and Education Among Women Aged 15–44 and Men Aged 15–49
Reproductive Health Survey: Albania 2002

	Women Aged 15–44					
		Residence		Education Level		
Statements	Total	Urban	Rural	Primary	Secondary	Post Secondary
Husband Should Help with Chores if Wife Works	93.6	93.2	93.9	93.3	94.2	93.0
Main Job of Woman is Housework	86.6	79.5	91.9	93.2	83.5	57.4
Every Individual Should Get Married	78.9	70.5	85.1	85.5	74.9	53.3
A Married Woman Needs Husband's Permission to Work	75.2	62.3	84.8	86.7	67.8	33.0
A Woman Should Be A Virgin When She Marries	74.7	57.6	87.6	87.2	66.2	31.9
If Woman Works, She Should Give Money to Husband	69.9	57.2	79.5	82.5	59.7	34.4
A Woman Can Get Pregnant The First Time She Has Sex	65.5	65.7	65.4	64.5	66.6	67.0
Child Care Is A Woman's Job	52.3	46.4	56.7	62.4	44.0	23.6
Men Have Final Say in Family Matters	41.7	30.5	50.0	55.4	29.0	9.7
Number of Cases	5,697	3,572	2,125	2,519	2,483	695

	Men Aged 15–49					
		Residence		Education Level		
Statements	Total	Urban	Rural	Primary	Secondary	Post Secondary
Husband Should Help with Chores if Wife Works	85.2	85.2	85.2	83.6	85.5	92.5
Main Job of Woman is Housework	84.7	79.0	89.7	90.0	83.3	63.4
Every Individual Should Get Married	84.2	77.5	90.0	88.0	83.1	68.1
A Woman Can Get Pregnant The First Time She Has Sex	70.5	72.9	68.5	69.2	70.0	80.2
A Woman Should Be A Virgin When She Marries	67.9	54.2	79.8	78.7	63.6	30.3
If Woman Works, She Should Give Money to Husband	64.1	58.0	69.5	73.1	59.7	37.1
A Married Woman Needs Husband's Permission to Work	64.1	56.8	70.5	71.8	60.2	42.0
Men Have Final Say in Family Matters	37.0	30.3	42.7	50.0	26.9	14.5
Child Care Is A Woman's Job	35.9	32.4	39.0	44.5	30.1	17.5
Number of Cases	1,740	1,155	585	689	825	226

Table 10.9 A
Percentage Who Agree with Statements on Gender Norms by Selected Characteristics Among Women Aged 15–44
Reproductive Health Survey: Albania, 2002

Characteristic	Husband Should Help With Chores	Main Job of Woman is Housework	All People Should Marry	Need Husband's Permission To Work	Woman Should be Virgin at Marriage	If Woman Works, All Money to Husband	Can Get Pregnant at First Sex	Child Care is a Woman's Job	Men Have Final Say in Family	No. of Cases
Total	**93.6**	**86.6**	**78.9**	**75.2**	**74.7**	**69.9**	**65.5**	**52.3**	**41.7**	**5,697**
Strata										
Metro Tirana	90.3	77.0	66.9	57.6	54.0	55.5	65.9	46.1	31.5	2,108
Other urban	94.8	81.9	73.0	66.8	62.2	60.0	65.3	46.6	31.2	1,816
Other rural	93.9	92.0	85.5	84.9	87.6	79.6	65.5	57.2	50.3	1,773
Residence										
Urban	93.2	79.5	70.5	62.3	57.6	57.2	65.7	46.4	30.5	3,572
Rural	93.9	91.9	85.1	84.8	87.6	79.5	65.4	56.7	50.0	2,125
Age										
15–19	89.9	80.3	72.4	71.2	72.7	63.9	41.8	52.0	40.4	1,094
20–24	93.4	85.0	75.1	76.3	70.2	69.1	58.2	49.6	40.0	936
25–29	94.1	87.1	80.9	75.7	71.2	72.1	70.8	55.3	44.0	946
30–34	96.4	88.3	79.0	76.1	75.3	74.0	75.1	53.3	44.6	1,067
35–39	95.2	89.2	83.8	75.7	78.6	71.7	76.5	54.0	41.5	958
40–44	94.0	92.2	84.9	77.4	81.7	71.0	79.9	49.9	40.1	696
Marital Status										
Currently Married	94.7	90.7	83.5	79.3	77.9	74.3	76.4	55.1	44.8	3,965
Previously Married	91.2	84.7	76.6	74.3	74.7	70.8	71.7	66.3	42.4	88
Never Married	91.7	78.5	69.9	67.0	68.5	61.3	43.4	45.9	35.3	1,644
Number of Living Children										
0	91.8	79.7	71.0	68.4	69.0	62.7	46.0	48.0	37.2	1,943
1	93.0	89.0	81.6	80.4	70.5	75.3	74.7	58.3	46.6	828
2	95.9	88.4	81.1	74.2	74.0	69.6	75.6	51.1	38.9	1,840
3 or more	94.3	94.7	87.9	84.8	87.9	79.6	81.0	57.6	49.8	1,086
Educational Level										
Primary or less	93.3	93.2	85.5	86.7	87.2	82.5	64.5	62.4	55.4	2,519
Secondary	94.2	83.5	74.9	67.8	66.2	59.7	66.6	44.0	29.0	2,483
Postsecondary	93.0	57.4	53.3	33.0	31.9	34.4	67.0	23.6	9.7	695
Socioeconomic Status										
Low	93.5	92.7	84.8	84.7	87.6	80.6	65.6	60.0	54.0	1,940
Middle	94.1	84.3	76.6	71.7	69.4	65.4	65.2	48.7	34.6	2,985
High	91.7	69.6	62.4	47.1	40.6	42.7	66.9	34.6	20.8	772
Religion*										
Muslim	93.4	87.9	79.9	76.9	76.6	72.0	65.4	52.9	43.3	4,568
Orthodox Christian	94.9	75.7	69.9	59.2	55.7	49.9	69.0	36.5	22.8	531
Catholic	94.1	86.7	79.6	77.2	77.0	72.4	62.9	61.4	45.2	530

* Excludes 68 women of other or undeclared religion.

Table 10.9 B
Percentage Who Agree with Statements on Gender Norms by Selected Characteristics Among Men Aged 15–49
Reproductive Health Survey: Albania, 2002

Characteristic	Husband Should Help With Chores	Main Job of Woman is Housework	All People Should Marry	Can Get Pregnant at First Sex	Woman Should be Virgin at Marriage	If Woman Works, All Money to Husband	Need Husband's Permission To Work	Men Have Final Say in Family	Child Care Is A Woman's Job	No. of Cases
Total	**85.2**	**84.7**	**84.2**	**70.5**	**67.9**	**64.1**	**64.1**	**37.0**	**35.9**	**1,740**
Strata										
Metro Tirana	79.8	76.8	74.5	69.5	55.5	53.8	55.4	37.3	37.1	718
Other urban	87.4	80.5	79.9	75.4	54.7	59.7	61.1	27.8	31.0	547
Other rural	86.1	90.3	90.5	68.0	80.6	70.8	69.3	42.3	38.4	475
Residence										
Urban	85.2	79.0	77.7	72.9	54.2	58.0	56.8	30.3	32.4	1,155
Rural	85.2	89.7	90.0	68.5	79.8	69.5	70.5	42.7	39.0	585
Age										
15–19	83.3	78.7	85.9	40.4	58.7	55.4	53.9	41.2	38.4	401
20–24	83.0	76.0	80.6	67.0	52.8	63.8	59.2	31.3	34.2	189
25–29	86.6	86.1	81.6	75.0	61.6	60.8	65.5	34.6	32.4	218
30–34	86.9	84.2	83.9	81.3	70.3	61.3	65.3	31.1	30.2	253
35–39	87.0	90.5	82.1	80.0	75.3	66.2	65.6	37.5	37.7	255
40–44	86.2	90.5	86.1	84.7	78.7	71.2	71.7	36.9	35.0	277
45–49	84.0	90.4	89.1	77.5	84.0	74.7	73.2	46.2	43.8	147
Marital Status										
Currently Married	86.1	88.9	86.8	79.4	78.7	68.5	69.8	38.0	36.5	1,023
Previously Married	**	**	**	**	**	**	**	**	**	14
Never Married	83.6	78.1	80.2	56.5	51.1	57.1	55.2	35.1	35.1	703
Number of Living Children										
0	83.8	79.0	80.7	57.8	53.6	58.9	56.8	35.1	35.6	815
1	89.1	86.3	83.6	79.6	70.2	65.7	69.5	33.9	33.6	221
2	88.5	88.4	84.7	84.1	76.4	64.9	68.3	35.5	36.5	468
3 or more	81.9	93.1	92.4	78.1	90.4	75.1	73.5	45.6	37.5	236
Educational Level										
Primary or Less	83.6	90.0	88.0	69.2	78.7	71.8	73.1	50.0	44.5	689
Secondary	85.5	83.3	83.1	70.0	63.6	60.2	59.7	26.9	30.1	825
Postsecondary	92.5	63.4	68.1	80.2	30.3	42.0	37.1	14.5	17.5	226
Socioeconomic Status										
Low	85.4	92.0	88.3	69.4	79.6	72.0	69.2	47.9	44.6	638
Middle	85.4	80.5	82.4	71.0	60.3	59.1	61.3	29.3	30.3	814
High	83.7	68.9	72.8	73.8	46.0	49.3	52.8	18.7	19.7	288
Religion*										
Muslim	85.1	87.1	85.1	64.9	70.6	69.2	64.7	36.0	38.4	1,422
Orthodox Christian	85.4	68.3	73.4	56.2	43.1	77.6	57.3	32.6	23.2	181
Catholic	87.5	83.1	84.1	66.0	67.5	73.1	65.8	38.9	35.0	76

* Excludes 61 men of other or undeclared religion.
**Percentages are not shown when base is less than 25 cases.

Table 10.10
Percent Distribution of Opinion on Who Should Decide How Many Children A Couple Will Have by Selected Characteristics Among Women Aged 15–44 and Men Aged 15–49
Reproductive Health Survey: Albania 2002

	Women Aged 15–44					
		Residence		Education Level		
Decision Maker	Total	Urban	Rural	Primary	Secondary	Post Secondary
The Woman	0.7	1.0	0.4	0.6	0.6	1.6
The Man	1.4	0.7	1.9	2.4	0.4	0.0
Both	95.9	96.9	95.2	94.0	98.1	97.9
The Mother-in-Law	0.0	0.0	0.0	0.0	0.0	0.0
God	1.3	1.2	1.5	1.9	0.7	0.5
Don't Know	0.7	0.2	1.0	1.1	0.2	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of Cases	5,697	3,572	2,125	2,519	2,483	695

	Men Aged 15–49					
		Residence		Education Level		
Decision Maker	Total	Urban	Rural	Primary	Secondary	Post Secondary
The Woman	0.3	0.4	0.2	0.0	0.6	0.3
The Man	5.9	4.0	7.5	9.0	3.2	2.3
Both	88.7	91.6	86.2	84.8	91.3	97.2
The Mother-in-Law	1.5	0.7	2.3	0.9	2.6	0.0
God	3.2	2.9	3.4	4.5	2.2	0.2
Don't Know	0.4	0.5	0.4	0.7	0.1	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of Cases	1,740	1,155	585	689	825	226

CHAPTER 11
HEALTH BEHAVIORS

Despite a continuous reduction in the childhood mortality rate and the preservation of a relatively high life expectancy, the health of Albanians is being threatened by an increasing rate of chronic diseases, including cancers and cardiovascular diseases, which now are by far the most frequent health problems, accounting for about 75% of the deaths occurring in the country. In addition to demographic changes, these health problems are associated with an increase in risky behaviors, concurrent with dramatic political, economic and social changes in the last two decades. Among these risky behaviors, of significant importance are smoking and alcohol use. In Albania, as in many other post-communist societies of the former Soviet Union and other former eastern bloc countries in Europe, these new challenges are not being addressed appropriately by the health system, which often fails to provide adequate prevention services and treatment. Such inadequate services include hypertension screening and cervical cancer screening.

Tobacco is a potent human carcinogen that has been shown to be related to a significant number of cancers of the respiratory and digestive tracts, bladder, cervix and kidney. Cigarette smoking accounts for 87% of lung cancer deaths and 30% of all cancer deaths. Smoking is also considered a major risk factor for diseases of the circulatory system including heart attacks, strokes and blood clots of the legs and lungs. In addition, smoking contributes to increasing rates of chronic diseases of the lung such as emphysema and chronic bronchitis (Difranza and Lew, 1996).

There are data indicating that tobacco use is increasing in Albania. The transition toward a market economy and the arrival of international tobacco companies are some of the background factors related to the increase in tobacco use. In Albania, after several years of legislative debate, there are still no laws protecting the health of the population from cigarette smoking. Although unpublished data drawn from limited surveys indicate a high prevalence of smoking among men and a growing prevalence among women, no population-based data existed until the Albania RHS. In these limited surveys, the prevalence of smoking is reported to be increasing rapidly, starting from a very low level in the late 1980's. The prevalence of smoking may be rising most rapidly among young women in Eastern Europe; a recent worldwide review estimated that among women of reproductive age who smoked, 40% were young adults (Jha et al., 2002). Smoking poses specific risks to women in addition to lung cancer and cardiovascular diseases: it may increase both the risk of cervical cancer and risks, for older women, associated with taking contraceptive pills. It also affects women's reproductive health by increasing the risk for early menopause, miscarriage, and low birth weight babies.

Cancer is a leading cause of death in women in most countries around the world. Among reproductive system cancers, breast and cervical cancer are the most common. In many developed countries screening systems are in place, contributing to better control and better survival rates. This is especially true in the case of cervical cancer. In developing countries most cases are detected at an advanced and incurable stage. A low awareness among the population, lack of information and mistrust towards possible treatments and

a low priority for women's health issues adds to the lack of or inefficient screening services.

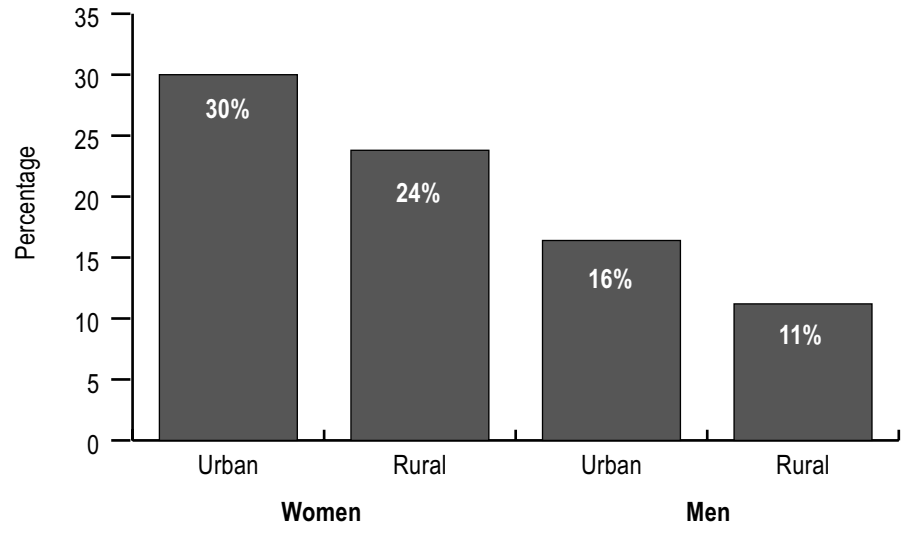
The Albania RHS provides information on the following specific health behaviors: health care seeking behavior, prevalence of routine gynecologic visits, cervical cancer screening, breast self-examination, fertility and pelvic inflammatory diseases and prevalence of tobacco and alcohol use. For some of these topics information is available for men too.

Use Of Health Care And Preventive Services

Patient's attitudes and behaviors regarding health care visits are important determinants of whether they receive routine counseling and screening, including hypertension screening and cervical and breast cancer screening. Recent data from Albania indicate a low use of health services by the population for both primary health care and secondary health care. Tables 11.1A and B and Figure 11.1 present the proportions of Albanian women and men who have visited a health facility during the past 12 months. All the data are shown by selected characteristics of respondents.

Slightly more than one in four women (26%) of reproductive age has sought services at a health facility during the year before the survey. This indicator includes all kinds of visits: cases of illness, preventive services, family planning, counseling and other health check ups. The proportion for men is much lower - almost the half of that of the women – indicating a less frequent use of health services by men of reproductive age. Women aged 25-34 years use the services more frequently than other age groups, especially when compared to those in the age group 15-19. This profile is influenced by an increase in the reproductive health related visits of women 25-34 years of age, as married

Figure 11.1
Percentage of Women and Men who Visited Any Health Facility in the Past 12 Months by Residence



women use health services approximately twice as much as never married women. Pregnancies and caring for their children is a factor which increases the use of health services by mothers. Interestingly, with two or more children, the use of services slightly starts to decrease. Use of services is weakly related to socioeconomic status but does not have any strong relationship to education or employment status. Women in urban areas visit health facilities around 25% more frequently than women of reproductive age living in rural areas (Figure 11.1). Women classified in the highest socioeconomic category use the health services 50% more than those of the lowest category.

The men's profile in the use of health care appears to have more of an age influence; it continues to increase by five-year age groups beginning at 30-34 until ages 45-49. The distribution of the health services utilization rate also increases as the number of live children increases.

Table 11.2A shows the proportion of women who have received counseling for family planning methods during their visits to health facilities by type of facility. Only 16% of women who have used the health services during the 12 months previous to the survey received any counseling for family planning methods, representing only 4% of all women. In Tirana, women receive more counseling for family planning than in other areas. Women of higher socioeconomic status, higher education level and those employed also have higher rates of counseling.

Women who use private clinics for their needs are more likely to be exposed to family planning information and counseling (21%), compared to those who use public services (16%). Although the number of women in the sample using private clinics is small, the differences are more noteworthy for urban women, women 25-29, better educated women, high socioeconomic status and working women.

Although only 14% of men of reproductive age visited a health facility in the past 12 months, 83% received information or counseling regarding "control for pregnancy", which includes a partners maternal care, and 8% and 9% received information or counseling specifically on condoms and sexually transmitted infections, respectively (Table 11.2B). Counseling on condoms and STIs is highest for never married, 20-24 year old men, and those with no children.

The Albania RHS included questions about the reasons that may prevent women or men from getting medical advice or treatment for themselves. Questions on the specific problems shown in the Tables were asked of each respondent (Tables 11.3A and B). For both women and men the most important problem was financial: getting money needed for treatment prevented them from using health services (46% and 54%, respectively). Other factors for women included the need to go to the health services accompanied by someone (41%), and the distance to health facility (31%). For men, in addition to the distance (35%) was the fact that many among them did not know where to go (40%).

Prevalence Of Routine Gynecologic Visits Among Sexually Experienced Women

In the United States and Western Europe, it is generally recommended that women have a routine gynecologic examination every year after age 18, or even earlier if she has had sexual experience. In Albania, only 32% of sexually experienced

women report that they have ever had a routine gynecologic examination (Table 11.4) and this represents the lowest rate reported among similar surveys carried out in countries of Eastern Europe and the Caucasus region. In these countries this proportion ranges from 58% to 93% (CDC and ORC MACRO, 2003).

When asked about routine gynecologic examinations in the last year, only 16% of sexually experienced women sampled in the Albania RHS answered that they have had such an exam. Again, this rate is the lowest among rates reported in similar surveys. In Eastern Europe, this proportion ranges from 65% to 70%, and in the Caucasus region, from 22% in Azerbaijan to 30% in Georgia (CDC and ORC MACRO, 2003).

Living in urban areas, and especially in Tirana, increases the likelihood of having routine gynecological examinations and having them more frequently than women in rural areas (20% versus 14% during the last year). Given sample sizes, there are no significant differences by age groups. The proportion of overall examinations among women with post secondary education is around 44%, while among women with primary education or less it is only 28%. Employment may be also positively associated with the indicator. Distribution of the proportion among married, unmarried, and previously married women most probably reflects their age distribution.

When asked about the most important reason why they have never had a routine gynecological examination (for those women with sexually experience only), most of the respondents answered that they were healthy or there is no need to receive a gynecological exam. A very low proportion (2%) mentioned problems related to the provider (Table 11.5). This reflects a very low awareness among women on the importance of cancer prevention and an information gap on the need for a routine gynecological examination. The low prevalence of routine gynecological exams could have a substantial negative effect on screening, counseling and health education. These findings raise the suggestion that much more effort must be made to modify general health beliefs and attitudes and to educate women about screening procedures and disease prevention. These efforts must be accompanied by other interventions aimed at increasing the access to and quality of services and better geographic coverage.

Breast Self Exam

According to registry data in Albania, breast cancer has increased from 13.8/100,000 population in 1994 to 20.6/100,000 in 2003 (IHP, 2004). It is generally accepted that secondary prevention for breast cancer has been proven to be effective. The aim of secondary prevention is to identify breast cancer, as early as possible, to increase the chances of survival after therapy. Examination of the breast may be as simple as a self examination but it also includes complicated procedures such as mammography, which for some populations might be not readily available or too expensive. A breast self exam is a very simple, self care procedure which can be performed by women by themselves and requires minimum training. Through a breast self exam, women can detect early changes in their breasts and then ask for further follow up by health specialists (Aubard Y et al., 2002; Rebentisch DP et al., 1995).

It was not the aim of the Albania RHS to evaluate any skills women might have

in applying a breast self-examination procedure. Questions were intended to explore the level of awareness about breast self exam and its prevalence. Only around half of the respondents have ever heard of the procedure and less than 10% have ever used it (Table 11.6).The level of awareness in the Albania RHS was higher in urban areas and among the employed; awareness levels also steadily increased with level of education. The rate was the lowest among women in the 15-19 age group.

Only 3.7% of women reported that they performed breast self-examination every month. Principal characteristics of these women were urban residency, higher level of education, employment, and ever having a routine gynecologic exam. The level of awareness and the utilization rate were always found to be higher among women who have received a routine gynecological examination. Nevertheless, more than 40% of these women (reporting at least one routine gynecological visit) were not aware about breast self examination, indicating a lack of counseling for this procedure by health professionals.

Cervical Cancer Screening

Risk factors for cervical cancer include early onset of sexual experience, a history of multiple sexual partners, smoking, HIV infection and infection with human papilloma virus. Every year, about 450, 000 new cases of cervical cancer are diagnosed all over the world (Parkin, et al, 1993). Age adjusted incidence rates range from 5 to 42 cases per 100,000 women with higher rates reported by developing countries. The cervical cancer proportional mortality is also much higher in developing countries. There are data from developed countries showing that while the frequency of cervical cancer in situ is increasing, cervical cancer mortality continues to decrease. This decline was mostly attributed to cervical screening programs (Miller AB, 1986).

Cervical cancer is the fourth cause of female mortality from cancers in Albania. Reported cervical cancer incidence is lower than other European countries accounting for 12.8% of deaths in 2000. However, there is an increasing trend of incidence from 3.1/100.000 in 1994 to 5.3/100,000 in 2003 (IPH, 2004).

Screening programs for cervical cancer are based on the use of the papanicolaou smear test (Pap test), a procedure which makes possible early identification of premalignant changes in the cells of the cervix and allows early intervention. Evaluation research has shown that performing pap test screening every three years reduces the risk of developing invasive cancer by more than 91% (Miller AB, 1986). Yearly screening increases this proportion only by 2 percentage points (93%), while the pap test screening performed every five years has a success rate of about 84%. In many countries health authorities have set up screening programs where sexually active women, or those who are at least 18 years old, are invited to have the test at least once in every three years. Among those who are older than 65 years old who have been regularly screened with normal results can continue the periodical tests at a lower frequency.

In Albania, the pap test procedure is offered in some gynecological-obstetrical centers and private clinics in Tirana, but there is no organized screening program in place. The

Albania RHS produced an estimate of the extent of cervical screening in the general population of women of reproductive age. The questionnaire included a series of questions for all respondents regarding their pap test history: “have you ever had a cervical smear test (papanicolaou screening test)?”; “if yes, when did you have your last cervical smear test?”; and for those who never had screening, “what is the main reason you have never had a pap test?”

As shown in Table 11.7, among sexually experienced women, the percentage of those who reported ever having a pap test is very low (3%); among the lowest when compared to some other Eastern European countries. The result is similar to that reported by the above mentioned Knowledge, Attitude, Beliefs, and Practice (KABP) survey (2%). Since the prevalence of the pap smear test is generally very low, there is not enough variation to analyze characteristics of women with and without a test.

Routine gynecological visits can be considered opportunities to educate patients about healthy lifestyle choices and to promote appropriate screenings for preventable diseases such as cervical cancer. The Albania RHS found that having performed a routine gynecological examination is somewhat associated with pap test screening; nevertheless, only 8% of women, who have ever had a routine gynecological exam had a pap test too.

The large majority of women (70%) answered that the main reason why they have never had a pap test was because they have never heard of it (Table 11.8). The figure is very high and indicates that a serious information gap exists. This proportion is more than two times higher when compared to countries such as Romania, Moldova and Georgia, where the proportion of non-awareness ranges from 23% to 39%. Only in Azerbaijan is the proportion of women who never heard of the pap test slightly higher. Even 60% of women who have had a routine gynecologic exam have never heard of a pap smear.

Women of Tirana and, to some extent, those in other urban areas seem to be more informed about the pap test, compared to women living in rural areas. Only 48% in Tirana and 62% in other urban areas answered that they have never heard of the procedure. In rural areas this proportion increases to more than 80%. Education is also an important factor that influences the awareness of women about the pap test; only 33% of women with postsecondary education have never heard of it compared with more than 60% of other women. Employment is also positively associated with having heard of the pap test..

Apart from the 70% of women in the sample who have never heard of the test, another 13% answered that they were healthy and that they do not have gynecological problems. Another 10% of women answered that they have never been recommended to have the pap test by their physician.

These results clearly show the critical need for appropriate and sustained educational programs for general screening procedures in Albania. There is also a need for increasing the awareness of health professionals about the importance of screening for cervical cancer, and improving their practices when examining women of reproductive age.

Figure 11.2
Negative Reproductive Health Behaviors Among Sexually Experienced Women

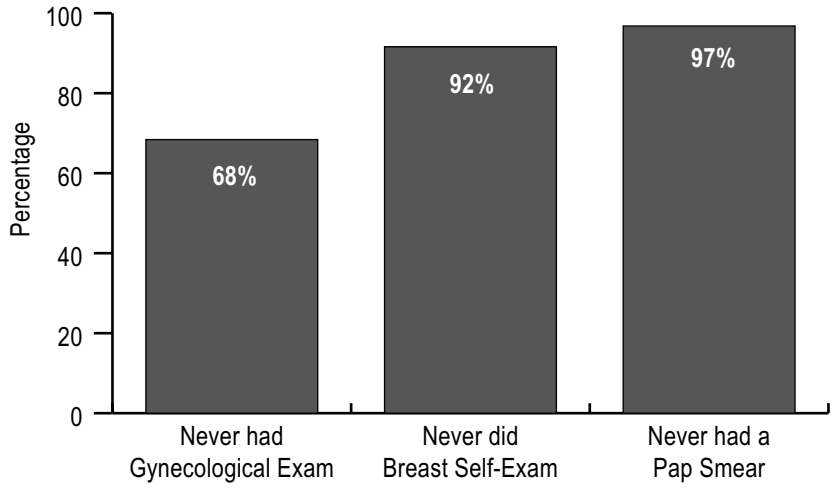


Figure 11.2 is a stark demonstration of the need for preventive health behaviors among Albanian women.

Prevalence Of Selected Health Problems

In this section prevalence estimates are given for selected health problems (based on having been told by a physician that they have the problem) among women and men in Albania. For women these health problems include pelvic inflammatory disease (infection of the tubes of the uterus), anemia, high blood pressure, and diabetes. Pelvic inflammatory disease was investigated only among women 15-44 years who have had sexual experience. Diabetes and high blood pressure prevalence was studied among men 15-49 years of age. Apart from these health problems, men were also asked about two other conditions: hepatitis B and heart disease.

As mentioned above, to calculate the reported prevalence among the sample participants, only those who have been diagnosed by a doctor about the selected conditions were considered "positive". The question was formulated as follows: "has a doctor ever told you that you have had (selected health problem)?". This was the only way to standardize the answers of the respondents and to avoid maximizing the bias. On the other hand, the results extracted from the survey should be taken cautiously as they might be highly influenced by several factors, mainly the health seeking behavior of the different groups of the population. Furthermore, they do not reflect the current health status of the population. In general, the prevalence presented here are to be considered as minimums, as only the conditions already diagnosed and reported to the patient by a health professional are included. Generally, as seen in Tables 11.9A and B, the level

of self reporting of medical conditions in the sample was relatively low.

The prevalence of diagnosed pelvic inflammatory disease among sexually experienced women in Albania seems to be the lowest among countries having similar data. In selected countries of Eastern Europe and the Caucasus this prevalence ranges from 17% to 44% (CDC and ORC MACRO, 20034). In the Albania RHS it is around 11%.

Reported pelvic inflammatory disease is slightly higher in Tirana, it increases with age (until age 35-39 years), it is slightly lower among women with postsecondary education and it is, comparatively, very high among previously married women (about 7 times higher than never married women and almost 2 times higher than married women)

Diagnosed anemia has the highest prevalence among selected conditions included in the survey; almost 12% of women of reproductive health reported to have been told at least once by a doctor that they have this health problem. Nevertheless, this level remains lower than most of the other countries mentioned before. It is only higher than the prevalence reported by the survey carried out in Georgia. The distribution of self reported prevalence of anemia among selected categories of the Albanian population follows the same profile as the levels of pelvic inflammatory disease.

High blood pressure is the third condition most frequently reported (8.4%) and it is only slightly lower than that of Georgia, Romania and Moldova. Self reported high blood pressure in Albanian women increases with age; it is higher among previously married women and slightly higher among women living in rural areas; this later result might reflect the previously discussed distribution of high blood pressure during pregnancy.

The self reported high blood pressure among men of reproductive age is much lower then that of women and may be reflecting the lower utilization of health services by men, compared with women. Prevalence of heart disease among men 15-49 years of age is reported to be only 2% and it increases with age to reach a level of more than 8% among the age group 45-49.

The prevalence of self reported diagnosed diabetes in the total female sample is only 0.6%. Among men the level is 1.3%. The low prevalence does not allow the differences to be analyzed; however they are quite comparable to the prevalence produced in similar surveys in Romania, Moldova and Georgia (range 0.5%-1.1%).

Self-reported diagnosis of hepatitis B is at relatively high levels among men of reproductive age (6.1%). This level, as mentioned before, should be considered a minimum. In all the cases for women the most strongly associated factor associated with the rate of self reported conditions was the routine gynecological examination. For pelvic inflammatory diseases it was almost 20 times higher among those who had ever had a routine visit, for anemia the ratio was 2.7 times higher, and for high blood pressure 2.3 times higher.

Impaired Fecundity

The term “impaired fecundity” in this section refers to a couple’s impaired ability to conceive or maintain pregnancy either because of a known medical condition or because of an absence of conception after at least 2 years of exposure to unprotected intercourse. The aim of the module in the questionnaire was to assess the levels of

infertility in the country and document existing reproductive health services for women with impaired fecundity.

In Eastern Europe, infertility is often cited as a reproductive health problem, given dramatic declines in fertility, widespread use of abortion, increase in sexually transmitted infections, pelvic inflammatory diseases and deficient health infrastructure. There are no reliable data from Albania regarding this issue, apart from media reports responding to public interest and utilization of specialized services.

The questionnaire included questions for married women about receiving any medical help or using any infertility services. Table 11.10 presents three indicators: proportion of those currently married women who report that they have had impaired fecundity, the proportion of those with current impaired fecundity, and the proportion of those who had ever been to a health professional for help to become pregnant. The proportion of women who have been seeking medical help to become pregnant is slightly higher than that of women who are classified as ever having had impaired fecundity; 6.5% versus 4.7%. The proportion of current impaired fecundity is much lower; only 1.4%. The results of the Albania RHS are lower than those in the survey carried out in Azerbaijan (ever had impaired fecundity – 10%), where the module of fecundity impairment was applied for the first time in 2001 (Serbanescu et al., 2003).

In Tirana, but not in other urban areas, the level of impaired fecundity seems to be higher than in rural areas. This is especially noted in the case of the third indicator – proportion of women that have ever been to a doctor to seek help to become pregnant. There is no clear trend observed in the rate of impaired fecundity related to age.

Number of lifetime partners might increase the likelihood of women seeking help from a health professional to become pregnant; women with a total number of two or more partners in their lives reported a rate almost two times higher compared to women with only one lifetime partner. But the numbers of women with two or more lifetime partners are too small to show any statistical significance.

A routine gynecological exam is the strongest factor associated with reported impaired fecundity; it is positively associated with ever having experienced impaired fecundity or ever seeking medical help for the problem more than 6 times. The risk of currently having impaired fecundity is even more strongly associated; it is more than 9 times higher among those who have never had a routine gynecological visit.

The questionnaire included a question about the diagnoses associated with fertility impairment that a doctor told the woman during her clinical visits for fecundity impairment (Table 11.11). Among married women in the sample who have ever sought help for increasing their chances of pregnancy, 42% of them were diagnosed by a doctor with ovulation problems. Three other types of problems diagnosed by the doctor were endometriosis (14%), sperm problems (12%) and blocked tubes (10%). Some 28% of women remained without diagnoses for their fecundity impairment. The numbers are too small to find statistical differences but there seems to be some possible trends. Ovulation problems are more frequent among women of older ages and endometriosis is particularly higher among the 20-24 year age group, while blocked tubes were reported more

frequently by younger women of ages 15-19 years old. Women of lower education status are more likely to have endometriosis (and to some extent blocked tubes) as a cause of their impaired fecundity, than women of higher education status. In this latter category, sperm problems were more frequently reported than in the lower education status category. Among working women, endometriosis and blocked tubes were found in much lower proportions than among not working women. However, working women reported sperm problems twice as frequently as women who do not work, as a diagnosis of their impaired fecundity. A routine gynecological exam was associated only with the "blocked tubes" diagnosis, and this diagnosis was reported three times more by those women who have had at least one routine gynecological visit.

Smoking And Alcohol Consumption

Smoking

As mentioned previously, the Albania RHS is the first population-based study to produce data on prevalence of cigarette smoking and alcohol. The questionnaire included several questions for estimating cigarette smoking prevalence among women and men of reproductive age in Albania.

Tables 11.12A and B show the status of cigarette smoking for selected respondent characteristics. Although the proportion of women who have ever smoked any quantities of tobacco, is around 16%, only 4% of them report having smoked at least 100 cigarettes in their lives and slightly less (3%) reported smoking during the last 30 days. The prevalence is much lower than that reported by similar surveys in Eastern European countries such as Romania, Czech Republic, Russia, Ukraine (rates ranging from 19 to 30%), but is similar to the rates of the Caucasus region (1%-6%) (CDC and ORC MACRO, 2004).

The demonstrates a trend of increasing prevalence of cigarette use from rural areas to urban areas, Tirana having the highest rate. Rates of cigarette smoking seem to be highest among women of higher socioeconomic status, those with higher education, and those who work. Previously married women seem to be exposed to a higher risk too.

The proportion of men who currently smoke is much higher (46%) and there are 58% who have ever tried to smoke. These figures are comparable to those of most of the Eastern European countries. All the social categories of men have higher rates of cigarette smoking but some differences are either too small or inconsistent. It indicates that even if those men with higher socioeconomic and higher status do not smoke more than others, they still smoke at least as much as the lower social and education categories.

Smoking increases with age. There are slightly less than 10% of teenagers who currently smoke and more than one in four among them have tried at least once to start smoking.

Alcohol drinking

There are four percent of women of reproductive age in the RHS sample who can be classified as frequent drinkers (they drink alcohol beverages every day or almost every day). More than one in three women has had some quantities of alcohol during the past three months, but the majority of them drink only occasionally; 25% drink alcohol once or twice a week and 29% drink 2-3 times a month. Table 11.13A demonstrates a consistent tendency; women of urban areas, women

with higher levels of education, higher socioeconomic status and those who work seem to drink more frequently. This profile indicates higher access of these categories to alcohol beverages and probably more frequent "social drinking" among them. Age does not seem to play an important role in drinking habits for women.

Among men, reported alcohol drinking is much more frequent than among women. More than 60% of men have used alcohol during the past three months and 41% of them drink every day or almost every day (Table 11.13B). All categories have high rates of drinking. Men 15-24 yeas of age seem to drink slightly less frequently than older age groups, but, almost one in five men of age 15-24 years is a frequent drinker. Working men seem to drink more frequently than those who do not work, indicating the same social phenomena observed among women. Other trends, nevertheless, are not as consistent as among women.

Table 11.1 A
Percentage Visiting Any Health Facility* in the Past 12 Months, by Selected Characteristics
Women Aged 15-44 Years
Reproductive Health Survey: Albania 2002

	Visited Health Facility - Past 12 Months			
Characteristics	**Yes**	**No**	**Total**	**No. of Cases**
Total	**26.4**	**73.6**	**100.0**	**5,697**
Strata				
Metro Tirana	32.3	67.7	100.0	2,108
Other Urban	28.4	71.6	100.0	1,816
Other Rural	23.6	76.4	100.0	1,773
Residence				
Urban	30.0	70.0	100.0	3,572
Rural	23.8	76.2	100.0	2,125
Age Group				
15-19	17.5	82.5	100.0	1,094
20-24	25.8	74.2	100.0	936
25-29	33.3	66.7	100.0	946
30-34	31.3	68.7	100.0	1,067
35-39	28.9	71.1	100.0	958
40-44	24.8	75.2	100.0	696
Marital Status				
Married	31.5	68.5	100.0	3,965
Previously Married	29.7	70.3	100.0	88
Never Married	16.2	83.8	100.0	1,644
Live Children				
0	19.7	80.3	100.0	1,943
1	36.9	63.1	100.0	828
2	28.7	71.3	100.0	1,840
3 +	29.0	71.0	100.0	1,086
Education Level				
Primary or Less	25.6	74.4	100.0	2,519
Secondary Incomplete	22.5	77.5	100.0	653
Secondary Complete	27.9	72.1	100.0	1,830
Post-Secondary	31.6	68.4	100.0	695
Socioeconomic Index				
Low	23.2	76.8	100.0	1,940
Medium	27.7	72.3	100.0	2,985
High	35.4	64.6	100.0	772
Employment				
Working	29.9	70.1	100.0	1,118
Not Working	25.8	74.2	100.0	4,579

* Includes preventive services, family planning, counseling and health check ups

Table 11.1 B
Percentage Visiting Any Health Facility* in the Past 12 Months, by Selected Characteristics, among Men Aged 15-49 Years
Reproductive Health Survey: Albania 2002

	Visited Health Facility - Past 12 Months			
Characteristics	**Yes**	**No**	**Total**	**No. of Cases**
Total	**13.6**	**86.4**	**100.0**	**1,740**
Strata				
Metro Tirana	11.2	88.8	100.0	718
Other Urban	19.0	81.0	100.0	547
Other Rural	11.3	88.7	100.0	475
Residence				
Urban	16.4	83.6	100.0	1,155
Rural	11.2	88.8	100.0	585
Age Group				
15-19	8.5	91.5	100.0	401
20-24	9.1	90.9	100.0	189
25-29	7.0	93.0	100.0	218
30-34	11.7	88.3	100.0	253
35-39	13.1	86.9	100.0	255
40-44	27.0	73.0	100.0	277
45-49	21.7	78.3	100.0	147
Marital Status				
Married	16.6	83.4	100.0	1,023
Previously Married	**	**	**	14
Never Married	9.1	90.9	100.0	703
Live Children				
0	9.7	90.3	100.0	815
1	10.7	89.3	100.0	221
2	17.1	82.9	100.0	468
3 +	20.5	79.5	100.0	236
Education Level				
Primary or Less	13.1	86.9	100.0	689
Secondary Incomplete	8.3	91.7	100.0	199
Secondary Complete	15.4	84.6	100.0	626
Post-Secondary	14.5	85.5	100.0	226
Socioeconomic Index				
Low	15.2	84.8	100.0	638
Medium	11.2	88.8	100.0	814
High	16.0	84.0	100.0	288
Employment				
Working	15.8	84.2	100.0	913
Not Working	11.5	88.5	100.0	827

* Includes preventive services, family planning, counseling and health check ups.
** Percentages are not shown when base is less than 25 cases.

Table 11.2 A
Percentage of Women Who Visited a Health Facility in the Past 12 Months That Received Counseling For Family Planning Methods by Type of Facility and Selected Characteristics, Women Aged 15-44 Years
Reproductive Health Survey: Albania 2002

	Any Facility		Govt. Clinic/ Hospital		Private Clinic/ Hospital	
Characteristics	%	No. of Cases	%	No. of Cases	%	No. of Cases
Total	**16.0**	**1,639**	**15.7**	**1,347**	**21.2**	**375**
Strata						
Metro Tirana	20.3	693	19.0	524	22.9	219
Other Urban	15.6	521	14.0	441	24.4	101
Other Rural	14.6	425	15.6	382	16.3	55
Residence						
Urban	17.4	1,112	15.7	884	24.3	290
Rural	14.8	527	15.6	463	16.0	85
Age Group						
15-19	9.7	204	8.8	170	14.1	50
20-24	21.4	267	20.9	207	23.6	75
25-29	18.2	334	17.8	265	28.6	81
30-34	16.6	356	16.8	300	16.5	69
35-39	16.6	284	16.6	239	19.0	64
40-44	11.6	194	11.0	166	22.4	36
Marital Status						
Married	18.7	1,325	18.6	1,097	24.2	290
Previously Married	8.5	26	**	20	**	7
Never Married	6.6	288	5.1	230	12.6	78
Live Children						
0	10.7	422	9.2	321	17.7	131
1	23.9	326	24.7	266	26.0	80
2	18.3	570	17.7	466	27.1	130
3 +	13.7	321	14.2	294	8.5	34
Education Level						
Primary or Less	14.3	682	14.3	596	17.0	107
Secondary Incomplete	12.7	156	13.1	128	7.9	38
Secondary Complete	18.1	555	17.6	459	28.6	119
Post-Secondary	22.5	246	20.5	164	26.5	111
Socioeconomic Index						
Low	10.5	487	11.2	435	11.5	64
Medium	18.2	867	18.0	721	22.3	192
High	24.5	285	21.4	191	29.5	119
Employment						
Working	21.1	358	20.4	271	27.5	112
Not Working	15.0	1,281	14.8	1,076	18.8	263

** Percentages are not shown when base is less than 25 cases

Table 11.2 B
Percentage of Men Aged 15-49 Years Who Visited a Health Facility in Past 12 Months That Received information/Counseling on Selected Topics, By Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristics	Condoms	STD	Control for Pregnancy	No. of Cases
Total	**8.0**	**8.9**	**82.6**	**240**
Strata				
Metro Tirana	7.5	8.3	80.7	79
Other Urban	9.2	12.9	87.6	103
Other Rural	7.0	5.1	78.3	58
Residence				
Urban	9.0	11.7	85.4	171
Rural	6.7	5.3	78.9	69
Age Group				
15-24	18.2	12.1	81.4	51
25-39	11.0	16.9	90.4	86
40-49	1.1	1.9	77.7	103
Marital Status				
Married	5.8	7.8	81.8	173
Previously Married	**	**	**	1
Never Married	14.3	11.4	84.7	66
Live Children				
0	20.6	19.5	84.3	82
1-2	3.2	6.4	86.6	108
3 +	0.0	0.0	74.6	50
Education Level				
Primary or Less	4.7	3.8	81.9	92
Secondary	8.0	9.8	82.6	115
Post-Secondary	23.4	29.7	85.8	33
Socioeconomic Index				
Low	6.2	7.0	75.6	101
Medium	10.9	11.8	87.4	99
High	7.2	9.0	98.6	40
Employment				
Working	7.3	7.9	83.1	146
Not Working	8.9	10.2	81.9	94

** Percentages are not shown when base is less than 25 cases

Table 11.3 A
Percentage Agreeing that Selected Factors May Be a Major Problem Preventing Women From Getting Medical Advice or Treatment for Themselves, by Selected Characteristics, among Women Aged 15-44 Years
Reproductive Health Survey: Albania 2002

Characteristics	Getting Money Needed for Treatment	Not Wanting to Go Alone	Distance to the Health Facility	Concern There May Not Be a Female Health Provider	Having to Take Transport	Knowing Where to Go	Getting Permission to Go	No. of Cases
Total	**46.3**	**41.3**	**30.9**	**27.1**	**22.6**	**20.0**	**19.2**	**5,697**
Strata								
Metro Tirana	34.8	29.2	13.8	16.1	8.5	15.0	13.2	2,108
Other Urban	36.9	29.4	9.4	18.3	5.0	12.2	10.3	1,816
Other Rural	54.7	51.3	47.6	35.1	36.2	25.6	25.8	1,773
Residence								
Urban	35.9	28.8	9.8	17.5	5.5	12.8	10.7	3,572
Rural	54.1	50.6	46.7	34.2	35.3	25.4	25.6	2,125
Age Group								
15-19	45.0	60.5	33.0	46.9	25.3	27.5	30.6	1,094
20-24	44.8	46.8	33.5	30.3	22.1	20.7	20.1	936
25-29	46.1	42.2	29.3	24.9	21.1	17.8	17.8	946
30-34	43.8	31.5	27.6	18.8	19.0	17.2	15.4	1,067
35-39	48.6	29.6	28.3	15.6	19.5	15.5	13.3	958
40-44	50.1	29.5	33.1	18.6	27.6	18.6	13.8	696
Marital Status								
Married	46.6	33.9	29.3	19.5	21.0	17.2	16.7	3,965
Previously Married	50.2	36.5	31.6	19.4	18.5	18.1	4.9	88
Never Married	45.4	56.2	34.1	42.7	25.8	25.6	25.1	1,644
Live Children								
0	44.3	54.1	32.8	40.8	24.5	24.6	24.4	1,943
1	42.6	38.7	23.9	20.0	15.9	15.3	16.9	828
2	42.7	29.8	25.1	16.2	16.6	15.8	13.3	1,840
3 +	56.1	35.0	38.8	21.0	30.3	19.9	18.8	1,086
Education Level								
Primary or Less	55.9	50.1	43.9	33.8	32.8	25.9	26.2	2,519
Secondary Incomplete	38.6	41.3	18.2	28.2	10.9	17.4	17.3	653
Secondary Complete	38.4	30.4	17.6	18.0	12.3	13.5	11.0	1,830
Post-Secondary	18.7	19.8	6.3	12.0	4.3	6.1	2.8	695
Socioeconomic Index								
Low	64.5	50.9	50.5	36.1	39.0	27.0	28.5	1,940
Medium	35.2	35.4	18.5	21.3	11.8	15.5	13.3	2,985
High	19.0	27.2	5.6	15.6	3.1	11.1	7.3	772
Employment								
Working	29.9	23.3	13.5	12.9	9.9	13.3	8.8	1,118
Not Working	49.2	44.5	34.1	29.6	24.8	21.2	21.1	4,579
Religion								
Muslim	47.3	41.1	32.5	26.5	24.0	19.3	20.3	4,568
Orthodox	34.1	32.2	17.0	19.6	10.5	14.7	8.4	531
Catholic	49.1	50.1	31.6	37.2	22.2	28.9	20.0	530
Other/Undeclared	22.7	22.6	9.9	17.2	4.7	10.2	8.0	68

Table 11.3 B
Percentage Agreeing that Selected Factors May Be a Major Problem Preventing Men From Getting Medical Advice or Treatment for Themselves, by Selected Characteristics, among Men Aged 15-49 Years
Reproductive Health Survey: Albania 2002

Characteristics	Getting Money Needed for Treatment	Knowing Where to Go	Distance to the Health Facility	Having to Take Transport	Concern There May not Be a Male Health Provider	No. of Cases
Total	**54.1**	**40.4**	**34.8**	**30.1**	**20.7**	**1,740**
Strata						
Metro Tirana	35.6	27.7	12.9	11.2	16.4	718
Other Urban	45.5	28.4	11.0	8.2	11.9	547
Other Rural	66.4	52.5	57.6	50.6	27.5	475
Residence						
Urban	40.6	27.1	10.4	8.2	12.9	1,155
Rural	65.7	52.0	56.0	49.2	27.4	585
Age Group						
15-19	61.9	49.4	36.7	34.0	24.2	401
20-24	48.7	38.5	37.2	31.2	18.0	189
25-29	45.7	35.4	34.2	27.1	15.1	218
30-34	47.6	33.8	29.6	24.3	17.9	253
35-39	59.2	44.0	38.5	35.2	29.4	255
40-44	52.6	37.7	33.6	26.5	17.2	277
45-49	60.8	40.7	32.7	31.1	21.6	147
Marital Status						
Married	55.3	40.3	36.0	30.1	21.5	1,023
Previously Married	**	**	**	**	**	14
Never Married	52.3	40.3	33.0	30.2	19.1	703
Live Children						
0	50.5	39.3	32.6	28.8	18.7	815
1	47.4	35.6	30.1	24.5	18.8	221
2	54.0	41.0	29.9	24.6	21.4	468
3+	67.3	45.4	50.1	44.5	25.8	236
Education Level						
Primary or Less	63.8	49.7	48.8	41.9	28.3	689
Secondary Incomplete	52.5	42.6	24.1	21.4	15.4	199
Secondary Complete	47.1	32.8	24.8	21.3	15.2	626
Post-Secondary	29.5	17.3	8.2	9.0	5.1	226
Socioeconomic Index						
Low	65.0	47.2	48.9	43.5	27.7	638
Medium	49.4	38.8	26.8	21.9	16.1	814
High	23.9	16.4	4.2	3.0	7.3	288
Employment						
Working	44.9	29.3	25.8	22.1	14.2	913
Not Working	62.9	51.1	43.5	37.9	26.8	827
Religion						
Muslim	57.4	44.1	39.4	33.8	22.7	1,422
Orthodox	36.9	15.1	6.5	8.6	5.6	181
Catholic	31.6	28.0	15.9	11.7	9.1	76
Other/Undeclared	41.7	27.4	15.8	16.3	24.6	61

** Percentages are not shown when base is less than 25 cases

Table 11.4
Time since Last Routine Gynecologic Examination by Selected Characteristics, among Women Aged 15-44 Years Who Have Ever Had Sexual Intercourse
Reproductive Health Survey: Albania 2002

	Time of Last Routine Gynecologic Examination (Percent Distribution)						
Characteristics	Within Past Year	Within 1-3 Years	> 3 Yrs. Ago	Never Had	Don't Know	Total	No. of Cases
Total	**16.4**	**9.2**	**5.6**	**68.5**	**0.4**	**100.0**	**4,258**
Strata							
Metro Tirana	22.5	10.5	4.7	61.3	1.0	100.0	1,618
Other Urban	17.7	11.1	7.0	64.0	0.3	100.0	1,379
Other Rural	13.7	7.6	5.0	73.4	0.3	100.0	1,261
Residence							
Urban	19.7	11.0	6.2	62.6	0.6	100.0	2,734
Rural	13.7	7.7	5.1	73.3	0.3	100.0	1,524
Age Group							
15-19	19.3	1.9	1.1	77.8	0.0	100.0	165
20-24	17.0	10.6	1.1	70.8	0.4	100.0	583
25-29	17.9	10.3	3.3	68.3	0.2	100.0	864
30-34	17.6	9.5	5.4	66.9	0.6	100.0	1,026
35-39	17.2	8.7	7.0	66.9	0.3	100.0	940
40-44	11.9	8.8	10.0	68.7	0.6	100.0	680
Marital Status							
Married	16.3	9.1	5.7	68.6	0.4	100.0	3,965
Previously Married	13.1	14.6	8.2	63.2	1.0	100.0	88
Never Married	20.8	6.1	1.1	71.1	0.9	100.0	205
Education Level							
Primary or Less	15.0	7.7	4.8	72.1	0.4	100.0	1,894
Secondary Incomplete	22.9	10.0	4.7	62.2	0.1	100.0	272
Secondary Complete	16.0	10.0	6.8	66.7	0.5	100.0	1,568
Post-Secondary	22.0	14.9	6.4	56.3	0.3	100.0	524
Employment							
Working	19.4	13.0	7.0	59.9	0.8	100.0	957
Not Working	15.7	8.3	5.2	70.4	0.3	100.0	3,301

Table 11.5
Most Important Reason That Women Have Never Had a Routine Gynecologic Exam, by Selected Characteristics, among Women Aged 15-44 Years Who Have Ever Had Sexual Intercourse
Reproductive Health Survey: Albania 2002

	Most Important Reason Never Had a Routine Gynecologic Exam (Percent Distribution)							
Characteristics	She is Healthy and Has Not Had Gynecologic Problems	Do Not Need To Get a Gynecologic Exam	Respondent Problems *	Provider Problems **	Cannot Afford the Cost	Don't Know	Total	No. of Cases
Total	**48.4**	**41.9**	**6.0**	**2.0**	**1.4**	**0.3**	**100.0**	**2,791**
Strata								
Metro Tirana	47.4	44.8	4.5	1.8	1.3	0.1	100.0	996
Other Urban	51.1	42.1	5.0	1.0	0.7	0.1	100.0	878
Other Rural	47.3	41.1	6.9	2.6	1.7	0.5	100.0	917
Residence								
Urban	49.3	43.6	4.9	1.2	0.8	0.1	100.0	1,691
Rural	47.8	40.8	6.7	2.6	1.8	0.4	100.0	1,100
Age Group								
15-19	36.3	57.5	0.5	4.3	1.4	0.0	100.0	124
20-24	49.2	42.1	4.7	3.8	0.0	0.1	100.0	400
25-29	48.5	44.9	4.1	0.9	1.2	0.4	100.0	558
30-34	47.5	42.3	6.7	1.4	1.8	0.2	100.0	660
35-39	48.6	41.1	6.2	2.5	1.2	0.5	100.0	617
40-44	51.2	36.2	8.8	1.5	2.1	0.3	100.0	432
Marital Status								
Married	48.8	41.4	6.1	1.9	1.4	0.3	100.0	2,598
Previously Married	40.5	42.9	10.0	5.8	0.7	0.0	100.0	57
Never Married	43.9	53.7	0.2	2.2	0.0	0.0	100.0	136
Education Level								
Primary or Less	46.7	40.8	7.1	2.8	2.1	0.5	100.0	1,331
Secondary Incomplete	48.0	46.6	4.5	0.5	0.5	0.0	100.0	170
Secondary Complete	50.8	43.0	4.7	0.9	0.5	0.0	100.0	1,008
Post-Secondary	52.3	42.6	3.3	1.5	0.2	0.0	100.0	282
Employment								
Working	49.7	42.2	4.7	2.6	0.8	0.0	100.0	567
Not Working	48.2	41.9	6.2	1.9	1.5	0.4	100.0	2,224

* Includes no time to go for exam, she forgets about it, does not like exam, and she never thought about it.
** Difficult to get appointment, does not like facility, is embarrassed to have a gynecologic exam, does not know where to go, and doctor never recommended

Table 11.6
Percentage with Awareness of Breast Self-Examination (BSE) and Frequency of BSE, by Selected Characteristics, among Women Aged 15-44 Years Who Have Ever Had Sexual Intercourse
Reproductive Health Survey: Albania 2002

	Awareness	Frequency of BSE (Percent Distribution)					
Characteristics	Total	Every Month	Every 2-5 Months	1-2 Times Per Year or Less	Never	Total	No. of Cases
Total	**51.9**	**3.7**	**1.4**	**3.3**	**91.6**	**100.0**	**4,258**
Strata							
Metro Tirana	61.8	5.7	2.2	5.6	86.5	100.0	1,618
Other Urban	63.1	5.1	1.6	4.2	89.1	100.0	1,379
Other Rural	42.2	2.2	1.1	2.0	94.7	100.0	1,261
Residence							
Urban	63.4	5.5	1.9	4.9	87.7	100.0	2,734
Rural	42.5	2.2	1.0	2.0	94.8	100.0	1,524
Age Group							
15-19	31.6	2.5	0.3	1.8	95.4	100.0	165
20-24	43.8	2.6	0.6	1.8	95.0	100.0	583
25-29	51.6	5.9	1.2	4.1	88.7	100.0	864
30-34	56.8	3.7	1.6	4.5	90.3	100.0	1,026
35-39	56.8	3.4	1.5	3.2	91.9	100.0	940
40-44	51.5	2.9	2.0	2.9	92.2	100.0	680
Marital Status							
Married	51.7	3.5	1.4	3.2	91.9	100.0	3,965
Previously Married	57.7	2.0	0.7	5.7	91.6	100.0	88
Never Married	53.1	8.8	1.8	4.7	84.7	100.0	205
Education Level							
Primary or Less	39.7	1.5	0.9	1.8	95.8	100.0	1,894
Secondary Incomplete	57.8	3.9	1.1	0.7	94.2	100.0	272
Secondary Complete	64.8	5.0	1.7	4.8	88.5	100.0	1,568
Post-Secondary	78.7	13.0	3.6	9.6	73.8	100.0	524
Employment							
Working	71.3	7.6	2.6	6.7	83.1	100.0	957
Not Working	47.6	2.8	1.1	2.6	93.5	100.0	3,301
Routine Gynecologic Exam							
Ever	57.6	5.1	2.6	5.2	87.1	100.0	1,467
Never	49.3	3.0	0.9	2.4	93.6	100.0	2,791

Table 11.7
Frequency of Cervical Cancer Screening by Selected Characteristics, among Women Aged 15-44 Years Who Have Ever Had Sexual Intercourse
Reproductive Health Survey: Albania 2002

	Frequency of Cervical Cancer Screening Test (Percent Distribution)					
Characteristics	Within Past Year	1-3 Years Ago	> 3 Years Ago	Never Had	Total	No. of Cases
Total	**1.5**	**1.2**	**0.5**	**96.8**	**100.0**	**4,258**
Strata						
Metro Tirana	3.3	1.8	1.0	93.9	100.0	1,618
Other Urban	2.1	1.6	0.5	95.9	100.0	1,379
Other Rural	0.6	0.8	0.3	98.2	100.0	1,261
Residence						
Urban	2.6	1.7	0.7	95.1	100.0	2,734
Rural	0.7	0.8	0.3	98.2	100.0	1,524
Age Group						
15-19	0.3	0.0	0.0	99.7	100.0	165
20-24	1.5	1.5	0.2	96.8	100.0	583
25-29	1.5	0.6	0.3	97.6	100.0	864
30-34	1.8	1.0	0.6	96.6	100.0	1,026
35-39	1.3	2.1	0.8	95.8	100.0	940
40-44	1.7	1.2	0.4	96.7	100.0	680
Marital Status						
Married	1.5	1.2	0.4	96.9	100.0	3,965
Previously Married	3.7	1.8	2.6	91.9	100.0	88
Never Married	1.0	0.8	0.9	97.2	100.0	205
Education Level						
Primary or Less	0.9	0.7	0.2	98.1	100.0	1,894
Secondary Incomplete	1.3	0.3	0.6	97.8	100.0	272
Secondary Complete	1.9	1.6	0.6	95.9	100.0	1,568
Post-Secondary	3.8	3.7	1.3	91.2	100.0	524
Employment						
Working	2.8	2.0	1.2	94.1	100.0	957
Not Working	1.2	1.1	0.3	97.4	100.0	3,301
Routine Gynecologic Exam						
Ever	3.7	2.9	1.3	92.1	100.0	1,467
Never	0.5	0.5	0.1	98.9	100.0	2,791

Table 11.8
Main Reason that Women Have Never Had a Pap Smear, by Selected Characteristics, among Women Aged 15-44 Years Who Have Ever Had Sexual Intercourse
Reproductive Health Survey: Albania 2002

	Reason Never Had a Pap Smear (Percent Distribution)								
Characteristics	Never Heard of It	She is Healthy and Has Not Had Gynecologic Problems	Doctor Never Recom-mended It	She Does Not Feel Test is Necessary	Other Personal Reasons	Not Sexually Active	Don't Know	Total	No. of Cases
Total	**69.8**	**12.8**	**9.4**	**4.3**	**2.9**	**0.6**	**0.3**	**100.0**	**4,074**
Strata									
Metro Tirana	47.9	24.5	15.2	7.6	3.4	0.9	0.5	100.0	1,517
Other Urban	62.4	14.7	12.5	6.0	4.1	0.1	0.1	100.0	1,318
Other Rural	80.6	8.2	5.9	2.3	2.1	0.7	0.3	100.0	1,239
Residence									
Urban	56.8	6.8	13.3	6.8	4.0	0.4	0.2	100.0	2,580
Rural	80.0	2.2	6.3	2.2	2.0	0.7	0.3	100.0	1,494
Age Group									
15-19	88.5	3.8	3.4	3.7	0.6	0.0	0.0	100.0	163
20-24	71.8	13.0	8.0	4.4	2.3	0.2	0.3	100.0	562
25-29	71.3	11.7	8.5	3.5	4.5	0.5	0.0	100.0	835
30-34	68.5	13.9	10.5	3.3	3.1	0.5	0.1	100.0	981
35-39	65.8	12.3	11.3	5.6	3.5	0.8	0.7	100.0	889
40-44	68.5	15.1	9.4	4.5	1.4	0.7	0.4	100.0	644
Marital Status									
Married	69.9	12.5	9.6	4.2	3.0	0.5	0.3	100.0	3,794
Previously Married	70.2	13.4	8.0	5.1	2.0	0.6	0.6	100.0	83
Never Married	67.1	19.2	5.1	5.2	2.3	1.2	0.0	100.0	197
Education Level									
Primary or Less	79.1	8.9	6.4	2.6	2.1	0.6	0.3	100.0	1,849
Secondary Incomplete	68.5	15.0	7.2	6.1	2.4	0.7	0.0	100.0	264
Secondary Complete	62.7	15.2	12.1	5.4	3.8	0.5	0.2	100.0	1,485
Post-Secondary	33.4	29.2	21.4	10.0	5.3	0.3	0.5	100.0	476
Employment									
Working	52.1	18.9	16.7	7.6	3.7	0.7	0.3	100.0	882
Not Working	73.6	11.5	7.8	3.5	2.7	0.5	0.3	100.0	3,192
Routine Gynecologic Exam									
Ever	60.2	10.2	16.2	7.1	4.4	1.2	0.7	100.0	1,321
Never	73.9	14.0	6.5	3.1	2.3	0.3	0.1	100.0	2,753

Table 11.9 A
Percentage of Women Aged 15-44 Years Who Have Been Told by a Doctor That They Have Selected Health Problems, by Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristics	PID **		Anemia	High Blood Pressure	Diabetes	No. of Cases
	%	No. of Cases*				
Total	**10.8**	**4,258**	**11.8**	**8.4**	**0.6**	**5,697**
Strata						
Metro Tirana	14.2	1,618	15.7	8.6	1.1	2,108
Other Urban	9.6	1,379	12.7	6.9	0.6	1,816
Other Rural	10.4	1,261	10.2	9.2	0.4	1,773
Residence						
Urban	11.2	2,734	13.9	7.6	0.8	3,572
Rural	10.5	1,524	10.3	9.1	0.4	2,125
Age Group						
15-19	4.5	165	3.9	2.1		1,094
20-24	8.3	583	10.2	3.8	0.1	936
25-29	10.4	864	15.4	8.4	0.8	946
30-34	10.9	1,026	14.7	10.7	0.4	1,067
35-39	14.3	940	16.7	12.3	1.3	958
40-44	10.2	680	13.0	16.3	1.1	696
Marital Status						
Married	10.8	3,965	15.7	11.5		3,965
Previously Married	19.0	88	22.1	15.9	3.0	88
Never Married	2.9	205	3.4	1.9	0.2	1,644
Education Level						
Primary or Less	10.8	1,894	10.1	9.0		2,519
Secondary Incomplete	13.1	272	10.1	5.4	0.5	653
Secondary Complete	11.0	1,568	14.0	9.2	0.9	1,830
Post-Secondary	8.0	524	17.8	5.7	1.1	695
Employment						
Working	11.9	957	15.5	8.9		1,118
Not Working	10.5	3,301	11.2	8.4	0.5	4,579
Routine Gynecologic Exam						
Ever	30.8	1,467	22.8	15.0	1.4	1,513
Never	1.6	2,791	8.5	6.5	0.3	4,184

* Restricted to women aged 15-44 years who have ever had sexual intercourse
** 19% hospitalized with 84% spending 6 or more nights in hospital

Table 11.9 B
Percentage of Men Aged 15-49 Years Who Have Been Told by a Doctor That They Have Selected Health Problems, by Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristics	Hepatitis B	High Blood Pressure	Heart Disease	Diabetes	No. of Cases
Total	**6.1**	**3.7**	**2.0**	**1.3**	**1,740**
Strata					
Metro Tirana	5.1	2.3	1.5	1.3	718
Other Urban	7.5	5.0	2.8	1.8	547
Other Rural	5.7	3.5	1.7	1.0	475
Residence					
Urban	6.6	4.0	2.5	1.5	1,155
Rural	5.7	3.4	1.6	1.2	585
Age Group					
15-19	6.1	0.0	0.4	0.3	401
20-24	3.8	0.0	0.2	0.0	189
25-29	7.1	0.4	0.2	0.0	218
30-34	8.1	3.2	0.0	1.9	253
35-39	8.5	2.1	2.8	1.6	255
40-44	5.6	9.0	3.9	2.9	277
45-49	3.1	14.5	8.1	3.2	147
Marital Status					
Married	5.9	6.0	3.1	2.0	1,023
Previously Married	**	**	**	**	14
Never Married	6.4	0.3	0.3	0.2	703
Education Level					
Primary or Less	7.0	4.3	2.8	1.2	689
Secondary Incomplete	5.3	1.0	0.3	1.1	199
Secondary Complete	5.2	3.8	1.4	1.6	626
Post-Secondary	5.5	2.9	1.2	1.0	226
Employment					
Working	7.0	5.1	2.2	2.2	913
Not Working	5.2	2.4	1.8	0.5	827
Number of Partners					
0	5.0	0.0	0.4	0.2	446
1	3.5	5.9	3.5	1.5	448
2+	6.6	3.7	1.4	1.5	702
Don't Know	11.6	2.1	0.0	1.4	42
No Response	19.1	9.0	5.6	3.8	102

** Percentages are not shown when base is less than 25 cases

Table 11.10
Percentage of Currently Married Women Aged 15-44 Years Who Reported Fecundity Impairment, by Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristics	Ever Had Impaired Fecundity	Current Impaired Fecundity	Ever Been to Doctor for Help to Become Pregnant	No. of Cases
Total	**4.7**	**1.4**	**6.5**	**3,965**
Strata				
Metro Tirana	6.0	2.3	9.3	1,438
Other Urban	3.6	1.7	5.3	1,308
Other Rural	4.9	1.0	6.3	1,219
Residence				
Urban	4.3	1.9	6.6	2,488
Rural	4.9	1.0	6.3	1,477
Age Group				
15-19	4.4	1.7	5.2	97
20-24	5.3	2.3	7.5	502
25-29	6.6	1.6	8.5	800
30-34	3.6	1.5	4.6	1,004
35-39	4.4	1.5	6.7	906
40-44	3.9	0.4	5.8	656
Education Level				
Primary or Less	5.6	1.4	7.3	1,821
Secondary Incomplete	3.1	1.2	6.2	237
Secondary Complete	3.5	1.4	5.1	1,487
Post-Secondary	4.2	1.5	6.7	420
Employment				
Working	4.3	1.4	6.9	859
Not Working	4.7	1.4	6.4	3,106
Number of Partners *				
1	4.6	1.4	6.4	3,904
2+	6.1	1.8	11.0	60
Routine Gynecologic Exam				
Ever	11.1	3.7	15.0	1,367
Never	1.7	0.4	2.5	2,598

* Excludes one case that did not respond

Table 11.11
Percentage of Currently Married Women Aged 15-44 Years Who Reported Fecundity Impairment by Type of Problem and Selected Characteristics
Reproductive Health Survey: Albania 2002

	Ever Had Infertility Service		Type of Problem					
Characteristics	%	No. of Cases	Ovulation Problems	Endo-metriosis	Sperm Problems	Blocked Tubes	No Diagnosis	No. of Cases
Total	**6.5**	**3,965**	**42.0**	**13.5**	**12.3**	**10.0**	**27.9**	**271**
Strata								
Metro Tirana	9.3	1,438	32.3	13.0	15.5	9.1	36.1	131
Other Urban	5.3	1,308	51.1	5.1	11.6	7.6	32.2	72
Other Rural	6.3	1,219	41.7	17.8	11.3	11.5	22.4	68
Residence								
Urban	6.6	2,488	42.5	7.2	14.0	8.6	35.0	183
Rural	6.3	1,477	41.5	18.6	10.9	11.1	22.2	88
Age Group								
15-19	5.2	97	**	**	**	**	**	5
20-24	7.5	502	30.3	8.6	9.6	23.0	28.5	38
25-29	8.5	800	32.9	29.2	16.6	2.5	21.7	57
30-34	4.6	1,004	47.6	15.5	15.0	6.7	23.2	62
35-39	6.7	906	50.2	7.4	8.8	12.7	34.1	62
40-44	5.8	656	43.9	4.3	11.4	10.3	33.5	47
Education Level								
Secondary Incomplete or Less	7.2	2,058	42.0	16.2	10.2	10.6	25.5	145
Secondary Complete or More	5.4	1,907	41.9	7.9	16.7	8.7	32.9	126
Employment								
Working	6.9	859	35.9	4.0	20.9	4.8	38.5	68
Not Working	6.4	3,106	43.4	15.6	10.3	11.2	25.5	203
Routine Gynecologic Exam								
Ever	15.0	1,367	41.2	13.3	12.8	12.1	26.2	203
Never	2.5	2,598	44.1	14.0	11.0	4.2	32.6	68

** Percentages are not shown when base is less than 25 cases

Table 11.12 A
Percentage of Women Aged 15-44 Who Have Ever Smoked and Who Currently Smoke by Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristics	Cigarette Use			
	Ever Smoked Cigarettes	Ever Smoked 100 + Cigarettes	Currently Smoke	No. of Cases
Total	**16.1**	**3.6**	**3.0**	**5,697**
Strata				
Metro Tirana	28.4	9.2	7.9	2,108
Other Urban	20.3	5.0	4.1	1,816
Other Rural	10.3	1.3	0.9	1,773
Residence				
Urban	23.8	6.8	5.8	3,572
Rural	10.4	1.3	0.9	2,125
Age Group				
15-19	18.7	1.9	1.7	1,094
20-24	22.0	4.0	3.1	936
25-29	16.9	3.7	2.9	946
30-34	13.2	4.0	3.2	1,067
35-39	12.8	4.4	3.8	958
40-44	11.4	4.5	3.8	696
Marital Status				
Married	13.1	3.4	2.6	3,965
Previously Married	28.6	16.3	13.9	88
Never Married	21.3	3.4	3.0	1,644
Education Level				
Primary or Less	11.6	1.9	1.6	2,519
Secondary Incomplete	24.1	4.7	4.0	653
Secondary Complete	16.6	4.7	3.8	1,830
Post-Secondary	34.1	10.3	8.2	695
Socioeconomic Index				
Low	10.6	1.7	1.4	1,940
Medium	17.9	4.1	3.4	2,985
High	33.2	10.8	8.7	772
Employment				
Working	22.5	8.5	7.4	1,118

Table 11.12 B
Percentage of Men Aged 15-49 Who Have Ever Smoked and Who Currently Smoke, by Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristics	Ever Smoked Cigarettes	Ever Smoked 100 + Cigarettes	Currently Smoke	No. of Cases
Total	**57.6**	**49.2**	**46.3**	**1,740**
Strata				
Metro Tirana	65.6	55.5	50.4	718
Other Urban	56.8	47.9	45.5	547
Other Rural	54.9	47.4	45.2	475
Residence				
Urban	60.0	50.7	47.2	1,155
Rural	55.5	47.8	45.5	585
Age Group				
15-19	25.1	9.8	9.6	401
20-24	56.3	43.2	42.4	189
25-29	63.5	55.4	53.1	218
30-34	65.0	58.9	55.4	253
35-39	65.8	60.0	57.2	255
40-44	67.0	62.5	56.7	277
45-49	75.1	72.9	66.6	147
Marital Status				
Married	66.6	61.2	57.1	1,023
Previously Married	**	**	**	14
Never Married	43.2	30.2	29.2	703
Education Level				
Primary or Less	58.2	51.6	49.9	689
Secondary Incomplete	26.6	12.6	12.6	199
Secondary Complete	63.7	55.2	50.9	626
Post-Secondary	61.4	48.5	41.9	226
Socioeconomic Index				
Low	55.3	48.0	46.4	638
Medium	58.6	49.7	46.1	814
High	63.9	52.5	46.8	288
Employment				
Working	64.3	57.6	53.3	913
Not Working	51.1	41.1	39.6	827

** Percentages are not shown when base is less than 25 cases

Table 11.13 A
Percentage of Women Aged 15-44 Who Report Having a Drink Containing Alcohol in past 3 Months, and Frequency of Drinking, by Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristics	Drink in Past 3 Months	No. of Cases	Frequency of Drinking Alcohol (Percent Distribution)									
			Every Day	Almost Every Day	1-2 Times a Week	2-3 Times a Month	Once a Month	1-2 Times in Three Months	Only a Few Sips	Don't Know	Total	No. of Cases
Total	**35.5**	**5,697**	**1.5**	**3.3**	**25.3**	**29.3**	**16.6**	**6.8**	**16.6**	**0.7**	**100.0**	**2,612**
Strata												
Metro Tirana	44.4	2,108	2.8	5.1	30.4	22.2	15.7	5.5	15.9	2.4	100.0	1,101
Other Urban	40.5	1,816	1.0	3.8	28.4	30.9	13.2	5.4	16.8	0.5	100.0	872
Other Rural	30.2	1,773	1.4	2.2	20.8	31.2	19.4	8.3	16.7	0.0	100.0	639
Residence												
Urban	42.7	3,572	1.7	4.4	29.5	27.3	14.2	5.4	16.4	1.2	100.0	1,849
Rural	30.1	2,125	1.4	2.2	20.9	31.4	19.1	8.2	16.8	0.1	100.0	763
Age Group												
15-24	35.4	2,030	0.8	2.2	23.3	29.9	16.1	8.2	18.7	0.9	100.0	961
25-34	34.6	2,013	1.4	4.6	25.5	31.5	17.4	4.6	14.9	0.2	100.0	871
35-44	36.4	1,654	2.7	3.5	27.6	26.5	16.5	7.0	15.5	0.8	100.0	780
Marital Status												
Married	34.8	3,965	1.9	4.0	27.8	28.7	16.4	5.6	14.9	0.7	100.0	1,751
Previously Married	34.9	88	2.5	1.3	20.7	23.3	18.1	14.4	17.5	2.2	100.0	37
Never Married	36.9	1,644	0.8	2.1	21.1	30.8	16.9	8.4	19.5	0.4	100.0	824
Education Level												
Primary or Less	29.9	2,519	0.9	2.6	20.7	32.6	19.3	7.5	15.9	0.5	100.0	905
Secondary Incomplete	40.9	653	2.7	1.8	25.0	28.9	15.4	8.1	17.6	0.6	100.0	330
Secondary Complete	40.0	1,830	1.8	3.8	27.6	27.9	14.8	6.2	17.1	0.8	100.0	939
Post-Secondary	50.3	695	1.8	6.0	37.3	20.8	12.0	4.2	17.1	0.8	100.0	438
Socioeconomic Index												
Low	26.7	1,940	1.2	1.5	19.5	32.8	21.0	7.9	15.8	0.4	100.0	646
Medium	40.5	2,985	1.5	3.2	27.1	28.4	15.8	6.9	16.4	0.6	100.0	1,462
High	49.8	772	2.6	8.2	32.1	24.3	8.5	3.2	19.4	1.7	100.0	504
Employment												
Working	45.0	1,118	2.8	5.4	33.2	21.6	12.7	5.2	18.6	0.5	100.0	631
Not Working	33.7	4,579	1.2	2.8	23.3	31.2	17.6	7.2	16.1	0.7	100.0	1,981

Table 11.13 B
Percentage of Men Aged 15-49 Who Report Having a Drink Containing Alcohol in Past 3 Months, and Frequency of Drinking, by Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristics	Drinking in Past 3 Months	No. of Cases	Frequency of Drinking Alcohol (Percent Distribution)									
			Every Day	Almost Every Day	1-2 Times a Week	2-3 Times a Month	Once a Month	1-2 Times in Three Months	Only Few Sips	Don't Know	Total	No. of Cases
Total	**60.8**	**1,740**	**13.6**	**27.5**	**37.3**	**12.6**	**2.8**	**0.5**	**5.0**	**0.6**	**100.0**	**1,123**
Strata												
Metro Tirana	69.3	718	16.9	27.3	35.5	11.6	2.4	0.9	4.8	0.7	100.0	507
Other Urban	60.0	547	10.0	29.8	38.0	13.2	4.2	0.9	3.3	0.6	100.0	330
Other Rural	57.8	475	14.3	26.2	37.8	12.7	2.1	0.2	6.2	0.6	100.0	286
Residence												
Urban	63.8	1,155	13.1	28.5	37.2	12.2	3.7	0.7	4.0	0.6	100.0	768
Rural	58.1	585	14.2	26.5	37.4	13.0	1.9	0.4	6.0	0.6	100.0	355
Age Group												
15-24	43.2	590	4.8	14.0	43.0	23.5	4.6	1.3	7.5	1.3	100.0	266
25-34	73.2	471	12.3	31.0	40.7	9.7	3.2	0.5	2.5	0.1	100.0	356
35-49	67.1	679	19.5	32.4	31.8	8.7	1.4	0.2	5.4	0.6	100.0	501
Marital Status												
Married	68.5	1,023	17.6	31.8	34.7	9.1	1.6	0.3	4.5	0.3	100.0	756
Previously Married	**	14	**	**	**	**	**	**	**	**	**	9
Never Married	48.6	703	4.6	18.2	43.5	20.2	4.8	1.1	6.3	1.3	100.0	358
Education Level												
Primary or Less	58.6	689	13.0	28.3	38.2	11.4	2.3	0.5	5.3	1.0	100.0	419
Secondary Incomplete	35.8	199	8.6	9.2	30.8	34.1	3.1	3.2	11.0	0.0	100.0	78
Secondary Complete	69.0	626	16.0	29.4	35.0	11.0	3.4	0.3	4.5	0.4	100.0	467
Post-Secondary	65.5	226	10.3	26.0	46.1	12.8	2.4	0.0	2.5	0.0	100.0	159
Socioeconomic Index												
Low	57.1	638	14.7	27.5	33.1	13.4	3.1	0.5	6.4	1.4	100.0	389
Medium	62.0	814	12.0	26.7	40.8	12.5	2.5	0.7	4.7	0.0	100.0	524
High	72.3	288	15.8	30.0	40.9	10.1	2.3	0.0	0.9	0.0	100.0	210
Employment												
Working	71.6	913	17.1	33.4	32.7	9.7	3.5	0.2	2.6	0.8	100.0	677
Not Working	50.3	827	9.2	19.9	43.2	16.4	1.8	1.0	8.2	0.3	100.0	446

** Percentages are not shown when base is less than 25 cases

CHAPTER 12

FAMILY LIFE AND SEX EDUCATION

Introduction

Concerns about teenage sexuality, pregnancy and sexual health have been increasing worldwide in recent years. Prevention programs designed to reduce the rate of adolescent pregnancy and sexually transmitted infections require a multifaceted approach, and school-based sex education is one important component of a broad effort. A number of studies have demonstrated that high-quality sex education programs can lead to higher levels of abstinence, later initiation of sexual activity, increased use of contraception and fewer sexual partners (Dawson, 1986; Kirby, 1999; Kirby et al., 1994). Health education interventions are widely seen as appropriate strategies for promoting young people's sexual health, particularly when information among young people about sexuality, reproduction, contraception, and sexually transmitted infections is lacking. Family life or sexual education has been part of the school curriculum in many countries, although teaching about contraceptive methods is sometimes omitted.

Health education, including family life and sex education, became part of the Albanian school curricula only in 1994 starting in the fifth class of elementary schools. Only nine hours in each of the eight classes are dedicated to sex education while another six hours are for HIV/AIDS and sexually transmitted diseases. Still there is a need to improve the family life education curricula and extend it further to high schools. Extracurricular sessions applied by teachers, NGOs or health promoting schools' network are important but are still spontaneous and do not fulfill the current standardized needs of such education.

Opinions about Sex Education in Schools

Table 12.1A shows that over 90% of Albanian women of reproductive age agree that sex education, including human reproduction, contraception and sexually transmitted infections, should be taught in school. There is little variation by various socio-demographic characteristics, with the percentage in agreement dropping only to 88% for women with 3 or more living children. Nevertheless, there are some patterns worth noting. The largest differentials are observed for educational levels, with a positive association between educational level and agreement that sex education should be taught in school (from 89% to 99% agreement). Socioeconomic status also shows a positive relationship, although not as strong as that for education. Urban women, younger women, and never married women are somewhat more likely to favor sex education in school than their rural, older and married counterparts.

Among men 15–49 years of age (Table 12.1B), there is also a high percentage in favor of sex education in school, although not as high as that of women (84% vs. 92%). Similar relationships with socio-demographic variables are observed for men, but with stronger associations. Thus, while 90% of urban men favor sex education, only 79% of rural men are in agreement. Agreement by age ranges from 91% among 15–24 year olds to 76% for 35–49 year olds. Ninety-one percent of never married men agree to sex education in school compared to 80% of married men, and the positive associations of educational level and socioeconomic status with favoring sex education are even stronger than observed for women.

When asked the best age to begin courses in school on human reproduction and contraception, the majority of women who favored the teaching of sex education in school reported ages 14–15 (Table 12.2A and Figure 12.1). This was the preferred age group among women in all categories of the socio-demographic control variables for both human reproduction and contraception. The second preferred age groups for receiving these topics in school varied depending on the topic. For the topic of human reproduction, most women preferred the younger ages (13 years or younger) over the older ages (16 years or older), with the exception of women living in rural areas, having 3 or more children, primary or lower educational level and low socioeconomic status. On the other hand, with respect to the teaching of contraception, the women who did not choose ages 14–15 were more likely to prefer older ages (16 years or older). The exceptions to this pattern were urban women, more highly educated women and those of high socioeconomic status.

Compared to women, men who favored the teaching of sex education in school appeared to be somewhat more conservative than women in terms of the ages at which they felt young persons should receive courses on human reproduction and contraception. Overall, men reported a preference for ages 16 and over as the best age to receive information on human reproduction and contraception in school (44% and 47%, respectively) (Table 12.2B and Figure 12.2). Those men who expressed a preference for ages 15 or younger were those living in urban areas (57% and 55%), the youngest (64% and 58% of 15–24 year olds), never married (66% and 60%), those with no living children (64% and 59%), having post-secondary education (65% and 62%), and having high socioeconomic status (72% and 69%).

Tables 12.3A and B present the preferred ages for young people to receive lessons in school on sexually transmitted infections as reported by women and men of reproductive age who favor sex education in school. The preferred ages and the patterns for various socio-demographic categories are similar to those observed for contraception. The majority of women prefer this topic be taught to young people at 14–15 years of age (54%) (Table 12.3A). The second overall preferred age group is 16 years of age or older (25%), with the exceptions noted earlier among urban women (24%), women with post-secondary education (32%) and women with high socioeconomic status (29%). Overall, men (Table 12.3B) prefer the older ages of 16 years or more (46%), with the younger ages of 14–15 preferred only by 15–24 year old men (53%), the never married (53%), the childless (51%), those with post-secondary education (44%), and those with high socioeconomic status (50%).

Tables 12.4 through 12.6 present the actual experiences of young adults in Albania with regard to education on matters related to sexuality.

Discussions with Parents on Family Life Education Topics

In Table 12.4A are the percentages of women 15–24 years of age who had discussed family life education topics with a parent before the age of 18. Two-thirds of young women (64%) reported they had discussed any topic with a parent. However, only 21% reported discussing how pregnancy occurs, 15% reported discussing HIV/AIDS, and 8% reported discussing methods of contraception. These percentages varied markedly by certain socio-demographic characteristics. Urban women were more likely to have discussed a topic with a parent than rural women, and the probability of having discussed a topic increased with educational level and

Figure 12.1
Best Age to Start School-Based Courses on Human Reproduction, Contraception, and STIs as Reported by Women

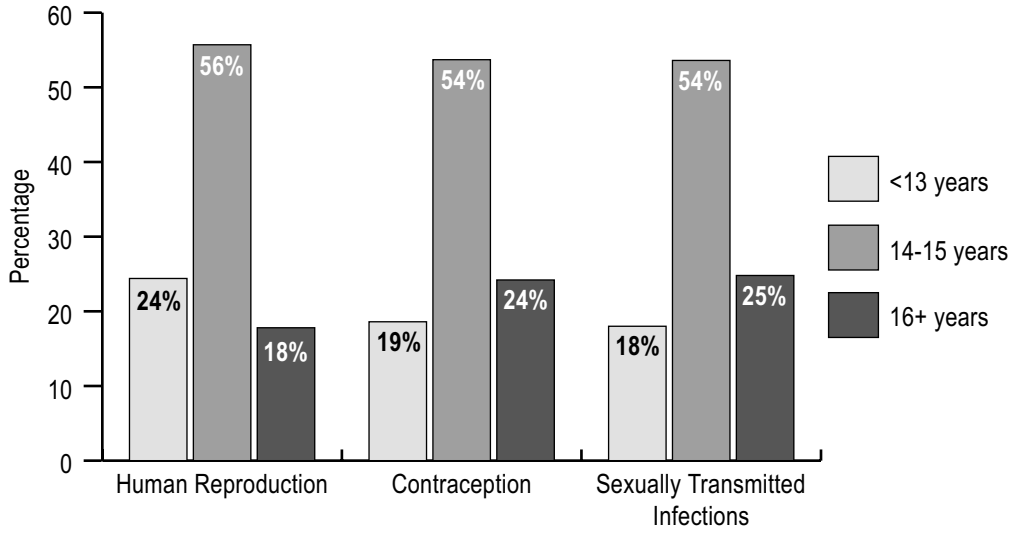
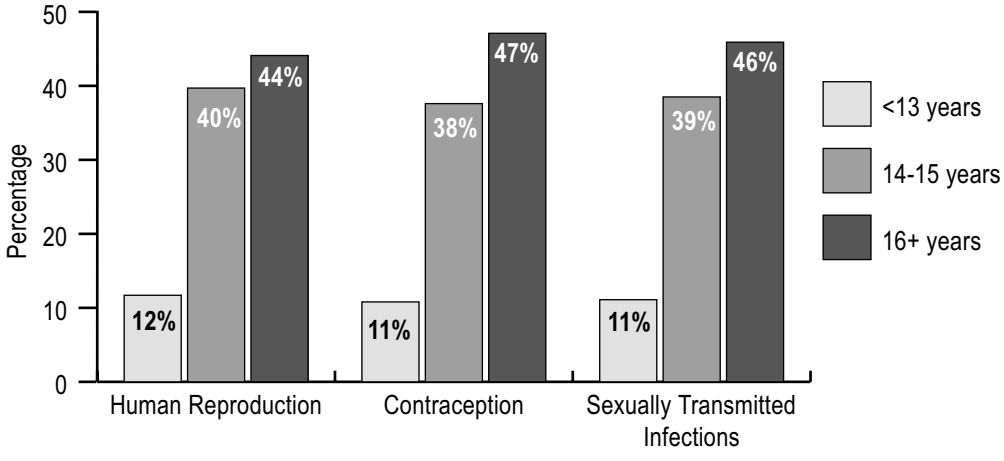


Figure 12.2
Best Age to Start School-Based Courses on Human Reproduction, Contraception, and STIs as Reported by Men



socioeconomic status of the young woman. There were no pronounced aged differences in the likelihood of having discussed a topic. And, with the exception of how pregnancy occurs, there were no significant differences between sexually experienced and non-sexually experienced young women in whether or not they had discussed a family life education topic with a parent before age 18.

Young men report much less communication with parents on family life topics compared to women (Table 12.4B). Only 11% of 15–24 year old men said they had discussed a family life education topic with a parent before age 18. Less than 10% had discussed HIV/AIDS or how pregnancy occurs, and only 2% had discussed methods of contraception. As with young women, differences are observed by socio-demographic characteristics, with urban, highly educated and high socioeconomic status men more likely to have discussed family life education topics with a parent. Differences in this likelihood by age or by sexual experience are small.

Sex Education in School

Tables 12.5A and B demonstrate that Albanian young adults are more likely to receive education on sexual topics in school than in the home. Seventy-seven percent of young women had received some type of sex education in school before the age of 18 (Table 12.5A). The majority had received information on the female and male reproductive systems (67% and 63%, respectively), the menstrual cycle (66%), how pregnancy occurs (57%) and HIV/AIDS (53%). But only one-fourth had received information on contraceptive methods (24%) or sexually transmitted infections other than HIV/AIDS (24%). Differences according to socio-demographic categories are also observed. Residence in urban areas, younger age, higher educational level and higher socioeconomic status all provide greater access to sex education in school.

Young men report lower levels of sex education in school than the young women (Table 12.5B). Sixty-four percent report having received any topic of sex education in school before the age of 18. As with the young women, contraceptive methods and sexually transmitted infections other than HIV/AIDS were topics not often covered in their sex education lectures (30% and 24%, respectively). Men also report low coverage of the menstrual cycle, with only 23% of men receiving such information. As with young women, residence in urban areas, higher educational level and higher socioeconomic status seem to provide greater access to sex education in school. Although sexually experienced young men reported sex education in school in slightly higher proportions than non-sexually experienced young men, the differences are not statistically significant.

Table 12.6A shows the age by which selected topics have been received in school reported by young adult women who have had sex education in school. With the exception of contraception, most young women had received lessons on pregnancy-related topics before the age of 16. In fact, according to the magnitude of increase in the cumulative percentages, it appears that all indicated topics were most likely to be received in school at age 14. Table 12.6B shows a similar pattern for young adult males, that is, all topics were most likely to have been presented in school when the young men were 14 years of age.

Sources of Information on Sexual Matters

When young adults who had received sex education in school were asked what was the most important source for them with regard to information on sexual matters, approximately half of the women and men responded their teachers to be the most important source (49% and 53%, respectively) (Tables 12.7A and B). The second most frequently reported source was radio and TV, followed closely by books, newspapers and magazines, with 24% of women and 21% of men saying radio and TV and 10% of women and 19% of men reporting the print media were the most important source to them. When socio-demographic characteristics are controlled, the three most reported sources remain in the same rank order for almost all of the categories for both young adult women and young adult men.

Tables 12.8A and B present the most important sources for sexual information reported by young adults who did not have sex education in school. For these young people, radio and TV is reported most frequently – 44% for women and 53% for men. Co-workers and peers are the second most frequently reported important source, with 15% of young women and 20% of young men offering this response. Finally, the third and fourth most cited sources for women was their parents (11%) and other relatives (9%), although these sources were infrequent among men (2% and 0.2%, respectively). Again, the rank order of the most cited sources for both women and men does not vary greatly across socio-demographic categories.

The Impact of Sexuality Education on Knowledge about Pregnancy Issues

Questions were included in the ALRHS-02 to assess respondents' knowledge of pregnancy and contraception issues. Tables 12.9A and B show the answers given by young adult women and men to several of these questions.

Knowledge of the most fertile time in a woman's cycle is an important measure of a woman's ability to assess the risk of pregnancy during unprotected intercourse, and consequently to prevent unintended pregnancy. Only 15% of women 15–24 years of age correctly identified halfway between periods to be the most likely time for a woman to become pregnant (Table 12.9A). Sixty-seven percent simply said they did not know the answer. However, there does seem to be some impact of having discussed the topic with parents or in school. Young women who discussed the topic with a parent were more than twice as likely as those who did not to know the correct answer (21% vs. 8%), and women who received the topic in school were also more than twice as likely to know the correct answer compared to those who did not have the topic in school (19% vs. 7%). Similarly, only 12% of young women knew that breastfeeding can decrease the chance of pregnancy. This percentage increased for women who had discussed pregnancy with a parent (19%) compared to those who had not (9%). Learning about pregnancy in school, on the other hand, had little effect on knowledge of the correct answer to this question – 13% compared to 10% for those who did not learn about pregnancy in school. Finally, when asked if it is possible to get pregnant at first intercourse, only 49% of young adult women agreed. Both having discussed pregnancy with a parent and having learned about pregnancy in school appear to have an effect on this knowledge. Sixty-three percent of young women who had discussed pregnancy with a parent knew that it is possible to get pregnant at first sexual intercourse, whereas only 45% of those who did not discuss pregnancy with a parent knew this answer. Having received a

lesson in school about pregnancy also had an effect on women's knowledge of this question. Fifty-three percent of women who learned about pregnancy in school knew the correct answer compared to 44% of those who were not taught about pregnancy in school.

Young men's knowledge on pregnancy matters is shown in Table 12.9B. Only 10% of young adult men knew that breastfeeding can reduce the likelihood of becoming pregnant. Having discussed pregnancy with a parent appears to have a pronounced effect on young men's correct answer to this question. Thirty percent of men who had discussed pregnancy with a parent knew that breastfeeding can decrease the chance of pregnancy compared to only 9% of those who did not discuss the topic of pregnancy with a parent. The effect of having been taught about pregnancy in school is minimal in relation to the effect of breastfeeding. About one-half (52%) of the 15–24 year old men knew a woman could become pregnant at first sexual intercourse. Again, we observe a large effect of having discussed pregnancy with a parent— 70% vs. 51% for those who had not discussed pregnancy with a parent. Having learned about pregnancy in school also appears to have been effective, but to a lesser extent.

Table 12.1 A
Percentage of Women Aged 15-44 Who Agree Certain Sex Education Topics Be Taught in School, By Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristic	Any Topic	Human Reproduction	Contraception	Sexually Transmitted Infections	No. of Cases
Total	**92.3**	**92.3**	**92.0**	**92.1**	**5,697**
Strata					
Metro Tirana	94.0	93.9	93.6	93.8	2,108
Other Urban	94.3	94.3	94.2	94.3	1,816
Other Rural	90.8	90.8	90.3	90.4	1,773
Residence					
Urban	94.2	94.2	94.1	94.2	3,572
Rural	90.9	90.9	90.4	90.6	2,125
Age Group					
15-24	94.3	94.3	93.9	94.0	2,030
25-34	92.1	92.1	91.9	91.9	2,013
35-44	90.1	90.1	89.8	90.0	1,654
Marital Status					
Married	91.4	91.4	91.0	91.1	3,965
Previously Married	90.6	90.6	90.6	90.6	88
Never Married	94.4	94.4	94.1	94.2	1,644
Living Children					
0	94.3	94.3	94.0	94.2	1,943
1	91.8	91.8	91.4	91.2	828
2	93.1	93.1	93.0	93.0	1,840
3 +	88.3	88.3	87.7	88.0	1,086
Education Level					
Primary or Less	89.1	89.1	88.6	88.8	2,519
Secondary Incomplete	95.8	95.8	95.5	95.6	653
Secondary Complete	95.5	95.5	95.4	95.4	1,830
Post-Secondary	98.5	98.5	98.3	98.5	695
Socioeconomic Index					
Low	89.8	89.7	89.4	89.4	1,940
Medium	93.9	93.9	93.6	93.8	2,985
High	95.9	95.9	95.9	95.9	772

Table 12.1 B
Percentage of Men Aged 15-49 Who Agree Certain Sex Education Topics Be Taught in School, By Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristics	Any Topic	Human Reproduction	Contraception	Sexually Transmitted Infections	No. of Cases
Total	**84.3**	**84.3**	**84.3**	**84.3**	**1,740**
Strata					
Metro Tirana	89.7	89.7	89.7	89.7	718
Other Urban	88.8	88.8	88.8	88.8	547
Other Rural	79.5	79.5	79.5	79.5	475
Residence					
Urban	89.8	89.8	89.8	89.8	1,155
Rural	79.3	79.3	79.3	79.3	585
Age Group					
15-24	90.9	90.9	90.9	90.9	590
25-34	87.6	87.6	87.6	87.6	471
35-49	76.4	76.4	76.4	76.4	679
Marital Status					
Married	79.8	79.8	79.8	79.8	1,023
Previously Married	**	**	**	**	14
Never Married	91.1	91.1	91.1	91.1	703
Living Children					
0	91.4	91.4	91.4	91.4	815
1	79.5	79.5	79.5	79.5	221
2	83.9	83.9	83.9	83.9	468
3 +	69.8	69.8	69.8	69.8	236
Education Level					
Primary or Less	72.5	72.5	72.5	72.5	689
Secondary Incomplete	95.4	95.4	95.4	95.4	199
Secondary Complete	94.6	94.6	94.6	94.6	626
Post-Secondary	97.6	97.6	97.6	97.6	226
Socioeconomic Index					
Low	76.7	76.7	76.7	76.7	638
Medium	89.6	89.6	89.6	89.6	814
High	96.4	96.4	96.4	96.4	288

** Percentages are not shown when base is less than 25 cases.

Table 12.2 A
Percent Distribution of Best Age to Start School-Based Courses on Human Reproduction and Contraception, as Reported by Women Aged 15-44 Who Are in Favor of Sex Education in School, by Selected Characteristics
Reproductive Health Survey: Albania 2002

	Human Reproduction						Contraception					
Characteristic	≤ 13	14-15	16 +	Don't Know	Total	No. of Cases	≤13	14-15	16 +	Don't Know	Total	No. of Cases
Total	**24.4**	**55.7**	**17.8**	**2.2**	**100.0**	**5,300**	**18.6**	**53.7**	**24.2**	**3.5**	**100.0**	**5,283**
Strata												
Metro Tirana	34.2	51.7	12.1	2.0	100.0	1,979	24.9	52.2	19.3	3.5	100.0	1,973
Other Urban	28.3	56.1	14.2	1.4	100.0	1,718	22.6	56.7	18.7	2.0	100.0	1,716
Other Rural	19.3	56.6	21.5	2.6	100.0	1,603	14.5	52.5	28.7	4.3	100.0	1,594
Residence												
Urban	30.8	54.4	13.5	1.4	100.0	3,367	24.2	55.3	18.5	2.0	100.0	3,362
Rural	19.4	56.7	21.1	2.8	100.0	1,933	14.3	52.6	28.5	4.6	100.0	1,921
Age Group												
15-24	21.3	60.6	15.7	2.4	100.0	1,918	15.4	60.0	21.1	3.5	100.0	1,910
25-34	27.6	52.7	17.2	2.4	100.0	1,875	22.2	50.9	23.6	3.3	100.0	1,872
35-44	25.1	52.3	21.0	1.6	100.0	1,507	19.2	48.5	28.8	3.5	100.0	1,501
Marital Status												
Married	26.2	52.4	19.2	2.2	100.0	3,659	20.2	50.1	26.1	3.6	100.0	3,647
Previously Married	21.2	52.0	21.3	5.6	100.0	81	15.3	47.6	27.5	9.6	100.0	81
Never Married	21.2	62.1	14.8	1.9	100.0	1,560	15.7	61.1	20.3	2.9	100.0	1,555
Living Children												
0	21.6	61.6	14.6	2.2	100.0	1,840	15.8	60.7	20.2	3.2	100.0	1,834
1	28.2	51.7	18.9	1.2	100.0	770	23.4	51.0	23.1	2.5	100.0	768
2	28.9	51.2	17.1	2.8	100.0	1,725	21.5	50.3	24.3	3.9	100.0	1,724
3 +	21.4	53.1	23.7	1.8	100.0	965	17.2	47.1	31.8	3.9	100.0	957
Education Level												
Primary or Less	18.5	57.1	20.7	3.6	100.0	2,240	13.1	53.8	27.5	5.6	100.0	2,227
Secondary Incomplete	24.8	57.4	16.8	1.0	100.0	627	19.9	56.3	21.7	2.1	100.0	626
Secondary Complete	29.8	53.8	15.8	0.6	100.0	1,749	24.2	52.2	22.5	1.1	100.0	1,747
Post-Secondary	41.4	51.0	7.6	0.0	100.0	684	31.8	55.3	12.7	0.2	100.0	683
Socioeconomic Index												
Low	18.6	55.5	22.0	3.8	100.0	1,739	14.1	52.1	28.6	5.3	100.0	1,732
Medium	26.7	56.3	15.8	1.1	100.0	2,809	20.6	54.6	22.4	2.3	100.0	2,799
High	38.6	52.5	8.6	0.3	100.0	752	28.4	56.5	13.6	1.5	100.0	752

Table 12.2 B
Percent Distribution of Best Age to Start School-Based Courses on Human Reproduction and Contraception, as Reported by Men Aged 15-49 Who Are in Favor of Sex Education in School, by Selected Characteristics
Reproductive Health Survey: Albania 2002

	Human Reproduction						Contraception					
Characteristic	≤ 13	14-15	16 +	Don't Know	Total	No. of Cases	≤ 13	14-15	16 +	Don't Know	Total	No. of Cases
Total	**11.7**	**39.7**	**44.1**	**4.5**	**100.0**	**1,515**	**10.8**	**37.6**	**47.1**	**4.5**	**100.0**	**1,515**
Strata												
Metro Tirana	19.2	41.2	37.1	2.5	100.0	645	17.5	40.0	40.0	2.5	100.0	645
Other Urban	10.9	43.9	41.3	3.9	100.0	490	10.3	42.2	43.6	3.9	100.0	490
Other Rural	8.9	36.3	49.1	5.7	100.0	380	8.2	33.4	52.7	5.7	100.0	380
Residence												
Urban	14.4	42.8	39.5	3.3	100.0	1,047	13.3	41.2	42.1	3.3	100.0	1,047
Rural	9.1	36.7	48.6	5.6	100.0	468	8.4	34.0	52.1	5.6	100.0	468
Age Group												
15-24	8.9	55.2	33.3	2.6	100.0	536	8.5	49.7	39.2	2.6	100.0	536
25-34	11.3	36.9	46.3	5.6	100.0	419	9.9	36.8	47.8	5.6	100.0	419
35-49	14.8	26.4	53.2	5.6	100.0	560	13.8	26.1	54.6	5.6	100.0	560
Marital Status												
Married	13.0	28.1	53.2	5.8	100.0	857	11.7	28.0	54.5	5.8	100.0	857
Previously Married	**	**	**	**	**	**	**	**	**	**	**	12
Never Married	9.9	55.7	32.0	2.4	100.0	646	9.5	50.7	37.4	2.4	100.0	646
Living Children												
0	11.3	52.8	33.1	2.8	100.0	750	10.3	48.7	38.2	2.8	100.0	750
1	5.9	44.3	43.5	6.2	100.0	186	5.2	42.6	46.0	6.2	100.0	186
2	12.2	27.0	55.9	4.9	100.0	404	11.4	27.1	56.6	4.9	100.0	404
3 +	16.4	14.6	61.0	8.0	100.0	175	15.3	14.9	61.8	8.0	100.0	175
Education Level												
Primary or Less	7.1	39.0	45.8	8.0	100.0	523	6.4	36.7	48.9	8.0	100.0	523
Secondary Incomplete	14.1	46.9	38.4	0.6	100.0	186	13.7	42.5	43.1	0.6	100.0	186
Secondary Complete	13.4	37.4	46.3	2.9	100.0	585	12.3	36.0	48.8	2.9	100.0	585
Post-Secondary	21.4	43.9	34.7	0.0	100.0	221	20.0	42.2	37.8	0.0	100.0	221
Socioeconomic Index												
Low	8.2	35.9	49.3	6.6	100.0	500	7.6	32.9	52.9	6.6	100.0	500
Medium	12.4	40.4	44.1	3.2	100.0	737	11.4	39.0	46.4	3.2	100.0	737
High	21.5	50.8	25.9	1.8	100.0	278	20.0	49.1	29.1	1.8	100.0	278

** Percentages are not shown when base is less than 25 cases.

Table 12.3 A
Percent Distribution of Best Age to Start School-Based Courses on Sexually Transmitted Infections, as Reported by Women 15-44 Who are in Favor of Sex Education in School, by Selected Characteristics
Reproductive Health Survey: Albania 2002

	Sexually Transmitted Infections					
Characteristic	**≤ 13**	**14-15**	**16 +**	**Don't Know**	**Total**	**No. of Cases**
Total	**18.0**	**53.6**	**24.8**	**3.7**	**100.0**	**5,291**
Strata						
Metro Tirana	25.1	53.1	18.8	3.0	100.0	1,977
Other Urban	22.4	56.3	19.3	2.0	100.0	1,718
Other Rural	13.4	52.2	29.6	4.8	100.0	1,596
Residence						
Urban	24.0	55.2	18.8	1.9	100.0	3,366
Rural	13.3	52.3	29.4	5.0	100.0	1,925
Age Group						
15-24	14.7	60.6	21.0	3.7	100.0	1,913
25-34	21.0	51.0	24.6	3.4	100.0	1,873
35-44	19.2	47.2	29.8	3.9	100.0	1,505
Marital Status						
Married	19.7	49.5	27.0	3.8	100.0	3,652
Previously Married	16.9	46.2	24.7	12.2	100.0	81
Never Married	14.9	61.8	20.4	2.9	100.0	1,558
Living Children						
0	14.9	61.6	20.3	3.2	100.0	1,837
1	22.7	51.3	23.6	2.4	100.0	767
2	21.4	49.7	25.0	3.9	100.0	1,725
3 +	16.5	45.4	33.2	5.0	100.0	962
Education Level						
Primary or Less	12.5	53.2	28.2	6.1	100.0	2,232
Secondary Incomplete	19.9	56.5	22.1	1.6	100.0	627
Secondary Complete	23.2	52.5	23.2	1.2	100.0	1,748
Post-Secondary	31.6	55.8	12.6	0.0	100.0	684
Socioeconomic Index						
Low	13.1	51.6	29.2	6.2	100.0	1,734
Medium	20.0	54.7	23.1	2.2	100.0	2,805
High	29.3	56.7	13.4	0.6	100.0	752

Table 12.3 B
Percent Distribution of Best Age to Start School-Based Courses on Sexually Transmitted Infections, as Reported by Men 15-49 Who are in Favor of Sex Education in School, by Selected Characteristics
Reproductive Health Survey: Albania 2002

	Sexually Transmitted Infections					
Characteristic	≤ 13	14-15	16 +	Don't Know	Total	No. of Cases
Total	**11.1**	**38.5**	**45.9**	**4.5**	**100.0**	**1,515**
Strata						
Metro Tirana	18.9	39.3	39.6	2.3	100.0	645
Other Urban	10.1	43.0	42.7	4.2	100.0	490
Other Rural	8.3	35.1	50.8	5.7	100.0	380
Residence						
Urban	13.5	41.7	41.3	3.5	100.0	1,047
Rural	8.8	35.3	50.4	5.5	100.0	468
Age Group						
15-24	9.2	52.5	35.7	2.6	100.0	536
25-34	9.8	36.6	48.1	5.6	100.0	419
35-49	14.1	26.0	54.3	5.6	100.0	560
Marital Status						
Married	11.9	28.0	54.3	5.8	100.0	857
Previously Married	**	**	**	**	**	12
Never Married	9.9	52.9	34.7	2.5	100.0	646
Living Children						
0	10.7	50.6	35.8	2.9	100.0	750
1	5.4	42.4	45.9	6.2	100.0	186
2	11.9	27.0	56.3	4.9	100.0	404
3 +	15.3	15.0	61.6	8.0	100.0	175
Education Level						
Primary or Less	6.6	36.6	48.7	8.1	100.0	523
Secondary Incomplete	13.4	50.0	36.0	0.6	100.0	186
Secondary Complete	12.9	36.1	48.1	2.9	100.0	585
Post-Secondary	20.3	43.8	35.9	0.0	100.0	221
Socioeconomic Index						
Low	7.9	33.2	52.3	6.6	100.0	500
Medium	11.7	40.4	44.7	3.2	100.0	737
High	20.5	50.2	27.5	1.8	100.0	278

** Percentages are not shown when base is less than 25 cases.

Table 12.4 A
Percentage of Young Adult Women Aged 15-24
Who Discussed The Indicated Family Life Education Topics
With a Parent Before They reached Age 18, by Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristic	Any Topic	Menstrual Cycle	Abstinence Before Marriage	How Pregnancy Occurs	HIV/ AIDS	Other Sexually Transmitted Diseases	Methods of Contraception	No. of Cases
Total	**64.4**	**50.8**	**44.5**	**21.4**	**14.7**	**7.9**	**7.6**	**2,030**
Strata								
Metro Tirana	69.9	56.4	40.9	26.5	25.6	14.7	11.4	746
Other Urban	70.2	61.0	48.8	28.3	20.0	13.2	12.5	583
Other Rural	60.5	44.8	43.5	17.0	9.5	3.8	4.4	701
Residence								
Urban	72.0	61.6	46.6	28.7	23.0	14.3	12.5	1,193
Rural	59.7	44.1	43.2	16.8	9.5	3.9	4.5	837
Age Group								
15-17	63.9	53.9	44.3	22.5	16.7	9.8	8.9	658
18-19	68.0	51.1	49.5	19.7	15.3	6.6	7.6	436
15-19	65.5	52.7	46.4	21.4	16.2	8.5	8.4	1,094
20-24	63.0	48.4	42.1	21.3	12.9	7.1	6.6	936
Education Level								
Primary or Less	58.2	43.2	40.9	15.9	8.7	3.6	4.2	1,013
Secondary Incomplete	72.4	63.4	50.4	29.5	25.5	16.1	12.4	446
Secondary Complete	71.4	54.9	50.5	25.9	17.8	9.7	11.7	332
Post-Secondary	80.4	72.2	46.8	36.4	29.8	18.3	13.8	239
Socioeconomic Index								
Low	55.6	40.9	39.8	13.0	6.3	2.5	3.9	649
Medium	69.5	56.3	48.0	25.9	19.1	10.9	9.4	1,106
High	76.8	65.9	46.3	35.2	28.9	16.4	14.5	275
Sexual Experience								
Yes	65.0	51.6	42.7	25.4	13.7	7.1	6.6	748
No	64.2	50.4	45.4	19.5	15.2	8.3	8.0	1,282

Table 12.4 B
Percentage of Young Adult Men Aged 15-24
Who Discussed The Indicated Family Life Education Topics
With a Parent Before They Reached Age 18, by Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristic	Any Topic	HIV/AIDS	How Pregnancy Occurs	Methods of Contraception	Other Sexually Transmitted Diseases	No. of Cases
Total	**11.1**	**8.7**	**5.4**	**2.1**	**2.1**	**590**
Strata						
Metro Tirana	20.4	18.3	7.2	5.8	5.2	234
Other Urban	17.4	13.3	8.7	2.2	3.4	177
Other Rural	4.9	3.2	3.2	0.9	0.3	179
Residence						
Urban	19.6	16.2	8.4	3.8	4.6	367
Rural	5.1	3.3	3.3	0.9	0.3	223
Age Group						
15-17	13.1	11.6	5.4	3.2	1.9	282
18-19	11.5	6.8	7.0	2.0	1.3	119
15-19	12.7	10.2	5.8	2.8	1.7	401
20-24	9.1	6.8	4.8	1.2	2.5	189
Education Level						
Primary or Less	5.2	3.1	3.0	0.8	0.2	264
Secondary Incomplete	21.9	19.0	8.7	4.4	3.7	178
Secondary Complete	9.0	6.4	5.4	1.1	3.2	106
Post-Secondary	28.6	25.8	13.5	8.0	8.0	42
Socioeconomic Index						
Low	8.6	5.5	4.6	0.8	.	222
Medium	10.5	8.6	5.4	2.6	3.1	282
High	28.1	26.3	10.1	6.6	7.8	86
Sexual Experience						
Yes	13.7	9.8	7.3	2.9	3.4	157
No	10.1	8.3	4.6	1.8	1.5	433

Table 12.5 A
Percentage of Young Adult Women Aged 15-24 Who Were Taught Indicated Family Life Education Topics in School Before They Reached Age 18, by Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristic	Any Topic	Female Reproductive System	Menstrual Cycle	Male Reproductive System	How Pregnancy Occurs	HIV/ AIDS	Contraceptive Methods	Other Sexually Transmitted Diseases	No. of Cases
Total	**76.8**	**66.9**	**65.9**	**63.0**	**57.2**	**52.5**	**24.1**	**23.5**	**2,030**
Strata									
Metro Tirana	79.4	69.2	69.4	64.6	61.7	61.1	35.3	35.1	746
Other Urban	87.8	80.1	76.0	77.6	72.0	68.5	36.4	37.1	583
Other Rural	71.2	60.5	60.5	56.1	49.5	43.2	15.7	14.5	701
Residence									
Urban	86.4	77.7	75.2	74.8	69.7	68.2	37.5	38.2	1,193
Rural	70.8	60.2	60.1	55.7	49.4	42.8	15.7	14.4	837
Age Group									
15-17	83.5	74.4	73.4	70.6	63.0	64.5	29.0	28.8	658
18-19	80.3	69.3	69.1	65.8	61.1	56.9	26.1	25.5	436
15-19	82.2	72.4	71.7	68.6	62.2	61.4	27.8	27.5	1,094
20-24	70.2	60.1	58.7	56.1	51.0	41.5	19.4	18.7	936
Education Level									
Primary or Less	64.9	52.2	53.2	47.9	41.8	35.8	11.7	9.9	1,013
Secondary Incomplete	95.4	90.4	84.2	85.3	79.2	78.5	43.7	44.4	446
Secondary Complete	91.9	83.9	82.4	81.7	76.4	73.1	36.7	41.7	332
Post-Scondary	96.7	92.9	89.6	91.9	88.2	81.7	49.3	45.4	239
Socioeconomic Index									
Low	67.6	55.7	55.7	51.7	46.9	41.2	15.4	12.2	649
Medium	81.7	72.7	71.7	69.0	62.0	57.4	28.4	29.4	1,106
High	92.9	86.8	80.4	82.5	79.2	79.1	40.5	43.7	275

Table 12.5 B
Percentage of Young Adult Men Aged 15-24 Who Were Taught Indicated Family Life Education Topics in School Before They Reached Age 18, by Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristics	Any Topic	Female Reproductive System	Menstrual Cycle	Male Reproductive System	How Pregnancy Occurs	HIV/ AIDS	Contraceptive Methods	Other Sexually Transmitted Diseases	No. of Cases
Total	**63.7**	**42.9**	**23.2**	**44.3**	**44.7**	**56.5**	**29.8**	**24.2**	**590**
Strata									
Metro Tirana	67.4	44.6	24.9	45.8	47.2	61.4	32.9	26.4	234
Other Urban	75.1	53.6	33.0	53.6	54.8	67.1	36.3	32.0	177
Other Rural	56.9	37.1	17.8	39.1	38.7	49.5	25.6	19.6	179
Residence									
Urban	72.9	50.1	30.8	50.8	52.4	66.2	36.4	30.9	367
Rural	57.2	37.9	17.9	39.6	39.1	49.6	25.2	19.5	223
Age Group									
15-17	63.3	42.4	22.3	44.7	42.8	58.4	31.4	25.8	282
18-19	68.0	47.4	22.1	47.4	49.2	58.1	34.1	21.7	119
15-19	64.6	43.8	22.2	45.5	44.6	58.3	32.2	24.6	401
20-24	62.6	41.8	24.5	42.7	44.7	54.1	26.8	23.7	189
Education Level									
Primary or Less	47.5	30.8	15.5	30.8	29.5	38.7	17.0	15.9	264
Secondary Incomplete	80.8	57.2	27.1	61.3	60.5	76.3	41.8	29.8	178
Secondary Complete	77.6	47.6	28.4	49.0	55.9	71.9	40.4	29.1	106
Post-Secondary	91.9	77.8	58.1	79.0	76.5	82.4	59.0	58.3	42
Socioeconomic Index									
Low	54.8	34.1	14.8	35.8	35.5	44.9	20.7	15.1	222
Medium	69.0	47.7	26.7	48.6	48.3	64.6	34.1	28.5	282
High	85.6	66.7	51.6	68.0	75.7	77.9	57.9	52.0	86
Sexual Experience									
Yes	66.4	46.0	27.8	46.7	49.3	57.9	31.4	28.8	157
No	62.6	41.7	21.4	43.2	42.7	55.9	29.2	22.3	433

Table 12.6 A
Percentage of Young Adult Women Aged 15-24 Who Were Taught in School About Indicated Family Life Education Topics by Specific Ages
Reproductive Health Survey: Albania 2002

Topic	Percent Who Have Taken Course By Age					No. of Cases
	<14	<15	<16	<17	<18	
Female Reproductive System	10.6	54.4	60.1	65.9	66.9	2,030
The Menstrual Cycle	12.9	56.7	61.8	65.2	65.9	2,030
Male Reproductive System	9.2	51.4	56.4	61.9	63.0	2,030
How Pregnancy Occurs	6.8	45.0	50.2	56.1	57.2	2,030
HIV/AIDS	3.6	35.8	41.9	49.6	52.5	2,030
Contraceptive Methods	1.4	13.4	16.8	21.9	24.1	2,030
Other Sexually Transmitted Diseases	1.2	13.4	17.2	21.2	23.5	2,030

Table 12.6 B
Percentage of Young Adult Men Aged 15-24
Who Were Taught in School About Indicated
Family Life Education Topics by Specific Ages
Reproductive Health Survey: Albania 2002

	Percent Who Have Taken Course By Age					
Topic	<14	<15	<16	<17	<18	No. of Cases
HIV/AIDS	8.7	34.6	44.4	52.9	56.5	590
Male Reproductive System	8.1	28	36.6	43	44.3	590
Female Reproductive System	7.8	27.1	35.4	41.7	42.9	590
How Pregnancy Occurs	7.6	26.2	37.6	43.6	44.7	590
The Menstrual Cycle	4.2	15.6	19.4	21.4	23.2	590
Contraceptive Methods	2.9	14.9	23.1	27.4	29.8	590
Other Sexually Transmitted Diseases	2.4	14.7	20.1	23.2	24.2	590

Table 12.7 A
Percent Distribution of The Most Important Source of Information Related to Sexual Matters, Reported by Young Adult Women 15-24 Who Had Received Any Sex Education in School, by Selected Characteristics
Reproductive Health Survey: Albania 2002

	Most Important Source of Information Related to Sexual Matters											
Characteristic	Teacher	Radio/ TV	Books/ Newspapers/ Magazines	Co-Worker/ Peer	Mother/ Father	Other Relative	Boyfriend/ Friends	Partner/ Husband	Doctor/Nurse/ Midwife	Don't Know	Total	No. of Cases
Total	**48.8**	**23.7**	**9.9**	**7.6**	**3.9**	**2.0**	**3.0**	**0.3**	**0.5**	**0.4**	**100.0**	**1,599**
Strata												
Metro Tirana	45.6	19.7	12.7	7.2	8.0	1.6	4.0	0.1	0.8	0.3	100.0	599
Other Urban	46.1	20.2	12.4	8.7	4.8	2.8	4.0	0.5	0.4	0.0	100.0	511
Other Rural	51.2	26.8	7.6	7.1	2.3	1.7	2.2	0.2	0.4	0.6	100.0	489
Residence												
Urban	45.6	20.0	12.6	8.3	5.9	2.4	4.1	0.4	0.6	0.1	100.0	1,027
Rural	51.2	26.5	7.8	7.0	2.5	1.7	2.2	0.1	0.4	0.5	100.0	572
Age Group												
15-17	55.7	22.9	7.8	5.1	4.1	1.8	1.9	0.0	0.6	0.0	100.0	563
18-19	46.4	21.4	15.2	7.1	4.2	2.2	2.8	0.3	0.2	0.3	100.0	357
15-19	52.0	22.3	10.7	5.9	4.1	2.0	2.3	0.1	0.5	0.1	100.0	920
20-24	44.1	25.8	8.7	10.0	3.7	2.1	4.1	0.5	0.4	0.7	100.0	679
Education Level												
Primary or Less	46.9	28.0	6.1	9.4	2.7	2.6	2.8	0.4	0.5	0.5	100.0	631
Secondary Incomplete	54.3	21.2	9.3	5.2	5.6	1.9	2.1	0.0	0.4	0.1	100.0	431
Secondary Complete	47.5	19.3	16.5	5.8	4.3	0.6	4.8	0.3	0.3	0.6	100.0	304
Post-Secondary	47.9	15.3	18.9	6.5	6.1	1.6	2.9	0.0	0.6	0.0	100.0	233
Socioeconomic Index												
Low	50.7	26.6	7.4	7.0	2.4	1.3	3.0	0.3	0.6	0.7	100.0	422
Medium	47.6	23.2	10.9	8.0	4.0	2.7	2.8	0.3	0.4	0.2	100.0	915
High	48.4	15.8	13.1	7.5	9.3	0.7	4.4	0.0	0.8	0.0	100.0	262
Sexual Experience												
Yes	39.5	27.4	7.3	10.1	5.0	3.1	5.7	0.9	0.5	0.4	100.0	524
No	52.4	22.3	10.9	6.6	3.5	1.6	2.0	0.0	0.5	0.3	100.0	1,075

Table 12.7 B
Percent Distribution of The Most Important Source of Information Related to Sexual Matters, Reported by Young Adult Men 15-24 Who Had Received Any Sex Education in School, by Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristic	Most Important Source of Sexual Information Related to Sexual Matters										
	Teacher	Radio/TV	Books/ Newspapers, Magazines	Co-Worker/ Peer	Girlfriend/ Friends	Mother/ Father	Doctor	Other Relative	Don't Know	Total	No. of Cases
Total	**53.3**	**21.4**	**17.8**	**3.8**	**1.6**	**1.1**	**0.7**	**0.1**	**0.3**	**100.0**	**400**
Strata											
Metro Tirana	46.1	22.1	20.4	5.7	1.9	2.1	1.2	0.6	0.0	100.0	161
Other Urban	61.6	18.2	13.6	3.8	0.8	1.2	0.0	0.0	0.8	100.0	137
Other Rural	50.8	23.2	19.5	3.0	2.0	0.5	1.0	0.0	0.0	100.0	102
Residence											
Urban	56.2	18.4	16.5	4.9	1.3	1.7	0.5	0.0	0.5	100.0	272
Rural	50.8	24.0	19.0	2.8	1.8	0.5	1.0	0.2	0.0	100.0	128
Age Group											
15-17	61.0	15.8	16.5	2.8	2.0	0.6	1.2	0.0	0.0	100.0	186
18-19	52.2	21.7	15.8	8.1	0.4	1.8	0.0	0.0	0.0	100.0	86
15-19	58.4	17.6	16.3	4.4	1.5	1.0	0.9	0.0	0.0	100.0	272
20-24	46.6	26.4	19.8	3.0	1.7	1.1	0.5	0.3	0.6	100.0	128
Education Level											
Primary or Less	44.0	24.2	20.9	6.1	1.5	1.0	1.3	0.3	0.7	100.0	126
Secondary or Greater	59.1	19.6	15.9	2.4	1.6	1.1	0.4	0.0	0.0	100.0	274
Socioeconomic Index											
Low	45.1	29.7	16.8	5.5	1.3	0.0	1.2	0.3	0.0	100.0	122
Medium	60.6	16.5	17.0	2.3	2.1	1.1	0.0	0.0	0.5	100.0	207
High	52.3	12.3	24.3	4.0	0.5	4.7	1.9	0.0	0.0	100.0	71
Sexual Experience											
Yes	50.2	26.3	14.5	2.9	1.2	3.0	0.7	0.4	0.8	100.0	111
No	54.7	19.2	19.2	4.2	1.7	0.2	0.7	0.0	0.0	100.0	289

Table 12.8 A
Percent Distribution of The Most Important Source of Information Related to Sexual Matters, Reported by Young Adult Women 15-24 Who Never Received Sex Education in School, by Selected Characteristics
Reproductive Health Survey: Albania 2002

	Most Important Source of Information Related to Sexual Matters											
Characteristic	Radio/ TV	Co-Worker/ Peer	Books/ Newspapers/ Magazines	Mother/ Father	Other Relative	Boyfriend/ Friends	Partner/ Husband	Doctor	Teacher	Don't Know	Total	No. of Cases
Total	**43.9**	**15.1**	**5.9**	**10.7**	**9.0**	**4.3**	**2.4**	**0.4**	**2.0**	**6.3**	**100.0**	**431**
Strata												
Tirana	49.3	12.1	6.8	15.3	7.6	1.5	4.5	0.5	0.0	2.4	100.0	147
Other Urban	41.7	20.0	9.1	6.7	6.9	1.7	5.1	2.1	2.8	4.0	100.0	72
Rural	43.3	14.8	5.1	10.6	9.6	5.4	1.5	0.0	2.3	7.5	100.0	212
Residence												
Urban	43.3	15.6	9.1	12.2	6.3	1.9	5.5	1.3	1.7	3.0	100.0	166
Rural	44.0	15.0	4.9	10.3	9.7	5.1	1.5	0.1	2.1	7.2	100.0	265
Age Group												
15-17	40.2	10.6	6.0	12.1	11.2	2.2	0.0	0.0	5.2	12.3	100.0	95
18-19	50.2	16.8	6.5	6.3	8.1	3.8	3.4	0.0	3.4	1.5	100.0	79
15-19	44.7	13.4	6.2	9.5	9.8	3.0	1.5	0.0	4.4	6.5	100.0	174
20-24	43.3	16.5	5.6	11.6	8.3	5.4	3.0	0.6	0.3	5.4	100.0	257
Education Level												
Primary or Less	43.8	14.9	5.8	11.3	8.5	4.4	2.7	0.1	1.6	7.0	100.0	382
Secondary or Greater	44.5	17.7	6.5	5.7	12.9	4.1	0.0	2.9	5.7	0.0	100.0	49
Socioeconomic Index												
Low	43.6	13.9	6.6	9.4	11.1	5.6	1.0	0.0	2.6	6.1	100.0	227
Medium	44.5	17.0	4.8	12.8	5.8	2.8	3.6	0.9	1.4	6.4	100.0	191
High	**	**	**	**	**	**	**	**	**	**	**	13

** Percentages are not shown when base is less than 25 cases.

Table 12.8 B
Percent Distribution of The Most Important Source of Information Related to Sexual Matters, Reported by Young Adult Men 15-24 Who Never Received Sex Education in School, by Selected Characteristics
Reproductive Health Survey: Albania 2002

	Most Important Source of Information Related to Sexual Matters										
Characteristic	Radio/TV	Co-Worker/ Peer	Books/ Newspapers, Magazines	Teacher	Mother/ Father	Girlfriend/ Friends	Doctor	Other Relative	Don't Know	Total	No. of Cases
Total	**52.5**	**19.8**	**4.7**	**2.4**	**2.0**	**1.6**	**1.3**	**0.2**	**15.6**	**100.0**	**190**
Strata											
Metro Tirana	52.7	14.4	0.0	4.8	2.6	5.5	7.9	0.0	12.1	100.0	73
Other Urban	34.8	38.7	4.8	1.3	1.3	1.3	0.0	1.3	16.4	100.0	40
Other Rural	57.5	15.7	5.8	2.0	2.0	0.7	0.0	0.0	16.2	100.0	77
Residence											
Urban	43.8	26.5	2.9	3.3	2.2	3.3	3.5	0.8	13.7	100.0	95
Rural	56.5	16.8	5.5	1.9	1.9	0.8	0.3	0.0	16.4	100.0	95
Age Group											
15-17	61.8	14.3	3.2	3.2	3.2	1.3	0.0	0.6	12.4	100.0	96
18-19	45.3	34.0	0.0	1.7	4.8	1.7	0.8	0.0	11.7	100.0	33
15-19	57.6	19.4	2.4	2.8	3.6	1.4	0.2	0.4	12.2	100.0	129
20-24	46.3	20.3	7.4	1.8	0.0	1.8	2.7	0.0	19.7	100.0	61
Education Level											
Primary or Less	54.4	21.9	1.8	1.8	2.2	0.9	1.2	0.3	15.5	100.0	138
Secondary or Greater	47.0	13.7	12.9	4.0	1.4	3.7	1.5	0.0	15.8	100.0	52
Socioeconomic Index											
Low	46.9	25.6	0.0	2.6	2.2	0.7	0.0	0.4	21.6	100.0	100
Medium	60.2	12.6	12.3	2.1	1.5	3.1	0.5	0.0	7.7	100.0	75
High	**	**	**	**	**	**	**	**	**	**	15
Sexual Experience											
Yes	49.6	19.9	3.3	2.9	1.6	2.9	3.7	0.0	16.1	100.0	46
No	53.6	19.8	5.2	2.1	2.1	1.1	0.4	0.3	15.4	100.0	144

** Percentages are not shown when base is less than 25 cases.

Table 12.9 A
Knowledge of Young Adult Women Aged 15-24, on Selected Reproductive Health Issues by Whether or Not Specific Topics Were Discussed With a Parent or Taught in School (Percent Distribution)
Reproductive Health Survey: Albania 2002

Most Likely to Become Pregnant During Menstrual Cycle	Total	Discussed Menstrual Cycle With Parents		Taught in School About Menstrual Cycle	
		Yes	No	Yes	No
Just Before Her Periods Starts	2.7	2.8	2.6	3.4	1.3
During Her Periods	0.8	1.2	0.5	1.0	0.6
Right After Period Ends	14.8	15.7	14.0	13.7	17.1
Halfway Between Periods	14.7	20.9	8.3	18.7	7.0
Do Not Know	66.9	59.5	74.6	63.2	74.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
No. of Cases	2,030	1,109	921	1,389	641

Breastfeeding Affect on Getting Pregnant	Total	Discussed How Pregnancy Occurs With Parents		Taught in School About How Pregnancy Occurs	
		Yes	No	Yes	No
Increases The Chance	5.6	7.1	5.2	4.7	6.8
Decreases The Chance	11.5	19.2	9.4	12.7	9.8
Has No Effect	12.4	10.0	13.1	12.7	12.0
Do Not Know	70.5	63.7	72.3	69.9	71.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
No. of Cases	2,030	510	1,520	1,225	805

Possibile to Get Pregnant at First Intercourse	Total	Discussed How Pregnancy Occurs With Parents		Taught in School About How Pregnancy Occurs	
		Yes	No	Yes	No
Agree	49.1	63.0	45.4	52.8	44.1
Disagree	21.1	17.8	22.0	20.1	22.4
Do Not Know	29.8	19.2	32.7	27.0	33.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
No. of Cases	2,030	510	1,520	1,225	805

Table 12.9 B
Knowledge of Young Adult Men Aged 15-24, on Selected Reproductive Health Issues by Whether or Not Specific Topics Were Discussed With a Parent or Taught in School (Percent Distribution)
Reproductive Health Survey: Albania 2002

		Discussed How Pregnancy Occurs With Parents		Taught In School About How Pregnancy Occurs	
Breastfeeding Affect on Getting Pregnant	**Total**	**Yes**	**No**	**Yes**	**No**
Increases the Chance	0.7	1.3	0.7	0.8	0.6
Decreases the Chance	9.8	29.6	8.7	12.6	7.6
Has No Effect	9.2	8.6	9.2	16.0	3.6
Do Not Know	80.3	60.5	81.4	70.6	88.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
No. of Cases	590	39	551	282	308

		Discussed How Pregnancy Occurs With Parents		Taught in School About How Pregnancy Occurs	
Possible to Get Pregnant at First Intercourse	**Total**	**Yes**	**No**	**Yes**	**No**
Agree	51.9	69.6	50.9	57.0	47.9
Disagree	19.4	4.1	20.3	23.4	16.3
Do Not Know	28.6	26.3	28.7	19.7	35.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
No. of Cases	590	39	551	282	308

CHAPTER 13

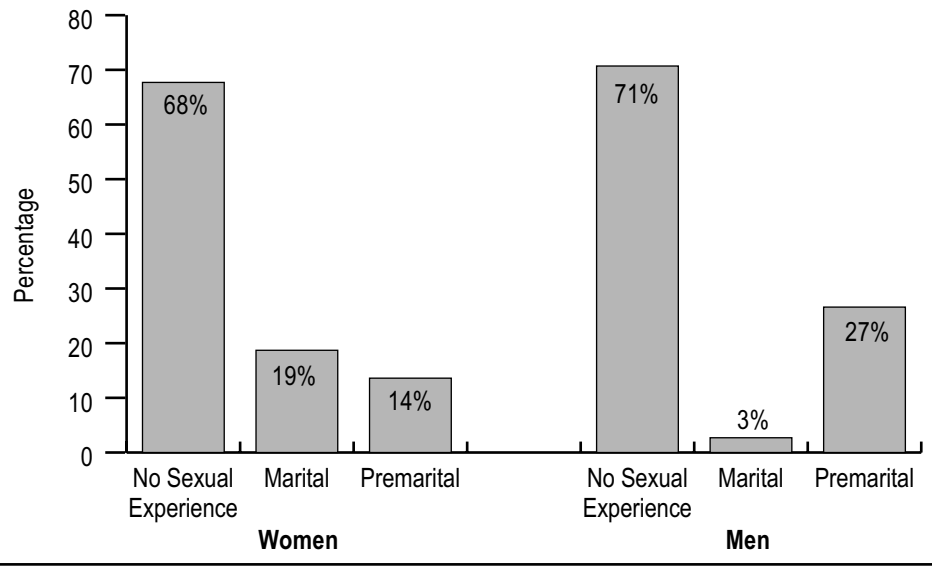
YOUNG ADULT SEXUAL AND CONTRACEPTIVE EXPERIENCE

Sexual Experience

The young adult module included questions on age and partner at first sexual intercourse, as well as use of contraception for those with sexual experience. The first sexual relation was classified as premarital or marital as has been done in other countries of Eastern Europe (CDC and MACRO, 2003). This classification was obtained from three specific questions in the survey instrument: the dates of the first sexual relation and first marriage (or consensual union), if ever married, and the relationship to the partner at the time of this first sexual experience. If the first partner was reported to be a husband or wife, the dates of first sexual experience and first marriage (or consensual union) were compared to determine if the first sexual experience was marital or pre-marital. If the first sexual experience occurred at least one month prior to the date of marriage, this was classified as pre-marital.

As shown in Table 13.1A and Figure 13.1, 32% of young adult women reported sexual experience, of which slightly less than half (14% of the total) are classified as having premarital sex. Sexual experience varies by residence, with slightly higher proportions of urban women having had sexual experience. Premarital sex, in particular, is reported by a greater proportion of urban women (23%) than rural women (8%). The sexual experience rate increases with age and is eight times higher for older young adults 22–24 years of age (66%) than for adolescents 15–17 years of age (8.5%), although, among sexually experienced young women, adolescents are more likely to have had premarital sex compared with marital sex.

Figure 13.1
Marital Status at Time of First Sexual Experience Among Young Adults



Among 15–17 year olds, 5% have had premarital sex and only 3% marital sex; whereas for 22–24 year olds, 23% have had premarital sex while 43% report first sex after marriage. For both educational level and socioeconomic status, there is a positive association with premarital first intercourse. For example, among the least educated, 25% of women had first intercourse after marriage and 11% had premarital first intercourse, and among those with postsecondary education, only 7% had had postmarital first intercourse while 28% had premarital first intercourse. A similar pattern is observed for socioeconomic status, with marital first intercourse declining from 19.5% to 12.5% and premarital first intercourse increasing from 8% to 32% with increasing socioeconomic level.

Twenty-nine percent of the young adult men reported sexual experience (Table 13.1B and Figure 13.1). The great majority were classified as premarital (27% compared to 3% marital). Premarital sexual experience rates tend to be higher for urban men and increase with age, educational attainment and socioeconomic status. The variation in sexual experience rates among young adult men is almost entirely due to premarital sexual experience. Thus, 40% of young men in Metro Tirana, 61% of all 22–24 year olds, 79% of those with postsecondary education, and 47% of young men with a high socioeconomic level have had premarital sexual intercourse.

Table 13.2 shows young adult female sexual experience rates for Albania in the context of other reproductive health and demographic health surveys for countries in its region. It appears that Albania's rates have more in common with countries in the Caucasus region than Eastern Europe in terms of the overall level of sexual experience. With regard to rates of premarital sexual experience, however, Albania resembles neither Eastern Europe nor the Caucasus. Albania's rates of premarital sex (7% of 15–19 year olds and 21% of 20–24 year olds) are substantially lower than Eastern Europe rates but substantially higher than those for Azerbaijan and Georgia.

First Sexual Intercourse

The relationship to their first partner is shown for females in Table 13.3A and for males in Table 13.3B. As previously noted, 58% of sexually experienced young adult women were married at the time of their first sexual encounter (Table 13.3A). Another 35% reported their partner to be their fiancée. A much higher proportion of women who live in rural areas (74%) had their first sexual experience with their husband than did their counterparts in urban areas (37%). Marital sex is inversely related to educational attainment and socioeconomic status. Most premarital sex is reported to have been with a fiancée or boyfriend. There is no evidence of casual sex at first sexual experience among the women. However, post-secondary education is the only group to report most first partners to be a "boyfriend" rather than their "fiancée."

Most of the men indicated that their first partner was a "girlfriend" (43%) (Table 13.3B). Only 9% of young men reported their first sexual experience to be with their "wife/consensual partner." Overall, the young men were more likely to report first sex with weaker relationships than the young women. Thirty-two percent of young men reported first sex with a "friend" or "lover" and 7% with an "acquaintance" compared to only 0.2% of young women reporting first sex with a

"friend" and none with an "acquaintance." The young men show the same direction of association as the young women between premarital relationship and the selected sociodemographic variables, although at much higher levels of premarital sex. Only 1% of sexually experienced young men reported first sex with a prostitute.

Tables 13.4A and 13.4B show the percentages that have had sexual intercourse by a given age for young women and men, respectively. We can see that a very low percentage (1%) of young women and men have had sex before the age of 15. Percentages having had sex by specific ages are quite similar for women and men. Thirteen percent of young adult women and 12% of young adult men have had sexual intercourse before age 18, and 30% of women and 27% of men have had sex before age 22.

Among both women and men, those living in urban areas and having highest socioeconomic status are more likely to have a young age at first sex than young adults in rural areas or with low SES. Women whose first sexual experience was premarital also report a younger age at first sex than those who were married at first sex. With respect to educational level, however, women and men have distinctly different patterns. The least educated women have younger ages at first sex compared to better educated women, but among men it is the most educated that have the youngest ages at first sex.

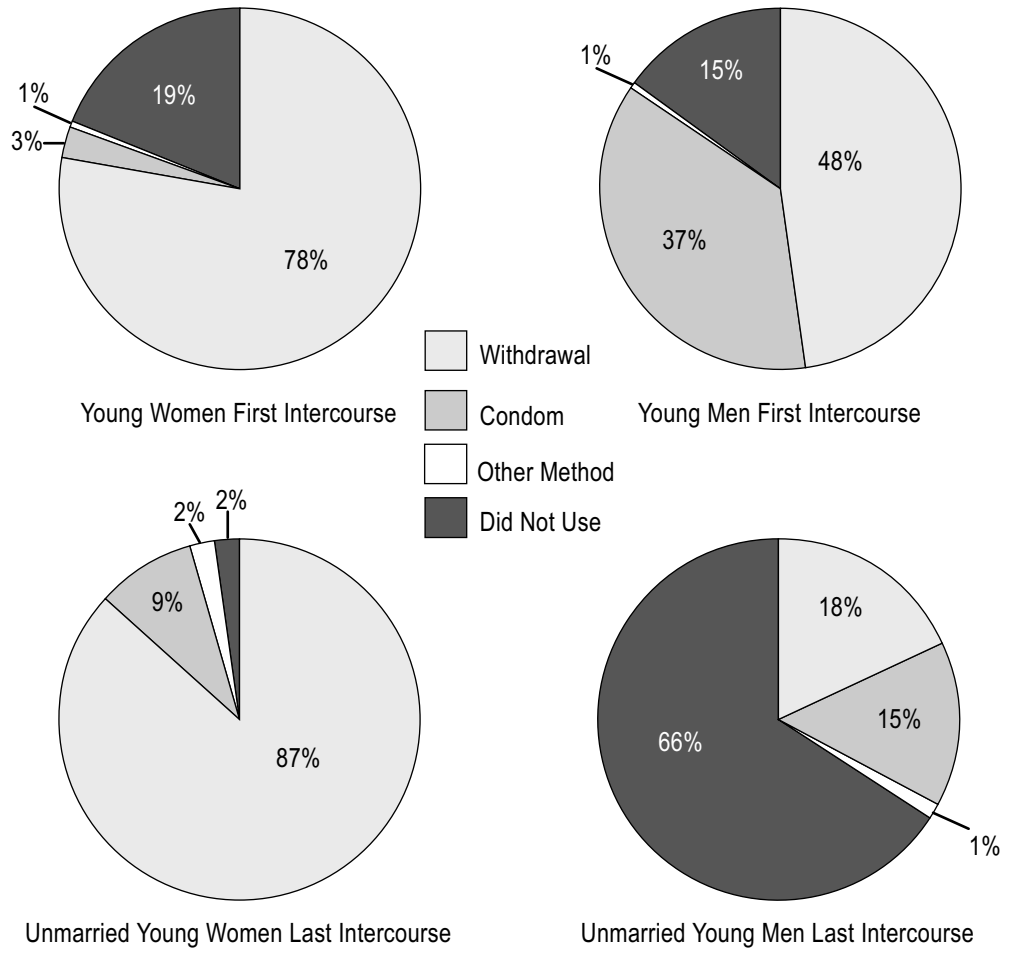
Tables 13.5A and B present the age differences between young adults and their sexual partners at first sexual experience. Approximately 2% of the young adult women reported their first partner to be younger (Table 13.5A). Three-quarters of the women (73%) report a wide age difference of five years or more between themselves and their first partner. There are not strong effects of residence or marital status at first sex on the age difference at first sex. However, the largest age difference appears to be negatively associated with age at first sex.

Among the young adult men, again the evident norm is that the men tend to be older than their female partner (Table 13.5B). Fifty-six percent report having been older than their first partner. However, another 13% report having had a first partner older than themselves. These older partners among males suggests that young men are sometimes initiated into sex with older women, a result found in other countries for which male data are available (E Ferraz et al., 1992; L Morris et al., 1995; R Tejada, J Herold and L Morris, 1997). The younger the age at first sex, the more likely the man had an older first partner.

In Table 13.6A, four-fifths (81%) of sexually experienced young women reported that they or their partner used a contraceptive method at first sexual relationship; 74% of those with marital sex and 91% of those with premarital sex. Figure 13.2 shows that 77% of all women reported use of withdrawal at first sexual intercourse and only 4% used another method. Thus, among contraceptors, almost all women who reported using a method said that their partner used withdrawal at first sexual experience (96%) (Table 13.6A). Use of withdrawal does not show an association with residence or age at first sex. In all groups except those with a post-secondary education, more than 91% of users used withdrawal. Condom use, while at low levels, tends to be higher for premarital intercourse and to be positively related to educational attainment and socioeconomic status.

At first sexual experience, 85% of young adult men report using contraception, closely divided between condoms (37%) and withdrawal (47%) (Figure 13.2). Among contraceptive users, 56% of men used withdrawal at first intercourse, while 43% used condoms (Table 13.6). The relative weight of condoms vs. withdrawal varies by several sociodemographic characteristics. Overall contraceptive use at first sex tended to be higher in rural areas than in urban areas among the men. This can be attributed to the much higher use of withdrawal in rural areas (67%) compared to urban areas (42%), although again interpreted with caution due to small sample size. At the same time, condom use was only 33% of users in rural areas compared to 57% in urban areas. Condoms are more likely to be used at first sex by urban and younger men, more educated men and young men from higher socioeconomic groups. The patterns for withdrawal are the reverse of those for condoms for these variables.

Figure 13.2
Contraception Used by Young Adults at First and Last Sexual Intercourse



Reasons for not using contraception at first sex are shown for young adult women in Table 13.7. Three-quarters of young women reported that they did not use contraception because they wanted to become pregnant. For women who were married at first sexual experience, this proportion reaches 85%, compared with 23% for women whose first sexual experience was premarital. Only 4% reported they did not know about contraception and 4% said they thought that contraceptives were harmful. Although the sample size is especially low for women who had premarital sex, they reported a high frequency of "fear of side effects" (18%) and "sexual intercourse was unexpected" (17%). Reasons for not using contraception cannot be calculated for the young adult men, because too few men (n=29) reported no contraception at first sex.

Current Sexual Activity

First sexual experience does not always reflect current sexual activity, especially among unmarried young adults. For all reproductive age women, particularly the married, the sexually active are conventionally defined as those having had sex in the month prior to the survey. Unmarried young adults, however, are known to have more sporadic sexual encounters, and consequently the sexually active are variously defined as having had sexual intercourse in the last 30 days, the last two months or the last three months prior to interview. In Table 13.8, we can see the differences in sexual activity by marital status for young adult women and men. While all of the married women have had sexual experience, only 7 percent of 15–24 year old divorced, widowed, and never married women report having had sexual experience (Table 13.8). The age difference in sexual experience reflects higher proportions married among 20–24 year olds. The recency of sexual activity by marital status shows that two-thirds (65%) of married women had sexual intercourse in the last month, and of those who did not have recent sexual intercourse the majority were pregnant or postpartum (19%). Among sexually experienced unmarried women, however, only about half had intercourse in the last 30 days, none report being pregnant or postpartum, and half reported the last sexual experience more than a month ago.

The pattern of current sexual activity for young men is similar to that of young women (Table 13.8). All married 15–24 year olds report having sexual experience, with 92% having had sex in the last 30 days, and 5% abstaining due to their wife's pregnancy. At the same time, 25% of widowed, divorced and never married men reported having had sex, with 17% reporting last sex in the last 30 days and 7% reporting last sexual intercourse more than one month ago.

Recent contraceptive use among young adult women is exceptionally high, although there is very low use of modern methods. Table 13.9A shows that 76% of sexually experienced women 15–24 years of age used contraception at last intercourse. When marital status is controlled, the percentage jumps to 98% for unmarried women (Table 13.9 and Figure 13.2). This high level of contraceptive use is due almost exclusively to the withdrawal method, which was reported to have been used by 69% of married women and 87% of unmarried women at last sexual intercourse. Unmarried women have a

higher rate of use of modern methods compared to married women (11% vs. 3%, respectively), with these rates reflecting use of the condom. Two percent of married young adult women and 9% of the unmarried reported using a condom at last sexual experience.

In contrast to the young adult women, only 41% of sexually experienced young adult men report having used contraception at last intercourse (Table 13.9B). The breakdown by marital status is 68% among the married and 34% among the unmarried. The small number of cases in the denominator of these rates, however, would produce a large margin of error for the young men and thus give us less confidence in the percentages shown. However, it is clear that withdrawal is the major method and condom the only modern method. There is no use of modern methods reported by the married, and modern method use among the unmarried men is due entirely to the condom. Indeed, condom rates are at similar levels to withdrawal among the unmarried young adult men (15% and 18%, respectively) (Figure 13.2).

When nonusers of contraception were asked why they currently were not using, 44% of the sexually experienced young women responded that they were not sexually active – that is, approximately one-third of the married and almost all of the unmarried (Table 13.10). The remainder of the married young adult women said they were not using for pregnancy related reasons, either they were pregnant, trying to get pregnant, or they were postpartum. Ninety percent of the nonusing young adult men also reported no current sexual activity as their reason for not using contraception. Seven percent gave a pregnancy-related reason (data not shown).

Tables 13.11A and B show the number of sexual partners reported by sexually experienced young adults. Among the women, 11% reported no sexual partner in the last three months and 88% reported only one partner in that time period. Unmarried women are more likely to report no sexual partner compared to married women. There is little variation by educational level. Moreover, very few of the women report more than one sexual partner in their lifetime, less than 1% of married women and 15% of sexually experienced unmarried women. A larger proportion of the young men (compared to the women) reported no sexual partner in the last three months, that is, 34%. Very few men reported more than one sexual partner in the last three months (5%), and there was no variation in this percentage by educational level. A greater proportion of young men than young women had more than one sexual partner in their lifetime. Fifty-two percent of married men and 77 percent of unmarried men reported two or more lifetime sexual partners.

Attitudes toward Condom Use

Sexually experienced young adults were asked a series of questions meant to measure attitudes towards condom use. Table 13.12 shows the results for this series of attitudinal questions for women and men. Positive attitudes were more prevalent among persons who had used condoms in the past compared to never users of condoms. Almost 100% of young female and male ever-users agreed with the statement, “Using condoms with a

new partner is a smart idea." Two-thirds of females and males who had ever used condoms agreed with the statement, "It is easy to discuss using a condom with a prospective partner." The item, "Women should ask their partners to use condoms," received 73% agreement from the women but only 46% from men, and "Condoms diminish sexual pleasure was agreed to by 57% of women and 77% of men. Less than 50% of male and female ever-users agreed to such statements as "Using condoms is not necessary if you know your partner," "It's embarrassing to ask for condoms in family planning clinics or pharmacies," and "People who use condoms sleep around a lot."

Never-users of condoms presented a different pattern of response to the condom attitude questions than ever-users. Only around 50% of both females and males agreed with the statement, "Using condoms with a new partner is a smart idea." One-third or fewer of both sexes agreed with "Women should ask their partners to use condoms," and "It is easy to discuss using a condom with a prospective partner." Moreover, half of the women and 57% of men believe "Using condoms is not necessary if you know your partner." The young male ever-users are more likely to have negative attitudes towards condoms than the young female ever-users, as is demonstrated by their agreement with, "People who use condoms sleep around a lot" and "It is embarrassing to ask for condoms in family planning clinics or pharmacies."

It is important to point out that very few young adults, whether ever-users or never-users or male or female, agreed with the statement, "The same condom can be used more than once." Another result that deserves attention is the high proportion of never-users who responded "don't know" to the condom attitude questions.

In Tables 13.13A & B we have the percentage of sexually experienced young adults who agreed with statements about personal reactions to a partner requesting the use of condoms for sexual intercourse. Two-thirds of the women and 84% of the men agreed that they would feel safe from pregnancy. As for safety from STDs or HIV/AIDS, 62% of women and 74% of men felt agreement with that statement. These positive reactions were more common for women in urban areas, with higher levels of education and who had ever used condoms. Among men, among the selected variables, only ever use of condoms appeared to have an effect on positive attitudes. For both young women and men, there appeared to be no age effect on positive responses.

The negative items for this question were, [would you feel] "Insulted or angry," "Like you had done something wrong," and "Suspicious that he/she may sleep around." Less than one-third of both women and men agreed with the negative items. Among women, rural residence and never use of condoms tended to increase the percentage agreement with negative attitudes. There was no clear age or education effect. Among men, however, agreement with negative attitudes was greater for rural than urban residents, the youngest men, the less educated men, and never users of condoms.

Finally, Table 13.14 shows the percentages of young adults who have ever talked with a partner about using

condoms. Twenty-four percent of the sexually experienced young adult women and 58% of the young men responded affirmatively to the question. Talking with a partner about condom use is positively associated with urban residence, educational level and past condom use, but appears to have no relationship with age among 15–24 year olds of both sexes. The strong association with educational level is shown in Figure 13.3.

Twenty-seven percent of all young adult men said they had tried to obtain a condom in the last 12 months, and all of those who tried were successful in obtaining condoms (data not shown). Among the 81 young men who had obtained condoms, 51% said they have had condoms in their possession almost all or all of the time in the last 12 months (data not shown). The brands of condoms reported to be most often obtained were "For You" (47%), "Love Plus" (19%), "For You More" (13%), and "Durex" (1%).

Figure 13.3
Percentage of Sexually Experienced Young Adults Who Have Ever Talked to a Partner About Using Condoms

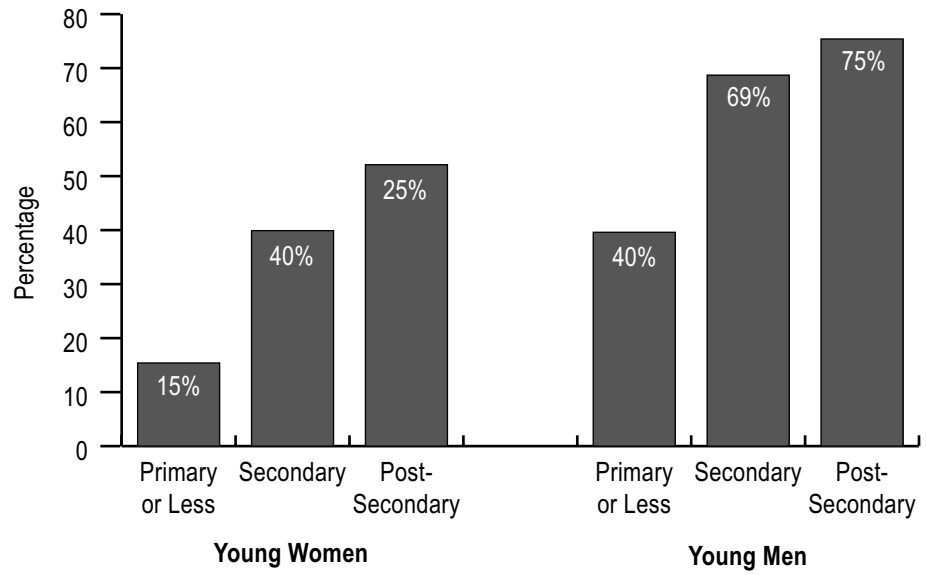


Table 13.1 A
Percent Distribution of Reported Sexual Experience by Marital Status at Time of First Sexual Experience by Selected Characteristics
Among Young Women Aged 15–24
Reproductive Health Survey: Albania, 2002

Characteristics	No Sexual Experience	Sexual Experience		Total	No. of Cases
		Marital	Premarital		
Total	**67.7**	**18.7**	**13.6**	**100.0**	**2,030**
Strata					
Metro Tirana	61.2	17.1	21.7	100.0	746
Other Urban	66.1	12.6	21.3	100.0	583
Other Rural	70.1	21.8	8.1	100.0	701
Residence					
Urban	64.2	13.1	22.7	100.0	1,193
Rural	69.8	22.2	8.0	100.0	837
Current Age					
15-17	91.5	3.4	5.1	100.0	658
18-19	78.3	10.9	10.8	100.0	436
20-21	59.0	21.6	19.5	100.0	393
22-24	33.7	43.4	22.9	100.0	543
Age Group					
15-19	86.2	6.5	7.4	100.0	1,094
20-24	44.8	33.8	21.4	100.0	936
Education Level					
Primary or Less	63.5	25.2	11.3	100.0	1,013
Secondary	75.8	9.7	14.5	100.0	778
Post-Secondary	65.2	6.8	28.0	100.0	239
Socioeconomic Index					
Low	72.8	19.5	7.7	100.0	649
Medium	65.5	19.0	15.5	100.0	1,106
High	55.7	12.5	31.8	100.0	275

Table 13.1 B
Percent Distribution of Reported Sexual Experience by Marital Status at Time of First Experience by Selected Characteristics, Among Young Men Aged 15–24
Reproductive Health Survey: Albania, 2002

Characteristics	No Sexual Experience	Sexual Experience		Total	No. of Cases
		Marital	Premarital		
Total	**70.7**	**2.7**	**26.6**	**100.0**	**590**
Strata					
Metro Tirana	55.9	4.3	39.8	100.0	234
Other Urban	70.5	0.6	28.9	100.0	177
Other Rural	75.8	3.2	21.0	100.0	179
Residence					
Urban	65.6	1.4	33.0	100.0	367
Rural	74.3	3.6	22.1	100.0	223
Current Age					
15-17	97.8	0.0	2.2	100.0	282
18-19	88.9	0.0	11.1	100.0	119
20-21	49.2	3.7	47.1	100.0	74
22-24	31.3	8.1	60.6	100.0	115
Age Group					
15-19	95.2	0.0	4.8	100.0	401
20-24	38.7	6.3	55.1	100.0	189
Education Label					
Primary or Less	76.0	4.2	19.8	100.0	264
Secondary	71.0	1.4	27.6	100.0	284
Post-Secondary	21.4	0.0	78.6	100.0	42
Socioeconomic Index					
Low	82.5	3.1	14.3	100.0	222
Medium	61.5	2.8	35.7	100.0	282
High	52.8	0.0	47.2	100.0	86

Table 13.2
Percent Distribution of Reported Sexual Experience by Marital Status at Time of First Sexual Experience by Current Age Among Young Women Aged 15–24
Reproductive and Demographic Health Surveys (RHS and DHS)
In Selected Eastern European and Former Soviet Union Countries
Albania Reproductive Health Survey 2002, Final Report

	Reported Sexual Experience				
Region and Country	No Sexual Experience	After Marriage	Before Marriage	Total	No. of Cases
Eastern Europe					
Albania, 2002					
15–19	86	7	7	100	1,094
20–24	45	34	21	100	936
Total	**68**	**19**	**14**	**100**	**2,030**
Czech Rep., 1993					
15–19	46	†	54	100	646
20–24	2	1	97	100	737
Total	**27**	**†**	**73**	**100**	**1,383**
Moldova, 1997					
15–19	79	6	14	100	747
20–24	17	43	40	100	910
Total	**50**	**23**	**26**	**100**	**1,657**
Romania, 1999					
15–19	74	4	22	100	924
20–24	22	20	58	100	1,239
Total	**47**	**13**	**41**	**100**	**2,163**
Russia, 1999*					
15–19	51	†	49	100	748
20–24	8	5	87	100	1,058
Total	**25**	**3**	**71**	**100**	**1,806**
Ukraine, 1999					
15–19	68	3	30	100	1,079
20–24	12	15	73	100	1,151
Total	**40**	**9**	**51**	**100**	**2,230**
Caucasus					
Azerbaijan, 2001					
15–19	90	10	†	100	1,207
20–24	53	45	3	100	1,207
Total	**74**	**25**	**1**	**100**	**2,414**
Georgia, 1999					
15–19	84	15	†	100	1,142
20–24	47	50	2	100	1,246
Total	67	31	1	100	2,388

* Yekaterinburg, Perm, and Ivanovo, respectively (predominantly urban sample).
† Less than 0.5%.
Source: Goldberg H et al., 1993, KIIS and CDC, 2001; MACRO International 1995-2001; Serbanescu et al., 1998, 2001, 2001, 2003; VCIOM and CDC, 1998, 2000.

Table 13.3 A
Percent Distribution of Relationship to Partner at First Sexual Intercourse Among Sexually Experienced Young Women Aged 15–24
Reproductive Health Survey: Albania, 2002

	Relationship at First Sexual Intercourse						
Characteristics	Husband/ Consensual Partner	Fiancee	Boy-friend	Friend	Rape	Total	No. of Cases
Total	**57.9**	**34.5**	**7.4**	**0.2**	**0.1**	**100.0**	**747***
Strata							
Metro Tirana	44.2	33.3	21.6	0.3	0.6	100.0	313
Other Urban	37.1	51.2	11.3	0.4	0.0	100.0	203
Other Rural	72.9	26.5	0.6	0.0	0.0	100.0	231
Residence							
Urban	36.6	46.2	16.6	0.4	0.3	100.0	462
Rural	73.5	25.9	0.6	0.0	0.0	100.0	285
Age 1st Sex							
< 18	52.8	39.6	7.1	0.3	0.3	100.0	305
18-19	57.6	31.6	10.7	0.2	0.0	100.0	254
20-24	65.7	30.2	4.1	0.0	0.0	100.0	188
Marital Status at 1st Sex							
Premarital	0.0	81.9	17.5	0.4	0.3	100.0	371
Marital	100.0	0.0	0.0	0.0	0.0	100.0	376
Education Level							
Primary or Less	69.0	29.6	1.4	0.1	0.0	100.0	434
Secondary	40.0	48.7	10.7	0.4	0.2	100.0	218
Post-Secondary	19.6	31.6	47.8	0.0	0.9	100.0	95
Socioeconomic Index							
Low	71.6	28.0	0.4	0.0	0.0	100.0	222
Medium	55.1	36.6	8.0	0.2	0.1	100.0	406
High	28.3	44.4	26.1	0.4	0.7	100.0	119

* Excludes one case with missing information on age at first sexual intercourse

Table 13.3 B
Percent Distribution of Relationship to Partner at First Sexual Intercourse Among Sexually Experienced Young Men Aged 15–24
Reproductive Health Survey: Albania, 2002

	Relationship at First Sexual Intercourse									
Characteristics	Wife/ Consensual Partner	Fiancee	Girlfriend	Lover	Friend	Just Met Acquaintance	Prostitute	Unknown	Total	No. of Cases
Total	**9.3**	**1.7**	**42.7**	**18.7**	**13.6**	**6.9**	**1.1**	**6.0**	**100.0**	**156**
Strata										
Metro Tirana	9.9	2.7	42.0	17.6	11.5	11.9	0.0	4.5	100.0	81
Other Urban	2.0	0.0	50.9	13.3	21.5	2.0	2.0	8.2	100.0	40
Other Rural	13.4	2.2	38.1	22.5	10.1	6.7	1.2	5.6	100.0	35
Residence										
Urban	4.2	0.5	49.3	14.9	17.5	5.8	1.1	6.6	100.0	106
Rural	14.2	2.9	36.5	22.2	9.9	7.9	1.1	5.5	100.0	50
Age 1st Sex										
< 18	2.5	0.6	46.3	22.6	11.8	5.0	1.3	9.8	100.0	73
18-19	7.9	0.0	40.1	13.1	25.8	6.2	0.0	7.0	100.0	44
20-24	19.9	5.0	40.4	18.7	4.2	10.0	1.8	0.0	100.0	39
Marital Status at 1st Sex										
Premarital	0.0	1.9	47.1	20.6	15.0	7.6	1.2	6.6	100.0	142
Marital	**	**	**	**	**	**	**	**	**	14
Education Level										
Primary or Less	17.5	1.2	32.5	18.6	16.4	4.5	1.3	8.0	100.0	54
Secondary	4.7	3.0	50.2	15.7	10.4	9.6	1.3	5.0	100.0	73
Post-Secondary	0.0	0.0	49.7	26.4	14.9	5.5	0.0	3.5	100.0	29
Socioeconomic Index										
Low	18.0	6.2	37.3	15.4	14.2	5.4	0.0	3.6	100.0	38
Medium	7.3	0.0	44.3	18.2	13.6	7.8	1.9	6.9	100.0	83
High	0.0	0.0	46.8	27.1	12.6	6.4	0.0	7.2	100.0	35

* Exclude one case with missing information on age at first sexual intercourse
**Percentages are not shown when base is less than 25 cases

Table 13.4 A
Percent of Women Aged 15-24 Who Had Their First Sexual Intercourse Before Selected Ages, by Various Characteristics
Reproductive Health Survey: Albania 2002

	Age at First Sexual Intercourse						
Characteristics	<15	<18	<20	<22	Has Had Intercourse	Never Had Intercourse	No. of Cases
Total	**1.3**	**13.3**	**23.4**	**30.1**	**32.3**	**67.7**	**2029***
Strata							
Metro Tirana	2.4	14.2	29.7	36.3	38.8	61.2	745
Other Urban	1.4	16.1	26.7	31.2	33.9	66.1	583
Other Rural	1.1	11.8	20.2	28.0	29.9	70.1	701
Residence							
Urban	1.7	15.6	28.2	33.2	35.8	64.2	1,192
Rural	1.1	11.8	20.4	28.2	30.2	69.8	837
Current Age							
15-19	1.2	(10.8)	(13.8)	NA	13.8	86.2	1,094
20-24	1.6	16.3	35.1	(50.2)	55.2	44.8	935
Marital Status at 1st Sex							
Premarital Sex	4.2	46.0	77.4	93.4	100.0	0.0	371
Marital Sex	4.1	37.5	68.6	93.0	100.0	0.0	376
Education Level							
Primary or Less	2.1	15.5	26.6	34.2	36.5	63.5	1,013
Secondary	0.3	11.2	18.7	22.9	24.2	75.8	778
Post-Secondary	0.2	4.7	18.2	29.5	34.6	65.4	238
Socioeconomic Index							
Low	1.4	10.7	19.2	25.1	27.2	72.8	649
Medium	1.4	14.4	25.1	32.3	34.5	65.5	1,106
High	0.8	19.2	34.0	41.5	44.2	55.8	274

* Excludes one case with missing information on age at first sexual intercourse
( ) Time exposed partially truncated because not all cases have exposure throughout the period of analysis
NA. Not applicable

Table 13.4 B
Percent of Men Aged 15-24 Who Had Their First Sexual Intercourse Before Selected Ages, by Various Characteristics
Reproductive Health Survey: Albania 2002

	Age at First Sexual Intercourse					Never	
Characteristics	<15	<18	<20	<22	Has Had Intercourse	Had Intercourse	No. of Cases
Total	**1.0**	**11.9**	**20.4**	**27.0**	**29.3**	**70.7**	**589***
Strata							
Metro Tirana	3.9	24.0	35.2	41.5	43.9	56.1	233
Other Urban	0.0	9.4	23.5	28.3	29.5	70.5	177
Other Rural	0.5	9.1	14.0	21.5	24.2	75.8	179
Residence							
Urban	1.4	14.8	28.4	33.3	34.3	65.7	366
Rural	0.8	9.8	14.8	22.6	25.7	74.3	223
Age Group							
15-19	0.6	(4.5)	(4.8)	NA	4.8	95.2	401
20-24	1.5	21.5	40.9	(56.1)	61.3	38.7	188
Education Level							
Primary or Less	1.4	7.2	15.5	22.5	24.0	76.0	264
Secondary	0.6	15.9	22.8	26.1	28.9	71.1	283
Post-Secondary	0.7	23.1	46.8	73.1	78.6	21.4	42
Socioeconomic Index							
Low	0.0	3.7	7.4	15.4	17.5	82.5	222
Medium	1.1	17.6	29.5	35.6	38.5	61.5	282
High	6.1	27.5	45.1	46.8	46.8	53.2	85

* Excludes one case with missing information on age at first sexual intercourse
( )Time exposed partially truncated because not all cases have exposure throughout the period of analysis
N.A. Not applicable

Table 13.5 A
Percent Distribution of Age Difference Between Partners at First Sexual Intercourse Among Sexually Experienced Young Women Aged 15–24 by Residence, Age at first Sex and Marital Status at First Sex
Reproductive Health Survey: Albania, 2002

	Age Difference Between Partners at First Sexual Intercourse				
Characteristics	Partner Same Age or Younger	Partner 1-4 Years Older	Partner 5 or More Years Older	Total	No. of Cases
Total	**1.9**	**25.2**	**72.9**	**100.0**	**744***
Residence					
Urban	1.3	26.9	71.9	100.0	459
Rural	2.3	24.0	73.7	100.0	285
Age 1st Sex					
< 18	0.6	12.7	86.7	100.0	302
18-19	0.1	29.8	70.1	100.0	254
20-24	5.6	38.6	55.7	100.0	188
Marital Status at 1st Sex					
Premarital	1.2	26.1	72.7	100.0	368
Marital	2.3	24.6	73.1	100.0	376

* Excludes one case with missing information on partner's age and 3 cases in which the first sex was rape

Table 13.5 B
Percent Distribution of Age Difference Between Partners at First Sexual Intercourse Among Sexually Experienced Young Men Aged 15–24 by Residence, Age at first Sex and Marital Status at First Sex
Reproductive Health Survey: Albania, 2002

Characteristics	Age Difference Between Partners at First Sexual Intercourse				Total	No. of Cases
	Partner Younger	Partner Same Age	Partner Older	Don't Know		
Total	**56.1**	**28.0**	**12.5**	**3.5**	**100.0**	**156***
Residence						
Urban	53.0	32.3	11.7	3.0	100.0	106
Rural	59.0	23.9	13.2	3.9	100.0	50
Age 1st Sex						
< 18	31.4	43.9	19.8	4.8	100.0	73
18-19	60.5	24.4	14.3	0.8	100.0	44
20-24	85.1	10.0	0.8	4.2	100.0	39
Marital Status at 1st Sex						
Premarital	52.6	30.6	13.3	3.4	100.0	134
Marital	**	**	**	**	**	22

* Excludes one cases with missing information on partner's age
**Percentages are not shown when base is less than 25 cases

Table 13.6 A
Percent Who Used Contraception at First Sexual Intercourse and Percent Distribution of Method Used Among Sexually Experienced Young Women Aged 15–24
Reproductive Health Survey: Albania, 2002

	Used a Method		Type of Method				
Characteristics	Percent	No. of Cases	Withdrawal	Condom	Other Modern	Total	No. of Cases
Total	**81.3**	**744***	**95.8**	**3.4**	**0.8**	**100.0**	**597***
Strata							
Metro Tirana	78.5	310	92.0	6.7	1.3	100.0	243
Other Urban	87.9	203	96.1	3.4	0.5	100.0	176
Other Rural	78.9	231	96.8	2.3	0.9	100.0	178
Residence							
Urban	85.7	459	94.5	4.7	0.8	100.0	384
Rural	78.1	285	96.8	2.3	0.9	100.0	213
Age 1st Sex							
<18	83.3	302	95.4	4.3	0.3	100.0	245
18-19	82.0	254	96.5	3.2	0.3	100.0	212
20-24	77.7	188	95.4	2.3	2.3	100.0	140
Marital Status at 1st Sex							
Premarital	91.3	368	92.8	6.4	0.8	100.0	326
Marital	74.1	376	98.4	0.7	0.9	100.0	271
Education Level							
Primary or Less	77.7	434	99.4	0.6	0.0	100.0	324
Secondary	89.2	217	91.5	8.0	0.5	100.0	193
Post-Secondary	87.3	93	81.8	9.9	8.3	100.0	80
Socioeconomic Index							
Low	72.8	222	100.0	0.0	0.0	100.0	157
Medium	84.7	405	94.3	4.6	1.1	100.0	335
High	91.3	117	91.7	6.3	2.0	100.0	105

* Excludes three women who reported first intercourse to have been rape.

Table 13.6 B
Percent Who Used Contraception at First Sexual Intercourse And Percent Distribution of Method Used Among Sexual Experienced Young Men Aged 15–24
Reproductive Health Survey: Albania, 2002

	Used a Method		Type of Method				
Characteristics	Percent	No. of Cases	Withdrawal	Condom	Other Modern	Total	No. of Cases
Total	**85.1**	**155***	**56.2**	**43.1**	**0.7**	**100.0**	**124***
Strata							
Metro Tirana	69.3	81	35.2	64.8	0.0	100.0	58
Other Urban	80.2	39	46.7	50.7	2.6	100.0	32
Other Rural	97.8	35	69.9	30.1	0.0	100.0	34
Residence							
Urban	77.0	105	41.8	56.7	1.5	100.0	81
Rural	92.7	50	67.4	32.6	0.0	100.0	43
Age 1st Sex							
< 18	81.7	72	49.4	50.6	0.0	100.0	56
18-19	87.3	44	50.0	47.8	2.2	100.0	37
20-24	87.6	39	70.7	29.3	0.0	100.0	31
Marital Status at 1st Sex							
Premarital	88.5	133	50.2	49.0	0.7	100.0	111
Marital	**	22	**	**	**	**	13
Education Level							
Primary or Less	84.0	54	73.7	26.3	0.0	100.0	41
Secondary	83.9	72	43.1	55.3	1.6	100.0	59
Post-Secondary	**	**	**	**	**	**	24
Socioeconomic Index							
Low	86.5	38	75.6	24.4	0.0	100.0	29
Medium	84.3	83	48.8	50.1	1.1	100.0	65
High	85.9	34	46.8	53.2	0.0	100.0	30

* Excludes two cases with missing information
** Percentages are not shown when base is less than 25 cases

Table 13.7
Percent Distribution of Most Commonly Cited Reasons for Not Using Contraception at First Sexual Intercourse Among Sexually Experienced Young Women Aged 15-24 by Marital Status at First Sexual Intercourse
Reproductive Health Survey: Albania, 2002

	Marital Status at First Intercourse		
Main Reason for Not Using Contraception	**Total**	**Married**	**Not Married**
She Wanted to Get Pregnant	75.3	84.8	23.0
She Did Not Think About Using a Method	4.7	4.4	6.6
She Did Not Know About Contraception	4.2	4.2	4.6
Fear Of Side Effects	4.2	1.6	18.1
Partner Against	2.9	2.3	6.3
Sexual Intercourse Was Unexpected	3.3	0.8	17.0
Thought it Was Safe	1.7	0.0	11.1
Other Reasons	3.7	1.9	13.3
Total	**100.0**	**100.0**	**100.0**
No. of Cases	126	93	33

Table 13.8
Percent Distribution of Current Sexual Activity Status by Sex, Current Marital Status and Age Group Among Young Adults Aged 15–24
Reproductive Health Survey: Albania, 2002

		Women			
		Marital Status		Age Group	
	Total	Married	Not Married	15-19	20-24
Never Had Intercourse	**67.7**	**0.0**	**93.1**	**86.2**	**44.8**
Ever Had Intercourse	**32.3**	**100.0**	**6.9**	**13.8**	**55.2**
Within the Last Month	20.2	65.2	3.2	7.7	35.7
1-3 Months Ago	4.7	11.8	2.1	2.5	7.5
Over 3 Months Ago But Within Last Year	1.2	2.6	0.7	0.6	1.9
One Year or Longer	1.1	1.6	0.9	0.4	1.9
Currently Pregnant or Postpartum	5.1	18.8	0.0	2.7	8.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
No. of Cases	2,030	599	1,431	1,094	936
		Men			
		Marital Status		Age Group	
	Total	Married	Not Married	15-19	20-24
Never Had Intercourse	**70.7**	**0.0**	**75.1**	**95.2**	**38.7**
Ever Had Intercourse	**29.3**	**100.0**	**24.9**	**4.8**	**61.3**
Within the Last Month	21.8	92.3	17.4	2.8	46.6
1-3 Months Ago	0.5	2.7	0.3	0.6	0.4
Over 3 Months Ago But Within Last Year	4.3	0.0	4.5	0.9	8.7
One Year or Longer	2.5	0.0	2.6	0.5	5.0
Partner Currently Pregnant	0.3	5.0	0.0	0.0	0.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
No. of Cases	590	33	557	401	189

Table 13.9 A
Percent Who Used Contraception at Last Sexual Intercourse and Percent Distribution of Methods Used by Current Marital Status and Age Group Among Sexually Experienced Young Women Aged 15–24
Reproductive Health Survey: Albania, 2002

	Total			Marital Status					
				Married			Not Married		
	Total	15-19	20-24	Total	15-19	20-24	Total	15-19	20-24
Percent Using	**76.0**	**74.5**	**76.5**	**72.0**	**63.4**	**74.1**	**98.0**	**98.5**	**97.5**
Modern Methods	4.4	5.5	4.0	3.1	4.0	2.9	11.3	8.7	13.7
Traditional Methods	71.6	69.0	72.5	68.9	59.4	71.1	86.7	89.8	83.8
Methods Used									
Pill	0.5	0.3	0.6	0.2	0.4	0.1	2.1	0.0	4.1
IUD	0.4	0.0	0.5	0.4	0.0	0.5	0.0	0.0	0.0
Condom	3.1	4.4	2.6	2.0	2.7	1.8	8.9	8.2	9.6
Tubal Ligation	0.2	0.0	0.3	0.3	0.0	0.4	0.0	0.0	0.0
Injectables	0.2	0.8	0.1	0.2	0.9	0.1	0.2	0.5	0.0
Withdrawal	71.6	69.0	72.5	68.9	59.4	71.1	86.7	89.8	83.8
Not Using	**24.0**	**25.5**	**23.5**	**28.0**	**36.6**	**25.9**	**2.0**	**1.5**	**2.5**
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
No. of Cases	747*	164	583	599	97	502	148	67	81

* Excludes one case with missing information

Table 13.9 B
Percent Who Used Contraception at Last Sexual Intercourse and Percent Distribution of Methods Used by Current Marital Status and Age Group Among Sexually Experienced Young Men Aged 15–24
Reproductive Health Survey: Albania, 2002

	Total			Marital Status					
				Married			Not Married		
	Total	15-19	20-24	Total	15-19	20-24	Total	15-19	20-24
Percent Using	**41.0**	**25.5**	**42.5**	**67.7**	**	**67.7**	**34.4**	**25.5**	**35.6**
Modern Methods	11.8	15.2	11.5	0.0	**	0.0	14.7	15.2	14.7
Traditional Methods	29.1	10.3	31.1	67.7	**	67.7	19.7	10.3	20.9
Methods Used									
Condom	11.8	15.2	11.5	0.0	**	0.0	14.7	15.2	14.7
Periodic Abstinence (Rhythm)	2.1	0.0	2.3	5.1	**	5.1	1.4	0.0	1.6
Withdrawal	27.0	10.3	28.7	62.6	**	62.6	18.3	10.3	19.4
Not Using	**59.0**	**74.5**	**57.5**	**32.3**	**	**32.3**	**65.6**	**74.5**	**64.4**
Total	**100.0**	**100.0**	**100.0**	**100.0**	**	**100.0**	**100.0**	**100.0**	**100.0**
No. of Cases	157	31	126	32	0	32	125	31	94

** Percentages are not shown when base is less than 25 cases

Table 13.10
Percent Distribution of Main Reason Not Currently Using Contraception by Sex and Current Marital Status Among Sexually Active Young Adults Aged 15–24
Reproductive Health Survey: Albania, 2002

	Women			Men		
Main Reason for Not Using Contraception	Total	Married	Not Married	Total	Married	Not Married
Not Sexually Active/No Partner	43.6	32.2	97.9	90.1	**	98.1
Currently Pregnant	31.8	38.5	0.0	1.7	**	0.0
Trying to Get Pregnant	17.6	21.3	0.0	4.8	**	0.0
Postpartum/Breastfeeding	6.0	7.3	0.0	0.8	**	0.0
Lovemaking Interrupted	0.5	0.6	0.0	0.0	**	0.0
Believes She is Subfecund	0.3	0.1	1.0	0.0	**	0.0
Did Not Think About Using Contraception	0.0	0.0	0.0	1.3	**	1.0
Other	0.2	0.0	1.0	1.2	**	0.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**	**100.0**
No. of Cases	282	223	59	94	11	83

**Percentages are not shown when base is less than 25 cases.

Table 13.11 A
Percent Distribution of Number of Sexual Partners in Last Three Months and in Lifetime by Current Marital Status and Education Level Among Sexually Experienced Young Women Aged 15–24
Reproductive Health Survey: Albania, 2002

		Marital Status		Education Level		
Number of Sexual Partners	Total	Married	Not Married	Primary or Less	Secondary	Post-Secondary
Last Three Months						
None	11.4	9.4	22.2	11.1	11.0	14.4
One	88.2	90.2	77.3	88.4	88.6	85.6
Two or More	0.4	0.4	0.5	0.5	0.3	0.0
Lifetime						
One	97.3	99.5	85.4	98.9	95.5	89.9
Two or More	2.7	0.5	14.6	1.0	4.5	10.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
No. of Cases	748	599	149	434	218	96

Table 13.11 B
Percent Distribution of Number of Sexual Partners in Last Three Months And in Lifetime by Marital Status and Education Level Among Sexually Experienced Young Men Aged 15–24 Reproductive Health Survey: Albania, 2002

		Current Marital Status		Education Level		
Number of Sexual Partners	Total	Married	Not Married	Primary or Less	Secondary	Post-Secondary
Last Three Months						
None	33.8	5.1	40.8	25.9	40.4	37.1
One	61.1	92.4	53.4	69.3	54.6	56.6
Two or More	5.1	2.5	5.8	4.8	5.0	6.2
Lifetime						
One	28.3	48.5	23.4	37.6	21.5	22.3
Two or More	71.8	51.5	76.7	62.4	78.5	77.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
No. of Cases	157	32	125	54	74	29

Table 13.12
Percent Agreeing With Statements About Condoms and Condom Use, by Sex and Condom Experience for Sexually Experienced Young Adults Aged 15-24 Years
Reproductive Health Survey: Albania, 2002

	Women							
	Ever User (n=139)				Never User (n=609)			
Statement	Agree	Disagree	Do Not Know	Refused to Answer	Agree	Disagree	Do Not Know	Refused to Answer
Smart Idea to Use Condom With New Partner	94.6	2.5	2.9	0.0	58.0	10.4	30.7	0.8
Women Should Ask Partner to Use a Condom	72.9	20.1	7.0	0.0	23.5	36.7	38.7	1.1
Easy to Discuss Condom Use With Partner	68.7	20.9	9.6	0.8	33.4	17.4	47.4	1.9
Condoms Diminish Sexual Enjoyment	57.2	39.9	2.9	0.0	16.2	6.0	75.8	2.1
Condoms Not Necessary if you Know Partner	45.1	52.4	1.7	0.8	48.6	19.4	31.2	0.8
Embarrassed to Ask for Condoms At Store	25.8	67.5	6.8	0.0	31.1	27.1	40.3	1.5
People Who Use Condoms are Promiscuous	17.5	69.9	12.6	0.0	28.1	21.4	49.0	1.4
The Same Condom Can be Used More Than Once	6.0	93.2	0.8	0.0	4.0	51.6	42.8	1.6
	Men							
	Ever User (n=117)				Never User (n=40)			
Statement	Agree	Disagree	Do Not Know	Refused to Answer	Agree	Disagree	Do Not Know	Refused to Answer
Smart Idea to Use Condom With New Partner	99.2	0.0	0.8	0.0	48.8	18.0	33.2	0.0
Women Should Ask Partner to Use a Condom	45.7	42.2	12.1	0.0	31.4	39.0	28.8	0.7
Easy to Discuss Condom Use With Partner	68.5	19.4	12.1	0.0	17.6	21.7	58.3	2.4
Condoms Diminish Sexual Enjoyment	77.0	21.4	1.6	0.0	43.4	3.1	51.9	1.7
Condoms Not Necessary if You Know Partner	36.3	62.2	1.5	0.0	57.1	17.9	25.0	0.0
Embarrassed to Ask for Condoms at Store	24.2	72.0	3.8	0.0	44.5	9.0	46.5	0.0
People Who Use Condoms are Promiscuous	33.9	53.0	13.1	0.0	49.3	6.8	43.9	0.0
The Same Condom Can be Used More Than Once	2.5	96.7	0.8	0.0	6.1	72.2	21.6	0.0

Table 13.13 A
Percent Agreeing With Hypothetical Responses to a Partner Requesting Condom Use During Sex, by Selected Characteristics, Among Sexually Experienced Young Women 15-24 Years of Age
Reproductive Health Survey: Albania, 2002

Characteristics	Feels Safe From Getting Pregnant	Feels Safe From Getting STD/HIV/ AIDS	Would be Insulted or Angry	Would Feel Like She Had Done Something Wrong	Suspicious That He May "Sleep Around"	No. of Cases
Total	**66.7**	**61.6**	**30.1**	**22.6**	**18.2**	**748**
Residence						
Urban	73.2	68.4	27.1	19.0	18.2	463
Rural	61.8	56.6	32.3	25.3	18.1	285
Age Group						
15-19	65.7	61.0	31.1	23.2	19.5	165
20-24	66.9	61.7	29.7	22.4	17.8	583
Education Level						
Primary or Less	58.5	54.0	32.9	24.8	18.8	434
Secondary	81.7	76.1	26.5	23.2	18.8	218
Post-Secondary	88.7	80.0	17.6	2.4	10.6	96
Know How Condom is Used						
Yes	78.4	69.8	31.5	25.9	21.0	477
No	49.1	49.2	27.9	17.7	13.9	271
Condom Use						
Ever User	87.2	83.1	8.9	10.1	11.6	139
Never User	63.8	58.5	33.0	24.4	19.1	609

Table 13.13 B
Percent Agreeing With Hypothetical Responses to a Partner Requesting Condom Use During Sex, by Selected Characteristics, Among Sexually Experienced Young Men 15-24 Years of Age
Reproductive Health Survey: Albania, 2002

Characteristics	Feels Safe From Getting Her Pregnant	Feels Safe From Getting STD/ HIV/AIDS	Would be Insulted or Angry	Would Feel Like He Had Done Something Wrong	Suspicious That She May "Sleep Around"	No. of Cases
Total	**83.6**	**74.4**	**20.6**	**19.0**	**32.8**	**157**
Residence						
Urban	81.0	75.6	10.8	7.1	27.5	107
Rural	86.2	73.0	30.0	30.4	37.7	50
Age Group						
15-19	79.6	75.2	7.4	5.9	17.9	31
20-24	84.1	74.4	21.9	20.4	34.3	126
Education Level						
Primary or Less	83.8	64.3	31.4	30.2	39.0	54
Secondary	84.0	79.2	15.7	13.8	31.3	74
Post-Secondary	82.4	88.6	5.1	3.5	20.3	29
Know How Condom is Used						
Yes	83.9	77.9	20.6	18.8	32.9	144
No	**	**	**	**	**	13
Condom Use						
Ever User	89.3	79.7	9.3	11.2	27.9	117
Never User	72.2	63.8	43.7	35.1	42.8	40

** Percentages are not shown when base is less than 25 cases

Table 13.14
Percent Who Have Ever Talked to a Partner About Using Condoms, by Sex and Selected Characteristics for Sexually Experienced Young Adults 15-24 Years of Age
Reproductive Health Survey: Albania, 2002

	Women		Men	
Characteristics		**No. of Cases**		**No. of Cases**
Total	**24.4**	**748**	**57.7**	**156***
Residence				
Urban	32.1	463	79.2	106
Rural	18.8	285	37.4	50
Age Group				
15-19	26.0	165	51.6	31
20-24	23.9	583	58.3	125
Education Level				
Primary or Less	15.4	434	39.6	53
Secondary	39.9	218	68.7	74
Post-Secondary	52.1	96	75.4	29
Condom Use				
Ever User	89.0	139	84.1	117
Never User	15.4	609	3.0	39
Withdrawal Use				
Ever User	24.0	698	55.6	139
Never User	31.0	50	**	17

* Excludes one case with missing information
** Percentages are not shown when base is less than 25 cases

CHAPTER 14

KNOWLEDGE AND EXPERIENCE OF SEXUALLY TRANSMITTED INFECTIONS AND KNOWLEDGE OF HIV/AIDS TRANSMISSION AND PREVENTION

Countries of South Eastern Europe have not been challenged by a substantial HIV/AIDS epidemic, or other sexually transmitted infections (STI), compared with countries of Eastern Europe and Central Asia (EE/CA) which continue to have expanding epidemics. It appears that infection rates are growing faster in EE/CA than in any other region of the world and injecting drug use has been identified as the main force driving the increase in infection rates. Also, sexual transmission of HIV infection is increasing, especially between injecting drug users and their partners (UNAIDS, 2004). The number of infected women has been increasing from one-in-four cases in 2001 to one-in-three in 2003 and they account for an increasing share of newly diagnosed cases (UNAIDS and WHO 2003).

As of the end of 2004, Albania is still considered a low HIV prevalence country. Since the first detected HIV-infected case, found in 1993 through routine blood bank HIV screening, the number of identified cases has increased to 132, of which 88 cases were reported in the last three years. It has been estimated that HIV prevalence in Albania does not exceed 0.1% which follows the low prevalence pattern of South Eastern European Countries (MoH, 2003; IPH,2004) The majority (about 80%) of HIV infections and AIDS cases are believed to have acquired their HIV infection outside of Albania and over 90% of them were sexually transmitted. However, during the last two years there has been an increase of cases infected within the country.

Most of the cases belong to the 30-40 year old age group but a trend toward younger ages has been observed during the last three years with the number of cases in the age group of 20-30 year olds increasing. Also, a feminization of the epidemic has been observed since 2000 with the number of women infected with HIV/AIDS increasing (IPH, 2003; IPH, 2004). Sexual HIV transmission is predominant among married women in Albania, and mother to child transmission has been identified during the last two years resulting in the infection being present among children (IPH, 2004).

During the decades of Albania's isolation from the 1960s until the early 1990s, STIs such as syphilis or gonorrhea were virtually eliminated. By the end of 2003, 138 cases of syphilis were identified in Albania with women accounting for 48% of the cases; 45% had primary syphilis (IPH, 2004). A concomitant HIV infection was observed in 4.5% of the cases in the last three years (IPH, unpublished data).

There are no accurate data available on other sexually transmitted diseases in Albania. But, an increase of gonorrhea cases has been detected through routine hospital based surveillance and a laboratory surveillance of gonorrhea is in the process of being established. Recent studies show the presence of herpes viruses among women of child bearing age. A study performed by the STI lab in the Institute of Public Health documented vaginal discharge and the presence of Chlamydia trachomatis in 21% of 527 women studied in Tirana (IPH, 2003). There is a concern

that a hidden epidemic might occur among drug users, men having sex with men and female sex workers working within the country.

A National AIDS Program (NAP) and plans for prevention/control of HIV/AIDS/STI were developed during the late 1980s with the help of the Global Programme on AIDS of the World Health Organization (GPA/WHO). During the long period of isolation, and as a result of a rigid prevention/control measures that included police investigations and follow-up, as well as enforced screening and treatment of STIs, there was a virtual elimination of STIs and visible commercial sex activities. With the re-opening of Albania to population movements both within and out of the country in the early 1990s, STI cases began to reappear and international agencies also gradually re-entered to provide economic and technical assistance to social and health programs in Albania. A law on HIV/AIDS prevention was passed in the parliament in 2002 and the national strategy with the objective to keep Albania a low prevalence country was approved by the government by the end of 2003. This strategy underlined the importance of prevention activities and especially information and education programs (MoH, 2003).

Often, prevention programs do not reach people who most need them, especially women and young people. Increased access to treatment will offer better opportunities to strengthen prevention and volunteer testing. The current voluntary testing and counseling services are poor and the uptake of existing service is still low due to stigma and fear of discrimination (MoH, 2003; UNAIDS, 2004).

HIV-risk behavior surveillance data are needed by the HIV/AIDS/STI prevention and control program, including: specific patterns and prevalence of persons who routinely have unprotected sex with multiple and concurrent sex partners, and specific patterns and prevalence of persons who routinely share their injecting equipment with other IDU. Also, among high-risk groups, it will be important to evaluate how many sex partners persons have had during the past month and/or year, and for each of these sex encounters, if a condom was used. There are major concerns that HIV risk behaviors have been steadily increasing in the country without a substantial increase of knowledge and education that leads to disease prevention.

As a low prevalence country it is important to be aware of the level of correct knowledge about transmission and prevention among different population groups, especially among women and men of reproductive age, and identify factors that influence the misconceptions related to HIV transmission or other STIs. Detailed information about the level of awareness, source of information, and knowledge related to HIV/AIDS and also exposure to HIV/AIDS/STI testing and perceived risks for HIV/AIDS/STI were collected through a module of the questionnaire devoted to this topic

Awareness of STIs and Knowledge of Symptoms Related to STIs

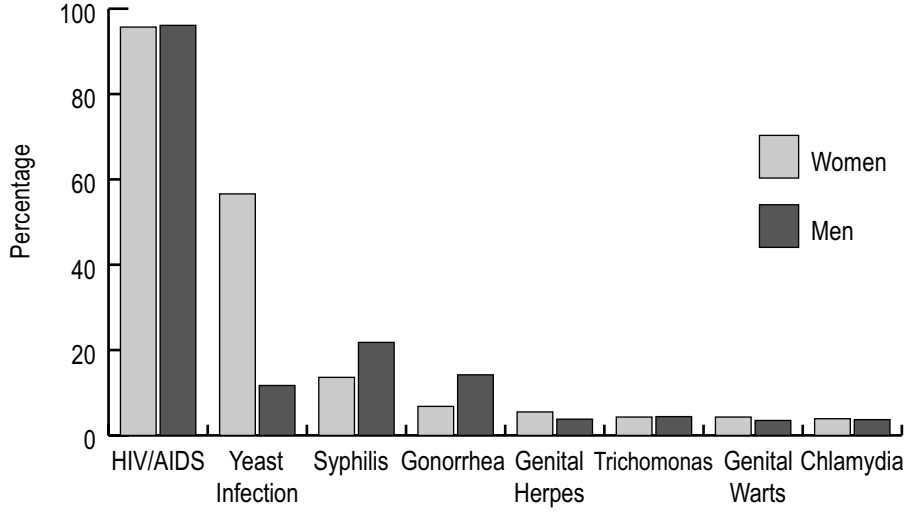
When asked about general awareness of sexually transmitted diseases (STIs), Albanian women showed a very low level of knowledge (Table 14.1A). Overall, HIV/AIDS is the only STI that most of the women (96%) have heard of. Only 57% of women had heard of Yeast infection, and for other STIs the level of awareness was even lower (4%-14%).

With the exception of HIV and Yeast infection, overall awareness was higher for women living in Tirana, and other urban areas. Rural women were in general less aware of STIs. Marital status does not

seem to be related to the level of awareness of HIV as an STI or other STIs with the exception of Yeast infection. Yeast infection is the only disease that never married women are least aware of (43%) compared to previously married (70%) and currently married women (63%). In contrast, for all other diseases, never married women have higher awareness or about the same level of awareness when compared with currently or previously married women. Although in general, there is a tendency for women with fewer children to have slightly greater awareness of STIs, the number of living children does not show a clear pattern of association between level of awareness and STIs. In contrast, the level of education of women is clearly associated with the level of awareness. Higher educated women are more likely to have heard of specific STIs. HIV awareness is high, independent of the number of lifetime partners, but women with two or more lifetime partners were consistently more likely to have heard of other STIs. However with only 113 women in this category, 95% confidence limits range from 6 to 11 percentage points.

Overall, the percentage of men that have heard of HIV is very similar to that of women (96%). Regarding all other STIs, similar to women, the general level of awareness of Albanian men is low (Figure 14.1). The biggest differences between men and women can be found in the percentages of those who have heard of syphilis (22% of men vs. 14% of women) and gonorrhea (14% vs. 7%), and the 12% of men who have heard of Yeast infection (Table 14.1B), compared with 57% of women. Knowledge of remaining STIs was very low among men, around 4%. By residence, rural men were less likely than urban men, including Tirana residents, to have heard of STIs. Similarly to what was found for Albanian women, there is no clear pattern of association between age and awareness of specific STIs. Despite this fact, its clear from Table 14.1B that men

Figure 14.1
Awarness of Certain Sexually Transmitted Infections Among Men and Women 15-44
Reproductive Health Survey: Albania, 2002



between the ages of 45-49 are somewhat less likely to be aware of HIV/AIDS (87%), compared with all other age groups where awareness is greater than 93%. Because the number of men previously married in the sample is very low, marital status comparison will be made only between never married and currently married men in this chapter. Awareness among never married and currently married men for HIV/AIDS and all other STIs are not statistically different. Among men, there is no clear relationship between HIV knowledge and number of living children. Not surprisingly, knowledge of STIs increases with education. However, there is no significant difference for HIV awareness by educational attainment as all groups have at least 93% awareness. With exception of HIV and yeast infection, men with 2 or more lifetime partners are more likely to be aware of STIs than their counterparts with fewer lifetime partners.

Table 14.2A and B show knowledge of symptoms associated with STIs other than HIV for women and men, respectively. Among women, 59% have heard of at least one STI other than HIV/AIDS, compared to only 27% of the men. Among all women 15-44 years of age, 41% are not aware of any STIs, and 19% do not know any symptoms that can be associated with STIs. Only 12% of the women knew one symptom associated with STIs, and 28% recognized two or more symptoms. According to geographic strata, knowledge of STI symptoms is greater in Tirana where 47% of the residents know at least one symptom related to an STI. Younger women (15-19) are less aware of any STI symptom than others. By age 25-29 women showed more awareness of STI related symptoms, from 43% to 48% of women aged 25-44 knowing at least one symptom.

Previously married and currently married women are more aware of STI symptoms than never married women (45%, 33% and 19%, respectively, know at least two symptoms). Level of education and number of lifetime partners are directly related to knowledge of STI related symptoms. Women with higher education are twice as likely as their primary or less educated counterparts to know at least one STI related symptom. Exposure to multiple partners also increases the likelihood of knowing at least one STI related symptom. Thus, more than half of the women with two or more lifetime partners at the time of the survey know at least one symptom related to STIs compared to 45% of women with only one partner and 27% of the women without sexual experience.

Among men, knowledge of symptoms of STIs is even lower than among women. The vast majority of men (74%) are not aware of any STI, and only 20% know at least one STI related symptom (Table 14.2B). As expected, rural residents are less aware of STIs (84%) compared with Tirana (64%) and residents of other urban areas (63%). No clear relationship can be found between STI awareness and age or marital status. For all age groups the vast majority of men are not aware of any STI. Similar to women, education seems to be an important determinant of STI awareness. Only 29% of the men with post-secondary schooling were not aware of any STI compared to 68% of men with secondary education and 87% with primary or less education. While having either zero or one partner seems to have the same impact on STI awareness (only 18% and 17%, respectively, have heard of at least one STI), those with two or more partners are more likely to be aware of STIs (37%). Results for men who don't remember how many partners they have

had are similar to those reporting two or more partners.

The prevalence rate of syphilis is very similar to that of HIV, and in a blind study conducted by the IPH, 4.5 % of the patients with syphilis tested positive for HIV and 11% of persons living with HIV/AIDS (PLWHA) were positive for syphilis. Also, Syphilis or other STIs were seen in 20% of HIV/AIDS cases (IPH, unpublished data). This fact shows the important role that STIs play in the transmission of HIV/AIDS and the need to increase STI awareness among women and men in Albania through culturally appropriate programs.

Most Important Source of Information and Messages About STIs

Tables 14.3A and B show the most important source of information about STIs for women and men, respectively, for those who have heard of at least one STI. Overall, among women, mass media is the most important source of information (84%). Women of all ages reported mass media as their most important source of information. However, among adolescents (15-19), 20% reported having received STI information from schools. By marital status, mass media is also the most important source of information for STIs, but 15% of never married women reported receiving information from schools. These are probably younger women still in school. Similar results are shown according to lifetime partners, with 16% of women with zero partners (probably the youngest women and still in school) receiving STI information via schools.

Mass media is also the most important source of information on STIs among men (66%), but significantly lower ($p<0.01$) than for women (84%). The second most important source of information on STIs for men is the doctor (10%), followed by books (8%), and friends (7%). By strata, STI information via mass media ranges from 63% to 70%. Similarly to the finding for women, an important percentage of younger men (15-19) get their STI information from school (23%). When comparing age groups among men, major differences are found in the second most important source of STI information. Whereas for the 20-24 and 25-29 year olds the second most important source is books (14% and 11%, respectively), for 30-34 it is friends (12%), for 35-39 it is the doctor (15%), for 40-44 it is friends (15%), and for 45-49 it is again the doctor (17%). Married men reported the second most important source to be the doctor (12%), while never married men reported books (13%). Regardless of their level of education, men in Albania reported mass media as their most important source of STI information. However, the second most important source differs by education. Primary and secondary educated men have as their second source of information the doctor (16% and 10%, respectively), while post-secondary educated have books (23%). According to number of lifetime partners, men with 2 or more partners reported their second source of information to be the doctor (16%), compared to men without sexual experience that get their information (second most important) from school (20%).

Respondents were asked if, in the past six months, they have seen or heard any public announcements or messages on television or radio about HIV/AIDS or other STIs (Tables 14.4A and B). Fifty seven percent of women and 63 percent of men said that they saw an announcement or message

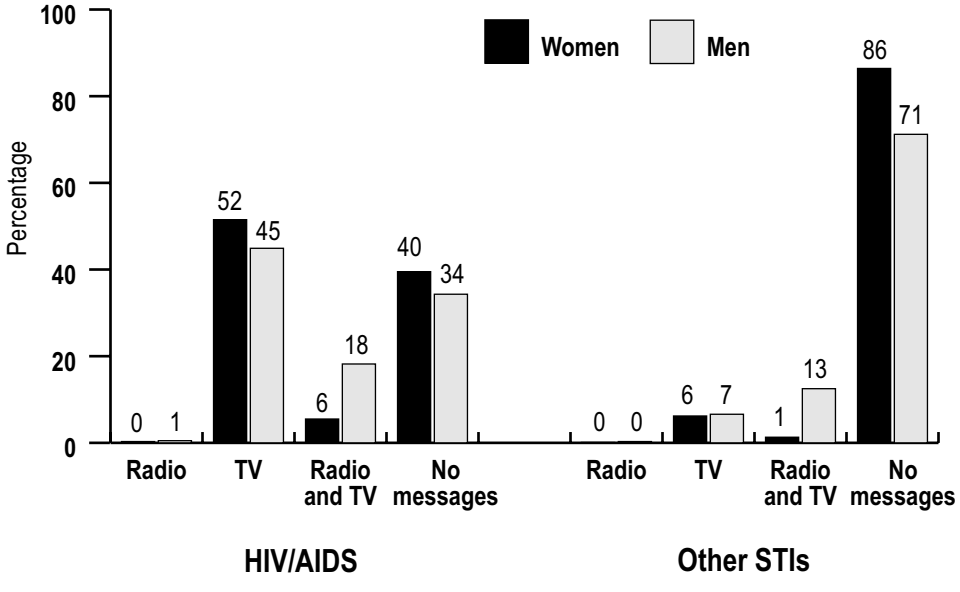
about HIV/AIDS on television in the past six months. Only 6% and 23%, respectively, heard a message about HIV/AIDS on the radio. Almost half of women (40%) and approximately one third of men (34%) did not see or hear a message on television nor radio (Figure 14.2). For women, seeing messages on TV increased as educational attainment increased and was higher for women living in Tirana or other urban areas. Otherwise, there is no significant variation associated with the characteristics shown in the Table. For men, reception of messages about HIV/AIDS on TV was higher for men living in Tirana, those with more than a primary education and men with fewer than two or more lifetime partners. Less than one percent of both women and men heard messages on the radio only.

Fewer women and men saw or heard messages about other STIs. Only 8% of women saw messages on TV and less than 2% heard messages on the radio. For men, the corresponding figures are 19% and 13%, respectively. Ninety-two percent of women and 81% of men did not see or hear any message or did not remember any message about STIs on either TV or the radio. Those who did were more likely to live in Tirana and/or have a post-secondary education.

Media, and prevention and education messages released by them, are potentially important tools in educating the population about HIV/AIDS prevention. A need for training media specialists on HIV/AIDS/STI prevention messages is very much needed as well as the integration of primary care services into HIV/AIDS/STI prevention initiatives.

Self-Reported Diagnosis, Testing and Treatment of STIs

Figure 14.2
Recent Exposure to Mass Media Messages on HIV/AIDS and Other STIs
All Women and Men of Reproductive Age —Albania, 2002



Tables 14.5A and B present the percentage of women and men, respectively, that said they have been diagnosed with any STI during their lifetime, by selected characteristics. Overall, the most prevalent reproductive tract infection was yeast infection, but much higher for women than for men (8% and 1% respectively).

Among women, diagnosed STIs such as syphilis, gonorrhea, genital herpes, trichomoniasis, genital warts and chlamydia were extremely low (less than 1%). A diagnosis of Yeast infection (YI) was reported to a greater extent by women living in Tirana (12%), women between the ages of 25 and 39 (11% - 13%), previously married women (15%), and women with one or more living children (11% - 13%).Women with children were between 4 and 5 times more likely to have been diagnosed with a YI. Diagnosed YI also increases with number of lifetime partners.

Among sexually experienced women (Table14.6A), overall awareness of HIV/AIDS was high (96%) followed by awareness of YI (63%) and syphilis (13%). Levels of awareness of all other STIs were less than 10%. The most common reproductive tract infection tested was YI (14%); of those tested, 82% were confirmed (11.5%) and all diagnosed cases were treated. Among sexually experienced men (Table 14.6B), 96% were aware of any HIV/AIDS, followed by syphilis (24%), and gonorrhea (16%). Awareness of other STIs and yeast infection was less than 15%. Less than 1% of men were ever tested for HIV. The most commonly tested STI among men was for genital warts (4%); in all cases, the diagnosis was not confirmed.

Policies to establish the syndromic approach for surveillance or case management of persons with STIs in Albania, according to the National HIV/AIDS Prevention Strategy (MoH, 2003), should take into account the survey data of self reported diagnosis and testing.

Perceived Risk of STIs

Tables 14.7A and B show the perceived risk of acquiring an STI among men and women, respectively, who have heard of at least one STI other than AIDS. When asked about the potential risk of acquiring an STI, the vast majority of Albanian women consider themselves at no risk (80%) or at low risk (14%). Only 2% consider themselves to be at high risk or medium risk. Socio-demographic characteristics did not strongly influence the perceived risk of acquiring an STI. However, not surprisingly, perceived risk increased with the number of lifetime partners. About 9% of women with 2 or more lifetime partners perceived themselves at high or medium risk of acquiring STIs with another 24% saying that they had a low risk.

Male responses regarding perceived risk are even more troublesome (Table 14.7B). The vast majority of males (97%) said they have no risk or do not know how to assess their risk of acquiring an STI. The low rate of perceived risks of contracting STIs among women and men in Albania makes them more vulnerable in a situation where rates for both HIV/AIDS and other STIs are increasing and the main route of transmission in the country is sexual transmission.

Knowledge of HIV/AIDS

Even though the vast majority of women have heard of HIV/AIDS (96%), as shown in Table 14.1A, only 56% believe that HIV/AIDS can be asymptomatic, showing significant lack of understanding of the disease (Table 14.8A). Furthermore, only 17% of reproductive age women know where to get an HIV test and less than 1% have ever been tested. Not surprisingly, rural women are less likely to know that HIV can be asymptomatic (49%), compared to their urban counterparts (63% for both Tirana and other urban). Tirana women are more likely to know where an HIV test can be obtained (32%). Across age groups, belief that HIV can be asymptomatic ranges from 50% to 61%, and 15% - 19% know where to get an HIV test. Among women, the belief that HIV can be asymptomatic decreases with number of living children (data not shown). Women with more children (4 or more) were less likely to understand the disease, and also less likely to know where to be tested. Education is highly associated with awareness, overall understanding of the disease and testing locations. More educated women had universal awareness of HIV; 85% of women with post-secondary education know that HIV can be asymptomatic; and almost half of them know where to be tested. Regarding the number of lifetime partners, sample size is very low but, women with 2 or more lifetime partners better understand the disease and are more likely to know where to be tested.

Although HIV awareness is almost universal among men, rural men are less likely to have heard of HIV (Table 14.8B), less likely to know that HIV can be asymptomatic and also to know where HIV tests are provided. Tirana residents were most likely to have been tested for HIV (4%). Slightly over half of men 20-34 years of age (52%-53%) know that HIV infection can be asymptomatic. Overall, only 45% of men know that HIV can be asymptomatic. By age group, only from 21% (45-49) to 44% (25-29) know where HIV tests are provided. Men aged 20-24 were the ones with highest percentage of tested men (3%). Married men are less likely to know that HIV can be asymptomatic (40% vs. 52%). However, they are equally knowledgeable of where to be tested (33%).

Similar to women, education is associated with increased knowledge of HIV infection, where to be tested, and having sought out the HIV test. Men with two or more lifetime partners are more likely to know that HIV infection can be asymptomatic, and know where to be tested than men with no sexual experience (56% vs. 43% and 41% vs. 25% respectively).

Evidence based and culturally appropriate programs that increase the level of knowledge about HIV, as well as culturally appropriate information, education and communication programs for women and men living in rural areas, should be designed and implemented to further prevent the spread of HIV/AIDS among the general population.

Knowledge of HIV/AIDS Transmission

To assess the knowledge of HIV/AIDS transmission, respondents were asked to agree or disagree with statements on how the AIDS virus can be transmitted. Not knowing about a particular mode of transmission or a "no" response to a documented transmission mechanism was considered as lack of knowledge about a particular transmission mechanism. The least known transmission route was MTCT/breastfeeding among both women (24%) and men (55%) of reproductive age (Tables 14.9A and B, respectively). Among women, MTCT/during pregnancy

or delivery (18%), unprotected homosexual intercourse (16%), blood transfusion and use of non-sterile needles (both with 10%) followed. Rural women, women previously married, less educated women and women without children (not shown in Table) were overall less likely to know important ways of HIV/AIDS transmission.

Among men (Table 14.9B), transmission through MTCT delivery/pregnancy (37%), unprotected homosexual intercourse (36%), and unprotected heterosexual intercourse (17%) followed as the least known methods of HIV transmission. Similar to women, rural men, less educated men and men with less than two lifetime partners were less likely to know important ways of HIV transmission. However, contrary to women, the level of knowledge of HIV transmission was similar for currently married and never married men.

Respondents were classified as correctly rejecting a misconception if they answered "no" to an incorrect mechanism of transmission. The percentages of women who correctly rejected misconceptions about HIV transmission are presented in Table 14.10A. None of the misconceptions presented have been scientifically documented as common modes of HIV transmission. Overall, most of the misconceptions were rejected by more than a third of the women. Exceptions are mosquito bites (25%) and dental/surgical procedures (4%). However, even though most of the misconceptions were rejected by more than a third of the women, the results show that from one-third to two-thirds do have misconceptions about HIV transmission.

Albanian men have overall fewer misconceptions than Albanian women (Table 14.10B). Men were more likely than women to correctly reject all the misconceptions about HIV transmission presented in the Table. Overall, misconceptions about HIV transmission are higher among men with primary or less education. Similar to women, the most common misconception was HIV transmission trough dental or surgical procedures. This misconception may be associated with the fact that receiving infected blood products or medical treatment with infected instruments can transmit HIV. Other surveys in Eastern European countries have shown similar results about this particular misconception (Serbanescu et al, 1998, 2001, and 2003).

Tables 14.11A and B (women and men, respectively) display the UNAIDS indicator 2 by respondents' background characteristics. UNAIDS indicator 2 represents: the percentage of respondents with correct knowledge that HIV can be asymptomatic, and is not spread by two most common misconceptions in the specific country; in this case, HIV is not spread by mosquito bites or through medical procedures. This indicator gives the overall knowledge about HIV/AIDS in the population. It is estimated using all respondents, not just those who have heard of HIV/AIDS. As mentioned before, 56% of Albanian women of reproductive age know that HIV can be asymptomatic, only 25% know that HIV is not spread by mosquito bites, and only 4% know that HIV is not spread by dental or surgical procedures. Overall, less than 1% of Albanian women correctly answered all three questions.

Among men, the level of UNAIDS knowledge indicator 2 is also extremely low (1%). These low levels of knowledge for indicator 2 for men and women are a reflection of the high level of misconceptions related to transmission mechanisms. To increase the overall level of knowledge,

AIDS education campaigns will have to focus on transmission misconceptions, especially those pertaining to the spread of disease through dental or surgical procedures and mosquito bites.

Knowledge of HIV/AIDS Prevention

A two-part question was asked to assess knowledge of HIV prevention. Respondents were asked about what a person can do to reduce the risk of HIV infection. Individuals who spontaneously answered a correct prevention mechanism were coded "yes (spontaneous)". In part two, the respondents were asked about the means of transmission that they did not answer spontaneously ("probed").

More than a third of the women (36%) spontaneously mentioned "stay faithful to one partner" as a possible means of HIV prevention (Table 14.12A). When probed, an additional one-half (54%) of the women agreed with faithfulness as a means of HIV prevention. Condom use was spontaneously mentioned as preventive measure against HIV infection by 31% of the women, but increased to 75% when probed (44%). Somewhat surprising was the fact that 21% of the women did not mention condom use at all. The characteristics of these women are shown in Table 14.13A. This is important as low condom use is observed in the country. Less than one-fourth of Albanian women spontaneously mentioned most of the other possible means of HIV transmission. However, these percentages increase significantly when probed (i.e avoid sex with prostitutes 15% vs. 76%; limit number of sexual partners 12% vs.78%; avoid sex with bisexual 10% vs. 79%). Nearly half of the women did not mention "abstinence" as a means to prevent HIV (49%), and even when probed only 37% of the women happen to have mentioned it in addition to the 10% who spontaneously mentioned "abstinence".

Among men (Table 14.12B), the most frequent spontaneous report of means to prevent HIV was also condom use (38%). When probed, another 39% of the men mentioned condom use and 19% did not mention condom use. Slightly over one-third of men (35%) spontaneously mentioned "avoid sex with prostitutes" and another 57% agreed when probed. Abstinence was spontaneously mentioned by only 5% of the men as a mean to prevent HIV, and even though a little more than half (56%) mentioned it when probed, 35% of the men did not agree with it at all. Possible means of HIV transmission such as partner limitation, avoiding sharing sharp objects, avoid sex with bisexuals, donate blood and HIV testing were less frequently mentioned spontaneously (less than 20%), but when probed the vast majority of men agreed with these means as ways to prevent HIV transmission.

Looking at background characteristics of women who know possible means of HIV prevention (spontaneously and after probing), rural women, and women with primary or less education were overall less likely to know the possible means of HIV prevention (Table 14.13A). Among women, the least known way of preventing HIV is abstinence (46%). Surprisingly, abstinence as a way of preventing HIV infection is not significantly associated with residence, has no clear pattern of association with age, and women with post-secondary education are less likely to agree with it. Moreover, currently married women (45%) and women with one lifetime partner (45%) were somewhat less likely to know about abstinence as a way to prevent HIV.

Among men, abstinence is also the least known way considered to prevent HIV (Table 14.13B), but at a much higher rate than women (61% vs. 46% respectively). No clear pattern between can be identified between

respondents characteristics and knowledge of abstinence to prevent HIV transmission. Never married and currently married men showed similar levels of knowledge on abstinence and HIV prevention. Men with two or more lifetime partners were more likely to mention "avoid risky sex" and "use condoms".

Tables 14.14A and B (women and men, respectively) present results from the UNAIDS knowledge indicator 1 and the variables that form this indicator: percent of women who believe HIV can be prevented by being monogamous, limiting the number of sexual partners, and using condoms. Around 90% of the women mentioned all three ways of preventing HIV. Below the average knowledge for this indicator 1 were rural women (87%); women 15-19 years old (87%); never married women (88%), women with primary or less education (84%), and women without a partner (87%).

UNAIDS knowledge indicator 1 was much lower for men (69%). According to background characteristics, rural men (63%), men aged 35 and older (58% to 62%), currently married men (67%), men with primary or less education (62%), and men with one lifetime partner (58%) were less likely to be classified as "in compliance" with the UNAIDS knowledge indicator 1.

The data presented here show again the need to increase the level of education toward appropriate prevention measures among men and especially among rural men and women, young women and less educated men and women, taking into account the high rate of migration of these groups and their potential risk to contract HIV/AIDS.

Beliefs About the Risk of HIV/AIDS and Self-Perceived Risk of HIV/AIDS

Respondents were asked to rate their self-perceived risk of contracting HIV/AIDS. We assume that their responses are based on their acquired knowledge about HIV transmission, prevention, and risk factors. Overall, only 3% of Albanian women did not know how to assess their risk, and 4%, who never heard of HIV/AIDS, were not asked this question (Table 14.15A). The vast majority of women perceive themselves at no risk (79%) or little risk (11%). Moderate and great risk ("high risk") was reported by only 3% of the women. Differences by residence, age, and marital status are negligible. However, women with post-secondary education, and women with two or more lifetime partners were slightly more likely to assess themselves at moderate or great risk than their counterparts. It is important to note that these two groups were also the ones that consistently showed more understanding of HIV/AIDS, and therefore their assessment might be more accurate than the other groups.

Among men (Table 14.15B), even though the vast majority knew how to assess their risk of HIV infection, they were almost two and a half times more likely than women not to know how to assess their risk. Similar to women, most of the men considered themselves at no (79%) or little risk of HIV infection (8%). Of the 2% of the men who considered themselves at moderate or great risk of HIV infection, the only group to reach 5% was men between the ages of 20-24 (5%).

Tables 14.16A and B (women and men, respectively) present the percent distribution of the risk factors for contracting HIV among those who have heard of the disease and think that they have any risk of contracting HIV. Among women, medical/dental treatment was universally reported (91%) as the main possible risk factor of contracting HIV. Men on the other hand,

even though medical /dental risk was also very high (54%), also mentioned unprotected sex with a casual partner (16%), and use of IV drugs/shared needles and "many sexual partners/ trade sex for money" (both with 7% each) as other risk factors for their contracting HIV.

These results are somewhat troublesome. It is well established that HIV transmission is primarily transmitted trough individual risk behaviors. The popular notion that medical/dental treatment is a significant mechanism of HIV transmission can have negative implications for health care service utilization. Education programs should address this misconception and emphasize the distinction between HIV transmission through contaminated blood products and the very low probability of transmission through medical/dental treatment or procedures.

The 79% of women and men that assessed themselves at no risk of contracting HIV (of those who have heard of HIV) were asked about the main factor that protects them against HIV infection. Results are presented in Tables 14.17A for women and 14.17B for men. Among women, the most important protective factor was monogamy (41%), followed by abstaining from sex (32%), and trust in the partner (23%). The same pattern was seen for men with monogamy (48%), abstaining from sex (28%) and trust in partner (13%), mentioned in that order. Men mentioned condom use at a higher level (8.4%) compared to women (0.8%) but, still, 8% is a very low percentage.

In conclusion, this study shows the gaps that exist in knowledge and awareness about HIV/AIDS/STI transmission and prevention among different groups of the reproductive age population in Albania. Other studies also have shown the lack of accurate knowledge and awareness on HIV/AIDS and other STIs among young mobile populations or other high risk groups such as drug users or female sex workers (UNICEF, 2002). It is important to develop and build culturally appropriate information, education and communication programs for those living in rural areas and the less educated. Special attention must be given to married and young women in rural areas where the lack of knowledge increases their vulnerability toward HIV/AIDS. Appropriate integrated information, education and communication interventions might prevent further spread of the infection among these groups.

Table 14.1 A
Percentage of Women Aged 15-44 Who Have Heard of Specified Sexually Transmitted Infections by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristic	HIV/ AIDS	Yeast Infection	Syphilis	Gonorhea	Genital Hepes	Trichomonas	Genital Warts	Chlamydia	No. of Cases
Total	**95.7**	**56.6**	**13.6**	**6.8**	**5.5**	**4.3**	**4.3**	**3.9**	**5,697**
Strata									
Tirana	97.1	61.8	26.5	14.4	12.4	9.2	8.7	8.3	2,108
Other Urban	98.1	65.2	21.7	11.6	8.3	6.4	6.8	6.7	1,816
Rural	94.0	50.3	5.5	2.0	2.0	1.7	1.7	1.1	1,773
Age Group									
15–19	95.7	36.8	13.0	6.7	3.9	2.8	1.8	3.3	1,094
20–24	97.1	55.5	13.8	8.6	6.4	4.4	5.8	5.1	936
25–29	97.2	63.6	12.8	6.1	4.4	3.4	3.5	2.9	946
30–34	94.1	62.4	16.0	7.9	7.3	6.0	6.3	4.9	1,067
35–39	96.1	65.3	13.3	5.6	5.5	4.7	4.1	3.6	958
40–44	93.9	62.9	12.8	6.1	6.1	5.1	5.3	3.7	696
Marital Status									
Currently Married	95.5	62.8	12.5	5.8	5.2	4.4	4.5	3.5	3,965
Previously Married	96.0	70.2	13.9	4.7	5.3	2.7	2.6	2.7	88
Never Married	96.1	43.2	15.7	9.1	6.2	4.2	4.1	4.7	1,644
No. of Living Children									
0	96.4	45.3	16.2	8.8	6.0	4.3	4.6	4.8	1,943
1	96.0	62.2	13.8	7.1	5.7	4.4	3.7	4.0	828
2	96.9	66.2	15.0	7.5	6.6	5.8	5.6	4.5	1,840
3	94.9	64.7	9.2	3.2	3.4	3.1	3.0	2.0	795
4+	89.1	52.7	4.1	0.9	3.0	1.3	1.9	0.6	291
Education									
Primary or Less	92.8	47.9	3.6	1.0	1.4	0.8	0.8	0.7	2,519
Secondary	98.9	62.7	19.0	9.0	7.0	5.6	5.5	4.8	2,483
Post-Secondary	99.8	85.2	3.6	35.9	26.4	21.6	21.9	21.3	695
Lifetime No. of Partners									
0	95.8	41.2	13.9	7.9	5.1	3.5	3.5	4.0	1,439
1	95.7	63.1	13.1	6.2	5.6	4.6	4.6	3.7	4,140
2+	95.5	66.1	29.1	12.7	10.9	8.2	7.3	9.1	113
Don‘t Know	*	*	*	*	*	*	*	*	5

* Percentages are not shown when base is less than 25 cases.

Table 14.1 B
Percentage of Men Aged 15–49 Who Have Heard of Specified Sexually Transmitted Infections by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristic	HIV/ AIDS	Syphilis	Gonorrhea	Yeast Infection	Trichomonas	Genital Herpes	Chlamydia	Genital Warts	No. of Cases
Total	**96.1**	**21.8**	**14.2**	**11.7**	**4.4**	**3.8**	**3.7**	**3.5**	**1,740**
Strata									
Tirana	98.4	29.7	19.6	18.2	8.6	8.5	8.1	7.4	718
Urban	98.2	30.9	21.1	19.2	7.0	5.1	5.9	4.4	547
Rural	93.9	13.3	8.0	4.8	1.2	1.1	0.6	1.6	475
Age Group									
15–19	98.4	18.0	9.8	9.1	4.1	2.3	2.5	2.3	401
20–24	99.9	21.7	17.4	11.7	3.6	2.7	3.3	3.4	189
25–29	96.6	25.2	16.8	12.7	4.3	3.1	4.5	4.3	218
30–34	99.5	23.3	17.9	13.9	7.0	5.6	5.4	6.5	253
35–39	93.9	19.7	13.9	12.7	6.0	5.1	5.1	4.2	255
40–44	95.3	21.5	10.0	11.9	3.1	3.9	2.3	2.3	277
45-49	86.7	25.3	15.5	11.0	2.9	4.1	2.7	1.8	147
Marital Status									
Currently Married	94.9	20.2	13.5	11.8	3.8	3.6	3.4	3.0	1,023
Previously Married	*	*	*	*	*	*	*	*	14*
Never Married	98.2	24.2	15.3	11.6	5.3	3.9	4.0	4.3	703
No. of Living Children									
0	98.5	24.5	15.5	12.0	5.5	3.9	4.5	4.5	815
1	98.7	20.6	18.5	15.1	5.7	3.8	4.5	4.8	221
2	95.7	23.6	14.5	13.2	3.7	4.3	3.6	3.1	468
3	93.6	14.6	7.3	9.2	2.4	3.0	1.7	1.6	167
4+	80.7	12.7	8.8	2.6	0.3	2.0	0.3	0.0	69
Education									
Primary or Less	92.6	10.3	5.2	5.1	1.4	0.6	0.5	1.2	689
Secondary	99.3	24.9	17.2	14.1	4.4	3.8	4.3	3.5	825
Post-Secondary	99.8	68.4	48.2	36.4	20.5	20.7	18.0	16.5	226
Lifetime No. of Partners**									
0	98.0	14.5	8.4	7.5	3.4	1.8	2.0	1.8	446
1	93.5	14.4	9.2	6.0	4.1	2.8	3.2	2.0	448
2+	98.4	29.6	18.1	17.0	5.4	5.1	5.3	5.8	702
Don't Know	89.2	35.8	33.4	22.1	4.4	7.3	2.9	4.1	144

* Percentages are not shown when base is less than 25 cases.

Table 14.2 A
Percentage of Women Aged 15–44 With Knowledge of Symptoms Associated With STIs, Other Than HIV/AIDS, in a Woman by Selected Characteristics
Reproductive Health Survey: Albania, 2002

	Heard of at Least one STI other than HIV/AIDS		Knowledge of Symptoms of STIs in a Woman (Percent Distribution)					
Characteristic	%	N	No Awareness of STIs	No Symptoms Known	One Symptom	Two or More Symptoms	Total	No. of Cases
Total	**58.8**	**5,697**	**41.2**	**18.8**	**11.7**	**28.3**	**100.0**	**5,697**
Strata								
Tirana	65.6	2,108	34.4	19.0	9.9	36.8	100.0	2,108
Urban	67.9	1,816	32.1	24.9	12.1	30.9	100.0	1,816
Rural	52.0	1,773	48.0	15.5	12.0	24.5	100.0	1,773
Age Group								
15–19	42.2	1,094	57.8	17.5	11.1	13.6	100.0	1,094
20–24	56.6	936	43.4	17.8	12.0	26.8	100.0	936
25–29	65.1	946	34.9	22.3	11.1	31.8	100.0	946
30–34	64.2	1,067	35.8	16.7	11.7	35.8	100.0	1,067
35–39	66.9	958	33.1	18.7	12.2	36.0	100.0	958
40–44	64.3	696	35.7	20.6	12.4	31.3	100.0	696
Marital Status								
Currently Married	64.3	3,965	35.7	19.4	12.2	32.7	100.0	3,965
Previously Married	71.8	88	28.2	12.8	14.5	44.6	100.0	88
Never Married	47.2	1,644	52.8	18.1	10.5	18.6	100.0	1,644
Education								
Primary or Less	49.3	2,519	50.7	15.3	11.5	22.6	100.0	2,519
Secondary	66.0	2,483	34.0	23.0	12.0	31.1	100.0	2,483
Post-Secondary	88.5	695	11.5	23.2	12.1	53.2	100.0	695
Lifetime No. of Partners								
0	45.1	1,439	54.9	17.6	10.4	17.0	100.0	1,439
1	64.7	4,140	35.4	19.5	12.2	33.0	100.0	4,140
2+	69.9	113	30.1	13.8	16.9	39.3	100.0	113
Don't Know	*	5*	*	*	*	*	*	5

* Percentages are not shown when base is less than 25 cases.

Table 14.2 B
Percentage of Men Aged 15–49 With Knowledge of Symptoms Associated With STIs, Other Than HIV/AIDS, in a Man by Selected Characteristics
Reproductive Health Survey: Albania, 2002

	Heard of at Least One STI Other Than HIV/AIDS		Knowledge of Symptoms of STIs in a Man (Percent Distribution)					
Characteristic	%	N	No Awareness of STIs	No Symptoms Known	One Symptom	Two or More Symptoms	Total	No. of Cases
Total	**26.5**	**1,740**	**73.5**	**6.6**	**4.6**	**15.2**	**100.0**	**1,740**
Strata								
Tirana	35.8	718	64.2	5.7	6.8	23.3	100.0	718
Urban	37.3	547	62.7	9.6	6.6	21.1	100.0	547
Rural	16.5	475	83.5	5.3	2.6	8.6	100.0	475
Age Group								
15–19	22.7	401	77.3	6.7	4.4	11.6	100.0	401
20–24	26.0	189	74.0	7.4	4.2	14.4	100.0	189
25–29	30.2	218	69.8	5.3	5.2	19.8	100.0	218
30–34	29.5	253	70.5	4.1	5.0	20.4	100.0	253
35–39	24.7	255	75.3	5.8	4.3	14.6	100.0	255
40–44	26.5	277	73.5	9.7	5.2	11.6	100.0	277
45-49	27.8	147	72.2	7.3	4.3	16.2	100.0	147
Marital Status								
Currently Married	25.2	1,023	74.8	6.1	4.4	14.8	100.0	1,023
Previously Married	*	14*	*	*	*	*	*	14
Never Married	28.5	703	71.5	7.6	4.9	16.0	100.0	703
Education								
Primary or Less	13.5	689	86.5	2.7	2.8	8.0	100.0	689
Secondary	31.8	825	68.2	10.4	5.5	15.9	100.0	825
Post-Secondary	71.2	226	28.8	9.7	10.4	51.1	100.0	226
Lifetime No. of Partners								
0	18.2	446	81.8	4.5	3.5	10.1	100.0	446
1	16.6	448	83.4	2.8	3.6	10.2	100.0	448
2+	36.5	702	63.5	10.3	5.6	20.6	100.0	702
Don't Know	43.1	144	56.9	10.5	7.9	24.7	100.0	144

* Percentage not shown when base is less than 25 cases.

Table 14.3 A
Most Important Source of Information About Sexually Transmitted Infections
All Women Aged 15–44 Who Have Heard of at Least One STI by Selected Characteristics
Reproductive Health Survey: Albania, 2002
(Percent Distribution)

	Most Important Source of Information About STIs										
Characteristic	Mass Media	Friends	Doctor	A Parent or Relative	Books	School	Partner	Other	Do Not Remember	Total	No. of Cases
Total	**84.2**	**1.0**	**2.6**	**1.3**	**2.9**	**4.4**	**3.4**	**0.0**	**0.2**	**100.0**	**3,596**
Strata											
Tirana	75.4	1.9	3.9	1.9	5.2	7.7	4.0	0.0	0.1	100.0	1,417
Urban	84.17	1.5	1.1	1.5	3.7	5.5	2.4	0.0	0.1	100.0	1,244
Rural	87.5	0.3	3.1	0.9	1.5	2.5	4.0	0.0	0.3	100.0	935
Age Group											
15–19	66.7	0.5	0.4	3.9	4.6	20.1	3.9	0.0	0.1	100.0	512
20–24	82.0	0.8	1.6	1.2	4.3	6.6	3.4	0.0	0.0	100.0	578
25–29	89.9	0.6	2.6	0.3	2.0	0.6	3.8	0.0	0.3	100.0	646
30–34	87.5	1.2	4.3	0.4	3.0	0.7	2.5	0.0	0.4	100.0	722
35–39	88.6	1.3	2.6	0.9	2.1	0.4	3.9	0.0	0.2	100.0	664
40–44	88.2	1.5	3.7	1.4	1.8	0.1	3.1	0.0	0.2	100.0	474
Marital Status											
Currently Married	88.5	1.0	3.1	1.3	1.9	0.8	3.1	0.0	0.3	100.0	2,659
Previously Married	91.2	1.8	0.7	0.7	0.7	0.0	5.0	0.0	0.0	100.0	61
Never Married	71.7	0.8	1.3	1.4	5.9	14.7	4.1	0.0	0.0	100.0	876
Education											
Primary or Less	88.0	0.5	2.5	1.2	1.0	1.6	4.9	0.0	0.2	100.0	1,275
Secondary	82.8	1.1	2.5	1.5	3.2	6.4	2.3	0.0	0.3	100.0	1,702
Post-Secondary	74.6	2.6	3.1	1.1	9.2	7.8	1.7	0.0	0.0	100.0	619
Lifetime No. of Partners											
0	71.5	0.7	1.1	1.5	5.5	15.6	4.2	0.0	0.0	100.0	713
1	88.4	1.0	2.9	1.2	2.0	1.0	3.2	0.0	0.2	100.0	2,796
2+	71.0	4.2	6.7	1.3	9.6	3.8	3.4	0.0	0.0	100.0	83
Don't Know	*	*	*	*	*	*	*	*	*	*	4

* Percentage not shown when base is less than 25 cases.

Table 14.3 B
Most Important Source of Information on Sexually Transmitted Infections
All Men Aged 15–49 Who Have Heard of at Least One STI by Selected Characteristics
Reproductive Health Survey: Albania, 2002
(Percent Distribution)

Characteristic	Most Important Source of Information About STIs									Total	No. of Cases
	Mass Media	Friends	Doctor	A Parent or Relative	Books	School	Partner	Other	Do Not Remember		
Total	**66.4**	**7.1**	**10.1**	**1.4**	**7.7**	**4.8**	**0.1**	**0.0**	**2.4**	**100.0**	**545**
Strata											
Tirana	67.6	4.6	11.7	0.9	9.3	4.5	0.3	0.0	1.0	100.0	264
Urban	62.8	8.9	9.4	1.8	8.2	5.2	0.0	0.0	3.7	100.0	203
Rural	70.2	6.8	9.5	1.3	5.6	4.9	0.0	0.0	1.8	100.0	78
Age Group											
15–19	59.8	0.7	1.6	4.1	9.8	22.8	0.0	0.0	1.2	100.0	100
20–24	63.7	4.2	7.4	3.5	13.6	4.1	0.0	0.0	3.5	100.0	60
25–29	69.0	7.2	10.8	0.0	10.7	2.3	0.0	0.0	0.0	100.0	76
30–34	69.8	11.8	9.6	0.0	5.5	1.3	0.0	0.0	1.9	100.0	86
35–39	70.8	5.3	15.0	0.0	3.8	0.0	0.7	0.0	4.3	100.0	76
40–44	67.5	15.4	11.5	0.0	4.4	0.6	0.0	0.0	0.6	100.0	92
45-49	64.7	5.0	17.3	2.1	4.8	0.0	0.0	0.0	6.2	100.0	55
Marital Status											
Currently Married	69.6	8.3	12.2	0.4	4.2	1.8	0.2	0.0	3.4	100.0	313
Previously Married	*	*	*	*	*	*	*	*	*	*	6
Never Married	61.7	5.3	7.4	2.8	12.6	9.3	0.0	0.0	1.0	100.0	226
Education											
Primary or Less	62.7	9.1	16.0	1.7	5.0	2.0	0.0	0.0	3.5	100.0	99
Secondary	70.8	6.2	9.9	1.1	1.6	8.1	0.0	0.0	2.4	100.0	281
Post-Secondary	60.9	7.0	4.5	1.9	23.1	1.2	0.4	0.0	1.2	100.0	165
Lifetime No. of Partners											
0	62.4	0.7	2.1	3.3	10.0	20.4	0.0	0.0	1.2	100.0	99
1	78.2	4.4	3.9	1.6	8.0	0.0	0.0	0.0	3.9	100.0	101
2+	59.6	11.9	16.3	1.1	8.0	2.4	0.2	0.0	0.6	100.0	277
Don't Know	82.0	0.0	4.1	0.0	3.1	1.6	0.0	0.0	9.2	100.0	68

* Percentage not shown when base is less than 25 cases.

Table 14.4 A
Percentage of Women of Reproductive Age Who Had Received Radio And Television Messages About HIV/AIDS and Other STIs During The Past Six Months By Selected Characteristics
Reproductive Health Survey: Albania, 2002

	HIV/AIDS					OTHER STI's						
Characteristic	TV	Radio And TV	Radio	Neither Radio Nor TV	Do Not Know	TV	Radio And TV	Radio	Neither Radio Nor TV	Do Not Know	Total	No. of Cases
Total	**51.5**	**5.5**	**0.3**	**39.5**	**3.3**	**6.2**	**1.3**	**0.1**	**86.4**	**6.0**	**100.0**	**5,697**
Strata												
Tirana	55.4	7.8	0.5	33.5	2.9	11.7	2.8	0.6	78.6	6.3	100.0	2,108
Urban	55.9	7.4	0.3	33.3	3.2	10.1	2.0	0.1	80.7	7.0	100.0	1,816
Rural	48.1	3.7	0.2	44.6	3.4	2.4	0.5	0.0	91.7	5.4	100.0	1,773
Age Group												
15–19	48.9	6.7	0.3	41.7	2.6	3.5	1.2	0.2	90.3	4.8	100.0	1,094
20–24	51.0	7.3	0.4	38.4	2.9	7.5	1.5	0.2	85.4	5.5	100.0	936
25–29	51.2	4.2	0.4	40.5	3.8	5.7	1.1	0.1	86.9	6.3	100.0	946
30–34	52.5	4.5	0.4	39.4	3.2	8.5	1.1	0.2	83.2	7.0	100.0	1,067
35–39	54.5	4.5	0.3	36.6	4.1	6.9	1.6	0.2	84.6	6.7	100.0	958
40–44	52.1	5.0	0.0	39.6	3.3	5.7	1.5	0.1	86.5	6.2	100.0	696
Marital Status												
Currently Married	51.4	4.7	0.2	40.5	3.2	6.2	1.2	0.1	86.4	6.1	100.0	3,965
Previously Married	57.9	2.6	0.7	32.9	5.9	9.9	1.3	0.7	69.7	18.4	100.0	88
Never Married	51.5	7.1	0.4	37.9	3.1	6.0	1.5	0.3	87.3	5.0	100.0	1,644
Education												
Primary or Less	46.7	4.2	0.2	45.8	3.2	2.7	0.4	0.0	91.0	5.9	100.0	2,519
Secondary	56.4	6.1	0.3	33.6	3.6	8.4	2.3	0.2	83.1	6.0	100.0	2,483
Post-Secondary	61.1	10.9	0.3	25.2	2.6	19.0	3.2	0.9	70.7	6.1	100.0	695
Lifetime No. of Partners												
0	50.7	7.2	0.4	38.4	3.3	5.1	1.5	0.3	88.1	5.0	100.0	1,439
1	51.8	4.7	0.2	40.0	3.3	6.4	1.3	0.1	85.8	6.4	100.0	4,140
2+	55.5	3.6	0.9	40.0	0.0	15.5	0.0	0.9	77.3	6.4	100.0	113
Don't Know	*	*	*	*	*	*	*	*	*	*	*	5

* Percentage not shown when base is less than 25 cases.

Table 14.4 B
Percentage of Men of Reproductive Age Who Had Received Radio And Television Messages About HIV/AIDS and Other STIs During The Past Six Months By Selected Characteristics
Reproductive Health Survey: Albania, 2002

	HIV/AIDS					OTHER STI's						
Characteristic	TV	Radio And TV	Radio	Neither Radio Nor TV	Do Not Know	TV	Radio And TV	Radio	Neither Radio Nor TV	Do Not Know	Total	No. of Cases
Total	**44.9**	**18.2**	**0.5**	**34.3**	**2.1**	**6.6**	**12.5**	**0.3**	**71.2**	**9.4**	**100.0**	**1,740**
Strata												
Tirana	45.3	23.2	0.5	28.4	2.6	10.8	13.5	0.4	62.6	12.7	100.0	718
Urban	41.6	17.4	1.1	38.6	1.2	5.9	12.7	0.2	73.5	7.8	100.0	547
Rural	46.7	12.5	0.4	38.3	2.1	1.5	11.5	0.2	80.9	6.0	100.0	475
Age Group												
15–19	49.9	18.1	0.0	28.7	3.2	4.1	11.9	0.7	75.0	8.3	100.0	401
20–24	53.1	7.3	0.3	37.5	1.9	3.8	6.3	0.0	82.2	7.7	100.0	189
25–29	37.7	24.1	0.3	36.0	1.9	5.7	16.7	0.0	70.5	7.1	100.0	218
30–34	48.8	17.8	1.2	31.3	0.9	7.0	14.7	0.8	69.1	8.5	100.0	253
35–39	44.0	16.5	1.0	36.7	1.7	4.5	14.0	0.0	72.7	8.8	100.0	255
40–44	40.6	14.4	1.0	42.1	1.9	3.8	11.6	0.0	78.8	5.8	100.0	277
45-49	36.2	13.9	0.5	47.2	2.2	3.8	10.8	0.0	76.8	8.6	100.0	147
Marital Status												
Currently Married	41.4	16.5	0.9	39.6	1.7	4.2	13.7	0.1	75.2	6.9	100.0	1,023
Previously Married	*	*	*	*	*	*	*	*	*	*	*	14
Never Married	50.7	15.4	0.3	31.2	2.5	5.2	10.1	0.5	74.8	9.4	100.0	703
Education												
Primary or Less	45.4	13.4	0.5	38.8	1.9	1.7	11.8	0.2	79.4	6.9	100.0	689
Secondary	44.6	18.2	0.9	34.6	1.7	5.2	12.1	0.2	73.7	8.7	100.0	825
Post-Secondary	43.5	20.5	0.0	32.8	3.2	18.0	15.0	0.2	58.0	8.9	100.0	226
Lifetime No. of Partners												
0	53.8	15.9	0.0	28.1	2.2	3.5	10.9	0.5	78.1	7.0	100.0	446
1	49.9	19.0	0.8	28.9	1.5	3.2	15.2	0.1	75.8	5.7	100.0	448
2+	38.5	14.5	0.8	44.6	1.6	5.7	11.0	0.2	74.2	9.0	100.0	702
Don't Know	28.5	13.1	0.9	52.4	5.1	8.8	11.4	0.0	66.9	12.9	100.0	42

* Percentage not shown when base is less than 25 cases.

Table 14.5 A
Percentage of Women Aged 15-44 Years with a Diagnosis of Specified Sexually Transmitted Infections by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristic	Yeast Infection	Syphilis	Gonorrhea	Genital Herpes	Trichomoniasis	Genital Warts	Chlamydia	No. of Cases
Total	**8.3**	**0.0**	**0.0**	**0.0**	**0.1**	**0.1**	**0.0**	**5,697**
Strata								
Tirana	11.5	0.0	0.0	0.2	0.2	0.1	0.0	2,108
Urban	9.0	0.0	0.0	0.0	0.1	0.1	0.0	1,816
Rural	7.1	0.0	0.0	0.0	0.1	0.1	0.0	1,773
Age Group								
15–19	1.2	0.0	0.0	0.0	0.0	0.0	0.0	1,094
20–24	6.3	0.0	0.0	0.0	0.0	0.0	0.0	936
25–29	11.3	0.0	0.0	0.2	0.1	0.1	0.0	946
30–34	11.3	0.0	0.0	0.0	0.1	0.3	0.0	1,067
35–39	13.3	0.0	0.0	0.1	0.2	0.0	0.0	958
40–44	9.4	0.0	0.0	0.1	0.1	0.1	0.1	696
Marital Status								
Currently Married	11.7	0.0	0.0	0.1	0.1	0.1	0.0	3,965
Previously Married	15.2	0.0	0.0	0.0	0.0	0.0	0.0	88
Never Married	1.2	0.0	0.0	0.0	0.0	0.0	0.0	1,644
No. of Living Children								
0	2.7	0.0	0.0	0.0	0.0	0.0	0.0	1,943
1	12.9	0.0	0.0	0.0	0.3	0.0	0.0	828
2	11.5	0.0	0.0	0.2	0.1	0.3	0.1	1,840
3	10.9	0.0	0.0	0.0	0.2	0.0	0.0	795
4+	12.0	0.0	0.0	0.0	0.0	0.0	0.0	291
Education								
Primary or Less	7.3	0.0	0.0	0.1	0.0	0.1	0.1	2,519
Secondary	9.4	0.0	0.0	0.0	0.1	0.0	0.0	2,483
Post-Secondary	10.2	0.0	0.0	0.0	0.2	0.0	0.0	695
Lifetime No. of Partners								
0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	1,439
1	11.5	0.0	0.0	0.1	0.1	0.1	0.0	4,140
2+	17.3	0.0	0.0	0.0	0.9	0.0	0.0	113
Don't Know	**	**	**	**	**	**	**	5

* Respondents were not asked about the results of HIV testing.
* *Percentage not shown when base is less than 25 cases.

Table 14.5 B
Percentage Men Aged 15-49 With a Diagnosis of Specified Sexually Transmitted Infections by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristic	Yeast Infection	Syphilis	Gonorrhea	Genital Herpes	Trichomoniasis	Genital Warts	Chlamydia	No. of Cases
Total	**1.2**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.1**	**1,740**
Strata								
Tirana	1.5	0.0	0.0	0.1	0.0	0.0	0.0	718
Urban	2.3	0.0	0.0	0.0	0.0	0.0	0.0	547
Rural	0.4	0.0	0.0	0.0	0.0	0.0	0.0	475
Age Group								
15–19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	401
20–24	0.7	0.0	0.0	0.0	0.0	0.0	0.0	189
25–29	1.9	0.0	0.0	0.0	0.0	0.0	0.0	218
30–34	1.7	0.0	0.0	0.0	0.0	0.0	0.8	253
35–39	1.3	0.0	0.0	0.0	0.0	0.0	0.0	255
40–44	0.6	0.0	0.0	0.1	0.0	0.0	0.0	277
45-49	2.9	0.0	0.0	0.0	0.0	0.0	0.0	147
Marital Status								
Currently Married	1.7	0.0	0.0	0.0	0.0	0.0	0.2	1,023
Previously Married	**	**	**	**	**	**	**	14
Never Married	0.4	0.0	0.0	0.0	0.0	0.0	0.0	703
No. of Living Children								
0	0.9	0.0	0.0	0.0	0.0	0.0	0.2	815
1	2.7	0.0	0.0	0.2	0.0	0.0	0.0	221
2	1.3	0.0	0.0	0.0	0.0	0.0	0.0	468
3	1.0	0.0	0.0	0.0	0.0	0.0	0.0	167
4+	0.0	0.0	0.0	0.0	0.0	0.0	0.0	69
Education								
Primary or Less	0.6	0.0	0.0	0.0	0.0	0.0	0.2	689
Secondary	2.0	0.0	0.0	0.0	0.0	0.0	0.0	825
Post-Secondary	0.2	0.0	0.0	0.0	0.0	0.0	0.0	226
Lifetime No. of Partners								
0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	446
1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	448
2+	2.0	0.0	0.0	0.1	0.0	0.0	0.3	702
Don't Know	5.2	0.0	0.0	0.0	0.0	0.0	0.0	42

* Respondents were not asked about the results of HIV testing.
* *Percentage not shown when base is less than 25 cases.

Table 14.6 A
Level of Awareness, Testing, Diagnosis, And Treatment For STIs Among Women Aged 15-44 Years Who Have Ever Had Sexual Intercourse by Specific Sexually Transmitted Infections
Reproductive Health Survey: Albania, 2002

Specific STIs	Awareness of The STI	Testing for The STI	Diagnosis of The STI	Treatment For The STI	Number of Caes
HIV/AIDS	95.7	0.3	*	*	4,087
Yeast Infection	62.9	14.0	11.5	11.5	4,087
Syphilis	13.4	0.1	0.0	0.0	4,087
Gonorrhea	6.3	0.1	0.0	0.0	4,087
Genital Herpes	5.7	0.2	0.1	0.1	4,087
Genital Warts	4.6	0.1	0.1	0.1	4,087
Trichomonas	4.5	0.3	0.1	0.1	4,087
Chlamydia	3.8	0.1	0.0	0.0	4,087

* Respondents were not asked about the results of HIV testing.

Table 14.6 B
Level of Awareness, Testing, Diagnosis, And Treatment For STIs Among Men Aged 15-49 Years Who Have Ever Had Sexual Intercourse by Specific Sexually Transmitted Infections
Reproductive Health Survey: Albania, 2002

Specific STIs	Awareness of The STI	Testing For The STI	Diagnosis of The STI	Treatment For The STI	Number of Cases
HIV/AIDS	95.5	0.9	*	*	1,296
Syphilis	24.2	0.2	0.0	0.0	1,296
Gonorrhea	16.1	0.2	0.0	0.0	1,296
Yeast Infection	13.1	1.7	1.5	1.4	1,296
Trichomonas	4.8	0.1	0.0	0.0	1,296
Genital Herpes	4.4	0.0	0.0	0.0	1,296
Chlamydia	4.2	0.2	0.1	0.1	1,296
Genital Warts	4.1	4.1	0.0	0.0	1,296

* Respondents were not asked about the results of HIV testing.

Table 14.7 A
Percent Distribution of Women Aged 15-44 Who Have Heard of at Least One Sexually Transmitted Infection By Self-Perceived Risk of Acquiring an STI by Selected Characteristics
Reproductive Health Survey: Albania, 2002

	Self-Perceived Risk					
Characteristic	High or Medium risk	Low Risk	No Risk	Do Not Know	Total	No. of Cases
Total	**2.2**	**13.7**	**79.7**	**4.3**	**100.0**	**3596**
Strata						
Tirana	3.6	14.7	77.6	4.1	100.0	1417
Urban	2.6	13.6	79.9	4.0	100.0	1244
Rural	1.5	13.4	80.4	4.7	100.0	935
Age Group						
15–19	1.0	7.2	88.2	3.6	100.0	512
20–24	2.1	13.1	79.1	5.7	100.0	578
25–29	2.1	18.6	74.8	4.5	100.0	646
30–34	3.4	12.9	79.8	4.0	100.0	722
35–39	1.7	13.6	79.6	5.1	100.0	664
40–44	3.0	16.1	77.9	3.1	100.0	474
Marital Status						
Currently Married	2.8	15.3	77.5	4.4	100.0	2659
Previously Married	0.0	5.8	90.6	3.7	100.0	61
Never Married	1.1	10.1	84.6	4.2	100.0	876
Education						
Primary or Less	2.0	11.8	80.4	5.8	100.0	1275
Secondary	2.0	15.5	79.0	3.5	100.0	1702
Post-Secondary	4.0	14.3	79.7	2.1	100.0	619
Lifetime No. of Partners						
0	0.7	7.9	87.3	4.0	100.0	713
1	2.6	15.3	77.7	4.5	100.0	2796
2+	9.0	24.0	65.0	2.1	100.0	83
Don't Know	*	*	*	*	*	4

* Percentage not shown when base is less than 25 cases.

Table 14.7 B
Percent Distribution of Men Aged 15-49 Who Have Heard of at Least One Sexually Transmitted Infection By Self-Perceived Risk of Acquiring an STI by Selected Characteristics
Reproductive Health Survey: Albania, 2002

	Self-Perceived Risk					
Characteristic	High or Medium Risk	Low Risk	No Risk	Do Not Know	Total	No. of Cases
Total	**1.7**	**1.8**	**88.3**	**8.2**	**100.0**	**545**
Strata						
Tirana	1.5	1.7	82.7	14.1	100.0	264
Urban	1.1	1.3	91.0	6.6	100.0	203
Rural	2.8	2.5	89.5	5.2	100.0	78
Age Group						
15–19	3.2	2.3	88.6	6.0	100.0	100
20–24	0.0	1.7	82.8	15.5	100.0	60
25–29	1.4	6.6	84.8	7.2	100.0	76
30–34	3.7	0.6	80.5	15.2	100.0	86
35–39	0.7	0.0	92.5	6.8	100.0	76
40–44	0.0	0.7	95.6	3.7	100.0	92
45-49	2.2	0.0	95.9	1.9	100.0	55
Marital Status						
Currently Married	2.0	0.2	90.2	7.6	100.0	313
Previously Married	*	*	*	*	*	6
Never Married	1.3	4.0	85.9	8.9	100.0	226
Education						
Primary or Less	1.9	3.7	86.9	7.6	100.0	99
Secondary	2.1	1.6	88.2	8.1	100.0	281
Post-Secondary	0.8	0.4	90.0	8.9	100.0	165
Lifetime No. of Partners						
0	3.1	1.2	91.8	3.9	100.0	99
1	0.5	0.0	96.7	2.8	100.0	101
2+	1.4	3.1	84.2	11.3	100.0	277
Don't Know	3.0	0.0	86.8	10.1	100.0	68

* Percentage not shown when base is less than 25 cases.

Table 14.8 A
Percentage of Women Aged 15–44 Who Have Heard of HIV/AIDS, Who Believe HIV/AIDS Infection Can Be Asymptomatic, and Who Know Where HIV Testing Is Provided by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristic	Have Heard of HIV/AIDS	Believe That HIV/AIDS Infection Can Be Asymptomatic	Know Where HIV Tests Are Provided	Have Been Tested For HIV	No. of Cases
Total	**95.7**	**55.5**	**16.9**	**0.2**	**5,697**
Strata					
Tirana	97.1	62.9	32.3	0.6	2,108
Other Urban	98.1	62.8	19.3	0.2	1,816
Rural	94.0	49.4	11.1	0.1	1,773
Age Group					
15–19	95.7	55.2	15.9	0.0	1,094
20–24	97.1	60.7	17.2	0.1	936
25–29	97.2	56.7	17.1	0.2	946
30–34	94.1	55.8	18.7	0.3	1,067
35–39	96.1	53.6	15.2	0.2	958
40–44	93.9	50.4	17.7	0.3	696
Marital Status					
Currently Married	95.5	53.9	16.3	0.2	3,965
Previously Married	96.0	58.9	20.5	0.5	88
Never Married	96.1	58.5	17.8	0.1	1,644
Education					
Primary or Less	92.8	45.1	9.0	0.0	2,519
Secondary	98.9	64.1	21.4	0.3	2,483
Post-Secondary	99.8	84.7	48.1	0.7	695
Lifetime No. of Partners					
0	95.8	57.3	16.2	0.1	1,439
1	95.7	54.6	16.8	0.2	4,140
2+	95.5	60.0	32.7	0.0	113
Don't Know	*	*	*	*	5

* Percentage not shown when base is less than 25 cases.

Table 14.8 B
Percentage of Men Aged 15–49 Who Have Heard of HIV/AIDS, Who Believe HIV/AIDS Infection Can be Asymptomatic, and Who Know Where HIV Testing is Provided by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristic	Have Heard of HIV/AIDS	Believe That HIV/AIDS Infection Can be Asymptomatic	Know Where HIV Tests Are Provided	Have Been Tested For HIV	No. of Cases
Total	**96.1**	**44.7**	**33.2**	**0.8**	**1,740**
Strata					
Tirana	98.4	50.6	46.0	3.7	718
Other Urban	98.2	62.2	40.7	0.2	547
Rural	93.9	31.9	23.6	0.0	475
Age Group					
15–19	98.4	44.4	26.0	0.1	401
20–24	99.9	53.1	34.4	2.5	189
25–29	96.6	53.2	43.9	0.9	218
30–34	99.5	52.1	41.6	0.2	253
35–39	93.9	39.9	31.4	0.5	255
40–44	95.3	40.3	34.5	0.5	277
45-49	86.7	27.1	21.3	1.0	147
Marital Status					
Currently Married	94.9	40.0	33.2	0.5	1,023
Previously Married	*	*	*	*	14
Never Married	98.2	52.0	33.2	1.1	703
Education					
Primary or Less	92.6	29.7	20.5	0.4	689
Secondary	99.3	53.7	39.5	0.8	825
Post-Secondary	99.8	82.7	70.9	3.0	226
Lifetime No. of Partners					
0	98.0	43.2	24.6	0.4	446
1	93.5	32.3	29.5	0.3	448
2+	98.4	55.8	40.9	1.5	702
Don't Know	89.3	43.2	36.7	0.7	42

*Percentage not shown when base is less than 25 cases.

Table 14.9 A
Percentage of Women Aged 15-44 Who Do Not Know Principle Mechanisms of HIV Transmission by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristic	MTCT Breastfeeding	MTCT Pregnancy or Delivery	Unprotected Homosexual Intercourse	Non-Sterile Needles	Blood Transfusion	Unprotected Heterosexual Intercourse	No. of Cases
Total	**23.9**	**17.5**	**15.8**	**10.0**	**10.2**	**5.3**	**5,697**
Strata							
Tirana	25.7	14.1	13.5	7.6	7.1	5.5	2,108
Urban	21.2	13.2	12.6	6.1	7.1	5.9	1,816
Rural	24.8	20.8	18.2	12.8	12.8	4.9	1,773
Age Group							
15–19	28.7	20.7	20.4	10.5	10.4	5.7	1,094
20–24	26.2	19.8	14.5	9.4	10.1	5.0	936
25–29	21.2	13.4	15.2	11.6	10.7	5.2	946
30–34	22.5	18.0	15.0	10.3	9.6	5.6	1,067
35–39	21.1	16.7	14.5	8.8	11.2	5.0	958
40–44	21.5	15.3	13.7	8.8	9	5.1	696
Marital Status							
Currently Married	22.2	16.7	15.2	10.4	10.7	5.4	3,965
Previously Married	31.8	22.5	11.1	9.8	13.0	4.1	88
Never Married	26.7	18.8	17.3	9.1	8.9	5.2	1,644
Education							
Primary or Less	26.3	22.3	19.2	14.3	15.4	6.6	2,519
Secondary	21.0	13.3	13.0	5.5	4.9	3.9	2,483
Post-Secondary	20.9	5.7	6.3	1.7	0.4	3.3	695
Lifetime No. of Partners							
0	26.4	19.0	17.3	9.2	9.0	5.4	1,439
1	22.7	17.1	15.3	10.4	10.8	5.3	4,140
2+	24.9	8.7	7.2	6.9	7.1	3.4	113
Don't Know	*	*	*	*	*	*	5

* Percentage not shown when base is less than 25 cases.

Table 14.9 B
Percentage of Men Aged 15-49 Who Do Not Know Principle Mechanisms of HIV Transmission by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristic	MTCT Breastfeeding	MTCT Pregnancy or Delivery	Unprotected Homosexual Intercourse	Non-Sterile Needles	Blood Transfusion	Unprotected Heterosexual Intercourse	No. of Cases
Total	**55.2**	**37.4**	**35.7**	**14.0**	**8.0**	**16.5**	**1,740**
Strata							
Tirana	53.6	32.1	29.4	6.8	3.6	18.8	718
Urban	52.8	27.9	33	12.2	6.2	14.1	547
Rural	57.1	45.1	39.7	17.8	10.8	17.0	475
Age Group							
15–19	62.8	48.0	47.1	16.0	5.8	21.4	401
20–24	54.3	34.7	33.8	12.9	6.4	19.8	189
25–29	52.4	34.2	22.6	9.6	4.5	9.5	218
30–34	53.9	32.7	27.2	8.0	4.2	15.2	253
35–39	56.0	37.0	38.7	12.3	10.2	19.0	255
40–44	50.4	32.2	40.6	15.5	10.1	15.5	277
45-49	53.3	39.3	34.8	24.2	16.7	12.0	147
Marital Status							
Currently Married	54.2	36.9	35.8	14.9	9.9	15.5	1,023
Previously Married	*	*	*	*	*	*	14
Never Married	56.7	38.1	36.1	12.6	5.1	18.2	703
Education							
Primary or Less	55.3	43.5	41.9	18.1	11.0	17.9	689
Secondary	56.4	35.6	32.5	11.6	5.9	16.4	825
Post-Secondary	48.5	13.2	17.4	2.7	1.8	9.7	226
Lifetime No. of Partners							
0	63.7	47.8	43.8	15.8	6.2	23.5	446
1	63.7	46.5	39.2	15.6	12.7	22.8	448
2+	41.5	25.0	30.9	10.3	5.8	8.4	702
Don't Know	61.4	28.9	19.5	19.2	5.7	9.3	42

* Percentage not shown when base is less than 25 cases.

Table 14.10 A
Percentage of Women Aged 15-44 Who Correctly Reject Misconceptions About HIV Transmission by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristic	Shaking Hands	Manicure	Public Toilet	Kissing	Eating Utensils	Mosquito Bites	Dental/ Surgical	Never Heard of HIV/AIDS	No. of Cases
Total	**66.3**	**66.1**	**44.2**	**41.6**	**38.3**	**24.8**	**4.0**	**4.3**	**5,697**
Strata									
Tirana	73.2	72.4	49.7	50.3	47.3	26.5	3.4	3.0	2,108
Urban	73.1	73.6	50.2	51.2	45.4	28.9	3.0	1.9	1,816
Rural	60.7	60.2	39.3	33.9	31.5	22.1	4.8	6.0	1,773
Age Group									
15–19	72.7	72.2	50.8	47.4	42.6	28.5	6.3	4.3	1,094
20–24	74.9	72.3	48.3	44.5	40.1	26.9	4.6	2.9	936
25–29	65.6	66.2	40.2	38.5	37.9	24.6	3.8	2.9	946
30–34	60.8	60.9	44.4	41.3	38.4	23.6	2.9	5.9	1,067
35–39	60.7	61.2	38.5	36.6	35.1	19.3	3.7	3.9	958
40–44	60.2	61.1	40.0	38.8	33.7	24.5	2.0	6.1	696
Marital Status									
Currently Married	62.3	62.6	40.9	38.3	36.0	23.0	3.4	4.5	3,965
Previously Married	62.1	59.0	41.5	40.5	26.7	25.0	2.3	4.3	88
Never Married	74.7	73.5	50.9	48.2	43.4	28.3	5.5	4.0	1,644
Education									
Primary or Less	57.2	56.2	37.0	32.6	28.3	21.2	4.9	7.2	2,519
Secondary	74.3	75.6	49.3	48.3	46.6	27.5	3.5	1.1	2,483
Post-Secondary	90.4	87.4	68.5	70.1	65.5	36.3	0.8	0.3	695
Lifetime No. of Partners									
0	73.6	72.9	51.2	46.7	42.6	28.3	5.7	4.2	1,439
1	63.1	63.0	41.1	39.3	36.2	23.3	3.4	4.3	4,140
2+	70.1	70.5	45.9	45.0	48.7	23.4	1.8	4.4	113
Don't Know	*	*	*	*	*	*	*	*	5

* Percentage not shown when base is less than 25 cases.

Table 14.10 B
Percentage of Men Aged 15-49 Who Correctly Reject Misconception About HIV Transmission by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristic	Shaking Hands	Public Toilet	Manicure	Kissing	Eating Utensils	Mosquito Bites	Dental/ Surgical	Never Heard of HIV/AIDS	No. of Cases
Total	**87.8**	**77.4**	**61.9**	**56.9**	**41.5**	**35.0**	**13.3**	**3.9**	**1,740**
Strata									
Tirana	88.1	72.1	61.5	53.8	51.6	31.9	9.4	1.6	718
Urban	88.9	83.2	67.0	63.9	47.1	38.0	16.1	1.8	547
Rural	87.0	76.0	58.8	53.9	33.8	34.3	13.1	6.1	475
Age Group									
15–19	88.6	71.9	61.1	52.8	43.8	30.6	13.8	1.6	401
20–24	92.2	83.3	66.0	66.0	47.6	40.0	17.5	0.1	189
25–29	89.9	84.6	65.0	58.8	47.0	39.7	13.0	3.4	218
30–34	86.5	79.2	61.6	53.0	44.7	35.4	9.0	0.5	253
35–39	83.4	77.8	66.1	56.8	35.9	33.3	13.2	6.1	255
40–44	83.5	70.4	55.2	54.6	36.1	31.9	12.2	4.7	277
45-49	90.9	76.5	57.3	57.5	31.3	35.3	14.1	13.3	147
Marital Status									
Currently Married	86.0	76.2	61.4	55.0	37.3	33.5	13.4	5.1	1,023
Previously Married	*	*	*	*	*	*	*	*	14
Never Married	90.4	79.1	62.2	59.8	47.0	37.2	13.3	1.8	703
Education									
Primary or Less	82.9	71.7	55.6	50.2	32.3	29.9	14.2	7.4	689
Secondary	91.4	80.2	66.8	60.6	46.3	38.6	13.8	0.7	825
Post-Secondary	95.4	92.9	69.6	72.4	64.2	43.3	6.4	0.2	226
Lifetime No. of Partners									
0	90.3	76.4	62.6	55.4	45.1	37.4	15.5	2.0	446
1	86.7	78.4	55.4	49.9	33.0	37.9	15.3	6.5	448
2+	85.8	78.8	64.7	63.2	44.0	31.1	12.1	1.6	702
Don't Know	94.3	69.1	70.4	57.1	49.8	35.4	3.9	10.7	42

* Percentage not shown when base is less than 25 cases.

Table 14.11 A
Percentage of Women Aged 15-44 Who Know HIV Infection Can Be Asymptomatic, And is Not Spread by Dental Treatment or Mosquito Bite, by Selected Characteristics Reproductive Health Survey: Albania, 2002

Characteristic	Know HIV Can Be Asymptomatic	Know That HIV is Not Spread by: Mosquito Bites	Dental/ Surgical Treatment	UNAIDS Knowledge Indicator 2**	No. of Cases
Total	**55.5**	**24.8**	**4.0**	**0.8**	**5,697**
Strata					
Tirana	62.9	26.5	3.4	0.8	2,108
Urban	62.8	28.9	3.0	0.5	1,816
Rural	49.4	22.1	4.8	0.9	1,773
Age Group					
15–19	55.2	28.5	6.3	1.5	1,094
20–24	60.7	26.9	4.6	1.0	936
25–29	56.7	24.6	3.8	0.7	946
30–34	55.8	23.6	2.9	0.6	1,067
35–39	53.6	19.3	3.7	0.6	958
40–44	50.4	24.5	2.0	0.0	696
Marital Status					
Currently Married	53.9	23.0	3.4	0.5	3,965
Previously Married	58.9	25.0	2.3	0.0	88
Never Married	58.5	28.3	5.5	1.3	1,644
Education					
Primary or Less	45.1	21.2	4.9	0.8	2,519
Secondary	64.1	27.5	3.5	1.0	2,483
Post-Secondary	84.7	36.3	0.8	0.1	695
Lifetime No. of Partners					
0	57.3	28.3	5.7	1.3	1,439
1	54.6	23.3	3.4	0.6	4,140
2+	60.0	23.4	1.8	0.0	113
Don't Know	*	*	*	*	5

* Percentage not shown when base is less than 25 cases.
** Indicator 2 represents the percentage of all women with correct knowledge that HIV could be asymptomatic, and is not spread by mosquito bites or through medical treatment.

Table 14.11 B
Percentage of Men Aged 15-49 Who Know HIV Infection Can Be Asymptomatic, And is Not Spread by Medical Treatment or Mosquito Bite, by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristic	Know HIV Can Be Asymptomatic	Know That HIV is Not Spread by: Mosquito Bites	Know That HIV is Not Spread by: Dental/ Surgical Treatment	UNAIDS Knowledge Indicator 2**	No. of Cases
Total	**44.7**	**33.6**	**12.8**	**1.1**	**1,740**
Strata					
Tirana	50.6	31.4	9.3	1.7	718
Urban	62.2	37.3	15.8	1.6	547
Rural	31.9	32.3	12.4	0.5	475
Age Group					
15–19	44.4	30.1	13.5	0.7	401
20–24	53.1	40.0	17.5	2.7	189
25–29	53.2	38.4	12.5	1.4	218
30–34	52.1	35.2	8.9	0.8	253
35–39	39.9	31.2	12.4	0.5	255
40–44	40.3	30.5	11.7	0.2	277
45-49	27.1	30.7	12.3	1.6	147
Marital Status					
Currently Married	40.0	31.8	12.8	0.9	1,023
Previously Married	*	*	*	*	14
Never Married	52.0	36.5	13.0	1.4	703
Education					
Primary or Less	29.7	27.7	13.1	1.3	689
Secondary	53.7	38.3	13.8	1.1	825
Post-Secondary	82.7	43.3	6.4	0.5	226
Lifetime No. of Partners					
0	43.2	36.6	15.2	1.4	446
1	32.3	35.4	14.3	0.7	448
2+	55.8	30.6	11.9	1.3	702
Don't Know	43.2	31.7	3.5	0.7	42

* Percentage not shown when base is less than 25 cases.

** Indicator 2 represents the percentage of all men with correct knowledge that HIV could be asymptomatic, and is not spread by mosquito bites or through medical treatment.

Table 14.12 A
Percent Distribution of Women Aged 15-44 Who Mentioned Possible Means of Preventing HIV/AIDS Spontaneously And After Probing
Reproductive Health Survey: Albania, 2002

Possible Means	Mentioned		Did Not Mention	Have Not Heard of HIV/AIDS	Total
	Spontaneously	Probed			
Stay Faithful to One Partner	35.8	53.9	6.0	4.3	100.0
Use Condoms	30.5	44.2	21.0	4.3	100.0
Sterilize Needles And Syringes	24.1	62.9	8.7	4.3	100.0
Avoid Blood Transfusions	21.6	61.8	12.3	4.3	100.0
Avoid Sex With Prostitutes	14.7	75.6	5.4	4.3	100.0
Limit Number of Sexual Partners	11.6	77.9	6.2	4.3	100.0
Avoid Sharing Razors or Needles	11.4	72.3	12.0	4.3	100.0
Avoid Sex With Bisexuals	10.3	79.3	6.1	4.3	100.0
Abstain From Sex	9.5	36.9	49.3	4.3	100.0
Ask Partner to Be Tested For HIV	9.2	69.9	16.6	4.3	100.0
Do Not Donate Blood	8.8	74.8	12.1	4.3	100.0

Table 14.12 B
Percent Distribution of Men Aged 15-49 Who Mentioned Possible Means of Preventing HIV/AIDS Spontaneously and After Probing
Reproductive Health Survey: Albania, 2002

	Mentioned				
Possible Means	Spontaneously	Probed	Did Not Mention	Have Not Heard HIV/AIDS	Total
Use Condoms	38.3	38.5	19.3	3.9	100.0
Avoid Sex With Prostitutes	34.9	56.9	4.3	3.9	100.0
Stay Faithful to One Partner	18.5	60.8	16.8	3.9	100.0
Avoid Blood Transfusions	13.3	68.6	14.2	3.9	100.0
Sterilize Needles And Syringes	12.3	74.6	9.2	3.9	100.0
Limit Number of Sexual Partners	5.6	77.2	13.3	3.9	100.0
Abstain From Sex	5.3	55.5	35.3	3.9	100.0
Avoid Sharing Razors or Needles	3.9	78.1	14.1	3.9	100.0
Avoid Sex With Bisexuals	3.4	71.6	21.1	3.9	100.0
Do Not Donate Blood	1.9	65.9	28.3	3.9	100.0
Ask Partner to Be Tested For HIV	1.8	74.6	19.7	3.9	100.0

Table 14.13 A
Percent of Women Aged 15-44 Who Know Possible Means of Preventing HIV/AIDS Transmission Spontaneously and After Probing, by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristic	Avoid Risky Sex	Monogamy Limit Number of Partners	Avoid Blood Donation/ Transfusion	Sterilize Needles/ Avoid Sharing Needles	Ask Partner to Be Tested	Use Condoms	Abstain From Sex	No. of Cases
Total	**87.1**	**85.9**	**84.6**	**83.8**	**79.1**	**74.7**	**46.4**	**5,697**
Strata								
Tirana	88.9	86.4	87.0	87.6	83.2	86.2	47.0	2,108
Urban	90.4	89.0	89.5	88.7	84.0	82.0	47.0	1,816
Rural	84.8	84.1	81.3	80.0	75.3	67.4	45.9	1,773
Age Group								
15–19	85.9	84.5	83.5	82.2	76.6	73.4	46.9	1,094
20–24	87.9	85.9	86.5	85.7	79.7	78.5	49.4	936
25–29	90.3	89.9	87.1	85.2	83.4	79.0	46.7	946
30–34	85.8	85.8	84.4	82.0	77.7	74.7	44.9	1,067
35–39	86.9	85.6	82.8	84.7	78.0	73.2	44.4	958
40–44	86.4	84.4	83.7	83.2	75.8	69.6	45.7	696
Marital Status								
Currently Married	87.0	86.4	84.2	83.4	78.2	73.8	45.0	3,965
Previously Married	90.0	87.0	89.2	81.2	80.3	79.3	54.2	88
Never Married	87.1	84.9	85.2	84.7	80.8	76.3	48.7	1,644
Education								
Primary or Less	82.4	81.5	78.9	77.0	72.7	64.8	44.5	2,519
Secondary	92.4	91.2	90.3	90.7	85.8	84.4	50.3	2,483
Post-Secondary	94.0	90.5	95.8	96.1	90.1	95.4	41.0	695
Lifetime No. of Partners								
0	86.8	84.4	84.5	84.0	79.8	75.2	49.4	1,439
1	87.2	86.6	84.6	83.6	78.7	74.3	45.0	4,140
2+	89.0	84.9	89.0	86.4	82.7	84.4	50.5	113
Don't Know	*	*	*	*	*	*	*	5

* Percentage not shown when base is less than 25 cases.

Table 14.13 B
Percent of Men Aged 15-49 Who Know Possible Means of Preventing HIV/AIDS Transmission Spontaneously and After Probing, by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristic	Avoid Risky Sex	Sterilize Needles/ Avoid Sharing Needles	Avoid Blood Donation/ Transfusion	Monogamy Limit Number of Partners	Use Condoms	Ask Partner to Be Tested	Abstain From Sex	No. of Cases
Total	**77.0**	**80.9**	**70.7**	**79.5**	**76.8**	**76.4**	**60.8**	**1,740**
Strata								
Tirana	80.3	80.5	69.5	75.4	87.0	69.7	59.6	718
Urban	81.5	85.3	76.5	83.7	83.3	80.0	63.7	547
Rural	73.1	78.5	67.7	78.6	69.0	76.9	59.6	475
Age Group								
15–19	73.2	81.2	69.9	75.6	84.2	73.6	61.8	401
20–24	75.0	82.7	74.1	71.3	85.1	74.0	54.6	189
25–29	80.0	86.0	77.2	84.7	86.2	82.4	65.3	218
30–34	85.7	88.3	77.6	85.6	84.7	82.7	64.2	253
35–39	78.6	79.2	66.7	79.7	65.8	78.8	56.9	255
40–44	77.7	79.2	68.9	82.3	65.9	74.3	63.1	277
45-49	69.5	67.8	59.2	79.0	61.0	69.2	59.8	147
Marital Status								
Currently Married	77.4	79.5	68.9	82.4	70.9	77.2	61.8	1,023
Previously Married	*	*	*	*	*	*	*	14
Never Married	76.3	83.2	73.4	75.4	86.3	75.2	59.5	703
Education								
Primary or Less	73.8	75.9	65.6	78.0	68.0	74.4	60.3	689
Secondary	78.7	84.5	74.3	80.8	83.4	78.1	60.8	825
Post-Secondary	86.3	91.1	80.7	81.3	93.1	79.0	64.0	226
Lifetime No. of Partners								
0	74.8	80.5	71.6	76.1	82.3	74.0	63.2	446
1	70.6	80.7	63.0	82.5	61.2	77.1	67.5	448
2+	82.8	81.6	73.7	81.5	86.2	76.9	55.6	702
Don't Know	80.6	80.0	82.9	68.5	74.3	79.0	52.8	42

* Percentage not shown when base is less than 25 cases.

Table 14.14a
Percent of Women Aged 15-44 Who Believe HIV Can Be Prevented By Limiting Number of Sexual Partners, Being Monogomous, And Using Condoms, by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristic	Monogomy	Limit Number of Sexual Partners	Condoms	UNAIDS Knowledge Indicator 1*	No. of Cases
Total	**89.6**	**89.5**	**79.0**	**72.6**	**5,697**
Strata					
Tirana	91.1	92.4	89.2	84.3	2,108
Urban	92.6	92.9	83.9	79.6	1,816
Rural	87.6	86.8	73.4	65.4	1,773
Age Group					
15–19	87.3	86.6	77.8	70.9	1,094
20–24	90.4	90.6	81.4	76.3	936
25–29	92.2	92.5	81.9	77.1	946
30–34	89.3	88.6	80.6	72.6	1,067
35–39	90.6	90.3	77.0	70.9	958
40–44	88.7	89.1	75.6	67.9	696
Marital Status					
Currently Married	90.4	90.1	78.3	72.1	3,965
Previously Married	92.8	92.2	83.6	76.9	88
Never Married	87.8	88.0	80.2	73.3	1,644
Education					
Primary or Less	85.5	84.3	72.0	62.5	2,519
Secondary	94.4	95.0	85.5	82.4	2,483
Post-Secondary	94.7	97.9	95.6	93.8	695
Lifetime No. of Partners					
0	87.7	87.4	79.4	72.2	1,439
1	90.5	90.3	78.6	72.5	4,140
2+	85.2	91.4	88.8	81.1	113
Don't Know	**	**	**	**	5**

* Indicator 1 represents the percentage of all women who identify monogomy, condom use and partner limitation as prevention measures against HIV.
** Percentage not shown when base is less than 25 cases.

Table 14.14 B
Percent of Men Aged 15-49 Who Believe HIV Can Be Prevented By Limiting Number of Sexual Partners, Being Monogamous, And Using Condoms, by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristic	Monogamy	Limit Number of Sexual Partners	Condoms	UNAIDS Knowledge Indicator 1*	No. of Cases
Total	**79.2**	**82.8**	**80.7**	**68.8**	**1,740**
Strata					
Tirana	80.3	81.4	88.6	76.0	718
Urban	83.0	86.3	85.2	74.5	547
Rural	76.6	81.2	75.0	62.6	475
Age Group					
15–19	73.0	77.3	85.8	71.2	401
20–24	69.3	75.7	85.3	67.8	189
25–29	81.3	86.8	89.6	81.1	218
30–34	85.2	89.2	85.2	78.4	253
35–39	80.0	85.6	71.9	61.4	255
40–44	86.1	85.4	70.7	61.8	277
45-49	83.2	81.8	74.2	58.3	147
Marital Status					
Currently Married	84.2	85.6	76.0	66.7	1,023
Previously Married	**	**	**	**	14
Never Married	71.5	78.4	88.2	72.3	703
Education					
Primary or Less	78.9	80.6	75.4	62.4	689
Secondary	79.4	84.4	84.1	73.3	825
Post-Secondary	80.6	86.5	93.3	82.3	226
Lifetime No. of Partners					
0	74.1	78.4	84.3	71.4	446
1	88.1	83.3	67.7	58.4	448
2+	76.8	86.2	87.9	76.4	702
Don't Know	73.1	77.9	85.2	64.1	42

* Indicator 1 represents the percentage of all men who identify monogamy, condom use and partner limitation as prevention measures against HIV.

** Percentage not shown when base is less than 25 cases.

Table 14.15 A
Percent Distribution of Women Aged 15-44
by Self-Perceived Risk of Contracting HIV/AIDS
by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristic	Great Risk	Moderate Risk	Little Risk	No Risk	Don't Know	Never Heard of HIV/AIDS	Total	No. of Cases
Total	**1.2**	**1.8**	**11.4**	**78.5**	**2.9**	**4.3**	**100.0**	**5,697**
Strata								
Tirana	1.3	2.5	10.8	80.0	2.5	3.0	100.0	2,108
Urban	1.0	2.1	11.8	80.6	2.7	1.9	100.0	1,816
Rural	1.2	1.4	11.3	77.0	3.1	6.0	100.0	1,773
Age Group								
15–19	1.3	1.5	10.4	79.5	3.0	4.3	100.0	1,094
20–24	1.4	2.1	10.2	80.9	2.5	2.9	100.0	936
25–29	1.5	1.1	10.3	81.4	2.9	2.9	100.0	946
30–34	1.5	2.3	11.9	74.6	3.9	5.9	100.0	1,067
35–39	0.8	2.0	13.6	77.1	2.7	3.9	100.0	958
40–44	0.6	1.6	12.2	77.2	2.4	6.1	100.0	696
Marital Status								
Currently Married	1.3	1.8	11.7	77.4	3.3	4.5	100.0	3,965
Previously Married	0.0	4.2	9.3	79.7	2.5	4.3	100.0	88
Never Married	1.1	1.5	10.7	80.7	2.1	4.0	100.0	1,644
Education								
Primary or Less	1.1	1.6	10.0	76.2	3.9	7.2	100.0	2,519
Secondary	1.2	1.6	12.2	82.0	1.8	1.1	100.0	2,483
Post-Secondary	1.4	3.1	15.9	77.9	1.4	0.3	100.0	695
Lifetime No. of Partners								
0	1.2	1.4	10.6	80.7	1.9	4.2	100.0	1,439
1	1.2	1.9	11.3	78.0	3.3	4.3	100.0	4,140
2+	2.3	2.7	24.8	64.2	1.6	4.4	100.0	113
Don't Know	*	*	*	*	*	*	*	5

* Percentage not shown when base is less than 25 cases.

Table 14.15 B
Percent Distribution of Men Aged 15-49
by Self-Perceived Risk of Contracting HIV/AIDS
by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristic	Great Risk	Moderate Risk	Little Risk	No Risk	Don't Know	Never Heard of HIV/AIDS	Total	No. of Cases
Total	**0.7**	**1.2**	**8.4**	**78.8**	**7.0**	**3.9**	**100.0**	**1,740**
Strata								
Tirana	0.2	0.8	14.6	75.9	6.8	1.6	100.0	718
Urban	0.9	0.4	9.1	80.9	6.9	1.8	100.0	547
Rural	0.8	1.9	5.4	78.7	7.2	6.0	100.0	475
Age Group								
15–19	0.0	0.6	5.9	87.1	4.8	1.6	100.0	401
20–24	1.4	3.6	13.6	72.8	8.5	0.2	100.0	189
25–29	1.5	1.9	9.1	78.8	5.3	3.4	100.0	218
30–34	0.4	1.8	11.2	78.0	8.1	0.5	100.0	253
35–39	1.0	0.7	7.8	78.0	6.4	6.1	100.0	255
40–44	0.6	0.2	7.6	75.3	11.6	4.7	100.0	277
45-49	0.0	0.0	3.0	78.8	4.9	13.3	100.0	147
Marital Status								
Currently Married	0.6	0.6	7.4	78.4	7.9	5.1	100.0	1,023
Previously Married	*	*	*	*	*	*	*	14
Never Married	0.8	2.2	10.0	79.7	5.6	1.8	100.0	703
Education								
Primary or Less	1.1	0.8	4.9	78.6	7.2	7.4	100.0	689
Secondary	0.3	1.8	9.4	80.5	7.3	0.7	100.0	825
Post-Secondary	0.6	1.0	21.4	71.5	5.2	0.3	100.0	226
Lifetime No. of Partners								
0	0.4	2.4	4.1	87.6	3.5	2.0	100.0	446
1	0.5	0.0	0.6	88.2	4.2	6.5	100.0	448
2+	1.2	1.7	16.6	70.9	8.0	1.6	100.0	702
Don't Know	0.0	0.0	11.6	52.5	25.1	10.8	100.0	42

* Percentage not shown when base is less than 25 cases.

Table 14.16 A
Opinion About The Main Risk Factor of Contracting HIV/AIDS
Among Women 15-44 Who Have Heard About HIV/AIDS
And Believe They Have Any Risk of Contracting HIV/AIDS
Reproductive Health Survey: Albania, 2002

Main Risk Factors	Percent Distribution
Medical/Dental Treatment	90.8
Does Not Trust Partner	4.9
Received Blood Transfusion	2.0
Manicure/ Haircut	0.7
Used IV Drugs/ Shared Needles	0.4
Unprotected Sex With Casual Partner	0.2
Many Sexual Partners/ Trade Sex For Money	0.0
Other	0.4
Don't Know	0.7
Total	100.0
Total Number of Cases	**827**

Table 14.16 B
Opinion About The Main Risk Factor of Contracting HIV/AIDS
Among Men 15-44 Who Have Heard About HIV/AIDS
And Believe They Have Any Risk of Contracting HIV/AIDS
Reproductive Health Survey: Albania, 2002

Main Risk Factors	Percent Distribution
Medical/Dental Treatment	54.4
Unprotected Sex With Casual Partner	16.2
Used IV Drugs/ Shared Needles	7.6
Many Sexual Partners/ Trade Sex For Money	7.5
Manicure/ Haircut	4.8
Does Not Trust Partner	3.8
Received Blood Transfusion	1.1
Other	0.0
Don't Know	4.6
Total	100.0
Total Number of Cases	**203**

Table 14.17 A
Opinion About The Main Factor That Protects From Contracting HIV/AIDS Among Women Aged 15-44 Who Have Heard of HIV/AIDS And Believe That They Have No Risk of Contracting HIV/AIDS, by Selected Characteristics
Reproductive Health Survey: Albania, 2002
(Percent Distribution)

Characteristic	Monogamy	Not Sexually Active	Trust Partner	Do Not Share Needles	Use Condoms	Do Not Get/Need Transfusion	Other	Don't Know	Total	No. of Cases
Total	**40.5**	**31.5**	**23.0**	**0.8**	**0.8**	**0.6**	**0.0**	**2.8**	**100.0**	**4,515**
Strata										
Tirana	45.6	29.8	20.1	0.5	1.7	0.9	0.0	1.4	100.0	1,690
Urban	42.6	28.6	24.3	0.5	1.0	0.7	0.2	2.1	100.0	1,458
Rural	37.8	33.7	23.1	1.1	0.4	0.4	0.0	3.5	100.0	1,367
Age Group										
15–19	8.6	81.0	5.7	1.5	0.2	0.5	0.0	2.5	100.0	875
20–24	33.8	43.8	17.3	0.3	1.1	0.8	0.0	2.9	100.0	766
25–29	45.7	18.5	30.1	1.2	1.4	0.4	0.0	2.7	100.0	760
30–34	54.3	10.0	30.5	0.6	1.2	0.5	0.4	2.5	100.0	813
35–39	58.3	6.1	29.6	0.2	0.6	0.5	0.0	4.7	100.0	744
40–44	56.4	8.3	32.2	1.0	0.4	0.6	0.0	1.1	100.0	557
Marital Status										
Currently Married	60.6	0.4	34.3	0.5	0.8	0.4	0.0	3.0	100.0	3,123
Previously Married	5.8	82.6	1.7	6.6	0.8	1.7	0.0	0.8	100.0	72
Never Married	4.4	87.6	2.8	1.1	0.7	0.7	0.1	2.6	100.0	1,320
Education										
Primary or Less	40.9	31.1	22.6	0.7	0.2	0.3	0.0	4.2	100.0	1,947
Secondary	39.6	32.2	24.2	1.1	0.8	0.8	0.0	1.3	100.0	2,047
Post-Secondary	42.2	31.3	19.5	0.9	4.2	0.9	0.4	0.6	100.0	521
Lifetime No. of Partners										
0	1.1	94.3	0.1	1.2	0.0	0.7	0.1	2.5	100.0	1,166
1	58.3	3.3	33.2	0.7	1.1	0.5	0.0	2.9	100.0	3,276
2+	47.1	14.3	32.9	0.0	4.3	1.4	0.0	0.0	100.0	70
Don't Know	*	*	*	*	*	*	*	*	*	3

* Percentage not shown when base is less than 25 cases.

Table 14.17 B
Opinion About The Main Factor That Protects From Contracting HIV/AIDS Among Men Aged 15-49 Who Have Heard of HIV/AIDS And Believe That They Have No Risk of Contracting HIV/AIDS, by Selected Characteristics
Reproductive Health Survey: Albania, 2002
(Percent Distribution)

Characteristic	Monogamy	Not Sexually Active	Trust Partner	Use Condoms	Do Not Get/Need Transfusion	Do Not Share Needles	Total	No. of Cases
Total	**47.6**	**26.7**	**12.8**	**8.4**	**3.1**	**1.4**	**100.0**	**1,371**
Strata								
Tirana	50.3	21.3	10.7	14.1	1.7	1.9	100.0	553
Urban	42.6	24.2	17.5	11.2	3.6	0.9	100.0	439
Rural	49.6	30.1	10.7	4.7	3.3	1.6	100.0	379
Age Group								
15–19	0.6	90.6	0.6	1.5	5.0	1.6	100.0	341
20–24	19.9	43.9	6.1	22.9	7.2	0.0	100.0	135
25–29	52.0	7.1	19.4	17.7	1.8	2.0	100.0	171
30–34	64.9	3.1	18.4	8.8	2.9	1.9	100.0	195
35–39	73.8	1.2	17.9	5.4	0.0	1.7	100.0	202
40–44	74.2	0.8	18.0	3.3	1.9	1.8	100.0	211
45-49	76.9	2.3	16.0	2.7	1.4	0.7	100.0	116
Marital Status								
Currently Married	74.3	1.3	18.1	3.5	1.4	1.4	100.0	801
Previously Married	*	*	*	*	*	*	*	11
Never Married	7.5	65.1	4.8	15.6	5.5	1.5	100.0	559
Education								
Primary or Less	47.9	30.8	12.6	4.1	2.6	2.0	100.0	545
Secondary	47.0	25.2	12.3	11.0	3.6	0.9	100.0	666
Post-Secondary	49.7	9.2	15.9	20.7	3.5	1.0	100.0	160
Lifetime No. of Partners								
0	1.0	93.1	0.0	0.1	4.7	1.1	100.0	390
1	89.8	0.7	3.9	2.3	2.5	0.8	100.0	401
2+	40.7	2.5	32.1	19.9	2.6	2.2	100.0	502
Don't Know	65.7	3.1	10.9	17.2	1.0	2.1	100.0	78

* Percentage not shown when base is less than 25 cases.

Chapter 15

VIOLENCE AGAINST WOMEN

Introduction

Physical and sexual violence against women is increasingly recognized as a global problem that can affect physical and mental health. The adoption of Resolution WHA49.25 by the World Health Organization drew international attention to the potential consequences of violence on the impact on the delivery of health care services (WHO, 1987). The resolution also called on member nations to establish data systems that could document the dimensions of the problem of violence.

Violence against women, also known as "gender-based violence," encompasses a wide variety of acts and behaviors, including verbal, physical, and sexual violence, but also includes restriction of access to food, health care, or economic assets, female genital cutting, and other forms of violence across the life cycle. Women in all cultures experience violence, and although some indicators such as poverty and lack of education are often associated with higher levels of violence, experience of violence is reported by women of all socioeconomic and educational levels. Often cited as potential contributors to the cultural acceptability of violence against women are gender norms and stereotypes, women's economic dependence on men, lack of legislation or loose enforcement of existing laws, and lack of preventive activities that support the development of alternatives to physical violence in resolving conflict or anger (WHO, 2001).

The data presented in this report represent the first national population based data available on the issue of violence against women in Albania. The lack of data on domestic violence at the national level in Albania has hampered the development of program services and strategies (Haxhiymeri et al., 2000). Reliable data on violence in general and specifically about intimate partner violence are very scarce. Police departments, legal offices and health care centers seldom record such type of data and the Ministry of Public Order lacks accurate statistics on the ratio between different types of crimes. Both the Ministry of Public Order and the Ministry of Justice categorize domestic crime simply as crimes of one person against another. There are no separate entries and no further break down of statistics to identify intimate partner violence (Refleksione, 2000; Haxhiymeri et al., 2000). Mortality data on fatalities are not accurate and information by geographic areas or age groups is incomplete.

Since the late 1990's, Refleksione, an Albanian women's association, and other researchers have conducted several investigations of the issue of violence against women in Albania on a limited scale. One study, conducted in selected districts of Albania, found that 39% of female participants had experienced physical abuse and 25% of them experienced emotional abuse (Miria, 1996). In another community study, sexual abuse was reported by 9% to 23% of women (Miria et al., 2000). Another local study found that 46% of women living in rural areas compared

with 36% of women living in urban areas experienced physical abuse by their partners while 28% of women living in the rural areas reported sexual abuse compared to 36% of women living the urban areas (Kaci et al., 1996). However, this was not a population-based study. Some other qualitative studies have examined the characteristics of victims of domestic violence in Albania (Van Hook et al., 2000; Co-PLAN, 2001; Baban et al., 2003). A women's center based in Tirana since the late 1990s has monitored the press as one of its main activities. The monitoring process of 7 newspapers in 2001 made possible the review of 1,130 articles and 207 (18.3%) were about domestic violence, while in 2002 the monitoring process reviewed 1,244 articles with domestic violence accounting for 9.9% of them (Gjermeni et al., 2003).

Domestic violence is still being treated as a private problem and not a societal problem. Gender based violence is still not considered as a health problem and health workers are not trained on this issue. Community based work to address the problem of domestic violence is almost not existing.

Limited services for victims of abuse exist, generally sponsored by NGOs or other civil society organizations. These include counseling centers and women's shelters mainly in Tirana. Training programs designed to raise awareness among the police, social workers, and the communities are very rare (Refleksione, 2000; Haxhiymeri et al., 2000). The services that exist function in the absence of adequate legal protections for victims of violence. Only 5% of cases of domestic violence asked for legal protection according to the women's legal office (Mecaj, 1997).

The Albanian civil code does not address the issue of domestic violence and the Albanian criminal code offers little support to victims, who must file a complaint and prepare their own case; but, often, cases of domestic violence are not treated as criminal cases. When cases are withdrawn, no legal provisions exist to pursue prosecution. Activists have pointed out that revisions of the penal code and civil procedures in Albania are necessary in order to adequately address the manner in which domestic cases are addressed (Van Hook et al., 2000).

Data on violence against women can be of critical use in drawing local and national attention to the problem and the need to strengthen services and preventive efforts to address it. In several countries, survey data on violence have been instrumental in the establishment or reinforcement of laws that protect women and children. The data also can be used to educate providers of health care services, law enforcement or legal services, and social services. Moreover, national level data can be an important key to understanding the dimensions of the problems of intimate partner violence (IPV) and sexual violence in Albania. They can be used to identify individual characteristics and risk factors for violence, including the association of violence and key indicators of women's reproductive health or women's health in general.

Scientific investigation of the dimensions of violence against women is relatively new, and questions on violence against women in population-based surveys only became common in the mid-1990s. Collection of data in Albania followed

guidelines set forth by the World Health Organization regarding the ethical implementation of survey research on violence against women (World Health Organization, 2001). WHO guidelines recommend the adoption of methodological strategies to minimize underreporting of violence by survey participants. Similar to other national, population-based surveys in Eastern Europe (Serbanescu et al., 1995, 1998, 2001, 2003) and in other parts of the world (Kishor, 2004), the Albania Reproductive Health Survey used a modified Conflict Tactics Scale (Straus and Gelles, 1979) to collect data on specific acts of verbal, physical, and sexual violence. Research has indicated that asking people about specific acts (e.g., slapping, throwing an object, hitting with a fist) can help avoid underreporting due to cultural differences in what is considered an "abusive" or "violent" act.

The WHO guidelines include training for interviewers and other field staff on the topic of violence against women. In addition to an in-depth orientation to the topic, field staff also was trained in specific techniques for the suspension of questions regarding violence in cases where absolute privacy is not possible during the interview, and measures to be followed when a participant disclosed abuse.

Despite these and other efforts to minimize underreporting, researchers have generally assumed that due to factors such as stigma, fear of reprisals, or cultural norms, violence data are underreported in population-based surveys. The degree of underestimation in survey research is thought to vary across countries and within countries due to culture and religion, and likely depends on the cultural acceptability of discussing or reporting violence (Kishor S and Johnson K, 2004.) The data in this report, therefore, should be interpreted with caution as they might reflect a lower estimate of the true prevalence of violence in Albania.

In Albania, the Reproductive Health Survey focused on three distinct aspects of violence against women: 1) history of violence in childhood; 2) verbal, physical or sexual violence inflicted by current or former intimate partners, here termed "intimate partner violence (IPV)", also often referred to as "domestic violence"; and 3) women's experience of forced sexual intercourse, or sexual coercion. In addition to asking reproductive age women about their experience of these three types of violence, Albanian men were also asked about their history of violence during childhood, and their perpetration of verbal, physical, or sexual violence against a current or former intimate partner. The male data from this survey documents the male perpetration of domestic violence in Albania for the first time.

Comparison of Violence across Countries of Eastern Europe

The questions asked of women in Albania are comparable to questions that have been asked in reproductive health surveys in a number of other countries of Eastern Europe and the Former Soviet Union (FSU). Culturally and legally, Albania shares with other countries of the region some common characteristics regarding the legal status of women and gender norms (CDC and ORC Macro, 2003).

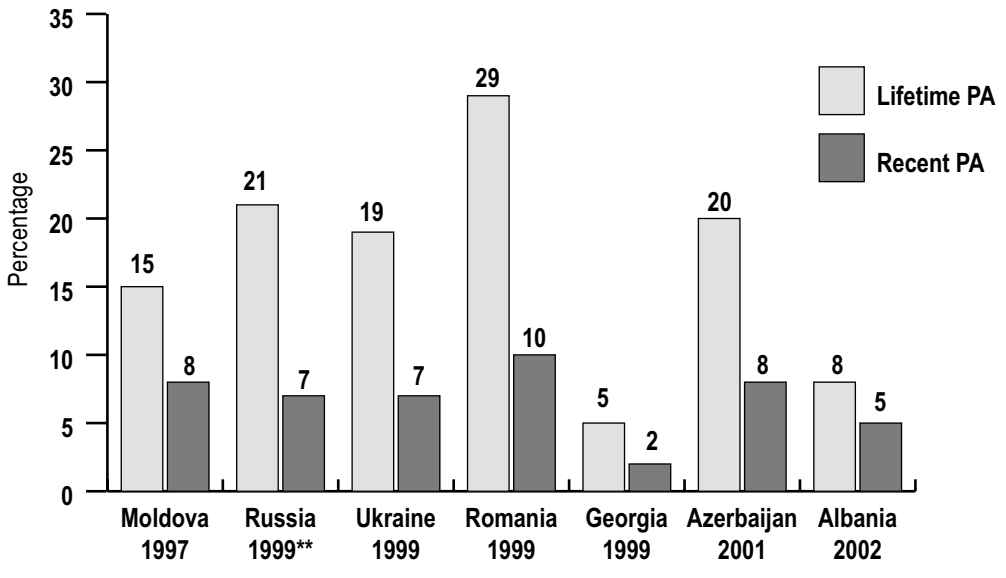
Figure 15.1 shows substantial variation in reports of lifetime and past year physical violence according to country. Reported lifetime abuse ranges from 29% in Romania to 5% in the Republic of Georgia. Albanian women reported prevalence of lifetime violence on the lower end of that range, at 8%. Similarly, reported physical violence during the past year ranged from a high of 10% in Romania, to a low of 2% in Georgia. Again, Albanian women reported prevalence of physical violence during the past year just above that reported by Georgian women (5%).

History of Witnessing or Experiencing Abuse during Childhood

Having witnessed violence in the home during childhood is one of the most noted risk factors for violence as an adult (Hoteling and Sugarman, 1986). In Albania, both women and men were asked whether, during their childhood or adolescence, they ever saw or heard their parents or step-parents physically abuse each other. Respondents were also asked whether, as a child, they were ever beaten or physically mistreated by anyone in their family.

Among Albanian women aged 15–44, 12% reported having witnessed parental abuse, and 27% reported having received physical abuse themselves during childhood (Table 15.1A). Prevalence of both indicators was greater among residents of rural areas compared to urban residents. Prevalence of both having witnessed abuse and having been physically abused was greater among women with four or more children, lower education, lower socioeconomic status,

Figure 15.1
Lifetime and Recent* Physical Violence
CDC-Assisted Reproductive Health Surveys
Selected Countries in Eastern Europe and NIS



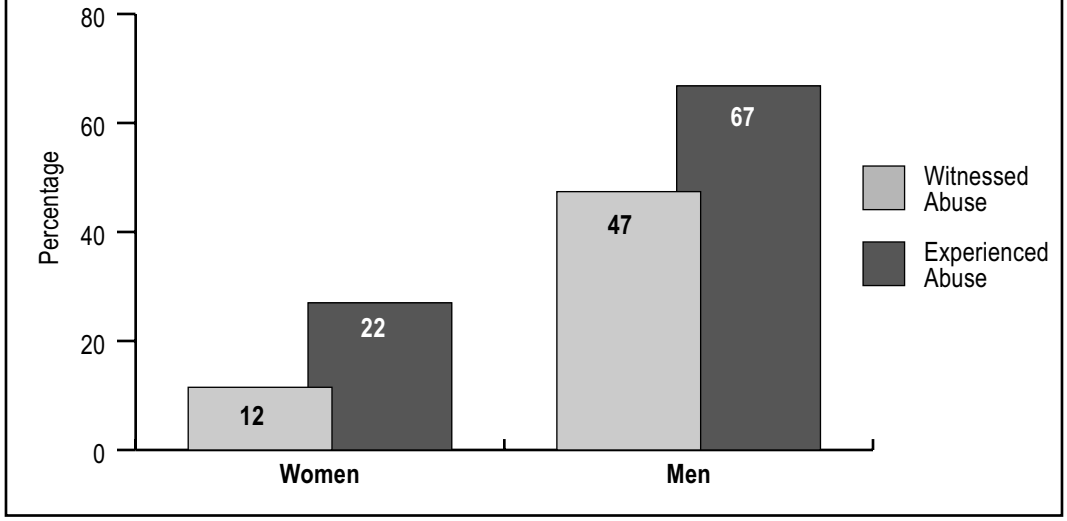
* past year
** data for Russia pertain to three primarily urban areas

and among those who did not work for wages. For example, 20% of women with a post-secondary education reported having been physically abused as a child, compared to 31% of women with an education level of primary or less.

Albanian men aged 15–49 reported significantly higher levels of both indicators compared to women (Table 15.1B and Figure 15.2). Overall, 47% of men reported having witnessed parental violence compared to 12% of women, and 67% of men reported having been beaten or physically mistreated themselves as children, compared to 27% of women. While it might be expected that having experienced physical abuse would vary by sex, the difference in reports of men and women of having witnessed parental abuse, is quite striking and suggests potential underreporting on the part of women. Also, according to Albanian tradition, it is said that young men should endure more hardship than young women.

Similar to women, among Albanian men variations in the two indicators by individual characteristics revealed higher prevalence both of having witnessed abuse and having experienced physical abuse among rural residents compared to urban (Table 15.1B). Among men, there was no significant difference by age. As with women, men who reported a higher number of living children, lower education, and lower socioeconomic status also reported higher levels of both indicators of violence during childhood. For example, among men with primary education or less, 52% reported having witnessed abuse and 72% reported having experienced abuse, compared with 27% and 44%, respectively, among men with post-secondary education. Employment

Figure 15.2
Percentage of Women and Men Who Witnessed or Experienced Parental Abuse



status was not associated with either indicator for men.

The data indicate that having witnessed violence in the home is highly associated with having been abused for both men and women. Among women who witnessed physical violence between their parents, 81% experienced physical abuse themselves as a child, compared to only 19% among women who reported that they did not witness physical abuse between their parents. For men, a similar strong association was found between having witnessed parental abuse and having experienced physical abuse as a child. Whereas only 10% of men who did not witness physical violence between parents experienced physical abuse themselves as a child, 90% of those who witnessed parental physical violence reported that they themselves were also physically abused.

Women's Experience of Intimate Partner Violence

Intimate partner violence (IPV) constitutes one aspect of gender-based violence, and is defined as verbal, physical, or sexual violence that occurs between current or former intimate partners, including husbands and wives, members of a consensual union, or in casual intimate relationships. In Albania, the definition of intimate partner violence was restricted to that occurring between current or former married partners or members of a consensual union with cohabitation. As noted in the introduction, IPV in Albania was measured using a modified Conflict Tactics Scale (CTS) that asks about specific acts or behaviors. In Albania, the modified CTS inquired about specific acts of verbal violence or abuse, physical violence, and coercive sex as outlined in Figure 15.3.

Figure 15.3 Questions asked using modified Conflict Tactics Scale (CTS)

Type of Violence From Intimate Partner	CTS Element
Verbal	• Insulted you or swore at you? • Threatened to hurt you or someone you care about?
Physical	• Pushed you, shook you, shoved you, or threw something at you? • Slapped you or twisted your arm? • Hit you with his fist or with something else? • Threatened you with a knife or weapon? • Kicked you, choked you, or beat you up?
Sexual	• Physically forced you to have sexual relations even though you did not want to?

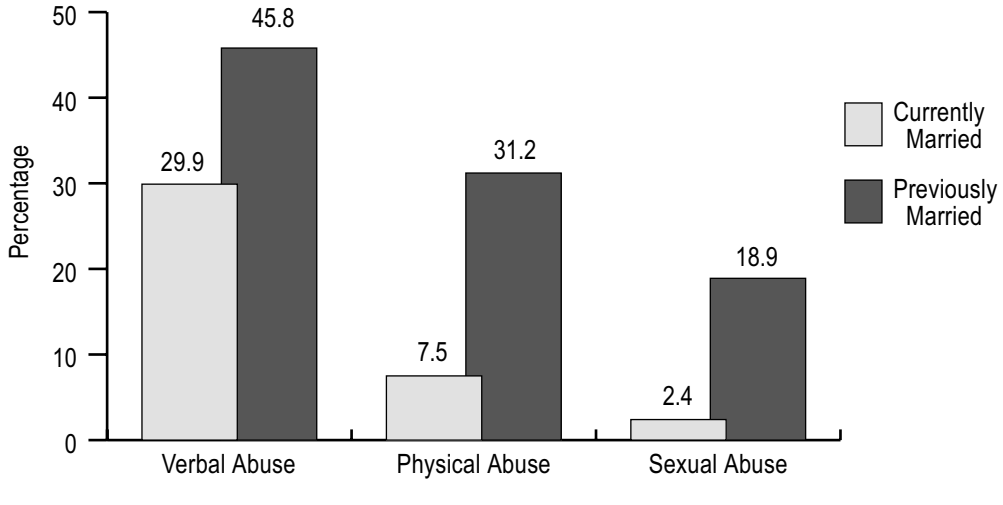
For each element, women were asked whether the type of violence had ever occurred. Respondents who answered that they had experienced a specific type of violence were then asked when their most recent experience had happened.

For data analysis, responses were combined and categorized as shown in Figure 15.4 into verbal, physical, or sexual violence. Responses were also categorized into two timeframes: lifetime experience of verbal, physical, or sexual violence; and experience of the three types of violence within the past year, as an estimate of the current magnitude of the problem.

Table 15.2A shows the reported prevalence of violence occurring in the women's lifetime and in the past year to Albanian women aged 15–44 who were ever married or in union. Overall, 30% of Albanian women reported ever having experienced verbal abuse from an intimate partner, and 23% reported having experienced verbal abuse during the past year. Lifetime physical violence was reported by 8% of women, with 5% reporting physical violence during the past year. Finally, 3% of Albanian women reported ever having been forced to have unwanted sex by a husband or partner, with 2% reporting unwanted sex during the past year.

Table 15.2A also shows data on violence during women's lifetime and during the past year disaggregated by selected individual characteristics. Little variation was found according to place of residence. When women's current age was taken into account, little variation was found in lifetime prevalence of the three types of violence. For violence during the past year, reports of verbal abuse were lowest

Figure 15.4
Percentage of Women Who Reported Lifetime Intimate Partner Violence (IPV), by Marital Status



among women aged 20–24 (18%) compared to women aged 15–19 and 30–34 (25% and 25%, respectively). Reported physical violence in the past year was highest among 15–19 year olds (11%) compared to other age groups. No variation by age was found in reported sexual violence during the past year. Previously married women reported significantly higher percentages of lifetime violence compared to currently married women (see also Figure 15.4). For example, whereas 31% of previously married women reported physical violence at some time in their lives by a husband or partner, this was reported by 8% of women who were currently married or in union (Figure 15.4). Likewise, 19% of women previously married or in union reported ever having experienced forced sex by a husband or partner compared to 2% of currently married women. This pattern was not seen for violence during the past year; in fact, a greater proportion of currently married women reported verbal abuse during the past year compared to previously married women. Presumably, this pattern is affected by exposure to the risk of violence, with previously married women having less recent exposure than currently married women as they have been separated or divorced in the past year. Also, as the culture of silence surrounds intimate partner violence, a sense of freedom of expression might be experienced by divorced or separated women.

Reported violence in the two time frames varied somewhat by other characteristics of Albanian women. Higher parity was associated with greater proportions of lifetime and current verbal abuse; lower levels of education were associated with greater prevalence of lifetime and past year verbal and physical violence; and lower socioeconomic status was significantly associated with higher prevalence of lifetime and past year verbal abuse. Little variation was found according to whether women were currently employed. This might be explained by the results of one study in Albania showing that the financial contribution of women does not increase or decrease their status inside the family (Baban et al., 2003)

Table 15.3A shows women's reports of individual acts of physical violence from a current or past husband or partner in their lifetime and in the past year. Acts of physical violence are classified into "moderate" and "severe" forms of physical violence. Overall, women reported moderate forms of physical violence more commonly than severe forms, regardless of women's characteristics. Slapping or twisting the arm was the single most commonly reported act of physical violence. Among the severe forms of physical violence, hitting with a fist or with something else and kicking, choking, or beating were reported more commonly than threatening with a knife or weapon. Previously married women reported the highest prevalence of all acts of lifetime physical violence. No individual characteristics stood out as strongly associated with individual types of violence in the past year.

Male Infliction of Intimate Partner Violence

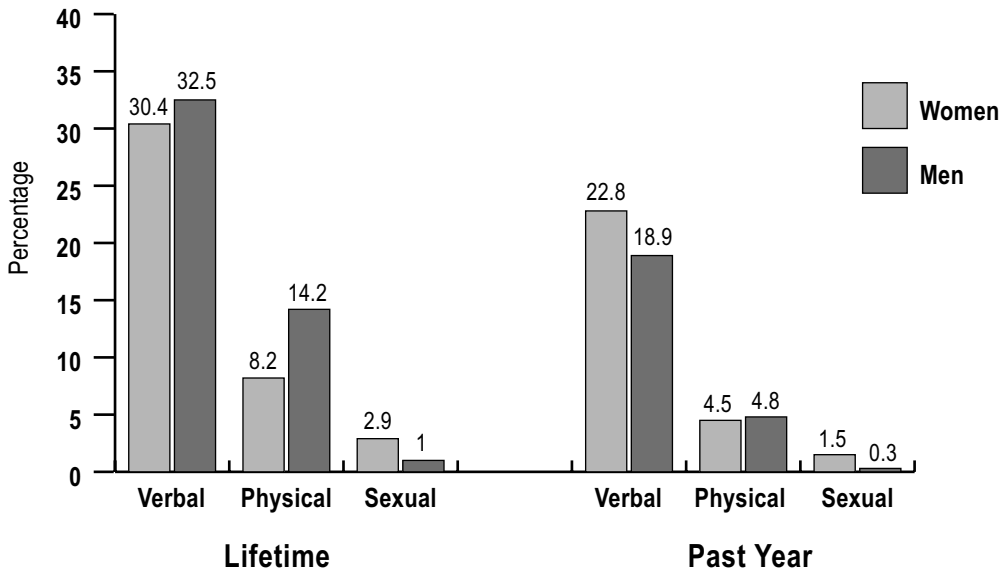
Albanian men also responded to the same elements of the CTS, but were asked about their experience of having inflicted the different types of violence on a current or former wife or partner. While evidence suggests that women also direct physical violence at men, most research has shown that men inflict violence against women far more often than the reverse (WHO, 2001). Table 15.2B shows that overall, 33% of men reported ever having committed verbal abuse against an intimate partner, 14% reported have inflicted physical abuse, and

1% admitted having forced unwanted sex. During the past year, 19% of men reported inflicting verbal abuse, 5% physical violence, and 0.3% sexual violence against a current or former partner.

As shown in Figure 15.5, women's reports of violence received and men's reports of violence inflicted were similar. Reports of lifetime verbal abuse did not differ significantly, and were only slightly higher among women than men in the past year. Women did report a lower proportion of lifetime physical violence (8%) compared to the proportion of men who reported having inflicted violence (14%), However, the two sexes reported the same level of physical violence received and inflicted during the past year. Finally, slightly higher proportions of women reported forced sex both in their lifetime and in the past year compared to reported infliction of forced sex by men. It is important to note when interpreting these data that the female and male samples were independent and therefore do not represent couple-level data. Nevertheless, the notable finding that a greater proportion of men reported infliction of physical violence compared to the proportion of women who reported receiving physical violence during their lifetime could point to reluctance on the part of women to report such incidents to a survey interviewer.

Table 15.2B shows that, among Albanian men, having perpetrated violence was not strongly associated with residence, similar to women. Men's reports of having inflicted verbal abuse or physical violence in their lifetime increased with men's age, as did recent physical violence (with the exception of men aged 20–24 likely due to small sample size in this age group (n=33). Men's reports of ever having perpetrated verbal and physical violence and of infliction of violence during the past year increased with parity and was inversely related to education and socioeconomic status, a pattern similar to that reported by women.

Figure 15.5
Women's and Men's* Reports of IPV in Lifetime and Past Year



* men who reported inflicting abuse

In Table 15.3B, men's reports of specific acts of physical violence, categorized into "moderate" and "severe" violence, are similar to the responses of women with the exception of a greater proportion of "moderate" violence reported to have been inflicted by men at some time in their lives, compared to that reported by women. Whereas 5% of women reported that a partner had pushed, shaken, shoved or thrown something at her, this act was reported by 9% of men. Likewise, 8% of women reported having been slapped or having had her arm twisted, compared to a reported 13% of men saying they had inflicted this type of physical violence. Women's and men's reports of severe physical violence during over lifetime and of specific acts of physical violence during the past year did not differ significantly.

Regarding the association of selected characteristics of men with infliction of specific acts of physical violence, rural residents reported somewhat greater lifetime levels of having pushed, shook, or thrown something at a partner compared to urban residents. Also among men, reports of having inflicted moderate violence over the lifetime increased with age, parity, lower educational level, and low socioeconomic status. For past year violence, reported infliction of moderate violence was slightly higher among men with higher parity, lower education, and low socioeconomic status. These associations were not found for severe acts of violence.

Characteristics of Physical or Sexual Violence Experienced by Women in the Past Year

Women who experienced physical or sexual violence during the past year were asked how many episodes of violence had occurred during the past year, and if they had any physical injuries as a result of the violence. This data is presented by type of abuse in Table 15.4. From one-third (36%) to one-half (52%) of women suffering physical or sexual abuse in the past year reported that the abuse happened at least four times. Another one-fifth (20%) to almost one-third (28%) said they did not remember how many times the abuse occurred which may indicate multiple episodes. Among women who reported physical violence in the past year, 44% reported swelling, bruises, cuts or other physical injury.

Women who had experienced abuse during the past year were asked whether they talked to anyone about the violence (Table 15.5). Just over half the abused women (54%) responded that they did not talk to anyone. A greater proportion of residents of rural areas reported that they did not talk to anyone compared to urban residents, particularly those in Metro Tirana. Also less likely to have talked to someone were women with incomplete secondary education or less, and those with low socioeconomic status. Whereas 47% of women with medium or high socioeconomic status reported not talking to someone, this was true of 61% of women with low socioeconomic status.

Women who reported having talked to someone about the physical or sexual violence abuse identified most frequently family members or friends as the person(s) to whom they turned (Table 15.6), with 52% responding that they talked to their mother, 39% stating that they talked to a member of their husband's family, and 32% reporting that they turned to another relative. Only 10% reported that they went to the police, 8% talked to a doctor, and 3% talked to a legal advisor. When the data were stratified by individual characteristics, denominators were too small to detect significant differences.

Generally, rural residents and older women reported with greater frequency that they talked to their mother or another family member compared to urban and younger residents, who reported more often talking to a friend.

Women who reported that they did not talk to a doctor/medical worker, the police, or a legal advisor about the violence were asked the main reason why they did not (Table 15.7). The most common responses included one third of the women (33%) who reported that they felt it would be of no use or would not do any good and 28% who reported that violence is normal and there was no need for her to complain. Other responses included that the woman did not know where to seek help (9%), fear of divorce or ending the relationship (7%), and fear of more beatings or other retaliation (7%). Reasons given by residence were similar but rural women were somewhat more likely to say that "they did not know where to seek help." The same was true of women classified as "low socioeconomic status." The results presented here reiterate the need of improving legislation and strengthening the training of police, legal advisers and health care workers. Also information, education, communication activities on IPV should be promoted.

Women's Attitudes and Beliefs about the Effects of Violence

Women who had ever experienced physical or sexual violence were asked questions about the violence and how they believed it affected them or their children. First, women were asked to tell the interviewer about the circumstances surrounding the violence. Situations commonly identified by women, shown in Table 15.8, included the partner being drunk (42%), financial troubles (41%) or when the husband/partner was unemployed (37%); when there were "family problems" (21%) or when the husband/partner was jealous (32%).

Women who had ever experienced physical or sexual violence were also asked whether they believed the incidents affected their health. Almost half the women (47%) (data not shown) agreed that they had experienced some health effect of violence, with commonly cited affects being sleep disorders, depression, low self-esteem, and physical injuries. Physically or sexually abused women who had living children were asked if they thought the children were affected by the violence. Almost one third (31%) responded that they did think the children were affected. Effects on children most commonly cited by women included having witnessed the violence, living in fear, and decreased learning abilities of the children (data not shown).

All women who experienced any form of abuse were also asked whether they would want to know the hotline number in Metro Tirana where they could ask advice about domestic violence. Overall, 12% wanted to know the hotline number, with some differences by residence, age group, education, and socioeconomic status of the woman (Table 15.9).

All women were also asked their attitudes about situations in which it might be justifiable for a man to hit or beat his wife (Table 15.10). Most common agreement in urban areas was if she asked if he had other girlfriends (47%), she neglects the children (23%) and she dresses too sexy (18%). In rural areas, the top three areas of agreement were the same but at a higher level; asking if he has other girlfriends (69%), she neglects the children (42%), she looks too "sexy" (34%) or she goes

out without telling him (34%). The same pattern was seen by level of education. The data presented here show that IPV should be considered as an important public health problem in Albania.

Prevalence of Forced Sexual Intercourse

Every Albanian woman who participated in the Reproductive Health Survey was asked about her experience of forced sexual intercourse against the her will at any time in her life, her age the first time this occurred, and her relationship to the person who forced the unwanted sex. For these questions, forced sexual intercourse was defined in the questionnaire as including vaginal, anal, and/or oral penetration. In examining the data resulting from these questions, it is important to keep in mind the probability of underreporting due to the sensitivity of the subject and the potential shame and social stigma associated with reporting sexual violence in a standardized interview. Although it is not possible to estimate the amount of underreporting on these questions, it is possible to assert that the data resulting from these questions represents a low-end estimation of the true prevalence of sexual violence among Albanian women. Another reason for underreporting is that violence and sex within marriage are almost never discussed within Albanian culture and sometimes sexual intercourse is used to decrease violence or the man's anger. Also, women may feel that sexual intercourse is to fulfill their duties within a marriage. Women in Albania generally do not have sexual autonomy and negotiation skills do not exist (Baban et al., 2003; Lesko et al., 2003). Questions to evaluate the power of negotiation were not included in this survey, but should be in future surveys.

A total of 2% of Albanian women reported ever having experienced forced intercourse against their will. In comparison to other countries of the region, this percentage is quite low (data not shown). Since the numerator was so small when the data were disaggregated by characteristics of the women, no significant differences were found. Previously married women did report a higher prevalence (16%), as did women with four or more children (5%).

The data indicate that almost three quarters of women who experienced forced sex reported that they were older than 19 years of age at first forced sex (73%), compared to 18% of women who reported that forced sex occurred for the first time at ages 19 and under. Almost 10% did not reveal their age. Finally, over 80% of women reported that the perpetrator of forced sex was a husband or partner, 9% reported that the perpetrator was an ex-husband or partner, and 3% stated that the perpetrator was a boyfriend. It is notable that no women reported forced sexual intercourse by a casual partner or stranger.

Table 15.1 A
Percentage of Women Aged 15–44 Who Witnessed or Experienced Parental Abuse by Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristics	Witnessed Abuse	Experienced Abuse	No. of Cases*
Total	**11.5**	**27.3**	**5,686**
Strata			
Metro Tirana	7.7	22.0	2,105
Other Urban	9.9	25.2	1,811
Other Rural	13.6	29.9	1,770
Residence			
Urban	9.3	24.4	3,565
Rural	13.2	29.4	2,121
Age Group			
15–19	10.6	28.9	1,091
20–24	14.3	28.3	934
25–29	10.5	27.3	946
30–34	9.8	26.4	1,065
35–39	12.3	26.6	956
40–44	12.0	25.4	694
Marital Status			
Married/Previously Married	12.2	26.7	4,046
Never Married	10.2	28.4	1,640
Living Children			
0	11.3	28.2	1,938
1	10.0	23.8	828
2	11.3	26.1	1,838
3	11.8	27.7	793
4 +	15.5	32.2	289
Education Level			
Primary or Less	14.1	31.2	2,514
Secondary Incomplete	7.7	23.1	651
Secondary Complete	9.4	23.3	1,826
Post-Secondary	6.8	20.1	695
Socioeconomic Index			
Low	14.7	31.1	1,933
Medium	9.6	24.6	2,982
High	7.0	23.5	771
Employment			
Working	8.4	20.4	1,116
Not Working	12.1	28.5	4,570

* Excluding 9 cases who did not live with 2 parents and 2 cases without information

Violence Against Women

Table 15.1 B
Percentage of Men Aged 15–49 Who Witnessed or Experienced Parental Abuse by Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristics	Witnessed Abuse	Experienced Abuse	No. of Cases*
Total	**47.4**	**66.8**	**1,739**
Strata			
Metro Tirana	37.3	58.7	717
Other Urban	47.8	62.5	547
Other Rural	51.2	72.5	475
Residence			
Urban	43.2	60.3	1,154
Rural	51.1	72.5	585
Age Group			
15–19	47.5	68.3	401
20–24	45.1	65.4	188
25–29	44.0	68.0	218
30–34	45.9	63.1	253
35–39	49.7	70.2	255
40–44	48.1	64.0	277
45–49	52.3	68.3	147
Marital Status			
Married	49.1	67.4	1,023
Previously Married	**	**	14
Never Married	44.9	65.7	702
Live Children			
0	44.8	66.6	814
1	45.0	62.8	221
2	47.7	64.3	468
3	54.3	69.1	167
4 +	57.2	81.0	69
Education Level			
Primary or Less	52.3	71.6	689
Secondary Incomplete	45.5	68.6	199
Secondary Complete	46.6	65.6	625
Post-Secondary	26.5	43.8	226
Socioeconomic Index			
Low	51.5	69.4	638
Medium	46.4	66.7	814
High	33.1	55.3	287
Employment			
Working	46.2	67.3	912
Not Working	48.6	66.3	827

* Excludes 1 case who did not live with 2 parents
** Percentages are not shown when base is less than 25 cases

Table 15.2 A
Percentage Who Reported Intimate Partner Violence (IPV) in Their Lifetime and Percentage Who Reported Intimate Partner Violence in The Last Year, by Type of Abuse and Selected Characteristics, among Women Aged 15–44 Ever Married or in Union
Reproductive Health Survey: Albania 2002

	Lifetime IPV				IPV During The Last Year			
Characteristics	Verbal Abuse	Physical Abuse	Sexual Abuse	No. of Cases	Verbal Abuse	Physical Abuse	Sexual Abuse	No. of Cases *
Total	**30.4**	**8.2**	**2.9**	**4,049**	**22.8**	**4.5**	**1.5**	**4,049**
Strata								
Metro Tirana	30.4	8.8	3.2	1,476	20.9	4.6	1.6	1,476
Other Urban	33.0	8.8	2.7	1,331	24.8	4.1	1.2	1,331
Other Rural	28.9	7.7	2.9	1,242	22.1	4.7	1.7	1,242
Residence								
Urban	32.8	9.0	2.9	2,545	24.0	4.2	1.4	2,545
Rural	28.5	7.6	2.8	1,504	21.8	4.7	1.7	1,504
Age Group								
15–19	25.0	10.6	2.7	98	25.0	10.6	2.7	98
20–24	20.5	6.0	1.6	505	18.0	4.2	1.0	505
25–29	30.5	10.5	3.4	822	23.7	6.4	2.5	822
30–34	35.0	9.3	3.5	1,017	25.4	4.6	1.9	1,017
35–39	31.8	7.7	2.7	928	22.2	3.3	0.9	928
40–44	30.9	6.7	2.7	679	22.3	3.2	1.1	679
Marital Status								
Married	29.9	7.5	2.4	3,963	23.2	4.5	1.5	3,963
Previously Married	45.8	31.2	18.9	86	7.1	4.0	3.5	86
Living Children								
0	18.8	6.9	2.7	299	17.0	3.7	1.3	299
1	28.1	8.9	2.7	828	20.6	5.3	1.2	828
2	30.2	7.4	2.7	1,837	22.3	4.2	1.3	1,837
3	34.0	9.6	2.5	794	25.2	4.5	1.6	794
4 +	35.7	8.2	4.8	291	27.2	4.6	3.1	291
Education Level								
Primary or Less	31.4	9.0	3.1	1,863	24.0	5.4	2.0	1,863
Secondary Incomplete	31.8	13.7	6.8	246	22.6	6.7	3.3	246
Secondary Complete	29.8	6.5	2.0	1,514	21.9	2.8	0.6	1,514
Post-Secondary	24.2	5.4	2.0	426	16.7	2.7	0.7	426
Socioeconomic Index								
Low	32.3	8.6	2.7	1,458	24.7	5.1	1.7	1,458
Medium	29.7	8.3	3.2	2,063	22.1	4.2	1.6	2,063
High	24.4	6.0	2.0	528	16.5	2.5	0.6	528
Employment								
Working	29.5	8.4	4.5	890	19.8	3.5	1.6	890
Not Working	30.6	8.2	2.5	3,159	23.4	4.7	1.5	3,159

* Data are missing for 4 ever married women who were not asked about violence

Table 15.2 B
Percentage of Men Who Reported Perpetration of Intimate Partner Violence (IPV) in Their Lifetime And Percentage Who Perpetrated Intimate Partner Violence in The Last Year by Type of Abuse and Selected Characteristics, among Men Aged 15–49 Ever Married or in Union
Reproductive Health Survey: Albania 2002

	Lifetime IPV				IPV During The Last Year			
Characteristics	Verbal Abuse	Physical Abuse	Sexual Abuse	No. of Cases	Verbal Abuse	Physical Abuse	Sexual Abuse	No. of Cases
Total	**32.5**	**14.2**	**1.0**	**1,037**	**18.9**	**4.8**	**0.3**	**1,037**
Strata								
Metro Tirana	30.6	16.9	1.9	430	15.1	6.9	1.4	430
Other Urban	35.2	13.3	0.9	321	20.8	4.7	0.0	321
Other Rural	31.6	13.7	0.6	286	19.4	4.1	0.0	286
Residence								
Urban	33.5	14.7	1.4	682	18.7	5.5	0.6	682
Rural	31.6	13.8	0.6	355	19.1	4.2	0.0	355
Age Group *								
20–24	21.7	13.5	6.1	33	20.5	13.5	4.9	33
25–29	16.1	7.1	1.7	128	11.5	2.0	0.6	128
30–34	29.3	9.7	0.4	216	20.3	3.4	0.2	216
35–39	33.8	11.7	0.8	243	21.6	4.2	0.0	243
40–44	39.0	17.2	0.8	273	21.5	4.4	0.0	273
45–49	39.9	23.5	0.6	144	16.3	7.9	0.0	144
Living Children								
0	11.8	5.0	1.1	112	8.4	2.2	0.7	112
1	28.3	9.2	1.8	221	19.3	5.1	0.8	221
2	37.7	14.4	1.0	468	22.8	5.3	0.1	468
3	36.0	19.5	0.4	167	15.8	2.6	0.0	167
4 +	34.2	22.3	0.0	69	19.7	9.1	0.0	69
Education Level								
Secondary Incomplete or Less	35.0	16.5	1.5	433	21.5	6.5	0.5	433
Secondary Complete or More	29.9	11.9	0.4	604	16.3	3.0	0.0	604
Socioeconomic Index								
Low	36.4	16.1	1.1	405	21.8	5.9	0.1	405
Medium	28.9	13.1	0.6	464	17.7	4.3	0.2	464
High	27.5	9.5	1.9	168	9.7	1.5	1.5	168
Employment								
Working	33.1	14.7	0.5	710	18.7	4.0	0.3	710
Not Working	31.5	13.4	1.7	327	19.3	6.0	0.2	327

* No ever-married men ages 15–19 were in the sample

Table 15.3 A
Percentage Who Reported Lifetime Physical Violence and Recent Violence by Severity of Violent Act by Selected Characteristics, among Women Aged 15–44 Ever Married or in Union
Reproductive Health Survey: Albania 2002

	Lifetime Physical Violence					Physical Violence During The Last Year					
	Moderate			Severe		Moderate			Severe		
Characteristics	Pushed You, Shook You, Shoved You, or Threw Something at You	Slapped You or Twisted Your Arm	Hit You With a Fist or With Something Else	Kicked You, Choked You or Beat You up	Threatened You With a Knife or Other Weapon	Pushed You, Shook You, Shoved You, or Threw Something at You	Slapped You or Twisted Your Arm	Hit You With a Fist or With Something Else	Kicked You, Choked You or Beat You up	Threatened You With a Knife or Other Weapon	No. of Cases*
Total	**4.6**	**7.8**	**2.3**	**1.8**	**0.6**	**2.5**	**4.2**	**0.9**	**0.8**	**0.3**	**4,049**
Strata											
Metro Tirana	4.2	8.6	2.4	1.8	0.3	2.2	4.1	1.2	1.2	0.2	1,476
Other Urban	5.1	8.2	2.7	2.0	0.8	2.5	3.8	1.1	0.9	0.1	1,331
Other Rural	4.5	7.3	2.0	1.6	0.5	2.6	4.5	0.7	0.6	0.3	1,242
Residence											
Urban	4.8	8.5	2.7	2.0	0.6	2.3	3.8	1.1	1.0	0.2	2,545
Rural	4.4	7.2	2.0	1.6	0.5	2.6	4.5	0.8	0.6	0.3	1,504
Age Group											
15–19	4.7	10.6	0.4	0.4	0.0	4.7	10.6	0.4	0.4	0.0	98
20–24	3.0	6.0	2.6	1.3	0.5	1.8	4.2	1.3	0.8	0.1	505
25–29	6.8	10.0	3.2	2.4	0.8	4.8	6.1	1.4	1.5	0.5	822
30–34	4.6	8.3	2.5	2.4	0.9	2.4	4.3	1.2	1.1	0.5	1,017
35–39	5.3	7.2	2.3	1.8	0.3	2.2	2.8	0.7	0.5	0.3	928
40–44	2.9	6.6	1.4	1.0	0.4	1.0	3.1	0.3	0.3	0.0	679
Marital Status											
Married	3.9	7.0	1.8	1.2	0.4	2.5	4.2	0.8	0.7	0.2	3,963
Previously Married	25.9	31.2	17.2	19.0	7.7	4.0	4.0	4.0	3.4	2.6	86
Living Children											
0	5.5	6.2	2.6	1.1	0.3	2.7	3.4	0.5	0.4	0.0	299
1	5.6	8.4	3.1	2.9	1.1	3.1	5.1	1.4	0.9	0.6	828
2	4.5	6.9	2.3	1.5	0.5	2.6	3.8	1.0	0.9	0.1	1,837
3	4.0	9.3	1.6	1.2	0.4	1.7	4.4	0.5	0.6	0.2	794
4 +	3.8	7.7	1.9	2.2	0.5	2.5	4.2	1.0	1.1	0.5	291
Education Level											
Primary or Less	4.8	8.5	2.6	1.8	0.7	2.8	5.2	0.9	0.7	0.3	1,863
Secondary Incomplete	8.7	13.0	2.1	3.9	0.6	2.8	6.7	1.0	1.5	0.6	246
Secondary Complete	3.8	6.2	1.9	1.5	0.5	1.9	2.5	0.9	0.8	0.2	1,514
Post-Secondary	3.3	5.1	1.8	1.3	0.0	2.5	2.3	1.3	0.9	0.0	426
Socioeconomic Index											
Low	4.5	8.1	2.1	1.6	0.7	2.8	4.8	0.6	0.7	0.2	1,458
Medium	4.9	7.8	2.7	2.1	0.6	2.3	4.0	1.3	0.9	0.4	2,063
High	3.2	5.5	1.2	0.9	0.0	1.8	2.2	0.6	0.6	0.0	528
Employment											
Working	5.8	7.9	3.0	2.4	0.5	2.2	3.3	1.1	0.9	0.2	890
Not Working	4.3	7.7	2.2	1.6	0.6	2.6	4.4	0.9	0.8	0.3	3,159

* Data are missing for 4 ever married women who were not asked about violence

Table 15.3 B
Percentage Who Reported Inflicting Lifetime Physical Violence And Recent Violence by Severity of Violent Act and Selected Characteristics, among Men Aged 15–49 Ever Married or in Union
Reproductive Health Survey: Albania 2002

	Lifetime Physical Violence					Physical Violence During the Last Year					
	Moderate			Severe		Moderate			Severe		
Characteristics	Pushed, Shook, or Shoved, or Threw Something at Partner	Slapped or Twisted Partner Arm	Hit With a First or With Something Else	Kicked, Choked or Beat Partner	Threatened Partner With a Knife or Other Weapon	Pushed, Shook, or Shoved, or Threw Something at Partner	Slapped or Twisted Partner Arm	Hit With a First or With Something Else	Kicked, Choked or Beat Partner	Threatened Partner With a Knife or Other Weapon	No. of Cases
Total	**9.0**	**13.1**	**3.6**	**1.4**	**0.1**	**2.7**	**4.6**	**0.4**	**0.6**	**0.0**	**1,037**
Strata											
Metro Tirana	7.5	14.6	3.5	0.8	0.4	2.5	6.7	1.4	0.4	0.0	430
Other Urban	6.1	12.7	3.3	0.3	0.0	2.0	4.7	0.0	0.0	0.0	321
Other Rural	11.2	12.7	3.9	2.3	0.0	3.1	3.7	0.3	1.1	0.0	286
Residence											
Urban	6.6	13.6	3.4	0.5	0.2	2.1	5.5	0.6	0.2	0.0	682
Rural	11.0	12.6	3.8	2.1	0.0	3.2	3.8	0.3	1.0	0.0	355
Age Group *											
20–24	6.8	7.7	4.5	2.1	0.0	3.3	4.2	2.2	0.2	0.0	161
25–29	5.3	9.7	2.3	1.1	0.1	1.4	3.8	0.2	0.5	0.0	459
30–34	13.5	18.7	4.6	1.4	0.1	3.7	5.4	0	0.9	0.0	417
Marital Status											
Married	9.0	13.1	3.6	1.4	0.1	2.7	4.6	0.4	0.6	0.0	1,023
Previously Married	3.7	12.1	3.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	14
Living Children											
0	3.0	4.6	0.4	0.0	0.0	1.5	2.2	0.0	0.0	0.0	112
1	4.1	8.6	3.7	1.8	0.0	1.7	5.1	1.1	1.0	0.0	221
2	7.5	13.1	2.9	1.4	0.2	2.6	5.3	0.5	0.6	0.0	468
3	15.6	18.7	8.2	2.5	0.0	2.3	2.6	0.2	1.0	0.0	167
4 +	17.1	19.3	1.2	0.0	0.0	6.8	6.9	0.0	0.0	0.0	69
Education Level											
Primary or Less	10.2	15.0	3.6	2.2	0.1	3.8	6.1	0.9	1.2	0.0	433
Secondary Incomplete	7.7	11.1	3.6	0.6	0.1	1.5	3.0	0.0	0.0	0.0	604
Socioeconomic Index											
Low	10.7	14.6	3.5	2.4	0.0	3.8	5.4	0.2	1.3	0.0	405
Medium	8.2	12.7	3.5	0.5	0.2	1.6	4.3	0.5	0.0	0.0	464
High	3.5	7.3	4.6	0.0	0.0	1.5	1.5	1.5	0.0	0.0	168
Employment											
Working	9.2	13.8	4.9	1.2	0.1	1.9	4.0	0.6	0.6	0.0	710
Not Working	8.6	12.0	1.5	1.7	0.0	4.0	5.4	0.1	0.7	0.0	327

* No ever–married men ages 15–19 were in the sample
** Percentages are not shown when base is less than 25 cases

Table 15.4
Percent Distribution of Number of Incidents of Physical Abuse by Type of Abuse and Percentage Resulting in Physical Injuries Among Women Who Were Physically Abused During The Past Year
Women Aged 15–44 Ever Married or in Union
Reproductive Health Survey: Albania 2002

	Number of Incidents Past Year								
Type of Abuse	1	2	3	4+	Don't Remember	Refused	Total	% With Physical Injuries	No. of Cases
Pushed, Shook, Shoved or Threw Something at you	3.5	9.1	11.7	52.4	20.3	3.0	100.0	33.4	101
Slapped You or Twisted Your Arm	10.0	16.7	4.5	35.9	22.6	10.2	100.0	19.4	172
Hit You	8.7	9.4	4.1	48.0	27.8	2.0	100.0	56.3	43
Threatened You With a Knife or Other Weapon	**	**	**	**	**	**	**	**	8
Kicked You, Choked You or Beat You up	11.7	7.9	5.6	44.0	22.8	8.0	100.0	73.5	38
Forced you to Have Sexual Relations	3.3	19.5	10.0	43.2	22.0	1.9	100.0	24.3	65

** Percentages are not shown when base is less than 25 cases.

Table 15.5
Women Who Were Physically Abused by an Intimate Partner During The Past Year Who Talked to Anyone About This Incident of Violence by Selected Characteristics
Reproductive Health Survey: Albania 2002

	Talked to Anyone About Violence (Percent Distribution)			
Characteristics	**Yes**	**No**	**Total**	**No. of Cases**
Total	**46.2**	**53.8**	**100.0**	**200**
Strata				
Metro Tirana	56.3	43.7	100.0	71
Other Urban	48.2	51.8	100.0	62
Other Rural	42.4	57.6	100.0	67
Residence				
Urban	51.5	48.5	100.0	119
Rural	42.4	57.6	100.0	81
Age Group				
15–24	54.3	45.7	100.0	40
25–34	43.9	56.1	100.0	101
35+	45.1	54.9	100.0	59
Education Level				
Secondary Incomplete or Less	42.0	58.0	100.0	143
Secondary Complete or More	59.2	40.8	100.0	57
Socioeconomic Index				
Low	39.5	60.5	100.0	93
Medium/High	52.9	47.1	100.0	107

Table 15.6
Percentage of Women Who Were Physically Abused by an Intimate Partner During The Past Year Who Discussed the Abuse With Other Persons by Type of Person by Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristics	Mother	Husband's Family	Other Relative	Friend	Police	Neighbor	Doctor/ Health Provider	Children	Legal Adviser	No. of Cases
Total	**51.9**	**38.9**	**31.6**	**25.7**	**9.5**	**8.5**	**8.1**	**6.4**	**2.7**	**97**
Strata										
Metro Tirana	37.5	23.8	38.8	20.1	2.2	9.6	11.4	5.6	0.0	39
Other Urban	50.4	38.1	31.3	34.1	2.9	0.0	9.6	6.5	3.5	30
Other Rural	57.9	44.8	29.2	23.0	15.9	13.0	6.2	6.6	3.1	28
Residence										
Urban	45.3	32.4	34.3	29.4	2.8	3.9	10.9	6.5	2.3	63
Rural	57.4	44.4	29.4	22.6	15.2	12.4	5.9	6.3	3.0	34
Age Group										
15–29	43.2	43.1	22.6	24.9	14.1	10.7	7.4	0.0	3.6	46
30–44	59.0	35.5	39.1	26.4	5.7	6.8	8.7	11.6	1.9	51
Education Level										
Secondary Incomplete or Less	52.6	41.5	29.4	18.8	7.3	7.1	5.1	4.0	0.0	63
Secondary Complete or More	50.3	33.0	36.6	41.2	14.4	11.8	15.0	11.8	8.6	34
Socioeconomic Index										
Low	46.3	61.0	31.2	18.4	7.4	3.6	8.4	7.9	3.8	39
Medium/High	56.1	22.1	32.0	31.3	11.1	12.2	8.0	5.2	1.8	58

Table 15.7
Percentage Distribution of Women Who Were Ever Physically Abused by an Intimate Partner Who Did not Report the Abuse to a Health Provider, Police, or Lawyer by reasons for Not Reporting The Abuse by Residence and Socio-Economic Index
Reproductive Health Survey: Albania 2002

		Residence		Socioeconomic Index	
Main Reason no Legal/Medical Help	**Total**	**Urban**	**Rural**	**Low**	**Medium/High**
No Use Would Not do Any Good	32.5	31.5	33.3	30.2	35.0
Violence is Normal /No Need to Complain	27.7	30.0	26.1	27.7	27.7
Did not Know Where to Seek Help	9.0	5.5	11.6	13.4	4.2
Afraid of Divorce	7.1	6.8	7.4	6.5	7.8
Afraid of More Beatings	6.5	6.2	6.7	8.4	4.3
Bring Bad Name to Family	4.7	5.2	4.3	4.5	4.9
Embarrassed	3.8	5.2	2.8	3.7	3.9
Thought Would Not be Taken Seriously	2.8	4.4	1.7	1.2	4.6
Thought she Would be Blamed	1.1	2.6	0.0	0.0	2.3
Afraid of Losing the Children	1.0	0.0	1.8	2.0	0.0
Don't Know/Refused	3.8	2.7	4.5	2.3	5.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
No. of Cases	189	113	76	91	98

Table 15.8
Situations That Make Partner Violent as Reported by Women Who Were Physically Abused by an Intimate Partner During The Past Year by Residence
Reproductive Health Survey: Albania 2002

		Residence	
Characteristics	**Total**	**Urban**	**Rural**
Husband/Partner is Drunk	42.0	42.6	41.4
Family Has Financial Troubles	40.5	38.7	42.1
Husband/Partner is Unemployed	36.7	35.8	37.6
Husband/Partner is Jealous	32.3	33.0	31.7
There Are Family Problems	21.4	24.7	18.3
She Does Not Look After Children	20.1	15.4	24.4
Husband/Partner Acts According to Kanun	12.4	10.8	13.8
Husband/Partner Does Not Have Food at Home	9.8	10.0	9.7
She is Unemployed/Has no Income	8.9	6.1	11.4
Husband/Partner Cannot Get Alcohol/Drugs	3.8	4.3	3.3
She is Pregnant	2.6	2.7	2.6
Other—Partner Violence	0.6	0.5	0.8
No. of Cases	**352**	**241**	**111**

Table 15.9
Percentage of Women Aged 15–44 Ever Married or in Union Who Ever Experienced Any Form of Abuse Who Want to Know of The Tirana Hotline Number Where They Can Ask Questions About Violence Against Women
Reproductive Health Survey: Albania 2002

	Percentage Who Want to Know Tirana Hotline Number			
Characteristics	**Yes**	**No**	**Total**	**No. of Cases**
Total	**12.1**	**87.9**	**100.0**	**1,275**
Strata				
Metro Tirana	15.2	84.8	100.0	451
Other Urban	15.3	84.7	100.0	447
Other Rural	9.1	90.9	100.0	377
Residence				
Urban	15.3	84.7	100.0	841
Rural	9.3	90.7	100.0	434
Age Grouped				
15–29	16.4	83.6	100.0	397
30–44	10.3	89.7	100.0	878
Education Level				
Secondary Incomplete or Less	10.3	89.7	100.0	688
Secondary Complete or More	15.4	84.6	100.0	587
Socioeconomic Index				
Low	10.5	89.5	100.0	480
Medium/High	13.6	86.4	100.0	795

Table 15.10
Percentage of Women Age 15–44, Who Stated That a Man Has a Right to Hit or Beat His Wife Under The Following Situations by Residence and Education
Reproductive Health Survey: Albania 2002

		Residence		Level of Education	
Situation	Total	Urban	Rural	Secondary Incomplete or Less	Secondary Complete or More
She Asks Him if He Has Other Girlfriends	59.8	47.4	69.2	67.8	45.6
She Neglects The Children	33.5	22.5	41.7	40.2	21.4
She Dresses Too "Sexy or Depends Too Much on Her Looks"	27.5	18.4	34.3	33.8	16.2
She Goes Out Without Telling Him	25.8	14.3	34.4	33.1	12.8
She Argues With Him	22.2	13.7	28.6	28.6	10.8
He is Not Happy With Her Care of Household	15.2	8.5	20.2	19.9	6.7
He Finds Out That She Has Been Unfaithful	11.6	6.5	15.4	15.3	5.1
She Refuses to Have Sex	11.4	6.2	15.2	14.6	5.6
No. of Cases	**5,697**	**3,572**	**2,125**	**3,172**	**2,525**