



USAID
FROM THE AMERICAN PEOPLE

Albania

Introducing a Natural Family Planning Method in Albania

ALBANIA is a country in Eastern Europe. It is bordered by Greece to the south-east, Montenegro to the north, the disputed territory of Kosovo to the northeast, and the Republic of Macedonia to the east. It has a coast on the Adriatic Sea to the west, and on the Ionian Sea to the southwest. It is less than 72 km (45 miles) from Italy, across the Strait of Otranto which links the Adriatic Sea to the Ionian Sea.

Albania is a parliamentary democracy which is converting its economy into a big business oriented system. The Albanian capital, Tirana, is home to 600,000 of the country's 3.6 million people. As a result of the opening of the country in the post-communist era, Albania is now undergoing a development boom as its telecommunications, transport and utilities infrastructure is being revamped.

INTRODUCTION

Today's Albanian women and men struggle to balance elements of history and tradition within the modern world when it comes to their reproductive choices. Albania saw its fertility rate rise from six children per women in 1945, to a high of nearly seven by 1960. After 1960 the rate began to decline and reached three children per woman by 1990.ⁱ The nation's communist Government (1945-1992), while not explicitly pro-natalist like some of its neighbors, did ban contraception and abortion. Albania is a society with historically high fertility, due largely to rigid patriarchal norms. Though the Government claimed that rapid population growth was a prerequisite of strong economic growth, three of its policies would have the effect of reducing fertility (though this was not their intent): increased education for women (today, fewer than 5 percent of men and women are illiterate; 92 percent of Albanian women could not read or write in 1945), increased employment for women, and improved health care that allowed far more infants and children to survive.

Contraception and abortion were both legalized following the overturn of communism in the early 1990s. Family planning services and free commodities—especially condoms, pills, and injectables—are now available, down to the commune level through facilities managed by the Ministry of Health (MOH).ⁱⁱ Nine of 10 Albanian women have heard of at least one modern family planning method.ⁱⁱⁱ



A grandmother and her granddaughter in the remote village of Kacni, located in the Selishte commune of Diber district



CO.RE Group

The national contraceptive prevalence rate for modern methods is just 8 percent among married women and 3 percent among married men. The majority of married couples who use any method rely on withdrawal—67 and 74 percent of women and men, respectively. Married people also rely on periodic abstinence, citing a fear of side effects, partner preference, and insufficient knowledge as their reasons for not using modern contraception. Seventy-three percent of women who use traditional methods believe that withdrawal is more effective at preventing pregnancy than modern contraceptives. Abortion is resorted to frequently when traditional birth control fails.

Albanians still live in a patriarchal social and family structure that heavily influences determinants of fertility such as marriage and contraception. Virtually all Albanians still marry and have children, and do so at young ages. There is hope that today's teens and twenty-somethings will be able to mediate the tensions between historic and modern values, changing contraceptive use patterns from traditional to modern.

THE ALBANIAN CHILD SURVIVAL PROGRAM AND ITS FAMILY PLANNING COMPONENT

The American Red Cross (ARC) and the Albanian Red Cross partnered to implement the Albanian Child Survival Program (ACSP)^{iv} in three districts of mostly rural Diber Prefecture in eastern Albania. The ACSP was a 5-year project that ended in September 2008. The project was intended to improve the health of women of reproductive age and children 0 to 59 months old. Family planning was also an essential element of the program.

ACSP baseline research^v found that the Contraceptive Prevalence Rate in Diber was just 9 percent in 2003 and unmet need for modern family planning methods was 94 percent. About 51 percent of respondents were trying to meet family planning needs with withdrawal, periodic abstinence, and a heavy reliance on abortion (over 300 per 1,000 live births) when other methods failed.

There were many reasons for this scenario. Although 69 percent of the population in Diber lived within 5 kilometers of a facility that offered family planning services, physical access to these services was hampered by poor roads, bad weather, and lack of public transportation. Access wasn't the only problem. Women who discussed family planning with a health worker were no more likely to use a modern method than those who had not. Less than half of current users felt that modern

methods were safe, easy to use, and effective.

The ACSP mobilized communities to take ownership of their own health, while increasing access to and quality of key services in villages and in the health system. The project organized a network of village nurse-midwives and Red Cross volunteers to promote knowledge and behavior change. The ACSP offered limited services within villages, thereby bringing commune-level services even closer to the people.

The ACSP worked to increase contraception use in particular. Their network facilitated women's family planning support groups, offered household-level counseling, and referred women for MOH-approved contraceptives either at the nearest commune-level health center or in their own village if it contained a pilot delivery point. The project promoted all MOH-approved methods: oral contraceptives, condoms, injectables, the IUD, and natural contraception, including the lactational amenorrhea method.

Included in the category of natural contraception—and the topic of the present case study—was the Standard Days Method (SDM). The ACSP introduced this method to Albania in 2006.

PROJECT APPROACHES: INTRODUCING STANDARD DAYS METHOD

SDM is a fertility awareness method that offers couples an accessible, inexpensive, and effective family planning option. Researchers at the Institute of Reproductive Health at Georgetown University School of Medicine developed the method.^{vi} SDM is more than 95 percent effective with correct use, and more than 88 percent effective with typical use among women who reported regular cycles of 26 to 32 days. SDM is especially attractive to couples who fear the side effects of other modern methods and/or in cultures where barrier and hormonal methods are viewed negatively and have common reproductive health goals. As such, SDM appeared ideally suited to the Albanian context.

Before 2006 SDM had been introduced in more than 20 countries around the world, though only two were in Eastern Europe or the former Soviet Union: Azerbaijan and Romania. Albania joined the list through ACSP's efforts. The Albanian context was unlike those in Latin America and Africa, given its highly literate population, heavy reliance on abortion and withdrawal, and comparatively low fertility rate.

With technical assistance from Georgetown University, ARC and the Albanian Red Cross introduced SDM in selected villages in Diber prefecture. They simultaneously studied the process and its outcomes.

Study Questions

ACSP introduced SDM over the course of 2006 in three districts of Diber Prefecture—Diber, Mat, and Bulquize. The project used this opportunity to answer the overall operational question: *is SDM acceptable to users, and is it feasible to introduce and sustain this method in the Albanian context?* ACSP also collected data to respond to other questions, including the demographic profile of acceptors, their ability to use the method correctly, and their choice of alternate methods during fertile periods.

Training Family Planning Providers

ACSP and MOH staff trained 89 providers (family doctors, maternity health staff, counselors, and village nurse-midwives) from the 25 health centers in three districts on the use of SDM. This method was incorporated into the method mix and offered alongside other MOH-approved methods during health education and counseling sessions.

While SDM was offered throughout the three districts, data for ACSP's study was collected from a limited number of sites. In consultation with local public health directorates and health providers, the ACSP developed the following criteria for data collection sites: health centers with a consistent supply of modern methods, with confidential space for counseling, and with trained health providers who took a special interest in family planning. Seventeen service delivery points were selected for data collection: seven in Diber, six in Mat, and four in Bulquize. Again, all trained health providers in Diber Prefecture offered SDM, but data for this case study were collected only from these 17 sites.

Documentation

ACSP developed data collection instruments to track all new acceptors of modern methods including SDM. Selected family planning providers received one additional day of training on how to document their counseling experiences for the purposes of this study. The data collection instruments included the following:

1. **Intake form:** Village nurse-midwives administered this form. It recorded demographic information from all clients who had an initial family planning counseling session. It also included information on the client's contraceptive preferences and decisions.



Family planning focus group discussion with men from the small village of Muzhake, located in the Komsi commune within the Mat district.

CycleBeads® and SDM

CycleBeads are a color-coded string of beads that offer tactile and visual cues to the SDM user. They are intended to make the method easier and more effective than simply marking a calendar. The beads come with a flexible rubber ring. On the first day of her period, the user moves the ring to the red bead. She then moves one bead every morning until the start of her next period. She (and her partner) can clearly see:

- *White beads* mark the days that the user is likely to get pregnant and should avoid unprotected intercourse.
- *Brown beads* mark the days that she is not likely to get pregnant.
- A *dark brown bead* helps determine whether the cycle is fewer than 28 days.





2. **Follow-up monitoring sheets:** Providers used these sheets during follow-up visits at 6 weeks and 3 months post-acceptance. They recorded whether the client was still using her selected method, and gathered information regarding correct use and satisfaction.
3. **Exit or discontinuation form:** ACSP interviewed clients at the end of the study period. The interviews determined client's opinions, experiences, and intent vis-à-vis SDM or other family planning methods. The ACSP also interviewed women who discontinued use during the study.

ACSP staff felt it extremely important to supervise family planning providers closely to ensure that clients received quality counseling and that documentation tools were used as intended. A supervisory team of ACSP managers and MOH counterparts conducted at least three supervisory visits to each service delivery point during the first 9 months of the year-long study. The team used a provider performance-improvement tool for assessing counseling skills. They also asked a series of directed questions to assess the providers' knowledge of and commitment to offer SDM. The team used an observation tool to check availability of educational and counseling materials (cue cards, calendars, and CycleBeads®). They also checked for correctly completed admissions forms.

Key Findings

Participating health centers completed 355 intake forms in 2006. Data were retained on only the 254 clients who met the agreed criteria of being either new to using modern methods or wanting to switch methods. Almost half (43 percent, or 112 of 254) of clients had ever used a family planning method. The remaining 46 percent (118 women) had used withdrawal as a method.

Of these 254 clients, 98 (or 44 percent) chose oral contraceptives, and 76 (or 30 percent) chose SDM at intake. Other methods included condoms, spermicidal tablets, IUDs, and injections.

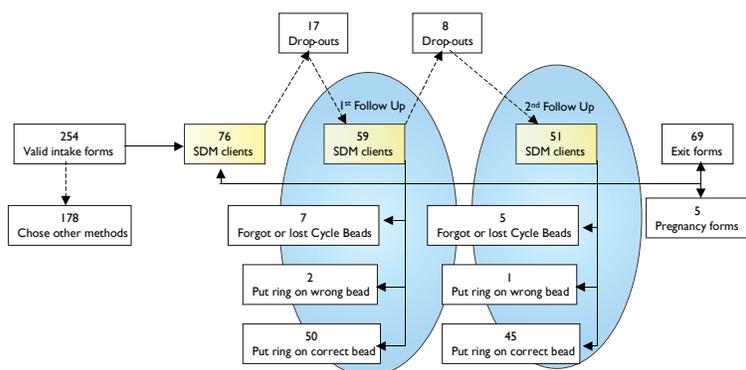
In Mat district, 61 percent of all study participants chose SDM. This measure was 27 percent in Diber, and a mere 5 percent chose the method in Bulquize district.



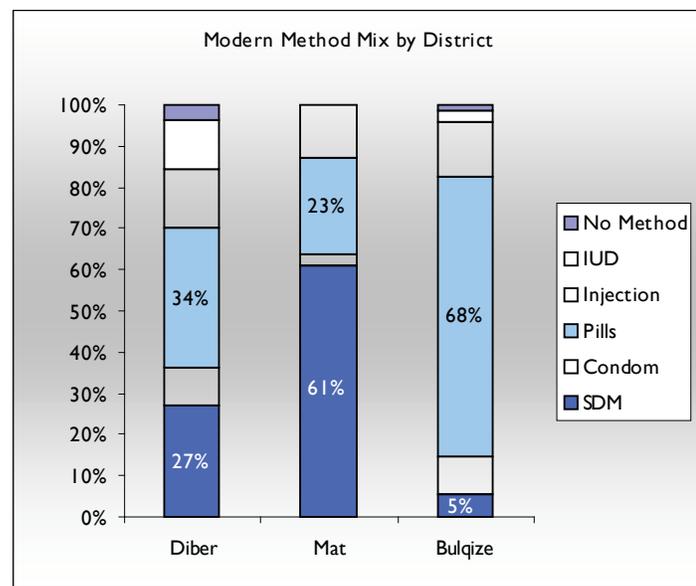
A district health coordinator introducing the SDM method to a health center family planning provider.

The graph on the following page shows the marked difference in choices across the three districts.

Seventeen of the original 76 SDM users had stopped using the method by the first follow-up visit, approximately 6 weeks post-acceptance of the method. About 3 months later at the second visit, 8 of the 59 remaining clients had dropped out. Of the 76 original users in the beginning of the year, 69 exit forms were completed 9 months later. The flow is shown below.



The study found some demographic differences between users of SDM and other methods. Age differences were not statistically significant, but SDM users had significantly higher levels of education (49 percent had a high school degree, compared with 35 percent of other users). Most SDM users lived in rural areas. This might reflect the overall accessibility of family planning services. Whether used in conjunction with CycleBeads® or a calendar, SDM does not require that the user regularly seek refills.



Most SDM users (64 women, or 84 percent) chose the method because they felt it had no adverse health impacts. Similarly, most (53, or 70 percent) felt it had no side effects and was cost effective. Although partner preference was cited by 44 percent of clients, almost all the counseling sessions involved only women. Alarmingly, seven clients mentioned that they chose SDM because it does not require the use of condoms. This finding underscores the importance of regular training, supervision, and follow-up of family planning providers to ensure that correct information is given to clients so they can make an informed choice. In this instance, underscoring the need to abstain or use another method such as condoms during fertile days is important.

Thirty SDM users decided to interrupt the method during the study period. Twelve users wanted to return to fertility, one was found ineligible to use SDM, and seven decided to discontinue the use of family planning services. Ten of these users chose to switch to another method (of these, six chose condoms).

Nine months after beginning this study, ACSP documented 69 exit interviews to determine client practices and intentions. Ninety-one percent reported that they had discussed SDM with, and recommended it to, other women. A slight majority—39 women or 56.5 percent—stated their intent to continue using SDM, and had completed at least seven cycles of the method. The remaining clients gave a variety of reasons for discontinuing the method. The table below shows users' intentions as expressed during exit interviews.

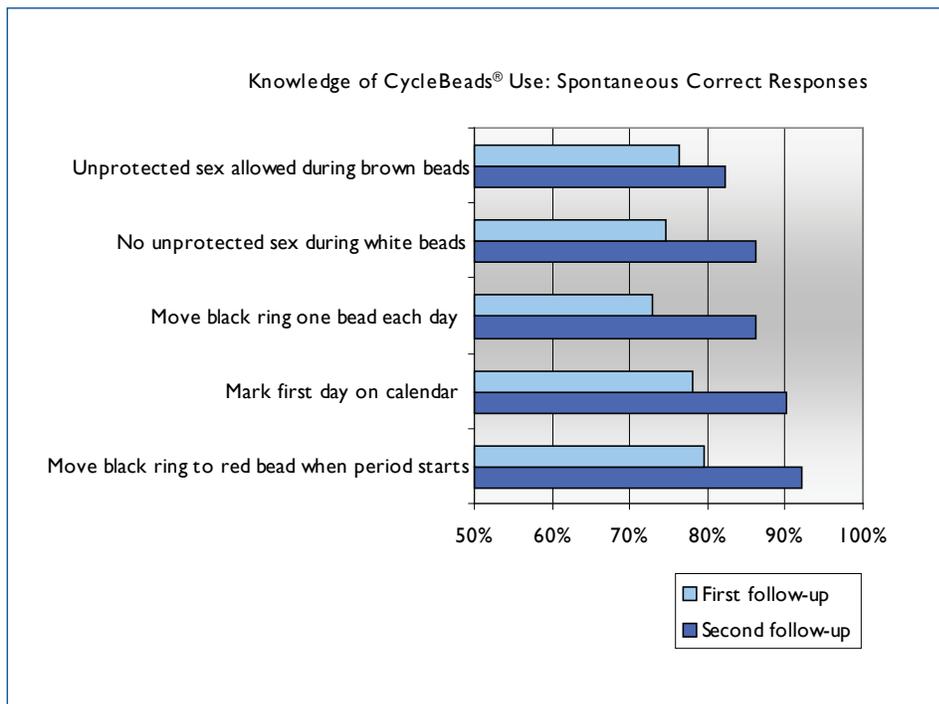
Statements	Number	Percent
User completed ≥ 7 cycles; intends to continue SDM	39	56.5
User had two or more cycles out of range*	6	8.7
User is pregnant	5	7.2
User wants return to fertility	7	10.1
User wants to switch to another FP method	1	1.4
User does not have frequent sexual relations	1	1.4
Partner opposes use of SDM	3	4.3
User does not trust SDM (fear of pregnancy)	3	4.3
Other	4	5.8
Total	69	100.0

*SDM is not recommended for women with cycles shorter than 26 or longer than 32 days.



Four of the five SDM users who became pregnant during the study period had chosen to return to fertility. One woman stated that she did not use a backup method during her fertile period.

SDM users were asked to demonstrate the use of CycleBeads® at the first and second follow-up visits (i.e., at about 6 weeks and 3 months). Clients demonstrated a high degree of knowledge about the use and purpose of CycleBeads®, and a growing confidence over time. Although not statistically significant, these improvements were seen across all questions.



CONCLUSIONS

In Albania, ACSP found that SDM was the second-most popular method (after the pill) among 254 women who chose a modern method to fulfill their stated interest in both spacing births and limiting their family size. Some women actually used the method to return to fertility. Most women who chose to discontinue SDM and switched to another modern method chose to use condoms. More educated and slightly older women chose SDM in the study. Additional promotion may help introduce the method to other clients.

The study results show that women who chose SDM overwhelmingly did so because they felt that it had no adverse effect on their health. ACSP found that SDM was easily understood by both provider and client. Family planning clients found the method to be safe and easy to use, and only one case of method failure was recorded.



The Albanian MOH has since incorporated SDM training for health providers into its family planning curriculum. Supervision is crucial to ensure quality of counseling sessions and follow-up. This will require additional resources and management commitment by district health center directors. Even though individual counseling sessions for SDM users require somewhat more time than for user of other methods, it is notable that SDM discontinuation was not a direct result of client dissatisfaction or fear of side effects. It is also recommended that couples receive more than one counseling session and providers counsel clients while demonstrating how to use the method with Cyclebeads®.

The future of CycleBeads® in Albania remains uncertain even though MOH has officially included SDM in its method mix. (Those used for this study were donated by Georgetown University's Institute for Reproductive Health.)



Health Fair in Peshkopi, organized by American Red Cross and Albania Child Survival Program.

-
- ⁱ Arjan Gonja, et al. 2008. Trends and patterns, proximate determinants and policies of fertility change. *Demographic Research*, 19 (July). Available at: www.demographic-research.org/Volumes/Vol19/11/.
- ⁱⁱ Albania: Family Planning Situation Analysis 2007. November 2007. Arlington, VA: John Snow, Inc./Europe and Eurasia Regional Family Planning Activity for the U.S. Agency for International Development (USAID).
- ⁱⁱⁱ Albania Ministry of Health and Centers for Disease Control. 2005. Reproductive Health Survey Albania 2002: Final Report. (May). Executive Summary pp III–VIII.
- ^{iv} In this 5-year (October 2003–September 2008) project funded by USAID, the ARC and its partners strove to improve the health of children under 5 and women of childbearing age by: increasing key maternal and child health and family planning practices at the household level; improving the quality of maternal and child health and family planning services; and increasing their availability and accessibility. In 2004, ACSP's reach included approximately 28,600 children, 55,400 women, and 68,700 men (15–59 years).
- ^v Albania: Baseline Survey Report 2004. August 2004. Washington, D.C. American Red Cross, International Services
- ^{vi} M. Arevalo, et al. 2002. Efficacy of a new method of family planning: the Standard Days Method. *Contraception*, 65; pp. 333–338.
- ^{vii} Based upon unweighted data.

Written by:
Sujata Ram and
Ditila Doracaj,
MD, American Red Cross

Edited by:
Catherine Toth and
Macro International Inc.

Photos by:
American Red Cross Albania
and David Cantor,
Macro International

Design by:
Macro International Inc.

