

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	2
EXECUTIVE SUMMARY	3
INTRODUCTION	9
CONTEXT.....	11
METHODOLOGY	13
MAIN SURVEY RESULTS	17
1. Demographic profile of respondents	18
2. Migration history	23
3. Health of women.....	25
4. Child health issues.....	30
5. STDs.....	35
6. Drugs	38
7. HIV/AIDS	41
8. Sexual behavior and family planning.....	53
9. Condom knowledge & use.....	55
10. Ideal family size	63
11. Access to media	65
12. Sources of information about family planning.....	70
13. Preferred media for family planning.....	73
14. Inter-personal communication on family planning.....	74
RECOMMENDATIONS	76

ACKNOWLEDGEMENTS

This survey was undertaken as a joint initiative of United Nations agencies in Albania under the coordination of UNICEF and through the UN Theme Group on HIV/AIDS. The survey grew out of a concern about the impact of rapid social change on life and health in Albania and in particular its possible consequences for HIV/AIDS.

The survey used the Knowledge, Attitudes, Beliefs and Practices (KABP) approach developed by Dr Manuel Carballo and colleagues in the WHO Global Programme on AIDS in 1988. Since that time KABP surveys have gone on to be used in a variety of forms in many parts of the world, and have been especially applied to health and health-related behavior.

This survey could not have been completed without the participation of Professor Edmond Dragoti and his colleagues at the Institute of Public Opinion Studies and Dr Manuela Murthi and her staff at the Institute of Public Health. Their collaboration and input to this project is sincerely acknowledged, as are the early commitment and insights of Dr Peer Sieben of UNFPA who identified HIV/AIDS as an emerging and potentially serious public health concern in Albania.

ICMH also wishes to sincerely acknowledge the technical support and organizational direction that was provided by the senior staff of UNICEF, especially Dr Roberto Laurenti, Dr Marianna Bukli and Dr Lenin Guzman. At UNFPA the insights and technical support of Dr Manuela Bello and Dr Katy Shroff, as well as the technical help of Dr Vahli Bizgha of the Ministry of Health in the early formulation of the project was instrumental. The technical advice and support of PSI, especially Dr Kastis Kaleda was very valuable as was the encouragement and support of UNAIDS and Mr Jan Wahlberg of UNDP. At AED the advice and support of Dr Bérengère de Negri in the development of the project is also greatly appreciated.

This report could not have been completed without the collaboration of Ms Judy Dowling and Mrs Janet Coutin of ICMH.

Manuel Carballo
Coordinator, ICMH

EXECUTIVE SUMMARY

A young society in change: At the beginning of the 21st century Albania finds itself confronted by a rapidly evolving situation and a number of new emerging social and health challenges. Over the past ten or so years the country has gone through a series of fundamental and often traumatic changes that have affected all walks of life and people in all parts of the country. The impact of these changes will be even more significant given the youthfulness of the country. The survey findings highlighted Albania's young demography with 60% of the sample falling into the 15-30 year old range.

Poverty: Albania remains one of Europe's poorest countries. Investment in Albania's infrastructure has been limited and a number of health, social and economic indicators reflect this. Over a third (37%) of the population surveyed relied on public stand pipes for their water and only 23% said they had flush toilets. Less than a half of the population surveyed had electricity in their homes and 41% said they did not have a refrigerator. Less than 40% of the people in the survey said there was not a radio or a television in the house they lived in.

Poverty and migration: Poverty – both real and relative – has forced many people to move away from their communities of origin to seek a better life elsewhere. More than a half of all the people in the survey had moved at least once since birth and 10% had moved home in the last seven years. Most of the people who have moved have remained within Albania, moving from rural areas to cities and large towns.

Migration abroad: In addition to internal migration, the survey suggests that almost a third of young adults have spent some time working abroad. Migration out of Albania is not only affecting the poorly educated. The intensity and widespread nature of the push factors is creating a process that is increasingly involving all levels of society and educational/technical backgrounds. This could go on to present a serious problem for the management as well as the social infrastructure of the country in the future.

Other implications: The impact of migration is pervasive. It is always a disruptive process and has serious implications for family structure and life. The survey found that almost a third of those who had moved had done so alone, that is to say without a partner. At the same time over two thirds had moved with children suggesting that while in a large proportion of cases people may be moving alone and away from families of origin while others may be moving without their partner but with children. The data also show that although young women are migrating as well as men, they are doing so far less. As a result,

families and relationships are probably being broken up. The implications for coping strategies to emerge that involve changes in sexual behavior and resultant exposure to sexually transmitted diseases in an era of AIDS could be considerable.

Migration and sex work: Although this survey did not touch on the issue of commercial sex work, the reality is that the findings of the survey show that the largest proportion of migrants from Albania go to Greece and Italy where it is known that many Albanian women have been pressured into commercial sex activities. Commercial sex work today involves a greater risk to health than ever before and the region as a whole is experiencing a STD epidemic. In much of Western Europe where women are being recruited into sex work, moreover, HIV/AIDS continues to be a serious problem with obvious implications for those engaged in irregular and regular sex work. Migrant men living abroad alone are also likely to be exposed to this threat, because they too will frequent sex workers.

Possible long-term implications: In general there may be a growing acceptance of commercial sex work as a way of making a living. Thus despite the close nature of family life in Albania that was evidenced by the survey's data on youth who continue to live with parents, a culture of pragmatic sex work could bring about fundamental changes in family and social life.

Role of education: The importance of education in all aspects of health and health-related behavior was evident throughout the survey. And while it is not to this survey on health to embark on a discussion about what could be done to even further enhance the role of education, its associated benefits for health development cannot go without mention. Education influenced the age at marriage and hence the life years of exposure to child bearing in a society that is still relatively family oriented and in which child bearing outside of marriage appeared to be very low. For example, a large proportion of the women who had only completed primary school education were married by the age of fifteen. Education was also associated with knowledge about health, reproductive behavior and self-care. It may also have been indicative of health care-seeking behavior.

Women's health: The health of women in Albania may now be suffering as a result of economic crises and the limited investments that are being made in health and social services. The ramifications for specialized health care, for example, were evident, especially with regard to services that cater to the gynecological health needs of women. Thus, only 42% of the women in the survey said they had ever had a gynecological examination of any type and access to such essential services as Pap smear tests was very restricted. Only 34 women said that they had ever had such a test and most of these 34 women lived in Tirana and Durres. As far as breast examinations were concerned, the situation was equally poor; only 23% of the women in the 21-25 year old bracket

said that they had ever heard of breast examination, and this was the highest proportion in any age group.

Maternal health: The health care available to women during pregnancy also emerged as an issue of concern. Prenatal care, for example, was very limited. Only 18% of women who had been pregnant said they had been examined in the first trimester of their last pregnancy. Another 45% were not seen until the second trimester, and 37% did not go until the last three months of their pregnancy. Education was a good indicator of this and suggests that antenatal care may be a function of at least two forces, namely the access lower socio-economic groups have to antenatal care services, and/or that it is people with higher education that understand the need to seek antenatal care.

Family planning: The proportion of people who said their last pregnancy was desired at the time was relatively small and is indicative of the poor inroads that family planning services appear to have made in Albania. In general the regular use of family planning methods was low and only 17% of those who were surveyed said they used them. Of the methods they did use, condoms were clearly the method of choice and those that used them were well informed about their advantages as a contraceptive device. Contraceptive pills were the next most frequently mentioned method followed by natural methods such as withdrawal. In general, family planning using modern contraceptives increased with education. Thus, while only 21% of people with no more than 8 years of schooling said they practiced contraception, the proportion rose to 50% by the time had completed high school.

Importance of condoms: Although family planning is not as widespread as it could be, knowledge about condoms was good. Over 82% of the men in the survey said they knew what a condom was. This was particularly evident in the 15-30 year old age group. Even so, however, only 33% of the men said they had ever used one, and almost two thirds of these were in the 21-30 year old age group, suggesting that the popularity of condoms is a relatively recent phenomenon. Men who had completed high school and who lived in the main urban areas of Albania were by far more likely than others to use condoms, but even so, only 9% of them said they had used one the last time they had sex. The price of condoms was clearly not a problem and 74% of the men who purchased condoms said the price was reasonable; another 23% said they thought it was low. There was also a clear preference for two particular brands of condoms ("For You", and "Love Plus") and about 20% of the men concerned referred to their quality. Another 27% said they liked them because they were easy to find and 36% said that good advertising had brought these two brands to their attention.

Where people go for family planning methods: The role of pharmacies as a successful outlet for family planning methods was evident in the survey and 40% of all respondents said this was where they would go or actually did go to get

them. Other outlets such as hospitals and family planning clinics were relatively rarely mentioned and health care practitioners even less so.

Ideal family size: The number of children people thought they should have varied considerably and was evidently associated with the educational level of the parents. While 47% of people with only a primary education felt that three or more children was the ideal, 67% of the people who had completed university felt that two or less was the ideal. What is perhaps even more significant was that almost 18% fatalistically said that it was in the hands of God.

Actual family size: Ideal family size was reflected in the number of children people actually had, and thus varied considerably according to the educational background of parents. Thus while over 62% of parents who had completed a university education had two or less children, 16% of those with only primary education had five, and a quarter of the people with no schooling at all had five or more children.

Child welfare: Despite the high level of mobility referred to earlier, most children still appeared to be cared for by their parents or in about 17% of the cases by older relatives; there was little evidence of institutional child-care facilities such as crèches. There was a strong awareness of the problems facing children today in Albania. When asked to list the three most important challenges, health emerged as the single most frequently mentioned problem, followed by education and economic opportunities. In general parents were also inclined to see children delay entry into the work force, and 54% of parents opted for delaying it until the age of 18-20 with even longer delay for girls.

Child health: Child health emerged as something of a concern for a variety of reasons. For example, 23% of the parents interviewed said that in the month prior to the survey, their youngest child had suffered from a fever and other symptoms such as a runny nose, cough, difficulty breathing were also mentioned. Getting health care for children was also a problem for many parents and although 67% said they only had to travel 30 minutes to get pediatric care, another 17% had to travel for up to an hour and 10% said they had to go even further.

Sexually transmitted diseases (STDs): In an era when STDs are more common and becoming more difficult to treat it is important to have an idea of the profile of the disease in countries. The question was only asked of men, and only 45 men actually said they had experienced the particular symptoms that were cited by interviewers. This may reflect resistance to discussing the matter publicly as much as it reflects the true prevalence of the problem. Of those that did respond, most were in the 21-30 year old age group. Significantly, only 16 of them said they had sought medical advice/treatment, and of those that had single men with at least eight years of education were most likely to have done so.

HIV/AIDS as a problem in Albania: In response to questions concerning the main health problems facing Albania today, approximately a third mentioned AIDS; most were under the age of 30 and 70% lived in urban districts. Only 6% of the people aged between 46-50 referred to AIDS. Among those that did not mention AIDS cancer, heart disease, influenza, bronchitis and hypertension were the five most referred to problems in that order. Far more (53%) people had heard about the disease but again the same profile emerged with younger people living in urban areas being far more aware of the problem than older people and people living in rural areas. Most people said they had heard about HIV/AIDS from the television.

Who knew someone with AIDS: Altogether 48 people said they had known someone with AIDS and it is significant that of these 48 people, 23 had lived abroad for a period of time. In general, a large proportion of the survey population, especially younger people nevertheless said they were very or moderately worried about getting HIV/AIDS and 194 people said they had friends or relatives who they thought should change their behavior to avoid getting the disease. Most (86%) were under the age of 40 and over a half of them were under the age of 30. Even in the youngest age group, namely 15-20, 19% said they knew someone who should take action to avoid getting HIV/AIDS. Even so 14% of people in the youngest age group said they had never talked with relatives about the problem and another 17% said they had probably spoken about it no more than "once or twice".

How do they see the risk of getting HIV/AIDS: Although the level of awareness about HIV/AIDS was high there were many misunderstandings about how HIV is transmitted from one person to another. For example, almost 26% of the 1041 people that responded to the series of questions about the risk of HIV transmission thought that shaking hands was very or moderately risky, and 69% thought that having sex with someone who has HIV/AIDS even with a condom was equally risky. Slightly more than 60% of the respondents saw using public toilets as a very or moderately risky as well. Of particular importance, given its implications for hospital care, was the fact that donating blood was also seen by 83% of people as very or moderately risky, and 96% said receiving a blood transfusion was also very risky.

The role of television: Despite the fact that only 37% of the population had a television, 93% said they managed to watch it every day and television was by far the medium most people referred to as a source of information on family planning and HIV/AIDS. It was also the medium that a majority of people considered the most appropriate for diffusing information on these matters. Private channels were the most popular and almost twice as frequently referred to as public channels. Italian channels were watched by 23% of people. Men and women had essentially the same viewing behavior but age was a critical factor. Private channels were watched primarily by young people and public channels became more popular in the older age groups.

The role of radio: Radio was less popular than television and only 57% of respondents said they listened to it on a daily basis. Most of them were in the 15-20 year old age group. Again, private channels were the most popular, followed by public channels and then Italian ones.

The role of newspapers: Of the three main media, newspapers were the least popular, especially among people with low levels of schooling and young people. Even in Tirana and Durres only 21% of the respondents said they read newspapers every day and in more rural areas such as Bulqize, Delvine and Devoll, nobody said they read them every day.

Information about family planning: Of all the sources of information available to people on family planning issues, television was again the one most frequently mentioned, even though only 28% of people referred to it as their most important source. This was nevertheless twice as many people as referred to the next important source of information, namely friends (14%) and almost three times as many referred to as radio. Over half of all respondents also felt that television was the most appropriate way of communicating information about family planning.

Peers as a source of information: Throughout the survey there was evidence that many people get information about health related matters from friends and peers. Children in schools as well as adults referred to this, and peer education clearly constitutes a theme that deserves further consideration in the promotion of reproductive health related matters.

INTRODUCTION

This survey on reproductive and family health in Albania grew out of a growing concern by Albanian national health authorities as well as a number of international organizations, about the growing problem of HIV/AIDS and other STDs and their possible implications for public health in Albania.

Following discussions led by UNICEF, UNFPA and the Ministry of Health in conjunction with UNAIDS, UNDP, PSI, AED and ICMH, a decision was taken to initiate a broader survey. It was decided that the survey should also cover health themes such as reproductive health in general, family planning and family formation, child care and welfare, adolescent health, and drug abuse. There was also a concern that the pace and scope of migration within and also out of Albania might be becoming a new and important determinant of the health profile of the country.

Many of the issues that were proposed as themes to be covered by the survey had in one way or another been taken up previously by many of the agencies involved, and certainly by the Ministry of Health of Albania. There was nevertheless a general agreement that given the rapid nature of social and economic changes in the country an assessment of the current situation would be useful in guiding new and/or refined health and social development policies as the country entered the 21st century.

It was felt that a national survey of Knowledge, Attitudes, Beliefs and Practices (KABP) would describe the situation in ways that could be useful for health planning and formulation of IEC initiatives. The decision to use a KABP survey approach was also predicated on the fact that KABP surveys have proved useful in providing information such as this in other countries and are relatively easy to apply.

ICMH was sub-contracted by AED to (a) prepare the survey, (b) design the questionnaire, (c) train national data collection staff and supervisors, (d) prepare a data entry software package, and (e) prepare the final report. This report prepared by ICMH covers these steps and provides an overview of the findings.

In light of this emerging social situation in Albania, discussions between all the key international agencies, namely UNICEF, UNFPA, UNDP, UNAIDS and PSI, it was agreed that the purpose of the survey would be to provide nationally representative information on:

- how people perceive and behave with respect to family planning and contraceptive use;

- what are the main sources of information people turn to with respect to family planning and contraceptive methods;
- how do people perceive and behave with respect to HIV/AIDS, STDs and drug abuse;
- how do people perceive selected aspects of child care, health and welfare; and
- what are the emerging health concerns of adolescents.

CONTEXT

Over the past ten or so years Albania has undergone a series of profound and often tumultuous changes in all walks of life. Since 1990 the country has gone from being a highly centralized communist country to a more open and democratic one modeled on a free-market economy. In 1997 Albania nevertheless fell into an economic crisis that in turn gave rise to a number of subsequent serious political, social and economic challenges that have had a marked impact on the structure and functioning of Albanian society and placed heavy demands on its people.

With an estimated population of 3.5 million people and a growth rate of approximately 0.26%, Albania's demographic profile is one of the smallest and youngest ones in Europe with slightly over 93% of the population under the age of 65 (0-14 years - 30%). The average life expectancy at birth for Albanians in 1999 was 69 years for men and 75 for women, placing it in an equivalent situation to many other European countries and not only those with a similar pattern or level of economic development.

An previous educational tradition that prized universal (basic education) coverage has also meant a high literacy rate of 93%, but this may be changing in the wake of the economic and social crises that may be depriving taking many children out of the sphere of organized education.

A variety of historical, political and geographical factors have left Albania relatively poor. Historically an agricultural society, its socialist and highly nationalist policies under the previous regime essentially prevented the country from participating in many of the development activities that other European countries benefited from. Once political and economic change did come in 1992, it is generally accepted that Albania's shift to a free-market economy went well until 1996 when a widely popular investment scheme collapsed. Since then the country's economic situation has deteriorated and Albania has been faced with high inflation, a growing deficit, stagnant or decreased economic growth, and a massive loss of personal savings.

In 1996 almost 20% of its population was estimated to be living at or below the poverty line. Since then the unemployment rate has grown even further and although precise data are unavailable, 1997 estimates suggested that between 14% and 28% of the eligible population may be out of work.

This growing poverty has been a major source of instability in the personal lives of Albanians and has been one of the main driving forces behind the high internal and external population movement that has characterized Albania in the last ten

or so years. With a net migration rate of 10.36 migrants per 1000 population, including an estimated 352,000 migrant workers abroad, Albania now has one of the highest rates of residential instability in the region. Within Albania the migration of people from rural areas and small towns to larger urban concentrations has been replete with challenges.

In 1998, for example, it was estimated that Tirana, the capital city, had grown by 30% in the space of eight years. The situation in Durrës, the second largest city, is similar. Neither of these cities, nor indeed any others, has had time or the type of resources needed to keep pace with these demographic changes and the load they inevitably represent for national and local health and social services.

Poor economic absorption and indeed the possible poor absorbability of migrants has come in the wake of a weak and stagnant economy, and unemployment has now become the most important problem facing internal migrants. Economic marginalization has in turn given rise to social exclusion, and perhaps as a result of this there has been a marked growth in violence and illegal activity throughout the country.

Women and adolescent girls have become especially vulnerable and the illegal migration of women and their trafficking into the sex industry abroad has become a major social and health problem as well as an ethical one. Indeed it is women in general that have suffered the most from the instability in Albania. In Tirana, 32% of the adult female population is considered to be living in "difficult circumstances", and of the more than 15% of Albania's "adult" population thought to be living in other countries, most are thought to be women.

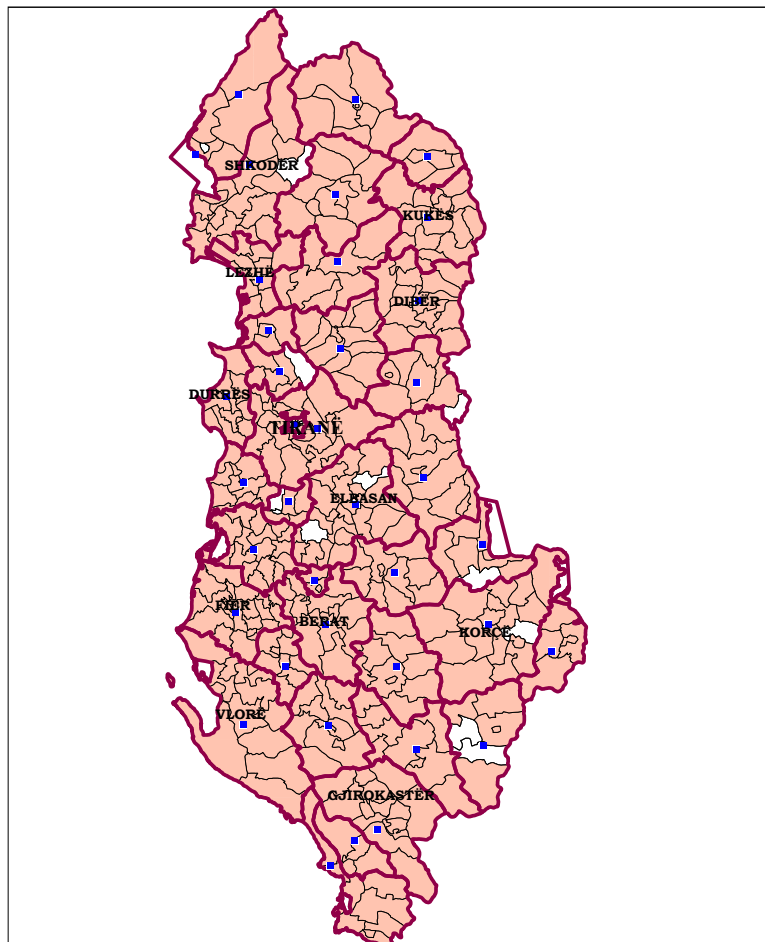
Over the course of the last ten years, most people leaving Albania have gone primarily to Italy and Greece where in 1998 there were an estimated 150,000 to 400,000 Albanian nationals. A significant number of these people left Albania and entered receiving countries "irregularly".

Partially as a result of this, their overall social and economic integration in these countries is thought to have been limited and there have been numerous adverse outcomes for health and health care. The return of people with new health problems such as HIV/AIDS has become a major concern for national authorities.

METHODOLOGY

Sampling

It was decided to use random cluster sampling building on methods that had been previously used by the Institute of Public Health (IPH) for health and demographic surveys in Albania. These had been recently developed jointly with the National Institute of Health of Italy, and written procedures on their use were available in the IPH. A proportional probability sample (PPS) was taken using the national INSTAT database that is available for Albania, and which covers all prefectures, cities, towns and villages. The total sample was 1500 people spread over 12 regions/prefectures.



In each prefecture all villages and residential agglomerations were first of all listed and then according to PPS methods a series of villages and communities were selected together with the number of interviews to be conducted in each of them. Households were selected and the addresses given to interviewers.

Interview schedule

Because of the public's lack of familiarity with surveys of this kind it was felt by Professor Dragoti and his colleagues that face-to-face interviews using a structured interview schedule would be preferable to distributing questionnaires to households for self-completion.

An interview schedule was prepared on the basis of discussions with all the key partners and in particular with staff from the Institute of Public Opinion Studies. The questionnaire was received by all agency partners and revised according to their suggestions. It was then translated into Albanian and backtranslated into English. It was pre-tested by the Institute of Public Opinion Studies in Tirana and Durrës and then went through another construction process before being pre-tested a second time in two rural communities.

To facilitate its use and ensure standardization in the field a detailed "field users guide" was prepared to accompany the questionnaire. This too was translated, back translated and pre-tested by the Institute of Public Opinion Studies. It was provided to all field staff and was also used in the training of interviewers and field supervisors.

Data collection staff

A group of 32 interviewers and four field supervisors were recruited from the Institute of Social Work and the Institute of Public Opinion Studies. Most of them were social work graduate students and faculty. They were selected on the basis of their previous experience in the collection and processing of both qualitative and quantitative data.

A one-week intensive training course for data collection staff and supervisors was organized in December 1999. The course covered the purpose, scope and field use of the questionnaire together with a series of detailed discussions about the nature of the health and social issues that were being investigated and how data on these issues would be used.

The course was structured to provide interviewers with knowledge of the subject so as to allow them to answer any technical questions that might be posed by respondents, and to serve as "educators" on subjects of concern to respondents. In this regard the training course stressed that data collection should be seen as an opportunity to motivate respondents to think about the issues covered by the interview and in so doing, make the interview an "educational" experience.

Data entry and analysis

ICMH's philosophy is to use national projects such as this to strengthen the capacity of local institutions. In this case it was agreed that the IPH could benefit for participating more fully in the data entry and analysis, and in order to facilitate this, a specialized software package was prepared by ICMH for use by IPH. The package was tailored to meet the needs of the survey and take into account the needs of IPH staff responsible for data entry and then the analysis. A software consultant visited Albania to meet with staff at the IPH and a three-day training course on principles and practices of data-entry including cross-tabulation of data was organized for the staff there.

Field survey

An overall field supervisor, Professor Dragoti was appointed from the Institute of Public Opinion Studies and six interview teams were established for the purpose of data collection "in the field". Four team leaders were also selected and trained to provide mid-level supervision to the field operation; they were responsible for time scheduling of field operations, briefing interviewers, providing quality assurance, and responding to problems that could not be managed by interview staff. In addition, two field visits were made by ICMH staff to meet with the data collection teams, review on-going field procedures and discuss data entry with IPH staff.

Fieldwork was phased in order to allow different parts of the country to be covered and the experiences gained from each phase to be assessed before proceeding to the next one.

Phase 1: The six interview teams started fieldwork (interviewing) on May 10th and continued for a period of approximately four weeks. During this period over 600 interviews were completed in six prefectures. On the whole there were few problems but it became clear that rural people had difficulty answering some of the sexual behavior questions and at times it was also difficult to explain to respondents why interviews had to be conducted on a one-on-one basis and in privacy.

Phase 2: During the second phase three of the interview teams targeted the remaining prefectures and completed all interviewing within a period of four weeks. In Tirana, the largest prefecture covered during this phase, a number of differences again emerged between rural people and others. The former once more had difficulty with questions about sexual behavior and a number of interviews could not be completed because of the reluctance of respondents to discuss these issues.

Monitoring

The team leaders supervised all data collection. Fieldwork progress and trip reports covered a number of issues including information on demographic and social characteristics, compliance with proposed, observations made by interviewers and interviewees, and problems encountered. This information was routinely made available to all the interviewers as well as to the supervisors through group meetings and formal and informal discussions.

Activities and timelines

A number of setbacks were experienced throughout the survey, and major deadlines were affected. Problems with data entry included (a) a major software virus ("love you") that destroyed access to the data entry and processing program in Geneva and required that work on this be re-started, and (b) initial computer problems at IPH.

Serious problems were also encountered with transportation and in some cases interview teams had to resort to taxis to reach the areas they were conducting interviews in. This significantly increased estimated costs and also placed constraints on organization of visits to the field.

MAIN SURVEY RESULTS

The results presented and discussed here have been selected from within the total range of information generated by the survey because of their importance and immediate applicability to public health and information, education and communication (IEC) planning.

In all, a total of 1451 people were reached and invited to participate in the survey. Out of these, 30 people refused after repeated requests to participate. They were not replaced because all the refusals occurred in rural communities and at a time in the project when it was difficult to seek adequate alternates. In addition, six interviews were started but were interrupted by the respondent; these partial interviews were not processed.

The reasons given for refusing to participate in the survey were lack of time, lack of interest and/or a feeling that the subject matter was inappropriate. In the case of the interviews that were started but not completed, the reasons given were that the subject matter was becoming difficult for the individuals concerned to discuss “publicly”.

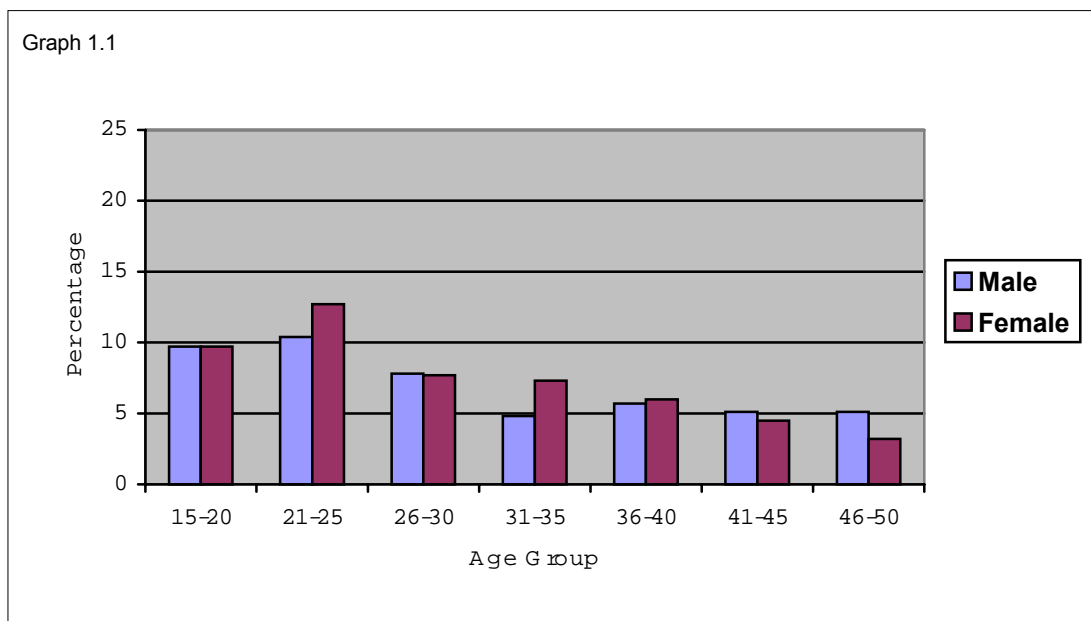
1. Demographic profile of respondents

Geographic distribution : All parts of the country (rural and urban) were represented in the survey; 52% of the respondents lived in rural areas and 48% urban. Berat, Diber, Durres, Elbasan, Fier, Gjirokaster, Korce, Kukes, Lezhe, Shkoder, Tirana, and Vlore were the main urban areas. Other smaller towns and villages fell into the “rural” category. Slightly more than a half (52%) of the sample came from the central part of Albania; another 28% came from the north and 20% from the south.

Age: The relative youthfulness of Albania’s population is reflected in the results of the survey. Nearly 60% of respondents were aged between 15 and 30 years (20% of the respondents fell into the 15-20 year old age group; 23 % into the 21-25 group; and 15% into the 26-30 year old age group).

The implications of this age profile for sexual/reproductive health and for family planning are significant, especially in a country where the delivery of health care services remains limited and where public health in general still remains poorly resourced.

Graph 1.1 Age and gender of respondents

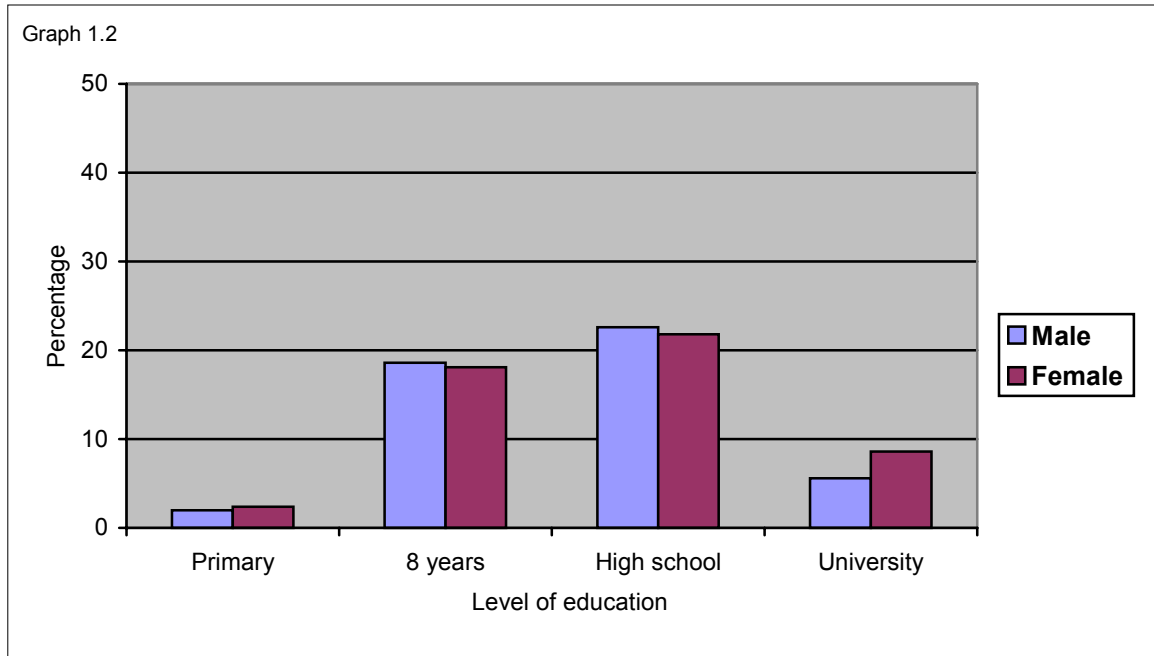


From the perspective of the potential for sexually transmitted diseases, including HIV/AIDS, the youthfulness of the population and the high rates of population mobility also merits note.

Gender: The overall gender distribution of the respondents does not present any unusual characteristics, but when considered by age there was a tendency for women in certain age brackets to be clearly under-represented. This may be indicative of growing sex-selectivity in the out-migration of young people.

Education: Almost a half (45%) of the respondents had completed high school. Another 14% had completed university education. There was little difference in education according to gender until university level when it became clear that women appear to be more likely (9%) than men (6%) to attend university.

Graph 1.2 Completed education by gender of respondent

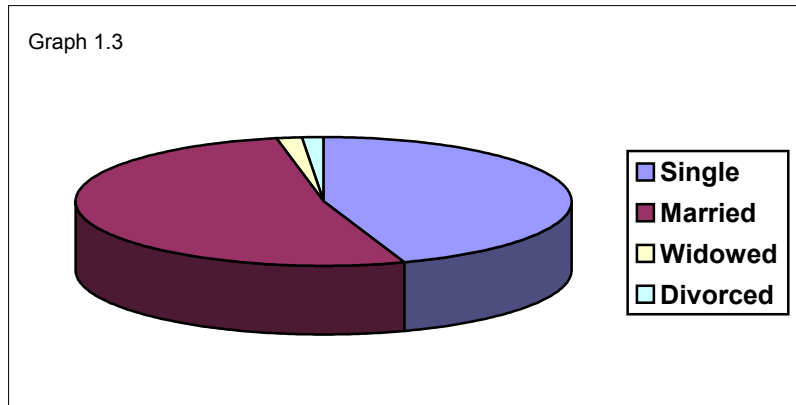


Employment: The employment situation in Albania is reflected in the fact that a third of the 33% of the respondents said that they were only partially employed. Almost three-quarters (70%) of those who said they were fully employed lived in urbanized districts and 60% of them were men. Of those who were fully employed, there were never more than 18% in any of the age groups (15-20; 21-25; 26-30; 31-35; 36-40; 41-45; 46-50). The bulk (57%) of those who said they were only partially employed was in the 21-35 year old group. Men and women were equally represented.

Marital status: Slightly more than a half (52%) of the respondents were married; 45% were single; another 1.5% were widowed and 1.4% were divorced. In all,

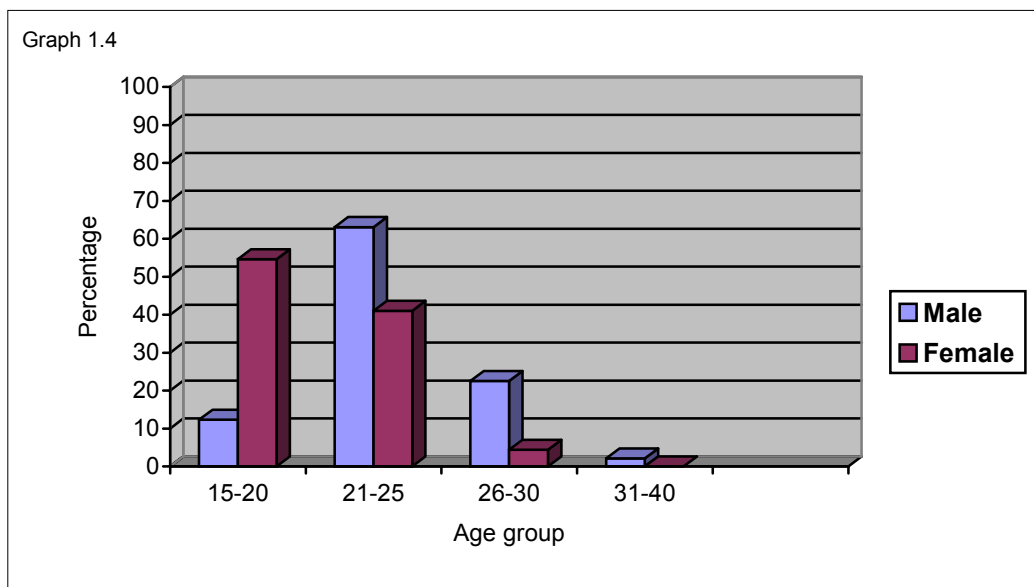
561 respondents reported having children and; 311 were mothers. The distribution is probably indicative of the still traditional patterns of marriage and family formation in Albania relative to many other European countries where divorce would be more common.

Graph 1.3 Marital status of respondents



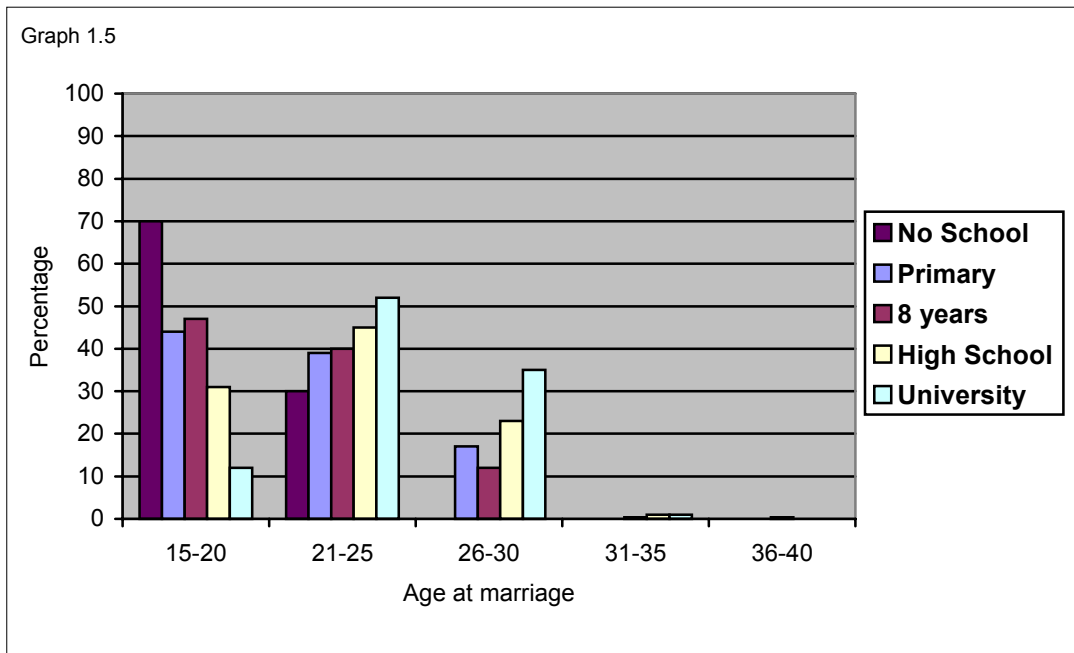
Age at marriage: The age at which people marry can be a determinant of the number of life years they will be exposed to the possibility of child bearing/fathering, and has important implications for how family planning and maternal health services are designed, delivered and maintained.

Graph 1.4 Age respondent married by gender



Age at marriage and education: Education is clearly associated with postponement of marriage. Thus for example, by the age of 24 all those who had no schooling (and who married) were already married, and 15% who said they had married at the age of 16 had only completed primary level education. Conversely, having completed even 8 years of schooling was already associated with a significant delay in age at marriage and having completed high school and university was associated with even longer postponement of marriage.

Graph 1.5 **Age of marriage by level of education**



Age at marriage and gender: On the whole women tended to marry earlier than men, and over a half (55%) of married women said they had married by the age of 20 as opposed to only 12% of men. Almost all women (96%) who married had done so by the age of 26, while among men the proportion was 75%. Most men tended to marry between the ages of 20 and 30 years.

Water, sanitation and electricity: Access to water clearly remains problematic for many Albanian families. Less than a half (41%) said they had piped water and 37% drew their water from public taps. The remainder accessed a variety of other sources that included springs (7%) and public wells (3%).

The type and range of toilet facilities available to the population also varied considerably. Only 23% of the survey population said they had flush toilets; another 16% said they had shared toilets and 54% used traditional pit toilets.

As far as electricity was concerned, less than a half (45%) of the respondents said they had electricity. Approximately all of the people with electricity also had refrigerators, but this meant that 59% did not have a refrigerator. Only 14% said they had a telephone.

2. Migration history

The implications of residential stability and movement for health-related behavior and health outcome cannot be underestimated. Everywhere in the world migration has become a highly gender and age-selective phenomenon that often disorganizes families and places the individuals that migrate in situations that demand new survival coping strategies. Because much of this coping can also affect sexual behavior and the creation of new and often casual relationships, it places migrants at risk of a variety of sexually transmitted diseases.

Migration also places unique demands on families because in the process of migration they are often broken up and some members of the family (usually the elderly and young children) are left behind. Even if it is expected to be only for temporary periods, the fact is that family units are disunited and placed under stress.

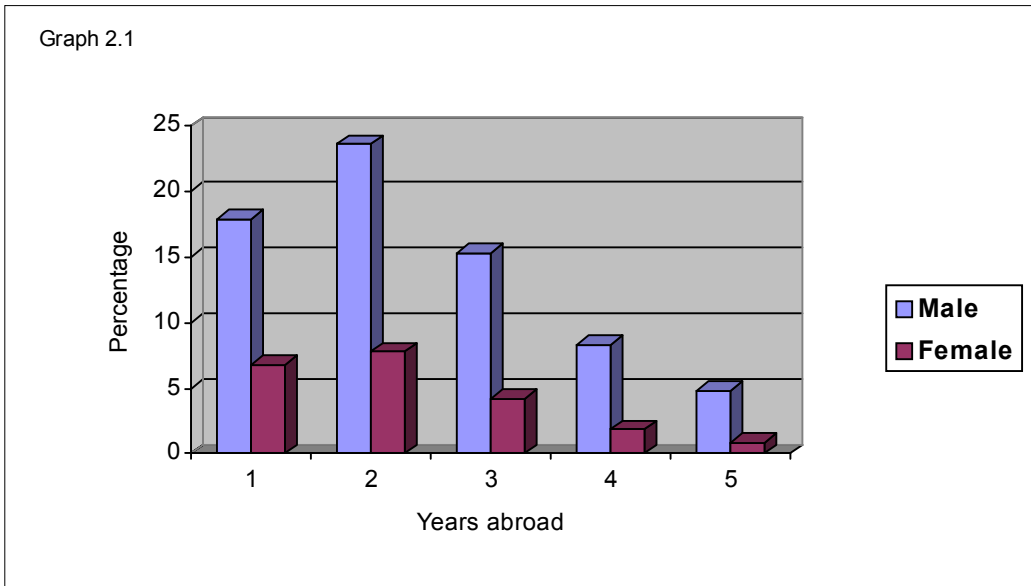
Place of birth: More than 50% of all respondents reported that they were born somewhere other than where they were living at the time of the survey. Almost 10% of them had moved house at least once during the last 7 years, and 5% had moved in the course of the last 12 months.

Internal - external migration: Much of the migration in Albania has been internal, but over the past 10 years Albania has also become an important source of migrant labor for other European countries. Almost a third of the respondents said they had moved out of Albania at some time, and given the fact that Albania really only “opened up” to the outside world in 1991, this level and pace of out-migration is high.

Type of migration: Migration is always a disruptive process that places stress on the individuals concerned. This is especially so when people move alone. In all 28% of those who had migrated had done so alone. Only 8% said they had done so with a partner, but 41% said they had moved with children thus suggestive of the degree to which families in Albania are being disorganized in the process of migration.

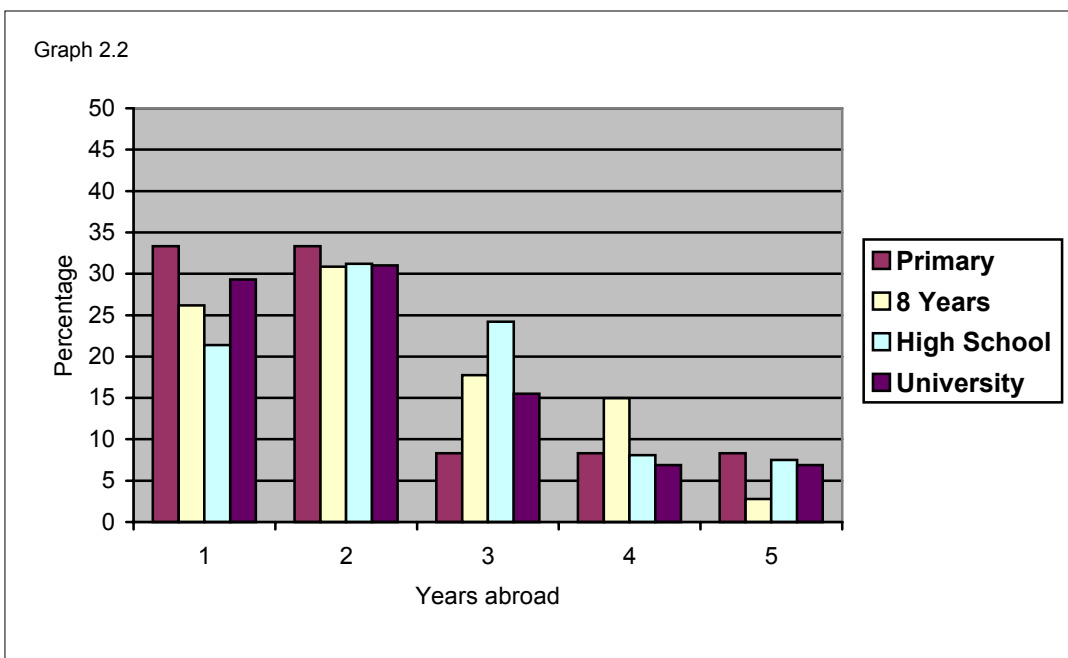
Migration and Gender: In general men (76%) tended to be more mobile than women (24%) do and to stay away for longer. Of those who left for two years, 24% were men and 8% were women. However, of all women who left Albania, 50% did so for between two and three years. The respective proportion of men was 52%.

Graph 2.1 Number of years abroad by gender



Migration and education: The reasons for migrating out of Albania were no doubt many but the data suggest that educational background was not a key determinant of this. Nor was it a determinant of the length of time people stayed abroad, and the distribution of people who had been out of the country for two years and who had more than eight years of schooling, was virtually the same.

Graph 2.2 Number of years abroad by education

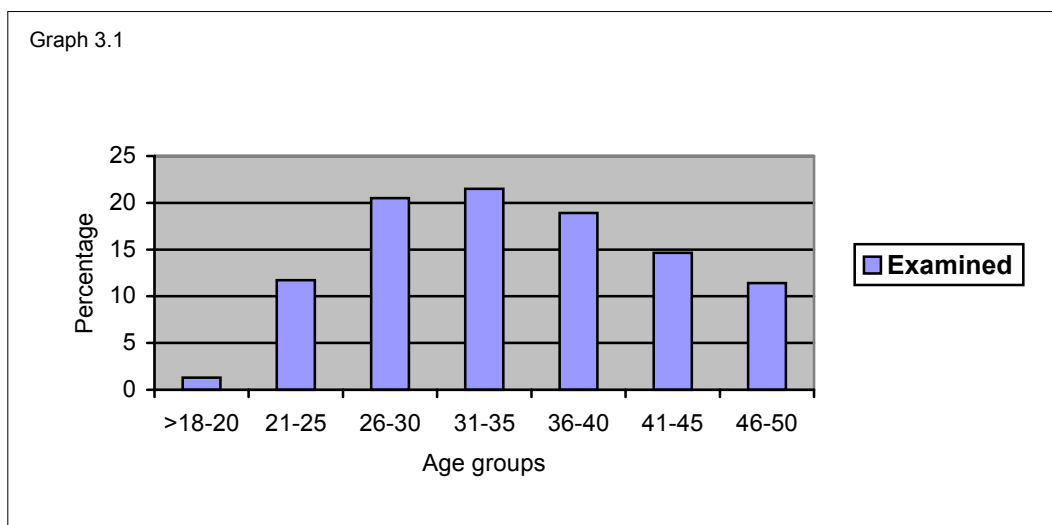


3. Health of women

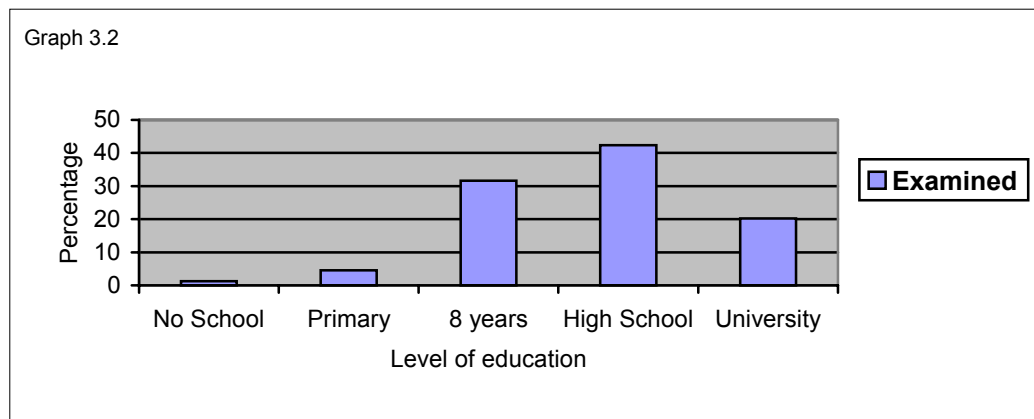
Because the overall health of women is highly linked to their reproductive health status and is in turn is likely to be influenced by the extent to which they benefit from regular monitoring and physical examination questions were asked about the frequency of gynecological examinations.

Gynecological examination: The data indicate that only 42% of women, irrespective of age had ever had a gynecological examination. Slightly more than 60% of those who had had an examination were in the 26-40 year old age group and there was a clear tapering off in the frequency of these examinations after the age of 35 years. This suggests that either gynecological examination may have come into practice only recently, or that insufficient attention is being given to women over the age of 35, who in fact are the ones at highest risk of gynecological health problems.

Graph 3.1 **Gynecological examination by age**



Gynecological examination and education: When the frequency of gynecological examinations is considered in terms of the educational background of women there was a slight indication that women with no schooling and only primary education are not benefiting from this type of checkup as much as those with high school education. (see below).

Graph 3.2 **Gynecological examination by education**

Gynecological examination and place of residence: A clearer picture of the variation in access and use of gynecological examinations emerges when women's place of residence is considered. The data suggest that in general, women in Tirana and Durres were by far more privileged than women elsewhere in the country with respect to "access" to gynecological examinations. For example, women in Tirana were up to four times more likely than women in Kavaje to have had a gynecological checkup.

Pap smear test: The timely use of the Pap smear test is considered one of the most important ways of determining the presence or risk of carcinoma of the cervix. Only 34 women said they had had such a test, and even given the fact that its use becomes more appropriate to women over the age of 30 years, the total number of women who had a Pap smear test was still very small.

Breast examinations: Breast examinations are an important component of monitoring women's health. However, when asked whether they had heard about breast examinations, no more than 23% of women in the 21 to 25 year old age group answered affirmatively and this proportion was the highest of any age group.

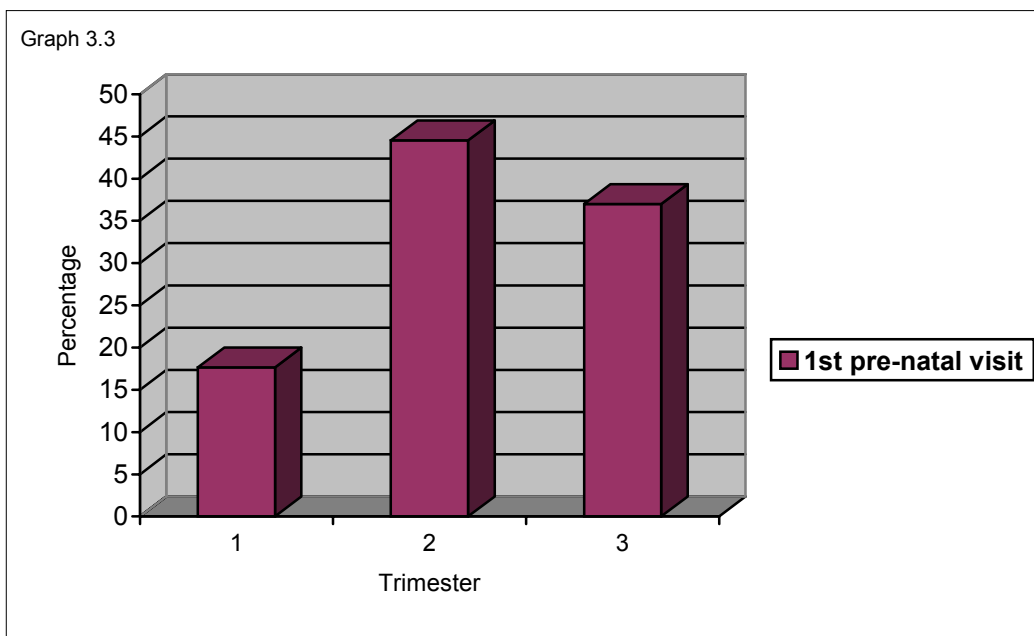
Hypertension: Hypertension in pregnancy (leading to toxemia) is a principal cause of pregnancy complications and eventually of maternal mortality. Checking for hypertension is thus one of the main interventions that should be undertaken during pregnancy. In all, 29 women said they had been told that they suffered from high blood pressure. Whether this is indicative of a low incidence of the problem in Albania, or whether it reflects the same low incidence of checkup as in the case of Pap smears, is not clear from the study, but given the high maternal mortality rate in Albania this issues merits more evaluation.

Smoking behavior: Smoking did not appear to be a problem. Only 6% of women of all ages said they smoked, and the number of cigarettes they smoked was relatively small in all age groups.

First pre-natal visit by trimester: Although there is considerable variation between countries as to how many pre-natal visits pregnant women 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.

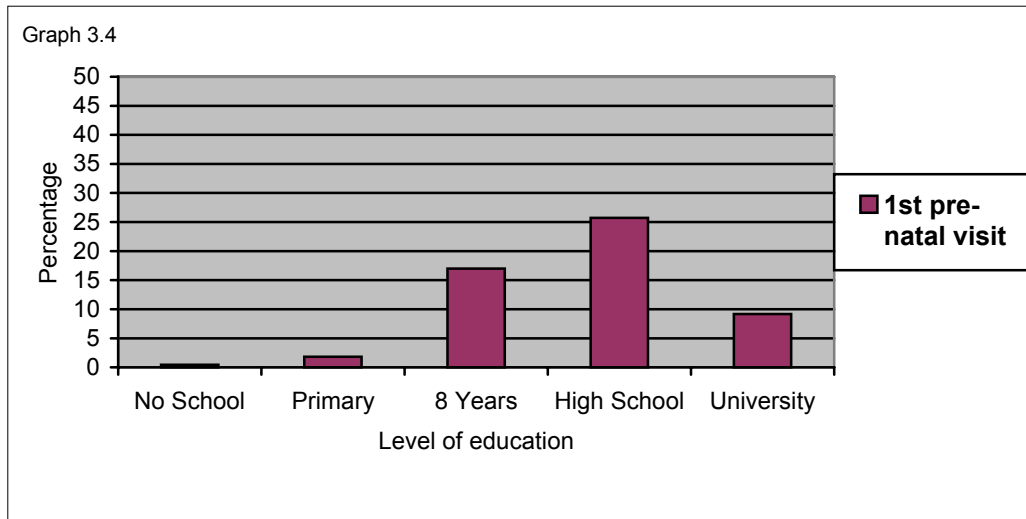
Given the relatively high maternal mortality rate in Albania, early visits, that is to say in the first trimester, would seem even more appropriate. In fact only 18% of women said they had made their first pre-natal care visit in the first three months of pregnancy. Another 45% had their first checkup in the second trimester and a very high proportion, namely 37%, did not have a pre-natal checkup until they were in their last three months of the pregnancy when providing treatment for any health problems becomes more difficult.

Graph 3.3 **First pre-natal visit by trimester**



First pre-natal visit and education: When pre-natal checkups are looked at in terms of the educational background of the women concerned, less than half (42%) of the women with high school education said they had gone for a checkup during the first trimester. As education levels decreased, so did the likelihood of their going for a pregnancy checkup in the first three months. Although the numbers were small the evidence suggests that women with little education (low socioeconomic background) may be postponing pre-natal care dangerously long.

Graph 3.4 First pre-natal visit by education

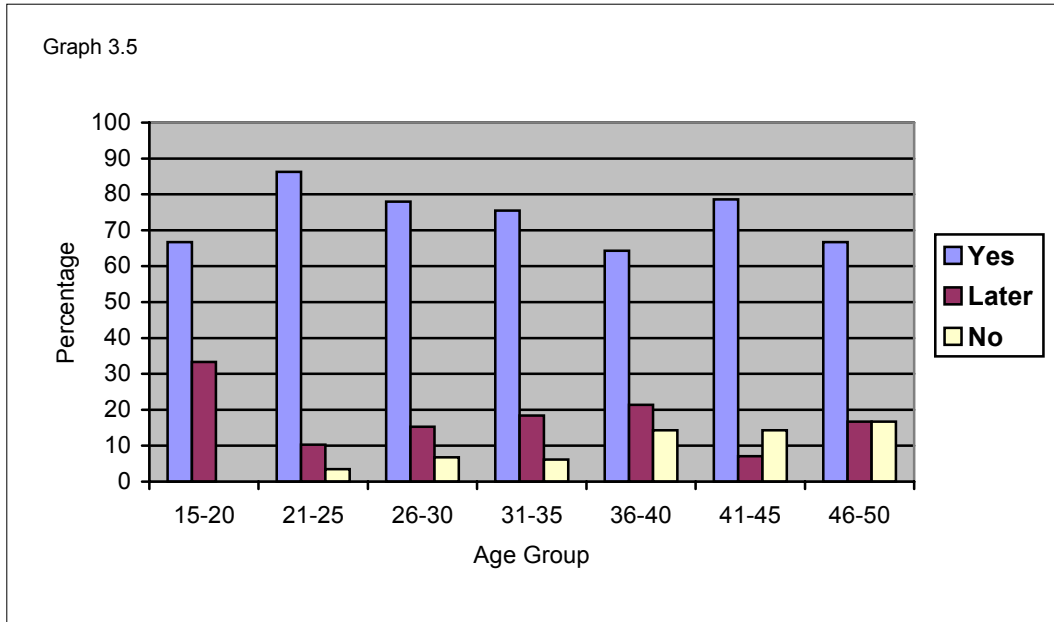


Desired pregnancy: The question of whether the last pregnancy was desired is taken up under the section on family planning as well, but it was also covered under women's health related issues, particularly with respect to determining the degree of concordance between partners with a view to understanding care and support during pregnancy.

In all, 194 women responded to the question. Of these 76% said that the partner had wanted a pregnancy at that time; 16% said that he would have preferred it to have been postponed; and 8% said that the partner did not want a pregnancy.

Seen from the perspective of age of the mother, there was a tendency for unwanted (as opposed to the desire for postponed) pregnancies to occur in the older age groups and, as women became older, there was also a tendency for them to say that the father would have wanted to postpone the pregnancy too.

Graph 3.5 Pregnancy desired by the father by age



Who did pregnant women see for care: Physicians provided care to 43% of the 212 women who replied to this question; 9% were seen by nurses and 38% of the women were seen by midwives. Women outside Tirana and Durrës were more likely to see midwives for their antenatal care and to be delivered by nurses as opposed to general practitioners or gynecologists.

4. Child health issues

The health and well being of infants and young children everywhere is especially vulnerable to social and economic change and a sensitive indicator of what is happening in the larger society, with regard to public health in general.

Size of baby at birth: Whether the size of the baby at birth is a reflection on the availability and use of pre-natal care or not, slightly over 12% of all mothers remembered their last child as having been either very small or smaller than average.

Who cares for the children: One of the concerns that has emerged in all countries undergoing rapid social transition is the question of family disorganization and who is available to care for children. The data in Albania suggests that day-care and pre-school services are not widely utilized and that most children are still cared for within the family by parents (77%) or by older relatives (16%).

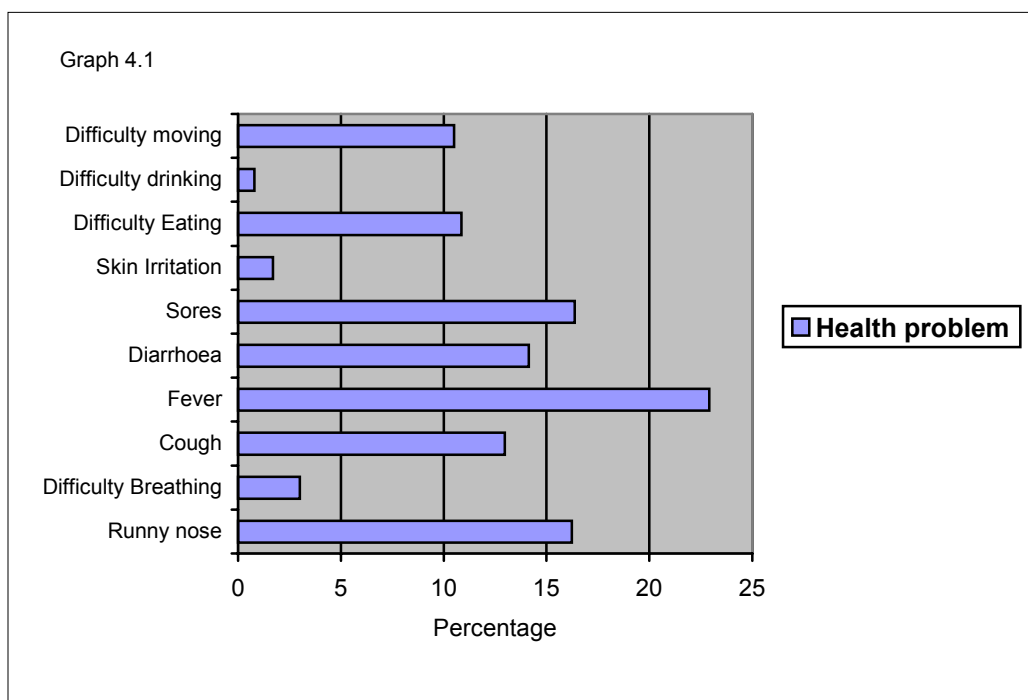
Problems facing children in Albania: Health was a major preoccupation of parents. When asked what were the main problems facing children in Albania, health was referred to by 27% of parents. The second most important concern was education (21%) and the third was socioeconomic (14%). The relatively high frequency with which health was referred to is consistent with the composite of child health indicators referred to below

When should children begin to work: Respondents were also asked when they thought children should begin to work; 54% of the respondents said that boys should begin to work between the age of 18 and 20. The corresponding proportion for girls was 50%. There was a general tendency for people to feel that girls should begin to work later than boys do, e.g. between the ages of 20 and 23, whereas for boys it was 18 to 20. Because children in rural areas are often expected to start work earlier, the ideal age at which children should start to work was viewed from a rural/urban perspective. Urban parents (main urbanized districts) were more inclined to see boys and girls begin to work later than rural parents especially in the case of employment for girls.

Health problems of the youngest child: Infant and young child (less than 5 years old) health is often considered to be a good indicator of overall health in the community and social development in general. It is significant that in the month prior to the interview 23% of the parents of young children said that the youngest child had had a fever, 16% a runny nose, 14% diarrhea, 13% a cough, and 11% difficulty eating. Taken together these reported symptoms reflect a relatively poor state of child health.

Home treatment: Parents were asked how they usually dealt with these problems before taking children to see a physician. There was little or no reference to local practitioners; 42% said they gave aspirin or paracetamol; 20% said they gave warm tea or other liquids; 13% said they tried to treat the illness themselves using home remedies; 10% said they gave available “medicines”; 7% said they gave the child a hot bath/shower.

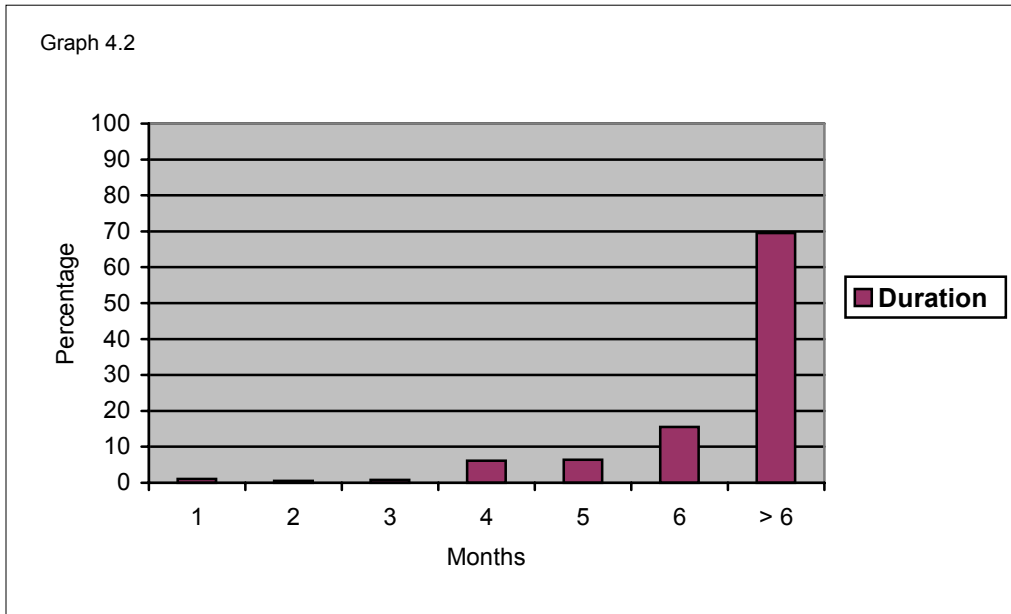
Graph 4.1 Health problems of youngest child



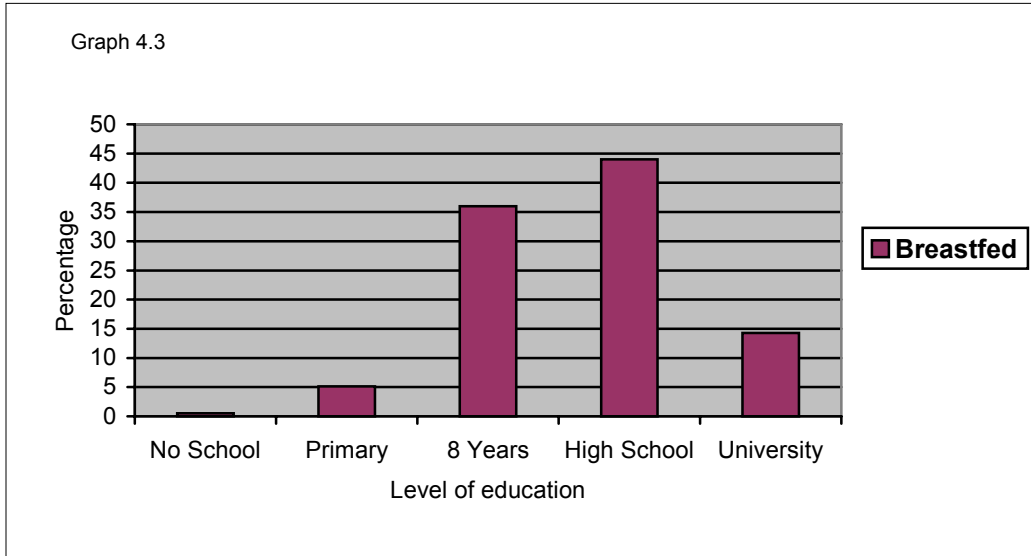
Breast-feeding: Breast-feeding (especially for six months) is crucial for maternal reproductive health as well as for infant and young child health. It provides contraceptive protection for mothers who feed on demand and completely (no other food for the baby) and also provides infants with protection against many of common childhood infections such as diarrhea.

The data show that most mothers breastfed and that 84% of them did so for six or more months. Mothers with 8 years of schooling and high-school education accounted for over 70% of this prolonged breastfeeding.

Graph 4.2 Duration of breast-feeding



Graph 4.3 Women who breastfed baby by education



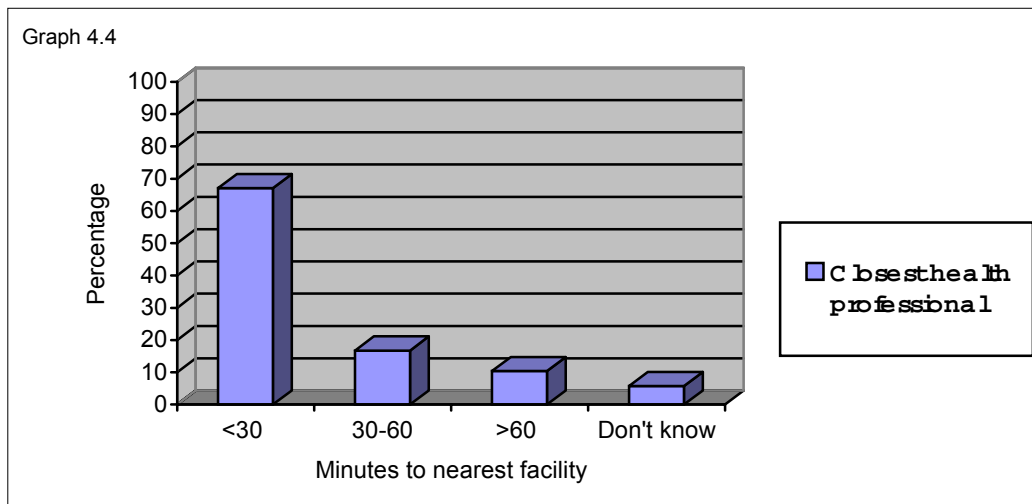
Complementary foods: The introduction of foods other than breastmilk can be a critical turning point in the health development of infants. WHO and UNICEF recommend prolonged breast-feeding with gradual introduction of other foods at about 6 months. Slightly more than 50% of mothers said they introduced complementary foods after 6 months, and at 6 months only 15% had given the infant any other food.

Age complimentary food were introduced

Months	Frequency	%
1 month	5	1.3
2 months	7	1.8
3 months	28	7.4
4 months	37	9.8
5 months	52	13.9
6 months	56	14.9
After 6 months	189	50.5
	374	

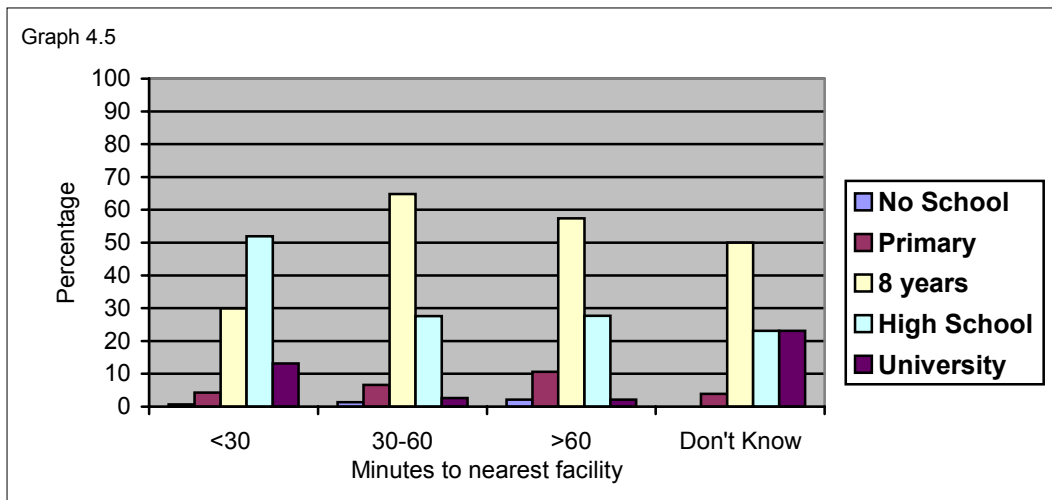
Closest health professional: How far parents have to go to take a child with health problems to seek professional health care is likely to influence the frequency with which children are taken for care. Although 67% said they only had to travel up to 30 minutes, another 17% said they had to travel between 30 and 60 minutes and 10% said that they had to travel more than an hour from home to get pediatric care.

Graph 4.4 **Time to closest health professional**



Distance to closest health professional and SES: Socioeconomic status (SES) is a combination of many characteristics but level of education is a good indicator of this. In general, educational level of the parents was correlated with the distance they had to travel in order to get professional health care for their children. Almost 70% of the parents who said they had to travel more than an hour had 8 years of education or less.

Graph 4.5 Time to closest health professional by education

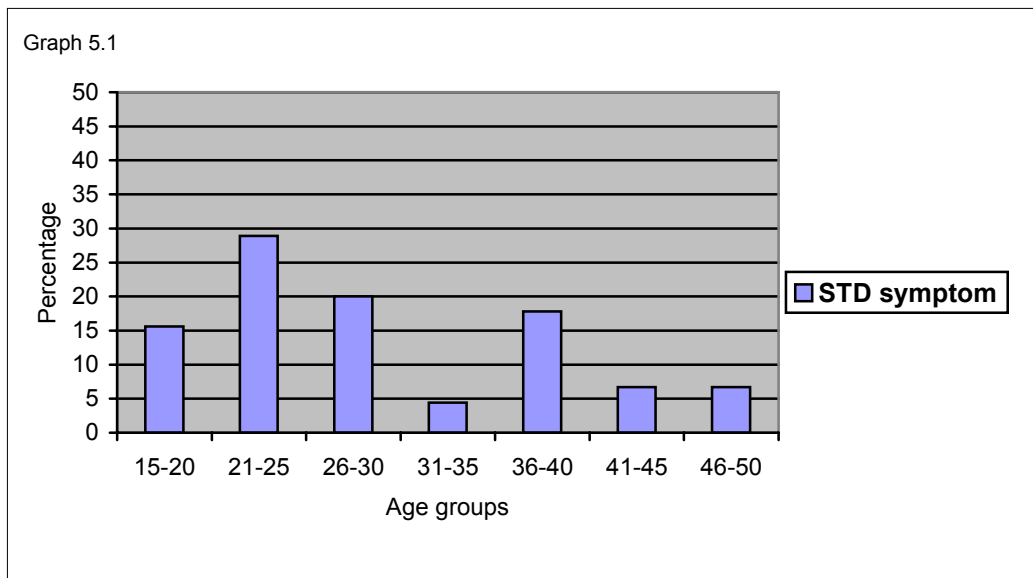


5. STDs

Questions concerning sexually transmitted diseases (STDs) were only asked of men because STD symptoms in men are more obvious to the individuals affected. Only 45 respondents (men) replied to this question.

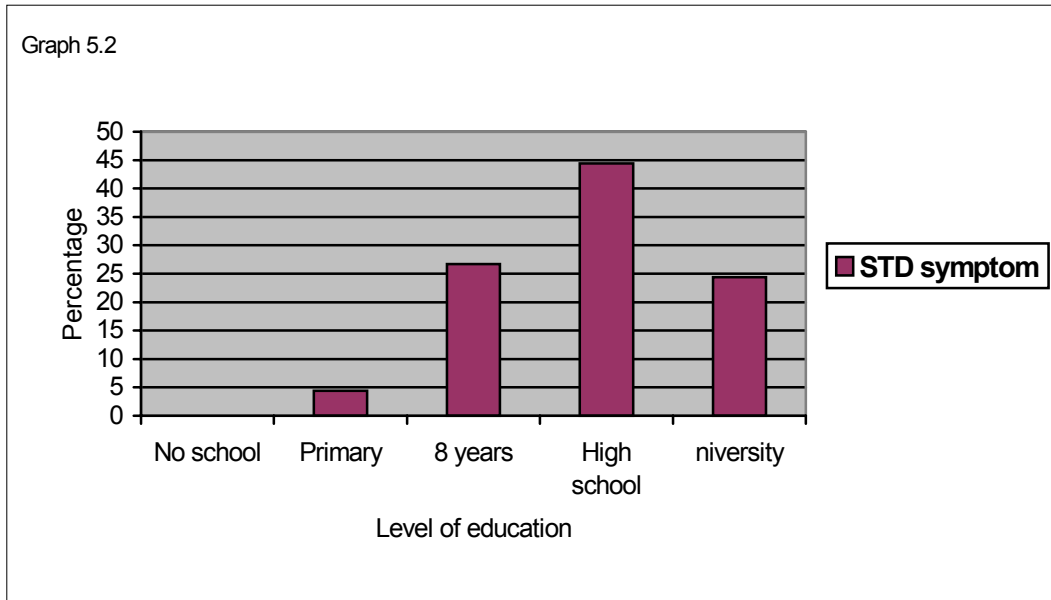
STD symptoms: Of the men who said they had experienced pain during urination, 87% were under the age of 40 years, 64% were under the age of 30 years and 44% were aged between 15 and 25 years.

Graph 5.1 **STD symptoms**



Only one of the men who replied affirmatively to this question was married; the highest proportion (42%) who said they had experienced this symptom was among divorced men who had “a partner”. Single men with and without regular partners constituted over a half of the remainder. Men who had completed high school education (44%) followed by men with completed secondary education (27%) were the most frequently represented. The fact that there were very few (4%) affirmative replies from people with low educational background suggests the question was either unclear or that there was a reluctance to respond to it.

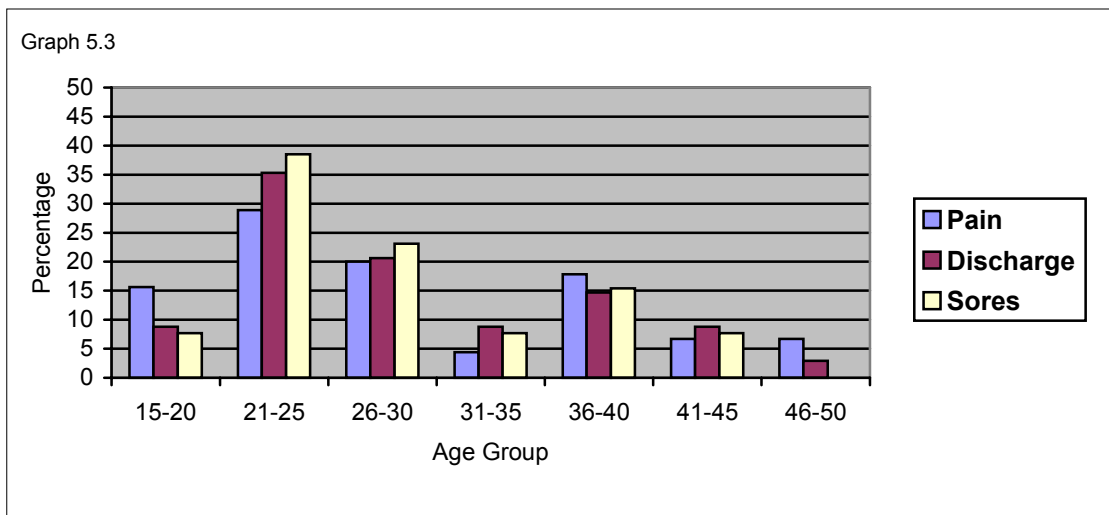
Graph 5.2 **STD Symptom**



Essentially the same men who reported they had had episodes of pain during urination also said they had experienced some penile discharge during the previous 12 months. In all, 13 men said they had developed genital sores during the last 12 months.

Pain, discharge, sores and age: When all three symptoms were considered together there was an obvious clustering around two age groups, namely the 21-25 and the 26-30 year old groups, where men in these two age groups accounted for slightly half of all those who had experienced all three symptoms.

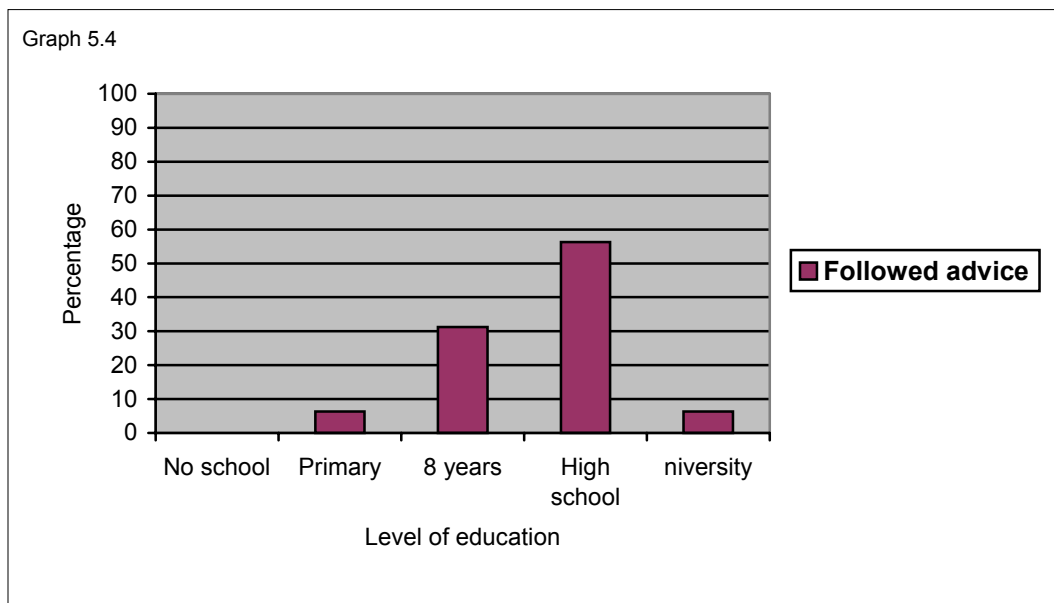
Graph 5.3 **Pain, discharge, sores by age**



Sought and followed medical advice. Only 16 men said they had been to see a doctor for these symptoms. Of these, single men with eight years of schooling and those who had completed high school were the most likely to have done so (56%), followed by married men (44%). Almost all of them said they had followed the advice/treatment given to them.

In addition to complying with the treatment that was given to them, two men said they also refrained from having sex; another four said they had used a condom to have sex. Only three said they had told their partner about their condition. Of the two who refrained from having sex, one was single and had a regular partner; the other was single and said he had a regular partner. Of the three who said they had spoken with their partners about their symptoms, two were single with a regular partner and the third was a widowed man with a regular partner.

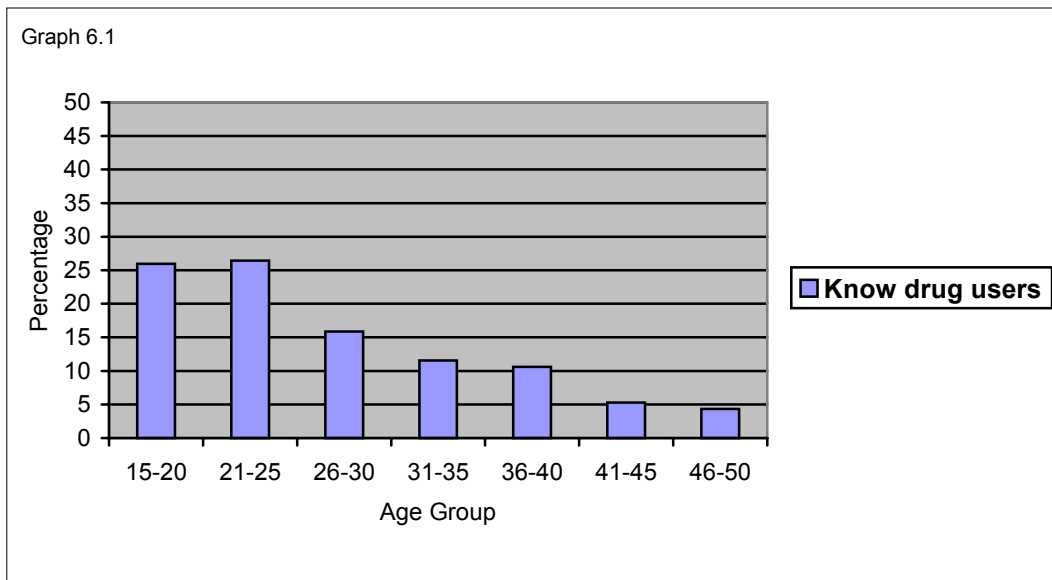
Graph 5.4 **Sought and followed medical advice by education**



6. Drugs

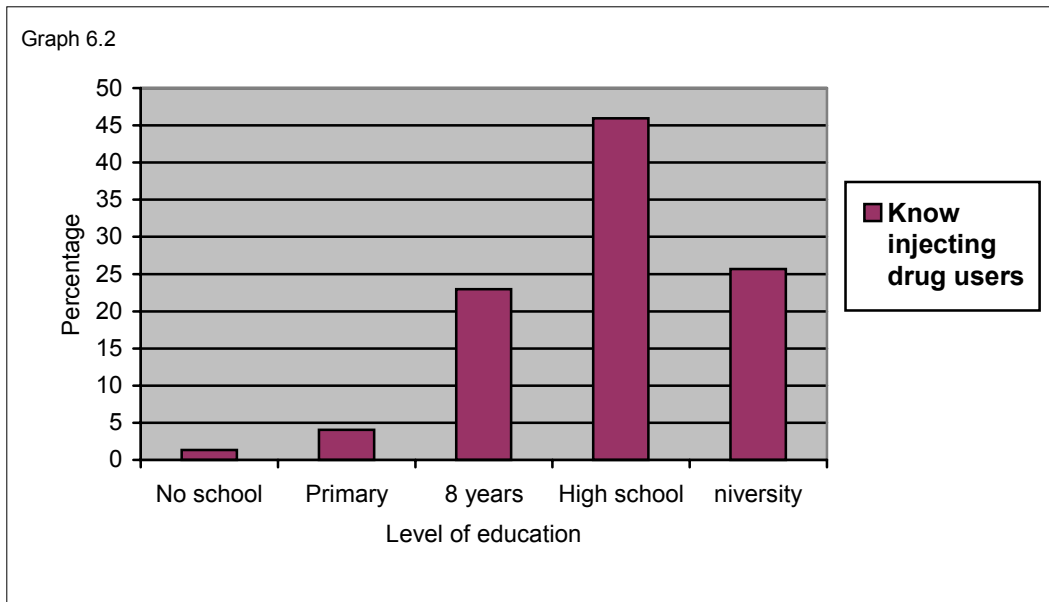
In all, 209 people said they knew someone who used drugs. Of these 209 people, 68% were in the 15-30 year old age group, but more than 25% were aged between 15 and 20. People with eight years of schooling, completed high school and university accounted for 87% of all the people familiar with others using drugs, but it was people with high school education who were the most likely to know others who used drugs. Almost all of them had lived in their current place of residence for more than 2 years, and over three-quarters (79%) of them lived in the 12 main urbanized districts of the country.

Graph 6.1 Know drug users, by age



People who know someone who injects drugs: Altogether some 74 respondents said they also knew people who injected drugs. People in their early twenties (21-25) were the most likely (30%) to know injecting drug users, but it is noteworthy that 22% of those in their teens (15-20) also said they knew injecting drug users. In general people over the age of 30 were far less familiar with either drug use and/or injecting drug use.

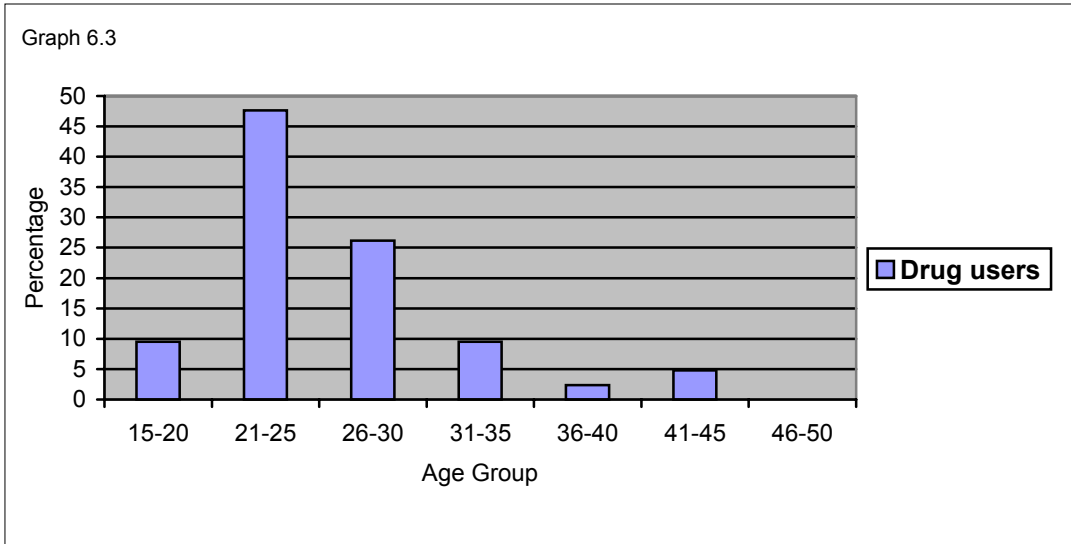
Graph 6.2 Know injecting drug users by education



From the perspective of educational background and residential location, people with completed high school (46%), university education (26%), and eight years of schooling (23%) accounted for 95% of the ones who said they knew injecting drug users, and they were also more likely to be living in Tirana and Durrës.

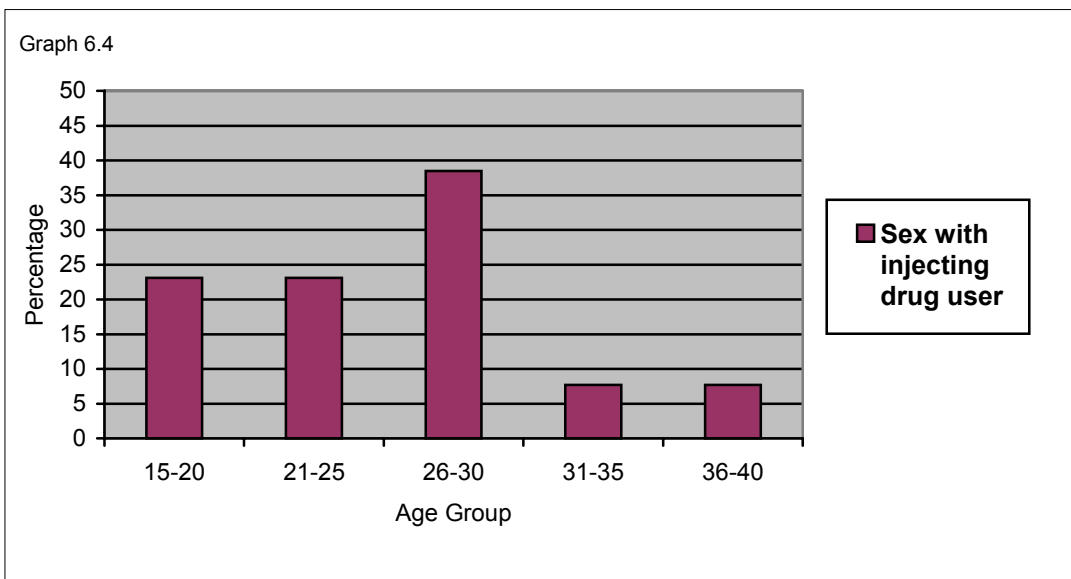
People who have ever used drugs: When asked about their own personal use of drugs, 43 respondents replied affirmatively. Over a half (58%) of them were people who had completed high school and 74% were in the 21-30 year old age group. Of the 43 who had used drugs, almost a half (49%) were single people with no regular partner and 35% were single people with a regular partner. Again place of residence was clearly associated with the use of drugs; 72% of them lived in main cities and had been in their current place of residence for two or more years. Only six people admitted to personally injecting drugs.

Graph 6.3 Drug users by age



Sexual intercourse with someone who injected drugs: Thirteen people said they had had sexual intercourse with someone who injected drugs; over a third (38%) of them were aged between 26 and 30, were likely to be single (77%), and living in the main urban districts for more than 2 years (92%).

Graph 6.4 Sexual intercourse with injecting drug user by age

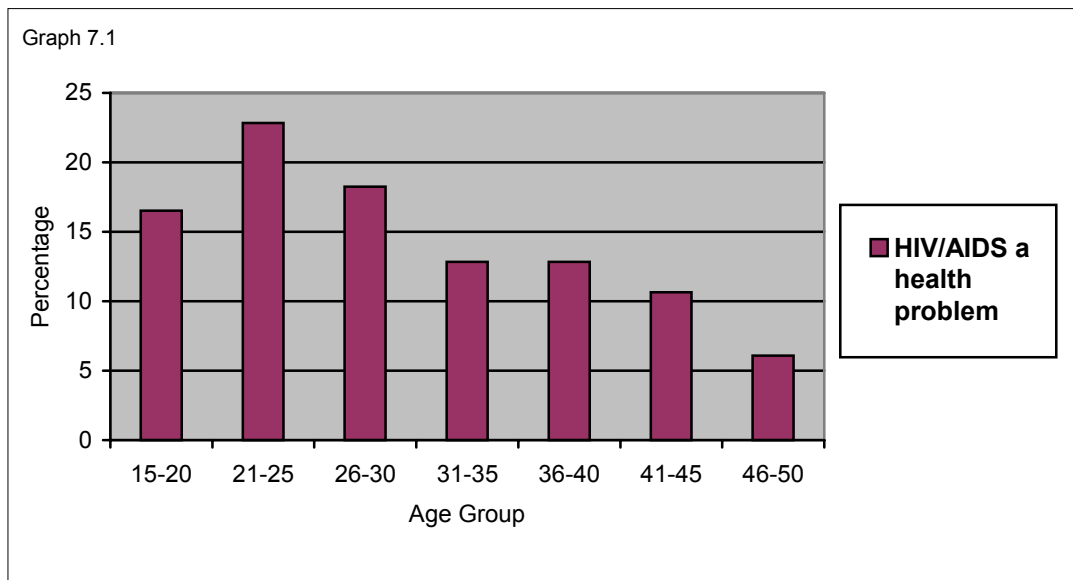


7. HIV/AIDS

HIV/AIDS as one of the health problems facing Albania today: In all, 460 people, that is to say slightly less than a third of the respondents mentioned HIV/AIDS as one of the main health problems currently facing Albania. Cancer, heart disease, influenza, bronchitis and hypertension were the five health problems most frequently mentioned by people who did not refer to HIV/AIDS.

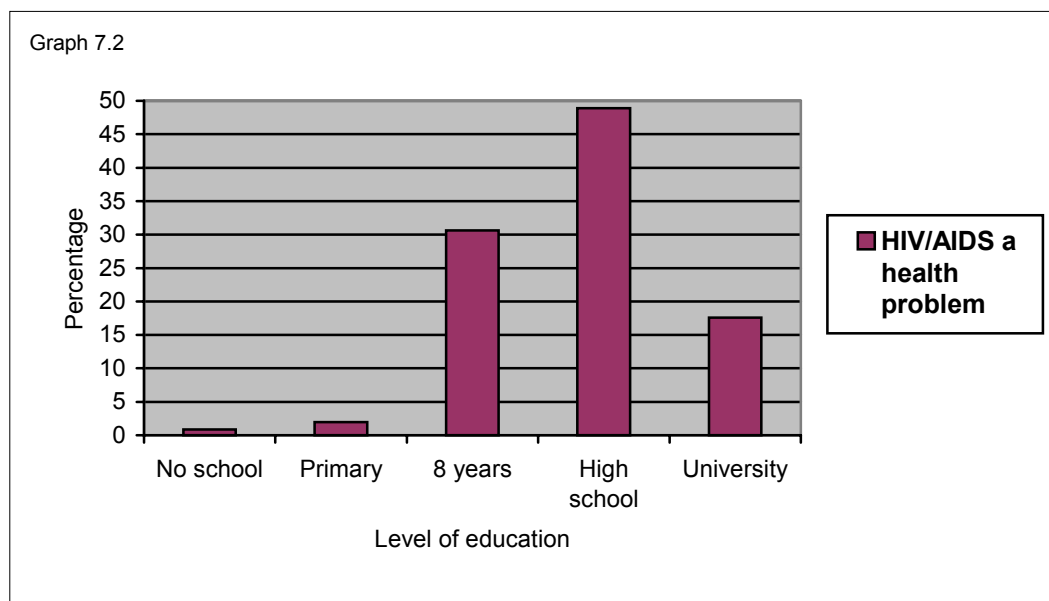
Of the men and women (equally represented) who did say HIV/AIDS was a problem, the highest proportion fell into the 21-25 year old age group; 17% were aged between 15 and 20, and another 18% between 26 and 30 years. After the age of 31, the proportion of people who said HIV/AIDS was a problem fell so much so that only 6% of those aged 46-50 mentioned it.

Graph 7.1 HIV/AIDS as a health problem by age



People with completed high school constituted a half of those who saw it as a problem, followed by people with eight years of schooling (31%) and then people with university education (18%). People who had no schooling or who had only completed primary school education were hardly represented at all with respect to this question.

Graph 7.2 HIV/AIDS as a health problem by education



Of those who said AIDS was a problem, 72% were living in the 12 urbanized districts; the remaining 28% were rural people. All of them had been resident in their current location for more than two years, in other words no people with less than two years of residence (recent “migrants”) were among respondents who said they had heard of HIV/AIDS.

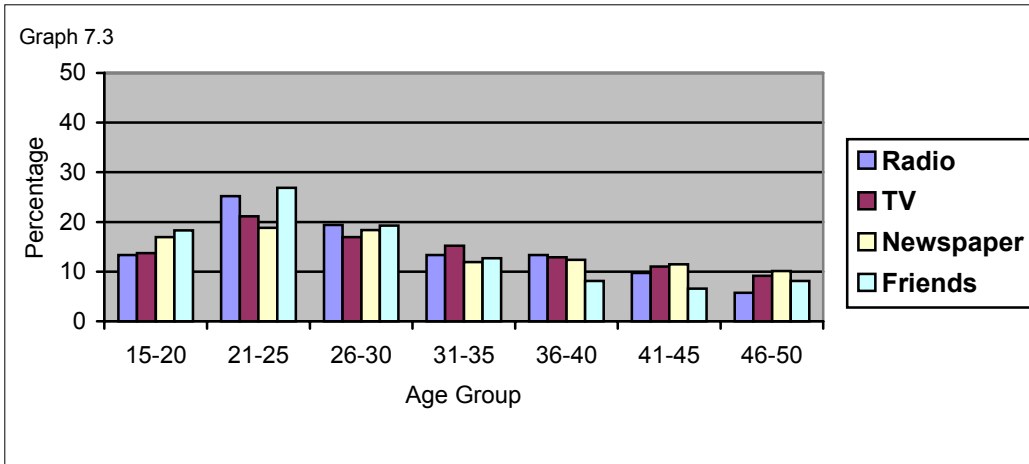
Knowledge of HIV/AIDS: Much the same picture emerged with respect to the 755 people (53% of the total) who said they had in fact heard of HIV/AIDS. Most (80%) were aged between 15 and 40 years. People who had completed high school (45%) or had eight years of schooling (36%) made up the largest group (81%). Slightly over a half (53%) were men, 47% were women and 59% were married.

People in the 12 main urbanized districts of the country (Berat, Diber, Durres, Elbasan, Fier, Gjirokaster, Korce, Kukes, Lezhe, Shkoder, Tirana, Vlore) made up 65% of all people who said they had heard about HIV/AIDS. Within these 12 areas, however, people in Tirana and Durres made up for almost a third (24% and 8% respectively), and once outside these two main urban centers there appeared to be far less awareness of the disease.

Sources of information about HIV/AIDS: Just as with family planning information, television was consistently the media from which most people said they had heard about HIV/AIDS, and at least a third of the people in all groups said they had heard about HIV/AIDS from television. The second most important source for all age groups was radio, especially so for people aged between 21 and 45. Newspapers and friends both came third, again (as was the case for family planning) highlighting the possibility of using the option of peer education.

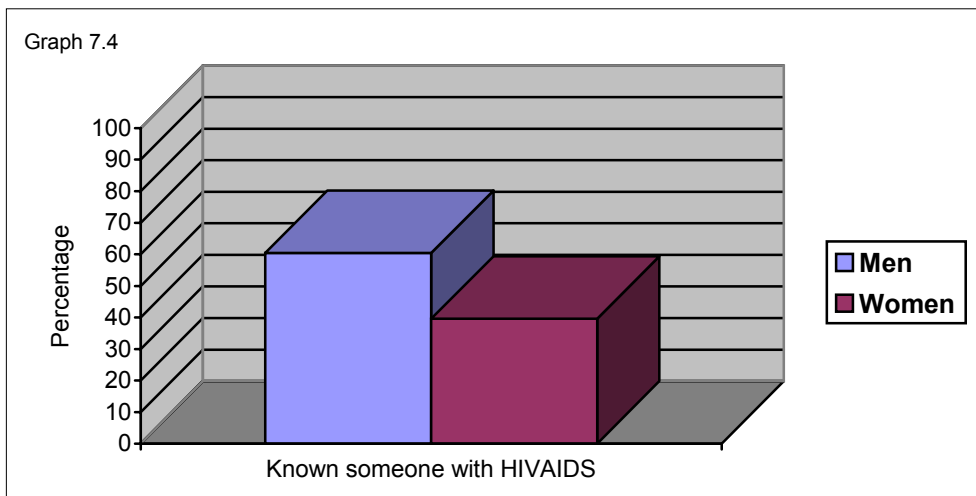
Men and women referred to television almost equally but more men (12%) referred to friends as a source of information about HIV/AIDS than did women (8%).

Graph 7.3 Source of information on HIV/AIDS by age



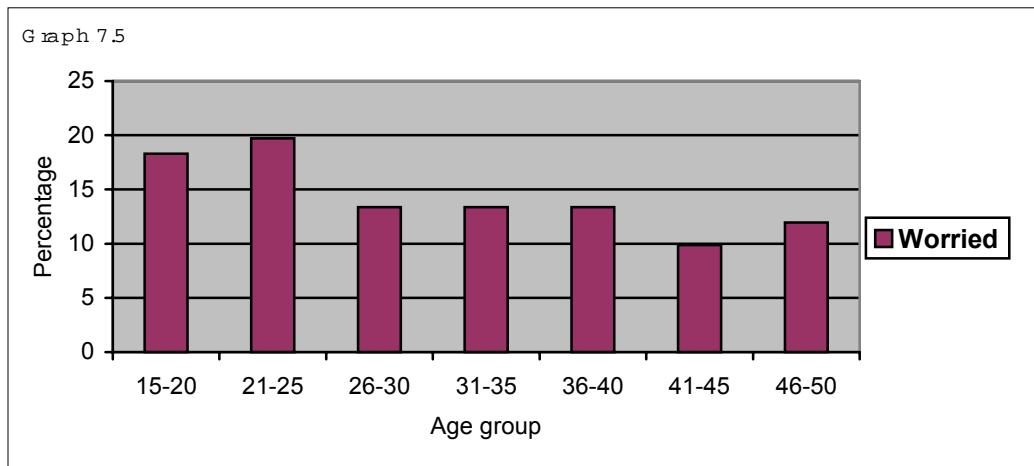
Known someone with HIV/AIDS: With respect to the question about whether they had known someone with HIV/AIDS, 48 people responded affirmatively. Of these, 23 (47%) had lived abroad, a relatively high proportion given that people who had lived abroad constituted only 28% of the overall survey population. In general, men (60%) were far more likely than women (40%) to have known someone with HIV/AIDS and although the numbers were relatively small, unemployed people were also more likely to have known someone with HIV/AIDS than employed people. Most (71%) of them lived in urbanized districts and almost all of them had been in their current residential location for more than 2 years.

Graph 7.4 Known someone with HIV/AIDS by gender



Worried about getting HIV/AIDS: When asked about how worried they were about the possibility of getting HIV/AIDS themselves, relatively large percentages in all age groups said they were very, or moderately, worried. Thus for example in the 15 to 20 year old age group 40% said they were very or moderately worried; in the 21 to 25 year old group the comparative proportion was 35%; in the 26 to 30 year old group it was 38%. Even in the 46 to 50 year old group 34% of respondents said they were very or moderately worried about getting HIV/AIDS.

Graph 7.5 Worried about getting HIV/AIDS by age



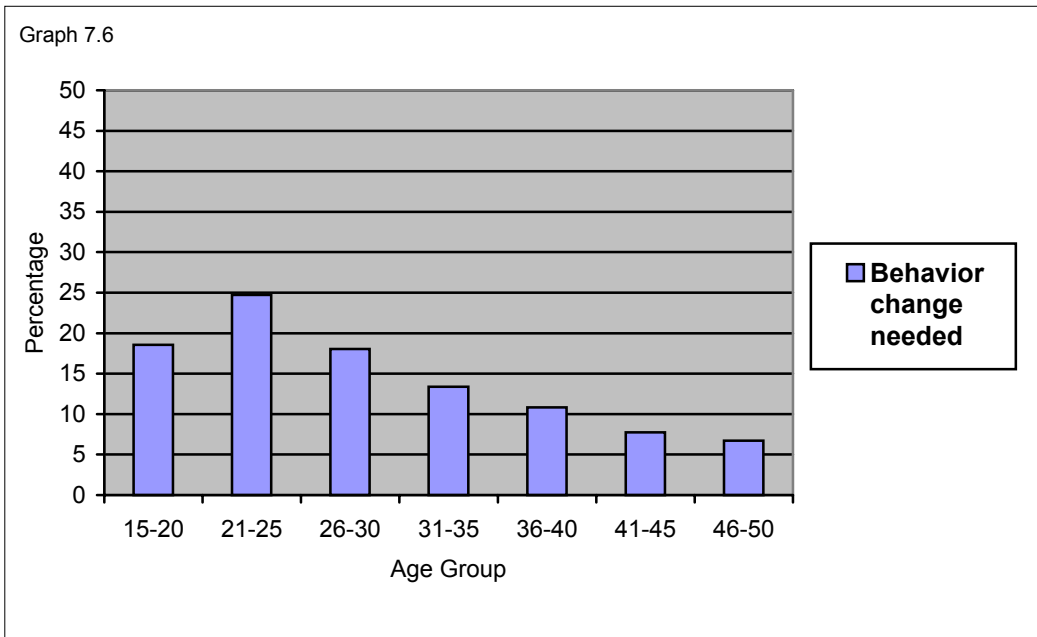
When looked at from the perspective of educational background the proportions of people who said they were very or moderately worried about getting HIV/AIDS fell as education increased. In addition, more single people (with and without partners) than married people said they were very or moderately worried about the problem, but over a third of married respondents also said they were moderately or very worried about getting the disease. People who lived in urbanized districts were far more likely to be worried about the problem than people in rural areas. For example, whereas 77% of people in urbanized areas said they were very worried, the comparative number in rural areas was 23%. Of the 395 people who had lived abroad 110 (28%) said they were very or moderately worried.

Behavior change and HIV/AIDS: In order to get an indicative image of the prevalence of what respondents consider to be HIV risk behaviors in the community they were asked if they felt any of their friends needed to change their behavior in order to protect themselves against HIV/AIDS; 194 people responded.

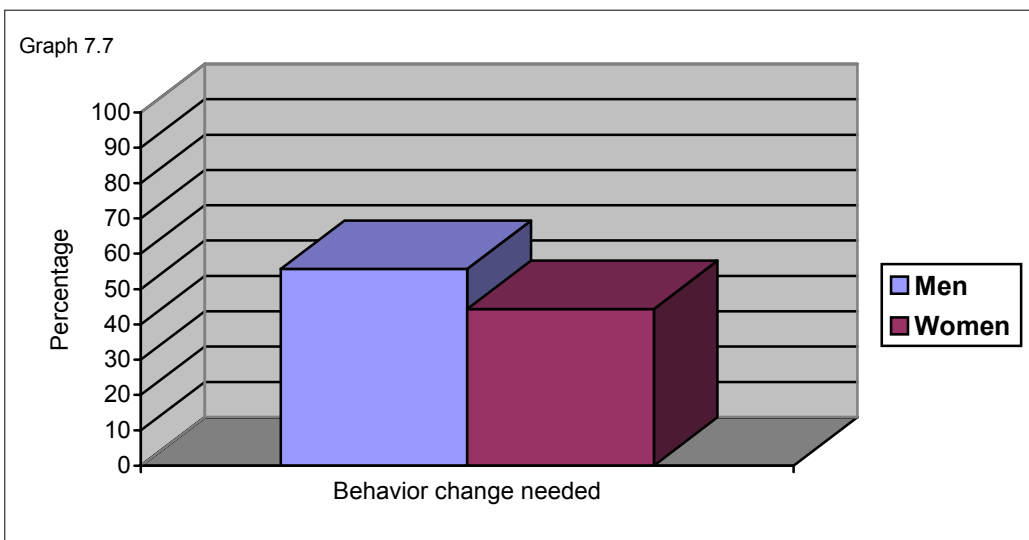
Of these 56% were men and 44% women, and 75% of them lived in the more urbanized districts. In all, 86% were under the age of 40 years and over half

were under 30. It is noteworthy, however, that even in the 15 to 20 year old age group 19% of the respondents said they knew someone who they felt needed to change his/her behavior to avoid getting HIV/AIDS. Of those that had lived abroad, 149 (38%) said that they new of someone whom they felt should change their behavior.

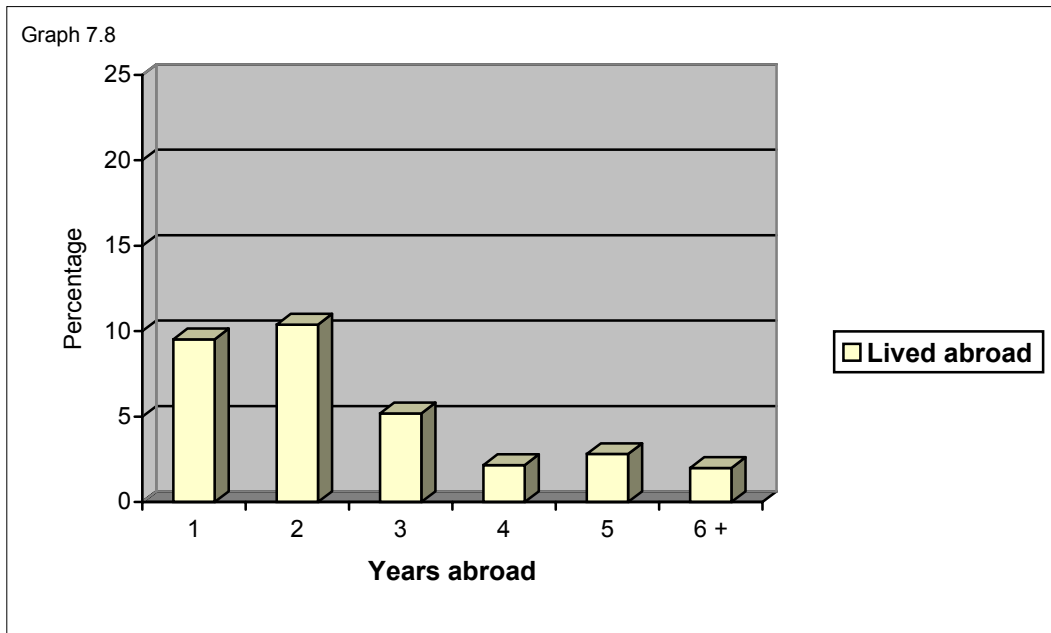
Graph 7.6 Behavior change, HIV/AIDS by age



Graph 7.7 Behavior change and HIV/AIDS by gender

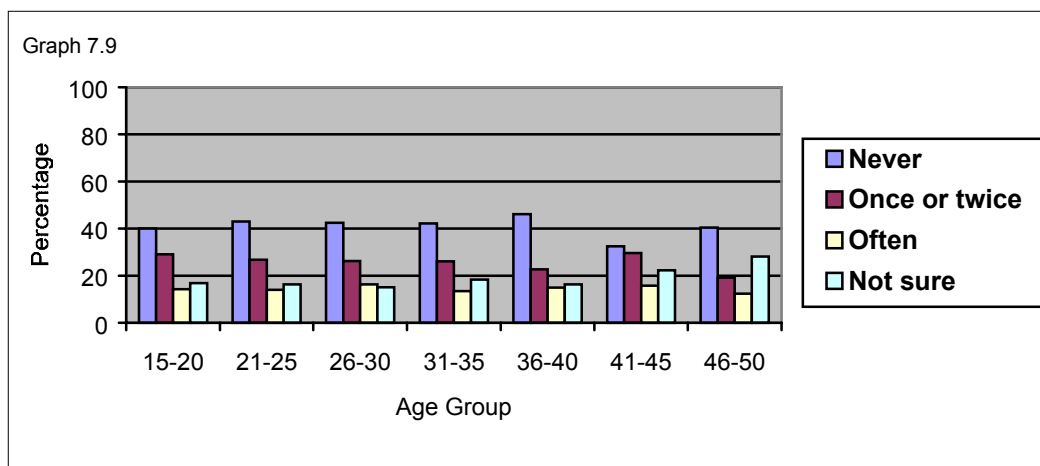


Graph 7.8 Behavior change and HIV/AIDS by who has lived abroad



Communication about HIV/AIDS with family or relatives: Communication about HIV/AIDS with family and/or relatives was relatively low in all age groups. In the youngest group (15 to 20) 14% said they had never spoken with family or relatives about HIV/AIDS and only 32% said they had spoken at least once or twice about the disease. In the 21 to 25 year old group men were less likely than women (41% versus 59%) to have discussed HIV/AIDS with family or relatives and women were far more likely (58%) than men (42%) to have discussed the problem often.

Graph 7.9 Discuss HIV/AIDS by age

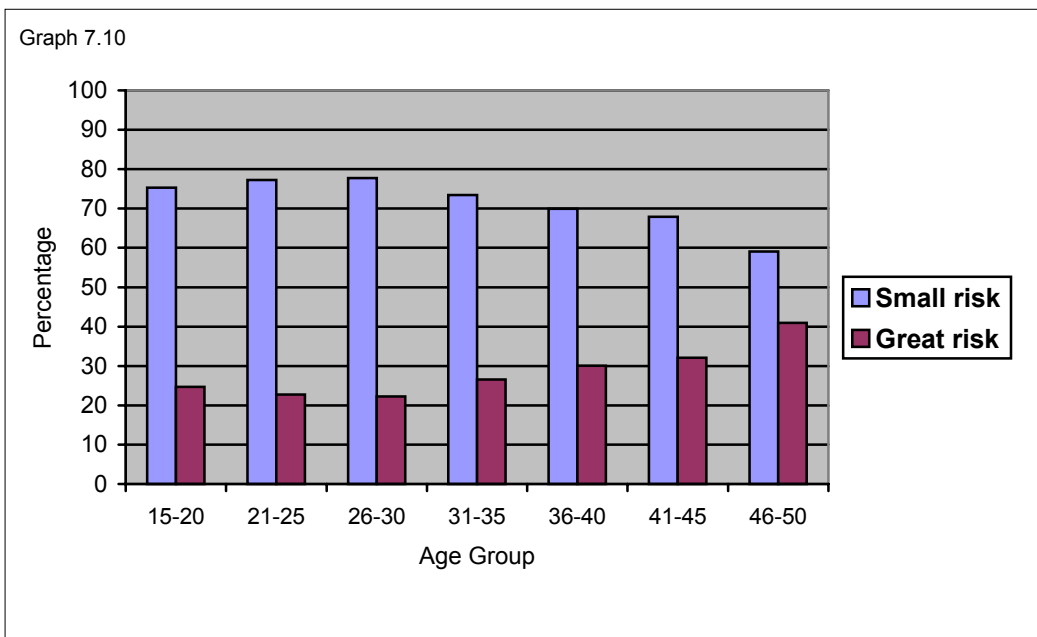


Risk of getting HIV/AIDS

Shaking hands: Out of 1041 people who replied to the question of how risky is shaking hands for HIV/AIDS transmission, 281 people (52% men and 48% women) thought it was a great or moderate risk. The remaining 760 (52% men and 48% women) people answered correctly that it constituted a small or no risk.

In the age groups 15-20, 21-25, 26-30, and 31-35, the proportion of people who felt it was a great or moderate risk was 23%. After that the proportion of people who thought it was risky increased and by the age of 46-50, 41 % said it was a great or moderate risk. Unemployed and never employed people were more likely to believe it was a risky act than people who were employed. Whether people were living in urban or rural areas did not make a difference.

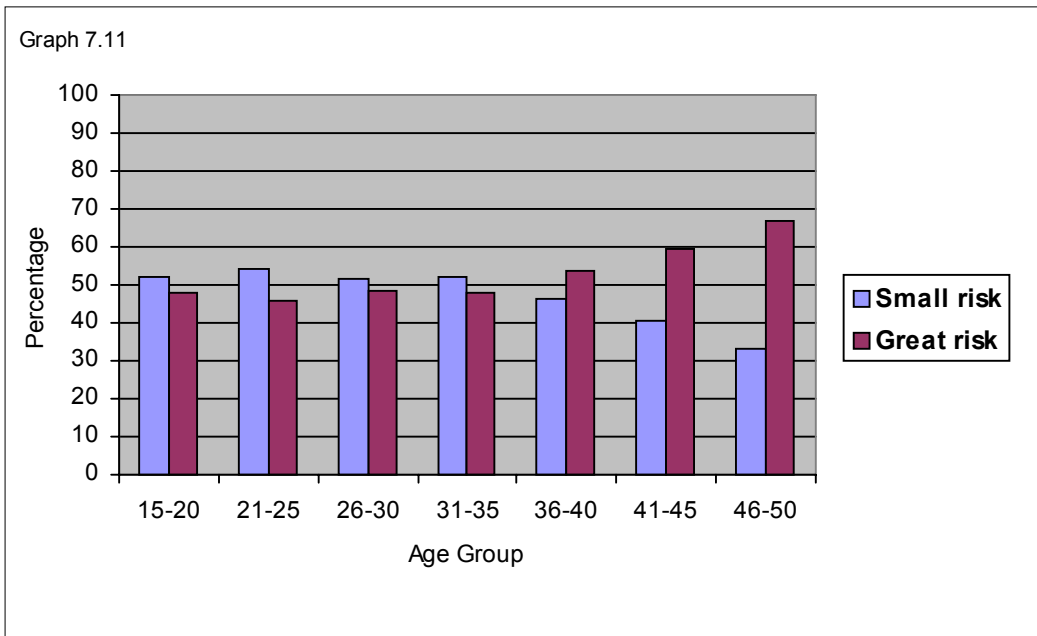
Graph 7.10 Shaking hands and HIV/AIDS



Kissing a person with HIV/AIDS: Of the 1037 who answered the question about the risk associated with kissing a person with HIV/AIDS, there was an almost even split in responses; 530 thought it constituted a great risk and 507, a small risk. Men (54%) were more likely to think it was a great or moderate risk than women (48%) and although at least a half of the people in all age groups felt kissing someone with HIV/AIDS was very or moderately risky, age again appeared to play a role. Thus, for example, older people were the ones most likely to think it represented a great or moderate risk. While 48% of the 15-20

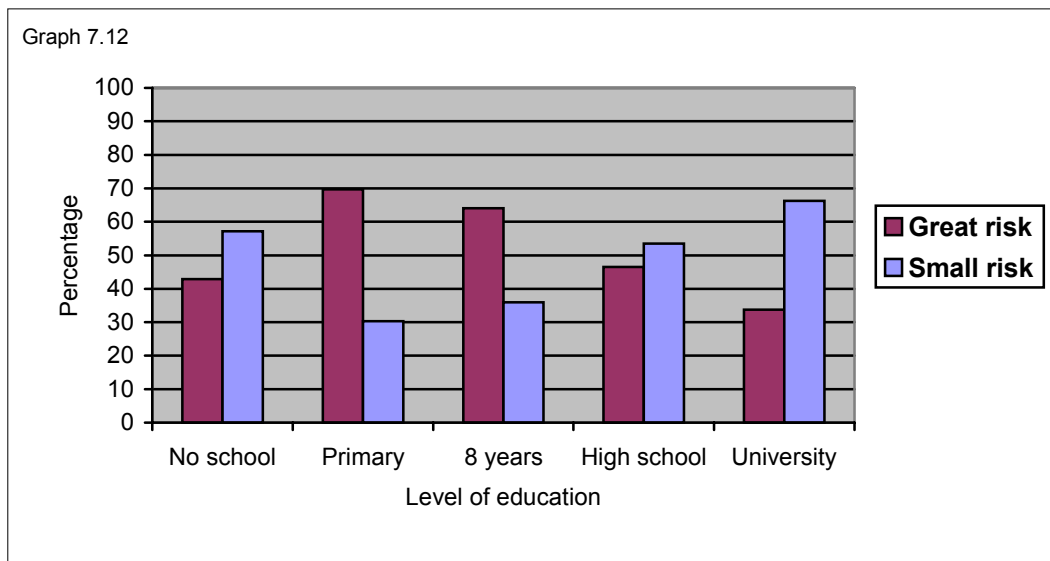
year old group was of this opinion, the proportion of people aged 46-50 who said it was very or moderately risky was 67%.

Graph 7.11 Kissing a person with HIV/AIDS



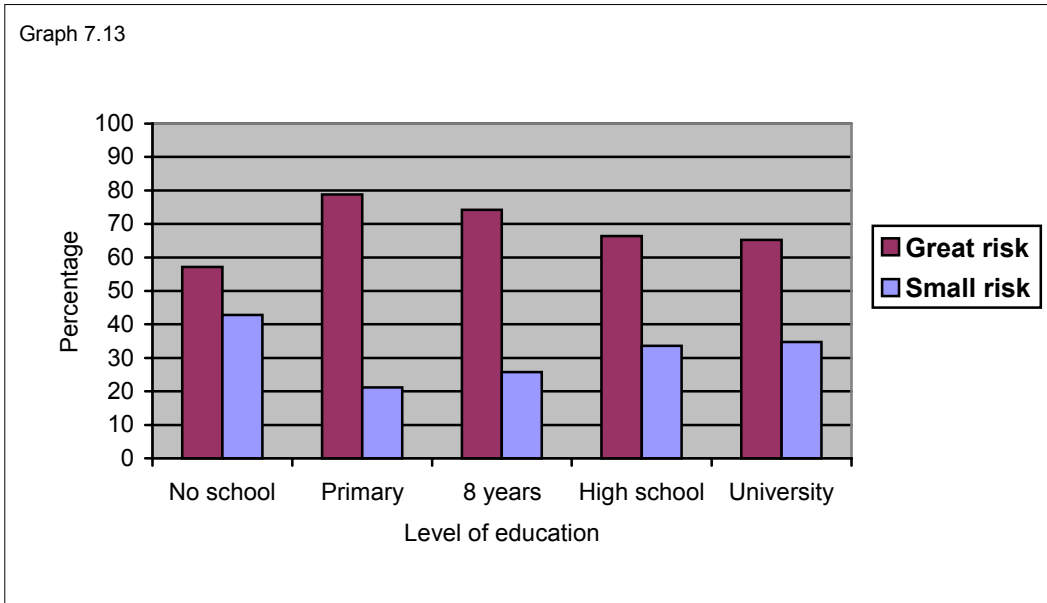
As far as educational background was concerned, university graduates were the most knowledgeable. Only 34% thought it was very or moderately risky to kiss someone with HIV/AIDS; among people who had completed eight years of schooling and high school education the proportions were much higher (70% and 64% respectively).

Graph 7.12 Kissing a person with HIV/AIDS



Sex using a condom: Of the 1038 people who answered the question concerning the relative risk associated with having sex with someone who had HIV/AIDS while using a condom, 718 (69%) thought it was great or moderate risk. The proportions in all age groups were high and there was never less than 57% (people without schooling) who thought it was very or moderately risky. Even among people with a university education the proportion was 65%.

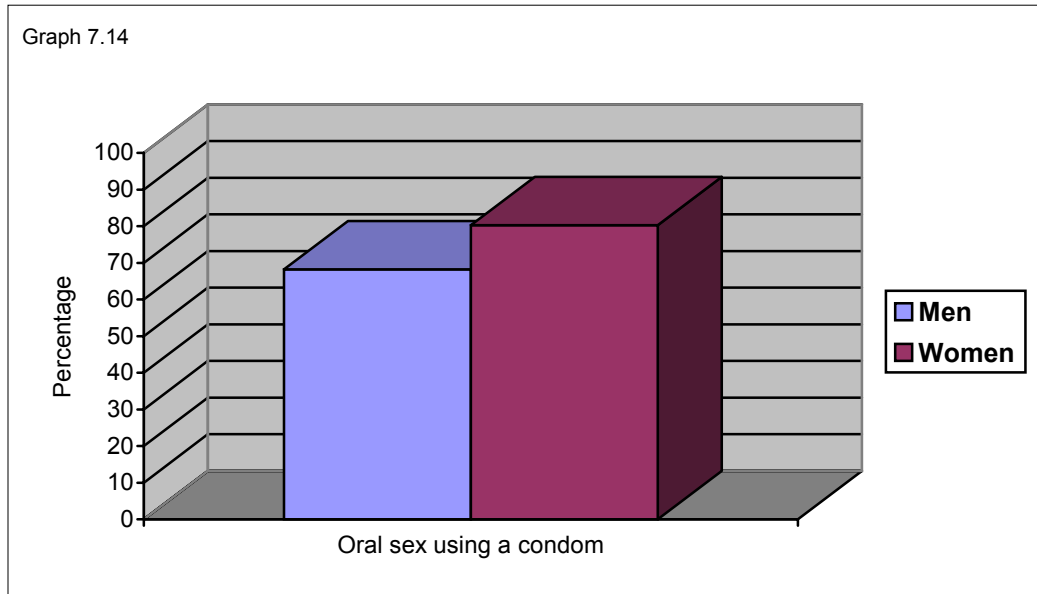
Graph 7.13 Sex using a condom and HIV/AIDS by education



Sex without a condom: When asked about the risk of having sex with someone with HIV/AIDS without using a condom, 99% of all the 1033 people who responded to the question said it was very or moderately risky. Similarly with respect to the question about having sex with a casual new partner and not using a condom, almost everyone answered affirmatively that it was very or moderately risky.

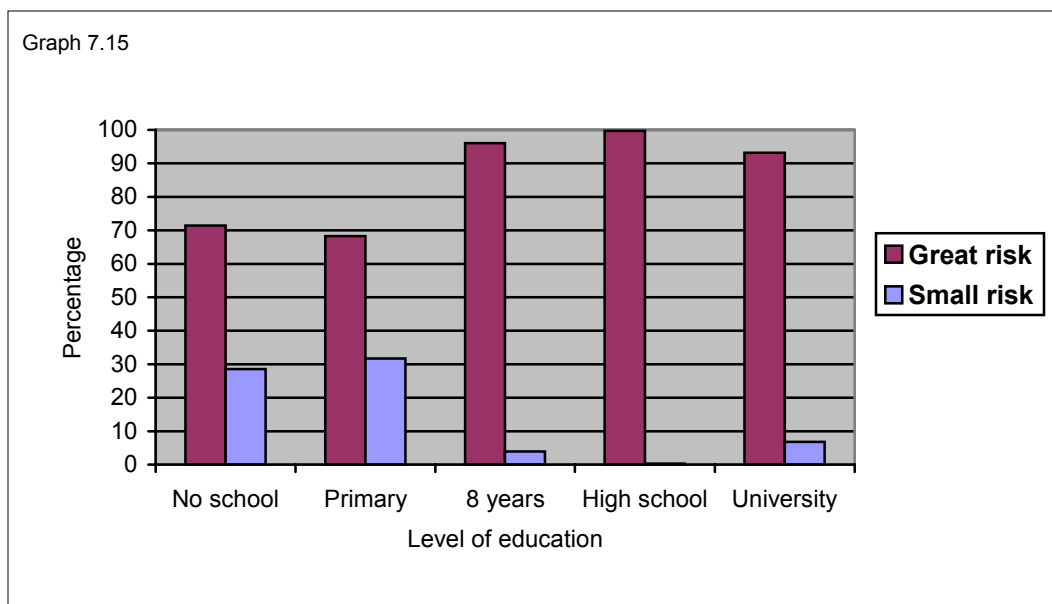
Oral sex with a condom: With respect to the question about the risks involved in having oral sex while using a condom, the number of people who answered fell to 974. Of these 74% thought it was very risky and 26% said it constituted a small or no risk. Women were far more likely (80%) to see it as a very risky act than men (68%).

Graph 7.14 Oral sex using a condom



Oral sex without a condom: Only 860 people responded to the question about the relative risk associated with having oral sex without a condom. Of these 96% said they thought it was very or moderately risky.

Graph 7.15 Oral sex without a condom

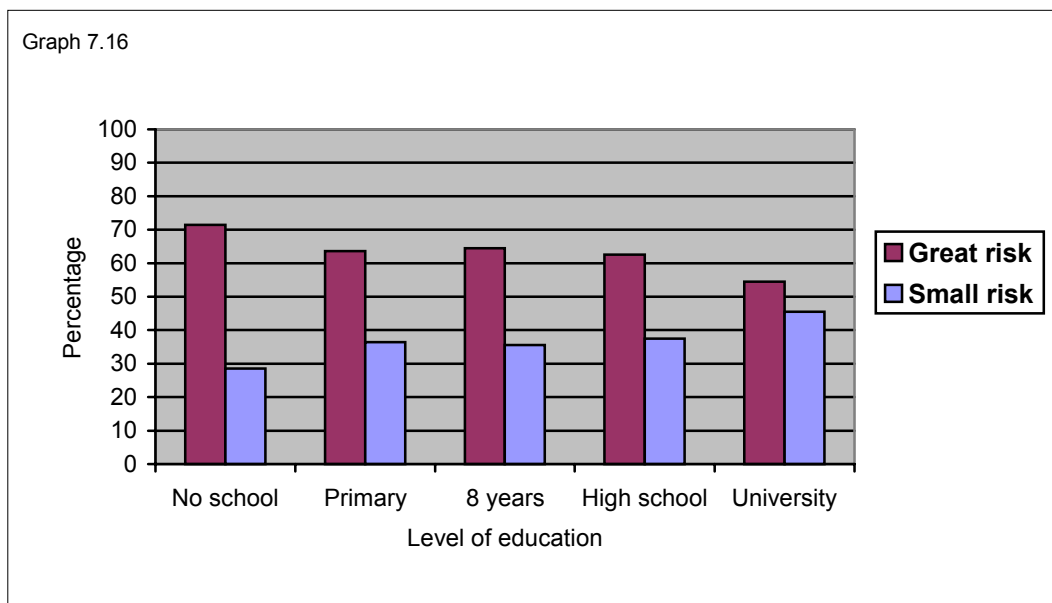


Sex with a prostitute without a condom: The number of people who answered the question about the risk of having sex with a prostitute without using a condom was 1019, and of these 97% said it was very or moderately risky.

Injecting using a shared needle/syringe: There were 1008 responses to the question concerning the relative risk of HIV/AIDS associated with sharing needles and syringes that had not been cleaned, and 98% of these said they thought it was a great or moderate risk.

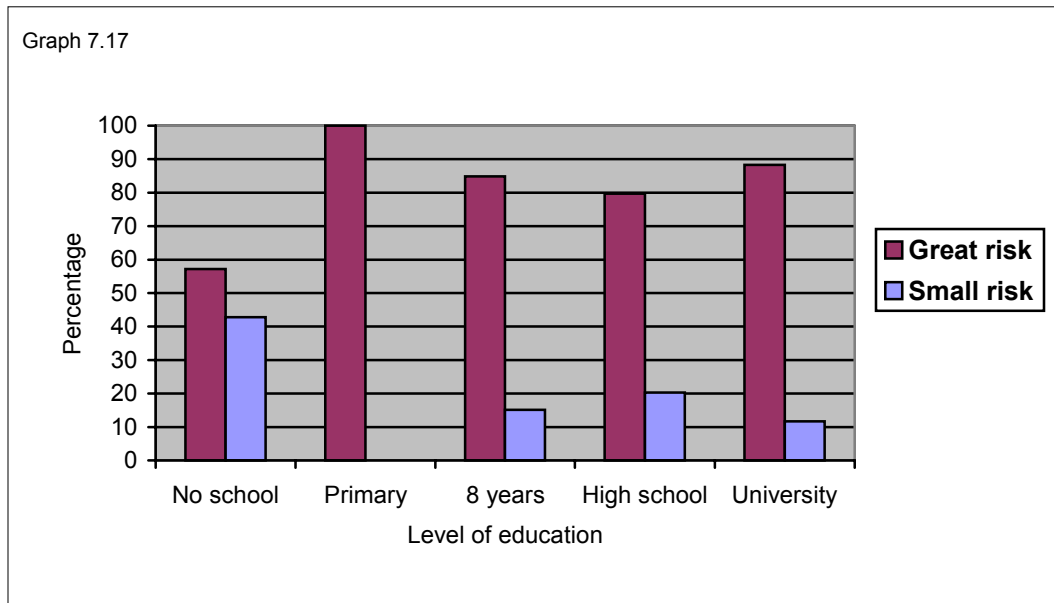
Using public toilets: With respect to the question on the HIV/AIDS risks associated with using public toilets 1011 people responded and of these 62% said they thought it was a great or moderate risk. Of those who thought it was a great or moderate risk, 71% were women.

Graph 7.16 Using a public toilet



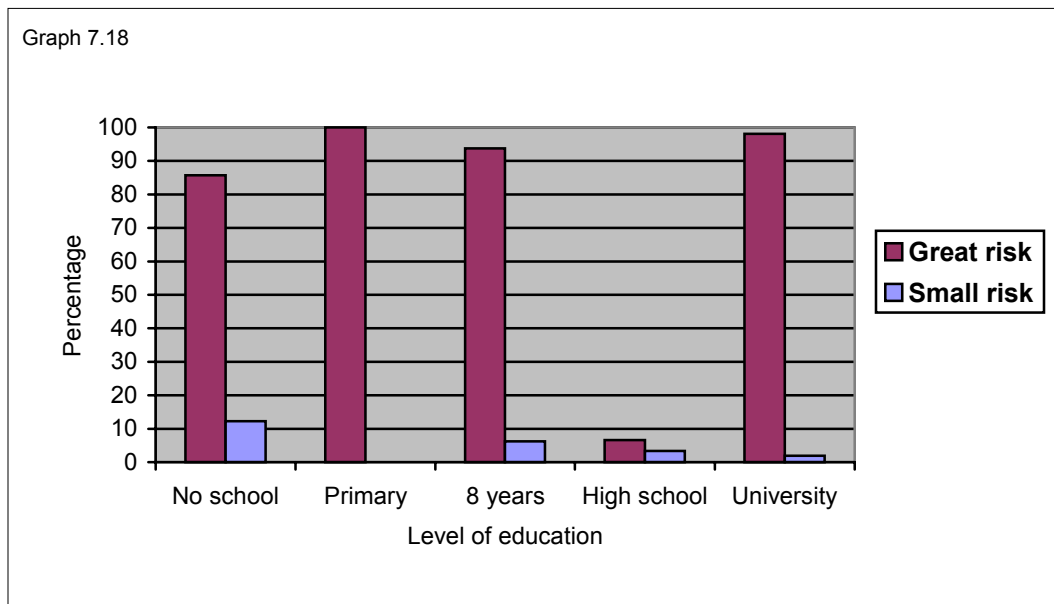
Donating blood: With regard to the question about the HIV/AIDS risks associated with donating blood, 1024 people replied. Of these, 83% thought it was very/moderately risky and women (89%) were more likely than men (78%) to think this. Even 88% of those with a university education saw it as a great or moderate risk; among people who had completed high school the proportion was 80% and among those who had completed eight years of schooling the proportion was 85%.

Graph 7.17 Donating blood



Receiving blood transfusion in a hospital: When asked about what they saw as the relative HIV/AIDS risk associated with receiving a blood transfusion, 1017 people replied and of these 96% saw it as a great or moderate risk

Graph 7.18 Receiving blood



8. Sexual behavior and family planning

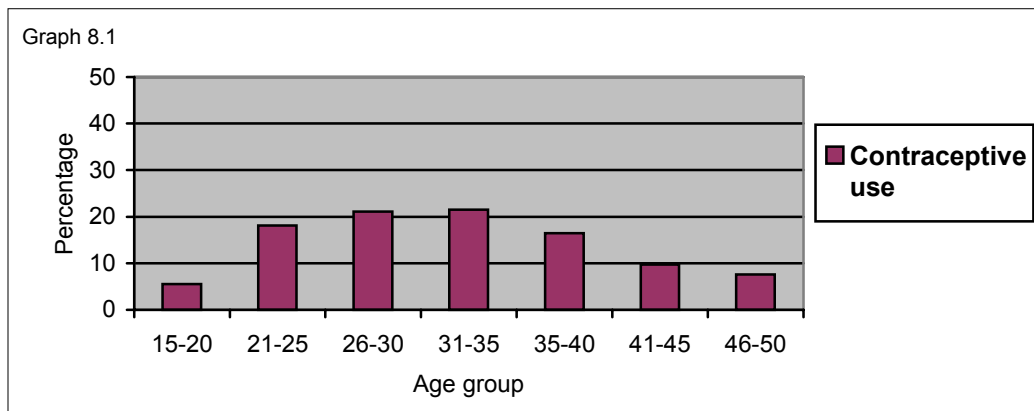
Sexual behavior: Only 132 people responded to the question about whether they currently had a regular sexual partner; 65% of these were men and 35% were women. In the age group 15-20, 20% of respondents said they had a regular sexual partner and of those who did not, 17% said they had already had a sexual partner. In the 21-25 year old age group 49% had a regular sexual partner and of those who did not, 35% had previously had one.

Against this backdrop, the number of people of all ages who said they were currently using a family planning method was relatively small (238). Condoms were mentioned by 34% of the respondents and contraceptive pills by 21%. The other methods frequently referred to were withdrawal (22%) and other natural methods (19%).

Contraceptive use: On the whole, males were more likely to say they used contraception (54%) than females (46%) were, and contraception was most widely used by people aged between 20 and 35 years.

Contraceptive use increased with education, so that while only 21% of those with only eight years of schooling said they practiced contraception, the equivalent proportion among those who had completed high school rose to 50%. It is of note, however, that despite the generally positive correlation between education and contraceptive use, only 26% of respondents with completed university education said they used contraceptive methods.

Graph 8.1 Use of contraception by age



Place contraceptives obtained: Overall, almost 40% of respondents who used contraceptive methods said they got them from pharmacies. Approximately 26% of those with eight years of education, over 42% of those who had completed high school, and 50% of those with a university education got them through pharmacies. Hospitals, family planning facilities, private clinics, market places, local physicians and local clinics (ambulantas) were other outlets used but the proportions of people using them was small. However, a more varied picture emerged according to place of residence. For example at least 25% of respondents in Sarande said they got their contraceptive supply from the local hospital. In Vlore the proportion was 18%, in Shkroder 11%, and in Kurbin 13%. Thus although the numbers of people concerned were small, it may be indicative that for people in smaller towns, outlets other than pharmacies are important.

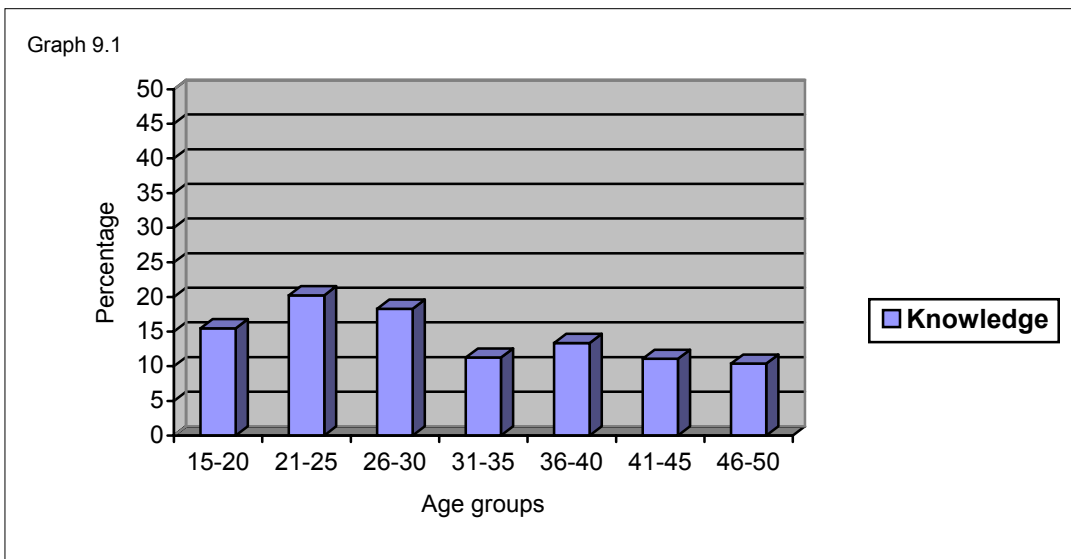
Contraceptives obtained and gender and age: There was a relatively high level of concordance between men and women with respect to the use of pharmacies as an outlet for contraceptive methods. Nor were there any differences in terms of the age of respondent; and pharmacies were clearly the outlets of preference for people of all ages.

9. Condom knowledge & use

Attitudes to and behavior with respect to family planning inevitably depend on what is known about available methods.

Knowledge about condoms: In all 82% of the men (question was only asked of men) said they knew what a condom was. Age appears to have been an important factor, and men in the 15-30 year old age group were more aware of condoms than any other age group. After the age of 30 there was an almost linear decline in familiarity with condoms.

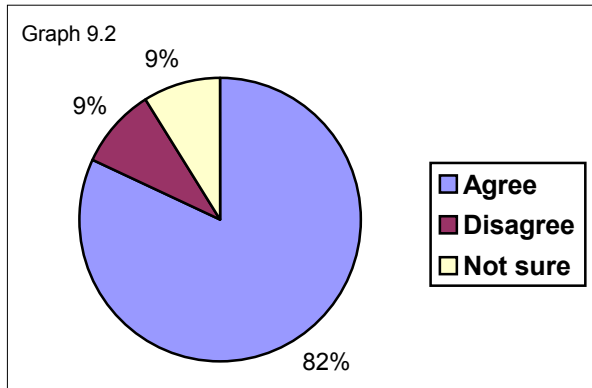
Graph 9.1 Knowledge about condoms by age



Attitudes to condoms: Respondents were presented with a number of statements concerning condoms and their use, and were asked to say whether they agreed, disagreed or were not sure about the veracity of these statements.

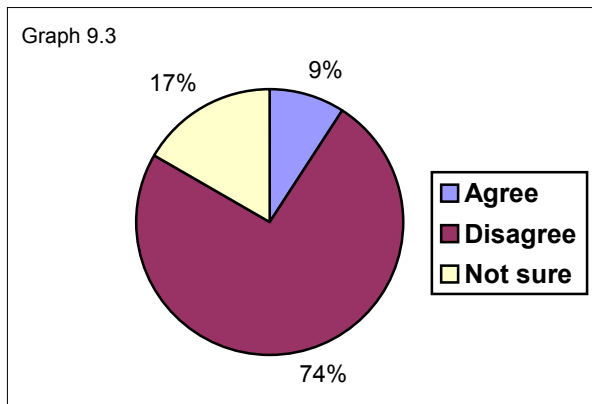
With regard to the statement that condoms “are easy to use” 82% of the 201 men who replied said they agreed. Of these 58% were in the 21 to 30 year old age group; another 13% and 12% were in the 15 - 20 and 31 - 35 year old age groups respectively; after the age of 36 the proportion of men who disagreed with the statement that condoms are easy to use rose. It is noteworthy, however, that approximately 22% of respondents in the 21-40 year old age said they were not sure.

Graph 9.2: Condoms are easy to use



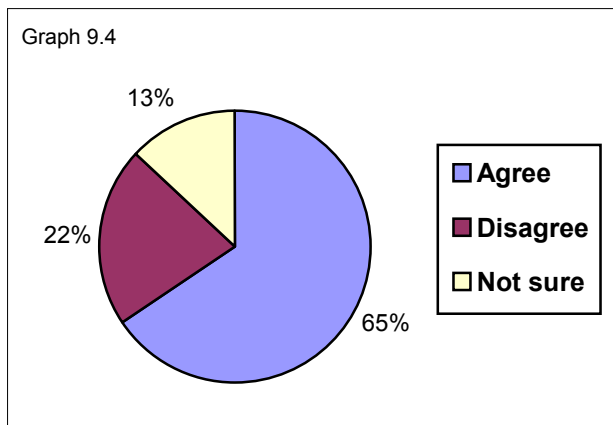
With regard to the statement that condoms are “too expensive to use regularly”, 74% of the men who responded (199) said they disagreed. In the overall age range 15-30, there were again between 20% and 30% who said they were not sure, and who presumably had not purchased condoms on a regular enough bases to formulate a position on this.

Graph 9.3: Condoms are too expensive



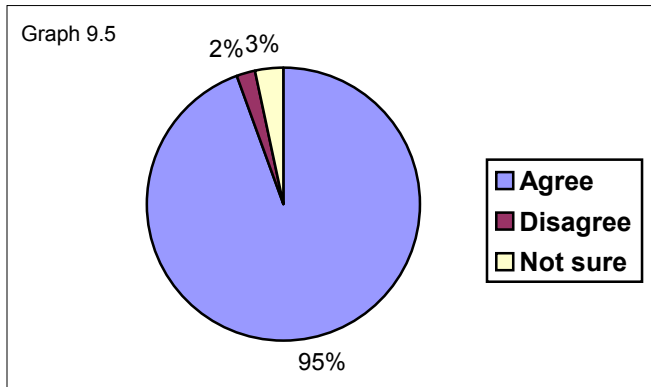
Respondents were also given the statement that “I would use a condom if my partner asked me to”, and again the response was affirmative with 65% of men saying they agreed, with a clustering of responses in the 15-30 year old group.

Graph 9.4: If my partner wanted me too



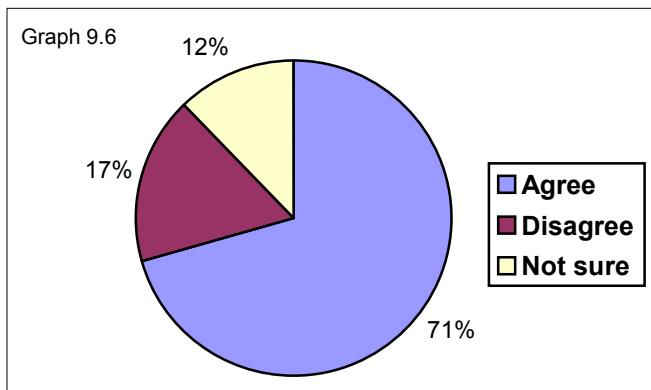
When presented with the statement that condoms help prevent STDs, the degree of agreement was almost total (95%), indicating a high level of awareness about the role and importance of condoms.

Graph 9.5: Condoms prevent STDs



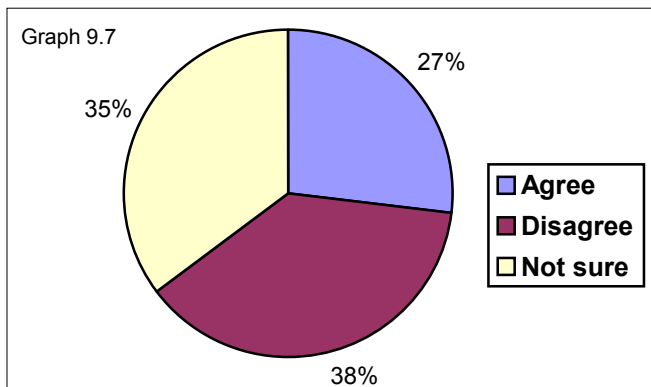
There was also a relatively high level of agreement (71%) with respect to the statement that “a woman can ask her partner to use a condom” and there was a slight tendency for those who did not agree to fall into the higher age groups, for example, 17% in the 36 to 40 year old age group.

Graph 9.6: A women can ask her partner



When presented with the statement that “women are not embarrassed to buy condoms from a shop”, 27% of the men who responded (204) agreed and 38% disagreed. It should be borne in mind that that condoms in Albania tend to be purchased in pharmacies rather than shops and this may have partially influenced the response to this question. Clustering of responses, both in agreement and disagreement to this statement was essentially

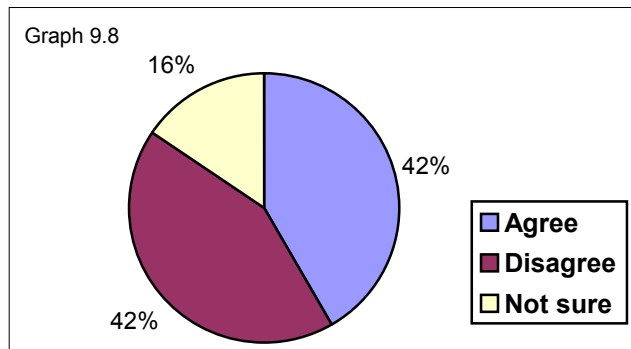
Graph 9.7: Women are not embarrassed



in the same age brackets as with other questions, namely 15 to 40. The highest proportion of negative responses (39%) was in the 26 to 30 year old age group.

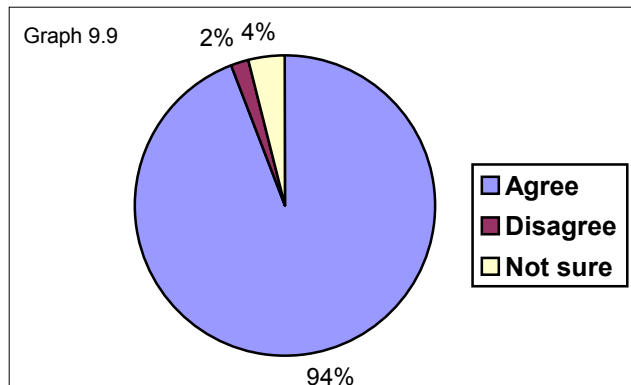
With regard to the statement “condoms are needed only with casual partners”, there was almost an equal distribution of men agreeing (42%) and disagreeing (43%). The same age clustering as above emerged.

Graph 9.8: Condoms are needed only with casual partners



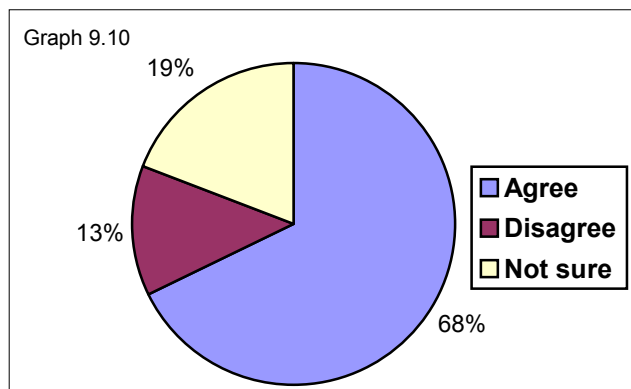
Graph 9.9: Condoms prevent pregnancy

As far as the statement “condoms are good for preventing or delaying pregnancy” almost everyone (94%) responded affirmatively.



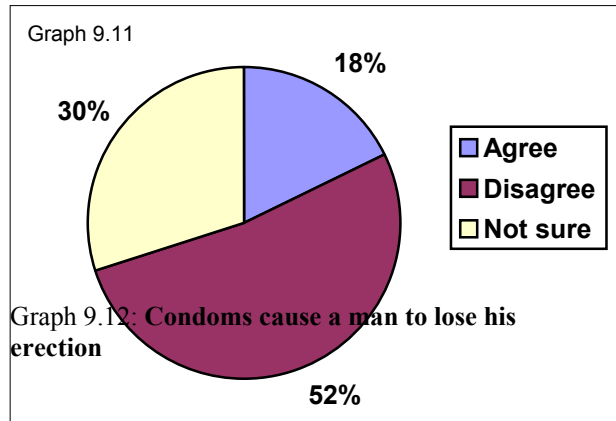
Graph 9.10: Condoms make sex less enjoyable

As far as the statement “condoms make sex less enjoyable” was concerned 177 men replied; 68% agreed with the statement 13% disagreed and 19% said they were not sure. Clustering of responses was again around the 15 to 35 year old age group with the peak of responses (both positive and negative) in the 21 to 25 year old group and the 26 to 30 year old groups.



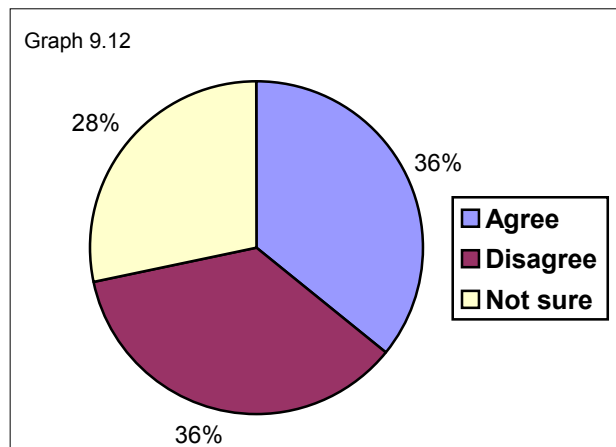
Respondents were also asked whether they agreed or disagreed with the statement “condoms are offensive to wives or regular partners” and 52% disagreed, 18% agreed and 30% said they were not sure.

Graph 9.11: Condoms are offensive to wives



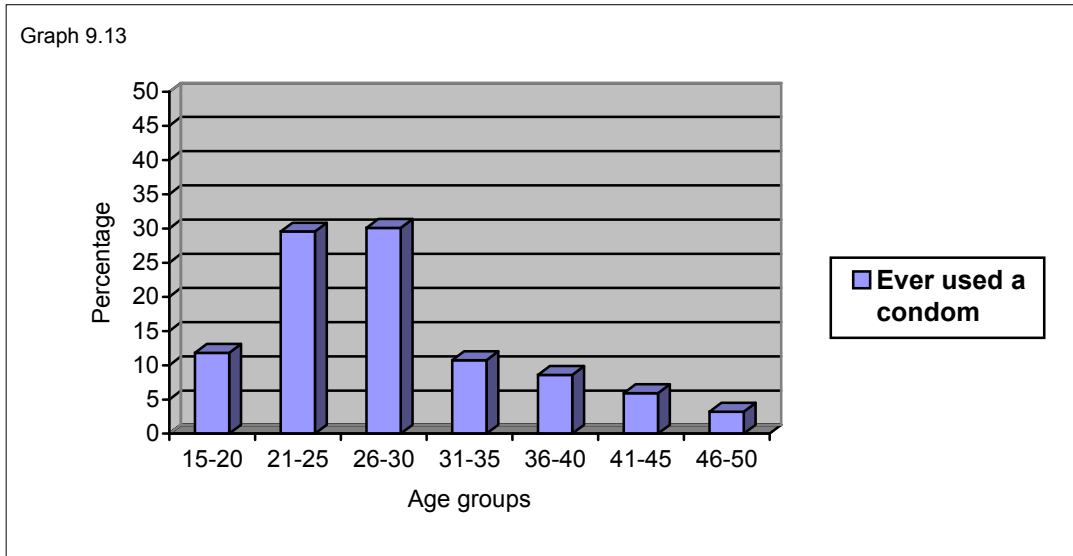
With respect to the statement “condoms may cause a man to lose his erection” the responses were almost equally distributed; 36% agreed, 36% disagreed and 29% said they were not sure.

Graph 9.12: Condoms cause a man to lose his erection



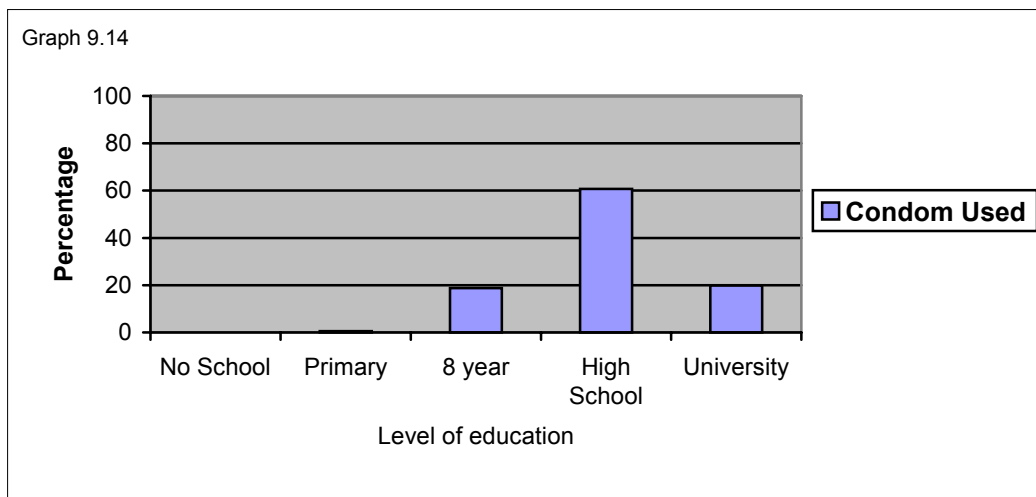
Use of condoms: Relatively few (33%) of the men who responded to the question said they had ever used a condom, and of those that did 30% were in the 21-25 year old age group and 30% were in the 26-30 year age group. Before the age of 21 and after the age of 30 years the proportions of men having used a condom were much lower. For example men in the 40-50 year old age group constituted only 9% of all those who said they had ever used a condom.

Graph 9.13 Men who ever used a condom by age



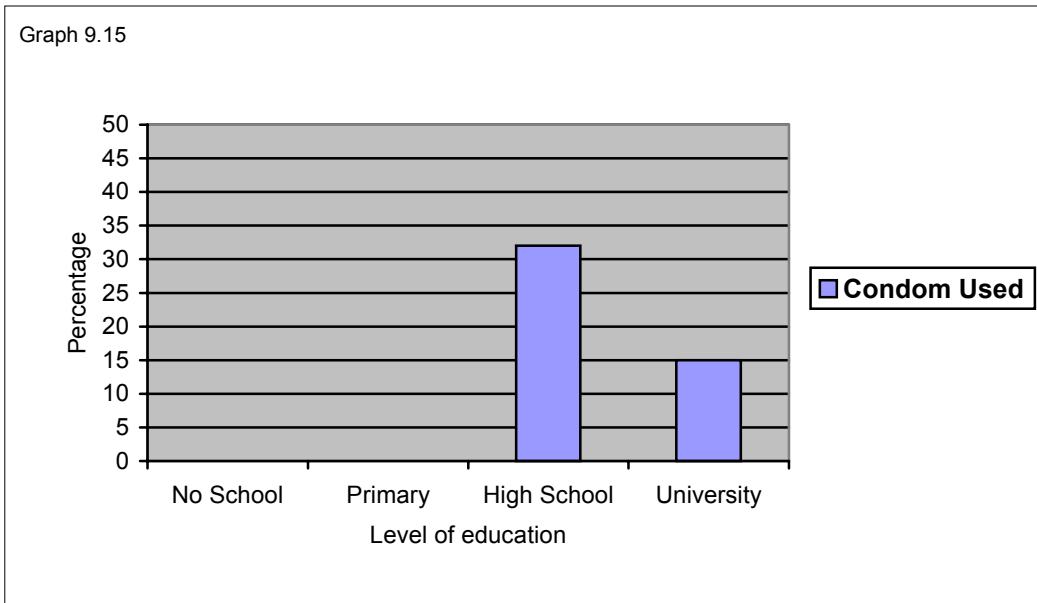
Use of condom and education and place of residence: Those who completed high school were by far the most likely (61%) to have used a condom, and although the numbers are small, the trend was clearly for condoms to be most used by men in the main urban areas (Durrës – 12%; Tirana - 11%; and Kukës 9%). Whether this reflects a question of distribution and accessibility, or whether it is linked to different levels of knowledge about, and attitudes to, condom use is not clear.

Graph 9.14 Men who ever used a condom by education



Use of condom at last sexual act: Only 9% of the men said they had used a condom the last time they had sex; of these, 51% were had a high school education and were most likely to be living in Tirana and Durrës. Over 36% of them were in the 21-25 year old age group; 22% were aged between 26-30 and 21% were aged between 15-20 years.

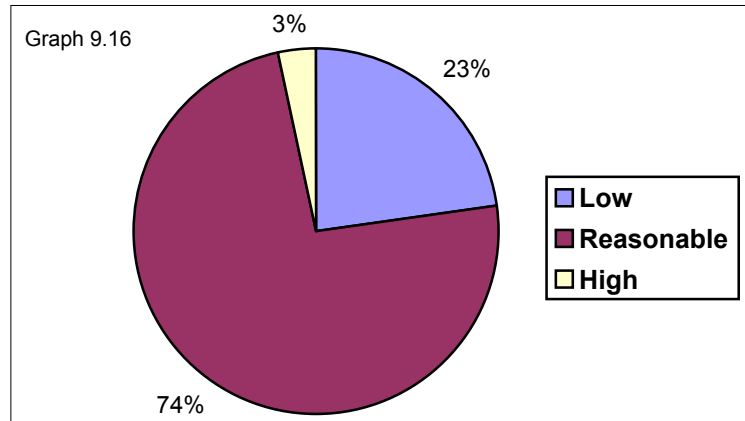
Graph 9.15: **Used a condom at last sexual act by education**



Last sexual partner: In order to get a comprehensive picture of condom use and sexuality, respondents were asked who their last sexual intercourse had been with. Of the 189 men who replied, 67% said it had been with a regular partner, 24% said that it had been with a casual partner and 9% said that it had been with a commercial sex worker. With regard to regular partners, there was a consistent distribution among all age groups, but with regard to casual partners there was a clustering around the 15 to 30 year old age group (15 to 20 - 16%; 21 to 25 - 29%; 26 to 30 - 31%). Of those who said that their last sexual intercourse had been with a commercial sex worker, 72% were in the 21 to 30 year old age group.

Price of condoms: One of the factors that has often (in other countries) helped to determine the use of condoms has been their cost. In the case of Albania a large majority of respondents said they felt the price of condoms was either low (23%) or reasonable (74%).

Graph 9.16 Price of condoms



Condom preference: In response to the question whether respondents used a specific brand of condoms, 69 men replied that they did use specific brands and most (77%) of those who said they did again fell into the 15 to 30 year old age group. Two brands of condom were clearly the most preferred, namely FOR YOU (43%) and LOVE PLUS (36%). No other condom brand was significantly referred to.

Reasons for condom preference: Four options were offered with regard to why people preferred the brand they had mentioned. Price was referred to by 17% of the 191 men who replied; quality was referred to by 20%; “easy to find” was referred to by 27%; and 36% of the men who replied said that advertising was the reason they selected a particular brand.

10. Ideal family size

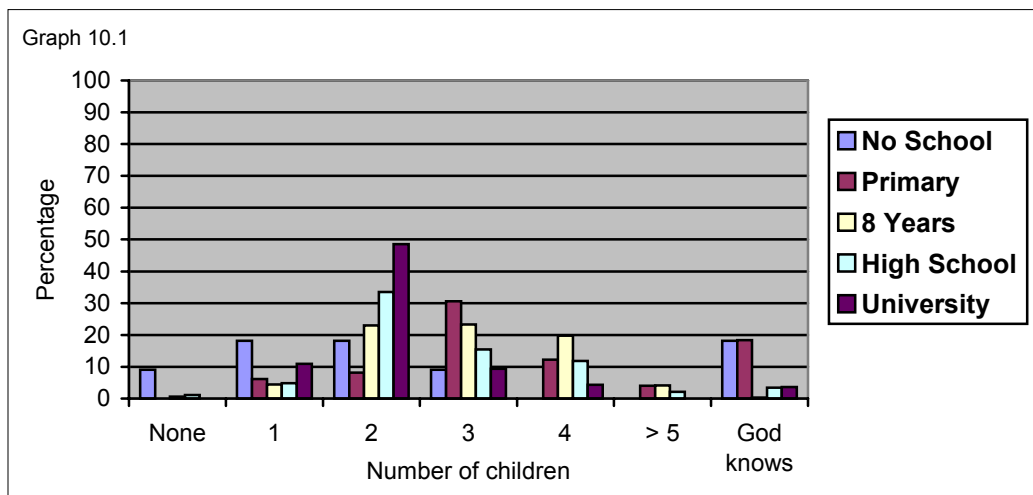
Research has consistently demonstrated that what people say for them is an ideal family size can be indicative of if, and to what extent, they have been reached by information about family planning. Perceived ideal family size can also be influenced by the occupational and residential background of people; rural-agricultural people who are “self-employed”, for example, may depend on relatives and family members to be part of the agricultural domestic work.

Family size and education: Slightly more than 19% of respondents had 4 or more children, and of these most were people with eight years of schooling or less. Over 62% of the respondents with university education and who had children had two. In the group that had only completed primary school 16% said they had five children, and among those without any schooling at all, 25% had 5 or more children.

Ideal family size and education: Attitudes to ideal family size varied considerably according to educational background and the location people lived in. For example, almost a half (47%) of the respondents with only primary education felt that 3 or more children was the ideal size.

Among people with a university education, on the other hand, 67% said that two or fewer children were the ideal. Ideal family size approximated the actual number of children people had. Thus 87% of those with a university education had two or fewer children and 71 % of those with only primary education had three or more children.

Graph 10.1 Ideal family size by education



Ideal family size and perceived control over fertility: What is striking about the data on ideal family size is the relatively high proportion - for a European setting – of people with only primary education who seemed to feel they had little choice in the matter. At least 18% of the respondents in this group said that only “God knows” what the ideal family size is, indicating that they themselves might have little control over how many children they would have. There was a high concordance of opinion between men and women of all ages, thus neither statistical differences nor any trends were observed along the lines of gender and age of respondent.

11. Access to media

Providing people with information and education on health, including reproductive health issues through the media has become a key feature of contemporary health promotion and protection strategies. The extent to which this is feasible clearly depends on the access people have to radio, television, magazines and newspapers and the degree to which they use these media.

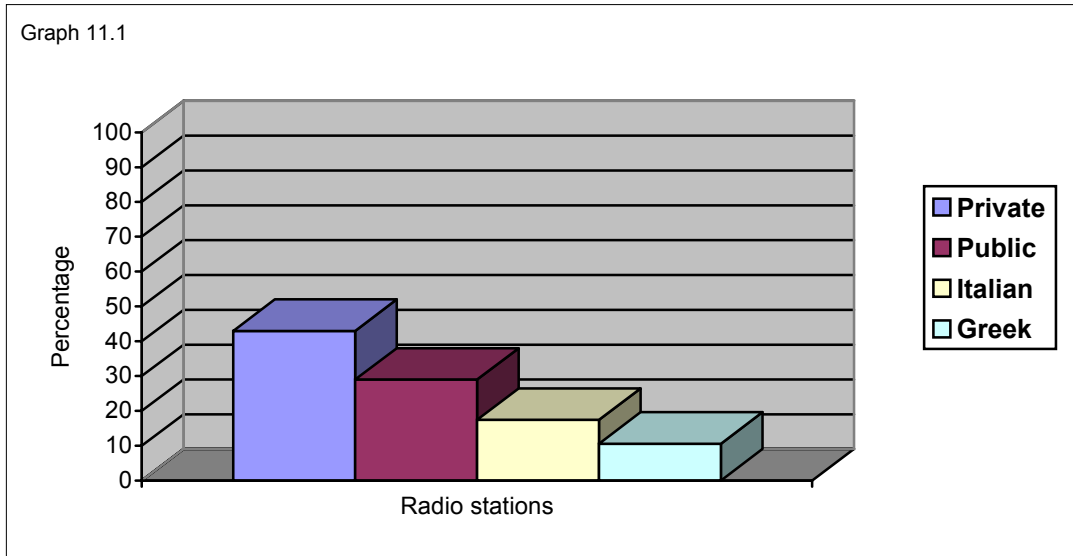
Radio and listening behavior: The overall availability of radios in the household was relatively low (39%) and listening behavior was also limited. Only about a half (57%) of all respondents said they listened to the radio on a daily basis and 13% on a “once-a-week” basis; 18% said they rarely listened to the radio at all.

Listening behavior also varied considerably, especially according to the age and education of respondents. Of the people who said they listened to radio every day, the large majority fell into the 15-35 year old age bracket, but even so there was some variation. For example, 72% of the 15-20 year old age listened to the radio every day; the percentage in the next two age groups then fell to 65% and then 47% in the 31-35 year old group. After that it tapered off significantly so that by the age of 46-50 only 37% said they listened to radio on a daily basis.

Listening behavior also varied considerably by educational background. Of the people who listened to the radio every day, 97% had eight years of schooling and above. People with only primary school education or less constituted 3% of daily listeners.

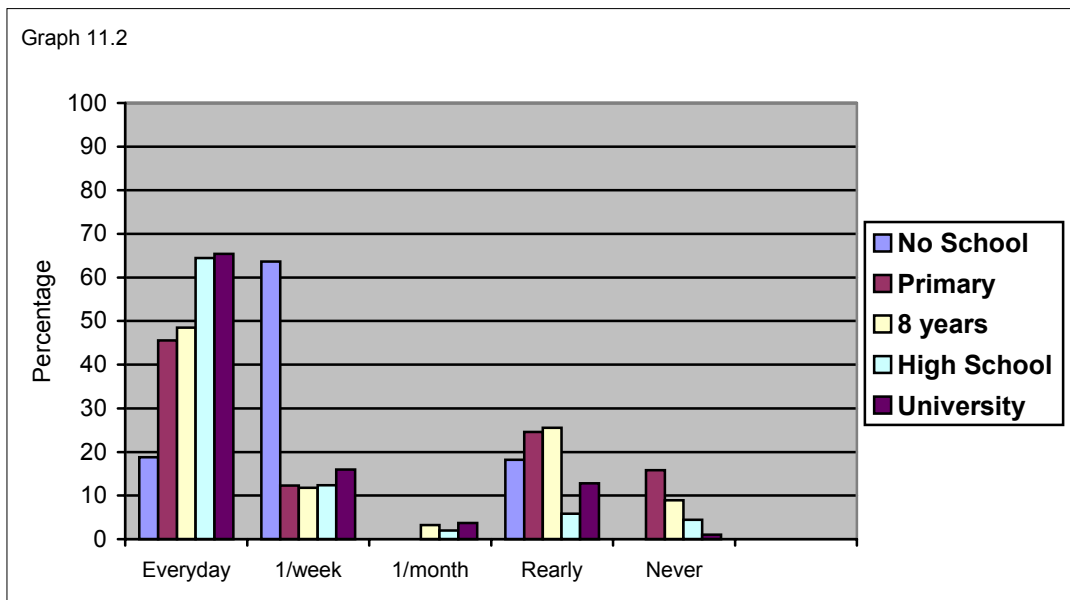
Respondents were asked about the channels they listened to the most and were given four options; namely the private, public, Italian and Greek channels available in Albania. Taken as a whole, the order of preference of channels was private (43%), public (29%), Italian (17%) and Greek (11%).

Graph 11.1. Popular radio stations



As far as the private and public channels were concerned, the Albanian private channels were very popular with people under the age of 40 years and then there was a shift to public channels. Similarly in the age group (15-25 year old) that was most likely (69%) to listen to radio on a daily basis the Italian channels were also relatively popular for about 22% of the people in this age bracket. Greek channels were not especially popular with any age group.

Graph 11.2 Listened to the radio by education



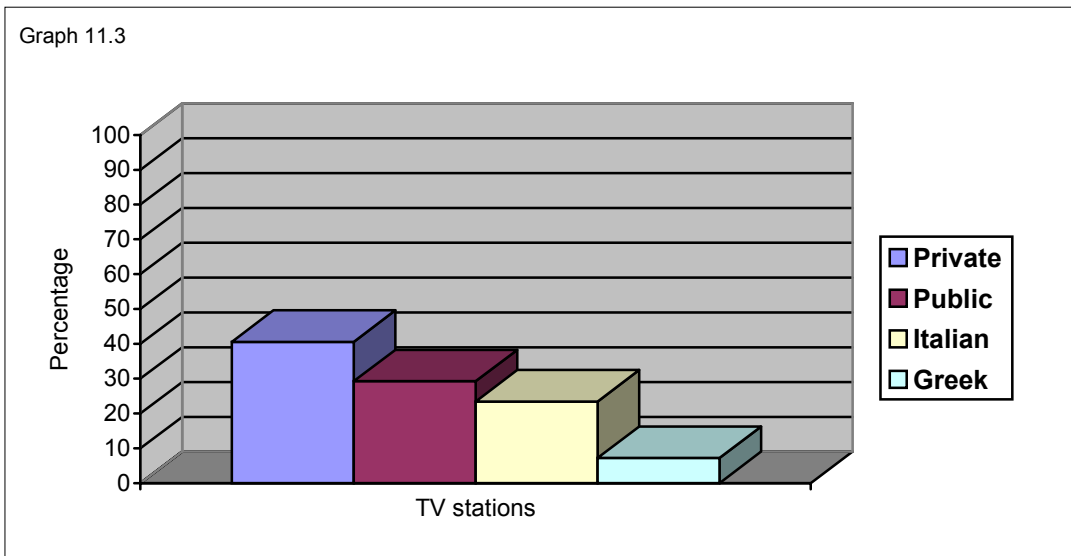
Seen differently, 65% of people with university education listened every day, as did 64% of those with high school. Among those with eight years of schooling and those with only primary education the proportions were 48% and 45% respectively. Of those with no schooling only 18% said they listened to the radio every day.

Television and viewing behavior: In all, only 37% of the respondents said they had a television in the house they lived in, that is to say 2% less than said they had a radio. Despite this almost everyone (99%) said they nevertheless managed to watch television and 93% of them said they watched it every day.

Of the four (private, public, Italian and Greek) channel options that people were asked to comment on, the preferences were similar to those for radio; 41% of the responses referred to the private channel, 29% to the public channel, and 23% and 7% to the Italian and Greek channels.

Women and men had the same viewing preferences, but there was some variation by age of audience. For example, although the Albanian private channels were watched by about 40% of all groups up to the age of 30, after the age of 31 there was a shift to public channels as well, and by the age of 46 public channels were more popular than private channels. Just as with radio channels, Italian television channels were liked by about 28% of people in the 15-25 year old bracket.

Graph 11.3: Popular television stations



Education (SES) was again positively correlated with daily viewing. Of the daily viewing audience, those with a high school education constituted 46% and those with eight years of schooling 36%. University educated people constituted 14% of this audience and people with primary education and less made up only 4%. Most of the people with a university education (95%), completed high school (95%), and eight years of schooling (91%) said they watched television every day while only 58% of those with no schooling said they did so.

Television and place of residence: Although there seemed to be few differences with respect to overall access to television according to place of residence, in places such as Delvine, Kolonje M. and Madhe the number of people who watched television every day was lower than in all other areas.

Television, gender and age: There was no evidence of any gender difference with respect to television viewing behavior. Men and women appeared to have essentially the same television viewing behavior in terms of time they allocated to it, but there was a slight tendency for older people to view television less frequently than younger people did.

Newsprint and education: Compared to television viewing, and radio listening, newspapers were less popular and more clearly influenced by educational background. People without any schooling, those with only primary schooling and those with only up to eight years of schooling read newspapers far less frequently than more educated people. Thus among people who had completed high school the proportion of people reading newspapers on a daily basis began to increase, but even so it only accounted for 17% of this group. Similarly although people with university education were far more likely to read newspapers everyday, the proportion who did so was relatively low (33%), and almost another third (30%) said they rarely read newspapers at all.

Newsprint and place of residence: Patterns of newspaper reading varied considerably by geographical location, but on the whole the number of people who read newspapers on a daily basis anywhere was low. Even in Tirana and Durrës only about 21% of the respondents said they read a newspaper every day. In most other locations the proportion was much lower and there were areas such as Bulqize, Delvine and Devoll where none of the respondents said they read newspapers on a daily basis. This may reflect the general education background of the population in those regions but other factors such as access to newsagents may have played a role.

Newsprint, gender and age: On the whole, men were far more likely to read newspapers and to do so on a daily basis (20%) than women were (9%). Age was also a factor and older people (40 +) seemed much more likely to read newspapers everyday than, for example people aged between 15 and 20.

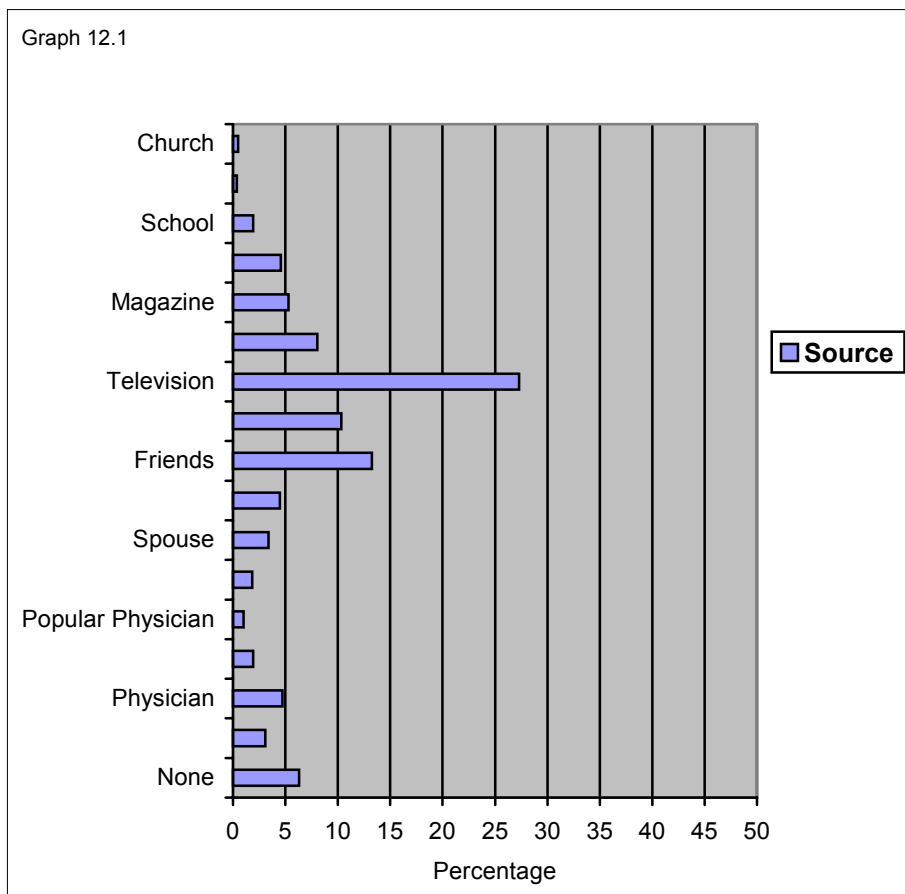
Despite these variations, what is most striking is the fact that almost a half of the respondents, irrespective of their age said they never, or rarely read, newspapers. Newsprint in Albania is clearly not an attractive vehicle for reaching people with information on health or indeed any other matter.

12. Sources of information about family planning

Where people get their information about family planning is of significance with respect to planning how best to diffuse information, education and communication about family planning and contraception.

Main sources: Television was by far the most frequently (28%) referred to source, but friends (14%) and radio (11%) were also mentioned, suggesting that peer education may also be a useful vehicle for disseminating information on this topic. This is again highlighted below when respondents were asked which media they thought was the most appropriate vehicle for disseminating family planning information.

Graph 12.1 Source of information on family planning

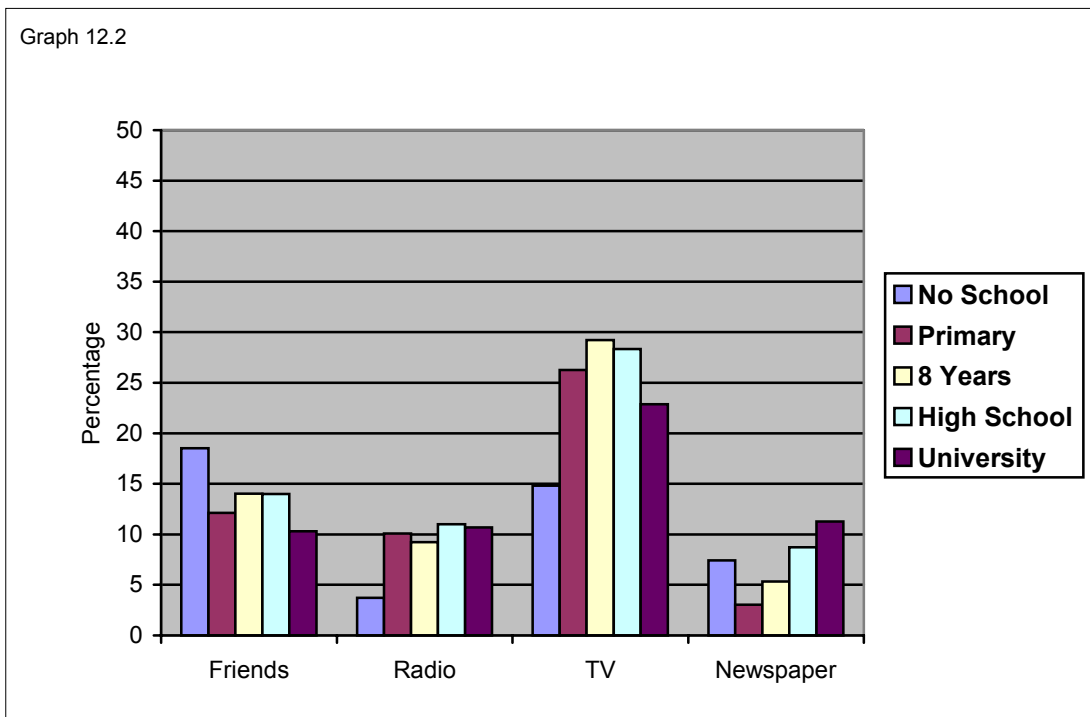


Sources of information and age: The same was essentially the case in most age groups, but depending on age it is important to note that a broader range of information sources was. Some young people, for example, looked more to their schools as a source of information than they did to any other sources.

Sources of information and gender: There were no major differences with regard to men (28%) and women (26%) with regard to television as a source of information on family planning. Friends and radio, in that order, were the next two most frequently mentioned sources.

Sources of information and education: The significance of television was further confirmed when considered in terms of educational background, although a more varied picture emerged in which peers (friends) and radio also began to clearly play a more important role.

Graph 12.2 **Source of information about family planning by education**



Almost a half of those who had completed high school and/or who had a university education said that in the last six months they had got some information about family planning from television. However, it is important to note that almost 70% of the people without any schooling and those with only primary education said they had not got any information at all about family planning from television, radio or newspapers. Moreover, given regional and what may be socioeconomic differences in access to, and use of, television

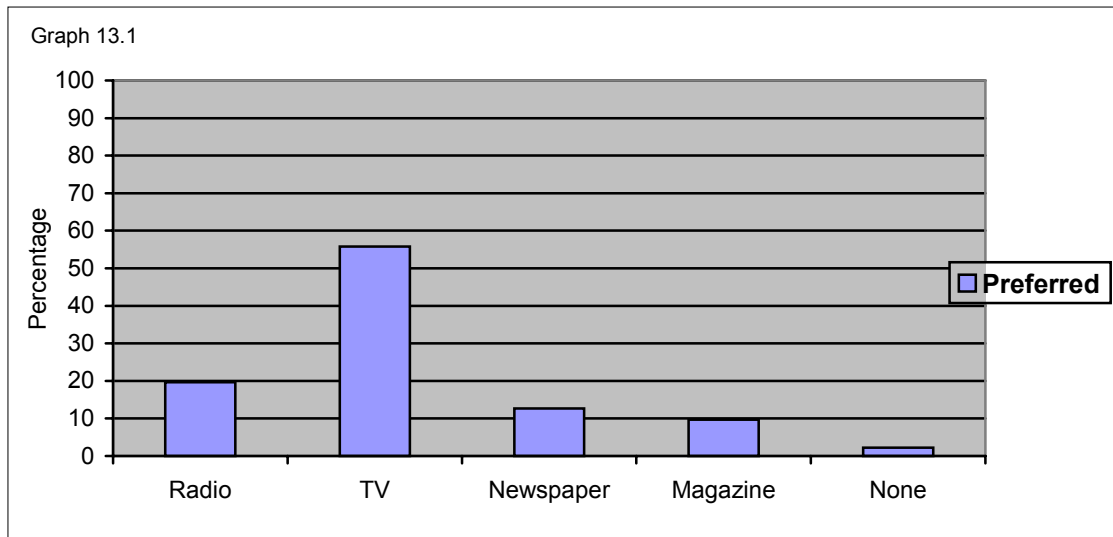
(referred to above) the role of television is probably a variable phenomenon that needs to be carefully considered in terms of actual access as well as its preferred role.

13. Preferred media for family planning

The planning of IEC initiatives on family planning (as indeed any issue) should take into account what the public feels are the most appropriate sources to be used. Information about public preferences should ideally guide not only where investments are made but also the design of the information to be presented.

Preferred medium: Over half (56%) of the respondents, irrespective of their educational background and age felt that television was the most appropriate medium to use for delivering family planning information. The next most preferred medium was radio (20%) and then newspaper (13%). When looked at in terms of the educational background of the respondents, there were few differences in the ranking of preferred media.

Graph 13.1 Preferred source of information on family planning



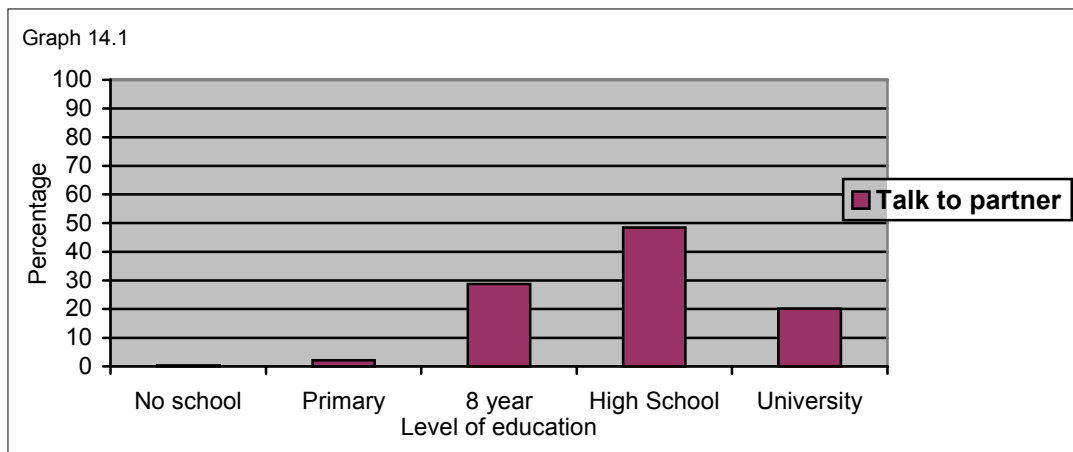
14. Inter-personal communication on family planning

The extent to which people plan their families and use contraception is influenced in great part by their capacity to discuss both the concept and the process of contraception. Even in countries where family planning and family planning services are well established and where people are used to discussing the subject, interpersonal communication on the subject, especially within families, can be a critical determinant of attitudes to contraception and contraceptive use behavior.

Communication, age and gender: Only 517 people responded to the question about being at ease talking to partners about family planning. As far as the age of respondents was concerned, people in the 21-40 year old age groups were most at ease with the subject. After the age of 40 people seemed to feel less at ease with the subject. There did not appear to be much difference between men and women with respect to their being able to discuss family planning matters.

Family planning communication and education: Education appeared to play an important role in making people at ease talking about family planning matters. People who had completed high school education were by far more at ease discussing it with their partners (49%) than people with only eight years of schooling (29%), and even more so than those with only primary education (2%) and those with no schooling at all.

Graph 14.1 Ease communicating with partner about family planning by education



Family planning communication and place of residence: Where people lived may be associated with inter-personal communication about family planning. For example, although the numbers were small and comparisons difficult, the data suggest that urban people were more at ease with this subject than rural people. Thus, 17% of the respondents in Tirana and 9% in Durres said they were comfortable talking about contraception with spouses/partners, compared with only 5% in Kukës, 5% in Kavajë and 4% in Korce, all of which are smaller towns.

Taking decisions about family planning: When asked about decision making in the family, 61% said that decisions about family planning issues were made by both partners. This was relatively high when compared with joint decision-making on issues such as health (54%) child education (51%), religion (39%), financial issues (33%), and work plans (31%). As far as family planning matters were concerned, only 12% said they took the decision by themselves.

Encouragement to use family planning: Almost 400 respondents said that someone had at one time or another tried to persuade them to use family planning methods. Men and women were equally represented, as were people in both rural (44%) and urban (56%). People with eight years of schooling and completed high school made up 83% of those who had been approached on the subject of family planning. People with less education constituted no more than 11%. In 83% of the cases the person who had brought up the issue of family planning had been a partner (regular or casual).

Discouragement from using family planning: A very small number (55) of people said that someone had tried to discourage them from using family planning methods; women were twice as likely as men (69% vs. 31%) and of these 69% were aged between 15 and 30 years. Friends were mentioned in 50% of the cases as the source of discouragement; partners were mentioned in 12% of the cases and health reasons were highlighted in 8% of the cases.

RECOMMENDATIONS

Migration and migrants

Rapidly changing social conditions are placing people in new situations and health environments. There are indications that many people are being disenfranchised from many health care services, especially but not only in disfavored areas of Tirana and Durres where internal migrants are moving to and rural areas.

These populations need to be targeted with special services, especially reproductive health care services. Doing so will require the creation of new services and innovative approaches to delivering them. In this regard more attention needs to be urgently given to the use of community based services that might have a better capacity to reach out to newcomers (migrants) and to people otherwise being “left behind” by the changing economic and social environment.

Uprooting and migration (both internal and cross-border) often places people in social situations where they are at increased risk of STDs and HIV/AIDS (as well as other health problems). Given the growing problem of STDs in many parts of Eastern Europe and the pressure on people to move within and outside of Albania, more needs to be done to ensure that people on the move in Albania are provided with relevant and timely information about the health risks involved. In particular, more needs to be done to inform migrants and would-be migrants about the risk of STI/HIV and ways of preventing them.

This could be done through government agencies, local organizations and international bodies, especially those that are in any way responsible for organizing the travel of migrants. Steps should also be taken to work with receiving communities and receiving countries to provide migrants with the type of information and the social service support needed to enhance reproductive/sexual health and prevent STDs.

Health of women

In view of the very low number of women having access to gynecological examinations and Pap smears, more attention must be urgently given to meeting the needs of women. The use of mobile units that could cover rural as well as urban areas with information, screening and clinical care and treatment merits consideration.

In addition more training of community based health staff may be needed so that they can undertake more outreach work than is currently being done for women

during pregnancy. Primary reproductive health care will have to be strengthened through more training, better transportation and the equipment needed to fulfil this type of work.

It is probably true that many women are simply not seeking the care they need. However, this may be because they do not know why they need it. It may also be because they do know where to go for that care, and because at the moment there may be few places where it can be had.

There is therefore a need for more education through the public media about why women are at risk of reproductive health problems, at what ages they need special care, and what type of steps they can take to help themselves. There was little evidence, for example, that women were aware of the need for breast examinations and/or how to do self-examinations.

Pre-natal care

As far as pre-natal care is concerned, and particularly the lateness with which many women are accessing MCH services, more education and information to the public is called for about the use and value of pre-natal care. Given that the scope of national health services may be limited at this time, the rapid training of paramedical staff and strengthening of midwifery staff and services is urgently called for, especially in rural and low income settings. In addition and just as was stated above, women and their entourage should be encouraged to actively seek the care they need during the antenatal period.

There will always be the danger that successful promotion of antenatal care will create a greater demand than services can currently cope with, but this is worth chancing. To meet what could and should be a growing demand for services, all development assistance for Albania should be encouraged to include women's and reproductive health as integral issues in them.

Family planning

On the whole there was little evidence that family planning has made the type and degree of inroad required in Albania. This is regrettable given what appears from the survey to be a relatively open-minded society. Some of the limiting factors evident in other societies, such as the adverse reactions of parents and relatives, have apparently not played a negative role with respect to family planning in Albania and much more could be done to promote this health theme. In this regard the strengthened role of pharmacies is mentioned elsewhere in these recommendations as one of the ways of reaching out with information, advice and counselling on family planning. In addition there should be more social marketing of family planning through the media and through schools.

As far as the contraceptive methods to be used are concerned, there was little evidence of resistance to any particular method, but condoms were clearly highly acceptable and thus deserve to be given even more priority than they have been to date through social marketing. They are easy and safe to use and do not require the medical support that other methods call for.

Child health

Many parents are clearly concerned about the health of their children and many of them also appear to have difficulties accessing pediatric care services. More attention is thus called for in terms of community based pediatric care, and there is a need for strengthening of community nursing and care for children in rural and low-income communities to deal with common child health problems and promote preventative care.

Current immunization activities in Albania involve routine immunization activities and National Campaigns in the case of specific diseases such as measles and polio. This is good in the sense that the combination will inevitably provide good coverage in difficult to reach populations and regions of the country. However, more attention should be given to other locally sustainable approaches and in this regard strengthening the overall role of primary health care is again clearly called for.

At the same time, the role of the primary school deserves to be assessed in terms of its providing a potential vehicle for reaching out to children, and getting parents to participate in the planning and possibly even the delivery of selected "care", including immunization. To this end the role of schoolteachers in addressing child health both from the point of view of primary prevention and monitoring should be strengthened.

The fact that there is a fairly high level of unemployment among men and women also opens up the possibility of recruiting appropriately educated people and then training them to assist in community based activities to promote and protect child health.

Pharmacies and pharmacy staff

Pharmacies appear to be important outlets for condoms and were often referred to as the best place to get contraceptives in general. More should be done to strengthen the role of pharmacies and pharmacy staff with regard to family planning. Operations research is also called for to determine how best to enhance the role of pharmacy staff and under what circumstances they can play a more active role in the promotion of family planning.

In the interim pharmacy staff should be provided with systematic training in family planning education and counseling so that they can respond even more

efficiently to the needs of clients. Special diploma courses should be organized and incentives provided for staff. Pharmacies should also be ensured of steady and plentiful supplies of condoms and other family planning methods, so that the needs of clients can be met without interruption. Social marketing of family planning information and methods through pharmacies should be actively strengthened.

Condoms

The pricing of condoms was consistently referred to as appropriate by those who used them. This provides an important opening for even greater marketing of condoms and more should be done to make them available not only through pharmacies (where most people get them), but also other outlets. More market research should nevertheless be done as soon as possible to determine if these current prices can be maintained and what would occur if prices were to be increased.

Respondents had a clear idea of the condom brands they preferred and two main brand names were most frequently mentioned. Although there are good reasons for maintaining an open market with respect to other condoms, these two brand names already provide a sound basis on which to build and the perceived advantageous attributes of them should be aggressively publicized.

It will be always important to refer to the dual benefits of condoms, namely their ability to prevent unwanted conceptions and sexually transmitted diseases, including HIV/AIDS. The existing degree of awareness of both attributes should be built on and further strengthened as a cost-effective way of managing both challenges.

Communication

The role of television as a medium for delivering information about health deserves further development. Given the relatively large proportion of people who say they watch television on a daily basis, more systematic programming of health information is called for. Television should be used more aggressively to provide information on health in general and reproductive health in particular. Key viewing time should probably be purchased by international agencies to do so.

Given that there appeared to be a tendency for television to be less popular in some rural areas, more market research is now called for to determine if this is due to poor access to television sets or whether it is due more to the acceptability of program content. In either case, steps should be taken to improve the coverage that is already provided by current television and radio networking and ensure that both television and radio carry much more information about health and health care, especially reproductive health care and family planning.

The choice of channels will be important in this regard, and the evidence suggest that it is the private channels of both radio and television that are able to reach out and be accepted by the age groups most at risk of reproductive health problems. Social marketing of health care messages through these channels should be thus intensified.

Inter-personal communication

Although many people were not at ease discussing reproductive health and family planning issues, there was a proportion of people, especially younger people who did say that they heard about contraception from friends. The role of peer education thus deserves to be further explored, especially in school environments. Training of selected youth to be peer educators should be initiated as soon as possible, and links should be established with health care and pharmacy staff who can, if necessary, provide any technical backup that might be needed by peer educators.

Peer education schemes should also be considered for adult populations, and there should be an initial selection of those environments such as the work place and the military where there already exist sizeable audiences that could benefit from this.

HIV/AIDS

Awareness about HIV/AIDS was high and there was already evidence of quite a number of cases known to the population surveyed. But just as in many other countries this awareness was not necessarily accompanied by factual knowledge about how the disease is and is not transmitted, and this could create unnecessary problems. Thus much more attention needs to be given to HIV/AIDS education so that any misunderstandings can be avoided while at the same time exploiting the already present concern that exists in the population about the possibility of contracting the disease.

The seemingly high acceptability of condoms in general and the high level of awareness about their role in preventing HIV/AIDS should be taken up and strengthened, again through pharmacies, social marketing and reaching children in school.

Drug abuse

The relatively high frequency with which young people said they knew someone using drugs, including by injection, suggests this may be becoming a serious public health problem. The role of schools as a way of reaching young children with information about the dangers of drug abuse deserves to be explored. In addition, however, local health and social services should be equipped to deal

with this emerging problem. This may mean the training of existing staff and the recruitment and training of new staff to deal with it.

Further research

This KABP survey has highlighted a number of themes and issues that call for more research leading to promotional and planning initiatives designed to improve coverage by health care activities. There is also an evident need to monitor the evolving situation in Albania and to evaluate the impact interventions may have on the emerging health and social situation. In addition, however, much could be gained by undertaking in-depth studies as soon as possible to gain a better understanding about the factors and conditions motivating people and their felt needs with respect to health and health care.

A shorter version of the KABP survey used in this survey should be developed for use in periodic point-prevalence surveys that would be easy to administer locally. These could be used in different parts of the country and with different population groups of interest or concern.

Population movement. Focus group studies and other qualitative methods could be used to determine what are the specific factors motivating people to move, and what exactly do they know about the situations they are moving into. This is especially necessary in the context of the migration of young people (girls in particular) to countries where HIV/AIDS and other sexually transmitted diseases are an important threat to public health. It would be equally important to have a better understanding of the expectations people have when they move and how they feel those expectations could/should be met. In this same vein, there is a need to know more about the re-integration of children of migrants into Albania and into families they may have been separated from as a result of migration.

Drug abuse: In-depth qualitative studies are also called for in the area of drug abuse. The larger KABP survey has pointed to an emerging problem in Albania and this should be addressed quickly. Who are the people at risk, why and under what circumstances, are all questions that need to be asked and around which more information will be required if targeted prevention and treatment programmes are to be developed.

Family planning: Similarly, there are key questions that will now need to be addressed in the domain of family planning, especially among young people with lower levels of educational exposure. Issues of ideal family size and the extent to which people feel they are able to intervene in controlling their family size call for more in-depth research.

Condoms: In relation to this, the marketing of condoms (while clearly a successful undertaking thus far) also calls for more in-depth research to

determine and better plot parameters of action targeting family planning and condoms to selected groups. Far more need to be known about how rural people see this matter and if and how they can be better reached with information and services that are acceptable and attractive to them.

Urban-rural dichotomy: Indeed in all the above issues the emerging health dichotomy between rural and urban communities in Albania will need to be taken and this will require more social epidemiologic and operational research to define what are the emerging needs in rural populations and how best these needs can be met within the framework of existing services and infrastructure.

Maternal health: Along these lines, the need to strengthen women and maternal health services will require much more to be known about the potential role of community based health workers. It will be important, for example, to have a better understanding of the profile of the health workers that would be acceptable and effective, and how best to train people to meet these requirements.

Pharmacies and pharmacists: More in-depth understanding of the ways and extent to which pharmacists could be involved in health promotion is urgently called for. They are clearly acceptable to the population, but what their role could be and how far they can be encouraged to play that role is less evident.