Reproductive Medicine; *Endocrinology and Infertility*

Knowledge, Attitudes, and Practices in Relation to Reproductive Health Among Young Albanian Women

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ABSTRACT

OBJECTIVE: National and international health policies focus on improving the sexual and reproductive health among women, therefore, understanding the factors that motivate or refrain women from accessing reproductive health services is central to those policies. This study aimed to document the level of sexual health-related knowledge, attitudes, and practices among women of reproductive age (24-49 years old) in Tirana, Albania.

STUDY DESIGN: The main study instrument was a structured questionnaire focusing on knowledge, attitudes, and practices in relation to sexual and reproductive health. Quantitative data were collected through face-to-face interviews with 632 women of reproductive age in Tirana who were randomly selected to participate in the survey. Consent was taken and the data remained confidential. Data analysis was performed using SPSS version 14.

RESULTS: Women, participating in this study, appeared to be well-informed regarding the risk factors associated with cervical cancer, yet only 32.7% had carried out a Pap-smear test. 'Being healthy', lack of diseases, lack of time, and for a minority of 9% the lack of knowledge were the main reasons listed for not undertaking cervical screening. More than half of the women report having good knowledge about sexually transmitted diseases-information that was mainly acquired through television (73.4%) and the internet (50.7%). The majority, 81.2%, of the women perceived themselves as not being at risk for sexually transmitted diseases and only 12% of women report to have gone to the health care center to ask for information or advice on sexually transmitted diseases prevention methods. A similar trend was witnessed regarding contraception. Most participants admitted to not using any mode of contraception or preferring the withdrawal method despite being informed of the main contraceptive options. Reasons for using or not the appropriate method were different. Major factors influencing decision-making on the contraception method were the male partner preferences and lack of knowledge about the role of the primary health care center as information and prescription provider for contraceptives.

CONCLUSIONS: The findings do confirm the gap between knowledge and practices and suggest the need to develop and implement sexual and reproductive health services, which integrate adequately communication and health promotion strategies. Equally important is to continually monitor and collect data to better understand the population's needs and where to focus the efforts to be able to deliver an improved, efficient, and satisfactory sexual health service.

Keywords: Access, Health promotion, Reproductive health

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Introduction

Universal access to sexual and reproductive health (SRH) is key to improving the quality of life for every one (1). In Albania, the health of women, children, and adolescents is given high priority expressed through the intended full coverage of health services for pregnant women, women in delivery, and postpartum among others (2). It is acknowledged that women's SRH is dependent on access to comprehensive information about sexual health, knowledge regarding risky behavior, and access to quality care. Available data indicate a good knowledge, especially among women, but still very low use of reproductive and sexual health services (3). This study

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aimed to assess the level of sexual health-related knowledge, attitudes, and practices among women of reproductive age in Tirana, Albania, focusing on the 24-49 age group.

Material and Method

The data were collected through face-to-face interviews with about 800 young women of reproductive health age in Tirana. The main study instrument was a structured questionnaire, which included questions on demographics (data regarding age, education, religion, employment, marital status, living area, and health insurance card); questions on the level of knowledge, attitudes, and behaviors related to breast and cervical cancer; contraception; sexually transmitted diseases (STD); abortion; domestic violence. The questionnaire also included questions about exposure to information and channels of communication. The instrument was pre-tested with 10 women of reproductive health for better validation. Data from the pretest were not included in the analysis. After this process, the necessary changes were reflected in the questionnaire. For sampling the participants in the study, a two-stage cluster sample approach was utilized. The complete list of the health centers in Tirana was provided by the Tirana Regional Health Authority, dividing the rural and the urban clinics. By randomly selecting each third clinic in the list, a total of 12 public primary health clinics have been identified, 6 in urban and 6 in rural areas. These are to be referred to as the study sites. Women were randomly drawn from each of the sites by identifying a corner and selecting the fifth girl/woman to walk by that point until the desired sample size of participants was reached. Participants were subject to the Oral Voluntary Consent Form, ensuring them of the data confidentiality. Data were stored on a password-protected database. Data analysis was performed using SPSS version 14. Descriptive statistical analyses, including frequency distributions and percentages, were used to analyze data from the surveys. This study is part of a Ph.D. study research and has passed through all the processes and procedures of the research approval in the Faculty of Social Science, the University of Tirana, Albania, and the article content, the methodology, and the implementation of the research is found to be in accordance with the principles outlined in Helsinki Declaration.

Results

While the study surveyed about 800 women, this article will only present the results of data from 632 women in the 24-49 age group. The demographic characteristics of survey participants were shown in table I.

Self-perception about the level of information on SRH rights was quite high. While 61.1% of participants mentioned that they had good knowledge or were very well informed (7.9%) about these topics, one-third (29.7%) stated that they thought that their information about these topics was lacking. Information was mainly received through television (73.4% - 587) or friends (52.3% - 418). Only 30.4% reported getting sexual health information from health care providers, despite the latter appearing to be the preferred source of information from 69.2% of women when asked about what the most reliable source for SRH information would be. Levels of information about STDs were confirmed to be good levels. Human Immunodeficiency Virus (HIV-AIDS) was the most recognized STD, whilst Human Papillomavirus (HPV) remained less acknowledged. Despite a good level of knowledge, the practices are still lagging: as few as 52 women (8.2%) were actively tested for major STDs (Table II).

With respect to their knowledge/beliefs on risk factors that cause cervical cancer, the common beliefs were that having multiple partners (30.1%) and the presence of an STD (30.7%) are principal reasons that may cause cervical cancer, whilst only 15.5% recognized HPV as a causative agent (Table II). The majority of women had not carried out a Pap-smear listing the “lack of disease” (25.5%) or lack of time (14.5%) as grounds for neglecting the test. Reasons such as cost, quality of the test, and fear of side effects were mentioned by less than 5% of respondents.

Table I: *Demographic characteristics of survey participants*

Characteristic	n=632	%
Age Group		
24-34 years	264	34
35-49 years	368	46
Area		
Urban	444	70.4
Rural	188	29.6
Marital Status		
Married	324	51.2
Single	126	20
Relationship	149	23.5
Divorced	27	4.2
Widowed	6	1.1
Education Level		
University Degree	236	37
post university degree	71	11
high school	222	35
elementary	89	14
pre-elementary	14	2
Religious group		
Muslim	416	65.9
Orthodox	70	11
Catholic	48	7.6
others	98	15
Health insurance card		
insured	461	73.1
non-insured	165	26.1
No answer	6	0.8

Table II. *Knowledge about sexually transmitted diseases cervical cancer, and breast cancer.*

		Frequency (n)	%
	Knowledge		
	Satisfactory	382	60.4
	Non-satisfactory	230	36.4
	No information	20	3.2
	HIV-AIDS	608	96.2
	Hepatitis B	207	32.8
	Herpes Simplex ½	109	17.3
STD	Gonorrhea	195	30.8
	Syphilis	342	54.1
	HPV	82	12.9
	Knowledge regarding testing		
Yes	263	41.6	
	No	369	58.4
	Tested		
	Yes	52	8.2
	No	580	91.8
	Knowledge regarding causes		
Early sexual activity		96	15.2
	Multiple partners	190	30.1
	HPV	98	15.5
	STD	194	30.7
Cervical Cancer	Smoking	66	10.6
	Genetic causes	176	28
	Low immunity	38	6.1
	Others	132	21.0
	Pap-smear		
	Yes	206	32.7
	No	403	63.7
Breast Cancer	**Knowledge**		
	Satisfactory	364	57.7
	Non-satisfactory	268.0	42.3

Knowledge regarding breast cancer was measured by asking women about some common signs and symptoms. Overall, 42.3% of the surveyed women reported that their knowledge is not satisfactory. Only women that answered that their knowledge was satisfactory, were guided to report what are the signs of breast cancer: the most common sign mentioned by a great majority of them was the presence of nodes around the breast of axils (83.3%), followed by breast or nipples pain (30.1%) and discharge from nipples (17.7%). Changing of breast measure or edema, and irritation/breast skin lacerations were less frequently checked by respondents. Slightly over half of respondents (57.7%) were familiar with techniques for how to be self-examined for early symptoms of breast cancer. Among those who were familiar with these techniques, only 34.5% were performing regularly/monthly a breast cancer self-examination. Only 160 women reported that they performed breast self-examination and felt confident doing so.

Women correctly recognized most of the birth contraception methods. Condom and pills were identified by a large majority, while other forms were identified by lesser women. Only 12 women were not able to identify any of the contraception methods. Women's knowledge of contraceptive methods was shown in figure 1.

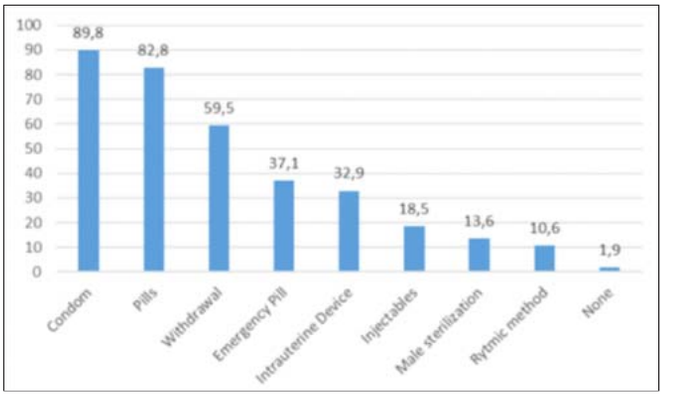

Figure 1: *Women's knowledge of contraceptive methods*

The gap between knowledge and practices remains high also when it comes to using contraception. The study results confirmed that the current use of any family planning methods among the surveyed women varied greatly. Less than half of respondents (36%) were not using any family planning method at all, and about 40% of the surveyed women were relying on withdrawal as a means to avoid unplanned pregnancies. Modern contraception methods were the least used; condoms (14.2%), prevailed over pills (5%).

When asked about the reason/s why they aren't using any modern family planning method, the most common reason mentioned by almost one-third (32%) of respondents was comforted ability/happiness with the current method (which is withdrawal). On the other hand, fear of side effects (19.2%) and modern family planning methods are harmful to the woman's health (14.5%) were other reasons mentioned by respondents (Figure 2). Other reasons such as cost, partner or religious influence, and experienced side effects were less frequently mentioned. The decision to use the current family planning methods of choice seems to be a joint decision as the majority of respondents (69.6%) mentioned that both partners decided to use that method.

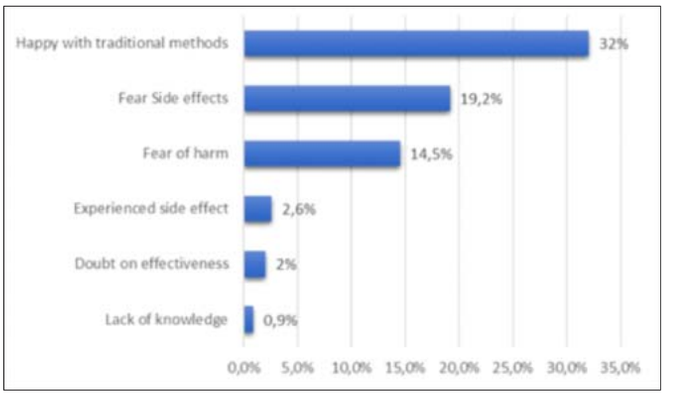

Figure 2: *Reasons for not using modern contraception*

Whereas in terms of sources where to obtain a modern family planning method, pharmacies (47.7%) remain the main source of obtaining the method of choices, followed by maternity units (4.3%). Women's centers, non-governmental organizations, and non-traditional selling points were mentioned by quite a few respondents (less than 5%).

Discussion

We found through our study that there is a huge gap between knowledge and practices when it comes to sexual and reproductive health. This is in line with nationally representative data which highlight very low use of reproductive health services for preventative care (3). World Health Organization (WHO) states that more than 90% of cervical cancer deaths are attributed to low and middle-income countries (4-6). High-income counties have lower rates, partly due to women accessing screening services regularly (7). Despite having screening politics in place, in Albania, the numbers for testing remain relatively low (8). Less than 1/3 of the women in our present study have had a Pap-Smear test as opposed to 80% of women in Germany, who have had a smear at least once a year (9). Many studies conducted in low-resource countries list lack of knowledge and level of understanding reduce participation in screening programs (10-15). Only 9.2% of the women in our study admitted to not being informed about cervical cancer.

Others have argued that sociocultural factors such as belief, social influence, and perceived barriers, such as feeling embarrassed or unsupported by a family member, also play a key role (16). Lack of knowledge regarding contraception and refusal to take them due to misinformation is another obstacle to achieving satisfactory sexual health. In the early 90s, Albania was introduced to the concepts of family planning, but the use remained low despite campaigns to encourage modern contraception. The results of this study in line with previous research done in the area (17), confirmed that women still need information, especially when it comes to building their self-efficacy and confidence to go beyond their zone of comfort.

The withdrawal was recorded as the preferred form of contraception in 40% of women responses in the study group, and 36.3% of the participants did not use any mode of contraception. These findings confirm previous studies that listed Albania as one of the countries with the lowest use of modern contraceptives in the European Region (18). Contraception counseling is offered in over 420 public health centers across Albania and yet women rely on pharmacists to obtain contraceptives and counseling (19). A study noted that pharmacists manifested a lack of knowledge regarding contraceptives, especially hormonal ones thus leading to misinformation and misleading women to choose other family planning modes (18). Despite this, 47.7% of women rely on pharmacists to get counseling. Only 4.3% of the interviewed women chose a maternity unit.

Informal sources were employed from the participants of the survey to get sexual health information. Women listed television as the main provenance of information. Studies noted that most participants reported being comfortable or very comfortable accessing sexual health information from websites/social media (85%) (19). Such means are especially relevant for younger people.

There are several limitations in the study. First, the numbers are quite small. Another limitation of the present study is the lack of multivariate analyzes of the data collected through the survey based on age, therefore no covariate analysis was made to conclude co-dependencies between age, education level, civil status, employment, and religion. The study did not include males or did not make any attempt to look at groups. Previous studies have identified the Roma group to be more susceptible to a lack of access to care and knowledge regarding sexual health (20). Despite these limitations, we believe that our study provides useful information about the gap between knowledge and practices among women in Tirana and what are the factors that would motivate them to take preventative measures when it comes to their sexual and reproductive health. Additional qualitative research could be conducted to unpack the reasons for not using modern contraception, taking regular Pap tests, and breast screening. The study results though do confirm that there is a need for communication campaigns and targeted information for women to support them build the trust and the skills to perform self-care and access reproductive and sexual health care services.

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Data availability: All data generated or analyzed during this study are included in this published article (and its supplementary information files).

Authors' contributions: Alketa Zazo conceived the presented idea, designed, and performed the experiments, derived the models, and analyzed the data. All authors discussed the results and contributed to the final manuscript.

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