

# Factors that Determine How Suburban Women Approach their Sexual and Reproductive Health

Alketa Zazo<sup>1\*</sup>, Gentiana Qirjako<sup>2</sup>, Arian Boci<sup>3</sup>

<sup>1</sup> Faculty of Social Work and Policy, University of Tirana, Albania;  
UNICEF Tirana, Albania

<sup>2</sup> Department of Health Promotion, Institute of Public Health, Tirana, Albania

<sup>3</sup> Institute for Health, Social Policies and Research Development, Tirana, Albania

---

## Abstract

**Background:** Evidence confirms that young women in Albania are exposed to risky sexual behaviors: the age of the first sexual intercourse has lowered, abortion rates and prevalence of STIs have increased. Yet, national health surveys data disclose that the use of modern contraceptives and the use of health care services for reproductive health issues is very low.

**Aim:** The aim of this qualitative study is to explore how young women in peri-urban areas take decisions and engage with health care services on issues related to sexual and reproductive health.

**Methods and Results:** About ten focus groups with 100 young women confirmed that while knowledge and information on reproductive and sexual health are relatively high and accurate, the

low utilization of contraceptives and lack of engagement with the health care personnel are the major issue. The women confirm that they ‘are embarrassed’ or ‘have difficulties’ engaging with Health Care Personnel on issues of reproductive and sexual health. The women seem to be unable to affect the decision on which contraceptive method to use, as this is a mainly male-dominated decision.

**Conclusion:** The findings of this study do suggest that lack of self-efficacy is usually the main barrier for young women when it comes to making important decisions for their sexual and reproductive health care services. Therefore, programs should be designed appropriately to build the confidence of young women and promote positive examples. Health care

---

**Address for correspondence:** Alketa Zazo \*, Faculty of Social Work and Policy, University of Tirana, Albania (PhD student); UNICEF Tirana, Albania. Email: alketazazo@gmail.com

personnel should be trained with proper communication skills on top of their professional education. Additionally, in areas like those targeted in this study, community outreach events might be organized when women can gather and discuss together and help and support each other take the right decisions.

**Keywords:** motivating factors, reproductive health, health-seeking behavior.

## INTRODUCTION

Evidence confirms and reconfirms that young women in Albania are exposed to risky sexual behaviors: national surveys indicate that the age of the first sexual intercourse has lowered, abortion rates have increased over time (1), the prevalence of STIs like chlamydia or gonorrhea are present among young people. Yet, condoms or other modern contraceptive use is still very low (2) (3). The sexual lifestyle trends among Albanians point to a potential increase of this cancer in the absence of preventative strategies (4). Universal access to sexual and reproductive health (SRH) is key to improving the quality of life for everyone (5). Therefore, investments into health reproductive centers offering counseling and services are being made in the assumption that better services with skilled personnel is key to increasing access to such services (6). Such programs are often coupled with health promotion programs on the assumption that if you provide information on risks, information on health and provide knowledge on choices when it comes to sexual and reproductive health, you will motivate women and men, especially young to proactively seek services and information, thus you will influence their health-seeking behavior. Data suggest that the use of health care services for reproductive health issues in Albania is very low (7) (8). Extensive literature review suggests that health-seeking behavior is being influenced by a lot of factors that do consider the individual as a purposive and decisive agent (9); and data from surveys or admin data suggest that young

women of certain age groups have very similar trends in using reproductive health care services. The authors, during March-May 2018, undertook a qualitative study aiming to explore the factors that motivate young women in suburban areas in Tirana to access and engage with regularly reproductive health services, in order to draw conclusions and make recommendations to integrate approaches to influence their health-seeking behavior.

## METHODS

The authors considered that the qualitative approach was more appropriate to explore the relationship between health-seeking behaviors of young women and the level of knowledge, attitudes, behaviors/experience, and social norms/values, by using a small sample rather than a large sample. Literature suggests that qualitative methods are particularly useful to understand health behaviors in the aim of effectively developing health or education policies (10). The aim of qualitative research is to develop concepts that can help us understand social phenomena in natural settings, giving emphasis on the meanings, experiences and views of the participants (11). Ten focus groups were conducted with the participation of about 8-11 young women 19 – 24 years old in three areas considered as peri-urban areas: Paskuqan, Bathora, Kamza. Convenience snowball sampling was used to recruit participants for the focus groups. The methodology and sampling were determined based on the objective of the

survey which is to understand how a certain group – in this case young women - and not individuals engage with reproductive health services. Focus groups were facilitated based on a structured focus group guide with open-ended questions which included questions on:

- (i) Information and knowledge on issues like contraception, IST/HIV/AIDS, cervical and breast cancer
- (ii) Attitudes on issues like contraception, IST/HIV/AIDS,
- (iii) level and reasons for making use or not of reproductive health services
- (iv) Level of use and reasons to choose a contraception method

All focus groups were opened through questions related to the demography of the sample to understand the better level of education, employment and socio-economic status which were responded and recorded individually. The instrument was pretested in two focus groups with five each. The necessary changes were reflected after this process to the questionnaire and the information collected was not used in the data analysis. The authors recorded all the focus group discussions and also kept side notes to use later for the data analysis.

**Consent process:** Focus groups are less threatening to many research participants, and this environment is helpful for participants to discuss perceptions, ideas, opinions, and thoughts (12). The authors talked to each and every woman that participated in the study and explained the purpose of the data collection and the potential

use of these data. If the participant agreed, they signed a Voluntary Consent Form. They were ensured they could ask any questions and given clear guidance that they had the right to refuse questions they are uncomfortable with and they could leave the focus group at any moment without any repercussions. The consent form clearly stated that their information will be kept in the strictest of confidence, all data will be kept anonymous and personal data would never be used.

**Data analyses:** Once all the audio recordings were transcribed, the authors analyzed the data using narrative and performance analysis which focuses on discovering similarities and repeated trends (13). The authors following the relevant guide conducted the data analysis immediately after data collection (14).

## RESULTS

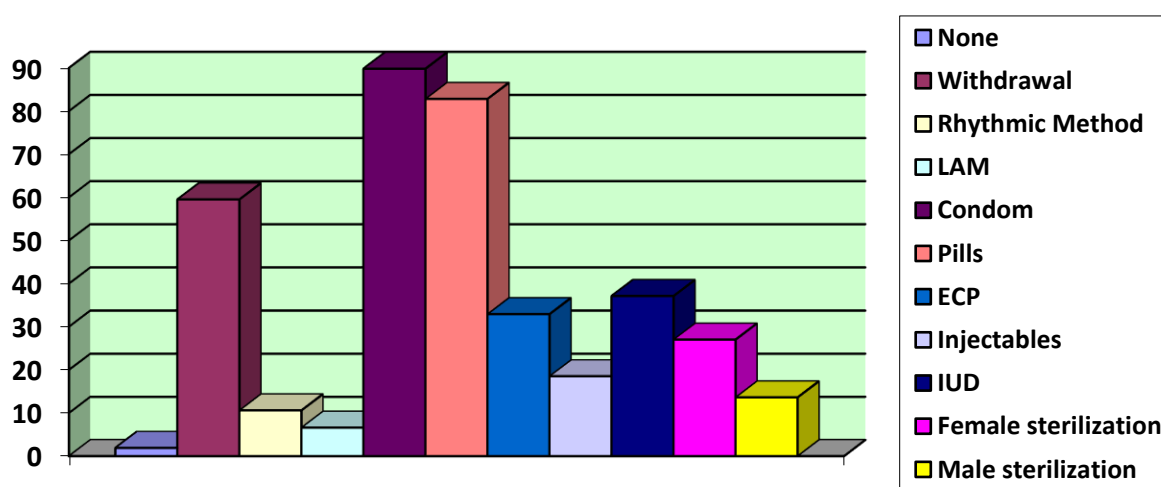
All women attending focus groups belong to the sexually active age: one-third were married; about half were in a relationship, and the rest reported to be single. Regarding employment status, half of the respondents were employed on the day of the focus group, whereas one-third of them reported being jobless. About half of all women had a health insurance card which enables them to easily access primary health care.

**The level of information about sexual and reproductive health among the participating women have been relatively high**

- One-third of women reported that having multiple partners and the presence of an STI are the main reasons that may cause cervical cancer. Actually, only 1-2 women in every focus group clearly mentioned that the case for cervical cancer is caused specifically by HPV. Few women mentioned other risk factors such as smoking, weak immune system. Some women suggested that early sexual activity and multiple pregnancies are also risk factors.
- Overall women were aware of early breast cancer symptoms. The majority of women mentioned the presence of a nodule in the breast or axils. Few more women also mentioned pain or discharge from nipples. Changing of breast measure or edema, and irritation/breast skin lacerations were not mentioned but were confirmed by a few women only when the researcher asked.
- When it comes to information on STIs, surprisingly the women predominantly

mentioned HIV/AIDS and syphilis. Their knowledge of more common STIs such as Chlamydia, Hepatitis B or Gonorrhea was much lower. To even a lesser degree, few women in three of the focus groups proactively mentioned Herpes HPV despite earlier discussions on the relationship between cervical cancer and HPV. However, almost half stated that their knowledge level was low.

- Women do know about contraception. All of them were proactively able to identify more than three forms of contraception. At least 9 women out of 10 in every focus group mentioned the pill and condom as a contraceptive method clearly specifying the advantage of condoms which can also offer protection for STIs. Still, though more than half of women talked about withdrawal as a safe contraceptive method. (Figure 1)



**Figure 1.** Knowledge of young peri urban women on contraception methods

### **Channels and means of information on reproductive and sexual health**

- About 6-7 women in every focus group reported that they had received information or read a flier about the techniques of how to be self-examined for early symptoms of breast cancer. One-third reported that they perform a monthly self-check, and few of them reported that they were not confident whether they are doing it properly. Those that do not perform the self-examination reported that they are not sure how to do it, or they don't feel themselves at risk due to their young age.
- When asked about sources of receiving information about sexual and reproductive health, the majority of respondents mentioned more than one source of information, most common being friends/relatives, radio/TV, and internet (equally online media portals and social media). About one-third mentioned dedicated information brochures and health providers (family doctors, midwives). A few mentioned that they remember getting some information from the school counselors or NGO staff when they were in high school - all women attending in the focus groups had completed some form of education with half of them completing the secondary education; about 20% of the women reported to have completed only the primary education cycle, and the rest had either completed or undergoing the university. When asked by

whom they would like to receive information about these topics, the majority mentioned health personnel and also written brochures.

- Whereas in terms of sources where to obtain a modern family planning method the women mentioned social media and pharmacies as their regular or preferred way of getting information. The question about "why not a family doctor?" prompted two different kinds of reactions. Some women did not trust the skills of the family doctor, but the majority did not even know that the family doctor would be available or would have the time to discuss these issues which are perceived more as "good health" rather than "sickness". Few women in every focus group mentioned the mother and child centers and the midwives who have talked to them about family planning after giving birth.

### **Positive behaviors in relation to sexual and reproductive health do lag behind and are much lower when compared to the information level**

- Majority had not performed a PAP smear, mainly because they reported that they do not consider themselves at risk. Most women mentioned that they had thought to take a PAP test, but they found the procedure to be embarrassing. Few women said that they fear the judgment of the medical staff; if they would take PAP smear, it means they had multiple partners or had contracted an STI. About one-fifth of women had financial

barriers and interestingly, few women mentioned that they fear negative side effects. The women that had performed a PAP test, about 20 women overall in all the focus groups reported that they had done it after talking to someone they trust: a friend, or a social worker of NGOs operating in the center.

- The use of the contraceptive method is also low: condoms and pills were used by a few women – an average of 2 women in every focus group, while the majority reported being relying on withdrawal.

### **Decision making about choosing the contraceptive method of choice**

The authors explored more in-depth the reasons for why certain methods are chosen and why certain others are not (Figure 2). The researchers also invited those women that reported using a condom to talk more about their experience.

- Withdrawal was the most common method and was mainly a male-dominated decision, in women's words "like everything else". Women said that they are used to that important man in their households (fathers, brothers) and in their relationships (husbands, boyfriends, fiancés) making the decisions for everybody. Men do not like condoms as according to women "men think it reduces pleasure". Men would certainly have no problem with women using pills or IUDs, but these are difficult for women. First women cannot afford an additional monthly

bill, plus they fear side effects. When they are asked what they know about side effects, it is clear that they have a confusion of messages. The researcher finds out that women lack information over the contemporary pills their uses and effects. When asked about the IUD, only a few women report that they know what it is, but they report that they should go to a private clinic to place it, therefore the difficulties are several: costs, distance, embarrassment.



**Figure 2.** Factors affecting decision making of young periurban women over the contraception method

- All women said that using condoms every time feels much better than when they would rely on withdrawal: they feel protected, it is available almost everywhere and low costs.

Some of the women mentioned the word “release and comfort” reporting that they enjoyed more the intimate relationship given that they felt protected from pregnancies or any STI.

## DISCUSSION

The study confirmed that the level of knowledge and the level of use when it comes to contraceptive methods among young periurban women follow the same trends as the general population – high level of knowledge, low level of contraceptive methods with quite a significant proportion of the population relying on withdrawal method (15). The same pattern – the gap between knowledge and behaviors is also observed in this study when it comes to accessing reproductive health services. While there are some systemic factors such as financial barriers, or the fact that women do not know that reproductive health care is part of the primary health care package, the results of the study reveal some underlying individual factors for the young periurban women. Several studies have highlighted that women’s agency and knowledge levels on sexual and reproductive health and the woman position in the couple position on sexual and reproductive health matters (16) globally, but also for Albania (17).

## CONCLUSION & RECOMMENDATIONS

In conclusion, the study reconfirms that:

- there is a significant gap between knowledge and practices when it comes to

reproductive and sexual health among young women living in peri-urban areas. There are some similarities in how they also approach these issues, which depend on their similar demographic traits.

- Health seeking behavior of these women is affected by two main factors: perception of what is a health issue and self-efficacy.
- Women make a distinction between diseases affecting their sexual or reproductive health and issues or decisions that affect their sexual and reproductive health. The reasons why they don’t approach health care services for breast cancer, cervical cancer or STIs are due to financial barriers, or embarrassment, while they would not consider seeking help from their family doctor or other health care centers to discuss contraception and protection decisions. The findings suggest that the main underlying factor is self-efficacy- they do not have a role in the decision (it is male-driven), they are embarrassed to talk to the doctor. Another important element is lack of trust or perceived irrelevance of the family doctor when it comes to such decisions.

Therefore, some important recommendations would be:

- While investments to improve the professional capacities of primary health care professionals should continue, there is a need to build their skills in communication and outreach, both approaches would be very effective with young women in peri-urban



settings. Empower the health prevention and promotion component, utilizing innovative and effective interventions, since the traditional ones have not yield results. Young women need to be clearly the target audience of any communication strategies. Communication messages and channels should consider the specific needs of young women in peri-urban areas; they should integrate local knowledge and circumstances. Communication messages should make sure to influence the health seeking behavior by boosting the self confidence of young women and promote positive practices.

**Acknowledgement:** This work has been part and has been extracted from the doctoral thesis of Alketa Zazo (title: Socio-demographic factors that influence individual access to primary health care”). The doctoral work and thesis have been reviewed and submitted at the Faculty of Social Sciences, Department of Social Work, and Social Policies.

**Conflict of interest:**

None declared.

**REFERENCES**

1. Institute of Statistics, Institute of Public Health, and ICF. Albania Demographic and Health Survey 2017-18.
2. Ibid
3. Ministria e Shëndetësisë. Dokumenti Strategjik dhe Plani i Veprimit për Shëndetin Seksual dhe Riprodhues 2017-2021, 2017.
4. UNPFA, Cervical Cancer Prevention Albania; 2019
5. Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind. Copenhagen: WHO Regional Office for Europe; 2016
6. Lim MS, Vella A, Sacks-Davis R, Hellard ME. Young people’s comfort receiving sexual health information via social media and other sources. *International Journal of STD & AIDS*. 2014;25(14):1003-1008.
7. Institute of Statistics, Institute of Public Health, and ICF. Albania Demographic and Health Survey 2017-18.
8. Ministria e Shëndetësisë. Dokumenti Strategjik dhe Plani i Veprimit për Shëndetin Seksual dhe Riprodhues 2017-2021, 2017.
9. Mackian, Sara. A Review of Health Seeking Behaviour: Problems and Prospects, Health Systems Development. University of Manchester, Manchester, UK..2002
10. Bernard H. Social Research Methods: Qualitative and Quantitative Approaches; 2000.

11. Mays N, Pope C. Qualitative research: Rigour and qualitative research. *BMJ*. 1995; 311:109–122.
12. Richard A. Krueger & Mary Anne Casey. *Focus Groups. A Practical Guide for Applied Research* (2000)
13. Bernard H. *Social Research Methods: Qualitative and Quantitative Approaches*; 2000
14. Le Compte Margaret: *Analyzing qualitative data*. 2000
15. Ministry of Health and Social Protection, Albanian National Contraceptive Security Strategy 2017 – 2021. Albania, 2017
16. UNFPA. *Research on factors that determine women’s ability to make decisions about sexual and reproductive health and rights*. 2019
17. Karoline Kragelund Nielsen, Siff Malue Nielsen, Robb Butler & Jeffrey V Lazarus. *Key barriers to the use of modern contraceptives among women in Albania: a qualitative study*. 2012