

Reproductive Health in Albania

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Background

- Up to 1990
 - Pro-natalist Governmental Policy
- Since 1990
 - Changes in economical, political and social areas.
 - Health and social services are facing an increase in demand for services, improved institutions and quality of care.
 - High prevalence of abortion, widespread unmet need for reproductive health information

OBJECTIVES

- To assess the situation of RH in Albania from 1990 onwards, and the factors that have contributed to these changes.
- To assess the impact of FP in the reduction of abortion rate and/or child mortality.
- To assess the implementation of family planning methods in Albania.
- To identify the short and long term objectives in improving the current indicators of RH

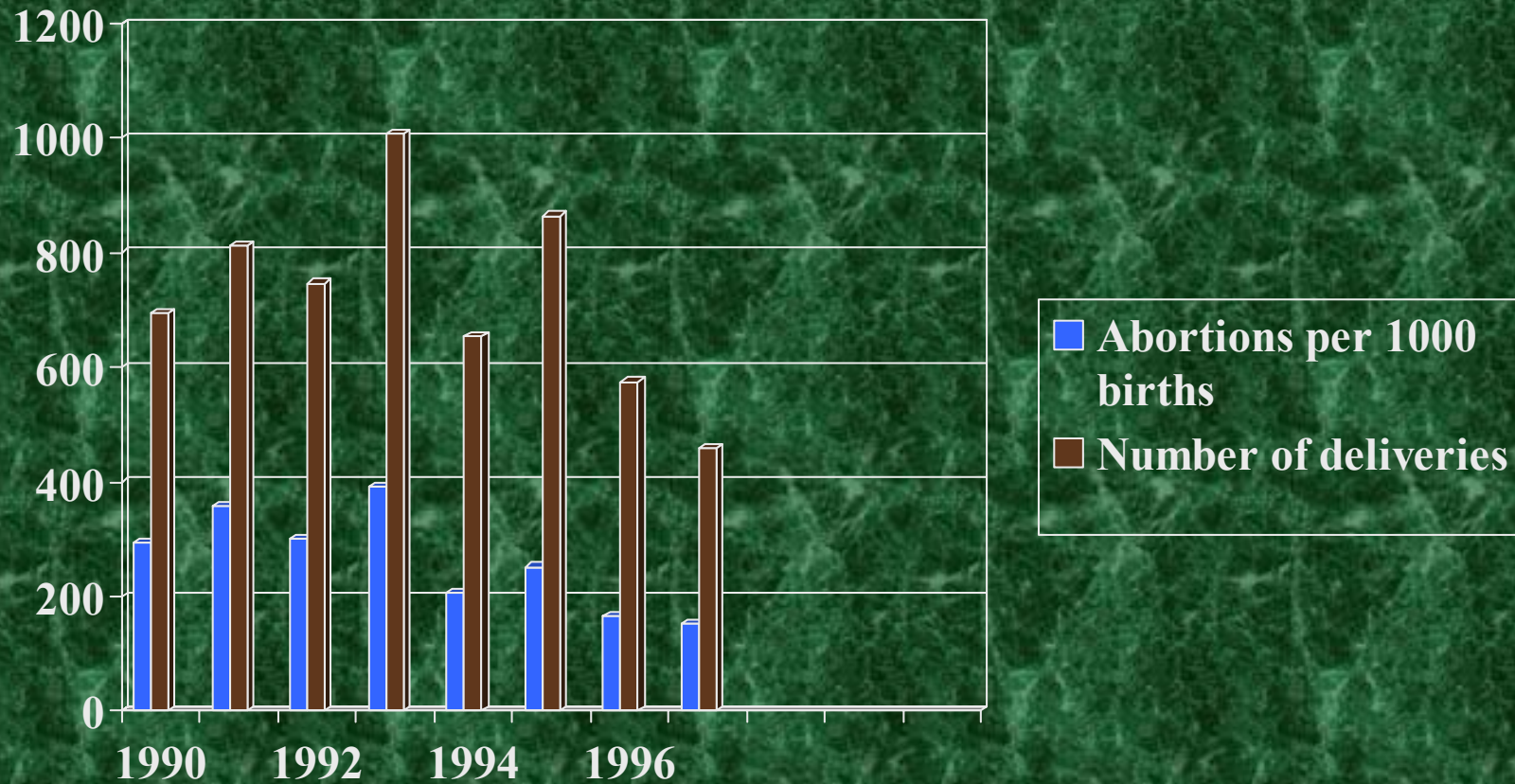
METHODS

- MEDLINE search for “ALBANIA”, 347 matches
- POPLINE search for “ALBANIA”, 256 matches
- Personal communication with MoH, drug manufacturers

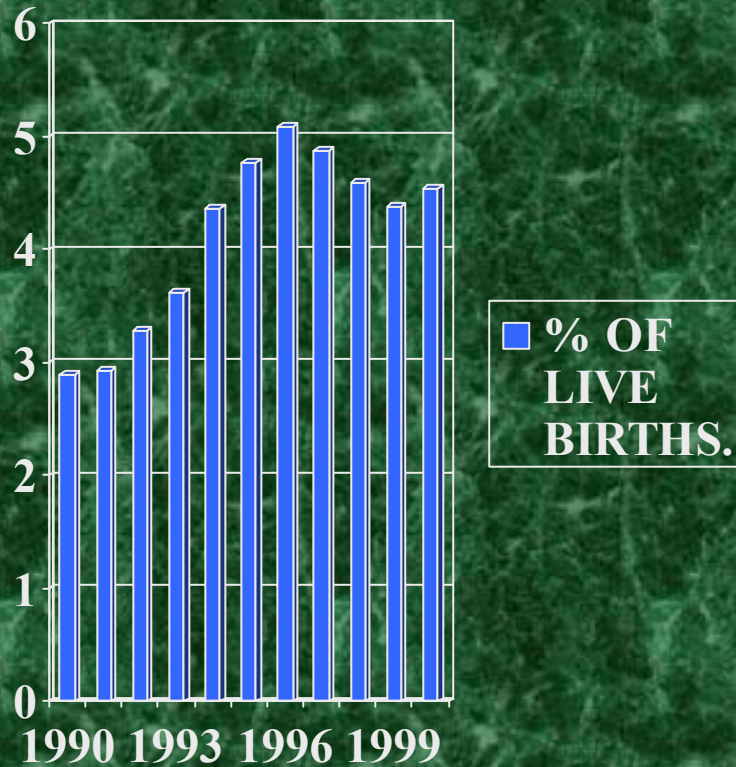
REPRODUCTIVE HEALTH SITUATION IN ALBANIA

1. RH in Adolescents
2. Maternal Health and Safe Pregnancy
3. Family Planning
4. Newborn Care
5. Child Health and Development
6. Sexual Health Care
7. Post-reproductive Health
8. Genital Cancer and Care

FEMALE POPULATION under 20



FEMALE POPULATION under 20

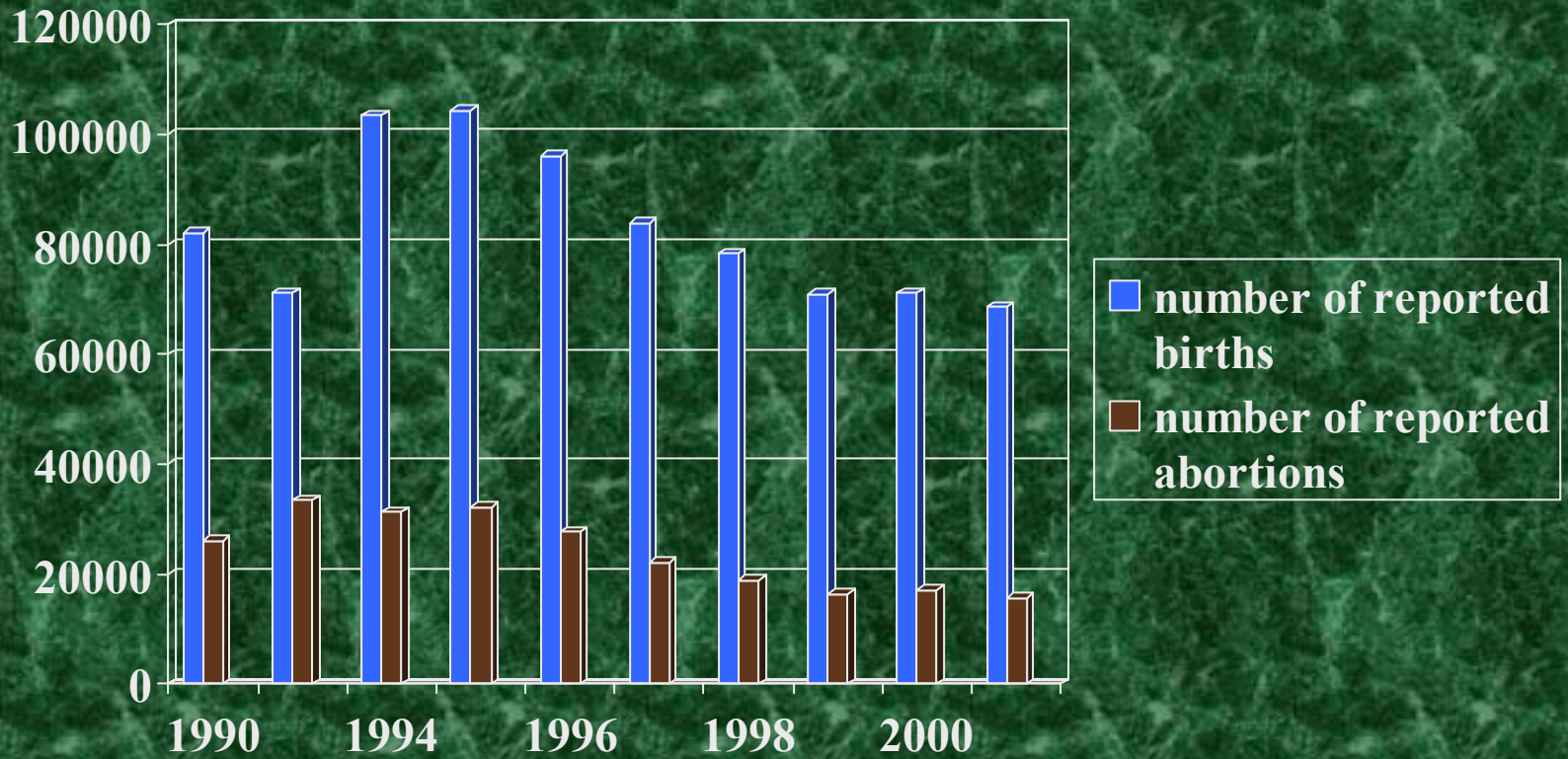


- Number of live births

- 1990 2373
- 1991 2264
- 1992 2474
- 1993 2574
- 1994 3154
- 1995 3438
- 1996 3479
- 1997 3005
- 1998 2768
- 1999 2536
- 2000 2445

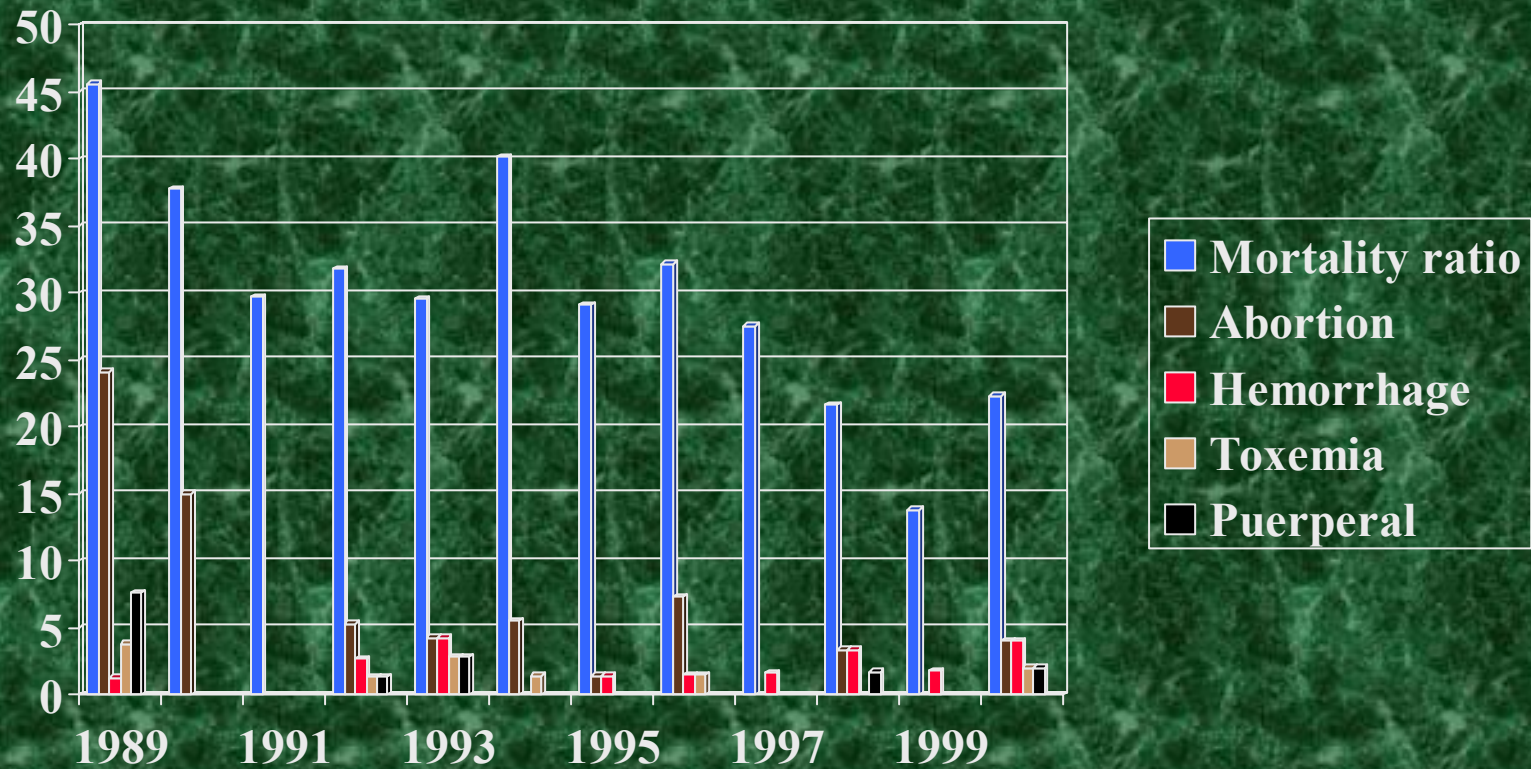
2. MATERNAL HEALTH AND SAFE PREGNANCY

- There is inadequate data collection
- The legalization of abortion in 1991 had a positive impact on reducing the number of maternal deaths
- Current maternal deaths related to abortion are seen with second trimester termination of pregnancy



MATERNAL DEATHS

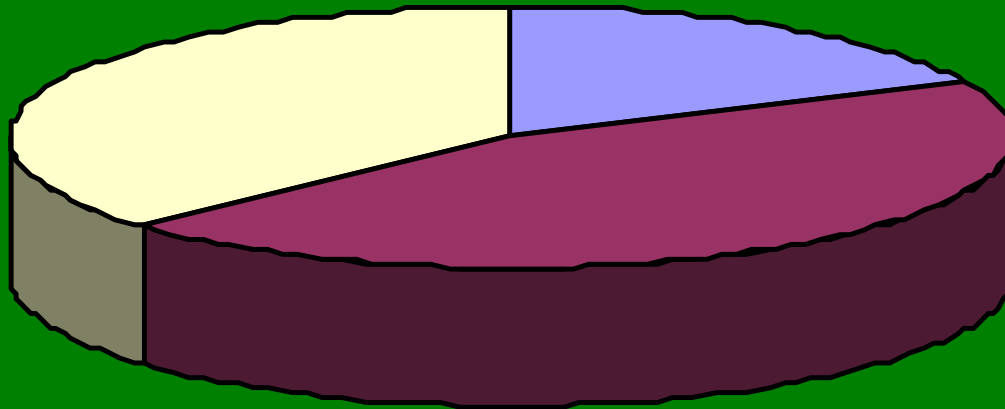
source: MoH



Knowledge of antenatal clients about warning signs or problems during pregnancy

Warning sign	Total
Previous bad obstetric History/abdominal scar, previous stillbirth	23%
HT/headache,swelling/fits	68%
Anemia/pallor/fatigue/breathlessness	28%
Cessation of fetal movement/baby does not move	30%
Abnormal lie/position	14%
Sepsis/foul smelling discharge/postpartum abdominal pain	35%
Light bleeding/spotting	32%
Hemorrhage/heavy bleeding	72%
Multiple pregnancy/large abdomen	5%
Obstructed/prolonged labor	4%
Persistent headache, swelling, etc.	2%

Time of first antenatal visit

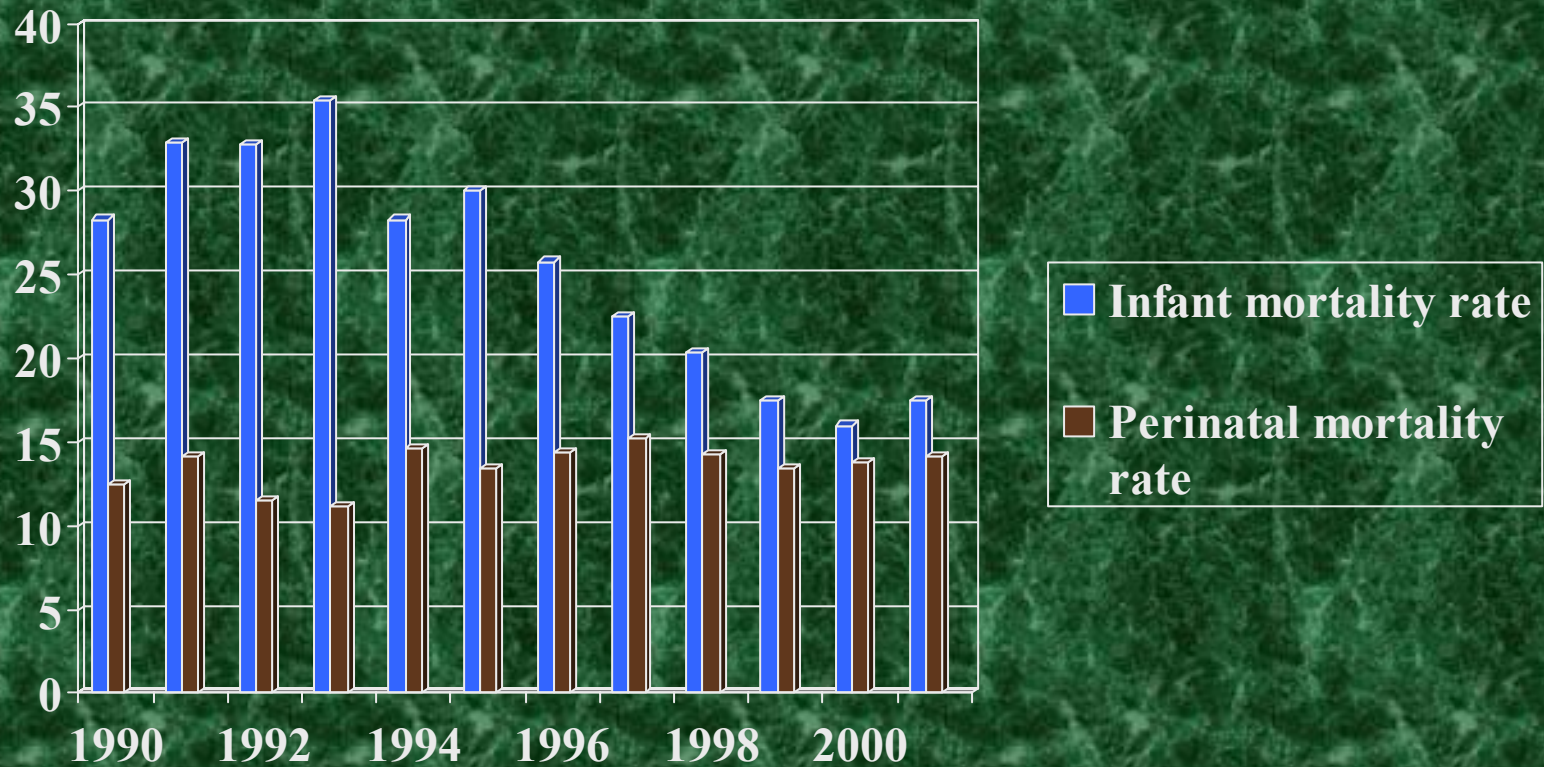


- first trimester visit
- second trimester
- third trimester

Level of assistance of antenatal care, year 2000

	Doctors	Nurse/Midwives	Midwife	No assistance
Urban area	73.1	16.5	10.4	0
Rural area	46.5	41.6	10.5	1.4

Infant and Perinatal Mortality Rate



Neonatal Mortality

- Early postnatal mortality (0-6 days) in 1997 counted for 33.4% of infant mortality and late postnatal mortality (7-27 days) for 13.1%
- The causes of increased neonatal mortality:
 - Increased medicalisation of deliveries
 - The inadequate low technical level of personnel in rural maternities and of their equipment
 - Lack of prenatal assessment, especially in rural areas.

Breastfeeding

	1998	2000
Exclusive breastfeeding at 4 months	33%	52.4%
Exclusive breastfeeding at 6 months	17.5%	43.6%

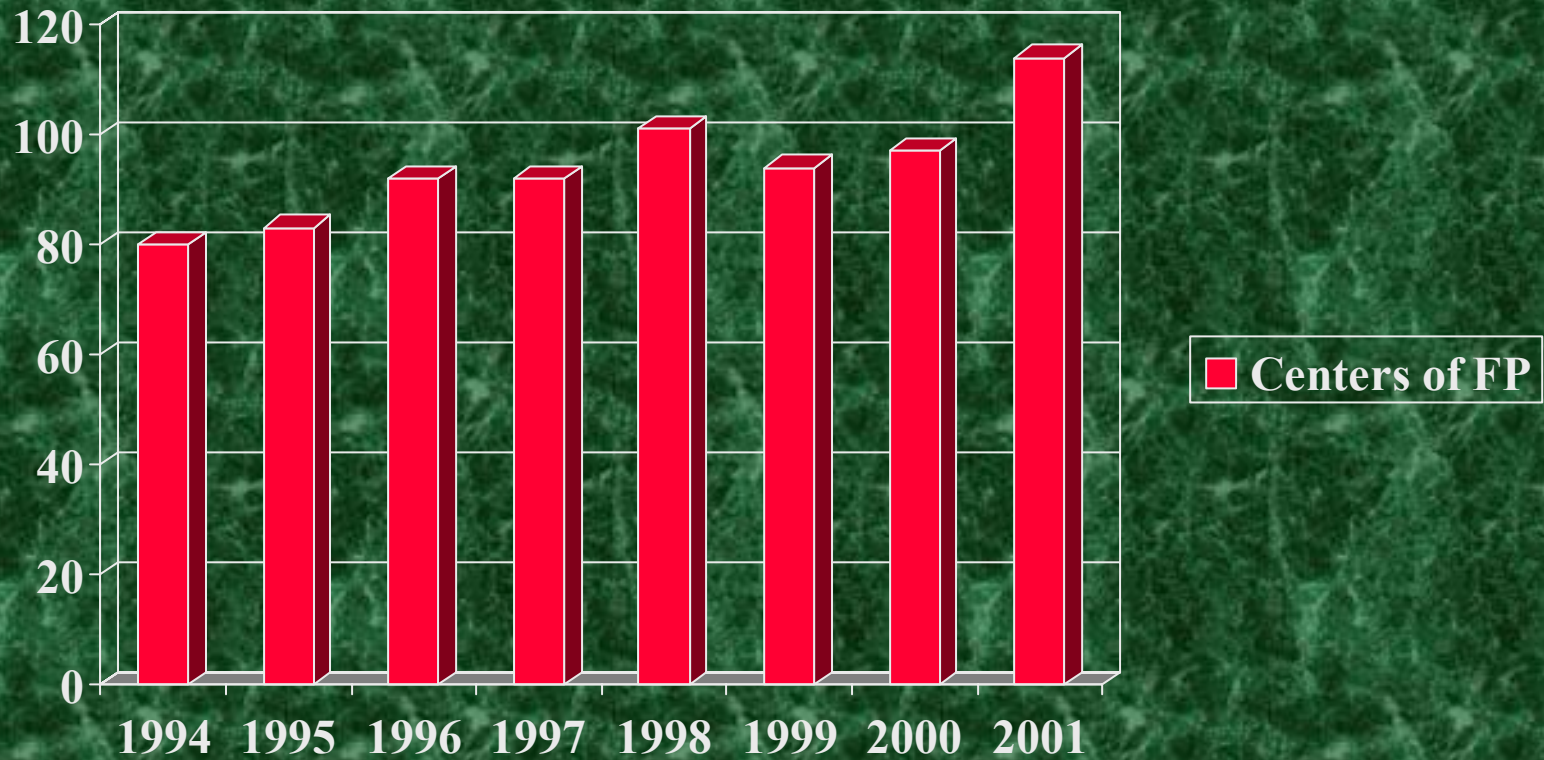
Children mortality, under 5 years

Year	1991	1992	1993	1994	1995	1996	1997
Mortality	39.9	44.2	44.	47.1	38.7	33.1	27.5

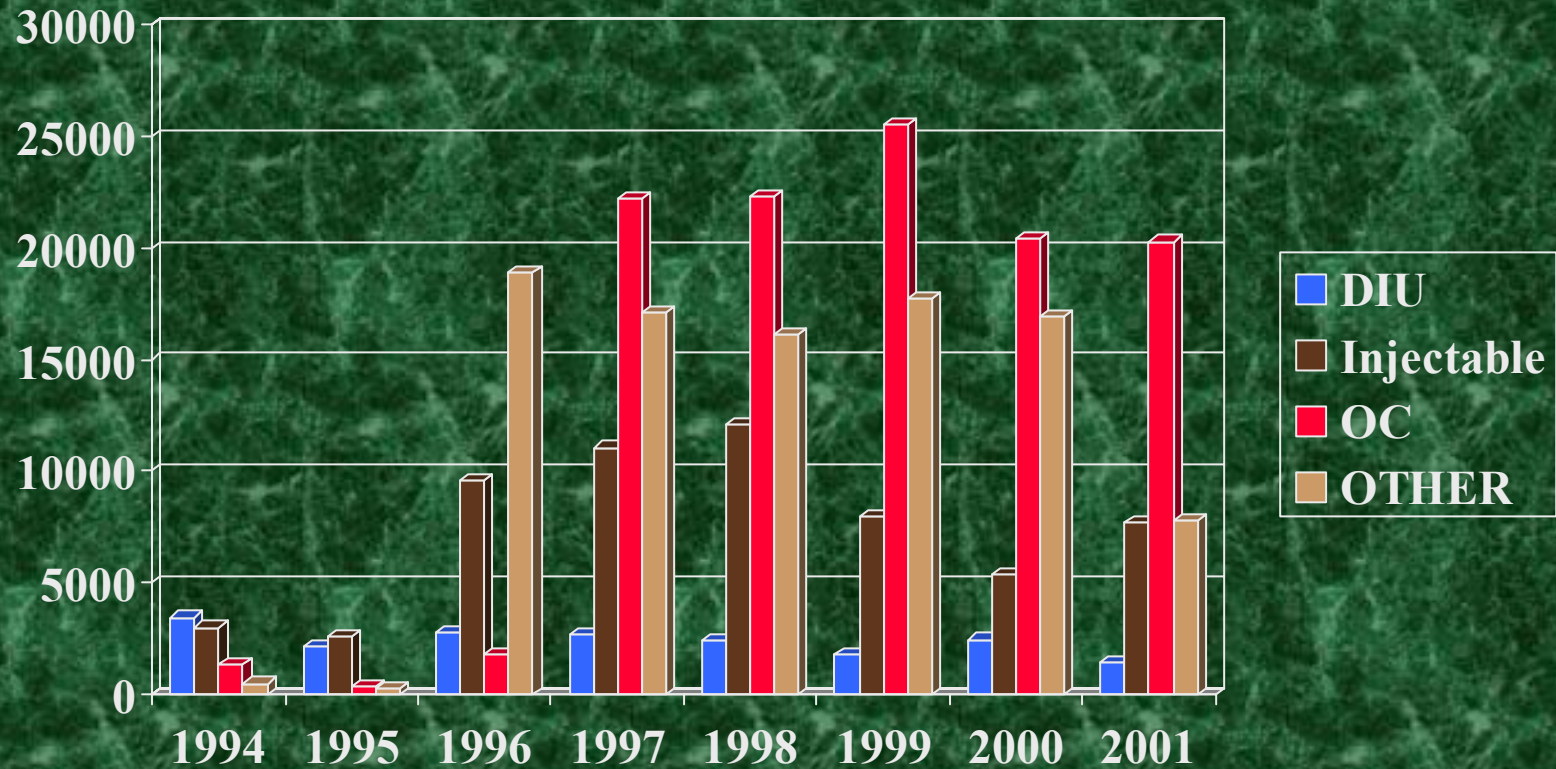
Family Planning

- Pro-natalist policy until 1990
- In 1990 Albania reported the youngest age structure in Europe (35% below 15 y)
- First introduction of FP in 1992
- 1995 the first National Conference of Population and Development (as follow-up of Cairo Program of Action)

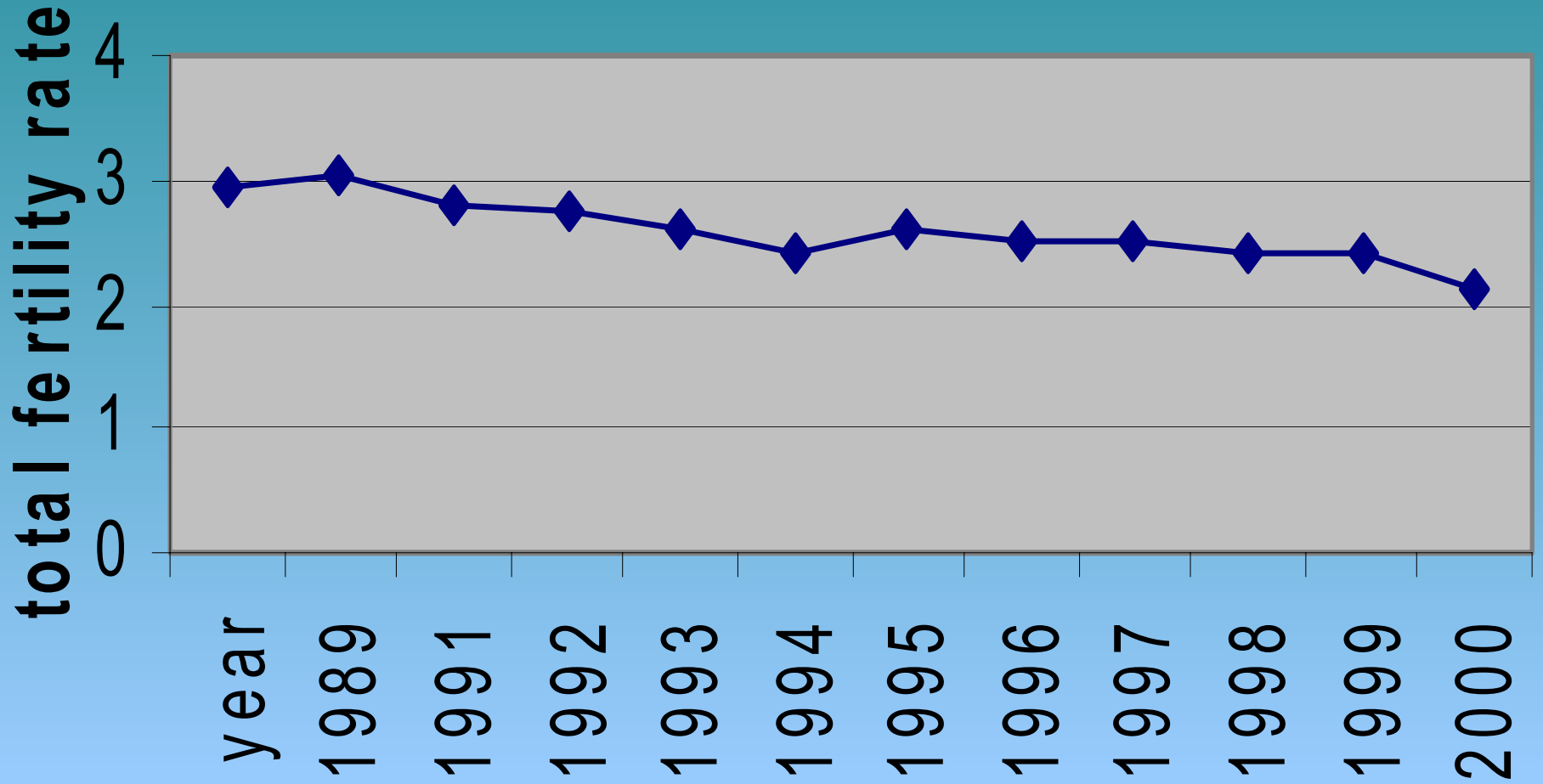
FP centers



DISTRIBUTION OF MODERN METHODS



The trend of total fertility rate through the years



Number of cases of HIV

Year	1993	2000	2002
Cases	First case	49	89

Conclusions

- The level of knowledge of risk behavior and FP methods is not satisfactory
- Decrease of maternal mortality
- Hemorrhage related deaths are still high
- No sign of decrease of induced abortion rate, while 68% of those performed in the second trimester have the only reason the gender choice.
- Contraceptive use remains low to reduce abortion rates
- The fertility rate has dropped consistently

Conclusions(cont'd)

- There is a significant change between urban and rural areas regarding level and coverage of antenatal care
- Infant mortality is decreasing but remains one of the highest in Europe
- The prevalence of STI is increasing rapidly

Areas for action and policy changes

- Human resource development is a high priority at all levels
- Strengthening the coordination between the MoH and NGOs
- Mobilization of mass media to inform couples about choices and rights in practicing FP and increase the knowledge of FP methods. Education of the public rather to use FP methods than abortion
- Lack of information on women's health, making statistical index of accurate data a priority

Areas for action and policy changes

- Need for major changes and improvements in safe motherhood services, especially at community level
- Assistance for adolescent health projects
- More control on private clinics' activities regarding the correct recording of the number of abortions, the condition under which the interventions are performed and the gestational age