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

Abortions per 1000 births
Number of deliveries

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

Mortality ratio
Abortion
Hemorrhage
Toxemia
Puerperal
### Knowledge of antenatal clients about warning signs or problems during pregnancy

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

* first trimester
* second trimester
* third trimester
## Level of assistance of antenatal care, year 2000

<table>
<thead>
<tr>
<th></th>
<th>Doctors</th>
<th>Nurse/Midwives</th>
<th>Midwife</th>
<th>No assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urban area</strong></td>
<td>73.1</td>
<td>16.5</td>
<td>10.4</td>
<td>0</td>
</tr>
<tr>
<td><strong>Rural area</strong></td>
<td>46.5</td>
<td>41.6</td>
<td>10.5</td>
<td>1.4</td>
</tr>
</tbody>
</table>
Infant and Perinatal Mortality Rate

- Infant mortality rate
- 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.
<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclusive breastfeeding at 4 months</td>
<td>33%</td>
<td>52.4%</td>
</tr>
<tr>
<td>Exclusive breastfeeding at 6 months</td>
<td>17.5%</td>
<td>43.6%</td>
</tr>
</tbody>
</table>
### Children mortality, under 5 years

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality</td>
<td>39.9</td>
<td>44.2</td>
<td>44.1</td>
<td>47.1</td>
<td>38.7</td>
<td>33.1</td>
<td>27.5</td>
</tr>
</tbody>
</table>
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


Centers of FP
DISTRIBUTION OF MODERN METHODS

- DIU
- Injectable
- OC
- OTHER

The trend of total fertility rate through the years

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Fertility Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1989</td>
<td>3.0</td>
</tr>
<tr>
<td>1991</td>
<td>2.8</td>
</tr>
<tr>
<td>1992</td>
<td>2.6</td>
</tr>
<tr>
<td>1993</td>
<td>2.4</td>
</tr>
<tr>
<td>1994</td>
<td>2.2</td>
</tr>
<tr>
<td>1995</td>
<td>2.1</td>
</tr>
<tr>
<td>1996</td>
<td>2.0</td>
</tr>
<tr>
<td>1997</td>
<td>1.9</td>
</tr>
<tr>
<td>1998</td>
<td>1.8</td>
</tr>
<tr>
<td>1999</td>
<td>1.7</td>
</tr>
<tr>
<td>2000</td>
<td>1.6</td>
</tr>
</tbody>
</table>
# Number of cases of HIV

<table>
<thead>
<tr>
<th>Year</th>
<th>1993</th>
<th>2000</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>First case</td>
<td>49</td>
<td>89</td>
</tr>
</tbody>
</table>
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