ALBANIA FAMILY PLANNING

Improving access to and use of modern contraceptive methods among young men and women

March 2011
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By Alketa Zazo, Edmond Dragoti, Theodhori Karaj, and Joshua Volle

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Acknowledgments

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Edmond Dragoti was project director. Aida Guxho was the senior analyst, supported by Blerina Spahiu, PDA specialist, and Rudina Rama, data analyst. Team leaders were Fiona Todhri (Elbasan), Daniela Kalaja (Tirana), and Nevila Kocollari (Vlorë). They supervised and provided support for the team of 16 interviewers and for the authors of this report: Alketa Zazo, Edmond Dragoti, and Theodhori Karaj of ISOP and Joshua Volle of C-Change.

From C-Change, Joshua Volle, Berengere de Negri, and Arian Boci provided continuous support for the surveys. Chamberlain Diala provided a technical review of the report, and Hilary Russell edited the document.

Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
</tr>
<tr>
<td>EC</td>
<td>Emergency contraception</td>
</tr>
<tr>
<td>ISOP</td>
<td>Institute of Public Opinion Studies</td>
</tr>
<tr>
<td>MCM</td>
<td>Modern contraceptive methods</td>
</tr>
<tr>
<td>PDA</td>
<td>Personal data assistant</td>
</tr>
</tbody>
</table>
Executive Summary

The USAID-funded project Communication for Change (C-Change) began implementing activities in Albania in August 2008 to increase awareness of modern contraceptive methods (MCM), improve attitudes toward them, and increase their uptake and use among young adults attending university in major metropolitan areas of Albania (Tirana, Vlorë, and Elbasan). The program’s general intent was to shift cultural norms and values around MCM; create a positive environment for discussing, choosing, and using these methods; and decrease reliance on traditional family planning methods, such as withdrawal and the rhythm method.

To this end, C-Change launched concurrent social and behavior change communication interventions: a national mass media campaign “For a Happy Life,” along with intense, interpersonal peer education directed to young men and women in four university centers in Tirana, Vlorë, and Elbasan.

Beginning in March 2009, the project recruited and trained teams of students to work as peer educators throughout the school-year cycle in clusters of dormitory buildings selected as intervention sites: Student City (or Qyteti i Studentit) in Tirana, Engineering Dormitory in Tirana, Vlorë Dormitory, and Elbasan Dormitory. Initially, Engineering Dormitory and Elbasan Dormitory were comparison sites, but later became intervention sites. The team made this decision because a four-month evaluation found that students participating in the peer education program were gaining in knowledge and improving attitudes. Kamez University was then selected as the comparison site.

In February and March 2009, a baseline survey was conducted to measure knowledge, attitudes, and behaviors related to MCM among 1,184 female and male students ages 19–24. An initial follow-up survey was conducted in May and June of that same year. In March 2010, C-Change contracted the Implementing Consortium from the University of Tirana’s Faculty of Social Sciences and the Institute of Public Opinion Studies (ISOP) to conduct an end-line survey. All three surveys used the same C-Change questionnaire. The end-line survey sought to identify changes potentially attributable to the program’s interventions and to measure their impact on the students’ awareness, understanding, and use of MCM. Findings from these surveys are presented under four headings: exposure to the program; level of awareness of MCM; decision-making and communication around contraception; and actual use of different methods.

This evaluation study found that exposure to the peer education program significantly affected use of modern contraceptive methods: those exposed were 1.7 times more likely to report MCM use when compared across all sites to those not exposed to the program (those not exposed in both the intervention and comparison sites). In addition, students exposed to the peer education program but not to the TV messages of C-Change’s national media campaign were 2.3 times more likely to identify multiple MCM. Those exposed only to TV messages were 1.5 times more likely to identify three or more forms of MCM.
Exposure to the program
The level of exposure to contraception messages was high: 98% of male respondents surveyed and 96% of female respondents had ever heard of any method to prevent pregnancy. About 70% of all respondents in the intervention sites (71% of the males and 68% of the females) had heard about contraception in the last three months. This was true of only 54% of the respondents in the comparison site (51% of the males and 57% of the females), significantly lower than figures in the intervention sites, p<.01.

By the time the end-line survey was conducted, 46% of the males and 40% of the females in all four intervention sites reported they had talked with a peer educator about MCM. At intervention sites at end line, 39% of respondents reported they had been exposed to C-Change’s TV messages—35% of males and 40% of females. This was true of 38% of respondents in the comparison site—37% of males and 40% of females. In the intervention sites, approximately 22% of the males and 29% of the females were exposed to both interventions.

Awareness of modern contraceptive methods
The end-line survey indicates that university students have a high level of awareness of different MCM. Most confirmed they had heard about contraception, and more than 90% in intervention sites and more than 80% in the comparison group could spontaneously identify the oral contraceptive pill as a method to prevent pregnancy. Respondents in the intervention group registered close to a 17% increase over baseline in spontaneously recalling the pill.

Between the baseline and the end-line surveys, respondents at all intervention sites registered a steady increase in their level of awareness of IUDs. By end line, this rate was 27 percentage points higher than at the comparison site. Similar increases were registered among respondents in intervention sites who spontaneously identified emergency contraception (EC) as a contraceptive method. This rate was 14% at baseline and 67% at end line (p<.01), considerably higher than in the comparison site (47%, p<.01).

Respondents in intervention sites differed significantly from the comparison group in their ability to spontaneously recall other forms of MCM, such as IUDs, injectables, and EC. Those exposed to both the TV messages and peer education were 4.3 times more likely to recall three or more types of MCM, while those exposed to the peer education intervention and not the TV were 2.3 times more likely to identify three or more forms of MCM. Those exposed to the TV messages without the peer education program were 1.5 times more likely to identify three or more forms of MCM.

While it is important for young adults to be aware of different MCMs, what they believe about their effectiveness is also crucial. The end-line survey found a statistically significant increase over baseline in respondents’ correct beliefs about the effectiveness of all three MCM and of specific MCM.

Decision-making and communication around contraception
At end line, 85% of the males and almost 92% of the females in all intervention sites stated they were comfortable or very comfortable talking to their sexual partners about contraception, p<.01. At the comparison site, this was true of 95% of the males and 79% of the females, p<.01.

Respondents also identified two or three of their preferred channels of communication on MCM. In intervention sites, pamphlets were selected by 89% followed by TV (85%) and the internet (76%).
At the comparison site, 93% reported a preference for TV and 77% chose a counselor. Gender differences were apparent. In intervention sites, females preferred to get information from a pamphlet or a counselor, while females in the comparison site expressed a preference for counselors and TV. Males stated they prefer to get information on MCM from TV or the internet. Among respondents in intervention sites, 55% of males and 73% of females stated they preferred to get information from a trained peer educator.

Many respondents cited pharmacists as a preferred source of information on MCM. This applied to 44% of the male respondents and 67% of the females in intervention sites, and 65% of the males and 75% of the females in the comparison site. In addition, respondents were asked if they believed that a pharmacist was a good source of information on MCM. While the percentage of respondents who said they believed this was so significantly rose in intervention sites (79% at baseline versus 84% at end line, p<.05), there was no difference at end line between respondents in intervention sites and the comparison site relative to this belief.

**Use of different contraceptive methods**

Survey participants were asked about each of the MCM methods they use. Their responses show a significant increase in intervention sites in MCM use—from 31% at baseline to 49% at end line, and a similar increase in the comparison site.

Respondents exposed to the peer education program were 1.9 times more likely than those not exposed to the peer education program to report that they were currently using an MCM. Those exposed to only the C-Change TV messages were 1.5 times more likely to report they currently use an MCM, when compared to those who did not see the TV messages. Those who were exposed to both the peer education program and the TV message were 1.6 times more likely than those not exposed to both to report current MCM use. In addition, relative to baseline in intervention sites, 8% more females reported they relied on the pill and 37% more reported condom use. In addition, females reported increased EC use: from 5.2% at the baseline to almost 18% at end line.

The contraceptive method of choice for all groups was the male condom. This is an understandable choice, both as a family planning method and a way to prevent sexually transmitted infections (STIs), since respondents are young and most are not married or living with a sexual partner. The data also show an important decrease in the use of withdrawal as a contraceptive method. Compared to the baseline, 7% fewer males reported relying on this method, and those who used it reported that they used some MCM simultaneously.

**Conclusions**

The end-line survey reveals clear differences in attitudes and behaviors between intervention sites and the comparison site. It provides clear evidence that respondents in intervention sites had relatively high levels of awareness and knowledge about MCM and that participation in the peer education program increased MCM use. Those exposed to it were 1.7 times more likely to state that they are currently using some MCM. The survey also shows that a great majority of respondents were exposed to the national campaign, and that exposure to either the peer education program or TV messages increased awareness of different types of MCM. Those exposed to either are three times as likely to identify three or more forms of MCM, and those exposed to both are eight times more likely to do so.
The survey’s data also suggest that peer education combined with a long-term communication campaign will lead to behavior change and increased contraceptive use. Continuing targeted communication and interpersonal interventions to build solid behaviors is fundamental. However, change in this area takes time, and more interventions of this kind are required to support increased uptake and use of MCM among young people in Albania.

Table 1: Responses to questions on key program indicators, baseline to end line by gender and site, in percentages

<table>
<thead>
<tr>
<th>Variable</th>
<th>Intervention sites</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline</td>
<td>End line</td>
<td></td>
<td></td>
<td>End line only</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
</tr>
<tr>
<td>Sexually active and use any form of MCM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can identify three or more forms of MCM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Believe three or more forms of MCM to be effective</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposed to peer education program</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>65.7</td>
<td>58.8</td>
<td>62.3</td>
</tr>
<tr>
<td>Exposed to TV campaign</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>35</td>
<td>40</td>
<td>39</td>
</tr>
<tr>
<td>Exposed to radio campaign</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>19.0</td>
<td>7.8</td>
<td>13.5</td>
</tr>
</tbody>
</table>
Introduction

Background

Albania has the lowest rate of use of modern contraceptive methods (MCM) in the European region. Estimates in 2002 and 2008/09 Demographic and Health Surveys (DHS) indicate that this rate has risen only marginally in the last six years, from about 8% in 2002 to about 11% in 2008.\(^1\) Withdrawal is the dominant family planning method used, reportedly by 58% of respondents to the 2008 DHS Survey. Only 4% stated they used the male condom, 3% said they used female sterilization, and 2% said they used the pill.

It is widely believed that this low level of MCM use has resulted in high rates of abortions. The data for abortion rates are very difficult to obtain, since many physicians do not report them and women rarely respond “yes” when asked about their own experiences with abortion. In addition, a 2005 survey in three prefectures found low levels of contraceptive knowledge among both men and women of reproductive age.\(^2\) Among both groups, 40 percent had not heard of injectable contraception and 60 percent had not heard of IUDs.

Preliminary interviews conducted by C-Change with healthcare consumers and healthcare providers revealed that both groups lack accurate information about contraceptive products and services. Shared misconceptions are likely to contribute to a low level of confidence in MCM, and this is aggravated by the low level of confidence that many healthcare consumers have in the quality of care at primary care facilities.

C-Change interventions in Albania

Since 2008, C-Change has been implementing communication activities in Albania to increase awareness of MCM, improve attitudes toward these methods, and increase their uptake and use among young adults. The general intent of the program has been to create a positive enabling environment for the discussion, selection, and use of MCM, and decrease reliance on traditional methods.

To encourage sexually active young men and women to use MCM, C-Change implemented a multi-component social and behavior change communication program. It included a national mass media campaign, an intensive peer education targeting young university students, and work with pharmacists to build their knowledge and communication skills near university housing complexes in Tirana, Vlorë, and Elbasan.

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In designing the program, C-Change collaborated with public- and private-sector partners, particularly the media, pharmacists, and universities. C-Change also formed a technical advisory group of representatives from the Ministry of Health, the Institute of Public Health, USAID, UNFPA, UNICEF, the media, specialists in obstetrics and gynecology, and faculty and students from the Social Science Department of the University of Tirana. This advisory group provided technical advice and feedback on messages developed to generate demand for MCM.

C-Change created a cadre of peer educators in clusters of student dormitories at the University of Tirana, the University of Vlorë, and the University of Elbasan. This cadre of students set out to initiate and guide discussions on reproductive health and to be a resource for young women and men seeking information about MCM.

In total, 10 master trainers were trained in peer education, who then trained 174 peer educators on family planning and reproductive health topics, including family planning referral, and on interpersonal and negotiation skills. C-Change appointed a coordinator to supervise the trainers and the follow-up activities. During just the first three months of this intervention, 4,148 students in Tirana and 573 students in Vlorë received information or communicated with a peer educator.

C-Change integrated a strong research and evaluation element into the program. In February 2009, a baseline survey of university students was conducted in Tirana, Vlorë, and Elbasan, and a follow-up survey was conducted in May 2009. At that time, Vlorë, and Elbasan became implementation sites for the peer education program instead of comparison sites.

In May, June, and July 2010, an end-line survey was conducted to measure the overall effect of the peer education program. Kamez University was selected as the comparison site at that time. The analysis was finalized in December 2010.

The Media Campaign in Albania

Radio spot
“As a doctor, I often talk to women who seek advice on how to prevent an unplanned pregnancy in a manner that is safe for their health. Every day, more and more women come to me and tell me that my advice has helped them achieve peace of mind, many happy moments, and a more intimate relationship with their partner. What is the secret? It’s very simple… Modern contraceptives such as contraceptive pills and injectables are very safe and reliable ways of contraception, and they are easily available in pharmacies. Women discuss this method with their partners and they find that it really works. Use modern contraceptive methods—for happy moments.”

TV spot
“For a life filled with happy moments, love, comfort, and gratification… use modern contraceptives such as contraceptive pills or injectables —reliable, effective, and safe ways to prevent an unplanned pregnancy. Millions of women around the world rely on modern contraceptives because they are safe for their health. Visit the health center, go to a pharmacy, or talk to your doctor about using modern contraceptives so you can feel relaxed, and enjoy love and life. Use modern contraceptives – for happy moments.”

(To view the video, see http://c-changeprogram.org/where-we-work/albania)
Research Methodology

Research hypothesis

The research hypothesis was that exposure to the university-based peer education intervention would increase participants’ awareness and acceptance of MCM, and that non-exposure would result in no change among students. In addition, researchers hypothesized that exposure to both the peer education program and the media campaign would have a larger effect on knowledge and use of MCM. Baseline and end-line results were compared to measure the overall effect of the intervention on students in four dorm centers connected to universities in Tirana, Vlorë, and Elbasan.

Methodology

In February 2009, baseline data measuring responses of university students to questions on key variables were collected, and follow-up data were collected in May 2009. Peer education interventions were carried out from February through May 2009 in Student City in Tirana and Vlorë Dormitory, then expanded throughout the school year into Engineering Dormitory in Tirana and Elbasan Dormitory, which had been originally selected as comparison sites. Kamez University was selected to replace them as the comparison site.

February 2009: X
March 2009: O
April 2009: X
May 2010: X

Trained interviewers administered the end-line survey questionnaire in face-to-face interviews in the clusters of dormitories, using hand-held personal data assistants (PDAs). Interviewers were selected among students in the sociology department of the University of Tirana who did not live in any of the intervention sites. Those chosen were trained on all aspects of data collection, confidentiality, voluntary informed consent, use of the PDAs, and supervision.

Sampling approach and size of samples

At baseline, there were four sites: two in Tirana, one in Vlorë, and one in Elbasan. Student City Dormitory in Tirana and Vlorë Dorm took part in the intervention, and two sites—Engineering Dorm and Elbasan Dorm—were chosen as comparison sites and did not participate in the peer education program. After a short evaluation period of four months, the intervention was expanded to the two comparison sites. For this reason, a full sample size was taken for each site at baseline and the four month follow-up survey.

By the time the end-line survey was conducted, all four sites had been enrolled in the peer education program for at least one entire school year (September 2009–May 2010). Therefore, all of the intervention sites were considered as one large multi-site intervention at end line, and one sample was drawn from all four sites using the population-proportionate-to-size approach.

For both the baseline and the end-line surveys, research teams worked with university authorities to obtain a list of all students living in the selected dormitories and then randomly chose potential respondents. A number was assigned to each student in each cluster, and a stratified random-sampling approach was used to select the number of the first respondent recruited and all subsequent respondents until the needed sample size was reached.

The choice of Kamez University as the comparison sample for the end-line survey was based primarily on the fact that its students are similar to those being surveyed and would not have been exposed to the peer education program. They would, however, have had the opportunity to view the TV messages, and this may have resulted in some contamination of the students’ knowledge, awareness, and acceptance of MCM.

Table 2 shows the distribution by site and gender of the students selected as respondents for the end-line survey.

<table>
<thead>
<tr>
<th>Sites</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student City, Tirana</td>
<td>180</td>
<td>179</td>
<td>359</td>
</tr>
<tr>
<td>Engineering Dormitory, Tirana</td>
<td>74</td>
<td>61</td>
<td>135</td>
</tr>
<tr>
<td>Vlorë Dormitory</td>
<td>15</td>
<td>20</td>
<td>35</td>
</tr>
<tr>
<td>Elbasan Dormitory</td>
<td>26</td>
<td>40</td>
<td>66</td>
</tr>
<tr>
<td>Kamez University (comparison site)</td>
<td>296</td>
<td>293</td>
<td>589</td>
</tr>
<tr>
<td>Total</td>
<td>591</td>
<td>593</td>
<td>1184</td>
</tr>
</tbody>
</table>

**Team organization and training**

Core staff of the research team comprised a project director, a project assistant, and three team leaders. The field staff consisted of three data operators and 16 interviewers (8 female and 8 male). A report writer, a senior statistical advisor, a senior data analyst and trainer, and a junior data analyst served as consultants.

With support from C-Change and based on the study protocol and methodology, the Implementing Consortium developed a training program and the manual used to build the capacities of team leaders, field interviewers, and data operators. The one-week training held in Tirana permitted time for discussion and field-testing of the questionnaire.

The training built the capacity of the survey team to:

- better understand the intervention, scope of the research, and expected results
- understand the sampling approach used to select respondents
- review and strengthen ethical interviewing techniques and the principles of voluntary informed consent and confidentiality
- improve implementation of the survey questionnaire
• use PDAs
• review data entry and cleaning procedures and simple data-processing techniques

Quality assurance was an important element throughout. The Implementation Consortium used the following quality assurance framework:
- Planning: A clear survey plan was shared, consulted on, and approved by all team members.
- Consultation: The questionnaire was field-tested during the training.
- Transparency: The entire research process was transparent, both internally and externally.
- Documentation: Each step, decision, and occurrence was documented and can be easily traced back.

Data analysis

The data were analyzed to provide evidence for the following key variables of interest, relative to the target population of university students:
- percent who can correctly and spontaneously identify three or more forms of contraception
- percent with a positive attitude towards MCM and see them as effective
- percent who strongly agree that it is important to communicate about contraception with a sexual partner
- percent who are comfortable talking to pharmacists
- percent exposed to the C-Change national media campaign

The analysis team used SPSS to conduct cross tabulations and odds ratios on key variables. Missing values were handled differently, depending on the questions. In some instances, they were left as missing and others were converted to a “no” response. For example, if data were missing from the question, “Have you ever had sex?” then they were left as missing and the resulting percentages for “yes” and “no” responses were based on those who answered the question.

However, when assessing the percent of respondents who spontaneously mentioned each form of MCM as a form of contraception, missing values were kept in the equation to enable reporting on the percentage of respondents who identified each MCM as a contraceptive method. Beliefs in the effectiveness of each method were restricted to those who identified that specific MCM as a contraceptive method; missing values remained as missing values. These data are aggregated by gender and site, depending on the variable of interest.

Ethical considerations

This research was reviewed and approved by two institutional review boards: the US-based Chesapeake Research Review and the Albanian-based Ethics Committee. Both reviewed all documents—the protocol, consent forms, and survey instruments—and they provided feedback and approval for the research.

The Implementation Consortium made sure that all field interviewers clearly understood all ethical issues and received training and clear guidance on how to present themselves and the survey, as well as the obligation to obtain the voluntary, informed consent of each respondent.
Before being asked to consent, each respondent had to be fully informed on the purpose and length of the interview and the types of questions posed. Field interviewers had to explain to each and every respondent that the survey was anonymous, the purpose to which the data would be put, and how their responses would be processed, stored, and reported.
### Survey Findings

The baseline survey targeted university students in four sites, while five sites were targeted for the end-line survey, including Kamez which was added as a comparison site. Table 3 summarizes demographic information for survey respondents in each of these sites at baseline and end line.

**Table 3: Demographic data for survey respondents**

<table>
<thead>
<tr>
<th></th>
<th>Baseline, February 2009</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Engineering Dorm</td>
<td>Student City</td>
<td>Vlorë Dorm</td>
<td>Elbasan Dorm</td>
<td></td>
</tr>
<tr>
<td>Sample size</td>
<td>644</td>
<td>664</td>
<td>432</td>
<td>439</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>46.5%</td>
<td>47.5%</td>
<td>20.8%</td>
<td>22.6%</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>53.5%</td>
<td>52.5%</td>
<td>79.2%</td>
<td>77.4%</td>
<td></td>
</tr>
<tr>
<td>Mean age</td>
<td>20.5</td>
<td>20.9</td>
<td>19.9</td>
<td>19.9</td>
<td></td>
</tr>
<tr>
<td>Married/cohabiting</td>
<td>3.5%</td>
<td>3.9%</td>
<td>5.8%</td>
<td>5.2%</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>96.5%</td>
<td>96.1%</td>
<td>94.2%</td>
<td>94.8%</td>
<td></td>
</tr>
<tr>
<td>Muslim</td>
<td>61.7%</td>
<td>62.6%</td>
<td>68.8%</td>
<td>78.6%</td>
<td></td>
</tr>
<tr>
<td>Orthodox</td>
<td>21.5%</td>
<td>22.5%</td>
<td>22.5%</td>
<td>7.7%</td>
<td></td>
</tr>
<tr>
<td>Roman Catholic</td>
<td>8.1%</td>
<td>9.1%</td>
<td>5.3%</td>
<td>7.1%</td>
<td></td>
</tr>
</tbody>
</table>

|                   | End line, June 2010     |        |        |        |        |
|                   | Engineering Dorm        | Student City | Vlorë Dorm | Elbasan Dorm | Kamez (comparison) |
| Sample size       | 135                     | 359    | 35     | 66     | 589    |
| Male              | 54.8%                   | 50.1%  | 42.9%  | 39.4%  | 50.3%  |
| Female            | 45.2%                   | 49.9%  | 57.1%  | 60.6%  | 49.7%  |
| Mean age          | 21.04                   | 20.6   | 20.2   | 19.9   | 21.1   |
| Married/cohabiting| 0.7%                    | 1.6%   | 2.9%   | 9.1%   | 11%    |
| Single            | 99.3%                   | 98.4%  | 97.1%  | 91.9%  | 89%    |
| Muslim            | 75.6%                   | 63.8%  | 82.9%  | 89.4%  | 78.8%  |
| Orthodox          | 15.6%                   | 17.8%  | 2.9%   | 6.1%   | 8.1%   |
| Roman Catholic    | 5.2%                    | 7.2%   | 14.3%  | 3.03%  | 6.8%   |

The main questions of interest for the survey are summarized below:

- How many young people are aware of different MCM?
- Which of these methods are they aware of?
- What are their beliefs about the effectiveness of modern and traditional methods?
- Which methods, modern or traditional, did they use the last time they had sex?
- How many believe emergency contraception is effective and what percentage report using it?
- How many have ever talked about contraception with their sexual partners?
- Whose decision is it to use contraception?
- How many have ever talked about contraception with a pharmacist?
- How many have heard, seen, or read messages of the C-Change media campaign?

Responses to these questions are summarized under four headings: exposure to the program; awareness level of different MCM; communication and decision-making about contraception; and use of methods to prevent pregnancy.
Exposure to the program

The survey revealed that overall level of awareness of contraceptive methods was very high: approximately 98% of male respondents and 96% of female respondents said “yes” when asked whether they had ever heard of any method to prevent pregnancy.

In intervention sites, 68% of the female respondents and 71% of the males said they had heard about contraception in the last three months. In the comparison site, this applied to 57% of the females and 51% of the males.

Graph 1 shows the significant increase (p<.01) in intervention sites, from baseline to end line, in exposure to information on MCM during the previous three months. It also shows that almost 20% (p<.01) fewer young people in Kamez reported that they had heard about contraception during the same period. There were no gender differences for this variable.

Graph 1: Percentage of respondents exposed to any information on contraception during last three months from any source, by site

End-line data were analyzed to better understand the sources or channels through which respondents receive information about MCM. Table 4 shows the results of this analysis, disaggregated by gender and type of site. As expected, more respondents in intervention sites reported that they had participated in peer education sessions (p<.01) and had received messages through pamphlets (p<.01), a tool used by the peer educators.

TV ranked equally high in all sites as a source of information on MCM, perhaps because the national media campaign was occurring simultaneously. Radio seemed to be slightly more important for intervention sites (p<.05) where all students all live on campus. In Kamez, the comparison site, students tend to live off campus.

It is important to note that more respondents in the comparison site—particularly female respondents—received information on MCM through a pharmacist (p<.01), compared to
respondents in intervention sites. This result may have been influenced by the fact that peer educators supplied MCM information in intervention sites.

Table 4: Percentage of respondents who had heard about contraception in the last three months, by information channel, gender, and site

<table>
<thead>
<tr>
<th></th>
<th>Radio</th>
<th>TV</th>
<th>Billboard</th>
<th>Pamphlet</th>
<th>Pharmacist</th>
<th>Peer education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention sites</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>30.5</td>
<td>71.4</td>
<td>44.3</td>
<td>67.1</td>
<td>11.4</td>
<td>65.7</td>
</tr>
<tr>
<td>Females</td>
<td>6.9</td>
<td>77.9</td>
<td>73.5</td>
<td>93.1</td>
<td>12.3</td>
<td>58.8</td>
</tr>
<tr>
<td>Comparison site</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>15.3</td>
<td>88.0</td>
<td>70.7</td>
<td>22.0</td>
<td>14.0</td>
<td>4.7</td>
</tr>
<tr>
<td>Females</td>
<td>11.4</td>
<td>87.3</td>
<td>78.9</td>
<td>51.2</td>
<td>27.1</td>
<td>13.9</td>
</tr>
</tbody>
</table>

Approximately 90% of the respondents who participated in the peer education program reported that the national media campaign was excellent or good. Among those who had heard something on MCM in the previous three months, exposure to the campaign was relatively high in intervention sites as well as in the comparison site, but was higher among comparison-site respondents (71.2% vs. 56.5%, p < .01). Table 5 disaggregates these responses by gender.

Table 5: Percentage exposed to the national media campaign, by gender and site

<table>
<thead>
<tr>
<th></th>
<th>Heard radio message</th>
<th>Saw TV campaign</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention sites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>19.0</td>
<td>35</td>
</tr>
<tr>
<td>Females</td>
<td>7.8</td>
<td>40</td>
</tr>
<tr>
<td>Comparison site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>18.7</td>
<td>37</td>
</tr>
<tr>
<td>Females</td>
<td>13.3</td>
<td>40</td>
</tr>
</tbody>
</table>

The high level of exposure to the media campaign in the comparison site may help to explain why many respondents said they had heard about contraception in the previous three months. It may have also contributed to their positive attitudes toward MCM and their willingness to communicate about contraception.

When asked to select their preferred sources of information on contraception, respondents in intervention sites most often chose pamphlets (89.4%) and, in descending order, TV (88.7%) and the internet (75.6%). Respondents in the comparison site most often chose TV, followed by a counselor, and billboards.

Table 6 disaggregates responses to this question by gender. More females than males in all sites said they prefer getting MCM information from peer educators. This was true of 71.6% of females in intervention sites and of 90.4% in the comparison site. Among male respondents, the respective figures were 55.2% and 46%.
Table 6: Preferred channels of communication on MCM in percentages, by gender and site

<table>
<thead>
<tr>
<th>Preferred channel</th>
<th>Intervention sites</th>
<th>Comparison site</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Radio</td>
<td>54.3</td>
<td>47.5</td>
</tr>
<tr>
<td>TV</td>
<td>81.9**</td>
<td>88.7</td>
</tr>
<tr>
<td>Billboard</td>
<td>46.7*</td>
<td>70.6</td>
</tr>
<tr>
<td>Pamphlet</td>
<td>81*</td>
<td>98</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>44.3*</td>
<td>67.2</td>
</tr>
<tr>
<td>Internet</td>
<td>85.2*</td>
<td>63.7</td>
</tr>
<tr>
<td>Phone text</td>
<td>41.9*</td>
<td>19.1</td>
</tr>
<tr>
<td>Counselor</td>
<td>52.9*</td>
<td>90.2</td>
</tr>
<tr>
<td>Peer education</td>
<td>55.2*</td>
<td>71.6</td>
</tr>
</tbody>
</table>

*p<.01  **p<.05

The levels of significance in Table 6 noted by the single or double asterisk refer to the comparison between the “total” in intervention sites and the “total” in the comparison site, as well as the comparison between male-to-female percentages within intervention sites and within the comparison site.

### Awareness of different MCM

The data show a high level of awareness of different types of MCM among intervention and comparison groups. Most respondents said they had heard about contraception, and were then asked to spontaneously recall and list any contraceptive methods of which they were aware. At baseline, nearly all mentioned the pill and condoms. Table 7 shows that a much greater percentage were aware of three or more MCM by the end-line survey. In all sites and during both surveys, female respondents recalled more forms of MCM than males. All comparisons are significant: p<0.01, across baseline and end line, across intervention and comparison sites at end line, and across males and females.

Table 7: Percentage of respondents who could spontaneously recognize three or more kinds of MCM at baseline and end line, by gender and site

<table>
<thead>
<tr>
<th></th>
<th>Intervention sites, baseline</th>
<th>Intervention sites, end line</th>
<th>Comparison site, end line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>8.1%</td>
<td>57.1%</td>
<td>41.7%</td>
</tr>
<tr>
<td>Females</td>
<td>20.8%</td>
<td>93.3%</td>
<td>73.9%</td>
</tr>
<tr>
<td>Total</td>
<td>16%</td>
<td>76%</td>
<td>57%</td>
</tr>
</tbody>
</table>

Across all sites at end line, an odds ratio analysis was conducted that looked at exposure to peer education, exposure to TV messages, and the ability to spontaneously recall three or more forms of MCM. Across all sites, respondents exposed to the C-Change peer education program were 2.3 times more likely than those not exposed to spontaneously recall three or more forms of MCM (p<.01). At the same time those exposed to the TV messages were one and a half times more likely...
to be able to spontaneously name three or more forms of MCM (p<.05), compared to respondents who were not exposed to the TV messages. Furthermore, exposure to both the C-Change peer education and TV messages increased those odds even more, regardless of site. These respondents were 4.3 times more likely to be able to spontaneously recall three or more MCM (p<.01, 95% CI).

Table 8: Odds that respondents could spontaneously list three or more MCM when exposed and not exposed to one or both interventions

<table>
<thead>
<tr>
<th>Exposure</th>
<th>Cannot list three or more MCM</th>
<th>Lists three or more MCM</th>
<th>Odds ratio</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer education only</td>
<td>52</td>
<td>204</td>
<td>2.319</td>
<td>(1.661-3.236)</td>
</tr>
<tr>
<td>No peer education</td>
<td>331</td>
<td>560</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TV only</td>
<td>128</td>
<td>329</td>
<td>1.5</td>
<td>(1.166 – 1.947)</td>
</tr>
<tr>
<td>No TV</td>
<td>255</td>
<td>435</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer education and TV</td>
<td>18</td>
<td>133</td>
<td>4.3</td>
<td>(2.57 – 7.109)</td>
</tr>
<tr>
<td>No peer education and no TV</td>
<td>365</td>
<td>631</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Graph 2 shows that intervention and comparison groups exhibited very high levels of recognition of the pill as a method to prevent pregnancy. At the same time, the data show a statistically significant increase from baseline to end line in intervention sites in this awareness, as well as a statistically significant difference between intervention sites and the comparison site at end line (p<.01 for both comparisons).

More female than male respondents spontaneously identified the pill as a form of MCM. At baseline, 80% of the females did so, compared to only 60% of males (p<.01). At end line, 97% of females in the intervention sites identified the pill, compared to 82% of males (p<.01). Likewise, 90% of females in the comparison site spontaneously identified the pill as a form of MCM, compared to 80% of their male counterparts (p<.01).
Graph 2: Percentage of respondents who spontaneously identified the pill as a method to prevent pregnancy, at baseline and end line and by site

Graph 3: Percentage of respondents who spontaneously identified the IUD as a method to prevent pregnancy, at baseline and end line and by site

Graph 3 shows that spontaneous awareness of IUDs as a modern method of preventing pregnancy increased significantly from baseline to end line in intervention sites (p<.01). It also shows a much lower level of awareness of this method among respondents in the comparison group (p<.01). Again, females in baseline and end-line intervention sites and in the comparison site were more likely than males to identify the IUD as a form of MCM. At baseline, only 9% of females and 2% of males (p<.01) spontaneously identified IUDs as a form of MCM. In intervention sites at end line, this was true of 74% of female respondents and 27% of males (p<.01), and of 28% of females and 18.3% of males in the comparison site (p<.01).

Graph 3: Percentage of respondents who spontaneously identified the IUD as a method to prevent pregnancy, at baseline and end line and by site
Graph 4 shows similar results relating to injectables. Not only did respondents in intervention sites significantly increase their awareness of injectables (p<.01) from baseline to end line, but their overall awareness of this method was higher than among respondents in the comparison site (p<.05).

In intervention sites at baseline and end line and in the comparison site, females were more likely than males to identify injectables as a form of MCM. In intervention sites, this was true of 7% of females and 3% percent of males at baseline (p<.01) and of 45% of females and 22% of males at end line (p<.01). In the comparison site, 37% of female respondents and 20% of males identified IUDs as a form of MCM (p<.01).

**Graph 4: Percentage of respondents who spontaneously identified injectables as a method to prevent pregnancy, at baseline and end line and by site**

Graph 5 demonstrates the high rates of awareness of condoms among respondents across intervention and comparison sites. There was a significant increase in spontaneous recall of condoms in the intervention site (p<.01), and no difference between the intervention and comparison sites at end line. At baseline, females were less likely to mention condoms as a form of MCM than were males: 86% vs. 92% for males (p<.01). There were no significant differences between males and females at end line in either the intervention sites or the comparison site.
Graph 6 illustrates a clear increase in awareness of EC, from baseline to end line, among respondents in intervention sites (p<.01), and that respondents in the comparison site exhibited lower levels of awareness of this method (p<.01). It is worth noting that EC was spontaneously recalled by more respondents than either injectables or IUDs.

Again, females were more likely than males in intervention sites at baseline and end line and in the comparison site to spontaneously identify EC as a form of MCM. At baseline, these figures were 17% of females vs. 9% of males (p<.01) and at end line 87% of females vs. 46% of males (p<.01). In the comparison site, 70% of females and 26% of males identified EC, p<.01.
Because non-users may believe the different forms of MCM are not effective in preventing pregnancy, respondents were asked to state whether they believed that each of the methods they spontaneously listed is effective. Perceptions varied by method, but an increased percentage of respondents at end line reported that they believe that almost all methods are effective.

Graph 7 shows that respondents in intervention sites expressed across the board more confidence in the effectiveness of the MCM they had named between the baseline and the end-line survey. Table 9 shows the levels of significance of these differences. Respondents in the comparison site expressed equal confidence in the effectiveness of MCM, with the exception of IUDs, as respondents in intervention sites at end line.
Respondents were asked whether they believed that withdrawal is an effective method. (This is the primary method of avoiding pregnancy in Albania, and the belief that it is effective is pervasive.) Graph 8 shows no difference in intervention sites from baseline to end line in the percentage of respondents who believe that withdrawal is effective (59% vs. 57%). However, significantly more respondents in the comparison site believe that it is effective (57% vs. 84%, p<.01).
Disaggregating these data by gender presents a different picture. Table 10 shows that female respondents in intervention sites were significantly less likely than either males or females in the comparison site to consider the rhythm method and withdrawal to be effective (p<.01).

Table 10: Percentage of respondents stating that the rhythm method and withdrawal are effective

<table>
<thead>
<tr>
<th></th>
<th>Intervention sites</th>
<th>Kamez</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Rhythm</td>
<td>65%</td>
<td>24%</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>63%</td>
<td>53%</td>
</tr>
</tbody>
</table>

Table 11 summarizes the data in this section. It shows clear differences in knowledge and attitudes between respondents in intervention sites and those in the comparison site, and it shows that all indicators relative to MCM awareness increased, from baseline to end line.

Significantly more males and females identified the pill, the IUD, injectables and EC as MCM in the end-line survey than the baseline survey. Not only did awareness of specific MCM increase, so did the percentage of respondents who viewed several of these methods as effective.
Table 11: Awareness of four MCM and beliefs about their effectiveness, by site and gender

<table>
<thead>
<tr>
<th>Method</th>
<th>Intervention sites, baseline</th>
<th>Intervention sites, end line</th>
<th>Comparison site, end line</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
<td>Males</td>
</tr>
<tr>
<td>Identify the pill as a method</td>
<td>60%</td>
<td>80.3%</td>
<td>81.7%</td>
</tr>
<tr>
<td>Believe the pill is effective</td>
<td>73.2%</td>
<td>58.7%</td>
<td>78.8%</td>
</tr>
<tr>
<td>Identify the IUD as a method</td>
<td>1.7%</td>
<td>9.4%</td>
<td>27%</td>
</tr>
<tr>
<td>Believe an IUD is effective</td>
<td>85.7%</td>
<td>81.4%</td>
<td>83.3%</td>
</tr>
<tr>
<td>Identify injectables as a method</td>
<td>3.2%</td>
<td>6.8%</td>
<td>21.8%</td>
</tr>
<tr>
<td>Believe injectables are effective</td>
<td>80.8%</td>
<td>79.8%</td>
<td>87.3%</td>
</tr>
<tr>
<td>Identify condoms as a method</td>
<td>92.4%</td>
<td>86.2%</td>
<td>99.7%</td>
</tr>
<tr>
<td>Believe condoms are effective</td>
<td>87.6%</td>
<td>73.7%</td>
<td>90.6%</td>
</tr>
<tr>
<td>Identify EC as a method</td>
<td>9%</td>
<td>16.9%</td>
<td>45.7</td>
</tr>
<tr>
<td>Believe EC is effective</td>
<td>73.6%</td>
<td>73%</td>
<td>88.6%</td>
</tr>
</tbody>
</table>

Note: Percentages given for “believe to be effective” refer to responses from those who identified that particular method when answering the spontaneous-recall question.

Communication and decision-making about contraception

The C-Change program in Albania was designed to affect not only awareness of MCM among students of reproductive age, but to increase their level of comfort in discussing these methods with their sexual partners and with pharmacists who commonly provide contraceptives and contraceptive information.

Communication on contraception with pharmacists is important because pharmacies are a major source of many kinds of MCM. Numerous variables affect whether or not this communication takes place, including levels of comfort in talking about sex with a stranger, the presence of others in the pharmacy, and the schedule of the pharmacist.

Another important factor is whether pharmacists are perceived as a good source of information on MCM. At baseline, 69% of respondents reported this perception, compared to 79% who did so at end line (p<.01) in intervention sites and in the comparison site. More respondents stated they believe it is a good idea to talk to a pharmacist about MCM at end line than at baseline (84% vs. 79%, p<.05), with no significant difference between the comparison site and the intervention sites.

In intervention sites, self-reported comfort levels in talking to a pharmacist about MCM increased from 41% to 52% (p<.01) from baseline to end line. However, the comfort level at intervention
sites at end line did not differ from that of the comparison site. The percentage of respondents who had talked to pharmacist about MCM was much lower than the comfort levels might suggest, but increased from 6% at baseline to 14% at end line (p<.01). However, 23% of all female respondents reported at end line they had talked to a pharmacist about contraception, compared to only 4.4% of male respondents (p<.01). There was no difference at end line when comparing the intervention sites with the comparison site.

A large majority of respondents in all sites—88.4% in all intervention sites and 86.6% in the comparison site—stated for the end-line survey that they felt comfortable talking with their sexual partners about MCM. Levels of comfort reported by females in intervention site exceeded those of males (92.3% vs. 84.4%, p<.01), but males reported higher comfort levels than females in the comparison site (94.6% vs. 78.5%, p<.01).

The level of comfort reported by male and by female respondents in the intervention sites dropped from baseline to end line—for males from 89.7% to 84.4% (p<.05), and for females from 91.6% to 88.4% (p<.05). No information in this survey explains this drop; it requires further investigation.

Table 12 shows that a large majority of males and females in all sites believe that decisions to use or not use contraception should be made jointly. There was no significant difference in responses to this question between baseline and end line or between intervention and comparison sites.

Table 12: Percentage of respondents who believe that contraceptive decisions should be made jointly, by gender and site

<table>
<thead>
<tr>
<th></th>
<th>Intervention sites</th>
<th>Kamez</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline</td>
<td>78.4</td>
<td>NA</td>
</tr>
<tr>
<td>End line</td>
<td>68.5</td>
<td>73.6</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline</td>
<td>86.0</td>
<td>NA</td>
</tr>
<tr>
<td>End line</td>
<td>85.7</td>
<td>89.4</td>
</tr>
</tbody>
</table>

Use of various methods to prevent pregnancy

To ascertain changed behavior relating to MCM use, respondents were asked if they had purchased a contraceptive from a pharmacist in the last three months and whether they had used any kind of MCM the last time they had sex.

Graph 9 shows responses to the question about purchasing a contraceptive, an activity that increased significantly from baseline to end line (22% vs. 42%, p<.01), though at end line the intervention and comparison sites were statistically the same. More males than females reported contraceptive purchases in the last three months. In intervention sites, about 49% of male respondents said they had done so, compared to 22.7% of the female respondents (p<.01). In the comparison site, this applied to 67.8% of the male respondents and 17% of the females (p<.01) and is primarily due to males purchasing condoms.
Respondents in intervention sites reported increased MCM use at last sex (as shown in Graph 10). The percentage reporting MCM use at last sex increased from 31.3% at baseline to 46.9% (p<.01) at end line, a level comparable to the comparison site. Disaggregating this data reveals that the increase is due to the percentage of males reporting the use of MCM, which increased from 53.4 % to 71.5% (p<.01) from base line to end line. The percentage of female respondents who reported MCM use at last sex did not change significantly (from 18.3% to 22.7%).

**Graph 10: Reported MCM use from baseline to end line in intervention sites by gender**

Graphs 11 and 12 show the percentages of male and female respondents who reported that they used specific types of contraception at last sex, from baseline to end line at intervention sites and in the comparison site.
Overall, male respondents in intervention sites acknowledged a higher rate of MCM use than males in the comparison site (71.5% vs. 60.5%, p<.01), while female respondents in intervention sites were less likely than females in the comparison site to report MCM use at last sex (22.7% in intervention sites and 35.2% in the comparison site (p<.01).

*Graph 11: Reported MCM use by males from baseline to end line, by site including the end-line comparison site*

At end line, males were no more likely to use pills as their method of birth control than they were at baseline (11% vs. 9%, ns), nor were there any significant differences in the percent reporting injectables, EC, IUDs, or withdrawal. However, males were less likely at end line than baseline to report condom use (p<.01), as well as less likely to report reliance on the rhythm method (p<.01). It is important to note that all of those reporting the use of withdrawal also reported the use of some other form of modern contraception.
Relative to the baseline survey, a greater percentage of females in intervention sites at end line reported using the pill (2.8% vs. 10.3%, p<.01), condoms (43.7% vs. 77.9%, p<.01) and EC (5% vs. 18%, p<.01). Furthermore, relative to baseline, females in end-line intervention sites showed non-significant differences in their reliance on IUDs and injectables. While their reported reliance on the rhythm method and withdrawal increased (p<.01), females also reported some other MCM if they were relying on these traditional methods.

The contraceptive method of choice at last sex for male and female respondents was condoms (82% in intervention sites vs. 86% in comparison sites, p=ns), with steady as well as occasional sexual partners. This method seems appropriate for young people who are not in firm relationships, particularly because condoms can prevent STIs as well as pregnancy.

Among respondents with steady partners, 11% of intervention respondents and 9% of comparison-site respondents relied on EC rather than condoms, and nearly 80% and 85% of respondents at intervention sites and the comparison site, respectively, relied on condoms. Approximately 48% of intervention site respondents and 23% of comparison site respondents relied on withdrawal, but they all also reported other MCM use at the same time. This may be due to the less-than-100% belief in the effectiveness of MCM such as the pill (see Table 11), as well as the historical reliance on withdrawal.
Respondents with occasional partners relied almost exclusively on condoms, across intervention sites and the comparison site. It is important to note that all respondents who reported relying on withdrawal also used some MCM simultaneously.

The end-line survey explored whether exposure to the peer education program and the TV messages of the national campaign influenced respondents’ use of MCM. Data on exposure to these interventions and on knowledge and use of MCM was conducted across all sites at end line.

Across all sites, respondents who saw only the TV messages were 1.5 times more likely to have used some MCM at last sex than those not exposed to the messages (p<.01, 95% CI 1.163-1.861). Furthermore, respondents who participated in the peer education program were 1.9 times more likely to have used some MCM at last sex (p<.01 and OR=1.73 (95% CI 1.426 – 2.500). For those who participated in the peer education activity and saw the TV messages the odds of using some MCM were slightly higher than TV alone; they were 1.6 times more likely to report currently using some form of MCM, p<.01 95% CI 1.101 – 2.194.
Conclusions and Recommendations

Program effect

The end-line survey demonstrated that the national campaign “For a Happy Life” and the peer education program were successful in their objectives. Exposure to either intervention was shown to increase awareness among young university students of three or more types of MCM; exposure to both increased their knowledge even more. The end-line survey also provided evidence that the peer education program increased participants’ use of MCM at last sex.

The survey noted some marked differences in some attitudes and behaviors between respondents in intervention sites and those in comparison site. This supports the belief that an interpersonal, targeted intervention can help to dispel myths, change attitudes, and build sustainable behavior.

The data confirm that both males and females increased their awareness and knowledge of MCM as a result of the project’s interventions. Not only did they increase their awareness of and knowledge about contraception, they generally increased their use of it, particularly with respect to oral contraceptive pills and EC. Males and females also reported increased comfort in talking about sex and their belief that decisions on contraceptive use should be made jointly with sexual partners.

The end-line survey found no significant difference between intervention and comparison groups in their levels of knowledge about oral contraceptive pill and condoms, but found significant differences in awareness and correct information about IUDs, injectables, and EC. The conclusion could be drawn that targeted interpersonal interventions help young people learn about less common MCM.

Additionally, there is high level of agreement by both males and females that “contraceptive choices should be a joint decision”. It is possible that this may be, in part, due to the fact that in all sites the visual images of the C-Change mass media campaign always showed a couple together.

Looking forward

Peer education

Peer education and communication through a trained professional can help sexually active young people to understand which MCM they might choose and why. It is thus important to continue to provide them with targeted communications and interpersonal interventions, not only to increase MCM use, but to build solid behaviors.

Future peer education program should continue to be specific and gender-sensitive. They could target the following areas:

- sexuality, reproductive health, and negotiation and decision-making skills, especially for women whose partners use traditional methods to prevent pregnancy
- couples communication and MCM choice
- appropriate use and timing of EC
- myths and preconceptions about MCM, their effectiveness and safety, and drawbacks of traditional methods
factors that motivate people to use contraception

Expansion of the program
The peer education program should be expanded to other sites and in other areas. Respondents stated that they want forums or opportunities to discuss and share ideas and information on MCM, and many want to get information through trained peer educators, counselors, and pharmacists. For the end-line survey, respondents often stated that they prefer to get messages through a professional: a counselor, a trained peer educator, or a pharmacist.

To reach out to more young people, the program should:

- employ interactive interventions, such as web pages with chat forums, phone SMS, or discussion groups led by peer educators
- develop specific, explicit messages on the different MCM, such as the pill and EC
- focus on client’s rights and on empowering young people to ask physicians and pharmacists for information on contraception
- reinforce messages about MCM and family planning through TV talk shows, debates, and other kinds of broadcasts, including on local TV stations

The target group should be expanded so as to link up and harmonize with reproductive health interventions for teenagers. Most adult behaviors are molded during adolescence, and focused programs are needed for this age group.

Partnerships with the media and universities
To sustain contraceptive messages and their impact, partnerships should be established and enhanced with universities and with national and local media.

C-Change could make use of centers of excellence being established in universities, as well as parallel activities that result in sustained transfer of knowledge and build research capacity on contraception.

It is vitally important to enhance the role the media plays in creating and changing behaviors and disseminating accurate knowledge and positive attitudes about MCM. Partnerships with schools of journalism to build the capacity of reporters should be also explored, and could result in substantive discussions initiated by the media around reproductive health and contraception.
Annex: Survey Questionnaire

Questionnaire for Male and Female University Students, May 2010
Tirana, Vlorë, and Elbasan

Date of Interview: ______________

Interviewer Name: _________________________

Site: ____________________________________

Introduction:
Hello, my name is __________________, and I am working with an NGO, the Academy for Educational Development (AED), to conduct a study about young people’s knowledge about and experience with various ways to prevent becoming pregnant, also known as contraceptive methods. We would very much appreciate your participation in this survey. We will be using this information to assist us in designing better programs to help young women in Albania to prevent becoming pregnant before they are ready to start a family.

The interview will take about 35 minutes, the questions will cover such things as your marital status and your experiences with sex, and how you prevent, if that is your intention, becoming pregnant. Participation in the survey is voluntary; you can decide if you want to participate or not. If we come to a question that you do not want to answer just tell me and we will move on to another question. You can also end the interview whenever you choose. However, we hope that you participate in this survey because your views and opinions are important.

I will not need your name and will not share your results with anyone other than the research team. We will not be reporting individual results, only the overall results of all the young men and women we talk with. We are hoping to talk with about 670 young men and women here in Tirana, Vlorë and Elbasan.

At this point, do you have any questions about the survey? Do you have any questions about your role in this survey?

Would you be interested in taking about 30 minutes to answer some questions about your personal experiences?

If the person says yes hand them the consent form and ask them to read it. When they are done reading, ask them if they have any other questions. Answer all of their questions about the study. If they have questions about contraception let them know that you will answer all of those questions when the questionnaire is complete and ask them if they have any other questions related to the process and procedures of this study. When you are finished answering all of their questions ask them to sign the form in the proper places. Then you will need to sign in the proper places and get your witness to sign in those places as well. All three of you will need to sign two copies of the consent form so that you can provide the participant with a signed copy to take with her/him.
Section 1: Demographics

1) Gender
   1. Male
   2. Female

2) How old are you?

3) Where were you born?
   1. City: ______________
   2. Country: ______________

4) How many years of university have you completed?

5) In what religion were you raised?
   1. Muslim
   2. Orthodox
   3. Catholic
   4. Bektashi
   5. Other
   6. Atheist

6) To what ethnic group do you belong?
   1. Albanian
   2. Greek
   3. Roma
   4. Macedonian
   5. Montenegrin
   6. Vlach
   7. Other

7) Are you currently married or living with someone as if married?
   1. Yes, Currently married (Skip to q 9)
   2. Yes, Currently living with someone as if you were married (Skip to q 9)
   3. No, not in union

8) Have you ever been married or lived with someone as if married?
   1. Yes, have been married
   2. Yes, have lived with someone as if married
   3. No

9) Do you earn wages?
   1. Yes
   2. No (skip to q 11)

10) How much money do you typically earn in an average month? _____________Lek
Section 2: Contraceptive Awareness

11) From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?
   1. Yes
   2. No (Skip to q 13)
   3. Don’t know (Skip to q 13)

12) Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?
   1. Just before her period begins
   2. During her period
   3. Right after her period has ended
   4. Halfway between the two periods
   5. Other: (Specify ______________________)
   6. Don’t know

13) Have you ever heard of any ways to prevent a woman from becoming pregnant (Interviewer: Explain that we are referring to contraception here)?
   1. Yes
   2. No (skip to q23)

14) Where have you learned the most about contraception (Interviewer: Explain that we are referring to ways to prevent pregnancy)? (Select all mentioned)
   1. Spouse
   2. Friends
   3. Parents
   4. Siblings
   5. Other family member
   6. Boyfriend/Girlfriend
   7. TV
   8. Radio
   9. Newspaper
   10. School
   11. Pharmacist
   12. Health worker
   13. Magazine
   14. Internet
   15. Other

15) Which ways or methods have you heard about?
   Let them spontaneously name different methods.  
   15a) Pill
   15b) IUD
   15c) Injectables
   15d) Condoms
   15e) Rhythm Method
   15f) Withdrawal
   15g) Emergency Contraception
   15h) Other

   Yes  No
Interviewer: The following questions should be asked for each method they had heard of. Start each relevant question with something like, “You mentioned the Oral Pill; I would like to ask you a little more about it…”

PILL
16) On a scale of 1 to 4, 1 being not at all effective and 4 being very effective, how effective is the PILL in preventing a pregnancy?
1. Not at all effective
2. A little effective
3. Effective
4. Very effective
5. Don’t know

IUD
17) On a scale of 1 to 4, 1 being not at all effective and 4 being very effective, how effective is IUD in preventing a pregnancy?
1. Not at all effective
2. A little effective
3. Effective
4. Very effective
5. Don’t know

INJECTABLES
18) On a scale of 1 to 4, 1 being not at all effective and 4 being very effective, how effective are INJECTABLES in preventing a pregnancy?
1. Not at all effective
2. A little effective
3. Effective
4. Very effective
5. Don’t know

CONDOMS
19) On a scale of 1 to 4, 1 being not at all effective and 4 being very effective, how effective are CONDOMS in preventing a pregnancy?
1. Not at all effective
2. A little effective
3. Effective
4. Very effective
5. Don’t know

RHYTHM METHOD
20) On a scale of 1 to 4, 1 being not at all effective and 4 being very effective, how effective is RHYTHM METHOD in preventing a pregnancy?
1. Not at all effective
2. A little effective
3. Effective
4. Very effective
5. Don’t know

WITHDRAWAL
21) On a scale of 1 to 4, 1 being not at all effective and 4 being very effective, how effective is WITHDRAWAL in preventing a pregnancy?
1. Not at all effective
2. A little effective
3. Effective
4. Very effective
5. Don’t know

**EMERGENCY CONTRACEPTION**

22) On a scale of 1 to 4, 1 being not at all effective and 4 being very effective, how effective is EMERGENCY CONTRACEPTION in preventing a pregnancy?

1. Not at all effective
2. A little effective
3. Effective
4. Very effective
5. Don’t know

**Section 3: Questions about sexuality and pregnancy**

23) Have you ever had sexual intercourse (By sexual intercourse we mean anytime a man inserts his penis into a woman’s vagina)? (Interviewer: if interviewee says that they have not ever had sex but are married (q7) or have ever been married (q8) please stop and check in with the interviewee on this issue.)

1. Yes
2. No (skip to q 42)

24) How many times have you had sexual intercourse in the past 3 months? (Can be zero times)

# of times: _______________

25) The last time you had sex was it with your:

1. Spouse/cohabitating partner
2. Someone you were engaged to marry but not living with
3. Steady date
4. Someone you dated occasionally
5. Someone you had known for a while but never dated
6. Someone you met just before you had intercourse
7. Rape
8. Other, specify type (____________________)

26) Have you ever used a method to prevent yourself or a partner from becoming pregnant?

1. Yes
2. No (skip to q 42)

27) Are you, or a partner, currently using some method to prevent an unintended pregnancy?

1. Yes
2. No not using any method (skip to q 42)
3. No because I have been sterilized (skip to q 42)
4. No because my partner has been sterilized (skip to q 42)
5. No because I am currently pregnant (skip to q 42)
6. No because I am trying to get pregnant (skip to q 42)
7. Don’t know (skip to q 42)

**Section 4: Contraceptive Use**

Which method(s) are you currently using or is the partner who you last had sex with currently using? (Select “Yes” for all mentioned, and ask subsequent question for that method. Do not read list.)

1  2

28) Pill

1  2

Yes  No
29) IUD      Yes  No
30) Injectable Yes  No
31) Condom Yes  No
32) Rhythm Method Yes  No
33) Withdrawal Yes  No
34) Emergency Contraception Yes  No

35) Pill: How often do you or your female partner take this pill?
1. Daily
2. Weekly
3. Before I have sex
4. Don’t know

36) IUD: When did you or your female partner have this put in?
1. Less than a month ago
2. 1 – 6 months ago
3. 7 – 12 months ago
4. More than 12 months ago
5. Don’t know

37) Injectable: When was the last time you or your female partner got this injection?
1. Less than a month ago
2. 1 – 2 months ago
3. 2 – 3 months ago
4. More than 3 months ago
5. Don’t know

38) Condoms: Did you, or your male partner, use this the last time you had sex?
1. Yes
2. No

39) Rhythm Method: Did you use this method the last time you had sex?
1. Yes
2. No

40) Withdrawal: Did you use this method the last time you had sex?
1. Yes
2. No

41) Emergency Contraception: Did you or your female partner use this method the last time you had sex?
1. Yes
2. No
3. Don’t know

Section 5: Questions on communication about contraception

42) Would you say that using contraception is mainly your decision, mainly your partner's decision, or is it a joint decision that you both make together?
1. Mainly respondent’s
2. Mainly partner’s
3. Joint decision
4. Don’t know
5. Other

43) How comfortable are you in discussing contraception with a **sexual partner**?
Are you:
1. Very uncomfortable
2. Uncomfortable
3. Comfortable
4. Very comfortable

44) It is a good idea for me to discuss contraception with a sexual partner.
1. Strongly Agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly Disagree
6. Don’t know

45) Sexual partners are a good source of information on contraceptives
1. Strongly Agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly Disagree
6. Don’t know

**IF THE RESPONDENT HAS NEVER HAD SEX (Q23), SKIP TO QUESTION 49.**

46) My last sexual partner thinks we should talk about contraceptives.
1. Strongly Agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly Disagree
6. Don’t know

47) In the past 3 months, have you talked about avoiding pregnancy with a sexual partner?
1. Yes
2. No *(skip to q 49)*

48) What method(s) did you discuss? *(Select all that are mentioned)*

<table>
<thead>
<tr>
<th>Method</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>48a) The Pill</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>48b) Injectables</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>48c) IUD</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>48d) Condoms</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>48e) Rhythm Method</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>48f) Withdrawal</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>48g) Emergency Contraception</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>48h) Other: _______________specify</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
49) It is a good idea to discuss contraceptives with a pharmacist.
1. Strongly Agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly Disagree

50) A pharmacist is a good source of information on contraception.
1. Strongly Agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly Disagree

51) How comfortable are you discussing contraception with a pharmacist?
Are you:
1. Very uncomfortable
2. Uncomfortable
3. Comfortable
4. Very comfortable

IF THE RESPONDENT HAS NEVER HAD SEX (Q23), SKIP TO QUESTION 65.

52) In the past 3 months, have you talked with a pharmacist about contraception; where you asked questions OR the pharmacist offered information?
1. Yes
2. No

53) In the past 3 months, have you purchased a contraceptive method from a pharmacist?
1. Yes
2. No (skip to q 62)

54) The last time you purchased a contraceptive from a pharmacist; did you ask any questions about contraception?
1. Yes
2. No (skip to q 56)

55) What question did you ask? (Select all mentioned)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>55a) Safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55b) Side effects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55c) How to use a method</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55d) Effectiveness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55e) Types of methods available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55f) Other __________ (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

56) What method(s) did you purchase?
1. The Pill
2. Injectables
3. IUD
4. Condoms
5. Emergency Contraception
6. Other: ________________specify

57) At that time, were you told how to use the method?
1. Yes
2. No

58) At that time, were you told about side effects or problems you might have with the method?
1. Yes
2. No

59) Were you told what to do if you experienced side effects or problems?
1. Yes
2. No

60) At that time, were you offered any brochures or written material to take?
1. Yes
2. No

61) Overall, would you say your discussion with the pharmacist was:
1. Very useful
2. Useful
3. Not useful
4. Extremely not useful

62) If you have never talked to a pharmacist about the method, why not? *(If they have talked to a Pharmacist, see Q52, skip to q 63)*
1. No need to, I don’t need information
2. It is embarrassing to talk about such things
3. There was no one there to talk to me
4. The pharmacist was too busy
5. The pharmacist was the opposite gender so I couldn’t talk about it
6. No privacy
7. The pharmacist is judgmental
8. Other (specify: __________________________

63) In the next 12 months, how likely are you to use a contraceptive method to delay or avoid pregnancy?
1. Very likely
2. Likely
3. Unlikely *(skip to q 65)*
4. Very Unlikely *(skip to q 65)*

64) Which contraceptive method would you prefer to use?
1. The Pill
2. Injectables
3. IUD
4. Condoms
5. Rhythm Method
6. Withdrawal
7. Emergency Contraception
8. Other: specify

Section 6: Exposure to C-Change campaign

65) Have you listened to the radio in the last 3 months?
   1. Yes
   2. No

66) Have you watched television in the last 3 months?
   1. Yes
   2. No

67) Have you heard anything on contraception in the last 3 months?
   1. Yes
   2. No (skip to end)

68) Was it on: (Select all that are mentioned) 1 2
   68a) The radio          Yes No
   68b) Television         Yes No
   68c) Billboards         Yes No
   68d) Pamphlets          Yes No
   68e) From a Pharmacist  Yes No
   68f) Other (specify: )  Yes No
   68g) Don’t remember     Yes No

69) Which of the following sources of information would you prefer to get information on contraception?
   (Select all that are mentioned) 1 2
   69a) The radio          Yes No
   69b) Television         Yes No
   69c) Billboards         Yes No
   69d) Pamphlets          Yes No
   69e) From a Pharmacist  Yes No
   69f) The internet       Yes No
   69g) A text message on your phone  Yes No
   69h) Trained Counselor  Yes No
   69i) Peer Educator      Yes No
   69j) Other (specify:______________)  Yes No
   69k) Don’t remember     Yes No

70) Have you heard the radio message about “happy moments” in the last 3 months? (If respondent said “No” to Q65 do skip to Q72)
   1. Yes
   2. No (skip to q 72)

71) Do you agree that this topic should have been discussed on radio?
   1. Yes
   2. No

72) Have you seen the TV messages about “happy moments” in the last 3 months? (If respondent said “No” to Q66 do skip to Q74)
1. Yes
2. No (skip to q 74)

73) Do you agree that this topic should have been discussed on TV?
1. Yes
2. No

74) Have you participated in any C-Change Peer Education Program in the last 3 months?
1. Yes
2. No (skip to end)

75) Overall, how would you rate the “Happy Moments” campaign?
1. Excellent
2. Good
3. Fair
4. Poor
5. Very bad

Thank you very much for your participation in this survey. Your input and comments will be a great asset to AED as we develop programs to assist young women in avoiding unintended pregnancies. Thank you for your time.