Contraceptive Use Among the Urban Poor in Kathmandu: a multi-method study measuring outcomes of a Healthy Timing and Spacing of Pregnancy, community-based approach

Authors: Carla White, PhD (ESD), Shannon Pryor (ESD), Maureen Norton (USAID), Ram Shresthra (NTAG)

Presenter: Cathy Solter - Pathfinder International

International Family Planning Conference
Dakar, Senegal
November, 2011

www.esdproj.org
About ESD

ESD addresses unmet need for family planning and increases use of RH/FP services, especially among underserved populations.
Background & Working Context of Kathmandu Urban Slums

- Population estimated at 28 m (Kathmandu projected 1,319,597 in 2011)
- 44% of married women use modern method of FP (54.2 urban/42.5 rural)
- 25% of married women have an unmet need for FP (19.8 urban/25.5 rural)
- Total Fertility Rate: 3.1 (2.1 urban/3.3 rural)
- Woman’s lifetime risk of maternal death: 1 in 31
- Rapid growth, increasing crowding, competition for resources - economic migration & IDP in-migration areas due to political unrest
- Population highly transient, marginal ability to meet daily needs
- Challenges to health: environmental hazards, disrupted social support networks, lack of known/trusted sources of information
- Barriers to accessing FP services: knowing where/when offered, provider biases/caste, costs)
- Postpartum women especially vulnerable
Project Objective/Hypothesis

- Introducing an HTSP focused approach, through a variety of community-based activities, will increase communication and knowledge, improve attitudes and decision making, and result in increased uptake and continuation of Family Planning.
Strengthen Awareness, Linkages and Referrals to Health Facilities, Communication Networks

Major Project Activities using an HTSP approach

Service Delivery Level
- Orient and engage public facility and private providers of FP

Community Level
- Meetings with key stakeholders to gain endorsement
- Conduct School health programs
- Community “edutainment” magic shows/puppetry /street drama
- Identify and train Female Community Health Volunteers to:
  - Hold monthly Mothers Groups meetings/exchanges
  - Provide household FP counseling visits to newly PP women (LAM +)
  - Refer PP women for FP services and accompany to facilities
Benchmarks to Measure Success

- Increased **knowledge** of HTSP messages and family planning methods
- Increased **communication** on HTSP/FP
  - Inter-community
  - Intra familial (between spouses and family members)
  - Peers (friends and neighbors)
  - At the household level (counseling by FCHVs)
- Increased **FP service visits** by postpartum women
- Increased **FP uptake and continued method use** for two years
Multi-method Assessment

Three Study Design Components

Focus Group Discussions
Intervention Community

- MWRA
  - N=25
- Husbands
  - N=23

Community KAP
Household Survey

- Intervention Community

  - MRWA
    - N=215
  - Husbands
    - N=112

- Control Community

  - MRWA
    - N=156
  - Husbands
    - N=78

Longitudinal Follow-up
Postpartum Women

- Intervention
  - N=399
- Control
  - N=280

Baseline

- MRWA
  - N=218
- Husbands
  - N=109

Endline

- MWRA
  - N=156
- Husbands
  - N=78
KAP: Evidence of Significant Increases in Knowledge of FP Methods
### KAP: Evidence of Significant Increases in Communication on Child Spacing & FP

<table>
<thead>
<tr>
<th>Women:</th>
<th>Talked about CS/FP with:</th>
<th>Control %</th>
<th>Intervention %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Baseline</td>
<td>Post</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Baseline</td>
<td>Post</td>
</tr>
<tr>
<td></td>
<td><strong>Anyone</strong>#</td>
<td>75</td>
<td>82.6</td>
</tr>
<tr>
<td></td>
<td><strong>Husband</strong>#</td>
<td>75</td>
<td>82.6</td>
</tr>
</tbody>
</table>

| Husbands: | Talked about CS/FP with wife | 81.3 | 79.8 | 74.8 | 90* |

| Spousal Agreement about discussed CS/FP % (n) | 80(80) | 79.8(79) | 43.2(111) | 92(110)* |

# Discussing family planning with “anyone” and “husbands” change differentially over time between study arms (p < 0.05)

* Significant change in intervention community agreement between couples (p < 0.001)
Longitudinal Study: % Postpartum Women Receiving FP Counseling First six months postpartum

![Graph showing the percentage of women receiving FP counseling over six months postpartum. The graph compares two groups: Control and Intervention. The Intervention group shows a higher percentage of women receiving counseling, particularly in the first two months, declining afterward.]
Longitudinal Study: FP Use by Month Postpartum
Focus Group Discussions on FP Decision Making

Investigate and Generate Info. on:

- Knowledge of key HTSP messages
- Risks/benefits to spacing
- Motivating factors for FP use

Major Results:

- Community people had accurate knowledge of key HTSP messages and benefits
- Receiving HTSP information strongly influences FP decision making. Of 29 factors identified, rated as second after the influence of the husband
Lessons and Observations

- Project was successful in meeting objectives and benchmarks - significant increases in HTSP/FP knowledge, communication, attitudes, uptake and continuation
- Project platforms, mothers groups and peer to peer, reached this ‘hard to reach’ population - spread of new ideas
- Trained and supported FCHVs - effective lynch pin and bridge to increase awareness and motivate women to seek FP
- HTSP approach was understood and perceived as a key factor in FP decision making
- HTSP was a meaningful and effective approach in this population
Thank-you

Please see HTSP Tool Kit for more information:

http://www.k4health.org/toolkits/HTSP