

SUKH INITIATIVE

Midline Assessment 2017



Sukh Initiative empowers families to access contraception by increasing knowledge, improving quality of services and expanding the basket of choices, contributing to the goals of FP2020.

<http://sukh.theamanfoundation.org>

Sukh Initiative

Midline Assessment Report, 2017

May 2017

Prepared by
Department of Community Health Sciences
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Sponsored by
Aman Health Care Services

This Report presents the findings from the Midline data that were collected as part of Sukh Initiative MLE effort during 2016–2017. The Midline Assessment of Sukh Initiative was carried out under the sponsorship of Aman Health Care Services, Karachi, Pakistan. The Department of Community Health Sciences, Aga Khan University, in the capacity of MLE Partner' carried out the Midline assessment.

The Sukh Initiative is a joint undertaking of multiple partners, spearheaded by Program Management Unit (PMU) of Aman Health Care Services.

The Midline assessment was conducted at ten Sukh Initiative field stations located in four towns of Karachi, i.e. Korangi, Landhi, Bin Qasim and Malir. The findings from the Midline data represent the selected populations.

The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the prime, Aman Health Care Services.

For further information please write to Sukh Initiative. communications@amanfoundation.com or visit <http://sukh.theamanfoundation.org>

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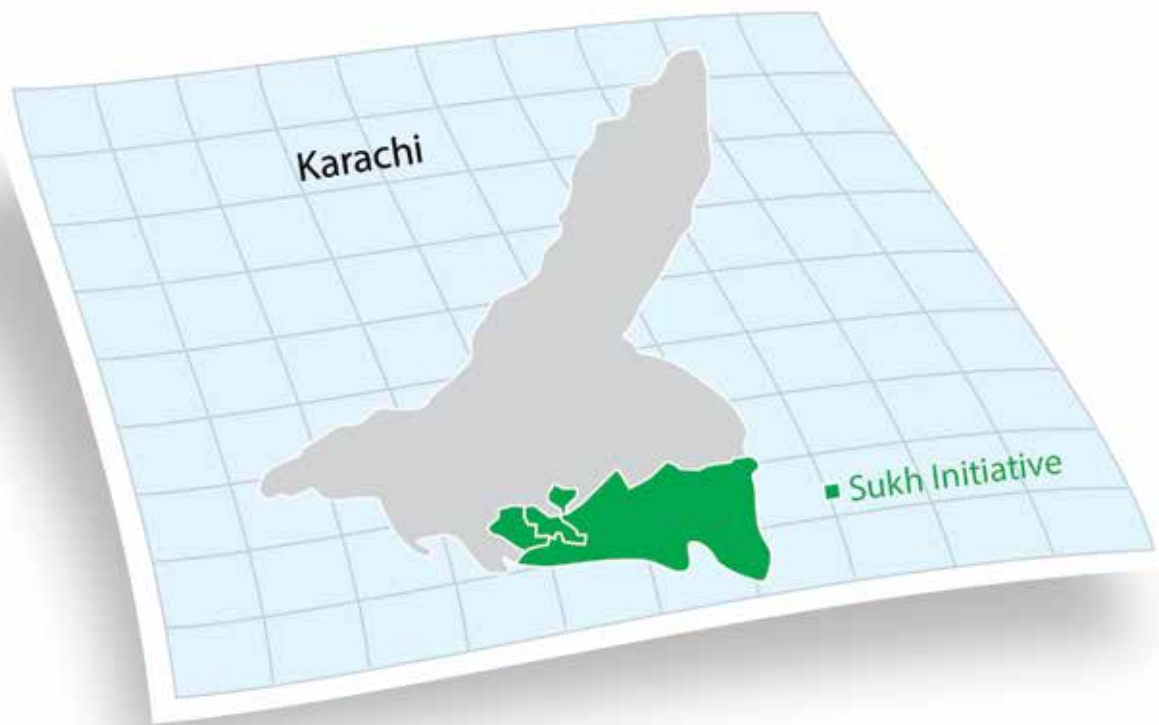
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LIST OF ABBREVIATIONS

ACHP	Aman Community Health Program
AKU	Aga Khan University
ATH	Aman Tele-Health
BF	Breast Feeding
CHW	Community Health Workers
Co-PI	Co-Principal Investigator
CPR	Contraceptive Prevalence Rate
D&C/D&E	Dilation & Curettage / Dilation & Evacuation
DMS	Data Management System
FGDs	Focus Group Discussions
LARC	Long Acting Reversible Contraceptives
LSBE	Life Skilled Based Education
FP	Family Planning
FWW	Family Welfare Worker
HTSP	Healthy Timing and Spacing of Pregnancy
ID Card	Identity Card
IQR	Interquartile Range
IUCD/IUD	Intrauterine Contraceptive Device
Jhpiego	Johns Hopkins Program for International Education in Gynecology and Obstetrics
KIs	Key Informant Interviews
LAM	Lactational Amenorrhea Method
LHV	Lady Health Visitor
LHW	Lady Health Worker
mCPR	Modern Contraceptive Prevalence Rate
MIS	Management Information Systems
MLE	Measurement, Learning & Evaluation
MVA	Manual Vacuum Aspiration
MWRA	Married Women of Reproductive Age
OC	Oral Contraceptive Pills
PAC	Post-abortion Care
PAFP	Post-abortion Family Planning
PPFP	Post-partum Family Planning
PDHS	Pakistan Demographic and Health Survey
PMU	Project Management Unit
PI	Principal Investigator
RH	Reproductive Health
SARC	Short Acting Reversible Contraceptives
SDM	Standard Days Method
SES	Socio Economic Status
SMS	Short Message Service
TL	Tubal Ligation
VCAT	Value Clarification and Attitudinal Transformation
WHO	World Health Organization

Sukh Initiative Catchment Areas



EXECUTIVE SUMMARY

The Sukh Initiative emerged out of commitments made at the London Summit held in July 2012. It is a partnership between three private foundations, the Aman Foundation, the Bill & Melinda Gates Foundation and the David and Lucile Packard Foundation. Sukh Initiative is a six-year program (2013–2019), with goal of increasing the use of modern contraceptives by 15 percentage points amongst one million underserved peri-urban population of Karachi city of Sindh, Pakistan. Sukh Initiative is committed to provide FP related information, counseling, supplies, referrals and quality services to women of reproductive age residing in selected communities, being implemented by a consortium of six national and international organizations.

This report summarizes findings from the Midline household survey and qualitative assessment conducted at ten Sukh Initiative field stations, administrative units of the project, located in four towns of Karachi; Korangi, Landhi, Bin Qasim and Malir. Overall, the Midline data collection has following objectives:

- To understand what strategies of implementation partners are bringing the change, if any
- To identify gaps and suggest way forward

Midline Household Survey

The household survey was conducted from November 7th 2016 to January 31st 2017. Data were analyzed on 3,801 women.

Findings of Household Survey

1. Women in the sample were young and educated

The median age of the sampled women was 29 years (IQR 25–35year). Most of the women were in the age group of 25–34 years (50.8%). About 65.2% women had formal education, whereas 35% women had never attended a school.

2. Teenage marriage and pregnancies exist

Approximately, 4% of MWRA in the sample were in the age group of 15–19 years. Of these, 22.8% were pregnant at the time of interview and 77.7% had already given birth.

3. More than a third of currently pregnant women mentioned their pregnancy as unplanned

Twelve percent of women were pregnant at the time of interview, of these 62.5% mentioned this pregnancy as wanted and 28.2% wanted this pregnancy later, while 7.9% wanted no more children.

4. There is a 9 percent point increase in the current use of modern contraceptive methods from Baseline figures

The Midline survey shows an increase in the current use of any method (42.3% at Baseline survey vs 53.0% at Midline survey); any modern method (32.1% Baseline survey vs 41.1% Midline) and any traditional method (9.8% at Baseline vs 11.8% at Midline).

5. There is an improvement in the method mix

There is an increase in use of long-acting reversible methods (LARC), i.e. IUD (1.8% at Baseline vs 3.0% at Midline), and implant (0.8% at Baseline vs 3.7% at Midline). Short-term reversible methods have also shown an increase in their use. Condom use increased from 14.4% from Baseline to 18.8% at Midline, with some increase in injectable and pill use.

6. Education status has no impact on the use of modern methods of contraception

Because of better accessibility the contraceptive use is not affected by education status.

7. Non-users of family planning methods is a distinct group with special needs

Approximately 47% of women were not using any method of contraception at the time of Midline interview. Reasons for not using contraceptives were the desire for more children (38.7%), currently pregnant (24.5%), fertility related (36%), opposition to use (13.7%), and lack of knowledge (1%).

8. CHWs are the main source of information on contraception at the ten field stations

The main source of information about contraceptive methods was the group of Sukh Initiative CHWs who made home visits.

9. Community resource for obtaining contraceptive services more than doubled

The contraceptives were obtained from private facilities (47.6%), public facilities (29.5%) and through community services (22.9%). The community service, more than doubled from 10% at Baseline to 23% at Midline survey with a reduction in the utilization of public and private facilities.

10. The use of modern methods of contraception increased in the age bracket of 15-19 year

Age specific mCPR in the age group of 15–19 year increased from 15% at Baseline to 24.3% at Midline.

Impact of Sukh implementations

The impact of major interventions used in Sukh initiative on the use of modern contraceptive methods was assessed by using logistic regression. The door-to-door supplies of FP methods, health facility visits, use of referral slips and watching docudrama on TV were significantly associated (p value <0.001 for each) with the use of 'any modern method' of contraceptives. These factors were adjusted for age, education, poverty index, Sukh

Initiative field stations, Support Group Meetings, Family Health Days and Aman Telehealth interventions.

Qualitative Assessment

The Qualitative exploratory assessment aimed to explore the perceptions and experiences of married men, women, CHWs and healthcare providers regarding contraceptive use in the 10 field stations of Sukh Initiative. The purpose was to identify experiences and perceptions and essence of these experiences. For this purpose, individual experiences of married men, women, CHWs and healthcare providers were explored in personal, contextual, cultural, and social domains. The responses were captured through FGDs and in-depth interviews with the help of specific semi-structured guideline. Several probes were used to explore the responses of questions.

1. Presence of Community Health Workers in Sukh Initiative areas has made the accessibility and availability of the information and services easy for women.

In spite of other sources in the Sukh catchment populations, the main source of information and provision of family planning methods is by the Sukh Initiative community health workers who visit homes regularly. Few men and women mentioned receiving information on family planning through text messages and phone calls from Aman Tele-Health, similarly some men mentioned having meetings with male workers of Sukh Initiative.

2. Men and women both consider using family planning methods as an individual's choice

Regarding community's support for family planning, almost all the participants considered family planning usage as an individual's choice, which is not influenced by any religious or political institution.

3. Women have the conditional empowerment to use FP methods

Women in FGDs from Bin Qasim and Landhi Towns mentioned about the strong role of men in their decision-making, where they take permission from their husbands to go out of house or use family planning methods. Women from Malir and Korangi town were more empowered for making their own decisions.

4. Newly married young men plan for 2-3 children

The ideal family size is still considered as 4 children. A higher number of 5-6 children were mentioned by men from Landhi and Bin Qasim towns, while men from Korangi and Malir mentioned 2-3 children as an ideal family size; women from respective areas had the same opinion. However, young newly married men mentioned planning for 2-3 children.

5. Change in behavior/thinking

Men and women both expressed desire for having separate sessions for unmarried boys and girls on family planning so that they can plan their future better.

6. Men feel left out from the family planning programs

Men expressed their concerns about not having any facility for them in their areas to provide information on family planning and asked to establish health centers 'for men only'.

7. Cost of modern methods of family planning is a deterrent for their use

Men and women both consider that modern methods (IUCD, Implant, injectable) and management of related side effects are costly, that is why a majority does not opt for modern methods.

8. Method preferences

Condom is the most commonly used method at all the stations. It seems that men are the main decision makers for this choice. Choice of a method is dependent on ease of availability, and side effects. IUCD and implant are considered expensive and to have side effects. Maternal homes after delivery advise women for PPIUCD or injection. CHWs give emergency contraceptive pills to women who use condoms, but they hardly ever use it.

9. Quality of Services - Concerns

Main concerns were related to the side effects of the FP methods, their management, and the impolite attitude of the facility staff of public sector. MWRA raised concerns about the inability of the healthcare providers (CHWs and facility staff) to advise them on side effects and their management. Women mentioned that CHWs have limited knowledge of side effects and generally refer them to healthcare providers. Women had grievances about lack of professionalism (skills, attitude) especially of government health providers, about high cost of private sector and doctors who place IUCD but cannot manage complications.

10. Suggestions to promote FP

Men and women unanimously supported house visits by CHWs as the best strategy, but also were very much in favor of giving messages on family planning through TV dramas. Other strategies suggested were small group meetings with men, men workers talking to men, having a health center in the area to provide information and supplies, distribution of pamphlets and conducting tableaux at mohalla level. There were suggestions to inform unmarried girls and boys about family planning so that they can plan their families better after marriage.

11. Ideal FP services

Men and women wished for the services that are closer to their homes, where: they can get proper counseling; methods which are free of cost; staff is respectful, caring, cordial and have soft demeanor; drugs are not of expiry dates, there is less waiting time and side effects are treated free of cost. The timings for facilities are in the afternoon from 3–4 p.m. There are separate clinics for men.

INTRODUCTION

Pakistan stands as world's seventh most populous nation (1). According to the sixth population census in Pakistan, carried out by the Pakistan Bureau of Statistics (PBS) Pakistan's population has surged to 207.77 million, having experienced a 57% increase since the last census in 1998 (2). However according to United Nations projections, the population of Pakistan will grow to 285 million by 2050, and will be ranked as the world's fourth most populous country (3). Slow pace in fertility decline is considered as one of the most important reasons for the huge projected increase in the population. Average number of children borne by a Pakistani woman started to decline in 1980s from 7 births per woman, which further lowered in 1995 to 2000 to 5 births per women. However, this fertility rate was still considerably higher as compared to other countries of South Asian region (4).

Contraceptive use helps couples and individuals realize their basic right to decide freely and responsibly if, when and how many children to have. The growing use of contraceptive methods has resulted in not only improvements in health-related outcomes but also improvements in schooling and economic outcomes as well (1). Couples having fewer children can provide good education and health facilities to their children, as it gets affordable. However, according to the Pakistan Demographic and Health Survey, 2012–2013, “Pakistani women and men want, on average, four children”. Women's and men's ideal family size is highest in Baluchistan (6.1 for women and 7.1 for men) and lowest in ICT Islamabad (3.2 for women and 2.5 for men) (4).

In Pakistan, 2.9 million women receive family planning services each year, out of which only 3% are using IUD and altogether the usage of long-term contraceptive methods is only 20% among all the family planning methods available in Pakistan (5).

The overall aim of the project is to increase the use of modern contraceptives among married couples, to ensure freedom of choice to the couples, respecting fulfillment of human rights. A combination of approaches and strategies are implemented to address supply and demand issues of FP use. These include house-to-house visits by CHWs for family planning counseling, referral and replenishment of supplies; Life Skilled Based Education for the youth; Tele-health services; and enhancement of quality of services of Family Planning and Maternal Neonatal and Child Health among selected public and private facilities at ten Sukh stations. The project is managed and supervised by a Program Management Unit (PMU). PMU has identified implementation partners having knowledge and experience in each of the designed approaches and strategies. The implementation partners are on board since June 2014. The Department of Community Health Sciences, Aga Khan University acts as a measurement partner to inform program, measure progress and assess performance and impact.

Sukh Evaluation Design

Sukh Evaluation Plan comprises of Baseline assessment, Midline assessment, and at the conclusion of the program an Endline assessment. The assessment activities use a mix method approach utilizing quantitative and qualitative methods. The quantitative method is primarily a survey of three different randomly selected sample of married women of

reproductive age in three different timings corresponding to Baseline, Midline and Endline surveys; whereas, the qualitative methods include: Focus Group Discussions and Key Informant Interviews carried out at Baseline and at Endline assessment. In this report, we are presenting results on quantitative component and qualitative component of the Midline survey. At the time of Midline assessment, the catchment population at ten stations was close to 0.8 million

Purpose of the Midline Evaluation

The midline evaluation was carried out with the main purpose of guiding the implementation partners in terms of assessing different strategies to understand what has been effective and worked, and to identify the gaps or areas that need attention of the implementation partners.

METHODOLOGY

Midline assessment comprised of:

- Quantitative component: a household cross sectional survey was carried out on randomly selected sample of MWRA residing in the catchment areas of Sukh Initiative; and
- Qualitative component: where, focus group discussion with MWRA, and key informant interviews were carried out to explore the perspective of married men and women of reproductive age, stakeholders of the community and CHWs on the following themes:
 - Appropriateness and means to promote contraceptive use in catchment population of Sukh Initiative;
 - Equity and Accessibility to contraceptives in catchment population of Sukh Initiative; and
 - Perspective on available FP services in the area in relation to cost, and quality of service.
- Desk Review of:
 - MIS data of ACHP for comparison purpose with Midline survey data for validation
 - Training curriculum of CHWs

Quantitative Component

Household Survey Design

As mentioned earlier, the purpose of the survey was to observe the usefulness of the strategies carried out by the implementation partners. The quantitative survey questionnaire and qualitative interview guides, which were used to collect data for the Midline assessment were developed in consultation with PMU, implementation partners and the donor agencies. Final approval before the survey was obtained from PMU.

For Household survey the quantitative questionnaire included the following themes:

- Socio-demographic characteristics
- Contraceptive use and fertility preferences of MWRA
- Effectiveness of door-to-door services by CHWs
- Service provision by public and private facilities: awareness, utilization and satisfaction
- Access, coverage, effectiveness and satisfaction with Aman Telehealth services
- Awareness regarding Life Skills Based Education to youth

Qualitative Component

The qualitative techniques were:

Desk Review: The documents mainly reviewed included national LHWs training manual; Sukh project documents including Community Health Worker's training manual, job description, meeting records and minutes; and implementing partners' quarterly reports

Key Information Interviews (KIs): The key informant interviews were held with public and private family planning providers including physicians, nurses, lady health visitors (LHV) and

pharmacists; religious, social, and political leaders; school teachers; representatives from FP Non-Governmental Organizations; and Sukh Planners.

Focus Group Discussions (FGDs): FGDs were conducted with CHWs, married men and MWRA. The socio-economic characteristics of FGD participants, including men, MWRA and CHWs

Sampling Frame

Since, the focus of the Sukh Initiative is on the currently married women of reproductive age group, the sampling frame for Midline quantitative survey comprised of MWRA only, who were residents of 10 Sukh stations located in four Towns of Karachi. A list of the households with addresses and having at least one MWRA was shared by ACHP, which was used as the sampling frame for the quantitative survey. If more than one MWRA was identified in a sampled household, one was randomly selected for the interview.

Training of the Interviewers

Data collectors, editors and field supervisors were trained on the quantitative survey questionnaire and qualitative guidelines by the research team of the measurement partner (AKU). Nineteen female data collectors and supervisors were identified, who had graduate and Masters' degree in Sociology and Social Work. For data collection, four survey teams were formed escorted by a male supervisor. The project's research coordinator, with rich experience of working with challenging communities and conducting surveys, led the teams.

Study Sample

A sample size of 3,650 MWRA was estimated assuming a difference of 2.5% to 7.5% in the use of modern methods of contraceptives from the Baseline information and by adding 10% to cover refusals and closed households to the estimated sample. The sample was divided for each station proportionate to population size. A total of 3,873 women were interviewed; data were analyzed for 3,801 women.

Data Collection

ACHP team introduced AKU's survey teams to the community and community leaders. The field coordinators of ACHP helped survey team in identifying the sampled blocks of the households. To facilitate the fieldwork at all 10 stations, the survey team supervisors were provided with approval letters from the area police station on Aman Health Care Services letterhead with Head of ACHP's signature. All the interviews were conducted in the national language 'Urdu'. Women were asked for written informed consent after explaining the purpose of the survey. For illiterate women, thumbprint was taken on the consent form. Interviews were conducted in privacy.

Survey data collection was completed in 48 days, commencing from December 7, 2016 and ending on January 31, 2017.

Field Supervision and Monitoring

Data Quality Assurance at Field sites

Field supervisors assured the data quality at the field level by reviewing the completed

questionnaires at the field site for any incomplete/missing or inconsistent information that could be rectified while still at the field. Once the forms were submitted to DMS office at AKU, the data editors comprehensively reviewed the questionnaires for completeness and corrected coding etc. The project coordinator and manager reviewed any errors identified in the edited data forms and approved relevant and logical corrections before data were entered into the computers.

Data Analysis Plan

Weights were applied for the analysis of the quantitative data. Quantitative data is presented in the form of frequencies, proportions, and rates. For qualitative data, content analysis was used for the KIs and FGDs. The research team read all the transcripts and field notes several times independently to gain an in-depth understanding of the participants' views. For this purpose, lived individual experiences of married men, women, CHWs and healthcare providers were explored in personal, contextual, cultural, and social domains.

FINDINGS FROM HOUSEHOLD SURVEY

1. Basic Characteristics of Respondents

The basic characteristics of the respondents describe distribution of age, educational attainment and socio economic status.

Women in the sample were young and educated

The median age of the sampled women was 29 years (IQR 25–35year). Most of the women were in the age group of 25–34 years (50.8%). About 65.2% women had formal education whereas 35% women had never attended a school. Among those who had formal education, 20% received primary education, 14.5% attended middle school (Grade 8) and a third of respondents (33.0%) received secondary or higher education.

Figure-1: Age Distribution of MWRA

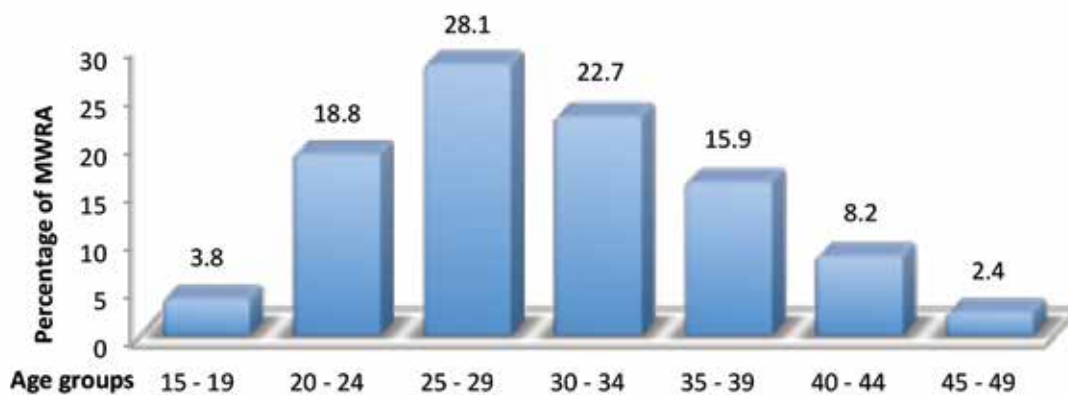


Figure-2: Educational Status according to Age Groups

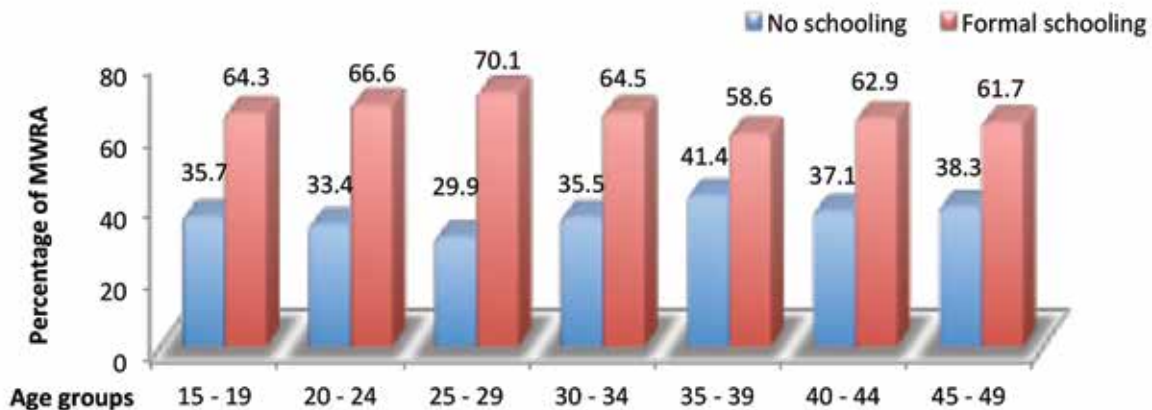


Figure-3: Educational Attainment by Towns

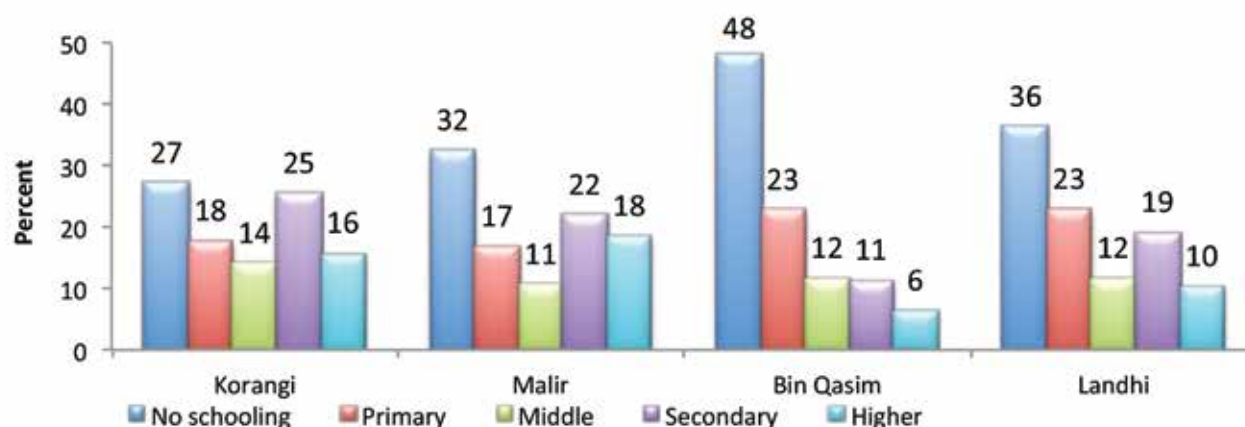
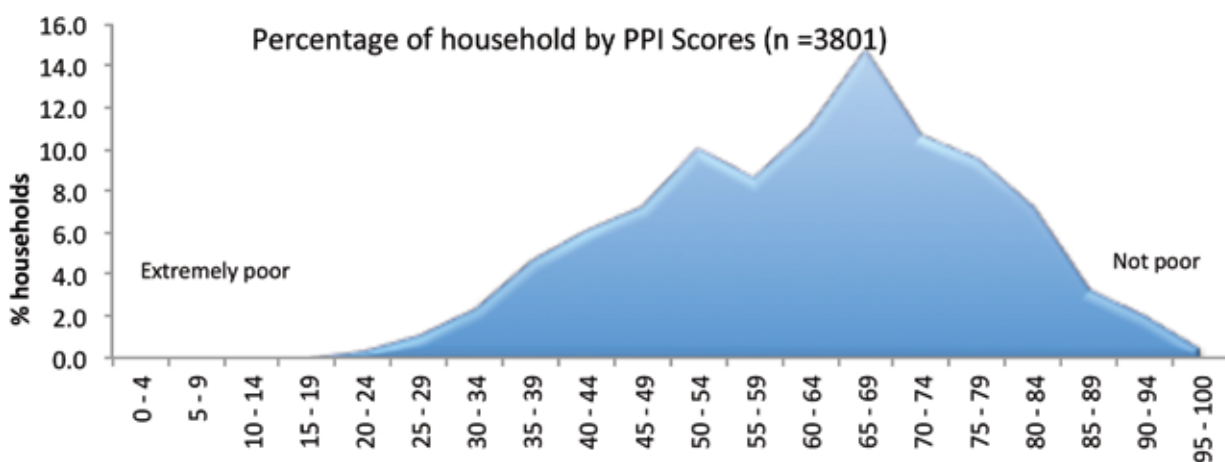


Figure-3 describes the educational status according to four towns of Sukh Initiative. Bin Qasim town (48.0%) and Landhi Towns (36.3%) had the highest proportion of women who were not formally educated (36.3%) whereas, Korangi town had the lowest proportion of uneducated women (27.1%).

About 6% of sampled population lives below \$1.25 per day International poverty line

The Midline data shows that about 6% of sampled population is below \$1.25 per day International poverty line. Similarly, about 52% population was observed to fall below \$2.50 per day National poverty line.

Figure-4: Progress Out of Poverty Index

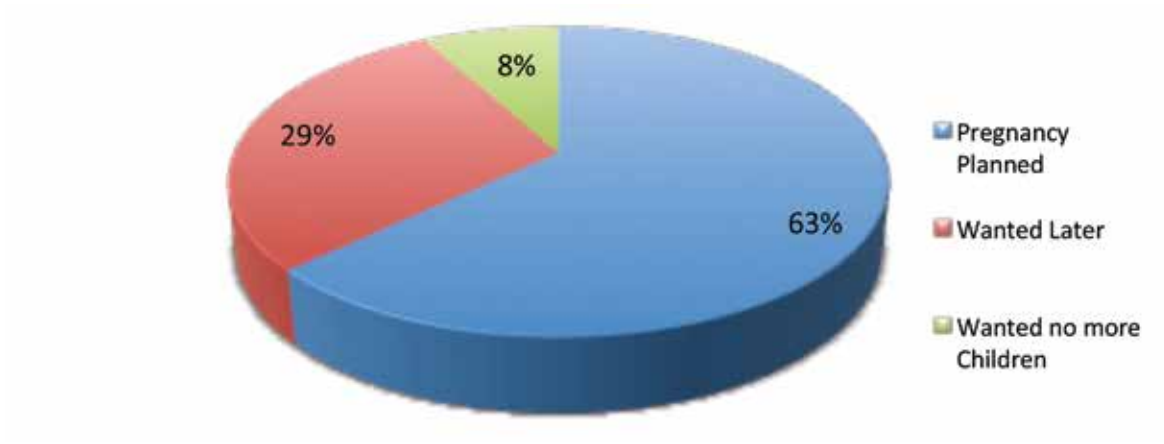


Teenage marriage and pregnancies exist

Approximately, 4% of MWRA in the sample were in the age group of 15-19 years. Of these, 22.8% were pregnant at the time of interview, and 77.7% had already given birth.

More than a third of currently pregnant women mentioned their pregnancy as unplanned

Figure-5: Current Pregnancy Status

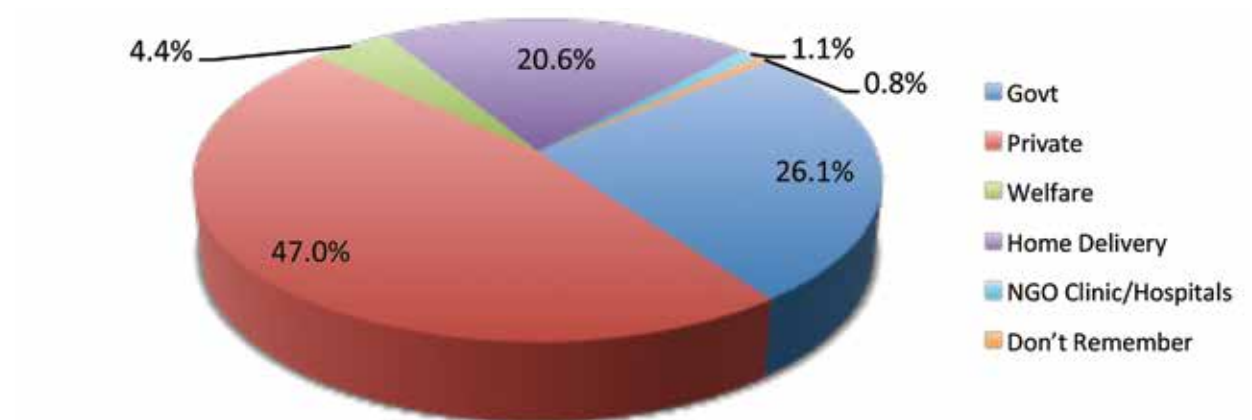


Twelve percent of women were pregnant at the time of interview, of these 62.5% mentioned this pregnancy as wanted and 28.2% wanted this pregnancy later, while 7.9% wanted no more children

Nearly 60% women delivered in last three years, mostly at facilities

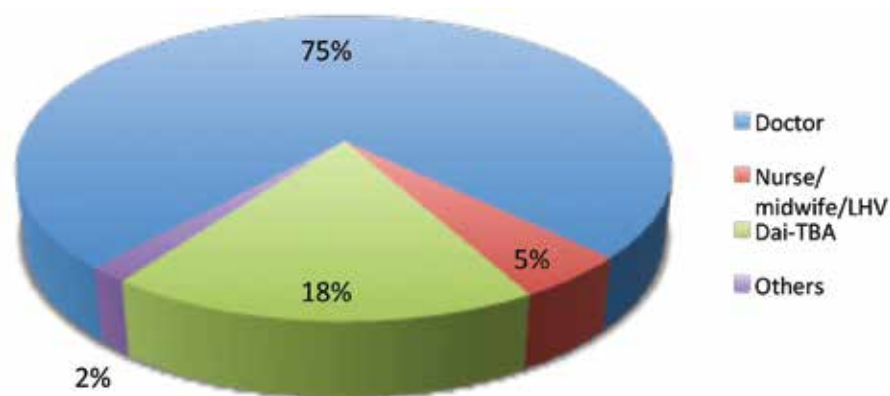
Of the total 3,801 women there were 2260 (59.5%) women who delivered during last three years.

Figure-6a: Place of Last Delivery (n=2260)



Most of the women delivered at private hospitals and clinics (47.0%) and government facilities (26.1%), while one fifth of women had home delivery.

Figure-6b: Type of Healthcare Provider who Assisted in Last Delivery (n=2141)



Mostly the deliveries were conducted by doctors (75.5%), traditional birth attendants (18%) nurses and midwives (4.7%)

Only 28.5% women were counseled for family planning methods after delivery

Of those, who had given birth during last three years, 95.2% of the women responded to question on post-partum family planning counseling (n=2151).

Figure-7: Post-Partum Family Planning Counseling (n=2151)

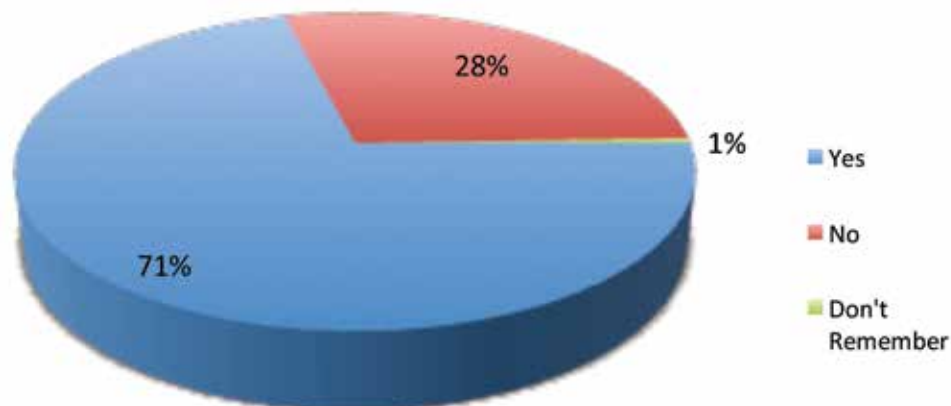


Figure-8: Post-Partum Family Planning Use (n=2126)

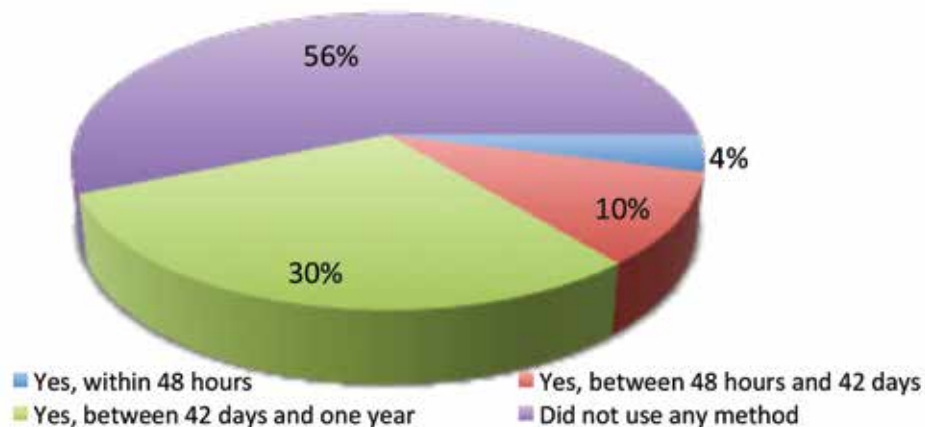


Figure-8 shows that 930 (43.7%) agreed to use a family planning method with 14% initiating a method within 42 days after delivery and about 30% between 42 days to a year.

Figure-9: Post-Partum Family Planning Method Mix (n= 912)

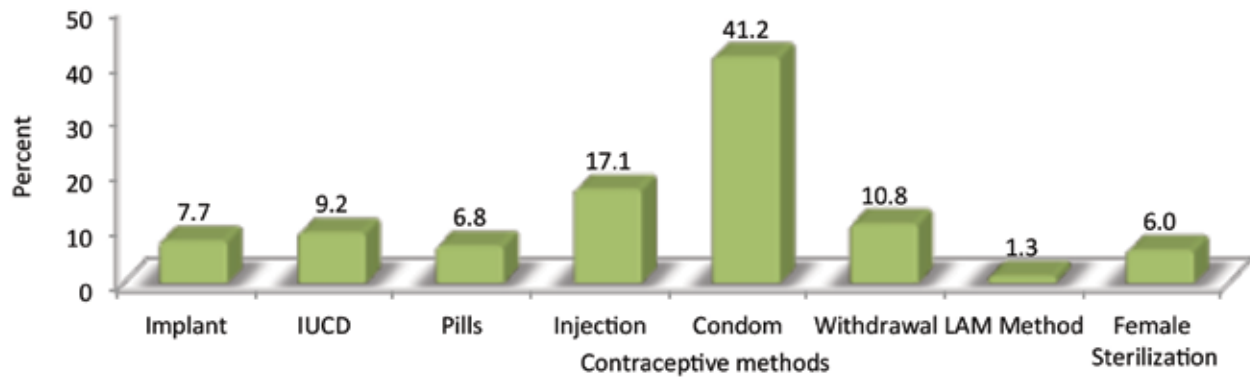


Figure-9 describes the methods adopted by the women in the post-partum period. Condom remained the most popular method (41.2%), with withdrawal as second common method (10.8%). Long acting reversible methods were also opted by women i.e; implant (7.7%) and IUCD 9.2%.

Post-abortion Care

About 9.0% (351/3801) of women reported having one or more abortions during last three years. Of these, 64 (18.2%) reported having an induced abortion. Approximately, 82% of women who had an abortion or miscarriage sought care. Mostly women went to private facilities (68.1%), public facilities (14.4%), and facilities enrolled with dkt (8.2%).

Figure-10: Type of Health Facility Visited for Post Abortion Care (n=290)

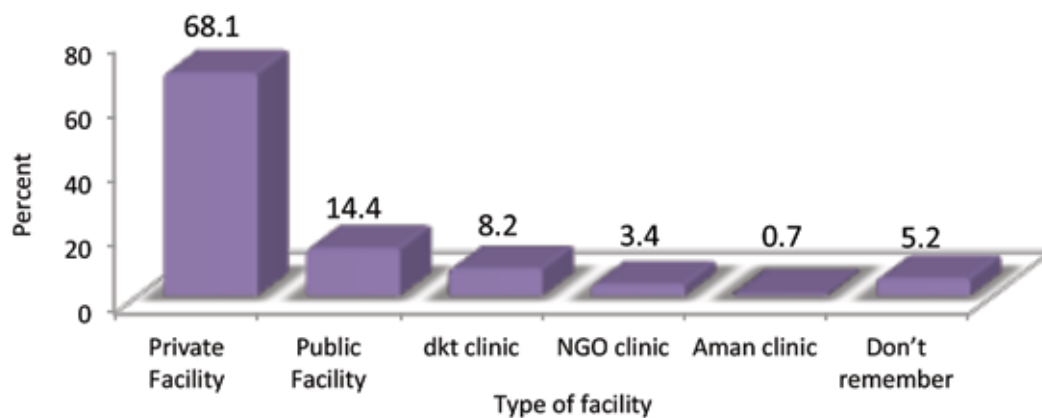
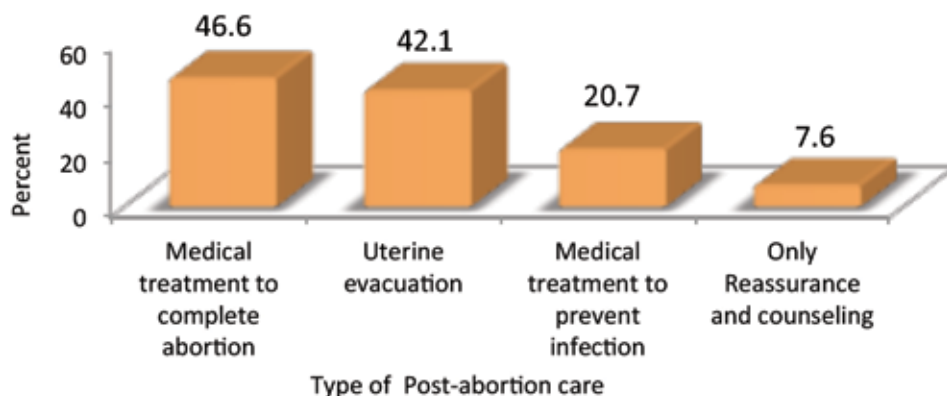
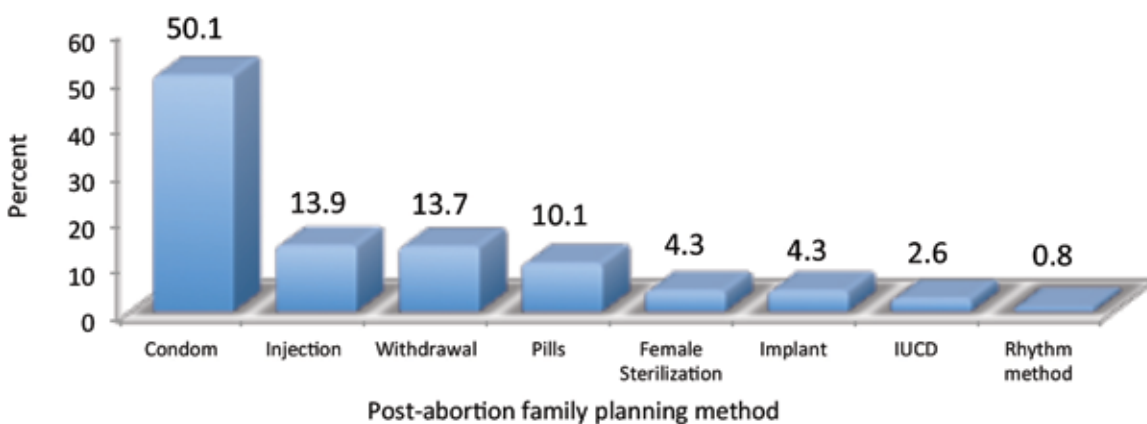


Figure- 11: Type of Service Received for Post-abortion Care



The PAC services included medical treatment to complete abortion (46.6%), uterine evacuation D&C / D&E or MVA (42.1%), medical treatment to prevent infection (20.7%) and re-assurance and counseling only (7.6%).

Figure- 12: Post-abortion Family Planning Method Use

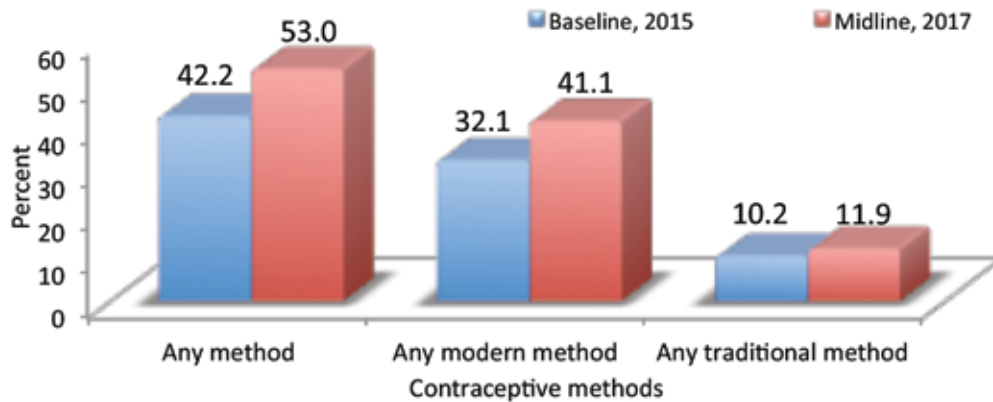


Of 351 women who had an abortion, 28.0% mentioned about receiving post abortion family planning counseling; however, a larger proportion of women (33.3%) mentioned using a contraceptive method after an abortion probably these 5% women used PAFP method on their own. Commonly used methods were condom, injection, withdrawal and pills. Approximately, 7.0 % of women used LARC (4.3% implant and 2.6% IUCD).

2. FAMILY PLANNING

There is a nine percent point increase in the current use of modern contraceptive methods from Baseline figures

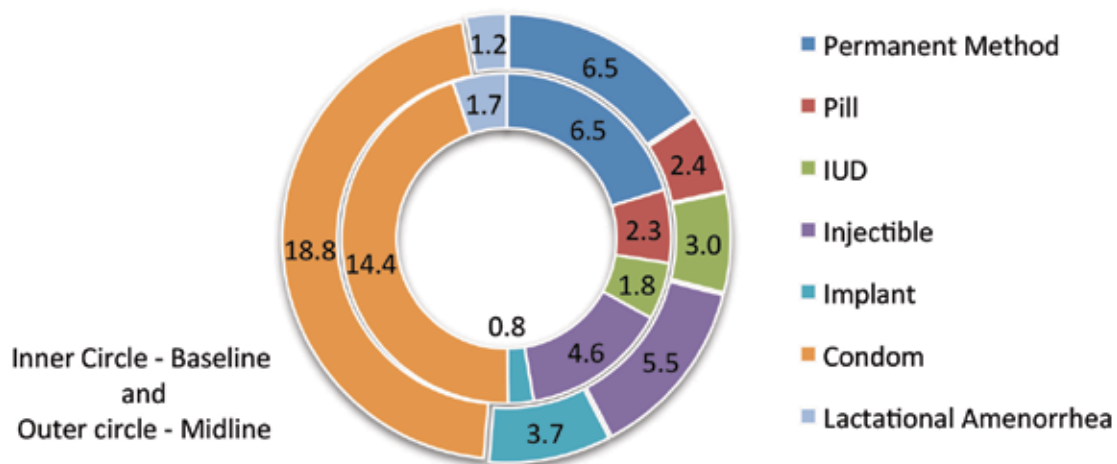
Figure-13: A Comparison of Current Use of Contraceptive Methods



There is a 10.6 percent point increase in the current use of any method of contraception (42.3% Baseline survey vs Midline survey 53.0% Midline) and 9 percent point increase in use of any modern method (32.1% Baseline vs 41.1% Midline). Traditional methods also showed an increase of 2 percent point in the use from Baseline Figure-(9.8% Baseline survey vs 11.8% Midline survey). Overall an increase of 9 percent point was observed in the current use of modern methods of contraception from Baseline figure.

There is an improvement in method mix

Figure-14: Change in Method Mix from Baseline to Midline Survey

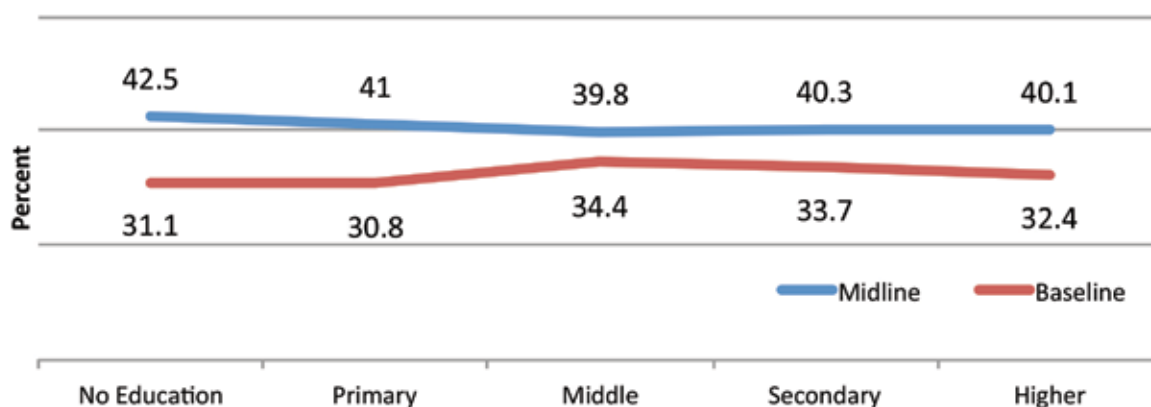


The change in the method mix is observed in the increase in use of long-term reversible methods (LARC) i.e. IUCD (1.8% Baseline survey vs 3.0% Midline survey), and implant (0.8% Baseline survey vs 3.7% Midline survey). Short-term reversible methods have also shown an increase in their use i.e. condom use increased from 14.4% from Baseline to 18.8% at Midline, showing only a 4.4 percentage point increase with slight increase in injectable and pills use.

Use of modern methods of contraception is similar in all education groups

Because of better accessibility the contraceptive use is not affected by education status

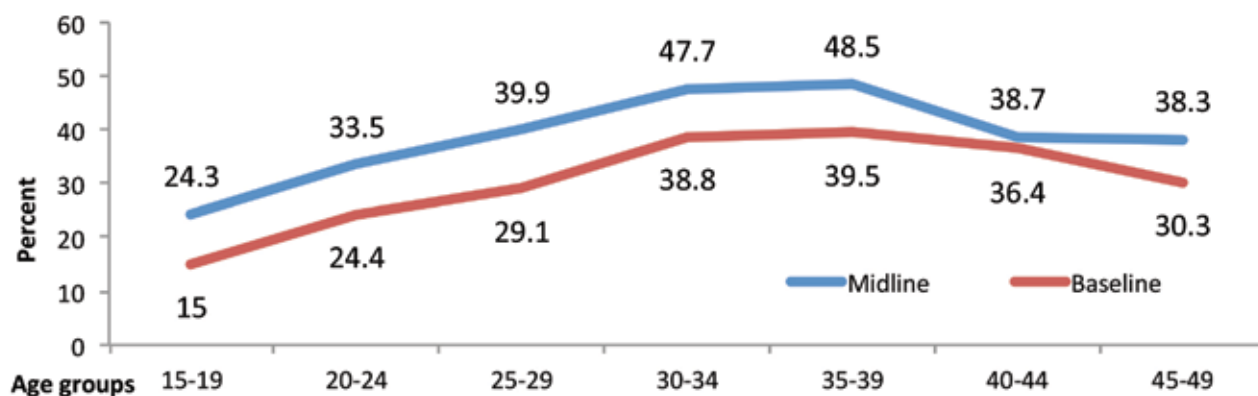
Figure- 15: Education Level Specific mCPR



Education level specific mCPR show an overall increase in the use of modern methods of contraception at all levels of education at Midline survey. However, mCPR did not differ significantly within levels of education both for Baseline and Midline surveys.

The use of modern methods of contraception increased in age group of 15-19 years

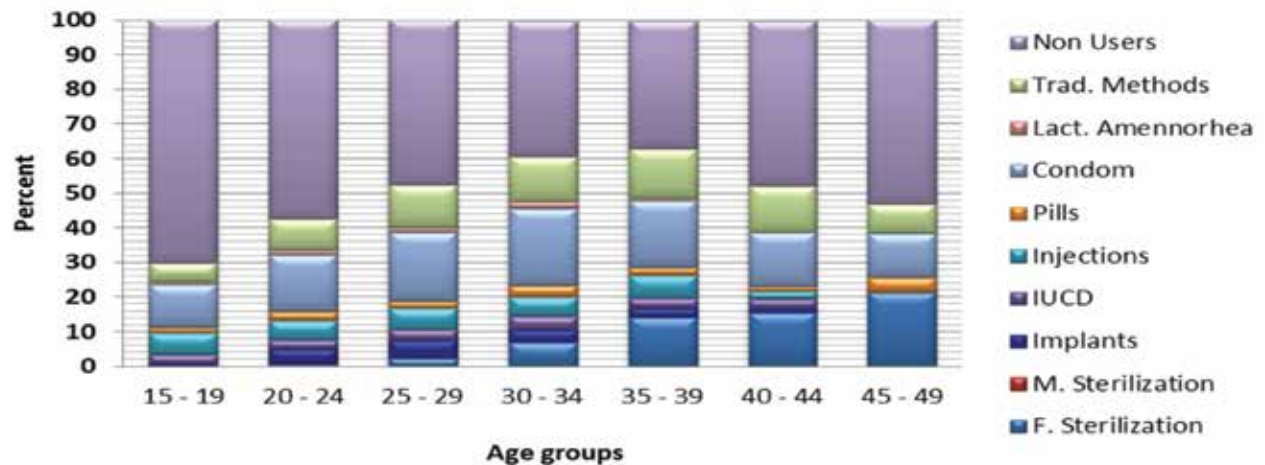
Figure- 16: Percentage Distribution of Age Specific mCPR



The age specific mCPR at Midline sample population showed an increase in all the age groups as compared to that of Baseline figures reflecting access to services for all the age groups. The highest rate of use was observed in the age group of 30–39 years in both surveys, also an increase in the age specific mCPR in the age group of 15–19 years from mCPR of 15.0 at Baseline to mCPR of 24.3 at Midline was observed.

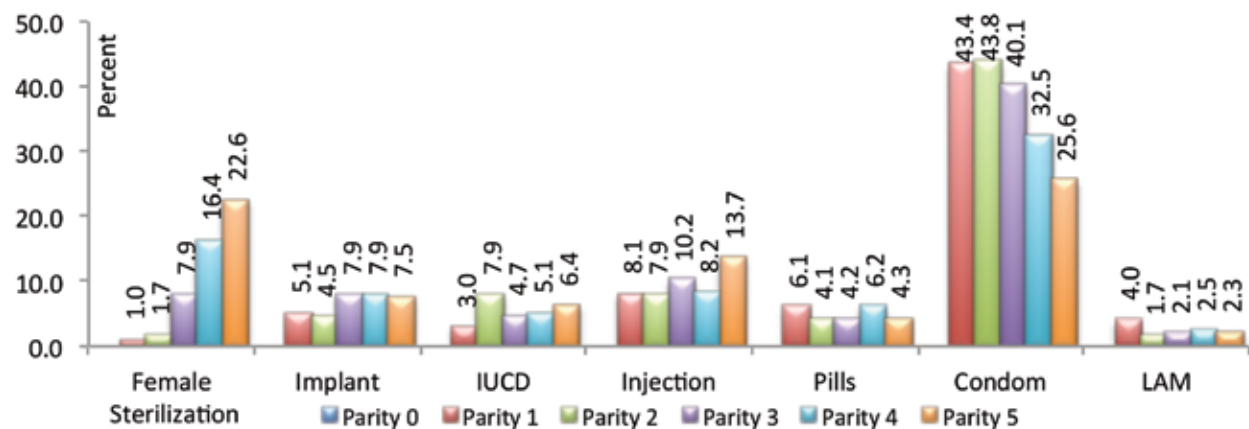
Condom is the most used method in all the age groups

Figure-17: Contraceptive Use by Age



Condom use was highest in women with one to two children

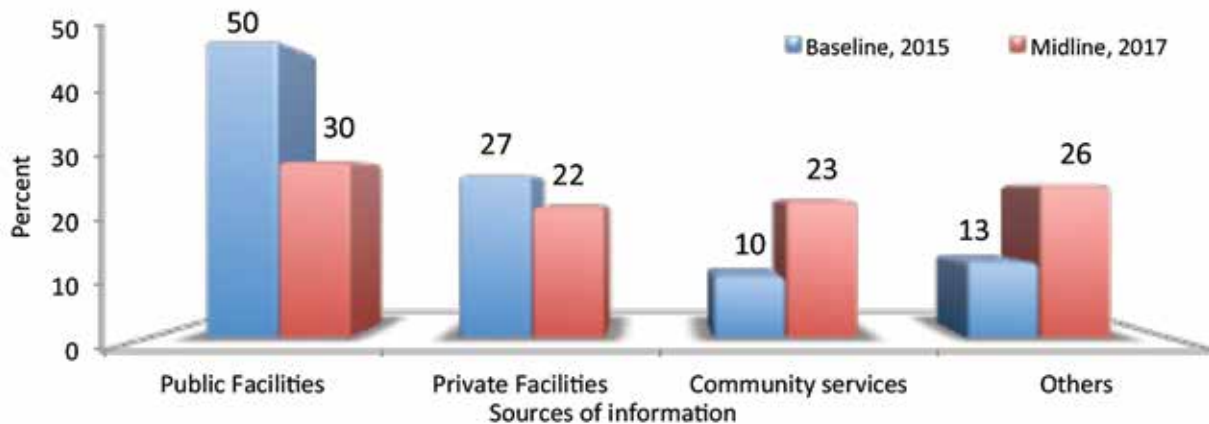
Figure-18: Modern Contraceptive use by Parity



condom use was highest in women with one to two children but remained popular among all the parity groups. Pills were relatively less used among all the parity groups. LARC were commonly used in women with three or more children. Sterilization was observed more in women with four or five children.

Community resource for obtaining contraceptive services more than doubled

Figure- 19: Source of Contraceptive Methods



The contraceptives were obtained from private facilities (47.6%), public facilities (29.5%) and through community services (22.9%). The community service, more than doubled from 10% at Baseline to 23% at Midline survey with a reduction in the utilization of public and private facilities.

Less than a third of women were counseled about side effects of modern methods of contraception

Less than a third of current users (31.7%) were given information on the side effects of a method, and of these 85% (n=639) were given information on whom to contact in case of experiencing a side effect.

CHWs are the main source of information on contraception at 10 Field Stations

The main source of information about contraceptive methods was from Sukh CHWs through home visits.

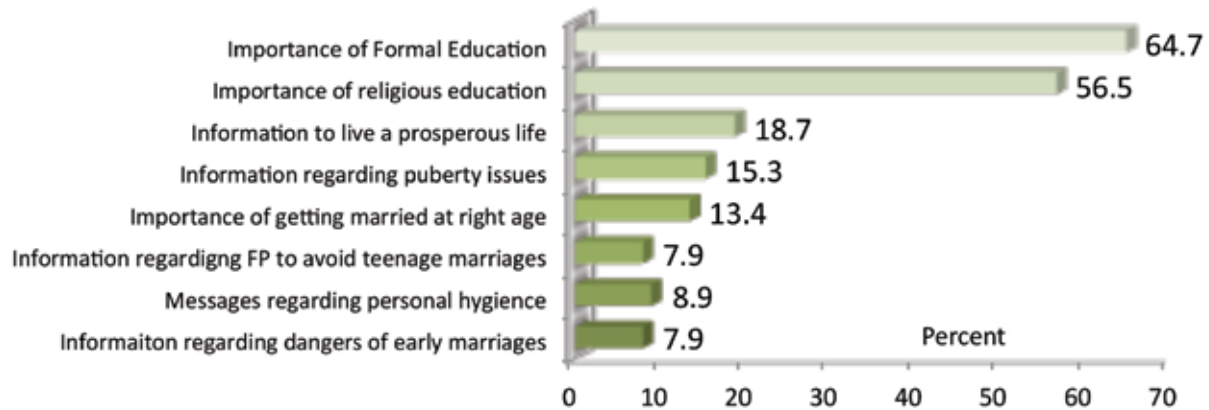
Figure-20: Awareness and Frequency of Visits by CHWs (n=3801)



3. Life Skills Based Education

MWRA considered formal and religious education important for youth

Figure-21: Acceptability of Messages by MWRA as Perceived Important for Youth (n=3801)



About 64.7% of women favored the message on importance of formal education, 56.5% supported importance of religious education, and only 13.4% favored the message on the right age of marriage.

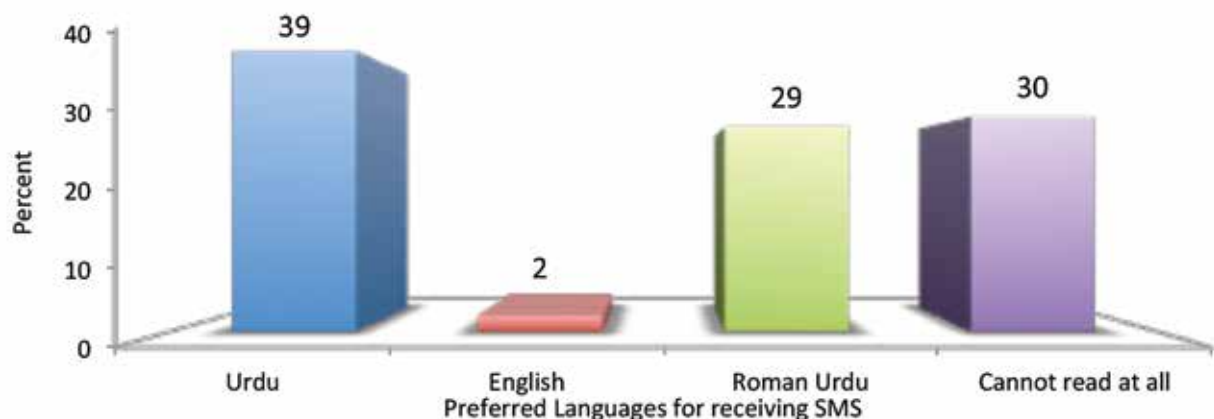
4. Tele Health

Tele Health service needs strong marketing in the Sukh Initiative communities

Only 21.2% (n=805) of women were aware of ATH services. Amongst those who had awareness, 54.3% (n=437) knew the telephone number of ATH. Of those who were aware of the ATH services, only 7.5 % had received a call, 3.0% received a message and 5.2 % ever called the number

Preferred Language to receive SMS messages is Urdu

Figure-22: Preferred Languages for Receiving SMS Messages



The most preferred language mentioned was 'Urdu' by 30% of women. Messages written in English but in Urdu dialect was mentioned by 28.6% of women. Another 30 % mentioned that they are illiterate and cannot read.

Impact of Implementation of Sukh Initiative

The impact of major interventions used in Sukh initiative on the use of modern contraceptive methods was assessed by using logistic regression. The door-to-door supplies of FP methods, health facility visits, use of referral slips and watching docudrama on TV were significantly associated (p value <0.001 for each) with use of 'any modern method' of contraceptives. These factors were adjusted for age, education, poverty index, Sukh stations Support group meetings, Family Health Days and ATH Interventions (Table-1). The strength of association of these interventions was higher for the use of modern contraceptive methods compared to users of any method. However, support group meetings, family health days and camps and the TeleHealth Intervention did not show any significant association with use of any method or use of any modern method of contraception.

Table-1: Association of Sukh Initiative Intervention with Use of Contraceptives (any method) [†]

Sukh Interventions	Model I (Use of any method) OR (95% CI)	Model II (Use of modern method) OR (95% CI)
Door-to-door supplies of FP method		
Yes	2.8 (2.4 – 3.3)*	3.4 (2.9 – 4.1)*
No	1.0 (Reference)	1.0 (Reference)
Health Facility visits		
Yes	2.1 (1.7 – 2.5)*	2.4 (2.0 – 3.0)*
No	1.0 (Reference)	1.0 (Reference)
Referral slips for Health Facility		
Yes	1.6 (1.2 – 2.0)*	1.7 (1.2 – 2.7)*
No	1.0 (Reference)	1.0 (Reference)
Docudrama on local channel		
Yes	1.3 (1.1 – 1.6)*	1.4 (1.2 – 1.7)*
No	1.0 (Reference)	1.0 (Reference)
Support group meetings	NS	NS
Family Health Days	NS	NS
ATH Intervention	NS	NS
Note: [†] Multivariable logistic regression model adjusted for age, education, poverty index and study clusters. * P value <0.001 .		

QUALITATIVE ASSESSMENT

Background

The qualitative exploratory assessment aimed to explore the perception and experiences of married men and women, CHWs and healthcare providers regarding contraceptive use by catchment population in 10 field stations of Sukh Initiative by phenomenological perspective that acknowledges sensitivities and complexities of the situation. The exploration aided in understanding the lived experiences of married men and women, CHWs and healthcare providers, in personal, contextual, cultural, and social terms. Through construction and interpretation, the study explored the experiences and perceptions towards phenomena of contraceptive use and healthcare utilization. For this purpose specific semi-structured guidelines were developed for FGDs and in-depth interviews.

During discussions with men and specially women from Bin Qasim and Landhi towns, men and women appeared to be conservative in their reflections on use of family planning methods, sharing FP information and having discussions amongst themselves and with their husbands as compared to men and women from Korangi and Malir towns. However, there was an eagerness to learn about family planning methods by men from all the towns and stations. Ten FGDs with men and women each, four FGDs with CHWs and eleven in-depth interviews with key informants were conducted.

Theme-1: Appropriateness and means to promote contraceptive use in catchment populations of Sukh Initiative

Under the theme of appropriateness, the matters discussed were source of information on family planning for MWRA and men, process through which they receive information, barriers related to FP use, acceptance for FP use, and communities' suggestions to promote contraception in the community.

Presence of Aman health workers has made the accessibility and availability of the information and services easy.

Both men and women, in all the FGDs were aware of the family planning services offered by Sukh Initiative in their areas. This information is received through Aman community health workers who visit their homes at different regularity (some mentioned every month, some from Bin Qasim town every fourth month).

Other sources of FP information were mentioned as men receiving text messages on cell phones by Aman telehealth and having met with male workers from Sukh to talk about FP. However, not all men mentioned having text messages or meetings with male workers of Aman. Men and women mentioned that free transport was also provided to them by the program to visit a health facility.

Other than Sukh Initiative, MWRA and men receive information from Aga Khan center, private clinics, Marie Stopes clinics, family welfare centers, medical stores, NGOs, such as GreenStar

and HANDs, Internet, hospitals and general clinics. In one FGD from Shah Latif town and Jam Kanda, Bin Qasim Town, men mentioned that in some areas LHWs provide information in addition to CHWs. Men mentioned that before the presence of Aman CHWs they used to get information and FP method from family welfare clinics or shops but now they are getting pills, condoms and injections free of cost at their doorsteps from CHWs. Women also endorsed this and mentioned that this saves money for them. Both men and women feel that the presence of CHWs, their house-to-house visits and with the presence of Aman male workers, more discussions and knowledge exchange takes place between friends, family members and spouses. Men and women both mentioned that presence of Aman health workers in their areas has made the accessibility and availability of the information and services easy for them.

Attending meetings has raised awareness in us, which we never had before.

MWRA, Bin Qasim Town, Station 3

The information is provided to MWRA by us and by our male workers to men.

CHW, Future colony, Station

Make a center or a clinic where men and women can go and get some information on family planning, it does not look nice that CHWs come to our house again and again.

Men, Bin Qasim Town, Station 2

In almost all the FGDs, men mentioned that Aman CHWs provide information mostly to their women through home visits and which they share with them (husbands) as advised by CHWs. Nevertheless, a few men mentioned that CHWs talk to them as well.

As such, men in general expressed their concerns about not having any facility for men in their areas to receive information on family planning. Men from Bin Qasim Town who echoed the same concern asked to establish health centers for men only to hold discussions on family planning and receiving methods. In the current situation such facilities are available for women only.

There are only 3 male health workers and are far less than the need.

CHW, Landhi Town, Station 9

In one of the FGDs from Rehri Goth-Bin Qasim Town, men raised concerns about women not having the privacy to discuss methods or their issues comfortably as other family members, such as daughters and mother-in-law are also present at the time of the CHW's visit and the MWRA feels embarrassed/ uncomfortable and do not discuss much. Women however mentioned centers close to their houses where they can go themselves to discuss FP matters. Whereas, men mentioned having informational pamphlets which they can view in their own privacy.

Our women don't go anywhere; don't share information with each other.

Men, Landhi Town, Station 8 & 9

Women in FGDs from Landhi town, mentioned that when a woman opts for a FP method, she would tell this to

others and this information passes on. They also share information during social gathering, such as marriages and parties. In almost all the FGDs, women were able to mention the name of the CHW who visits their homes. Women mentioned that men get information at their job, from friends and from their wives. Men from Malir mentioned that camps have been set up in a school four or five times where information and services on family planning was provided.

CHWs pointed out that new information is good and they should also give information on maternal and youth issues. They visit households every fourth month but might visit after a month if needed. If someone has any health problem they give referral slip or invite her to the free camp. They mentioned that male workers provide information to men, but they are few in numbers. CHWs also mentioned that in some educated households women like receiving messages from ATH.

All of the key informants mentioned that the communities were aware of 'family planning' before Sukh Initiative, however now the knowledge is not limited to those who go to health facilities.

Community support, autonomy and cultural barriers for FP use

Regarding community support for family planning, in nearly all the FGDs, men and women mentioned that it is an individual's choice to use family planning methods and some persons in the community use and some do not use and there are no pressures what so ever from any institution such as religious groups, political parties or any other organization.

Any information coming to us will not make any difference in the use of FP methods. Our husbands do not support this, so we don't discuss this among ourselves either

MWRA, Landhi Town, Station 8 & 9

I use injection without bringing in the notice of my husband.

MWRA, Bin Qasim Town, Station 3

There are many religious institutes in these communities that don't support FP; this is the reason people don't want to use family planning method.

Polygamy is common in our community; people don't use FP.

Key Informant

Polygamy is common in our community; people don't use FP.

Key Informant

Do not stand against God, a new soul brings along his/her fate

Married Man, Landhi Town, Station 8

Why interfere with the ways of God if He is the Provider

Male, Bin Qasim Town, Station 2

A number of men from Bin Qasim and Landhi town had conservative views stating that FP is against Islam; while some counter argued that due to high living cost (house rent and education of children) and them being answerable to God and to their children for provision of good food and education, they should think about spacing and small families. Women from the same areas echoed what men said but also mentioned their desire about educating their men for small family norms.

Meetings with Sukh Initiative's FC and religious leaders have removed many of our misconceptions, and now we think positively about family planning and are also allowing our children to have polio drops.

Men, Landhi Town, Station 9

Autonomy to use FP methods

Women in FGDs from Bin Qasim and Landhi Towns mentioned the strong role of men in their decision-making where they take permission from their husbands to go out of the house or use family planning methods. They say that that men generally do not support use of family planning methods as they believe that God is the Provider, and children are the bounty from God.

FP is done with the consultation of both men and women.

FP is with consultation of men and women and can be done with the consent of the husband.

Men, Korangi town station 7

Men from Landhi town informed that their women generally stay at home, don't interact with neighbors and do not share any information with each other either. This was endorsed in a FGD by women in Landhi Town where they mentioned that receiving information will have no effect on use of FP methods as their husbands do not allow women to use FP method at their own will.

Men in our communities don't care much about family planning. A man thinks that his wife shouldn't worry about having more children when he is earning the money for them.

A social worker

However, these men and women mentioned that decision to use family planning methods rests with individual families and there are no communities or institutional pressures against its use. In FGDs from these areas there were different views amongst women; some reflected as having conditional autonomy to go out of home and use FP methods but with mutual agreement with husbands and some said they use FP without husband's knowledge. It appeared that though these areas sound conservative in their reflections but both men and women in their own way use FP and men choose to keep it very private in respect of the cultural norms.

For bringing empowerment, there is need to educate men in the society.

A politician

In contrast, men and women from Malir and Korangi were supportive of the use of family planning methods. Men said they have no restrictions on women using family planning

methods and they support use of FP methods. Men and women from Korangi area were more daring about using modern family planning methods and mentioned using IUCD and implants. Some women mentioned using implants without permission of their husbands and had faced no reaction from their husbands.

Key informants discussed women's autonomy or empowerment under different categories such as those who take their own decisions, those who are employed or earn money, those who are respected in the community, those who are educated, and those who have the ability to take decisions on their own. The participants agreed that a woman generally does not have the autonomy to take her own decision especially regarding family planning. They strongly recommended that Sukh should involve men and make them aware about family planning services. All participants agreed that Sukh has contributed in women's empowerment by involving CHWs, who belong to the same communities, and considered CHWs as best example of empowered women.

Women in our community view CHWs as successful example of women empowerment.

Key Informant

Cultural barriers

Regarding cultural barriers, men in almost all the focus group discussions mentioned that there are no such barriers; education is becoming common and people have information. Women do consult their husbands or in some cases men's permission is sought and couples decide jointly about matters especially related to family planning and health. The role of other family members such as mother-in-law is declining to a large extent, and nuclear family is becoming a norm.

Though we are becoming modern, but still husband and wife don't like to discuss this matter (FP) outside their bedroom.

CHWs, Sukh Initiative

However, men from Landhi area mentioned that they don't discuss FP related matters with their elders or younger family members due to embarrassment felt in doing so. They mentioned that they don't have any center to discuss such matters but since Sukh workers have started to pay home visits, the information is now available through women. When asked about the ideal number of children a higher number of 5–6 children were mentioned by men from Landhi and Bin Qasim Towns while men from Korangi and Malir mentioned 2–3 children as an ideal family size. The young male participants who were recently married in FGD from Malir mentioned planning to have at most two to three children. Women in all the FGDs mentioned more or less the same numbers but expressed weariness of giving repeated births.

CHWs mentioned that women are more aware about the importance of using family planning methods as this directly relates to their health and wellbeing. When asked whether women take independent decision to use family planning methods, most of the CHWs mentioned that they don't take independent decisions but now

Women get TL after 4–5 children.

CHW, Sukh Initiative

information through Sukh has empowered them to a certain extent, and people's attitude is getting supportive for use of FP methods. At times on request of women, CHWs talk to their husbands as well. Even so women go for tubal ligation after having 4 to 5 children. Ethnically Bengali and Pathan communities are resistant to use family planning methods.

Key informants mentioned the strong connection between culture and family planning use, and a NGO worker commented that change in family size is because of changing culture. However, a pharmacist commented that

changing trend of small family size is linked more with financial aspect and affordability; and both men and women of Sukh catchment population also emphasized this statement in FGDs. A social worker mentioned that culture of FP use is changing and people are developing positive attitude towards its use.

Women get married at very early age of 15 years in these communities, and then they have babies every year, at this age they don't know how to take care of themselves or their babies.

A Social Worker

Almost all the participants in the key informant interviews mentioned that before Sukh Initiative came to their areas, discussing family planning openly was a taboo. Initially people believed that family planning meant limitation of family size with tubal ligation, however, now with information reaching the Sukh catchment population, such restricted ideas are changing. A social worker mentioned that

early marriage of very young girls is deterrent for FP use as young girls cannot take their decisions and easily give up to family pressures. On the other hand, presence of CHWs in communities means people are giving importance to family planning. One of the barriers to family planning use which can exert influence was religious leaders and Sukh Initiative took care of this long standing issue by taking fatwa from Islamic institute.

In old days, people thought that family planning is against religion, now as we got fatwa from a religious institute, people gradually understand it.

A Religious person

Change in behavior / thinking

Men in almost all the FGDs mentioned that FP use is most beneficial to their children and family as with lesser number of children parents can take good care of children and can provide good education, which is essential nowadays. The messages from Sukh Initiative have made men and women more aware of the benefits of family planning and spacing. From Rehri Goth (Bin Qasim town, station 2), men mentioned that they were not much aware of the family planning methods before, but now they know about it, and are more aware and concerned of health and education of their women.

Prior to CHWs creating awareness on FP in the community, we did not think about the health of women but now we do and opt for spacing of 2 years.

Men, Bin Qasim Town, Station 2

Because of poverty and limited resources people do not want many children nowadays four children are enough.

Men, Landhi town, Station 8 & 9

Some of the reasons for change in behavior against large family size were related to low resources, increasing interest in educating children, and health concerns.

It seems that change in behavior is mostly driven by the economic conditions and an increasing desire for educating children. Through Sukh Initiative the accessibility and availability of knowledge, information and services has made the use of FP easier both for men and women. The openness in discussions and mutual transfer of information has increased, resulting in positive attitude towards the use of family planning methods. Men and women both showed desire for having separate sessions

for unmarried boys and girls on family planning but in privacy. This reflects the trust of communities on Sukh Initiative workers, popularly known as Aman health workers, so much so that they are asking for sessions for their unmarried youngsters.

CHWs mentioned that changing behaviors take time; they patiently listen to the stories of MWRA and gradually convince them to make up their minds for using a family planning method or switching to a more appropriate method. They said that it takes repeated visits to convince women as they have to complete their household chores and long discussions are not helpful. At times when other family members especially, mother-in-law is present, CHWs say they change the topic to other issues. CHWs from Future colony (Landhi town, station 8) mentioned that people generally get more information from them compared to any other source. Some of the young CHWs mentioned that they themselves have learnt about family planning methods after joining Sukh Initiative and they emphasized on providing more and more knowledge to women as this will empower them.

If there is no son then women are taunted for this, some leave their wives for another woman for want of son.

MWRA, Korangi town, Station 5

The way you are guiding our married ladies about family planning, you can guide our unmarried ladies, so that in future they can plan their family better .

Men, Malir Town

I have studied till 12 classes, but I had no information about FP methods before joining Sukh Initiative.

Increase in knowledge will improve empowerment in women programs can do that.

CHW, Sukh Initiative

Theme-2: Equity and accessibility to contraceptives in catchment populations of Sukh Initiative

Equity

Both men and women in the discussions mentioned that Aman CHWs provide information irrespective of MWRA's education status, socioeconomic status, age or number of children. However, men and women in FGDs from

We used condoms even before Aman CHWs were here and would get them from family welfare centers, now we receive these at our homes, that too free of cost.

Men, Bin Qasim Town, Station 2

Burmese colony, Korangi town and Bin Qasim Town respectively emphasized on providing information to illiterate, poor and to people with more than five or six children as they are more deserving.

Who does not like receiving free commodities, and saving some money, now we get pills, injections and condoms free of cost at our homes.

MWRA, Bin Qasim Town, Station 2

Men mentioned that information is available to them through their women who in turn receive information by CHWs, LHWs, family welfare centers and GreenStar clinics. Some men mentioned difficulty in understanding the language used during counseling about the modern methods by male workers.

I know about condoms, the boy who came to my house was using English about other methods, which I could not understand, so I asked him never to come back again.

Men, Korangi Town, Station 4

All the key informants agreed that Sukh Initiative is reaching every home, and before Sukh there were no defined strategies used in these communities to increase FP use. They clearly mentioned the strategies adopted and practiced by Sukh Initiative were household visits, camps, and meeting in mohallas, however, tele-health and referrals were not mentioned by all participants.

Accessibility

Both men and women raised the concern that some people can afford the cost of family planning methods and most cannot. However, in spite of other resources available in the area, they prefer Aman health worker, as they are closer to their homes, give information on methods and provide condoms, pills, IUCD, Implant and transport free of cost through AMAN.

Women were more aware than men about sources other than Aman workers of FP in their areas. And this was true for all the FGDs from 10 stations.

Now we don't have to keep a separate budget for condoms and transport .

Men, Korangi Town, Station 5

Women mentioned that they mostly use government facilities. Generally the timings for FP clinics are from 9 a.m. to 1p.m. The clinics are functional for the entire week, but services differ and may be fixed for each day. Meanwhile men mentioned that Aman workers come less frequently for men, and they give information only on 'Sathi' (condom).

We get everything free of cost from Aman.

MWRA, Landhi Town, station 9

CHWs mentioned that there are some good clinics such as Fatima clinic near Huddi Mill or Beecham clinic where Aman can place FP supplies such as injections so that women can get these from there. dkt clinics are although there to provide FP services but as are placed in homes of providers, they somewhat lose their identity as clinics, thus not getting

the intended recognition by the community as healthcare facilities. There is a camp organized once a month by Jhpiego; and CHWs inform women a week before about the camp.

For answering the question related to what are the strategies that have been used in the communities to increase FP use, all the respondents of key informant interviews mentioned household visits by CHWs as the most effective strategy for increasing family planning uptake in the communities. Other strategy mentioned was of Support Group Meetings (SGMs) or mohalla meetings.

According to the participants, people mostly visit private providers rather than government facilities, as most of the government facilities are far away and cost to reach government facilities is high. Additionally, most of the time government hospitals had shortage of family planning methods, and people feel their efforts and money are wasted in such circumstances. Key informants raised their concerns that there is a shortage of certified healthcare providers in these communities, and services are mostly provided by quacks.

Thus women have no option other than to visit them for obtaining desired family planning services. A social worker mentioned that infections are common after getting services and women have to spend a large amount of money on the treatment of these infections.

dklt clinics are placed in homes, people don't recognize these, if it is a clinic then it should be identifiable as one or look like a clinic.

Women who go for delivery and they get implant and IUD from the same hospital.

FGD, CHWs

CHWs give information door to door to women and support group meetings (SGMs) are conducted twice a month and provide very good information to the people in the communities.

NGO worker

People go to private providers, which are mostly LHVs in our community and they have all the methods available, while government hospital don't have many family planning methods and the provider there ask women to come back again/later.

Key Informant

Theme-3: Perspective on available FP services in the area in relation to cost and quality of services

Methods and preferences

Nearly in every FGD, men were of the opinion that use of condom is easy; it is free of side effects and easily available. Men mentioned that other methods such as IUCD and implants from private sector are expensive and treatment of

In our area I think 98% of women agree with men to use condoms, only 2% would go for other methods, we are afraid of the side effects.

Injection and condom are cheaper and safer, rest of the methods are too expensive.

Men, Korangi Town, Station 7

side effects gets even more expensive, and then there is this added cost of transport. They mentioned that CHWs come every four months and give two packets of condoms, so when faced with shortage after consumption of the two packs, they buy condoms from outside which are cheap and available.

In addition to cost related to commodities and travel, value of time spent on waiting and travel was also mentioned as a barrier for use of FP methods. Women voiced the same concerns about affordability of the family planning methods. They mentioned that due to high living cost it gets difficult to make ends meet; especially the rent of houses is high and a major part of limited income is spent there, so they prefer cheaper methods such as condoms and pills.

Men from Future colony (Landhi town, Station 8) mentioned that hardly 10 percent of women use injections here, and their acceptability vary.

Women mentioned that after delivery, doctor tells them to use IUCD or injection. Women shared about using IUCD, pills and injections; some even without the knowledge of their husbands.

Generally women mentioned that CHWs escort them to clinics, and they only take them when staff is available. This comment from women was endorsed by CHWs who also mentioned escorting women to referral clinics in case of a need. Women mentioned that in case they don't get a method from CHW or clinic, they buy it from a store and mostly their men get these for them.

CHWs mentioned that women prefer injections and agree for these easily; however, condoms are most commonly used. CHWs share that they give emergency contraceptive pills to women who use condoms, but they hardly ever use it. In addition to preference for door-to-door services, women commonly visit government centers as private facilities are expensive and are mostly run by midwives and lady health visitors. CHWs raised the concerns that these providers lack knowledge and are not comparable to doctors and they also behave rudely with women and are also uncertain about their decisions. Sukh Initiative provides free of cost transport to Jinnah Hospital where PWD provides family planning service which are free of cost. However, these services are not available after 1p.m.

Quality of Services - Concerns

Women mentioned side effects of injections, IUCD and implants as main deterrents for their

We are laborers and work on daily wages, FP gets expensive for us.

Man, Landhi Town, Station 5

IUCD thread disturbs men, they are not happy with it.

MWRA, Korangi Town, Station 5

Men prefer rubber condoms as women forget to take injection or pills.

Men, Landhi Town, station 8

Women who go for delivery they get implant and IUD from the same hospital.

CHW, Sukh Initiative

use. The main complaints were related to feeling of general tiredness, breakthrough bleeding, feeling of bloating, amenorrhea, weight gain, low BP and weak eyesight. Women stated that in case of any side effects, they discuss with Aman health worker or visit Jinnah hospital.

It appeared that women want a long duration of spacing but are perplexed with their side effects, its related cost of management, difficulty in performing religious rituals and intolerant behavior of husbands for denial of sex.

In all the FGDs women mentioned that they are not appropriately counseled about the side effects and its management. The Aman health workers have limited knowledge and generally refer them to healthcare providers. Both men and women mentioned that CHWs also give referral slips, but when they reach facility with this slip the story gets different, where they are asked for money for everything and at times misbehave.

Women also had interesting perceptions about the treatment for side effects of a method. They dislike just receiving counseling or some tablets to stop bleeding and expect some dietary advice, an intravenous infusion with iron or just an infusion.

Women and men mentioned that bad attitude of government staff propel them towards private sector, which is far more expensive, but attitude of the provider is good, surrounding is clean and method of choice is available. However, they all were appreciative of the low or free of cost services from government sector. The cost of IUCD, from GreenStar is Rs 250–300. Condoms (Sathi, GreenStar) cost Rs 20–30 and Tablets Rs 50–60. Men said that in case of non-availability of FP methods from the clinics or CHWs they usually get these from open market, where shopkeepers charge more, as they sell a Rupees 2 thing for Rupees 12. Private clinics may charge Rs 500 for IUCD insertion and Rs

Withdrawal method did not work for us and I had my daughter, so I switched to injections but my health got badly affected and I have stopped using any FP method.

Woman, Landhi Town, station

I have an IUCD placed, for last 2 months I am having bleeding, health care provider gives me 3–4 tablets to take and asks me to tolerate it. This is not solving my problem.

Woman Landhi Town, Station 9

Implant results in excessive periods.

My periods stopped so I got implant removed, periods should happen not having any periods is bad.

Very few people are happy with condoms, it gets ruptured and resulting consequences are bad.

MWRA, Korangi, Town Station 07

In future colony, Christian colony and in different areas RC sathi is sold from houses.

CHWs, Sukh Initiative

FP providers are unkind and disrespectful.

MWRA, Korangi Town, Station 6

300 for removal. Men from Korangi mentioned the cost of FP method is dependent on the duration of spacing they provide and on its quality. The cost of IUCD insertion may vary in the range of Rs 4000–5000, which many people cannot afford. One woman from Gharibabad, Malir mentioned that Saudabad Hospital staff which is a public facility, sells oral pills for Rs. 10–20, when it is meant to be free.

CHWs, more or less shared the same concerns raised by men and women of communities and endorsed the cost of IUCD ranging from Rs 250–500. They mentioned that women want free of cost services. CHWs mentioned that ‘Sathi condom’ ruptures easily, and they hear about four to five such incidents every week. They mentioned that some houses prefer to use better quality of condom named ‘Touch’ which is available in the market. CHWs shared that women are more afraid of using IUCD, implant and injection methods because of their side effects such as excessive bleeding, weight gain, blue arm with implant; they mentioned that approximately 10 percent of women use these methods. They said that it is almost one year since they are facing problems with IUCD, and Sukh should do something about these side effects and their management.

Almost all the key informants mentioned that cost of a few services such as those of condom, injectable, IUCD and pills are low, while implant costs high and is not easily available in the area. The cost of management of side effects as a result of using a modern method was considered very high for the women and is reflected as a major concern. Some of the participants considered implant having more side effects than any other modern method.

Almost all the participants mentioned that facility providers are available and services are provided, however, the referral system is considered as a weakness of Sukh Initiative. One of the key informants who is also a FP provider mentioned that they have not been trained on managing side effects and also on removal of IUCD, for which if a woman returns they have to refer her to other facilities.

The transport cost to reach public facility is already high for women, if she gets side effects she has to go again and again, which double the burden and they cannot afford it.

Social worker and Dai

There is no referral system from CHWs.

Social worker

CHWs don't refer; instead they take women to the facility in their own vehicle.

A pharmacist

We have received training on IUCD insertion, but we don't know how to remove it. In case of side effects, I refer them to the government facility but the providers there refused to remove it and send the women back.

A health care provider

Suggestions to promote FP

Regarding strategies or ways to promote FP in their communities, men and women unanimously supported CHW's house visits as the best strategy, but were also very much in favor of TV dramas, as these are watched with interest by men and women both along with family. Some men suggested showing an advertisement before the drama to make the message more effective. Others commented that advertisement might not be effective as when they are with family they change channel when any advertisement is shown.

For docudrama use well-known actors, otherwise people will not watch no impact.

Man, Korangi town, station 7

Other strategies suggested were small group meetings with men, men workers talking to men, having a health center in the area to provide information and supplies, distribution of pamphlets and conducting tableaux at mohalla level.

The way you are guiding our married ladies about family planning, you can guide our unmarried ladies, so that in future they can plan their family better.

Men, Malir Town, Station 10

In FGDs from Malir, men said to inform unmarried girls about family planning as well so that they can plan their families better after marriage. Men from Landhi asked for session for unmarried men and boys of marital age. Men and women mentioned that in order to make methods (other than condoms) available, there should be free camps or vouchers or referral slips as these are the on source for poor households.

These boys spend hours only for motivation and counseling and don't give anything.

We get supplies through our women, who in turn get these from CHWs.

Men, Landhi Town, Station 8 & 9

When asked to how to make FP more accessible, CHWs mentioned that commodities should be made available at the closest places. People like Beecham clinic and it is closer, we should keep injections there, people want free of cost services too. At the household level small booklets with information on family planning should be given. Community resource groups can help in increasing the CPR.

The participants of Key Informant interviews mentioned that the program should focus on poor people, those who are newlywed, some suggested provision of free transport to clinics and provision of free vouchers for methods of their choice.

Ideal FP services

When asked about the ideal FP services, men and women responded by saying that services should be closer to their homes, they should get proper counseling, methods should be free of cost or cost should be minimal for example in private sector cost of injection is currently Rs 50–60, it should be Rs 30, IUCD for Rs 250 is affordable.

Staff should talk to clients with respect, show caring attitude, be cordial and have soft demeanor. Drugs should not be of expiry date, there should be less waiting time and side effects should be treated free of cost. Ideal timings for facilities mentioned were in the afternoon from 3–4 p.m. when women had taken care of all the household chores.

Men mentioned that they are on job all day and are back in the late afternoon or early evening, they should have separate clinics in the evening, and men should talk to men.

Facility should be nearby otherwise we are dependent on others; if it is near we can take our child and go there.

In addition to provision of FP services, facility should also provide other health services; so we can go on pretext of getting medicine for children.

Staff should consider us as human beings.

MWRA, Malir Town, Station 10

TRIANGULATION AND DISCUSSION

Triangulation was carried out to validate the Midline data through cross verification with qualitative component findings and Program Service data of ACHP. ACHP collects surveillance data on daily basis from ten Sukh Initiative field stations and has the most updated real-time information. Qualitative data was part of the Midline assessment comprising of FGDs of men and women, and IDIs of key informants.

Information about family planning methods

The results from Midline survey suggest that women from the catchment population of Sukh Initiative are now more knowledgeable about the family planning methods as compared to baseline assessment. The knowledge has especially increased about the modern methods of contraception including IUCD and implant. Qualitative information both from women and men suggests that the presence of Sukh Initiative has spread the information to each and every household of the catchment populations. The source of information mainly has been the CHWs, public and private sector, and relatives and friends, which has also been verified by the quantitative data. Women in FGDs mentioned discussing and spreading the knowledge within relatives, friends and acquaintances. The strong role of discussing FP messages within known circles as a method spreading knowledge has been documented from other low-income countries too (6).

Men mentioned that there is no facility for them to know about the FP methods other than condoms, as the male health workers of Sukh Initiative only held discussions about condoms with them. Non-involvement of males in FP programs have been identified in literature too, and this has been pointed out that men should also be given equal information about female methods as given to women (7&8).

FDGs from men and women revealed that some men receive text messages and phone calls from ATH (though in small numbers) and have discussions with male motivators of Sukh Initiative. Women in FGDs mentioned that in addition to CHW visits they also have free camps from where they not only receive information but also get free services. Program Service data does not provide direct information on knowledge about family planning methods; however, it has information on process of providing information, such as regular visits of CHWs, follow-up visits, number of group meetings and free camps held.

Current use of modern methods of contraception

Figure-23: Modern Contraception use among MWRA as a snapshot of Program Service and Survey Data

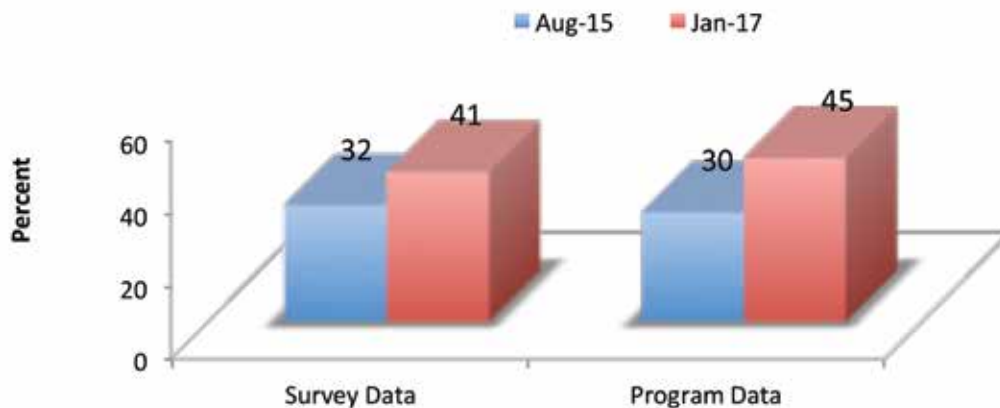
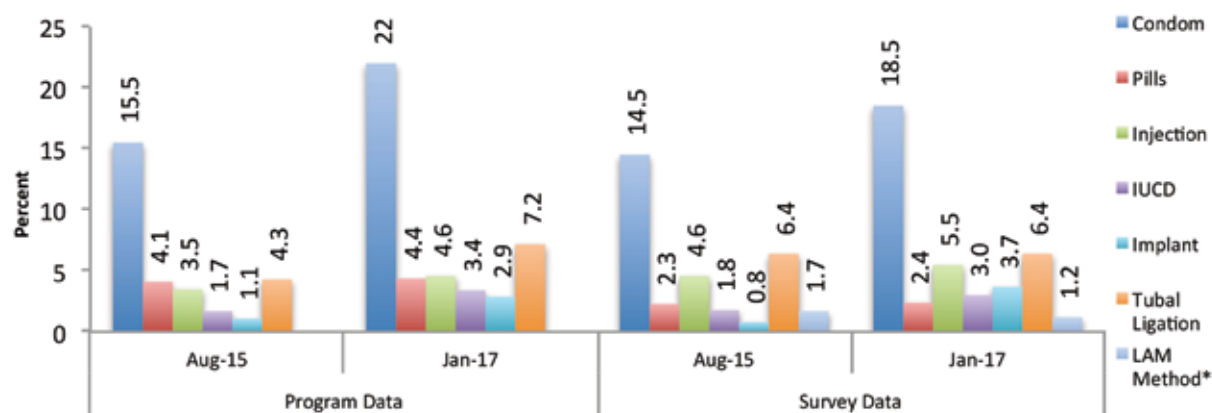


Figure-23 describes the increase in the modern methods of contraceptive use. Midline survey results show a nine percent point increase in the use of modern methods of contraceptives as compared to baseline figures. Whereas, Program Service data show an increase of 15 percent points in use of modern methods of contraception as compared to their baseline figures.

Figure-24: Comparison of Program Service and Midline Survey data



*Service data was not available

Figure-24 provides a comparison of results from Midline survey and Program Service data of Sukh Initiative on types of use of modern methods of contraception. Both sources show a high use of condom as compared to other methods. In Program Service data, a notable increase is observed in the use of condom (6.6 percent point), tubal ligation (1.7 percent point), implant (1.8 percent point), IUCD (1.7 percent point) and injection (1.1 percent point). In Midline data, an increase is observed mainly for condom use (4.4 percent point), implant (2.9 percent point), IUCD (1.2 percent point) and injection (0.9 percent point). No remarkable increase in the use of pills was observed in both sources of data.

Figure-25 Comparison of Midline Survey and Program Service Data for Users Showing Method Mix

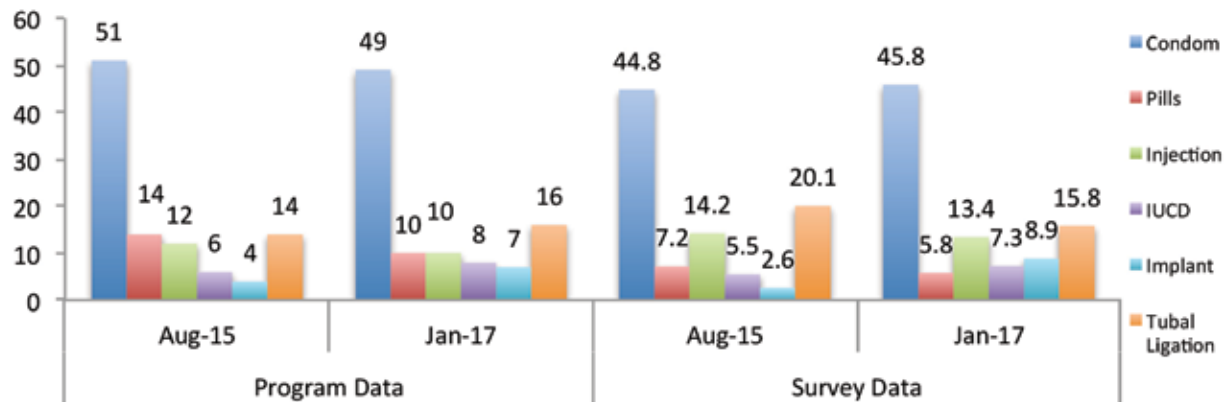


Figure-25 shows the method mix for users. Even though, there has been a decline in the condom use of 2 percent point in December 2016 of Program Service data, condom remain the most popular method where 49% of users opted for condom, which is also reflected in Midline survey data. There has been a shift towards lower side in the use of pills, and injection in both data sets, but an increase in the use of IUCD and Implants is also observed.

Midline data shows a larger increase in the implant use as compared to Program Service data. Also Program Service data shows an increase in the use of tubal ligation, whereas Midline survey data shows similar figure, but a decline from baseline figures.

Program Service data suggests that the major change in increase in the modern method of contraceptive use is because of increase in use of condom, implant, IUCD and tubal ligation. Same interpretation can be made for Midline survey data with the exception of tubal ligation.

Figure-26: Use of Modern Contraceptives by Stations, Comparison of Program and Survey Data

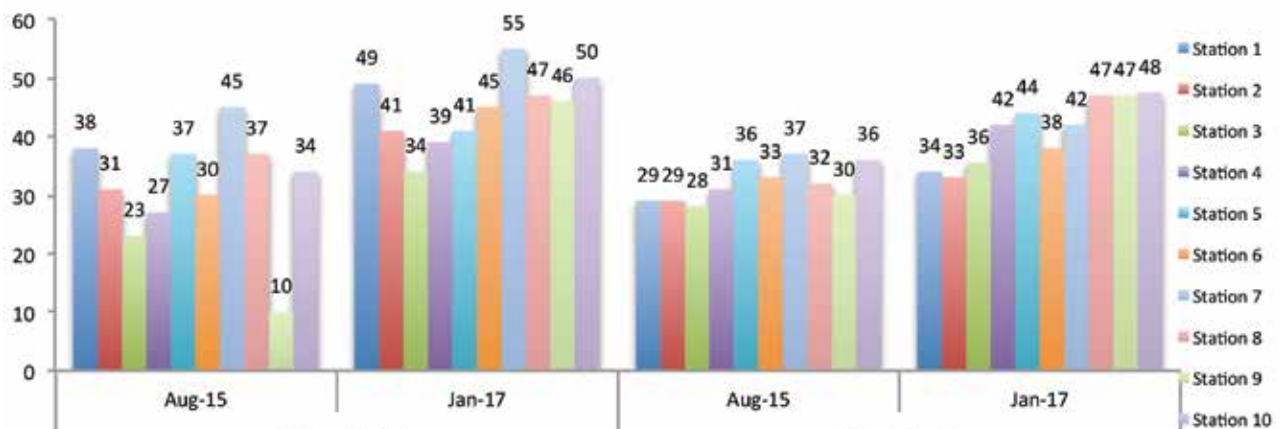


Figure-26 describes the mCPR according to individual stations. An increase in contraceptive prevalence rate has been observed at all the stations as reported through service and Midline survey data.

In FGDs, men and women have also mentioned their preference for the use of condom. The reasons behind this preference is the easily availability, being cheap and without side effects. Women were weary of side effects of the other methods and also expressed their displeasure over missing their religious rituals, husband's displeasure for denial of sex and added cost of transport and management of side effects. Men mentioned that their wives forget to take the subsequent doses of pill and injections and there is always a risk of unplanned pregnancy, hence they prefer using condom. IUCD, Implant, injection and pills are considered expensive for underprivileged populations. A study from Karachi on the use of hormonal and non-hormonal methods revealed that non-hormonal user on an average had five pregnancies and four living children, and had husband's approval for her contraceptive use. Her existing knowledge of contraceptive use is influenced by family and friends which is favorable for non- hormonal use. She is less concerned about her health related to her current contraceptive method (8).

As mentioned earlier, Program Service data has shown an increase in the use of condom and tubal ligation in last two years. Condom use was prevalent in these communities even before the implementation of Sukh Initiative as shown in the Baseline data (9). Sukh has made a difference of an increase in 6.5 percent point i.e. a difference of approximately 3 percent point per year. Considering the enormous input in the form of household visits by CHWs and free supplies, this slow impact has to be revisited. Similarly, the increase in use of tubal ligation again will not address the issue of reducing total fertility rate as women generally choose permanent methods when they have already have achieved their desired fertility choice (4). Sukh Initiative interventions have to be directed more towards the younger age group of below 30 years.

Quality of FP services

All the implementation partners have their internal monitoring system regarding quality of care. Sukh Initiative has standard SOPs to monitor services for all the initiatives. For family planning service delivery at the facility level, these are related to major diversions from standard practices. However, program does not maintain data from the communities about their satisfaction and understanding of quality. Midline survey gleaned information on the perception of women regarding their satisfaction with CHW's household visits and facility visits. Generally, MWRA expressed their satisfaction with the services but simultaneously pointed out their dissatisfaction with the side effects they face with hormonal methods of contraception (pill, injection, IUCD, and implant), and lack of privacy at some clinics. Nearly, half of the women were not satisfied by the charges of the services. These concerns were highlighted in the FGDs with men and women, CHWs, and in-depth interview as well; who pointed out about the inability of CHWs and providers to counsel about side effects properly and also to manage side effects. Concerns on the bad attitude of providers especially of public sector and non-availability of the commodities were also raised in FGDs. Varying cost of services was also mentioned as a matter of concern in FGDs, which is affecting the trust of people in utilization of services especially from the private sector. Women also mentioned that they are charged for the services in government sector, which is intended to be free of cost. Qualitative data from Pakistan has also highlighted these same issues, and endorsed the findings from Sukh midline survey where private sector is preferred over public sector (10). CHWs in their FGDs mentioned about persistent complaints of women regarding side effects of modern methods and asked for a method which is effective and free of side effects.

Midline survey data revealed that more than a third of women mentioned their current pregnancy as unplanned. Women with unplanned pregnancy do not hold a typical profile, but unprotected sex or method failure or a missed dose of contraceptive can occur leading to unplanned pregnancy. In FGDs, men pointed out about their women forgetting to use the subsequent dose of contraceptive and women mentioned about rupture of condom. Many CHWs mentioned about the low quality of condoms and mentioned 3–5 such incidents reported to them on weekly basis. In spite of these issues the use of back up support or use of ECP in case of missed dose or unprotected sex is negligible in these communities.

PPFP, PAC, PAFP

Only 28% of women mentioned about PPFP, and even less proportion initiated a method within postpartum period of 42 days. The family planning method, they mostly chose was condom. Similarly for women, who had an abortion, only 28% of women used any FP method. Here again, the most commonly used method was condom, followed by injection, withdrawal and pills. In the survey, less than one percent of women mentioned CHWs discussing or giving messages on PPFP, PAC and PAFP.

This is one area which needs to be further explored through qualitative data in future to understand the perception of women about PPFP. Apparently, a large number of women correctly mentioned HTSP messages, whether these being practiced needs to be further explored. Program Service data does not keep such information, but it will be very informative to have tracking on these indicators.

Non-users

The reasons for non-use of contraceptives did not show any pattern. The common reasons for non-use were on going breast-feeding, desire for more children and being pregnant. These women are the potential candidates for spacing and belong to a special group with special needs; for example breast-feeding women can be counseled about exclusive breast-feeding, back up support of condom or for use of appropriate hormonal methods in case of breast-feeding, which is not exclusive. Similarly, for the newly married and/or young women, who want more children, they could be counseled on HTSP messages. These women and their husbands can be referred to FP counselors. CHW supervisors can be trained as community FP counselors for such women.

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Sukh Initiative is a multi-donor funded family planning and reproductive health project of Aman Health Care Services, implemented through a consortium of local and international organizations in collaboration with provincial government departments. The project aims to increase modern contraceptive prevalence rate by 15 percentage points in the one million underserved peri-urban population of Karachi city, Sindh, Pakistan

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