

Achieving Healthy Timing and Spacing of Pregnancies through Community-based Services: Experiences from India and Egypt

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Strengthening Family Planning
Services through Operations Research

Washington, DC
23-24 April 2008



Why birth spacing?

- WHO recommends a birth to conception interval of at least 24 months
- Research evidence suggests that a 3–5 year interval between two successive births is associated with reduced risk of adverse maternal, perinatal and infant outcomes



Do women in Egypt and India have healthy birth intervals?

- In Egypt:
 - 22% of all births are spaced less than two years apart
 - Among mothers aged 15–19 years, median birth interval 24.5 months
- In India:
 - 28% of all births are spaced less than two years apart
 - Among mothers aged 15–19 years, median birth interval is 24.9 months



Why do many Egyptian and Indian couples fail to achieve healthy birth intervals?

- Programmatic emphasis on limiting rather than spacing
- Social pressure from family and in-laws to have children (especially sons) quickly
- Inadequate knowledge about birth spacing and postpartum family planning methods
- Incorrect use of LAM
- Fear of contraceptive side-effects

Why community-based postpartum family planning services?

- 50 percent of deliveries occur outside of health facilities...and 70 percent of these women receive no postpartum care
- Women who deliver in health facilities rarely receive FP information or services before or after discharge
- Community-based postpartum services could reach women delivering at home and sustain contact during the extended postpartum period

Community-level models tested

- Egypt:

- Evaluate the incremental effect of adding activities for men to existing community- and facility-based services for low parity women



- India:

- Evaluate the effectiveness of training workers in educating low-parity women in use of LAM and postpartum contraception

Selected background indicators in rural Egypt and India

	Egypt	India
% received any ANC	62	72
% deliveries at health facility	54	31
% women received postnatal check-up	48	34
% received FP advice during ANC, delivery or PPC	25	N/A

Community-based models for low-parity mothers

Egypt

- **First model:**
 - Birth spacing messages during 3rd trimester antenatal care visits
 - Joint postpartum home visits by MCH nurse and *RR* on day 7; 2 home visits by *RR* on day 14 and day 30
 - MCH and FP services provided at 40th day clinic consultation
 - Quarterly home visits by *RR* during extended postpartum
- **Second model included IEC activities for men: seminars, discussions, informal meetings ...**

India

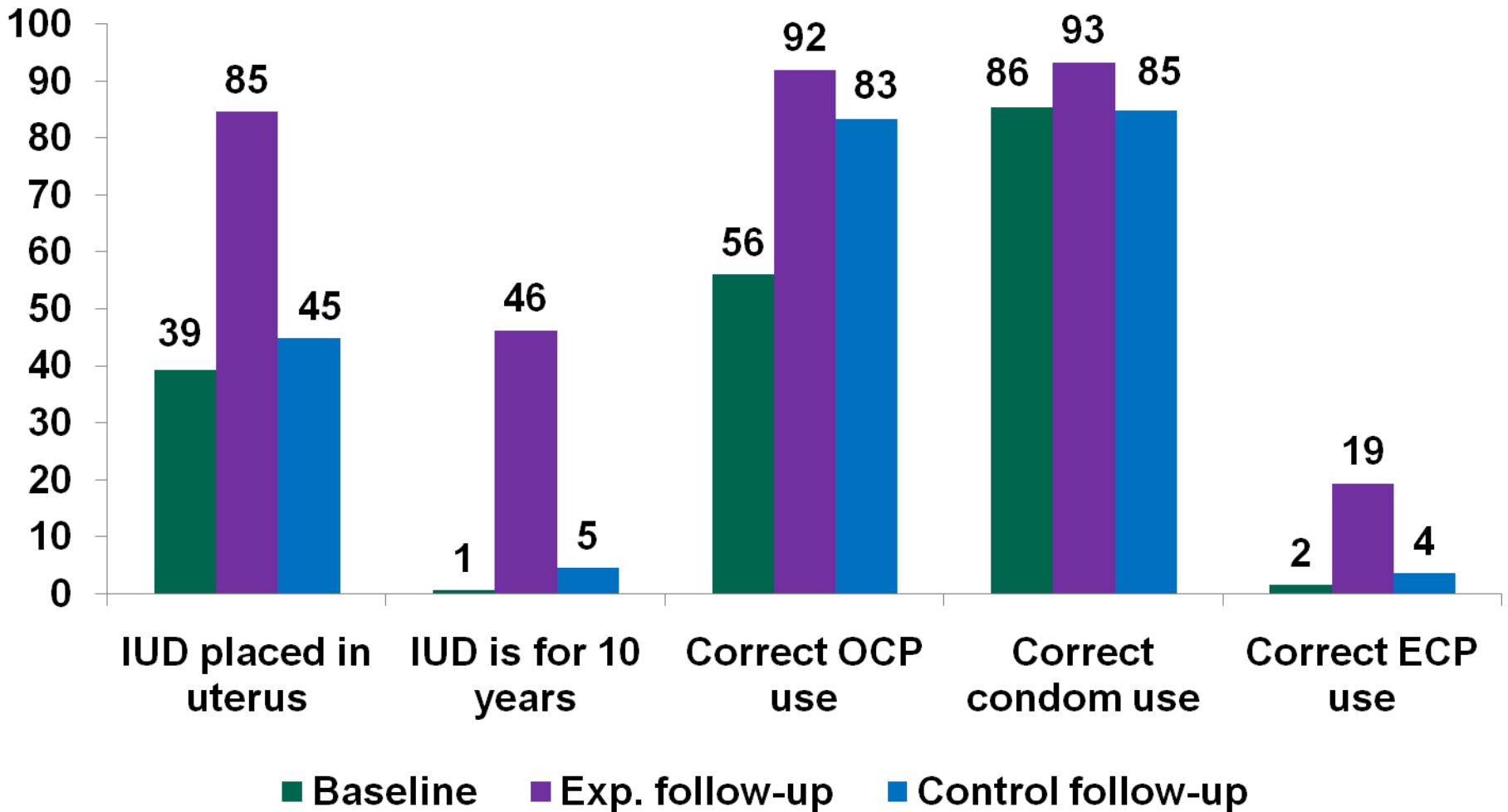
- Messages on birth spacing and PP FP during antenatal care
- Community-level educational campaign and home visits to pregnant and PP women and their mothers/mothers-in-law
- Focused educational campaign through male group meetings
- IEC materials for women to share with husbands and mothers/ mothers-in-law

Selected outcome indicators for evaluation

- % mothers discussed HTSP with husband (Egypt)
- Mean desired waiting time before next pregnancy at 10–11 months (Egypt)
- % mothers using contraception at 10–11 months (Egypt)
- % mothers who knew of contraceptive methods (India)
- % mothers who correctly used LAM at 4 months (India)
- % mothers using contraception at 9–10 months (India)



Effect on knowledge: India

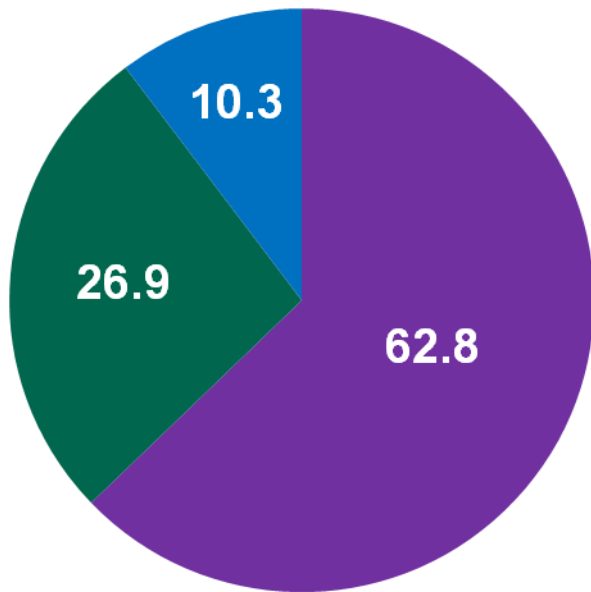


India: Knowledge and use of LAM at 4–5 months postpartum

Knowledge and use of LAM	Experimental	Control
Mentioned all 3 conditions of LAM correctly	78%	1%
Used LAM to prevent pregnancy	23%	0%

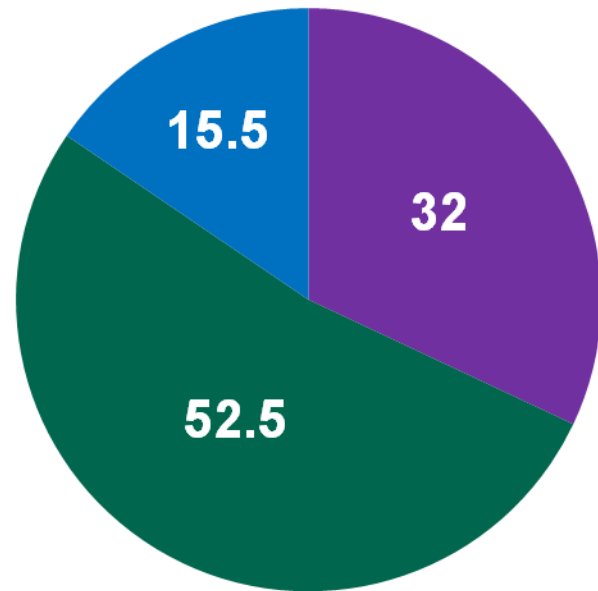
India: Contraceptive use at 9–10 months

Experimental (n=570)



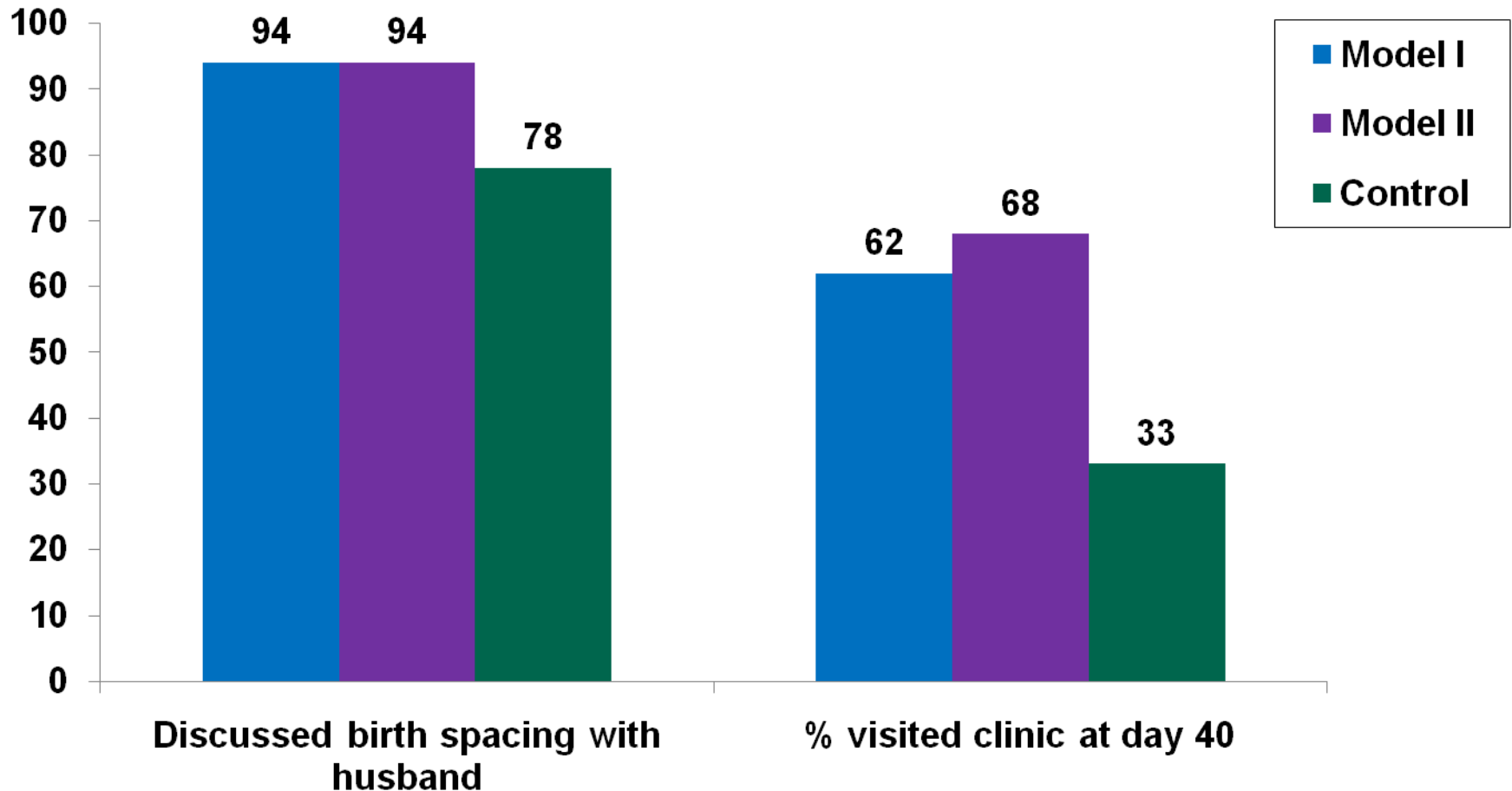
- Currently using FP methods
- Currently not using FP
- Currently pregnant

Control (n=560)



- Currently using FP methods
- Currently not using FP
- Currently pregnant

Egypt study: Models I and II equally effective



Egypt study: Models I and II equally effective

	Model I	Model II	Control
<i>N</i>	546	479	384
% using FP at 10-11 months PP	48	42	31
% discontinued FP by 10-11 months	11	7	11
Median duration of protection	6.8 months	4.5 months	2.9 months
Mean desired waiting time at 10-11 months postpartum	24.8 months	25.9 months	17.1 months

Community-based FP services: Lessons learned

- Community-based activities are feasible and effective in changing women's knowledge, attitudes and contraceptive behavior
- Correct use of LAM and effective transition to modern methods can be achieved through CHWs
- Acceptance of messages on birth spacing and postpartum contraception is enhanced by linking them with maternal and child health messages
- Seminars and group meetings for men are difficult to implement
- Men can be alternatively reached through IEC materials

Unresolved issues in providing community-based postpartum FP services

- Cost and cost-effectiveness of providing home visits during postpartum period
- Coordination between health facility and CHWs
- Role of CHWs in providing contraceptive methods
- Management of side-effects

