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THE AGA KHAN UNIVERSITY



Sukh Initiative Baseline Assessment

In Brief



Department of Community Health Sciences,
Aga Khan University, Karachi

Sukh Initiative Baseline Assessment

The Sukh Initiative emerged out of commitments made at the London Summit held in July 2012. It is a partnership between three private Foundations, Aman Foundation, the Bill & Melinda Gates Foundation and the David and Lucile Packard Foundation.

Sukh Initiative is a five-year program (2013-2018), with goal of increasing the use of modern contraceptives by 15 percentage points amongst one million underserved population of Karachi, Pakistan. Sukh Initiative is committed to provide Family Planning (FP) related quality information, counseling, supplies, referrals and services to married women of reproductive age residing in the underserved areas.

This brief presents findings from the baseline household survey and qualitative assessment conducted at ten Sukh stations located in four towns of Karachi, i.e. Korangi, Landhi, Bin Qasim and Malir. Overall, the baseline data collection has two main goals:

- ◆ Establish a baseline for the evaluation of the effects of the Sukh Initiative strategies for midline and endline assessment
- ◆ Provide benchmarks for target setting, decision making and course correction against which progress can be measured and success assessed

The quantitative method is a household survey whereas the qualitative methods include Focus Group Discussions (FGDs) and Key Informant Interviews (KIs).



A busy lane of a slum



A typical house of an urban squatter settlement

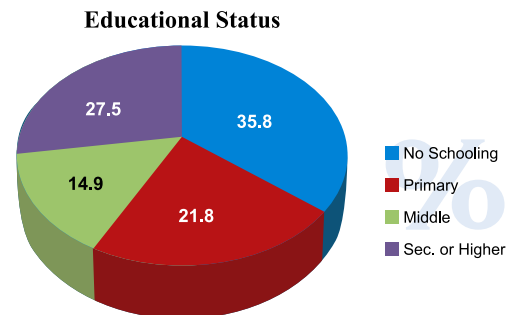
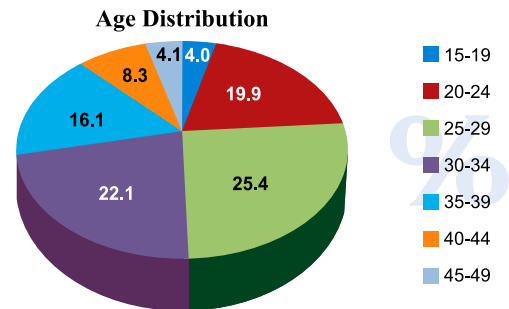
FINDINGS FROM HOUSEHOLD SURVEY

Household survey was carried out from November 21, 2014 to January 2, 2015. Interviews were completed on 5,140 married women in reproductive age group of 15-49 years.

Women in our sample were young and educated

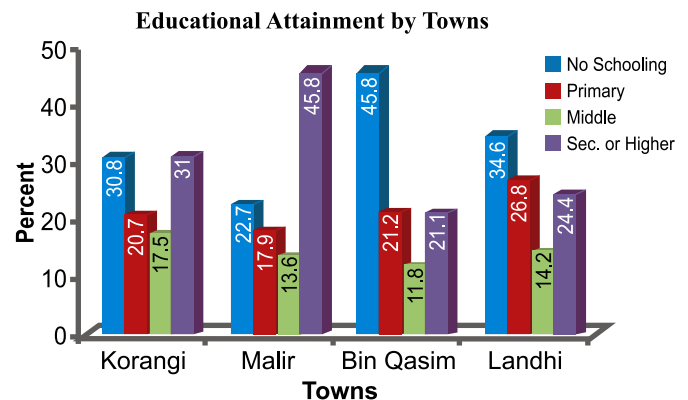
The median age of the women interviewed was 30 years (IQR 25-35 year). Majority of the women were in the age group of 20-34 years (67.4%). About 64% of women had formal education whereas 36% women had never attended a school.

Among those who had formal education, 22% acquired primary education, 15% attended middle school and more than a quarter of respondents (27.5%) received secondary or higher education.



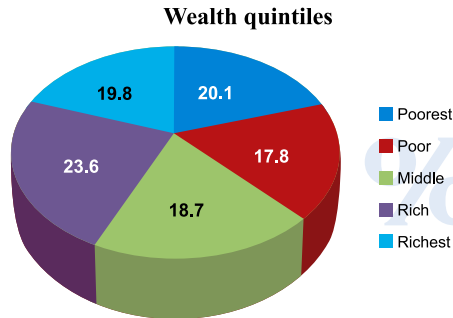
The educational status of women varied between the towns

Illiteracy was highest in stations of Bin Qasim town and lowest in stations of Malir town.



Wealth quintiles show more or less equal distributions

Wealth quintiles for Sukh population indicate that 37.9% of population is poor out of which 20.1% are the poorest.



Teen-age marriages and pregnancies exist

Approximately 4% of MWRA in our sample were in the age group of 15-19 years. Of these, 20% were pregnant at the time of interview, and 53.3% had already given a birth.



Family leisure time

Twenty-three percent of women reported current pregnancy as unplanned

Most of these women were uneducated (35.2%) or had primary education (26.8%). They were in the age group of 25-29 years (36.6%) having at least two living children. They belonged to Urdu (35.2%), Sindhi (19.0%), and Bengali (7.0%) speaking groups. Nearly 42% were in the lowest quintiles of wealth (poorest 25.6% and poor 16.3%).

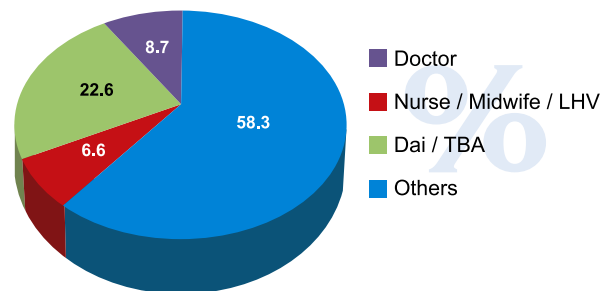
Unplanned pregnancy may lead to unsafe termination of pregnancy for spacing or limiting family size

Thirty percent of women reported having an abortion in their reproductive life. Of these, a larger proportion of women were in the age group of 25-34 years (49%). Moreover, abortion rate was observed high for ever (31.1%) and current contraceptive users (43.4%) as compared to non-users (25.5%) of contraceptives.

Forty percent of sampled women did not receive antenatal care during last pregnancy

Nearly, 60% of women had four or more antenatal visits during their last pregnancy. Rest of the women either had no visits (5.4%) or had less than the optimal number. Thirty-three percent of women could name the facility from where they sought ANC. Of these, 68.0% and 25.5% utilized services from private and public sector respectively.

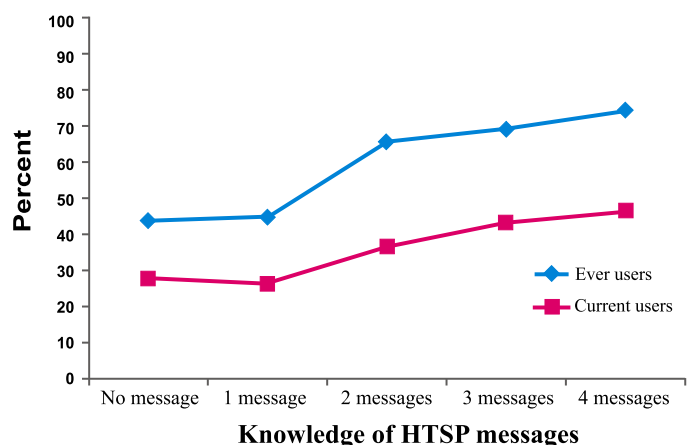
Healthcare Providers who assisted in last delivery



Ever and current use of contraceptive method was linearly associated with the number of HTSP messages known to women

The ever and current use of contraceptive methods was linearly associated with number of messages known to women. Among women with no knowledge or with knowledge of any one of the Healthy Timing and Spacing of Pregnancy (HTSP) messages, the use of contraceptives was more or less same; however, the ever and current use of contraceptive methods increased linearly with knowledge of two or more messages. The most commonly known messages were related to age at marriage and having a gap of 24 months after a live birth before planning next conception.

Knowledge of HTSP by ever and current contraceptive users

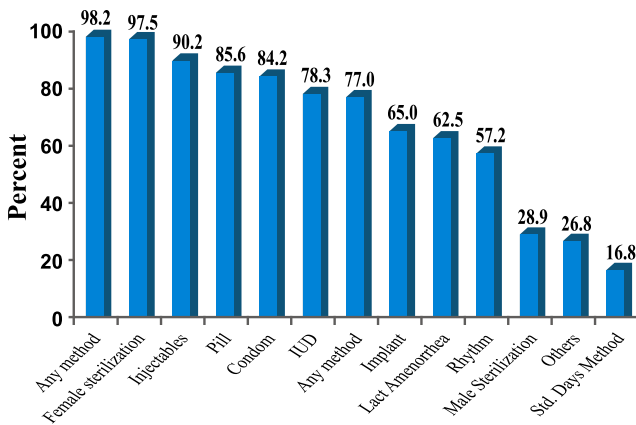


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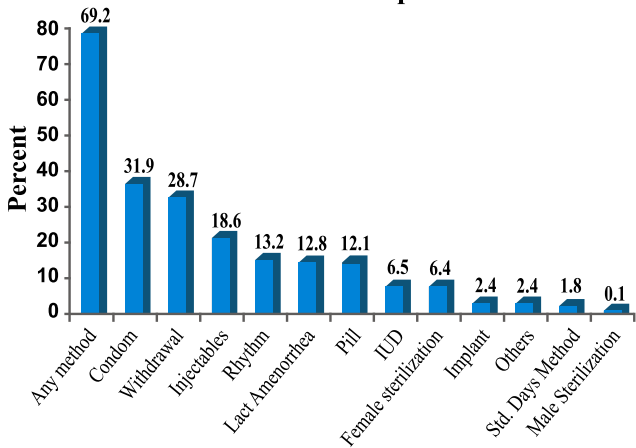
Knowledge of modern contraceptive methods is high but use of modern methods is low

Ninety-seven percent of women were aware of any modern method of contraception. Sixty-nine percent of women reported ever using any contraceptive method with 59% ever using a modern method of contraception. Approximately 42% and 32% of women were current users of any method and any modern method of contraception respectively.

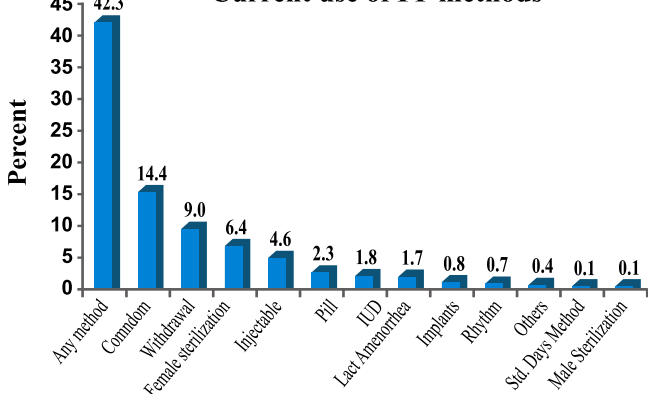
Knowledge of contraceptive methods



Ever use of conceptive methods

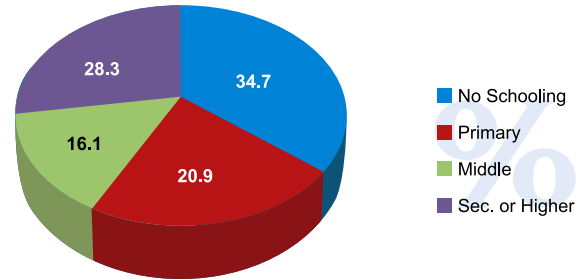


Current use of FP methods

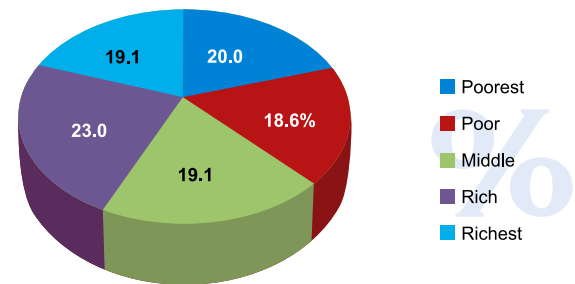


Wealth and education in our sample showed no role in the use of modern contraceptive methods

Current modern contraceptive use by education

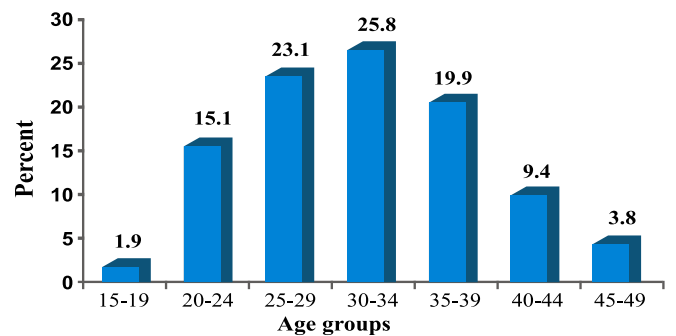


Current modern contraceptive use by wealth quintiles



Focus of counseling of modern contraceptive methods should be on women from 15-29 years (youth)

Current modern contraceptive use by age groups



Use of contraception in non-pregnant women with a child under one year of age is very low

Only 7.5% of women in our sample who were not pregnant and had child below one year of age were currently using any method of contraception. Post-partum family planning services and referral for such services should be made available to women in the post-partum period. Tracking of contraceptive use in such women should be maintained through routine service data maintained by CHWs.

Use of long-term modern contraceptive is low in women with high parity

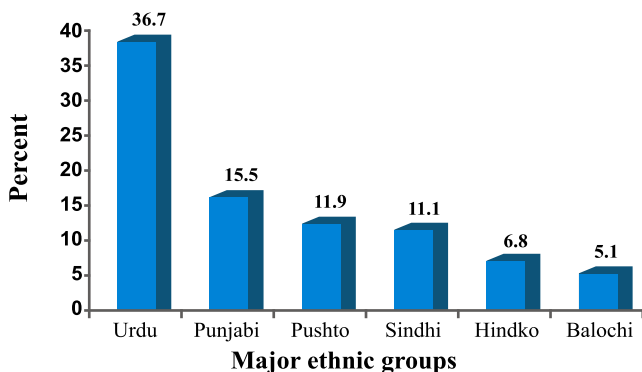
Among current users, women with one to two children were mostly using condom (60%), injectables (14%), pill (6.5%) and IUD (5.0%). By third child, the preference for method reduced for condom (49%), remained same for injectables (14.9%) but increased for female sterilization (14.9%). No change was observed for use of pill (6.3%) and IUD (6.9%). After third child, the preference for female sterilization more than doubled (34.4%), condom use further reduced (36.4%), injectables and pill use remained almost same (15.1% and 8.5% respectively). Women did not mention use of implants and IUD. For women in older age group who want to space or limit family size, availability of long-term modern contraceptive methods should be assured at Sukh stations.

Current modern contraceptive method use is low in certain ethnic and minority groups

The highest use of modern contraceptive method was observed in Urdu speaking (36.7%) women and lowest observed in Balochi (5.1%) and Hindko (6.8%) speaking women. Punjabi, Sindhi and Pushto speaking women had more or less same rates of use (15.5%, 11.1% and 11.9% respectively).

For provision of equitable services, fostering family planning outlets for these subgroups through social franchises and through appropriate and effective referrals to public sector facilities should be ensured.

Current modern contraceptive use by ethnicity



Mostly young, uneducated women with low parity discontinue use of contraceptive method

Approximately 46% of all women who started family planning but discontinued later were in the age group of 20-29 years. More than 60% of discontinued users had no schooling or had primary level education. Approximately 57% of all discontinued users had parity between one to three children.

Less than a quarter of current users were given information on the side effects of a method

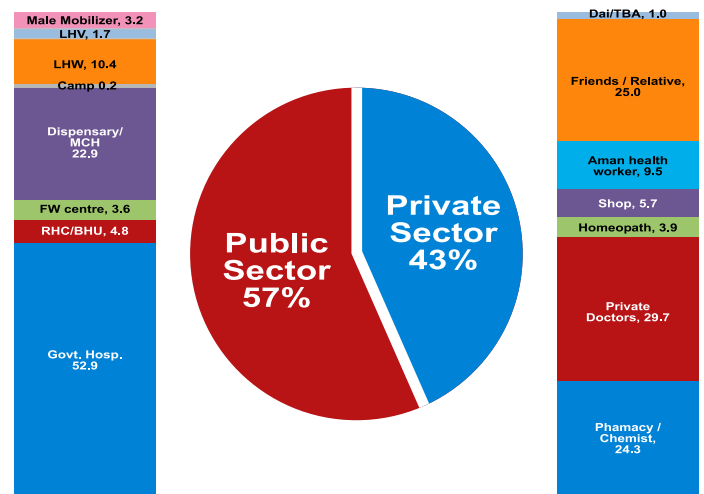
Only 21% of current users were informed about the side effects of the method and 19% to contact a person in case

of a side effect. Fourteen percent of current users mentioned experiencing a side effect. Most common side effects were headache (19.8%), excessive bleeding (18.6%), irregular menses or no menses (17.6%) and nausea and dizziness (9.7%).

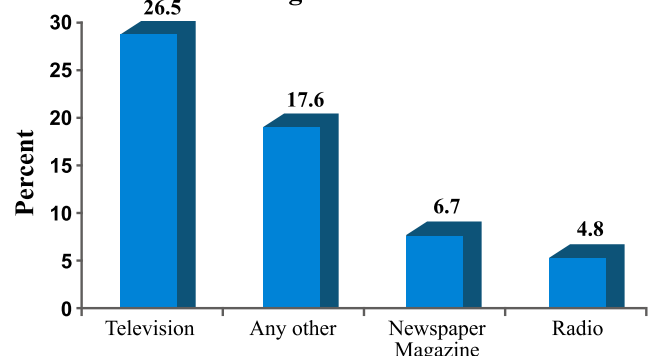
Non-users of family planning methods is a special group with special needs

Approximately 57% of women were not using any method of contraception at the time of interview. These women were mostly uneducated or had primary level of education, with low parity of one to two children. Nearly, 31% responses to non-use were related to biological reasons i.e. ongoing breast-feeding (10.4%), want more children (14.4%) and being pregnant (5.9%). Approximately 6% of women mentioned opposition to contraceptive use; of these, opposition by husband was (4.2%), self-opposition (1.8%) and opposition by others (0.2%). Nearly, 7% of women mentioned health related concerns. Approximately, 22% of responses were related to women's beliefs, attitudes towards contraceptive use and sexual practices. Of these, most commonly mentioned reasons were infrequent sex (8.0%), natural spacing (5.1%), and do not need family planning (4.0%).

Most of the current users of FP received their contraceptives from government facilities



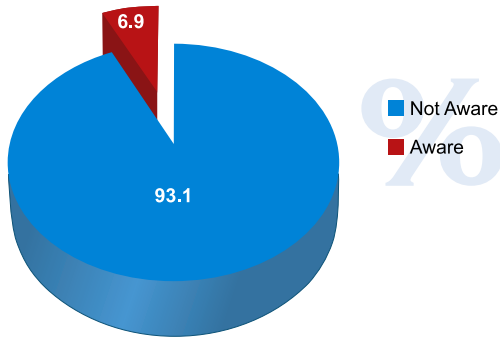
Source of information about family planning during last 12 months



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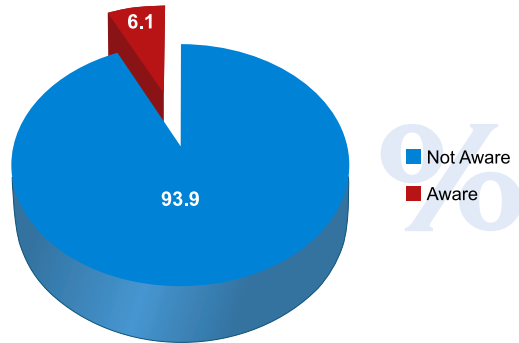
The Youth

Awareness about any meeting/discussion related to youth issues

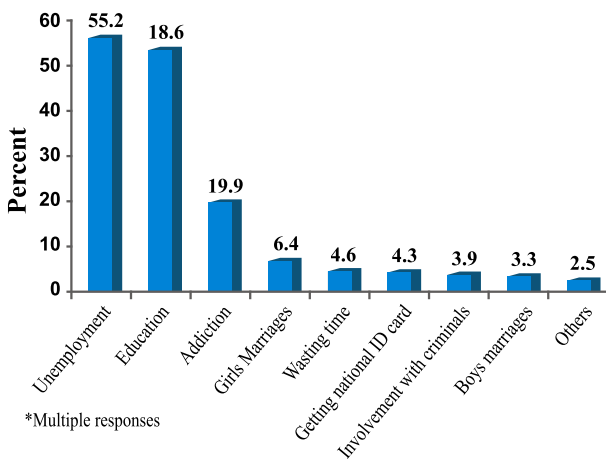


Tele-Health Services

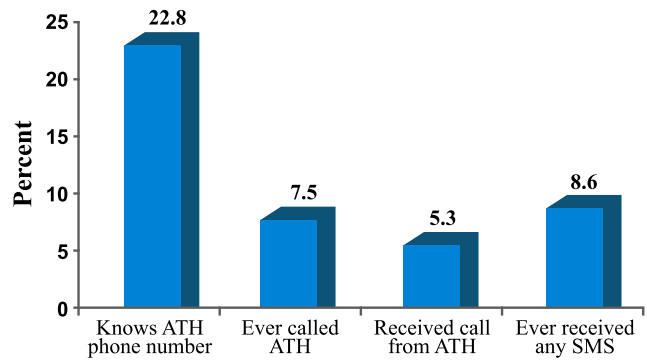
Awareness about Tele Health Services



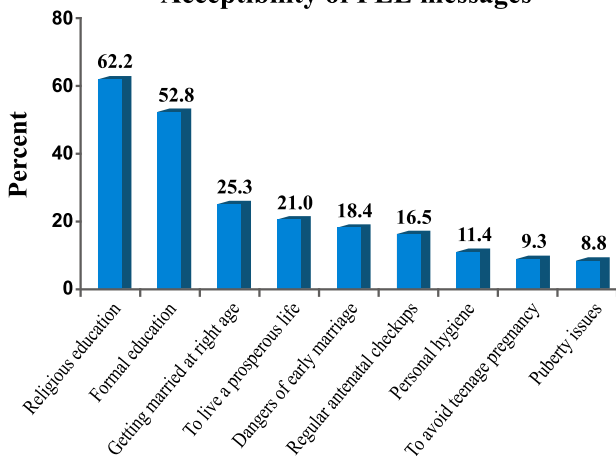
Perceptions about important youth issues*



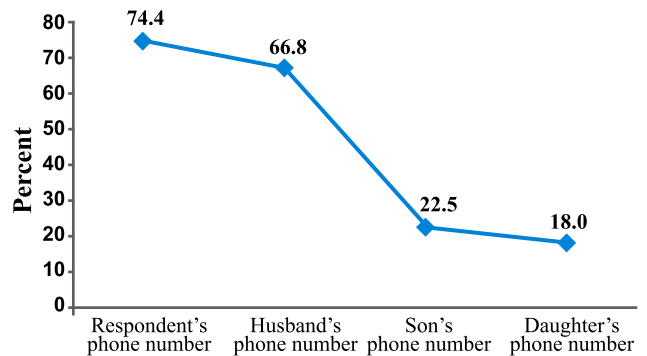
Perceptions about Tele Health Services



Acceptability of FLE messages*



Perceptions about acceptability of SMS by husband for family members



FINDINGS FROM QUALITATIVE ASSESSMENT

Knowledge of modern contraceptive methods is high but use of modern methods is low

FGD Participants and Key Informants unanimously informed that universal awareness about the FP program exists but this adequate knowledge of FP methods is not translated into practice. People consider FP use a personal matter and feel shy to get advice about FP methods.

FP is considered as 'women's issue' but men are decision makers

Men consider family planning as wives' issue and therefore, do not want to know about it and tell their wives to enquire on and use FP methods.

Women from station-5 (Etihad Colony)

Men in nearly all the FGDs, healthcare administrators and community leaders mentioned that the main focus of FP programs is on women and therefore, men are less informed. Women on the other hand, explained this as men's disinterest in family planning.

Though men are considered as decision makers but are neglected by FP programs

The majority of men and key informants revealed that most of the FP centers are providing services for women only and there is need to involve men in family planning programs. Healthcare providers also informed that comprehensive FP, PFP, PAC and PAFP services are not actively offered to men and women of these areas.

Changing social values support FP use

Several women pointed out females being educated, support from married woman's mother and changing social values as facilitative factors for family planning. Unfortunately, religious beliefs, traditional norms, fear of side effects and resistance from in-laws were persistently the inhibiting factors in family planning. Both FGD participants and Key Informants highlighted this barrier in adoption of family planning.

Available FP facilities are inadequate

Health facilities in the areas are dispensing FP supplies, however, counseling and full choice and range of contraceptive services are inadequate.

The Youth

The youth feels insecure

The youth generally lack safety and security and have inadequate education, health and sports facilities. Some of the major issues girls face include harassment, acquaintance with boys and restrictions on pursuing education. Boys tend to be aggressive which leads to conflicts with parents, friends and girls. Increasingly addictive behavior patterns and involvement in the crimes such as thefts, mobile snatching and rape was found amongst boys.

Youth period is from 12-14 years for girls and 15-18 years for boys and indicated by physical changes.

Youth and Parents

Youth do not share their problems with parents

Youth do not share their problems with their parents because of shyness and fear of disobedience.
Boys from station-6

(Area I Korangi No. 5)

The youth share their problems with friends and very infrequently with their parents; and if so, mostly with mothers. They get information from their friends, T.V, and the internet and are extensively involved with the use of mobile phones. The youth need

information on pubertal changes, including but not limited to menses and physical developments, and sexual health; pubertal acne, communication skills, career opportunities, information on contraception in light of religion, stress on the significance of good company, harmful effects of addictions and healthy habits and lifestyles.

Decision making power is not with the youth

The youth can only make decisions about education, employment or minor day-to-day issues like the type of clothes they would wear and what food to eat. All the major decisions especially those related to marriage are taken by parents specifically fathers.

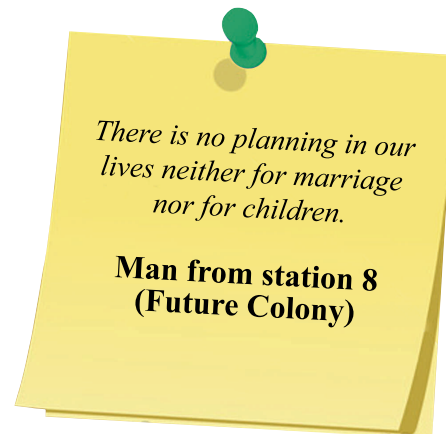
Youth period is from 12-14 years for girls and 15-18 years for boys and indicated by physical changes.

Youth and Parents

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The awareness about FLE and Tele-Health Services is limited

The parents and youth residing in the study areas do not have knowledge about Family Life Education (FLE) and use of Tele-Health Services. Participants expressed that FLE for the youth would be acceptable and the venues for such trainings could be homes or health and educational institutions. Topics suggested for FLE are communication skills, career counseling, pubertal issues, physical and sexual health and rights, minor problems such as acne and religious information. It was further pointed out that Tele-Health Services would be acceptable for men primarily. For health related text messages, Urdu or Roman English subscripts would be preferable.



Conclusions and Recommendations

The results from our baseline survey suggest that there is a large gap in the FP related demand, supply and in quality of service provision. Women were generally using less effective contraceptive methods such as condom and withdrawal methods. Contraceptive prevalence rate for modern methods was low. It is possible that there is a gap in the provision of quality services including proper counseling and availability of method mix. This is evident by a less use of modern methods among current users as compared to ever users and a higher use of non-hormonal methods among current users. The solution levers for Sukh Initiative aim to address many of these gaps especially through door to door services, Tele-Health Services and enhancing quality of FP services.

The focus of family planning services should be on adequate counseling of young married women in their teens and or on women with low parity with lesser duration of marriage i.e. immediately after marriage to 5 years of marriage.

Provision of equitable FP services should be ensured for poor women and those belonging to certain ethnic and minority groups. Some mechanism for provision of safety nets could be considered.

Emphasis of counseling should be on continuity in the use of a method. ACHP MIS should guide the program for tracking and continuation of contraceptive method use.

A behavior change communication strategy is required to make youth and parents cognizant of the issues related to preparing youth for responsible future adult life.

Specific messages designed separately for parents and youth will be helpful. Dissemination of information regarding availability of ATH helpline can facilitate both parents and youth to access information they need. Although mobile phones are available in abundance in the community, its maximum and wide range use for raising health awareness, is yet to be understood.

Availability of Aman Tele-Health Services in the communities will provide means where men, women, and youth can have access to information in confidentiality and in privacy. Tele-Health Services can become a powerful source of information for women, men and youth.

Provision of telephone booths especially to access information on FP, RH, PFP, PAC, and PAFP would be helpful for women and youth who do not have access to telephone. These can be used in privacy and at their own convenience.

SUKH IMPLEMENTING PARTNERS



For further information you may contact at Aman Foundation:
UAN: +92 (21) 111 - 111 - 823