

Mayer Hashi Project

Reaching Young Married Couples in Bangladesh: An Underserved Population for Long-Acting Methods of Contraception

BACKGROUND

Early marriage associated with early birth of the first child is common in Bangladesh. Before reaching the age of 20, as many as 80% of Bangladeshi women are married (EngenderHealth, 2008). More than 70% of married adolescents become pregnant before their first anniversary, and the mean age at first pregnancy is 16.4. Nationally, only 47% of currently married women aged 15–19 are using a contraceptive, a considerably lower percentage compared with other age-groups (NIPORT et al., 2013). Once married, girls are under pressure to prove their fertility, and an early pregnancy often follows. The reproductive health and family planning (FP) needs of this age-group have been severely neglected; the unmet need for FP among 15–19-year-olds is highest among all age-groups, at 14% (NIPORT et al., 2013), making young married couples (YMCs) a priority group for reproductive health services.

PEER APPROACH TO REACH YMCs

Building on the experience from the ACQUIRE Project in Nepal (EngenderHealth Nepal, 2008) as well as from the Population Council (Haider et al., 1997) and others, the Mayer Hashi project designed and implemented an intervention focusing specifically on YMCs (those in which the wife is 20 years of age or less) with one child. The project opted to focus specifically on YMCs with one child because of the potential to encourage them to use a long-acting method of FP. Previous programmatic experience in Bangladesh has shown that it is difficult to postpone the birth of the first child, and young couples rarely use contraception before the birth of their first child. As such, the YMC program was initiated to help young married couples reach their reproductive intentions by providing them with better information on FP and services, in particular on long-acting methods.¹

To encourage YMCs² to adopt FP methods, Mayer Hashi designed an intervention package with pre-post measurements through a peer-led approach. It was en-

¹ The local family welfare assistants have lists of all eligible couples for FP in their area; these lists were used by the project to identify young married women with at least one child.

² It is important to note that in the remainder of the brief, when we use the abbreviation “YMC,” this refers primarily to YMCs with one child—the primary audience for the project.

visaged that within the context of informed choice, the designed intervention would significantly improve the knowledge and use of long-acting FP methods by YMCs and that the evidence could be used by the Ministry of Health and Family Welfare for scale-up in the 64 districts of Bangladesh. At the same time, at the central level, supportive policy advocacy activities were undertaken. For example, in January 2011, after Mayer Hashi's advocacy, the Directorate General of Family Planning (DGFP) National Technical Committee agreed that nulliparous women could use the hormonal implant, a contraceptive previously available only to women with one child.³ This policy measure broadened the contraceptive options for young women. Once the policy was accepted, Mayer Hashi disseminated information about it across the country.

The YMC pilot program was implemented in five upazilas (subdistricts) of Patuakhali District: Patuakhali Sadar, Mirzaganj, Dumki, Bauphal, and Kalapara. Peers were trained to be the primary source of information for young men and women in the community and to serve as a linkage between the community and the facility. The intervention lasted 18 months (January 2011–June 2012).

The project included the following activities:

- **Project inception meetings:** At the onset of the project, district and upazila meetings were organized with program managers, service providers, and fieldworkers to ensure that all were aware of the proposed activities, with the goal of increasing their involvement and commitment.
- **Training:** Training on behavior change communication (BCC) for long-acting FP focused on YMCs was organized for 665 fieldworkers and service providers from the DGFP and the Directorate General of Health Services (DGHS).
- **Peer selection and training and supervision:** Local managers selected 200 peers from the community based on a clear set of selection criteria. Mayer Hashi provided the peers with an orientation, in close collaboration with local managers, and gave them several BCC materials and a

reporting format. While the project intended to select equal numbers of young men and women as peers, most peers were women, as most young men were not interested in this voluntary position. Mayer Hashi also provided the peers with a refresher training six months into the intervention. The peers received a small monthly payment as compensation for travel costs and for organizing group meetings.

- **Peer supervision:** Peers were directly supervised by family welfare assistants (FWAs), while Mayer Hashi staff monitored them on an ad-hoc basis. Mayer Hashi also conducted a data quality assessment nine months into the project and used the findings to strengthen the activities and project monitoring (RESPOND Project, 2013).
- **Peer activities:** The peers started visiting all YMCs at home in their catchment area, based on the FWA list, to ask if they were interested in receiving more information on FP. Each peer was responsible for about 100–200 YMCs in her catchment area. The peers updated the FWA list to include new YMCs and also organized courtyard meetings (known as *Uthan Boithak*) on FP in their catchment area, often in collaboration with the FWA. Table 1 provides an overview of the number of group meetings and individual sessions organized by the peers and the numbers of young people reached through these sessions. Overall, more than 5,400 group meetings reached over 64,000 people, and individual sessions involved more than 50,000 participants.
- **BCC materials:** To support their work, peers used a variety of BCC materials developed by the Mayer Hashi project that facilitated and enhanced their communications with the target audiences, such as an FP flipchart and leaflets.
- **Community involvement and advocacy:** The peers collaborated with local elected leaders, imams, and satisfied acceptors of no-scalpel vasectomy and involved them in their group meetings for stronger advocacy and support. These local advocates also received orientations on FP (including long-acting and permanent methods [LA/PMs]) through the project.

³ While Mayer Hashi also advocated for a policy change to allow injectable use by nulliparous women, this was reviewed by the National Technical Committee but has not yet been accepted, due to concern about return to fertility. Other short-acting methods are available to all women, including nulliparous women.

TABLE 1. MEASURES OF PEER PERFORMANCE IN YOUNG MARRIED COUPLES INTERVENTION IN 5 UPAZILAS OF PATUAKHALI DISTRICT (JANUARY 2011–JUNE 2012)

QUARTER	NO. OF GROUP MEETINGS CONDUCTED	MALE	FEMALE	TOTAL NO. OF PARTICIPANTS	NO. OF ONE-TO-ONE COMMUNICATIONS	MALE	FEMALE	TOTAL NO. OF PARTICIPANTS
JANUARY–MARCH 2011	99	296	896	1,192	488	437	923	1,360
APRIL–JUNE 2011	819	2,795	7,514	10,309	3,177	3,515	5,956	9,471
JULY–SEPTEMBER 2011	1,185	3,504	10,466	13,970	3,498	4,189	6,237	10,426
OCTOBER–DECEMBER 2011	1,214	3,154	10,928	14,058	3,358	3,791	5,645	9,436
JANUARY–MARCH 2012	1,120	2,772	10,302	13,074	3,178	3,957	6,388	10,345
APRIL–JUNE 2012	987	2,426	9,286	11,712	3,156	3,936	6,506	10,442
TOTAL	5,424	14,947	49,392	64,315	16,855	19,825	31,655	51,480

- **BCC efforts:** While the peer interventions were ongoing, Mayer Hashi organized broader BCC interventions in the project upazilas to support the work of the peers, such as street dramas on FP and YMCs that were held in each of the unions and a documentary on LA/PMs shown on the local cable network.
- **Peer recognition:** At the end of the 18-month intervention, the peers received a certificate of recognition in the upazila coordination meeting; some of these were presented by national DGFP officials, with others presented by district and Mayer Hashi staff.

EVALUATION METHODOLOGY

The intervention was evaluated using a quasi-experimental pre-post design. At the start of the intervention, a baseline measurement of relevant variables was established through a population-based survey. The postintervention survey was conducted with a separate sample of the target audience to measure changes as a result of the intervention. In both surveys, representative samples of young married women and their husbands were randomly selected from the FWA list. The preintervention survey was conducted in the first quarter of 2010; the postintervention survey, during the last quarter of 2012.

The preintervention survey interviewed 258 young women and 217 husbands; the postintervention survey involved 549 young women and 459 hus-

bands. During the endline survey, interviews were also conducted with key people involved in program implementation, to obtain their opinions on the project. The baseline and endline surveys aimed to generate information on knowledge, attitudes, intentions, and practices related to FP, particularly long-acting methods. The surveys were conducted by independent research organizations, to help ensure a bias-free data collection process. Quantitative data were analyzed using SPSS software. A full endline survey report that presents comparative findings of the pre- and postintervention surveys is available. This brief presents key findings.

KEY EVALUATION FINDINGS

Background characteristics

YMCs sampled at baseline and endline were similar in terms of their age, residence, median age at marriage, and educational attainment. There was a small difference in monthly household expenditure. The median age for young married women was 19 at baseline and 20 at endline; for husbands, it was 25 and 27, respectively. The median age at marriage was 17 at baseline and 16 at endline for the women and 23 and 22 years for the husbands, which is comparable to what has been found in other surveys. During both surveys, three out of four respondents were from rural areas. Both young married women and their husbands had a median of seven years of education in both surveys. In both surveys, almost all young married women (94% and 97%)

reported household work as their main occupation, while most husbands did agricultural work.

Knowledge of FP and LA/PMs

To assess contraceptive knowledge, respondents were asked to name ways or methods by which a couple can delay or avoid pregnancy. Knowledge of FP methods was found to be widespread among young married women and men. In both surveys, knowledge of at least one FP method was almost universal. Young married women's knowledge was better than that of their husbands. Young married men's knowledge of LA/PMs was lower than that of their wives at baseline but increased substantially for all LA/PMs except the intrauterine device (IUD) during the endline survey. The increase was significant for husbands exposed to the YMC program. For example, at baseline, 42% of young married men mentioned female sterilization as a contraceptive method; this proportion increased to 63% at endline.

Awareness of sources of FP

Knowledge of where to obtain FP methods is an important precursor for use, as one can only use a method if one knows where to obtain it. Awareness of where to obtain an FP method increased from baseline to endline survey as a result of the intervention, particularly among young married men, whose knowledge was lower at baseline than that of their wives.

Current FP use

The main indicator for the project was current use of contraception. Current FP use by YMCs in the intervention upazilas increased by 12%, from 61% before the intervention to 68% at endline (Table 2). Of those couples who were using a method at endline, almost all (66%) were using a modern method (a significant increase from 59% at the start of the intervention). It was encouraging to see a shift to more effective methods of contraception. While the pill remains the most widely used method, fewer women were relying on this method after the intervention (46% vs. 35%); condom use also went down (6% vs. 3%). As intended in the intervention, more young women started using the more effective longer-acting methods, such as the implant (from 0% to 6%) and the IUD (from 0% to 1%). Use of the

injectable, which is effective for three months, had the largest increase, from 7% to 21%. The increase in injectable use was statistically significant ($p < .05$).

Attitudes toward and intentions for FP use

An important indicator of the changing demand for FP is the extent to which nonusers of contraception intend to use FP in the future. From baseline to endline, there was a positive shift in intentions toward permanent methods. The majority of the young married women still intend to use the pill (64% in both surveys) and injectables (33% at baseline and 45% at endline). At baseline, none of the young married women intended to use either female or male sterilization, while at endline 3% and 2%, respectively, indicated that they intended to do so. There was no change in the intention to use an IUD (1% each) or the implant (5% in both surveys).

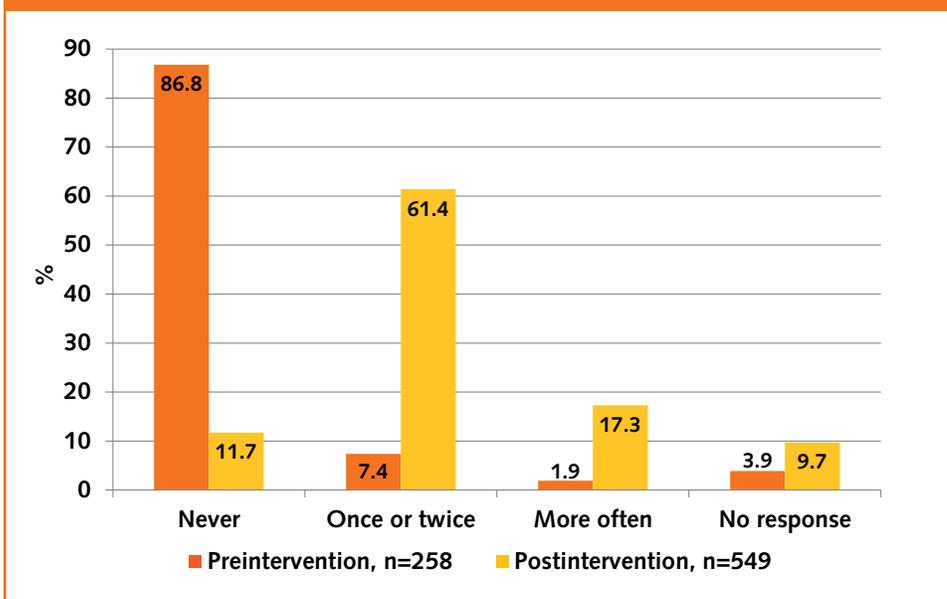
Exposure to BCC campaign and materials

Electronic media such as local cable television and other forms of BCC, including street drama, can play an important role in communicating general FP messages and dispelling myths and misconceptions. These messages need to be supported by information communicated at a more interpersonal level, through fieldworkers, health workers, and peers, supported with BCC materials. To assess the extent to which mass media and BCC materials served as a source of FP information, young married women and men were asked if they had seen an FP message on television in the three months preceding the survey.

TABLE 2. CURRENT USE OF CONTRACEPTION

Indicator	Baseline (%)	Endline (%)
Use of any method	60.5	67.6
Use of any modern method	58.5	66.3
Implant	0.0	6.0
IUD	0.0	1.3
Injectable	6.6	20.6
Oral contraceptives	46.1	34.8
Condom	5.8	2.7
Any traditional method	1.9	1.3
Not currently using	39.5	32.4
N	258	549

FIGURE 1. SPOUSAL COMMUNICATION ABOUT FP USE



Exposure to FP messages increased from baseline to endline as a result of the intervention. The majority of young married women and their husbands heard about LA/PMs and FP through one-on-one interactions, posters/roman banners, and community events. The percentage of respondents who received a message on female sterilization through posters/banners increased from 26% to 35%, through community events from 5% to 19%, through interpersonal communication from 49% to 69%, and through clinics/health facilities from 0% to 21%. Young married women who were aware of the YMC program and who were visited by peers showed a significantly higher increase in exposure to FP messages than those who were not.

Contact with health workers

Despite decreasing fieldworker coverage, as reflected in the Bangladesh Demographic and Health Survey (NIPORT et al., 2013), FWAs still play an important role in the Bangladesh FP program, providing information and helping clients adopt appropriate methods to meet their reproductive health intentions. In this project, peers worked in close collaboration with and under the supervision of FWAs, often jointly organizing group meetings. To assess the level of contact between clients and fieldworkers/peers, respondents were asked if a fieldworker visited them during the three months preceding the survey to discuss FP. About half of the young mar-

ried women (52% in both surveys) reported that they were visited by fieldworkers in the three months preceding the survey. Of those visited by a fieldworker before the endline survey, 39% mentioned that they were visited by an FWA, 15% by peers, and less than 1% by a health assistant (a DGHS fieldworker). This finding indicates that within the short period of the YMC project, peers were able to quickly conduct a sizable number of home visits.

Spousal communication about FP use

Spousal communication is important for the adoption, continuation, and sustained use of contraception. To explore this subject, young married women and their husbands were asked whether they discussed FP with their spouse in the three months preceding the surveys. Spousal communication on the use of FP methods increased significantly from baseline to endline. While only 7% of respondents had discussed FP methods with their spouse once or twice in the three months preceding the baseline survey, this proportion increased to 61% at endline. At baseline, 87% of the female respondents reported no discussion about FP in the three months preceding the survey; this fell to only 12% at endline (see Figure 1).

Intervention-specific questions

The specific activities of the YMC intervention were assessed in the endline survey through a series of questions on awareness, participation, and behavior change as a result of the program interventions. The questions all refer to the three months preceding the endline survey. As a result, this may present an incomplete picture; it seems as if the interventions only reached a small portion of the targeted audiences, as the questions do not refer to the full 18-month intervention period. Even with these limitations, the impact of the intervention was considerable. Twenty-nine percent of the young mar-

ried women and 24% of their husbands heard about the YMC program, and 24% of the young married women and 18% of their husbands were visited by peers in the three months preceding the endline survey (Table 3).

Among the 161 young married women who were exposed to the YMC program in the last three months before the endline survey, about 78% knew about the courtyard meetings organized by peers. Of those who were aware of these meetings, 62% of the young married women and 35% of their husbands participated. Among those who participated in the courtyard meetings, 97% of the young married women and 88% of husbands reported that the peers provided enough information on FP and were satisfied with the courtyard meeting discussions. Among the YMCs who were visited by peers, 94% of the young married women and 95% of their husbands felt comfortable discussing FP with peers.

All respondents were asked about health facility visits, particularly for FP services. Among the YMCs who visited a health facility for FP services, 70% of the women and 93% of their husbands reported a good overall facility environment for FP clients. The same percentages of respondents felt comfortable obtaining FP services from these facilities. Furthermore, 69% of the young married women and 96% of their husbands reported good interactions with service providers, and 70% of the women and 95% of their husbands were satisfied with the FP services they received.

Among the 371 young married women who are currently using an FP method, more than half had no referral to go to the health facility for FP services; in 25% of these cases, a referral was made by an FWA, in 14% they were referred by peers, and in 7% they were referred by other service providers. The 40 long-acting method users were primarily referred by FWAs (43%), followed by peers (28%) and self (28%). This finding indicates that of the total long-acting method referrals, about one-third were contributed by peers.

CONCLUSIONS AND RECOMMENDATIONS

The Bangladesh FP program has a large cadre of fieldworkers (FWAs), many of whom are close to retirement age and often prefer staying close to their own home and/or facility instead of visiting client homes, as required. As fieldworker visitation has decreased, the project has found that peers can play a positive role, especially for YMCs who are beginning their reproductive lives and have been particularly deprived of information.

- **Recommendation:** The YMC program results indicate that peers can provide a positive impetus to the FP program, especially for long-acting methods. The results suggest that the YMC program should be continued and expanded to other areas.

Only a small proportion of the YMC target population was reached through some of the BCC activities (i.e., street dramas and local television programming) that were implemented to support the peer program, which makes it difficult to assess their impact. The BCC materials, on the other hand, were widely available and used.

TABLE 3. PARTICIPATION IN AND SATISFACTION WITH THE PEER PROGRAM

YMC program aspects	Young married women		Husbands	
	Yes		Yes	
	%	N	%	N
Heard about YMC programs	29.3	549	24.0	459
Visited by peer and discussed about FP methods/YMC program	24.0	549	17.9	459
Felt comfortable discussing FP with peer	93.9	132	94.5	110
Encouraged by peer to use FP or LA/PM	94.7	132	64.6	110
Was satisfied with peer services	99.2	132	97.6	82

- **Recommendation:** Endline data showed that leaflets, roman banners, and community leader events worked well to support peers' work; it is therefore recommended that these should be replicated in future programs.
- **Recommendation:** Leaflets contributed to increasing spousal communication when young married women showed them to their husbands. In future programs, service providers/fieldworkers should continue suggesting that clients show these materials to their husbands, to amplify this positive effect.

Over the course of the intervention, some of the peers, who work on a voluntary basis, became demoralized and left.

- **Recommendation:** Keeping peers motivated to work consistently requires programmatic attention and supervision. The intervention may need to be linked to income-generating activities if no salary payment can be made.
- **Recommendation:** It is recommended to carefully select peers and recruit peers with previous volunteer experience, as these were found to be most effective.

At the onset of the project, the maximum age for young married women was set at 20. It became clear that this age was too low for long-acting methods at this point in Bangladesh. Peers were solicited for advice by couples of different ages, and few of the very young women were interested in obtaining a long-acting method.

- **Recommendation:** When scaling up the program, the age limit for young married women should be extended to 25 years, and information and discussion sessions should be opened up for all where possible.

Qualitative interview findings from FWAs, peers, service providers, and program managers indicated that fieldworkers and peers were not supervised regularly.

- **Recommendation:** In the program scale-up, government systems should be fully involved in supervising and monitoring peer activities, to strengthen support for peers and increase sustainability.

NEXT STEPS

As in many developing countries, providing FP and reproductive health services to the poor and vulnerable, including YMCs, is a high priority in Bangladesh, where adolescents represent one-fourth of the population. Mayer Hashi's YMC intervention was a community-based intervention with special focus on the use of long-acting FP methods in the context of informed choice, to help meet the reproductive intentions of this specific target audience. It was implemented by and in close collaboration with the DGFP, which has already expressed great interest in scaling up the intervention in other low-performing districts. Mayer Hashi has already initiated this process in two districts, using the lessons learned from Patuakhali District. EngenderHealth is also looking into opportunities to expand the scope of the intervention and add a focus on delaying early marriage and first birth. This work will include activities to enhance the enabling environment and create demand for services, as well as improve the quality of services offered to young men and women. Over the next months, EngenderHealth will work closely with the DGFP and other partners to develop modalities to further scale up the intervention across the country, to help ensure that young men and women in other areas have access to FP information and services, can lead a healthy life, and can achieve their full potential.



Three peer educators of Mirzagonj, Patuakhali

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