

ENGAGING LADY HEALTH WORKERS TO HELP WOMEN ACCESS SEXUAL AND REPRODUCTIVE HEALTH INFORMATION, CARE AND SUPPORT



From 2015 to 2016, Ipas Pakistan implemented a project to increase positive knowledge, attitude and practices (KAP) around safe uterine evacuation (UE) and postabortion care (PAC) in Punjab province. It involved developing information, education and communication (IEC) materials for and training of lady health workers (LHWs) to enhance their ability to act as active community intermediaries and promote safe PAC among their catchment audience. Key objectives were to:

- Improve the KAPs of LHWs on family planning, UE and PAC
- Enhance the knowledge of FP, UE and PAC information, support and care of women among the selected community
- Evaluate and document project success in order to share results and lessons learned with partners and enable scaling up across the country and future high-quality projects

Ipas Pakistan

Unsafe abortion is a leading cause of maternal death and injury in Pakistan. Despite recent progress, women have a high unmet need for family planning (FP) and postabortion care (PAC) information and support.

Ipas began working in Pakistan in 2007 to reduce deaths and injuries from unsafe abortion, focusing on the two provinces of Punjab and Sindh. Working closely with government and NGO partners, Ipas Pakistan's main strategy is helping to improve the quality and availability of PAC in both the public and private sectors.

We support clinical training in woman-centered PAC using misoprostol and MVA (methods recommended by WHO), with a strong focus on postabortion contraception counseling and services. Participants include physicians and midlevel providers such as midwives and Lady Health Visitors (LHVs).

What is woman-centered postabortion care?

Woman-centered PAC is a comprehensive approach that takes into account a woman's or young woman's individual physical and emotional health needs and circumstances, and her ability to access care. It includes:

- treatment of incomplete, missed or unsafe abortion
- compassionate counseling
- contraceptive services
- related sexual and reproductive health services provided onsite or via referrals to accessible facilities
- partnerships between health-care providers and communities to prevent unwanted pregnancies and unsafe abortion

Ipas Pakistan partners with Lady Health Workers (LHWs) to promote family planning and postabortion care

LHW Program in Pakistan

The National Program for Family Planning and Primary Health Care has been a successful intervention by the Government of Pakistan. LHWs are considered agents of change in this intervention. They play a substantial role in preventive and promotive care and in delivering some of the basic curative care in their communities, as well as providing a link to emergency and referral care.

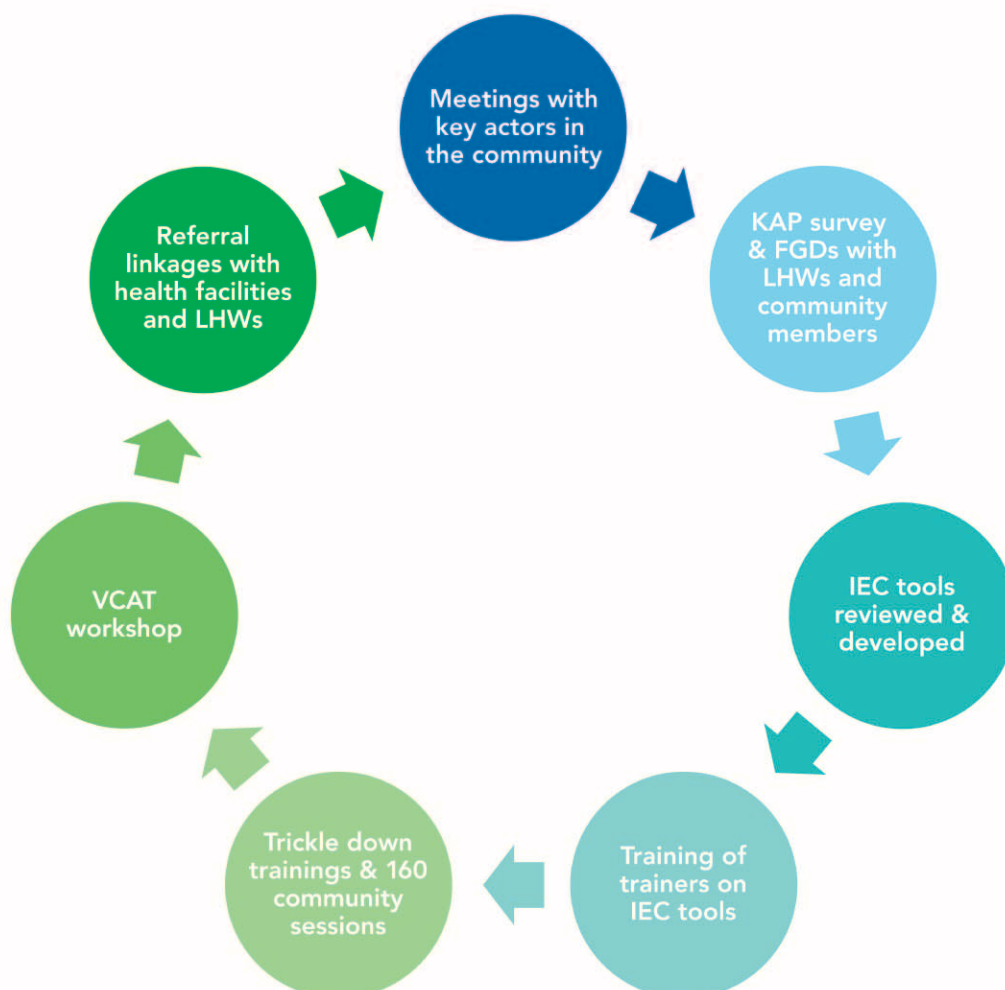
Currently more than 75 percent of the population served by LHWs live in rural areas. Each LHW serves a population of around 1,000-1,500 people in her catchment area and makes four to five household visits per day. The scope of work includes more than 20 tasks covering all aspects of family planning, and maternal, newborn and child health care. Each LHW is attached to a government health

facility, from which they receive training, a small allowance, and medical supplies. Currently 110,000 LHWs are deployed across the country.

LHW Project Approach

Ipas Pakistan undertook a multi-pronged, participatory approach to enhance the knowledge, attitudes and practices of LHWs and to identify barriers or norms that influence or impede women's ability to access LHW information and PAC referrals and services. Firstly, to develop relationships and create community buy-in, there were meetings with key actors. To gauge knowledge, attitude and practices (KAP) of LHWs, surveys were conducted with this population and focus group discussions (FGDs) were conducted with community members. Additionally, targeted, participatory information, education and communication (IEC) tools were developed. Next, there were Training of Trainers (ToTs) on the IEC tools, which were then disseminated through 160 community sessions facilitated by LHWs. To promote and maintain positive attitudes and behaviours and to enhance referrals to PAC services by LHWs, a Values Clarification Workshop was held with health-care providers and facility Incharges.

Lady Health Worker Project Process



Findings

Several dominant themes emerged from the qualitative FGDs with women in the community, including: low levels of awareness and use of family planning (FP); pervasive socio-cultural norms affect women's ability to access FP and PAC; women are fearful of PAC services and procedures available at Government facilities; and LHWs are identified as the go-to reliable source for information on FP and PAC.

LOW LEVELS OF ACCESS TO AND USE OF FP IN THE COMMUNITY:

The majority of FGD participants discussed the high scale and frequency of repeated pregnancy and low levels of FP use in their community. Responses to the reasons varied, and included:

- although LHWs have created awareness in the community of FP, there are low levels of motivation and awareness of types of FP
- lack of awareness about symptoms, signs and complications of miscarriage and abortion
- confusion about where to go for FP and limited options for locating FP

SOCIO-CULTURAL NORMS AND ATTITUDES AFFECT WOMEN'S ACCESS AND INFLUENCE DECISION-MAKING:

A common thread was that dominant religious beliefs and socio-cultural norms inhibit women's use of FP, abortion and PAC, whereby men and family elders are decision makers over and in women's lives and women are unable to make independent decisions:

"Our husbands are egoistic when it comes to family planning and other reproductive issues, and they consider us slaves and do not give us autonomy to choose anything for ourselves".

Some respondents said it was 'God's Will' if or when a woman has the ability to conceive, miscarry or abort a child:

"Most people consider induced abortion as non-religious and not allowed in Islam but in many circumstances like poverty, weakness of pregnant women, some go to traditional birth attendants (TBAs) for abortion".

Underage / child marriage was identified by several participants as a pervasive and adverse community attribute and a cause of maternal mortality:

"Newly-wed girls don't know much about signs and symptoms of abortion and need proper guidance and information to be careful during their pregnancy".

NEGATIVE PERCEPTIONS OF FP SERVICES AND PAC PROCEDURE

Social stigma and taboo: The majority of participants discussed social consequences to women who are known to have had (or perceived to have had) an abortion / PAC:

"People think that it's a taboo to have an abortion and if a woman has such a condition people don't even like to go to their houses or invite them in larger gathering thinking that it's contagious and another woman having a normal pregnancy may have an abortion in their presence".

LHWs ARE TRUSTED SOURCES FOR SRH AND PAC INFORMATION – TBAs ARE TRUSTED SOURCES OF SERVICES:

Some participants revealed that women in the community go to Dais (healthcare worker trained at a facility or with a provider) or TBAs or healers after a miscarriage or for other reproductive health services due to availability and the low cost and not to doctors or private clinics because of increased charges and challenges with privacy and confidentiality, transportation, overcrowding and long waiting times. A majority of participants agreed that LHWs are a great source of information about FP, PAC and SRH because:

"LHWs as they are known to family, they are living nearby and also most of the families respect LHWs for any health related matter. LHW guide the women as where to go for PAC and in most cases, it is a government facility".

"I was 6 months pregnant when suddenly I had a miscarriage. The doctor provided me with the required medication, but did not give any information about family planning. When I attended the LHWs' session, I learnt that it is important to use family planning method and after attending the session, I went to the doctor and found a suitable short-term family planning method".

However, there was group consensus that induced abortions are being done in community and most of these are done by TBAs, as well as some Lady Health Visitors (LHVs) in their homes.



Ipas Pakistan also conducted surveys (pre and post) with 21 LHWs, two LHW supervisors and two LHW trainers to assess changes in knowledge, attitudes and practices as a result of the intervention. Key findings included:

- Increased knowledge of the abortion law in Pakistan (28 percent vs. 100 percent)
- Increased understanding that treatment by untrained service providers, such as Dais and TBAs, can lead to postabortion care complications (11 percent vs. 67 percent)
- Positive shift in the opinion that PAC services need to be accessible to every woman regardless of her age, religion, social or marital status (40 percent vs. 100 percent)
- Increased understanding of the stigma women face when seeking UE/PAC care information and services in their communities
- Include in PAC service counseling: safe uterine evacuation methods, pain management, what to expect after care, possible side effect/warning signs and referral information
- Increased range of contraceptive methods are being offered to women after PAC care
- Positive shift in the opinion that unmarried women need to know about family planning methods (24 percent vs. 96 percent) and that long-acting reversible contraceptives should be provided to young women after PAC (32 percent vs. 88 percent)
- LHWs expressed a positive view about partnering with CBOs to promote PAC in both the pre and post training surveys
- LHWs expressed a need for referral cards (80 percent), flip books (60 percent) and guides (48 percent) to support their ability to provide PAC information in their communities

Recommendations

- Integrate PAC IEC materials/ information into the existing LHW curriculum and training system
- Assess the needs of women in the community and engage with the Punjab government to assess potential next steps
- Promote public and private partnership for safe UE/PAC service provision
- Improve LHWs' interpersonal communication skills through trainings
- Involve husbands and mothers-in-law during community awareness sessions
- Raise awareness through community sessions to address abortion-related stigma
- Acknowledge the role of LHWs as community intermediaries to promote safe postabortion care



We at Ipas Pakistan acknowledge the collaboration with Health Services Academy Islamabad (HSA), IRMNCH program Punjab, and local CBOs including Rural Development through empowerment accountability and participation (DEAP), and Centre for Rural Development (CRD) for successful implementation of this pilot intervention in district Chakwal.

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