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Endline Survey: Summary of Key Results



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Suggested Citation: Kumoji EK., Sohail S., Siddiqui, A., Wolff, L., Leslie, L., Shuaib, S. & Haq, Z. (2018). *Endline Survey: A Summary of Key Results*. Baltimore, MD: Health Communication Component Pakistan, Johns Hopkins Center for Communication Programs.

This report was made possible by the support of the American People through the United States Agency for International Development (USAID) Washington and by USAID's Mission in Pakistan, under Cooperative Agreement # AID-391-A-14-00002.

HEALTH COMMUNICATION COMPONENT PAKISTAN

ENDLINE SURVEY: SUMMARY OF KEY RESULTS

Introduction

The Johns Hopkins Center for Communication Programs (CCP) led the implementation of the Health Communication Component (HCC) of the United States Agency for International Development (USAID) Maternal Child Health (MCH) Program in Pakistan, with support from three partners: Mercy Corps, Rural Support Programmes Network and the Center for Communication Programs Pakistan. The purpose of the HCC was to support the overall goal of the MCH Program through the development, introduction, scale-up and evaluation of high impact communication interventions to improve the health-related behaviors of individuals and communities, especially among married women of reproductive age. The HCC operated in ten districts in Sindh Province, and had a lead role in generating demand for reproductive, maternal, newborn, and child health (RMNCH) products and services. The project implemented several communication approaches (including mass media, mHealth, community level media and interpersonal communication) to promote behavior change and positive norms for improved RMNCH outcomes.

Aims and Objectives

The HCC Pakistan endline survey aimed to evaluate the extent to which the HCC program achieved its program objectives among the target population. Primary aims of the study were to estimate the effect of the HCC interventions on behavioral outcomes of interest, and compare outcomes among individuals exposed to the HCC messages and interventions with individuals who were not exposed to the HCC program

Methods

A multi-stage, stratified sampling design was used to select a sample of married women of reproductive age who had a live birth during the past two years, from ten districts of Sindh Province, specifically Umerkot, Jacobabad, Sukkur, Mirpurkhas, Larkana, Sanghar, Naushero Feroze, Matiari, Shikarpur, and Ghotki districts. Probability proportional to size methods were used to derive a total sample of 2,120 participants of whom 1,295 resided in rural areas, and 825 in urban areas. The survey questionnaire was similar to the MCH Integrated Program survey tool with adaptations relevant to specific interventions implemented by the HCC Pakistan.

Study procedures were reviewed and approved by the Institutional Review Board of the Health Services Academy in Pakistan, within the Government of Pakistan Ministry of National Health Services, Regulations & Coordination, and by the Johns Hopkins University Bloomberg School of Public Health Institutional Review Board. Data was collected in July 2017.

Data analysis

Data were analyzed for key HCC outcome indicators overall and disaggregated by urban/rural location, district, categorical age, pregnancy status, level of education, and for groups exposed and not exposed to program interventions and health messages.

Key Findings

This summary highlights the key results from the endline survey.

Participant Characteristics

A total of 2,120 women participated in the survey. The age of participants ranged from 16-47 years with a mean of 27 years (SD: 5.5). Average age of the participants' spouse was 32 years old (SD: 2.9) with a wide range of 17 to 70 years old. Age at time of marriage ranged from 12 to 24 years with a mean of 18.4 years (SD: 2.9). The majority of the participants were Muslim (91%) in all districts excluding Umerkot district, where over a third (37%) of participants were Hindu. About two-thirds (69%) of participants were illiterate and about 40% reported they had an illiterate spouse. The majority of participants, 68%, had no formal education and 12% of them had completed primary school education.

Overall, about two-thirds of participants engaged in manual work for employment, and another 22% were farmers. 18% owned a mobile phone but 84% of participants reported they had access to a phone when they needed one.

Family Planning and Reproductive Health

Overall, 15% of participants were pregnant at the time of the survey. The average number of children for participants was 3.2 (SD: 2.0). Overall, 67% of participants approved use of any FP, however the estimate varied by district from 94% in Sanghar district to 53% in Naushero Feroze district. Approval of use of FP was higher in urban areas (74%) compared to rural areas (63%) and also also higher among those who had completed higher levels of education (74%).

37% of all participants had ever used any contraception. The proportion of all participants using any contraception at the time of the survey was 27%, and among these, 95% reported that they were using a modern method of contraception. Use of modern contraception was higher among the older, urban-located, and more educated women. The common types of modern contraception used were the daily pill (20%), injectables (18%), male condom (16%), female sterilization (8%), implants (5%), and intrauterine device (5%).

Desire for more children among pregnant participants was high. Overall, 73% of participants who were pregnant at the time of the survey reported that they would like to have another child in the future. Across districts, Matiari district had the highest proportion of participants desiring more children (82%), compared Shikarpur (68%), Ghotki (50%) and Mirpurkhas (42%) districts where the proportion of participants desiring more children was below the sample average. Youth-aged participants 15 to 24 years of age desired to have more children (90%) compared to participants 25 years and older (63%).

Intentions to use FP

While many participants who were pregnant desired to have more children, overall, only slightly more than a third of all participants (37%) reported that they intended to wait at least three years between their last and next birth. However, there was variability in this estimate among districts with more participants from Matiari (64%), Jacobabad (49%) and Sukkur (46%) districts intending to wait the recommended three years compared to participants from Mirpurkhas (17%), Naushero Feroze (22%), and Shikarpur (32%) districts.

RH-Related Communication

A moderately large proportion of participants (71%) had discussed FP topics with their spouse in the last 12 months. Slightly more participants, 64%, discussed FP for birth spacing compared to

those who discussed limiting the number of children they have (58%). However, more than twice as many husbands (49%) initiated these discussions than did their wives (22%). More women who were older, living in urban areas, or had more education had initiated discussions about FP. The majority of RH-related discussions were with a spouse. More participants had RH-related discussions with their spouse (61%) followed by their mother-in-law (18%), parents (15%) and health worker (13%). Nearly two-thirds (64%) had agreement with their spouse that they should visit a health worker for maternal care when they are pregnant.

Exposure to Bright Star Campaign and FP Messages

The HCC program interventions were significantly associated with key outcome behaviors. Overall, among participants who were exposed to **HCC FP messages**, 85% approved of birth spacing compared to 67% with no exposure, and 78% discussed FP with their spouse compared to 67% with no exposure ($p=0.000$), to these messages. However, the proportion of participants who initiated FP discussions was similar (22%) by exposure group.

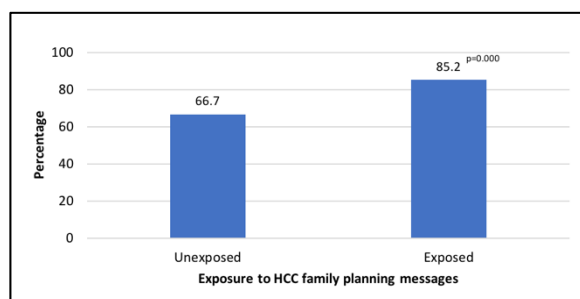


Figure 1. Percent of participants who approve of birth spacing by exposure to the HCC family planning messages

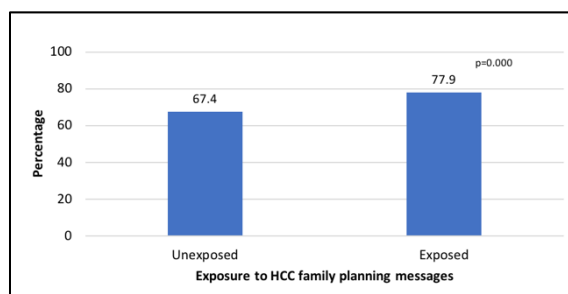


Figure 2. Percent of participants who discussed FP with their spouse in the last 12 months by exposure to the HCC family planning messages

Participants who were exposed to HCC FP messages had also a higher use of modern contraception at the time of the survey (33%) compared to (21%) with no exposure ($p=0.000$).

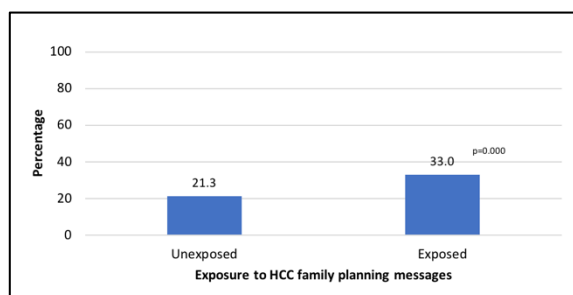


Figure 3. Current use of modern contraception by exposure to the HCC family planning messages

Overall, among participants who were exposed to **HCC Bright Star Campaign**, 86% approved of birth spacing compared to 67% with no exposure to the Bright Star Campaign ($p=0.000$).

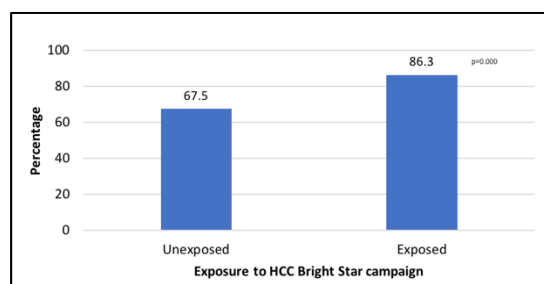


Figure 4. Percent of participants who approve of birth spacing by exposure to the HCC Bright Star campaign

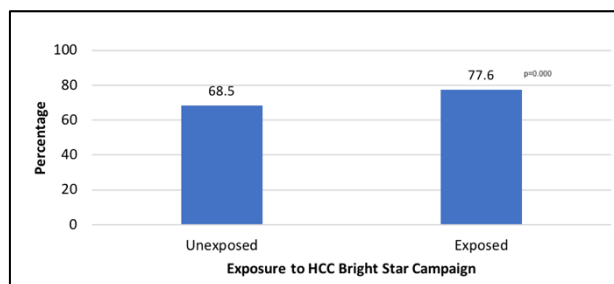


Figure 1. Percent of participants who discussed FP with their spouse in the last 12 months by exposure to the HCC Bright Star Campaign

In addition, a higher proportion of participants exposed to the Bright Star Campaign approved of limiting the number of births (81%) compared to those who were not exposed (66%). Among those exposed to the Bright Star campaign, 78% had discussed FP with their spouse in the last 12 months compared to 68% with no exposure to the campaign ($p=0.000$). Overall, a higher proportion (25%) of participants who were exposed to the Bright Star campaign had initiated discussions about FP with their spouse in the last 12 months, compared to those who were not exposed to the campaign (21%) ($p=0.021$).

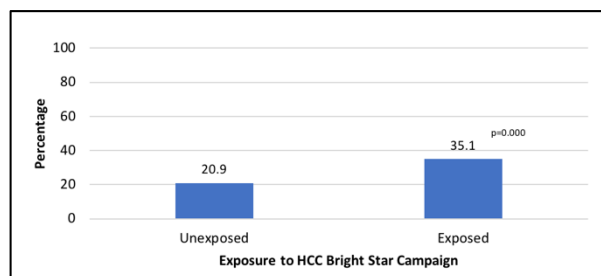


Figure 6. Current use of modern contraception by exposure to the HCC Bright Star campaign

Over 50% more participants were using modern contraception among participants who were exposed to the Bright Star campaign compared to the non-exposed participants. Specifically, 35% of those exposed to the campaign were using modern contraception compared to 21% among those not exposed ($p=0.000$).

Maternal Health

Intentions to use MH services

Consistently high proportions of participants overall (84%) and across all districts reported that they intended to have the child from their current or future pregnancy delivered at a health facility. District level estimates ranged from a high of 91% in Sanghar district to a low of 74% in Mirpurkhas district. Overall, similar proportions of youth (85%) 15 to 24 years old and adults 25 years of age and older (83%) stated they intended to deliver their next child at a health facility.

Overall, the proportions for intentions to deliver their next child at a health facility did not vary much by sub groups for residence, age, education, and pregnancy status. However, notable results were observed by district. Specifically, among participants from Mirpurkhas district, fewer participants with no education (67%), and fewer pregnant participants (42%) had intentions to have a facility-based birth the next time they were pregnant. Matiari district also had interesting results in that relative to higher proportions in other districts, only 59% of participants with secondary education or higher had these intentions.

The majority of participants (85%) intended to have their current or future pregnancy attended to by a SBA during delivery. Results were similar across all districts.

MH-related Communication

Overall, a moderately large proportion of participants (61%) reported that they had discussed pregnancy and maternal health issues with their spouse. The proportions for spousal discussions ranged from a high of 73% each for Larkana and Jacobabad districts to a low of 39% in Shikarpur district. Discussions of maternal issues with other groups of individuals varied by district. For instance, while MH-related discussions with mothers-in-law was 18% overall, the estimate was higher among participants from Ghotki (25%), and Jacobabad (24%) districts. 15% of parents were included in pregnancy and maternal care discussions, however for Matiari and Ghotki districts the proportions were 25% each. Sanghar was the only participating district with an appreciable proportion of participants (32%) reporting that they had discussed MH issues with a healthcare worker. Few MH-related discussions were had with siblings, friends and other

relatives. Overall, 64% reported that there was mutual agreement with their spouse on the need for maternal care visits to a health worker. This estimate was similar for all districts except for Mirpurkhas where only 36% of participants reported that their husbands agreed with them on the need to visit a health worker when they were pregnant.

Exposure to HCC Bright Star Campaign and HCC FP Messages

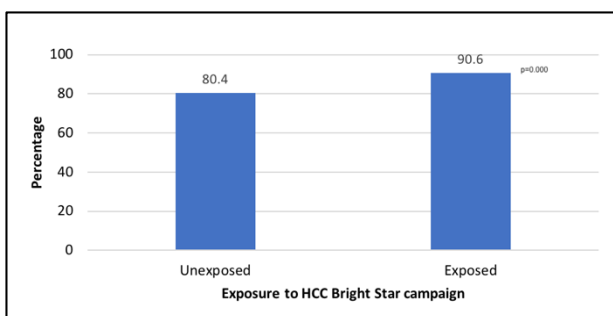


Figure 7. Percent of participants who intend to deliver their next child at a health facility by exposure to the HCC Bright Star campaign

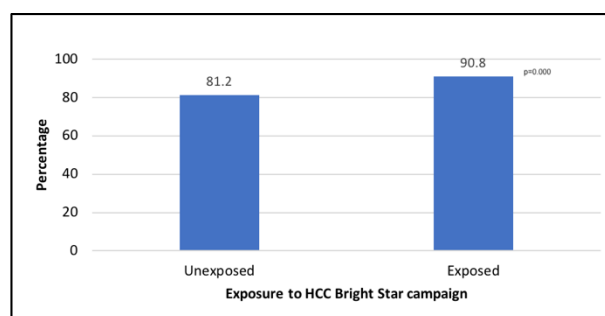


Figure 8. Percent of participants who intend to have a skilled birth attendant at the delivery of their next child by exposure to the HCC Bright Star campaign

Overall, more participants who were exposed to the HCC Bright Star campaign intended to deliver their next child at a health facility (91%), and to use a skilled birth attendant during the birth of their next baby (91%) compared to those who were not exposed (80% and 81% respectively) ($p=0.000$ for both comparisons).

Breastfeeding Practices

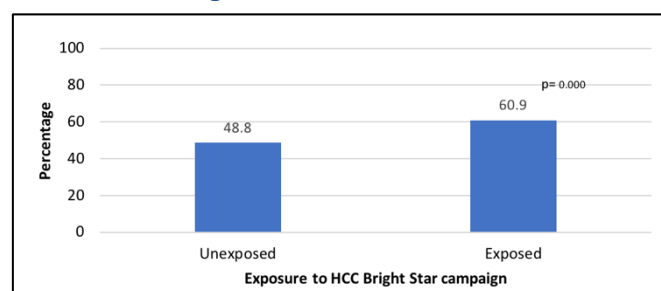


Figure 9. Percent of participants who initiated breastfeeding within 1 hour after the birth of their child by exposure to the HCC Bright Star campaign

Exclusive BF was widely accepted and overall, 85% of participants favored the practice. The highest proportion in favor of exclusive BF was from Naushero Feroze (91%) district compared to the lowest proportion from Umerkot (76%) district. Despite the high approval of BF, only 53% of participants initiated breastfeeding for their last child within the first hour after delivery. In addition, only 37% had

exclusively breastfed their last child for at least 6 months. Higher proportions of participants who were younger, urban-located, or had no education did not exclusively breastfeed their last child for the recommended six months.

Overall, there was a higher proportion of participants who initiated BF within one hour after the birth of their child (61%) among participants with exposure to the HCC Bright Star campaign than among those who with no exposure (49%) to the HCC Bright Star campaign ($p=0.000$). However, there was no difference by exposure group for exclusive breastfeeding.

Appropriate Handwashing

More than half (54%) of participants with a child under five years of age practiced appropriate handwashing behaviors at recommended times in the past 24 hours, however, there was wide variability in the range of estimates from 77% among participants from Matiari to 32 % for Larkana districts. There was a statistically significant association between appropriate handwashing behaviors in the past 24 hours prior to the survey, and exposure to the HCC Bright

Star campaign; 59% of participants with exposure to Bright Star practiced appropriate handwashing compared to 51% of those with no exposure ($p=0.001$).

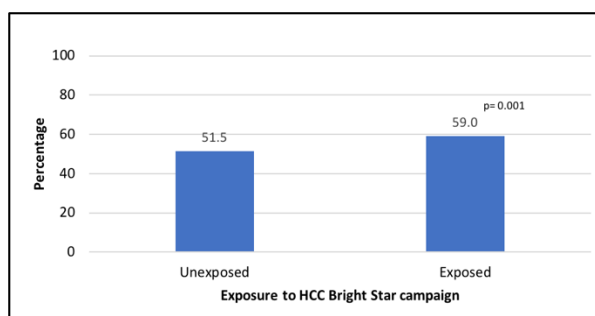


Figure 10. Percent of participants practicing appropriate handwashing behaviors in the last 24 hours by exposure to the HCC Bright Star campaign

Summary

This report summarizes key results from a community-based household survey conducted in ten districts of Sindh Province, to derive estimates for RMNCH-related behavioral outcomes of relevance to the HCC Program Pakistan.

The end of project survey showed that higher proportions of women in the program districts were currently using contraceptives and especially modern methods of contraception. The participating women preferred, and commonly used, types of contraception designed for females rather than methods designed for the male. Discussions about FP with spouse, especially about birth spacing and limiting the number of children, also increased among participants in the HCC program area, and some women had initiated discussions on FP with their spouse. The HCC survey showed that high proportions of women participating in the study had positive intentions to wait at least three years between their last and next birth, to have a facility-based birth and a skilled birth attendant in attendance during delivery of their next child.

There was moderate exposure to the HCC Bright Star campaign and project-developed FP messages within the program target area. In addition, participant exposure to the HCC Bright Star program campaign and FP messages was associated with higher estimates for engaging in several desired key behavioral outcomes including approval of FP and birth spacing, approval of and use of modern contraception, engagement in spousal communication on FP, participant-initiated discussions on RH and MH-related issues, and intentions to use maternal care services in the future.

The HCC Pakistan project demonstrated that communication-focused individual- and community-level interventions have potential for promoting improved RMNCH outcomes through individual behavior change.