

# The Effect of Postpartum Family Planning Integration within a Community-based MNH Program in Rural Bangladesh (Healthy Fertility Study)

PPFP Technical Meeting  
May 27, 2013

# Background: Bangladesh and Sylhet Division

<b>Indicators</b>	<b>BGD</b>	<b>Sylhet</b>
Unmet FP need	17%	26%
CPR (any method)	56%	31%
TFR	2.7	3.7
Birth intervals		
<24 months	15%	26%
<36 months	37%	57%

Data source: Bangladesh Demographic and Health survey 2007

# Evolution of MNCH Packages

**Designed a community-based maternal and newborn care intervention package and evaluated the effectiveness of the package using a cluster randomized design**

**A home care package which involved CHW antenatal and postnatal home visits and management of sick newborn reduced NMR by 34% (Baqui et al., Lancet, 2008)**



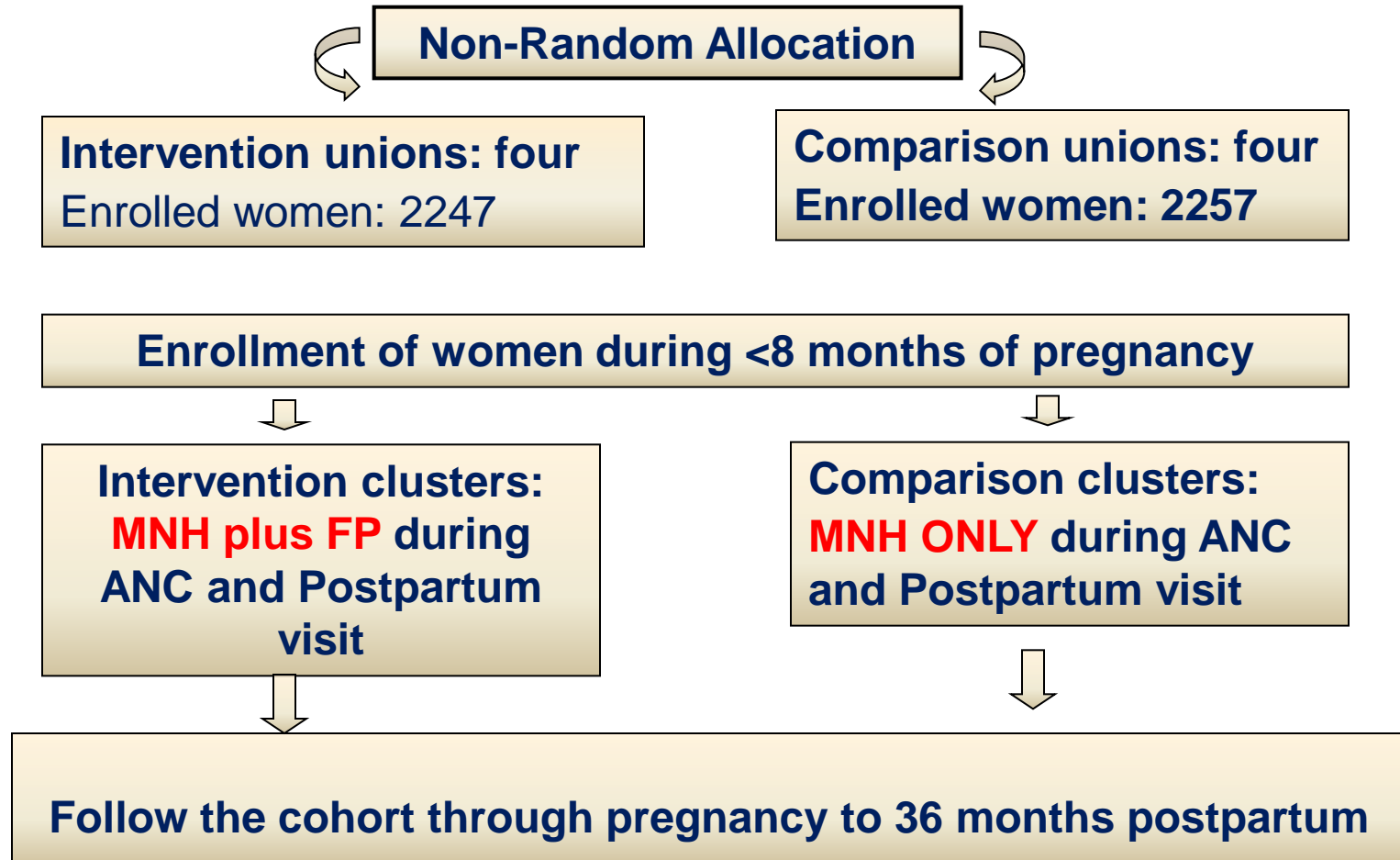
**Newborn care**



**Postpartum FP counseling and  
contraceptive distribution**

# Study Design

Study sites: eight unions in two sub-districts in Sylhet district, Bangladesh



# Intervention Delivery Strategy

**Service Delivery  
Home visits by CHWs**

**Counsel in antepartum  
and postpartum periods**

**Messages on LAM and  
transition, return to fertility,  
optimum birth spacing, and  
contraceptive methods**

**Pregnancy surveillance and  
contraceptives dispensing**

**Household visits  
every two months to  
identify new MWRA  
and pregnant women**

- Pills, condoms, and injectables
- Refer for other methods

**Community mobilization: Conduct meetings with women, husbands, mothers, mothers-in-law and community leaders including religious leaders to raise awareness about PFP messages**

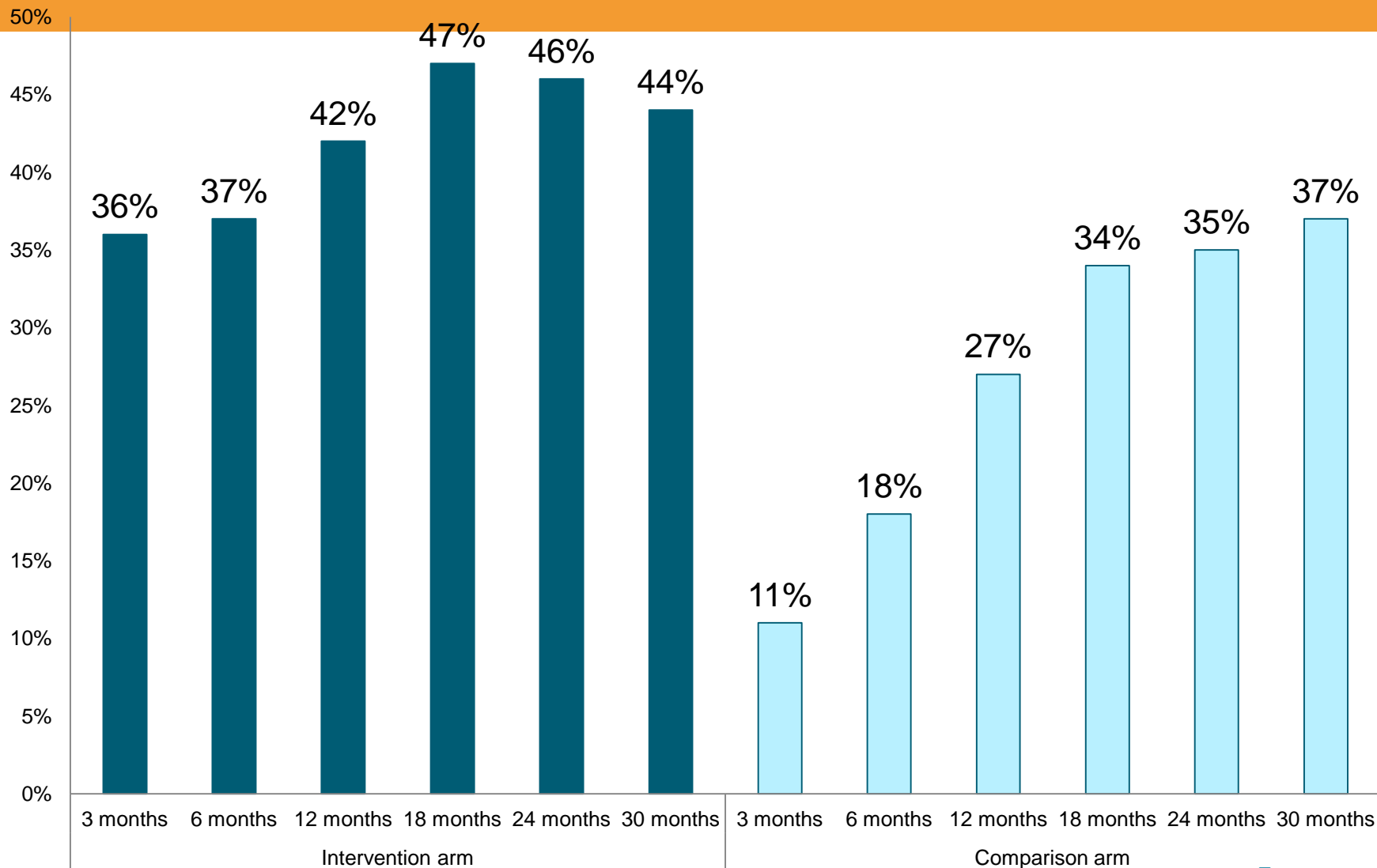
**LAM Ambassadors: Local champions providing peer support, counseling and advocacy for LAM**

# Selected Baseline Characteristics of Participant Women by Study Arm

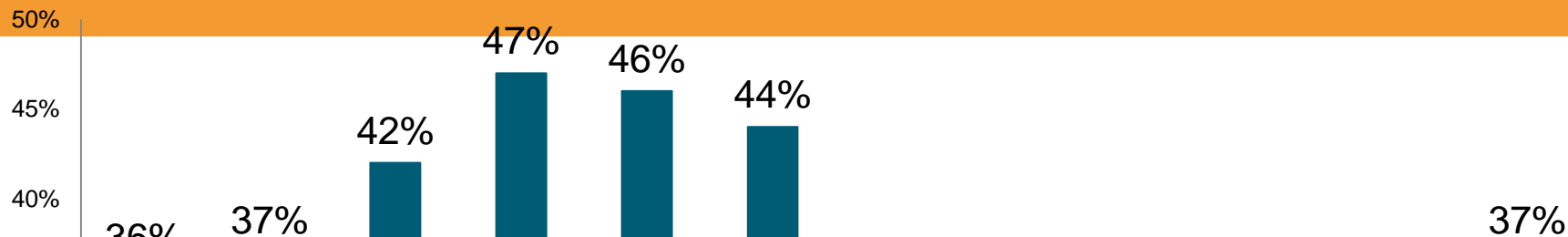
	Intervention (n=2247)	Comparison (n=2257)	P-value
Women's age <sup>1</sup>	26.5 (24.9-28.1)	26.6 (25.7-27.5)	0.753
Women's education (in years of schooling) <sup>1</sup>	4.5 (4.0-5.0)	4.1(3.4-4.8)	<b>0.026</b>
Husbands' education <sup>1</sup>	4.1(3.2-5.0)	4.0 (3.0-5.0)	0.783
Parity <sup>1</sup>	2.2 (2.0-2.3)	2.2 (1.9-2.5)	0.653
Religion			
Muslim	2135 (95.0)	2080(92.2)	
Hindu/other	112 (5.0)	177(7.8)	0.270
Ever contraceptive use before the index pregnancy	18.0%	21.1%	<b>0.022</b>

<sup>1</sup> Data are means (95% confidence intervals)

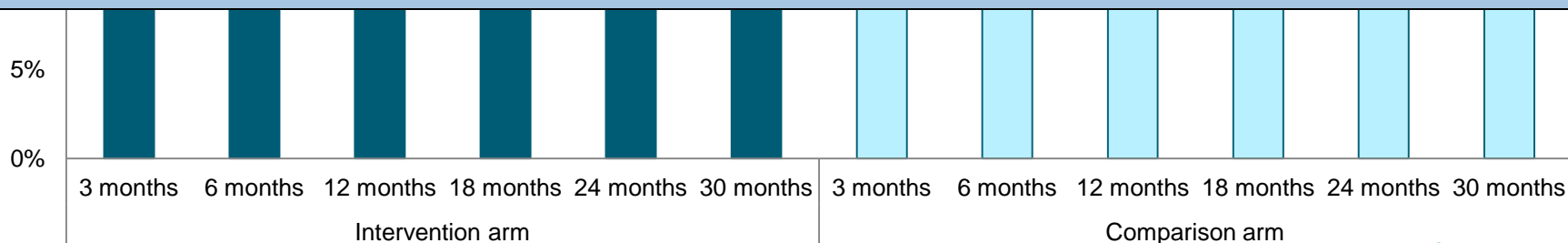
# Contraceptive Use Rate at 3, 6, 12, 18, 24 and 30 Months Postpartum by Study Arm



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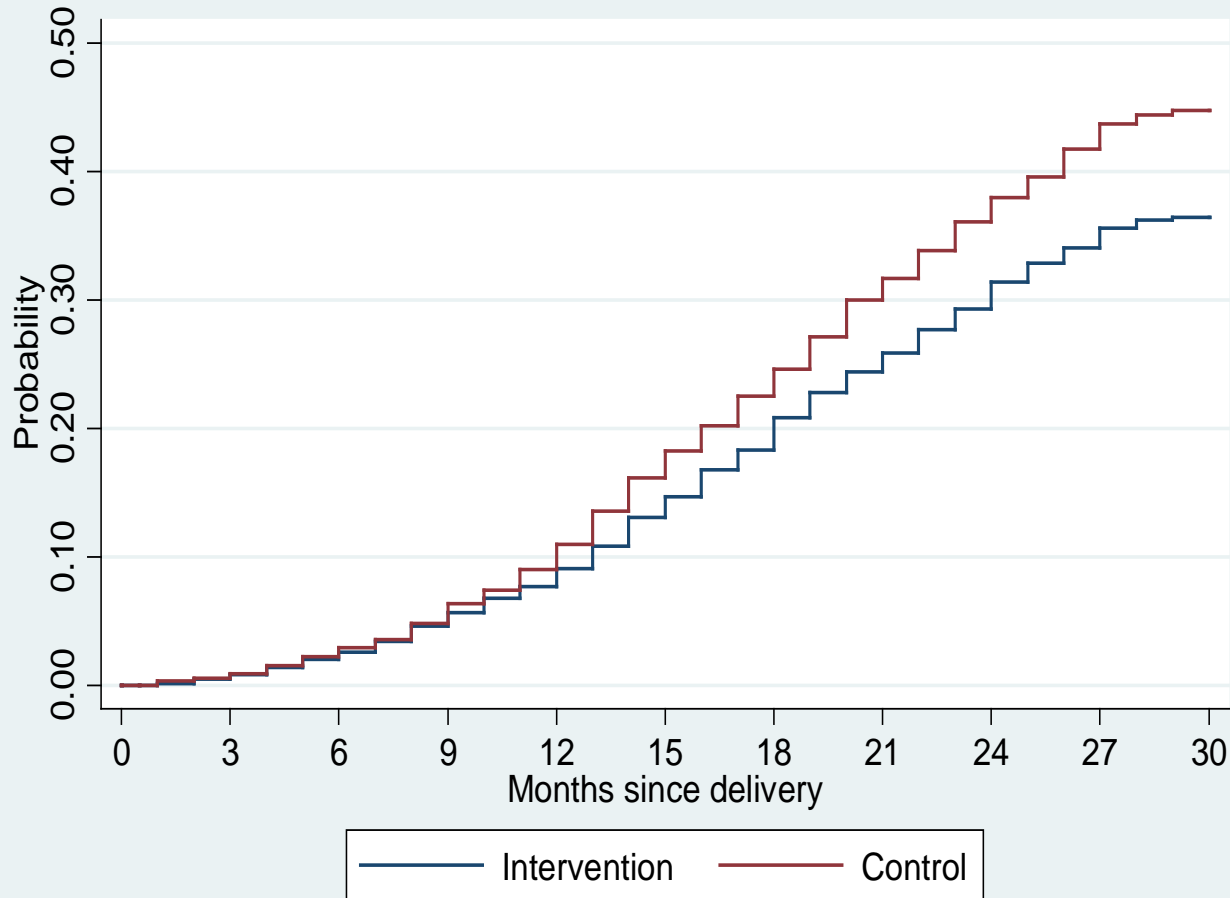


- Statistically significant improvement in the contraceptive use rate in the intervention area during the high risk period of first 24 months after delivery
  - 18% ever user before the index pregnancy to 46% at 24 months postpartum
  - 21% ever user before the index pregnancy to 35% at 24 months postpartum
- High number of new users and a trend towards increased early adoption





# The Probability of Becoming Pregnant by Postpartum 30 Months by Study Arm

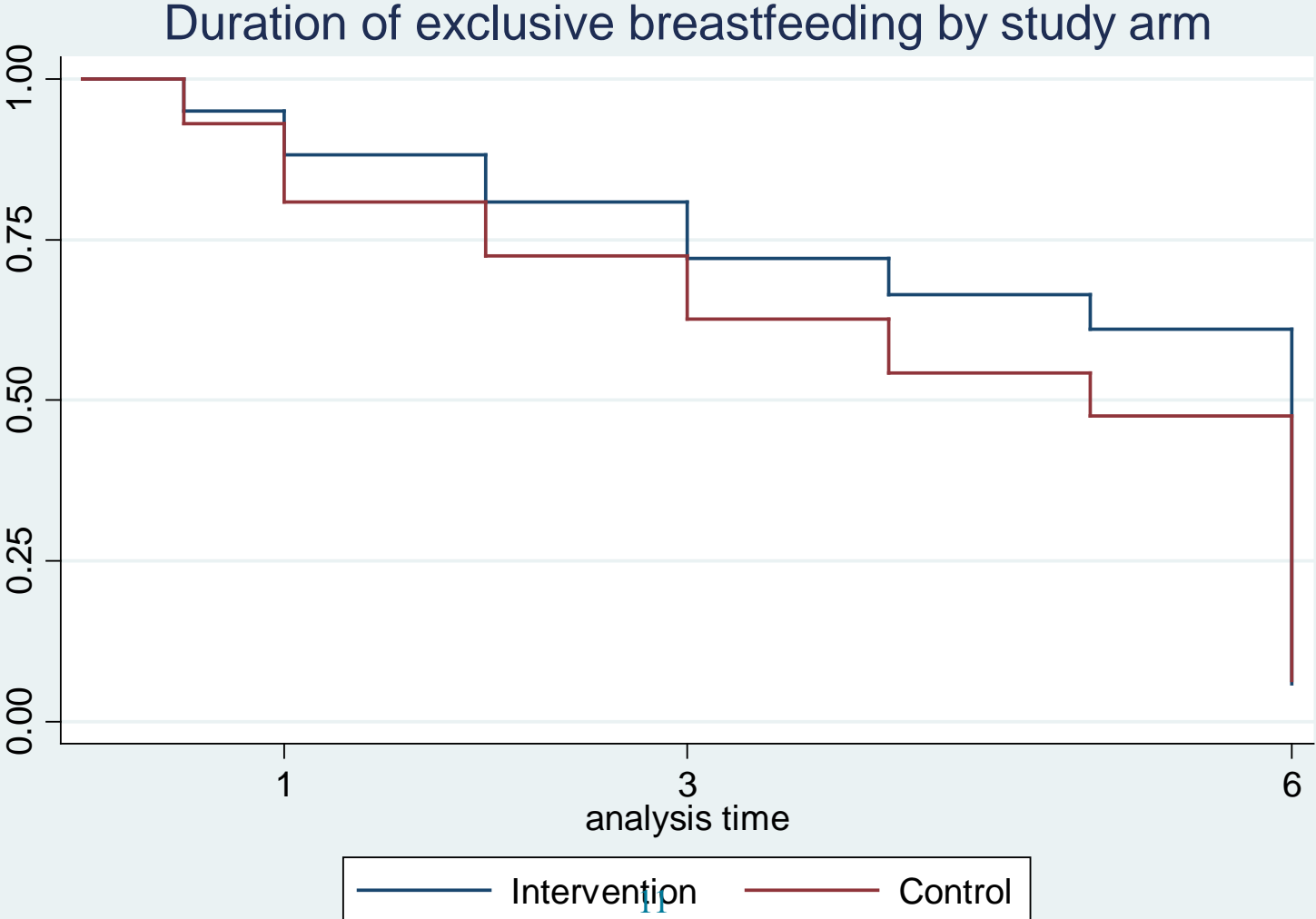


The difference is statistically significant ( $P < 0.001$ )

# Effect of Integration on MNH Care: Selected Newborn Care practices by Study Arm

	<b>Intervention (%)</b>	<b>Comparison (%)</b>
<b>Drying and wrapping of newborn within 10 minutes of delivery</b>	<b>50.4</b>	<b>44.1</b>
<b>Initiation of Breastfeeding within 30 minutes</b>	<b>56.6</b>	<b>46.8</b>

# Duration of Exclusive Breastfeeding by Study Arm



# Challenges

- One in every five women's husband stays abroad
- Women's mobility is limited
- Misconceptions about return to fertility

# Lessons Learned

HFS demonstrates:

1. Feasibility of integration of PPFP within a community-based MNH program.
2. Effectiveness of the model in increasing modern method use.
3. No notable negative effect on the delivery of MNH services.
4. The promotion of LAM had a positive effect on duration of exclusive breastfeeding.



**THANK YOU**