

PPFP Qualitative Assessment “Improving Postpartum Care for Mothers and Newborns in Pakistan”

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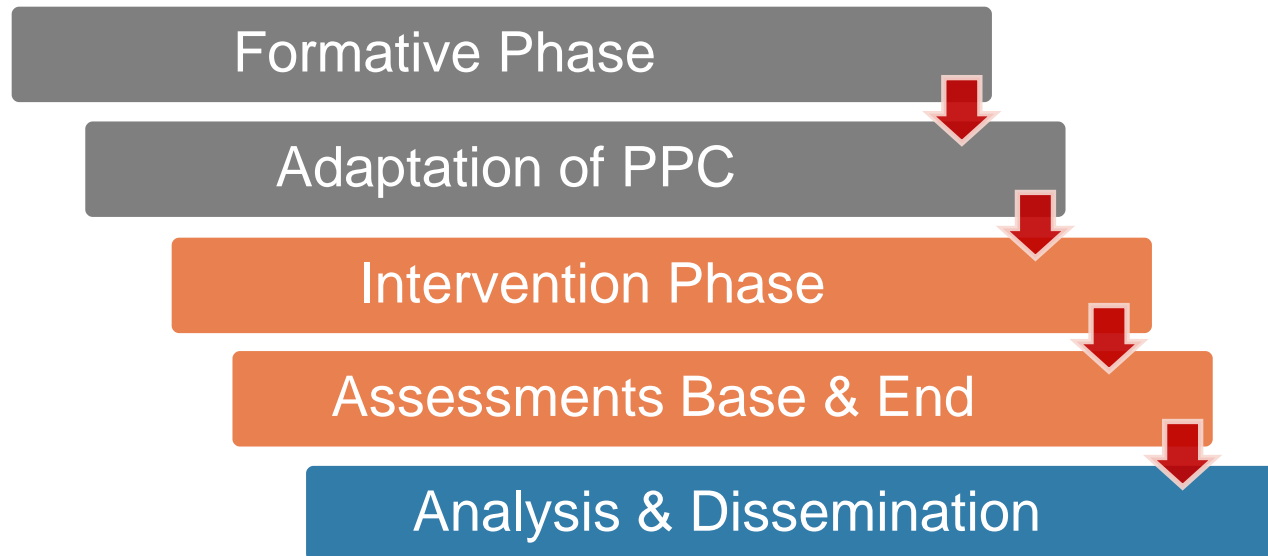
Background: Pakistan

- Pakistan MNCH demographics above MDG 4 & 5 Goals
 - MMR - 276/100,000 live births
 - NMR- 54/1000 live births
- Known Factors Affecting MNCH include
 - Low socioeconomic status of women
 - high risk pregnancy
 - poor access to health services
 - nutrition
 - cultural, religious & personal beliefs
- Pakistan's NMNCH Program is making efforts to expand PPC/FP standards however no national policy exists
- Current CPR 34%, only 22% women use any kind of FP in first year after delivery



Study Method/ Intervention

- 18 months Cluster Randomized Trial
- Unit of randomization is a Rural Health Center (RHC)
- Study divided into five phases



Formative Phase

- 8 FGDs (79 participant)
- 16 in-depth interviews
- Participant groups:
 - women who delivered their babies in/ outside a health facility in the past six months
 - husbands and mothers-in-law of women who delivered in/ outside a facility in the past six months
 - Facility and community health provider
- Analysis: Ethnographic approach



Formative Phase Research Question

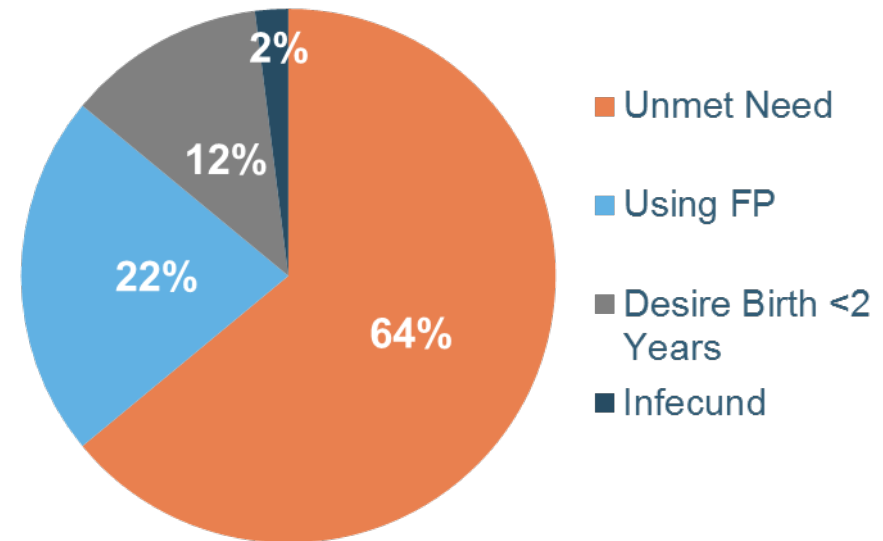
What are the **barriers** to women and families accepting and accessing PPC/ FP services in facilities and in their homes?

- gender
- ethnicity
- economic status
- urban/rural
- poverty
- literacy level
- flood displacement
- security
- decision-making power
- number of years married
- age
- Education
- provider performance
- quality of care

Objectives of Formative Phase

- Examine the factors influencing utilization of PPC/FP
- Inform revision and finalization of the PPC package and service model to reduce barriers to service access
- Aim to ensure that mothers receive their first postpartum consultation within 48 hours of birth, with subsequent visits at four to six weeks and four to six months

Figure: Prospective Unmet need among women in the first year postpartum



Source: FP needs during the extended postpartum period; Analysis of Pakistan Demographic Health Survey 2006-07; ACCESS-FP, 2009

Findings of Qualitative Research: Community

- **Postpartum concept in community** is initial few days
- **PPC care are not considered necessary**; however LHW are acceptable and welcomed
- **PPFP decision makers are husband and wife**
- **Husband can act as barrier and opportunity-** uptake of FP
- **Misconception** and myths
- **Gender discrimination**
- **increase demand**
- **transport is a big barrier to utilization of PPC/ FP services.**
- **dietary counseling in PPC/ FP**

Findings of Qualitative Research: Health Providers

- Healthcare providers are **not fully aware**
- **Not confident** in knowledge and provision of PPC /FP services
- **Capacity building** of Government staff for provision of proper PPC/FP services is needed
- Community Providers like **LHWs can play an important role** in the mobilization of PFP demand generation as compare to CMW
- **Cultural factors** such as privacy of female clients during post-partum period should be focused and addressed
- Public versus private sector reliance as community perceives **cost related with quality**

Conclusion

- Community **perceives community providers as the most acceptable and best option in provision of PFP** because they are in regular contact with mothers
- Community members are **not aware** that Health facilities are open 24/7
- Community has **perceived association of educational status** and awareness level of women with utilization of PFP
- Culturally, most **health providers identified Breastfeeding** as a method of FP in Postpartum time frame
- Health providers **are not confident and aware of PFP**