

Promoting Family Planning, Maternal and Child Health through Beauty Parlors in Afghanistan

Using Survey Data to Improve Pilot Implementation



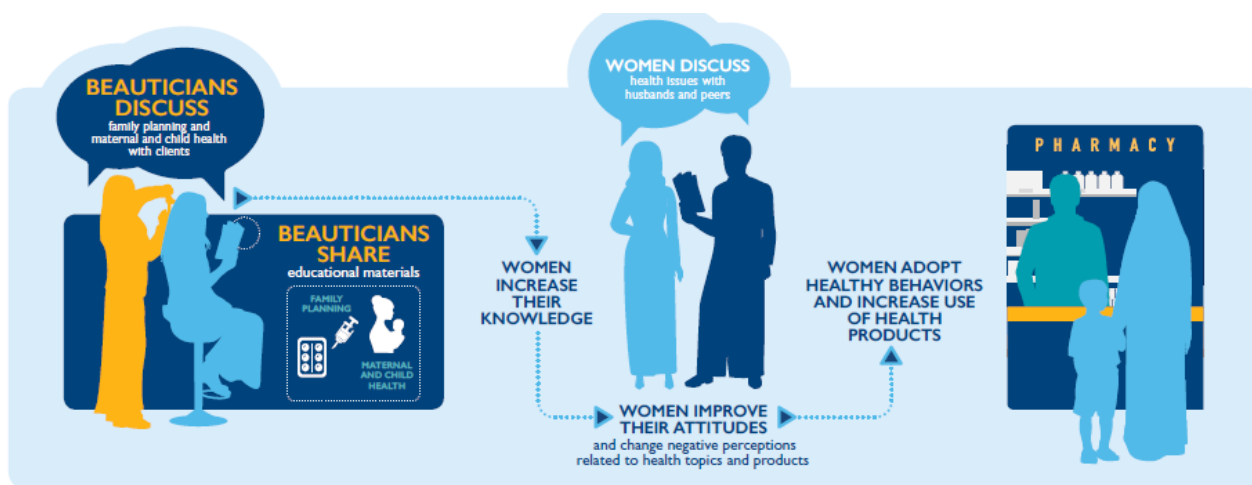
Afghanistan Context

Despite recent improvements, Afghanistan suffers from some of the world's worst health outcomes brought about by decades of war and insecurity. One in every 18 children dies before their fifth birthday, and 1 in 77 live births results in maternal death (CSO et al. 2017). Access to life-saving health information, services, and commodities is particularly challenging for women whose mobility and agency are restricted by sociocultural factors (Haider et al. 2009). While one-directional mass media campaigns can reach Afghan women with information on health, there are limited opportunities for women to engage in interpersonal communication on topics such as family planning (FP) and maternal and child health (MCH). This lack of opportunity and ability to seek and exchange information perpetuates myths and misconceptions regarding life-saving health products and practices.

Kabul Beauty Parlor Intervention

To address these constraints, the SHOPS Plus team in Afghanistan is collaborating with the Afghan Social Marketing Organization (ASMO) to implement an innovative pilot in Kabul to train 200 beauty parlor staff to deliver information to female clients on key, often-stigmatized health topics. Beauty parlors—of which there are over 10,000 nationwide—represent a unique space in Afghanistan, as they are one of few places where women can freely gather and exchange information. Leveraging these safe spaces, the pilot aims to transform parlor staff into community-level change agents trained to begin conversations and share educational materials with clients on family planning and maternal and child health. The pilot expects to encourage open dialogue (including with partners, friends, and family) and shift negative attitudes. The ultimate goal is to promote healthy practices and empower women to become effective advocates for their own and their children's health.

An innovative approach to reach Afghan women with health information



Formative Research to Inform Pilot Messaging

SHOPS Plus is conducting a mixed-methods research study with a randomized controlled trial design to 1) inform pilot messaging and approach, 2) improve implementation, and 3) evaluate impact. This report focuses on results from the first phase of the study during which the SHOPS Plus team conducted a quantitative survey with beauty parlor clients to assess their current knowledge, attitudes, and practices related to family planning and maternal and child health. The research team surveyed 530 married beauty parlor clients age 18 to 49 from 135 parlors in Kabul. SHOPS Plus and ASMO collaborated to incorporate study findings and key recommendations (detailed below) into the pilot to ensure messaging is responsive to the target population's needs.

Demographics, Household Dynamics, and Parlor Habits

Across the 530 women interviewed, the average respondent is 30 years old and has three children. Over half (58 percent) of respondents have a secondary education or higher, indicating that the sample is more highly educated than the average female population in Kabul (CSO et al. 2017). More than half of clients (56 percent) reported making health care decisions jointly with their husbands, while one in five reported that her husband alone makes health care decisions for his wife and children.

The survey found that respondents visit a beauty parlor quite frequently—once every ten days—and that they spend an average of two hours each visit. More than 80 percent of clients feel comfortable discussing their own and their children's health with their beautician. These findings demonstrate that the pilot is a feasible and promising intervention in Kabul.



A customer in conversation with a beautician about priority health products.
- Naimat Rawan



ASMO branded Shefa wa Quwat, ORS zinc co-pack.
- ASMO

Childhood Diarrhea

Findings: Fifty seven percent of respondents have at least one child under five, and 36 percent of children under five had diarrhea in the last four weeks. While nearly all (95 percent) caregivers are aware of ORS, just two-thirds (69 percent) have heard of zinc. Nearly two-thirds (64 percent) of clients with sick children gave ORS, yet only 15 percent gave ORS and zinc. Further, 56 percent gave their sick child an antibiotic, antidiarrheal, or antiprotozoal. We examined differences in perceptions and knowledge between respondents who had used and not used the product and found that non-zinc users have significantly less knowledge of zinc and its effectiveness.

Pilot Implications: Beauty parlor staff should emphasize the ORS and zinc co-pack as the top-recommended treatment. There is an opportunity to leverage relatively high ORS use to increase

demand for the co-pack, which is cost-efficient and convenient. There is also an opportunity to shift ORS non-users (one in three caregivers) towards future use.

In addition, given high antibiotic, anti-diarrheal, and antiprotozoal use, staff should heighten the perceived risk of these potentially harmful treatments so that caregivers gain knowledge to seek out appropriate diarrhea treatments. To complement this approach, ASMO coordinators should communicate this same message to health providers in the parlor intervention areas.

Lastly, the pilot should promote awareness of zinc effectiveness, including that:

1. Zinc is an effective treatment for childhood diarrhea,
2. Zinc can help prevent future diarrhea episodes for up to 2 months,
3. Zinc must be given for 10 days to protect against future diarrhea,
4. Zinc and ORS should be given together to be most effective.

فوائد تابلیت های قوت:

- باعث شفا یاب شدن زودتر طفل از اسهال میگردد.
- قوت انرژی و اشتهای طفل را خوبتر میسازد.
- به طفل کمک میکند تا خوبتر رشد کند.
- در صورت که تابلیت های قوت به مدت ۱۰ روز استفاده شود دفعات و مدت اسهال را کاهش داده و از وقوع اسهالات بعدی در ۲-۳ ماه آینده وقایه میکند.
- تابلیت های قوت سیستم معایفت را تقویه می کند.

استفاده تابلیت های قوت:

برای اطفال ۶ ماهه الی ۵ ساله روزانه یک تابلیت قوت را بدهید و آنرا الی ده روز با وجود خوب شدن اسهال ادامه دهید. برای اطفال کمتر از شش ماه نصف تابلیت قوت را با شیر مادر در قاشق حل نموده بدهید.

ویژه گیهای تابلیت های قوت:

تابلیت قوت توسط اطفال بخوبی تحمل میگردد. به آسانی در آب و شیر حل میگردد.

بیاد داشته باشید:

تابلیت قوت را در جای خشک، سرد و دور از شعاع آفتاب نگهدارید. تمام دواها را از دسترس اطفال دور نگهدارید.

تابلیت های قوت (زینک) ضامن قوت و سلامتی اطفال شما!

ASMO's leaflet on standalone zinc product, Quwat. - ASMO

Water Treatment

Findings: Among respondents with a child under five, nearly three-fourths (74 percent) treat their water. Boiling is the most common water treatment method (45 percent) followed by chlorine (14 percent). More than one in four (26 percent) do not treat their water, and 60 percent say that water that looks clean is safe to drink. Awareness and knowledge of where to purchase chlorine is high, but data analysis illuminated several barriers to chlorine use. For example, non-chlorine users were significantly more likely than users to report that chlorine had a bad taste.



Woman with child in Kabul.
- Naimat Rawan

Pilot Implications: Parlor staff should focus on increasing the threat perception of untreated water. It is important to draw a direct link between consumption of untreated water and negative health outcomes including diarrhea. This approach should help transition women who do not treat their water towards chlorine use or boiling.

Iron Folate

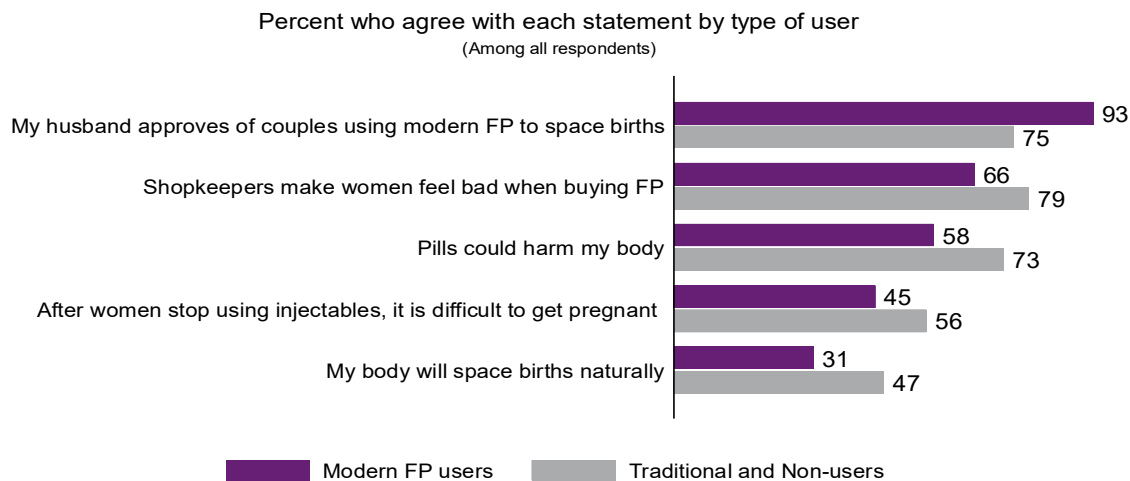
Findings: The survey found that awareness of and access to iron folate is very high (over 90 percent). However, 26 percent of respondents did not use iron folate during their last pregnancy.

Pilot Implications: Parlor staff should focus on educating women who did not take iron folate tablets during their last pregnancy as well as clients who are planning to become pregnant about the benefits of IFA during pregnancy.

Family Planning

Findings: Fifty-six percent of respondents use a contraceptive method and 46 percent use a modern method. Thirty percent of users rely on condoms, 22 percent on pills, and 18 percent on withdrawal. Our analysis of contraceptive knowledge, beliefs, and attitudes revealed several significant differences between modern users and traditional or non-users (see graph below). For example, traditional and non-users were more likely to report shopkeeper stigma when purchasing a family planning method and less likely to report that their husbands approve of modern contraceptive use. Analysis also indicates that fears of infertility and bodily harm may be barriers to contraceptive uptake

Possible barriers to contraceptive use among traditional and non-users



Modern users N=151; Traditional/Non-users N=311
All Differences between users and non-users are statistically significant $p < 0.05$

Pilot Implications: One opportunity to help women meet their reproductive intentions is to discuss more effective modern contraceptive methods with traditional method users. Parlor staff are well positioned to engage these women in conversations about the relative benefits of modern methods, why women rely on withdrawal, and how they might transition to a modern method if interested. It is also important for women to engage their husbands in family planning decisions. Parlor staff can help women think through appropriate approaches to initiate dialogue about family planning with their partners such as considering the financial and health benefits of birth spacing.

To address shopkeeper stigma, beauty parlor staff can begin by talking with clients about their experiences purchasing contraception from a male shopkeeper and share strategies to break down stigma and increase confidence when purchasing contraception. ASMO coordinators should also sensitize shopkeepers and pharmacists in intervention areas to reduce negative interactions.

To address fears of infertility and bodily harm, parlor staff should communicate the reversibility of hormonal methods, discuss their side effects, and distinguish between real, temporary side effects and inaccurate myths about permanent harm. Lastly, beauty parlor communications should discuss the importance of birth spacing to protect both the mother and baby's health and improve the family's well-being, which is critical messaging in high maternal and child mortality settings. Nearly half of traditional and non-users believe that their body will space births naturally, so providing accurate information on spacing, including the timing of fertility return after giving birth and breastfeeding, is key to increasing contraceptive use.

Stay Tuned for Impact Evaluation Results

This pilot is the first of its kind in Afghanistan. SHOPS Plus will conduct a follow up client survey



A woman purchasing contraceptive pills in a pharmacy. - Naimat Rawan
- Naimat Rawan

in late 2019 to measure the impact of the pilot on knowledge, attitudes, and behaviors. If proven effective, this model has the promise to impact the lives of Afghan women by creating new and safe platforms through which they can engage in discussions about important health information, adopt proven practices to protect their children from preventable diseases, and understand the benefits of modern contraception for birth spacing and healthy future pregnancies. The impact evaluation results will also have implications for scalability across Afghanistan given its vast beauty parlor network.

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This brief is made possible by the generous support of the American people through USAID. The contents are the responsibility of Abt Associates and do not necessarily reflect the views of USAID or the United States government.