The peer-approach for working with Young Married Couples

Young Married Couples have unmet need of FP (overview):

Early marriage associated with early birth of the first child is very common in Bangladesh. Before reaching the age of 20, as many as 80 percent of the women in Bangladesh are married (EH/ACQUIRE, 2008); more than 70 percent of married adolescents became pregnant before their first marriage anniversary, and the mean age at first pregnancy is 16.4; nationally 52.9 per cent of currently married women aged 15-19 are not using any contraceptives (BDHS, 2011). Once married, girls are under pressure to prove their fertility and an early pregnancy follows. The reproductive health and family planning needs of this age group are severely neglected; the unmet need for family planning of the 15-19 year olds is highest among all age-groups, at 14.1% (BDHS, 2011); making them an important group to receive reproductive health services.

What are the benefits of reaching Young Married Couples?

Young married couples (YMC) needs supportive environment and opportunities where they can discuss about their family planning (FP) and reproductive health (RH) issues. Two issues are of the highest importance for them. The first is to increase their knowledge about the health implication of early/frequent pregnancy, about all available methods of FP, and encourage them to communicate effectively with their spouses. The second is ensuring that they should know from where to obtain the services; and have access to seek FP and RH information and services.

Specific program for YMC would assist them in take decision on space, delay or limit their pregnancies and fill their unmet need for family planning services.

What are the barriers to reaching young married women?

Social norms support demonstration of fertility soon after marriage, motherhood is one of the few ways in which a young married woman can establish her value and identity to her husband’s family. Due to power structure they have little ability to negotiate with their husbands about sex, contraception and childbearing. Besides in rural areas health services are neither readily neither available nor accessible make it difficult for them to seek services.

The peer approach to reach the Young Married Couple

The Mayer Hashi project is serve to determine a best practice program model for reaching YMCs (age of the wife is less than 20 and having at-least one child) with information and services for all FP methods to encourage longer spacing, through a peer-led approach that supports their sexual and reproductive health decision-making, while the behavior change objective focuses on increase use of long-acting methods.

The model YMC program is implemented in five upazilas- Patuakhali Sadar, Mirzaganj, Dumki, Bauphal, and Kalapara (comprising of a total of 48 unions) of Patuakhali district. Peers are considered as primary source of information at the community and establish linkages between community and facility. This is a 20 months program with 18 months community intervention of the peers which ended up in June, 12.

The program provides assistance to enhance communication skills of the service providers and field workers who are essential in facilitating a youth friendly environment. At the inception the respective program managers (UFPO, MoMCH), service providers and field workers (a total of 665) were oriented about the design of this model program, their role and also on effective communication techniques.
Following a set of criteria 200 peers were selected from the community and were oriented to work in close collaboration and coordination with the FWAs and FFWVs to address young couples of their community with specific BCC activities. Following the orientation they were equipped with pictorial guideline on peer activity, BCC materials, formats for documentation and individual ID card signed by the respective UFPO.

The program utilizes married young women as peer who acted as agents of change- in their communities. Each of the peer had been responsible to cover 80-100 young married couples. They received trained and routinely conducted home visits and group meetings with the YMC to discuss on: FP methods, benefit of delaying-spacing pregnancy, importance of spousal communication on FP, facilities of FP services and also responded to the misconceptions related to long acting and permanent methods (LA/PM). They maintained liaison with the union parishad chairman, imam and satisfied LA/PM acceptors of her area for their support as an advocate, linked up with the respective FWAs to address technical concerns like side effects or misconceptions and also referred the interested clients to the service facilities; even sometimes they were accompanying the clients to the facilities to make them feel comfortable.

The peers were continuously monitored by the FWAs with whom they work in close collaboration. Besides’ Mayer Hashi program staff spot checked their work by visiting them and attending group and individual counseling sessions. The peers documented their activities on a monthly basis with the acknowledgement of the respective FWA and they used to attend quarterly meeting with the respective UFPOs (Upazilla Family Planning Officer) and the Mayer Hashi program staff where they shared their activities, discussed about their performance trend, talked about required support for strengthen their activities further, and also updated with new information. After six months of field intervention a series of refresher training were conducted for the peers to address and accommodate the field monitoring findings.

In the intervening upazilas the community influential were encouraged to assist the peer in resolving problems that might hindered their activities. The program also gave emphasis on active involvement of central level DGFP officials to ensure active engagement of local level managers and strengthening the linkages between the peers and fieldworkers. Beside DGFP also gave recognition of peers with certificates.

**What we achieved (Results)?**

The peer brings positive change in increase use of long acting (LA) methods by YMC. The main channel for behavior change communication is peers, a channel proven effective and contributes significantly in FP performance. Bedsides’ use of local network and harmonizing the efforts of FWA and peers manage to connect with many YMC and strengthen their FP/RH knowledge as well and increase acceptance of LA methods.

Out of 18 months of field intervention period 3 months (Jan, 11 – March, 11) were utilized for peer selection and orientation followed by 15 months (April, 11 to June, 12) of field activities of the peers in selected upazilas. The peers conducted 16,855 household visit for one to one meetings and had organized a total of 5428 group meetings with young married couples to discuss birth spacing, family planning and relevant issues with focus on LA. During this period the peers referred a total of 4596 clients for LA/PM (3379 for implant, 428 for IUD, 305 for tubectomiy and 440 NSV clients, and 54 for side effect management) services.

The DGFP MIS report showed (Table 1) a significant increase in number of acceptors received LA/PM methods in five intervening upazilas of Patuakhali district during intervention period in compare to
pre-intervention period. Mayer Hashi project conducted both pre and post intervention survey that shows that:

- Overall, IUD and Implants adoptions have been increased by 15 percent in the five upazilas. These findings indicate that the intervention had an influence on the LA methods where adoption of permanent methods has increased synergistically.

- Knowledge on LA/PMs of young married husbands increased substantially from pre-intervention survey to post-intervention survey except IUD.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>End-line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of any modern contraceptive method</td>
<td>58.5</td>
<td>66.3</td>
</tr>
<tr>
<td>Implant</td>
<td>0.0</td>
<td>6.0</td>
</tr>
<tr>
<td>IUD</td>
<td>0.0</td>
<td>1.3</td>
</tr>
<tr>
<td>Injectables</td>
<td>6.6</td>
<td>20.6</td>
</tr>
<tr>
<td>Contraceptive pill</td>
<td>46.1</td>
<td>34.8</td>
</tr>
<tr>
<td>Condom</td>
<td>5.8</td>
<td>2.7</td>
</tr>
<tr>
<td>Any traditional method</td>
<td>1.9</td>
<td>1.3</td>
</tr>
<tr>
<td>Not currently using contraception</td>
<td>39.5</td>
<td>32.4</td>
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**Table 1: Current use of Contraception**

- Current use of contraception by the young married couples in intervention upazilas has increased from 58.5 percent during pre-intervention period to 66.5 percent after the intervention period- a 12 percent point increased due to 18 months intervention.

- The attitudes and intention of YMC to use FP methods have changes toward LA/PMs.

- Exposure to the message on FP or LA/PM has increased at the post-intervention survey compared to pre-intervention survey. The majority of the YMC heard about LA/PM and FP messages through one-on-one interactions, poster and community.

- Spousal communication on the use of FP methods in the last three months has significantly increased from the pre-intervention survey to post-intervention survey

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Young Women</th>
<th>Young Men</th>
</tr>
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<tbody>
<tr>
<td>Peer visited home and discussed FP methods</td>
<td>24.0</td>
<td>17.9</td>
</tr>
<tr>
<td>Satisfied with peer services</td>
<td>99.2</td>
<td>97.2</td>
</tr>
<tr>
<td>Provided enough information on LA/PM</td>
<td>97.4</td>
<td>88.0</td>
</tr>
<tr>
<td>Felt comfortable discussing FP with peer</td>
<td>93.9</td>
<td>94.5</td>
</tr>
<tr>
<td>Aware that peer organized group meetings in community</td>
<td>77.6</td>
<td>65.5</td>
</tr>
<tr>
<td>Attended community group meetings organized by peer</td>
<td>61.6</td>
<td>34.7</td>
</tr>
</tbody>
</table>

**Table 2: Interaction of the peer**

- The interactions of the peer bring satisfaction of the YMC.

The peer approach empowered the young married women to talk about unmet need and to seek services and cultivate the active support of those who influence YMCs decision making.

**Way forward (Lessons learned)**

Peers are an effective channel to reach the YMC and the lessons learned from this targeted intervention would assist in scaling-up the program for a wider geographic coverage. The lesson learned from this model program are as follows:
• Involving community-based peer can contribute to increases uptake of LA by YMC. Involving Peer with FP related knowledge with special focus on LA/PM help improve access to FP services.

• Selection of proactive peer is the key. Selection of pro-active and experienced peers should be prioritized to ensure the peers remain productive.

• It is important to keep the motivation of the peers up to make the program sustainable.

• Broader community advocacy and BCC seem to strengthen the supportive environment and impact of the peer intervention. However Large-scale coordinated outreach activities require thorough planning.

• On-site follow-up and monitoring of outreach activities of the peers, with supportive coaching and feedback through the government system is necessary to maintain the quality of services.

• Increase the age limit of young married women in program. The model program experiences showed that the young married women of the age of 20 -25 years were more interested about accepting long acting methods.

• Involvement of community support group. The community support group involvement enhance the acceptance of the peer and also to overcome the local level barriers.

Recommendations:

• FWA respective FPI and UFPO needs to be involved actively in peer selection process and should consider with priority the experience as volunteer, pro-activeness, networking and communication skill of the peer.

• For sustainability of the peer program, linking the peers with income generating activities under different GO / NGO program such as kitchen gardening, selling safe delivery kit /ORS etc would be ideal.

• Community level interventions, such as BCC, follow-up, monitoring, supervision and support need to be carefully coordinated. Along with FWA the FPI could play very specific role in coordination with the peer and assist them to increase their network.

• It is recommended that the government machineries should fully be involved in supervision and monitoring any activities implemented and led by the peers. The FPI could be directly involved in this purpose in addition to the upazila and district level program managers.

• It is suggested to increase the age limit of young married women up to 25 years for the program.

• Ensuring active involvement of the community support groups.

Conclusion

The model program showed that the targeted BCC intervention through peer has been able to increase knowledge of the YMCs on FP particularly LA/PM. As a result of the success of the intervention, the DGFP requested that it be scaled up and they plan to initiate further scale-up through their OP.