



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

Baseline Results

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Overview

- Context and rationale
- Kabul beauty parlor intervention
- Research questions and methods
- Formative research results:
 - Demographics and household dynamics
 - Beauty parlor habits
 - Childhood diarrhea
 - Water treatment
 - Iron folate
 - Family planning
- Implications for ASMO
- Conclusions and next steps



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Context and rationale



Despite recent improvements, Afghanistan has some of the world's worst health outcomes



1 in every **77** live births results in maternal death (2015 DHS)



1 in every **18** children dies before their 5th birthday (2015 DHS)



A woman has on average **5.3** children, and only **23%** use modern contraception (DHS 2015)



29% of children under 5 have diarrhea (DHS 2015)



Up to **44** percent of pregnant women suffer from anemia (WHO 2015)



Afghan women face barriers to health access

- Social and cultural norms restrict women's autonomy in health decision making
- Women have insufficient and inaccurate health knowledge
- Lack of opportunity and ability to seek and exchange information perpetuates myths and misconceptions about health products and practices.



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SHOPS Plus in Afghanistan

- Supports the Afghan Social Marketing Organization (ASMO) to increase demand for and access to life-saving health products
- ASMO markets and distributes a variety of health products
 - ORS, zinc, water treatment solution, iron folate, condoms, oral and injectable contraceptives
- ASMO plays a key role in the health of the Afghan population
 - 22% of modern contraceptive users and 11% of ORS users purchase ASMO brands (Ganesan et al. 2017).



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Kabul beauty parlor intervention



An innovative approach to reach Afghan women with health information

- A pilot to train beauticians to conduct information, education, and communication activities related to FP and MCH with female clients
- Leverages culturally acceptable spaces, transforming them into new platforms to discuss health
 - Afghanistan has over 10,000 beauty parlors
- Ultimate goal is to encourage open dialogue, shift negative and ill-informed attitudes and perceptions, and promote healthy practices



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What do we know about beauty parlor interventions?

- Beauty parlors in Africa have been used successfully for FP promotion and HIV prevention activities including male and female condom distribution (MCHIP, 2014; MCSP, 2016)
- In the US, barber shop and beauty parlor staff have been trained to help clients prevent NCDs
 - Focus on African American populations (Linnan et al., 2014; Leader, 2014; Johnson et al., 2010)
- No literature to date on use of beauty parlors to promote child health best practices
- Few studies have rigorously evaluated beauty parlor or barbershop interventions

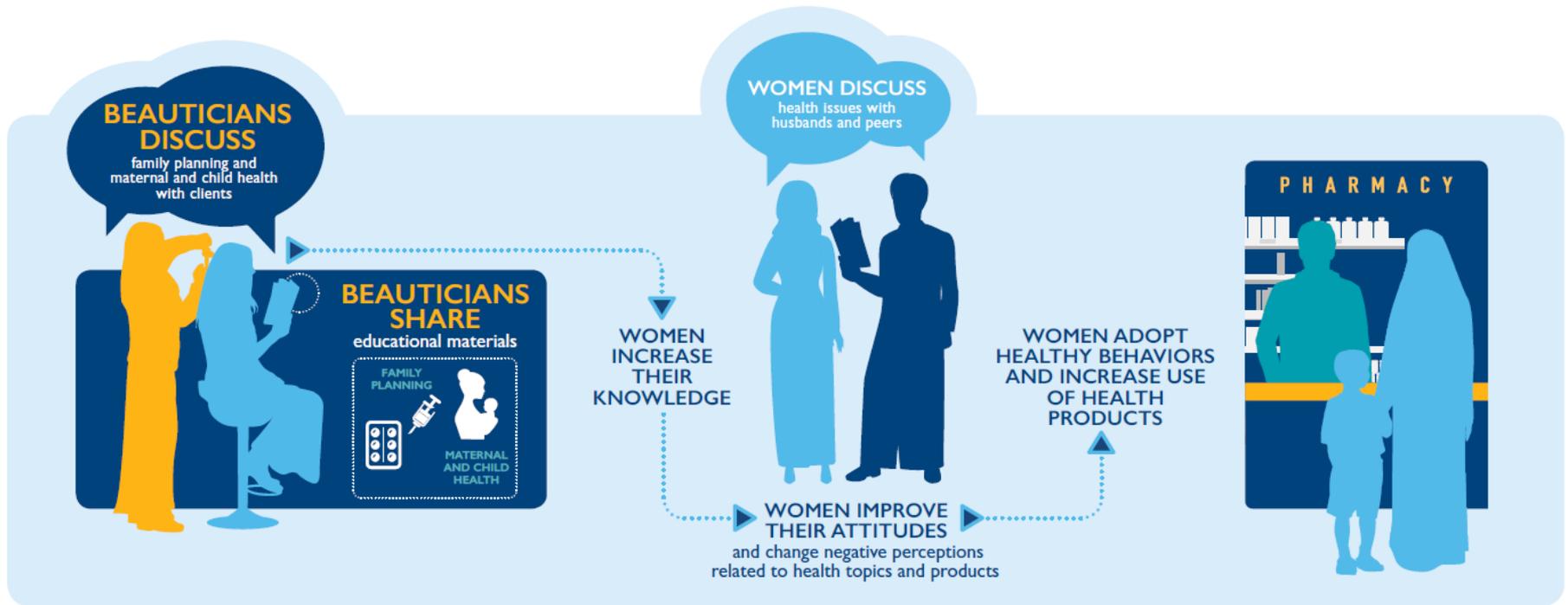


Kabul beauty parlor intervention

- ASMO recruited 198 beauty parlors for the pilot
- Parlors located in middle- and lower middle-income neighborhoods in both commercial market and residential areas in Kabul
- Each parlor has on average 2-3 staff, receives 5-8 customers per day
- ASMO will conduct trainings with staff from each parlor
 - All staff invited to participate in a series of one-day training sessions
 - Staff provided with promotional materials for display in parlors
 - Refresher trainings
- ASMO interns conduct parlor monitoring visits to assess staff/client interactions and provide support
- Parlor staff do not receive financial incentives



Intervention theory of change





Why Kabul?

- Low use of FP and MCH products and access barriers are problems that cut across all geographic areas and wealth quintiles, including Kabul
- Kabul has the highest number of women intending to use FP (Ganesan et al. 2017)
- People from middle wealth quintiles are more likely to be early adopters of new practices (Rogers, 1971)
- Working in areas where people have an ability to pay a (subsidized) price for health products is important for ASMO's social marketing efforts
- USAID/Afghanistan's health strategy prioritizes investments in five urban provinces, including Kabul



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Research questions and methods



Research questions

- 1. *Formative*:** What are the knowledge, attitudes, and practices of beauty parlor clients related to family planning and maternal and child health?
- 2. *Operations*:** What are challenges and opportunities with program implementation?
- 3. *Evaluation*:** What is the impact of the program on women's knowledge, attitudes, discussions with their spouses, and practices?



Research methods

- Mixed-methods study with a randomized controlled trial (RCT) design
 - **Formative research (Quantitative)**
 - Baseline survey of female clients to inform pilot design and implementation
 - **Operations research (Qualitative)**
 - Interviews and FGDs with parlor staff to monitor pilot progress and inform mid-course improvements
 - **Evaluation research (Quantitative)**
 - Endline survey of clients to evaluate the impact of the pilot and assess scale-up potential
- Local IRB and Abt IRB approvals



Study contributions

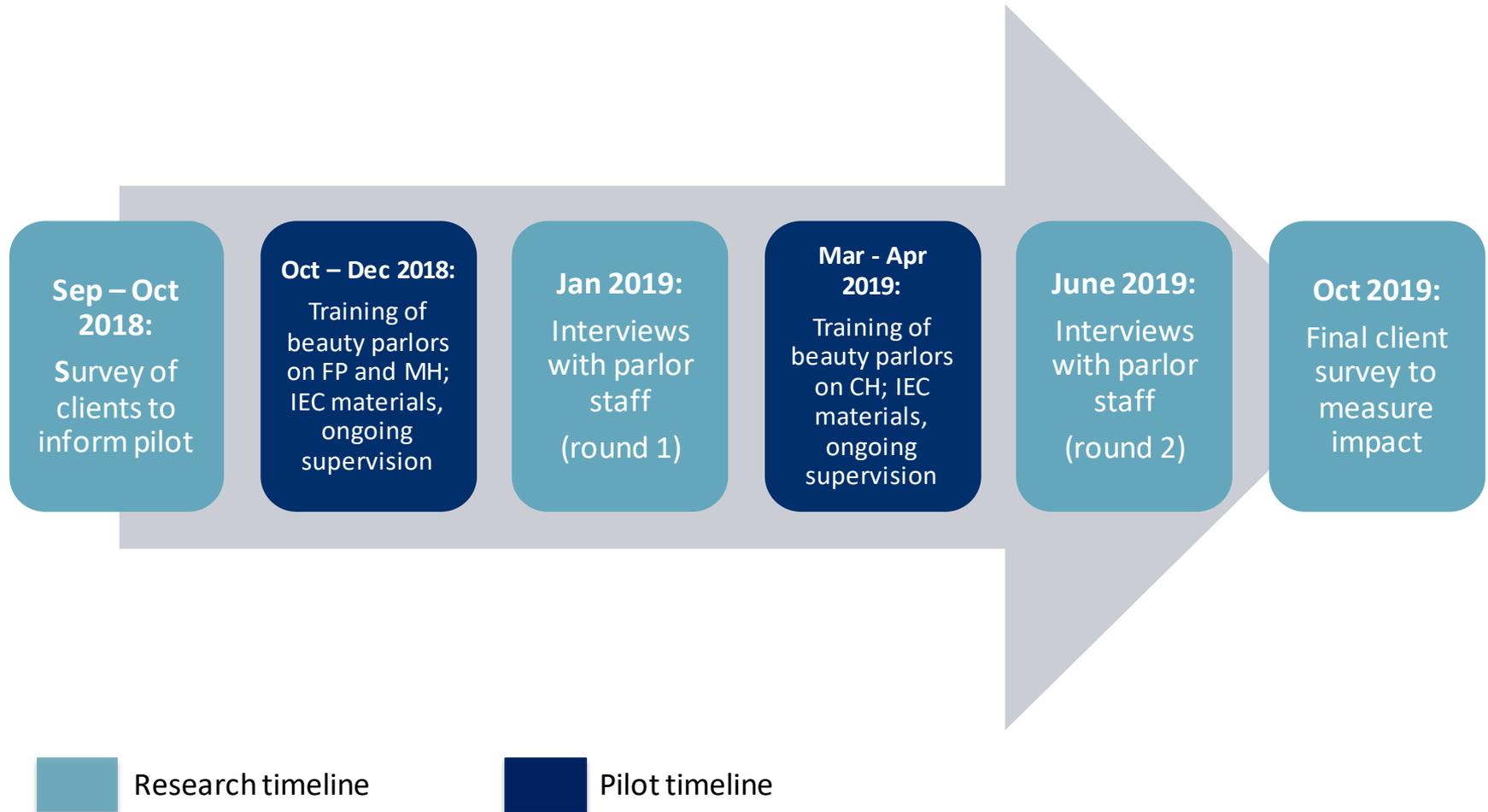
- Study will contribute to the (thin) body of evidence evaluating unconventional channels to deliver health information and products
 - Few studies have rigorously evaluated beauty parlor interventions
- Pilot in Kabul is the first application of this approach in a conflict setting and in a context where information is not easily accessible to women
- Potential for scale up to other urban provinces in Afghanistan



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Study and pilot timeline





Baseline survey

- 198 recruited parlors randomized into treatment (2/3) and control (1/3)
- 135 parlors consented to participate in the baseline survey:
 - 78 intervention parlors
 - 44 control parlors
 - 13 survey pilot parlors (removed from survey)
- On average, 6 client interviews per parlor
- Eligibility for survey: married women, age 18-49
- Interview conducted at parlor or client's home (based on availability and client preference)
- Total N = 530

Formative research results



Demographics and household dynamics



Profile of beauty parlor clients

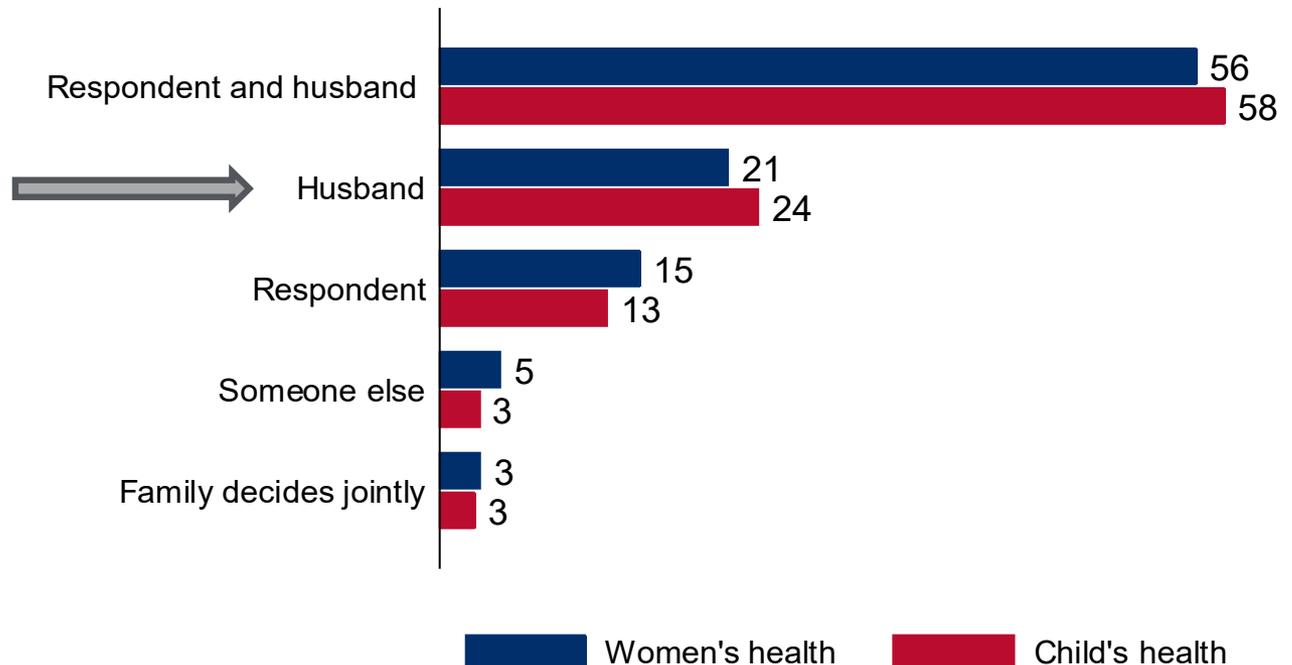
Indicator		Percent or mean
Age	Average:	30
	18-24 years	27.5%
	25-34 years	42.6%
	35-44 years	22.8%
	45-49 years	7.0%
Worked in the last 12 months		23.1%
Children	Has any children	83.6%
	Has child under 5	56.8%
	Number of children	2.9
	Number of children under 5	1
Education	None	25.9%
	Primary	16%
	Secondary	18.5%
	Higher	39.6%



Most clients make health care decisions jointly with their husbands

Who makes decisions about your and your child's health care?
(Among all respondents and those with child under 5, percent)

Yet for more than 1 in 5 clients, husband makes health care decisions for his wife and children

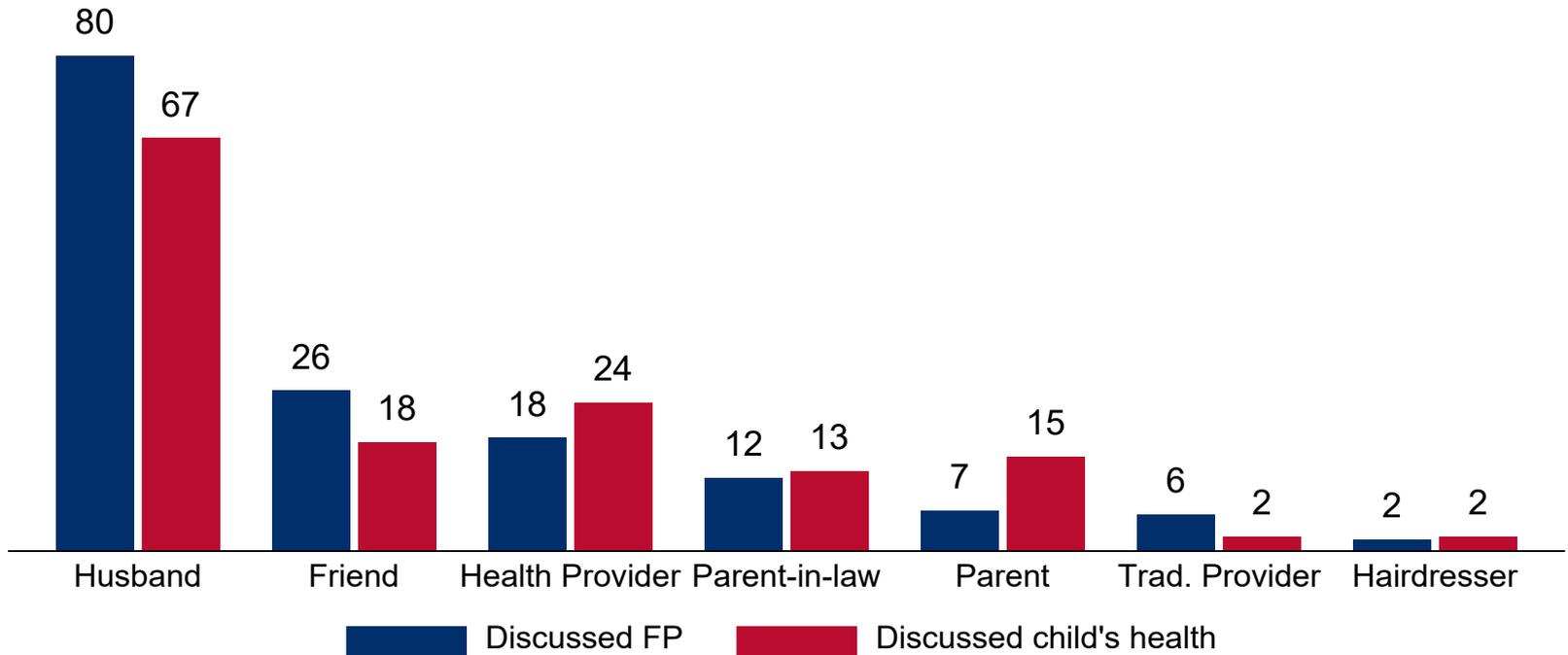


Women's health N=523; Child's health N=296



In the last month, half of women discussed health topics, mostly with their husbands

With whom did you discuss FP or your child's health in the last 30 days? (Percent)
(Among respondents who discussed FP or their child's health in last 30 days)



Family Planning N=169; Child health N=170

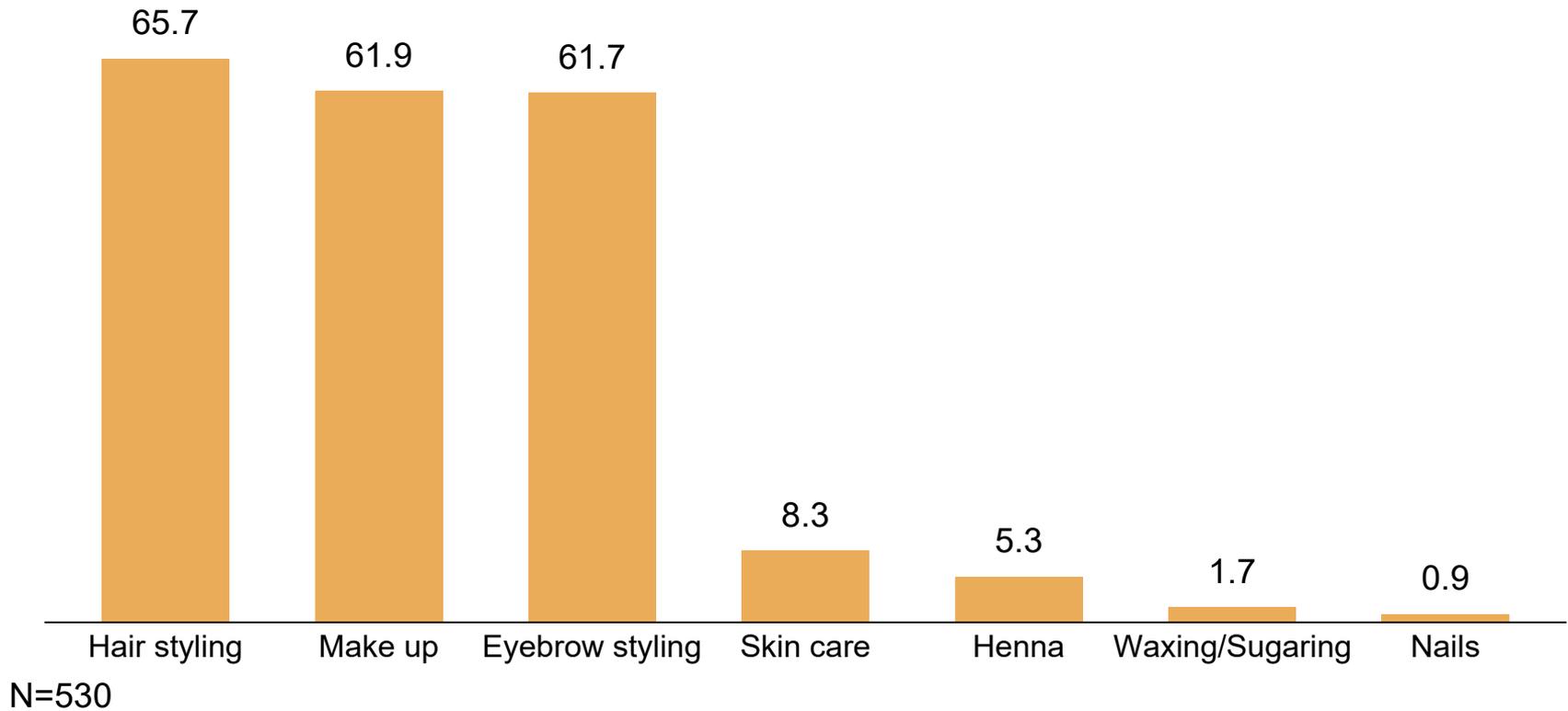


Beauty parlor habits



Hair, makeup, and eyebrows are the most popular beauty parlor services

Percent of respondents who received each service at their last parlor visit
(Among all respondents)





A promising intervention

- **71%** of clients have been going to the same parlor for 6+ months
- Over **80%** of clients are comfortable discussing their own and their child's health with a beautician
- Clients visit beauty parlors frequently, demonstrating opportunity for high intervention exposure
 - On average, women go to their parlor **once every 10 days**
 - Spend **2 hours** per visit



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Childhood diarrhoea



Diarrhea prevalence and care-seeking level are high

57%

of clients have children under five years old

36%

of children under five had diarrhea in the last 4 weeks

86%

of those with diarrhea sought advice or treatment





ORS awareness is high, zinc awareness is lower



95% are aware of ORS

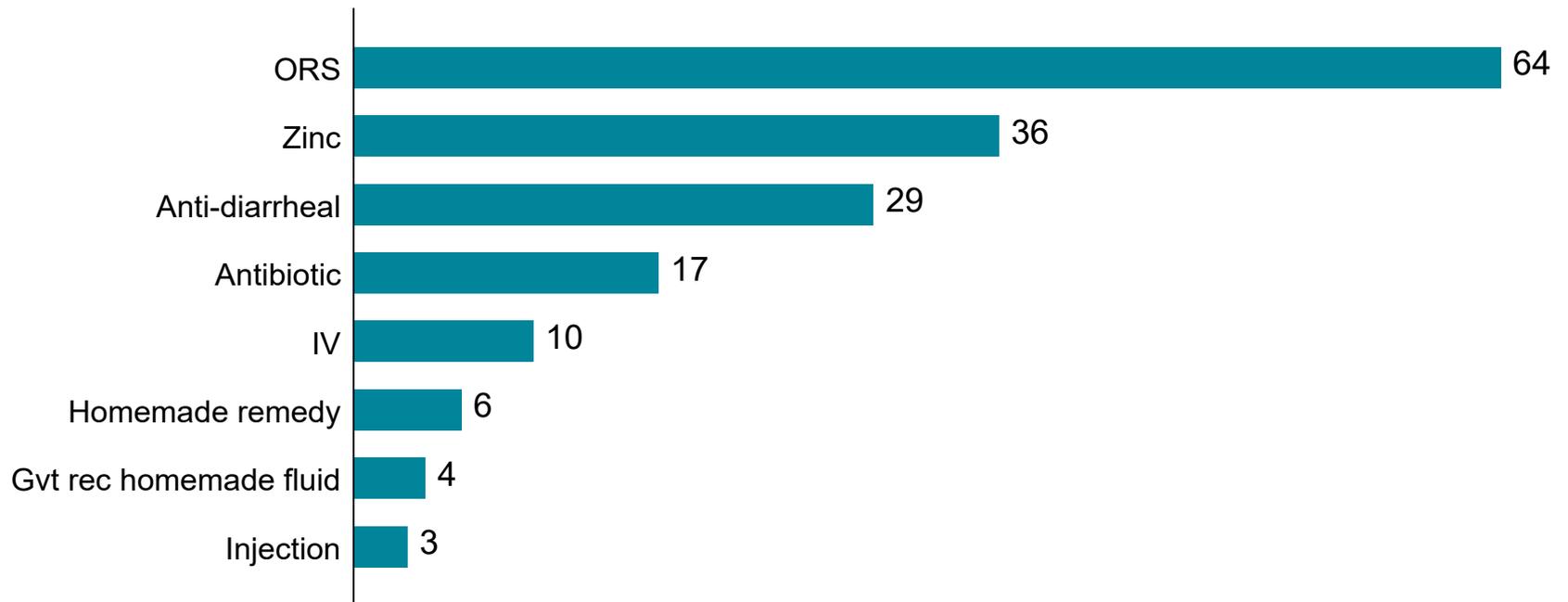
69% are aware of zinc





Nearly **two-thirds** gave their sick child ORS; over **one-third** gave zinc

Percent of respondents who gave their child each treatment for diarrhea
(Among respondents whose child had diarrhea in the last 4 weeks and received a treatment)



N=100



However, just **15%** gave the recommended treatment (ORS and zinc only)

ORS treatment combinations (percent)
(Among respondents whose child had diarrhea in the last 4 weeks and received a treatment)



■ ORS and zinc only ■ ORS only ■ ORS and something else (not zinc)

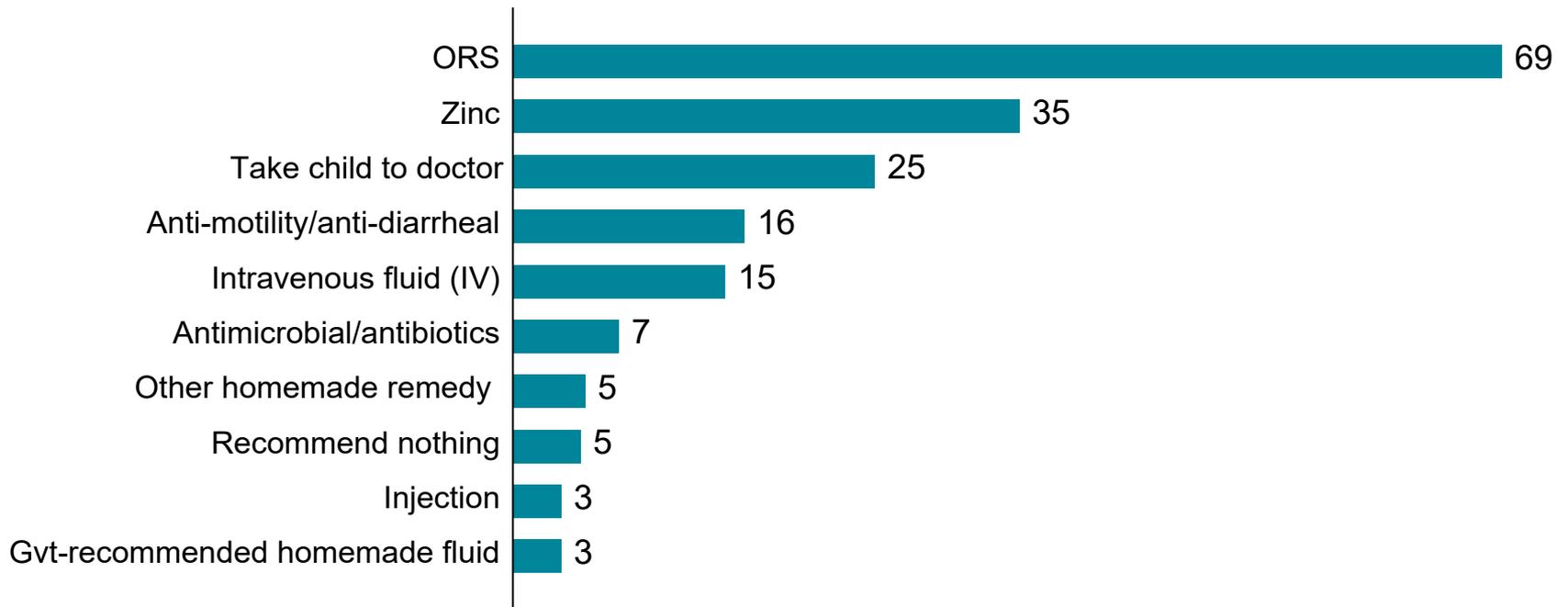
N=100

On average, zinc was given for **5.9** days



Most would recommend ORS, but only 1 in 3 would recommend zinc

Percent who would recommend each diarrhea treatment
(Among respondents with a child under five)

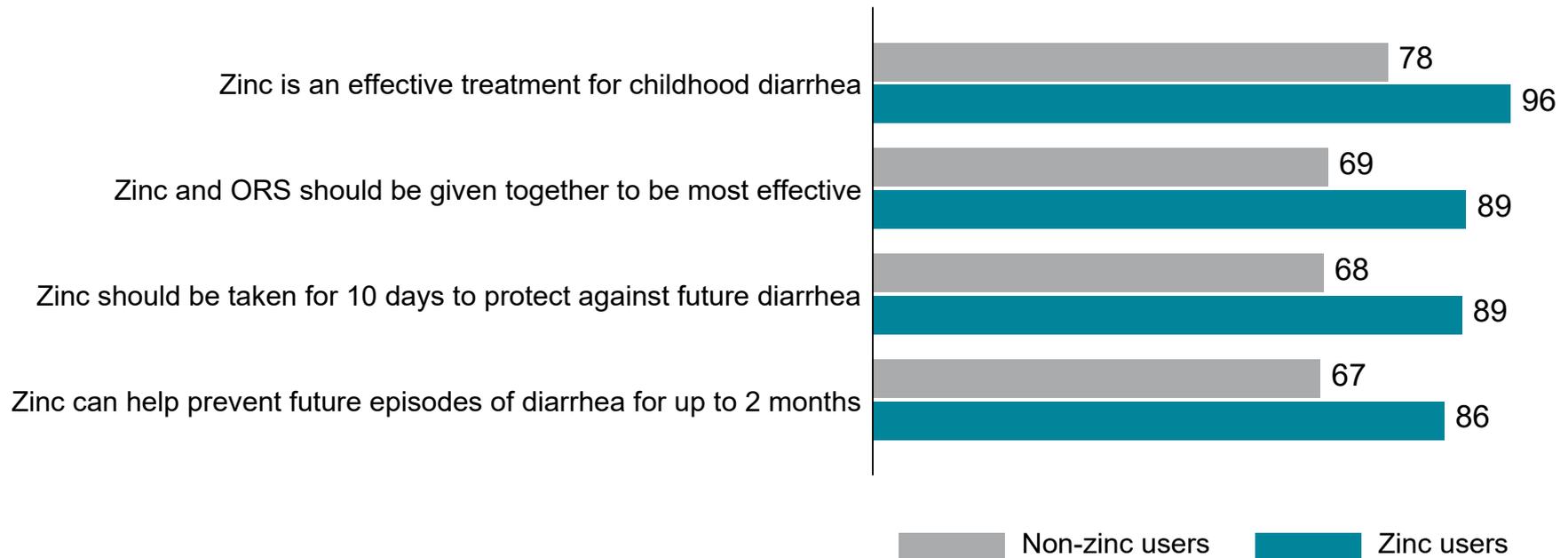


N=299



Non-zinc users have misconceptions about the product

Percent who agree with each statement
(Among all respondents with children under five)



Non-zinc users N=168; Users N=131

All differences between users and zinc-non users are statistically significant $p < 0.05$



Reasons some women are unlikely to use zinc

- Do not like taste of zinc (22%)
- Family or friends do not recommend (22%)
- Provider did not recommend it (13%)
- Don't know where to buy it (13%)
- Does not stop diarrhea (9%)
- Don't know how to use it (9%)

N=23 (17% of respondents with child under five)



Access may be a barrier among **never-users**

- Over **90%** of women said that there are places nearby to get both ORS and zinc
 - However, among never-users of zinc, just 39% reported that there are places nearby to get zinc
 - Among never-users of ORS, 77% reported that there are places nearby to get ORS



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Summary of diarrhea findings



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- Awareness of ORS is high, but zinc is lower
- Care-seeking for diarrhea is high
- Use of recommended treatment (ORS + zinc for 10 days) is low
- Use of antibiotics and anti-diarrheal is high
- Zinc-non users have misperceptions about product

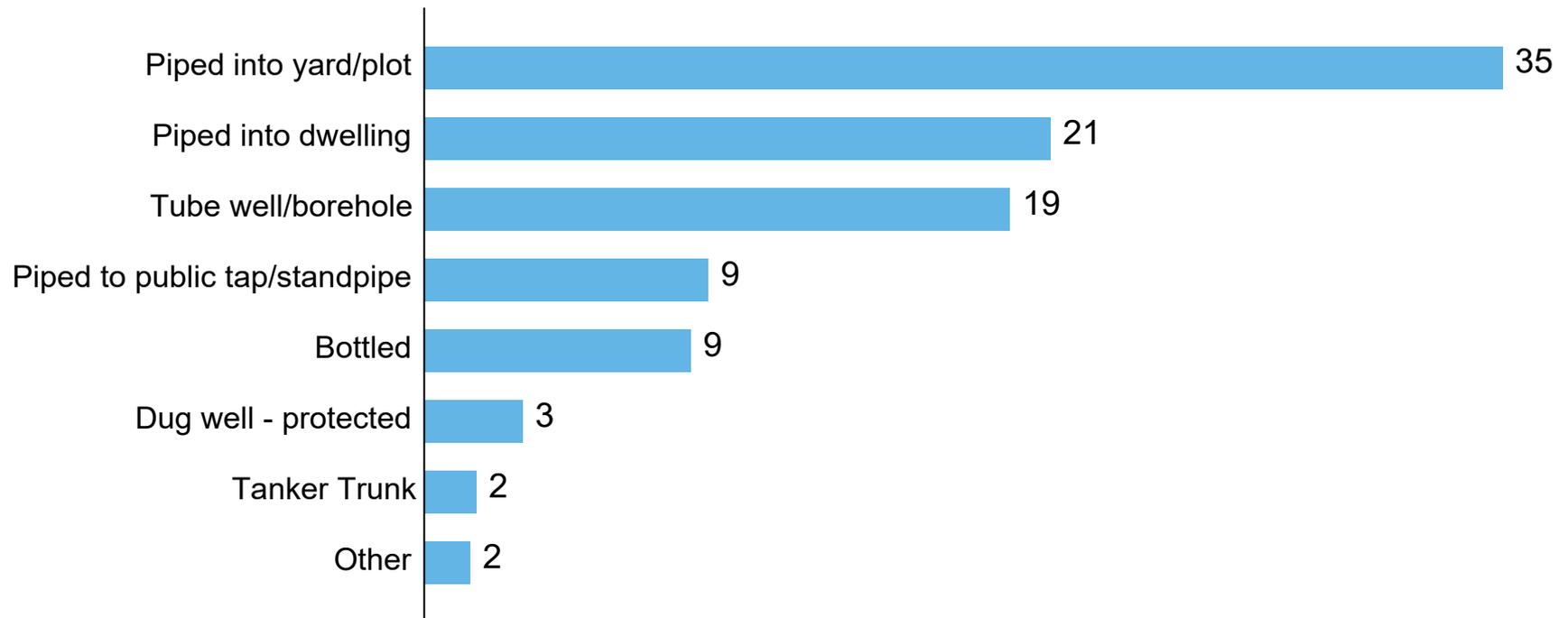


Water treatment



Most women drink water piped into their yard or dwelling

Percent who obtain water from each source
(Among all respondents)

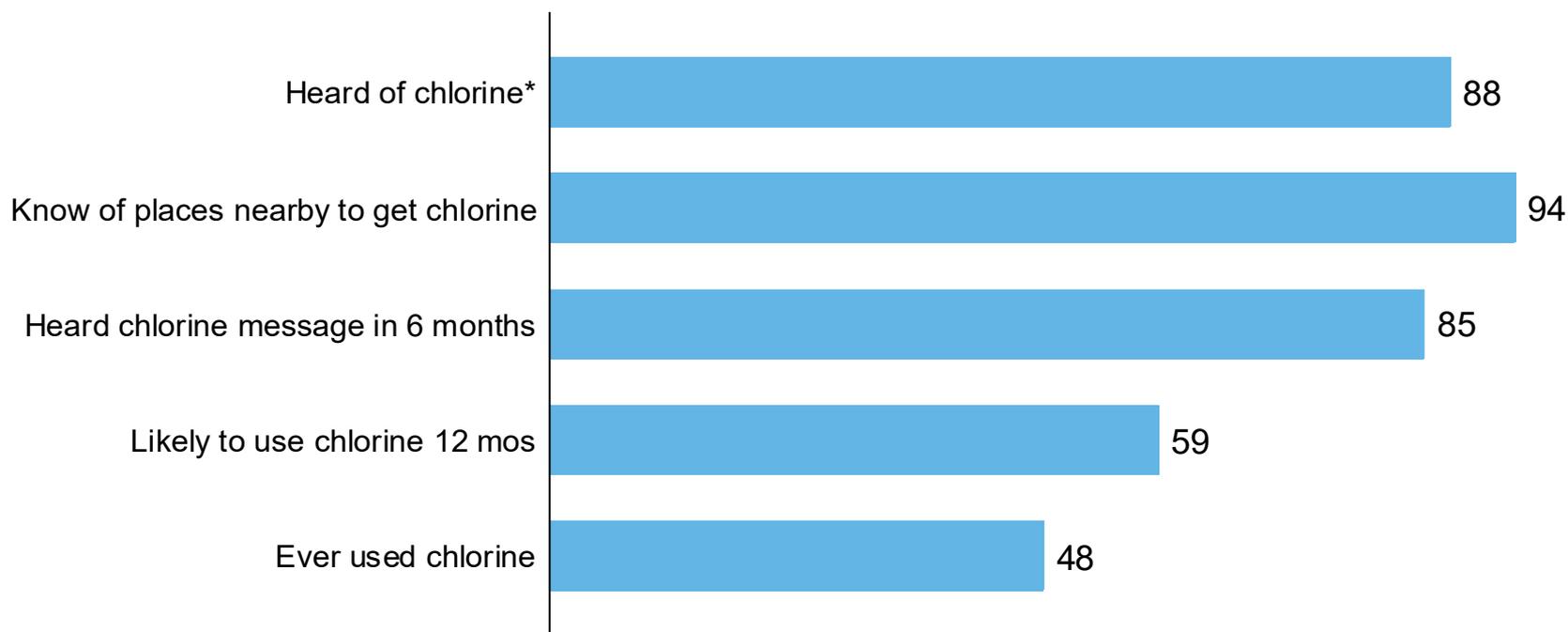


N=524



Knowledge of and access to chlorine is high, but ever use is low

Chlorine indicators (percent)
(Among respondents with child under five)

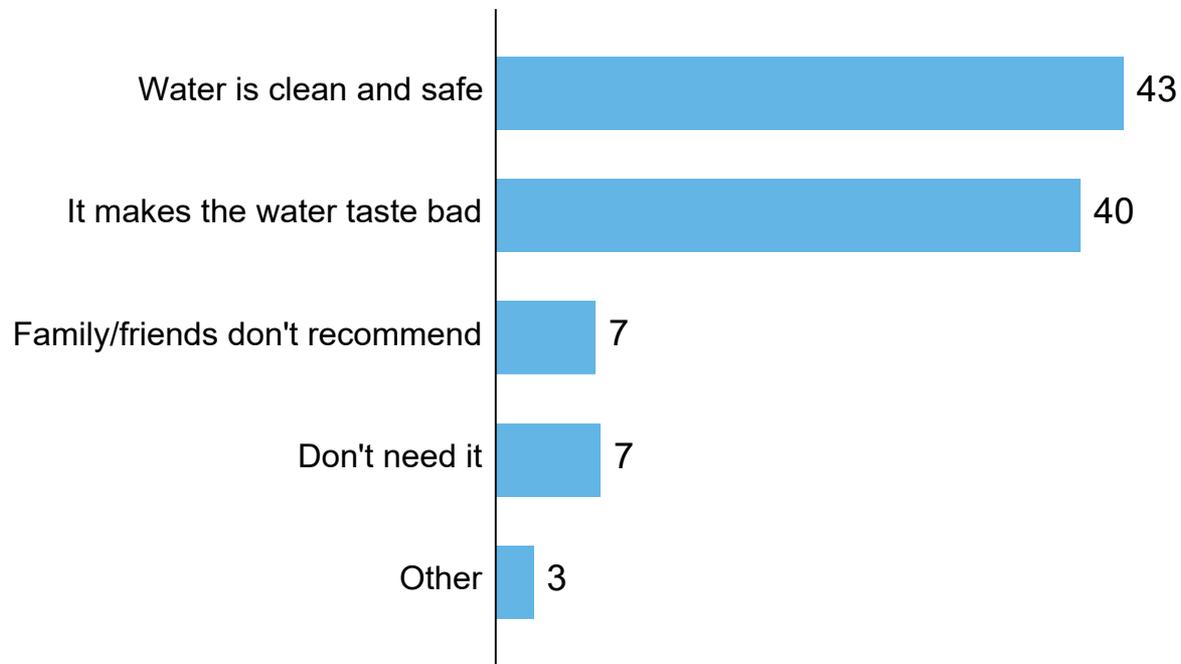


N=260; *N for 'Heard of chlorine' = 297



41% of women do not intend to use chlorine for the following reasons

Reported reasons that respondents are unlikely to use chlorine
(Among respondents with child under five who are unlikely to use chlorine)



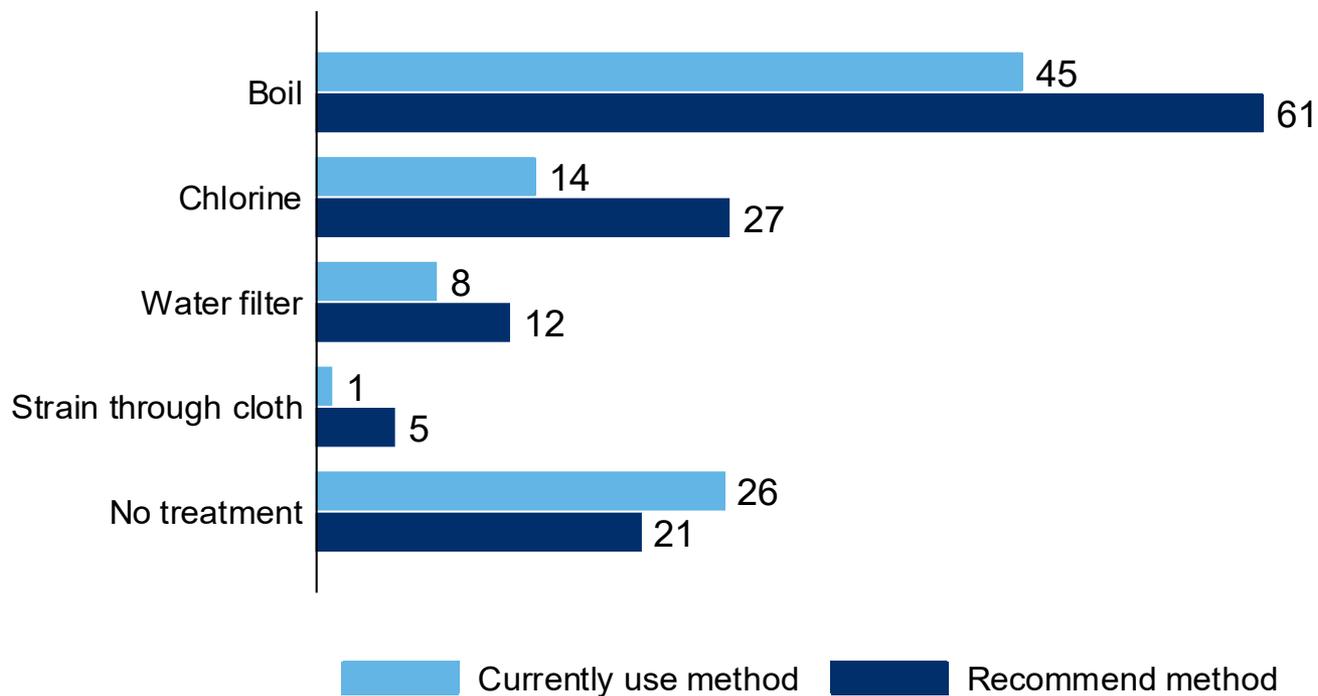
N=102



Boiling is the most popular water treatment method

Percent who currently use and recommend each water treatment method

(Among respondents with child under five)



N=297



Threat perception of untreated water is low

- 60% of women think that:
 - The water they get is usually safe to drink
 - Water that looks clean and clear is safe to drink

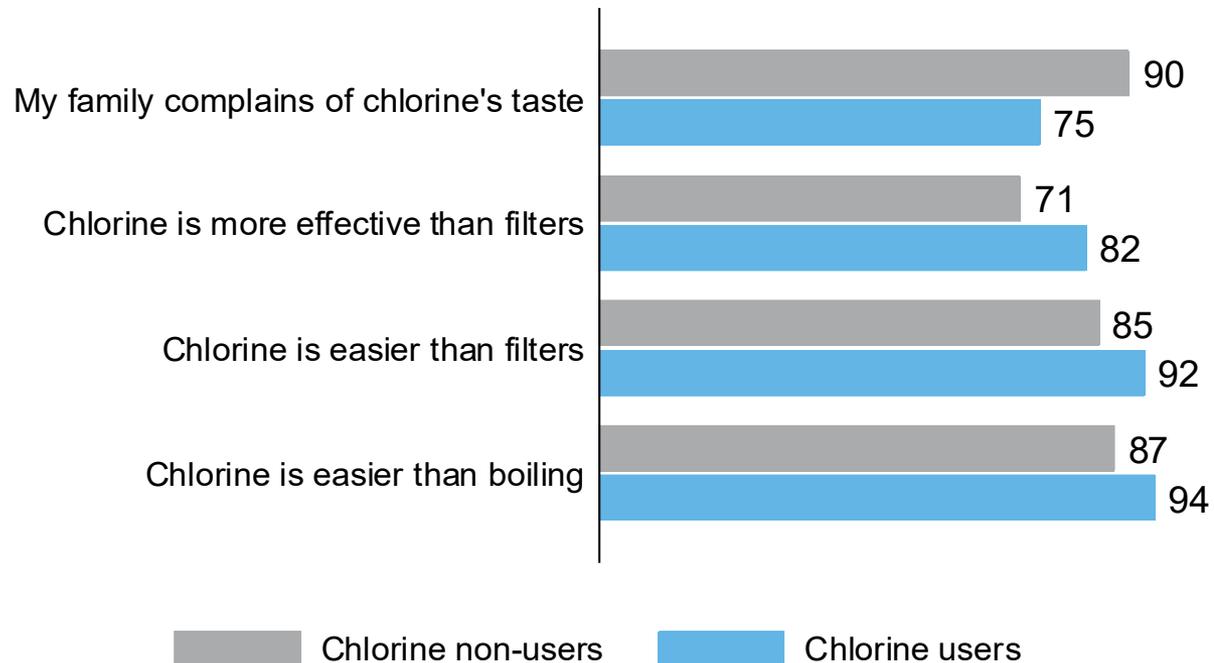


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Non-chlorine users have more negative attitudes towards the product

Percent who agree with each statement
(Among all respondents)



Non-chlorine users N=266; Chlorine users N=258

All differences between Non-chlorine users and chlorine users are statistically significant $p < 0.05$



Summary of water treatment findings

- Knowledge of and access to chlorine is high
- Ever and current use of chlorine is low
- 1 in 4 women do not treat their water at all
- Most women believe that water that looks clear is safe to drink
- Non-chlorine users have more negative product attitudes than users



Iron Folate



Awareness of and access to iron folate (IF) are high, yet 1 in 4 women did not use it at last pregnancy

- 92% heard of iron folate
- 90% likely to recommend iron folate to a pregnant friend and to use iron folate in the future if pregnant
- 95% say there is somewhere nearby to get IF
- 74% used iron folate at last pregnancy



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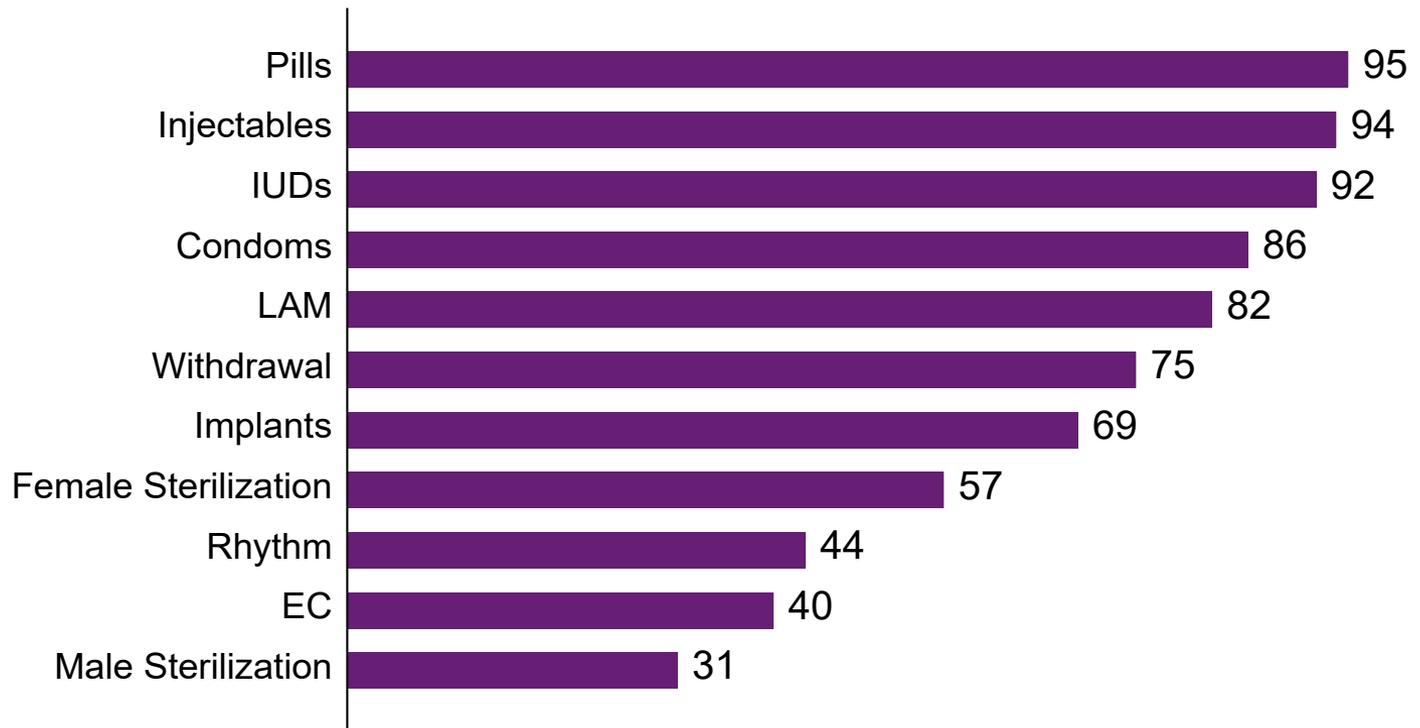


Family Planning



Awareness of most contraceptive methods is high

Percent who are aware of each method
(Among all respondents)

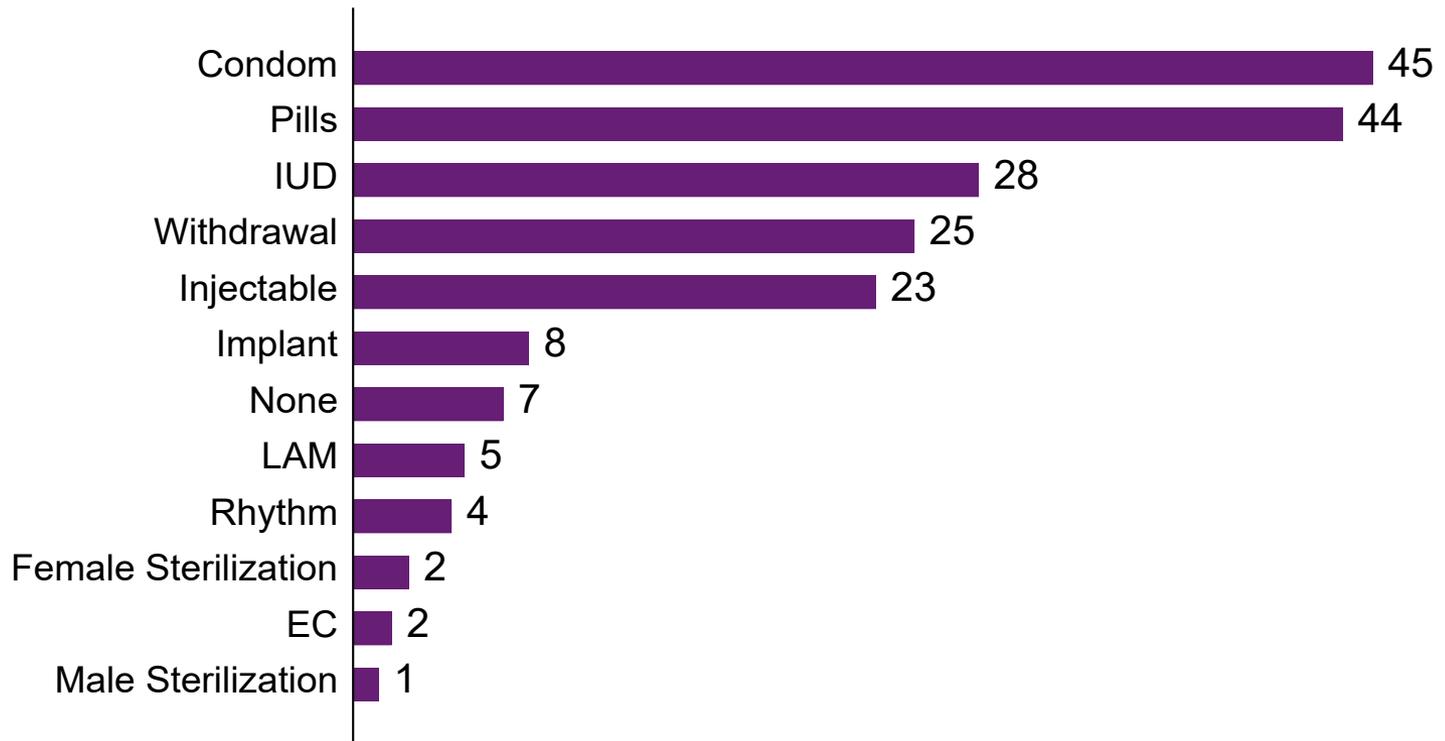


N=526



Women primarily recommend condoms or pills

Percent who would recommend each FP method
(Among all respondents)

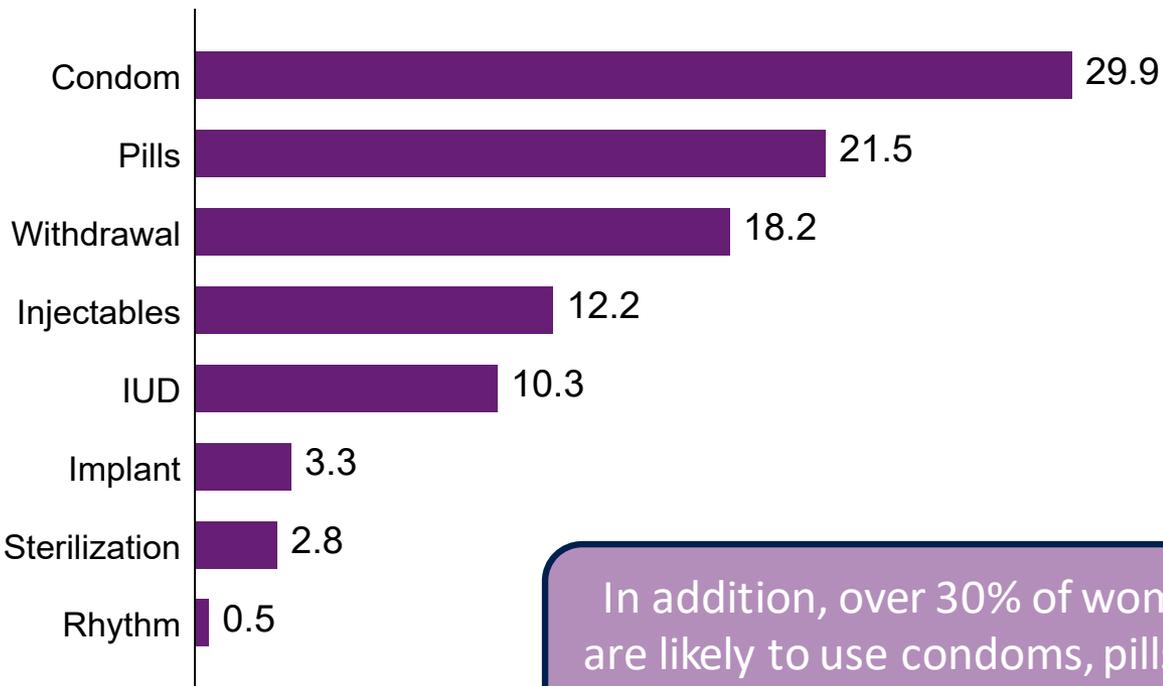


N=526



Condoms, pills, and withdrawal are most popular methods

Percent who currently use each method
(Among respondents currently using any contraceptive)



The CPR is **56%**;
the mCPR is **46%**

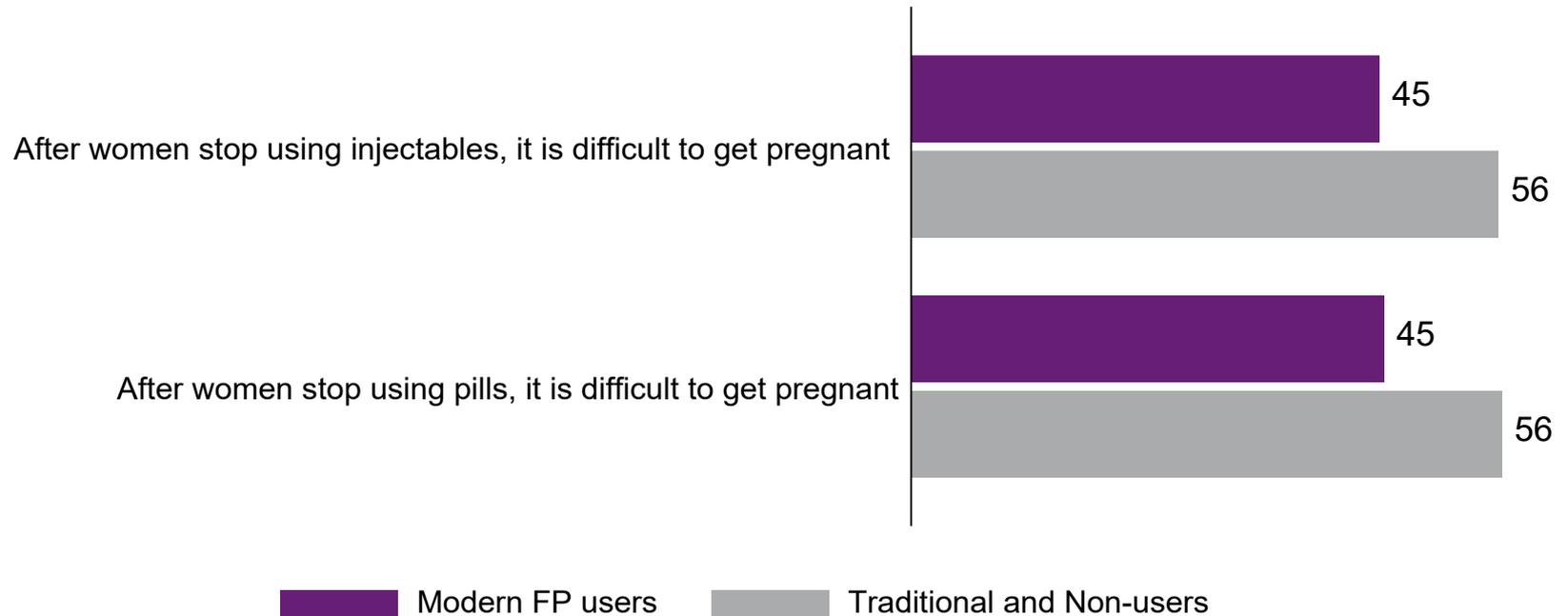
In addition, over 30% of women are likely to use condoms, pills, or withdrawal in the next year

N=214



Misperceptions about **return to fertility** are a barrier among non-modern FP users

Percent who agree with each statement by type of user
(Among all respondents)

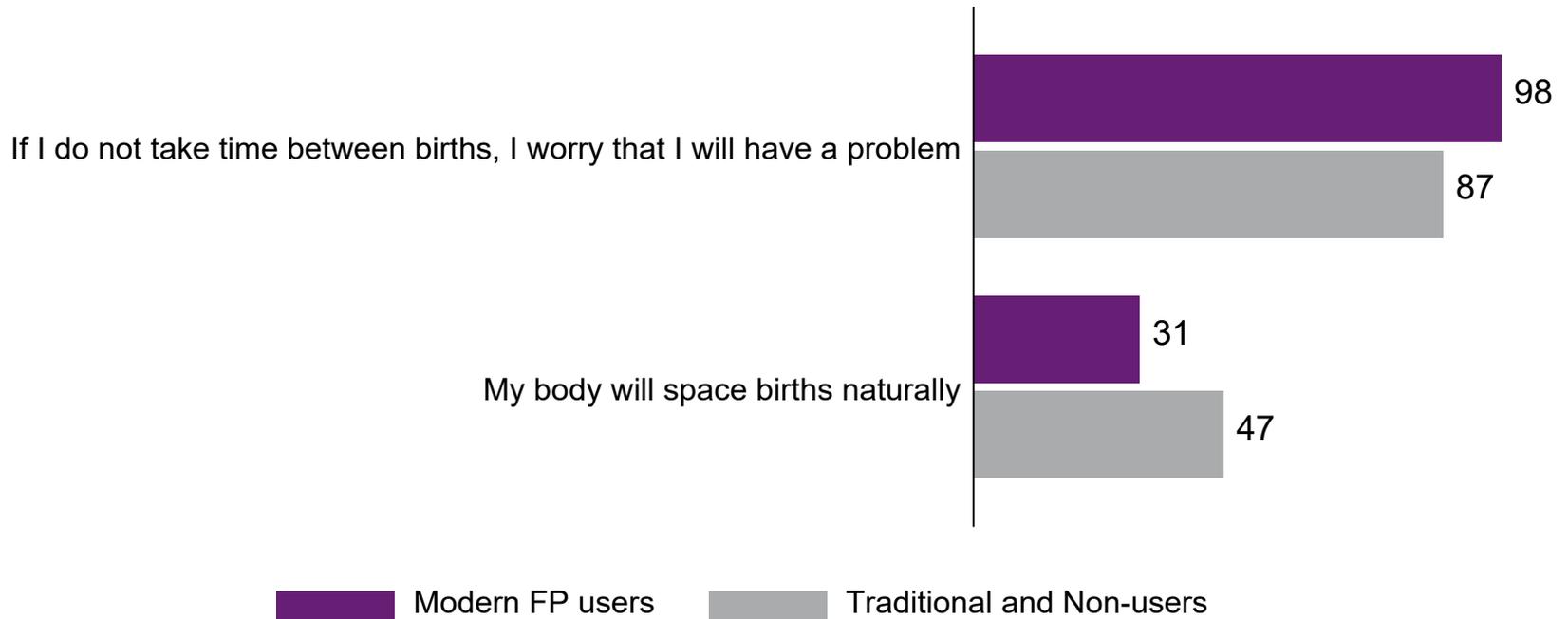


Modern users N=151; Traditional/Non-users N=311
Differences between users and non-users are statistically significant $p < 0.05$



Misperceptions about **birth spacing** are a barrier among non-modern FP users

Percent who agree with each statement by type of user
(Among all respondents)

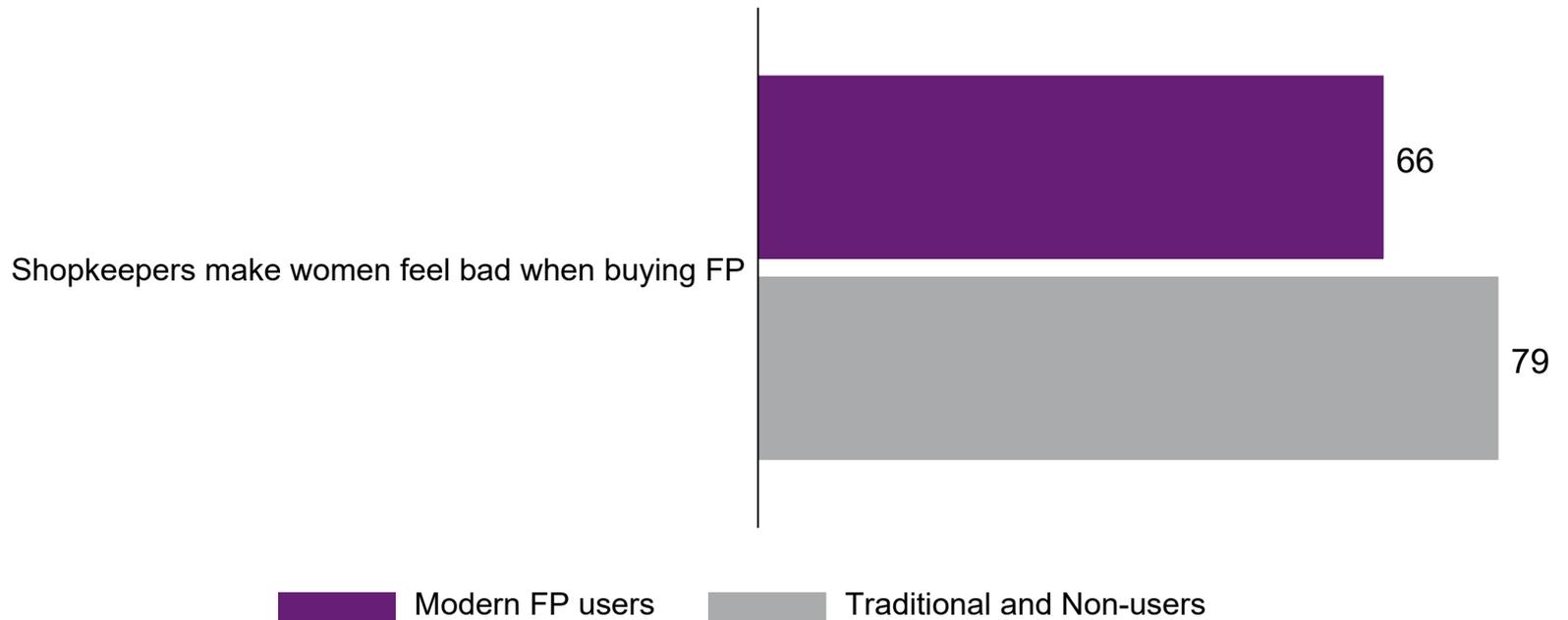


Modern users N=151; Traditional/Non-users N=311
Differences between users and non-users are statistically significant $p < 0.05$



Shopkeeper stigma inhibits modern FP uptake

Percent who agree with each statement by type of user
(Among all respondents)

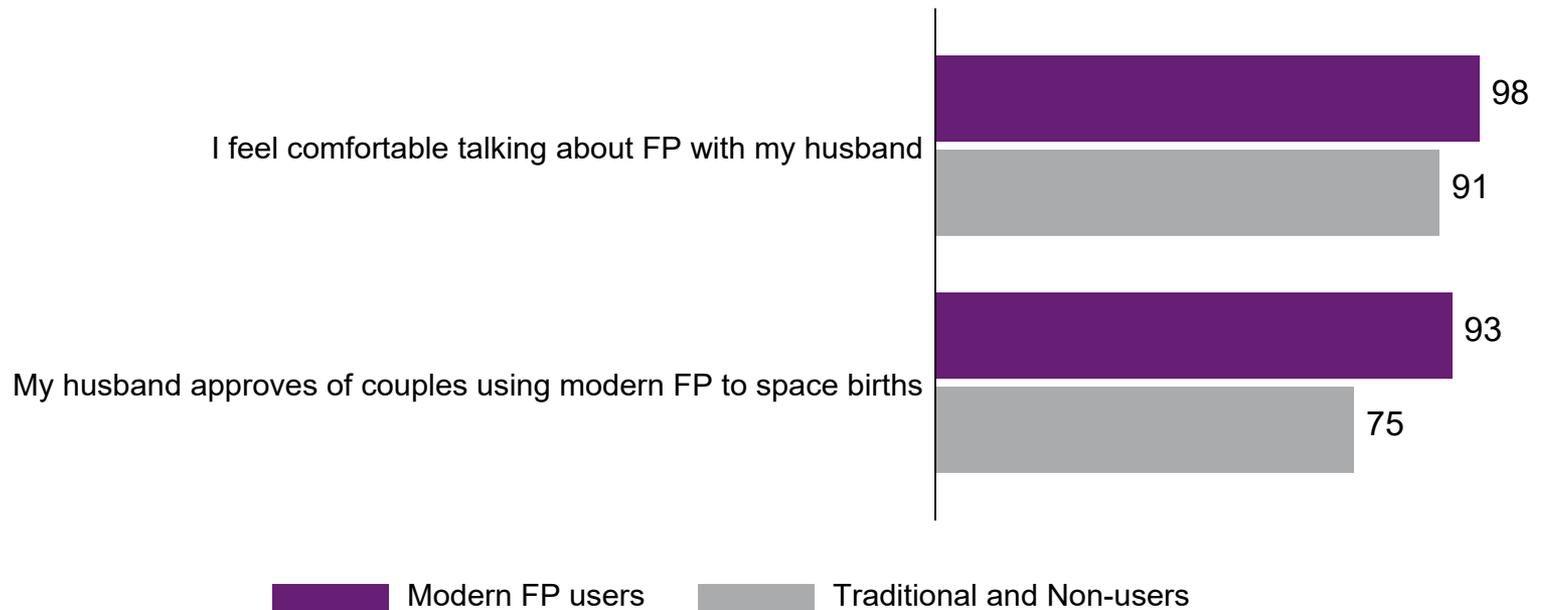


Modern users N=151; Traditional/Non-users N=311
Differences between users and non-users are statistically significant $p < 0.05$



Husbands play an important role in FP use

Percent who agree with each statement by type of user
(Among all respondents)



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



Fear of **bodily harm from hormonal methods** may affect use

Percent who agree with each statement by type of user
(Among all respondents)



Modern users N=151; Traditional/Non-users N=311

* Denotes difference between users and non-users is statistically significant $p < 0.05$



Summary of family planning findings

- The CPR is high, though the mCPR is much lower due to high withdrawal use
- Condoms, pills, and withdrawal are most common
- Barriers to modern FP uptake include:
 - Return to fertility misperceptions
 - Birth spacing misperceptions
 - Shopkeeper stigma
 - Unsupportive husbands
 - Fear of bodily harm



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Implications for ASMO



Intervention format

- Implement pilot across parlor staff who provide hair, makeup, and eyebrow styling services
- Given frequent parlor visits, emphasize that parlor staff with repeat clients should:
 - Reinforce messages
 - Answer clients' questions
 - Follow-up to see if clients have implemented recommended behaviors
- Reassure parlor owners and staff that the survey validated that the intervention has strong potential!



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Diarrhea key messages



Emphasize ORS & zinc co-pack



- Leverage the relatively high ORS use to increase demand for the ORS and zinc co-pack
 - Communicate that ORS and zinc together is the #1 recommended treatment
 - Emphasize that the co-pack is cost-efficient and convenient
 - Co-pack includes several flavors to avoid a bad taste
- Opportunity to shift ORS non-users (1 in 3 caregivers) towards future use



Heighten risk of antibiotics

- Nearly half of caregivers gave their child an antibiotic, anti-diarrheal, or antimicrobial at last diarrhea
- Parlor staff should highlight the risk of antibiotics for uncomplicated cases of diarrhea and the risk of anti-diarrheals for any child under five
- ASMO coordinators should communicate this same message to health providers in the intervention areas



Communicate zinc effectiveness

- Several misconceptions and negative attitudes about zinc, particularly among non-zinc users
- Parlor staff should emphasize:
 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

انتخاب سالم خانواده

فواید تابلیت های قوت :

- ب باعث شفا یاب شدن زودتر طفل از اسهال میگردد.
- ب **قوت** انرژی و اشتهای طفل را خوبتر میسازد.
- ب به طفل کمک میکند تا خوبتر رشد کند.
- ب 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.
- ب تابلیت های **قوت** سیستم معافیت 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 گه های 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 !



Water treatment key messages

- 1 in 4 do not treat their water, and 60% say that water that looks clean and the water they normally get is safe to drink
- Heighten the threat perception of untreated water
 - Link consumption of untreated water directly to negative health, including diarrhea
- Focus on transitioning women who do not treat their water to use of chlorine or boiling
 - Note that chlorine is often more convenient and cheaper than boiling



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Iron folate key messages

انتخاب سالم خانواده سلامت مند

تابلیت تَقْوِیة فُؤن دَوای شفا بخش برای خانم های کم خون

• استفاده از تابلیت های تقویه خون برای همه خانمها به ویژه خانم های حامله در دوران حاملگی و بعد از ولادت بخاطر جلوگیری از کم خونی حتمی و ضروری میباشد.

فواید تابلیت تَقْوِیة فُؤن:

- تابلیت تَقْوِیة فُؤن در رشد و انکشاف سالم جنین در بطن مادر (زمان حاملگی) نقش اساسی دارد.
- تابلیت تَقْوِیة فُؤن سبب جلوگیری از سوء شکل های ولادی و مرگ و میر مادران شده میتواند.
- تابلیت تَقْوِیة فُؤن از خشکی جلد و مشکلات عادت ماهوار خانم ها که از سبب کم خونی بوجود میاید، جلوگیری میکند.

چه کسانی به استفاده از تابلیت های تَقْوِیة فُؤن نیاز دارند؟

- تابلیت های تَقْوِیة فُؤن برای خانم های باردار بمنتظر پیشگیری از کمبود آهن و فولیک اسید تجویز میگردد.
- زنان باردار، مادران شیرده، اهداکنندگان خون، قربانیان سوختگی، بیماران همودیلیز، و زنان در هنگام عادت ماهوار نیاز به جلوگیری از کم خونی ناشی از فقدان آهن دارند.

طرز استفاده:

- تابلیت کامل بلعیده شود از جویدن آن خودداری کنید.
- ناراحتی معده یا این دوا بسیار کم است ولی در صورت وقوع ناراحتی معده این دوا را در بین غذا استفاده کنید.
- دوا باید با معده خالی، یک ساعت قبل یا دو ساعت پس از غذا مصرف شود.
- برای افراد کاهل و خانم های باردار و شیرده مقدار مصرف یک تابلیت در روز میباشد.



- 1 in 4 women did not use iron folate at last pregnancy
- Parlor staff should target non-users, particularly those who are planning to become pregnant



FP key messages



Focus on traditional method users

- 18% of current users rely on withdrawal
- 31% of women likely to use a method in the future said they would use withdrawal
- Parlor staff should talk with clients about the benefits of modern methods relative to withdrawal
- Engage in dialogue about why women rely on withdrawal and how they might transition to a modern method if they would like to



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Address fears of infertility and bodily harm

- Traditional and non-users are more likely to believe that it is difficult to get pregnant after one stops using pills or injectables, and that pills could harm the body
- To address misperceptions among both users and non-users, parlor staff should:
 - Communicate the reversibility of pills and injectables and the quick return to fertility
 - Discuss side effects of hormonal methods and distinguish between temporary side effects and permanent harm
- ASMO coordinators should talk with providers in intervention areas about counselling on these topics



Educate about spacing and its benefits

- Traditional and non-FP users are more likely to believe that:
 - Body will space births naturally
 - Women will not have a problem if they do not take time between births
- Parlor staff should emphasize the importance of spacing between births to protect the mother and baby's health and improve the family's well-being
- Emphasize the importance of FP in order to space births
- Educate women on the timing of fertility return after giving birth and breastfeeding



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Raise confidence to address stigma



© ASMO

- Traditional method and non-users are more likely to report that shopkeepers make them feel badly when purchasing contraception
- Parlor staff can initiate dialogue on this topic to share experiences, breakdown stigma, and discuss ideas for feeling more confident when purchasing FP
- ASMO coordinators should sensitize shopkeepers and pharmacists in intervention areas



Reaching husbands

- Husbands play an important role in uptake and use of FP
- Parlor staff should talk with clients about strategies for approaching their husbands and ways to initiate open dialogue with partners on FP
 - Consider the financial benefits of using FP for birth spacing as one strategy



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In parlor staff's own words...

"I am very happy and proud to...give my clients more than the service they would normally get from a beauty parlor."

"I study part-time...and I told my classmates about these [health topics]. It was very nice because even the boys were interested and asked questions."

"If ASMO could provide us with...the contact number of an obgyn specialist [that clients] could go to solve their problems, so we could offer them that advice as well."

"Some women think we are bad because we talk about contraceptives...They ask where we learned it from, so we tell them we studied about it. They tell us we have been brainwashed."



Conclusions and next steps

- Baseline research validates pilot approach and informs priority focus areas
- Though beauty parlor clients are on average wealthier and more educated than the overall population, misinformation, misperceptions and negative attitudes are pervasive and continue to hinder healthy behavior
- ASMO will incorporate survey findings and recommendations into child health training and pilot implementation
- SHOPS Plus is planning for an impact RCT evaluation in 2019



Thank you.

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