



# Does Counseling Women and Couples Increase Family Planning Uptake? A Randomized Experiment in Jordan

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Abt Associates leads the project in collaboration with

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# Outline

- 1) Introduction
- 2) Overview
- 3) Methodology
- 4) Results
- 5) Conclusions



#### SHOPS in Jordan

- A five-year project (2010-2015)
- Goal: increase access to modern FP products and quality FP services through the private sector
- Home-based FP counseling program, a key component of demand generation strategy
  - Started in 2005 under PSP Jordan
  - Targets married women
  - Home visits by CHWs

# Family Planning in Jordan

- High population growth (2.2 percent), modern CPR stagnant (42%)
- High use of traditional methods (19%)
- Fear of modern methods' side effects is important barrier
- Evidence that involving men in FP is important
  - 80% of women say FP is joint decision
  - Only 51% of women say husbands want same number of children
- SHOPS pilot: couples' counseling added to existing home counseling program

#### Research Questions

- 1. What is the **causal impact** of the home-based FP counseling on FP uptake?
- 2. Is there a difference in impact between counseling women alone and counseling women with their husbands?
- 3. What are the **pathways** from FP counseling to method uptake?

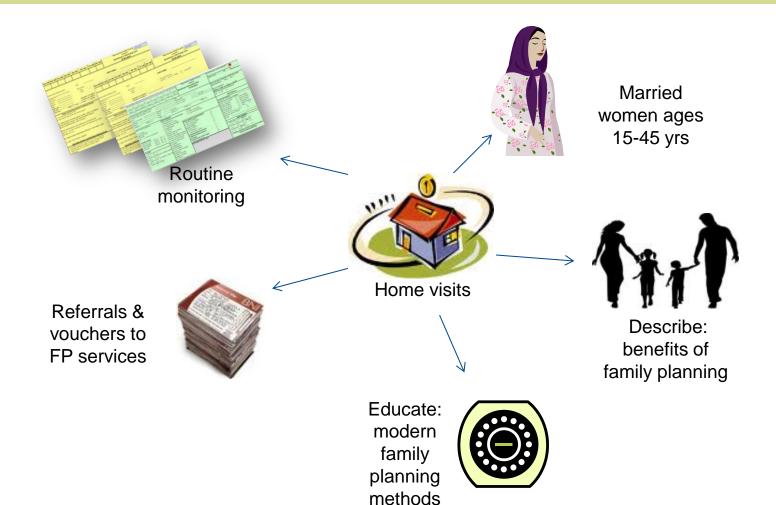
# **OVERVIEW**

# SHOPS FP counseling program

- Objective: Generate demand for FP/RH services
- Approach: multiple home visits
- Target: married women of reproductive age (MWRA)
- Coverage: National
- Reach to-date: 72% of MWRA
- Partners: Local NGOs
  - → 120 community health workers



# The counseling approach



#### Who are the CHWs?

- Women hired from same community
- Trained and tested in:
  - Contraceptive technology
  - Medical screening
  - Interpersonal communication
  - Recordkeeping
- Paid monthly salary



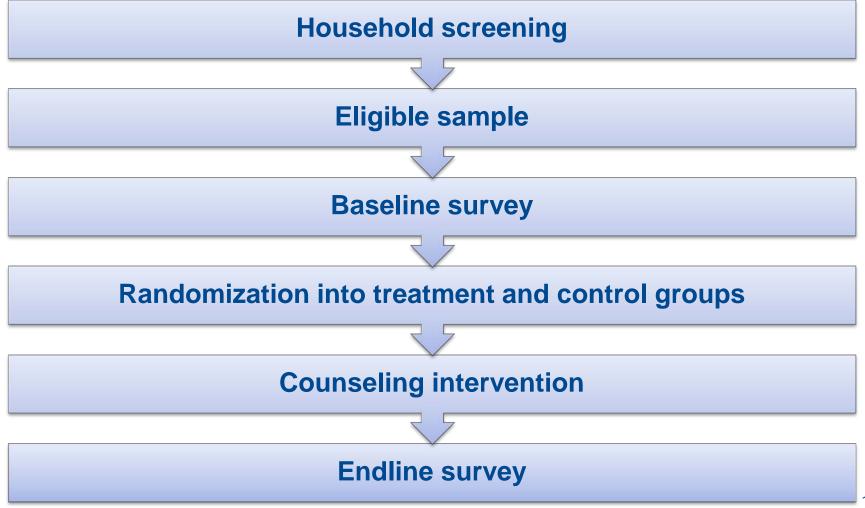
# Some unresolved questions



- Causal impact?
- Involve husbands?
- Pathways?

# METHODOLOGY

# Study design



# Household screening to find eligible sample

#### Al Hashimi neighborhood

- Low-income, urban
- Not part of current program

#### Eligibility criteria:

- ✓ Currently married
- √ 15-45 years old
- ✓ Able to get pregnant
- ✓ Not pregnant
- ✓ Not using modern FP
- ✓ Husbands not traveling
- ✓ Provided consent



# Eligible sample

15,907 households screened



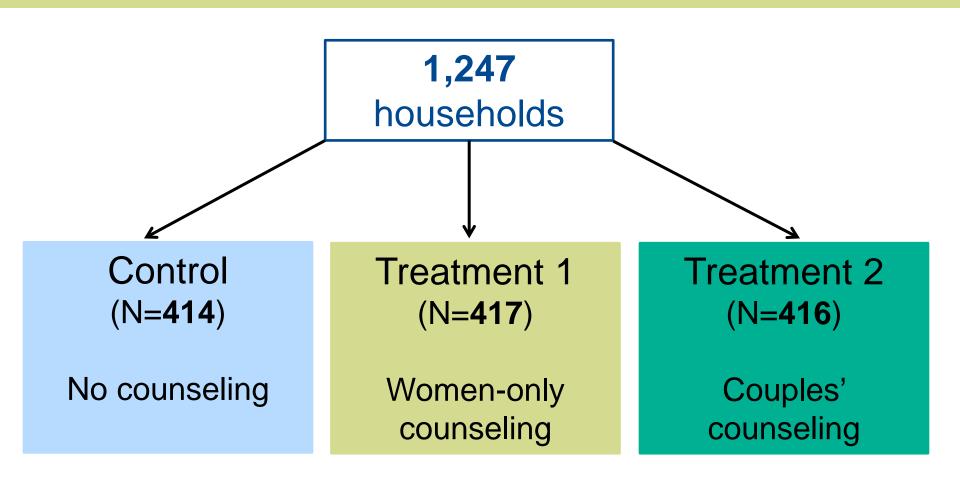
1,247
eligible
households



1,247
women surveyed
at baseline



## Randomization into three groups



# Timeline

Sep 2013

Screening and baseline survey

June 2014

**Endline** survey









Nov/Dec 2013

Counseling starts

April/May 2014

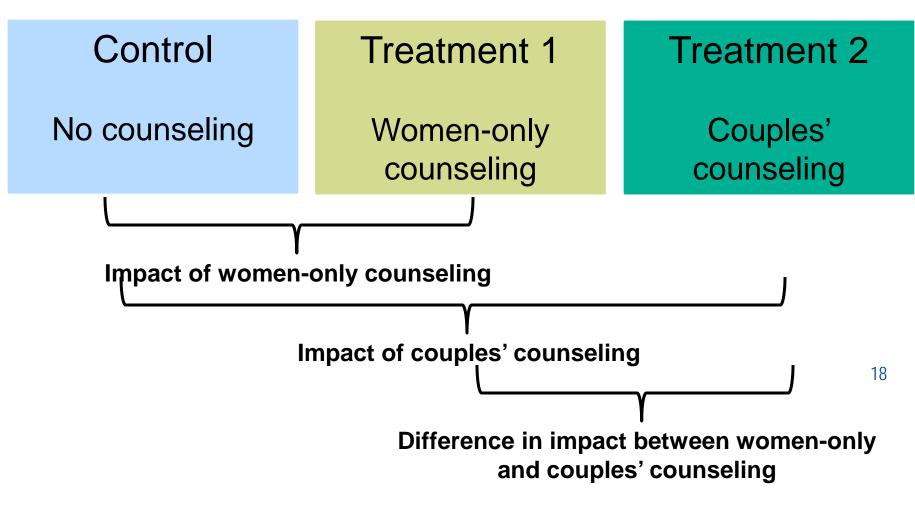
Counseling ends

#### Outcomes of interest

- Main outcome:
  - Family planning use (modern, traditional)
- Intermediate outcomes:
  - Knowledge: # methods cited, knowledge score
  - Attitudes: willingness to use FP, concerns about side effects
  - Spousal communication: talked to spouse about FP in last 6 months
  - Fertility preferences: # additional children desired

# Measuring impact

Comparing outcomes between groups:



# **RESULTS**

# First, on implementation of couples' counseling...

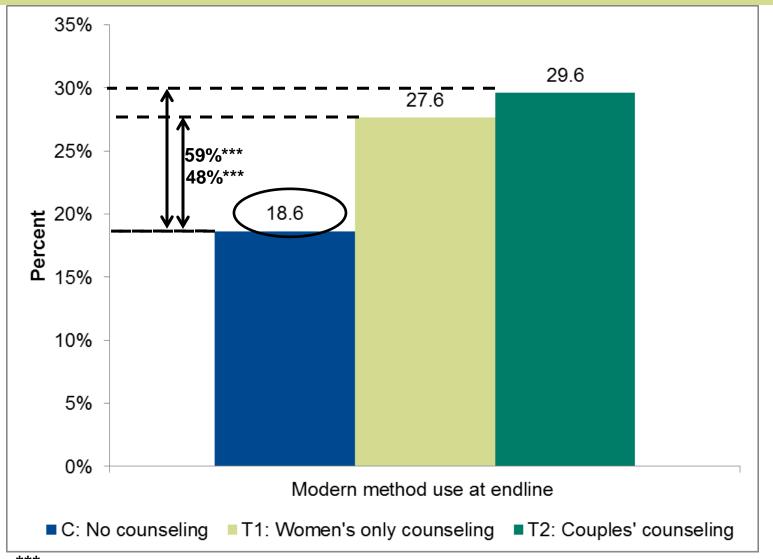
# Reaching husbands was challenging

- CHWs made appointments to reach husbands during the day
- 64% of couples in T2 completed at least one visit versus 89% of women in T1
- Mostly due to husbands in T2 <u>not available</u> for counseling (15%) and <u>refusing</u> to participate (7%)
- Magnitude of impact in T2 may be muted

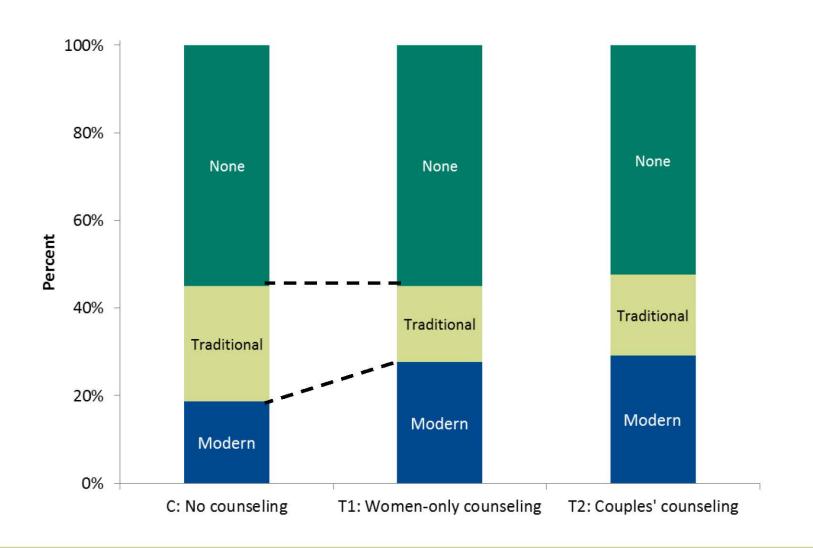
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## Positive impact on modern FP uptake



#### From traditional to modern methods

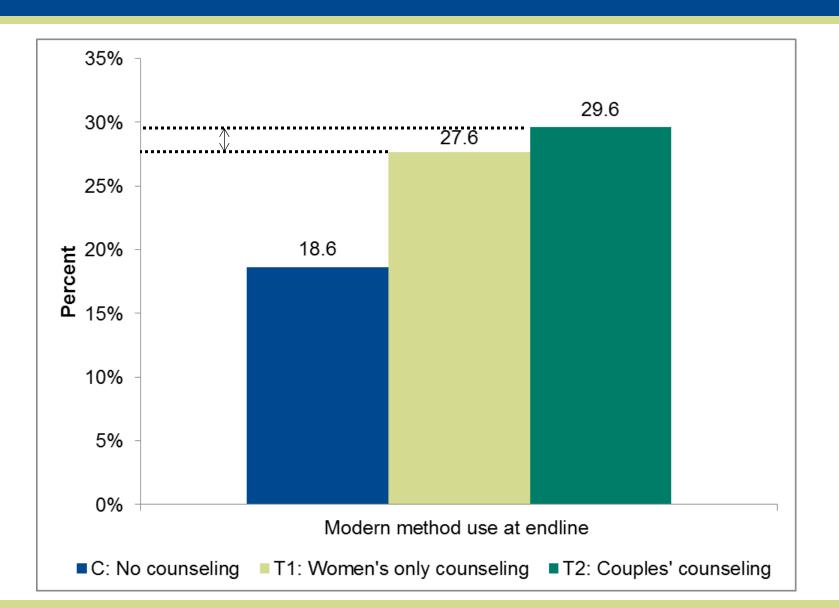


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#### Research Questions

- 1. What is the impact of home-based FP counseling in Jordan on modern FP uptake?
- 2. Is there a difference in impact between counseling women alone and counseling couples?
- 3. What are the pathways from FP counseling to method uptake?

# Difference in uptake between women-only and couples' counseling not significant



#### Research Questions

- 1. What is the impact of home-based FP counseling in Jordan on modern FP uptake?
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# Pathways from counseling to uptake









- Attitudes
- Communication
- Fertility preferences



#### In what follows...

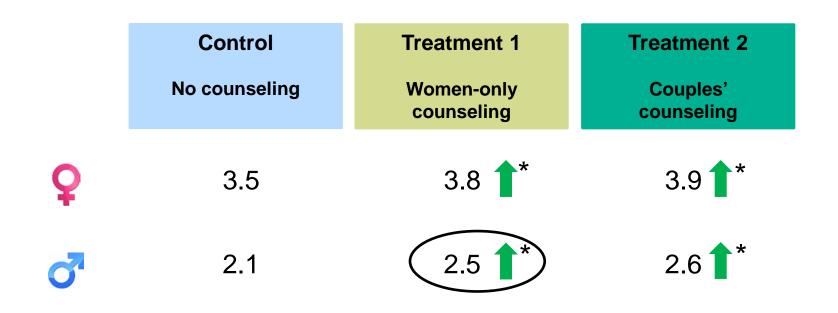
- Intermediate outcomes as reported by women and men in the endline survey
- Outcomes in each of the 3 groups:

Control Treatment 1 Treatment 2

No counseling Women-only counseling counseling

- 1 = positive change in T1 or T2, compared to C
- **I** = negative change in T1 or T2, compared to C
- \* = Difference between <u>C & T1</u> or between <u>C & T2</u> is stat. significant
- ^ = Difference between <u>T1 & T2</u> is stat. significant

## Knowledge: # modern methods cited

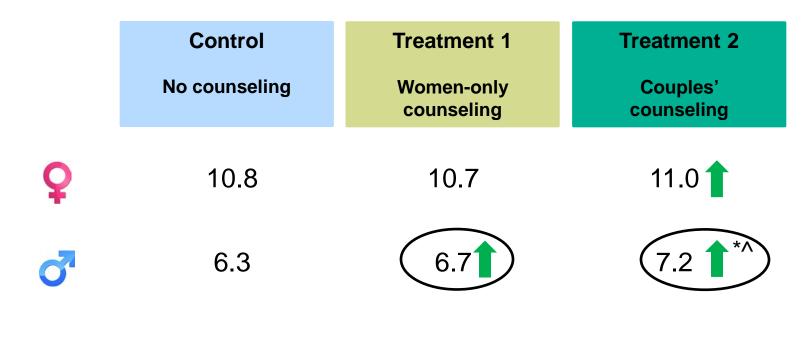


Positive spillover: spousal communication?

<sup>\*</sup> Difference between C & T1 or C &T2 is statistically significant

<sup>^</sup> Difference between T1 & T2 is statistically significant

## Knowledge: K score

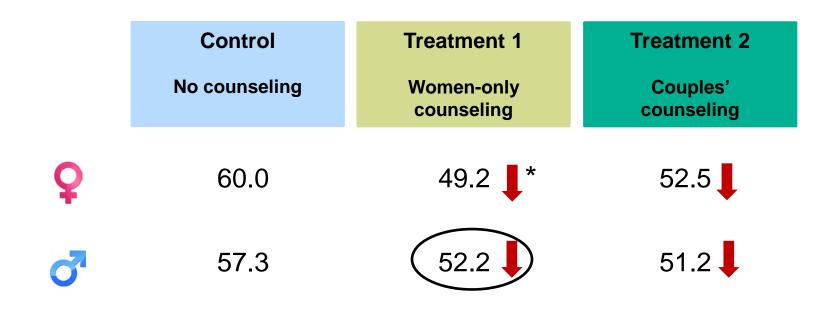


Positive spillover

<sup>\*</sup> Difference between C & T1 or C &T2 is statistically significant

<sup>↑</sup> Difference between T1 & T2 is statistically significant

# Attitude: having concerns about side effects



Positive spillover

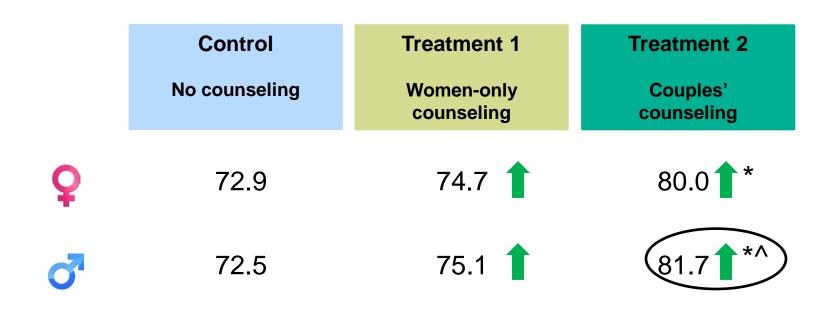
However, concerns still high despite counseling!

\* Difference between C & T1 or C &T2 is statistically significant

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<sup>^</sup> Difference between T1 & T2 is statistically significant

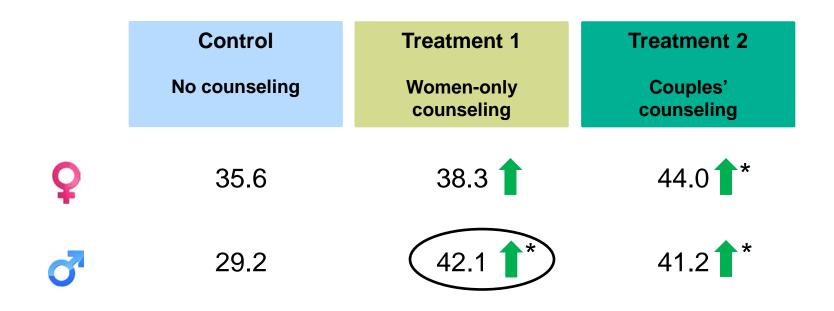
# Attitude: willing to use modern methods



<sup>\*</sup> Difference between C & T1 or C &T2 is statistically significant

<sup>^</sup> Difference between T1 & T2 is statistically significant

# Communicated with spouse on FP methods



<sup>\*</sup> Difference between C & T1 or C &T2 is statistically significant

<sup>^</sup> Difference between T1 & T2 is statistically significant

# Fertility preferences: # addl children desired

	Control	Treatment 1	Treatment 2
	No counseling	Women-only counseling	Couples' counseling
Q	1.0	0.9	1.0
o <sup>n</sup>	1.1	1.1	1.2

<sup>\*</sup> Difference between C & T1 or C &T2 is statistically significant

<sup>↑</sup> Difference between T1 & T2 is statistically significant

# CONCLUSIONS

# Summary (1)

- Strong positive impact of counseling on modern FP uptake (48-59% increase)
- Substitution away from traditional methods
- Positive impacts on knowledge, attitudes, and spousal communication
- Counseling women alone had positive spillover effects on husband's knowledge and attitudes – driven by increase in spousal communication
- Concerns about side effects persist.

# Summary (2)

- No detectable added impact on uptake between counseling women alone and counseling couples
- Magnitude of the impact in the couples' counseling group diluted by lower participation rates among husbands
- However, <u>added</u> impact of couples counseling on *men's* knowledge and willingness to use modern FP
- Fertility preferences unaffected by counseling

# Key take-aways

- Strong evidence that systematic one-on-one home counseling is effective in changing FP behavior
- Target traditional method users
- Adequately address persisting concerns about side effects
- Home-based couples' counseling challenging to implement
- Given promising results, consider other ways to reach men





#### **THANK YOU**

Comments and suggestions:

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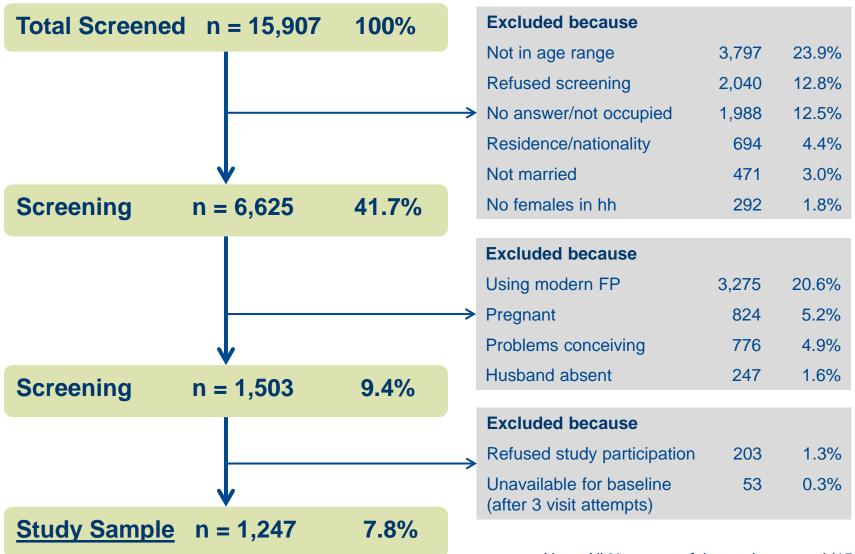
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# Additional slides

# Screening



Note: All % are out of the total screened (15,907)

## Implications of non-compliance

Control No counseling

Treatment 1
Women-only
counseling

Treatment 2 Couples' counseling

**NO COUNSELING** 

**DID NOT RECEIVE COUNSELING** 

**RECEIVED COUNSELING** 

**DID NOT RECEIVE COUNSELING** 

RECEIVED COUNSELING

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# Counseling visits

#### Screening visit:

Identify married women, reproductive age, fertile

#### First visit:

- Traditional users, non-users, pregnant, breastfeeding
- Modern users: gauge satisfaction with current method

#### Follow-up visits:

- Non-users (up to 8 visits)
- Traditional users (up to 4 visits)
- Modern method adopters (1 visit)