RESEARCH AND DEVELOPMENT SOLUTIONS
Policy Briefs Series No. 32, April 2013

A TRANSITION IN REPRODUCTIVE AND MATERNAL HEALTH KNOWLEDGE AND ACTION: LEARNING FROM RURAL WOMEN IN PAKISTAN

INTRODUCTION

Maternal and Neonatal Health (MNH) outcomes in Pakistan lag behind its regional neighbours. Sufficient global and local evidence suggests that the health of adolescent girls and their children fares particularly worse, with higher rates of pregnancy related complications and more frequent deaths or disease of their offspring compared to older women[1]. Likewise in Pakistan, socio-cultural norms along with poverty, early age marriages for girls and restricted access to RH/FP services undermine maternal and neonatal health as is evident by a high MMR of 274/100,000 live births and a sluggish increase in the CRP over the past 50 years. Understanding how adolescent women acquire, process and use information on key RH and FP related issues is, therefore, one of the first steps in improving their health and empowerment.

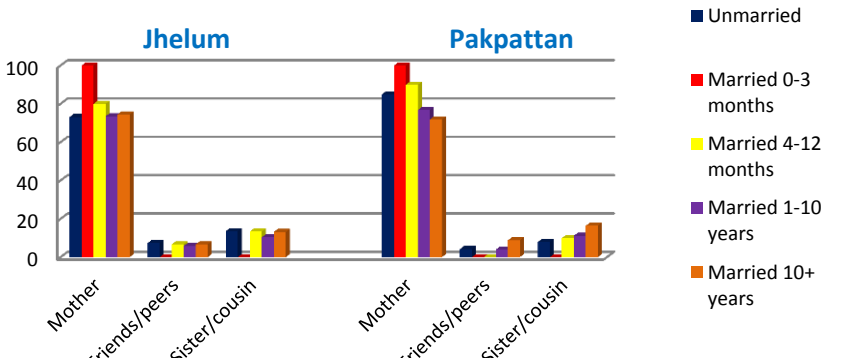
This policy brief explores the trend of how this reproductive and maternal health information is acquired, internalized and translated into action by girls in rural Pakistan and how it evolves as the woman grows older.

SALIENT POINTS

- A majority of the girls and women in the rural communities have very basic information about RH, birthing options and FP.
- Even when present, this information is usually poorly timed, giving them insufficient time to prepare for these events.
- Women learn and share information with mothers, LHWs and peers but this information does not grow over the years beyond their experience based knowledge.
- Role of media in obtaining knowledge about FP is observed in Jhelum and can perhaps improve CPR by creating awareness.

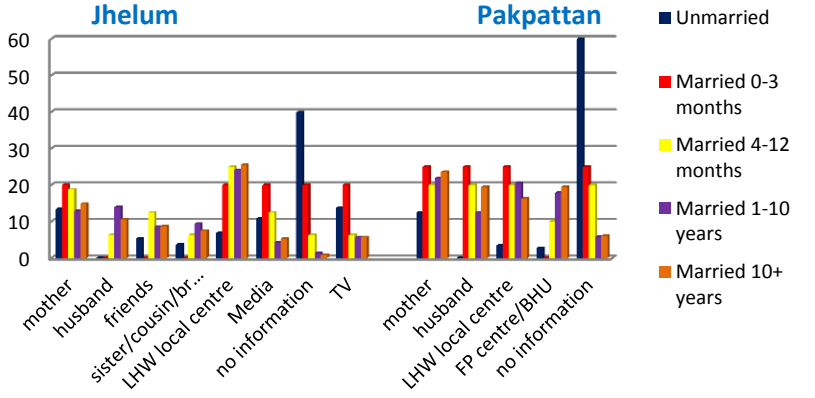
METHODOLOGY

Using mixed methods (qualitative and quantitative) approach in the districts of Jhelum and Pak Pattan, we explored information sources and acquisition on RH, birthing options and FP in five groups of girls/women: 1) unmarried women, 2) women immediately post marriage to 3 months, 3) women married for 4 months up to 1 year, 4) women married 1 year to 10 years and 5) women married 10 years or more.

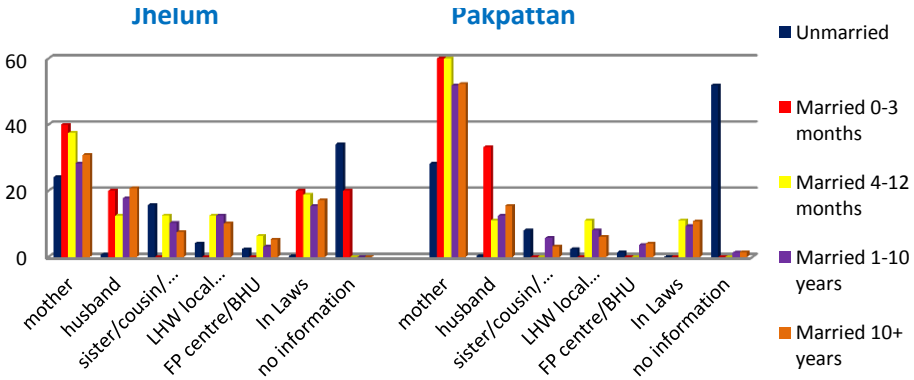


SOURCES OF INFORMATION

- **Reproductive Health (RH):** The role of mothers as main source of information about RH is dominant across different marriage status groups. Within in these groups, a relatively higher proportion of newly married respondents reported their mothers to be their main source in both districts where as their role declines as the duration of marriage increases or if the respondent is unmarried.



- **Birthing options:** There were significant differences in sources of information among the different groups in both the districts. A major proportion of unmarried were understandably unaware of information on birthing options while more than half of the newly married ones were informed by their mothers. However, for groups married for a longer duration, the proportion of mothers as informants declined. It appears that information on events that



	Jhelum Ideal number of children	Pak Pattan Actual Children
Unmarried	2.7	2.8
Married 0-3 months	2.8	3
Married 2-12 months	2.9	3
Married 1-10 years	3	3.3
Married 10+ years	3.2	4.3

happen after marriage (such as child birth) are usually shared and influenced more so by husband and in-laws as well as closer age peers, sisters and possibly social information networks. A positive role of the LHW was observed in this case, although still low at 8%.

- **Family Planning:** In addition to a prominent role played by LHWs, mothers and peers, media also played an important part for the newly married group in Jhelum. However, its role declined for women married for longer durations. On the other hand, role of media is totally absent in Pak Pattan where women obtain information from mothers, husbands and LHWs. This shows that modalities of information sources have transitioned in Jhelum where as in Pak Pattan, a relatively backward area, has not undergone such a transition yet. Therefore, role of media can perhaps improve CPR by creating awareness about the importance of family planning.

FAMILY PLANNING KNOWLEDGE AND PREFERENCES

- The knowledge of women increases with time and experience; 92% of women married for more than 10 years could name any two methods of FP compared with only 70% of the newly married ones. Interestingly, the most commonly known methods were pills, injectables, and condom; information about longer term methods was clearly lacking.

- The ideal number of children desired was similar among unmarried women from either district but climbs slightly as the number of years of marriage increases. The difference is more significant in Pak Pattan where newly married women prefer smaller families compared to women married for more than 10 years (3 vs 4.3)

- In Jhelum, there seems to be a favorable change in perceptions of women regarding the place of delivery as most of them opted for a hospital delivery. Hundred percent of newly married women (0-3 months) preferred facility based deliveries. In Pak Pattan, the percentage of reported hospital deliveries dropped as the duration of marriage increased. Similarly, women married for longer duration thought that delivery at home by a Dai was more appropriate. It is our perception that the rate of change in practices of women in Pak Pattan towards facility based deliveries may be slower since a large proportion of newly married women still prefer home based deliveries; a concern that should be addressed in future interventions in Pak Pattan.

POLICY IMPLICATIONS AND RECOMMENDATIONS

1. **Revisiting Communication of LHWs**: While LHWs are a good source of information, their role in the community is more like passive providers of information rather than drivers of beneficial RH and FP practices. They have the potential to play a "catalyst" role and thus encouraging and mandating LHWs to engage unmarried girls in discussions in a culturally acceptable manner would help reduce the information gap. For example, the LHW program can develop and/or use "Standardized Discussion Guides and Visit Checklists" to meet age specific information needs.

2. **Changing Social Paradigm through Advocacy and Media:** The role of media and advocacy in creating awareness about RH and FP in particular can be better used by NGOs and the Government. Advertisement campaigns with embedded messages can help spread information and influences practices as well as perceptions.

3. **Defining a Basic Minimum Level of Life Skills Information:** Basic information using low literacy modalities about health, family planning and birthing must be freely and routinely disseminated amongst adolescent girls regardless of school going status. For girls in schools, a possible strategy would be to consider Policy level additions of a Life Skills curriculum on communication skills, RH and MH information. For out of school girls, dissemination through peer to peer mentoring in neighbourhoods has been an approach that has worked in Bangladesh and India and to a limited extent in Pakistan as well.

Funding for data presented in this brief was provided by the Research and Advocacy Fund of the DFID.

Supported by USAID's Small Grants Program: **Synthesizing Evidence for Policy and Action: Bridging the Gap between Knowledge and Results to Improve Health Outcomes**

For Comments and Information please contact:

Research and Development Solutions
www.resdev.org/e2pa
Phone: +92 51 8436 877

Dr. Ayesha Khan ayesha@resdev.org
Dr. Adnan Khan adnan@resdev.org