



Contraceptive Decision-Making and Use: Evaluation of an Integrated Community-Based RMNCH Program in Egypt

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SMART Program Context

- Improvements in MNCH and FP outcomes over last several decades, but neonatal mortality rates stagnated & stunting among children < 5 increased 23% to 29% between 2005 – 2008
- History of successful community outreach programs
- Period of sociopolitical transition after January 2011 Revolution





Program Approach

- SMART intervention package included:
 - CHW counseling during antenatal and postpartum home visits
 - Group classes
 - Meetings for husbands and mothers-in-law
 - Mobile clinics
 - Engagement of village leaders and pharmacists
- Included focus on maternal nutrition, EBF, infant care and feeding, gender, and PPFP
- Implemented in Upper Egypt (UE) and Lower Egypt (LE), primarily in rural sites by local nongovernmental organizations
- Began November/December 2012, continued for 13 months







FP Content

- Benefits of FP
- Healthy timing and spacing of pregnancy
- Postpartum return to fecundity and risk of pregnancy after childbirth
- Contraceptive options including lactational amenorrhea method (LAM) and transition
- Referral to health facility for contraceptives





Research Question

• Did the SMART program have an effect on:

- Women's FP knowledge?
- Reproductive intention?
- Contraceptive use?
- Pregnancy risk*?
- Couples' contraceptive decision-making?

* Not currently pregnant, not currently using a modern contraceptive method, not protected by passive LAM



Evaluation Methods

- Quasi-experimental design with household surveys at two points in time—at baseline and endline—both in intervention and comparison sites
- Total of 12,454 women interviewed for the surveys
- Bivariate and multivariate analyses conducted on outcome variables of interest



Results: Contraceptive Use

Comparison sites:

• In UE and LE, declines in FP use over intervention period.

Intervention sites:

- UE: decrease in contraceptive use; however, contraceptive use decreased significantly less in intervention sites than in comparison sites.
- LE: contraceptive use increased slightly from baseline to endline in implementation sites.
- While difference was significant, intervention effect was greater in UE than in LE.



Modern Contraceptive Use by Region and Study Group





Contraceptive Use by Method

Use of long-acting reversible contraception (LARCs) declined across intervention and comparison sites

	UE				LE			
	Comparison		Intervention		Comparison		Intervention	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
IUD	25.35	15.74	27.72	15.92	33.82	18.38	39.89	41.79
Implants	1.32	0.27	1.13	0.41	1.32	1.24	2.10	0.54



Results: Knowledge and Intention

- Intervention appears to have positively affected:
 - Knowledge of optimal pregnancy spacing in UE: +14% in intervention sites versus +3.8% in comparison sites.
 - Intention to delay next pregnancy in LE: % of women not wanting another pregnancy within 2 years increased in both intervention and comparison sites, but increase was significantly larger in intervention sites

(10.6% versus 4.3%).







Results: Pregnancy Risk

Pregnancy risk:

- UE: % of women at risk of pregnancy stayed virtually level from baseline to endline in intervention sites but increased substantially (8.7%) in comparison sites.
- LE: % of women potentially at risk of pregnancy decreased substantially (-8.9%) in intervention sites but increased (5.1%) in comparison sites.







Results: Gender and Decision-Making

 Joint decision-making increased both in intervention and comparison sites in UE and LE, but increase was significantly larger in intervention sites (16.3% in UE and 15.0% in LE) versus comparison sites (5.5% in UE and 0.5% in LE).



Program Implications

SMART demonstrated the:

- Feasibility of implementing an integrated RMNCH program within a challenging sociopolitical context
- Value of working through trusted local institutions
- Importance of aligning household-level, community engagement, coordination, and service-strengthening effort
- Importance of building enabling environment for PPFP by engaging influencers



Conclusions

- After 1 year of implementation, SMART appears to have positively affected contraceptive use and couples' shared decision-making.
- Deterioration in contraceptive use points to a serious need for revitalized efforts to bolster FP outcomes, including strengthening provision of LARCs, in order to avert further losses and get Egypt back on track toward increasing contraceptive use.









Thank You

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