Session 1: 126. Family Planning and Sexual and Reproductive Health in Conflict and Emergency Settings

Title: Promoting Family Planning, Maternal, and Child Health through Beauty Parlors in Afghanistan
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Short Abstract (150 Words)
Access to family planning (FP) information and services is limited in high fertility, conflict settings such as Afghanistan. Access is particularly challenging for women, whose mobility is further limited by social and cultural factors. Given these constraints, we are implementing an innovative pilot in Kabul training beauty parlor staff to deliver information on FP and maternal and child health (MCH) to their female clients. The purpose of the intervention is to reduce key barriers that Afghan women face in accessing health information, products and services. A mixed-method study with a randomized controlled trial design seeks to assess the feasibility of the pilot model and estimate the impact of the intervention on desired outcomes. This paper presents findings from the pre-intervention quantitative survey of parlor clients to understand baseline knowledge, attitudes, and health practices. It also presents qualitative findings on initial successes and challenges of the pilot intervention.

Introduction

Afghanistan suffers from some of the world's worst health conditions, which have been brought about in part by more than 30 years of war and insecurity. Despite declines in recent years, the pregnancy-related mortality ratio (1,291 deaths per 100,000 live births), under-five mortality rate (55 deaths per 1,000 live births), and fertility rate (5.3 children per woman) remain among the highest in the world (CSO, MoPH, and ICF 2017). In 2015, 25 percent of married women in Afghanistan had an unmet need for FP services; only 23 percent used a contraceptive method (CSO, MoPH, and ICF 2017). Anemia among pregnant women is a major problem with prevalence estimates ranging from 16 percent (CSO and UNICEF, 2012) to 44 percent (WHO 2015). Only 7 percent of women took the recommended course of 90 iron folate tablets during their last pregnancy, while over half of women did not take any (CSO, MoPH, and ICF 2017). These indicators are only slightly better among wealthier, urban women. Across Afghanistan, diarrhea prevalence among children under five is 29 percent and is higher in urban areas (CSO and UNICEF, 2012). Only 46 percent of children under five with diarrhea received ORS and 10 percent received zinc; use of ORS and zinc is slightly lower in urban areas (CSO and UNICEF, 2012).

A number of social and cultural factors hinder women's ability to access health information, services, and products for themselves and their children (Haider et al. 2009, Mashal et al. 2008). Women in Afghanistan often need permission from male relatives to visit health clinics and providers. Less than half of married women reported participating in decision-making around their own health (CSO and UNICEF, 2012). Eighty-nine percent of women reported that getting permission to go for treatment, distance to facilities, and/or not wanting to go alone were serious problems in accessing health care (CSO, MoPH, and ICF 2017). In addition, a recent study identified insufficient and inaccurate knowledge among women as an additional barrier to accessing FP and MCH products and services (Shiras et al. 2018). This includes knowledge related to FP methods, the threat posed by childhood diarrhea, and appropriate treatment options. It is not surprising that health knowledge is extremely limited in this setting: less than 15 percent of Afghan women are literate; only 24 percent listen to the radio weekly; and 39 percent regularly watch television (CSO, MoPH, and ICF 2017). In pharmacies predominately operated by men, women are embarrassed to inquire about and purchase FP products. The lack of opportunity and ability to seek information further perpetuates myths and misconceptions about health products.

Removing barriers to access for women in Afghanistan will require the concerted efforts of both public and private sector actors. As a key partner to the Afghan Ministry of Public Health and USAID, the Afghan Social Marketing Organization (ASMO) implements social marketing activities intended to increase access to high quality and affordable FP and MCH information and products across the country. The USAID-funded Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project supports ASMO in its work to market and distribute health products, including oral and injectable contraceptives, condoms, ORS, zinc, water treatment solution and tablets, and iron folate. ASMO plays a key role in the health of the Afghan population: 22 percent of contraceptive users and between 11 percent of ORS users purchase ASMO brands (Ganesan et al. 2017).

With women's limited ability to move freely and gather in public spaces, and with limited means to share information through mass media, delivering health information to women in Afghanistan requires creativity and a non-traditional approach. Accordingly, SHOPS Plus and ASMO are piloting an intervention in Kabul (with potential for scale up in other parts of the country and other settings with similar constraints) to train beauty parlor staff to conduct information, education, and communication activities with their female clients on key health topics. Beauty parlors represent a unique space in Afghanistan: they have become an important part of daily life for many Afghan women and are seen as one of the few spaces where women can freely gather and exchange information. The Afghanistan

Beauty Parlor Association reports over 10,000 member parlors. According to parlor owners, women spend 4-5 hours per week on average in beauty parlors. The Association estimates that 80 percent of their clientele are from middle wealth quintiles. Anecdotal evidence indicates a high level of personal rapport and information sharing during these visits.

Beauty parlors can be an ideal place to reach women in contexts where there is strong trust and rapport in staff-client relationships and where it is convenient and socially acceptable for women to receive health information during routine parlor visits (Ashraf et al. 2014, USAID 2016). In Zambia, hairdressers were effective in delivering HIV prevention information and selling condoms through beauty parlors (Ashraf et al 2014). Several evaluations of beauty parlor-based interventions in the US have shown that these programs can improve knowledge, attitudes, and practices in health areas such as non-communicable diseases (Sadler 2011, Leader and Weddington 2014, Linnan and Ferguson 2007). Despite these successes, studies noted challenges in implementing beauty parlor interventions, including balancing staff workload with research demands (Linnan and Ferguson 2007).

To our knowledge, the beauty parlor 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. The intervention is expected to increase women's exposure to and knowledge of key health issues and products and encourage discussions of these topics with peers, spouses, and family members. These changes are expected in turn to contribute to improved attitudes, increased women's ability to discuss and make health decisions for themselves and their families, and increased intention to use - and ultimately actual use - of health products. A number of reasons explain the choice of Kabul for the pilot: Low use of FP and MCH products are problems that cut across all geographic areas and wealth quintiles (CSO, MoPH, and ICF 2017). Similarly, barriers such as lack of knowledge, myths and misconceptions, and lack of social support, are found among women from all socioeconomic and geographic groups. Additionally, Kabul has the highest number of women intending to use FP and belonging to the upper three wealth quintiles (Ganesan et al. 2017). Working in areas where people have an ability to pay a (subsidized) price for health products is important for ASMO's social marketing efforts. The focus on urban areas further aligns with USAID/Afghanistan's health strategy which prioritizes investments in five urban provinces, including Kabul. Study findings would be generalizable to the other five urban provinces in Afghanistan that together with Kabul account for more than 50 percent of the unmet need for FP in the country (Ganesan et al. 2017).

This study has three primary aims: (1) understand the characteristics, knowledge, attitudes and health practices of parlor clients with the intent to test the validity of the beauty parlor model in the Afghan setting, (2) identify the challenges and opportunities with applying the parlor model with the intent to continuously adapt implementation, and (3) evaluate the impact of the pilot on desired outcomes.

Data and Methods

The ASMO team worked with the Beauty Parlor Association in Kabul to recruit a purposeful sample of 180 beauty parlors from Kabul that fit the following criteria: (a) general interest in being part of the pilot, (b) commitment to participating in training and reporting activities, (c) mid-range customer volume (on average, 2-3 staff per parlor and 5-8 customers per day), and (d) mid-range service pricing as indicated on parlor rate cards. Of the 180 parlors, 125 were randomly selected to receive the intervention over the course of 12 months. The remaining 55 were randomly selected to be control parlors that will not receive the intervention during the pilot phase (but could receive it at a later date during the scale-up phase).

SHOPS Plus is implementing a baseline survey of beauty parlor clients from both intervention and control parlors. The purpose of the survey is to understand the characteristics and the barriers facing this particular sub-population in order to validate the choice of the parlor model as an intervention to reach women in this setting. The baseline survey targets a total sample of 540 married women of reproductive age (15-49) recruited in each parlor through a screening process. Eligible women who consent to participate in the study undergo a face to face interview that collects information on health knowledge, attitudes, and practices, perceptions of access to health products, household health decision making practices, in addition to socioeconomic and demographic information. The survey also measures how often women visit beauty parlors and whether they would be comfortable discussing their own and their children's health with beauticians.

After the baseline survey is completed, staff and owners of intervention parlors will be invited to receive an initial and follow-up refresher trainings to increase their knowledge on health issues and products such as use, benefits, and side effects of FP methods and use of ORS and zinc to treat diarrhea in children under five. Training will also cover soft skills development to improve staff capacity to build rapport with clients, introduce health topics, and deliver information effectively. In addition, parlors will be provided with promotional materials for ASMO products to display on site. The materials are meant to encourage clients to ask about health products and help catalyze discussions around these topics. To monitor implementation, ASMO will conduct supportive supervision for parlors on a continuous basis.

In-depth interviews and focus groups with beauty parlor staff and clients at multiple intervals during implementation will shed light on key challenges and opportunities that will allow ASMO to adapt and tweak its approach during the pilot phase. The qualitative research will examine whether ASMO's trainings were appropriate and sufficient, explore staff motivation and relationships with clients, examine staff ability to balance discussion of health topics with delivering routine parlor services, understand the clients' experience with the intervention, and identify potential unintended consequences such as reduced client turnout.

A post-intervention (endline) survey of approximately 1,400 beauty parlor clients from both intervention and control parlors will be used to evaluate the impact of the intervention on women's knowledge, attitudes and health behaviors. Findings from the impact evaluation will be ready in late 2019.

The study was approved by the Afghanistan Ministry of Public Health IRB and the Abt Associates IRB.

Expected Findings

This paper will focus on results from the baseline survey and qualitative research. It will present findings on the characteristics of parlor clients compared to the general population of Afghanistan; their knowledge, attitudes, and behaviors related to FP and MCH, and their beauty parlor habits. The paper will also analyze the experiences and perceptions of beauty parlor staff and clients, and identify implementation successes and challenges that are useful for adapting the intervention model.

The study results will inform a possible scale-up of the intervention to other areas of Afghanistan. Importantly, results will provide new evidence on the effectiveness of beauty parlors as change agents and their potential in improving knowledge, attitudes and practices in other conflict settings, and/or contexts where women face high barriers to accessing information, services and products.

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