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Contribution of Community Volunteers/Positive Peer Couples in Uptake and Coverage of Health Timing And Spacing of Pregnancy (HTSP) In Burundi

Case Study: Cumba Zone, Muyinga Commune, Muyinga Province in 2014-15

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1 ABSTRACT

"Irondoka rijanye n'amagara meza" *is Kirundi for "health timing and spacing of pregnancy (HTSP) is an intervention that focuses on healthy fertility to help women and families delay, space and limit their pregnancies to achieve healthiest outcomes for women, newborns, infants and children and essential in achieving MDG 4,5, 6 and it was the focus of this article .The purpose of the research was to assess the contribution of community volunteers / Positive peer couples in uptake and coverage of healthy timing and spacing of pregnancy (HTSP) in Cumba Zone. The Positive Peer Couples (PPC) approach, as used by World Vision International Burundi rests upon the observation that in communities throughout the world, there are a few individuals whose uncommon behaviors or practices enable them to find better solutions to problems than their neighbors with whom they share the same, or lesser, resource base. The operational research helped to analyze barriers, develop and evaluate solutions for these barriers, improve program performance (including logistics, access, quality and impact), and facilitate program scale up and sustainability. By embedding research into the HTSP program, we generated lessons learned; optimized program performance, which will inform other programs and countries with similar challenges. The research determined that community members (couples) who participated in Positive peer couples for HTSP, adopted positive change towards new born, child health, safer sexual.*

This study explored the impact of Positive Peer Couples (PPC) in uptake and coverage of Healthy Timing and Spacing of Pregnancy (HTSP) in Gashoho commune. It covered 132 PPCs. They were chosen randomly. The study reveals that there are uncommon practical behaviors that enabled Positive Deviants (PDs) to outperform and enhance massively to adherence to contraceptive methods by community members: Those include;

- ✓ *effective implementation of PPC, sensitization of community members using Household to household approach, involvement of Men in Family planning(the men accompanied his wife to Antenatal Care service(ANC),closer follow up and monitoring by PPCs, PPCs are role models at community level, Regular Health education at sub hill level by PPCs living in the same area, equity, and the solutions come from the community not from experts, Deep respect of the community, its members and its culture and focus on interactive engagement, expends existing networkers and create new ones, Creating more space for innovative solutions to emerge. positive deviance enhances local research capacity for controlling problem in relevant, affordable, sustainable ways;*
- ✓ *The approach reveals at least partial solutions today to challenges rather than waiting for long term development; it introduces a generic approach for local problem solving. Indeed, intervention communities commonly launch parallel activities, such as participation in common community works for instance local road construction or successfully demanding social services.*

Nevertheless, some hindrances are experienced by PPC when implementing HTSP:

- ✓ *child morbid mortality(families say that they have to give birth to many children because some will die*

and others remain),ignorance ,unintended pregnancies, gender based violence, low knowledge on reproductive health, poverty, outlawed marriage, rumors, drunkenness, riches, unemployment, illiteracy ,property conflicts, pornographic films, materialism

The study shows that the lack of finance means is among the main problem related to the limitation of pregnancies as it revealed in this study (27.7%).It confirmed that men get married with many wives so as he can get sufficient food to eat and the women, fearing to be put at an unfair disadvantage; she continues to give births and says that: ''I will be consoled by my children".

The study informed us that the community members want to limit pregnancies but without using modern contraceptive methods. Hence, the lack of use of modern contraceptive methods and the poverty play a key role in no adherence to limitation of pregnancies. The bad practical behaviors and community convictions such as; deliverance at home; child is a wealth, the will to change the sex of children /when having children of the same sex, disagreement between couples hinder the limitation of pregnancies.

The study shows us also that, among the hindrances of practicing the healthy timing and spacing of pregnancies by couples; the use of modern contraceptive (24%) methods during sexual intercourses is not appreciated because couples didn't enjoy well sex. In Kirundi, they say that ***ntakurira imbombo mw'ishashe kuko ntaburyohe wumva.***

Finally, the results themselves assumed that PPCs are more advantageous than those of traditional techniques considering their effectiveness mentioned in the study results below. Moreover, the components of PPCs have more competing advantges as far as they are not more demanding and most of them can contribute to its probable extension. (More details in the study results below)

2 PROBLEM SITUATION

Effective implementation of Healthy timing and spacing of pregnancies using positive peer couples will result in healthiest outcomes for women, newborns, infants and children and essential in achieving MDG 4, 5, 6. HTSP is evidence based, and includes analysis of DHS data on the impact of the inter pregnancy interval on infant mortality rate (IMR), child mortality rate (CMR), maternal mortality rate (MMR) and underweight / stunting. It is showed that, with a birth-to-pregnancy interval of 24 months or less: Mothers themselves are more likely to die, newborns whose mothers die in childbirth are 3 to 10 times also more likely to die before age one than those whose mothers live. When a mother becomes pregnant with a second child while she/he is still breastfed, her ability to breastfeed is reduced and the older child is more likely to die than the newborn. With a birth-to-pregnancy interval of 27 months or more; the older child is grown enough to survive with more limited maternal care, child deaths would drop from 9.1 million to 8 million annually. Infants conceived within 6 months of a previous birth are 42% more likely to have low birth weight than those conceived during the 36 – 47 month interval. Low birth weight contributes to infant mortality (heart problems, respiratory distress, and anemia) and childhood handicaps (permanent cognitive impairment). Under nutrition / stunting is an indicator that a child's development has faltered, leading to impaired brain functioning which is essentially irreversible. Stunting indicates that a child's intellectual quotient (IQ) may scarcely exceed 85, limiting a child's potential to learn. In some African countries (Sudan, Tanzania, Ghana, equatorial Guinea, Nigeria, Zimbabwe and Ethiopia), 60% or more of under 5's are stunted, dimming economic and development potential. The window of opportunity for improving nutrition is in the first 1,000 days, from conception through the first 2 years of life (Source: Most recent DHS: USAID, ESD, Health communication).

Traditionally ,in Burundi country ,the implementation of healthy timing and spacing of pregnancy focused on family planning methods and population control; Very limited information of benefits of HTSP have been delivered to community members. Providers influenced or dictated choice for client and little or no informed consent from client. Men are not involved and Spouse consent required for all methods in developing countries. The results showed us that the contraceptive rate in Burundi country was 18.9% in 2010 (source DHS 2010) .Currently ,the HTSP Emphasizes on health and non-health benefits for HTSP to

woman, child, men, family and community than on FP methods. It is Evidence-based to demonstrate HTSP benefits to mother, child and the country in general. Providers initiated counseling at all maternal and child health encounters in the health system. Informed consent from client, more method mix, and more involvement of men in Family planning /Reproductive health matters and Spouse consent limited to permanent methods characterize this model.

(Reference http://www.basics.org/documents/Advocacy-Presentation_What-is-HTSP.pdf)

The success of the Positive peer couple (PPC) model rests on its ability to mobilize the community to identify role models within its midst who use uncommon, but demonstrably successful, strategies to tackle common problems. Use of this approach has wider benefits. Firstly, it serves equity, in that it is informed by the wisdom of disadvantaged "doers" of healthy behaviors and provides solutions accessible to those with similar socioeconomic constraints. Secondly, it introduces a generic approach for local problem solving. Indeed, intervention communities commonly launch parallel activities, such as cost sharing for local road construction or successfully demanding social services. Thirdly, positive deviance enhances local research capacity for controlling disease in relevant, affordable, sustainable ways. Lastly, and perhaps most importantly, the approach reveals at least partial solutions today to challenges rather than waiting for long term development. Clearly planners must address the complex underlying development challenges, but the approach permits some action now, which builds trust and enthusiasm for the long haul.

(Reference: www.positivedeviance.org/resources/powerofpd.html)

The study conducted after one year of implementation of HTSP(January 2012-december 2012) in Gashoho, the results show that the Contraceptive prevalence rate was increased from 17.3% up to 50.6%, the Percentage of women aged 15-49 who can name at least one long-acting reversible contraceptive (LARC) or permanent method (LAPM) of contraception increased from 21.75 % to 99%, Percentage of women aged 15-49 who report/know that a woman should wait at least 24 months after the woman gave birth before attempting to become pregnant again increased from 46.62% up to 96.7%. The percentage of women aged 15-49 who know that a woman should wait at least 6 months after a miscarriage or abortion before attempting to become pregnant again increased from 26.55% up to 77.3%. The percentage of women aged 15-49 who can state at least one benefit of delaying first pregnancy until after 18 years old increased from 23.85 up to 82%. The percentage of women aged 15-49 who report wanting to wait at least two years after their last birth to get pregnant again increased from 32.4% up to 91.6%.The proportion of women aged 15-49 reporting having received counselling on both maternal, infant and young child nutrition (MIYCN) and family planning (FP) during antenatal care increases 17.46% up to 62% and during the immunization, it increases from 42.05% up to 68.3%. The percentage of women aged 15-49 who have been continuously using a modern family planning method for the past 12 months increases from 28.315 up to 53.3%. Overall, the positive peer couple plays a big role in impacting the community to adhere massively to Healthy Timing and Spacing of Pregnancy. *(Reference: ALARM –MNCH Project Baseline, 2012 and ANCP Performance Report 2013-ALARM).*

3 METHODOLOGY

3.1 Research design

The research design that was used in this study was a hypo deduct-inductive study to assess the impact of PPC for HTSP approach. The nature of this study is both quantitative and qualitative because clients are requested to participate in giving the point of view on various topics detailed in questionnaires thus an estimation of all despondence participants are in percentage or rate.

This case study was implemented in Gashoho commune, Muyinga province in Burundi where there is a poor reproductive health profile marked by a high maternal mortality (500/100000), low contraceptive prevalence

(21.9% DHS 2011) and early childbearing and low utilization of reproductive health services and under-five mortality (96/1000-DHS 2010).

3.2 Sampling techniques and Sample size procedure

Quantitative methodology had been dominant in this study but qualitative methodology had been also used to capitalize on research findings from qualitative perspective. Quantitative is explaining phenomena by collecting numerical .Data that are analyzed using mathematically based methods (in particular Statistics): Aliaga and Gunderson (2000). Qualitative aims to provide illumination and understanding of complex psychosocial issues and are most useful for answering humanistic 'why?' and 'how?' questions. An appropriate sample size for a qualitative study is one that adequately answers the research question (Marshall, 1996).

It is important to recognize that the essence of the qualitative approach is that it is naturalistic, studying real people in natural settings rather than in artificial isolation. Sampling therefore has to take account not only of the individual's characteristics but also temporal, spatial and situational influences, that is, the context of the study. Therefore the sample size for this study was 132 women and men chosen randomly among positive peer couples targeted by the model PPC for HTSP

3.3 Data collection methods

Household cross-sectional interviews: Semi-structured questionnaire was used. Positive peer couples participated in setting the approach was surveyed.

Techniques and tools

Data collection was in-depth interview with men, women and young people through note taking and a recorder. This method had been used to collect primary data because it gives freedom to respondents to express their ideas about the topic. Respondents also feel that they can give more deep and detailed information. Data was collected by the researcher with the help of enumerators and the exercise lasted 12 days.

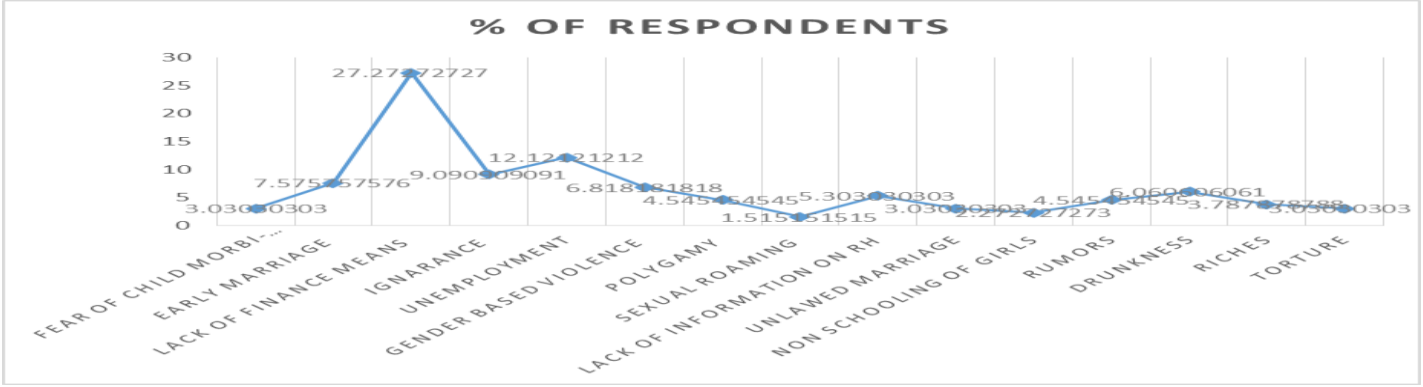
Data analysis design

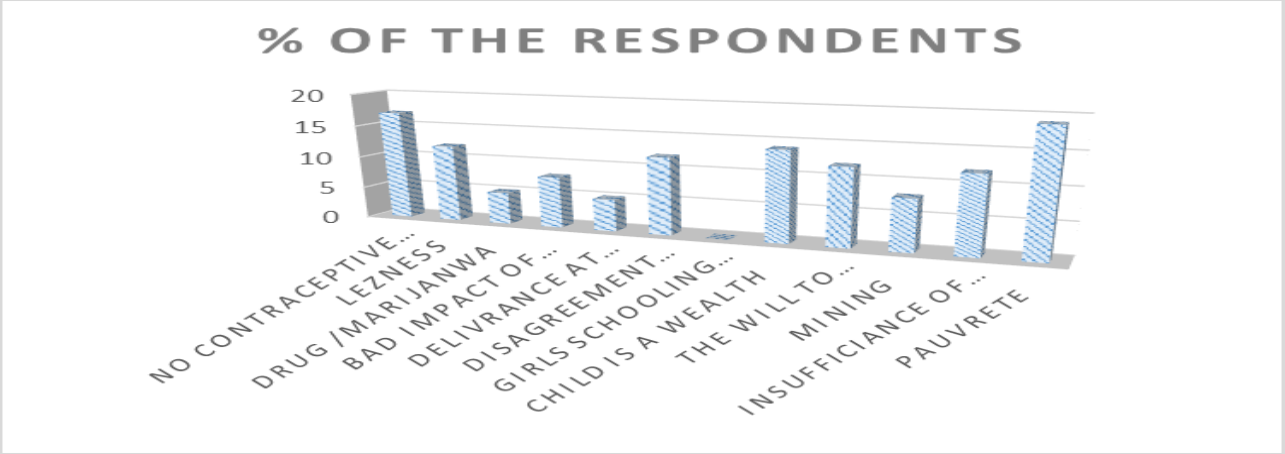
Collected data were processed and analyzed through reviewing all the comments and notes made and grouped them into emerging themes. Once data were organized into themes, key findings were written in English with the direct quotes being translated from Kirundi and French to English. By quantifying data; graphs, bars, charts had been be used. SPSS and excel have been used while analyzing data.

4 RESULTS AND CONCLUSION

4.1 RESULTS

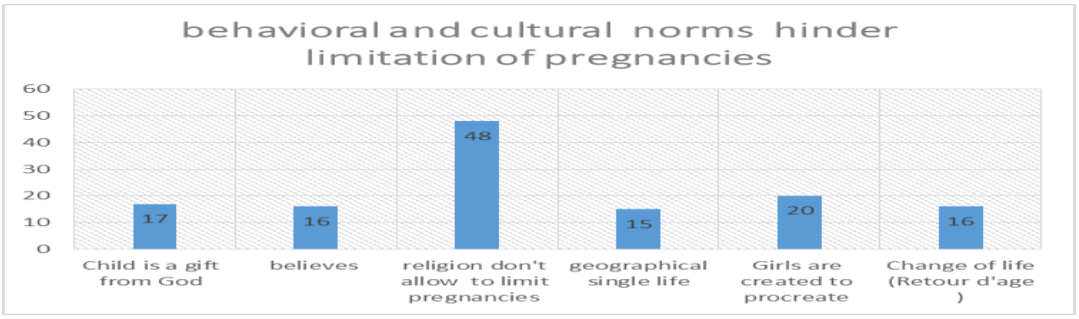
Positive peer couples and Healthy Timing and spacing of pregnan Limit of pregnancies (18-35 years/≤ 4 children)





The study informed us that the community members want to limit pregnancies but without using modern contraceptive methods. Hence, the lack of use of modern contraceptive methods and the poverty play a key role as main causes of no adhesion to limitation of pregnancies .they are followed by the bad practical behaviors and community convictions such as; deliverance at home; child is a wealth, The will to change the sex of children /when having children of the same sex, disagreement between couples etc.. as it is indicated in the graph.

Results on Behavioral norms influencing not to adhere to limitation of pregnancies

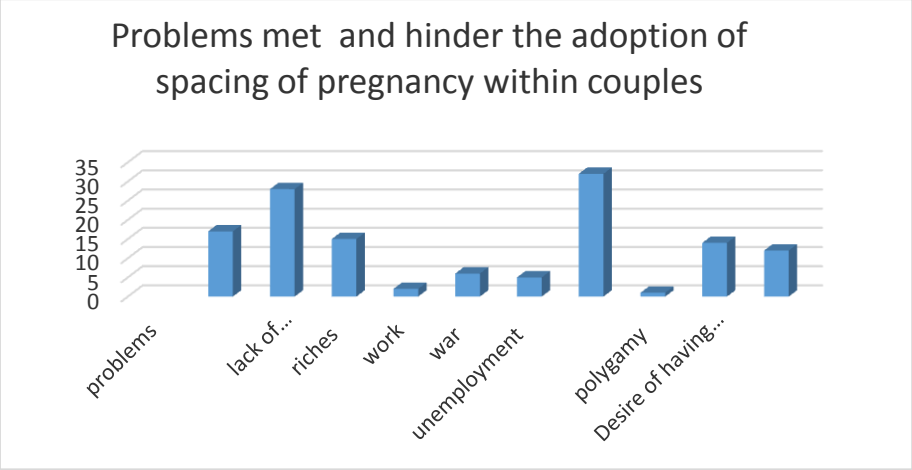


After analysis of the all behavioral and cultural norms, it is concluded, the limitation of pregnancies will be successful when we involved religious leaders and raise awareness of girls in child bearing age on reproductive health.

a) Tracks to outperform the limitation of pregnancies among childbearing women

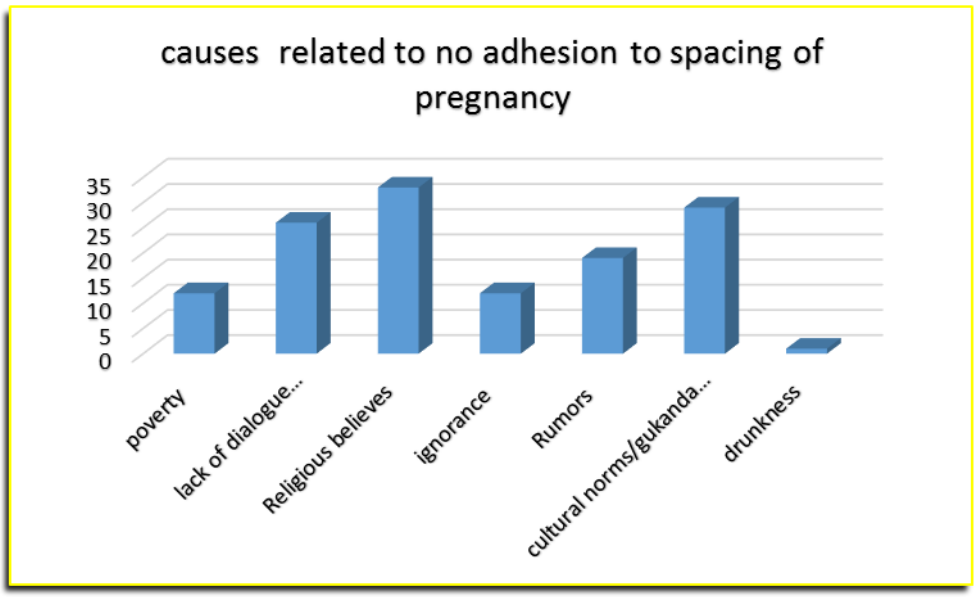
- ✓ Train effectively all stakeholders on reproductive health
- ✓ Sensitization and mobilization of community members on HTSP
- ✓ Integrate Reproductive health courses in primary and secondary schools
- ✓ Reinforce the community dialogue
- ✓ Initiate income generating activities targeting community members a t child bearing age
- ✓ Increase the schooling rate for girls
- ✓ Mobilize the church leaders on reproductive health especially on HTSP-sexual health
- ✓ Encourage local HTSP problem solving

Problems met in Spacing of pregnancies



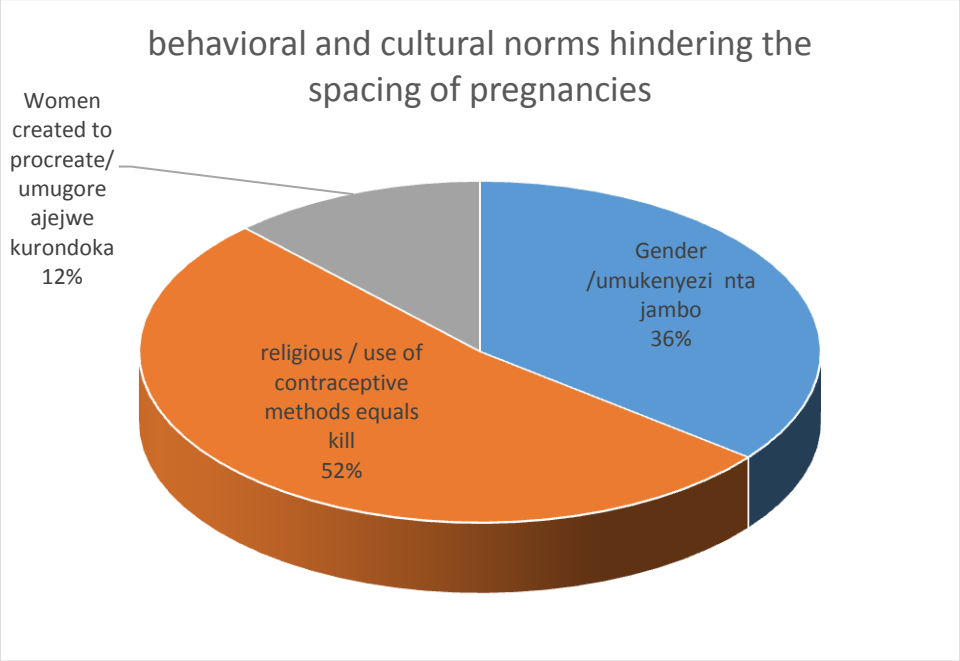
The study shows us that, among the hindrances of practicing the health timing and spacing of pregnancies by couples; In one hand, it is concluded that they don't want to use modern contraceptive (24%) methods during sexual intercourses because they say that they can't well enjoy sex. **In Kirundi, they say ntakurira imbombo mw'ishashe kuko ntaburyohe wumva. On the other hand, it is due to the lack of information on HTSP (21.2%).** Those two problems are followed by other problems related to disagreement between couples, desired of having all children they want early and then stop, riches, gender based violence and so forth……(see in the table below).

Causes related to no adhesion to spacing of pregnancies



Here, the study shows us that religious believes(tugwuire twuzure isi)(25%), cultural norms(gukanda umuvyeyi) /(21.9%), lack of dialogue between couples ; rumors on contraceptive methods (14.3%) are main causes of no adhesion to spacing of pregnancies(19.6%).

Behavioral and cultural norms

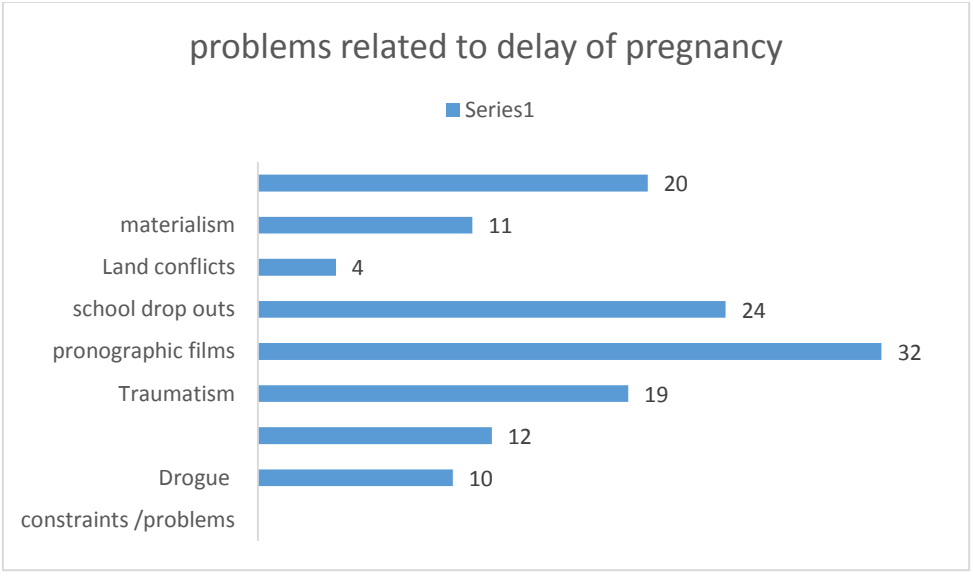


The chart above , shows that religious believes (52%) , gender(36%) and the Burundi country culture saying that the women is created to procreate(12%) are the main norms which affect negatively the spacing of pregnancies among child bearing women.

B) Suggestions to outperform in well implementing spacing of pregnancies among couples

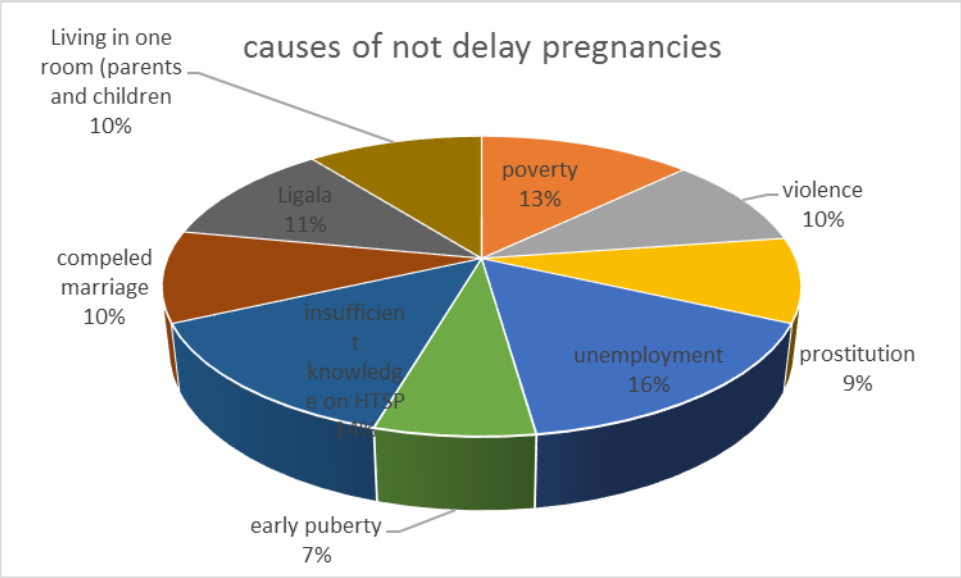
- ✓ Capacity reinforcement within couples on HTSP
- ✓ Involvement of church leaders in improving maternal ,child health /reproductive health
- ✓ Support positive peer couples to well do their jobs
- ✓ Involvement of local leaders in HTSP
- ✓ Mobilization and sensitization of community members on advantages of HTSP
- ✓ Increase the number of income generating activities for women associations in order to avoid dependence on their husbands all the time.
- ✓ Wreck all cultural and behavioral barriers via behavior change communication

Constraints /Problems related to Delay of pregnancies



The study shows us in the chart below that pornographic films, schools drop outs, traumatism, lack of knowledge on HTSP among teenagers and drug /Marijuana are constraints which jam the delay of pregnancies among child bearing women

Causes of not delaying pregnancies



Here ,it is of paramount importance to notice that the main causes of not delaying pregnancies are insufficient knowledge on HTSP(14%), unemployment(16%),poverty(13%),sharing the same room-children and parents(10%)…….

c) Behavioral and cultural norms

No major behavioral and cultural norms discovered during interviews but the only thing to mention here is that Fear (26.2%) of men considered as the heads of the house has been mentioned as a hinder. The will of adolescents in discovering early that they are procreative (74.8%) also contribute in no delaying of pregnancies.

d) Suggestions to outperform in delaying pregnancies

- ✓ The public record officers must be trained on advantages of delaying pregnancies because sometimes facilitate early marriage (marriage before the recommended age)
- ✓ Men must play a key role in child education
- ✓ Capacity Reinforcement of teenagers on Reproductive health
- ✓ Appropriate getup/ rigout-**(kwikwiza mu nyambaro)**
- ✓ Set up of reproductive health clubs at school
- ✓ Mobilization of youth people on HTSP

4.2. Conclusion and Lessons Learnt

- ✓ Adding new tasks to existing Community health workers and PPCs is effective in expanding a service to more beneficiaries, but the service's successful adoption requires either careful piloting in real work settings or intensive support during implementation.
- ✓ Creating spaces that allow for frank appraisal of progress and development of a shared view of how to address obstacles and shortcomings will increase ownership of the HTSP interventions and encourage stakeholders to support continuous improvement

- ✓ Without high-level commitment effectively communicated to every level of the health system, other scale-up strategies should not be attempted.
- ✓ Without government ownership and leadership, the scale-up of HTSP interventions will not be successful. Although pilots and advocacy can help to create an environment for government ownership.
- ✓ Community has the resources i.e. skills, finances and managerial capacity; In addition the community is aware of the problems, what is missing is the relationship of the problem to other issues, the possible methods of solutions and the appropriate technology required. Community needs social and technical guidance to properly utilize its resources. The commitment of the religious leaders and local authorities is important, as they have also reinforced the adoption of behavior change to improve maternal and child health by implementing effectively HTSP.
- ✓ The involvement of men in uptake HTSP is key, as they are the decision makers at the household level (chiefs of households according to the Burundian context) and can bring more sustainable change
- ✓ It has been identified that the varying approaches of NGOs working with community volunteers, including different forms of remuneration, can result in competition and non-sustainable practices.
- ✓ Finally, we can conclude that the results themselves assumed that PPCs are more advantageous than those of traditional techniques considering their effectiveness mentioned in the study results above. Moreover, the components of PPCs have more competing advantages as far as they are not more demanding and most of them can contribute to its probable extension. (More details in results above)

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