Effectiveness of Channels of Hope on Family Planning.

Presentation of Templeton funded research results on Channels of Hope and reproductive health.

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Goals of this talk

1. Illustrate the content of CoH hypothesis.
2. Describe the methods used during this work
3. Share preliminary outcomes results
4. Discuss operational implications for World Vision.
Channels of Hope Theory of Change

Transformation:
- Perspectives of local faith leaders regarding HTSP/contraception

Collaboration:
- Mobilization of local faith community regarding HTSP/contraception

Protection:
- Proactive/enabling environment

Child well-being

Faith leader workshops
CHAT workshops
Biannual follow up

Collaboration between faith leaders from different faith communities leads to increased social cohesion
Purpose and hypothesis

- Assess the feasibility and effectiveness of faith leaders’ support for family planning
- The project hypothesis was that CoH would increase population knowledge on contraceptive methods, contraceptive demand and contraceptive use.
Results on perception and attitudes on reproductive health among faith leaders in Kenya and Ghana

Key in-depth interviews and FGDs with 24 purposely selected participants (Muslim and Christians)
Qualitative Assessment

- All respondents reported a positive view on healthy timing and spacing.
- While the health of the woman and child has been mentioned as the primary reason for FP; other benefits mentioned were economic implication for large families, child getting old enough to look after younger siblings.
Sexual education for youth was not perceived appropriate by male faith leaders.

Early marriage had negative implications in Ghana, but not in Kenya, where extreme disfavor towards abortion was higher.

Female genital mutilation is considered a cultural practice; FL seen themselves as playing limited role.
Study Design

Two-arm quasi-experimental design

Impact of CoH/CHTS = B - A
Core intervention Package = CoH + HTSP
Comparison = ??
<table>
<thead>
<tr>
<th>Country</th>
<th>Kenya</th>
<th>Ghana</th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td>Baseline</td>
<td>endline</td>
<td>Baseline</td>
</tr>
<tr>
<td>Intervention</td>
<td>487</td>
<td>496</td>
<td>609</td>
</tr>
<tr>
<td>Control</td>
<td>499</td>
<td>496</td>
<td>579</td>
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</table>
Results demographics

<table>
<thead>
<tr>
<th>Age of Mothers</th>
<th>Baseline survey</th>
<th>Final survey</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>&lt; 20</td>
<td>167</td>
<td>7.7</td>
<td>139</td>
</tr>
<tr>
<td>20-24</td>
<td>645</td>
<td>29.7</td>
<td>583</td>
</tr>
<tr>
<td>25-29</td>
<td>709</td>
<td>32.6</td>
<td>669</td>
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<tr>
<td>30-34</td>
<td>414</td>
<td>19.0</td>
<td>491</td>
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<tr>
<td>35+</td>
<td>239</td>
<td>11.0</td>
<td>316</td>
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<table>
<thead>
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<th>Age of the children</th>
<th>Baseline survey</th>
<th>Final survey</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>&lt; 12 months</td>
<td>1,202</td>
<td>55.3</td>
<td>1,160</td>
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<td>12-23 months</td>
<td>972</td>
<td>44.7</td>
<td>1,038</td>
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<table>
<thead>
<tr>
<th>Sex of the children</th>
<th>Baseline survey</th>
<th>Final survey</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girl</td>
<td>1,049</td>
<td>48.3</td>
<td>1,045</td>
</tr>
<tr>
<td>Boy</td>
<td>1,125</td>
<td>51.7</td>
<td>1,153</td>
</tr>
</tbody>
</table>

- Six out of ten participants were 20-29 years of age.
- Nine of ten were married.
- Six of ten had no education.
- Half were housewives and the other half were either pastoralists or farmers.
- In Ghana, half of population were Muslim.
- In Kenya, eight of ten were Christian.
Contraceptive knowledge outcomes

- Emer Contraception
- IUD
- LAM
- SDM
- Fem condom
- Fem Ster
- Implants
- Pills
- Male condom
- Injectables

Legend:
- Intervention
- Control
- Total
Contraceptive intention to use outcomes

Family planning intention indicators, before and after CoH intervention, Ghana and Kenya, 2015-18

- 3+ modern contraceptives
- Unmet Need Spacing
- Total Unmet Need
- FP method Mix
- Future Fertility Intention

Bars represent Final and Baseline data.
Contraceptive use prevalence, Kenya


OR 2.4, P < 0.000
Contraceptive use prevalence, Ghana

National, intervention, and control mCPR, Ghana 2015-2018.
- Decrease social and religious barriers
- Demand-side approach with contextual need
- Monitoring of implementation fidelity and intensity
- Need of supply-side complement