

# INTERNSHIP ORGANIZATION



Healthy lives. Measurable results.

POPULATION SERVICE INTERNATIONAL

PSI India's mission –

"Empower people of India to lead healthy lives"

VAISHALI TALANI

PG/10/55

# Reflection From Internship

**Project Involved: PEHEL ( Women Health Project)**

## ➤ **Work Allocated**

Designed questioner and conducted Pre testing of mobile game for chemist for the awareness about the dosages of Medical abortion (MA tablets .)

Involved in the Data Quality Assessment for PEHEL

Analysis of End line survey NACO - Condom promotion study in Metro

## ➤ **Specific Learning**

- Learned , implementing and evaluating the Behavior Change Communication campaigns
- Understanding different aspects of Health care and Social Research and importance of social marketing in the Health sector.
- Report writings skills.



# TRACKING PERFORMANCE OF FRONTLINE HEALTH WORKERS WITH RESPECT TO BEHAVIOR CHANGE COMMUNICATION PERSPECTIVE FOR IUCD ACCEPTANCE AMONG THE COMMUNITY

IIHMR MENTOR  
Dr. Preetha G.S  
Assistant Professor, IIHMR  
, New Delhi

ORGANIZATION MENTOR  
Mr. K.L Rao  
Senior Manager Communication, PSI ,  
New Delhi

# INTRODUCTION

- After forty years of implementing a national Family Planning program, only about 50% of married women use a modern method of family planning (NFHS-III, 2006)
- Long-standing barriers to FP use include inadequate access and poor awareness about spacing methods, biases among medical providers against the Intra-Uterine Device (IUD) and missed opportunities for postpartum FP. (PSI, 2010)
- Frontline health workers are respected village women with basic educations who are trained to advocate for their community when they need to access the public health system.
- It has been seen that behavior change communication or BCC strategy have major role in contraceptive acceptance among the community

# LITERATURE REVIEW

- As per National Family Health Survey (NFHS-3), the contraceptive prevalence rate in India is 56.3%, which varies widely between different States. The unmet need for family planning is high at 13%, with unmet need in spacing methods at 6%. ( NFHS-III)
- Use of spacing methods can effectively reduce Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR). (K.Santhya , 2004)
- Improper counseling by provider or community health worker is the major reason for the 90% of the IUD removal cases in India .(Gandotra and Das 1996 )

## RATIONAL OF THE STUDY

- The contraception prevalence rate in India for IUCD is lower than all other modern methods and has remained static at 2%. ( NFHS -III)
- Overall contraceptive prevalence of Delhi is 66%
- Hence for create a suitable environment for acceptance of IUCD in a community there was a need to highlight the untapped potential of frontline health workers which are the heart of any family planning projects in India

## **General Objective:**

To assess the performance of frontline health workers in providing family planning services through behaviour change communication perspective”

## **Specific Objectives:**

- To assess the interpersonal communication skills of frontline health workers (IPC's) in providing family planning services to the target group women after the behaviour change communication training.
- To study the user experience satisfaction , acceptability and accessibility of IUCD with respect to behaviour change communication
- To seek the opinion of frontline health workers on the effect of behaviour change communication training \in improving their interpersonal communication with the target group.

# ENR

## DATA SOURCE & METHODOLOGY

- **Study Design**

Quantitative and Qualitative Mix Methodology

- **Study Area**

Two clusters of Delhi- North & East and South West

**SOUTH WEST**

- MAHAVEER ENCLAVE
- UTTAM NAGAR

**NORTH EAST**

- NEW SEEMA PURI
- SUNDERNAGRI

- **SAMPLE SIZE AND DATA COLLECTION**

All the 30 Interpersonal Communicators (IPC's) were interviewed through structured qualitative checklist .

- 30 IUCD 375 users were in-depth interviewed

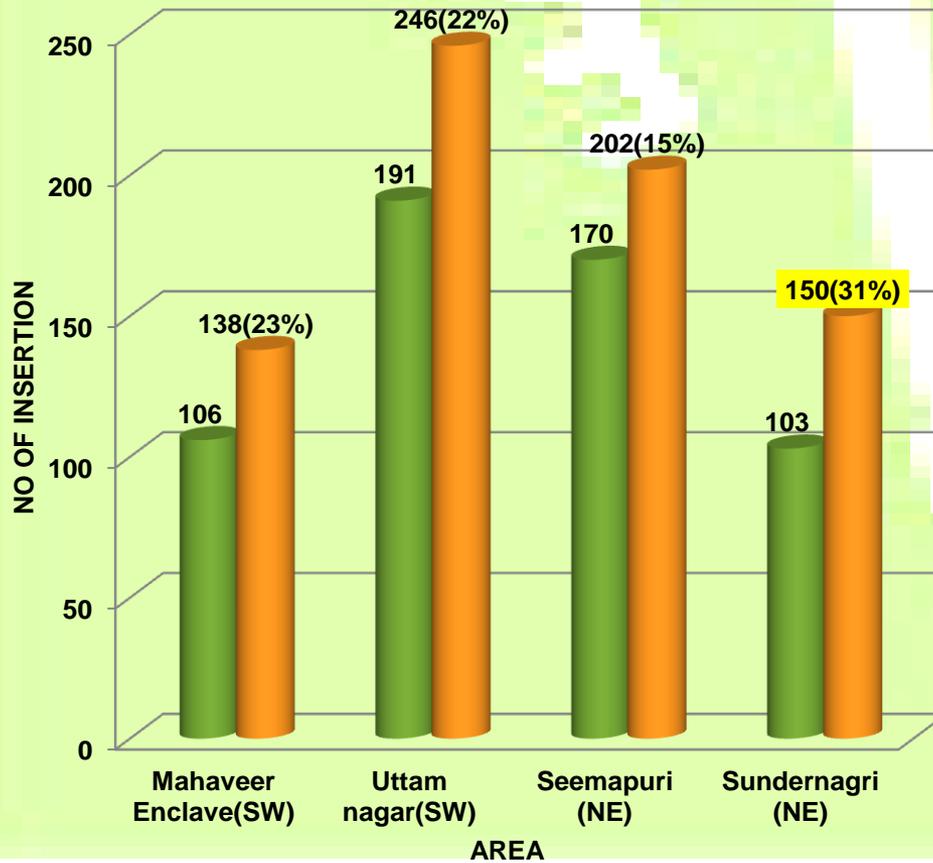
2 Focus group discussion with the Interpersonal communicator ( IPC's ) in both clusters

THE

# RESULTS

# IPC WISE INSERTION IN TWO CLUSTERS OF DELHI

## AREA WISE INSERTION



## OVERALL GRWOTH OF IPC



**OBJECTIVE 2: To study the user experience, acceptability and accessibility of IUCD with respect to behaviour change communication**

## **Knowledge about IUCD**

*I was only aware about pills and condom didi (IPC) told me about the IUCD which can control births for five years." 27 year old women having two children told that-*

*I was only aware of the tablets , I got to know about IUD from the nukkad natak organized in our community , then I consulted with didi and she suggested me IUD as I want space of for least five years between next child*

**When asked about why they choose IUCD over all other methods**

*"My fifth child was an unwanted pregnancy, I wanted some permanent method which should be long lasting, I got to know about five year IUD and I adopted it"- 28 Year old mother of 4 children said*

*I was using condom, but my younger son was still born, that's why I don't have any faith in this condom and pills, IUD is the best method to avoid pregnancy for five years*

*I was using three months injectable , but every three months I have to pay for it so IUD was much better option , in this you are free for five years in one investment*

# MYTHS

**“I was told by ladies in my lane that Copper T gets dislocated and goes inside stomach, lungs and heart, so I preferred five year IUCD 375.”-27 years old women said**

**“I adopted Copper T Six year before but after one year it came out, then I inserted five year IUD”- 23 year old women having four children said.**

## ROLE OF COUNSELLING IN REDUCING IMPACT OF SIDE EFFECTS

*"I was having white discharge continuously after the insertion but these all symptoms were told by didi and doctor both . So I took tablets given by doctor and white discharge problem was cured in one months."- women of south area said*

*Till six months I was having two days extra of periods but as didi and doctor both told me that it is normal and will cure in few months so I took it normally, now I am absolutely fine.- 34 year old women said*

*Didi told me about the warning signs ( Khatre ke nishan ) like I had to consult doctor when I am heavily bleeding., high white discharge , severe abdominal pain , string related problem or fever*

*I was getting very weak after the insertion as I was heavily bleeding then I consulted didi, she took me to doctor, she gave tablets and within few months my periods get regular- 24 years aged Muslim women said*

## EFFECT OF IEC MATERIAL IN REDUCING MYTHS

“ I was afraid of using IUD as many women say that it gets dislocated but didi explained me with help of uterus model that it can't be dislocated and will not go in your any organ”22 year women shared

My husband said that IUD string can harm his penis so he didn't allowed me to adopt IUD but then IPC explained with the help of uterus model that string is not touched with penis during the intercourse, after that my husband agreed” I am happy to adopt IUD- Women of 36 years of age said.

I was afraid of using IUD as always have a fear how can a log knife like thing be inserted but when IPC didi showed me the IUD and explained me how it is inserted , I touched and felt the IUD and my all myths were removed.- A women of four children said

# IUCD ACCEPTANCE

*I have heard that after insertion of Copper T women's can gain weight so I didn't adopted it, I have never heard anything like that five year IUD, I think it's more reliable"*

*"After using IUD I really feel that I have a lock and its key which can be opened whenever we want"*

*I am happy after adopting IUD because bar bar ke jhanjhat se mukti ( It give freedom from every time same problem"*

*" The best thing I like about IUD is we don't have to eat any tablet or use any condom- **paanch saal ki chutti**"*

*"I am safe for five years"*

*We can forget to take tablets, condom has possibility of disruption but IUD is long lasting contraception. **NO jhanjhat only happiness**"*

### **OBJECTIVE 3.**

To seek the **opinion** of frontline health workers on the effect of behaviour change communication training \in improving their interpersonal communication with the target group.

#### **Counseling**

Counseling is the most important thing before the insertion as the provider ( doctor) has so many clients of insertion that she doesn't have time to properly explain all the advantages and side effects , so if the TG is pre informed about the complication and side effects then she can automatically raise question in front of doctor and remove all the queries"- 23 year old IPC said

2"In first visit most of the women are afraid or shy in talking about contraception, for perfect behavior change we have to meet a particular TG 4-5 times"- IPC from Uttam nagar said .

### **Use of IEC material**

***“Generally husbands are conscious of their health and always enquire that can IUCD 375 harm them during the intercourse , then explaining with the help of uterus model is the best method”***

***When the TG sees all the contraceptive choices available , then she can decide what she is using and what she should use***

### **Informed choice basket**

**Its easier to explain with the help of informed choice basket to explain about various contraceptive choices as some women use some brands but they are never aware of the name.**

**“I think the informed choice basket is the major tool which works during the interaction with TG”**

## **Providing Informed Choice**

***“In training we were told that its is mandatory to inform each client about the informed choice of contraception and advantages about each method, its solely depend on Tg;s choice whcich contraception method she is willing to use”***

## **Protection from RTI / STI**

***“Now we always inform the client that IUCD 375 doesn't protect from RTI and STI , this is the major knowledge I have gained from the training, now I can easily answer all the queries realted to STI and RTI's”***

# CONCLUSION

- Through the process of behavior change communication strategy we can change the perception of the users and can enhance the potential of frontline health workers.
- It was seen that after the BCC training performance of almost all the IPC's was improved
- The training gave new way of approaching the target by majorly focussing on improving their interpersonal communication skills
- For the acceptance of IUCD in the community counseling of women about the method was a most important session .

Users were able to clear their myths and misconception through the session taken by IPC's with the help of different IEC material.

# RECOMMENDATION

- Similar BCC strategy training can be given to ASHA and AWW as they are the heart of national level programmes like NRHM
- Introduce IUCD tracking cards
- Providing separate space for counseling about family planning in clinics
- Government can tie up with private providers
- Awareness ( Mass media & mid media)

ONE

BE THE CHABNGE YOU WISH TO  
SEE IN THIS WORLD