Women’s Health & Development in Afghanistan

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A Paradigm Shift
Training Afghan Male Health Providers in Family Planning/Reproductive Health as a Portal to Women
Focus of Talk

1- Significance of Involving Men in FP/RH Programs

2- Post-Conflict Populations Require Special Teaching Techniques
Health statistics in Afghanistan

- Maternal Mortality Rate: 1,575/100,000 (Lancet)
- Infant Mortality Rate: 134/1000 (UN Children’s Fund)
- Child mortality: 199/1,000 (UN Children’s Fund)
- Total Fertility Rate: 5.7 (PRB)
- Contraceptive Prevalence Rate: 19% (PRB)
- Population: 29,100,000 (PRB)
- Literacy rate total population: 28%
  - male: 49% female: 18%
  (UN Children’s Fund)

Barriers to health care include:

- Weak health infrastructure
- Shortage of trained medical professionals, especially females
- Lack access to health information & education
- Transportation, security
- Taboos & cultural restrictions
Why Family Planning/Birth Spacing?

- Afghanistan has second highest MMR in the world

- Family planning saves the lives of millions of women & infants every year in developing countries

  Proven to be one of the most:
  - Effective
  - Low Cost
  - Requiring low skills set
    - Strategies in reduction of maternal mortality
Context

- Strongly male dominant society
- Men decision makers at all levels: social, political, health, sexual...
- Most women can only be seen by female health providers
- Most women require men’s permission to leave the house, seek health care, or to use contraceptives
Just how bad is it?

- Sneak out without permission
- Hide contraceptives, consequences if caught
- How about the rural areas?
- Does not matter how many clinics there are if the man is against it
Men as Contributors or Barriers in Family Planning?

✓ One of the most critical & deeply-rooted obstacles is uninformed men.

✓ Since men control women’s fate, involving men opens doors to women’s access to family planning services.

✓ Informed men our allies, uninformed men our nemesis?
So where are the men?
We Missed It!

- Until 2007, all family planning training programs in Afghanistan focused exclusively on women.
- Is it important – Absolutely- Is it enough - No!
Missed it because?

- Think it is too controversial?
- Afghan men are not ready?
- Afghan men don’t care about women?
- We have written them off as villains?
- Not realizing their potential?
- ...?
Paradigm Shift in Women’s Health & Development in Afghanistan “Must Include Men”
In 2007, Recognizing the Significance of Male Involvement, FHA Designed & Implemented the *First Male Provider FP/RH Training Program* in Afghanistan.
Train Male Health Providers

Educate Men in Rural Communities

Facilitate Women’s Access to Clinics
Why male doctors/nurses from rural areas?

Because they:

- Play a vital role as respected and trusted members of the community
- Are in contact with men - an opportunity to inform & educate
- Are asked about contraceptives by male patients for their wives - they NEED to Know
- Have their own biases and taboos
Goal

To reduce maternal mortality and morbidity through increase in access to family planning services by training male health providers as agents of change.

Objectives

✓ Promote male involvement in family planning
✓ Increase contraceptive knowledge (including condoms/vasectomy)
✓ Improve detection/treatment of STIs
✓ Expand STIs/HIV education for men

IEC

✓ All teaching materials and instructions were done in Dari/Farsi the local language
✓ Each trainee received a set of educational tools including posters to take back to their clinics
In Cooperation with Ministry of Public Health

• FHA works closely with the MoPH and focuses on health providers from rural areas.

• Total of 148 male doctors & nurses were trained in twelve separate three-day workshops

• Trainees were from 10 provinces
Curriculum

1. Infection prevention techniques
2. Family Planning counseling for male patients
3. All family planning/contraceptive methods:
   - Female - injectables, oral pills, IUD’s, tubal ligation
   - Male - condoms, vasectomy
4. STIs – detection, prevention, and treatment
5. HIV/AIDS – education and prevention
6. Violence against women and its relationship to health, women’s contribution & progress
Evaluation & Monitoring

- Pretest/Posttest

- Qualitative Questionnaire
  - Accessing trainees’ attitudes towards family planning, birth spacing, and male involvement
  - Course Evaluation
  - Trainee Evaluation

- Monitoring Data
  - Monitored for 60 days after the completion of the program to assess their participation & behavior change in counseling their patients on:
    1. Birth Spacing
    2. Male Involvement
    3. HIV/AIDS
    4. Condom Use in HIV/AIDS prevention
    5. Referring Wife to the Family Planning Clinic
Mean Scores for Male Doctors/Nurses from Three Male Programs (Summer 2007, Spring 2008, Fall 2008) (N=148)

- Average Pretest Scores
- Average Posttest Scores

*Mean increase is statistically significant, p-value < 0.5*
Unexpected Results

Trained male doctors/nurses demonstrated a clear effort to apply knowledge & skills acquired and actively participated in counseling their male patients.

Number of men (male patients) in rural areas who received family planning/reproductive health information/counseling:

<table>
<thead>
<tr>
<th></th>
<th>Summer 2007</th>
<th>Spring 2008</th>
<th>Fall 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Men</td>
<td>3200 men</td>
<td>5951 men</td>
<td>6286 men</td>
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*Within a 60 day monitoring period*

Total Number To Date: **15,437**
Percent of Male Patients in Rural Areas who Received Family Planning/Reproductive Health Information and Counseling from Male Doctors & Nurses trained by FHA during Three Male Programs (Summer 2007, Spring 2008, Fall 2008) (N=15,437)*

Preliminary Data on Counseling Categories

Out of all patients seen by trainees at their clinics, 15,437 patients were counseled. Results based on data received from 100 trainees.

*Ineligibility in columns 1 and 5: widowed or single or wife over 48 years of age.
Post-Conflict/Conflict-Prone Populations Require Special Teaching Techniques

“Teaching within an Empowerment Model”

Local culture, way of life:

• We don’t have to agree

• We don’t have to understand

• We do have to respect it and look for protective mechanisms within
1- Building Trust

✓ Acknowledge & respect their history & struggles

✓ Let them voice it to move on!

✓ Demonstrate your knowledge and understanding of:
  Difficult work environment & challenges they face
Make a promise & keep it, receive a promise & hold them accountable

Resist the hand-out culture
2- What is to be done?

Choose to be here

Focus on “Solutions” Only
3. Self-reliance - Role of agency - Teamwork

✓ Fatalism

✓ Culture of “it can be done”

✓ Who is going to re-build Afghanistan?
4. Breaking Taboos
Policy Change at Afghanistan’s Ministry of Public Health

While originally considered controversial, the success of male training programs prompted policy changes to include male health providers in reproductive health training programs.
Expansion of Male Training Program

- In 2010, with the cooperation of MoPH and UNFPA, FHA implemented a Training of Trainers (T.O.T) program to insure its sustainability.

- Seven teams of Master Trainers (seven male, seven female) were trained to train other male health providers throughout the country.

- Master Trainers were selected from five different regions of Afghanistan.
Train 7 Teams of Local Master Trainers

Master Trainers Train Male Health Providers

Male Health Providers Educate Men in Rural Communities

Informed Men in Rural Communities Facilitate Women’s Access to Clinics
Conflict & Deteriorating Security
Major Obstacle to Health & Development
• Breakdown in security has become a major problem in women’s access to health services.

• Many women do not visit clinics due to ongoing armed conflict in parts of the country and constant threat of suicide bombings.
• Progress and development in Afghanistan is unlikely without active participation of women in society.

• This is only possible in an environment conducive to their health and well being.