

Can couples correctly use a family planning method offered through a group counseling session facilitated by a community youth volunteer?

Jeannette Cachan, Lillian Ojanduru, Esther Spindler, Victoria Jennings | **Institute for Reproductive Health, Georgetown University**
Ojamuge Dickens, Shannon Pryor | **Save the Children**

Background

LOCATION
Northern Uganda:
Amuru, Nwoya,
Gulu Districts

TIMELINE
Sept 2014 –
June 2017

- In Northern Uganda—where contraceptive prevalence rate is 24% and unmet need 34% (DHS, 2011)—women and men face many barriers in accessing family planning methods.
- Evidence shows that trained community agents can effectively bridge this barrier by providing family planning directly in the community (HIP 2015). Yet, few studies have tested group approaches to family planning counseling outside health service delivery.
- A proof-of-concept was conducted to test WALAN—a group learning and counseling approach that aims to increase family planning access and use, relying on non-health community volunteers in 15 communities.

Intervention: Wake ki Lago Nywal (WALAN) “Be Proud with Family Planning”



In each community, a pair of male and female non-health youth facilitators conduct community learning sessions on human fertility, healthy timing and spacing/family planning, and Lactational Amenorrhea Method (LAM).

Youth facilitator pairs then offer group counseling sessions on SDM or TwoDay methods to interested couples and/or women.

Couples and/or women interested in other family planning methods are given a family planning invitation card to obtain more information at the health center.

Pilot Study (2016-2017)

18-month pilot study in 15 communities

RESEARCH QUESTIONS

1. Can trained youth facilitators competently implement WALAN activities?
2. Can women and men who learn a fertility awareness method (FAM) in group counseling gain the knowledge to use their method correctly?
3. Are WALAN activities accepted by the communities?

METHODS

- Systematic observations of 123 community learning and 95 group counseling sessions
- Competency checklist observations of 12 facilitator pairs at 2 different time points
- Interviews with 122 couples using Standard Days Method (SDM) and 53 couples using TwoDay Method
- Focus group discussions with 25 youth facilitators
- Key informant interviews with 9 community leaders and health service providers

Standard Days Method® (SDM)



- Identifies days 8-19 of the cycle as fertile
- Appropriate for women with menstrual cycles between 26 and 32 days long

TwoDay Method®

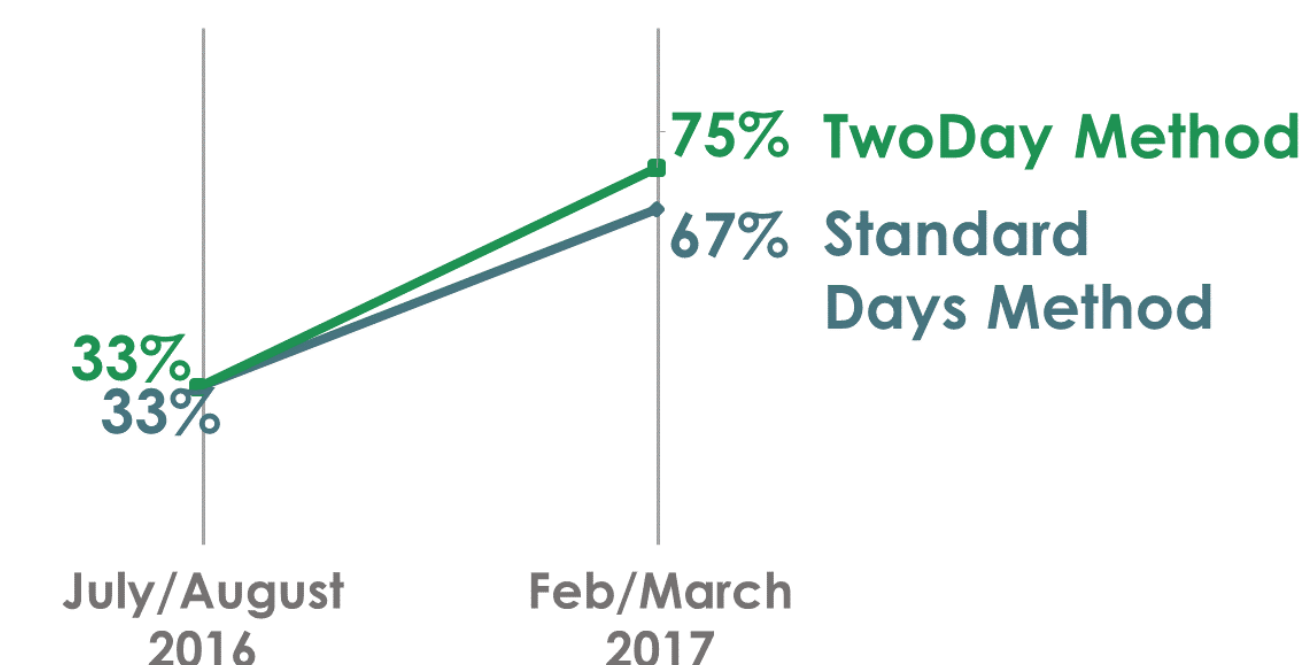


If a woman notices any cervical secretions today or yesterday, she considers herself fertile today and avoids unprotected intercourse today.

What We Learned

Youth Facilitator Competency

- Facilitators' main strength is their mastery of the information and use of job aids.
- Facilitators' skills improved over time with supportive supervision.



Percentage of youth facilitators receiving a high competency score increased from first to second observation point

FAM Use

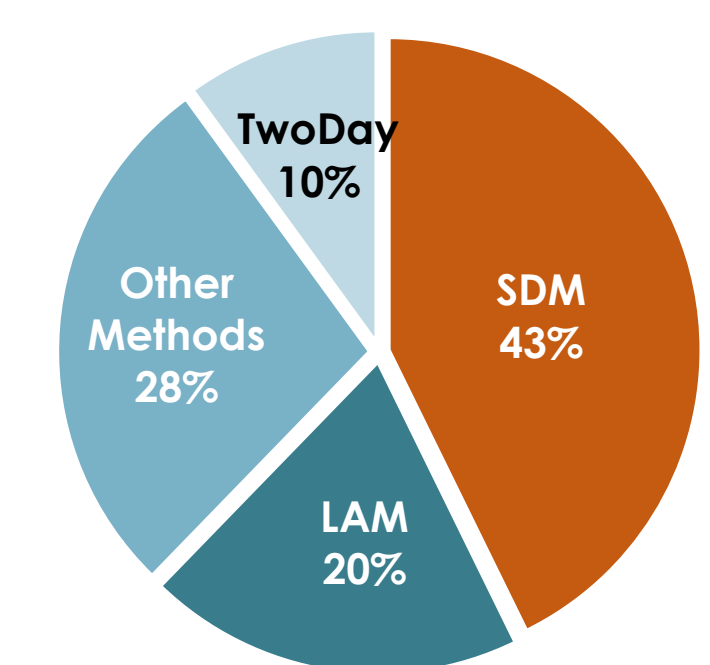
- SDM and TwoDay Method users used a combination of condoms and abstinence to avoid pregnancy during fertile days.
- Male partners are engaged in using the method and couples are satisfied with their method choice.
- Before beginning FAM, 45% of SDM users and 55% of TwoDay Method users had never used a method before.

“Because I have learned so many things about me as a woman and I have realized that the method is good since it is not painful, doesn't need money, and no need to go to hospital. You can monitor your secretions by yourself, so I feel that the method is favorable for us who are deep in the villages.”
Female TwoDay Method user, Nwoya District

Community Acceptability

- Community leaders value WALAN as an intervention that addresses community problems, and helps mobilize youth to attend WALAN sessions.
- Health workers have positive perceptions about FAM counseling and say that WALAN has brought family planning services closer to the community at no cost.

Community members interested in family planning methods (n = 1,521)



Recommendations

Based on experiences with WALAN in 15 villages in the districts of Gulu, Nwoya and Amuru, we recommend:

- 1 **Develop close relationships with the health system:**
“If we found those who need other methods such as injectable, implant, pills then we refer to them and they also refer those who need the CycleBeads and the rest to us. So we relate well!”
Female Youth Facilitator, Nwoya District
- 2 **Adjust advocacy and communication strategies to the local context:** Involve formal and informal community leaders, and be sure space is available for open sessions and group counseling.
- 3 **Provide supportive supervision for facilitators:** Counseling skills of both male and female facilitators improved over time with appropriate guidance.

Conclusion & Next Steps



The proof-of-concept showed that the WALAN model is feasible, although some adjustments were needed prior to entering pilot phase.



Results from the pilot study and tested materials can be used to scale up WALAN to other areas in the Northern Uganda region, and beyond.



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