What facilitates uptake of referrals for family planning? Results of a study in Mozambique

RESEARCH HIGHLIGHTS 2016
Family planning in Mozambique

Across most of sub-Saharan Africa, voluntary contraceptive use is rising. Mozambique is a rare exception. In 2003, 14% of all women of reproductive age (15 to 49) used modern contraception.\(^1\) By 2011, only 12% did. As of the most recent Demographic and Health Survey in 2011, 29% of married Mozambican women had an unmet need for family planning, meaning they were not using contraception in spite of an expressed desire to delay, space or limit births.

Furthermore, the method mix was highly skewed toward short-acting methods, with 95% of contraceptive users using condoms, oral contraceptives or injectables. The hormonal implant had yet to be introduced in Mozambique and two thirds (65%) of women had never heard of the IUD.\(^1\)

The Government of Mozambique aims to increase access to long-acting reversible contraceptives (LARCs)—the implant and IUD—and permanent methods as part of its commitment to the FP2020 Initiative. A key component of the country’s strategy is to engage health agents and others in sharing information about family planning, and referring community members to sites that offer a wide range of family planning methods.\(^iii\)

Community-based referrals to the Tem Mais network of nurses

Since 1994, Population Services International (PSI)/Mozambique has been working with the Mozambican Department for Health to expand the reach of health programs. In 2014, PSI/Mozambique introduced Tem Mais, a network of community health promoters and nurses who offer family planning counseling and a wide range of voluntary contraceptive services.

The network includes 18 nurses who work at 18 clinics and provide mobile services, as well as 195 health promoters across six of Mozambique’s 11 provinces: Maputo, Gaza, Inhambane, Sofala, Zambezia and Nampula. By offering affordable services at private Tem Mais sites and free services by dedicated Tem Mais providers at public sites, PSI/Mozambique aims to expand the total market for family planning.

A woman’s first contact with Tem Mais is typically through a health promoter at the woman’s home, school, marketplace, neighborhood, or a nearby hospital or health center. Tem Mais health promoters offer family planning counseling, community-based distribution of condoms and oral contraceptives, and paper-based and SMS-based referrals to Tem Mais nurses for other methods, including injectables and LARCs.

A recent analysis by the Advancing Partners and Communities Project found that mobile phone-based referrals, similar to those used by PSI/Mozambique, provide efficient and effective linkages to services, facilitate client tracking and follow up, and are highly scalable once initial start-up costs are covered.\(^iv\)
Study objectives

The goal of this study was to understand the factors affecting referral uptake in order to identify ways to improve access to family planning services. Tem Mais promoters’ SMS-based referrals have generated a database of more than 100,000 phone numbers of women, men and youth who have received information from promoters about Tem Mais family planning services.

This database provided PSI/Mozambique with an opportunity to learn more about women who expressed an interest in family planning referrals, whether they sought and received services, and why.

With this study, PSI/Mozambique sought to answer the questions:

1. Which women went to a clinic after accepting a referral?
2. What factors helped women make it to a clinic?
3. What factors prevented women from making it to a clinic?
4. What steps could program managers take to strengthen referrals?

✓ mHealth technology enabled low-cost client exit interviews at scale.
✓ Focus group discussions and interviews helped to explain the findings.

A Tem Mais promoter offers a community-based referral using the client’s mobile phone
Study methodology

This study utilized a mix of qualitative and quantitative methods. From June 2015 to December 2015, a local research agency collected data through:

- Initial telephone surveys with 3,844 women
- Follow-up telephone surveys with 1,205 of the women who participated in the initial round
- Focus group discussions with 100 women

Initial and follow-up telephone surveys

A research agency made phone calls to women who enrolled in the SMS-based family planning referral system in four provinces (Inhambane, Gaza, Maputo and Sofala) since 2014. The agency called the most recent numbers first. At the time of the referral, all women who gave a phone number consented to receive a follow-up call. At the time of the survey, the data collectors sought informed consent to participate from all participants. Data collectors conducted two waves of telephone surveys: 3,844 women responded to an initial set of questions, and 1,205 of the same women participated in a follow-up survey. All 5,049 phone surveys were conducted with respondents who consented and met the following selection criteria: female, aged 18 to 49 years, and recalled having received information on family planning from a Tem Mais promoter. Analysis of the phone survey data included logistic regression analyses taking into account age, civil status, number of children, sex and age of youngest child, where the session with the health promoter took place, who was present during the session, province, whether the Tem Mais unit charged a fee for services, if the unit was fixed or mobile, if the client shares a phone, and other factors.

Focus group discussions

PSI/Mozambique used 15 focus group discussions to further probe and understand trends that emerged from the analysis of the telephone surveys revealed. All focus group participants had participated in the telephone survey and confirmed that they would like to be contacted again for additional questions and focus group sessions. The researchers divided the women in the database into four categories: 18 to 24 year olds who went to a Tem Mais clinic, 18 to 24 year olds who did not go to a clinic, 25 to 49 year olds who went to a clinic, 25 to 49 year olds who did not go to a clinic. They then randomly selected women from each category and invited them to participate in a focus group with other women from the same category. The average number of participants per focus group was six to seven women.

Table 1. Focus group discussion participants by category

<table>
<thead>
<tr>
<th>Category</th>
<th>Went to Tem Mais clinic after accepting a referral</th>
<th>Did not go to TemMais clinic after accepting a referral</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 to 24 years old</td>
<td>17</td>
<td>27</td>
<td>44</td>
</tr>
<tr>
<td>25 to 49 years old</td>
<td>18</td>
<td>38</td>
<td>56</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>65</td>
<td>100</td>
</tr>
</tbody>
</table>

The Mozambican Ethics Committee on Research approved this study.
Findings: Which women went to a clinic after accepting a referral?

Among the 3,844 women who enrolled in the mHealth referral system and participated in the telephone survey, 33% went to a Tem Mais clinic for family planning counseling and services. Of the 67% who did not go to a clinic, 8% reported that they had no need for contraception. Another 14% sought contraceptives from other sources after meeting the promoter, which signals that promoters may be contributing to contraceptive access from multiple sources. The remaining 45% of respondents did not access family planning from any source in spite of having expressed an interest and enrolled in the referral system.

The survey showed the Tem Mais promoters generated demand for family planning among non-users who had not planned to use modern contraception. Of the 560 women who were not using contraception and had no intention to start using contraceptives before meeting with a promoter, 18% went to a clinic for family planning services. Of these women, all expressed satisfaction with the services received and an intention to continue using contraception.

The demographic profile of the telephone respondents provides a snapshot of the type of women who expressed an interest in Tem Mais family planning services after hearing from a promoter. Figure 1 below shows the breakdown of survey respondents by their age and whether they went to a clinic for family planning. Nearly half (44%) of the women enrolling for referrals and 37% of those who went to a clinic were youth under the age of 25. The actual percentages of youth may be even higher, because those under 18 were excluded from participating in the survey but were eligible for accessing contraception through Tem Mais. After controlling for marital status and previous use of contraception, logistic regression showed that young women under age 25 were just as likely as older women to go to a clinic following a referral.

44% of those who accepted a referral were under the age of 25.

37% of those who went to a clinic were under the age of 25.

Once other factors were taken into account, young women were just as likely as older women to make it to a clinic.
As shown in Figure 2, women who received Tem Mais referrals tend to be single (45%) or cohabiting (41%) rather than legally married (11%). The majority of single women in the study had at least one child. Marital status and previous use of contraception were both associated with making it to a clinic for family planning. The age and marital status distributions of respondents show that promoters reach a diverse audience of women who may need contraceptive information and referrals rather than focusing on a traditional audience of older married women. The age distribution of women reached through Tem Mais is similar to the age distribution of the population at large.

Figure 2. Telephone survey respondents by marital status and whether they visited a Tem Mais clinic (n = 3,844)
Findings: What factors helped women make it to a clinic?

Social support from other women
Most survey respondents (65%) were with others when they met a Tem Mais promoter. Among young women (18 to 24 years), having female relatives present during the informational session increased the chance of going to a clinic by 56%. Young women were 2.4 times more likely than older women to get health information from their mothers or aunts. Speaking with a young woman and her older female relatives at the same time may help the young woman to gain the social support she needs from trusted relatives in order to access family planning. Among women aged 25 to 49, having female neighbors present during the informational session increased the likelihood of going to a clinic by 75%. For these adult women, discussing family planning with a promoter and female neighbors may foster social norms in support of contraceptive use.

Information sessions in locations with convenient access to services
The location for promoters’ information sessions appears to affect clinic attendance. Most informational sessions with a promoter took place in the woman’s home or a hospital. Young women aged 18 to 24 years were 84% more likely to go to the clinic if the session with the health promoter took place in the hospital rather than in a school, marketplace, street or home. Participants in focus group discussions explained that hospital-based informational sessions are effective because interested clients may be able to access contraceptives immediately, for example from a Tem Mais nurse seconded to the public sector. In addition, women in hospital waiting rooms may be more likely to have young children and a desire for birth spacing. Promoters advertise Tem Mais clinics as having short waiting times, which may particularly appeal to women waiting for long durations at public hospitals for family planning services.

Knowledge about contraceptive methods
The survey showed that women who went to a clinic knew about a wider range of contraceptive methods than women who did not go to a clinic, even after controlling for differences in age and location of informational session. The survey did not explore when they learned this information, whether at the clinic, through the information session with a promoter, or before they met the promoter. Past experience using contraception was also associated with referral uptake. In half of the 15 focus groups, women raised fears of side effects as a top reason not go to a clinic for family planning. Many of these fears appear to be misplaced due to misinformation about contraceptive risks and side effects, such as the myth that implants and IUDs travel in the body, and the belief that hormonal contraceptives cause permanent sterility.

Survey analysis showed that women were more likely to reach the clinic if they had:

- Informational sessions with mothers, aunts, and female neighbors
- Informational sessions at hospitals
- Knowledge of a wider range of contraceptive methods
Findings: What factors prevented women from making it to a clinic?

Lack of information on where to go
A large percentage of women (27%) stated that they did not seek services because the promoter did not inform them of the location of the closest Tem Mais clinic or they did not know how to find it.

The issue did not appear to be one of distance, as only 1% of respondents said the clinic was too far away.

Lack of time or plans to go later
In the survey, 18% of women who did not go to a clinic gave a reason related to being too busy. An additional 28% said they had “no particular reason” for not going to a clinic after accepting a referral.

Furthermore, women in seven of 15 focus groups cited competing priorities as the primary reason why they or other women had not yet made it to a clinic. These delays in seeking services may be related to low risk perception, particularly for women who have infrequent sexual intercourse.

Male opposition
Among the 2,557 women asked why they did not seek services after accepting a referral, only five (less than 1%) said their husband or partner did not allow it. In one of the four provinces, women were 44% less likely to go to a clinic if a man was present during the informational session. Overall across the four provinces, the presence of men did not affect clinic attendance. In contrast, 14 of 15 focus groups raised the issue of male partners’ opposition to contraception as the top reason why some do not go to clinics. Women in the focus groups suggested that promoters schedule a return visit to speak with husbands.

Explanations for the different survey and focus group findings may be linked to the fact that survey questions asked participants to comment on their own experience while focus group questions asked participants to comment on their perceptions of others’ experiences. Women who believe that their own husbands/partners strongly oppose contraception may have declined to speak with a promoter, enroll in the mHealth referral system, or participate in the survey.
Recommendations

Based on the results of this study, PSI/Mozambique identified a number of programmatic improvements that may strengthen referrals:

**Conduct more sessions in homes and schools with young women when their mothers and/or aunts are present.** PSI/Mozambique is testing different strategies to capitalize upon the link between female relatives’ involvement in information sessions and young women seeking services. In Gaza Province, promoters give health talks to students and their parents on “parents’ information day” at the beginning of the school year. Other provinces could explore similar strategies and evaluate their effectiveness. In addition, promoters could ask young women at home if they would like to schedule an informational session at a time when their female relatives are available to join.

**Conduct more sessions for groups of female neighbors.** Given the association between the presence of female neighbors and clinic attendance for women aged 25-49, promoters should prioritize speaking with groups of adult women neighbors rather than individuals. This approach may strengthen social norms in favor of family planning, especially if promoters ask satisfied clients to organize or attend and speak during the sessions. Furthermore, to address delays in seeking services and uncertainty about the clinic location, promoters could help groups of women organize a time when neighbors could go to a clinic together, guided by a satisfied client or the promoter herself. These days could coincide with promotional price reductions to enhance the sense of urgency to seize the opportunity to access free or reduced-price contraception.

**Conduct more information sessions in hospitals and health centers,** especially those that have contraceptive services available immediately on site by a Tem Mais nurse or other provider.

**Expand community-based distribution to include Sayana Press injectables in addition to oral contraceptives and condoms** to reach more of the women who reported that they were “too busy” to go to a clinic for a method of their choice.

**Improve communication about clinic locations,** whether through clear directions to clinics during the informational session, additional signage along the route, or the option to walk with the promoter or satisfied client to a clinic.

**Test ways to constructively engage men.** The disconnect between the survey and focus group discussion results regarding the influence of male partners suggests that men’s roles in family planning are diverse and complex. In response to the request of women in focus group discussions, PSI/Mozambique will investigate how best to engage men and boys in supporting and using voluntary family planning while respecting the rights of women and girls. This work will build upon the global evidence base for constructive male engagement.
Acknowledgments

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