Employer-Based Approach to Increase Support for and Provision of LA/PMs in India

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Presenter: Holly Connor, EngenderHealth
Jane Wickstrom, EngenderHealth
Cindi R. Cisek, Meridian Group International, Inc.

Managing Partner: EngenderHealth; Associated Partners: FHI 360; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council
Family planning initiative in Kanpur, Uttar Pradesh:

- Builds on best practices for company-based health care initiatives
- Tests model focusing on increasing sustained access to and use of FP, especially LA/PMs
- IUCD, female sterilization, and vasectomy
Company’s Active Participation and Inputs Required

- Recruited small and medium-sized businesses from various sectors in Kanpur, Uttar Pradesh

- Company inputs
  - Providing venue and allowing participation during working hours
  - Covering time off for employees
  - Designating a peer health coordinator
  - Placing posters for the program in highly visible locations
Key Inputs from Both the Company and RESPOND

1. Health talks by RESPOND
2. Health desks: One-on-one information sessions with peers
3. Print materials: LA/PM posters and leaflets
4. Health coordinator training
5. Clinic facility referrals within geographic catchment areas of each business
हमने लिया एक स्मार्ट फेसला

पुस्तक नामित को हमें ताकत देता है जो कि हमें काम करने के लिए इसकी तिमाही के समय चुनाव के बारे में जानते हैं।

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2 Fold Leaf, Size : 11x8.5 inch (wxh)
## Participating Companies

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Employees</th>
<th>Type of Company</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>A2Z Group</td>
<td>1,200</td>
<td>0</td>
</tr>
<tr>
<td>Ashok Griha Udyog Kendra Ltd.</td>
<td>300</td>
<td>50</td>
</tr>
<tr>
<td>Asian Exports Private Ltd.</td>
<td>108</td>
<td>22</td>
</tr>
<tr>
<td>Equiplus India Exports Ltd.</td>
<td>720</td>
<td>80</td>
</tr>
<tr>
<td>Goldee Masale</td>
<td>650</td>
<td>350</td>
</tr>
<tr>
<td>Indicoat Shoe Accessories</td>
<td>500</td>
<td>250</td>
</tr>
<tr>
<td>Jyoti Capsules Private Ltd.</td>
<td>75</td>
<td>80</td>
</tr>
<tr>
<td>Kapoor Polyprint Private Ltd.</td>
<td>200</td>
<td>0</td>
</tr>
<tr>
<td>Kehr Surgical Private Ltd.</td>
<td>144</td>
<td>6</td>
</tr>
<tr>
<td>Nerolac Private Limited</td>
<td>700</td>
<td>0</td>
</tr>
<tr>
<td>Pepsico Indico Holding Private Ltd.</td>
<td>1,200</td>
<td>0</td>
</tr>
<tr>
<td>RGP Moulds Private Ltd.</td>
<td>150</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,947</strong></td>
<td><strong>838</strong></td>
</tr>
</tbody>
</table>
Impressive Results

- Reached 3,562 employees with small-group or one-on-one discussions during work hours.
- Recruited and trained 18 company health coordinators in LA/PMs.
- LA/PM acceptor rate ~1.3% of total workforce.
- Some businesses’ acceptor rates were 3-4% of their workers and wives accepting an LA/PM.
In May and June 2012, RESPOND surveyed 1,543 employees at six companies through a convenience sample.

Study objectives were to identify:

- What percentage of employees were exposed to RESPOND’s intervention?
- What percentage of employees (or their spouses) adopted a method of FP or switched to a new method within the last year?
- Would nonusers consider using FP in the future? If so, would they consider an LA/PM?
The sample for the endline survey consisted primarily of men (96.4%).

72.2% of participants were married.
  - 97.7% of married participants had children.

43.4% of married participants were already using FP at the beginning of the intervention.

Method mix among FP users before the intervention
(n = 477)
Exposure to the intervention was high:

- 97.7% of respondents reported that they had seen at least one of the posters or brochures in their workplace.
- 79.3% attended a health talk; 42.8% attended a health desk; 39.2% participated in both.

<table>
<thead>
<tr>
<th></th>
<th>A2Z</th>
<th>Ashok</th>
<th>Equiplus</th>
<th>Kapoor</th>
<th>Kehr</th>
<th>PepsiCo</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health talk</td>
<td>81.3%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>86.9%</td>
<td>24.6%</td>
<td>63.0%</td>
<td>79.3%</td>
</tr>
<tr>
<td>Health desk</td>
<td>75.3%</td>
<td>57.3%</td>
<td>30.8%</td>
<td>53.6%</td>
<td>49.2%</td>
<td>12.6%</td>
<td>42.8%</td>
</tr>
<tr>
<td>Both</td>
<td>70.4%</td>
<td>57.3%</td>
<td>30.8%</td>
<td>50.0%</td>
<td>6.2%</td>
<td>12.2%</td>
<td>39.2%</td>
</tr>
<tr>
<td>Neither</td>
<td>13.8%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>9.5%</td>
<td>32.3%</td>
<td>36.6%</td>
<td>17.2%</td>
</tr>
</tbody>
</table>
FP discussion was higher among those exposed to the intervention than among those who were not:

- 84.2% of those who participated in either health talks or health desks reported discussing FP with their spouse in the last year.
- 51% of those who did not participate in the intervention reported discussing FP with their spouse in the last year.
Many of the exposed who switched selected an LA/PM.

Among pill users who switched, for example, 22% chose an IUD, 41% chose tubectomy, and 14% chose vasectomy.

Method Switching among Health Talk or Health Desk Participants (n = 144)

<table>
<thead>
<tr>
<th>Method used before</th>
<th>Male condom</th>
<th>Pill</th>
<th>Injectables</th>
<th>IUD</th>
<th>Tubectomy</th>
<th>Vasectomy</th>
<th>Do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male condom (n = 58)</td>
<td>0.0%</td>
<td>20.7%</td>
<td>8.6%</td>
<td>25.9%</td>
<td>25.9%</td>
<td>19.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Pill (n = 63)</td>
<td>17.5%</td>
<td>0.0%</td>
<td>4.8%</td>
<td>22.2%</td>
<td>41.3%</td>
<td>14.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Injectables (n = 9)</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>33.3%</td>
<td>44.4%</td>
<td>11.1%</td>
<td>11.1%</td>
</tr>
<tr>
<td>IUD (n = 14)</td>
<td>7.1%</td>
<td>7.1%</td>
<td>7.1%</td>
<td>0.0%</td>
<td>42.9%</td>
<td>35.7%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
12.5% of married nonusers exposed to intervention adopted FP.

The male condom was the method most frequently adopted (41.5%), followed by the IUD (27.7%).

94.7% of participants reported intending to adopt FP in the future:
- Tubectomy (58%), the IUD (40.1%), and vasectomy (31.3%) were most often listed.

Fewer (60.4%) of those who did not participate in the intervention said that they would consider using FP in the future.
User Testimonials

“I have a daughter aged 7 years...It was through one of the health talks, held at my factory, that I came to know about the IUD as a safe, simple, and effective method of FP, and I got it inserted within two days of attending the talk.”

—Reckha, age 30.

“I had never used a family planning method before. I attended several health talks at the factory. With 3 children, my wife and I knew we didn’t want anymore. Although I had many concerns, it really helped me to talk with the health coordinator who had also had a vasectomy. That was very helpful to me in making my decision.

—Ajeet, age 39
Key Conclusions

- Reaching men and women at their worksite (with employer endorsement) provides additional credibility to FP messages.

- Industrial workers’ profile is well-suited for LA/PMs, in that most are married with children—although acceptance rates vary by company.

- Businesses had varying degrees of commitment to the project—the selection process must identify enthusiastic companies.

- “Champions” tend to be larger companies with dedicated corporate social responsibility programs—e.g., A2Z and PepsiCo.

- Company health coordinators are key for a program’s long-term sustainability.