

# Promoting Maternal and Child Health through Beauty Parlors in Afghanistan

## An approach to address malnutrition and other preventable diseases

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### Key messages

- > Beauty parlors are used successfully in Africa for family planning promotion and HIV prevention activities<sup>1</sup> and in the USA to prevent noncommunicable diseases.<sup>2</sup>
- > The sense of comfort about discussing family health issues and the opportunity for follow-up conversations make parlors a uniquely safe space for women to address a variety of maternal and child health issues including malnutrition.
- > Trained, motivated and socially rewarded parlor owners make the intervention financially sustainable.
- > Integrated through a referral network of trained private providers and pharmacies, parlors can effectively mobilize clients.
- > Though parlor clients are on average wealthier and more educated than the overall population, myths and misconceptions are pervasive and continue to hinder healthy behaviors across wealth quintiles.

### Background and context

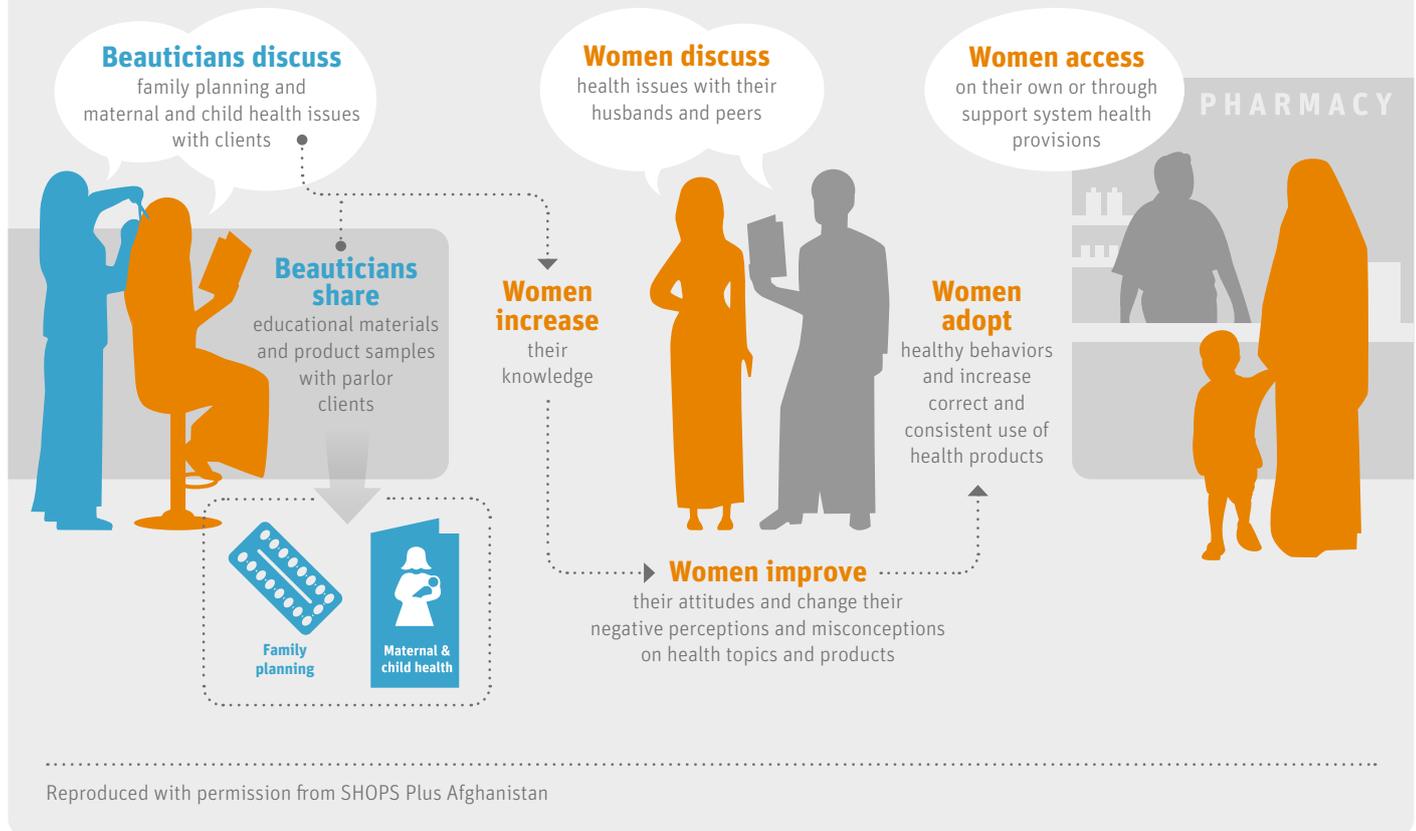
Afghanistan suffers from some of the world's worst health outcomes, brought about by decades of war and insecurity. One in every 18 children dies before their fifth birthday, and one in every 77 live births results in maternal death.<sup>3</sup> Access to life-saving health information, services and commodities is particularly chal-

lenging for women whose mobility and autonomy are restricted by sociocultural factors.<sup>2</sup> While unidirectional mass media campaigns can reach Afghan women with information on health, there are limited opportunities for women to engage in interpersonal communication on topics such as family planning and maternal and child health. This lack of opportunity and ability to seek and exchange information perpetuates myths and misconceptions regarding life-saving health products and practices.

“The lack of opportunity to exchange information perpetuates myths and misconceptions regarding life-saving health products and practices”



A client in conversation with a beautician about priority health products

**FIGURE 1:** An innovative approach to reach Afghan women with health information

Sustaining Health Outcomes through the Private Sector (SHOPS) Plus, USAID's flagship initiative in private-sector health, is implementing an innovative intervention in Kabul to train 200 beauty parlor staff to deliver information to female clients on key, often-stigmatized health topics. Beauty parlors – of which there are over 10,000 nationwide – represent a unique space in Afghanistan, as they are one of the few places where women can freely gather and exchange information. By leveraging these safe spaces, the intervention aimed to transform parlor staff into community-level change agents trained to begin conversations and share educational materials with clients on family planning and maternal and child health. The intervention intended to encourage open dialogue (including with partners, friends and family) and transform negative attitudes. The ultimate goal was to promote healthy practices and empower women to become effective advocates for both their own and their children's health (see [Figure 1](#)).

#### Formative research to inform messaging and implementation

SHOPS Plus conducted a mixed-methods research study with a randomized controlled trial design to: (1) inform intervention messaging and approach, (2) improve implementation, and (3)

evaluate impact. This report focuses on results from the first phase of the study, during which the SHOPS Plus team conducted a quantitative survey with beauty parlor clients to assess their current knowledge, attitudes and practices related to family planning and maternal and child health. The study also involved qualitative focus group discussions and in-depth interviews among parlor staff and owners to help programmers develop appropriate messages and implementation strategies. The research team surveyed 530 married beauty parlor clients aged 18 to 49; they also conducted six focus group discussions and 15 in-depth interviews among staff and owners from 135 parlors in Kabul.

#### Demographics, household dynamics and grooming habits of parlor-goers

The average respondent was 30 years old and had three children. Over half (58 percent) of respondents had received a secondary education or higher, indicating that the sample was more highly educated than the average female population in Kabul.<sup>4</sup> More than half of the clients (56 percent) reported making healthcare decisions jointly with their husbands, while one in five reported that her husband alone made healthcare decisions for his wife and children. The survey found that respondents visited a



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Woman with child in Kabul

beauty parlor quite frequently – once every 10 days – and that they spent an average of 2 hours there each visit. More than 80 percent of the clients felt comfortable discussing their own and their children’s health with their beautician. These findings demonstrated the promise and feasibility of the intervention in Afghanistan and similar countries.

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#### **KAP of under-5 diarrhea**

Fifty-seven percent of respondents have at least one child under 5, and 36 percent of children under 5 had experienced diarrhea during the past 4 weeks. While nearly all caregivers (95 percent) were aware of oral rehydration salts (ORS), just two-thirds (69 percent) had heard of zinc. Nearly two-thirds (64 percent) of clients with sick children gave them ORS, but only 15 percent gave them ORS and zinc. Furthermore, 56 percent

gave their sick child an antibiotic, antidiarrheal or antiprotozoal. When differences in perceptions and knowledge were compared between respondents who had used and not used a combination of ORS and zinc, it was found that non-zinc users have significantly less knowledge of zinc and its effectiveness.

#### **Implications**

The parlor staff should emphasize the ORS and zinc co-pack as the top-recommended treatment. The findings indicate that there is an opportunity to leverage relatively high ORS use to increase demand for the co-pack, which is cost-efficient and convenient.

In addition, given the high antibiotic, antidiarrheal and antiprotozoal use, staff should heighten awareness of the perceived risks of these potentially harmful treatments so that caregivers gain knowledge of how to seek out appropriate diarrhea treatments.

#### **KAP of household water treatment solution for disinfection**

Among respondents with a child under 5, more than one in four (26 percent) do not treat their water, and 60 percent say that water that looks clean is safe to drink. Awareness and knowledge of where to purchase chlorine is high, but several barriers existed to chlorine use – for instance, bad taste.

**Implications**

Parlor staff should focus on increasing the threat perception of untreated water. It is important to draw a direct link between the consumption of untreated water and negative health outcomes, including diarrhea.

**KAP of iron folate acid tablets to prevent and treat anemia**

The incidence of anemia among women in Afghanistan is high, and the survey found that awareness of, and access, to iron folate is very high (over 90 percent). However, 26 percent of respondents did not use iron folate during their last pregnancy.

**Implications**

Parlor staff should focus on educating women who did not take iron folate tablets during their last pregnancy and also clients who are planning to become pregnant about the benefits of iron and folic acid during pregnancy.

**KAP of short-acting modern methods of contraception**

Fifty-six percent of respondents use a contraceptive method, and 46 percent use a modern method. The analysis of contraceptive knowledge, beliefs and attitudes revealed traditional and nonusers were more likely to report shopkeeper stigma when purchasing a family planning method, and less likely to

report that their husbands approve of modern contraceptive use. Analysis also indicated that fears of infertility and bodily harm would be likely barriers to contraceptive uptake (see graph in **Figure 2**).

**Implications**

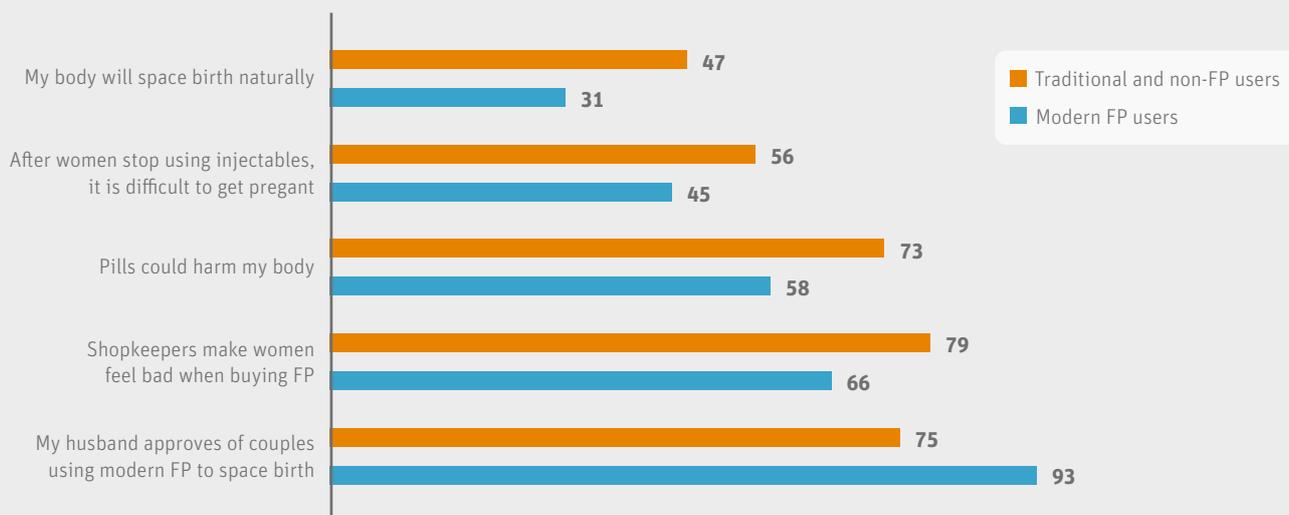
One opportunity to help women meet their reproductive intentions is to encourage them to discuss this with their husbands and engage them in family planning decisions. Parlor staff can help women initiate dialogue about family planning with their partners.

Furthermore, to address shopkeeper stigma, beauty parlor staff can begin by talking with clients about their experiences of purchasing contraception from a male shopkeeper and can share strategies to break down the stigma and increase women's confidence when purchasing contraception. This approach can be supported by SHOPS Plus sales staff sensitizing shopkeepers and pharmacists in intervention areas in order to reduce negative interactions.

Additionally, to address fears of infertility and bodily harm, parlor staff should communicate the reversibility of hormonal methods, discuss their side effects, and distinguish between real, temporary side effects and inaccurate myths about permanent harm.

**FIGURE 2:** Possible barriers to contraceptive use among traditional and nonusers

**Percent who agree with each statement by type of users (among all respondents)**



Modern family planning (FP) users *n* = 151; traditional and non-FP users *n* = 311  
 All of the differences between users and nonusers are statistically significant (*P* < 0.05)

Lastly, beauty parlor communications should discuss the importance of birth spacing to protect both the mother's and the baby's health and to improve the family's wellbeing, which is critical messaging in high maternal and child mortality settings. Nearly half of traditional and nonusers believe that their body will space births naturally, so providing accurate information on spacing, including the timing of the return to fertility after giving birth and breastfeeding, is key to increasing contraceptive use.

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**“This approach promises to positively impact the lives of Afghan women”**

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### Conclusions

Findings from the formative study and the qualitative focus group discussions among the parlor staff and owners, as well as the clients, suggest that this approach promises to positively impact the lives of Afghan women. The approach promises to create new and safe platforms that will enable women to engage in discussions about important health information. This information can include encouraging women to adopt proven practices to protect their children from preventable diseases, including nutritional deficiency diseases, by promoting micronutrients, and increasing their understanding about the benefits of modern contraception for birth spacing and healthy future pregnancies.

Trained parlors, if connected with a referral network of trained private providers, pharmacies and other health workers operating in the intervention areas, can mobilize clients to speed up the pace of behavior change.

Furthermore, in addition to providing training, supportive supervision, promotional support and social rewards, innovative, nonfinancial incentives – such as business management capacity building for the parlor owners – can improve buy-in and long-term motivation among parlor owners and help them achieve financial sustainability.

Last but not least, though parlor clients are relatively wealthier and more educated than the overall population, misinformation, misperceptions and negative attitudes are pervasive and continue to hinder healthy behavior in Afghanistan. If used strategically, the parlors or similar interventions have the potential to make a positive impact on the population's overall health status.

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