EVALUATION OF THE EFFECTIVENESS OF THE HERhealth MODEL FOR IMPROVING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS KNOWLEDGE AND ACCESS OF FEMALE GARMENT FACTORY WORKERS IN BANGLADESH

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Program Officer
Population Council

Dissemination of the evaluation study findings
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METHODOLOGY

The study has three main components:

- A **pre-and post-intervention quantitative study** of female factory workers in intervention and **control** factories
- A **qualitative study** focusing on factory management, health service providers and implementing partners
- Periodical **knowledge retention assessments** of peer health educators
STUDY SPECIFICS

INTERVENTION: In 10 factories in Dhaka for 18 months

QUANTITATIVE SURVEY: Once at Baseline (May 2015) and Once at End line (January 2017)
SAMPLE

NUMBER OF INTERVIEWS:

Baseline | 2,165
---|---
End line | 1,953

- 80 percent power
- Random selection
KEY TOPICS ASKED IN EACH INTERVIEW

- **Basic characteristics**: Age, religion, educational attainment, migration history, career history, expense pattern, family/spouse information, etc.

- **Health Knowledge**: Knowledge of family planning, reproductive health, HIV/AIDS and STI issues, feminine hygiene, maternal health, nutrition issues

- **Utilization of Health Services**: Utilization of family planning services, STI/HIV prevention, treatment and care services, utilization of safe motherhood services including ANC, Delivery care and PNC services
In-depth interviews (IDIs)

36 IDIs with senior and mid-level managers and line supervisors from the six intervention factories each lasting 45-60 mins

18 IDIs with health service providers from intervention and post intervention factories each lasting 45-60 mins

4 IDIs with implementing partners each lasting 45-60 mins

Knowledge retention assessments

5 rounds over the intervention period with peer educators

- self administered and took 10 minutes average (multiple choice)
RESULTS
Age group distribution (%) for baseline and endline. The data is broken down by age groups and number of individuals in each group.

**Baseline (n=2165):**
- 15 individuals in the 18–19 age group.
- 39 individuals in the 20–24 age group.
- 27 individuals in the 25–29 age group.
- 11 individuals in the 30–34 age group.
- 9 individuals in the 35+ age group.

**Endline (n=1953):**
- 14 individuals in the 18–19 age group.
- 39 individuals in the 20–24 age group.
- 26 individuals in the 25–29 age group.
- 12 individuals in the 30–34 age group.
- 9 individuals in the 35+ age group.

Legend:
- Age group (Years)
- 18–19
- 20–24
- 25–29
- 30–34
- 35+
Educational attainment (%)

<table>
<thead>
<tr>
<th></th>
<th>n=2165 Baseline</th>
<th>n=1953 Endline</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>Primary incomplete</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>Primary complete</td>
<td>20</td>
<td>19</td>
</tr>
<tr>
<td>Secondary incomplete</td>
<td>39</td>
<td>38</td>
</tr>
<tr>
<td>Secondary and higher</td>
<td>14</td>
<td>15</td>
</tr>
</tbody>
</table>

All factories

- None
- Primary incomplete
- Primary complete
- Secondary incomplete
- Secondary and higher
SOCIO-ECONOMIC PROFILE

- Average RMG service length is 4.1 years
- 62 percent migrated to Dhaka within the past 5 years
- On average spent 20 minutes for commuting
- 84 percent are basic workers
- 80 percent are ever married
- 38 percent save for future
- Average savings BDT 3072 per month
87 percent watch TV at least once a month

<table>
<thead>
<tr>
<th></th>
<th>Post-intervention factories</th>
<th>Intervention factories</th>
<th>Control factories</th>
<th>Post-intervention factories</th>
<th>Intervention factories</th>
<th>Control factories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ate three meals every day</td>
<td>98</td>
<td>86</td>
<td>99</td>
<td>94</td>
<td>93</td>
<td>95</td>
</tr>
<tr>
<td>Never skipped entire meal due to lack of food</td>
<td>99</td>
<td>97</td>
<td>98</td>
<td>99</td>
<td>99</td>
<td>98</td>
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</tbody>
</table>
Awareness of SRHR (%)

<table>
<thead>
<tr>
<th>Category</th>
<th>Baseline</th>
<th>Endline</th>
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</thead>
<tbody>
<tr>
<td>Post intervention factories</td>
<td>69</td>
<td>78</td>
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<tr>
<td>Intervention factories</td>
<td>32</td>
<td>69</td>
</tr>
<tr>
<td>Control factories</td>
<td>26</td>
<td>42</td>
</tr>
<tr>
<td>Post intervention factories</td>
<td>48</td>
<td>40</td>
</tr>
<tr>
<td>Intervention factories</td>
<td>43</td>
<td>28</td>
</tr>
<tr>
<td>Control factories</td>
<td>31</td>
<td>28</td>
</tr>
</tbody>
</table>

- Knew to dry menstrual cloth in sun
- Knew about risk period for becoming pregnant

Legend:
- **Green**: Baseline
- **Blue**: Endline
### Awareness of STIs (%)

<table>
<thead>
<tr>
<th>Group</th>
<th>Baseline</th>
<th>Endline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Control factories</strong></td>
<td>19</td>
<td>42</td>
</tr>
<tr>
<td><strong>Intervention factories</strong></td>
<td>28</td>
<td>75</td>
</tr>
<tr>
<td><strong>Post intervention factories</strong></td>
<td>47</td>
<td>65</td>
</tr>
<tr>
<td><strong>Knew at least one STI prevention measure</strong></td>
<td>43</td>
<td>57</td>
</tr>
<tr>
<td><strong>Control factories</strong></td>
<td></td>
<td>57</td>
</tr>
<tr>
<td><strong>Intervention factories</strong></td>
<td>63</td>
<td>75</td>
</tr>
<tr>
<td><strong>Post intervention factories</strong></td>
<td>64</td>
<td>77</td>
</tr>
</tbody>
</table>
Awareness of HIV/AIDS (%)

- **Post-intervention factories**
  - Heard of HIV/AIDS: 89% (Baseline), 93% (Endline)

- **Intervention factories**
  - Heard of HIV/AIDS: 89% (Baseline), 95% (Endline)

- **Control factories**
  - Heard of HIV/AIDS: 79% (Baseline), 78% (Endline)

- **Post-intervention factories**
  - Knew at least one HIV/AIDS prevention measure: 93% (Baseline), 82% (Endline)

- **Intervention factories**
  - Knew at least one HIV/AIDS prevention measure: 85% (Baseline), 88% (Endline)

- **Control factories**
  - Knew at least one HIV/AIDS prevention measure: 78% (Baseline), 65% (Endline)
SRH service delivery points (%)

- **Post-intervention factories**: Baseline 92, Endline 69
- **Intervention factories**: Baseline 83, Endline 77
- **Control factories**: Baseline 78, Endline 54

Knew at least one SRH service delivery point
Family Planning knowledge (%)

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Endline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-intervention factories</td>
<td>100</td>
<td>99</td>
</tr>
<tr>
<td>Intervention factories</td>
<td>99</td>
<td>99</td>
</tr>
<tr>
<td>Control factories</td>
<td>99</td>
<td>96</td>
</tr>
<tr>
<td>Post-intervention factories</td>
<td>44</td>
<td>37</td>
</tr>
<tr>
<td>Intervention factories</td>
<td>38</td>
<td>40</td>
</tr>
<tr>
<td>Control factories</td>
<td>27</td>
<td>25</td>
</tr>
</tbody>
</table>

Knew at least one method of FP

Knew about Emergency Contraception
Recommended number of ANC visits (%)

- Post-intervention factories: 55 (Baseline) to 62 (Endline)
- Intervention factories: 48 (Baseline) to 66 (Endline)
- Control factories: 46 (Baseline) to 43 (Endline)

Knew the recommended number of ANC visits
Menstrual hygiene management (%)

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Endline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post intervention</td>
<td>90</td>
<td>92</td>
</tr>
<tr>
<td>Intervention factories</td>
<td>23</td>
<td>72</td>
</tr>
<tr>
<td>Control factories</td>
<td>15</td>
<td>28</td>
</tr>
</tbody>
</table>

Use Sanitary pad for menstrual hygiene management
<table>
<thead>
<tr>
<th>Use of Family Planning methods (%)</th>
<th>Baseline</th>
<th>Endline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Post intervention factories</strong></td>
<td>75</td>
<td>74</td>
</tr>
<tr>
<td>Intervention factories</td>
<td>65</td>
<td>72</td>
</tr>
<tr>
<td>Control factories</td>
<td>70</td>
<td>67</td>
</tr>
<tr>
<td><strong>Post intervention factories</strong></td>
<td>70</td>
<td>68</td>
</tr>
<tr>
<td>Intervention factories</td>
<td>56</td>
<td>61</td>
</tr>
<tr>
<td>Control factories</td>
<td>61</td>
<td>55</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Any FP method</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Modern FP method</th>
<th></th>
<th></th>
</tr>
</thead>
</table>
Post intervention factories
Intervention factories
Control factories
Injectable
Popular FP methods (%)
Endline Baseline
Pill
Condom
Popular FP methods (%)
Endline Baseline
Services sought at on-site clinic (%)

<table>
<thead>
<tr>
<th></th>
<th>Ever sought service in on-site clinic</th>
<th>Sought service within last 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post intervention factories</td>
<td>79 86</td>
<td>48 49 52 43</td>
</tr>
<tr>
<td>Intervention factories</td>
<td>77 85</td>
<td>49</td>
</tr>
<tr>
<td>Control factories</td>
<td>70 76</td>
<td>46 51</td>
</tr>
</tbody>
</table>

**Legend:**
- **Baseline**
- **Endline**
RETENTION PERFORMANCE SCORE OF ALL PHEs

Top score
10.0

Round 1  Round 2  Round 3  Round 4  Round 5

5.7  6.2  7.5  6.2  7.2

7.0  7.6  9.0  7.7  8.7

INTERVENTION  POST-INTERVENTION
Qualitative findings

1. Factory managers felt that HERhealth provided the opportunity to improve health conditions in their factories

“....health related advantage of HERhealth is that female workers have become aware about their personal hygiene, nutrition etc. and their behavior regarding service uptake has been increased. Business related advantage is that if a worker is physically healthy then the quality of our work will be improved. .....”

– Work study in charge, Intervention factory, Gazipur.

“...we have observed huge effect of HERhealth on absenteeism and productivity. The absenteeism rate has been decreased......introducing HERhealth....after getting health knowledge and receiving health care service they are doing their work properly. My production rate, quality of production all are good now.”

- Assistant manager (HR & Compliance), Post-intervention factory, Gazipur
2. Factory managers are supportive of their workers taking service from factory clinic

• In IDIs, they reported that they understand when a worker is sick, it is not possible to deliver effective service and ultimately it is harmful for quality production.
3. Factory managers found the peer health educator model of HERhealth very effective

“...peer health educator model is good. Interesting thing is that those who became peer health educator they have learnt it and they have a group of 15 to 20 female workers with whom they sit on a place and teach other workers how to wash hand, what food to eat to get proper nutrition, how to maintain cleanliness in toilet etc.”

- Work study in charge, Intervention factory, Gazipur
4. Barrier reported by service providers related to workers’ behaviors to service seeking is inadequate knowledge.

“They (The workers) frequently face problems because they don’t maintain the guidelines provided by us. For example- they are provided antibiotic for seven days. But after three days they stop taking this because he/she is already normal. Consequently after a month the same problem occurs and they come to us.”

– Doctor, Post-intervention factory, Gazipur
5. Implementing partner reported that through the HERhealth program, female workers were made more aware of personal hygiene.

“Less absenteeism of the workers gives more business benefit to the factories. If 5 or 6 workers remain absent in one line of the factory, it plays a vital role on the production process which is affected negatively. When the workers are healthy by following the messages of nutrition, hygiene and occupational safety from HERhealth, they usually remain less absent which eventually gives benefit to the factory as far as production is concerned.”

– Representative from Change Associates
6. Turnover of PHEs and change of PHEs by factory management for a training session was a challenge of this project identified by Implementing partner

- The effectiveness of the peer health educator model depends on the PHEs completing all six trainings – changing the PHE limits the model’s effectiveness, as the newly-selected PHE does not know all the information from previous modules.
RECOMMENDATIONS

- Extending training content and duration
- Engaging male workers
- Regular follow up
- Engaging factory management
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