

Adapting an Employer-Based Approach to Support Increased Access to and Use of LA/PMs

INTRODUCTION

Uttar Pradesh is India's most populous state and has one of the lowest rates of family planning use in all of India: Only 29% of married women in Uttar Pradesh currently use a modern method of family planning, well below the national average of 49%. Twenty-one percent of married women there have an unmet need for contraception (9% for spacing births and 12% for limiting future births) (IIPS & Macro International, 2007). Recognizing the need for innovative programs that are able to bring family planning information and services to men and women who currently have an unmet need for family planning or who are using a method that is not well-suited to their childbearing intentions, The RESPOND Project saw an opportunity to partner with India's growing private sector to improve workers' access to information and services for long-acting and permanent methods of contraception (LA/PMs). Kanpur, Uttar Pradesh, has more than 1,000 small and medium-sized companies. Therefore, RESPOND implemented an employer-based approach to introduce family planning and LA/PMs to companies in the large industrial sector in Kanpur (Yahner & Cisek, 2012).

BACKGROUND

The employer-based initiative built on the global trend among companies to establish health promotion programs that support improved health and well-being for their employees, while also increasing worker productivity and reducing benefit costs (Linnan et al., 2008). Such programs encourage increased employer financing and support for services by making a business case to employers that providing access to a broader range of health care services is cost-effective and that offering these services can help to increase productivity and reduce employee turnover and absenteeism. Some of these initiatives have incorporated reproductive health information and services into workplace settings, to target men and women of reproductive age who are often difficult to reach (Wofford & MacDonald, 2009; Epstein, 1996). Men in particular are often excluded from participating in health information sessions at health facilities or at the community level, as gender norms may

discourage them from seeking health services for themselves or from accompanying their wives or children for services; in addition, work schedules often leave men unavailable to visit health care facilities when they are open.

The RESPOND Project’s Supply–Enabling Environment–Demand (SEED) Programming Model™ served as a pillar of the project’s design—ensuring the availability and quality of services for LA/PMs; fostering among employers an enabling environment for sexual and reproductive health–seeking behavior; and improving knowledge about and demand for services among employees.

ENGAGING EMPLOYERS

During the project, RESPOND recruited companies from a wide variety of industrial sectors—ranging from waste management to shoe and spice manufacturing to bottling. Employers were expected to provide support to the initiative in the following ways:

- Providing the venue and allowing employees to attend health talks during normal working hours
- Covering time off for employees who decide to accept a method (two days of recuperation time for men who adopt vasectomy and five days for female sterilization)



A truck from A2Z Group, a company participating in the initiative

- Designating a health coordinator to be the point of contact for employees seeking referrals for LA/PM services
- Placing signage developed by the project in well-trafficked areas of the company

Ultimately, 10 companies actively supported the initiative, representing more than 5,000 employees (Table 1). During implementation, businesses were dropped when they were not supportive of all project interventions. The most critical issue was the scheduling of health talks; some companies did not fully support holding multiple health talks during working hours. The majority of employees at the participating companies were male, so Kanpur businesses with a female

TABLE 1. COMPANIES PARTICIPATING IN THE INITIATIVE

Name	Employees		Type of company/product
	Men	Women	
A2Z Group	1,200	0	Waste management
Ashok Griha Udyog Kendra Ltd.	300	50	Spices and pickles
Asian Exports Private Ltd.	108	22	Leather saddles and riding gear
Equiplus India Exports Ltd.	720	80	Leather saddles and riding gear
Indicoat Shoe Accessories	500	250	Shoe manufacturing
Jyoti Capsules Private Ltd.	75	80	Soft generic capsules
Kapoor Polyprint Private Ltd.	200	0	Laminated pouches
Kehr Surgical Private Ltd.	144	6	Surgical blades
Pepsico Indico Holding Private Limited	1,200	0	Beverage and bottling facility
RGP Moulds Private Ltd.	150	0	Plastic molds
Total	4,597	488	

TABLE 2. MEASURES OF RESPOND ACTIVITIES AT THE PARTICIPATING COMPANIES

Name	A2Z	Ashok	Asian	Equiplus	Kapoor	Jyoti	Kehr	RGP Moulds	Indicoat	PepsiCo	Total
No. of health talk sessions	26	5	4	7	2	1	1	2	2	11	61
No. of employees reached	1,234	230	250	282	72	40	72	99	104	452	2,835
No. of one-on-one sessions	21	17	5	14	6	3	11	3	3	3	86
No. of employees reached	500	380	135	355	123	74	238	55	78	57	1,995
<i>Total no. of employees reached</i>	<i>1,734</i>	<i>610</i>	<i>385</i>	<i>637</i>	<i>195</i>	<i>114</i>	<i>310</i>	<i>154</i>	<i>182</i>	<i>509</i>	<i>4,830</i>
<i>Total no. of employees</i>	<i>1,200</i>	<i>350</i>	<i>130</i>	<i>800</i>	<i>200</i>	<i>155</i>	<i>150</i>	<i>150</i>	<i>750</i>	<i>1,200</i>	<i>5,085</i>

workforce were also recruited, representing approximately 10% of all employees of participating companies. In nearly all of the businesses, the workforce generally consists of low-skilled, minimum-wage employees.

KEY INTERVENTIONS

RESPOND’s employer-based approach to increasing knowledge about and use of LA/PMs involved five key interventions: 1) conducting health talks among small groups of employees; 2) staffing health desks to provide one-on-one information; 3) distributing information, education, and communication (IEC) materials; 4) identifying and training company-based health coordinators; and 5) identifying referral sites for LA/PM services.



A health talk is conducted at a business in Kanpur.

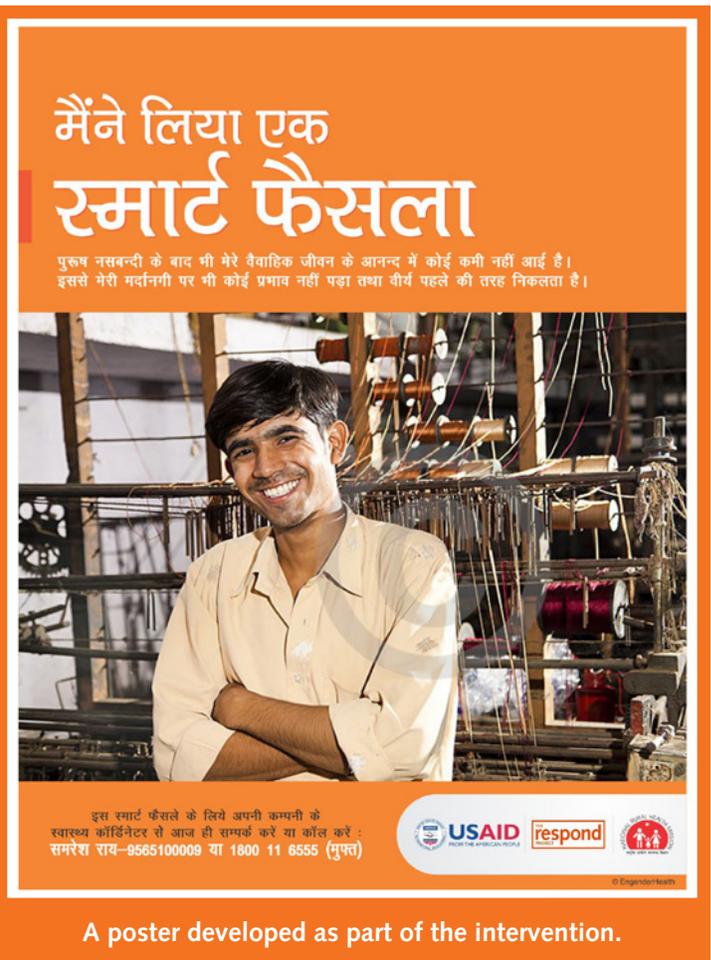
- **Health talks.** RESPOND led on-site health talks at all participating companies. The health talks were group sessions conducted during normal working hours. They were facilitated by the RESPOND LA/PM Program Officer and included a 45-minute orientation on all family planning methods, with an in-depth discussion of LA/PMs. Overall, 61 health talks reached 2,835 employees (Table 2). In general, participation varied between 30 and 50 employees per health talk.

The frequency of the health talks depended on the size of the workforce and on production schedules. More health talks generally were conducted at the larger companies, as smaller businesses were reluctant to allow frequent scheduling of health talks, given their heightened impact on productivity. Health talks also helped to encourage more open discussion of family planning and LA/PMs and more information-sharing among employees. The company’s endorsement of the health talk (by allowing it to occur on company property and during working hours) also strengthened the credibility of the message.

- **Health desks.** RESPOND supported the establishment of on-site health desks at almost all of the participating businesses. The health desk consisted of a small table with informational materials, placed in well-trafficked

areas of the company for several hours on different days of the week. The health desk was staffed by the RESPOND program officer or by a trained counselor. The concept for health desks evolved as an alternative to having employees attend health talks, since some employers were reluctant to allow repeated health talks. The health desks allowed RESPOND to have an on-site presence without engaging a large number of employees at one time. They also provided a venue for employees who had questions about family planning methods but may have been reluctant to ask questions in a large-group setting. From January 2011 to June 2012, RESPOND organized and staffed 86 health desk sessions that reached 1,995 employees (Table 2).

- **Print materials.** RESPOND designed and produced a series of IEC materials on family planning and LA/PMs. These materials included posters and standing displays promoting male sterilization, female sterilization, and the IUD, as well as an all-method brochure that provided in-depth information on LA/PMs in general. The brochure was distributed during health talks and health desks, and the posters and standing displays were placed in visible, well-trafficked areas of the participating businesses.
- **Health coordinators.** RESPOND supported the businesses in identifying and training company representatives to serve as sources of information and referrals for family planning services. These health coordinators, full-time employees who provided family planning information to their co-workers, were natural leaders within the company: Several were also welfare officers or union leaders. RESPOND trained these coordinators on family planning and LA/PMs and in interpersonal communication skills. From January to June 2012, RESPOND identified and trained 29 health coordinators at the 10 participating businesses.



A poster developed as part of the intervention.

- **Referral sites.** To facilitate access to services, RESPOND identified public and private referral sites that provided high-quality family planning services and were located within the geographic catchment areas of the companies. RESPOND conducted a medical quality assessment at two of the sites but did not provide any other direct support to these facilities.

IMPACT OF EMPLOYER-BASED ACTIVITIES

To assess the impact of its on-site activities with employees, RESPOND conducted a retrospective endline survey among 1,500 employees at six companies. The majority of respondents were men (96%), with a median age of 29.1. Nearly three-quarters (72%) were married, and of those, nearly all (98%) had children, with an average of 2.5. These data confirm that employees within these companies represented an important potential target audience for family planning and

TABLE 3. PERCENTAGE OF EMPLOYEES PARTICIPATED IN HEALTH TALKS OR WHO VISITED HEALTH DESKS, BY COMPANY

	A2Z	Ashok	Equiplus	Kapoor	Kehr	PepsiCo	Total
Health talk	81.3	100.0	100.0	86.9	24.6	63.0	79.3
Health desk	75.3	57.3	30.8	53.6	49.2	12.6	42.8
Both	70.4	57.3	30.8	50.0	6.2	12.2	39.2
Neither	13.8	0.0	0.0	9.5	32.3	36.6	17.2

LA/PMs. Forty-three percent were already using family planning, and among these, the most widely used methods prior to the intervention were the male condom (38%) and female sterilization¹ (33%).

The endline survey revealed a high rate of participation in health talks and health desks by industry employees. Nearly all respondents (95%) had heard about the family planning health talks at their workplace. Of those, 83% had attended one or more health talks, with an average of 1.75 health talks attended per respondent. Most (87%) had heard of the family planning health desks at their workplace, and 49% of those had visited at least one health desk, with an average of 1.53 health desk visits per respondent. Many respondents (39%) both had participated in health talks and had visited health desks. However, such participation varied by company, as shown in Table 3. Approximately 17% of the respondents had neither participated in health talks nor attended health desks.

Awareness of FP resources

Employees were also highly aware of information sources for family planning, in terms of both familiarity with materials distributed at their workplace and knowledge of company health coordinators. Ninety-eight percent of respondents reported that they had seen at least one family planning poster or banner at their workplace. Most (91%) reported knowing who their workplace health coordinator was, and 95% of

those could correctly name their health coordinator. These results suggest that family planning messages and materials effectively reached their intended audience.

Impact on family planning behaviors

A key objective of the employer-based initiative was to stimulate discussion among couples regarding family planning. The endline survey indicated that 78% of married respondents not already using sterilization reported discussing family planning with their spouse in the last year. This figure was higher among those who attended a RESPOND-sponsored intervention (85%) than those who did not (51%). The endline survey also asked participants who reported using a method of family planning at the beginning of the intervention whether they or their spouse had switched to an LA/PM during the previous year. Although family planning use was high (primarily condom use) at the beginning of the intervention, many users of nonpermanent methods switched to an LA/PM method during the intervention year. Among married participants who were using nonpermanent methods of contraception at the beginning of the intervention, 65% of those who both participated in a health talk and visited a health desk switched to a different method, as did 50% of those who participated in one but not the other. Among pill users who switched methods, 77% switched to an LA/PM, with 22% choosing an IUD, 41% female sterilization, and 14% vasectomy. Among users of the male condom, 71% switched to an

¹ Those using sterilization were excluded from some subsequent analyses, as they would not have been expected to switch methods or discuss family planning with their spouse.

TABLE 4. PERCENTAGE OF EXPOSED PARTICIPANTS WHO SWITCHED FAMILY PLANNING METHODS IN THE PREVIOUS YEAR, BY METHOD USED PREVIOUSLY (N=144)

Method used previously	Method adopted						
	Male condom	Pill	Injectables	IUD	Female sterilization	Vasectomy	Do not know
Male condom (n=58)	0.0	20.7	8.6	25.9	25.9	19.0	0.0
Pill (n=63)	17.5	0.0	4.8	22.2	41.3	14.3	0.0
Injectables (n=9)	0.0	0.0	0.0	33.3	44.4	11.1	11.1
IUD (n=14)	7.1	7.1	7.1	0.0	42.9	35.7	0.0

LA/PM (Table 4). The employer-based effort was less successful at reaching new family planning acceptors: Only 13% of respondents who were not using family planning at the start of the initiative adopted a method.

Future use of family planning

Respondents who had not been using a family planning method before the intervention began and who did not adopt a method subsequently were asked if they were considering contraceptive use in the future. Nearly all of those who either participated in a health talk or visited a health desk (95%) said they would consider family planning use in the future, with no variation by whether they participated in one or both aspects. In comparison, about 60% of those who did not participate in the intervention said they would consider using family planning.

Participants in the intervention who were contemplating future family planning use reported being interested in female sterilization (58%), the IUD (40%), and vasectomy (31%), and they named an average of 1.75 potential methods. Those not exposed to the intervention who were interested in future contraceptive use were about as likely as the others to mention the IUD as an option (38%) but were much less likely to name female sterilization (35%). These respondents also only expressed interest in one potential method, on average.

TESTIMONIES FROM LA/PM ACCEPTORS

Throughout the implementation period, LA/PM acceptors were interviewed periodically to better understand their concerns and their overall decision-making process. Client testimonies emphasized that it is important to reach men at the worksite, and that as a result, husbands initiated discussions about family planning after attending a health talk. In many instances, women indicated that their husband was previously skeptical about or reluctant to use LA/PMs. Consistent with the findings from the endline survey, many couples reported using condoms prior to accepting an LA/PM, due to the husband's distrust of other methods.

- Archana, a 28-year old social worker whose husband was employed at the Ashok spice factory, said: "It was very important for my hus-



Kusma, an IUD acceptor and mother of two children

band to get information on family planning at work. He is normally not home if I am visited by a community health worker, and he doesn't have much time to listen to the radio or watch TV—so even though there is information out there, it did not reach him.” This testimony emphasized the importance of reaching men at their workplace and the power of an employer's endorsement of family planning messages.

- Kusma, the 28-year-old wife of Ajay, an employee of A2Z, currently lives in the village of Panki, in Kanpur, with her husband and two children. She had tried to get Ajay to consider using a method other than condoms, but he had fears about other methods. After attending a health talk at his factory and speaking with RESPOND's program officer, Kusma and her husband decided to receive an IUD.
- Rampal, a 40-year-old employee of Kapoor Polyprint, stated that he and his wife were using condoms, even though they knew that they did not want any more children. After attending a health talk, Rampal and his wife decided on female sterilization.
- Suresh, a 28-year-old employee of Ashok spice factory, mentioned that he and his wife had been using condoms, even though they knew they did not want any more children. Due to method failure, his wife became pregnant with her third child. After attending the health talk at his factory, Suresh decided to go for a vasectomy.
- Shiv is 35 and the wife of Raj, who is an employee of A2Z. Even though they already had five children, they had never discussed family planning as a couple, until Raj attended a health talk at work. Shiv and Raj decided on female sterilization.

Overall, LA/PM acceptors who shared their experiences reported a high unmet need for family



Shiv is a tubectomy acceptor and a mother of five.

planning and for LA/PMs in particular—and the importance of reaching men in their workplace with family planning messages.

CONCLUSIONS

The employer-based approach described here proved very successful at helping employers to reach their employees with information about LA/PMs. Employers were generally supportive of the initiative and allowed on-site access to employees during working hours—although smaller companies had more difficulty in allowing multiple health talks during working hours. The project's key interventions were successful in reaching their intended target audience—and in influencing an increase in LA/PM use. Client testimonies emphasized that the workplace is a good setting for reaching men with information about family planning and that as a result husbands initiated discussions about family planning after attending a health talk.

These results demonstrate the strong potential of workplace initiatives for increasing information about and use of LA/PMs. Workplaces provide an opportunity to communicate with a concentrated group of people who live and work in relative proximity and share a common subculture. Employers tend to have long-term relationships with their employees; their endorsement of family planning messages, by allowing on-site health talks and health desks and providing paid time off for LA/PM acceptance, increased the credibility of those messages. The social and organizational support that co-workers and employers provide is important as people begin to change their attitudes toward LA/PMs. Men in particular are an important target group, as they are frequently decision makers within their families, yet they are often excluded from receiving information about family planning at health facilities or during household visits.

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