

Maternal Morbidity and Contraceptive Intentions	
Project:	Assessing the effect of severe maternal morbidity on contraceptive intentions and practice in Afghan couples
Donor:	HSSP/USAID & Anonymous Foundation
Duration:	2007 - 2010
Objectives:	<p>The overall goal of this project was to determine the interplay between maternal health status, gender, and family planning utilization in Afghanistan. Specifically, the objective of this project is to determine whether severe maternal morbidity, often leading to maternal mortality, impacts modern contraceptive practice among couples in Kabul, Afghanistan, and to identify culturally-appropriate means for increasing contraceptive utilization.</p> <p>Specific aims were:</p> <ol style="list-style-type: none"> 1) To determine whether a maternal life-threatening, severe obstetric complication alters contraceptive practice among Afghan couples. 2) To describe and assess existing KAPs, particularly those that are culturally dependent, related to family planning among Afghan couples. 3) To determine if there is a difference between men and women in couples regarding their responses to family planning issues and regarding decision-making about family planning by the couple.
Design:	Case control design was applied to 285 couples experiencing a severe peripartum complication were compared to 285 couples having a normal delivery matched by maternal age, parity, and interval from last delivery. Men and women were interviewed separately and followed up twice postpartum to assess impact of severe maternal morbidity on future childbearing and contraceptive and health care utilization.
Findings:	<p>Preliminary results were presented at the 8th annual International Conference on Urban Health in Nairobi, Kenya, in October, 2009:</p> <ul style="list-style-type: none"> • Women with severe complications (cases) were 3.6 to 9.7 times more likely to have planned a home delivery and 3.9 times more likely to have had a prior pregnancy complication. • Neonatal mortality was significantly higher among the case group (31.2% vs. 1.4%, $p < 0.001$), who had fewer children (AOR=0.89, 95% CI: 0.79 – 1.00). • Husbands of case participants reported significantly greater transport time to the hospital (mean 61.2+109,3 minutes vs. 25.9+19.2 minutes, $p < 0.001$) and higher costs of transportation (mean 134 +157 Afs vs. 424+1001 Afs, $p < 0.001$) and hospitalization (mean costs 5438+5484 Afs vs. 1172+1244 Afs, $p < 0.001$).
Publication/Links:	<p>Todd CS, et al. Prior Contraceptive Use and Intent to Use Among Obstetric Patients in Kabul, Afghanistan. Abstract# 1020. Oral presentation, 8th Annual International Conference on Urban Health, Nairobi, Kenya, October 18-23, 2009.</p> <p>Hashimy P, et al. Factors Associated with Severe Maternal Morbidity in Kabul, Afghanistan. Abstract# 1021. Oral presentation, 8th Annual International Conference on Urban Health, Nairobi, Kenya, October 18-23, 2009.</p>