

Co-design of contraceptive services in Sweden

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What is the problem?

Almost 1/3 of women giving birth in Sweden are immigrants

Immigrant women report lower use of effective contraception and have higher rates of unintended pregnancies compared to native-born women globally and in Sweden^{1,2}

Negative experience of contraceptive counselling^{3,4}

Language barriers & cultural differences⁵

1. Emtell Iwarsson, K., et al., 2019
2. Omland, G., S. Ruths, and E. Diaz, 2014.
3. Zapata, L.B., et al., 2018
4. Fox, E., et al. , 2018.
5. Larsson, E.C., et al. 2016

Description of problem

Ovärdig debatt om familjeplanering för utrikesfödda kvinnor

Debatt • Den senaste tidens debatt om familjeplanering har handlat om att barnafödandet bör begränsas bland utrikesfödda i utsatta områden bland annat i Göteborg, samt om att inte skaffa fler barn än en kan försörja. Är detta en

SVERIGE S i Göteborg: Familjeplanering krävs i utsatta områden

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Valet 2022

Ministern: Man ska inte skaffa fler barn än man kan försörja

Nästan var femte kvinna född utomlands arbetslös

Läkartidningen

START AKTUELLT KLINIK OCH VETENSKAP OPINION

OPINION - START DEBATT INLEDARE SIGNERAT BLOGG

SENASTE Läkemedelsstatistikutredning får nytt uppdrag och mer tid

KONTAKT SKRIV PRE

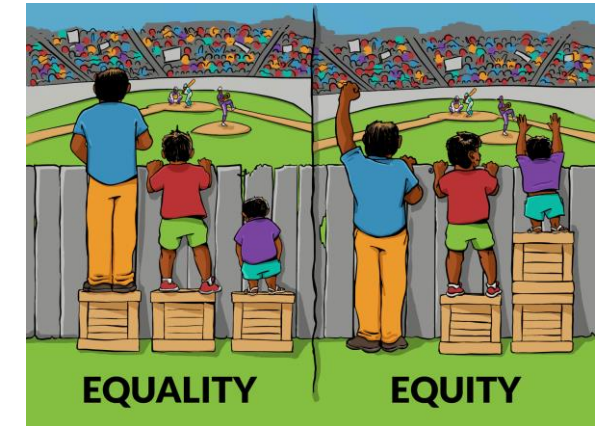
DEBATT

Vården måste försvara reproduktiva rättigheter

Equity

Objectives for public health in Sweden

- The overall objective for public health policy is to create the conditions for good and equitable health among the entire population, and to end avoidable health inequalities within a generation.



3 GOOD HEALTH
AND WELL-BEING

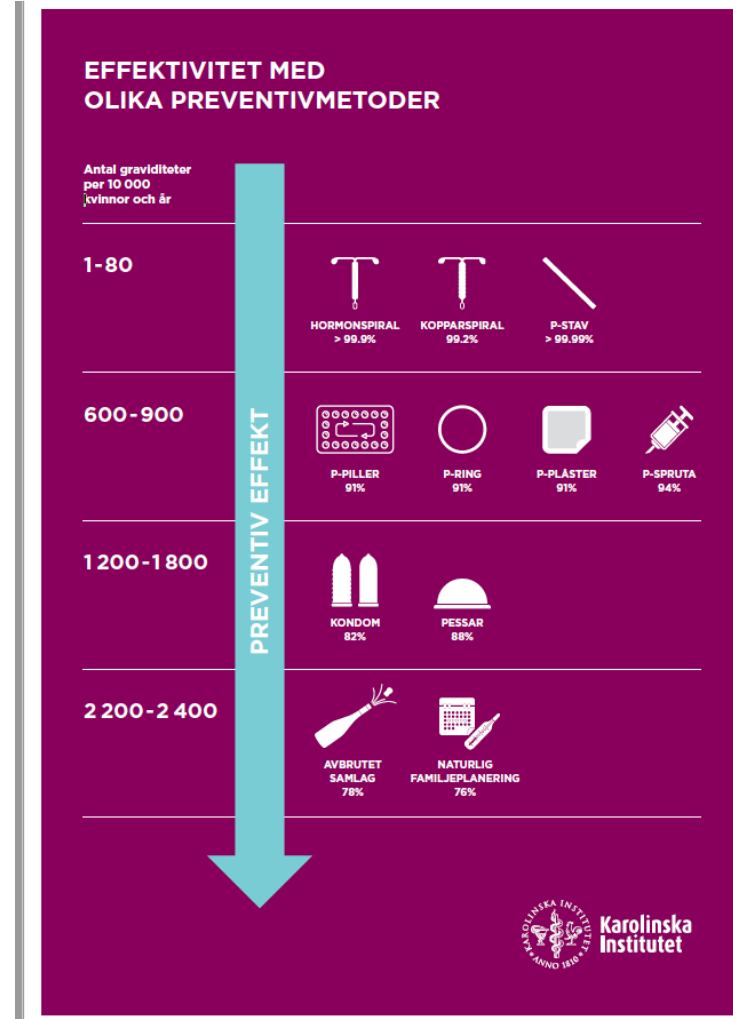


ENSURE HEALTHY LIVES AND PROMOTE
WELL-BEING FOR ALL AT ALL AGES

Background

– what seems to work?

- Person-centred care
- Visual tools
- Information about the effectiveness and potential side effects
- Access to methods
- Antenatal *and* postpartum contraceptive counselling



The IMPROVE-it-project

Promoting equitable reproductive health: IMplementing best practice postpartum contraceptive services through a quality imPROVEment initiative for and with Immigrant women, the Target population, in Sweden

Overview of IMPROVE-it

1. Qualitative - FGDs

2. cRCT (Quality Improvement Collaborative) at MHCs

2. Follow up survey at 6 and 12 months

3. Process evaluation

Cluster Randomized Controlled Trial (cRCT)

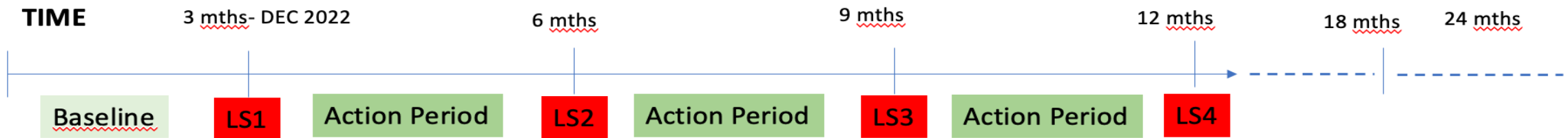
Aim: To increase women's possibility to choose and initiate an **effective contraceptive method** postpartum

- **Method:** cRCT, conducted at 14 intervention, 14 control maternity health clinics in:
→ Jönköping, Stockholm, Västra Götaland
- **Participants:** Women attending routine postpartum care
- **Data collection:**
 - **Main outcome:** Registration of contraceptive method in Swedish pregnancy register
 - **Secondary outcomes:** Questionnaire at baseline, 6 mths and 12 mths

Quality improvement collaborative (QIC)

Midwives will test and evaluate evidence-based methods

INTERVENTION: *Quality Improvement Initiative, incl learning seminars (LS) and continuous Quality Improvement activities during action periods*



Each LS:

- Share learnings
- Review data
- Lecture
- Co-design
- Plan activities for action periods

The Intervention: *Quality improvement collaborative (QIC)*

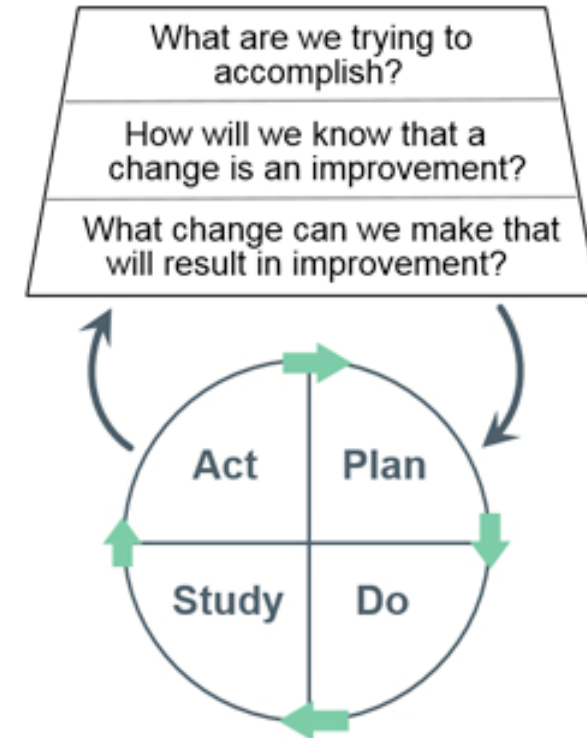
Features of the intervention:

1. Co-design
2. Collaboration between researchers, healthcare professionals & patients
3. Test evidence-based methods using Plan-Do-Study-Act (PDSA)
4. Continuous feedback on data

Quality Improvement?

- A framework for developing, testing, and implementing changes that lead to improvements
- Plan-Do-Study-Act (PDSA)

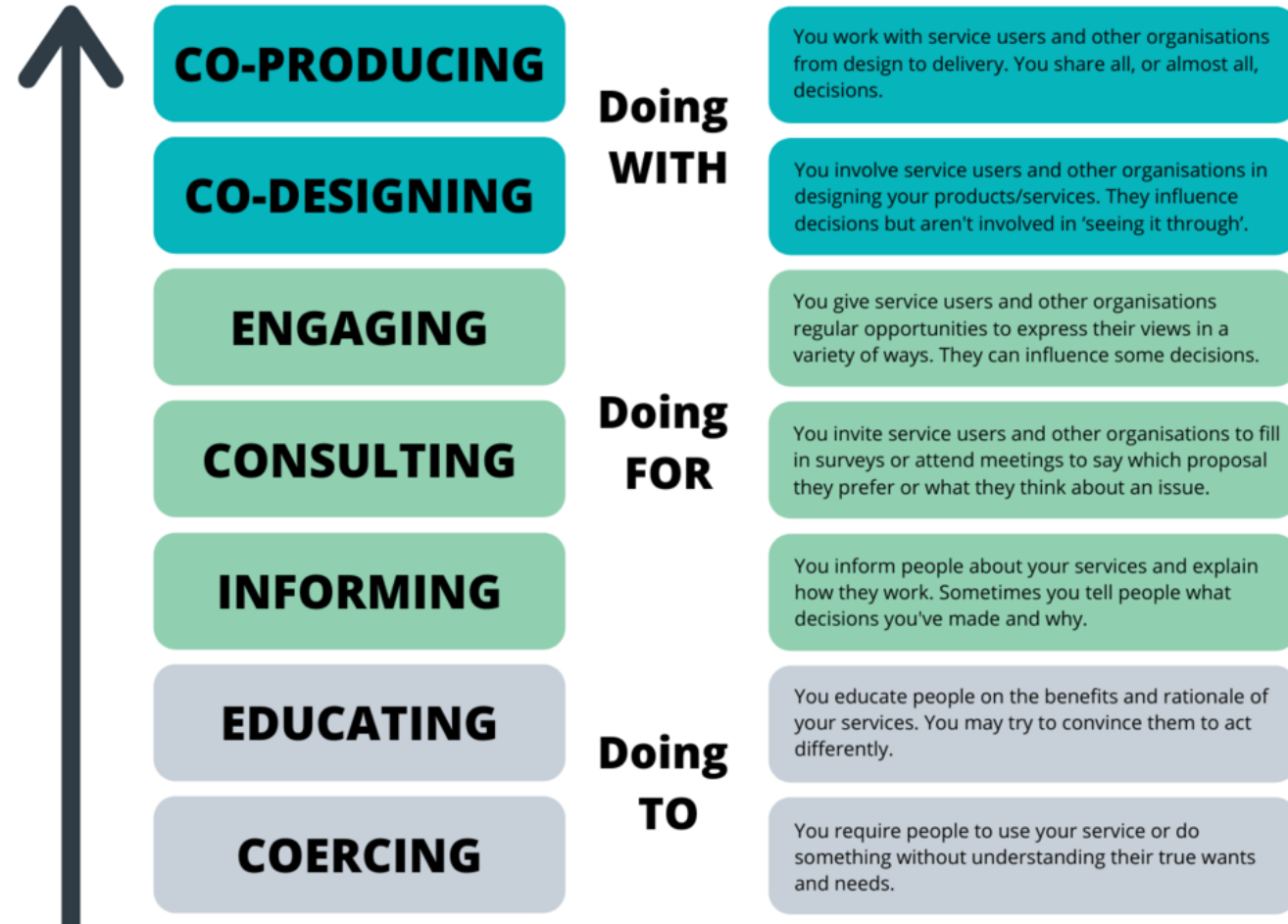
Model for Improvement



Co-design- what is it?

EXPLANATION

- An approach to involve stakeholders in the design, conduct, evaluation and improvement of health care services ¹
- Collaboration between users and providers of health care services ²
- Users are considered actors who can take responsibility for their own health and express what they desire from health care services²
- ***Challenges remain concerning how to involve vulnerable and disadvantaged populations in the present health care system³***

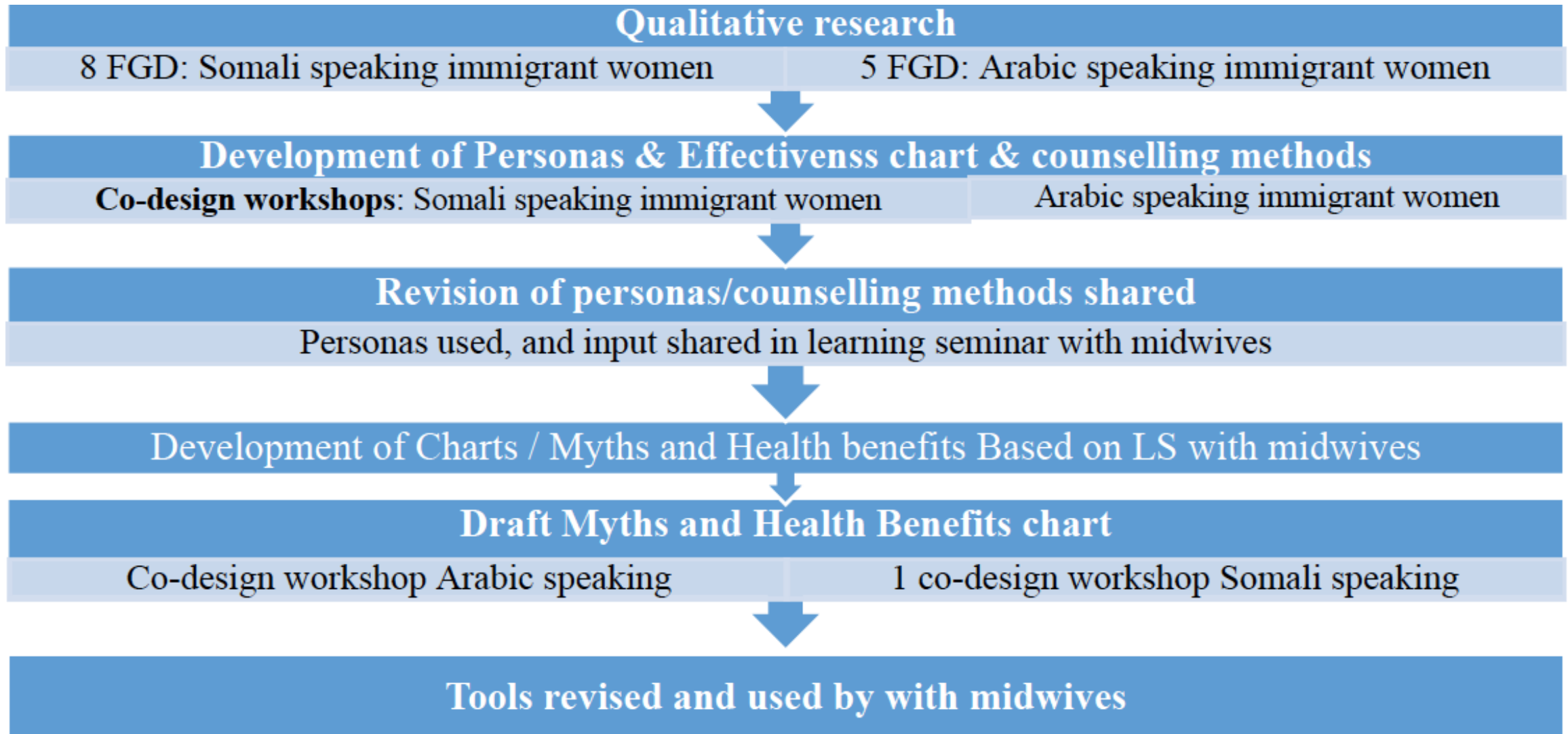


Co-design



- A back and forth process
 - Online workshops with immigrant target population
 - Discussion with midwives during the online learning seminars

Co-design activities



Thank you- over to Jackie!



Co-designing family planning interventions in Uganda – lessons learned

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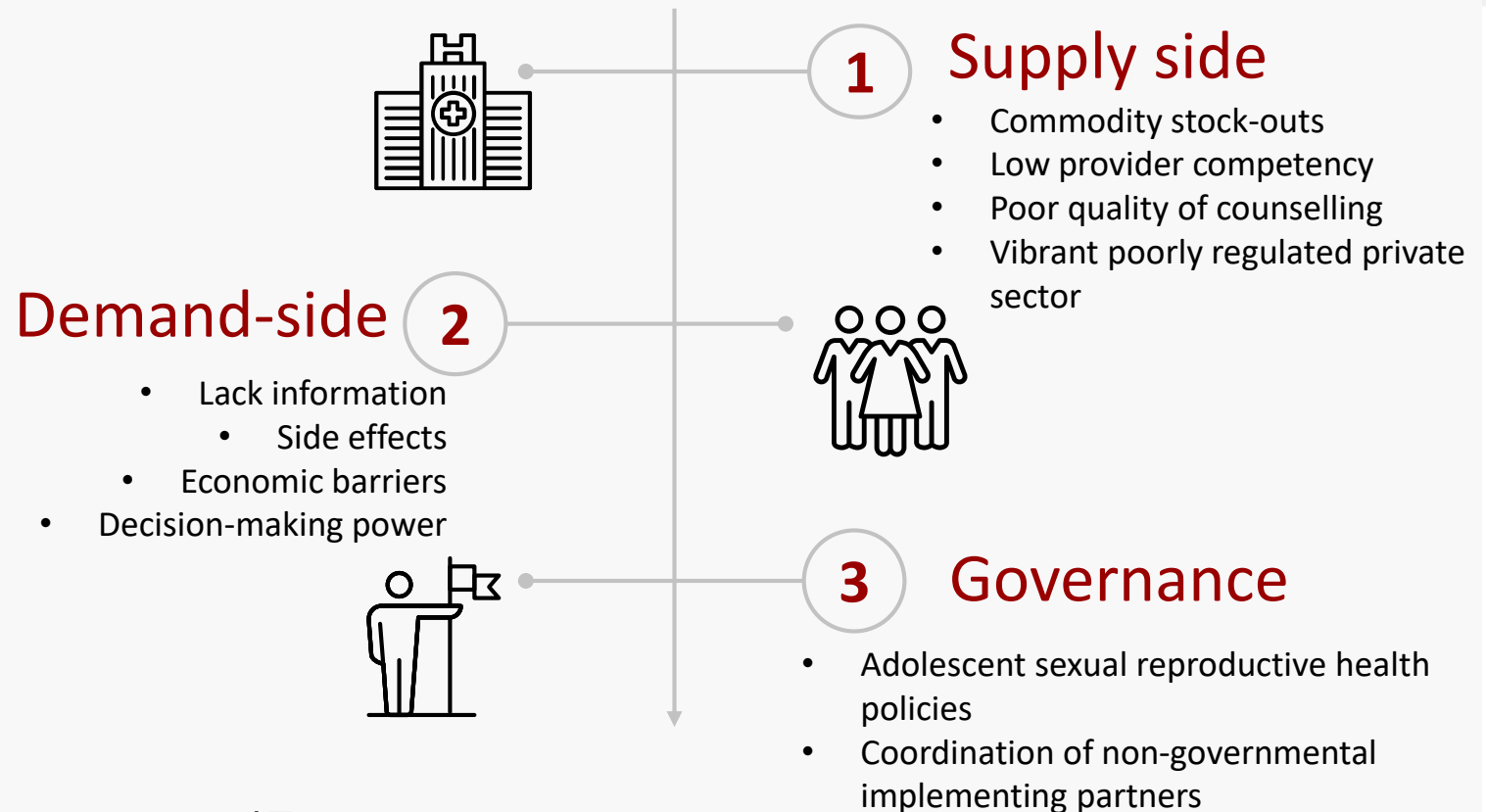
UPPSALA
UNIVERSITET

Family Planning Use in Uganda

High Unmet Need

- 20.4% of all women have an unmet need for family planning (FP)
- 25% of women age 15-19 have begun childbearing (UBOS, 2018).
- Intra-urban disparities:
 - Unmet need in informal settlements is as high as 37.3% (Tetui, et al, 2021).

Key challenges



The Urban Thrive Project

- A 3-year project that started implementation in 2021 in Eastern Uganda.
- Aimed at improving coverage and uptake of voluntary FP in emerging urban areas (Jinja City and Iganga town).
- Implemented by Makerere University School of Public Health, in collaboration with Busoga Health Forum.
- Implementation research project implemented in 3 phases: 1) Formative assessment; 2) Design and implementation and 3) Monitoring and evaluation



Purpose of the co-design process

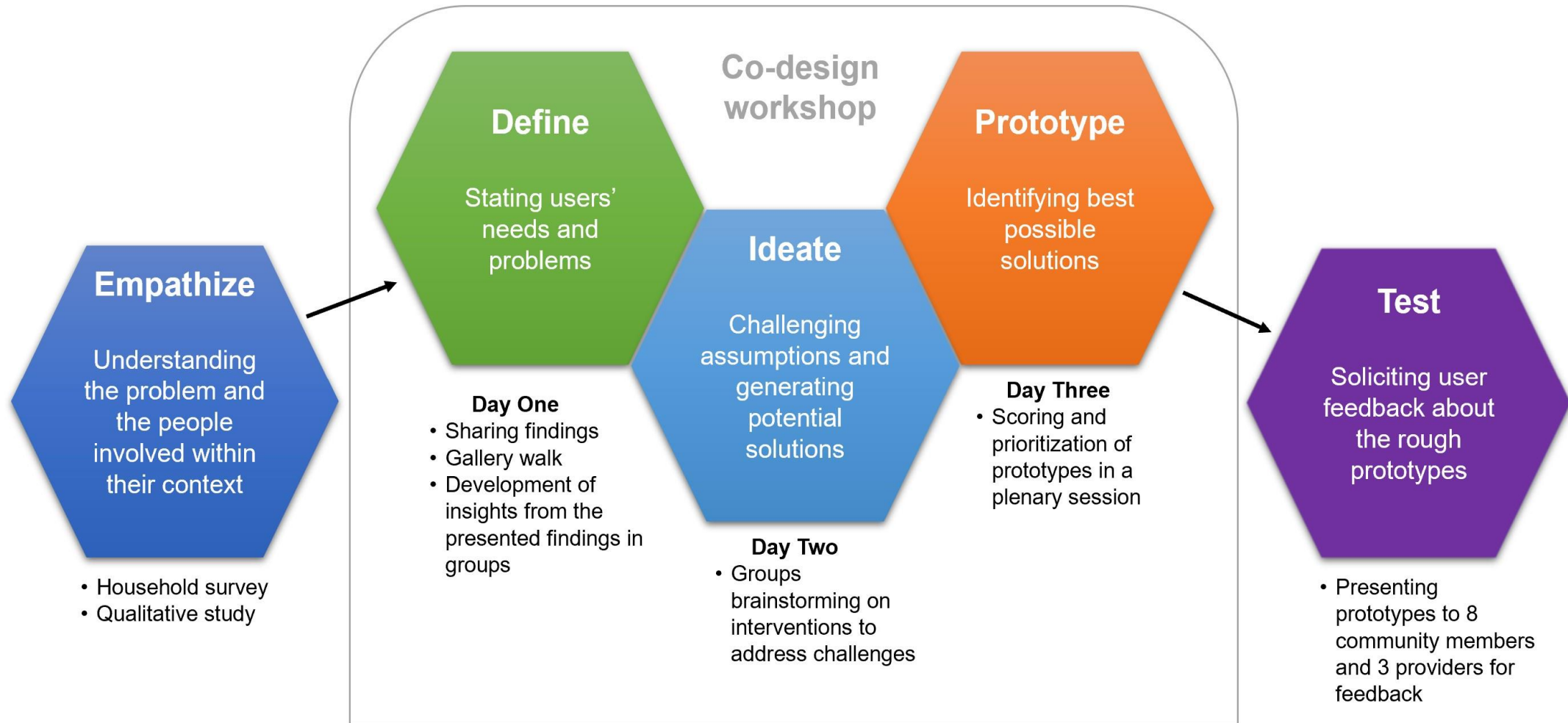
- There is need to tailor interventions to the specific needs of the different sub-populations in urban areas.
- Aimed to actively engage communities to understand community-specific challenges and collaboratively design solutions using the Human-Centered Design (HCD) approach.
- Using co-design, an HCD tool, we aimed to:
 1. Identify barriers to the uptake of voluntary FP in urban settings
 2. Adapt high-impact interventions that are desirable, feasible, viable, and adaptable for these urban areas;
 3. Identify (any new) solutions to address these challenges; and
 4. Co-design implementation strategies to effectively deliver the selected interventions.

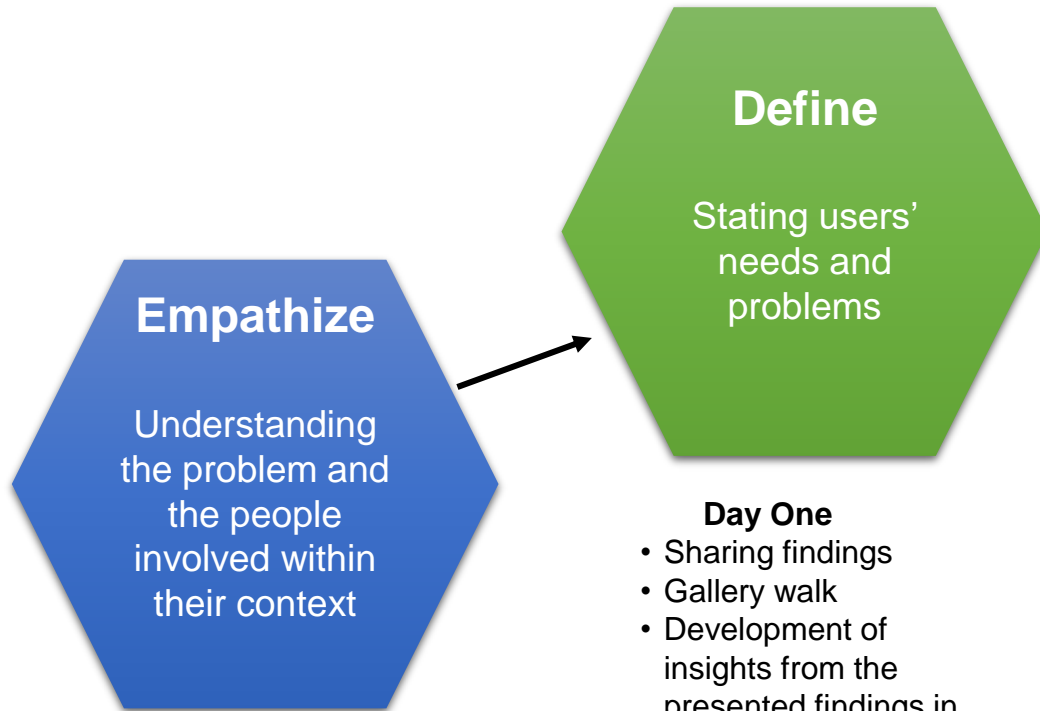


Methodology



The co-design process

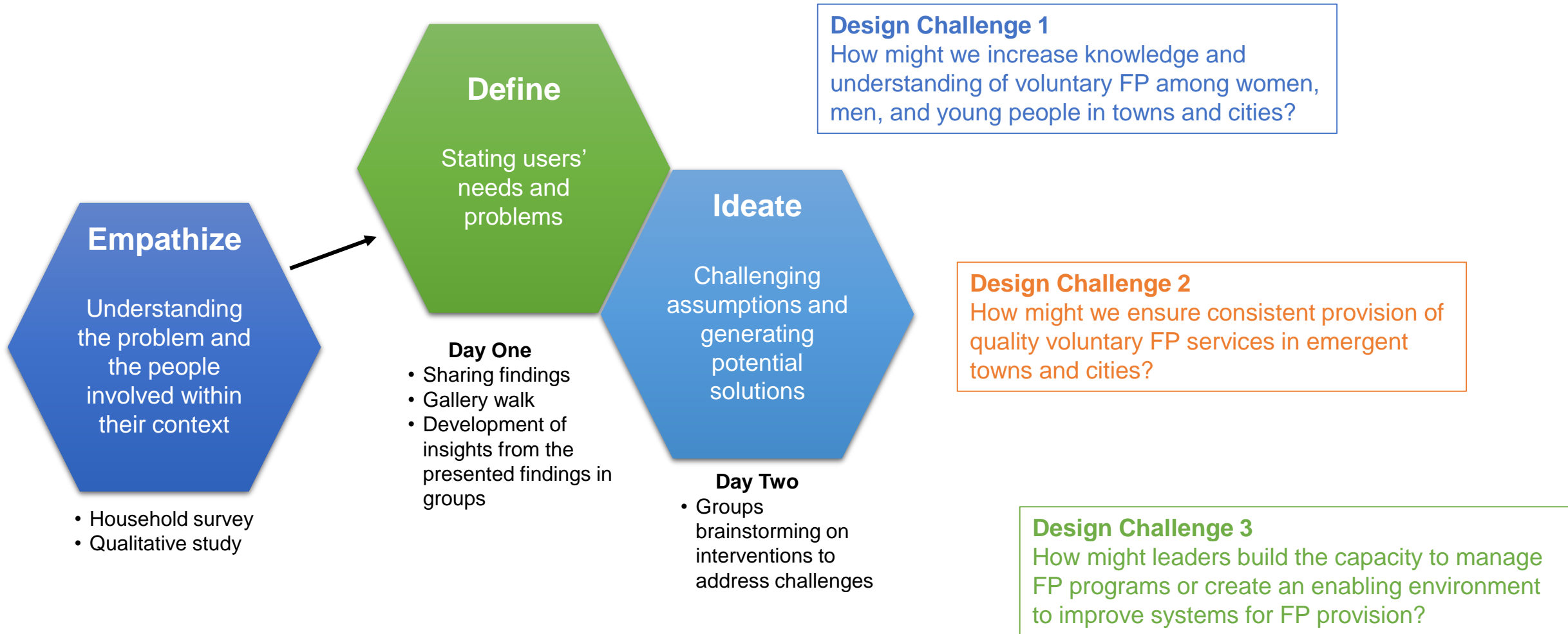


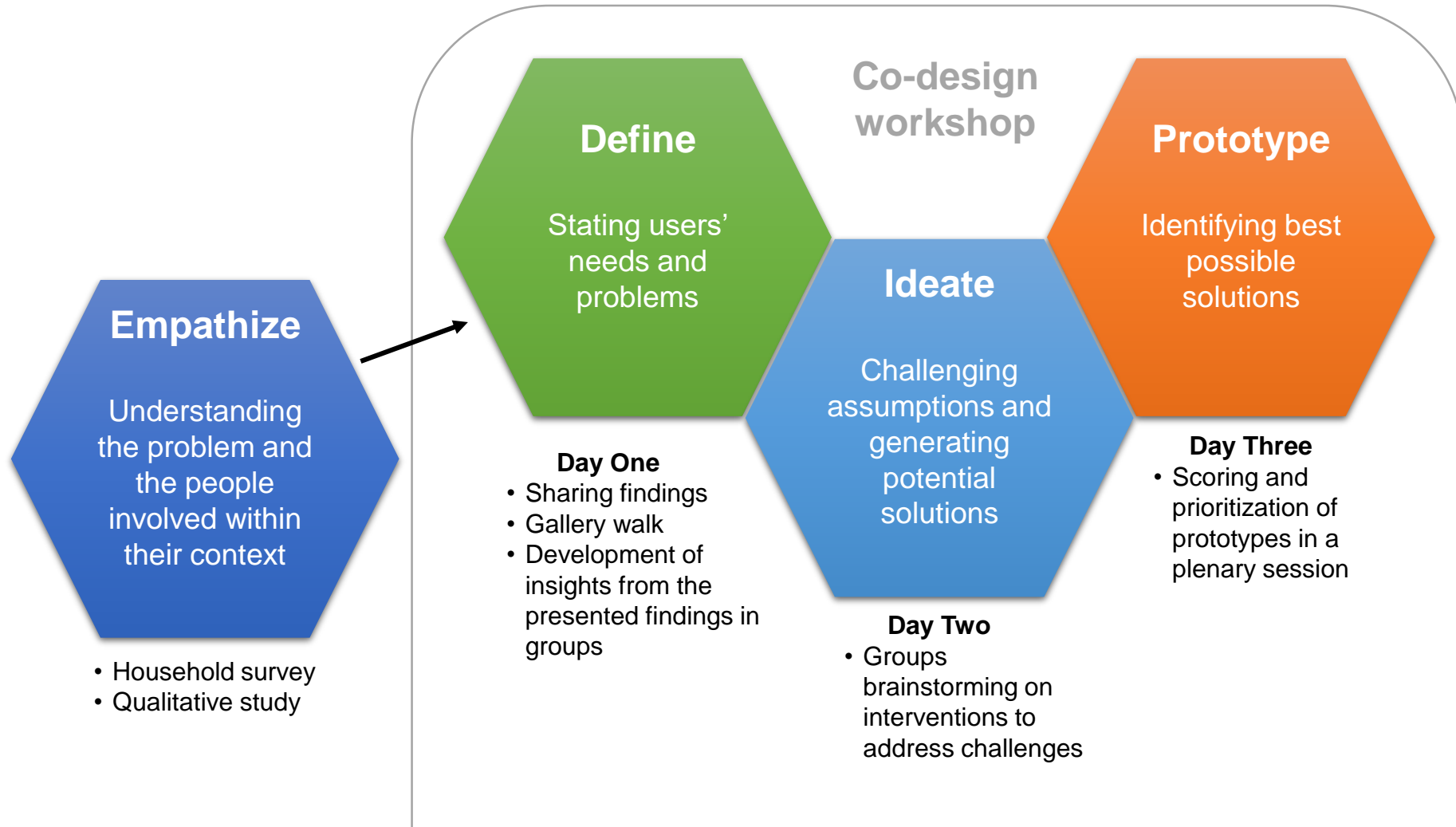


- Household survey (3000 men and women)
- Qualitative study (17 focus group discussions and 44 interviews)

- Day One**
- Sharing findings
 - Gallery walk
 - Development of insights from the presented findings in groups







14 prototypes were developed:

- 8 targeting demand-side challenges
- 4 targeted supply-side challenges
- 2 for governance challenges



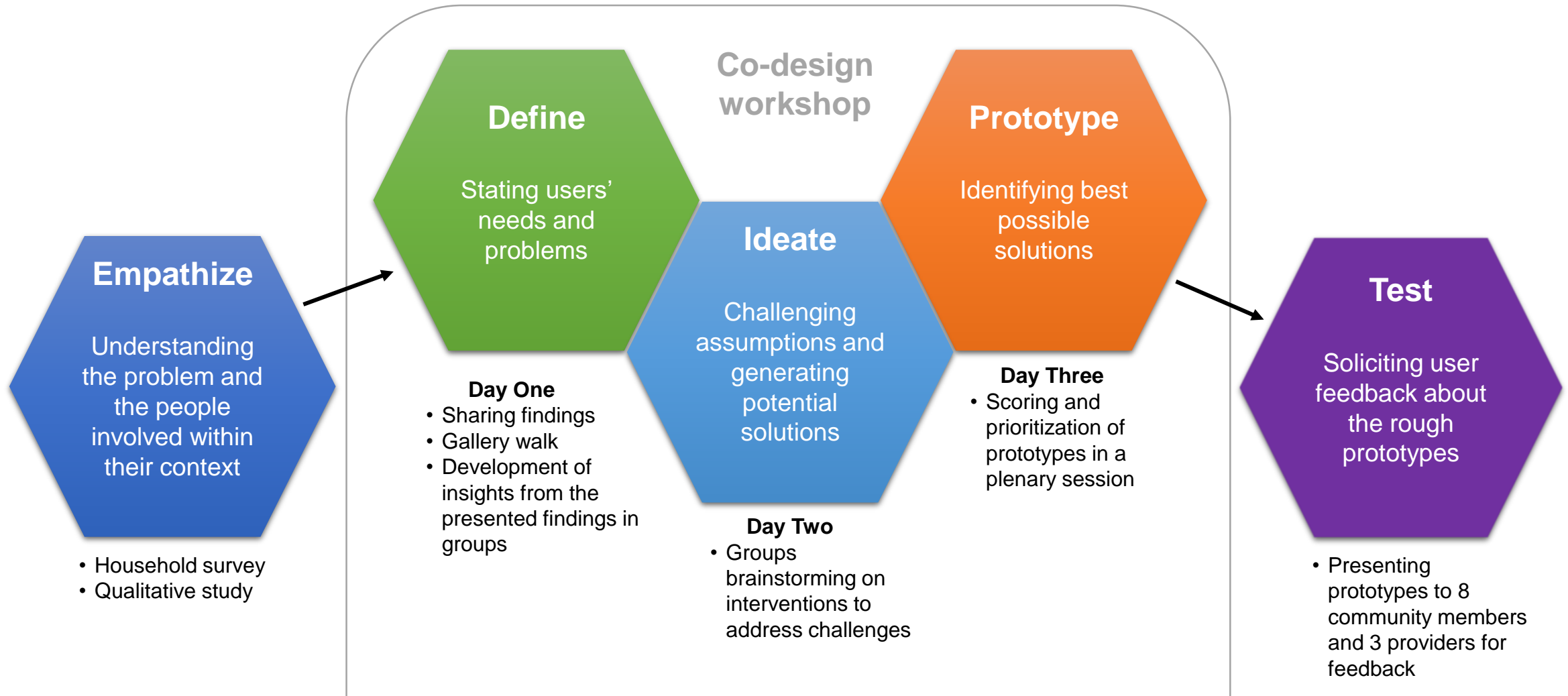
Participants worked in 3 groups:

- Community members
- Political leaders and urban health authorities
- FP service providers

Each participant group address all three design challenges.

Groups reported back in the plenary after each session



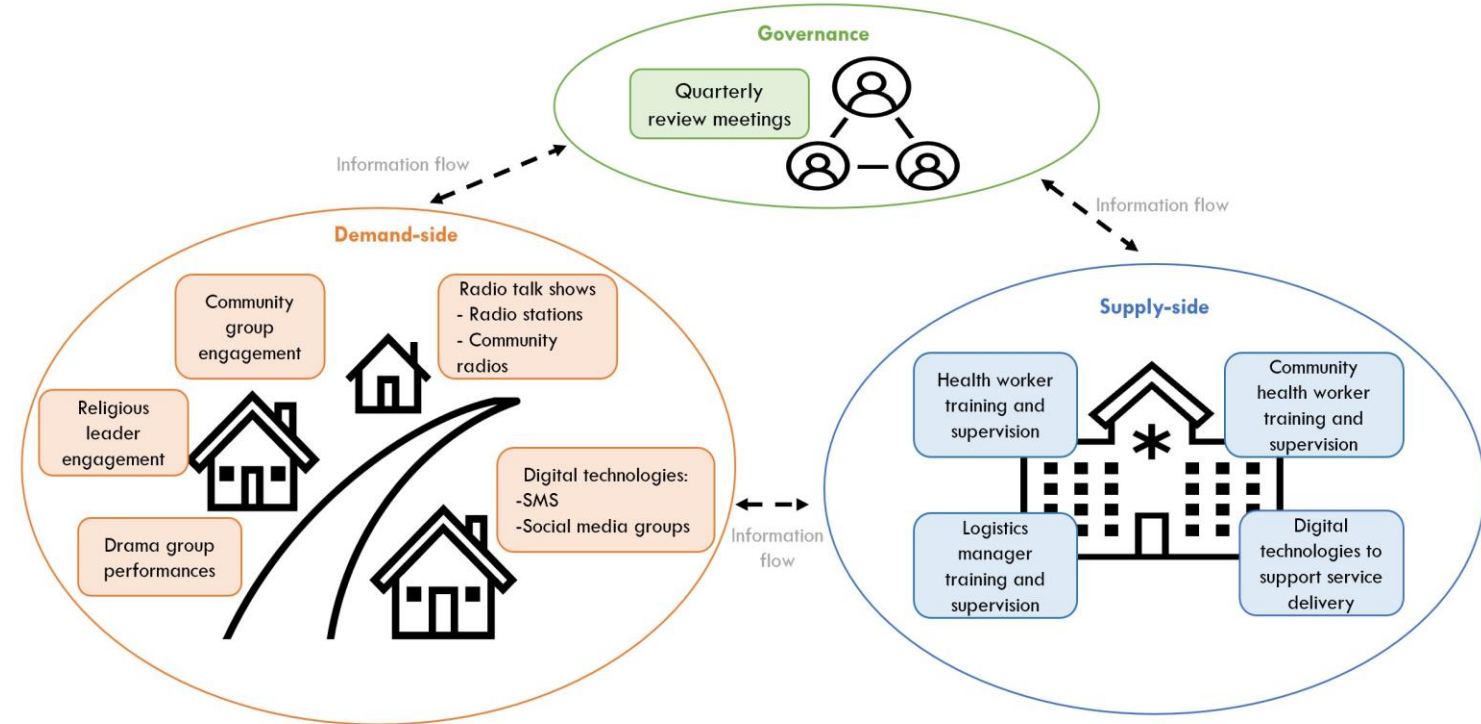


Feedback from the testing:

- Modifications on some of the prototypes, language and delivery strategies
- An additional prototype to improve client follow-up mechanisms at facilities

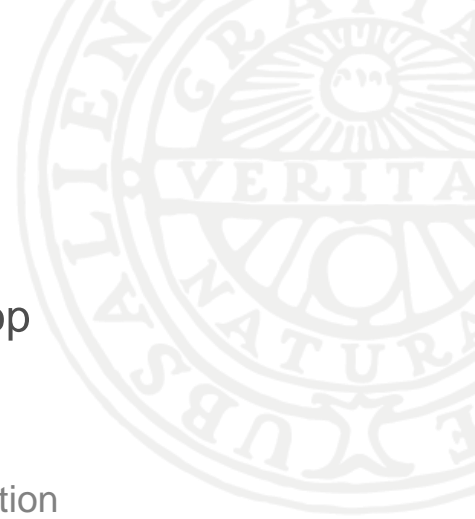
Outputs

- A package of 10 interventions was prioritized for implementation.
 - 5 targeted demand-side barriers
 - 4 targeted supply-side barriers, and
 - 1 addressed governance barriers.
- Birth of the *Amazima ku famire planningi* or 'the truth about family planning' campaign
 - To address information gaps in client counselling and education about side effects
 - Integrated in all activities
- Adaptations were made to interventions specified a priori
- New interventions developed



Lessons Learned

- Involving diverse groups of participants provides varied experiences and expertise to develop interventions.
- The language of FP matters
 - Responsible parenthood or manageable family sizes resonates better with communities than fertility reduction
- Communities want complete information about family planning to make informed decisions.
- Consider participant characteristics and power dynamics and their potential impact on the process, especially when engaging diverse participant groups.
 - Community Vs leaders and service providers
 - Adolescents Vs other adults
 - Differences in education level
- Make deliberate efforts to ensure equal representation of, especially, marginalized groups (women, adolescents and urban poor populations)
- **Continuous learning and adaptation is crucial!**





Thank you!

Urban Thrive Project Team

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