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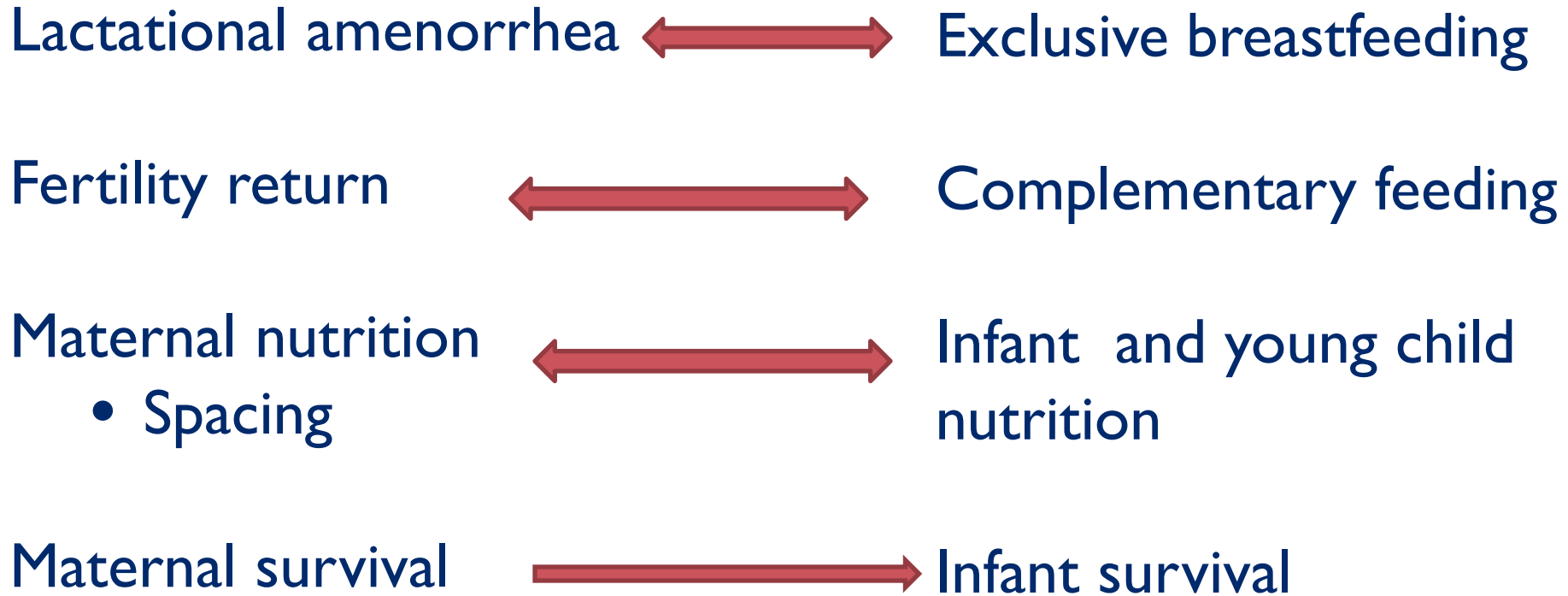


# Re-envisioning communication on postpartum family planning and maternal, infant and young child nutrition in Tanzania

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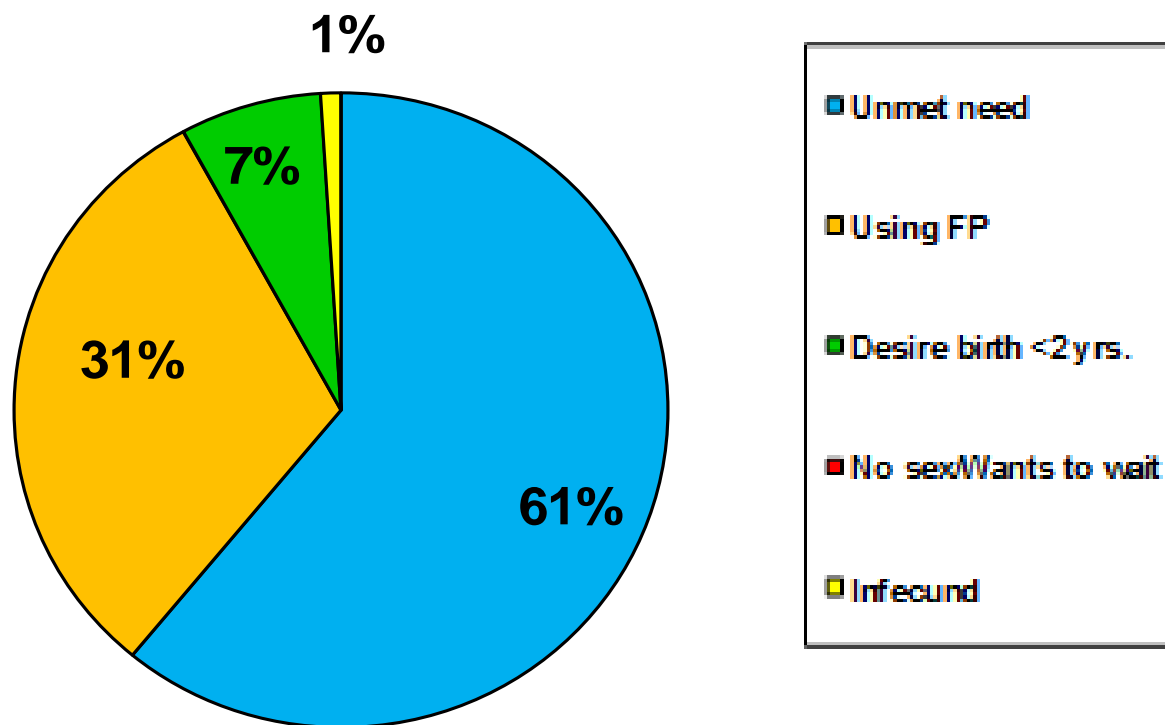
# FP and Nutrition Linkages



# DHS data on Nutrition and Family Planning (FP)

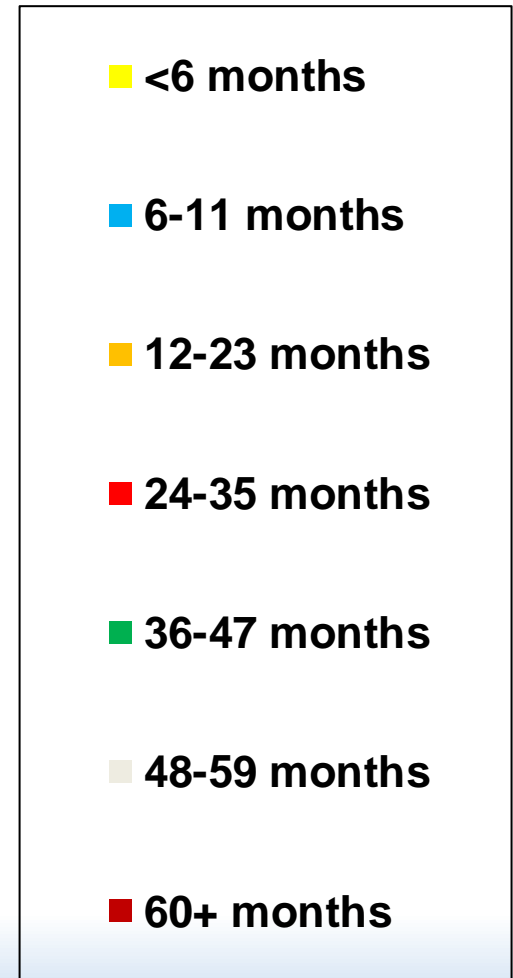
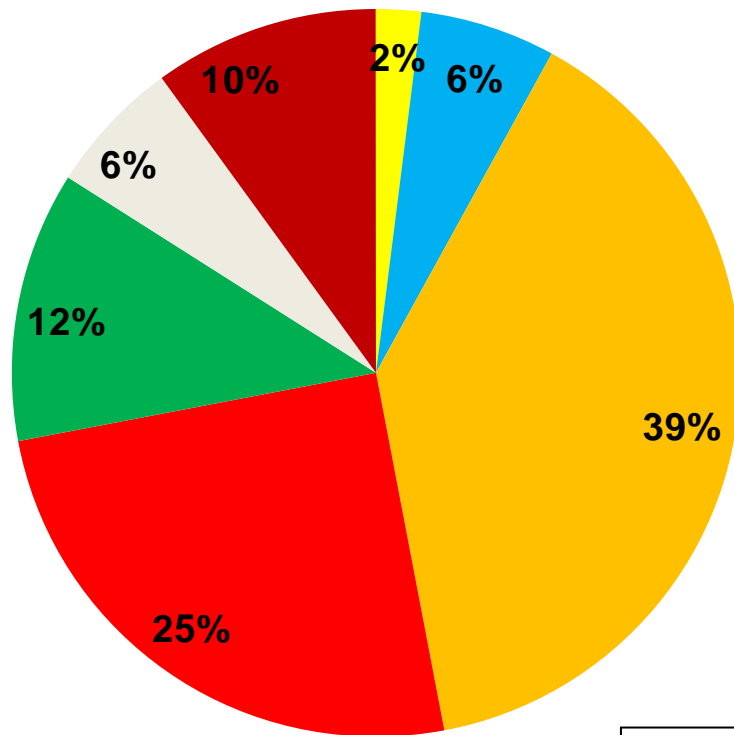
Indicator	Lake Zone	Tanzania
Total Fertility Rate (TFR)	6.3	5.4
Contraceptive Prevalence Rate - CPR (15-49 yr old married women)	18 %	34%
Unmet need for FP	33% (spacing and limiting)	18% (spacing and limiting)
Total demand for FP	51%	52%
Prelacteal feeding (First 3 days of life)	34% - Kagera – 20% - Mara 55 %	31%
Exclusive breastfeeding LAM	by 2-3 months- 51% of infants exclusively breastfed 1.3% currently using LAM, 37% heard of LAM	
Early introduction of food	4-5 months – 63% given complementary foods	
Stunted, children < 5 years of age	38% - Kagera – 47% - Mara 31%	42%

# Unmet Need for Family Planning Among Postpartum Women, Tanzania DHS Secondary Analysis 2010



N=3,265

# Birth to Pregnancy Spacing Among All Women Aged 15-49, All Non-first Births in the Last 5 Years, Tanzania, DHS 2010



N of Non-First Births=6,472

47 % space birth to next pregnancy too soon!

# Need to Re-envision the Approach!

- **Barriers to EBF need to be addressed**
- **Confusion that breastfeeding = LAM**
  - Local term for LAM = breastfeeding for family planning
- **Varying understandings of LAM's effectiveness and the 3 criteria** for use – so few women using are using correctly (of all women who use, only 26% use correctly\*).
- **LAM transition** to other modern method has been a gap
- **LAM is an underutilized method** despite effectiveness
  - Providers' knowledge and training are low

# Study Objectives

- **This study aims to:**
  - Explore sociocultural and environmental cues to birth spacing and MIYCN practices
  - Identify barriers and facilitating factors for optimal FP and MIYCN practices
  - Test the use of innovative communication approaches for influencing nutrition and FP perceptions and practices among women, their family members, village leaders, and health providers in Mara and Kagera regions of Tanzania.

# Study Design

## Phase I:

- Formative research to inform development of updated approach for promoting PFP, MIYCN, and optimal practice of LAM and timely transition to another modern contraceptive method.

## Phase II:

- Based on learning from formative research, intervention approaches designed to simplify and contextualize the way PFP and MIYCN information is communicated using innovative SBCC approaches/ platforms.





# Phase I Methods

	# of respondents
<b>IDIs</b> with mothers of children under age 1, three consecutive visits	24
<b>IDIs</b> with Grandmothers	12
<b>IDIs</b> with Influential Women / traditional birth attendants (TBAs)	12
<b>IDIs</b> with facility-based reproductive and child health providers	6
<b>FGDs</b> with CHWs	24-32 (4 FGDs)
<b>FGDs</b> with Fathers of children <1 year	36-48 (6 FGDs)
<b>FGDs</b> with Community leaders	24-32 (4 FGDs)

# Phase I Topics Explored

- PFFP & MIYCN perceptions, knowledge, practices
- Barriers & motivating factors for optimal practices
- Cues for introduction of complementary foods and starting PFFP
- Care-seeking practices for FP, maternal, newborn and child health services and nutrition
- Service provider beliefs, counseling practices, and service delivery processes
- Couple/family communication & roles in decision-making
- Use of mobile phone services

# Phase I Study Methods, Continued

- Respondents purposively selected from three districts in each region using maximum variation sampling
- Incorporation of pictures, scenario-based questioning, challenge ranking, consultative generation of activities to address challenges, pre-testing of new messages and assessment of comprehension



# Piloting “New” Counseling Messages with Mothers/Grandmothers

- Emphasizes link between breastfeeding and fecundity -- timely introduction of other foods/liquids at 6 months of age as main trigger to go for FP
- Doesn't rely on 3 criteria
- Reinforces importance of EBF for the first 6 months for health of child and prevention of closely spaced pregnancy for mother
- Addresses common breastfeeding challenges (e.g. perceived insufficiency of milk)

# Case-based Assessment of Comprehension

Sarah has a 4 month old baby. She feeds the baby breast milk, and also feeds her [xx local food]. She thinks her breast milk alone is not enough for the baby. Her menstruation has not returned since delivery. She has not yet gone to the health facility for a family planning method.

- Should Sarah change what she feeds the baby? What would you advise Sarah regarding what she should be feeding her baby?
- Is it possible that Sarah is fertile again after giving birth? Why or Why not?
- What should Sarah do to prevent another pregnancy too quickly?

# Preliminary Findings – FP

- Couples return to sexual activity as early as 1-2 weeks postpartum but often do not start using FP until much later (cue: return of menses)
- Breastfeeding associated with lack of menses; perceptions varied on when return to fecundity occurs
- Common for men and women to have multiple sexual partners / may be associated with distrust, desire for control, closely spaced pregnancies





# Preliminary Findings – Nutrition

- Perception of insufficient breastmilk led mothers to introduce foods as early as 2-3 months of age (“light” versus “heavy” milk)
- First foods for children: bananas, or maize porridge and liquids such as cow milk, tea, coffee, and juice with sugar
- Women work long hours outside the home –farming. Some leave child at home –can impede EBF (Mara Region)
- Nutritional needs of mothers considered during pregnancy but limited attention given during lactation



# Preliminary Findings – Cross Cutting

- Women and their spouses rarely discuss FP, reproductive intentions, and MIYCN together as a couple.
- Men expressed an interest in learning more about FP and nutrition, but indicated that outreach and community activities have been primarily designed for women.
- TBAs play important role in assisting women during delivery and advising on breastfeeding





# Next Steps

- Findings will be used to design a locally resonant, strategic, and multipronged approach to improve adoption of optimal practices.
- Activities will be designed to engage men and promote couple communication, increase support for breastfeeding, and improve understanding of postpartum return to fecundity and importance of timely contraceptive uptake; changes in practices and use of services will be monitored.

For more information, please visit  
**[www.mcspprogram.org](http://www.mcspprogram.org)**

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