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# The Power of Counseling for Changing Practices in Family Planning & Maternal, Infant and Young Child Nutrition in Dhamar, Yemen

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- Dr. Ali Mohamed Assabri, University of Sana'a, PI

## Co-investigators:

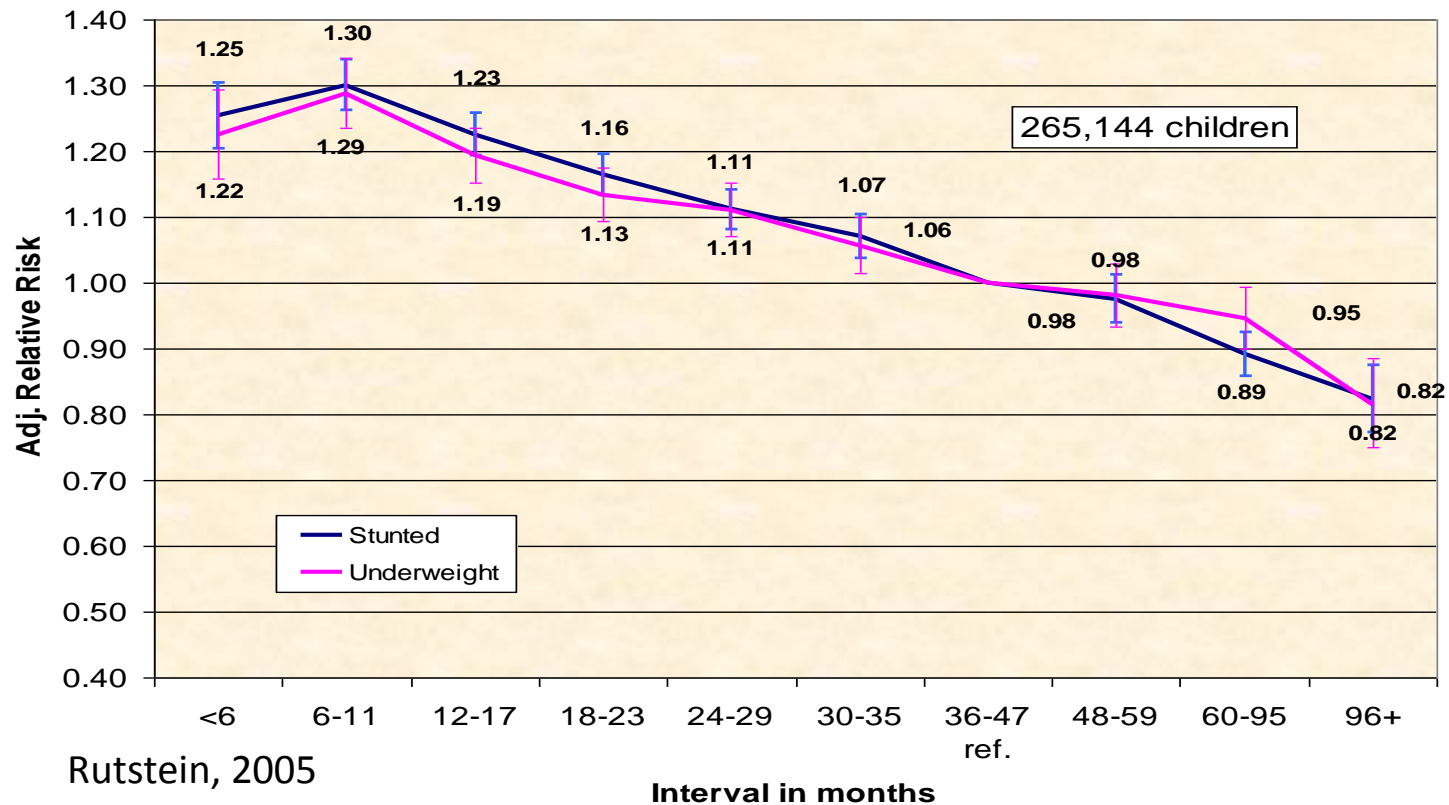
- Chelsea Cooper, MCHIP/MCSP
- Dr. Khaled Ali Al-Gendari, University of Sana'a
- Dr. Anne Pfitzer, MCHIP/MCSP
- Rae Galloway, MCHIP/MCSP

# Outline for this presentation

- Discuss the relationship between FP and nutrition and why it make sense/is important to integrate family planning (FP) messages into maternal, infant, and young child nutrition (MIYCN) counseling
- Discuss the context for the MIYCN-FP study in Yemen
- Present findings from the study
- Discuss recommendations

# Increasing the birth interval, decreases the risk of underweight and stunting

Child Malnutrition by Birth to Conception Interval

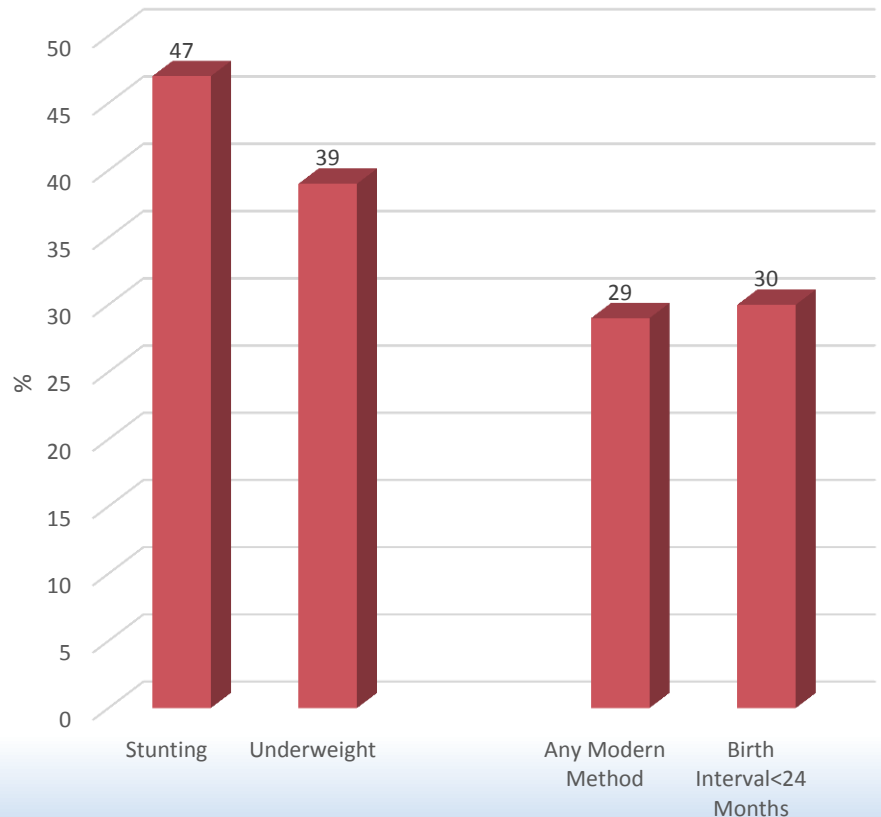


**All Nutrition and FP Programs Should Raise the Awareness of Women and Families about this link to increase Uptake of Family Planning**

# Yemen: Study Context

- A mainly rural population of 24 million people
- Political instability, with a deteriorating situation since the study
- Limited access to health & FP services
- Study dates: December 29, 2013-January 21, 2014
- Study location: Maghreb & Wesab districts of Dhamar Governorate (south of Sana'a, the capital)--rural highland & lowland districts

Prevalence of Stunting and Underweight in Children <5 yrs, Use of Modern Family Planning and Birth Intervals <24 months in Yemen



# Study methodology: Trials of Improved Practices (TIPs)

**Visit 1:** Exploratory in-depth interviews with 16 MIYCN mothers and 16 FP couples with children < 2 years to determine MIYCN-FP practices & the reasons for them; dietary intake of mothers and children

**Visit 2:** Counseling about current & optimal practices; identify new practices for mothers/couples to try

**Visit 3:** Follow-up to assess success with trying new practices; discuss challenges and motivations

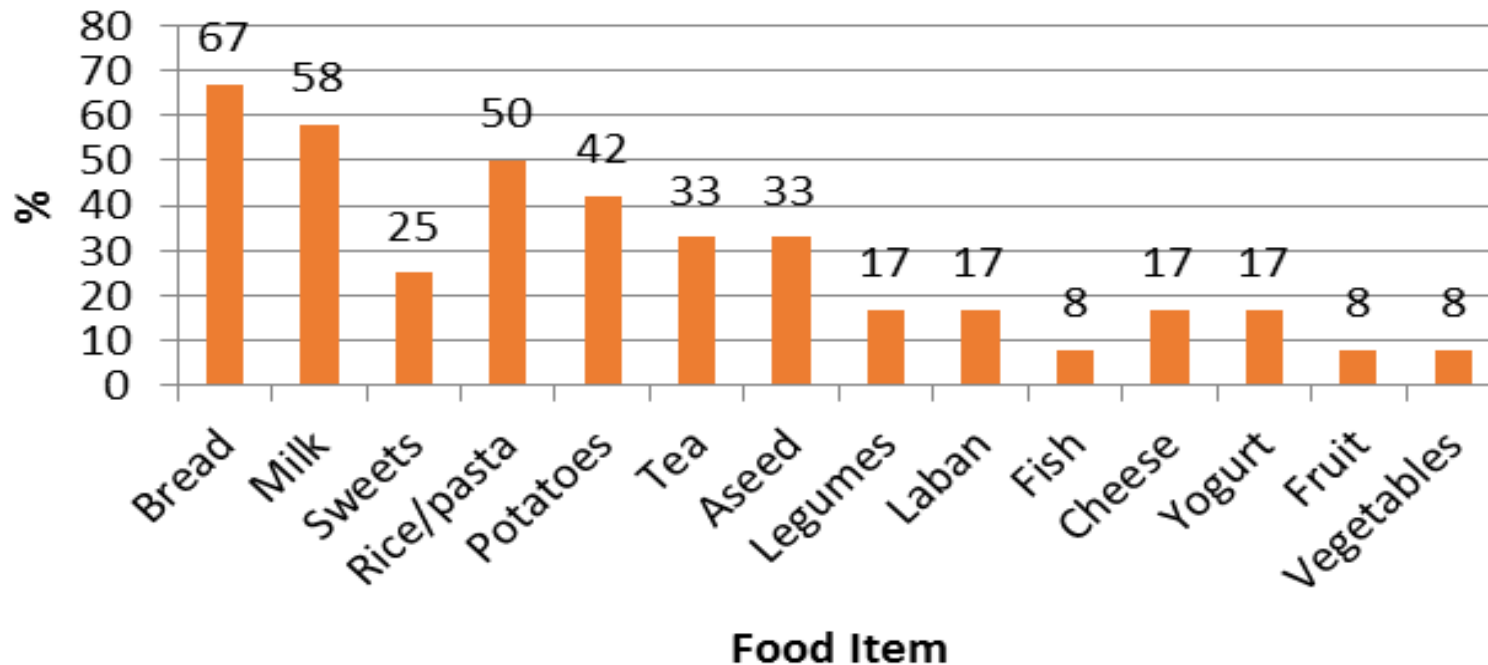


12 Key Informant Interviews on MIYCN and FP topics which will not be presented

# Visit 1: Selected nutrition results for babies <6 months

- All babies were breastfed at some time in their life; breastfeeding was valued as a way to prevent another pregnancy but no mother/father knew the LAM criteria
- Only 1 of 32 infants <6 months was EBF
- Over half of mothers reported their breast milk was “insufficient” (i.e., they did not have enough)
- Mothers didn’t know how to increase breast milk production, breastfed for short periods of time or from only one breast
- Sugary biscuits were a “first food” (44% of babies <6 mos) & introduced as early as a couple of weeks after birth

# What children 6-23 months were receiving daily



**Diets of children were starchy and sweet with little dietary diversity. Only half children were meeting their energy requirements; none were meeting their iron requirements. There was a dearth of knowledge about how to feed children 6-23 months.**



# Visit 1: Selected FP Results

- There were differences in FP use by district:
  - FP was used by all but one couple in Maghreb Ans (highlands); by only one couple used FP in Wesab Assafel (lowlands)
- Mothers, fathers, key informants expressed support for FP use
- There was lack of information/knowledge about FP; but a desire to learn more about it
- Couples were open to discussing FP together
- Barriers to FP uptake: structural/systemic barriers (e.g. lack of female providers and affordable methods, stock-outs, availability of unregistered methods), concerns about side effects, and, to a lesser extent, husbands opposing FP use

# Visit 2: Recommendations Provided

All FP-TIPs Mothers and Fathers	All MIYCN Mothers	MIYCN-TIPs for Mothers with Infants 0–5 mos	MIYCN-TIPs for Mothers with Infants 6–23 mos
<ul style="list-style-type: none"> <li>• Discuss FP and reproductive intentions with their spouse</li> <li>• Go to the health facility for more information about FP</li> <li>• Start using modern FP method</li> <li>• Consider using LAM (if baby is less than 6 months)</li> <li>• Satisfied FP users discuss benefits of FP with others in the community</li> </ul>	<ul style="list-style-type: none"> <li>• Increase number of meals per day</li> <li>• Vary mother’s diet to include fruit, vegetables, fresh juice, legumes, and meat</li> </ul>	<ul style="list-style-type: none"> <li>• Breastfeed only and give no other liquids or foods</li> <li>• Breastfeed from and empty both breasts (about 15 minutes on each breast)</li> <li>• Breastfeed &gt;6–8 times per day</li> <li>• Breastfeed day and night</li> <li>• Position baby in a more comfortable position, ensure correct attachment</li> </ul>	<ul style="list-style-type: none"> <li>• Breastfeed from and empty both breasts &gt;6–8 times per day</li> <li>• Breastfeed day and night</li> <li>• Position baby in more comfortable position, ensure correct attachment</li> <li>• Vary child’s diet by adding fruits, vegetables, legumes, other nutritious foods such as animal products</li> <li>• Increase # of meals per day</li> <li>• Don’t give a feeding bottle</li> <li>• Don’t give tea; give milk instead</li> </ul>

# Visits 2 & 3: MIYCN Results

## (\*tried spontaneously)

Recommendation	Offered & Accepted	Tried	Succeeded using daily
Mothers: Vary Mother's Diet	13	12	9 3 modified
Infants 0-5 mos: breastfeed only	4	4	3
Infants 6-23 months: breastfeed from both breasts until empty	5	4	4
Children 6-23 mos: vary the child's diet	8	7	4 3 modified
Children 6-23 mos: Give more meals/food	2	3*	3*

## Feedback from MIYCN Mothers

- Most mothers had not heard information about MIYCN before & said “now we have the information, we can use it”
- Mothers succeeded in improving the quality of their/babies diets after one counseling visit; they reported they were happy w/new practices because they had more BM & felt their babies were getting better nutrition, sleeping better, were healthier
- Animal foods (meat) were limited & need to be substituted with other foods; mothers said they will give these foods when they have them

# Visits 2 & 3: FP Results

(\*tried after discussion with spouse or counseling)

Recommendation	Sex	Offered & Accepted	Tried	Succeeded
Discuss FP and reproductive intentions with spouse	M	8	8	8
	F	6	8*	8*
Go to the health facility for more information about family planning	M	13	13*	10*
	F	11	11	8
Start using modern FP method	M	8	7	1
	F	8	8	1
Consider using LAM	M	Not offered		
	F	1	1	0
Satisfied FP users discuss benefits of FP with others in the community	M	Not offered	1*	1*
	F	4	4	4

## Feedback from FP Couples

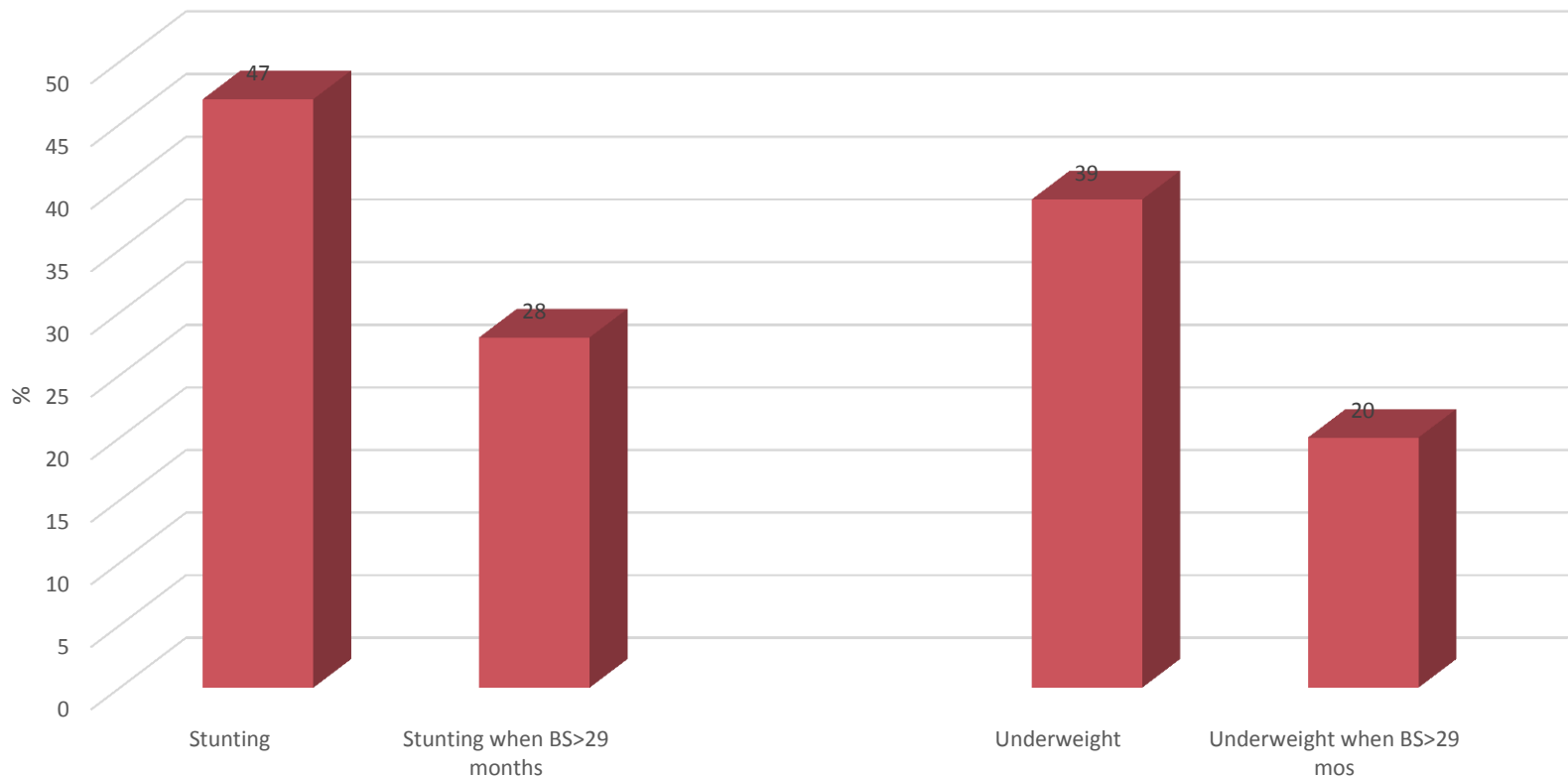
- Talking with each other (and their peers) about FP was not a problem for most couples
- Couples were willing to go for FP advice
- Systemic/structural barriers posed a problem especially in Wesab Assafel
- Satisfaction from championing FP with peers  
*“I liked talking to women about the importance of family planning methods. They responded to my advice and decided to go to the health center to choose a suitable method for them.”*

# Recommendations

1. Address information gaps
2. Capitalize on the power of counseling, using community platforms for regular (monthly) counseling contacts
3. Engage husbands since they are influential over women's choices; strengthen couple communication
4. Identify and involve champions; grandmothers & community leaders can be influential
5. Address structural barriers of not having affordable commodities and female health workers
6. Work with the private health to provide affordable commodities
7. Educate the nutrition community about the importance of FP

# If birth spacing was increased to >29 months in Yemen, rates of stunting and underweight could be reduced by 19 percentage points

Prevalence of Stunting and Underweight in Children <5 yrs in Yemen when Birth Intervals >29 mos





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

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