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Maternal and Child Health
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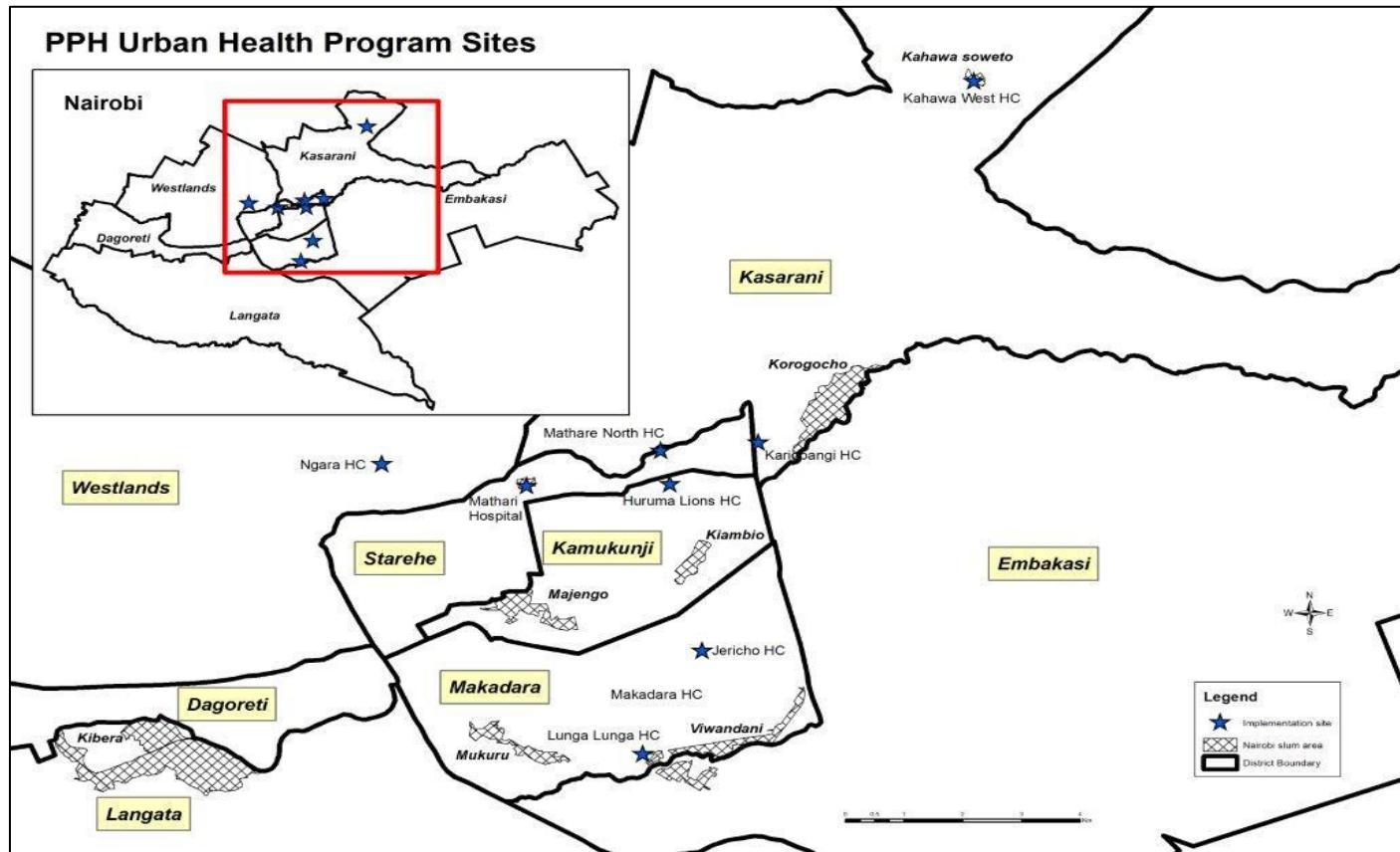
The Role of Informal Sessions in Increasing Family Planning Use among Young Mothers in 3 Informal Settlements in Nairobi, Kenya

by: Rose Mulindi, Joygrace Muthoni, and Anthony Gichangi

Background

- Kenyan overall maternal mortality stands at 488 per 100,000
- Maternal mortality among urban poor 706 per 100,000
- Unmet need for family planning (FP) among urban poor as of 2013
 - 15% among married women
 - 55% among unmarried but sexually active women
- Postpartum hemorrhage (PPH) one of the major killers of mothers
- Need to space pregnancies to reduce deaths due to PPH, therefore need for FP

Study Area Map



Intervention

- Increasing FP uptake in order to reduce incidences of PPH among young mothers in informal settlements
- Study scope
 - 9 facilities in 3 informal settlements
- Study participants
 - Young women between age 18 and 30
 - Either pregnant or have a child who is less than 2 years old
 - Identified in the community and facility by community health workers and facility workers
- Study timing
 - 3 months



Group of young women during the informal sessions

Study Procedure

1. Focus group discussions
2. Training of community health volunteers (CHVs) and providers
3. CHV advocacy among young mothers
4. Administer pre-test
5. Informal sessions with providers (8 weeks)
6. Administer post-test

Community Myths Surrounding PPH

- *“Mpango wa Kando” (Your husband’s mistress) “if she passes near you, you can bleed to death”*
- *“Bleaching makes the skin to be weak and a mother is likely to have tears during delivery and bleed to death”*
- Overwork and bending or walking too much after delivery
- Sitting too much
- Poor personal hygiene
- Falling
- Home deliveries
- Refusal to state child’s real father
“There’s a woman (widow) who bled to death because the placenta refused to come out. . . . people wanted to know who the father of the baby was but she refused to tell them”
- Chewing cane during pregnancy can lead to excessive bleeding
- Vaginal and uterine tears during delivery
- Eating cold foods *“makes the uterus inflexible”*
- Wife battery

Community Solutions to PPH

- Do nothing
 - “Just wait for the bleeding to stop.”
 - “Some mothers say after delivery they usually bleed for 1 week, others 1 month or 2, so to them it’s normal.”
- Immediately go to facility
- Call a doctor to come and attend to them at home
- Buy drugs from the chemist
- Traditional medicine from
 - The Maasai peddlers
 - Old grandmothers
 - Other community members
- Dietary solutions
 - Undercooked liver
 - Traditional vegetables like terere (amaranth), cowpeas leaves, spinach, pumpkin leaves
 - Juice of grated beets

Community Myths Surrounding FP

- Use of FP methods leads to loss of libido
- FP can lead to situations of permanent infertility
- Conception with intrauterine contraceptive device (IUCD) in situ can lead to baby being born with IUCD stuck to a part of baby's body (cheek, top of head, or forehead)
- Implants can travel from the arm to the heart or brain causing death
- Causes painful intercourse
- Inappropriate for use by unmarried women
- Excessive bleeding
- Loss of breast milk for nursing mothers
- Better to have babies in quick succession
- Fear of repercussions from provider if appointments are missed

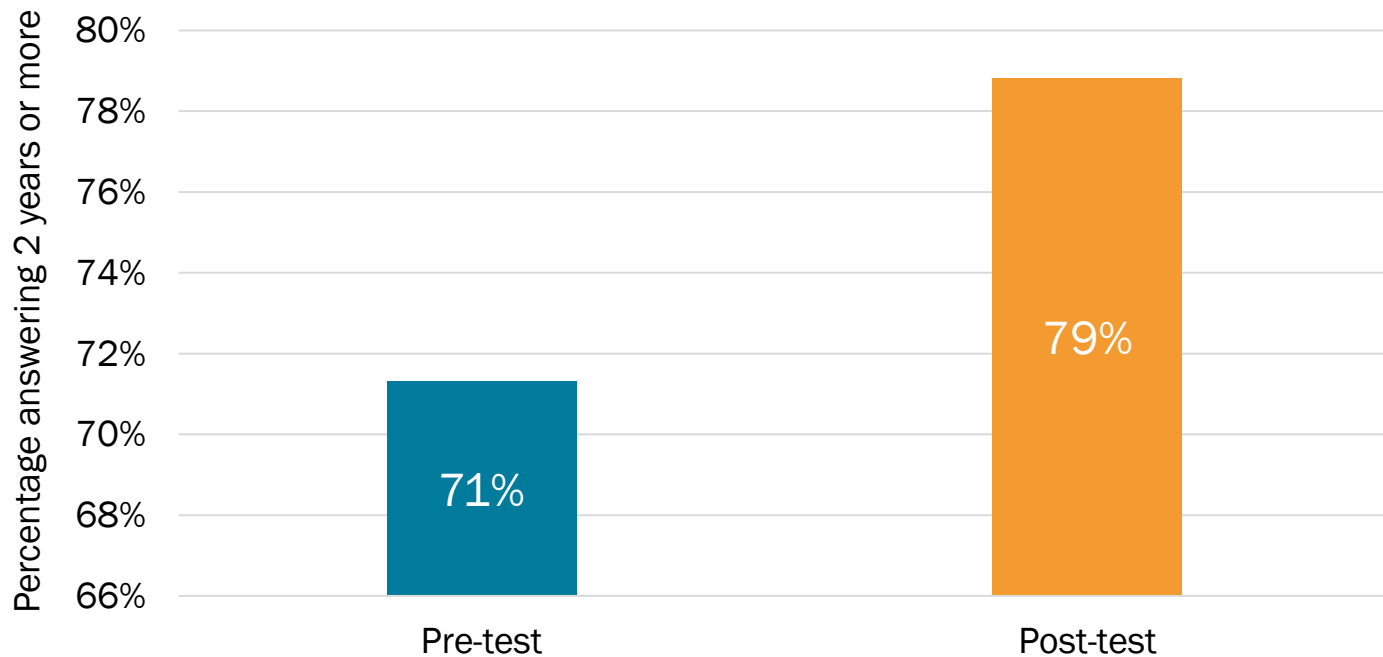


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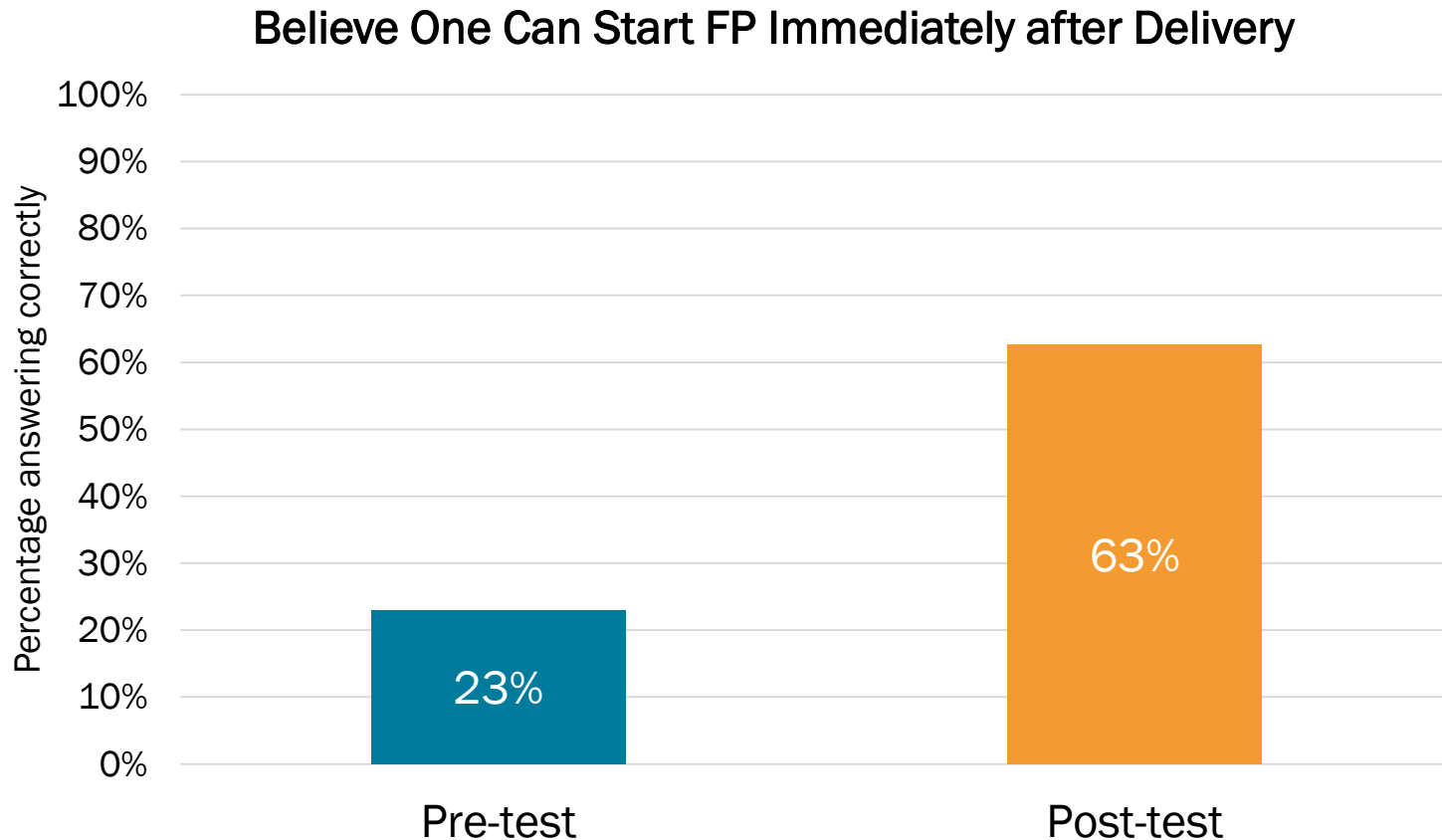


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Child Spacing Preferences: Percentage stating spacing two years or more

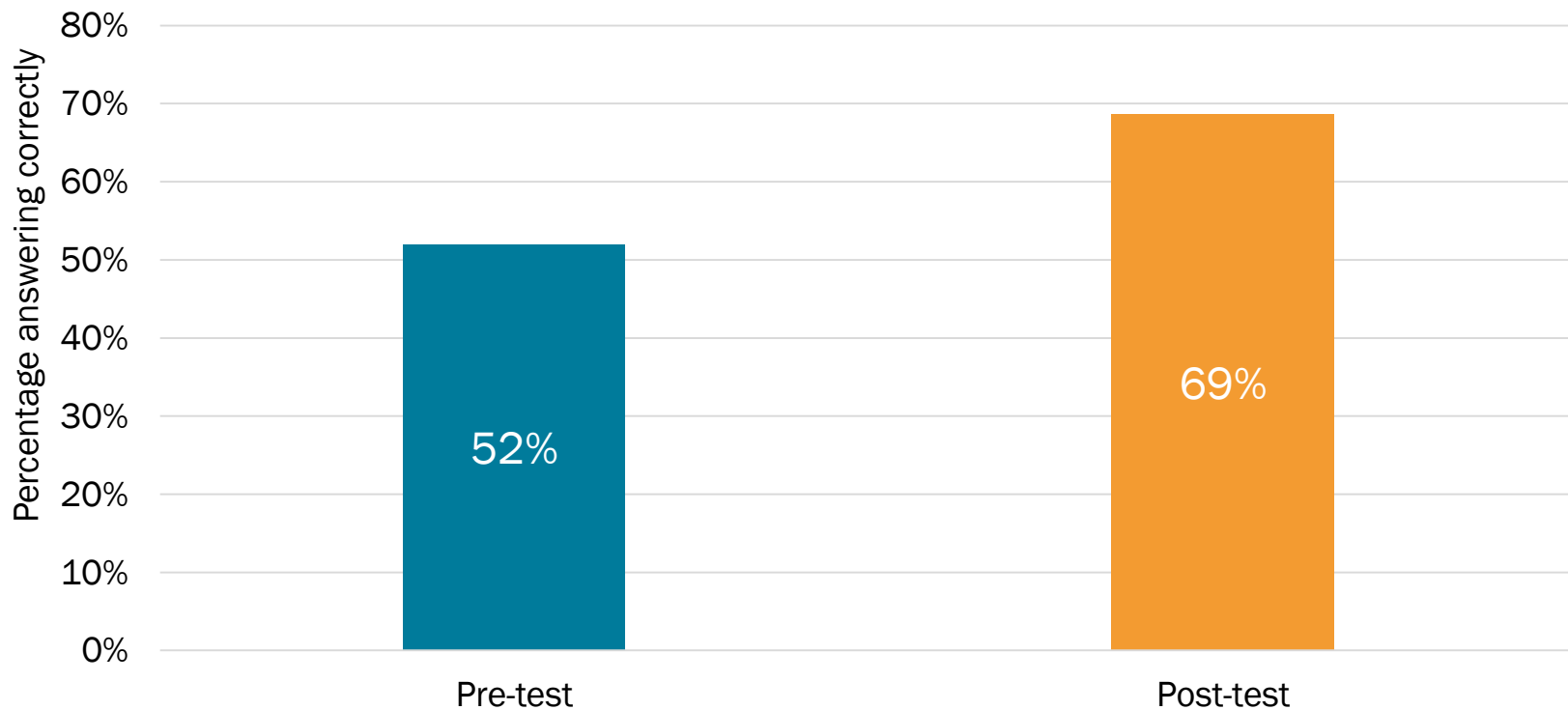


Pre- and Post-Test Knowledge of Postpartum FP: Percentage of those answering correctly

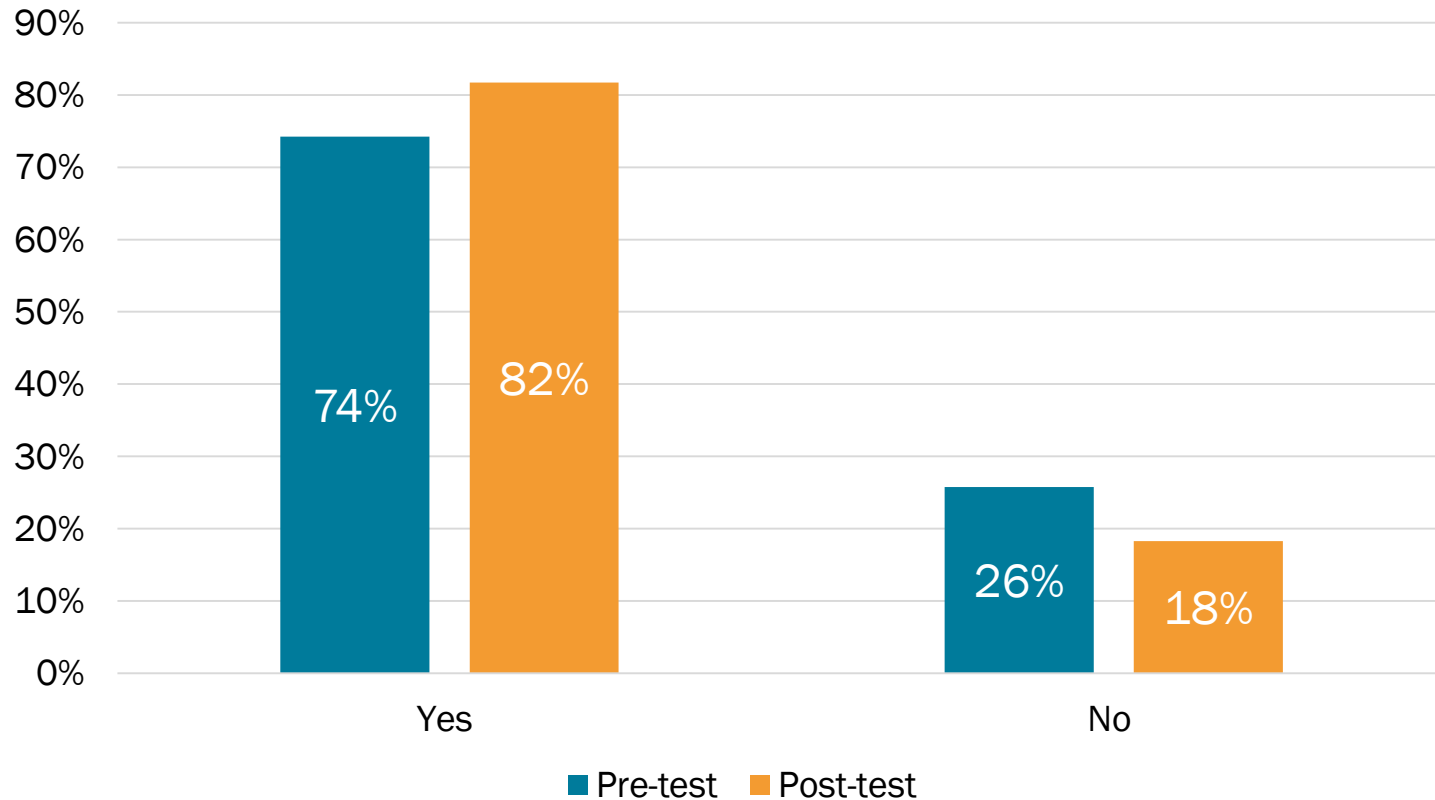


Pre- and Post-Test Knowledge of Postpartum FP, *cont.*

Known Criteria for Use of Lactational Amenorrhea Method as FP

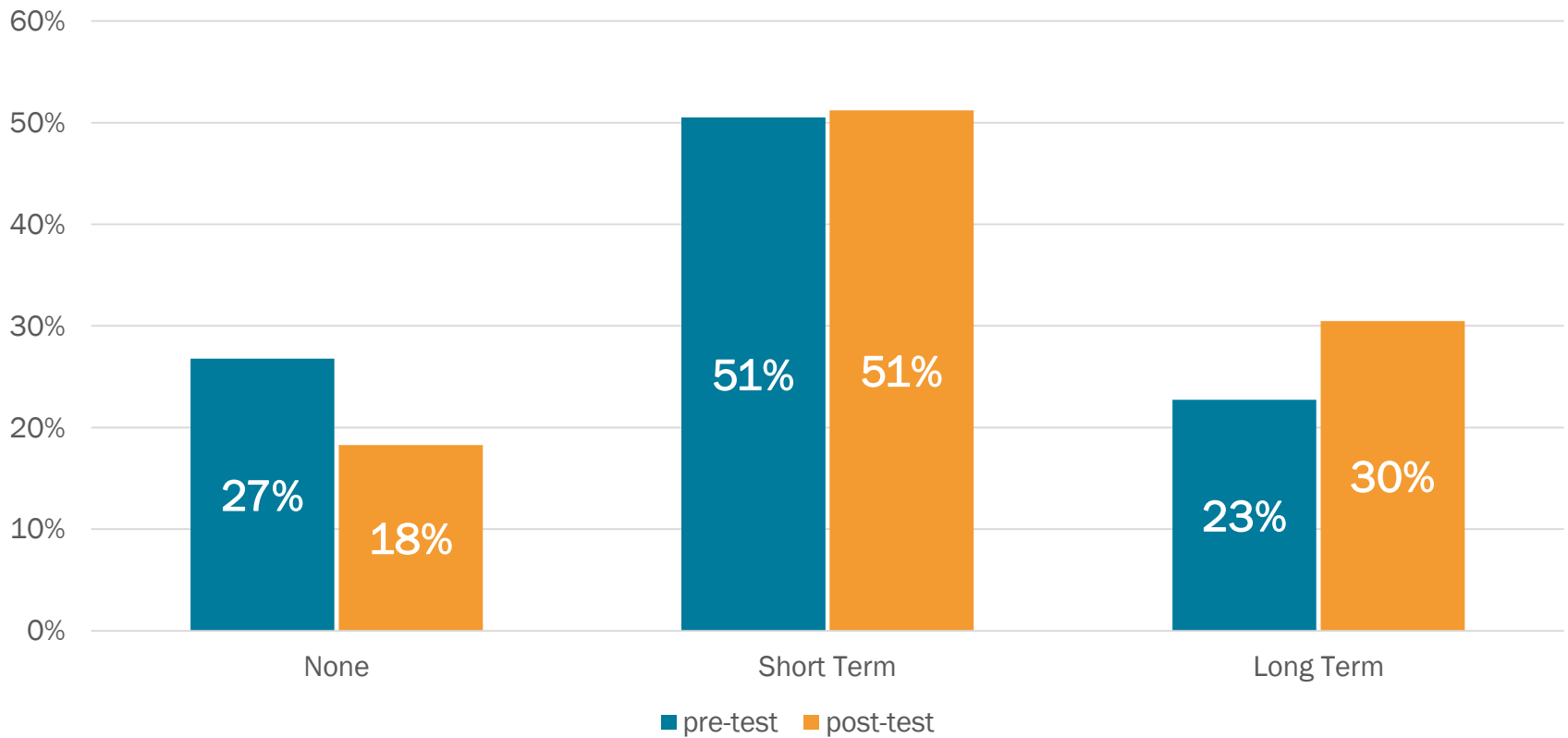


Currently Using an FP Method

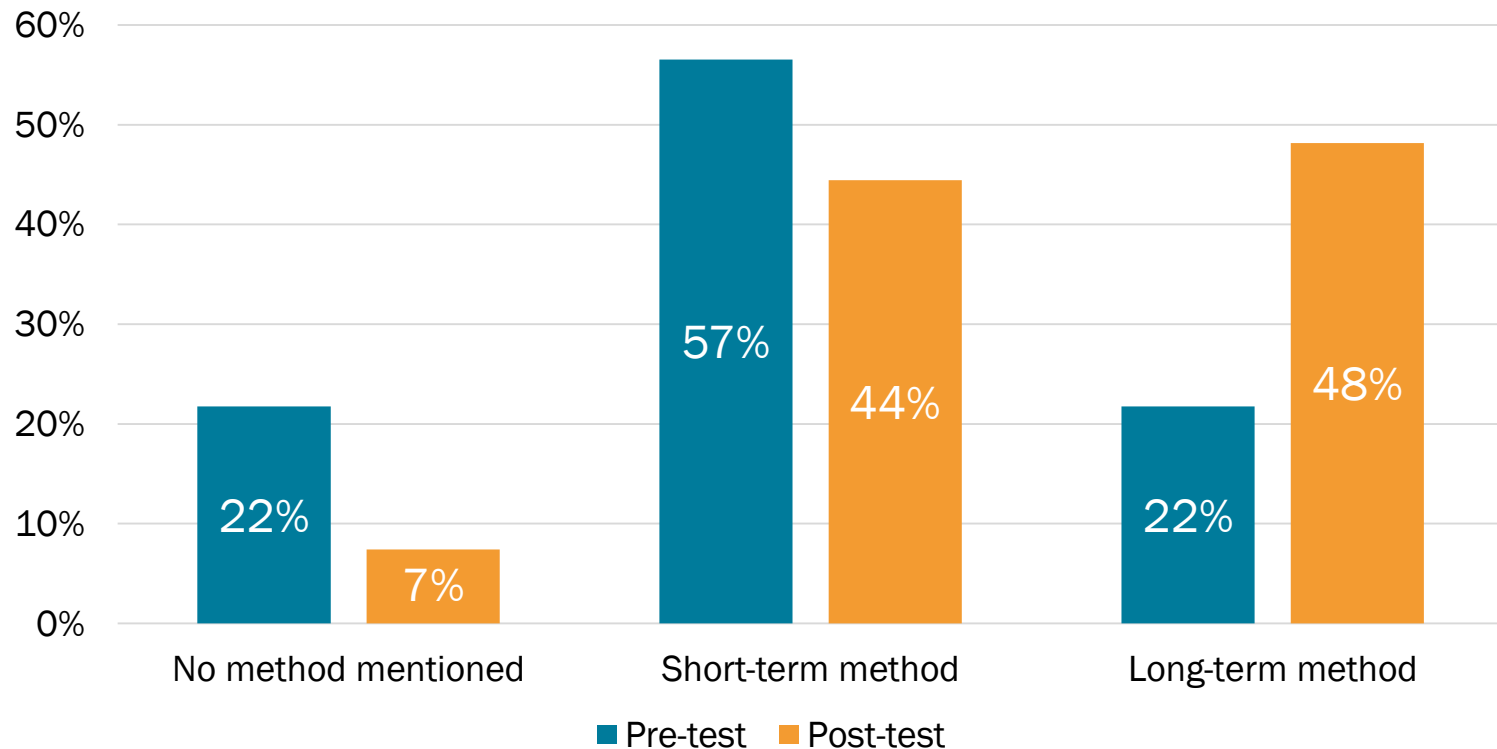


Current FP Method Used

Current FP Method Choice



Which FP Method Would You Use in the Future?



Knowledge Contribution

- Enabling young mothers to meet providers and other young mothers in an informal setting within facilities enables them to
 - Share experiences on FP among themselves
 - Set straight myths on FP
- This would not happen during formal antenatal counseling
- The information shared during the informal sessions stayed with the mothers even after the sessions were over, making them more amenable to using an FP method.
- The young mothers were more aware that they could use a variety of methods of FP to ensure proper spacing of their children after birth.
- Mothers feel free to share their experiences and ask about their fears about use and effects of FP during informal sessions, making it easier to ensure that they use a method that is more likely to allow them to correctly space their children after birth.

Thank You

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