Increasing Use of Health Services among First-Time Young Parents through an Integrated RMNH Approach: Lessons from a Proof-of-Concept in Madagascar

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Young Mothers in Madagascar

- **57.3%** of women are mothers or are pregnant by age 19.
- Up to **1/3 of maternal deaths** may be among adolescents.
- **Rapid repeat pregnancy** is more common among adolescent mothers.
- **Most youth programs** do not engage youth who have already started childbearing.
MCSP researched the factors that influence first-time young parents’ (FTYPs) use of health care.

**Primary Question**
What factors influence FTYPs’ use of health care, including postpartum family planning?

Findings were used to **develop an intervention to increase FTYPs’ access to and use** of health care.
The Intervention

- The intervention name reflected the youth focus: Tanora Mitsinjo Taranaka, “Young People Looking After Their Legacy.”
- 75 CHWs were trained to target young parents and distribute invitation cards to health facilities.
- 32 health providers were trained to provide adolescent-friendly health care in 11 health centers.
- Messages focused on key moments (engagement, pregnancy, delivery, postpartum, parenthood) and were centered around the health facility.
# Post-Intervention Documentation

- Quarterly learning and review meetings
- Reviews of service statistics
- Qualitative data collection (May 2018)

## Method

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<tr>
<th>Focus Group Discussions</th>
<th>Target People</th>
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<tr>
<td>22 young mothers (over age 18)</td>
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<td>46 active and inactive CHWs</td>
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<td>11 regional ministry officers involved in community awareness and TMT design</td>
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<tr>
<th>In-Depth Interviews</th>
<th>Target People</th>
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<tr>
<td>12 young fathers (over age 18) who have used or whose wives have used health care</td>
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<tr>
<td>11 health providers</td>
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<td>5 national representatives from ministries in charge of TMT design, training, and follow-up</td>
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Findings: Young Parents

- FTYPs appreciated having CHWs focus on their needs.
- Invitation cards were widely used.
- Young mothers were motivated by CHWs, especially when accompanied for care.
- Young fathers valued information about health care for family health.
- Many young mothers and some young fathers discussed the information with their friends and family.

At work, I talked about my experiences. Some colleagues ask questions like “will there be a malformation when we want to have a child again?” I tell them that we should go to a health center for more information.

—Young father

It was the CHW who convinced me to come to the hospital. I was only 16. I liked the way I was treated at the hospital, and the midwife answered all questions.

—Young mother
Findings: CHWs

- CHWs reported that the training equipped them with skills and confidence and helped them earn trust in the community.
- CHWs liked the invitation cards.
- Families appreciated having CHWs to discuss sensitive issues with.
- Some CHWs used skills and knowledge in their personal lives.

One day I was at my desk when a young mother came in smiling. She said, “Come with me to the midwife—today it’s my appointment for my [contraceptive] injection!” I was so touched by her trust and friendship.

—CHW

I started by educating my family and the children of my sisters and brothers and I gave them the booklet. A real discussion about sex became possible.

—CHW
Findings: Health Systems

• Health workers were motivated by linkages to RMNH goals.

• They did not feel burdened by the program but felt it helped make priorities clear.

• They reported that FTYPs come to the facility well-informed.

• They noticed more male partners accompanying young mothers.

One outcome was couples coming to the service together. One couple was very young, but the boy knew the date of his partner’s last menses. He came for every ANC and asked, “Is the baby moving well?” He listened to the baby’s heartbeat and said, “He is very vigorous!”

—Health worker

All our staff committed to making our center more attractive. Some lost clients have come back to our facility because of better services.

—Health worker, Morondava
Results: Use of Antenatal Care

Service data show rise in monthly ANC visits for young mothers ages 10–24 (n = 11 health facilities)

Invitation cards were widely used. More than 2/3 of invitation cards (72% of 1,430) resulted in visits to the health facility.

The program affected the general youth population. Monthly community-based distribution of FP to young clients increased from an average of 35 to 76 clients per CHW.
Implementation Challenges

• Lack of stakeholder understanding about the need to focus on FTYPs
• Less emphasis on community engagement by CHWs
• Need for continued focus on health systems strengthening
  • Service and transport costs / Commodities and supplies / Insecurity

When I talk to families about the benefits of coming to the hospital, they often say things like “We are ashamed of our poverty, especially since the woman welcomes you badly when you do not have enough money for prescriptions” or “we are afraid to go out at night because of insecurity.”

—Health provider, Morondava
Recommendations

• Use clear messaging around the focus on FTYPs.
• Consider the full range of health needs of FTYPs.
• Ensure positive health facility interactions.
• Balance community norms transformation with health systems strengthening.
• Explore scalable platforms for engaging community members and leaders in challenging social norms.
• Consider a CHW accompaniment model.
• Use invitation cards to encourage service use.
For more information, please visit

www.mcsprogram.org

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