Integration of Nutrition and Postpartum Family Planning (PPFP) Services in Tanzania: Formative Research to Program Design

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February 12, 2019
While infant mortality has declined, improved nutrition indicators and use of family planning is low.

**Stunting Prevalence**

**EBF < 6 months**

**CPR***

**Unmet Need-FP**

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*Contraceptive Prevalence Rate*
Significant health benefits of birth spacing for maternal, child health and nutrition

**For Children**
- Lower risk for:
  - Stunting and underweight
  - Small for gestational age
  - Low birth weight
  - Preterm birth
  - Lower rates of newborn, infant, and child mortality

**For Mothers**
- More time to breastfeed, improving infant health
- More time for women to recover physically and nutritionally between births
- Lower risk of maternal death

Opportunities for integration: maximizing routine contact points

CRITICAL TIMEPOINT

Pre-pregnancy

Antenatal Care

Birth

PNC visits

BF support first 6 mo.

Introduction of complementary foods, return to fertility

Well and sick child visits

Pregnancy

Neonatal period

Post-neonatal → 1st and 2nd year
Linkages between nutrition and family planning during routine services

- Lactational amenorrhea
- Exclusive breastfeeding
- Return to fecundity
- Complementary feeding
- Maternal nutrition
- Infant and young child nutrition
MCSP Tanzania Program Scope

- Lake Zone: Mara & Kagera
  - 16 (100%) Districts
  - 221 (40%) Health Facilities
- Areas: Maternal, Newborn & Child Health, Nutrition & Family Planning
- Stunting prevalence
  - Kagera: nearly 50% of children
  - Mara: 33% of children
- Lake Zone: higher total fertility, lower contraceptive prevalence rate, higher unmet need for FP than national average
Study Objectives

1) Examine barriers and facilitating factors for optimal nutrition practices and PPFP use

2) Gain understanding of perceptions around links between maternal, infant and young child nutrition (MIYCN) & PPFP and how this can inform integrated programming
Methods

• 54 In-depth interviews
  • Mothers of infants less than 1 year (n = 24)
  • Grandmothers (n = 12)
  • Health providers (n = 6)
  • Traditional birth attendants (n = 12)

• 14 Focus group discussions
  • Community health workers, fathers, and community leaders
FINDINGS: Breastfeeding initiation is often delayed and pre-lacteal feeding is common

Mothers misunderstand “immediate” breastfeeding

Examples:
• Fed prelacteal feeds (i.e. water) prior to when breastmilk came down, until infant learns to suckle or to avoid starving child
• Infants’ cries are the first sign of thirst or hunger

“Traditionally, they [mothers] say that a child should not be hungry before it knows how to suck” – Mother, Mara Region
FINDINGS: Barriers to exclusive breastfeeding (EBF): quantity/quality of breastmilk and poor maternal diet

• Perceived breastmilk insufficient to nourish child—heavy versus light milk, inability to squeeze much milk, breast feeling empty
• Maternal diet not enough and lack of appropriate foods is linked to perceived insufficiency of breastmilk
• Early introduction of food as early as 3 to 4 months
• Early return to work affects ability to EBF and lactational amenorrhea method (LAM)
“If you have heavy milk, the child grows strong; but if your milk is light, the baby suffers as well…. weight gain becomes poor and the baby's skin will not be soft” (TBA, Mara region).

“Most of them [mothers] experience poor nutrition. A mother starts a day with no food not even porridge or any leftovers - depending on what she had the previous night - that way breastmilk will not be sufficient." (Mother, 32 years, child 1 week old, Kagera region)
FINDINGS: Barriers to LAM and PPFP use

• Mothers often wait for menses return to start family planning use
• Mothers see a link between breastfeeding and birth spacing, yet LAM use is low - lack of understanding around return to fecundity
• Postpartum return to sexual activity & fear of infidelity
• Partners’ concerns about family planning side effects and cost
“I have not started using family planning; I am still discussing with my husband…I have seen it is important, as I am tired of giving birth and I have enough children.”
-Mother, 28 years; child, 2 months; Mara region

“Many men refuse to allow their wives to use family planning, so they have to hide that they go to the health facility to get an injection or pills without the husband knowing because the husbands want them to continue having children. Many men do not have adequate knowledge [of family planning], and some refuse completely.” (FGD, CHWs, Kagera region)
Multilayered interventions to improve integrated nutrition: FP service delivery (adapted from HC3)

- **BEFORE Services:**
  - SBC motivates clients to access services
  - Raises awareness about availability of MIYCN and PPFP services

- **DURING Services:**
  - SBC improves the client-provider interaction
  - “Cues to action” for timely PPFP uptake, LAM transition, introduction of complementary foods

- **AFTER Services:**
  - SBC boosts adherence and maintenance
  - Enhances follow-up

- **Community Engagement:**
  - Empower clients to seek information about MIYCN and PPFP
  - Address gaps in provider knowledge, values, and practices to ensure high quality services

- **Improving Interpersonal Communication MIYCN and PPFP Care:**
  - Build mechanisms for health workers to follow-up on LAM
  - Regular community + facility contacts to address challenges

- **Address EBF Challenges:**
  - (e.g. perceptions of insufficient milk, return to work); gender norms

- **Sets Supportive Norms:**
  - Generates demand
  - Creates enabling environment
  - Reinforces linkages

- **Enables Follow-up:**
  - Supports behavioral maintenance

- **Improves Provider Behavior:**
  - Improves provider confidence

- **Empowers Clients:**
  - Improves client satisfaction
Reflections on Sustainable Approaches for Integrated Nutrition-Health Programming

• Promote community and family support for EBF alongside LAM and maternal nutrition during lactation
• Increase understanding among mothers and fathers about links between MIYCN and PPFP / return to fecundity
• Engage facility and community providers to monitor LAM and facilitate timely transition to another contraceptive method and introduction of complementary foods
• Improve integrated MIYCN and PPFP service delivery
Thank you!