



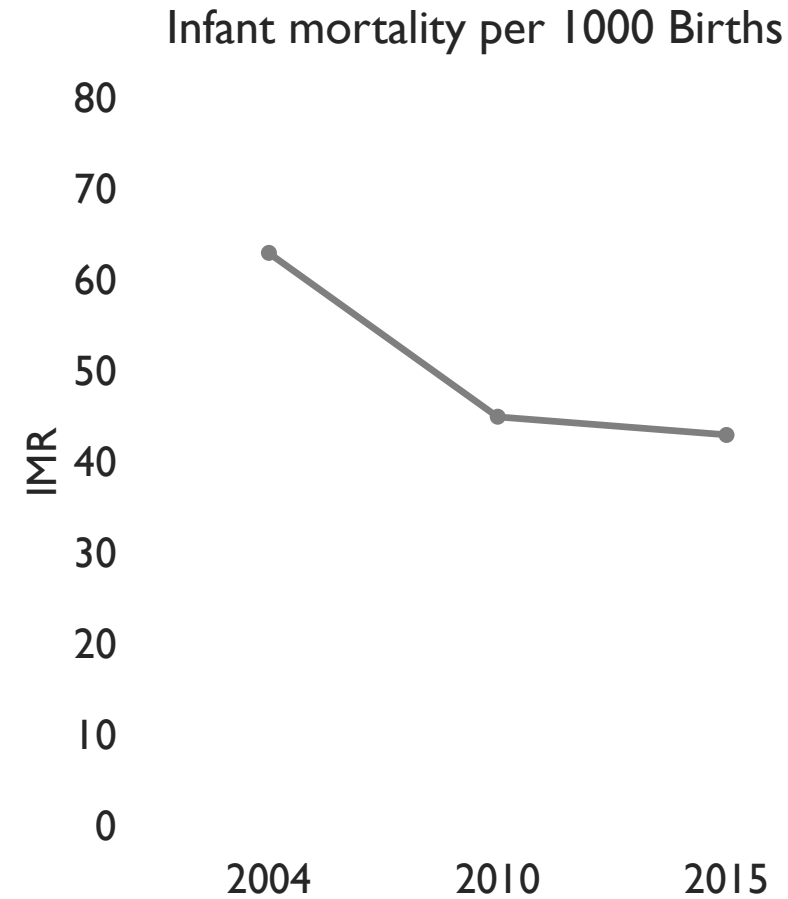
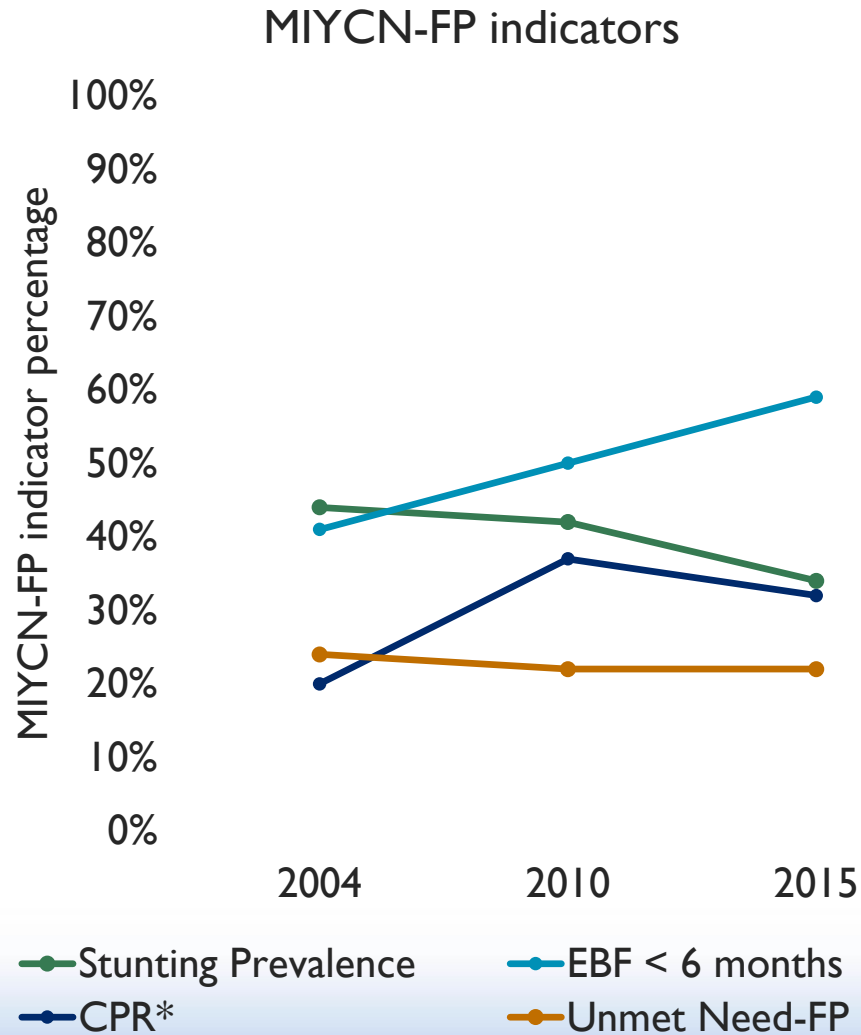
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***Integration of Nutrition and Postpartum
Family Planning (PPFP) Services in Tanzania:
Formative Research to Program Design***

Ms. Lemmy Mabuga,
MCSP Family Planning Officer, Tanzania
February 12, 2019

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



* Contraceptive Prevalence Rate

Significant health benefits of birth spacing for maternal, child health and nutrition

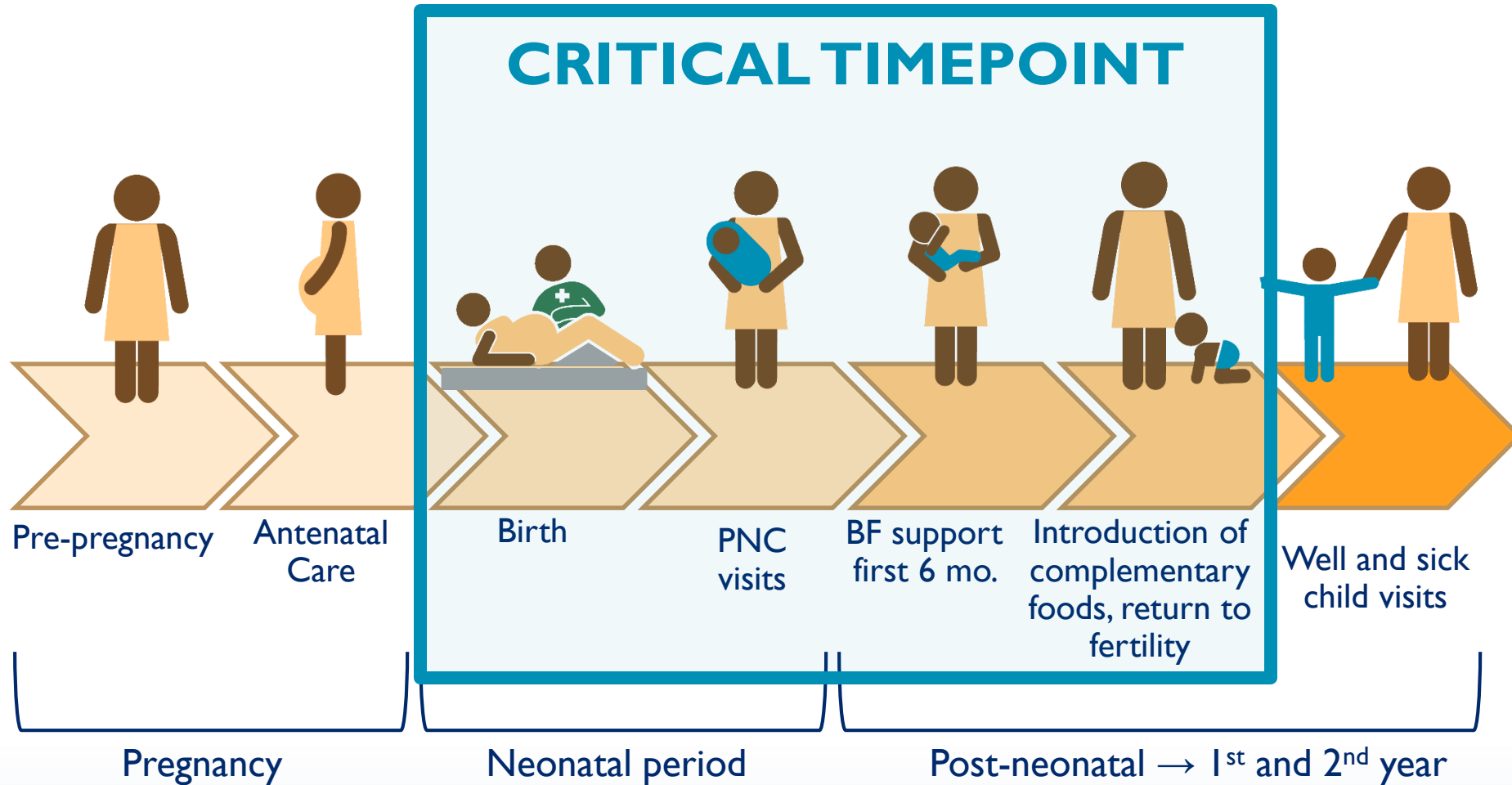
For Children

- 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



Linkages between nutrition and family planning during routine services



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 PFFP use
- 2) Gain understanding of perceptions around links between maternal, infant and young child nutrition (MIYCN) & PFFP 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 PFP use

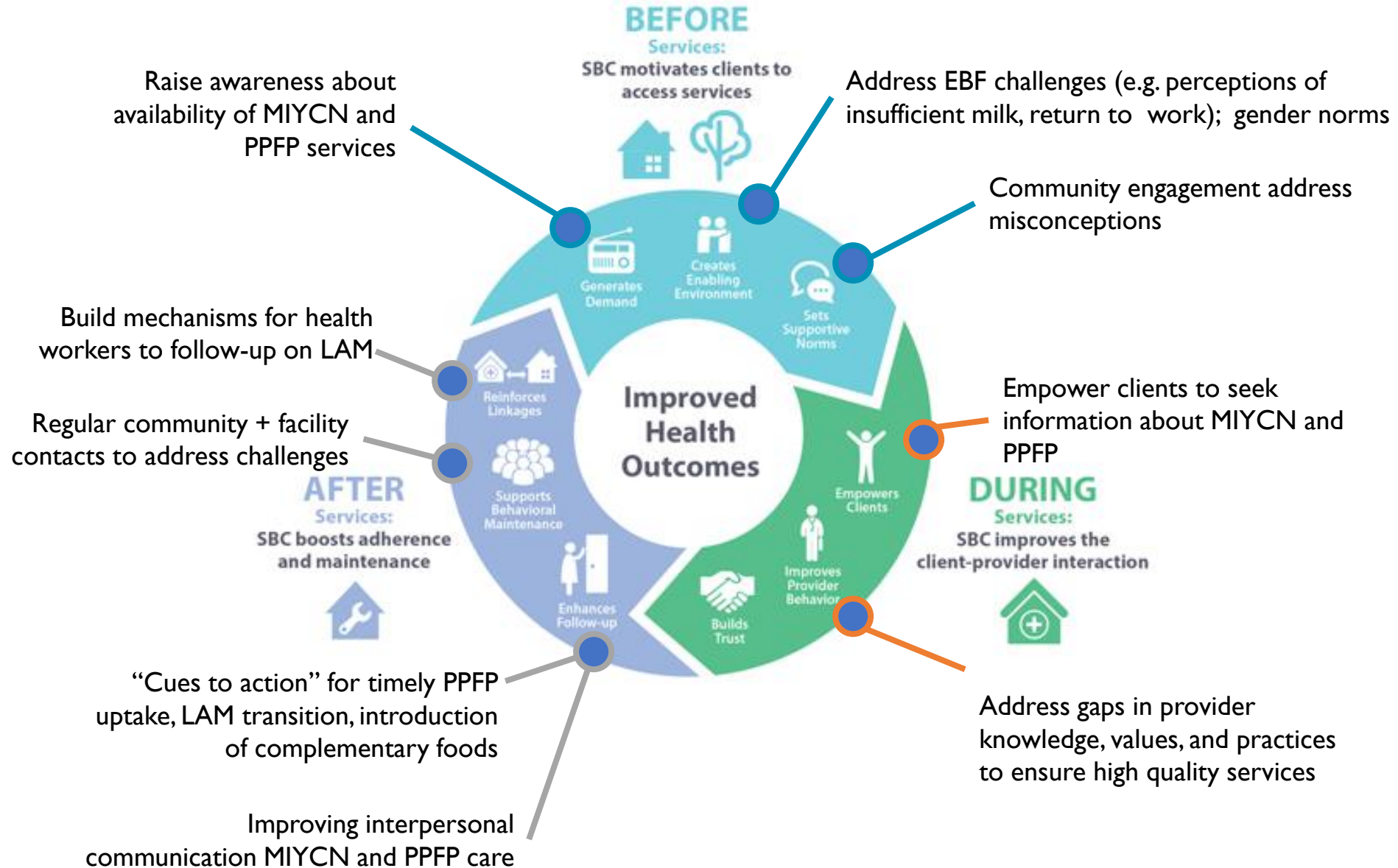
- Mothers often wait for menses return to start family planning use
- Mothers see a link between breastfeeding and birth spacing, yet LAM use is low - lack of understanding around return to fecundity
- Postpartum return to sexual activity & fear of infidelity
- Partners' concerns about family planning 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)



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 PFPF / 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 PFPF service delivery



Thank you!

For more information, please visit
www.mcspprogram.org

This presentation was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Cooperative Agreement AID-OAA-A-14-00028. The contents are the responsibility of the authors and do not necessarily reflect the views of USAID or the United States Government.

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