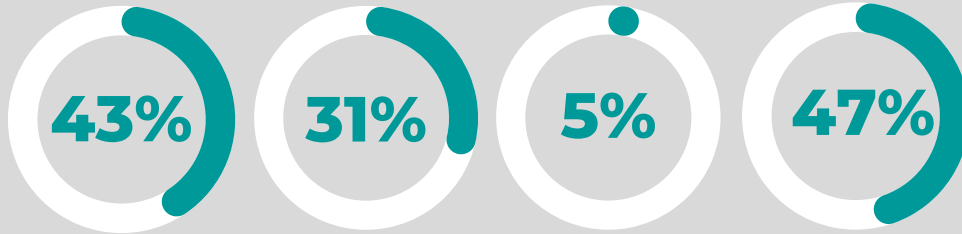


Can light-touch enhancements improve postpartum family planning use among first-time mothers?

Summary of findings from small-scale testing of an integrated approach in Bangladesh

Why focus on first-time mothers (FTMs) ages 15-24 in Bangladesh?



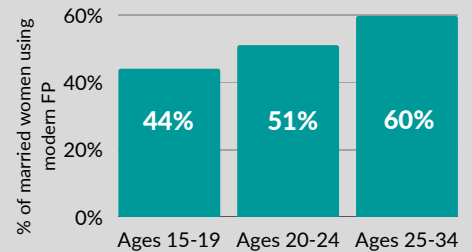
Of women have started childbearing by the age of 18

Of women aged 15-19 have births spaced less than 17 months

Of women aged 20-29 have births spaced less than 17 months

Of pregnant mothers receive no postnatal care

Modern FP use is lowest among married girls ages 15-19



Source: National Institute of Population Research and Training (NIPORT), and ICF. (2020). Bangladesh Demographic and Health Survey 2017-18. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT and ICF.

- Complex, holistic approaches for FTMs have been effective, but hard to scale-up.
- Scalable approaches are needed to support FTMs to use key health services, and with healthy timing and spacing of future pregnancies.

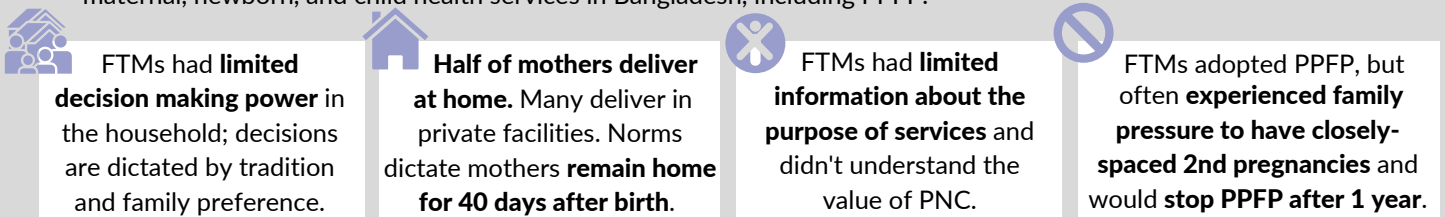
The Shongzog Project

- [The Shongzog Project](#)* (2019-2024), with technical leadership from Line Director-Clinical Contraceptive Service Delivery Program (CCSDP), Directorate General of Family Planning (DGFP) and other Technical Advisory Group members, develops scalable approaches to increase use of postpartum family planning (PPFP) and postnatal care (PNC) among FTMs (ages 15 to 24 who have one child or who are pregnant with their first baby).
- In Bangladesh, Shongzog "enhances" [USAID's MaMoni Maternal and Newborn Care Strengthening Project \(MNCSP\)](#).

*Shongzog is part of a global project called "Connect", with grant support from the Bill & Melinda Gates Foundation

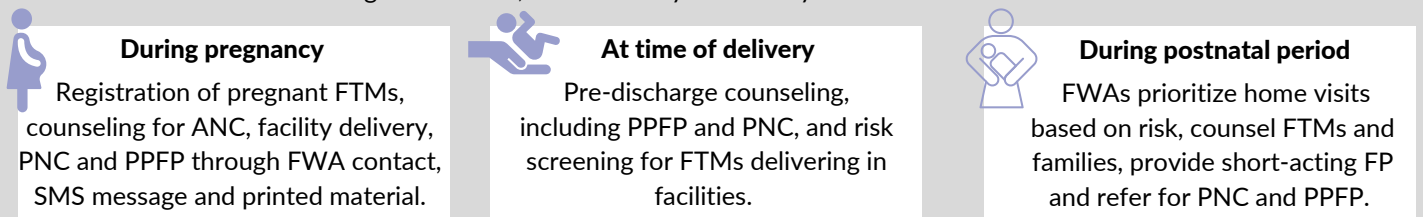
Light-touch approaches to address the needs of FTMs

- Formative assessments conducted by Shongzog in 2020 identified key barriers to FTMs' use of reproductive, maternal, newborn, and child health services in Bangladesh, including PPFP:



- Family Welfare Assistants (FWAs) conduct home visits to all mothers, but are under-resourced, with high vacancy rates, and extremely high home visit targets.

- Beginning in 2021, Shongzog tested the following light-touch "enhancements" in Companiganj and Kabirhat upazilas in Noakhali District of Chattogram Division, at community and facility levels.



Across the continuum of care: FTMs and families are engaged through **courtyard meetings** convened by the Expanded Programme on Immunisation. FTMs receive a **mother-baby booklet** and an **invitation card** with information about services.

Light-touch, scalable approaches for FTMs show promise

FTMs' Interactions with Enhancements

50.9%

of FTMs were contacted by FWA

4.53

Average number of times FTMs were contacted by FWA

6.8%

of FTMs received SMS

30.6%

of FTMs received mother baby booklet

42.6%

of FTMs attended any community sensitization meeting

48.7%

of FTMs received an invitation card

Increasing Adoption of Postpartum Family Planning

PPFP use among FTMs increased over time amongst both age groups. Most PPFP adoption happened six or more weeks after delivery. FTMs exposed to certain enhancements were more likely to be currently using a modern PPFP method than FTMs not exposed to the enhancements:

20%

more likely if contacted by an FWA

23%

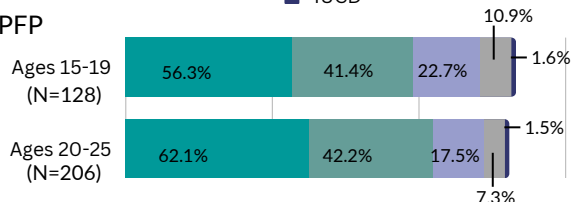
more likely after receiving an invitation card

39%

more likely after receiving an SMS

PPFP method mix, by age

■ Pills ■ Male condoms
■ Injectables ■ Implant
■ IUCD



Postnatal Care (PNC)

While PNC use across the full sample only increased slightly, regression analysis showed that **exposure to the following enhancements was associated with increased PNC use for mother and baby** and FTMs who interacted with multiple enhancements were more likely to use PNC than those who only interacted with one enhancement.



FTMs who received FWA contacts during or after pregnancy were:

- **20% more likely** to have ever had a PNC visit for their baby
- **15% more likely** to have had a PNC visit for themselves within 72 hours after birth



FTMs who attended a courtyard meeting were:

- **12% more likely** to have ever received a PNC visit for themselves, ever
- **17% more likely** to have ever had a PNC visit for their baby



FTMs who received a mother-baby booklet were:

- **27% more likely** to have ever received a PNC visit for themselves
- **15% more likely** to have ever received a PNC visit for their baby

Data source: Two rounds of surveys conducted with FTMs across two upazilas in the Noakhali District in 2021. Sample size: Round 1 262 FTMs, Round 2 455 FTMs. Associations with enhancements are from linear regressions controlling for key factors: FTM age, literacy, assets, household size, and child age.

Case Story: FWA plays a key role to interface between home and facility

Sharmin, pregnant with her first baby, was concerned about her and her baby's health but her in-laws did not want her to leave home, even for health services. During Sharmin's pregnancy, Kajal, an FWA in Sharmin's village, counseled her, her husband Anik, and his mother about the importance of services during a home visit. But the mother-in-law stated that "God will make arrangements when He gives. There is no need for a checkup." Kajal still advised Sharmin to visit the nearest health center. After following-up, Sharmin was able to make two ANC visits. But Sharmin delivered at home with an untrained traditional birth attendant, which was her mother-in-law's preference.

Soon after her delivery, Kajal spoke to Sharmin by phone and learned that the baby was having difficulty breathing and unable to nurse. Kajal urged Sharmin to seek care for her baby, but the family refused. Kajal visited Sharmin, and convinced the family to accompany her to the health center, where the baby was successfully treated. At the same time, Kajal counseled Sharmin and Anik about PPFP, and they adopted the method of their preference.

“I would have not been able to save my son's life if Kajal di was not there by my side. I will make sure that no mother in my neighborhood puts her child at risk”. -Sharmin

Summary of implications and recommendations

Shongzog's scalable enhancements, with light-touch engagement of FTMs, demonstrate potential to improve PPFP and PNC uptake and other outcomes. We recommend scaling up these approaches to reach more FTMs. In addition:

1

Coverage of FWA visits was lower than ideal due to high rates of vacancies, and unrealistic workloads. FTM satisfaction with timing of visits could be explored.

2

Deliberate efforts to tackle knowledge barriers around male partner requirements preventing FP service use are important to improve outcomes.

3

While uptake of PPFP is a positive, improvements are needed to encourage earlier PPFP uptake and continuation, and to diversify the method mix.

4

Despite improvements, continued perceptions that PNC is not important require deeper efforts with FTMs and families.



Want to know more?
Scan to read a more detailed report.



Contact Dr. Syeda Nabin Ara Nitu for questions:
Syeda.Nitu@savethechildren.org