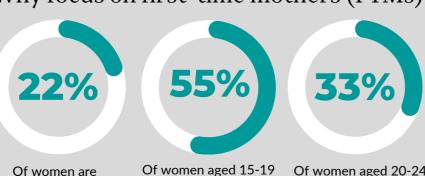
Can light-touch enhancements improve postpartum family planning use among first-time mothers?

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

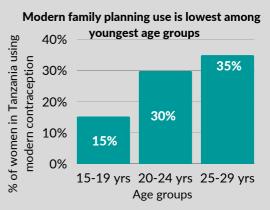
Why focus on first-time mothers (FTMs) ages 15-24 in Tanzania?



Of women are pregnant by the age of 19

Of women aged 15-19 have births spaced less than 24 months

Of women aged 20-24 have births spaced less than 24 months



Source: Ministry of Health (MoH) [Tanzania Mainland], Ministry of Health (MoH) [Zanzibar], National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and ICF. 2023 Tanzania Demographic and Health Survey and Malaria Indicator Survey 2022 Key Indicators Report. Dodoma, Tanzania, and Rockville, Maryland, USA: MoH, NBS, OCGS, and ICF.

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

The Connect Project

- <u>The Connect Project</u> (2019-2024), with grant support from the Bill & Melinda Gates Foundation, develops scalable approaches to increase adoption of postpartum family planning (PPFP) among adolescent girls (ages 15-19) and young women (ages 20-24) who have one child or who are pregnant with their first baby.
- In Tanzania, Connect "enhances" USAID's Lishe Endelevu project with light-touch, scalable approaches that aim to address key barriers to FTMs' PPFP use.

Light-touch approaches to address the needs of FTMs

Formative assessments identified key barriers to FTMs' use of reproductive, maternal, newborn, and child health services, including PPFP services, in Tanzania:

FTMs had **limited decision making power**in the household

FTMs experienced judgmental treatment from health providers

FTMs and their families had misconceptions about FP

Community health workers (CHWs) often **overlooked FTMs in outreach activities**and FP wasn't discussed

Beginning in 2021, Connect tested the following light-touch "enhancements" in Kongwa, Dodoma

Engage FTMs and
embed PPFP into 40
community support
groups (CSGs) (established
by Lishe Endelevu)

Support CHWs to conduct home visits to FTMs using a job aid promoting PPFP and nutrition integration

Share nutrition and PPFP information through **SMS**

On-the-job training to encourage **respectful**, **nonjudgmental facility services** (introduced in 2022)



Light-touch, scalable approaches for FTMs show promise

FTMs' Exposure to the Enhancements

100%

of FTMs attended at least one CSG meeting

2.81

mean number of CSG meetings attended

75.2%

of FTMs received at least one home visit

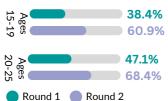
3.12

mean number of home visits received

9.4%

of FTMs received SMS

Increasing Adoption of Postpartum Family Planning



38.4% The percent increase in PPFP
60.9% uptake between R1 and R2
47.1% were similar for both age
groups, but FTMs ages 15-19 had lower PPFP uptake overall.

Exposure to enhancements was associated with strong, statistically significant increases in PPFP use between survey rounds



Family Planning Decision-Making

Exposure was associated with increased decision-making power for FTMs, yet many still have little power in decisions related to FP and fertility. Among partnered FTMs, decision-making power was higher for those aged 20-24.

FTM was involved in final say on decision:



Improvements in Knowledge

Accurate knowledge regarding common PPFP misinformation improved. For example:

42%

68%



Ages 15-19

Ages 20-25

Attending one or more CSG meeting was associated with 14% increases in knowledge that:

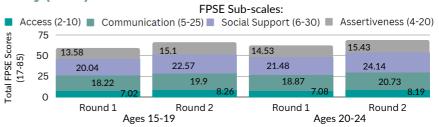
When to have children

- FP does not cause infertility, and
- FP does not cause malformations

86% of FTMs visited by a CHW had accurate PPFP knowledge, compared to only 72% in FTMs who did not receive a visit.

Improvements in Family Planning Self-efficacy (FPSE)

We used a scale measuring how confident FTMs felt in their ability to discuss, access, adopt and continue to use FP ("FP self-efficacy" or FPSE). We saw increases in overall FPSE and all subscales for both age groups.



Data source: Two rounds of surveys conducted with FTMs across 13 villages of Kongwa District in 2021. Sample size: Round 1 (R1) 293 FTMs, Round 2 (R2) 351 FTMs. Associations with enhancements are from linear regressions that control for FTM age, literacy, partnership status, assets, and number of household members, and child age.

Summary of findings and learnings

Scalable enhancements to existing community platforms, with light-touch engagement of FTMs, can improve PPFP uptake *and* other outcomes. We recommend scaling-up these approaches to reach more FTMs.

Gaps in coverage of enhancements may have limited further progress. Efforts to improve CSG attendance and coverage of home visits are needed.

Despite improvements, decision-making power often remained with male partners. Efforts to shift norms are needed, but may be challenging to scale-up.

Differences between adolescents (15-19) and older FTMs (20-24) suggest that deeper attention to adolescent FTMs may be needed.



