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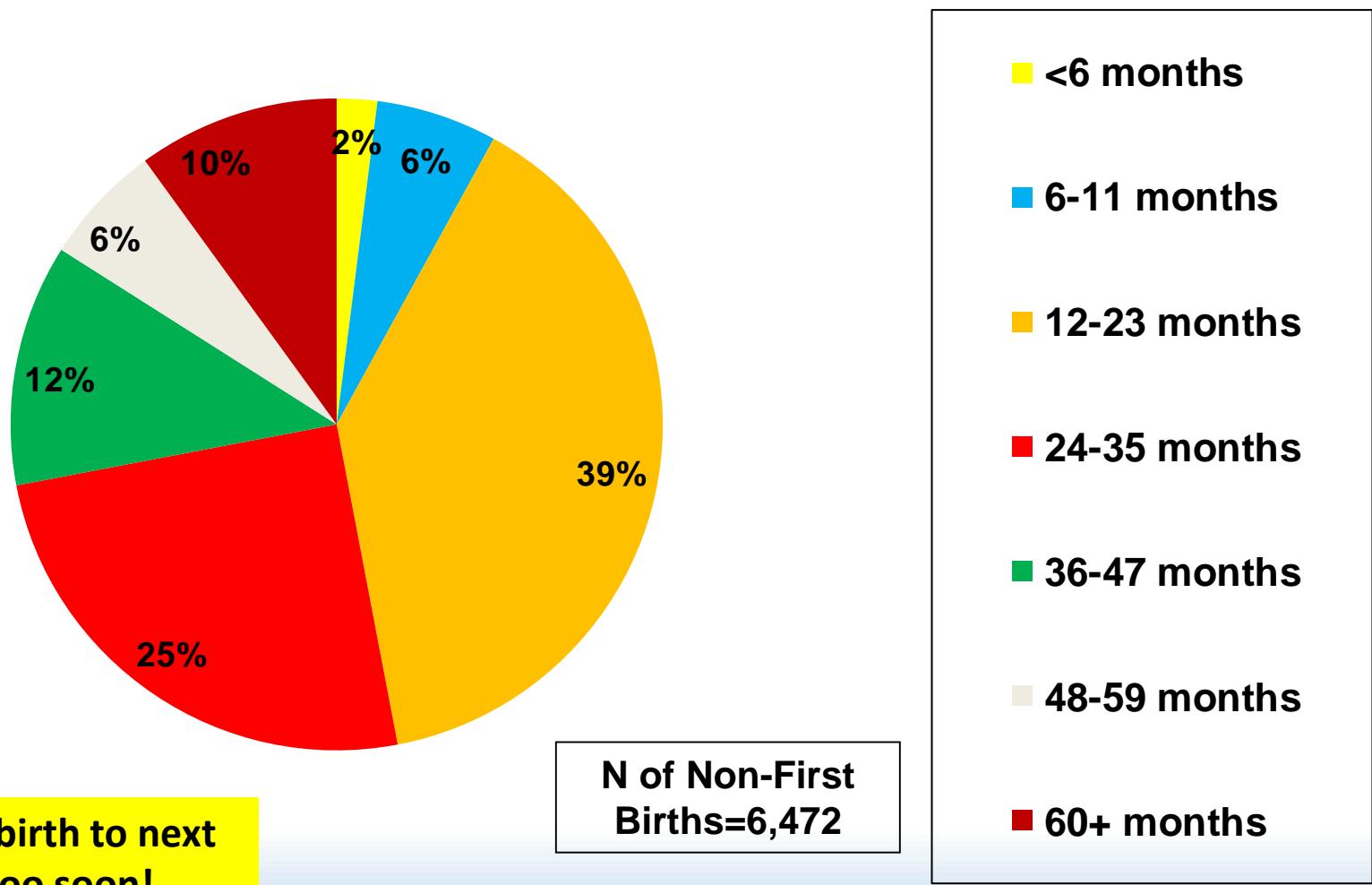
Formative research findings and program opportunities for breastfeeding and LAM within the context of integrated family planning and nutrition programming in Lake Zone, Tanzania

**USAID Breastfeeding Symposium
August 29, 2016**

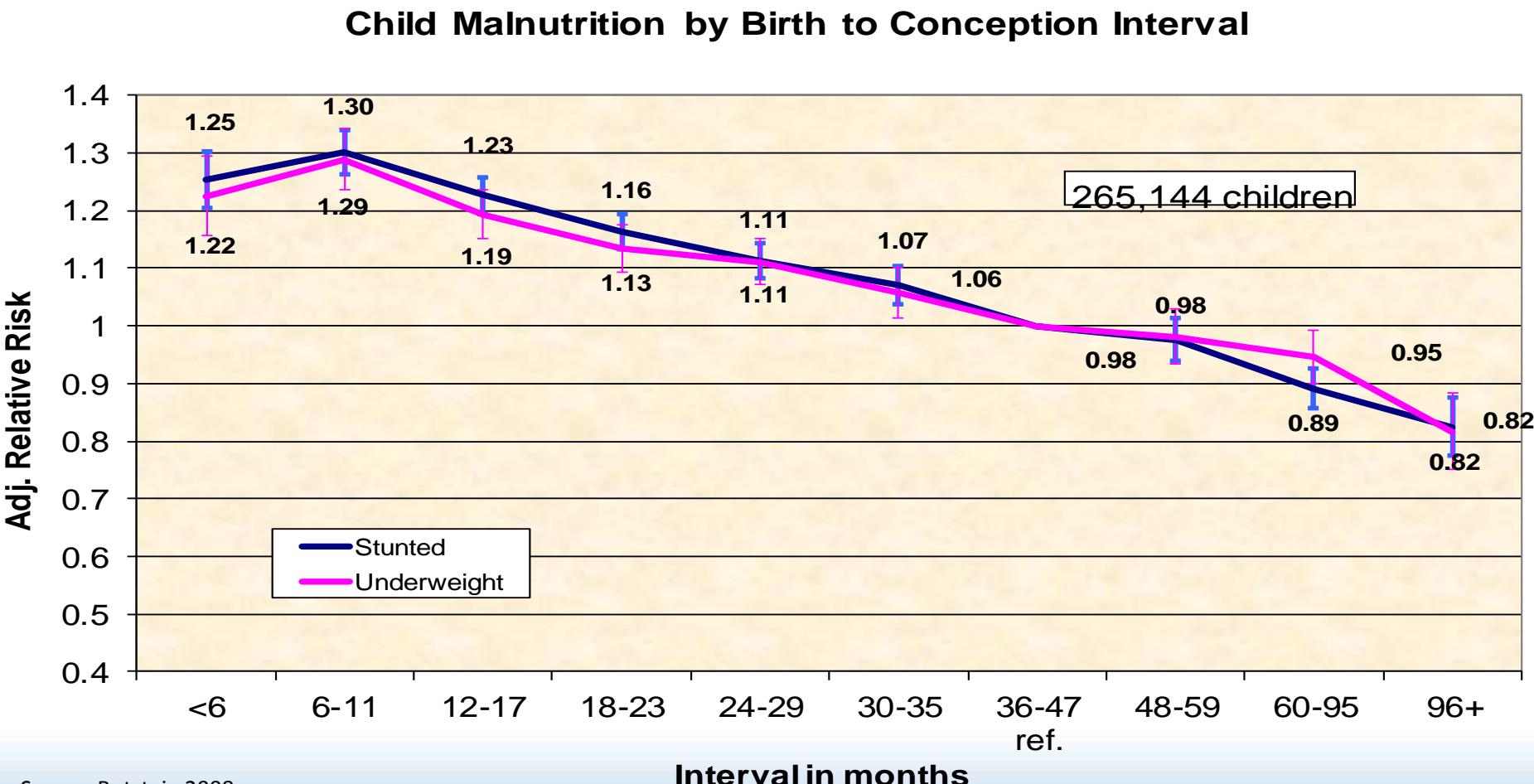
Presenters: Dr. Justine Kavle, and Elizabeth Sasser, MCSP

Ms. Chelsea Cooper MCSP/Jhpiego, Family Planning
Dr. Joyce Nyoni, University of Dar es Salaam, Social Science
Dr. Gloria Shirima and Mary Drake, MCSP Tanzania Country office
Ministry of Health, Tanzania

Birth to Pregnancy Spacing Among All Women Aged 15-49, All Non-first Births in the Last 5 Years, Tanzania, DHS 2010



Children conceived after longer durations were less likely to be stunted and underweight



Source: Rutstein 2008

Significant Health Benefits of Birth Spacing, for Maternal, Child Health and Nutrition

For Children

- Lower risk for:
 - Stunted and underweight child
 - 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

Lactational Amenorrhea Method (LAM)

LAM is a modern and effective method of family planning (FP) based on the natural effect of breastfeeding on fertility.



- ✓ Menstruation has not returned
- ✓ Mother is only breastfeeding
- ✓ Baby is less than 6 months

LAM: Efficacy established in clinical research studies

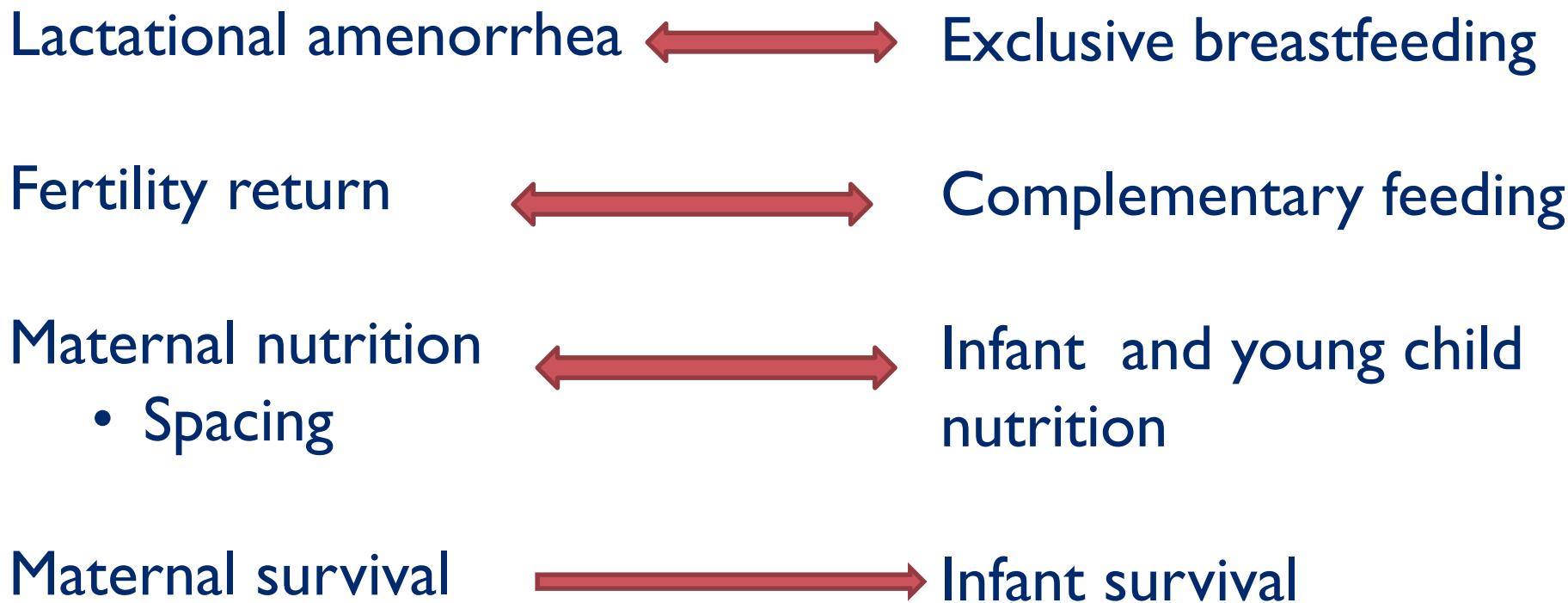
Trial	Multi-center	Ecuador	Chile	Philippines	Pakistan
N	519	330	422	485	391
# of Pregnancies	5	1	1	2	1
Efficacy	98.5	99.9	99.6	99.0	99.4

Labbok et al, 1997, Perez et al 1992, FHI 1994a, FHI 1994 b, Wade, Sevilla and Labbok, 1994

Need to Re-envision LAM

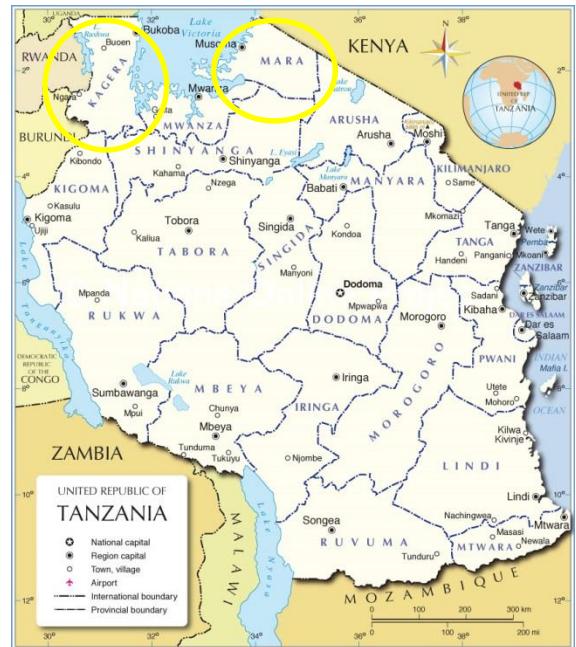
- **Confusion that breastfeeding = LAM**
 - Local term for LAM = breastfeeding for family planning
- **Confusion regarding LAM effectiveness and the 3 criteria** for use – so few women using are using correctly (only 26%).
- **LAM transition** to other modern method has been a gap
- **LAM is an underutilized method** despite effectiveness
 - Providers' knowledge and training are low
 - Few programs offer LAM

FP and Nutrition Linkages



Overall aim of formative research to inform on program design

- To inform development of updated approach for promoting PPFP, MIYCN, and optimal practice of LAM and timely transition to another modern contraceptive method in Mara and Kagera, Tanzania



Study Objectives

- **This study aims to:**
 - Explore sociocultural and environmental cues to birth spacing and MIYCN practices
 - Identify barriers and facilitating factors for optimal FP and MIYCN practices
 - Develop innovative communication approaches for influencing nutrition and FP perceptions and practices among women, their family members, village leaders, and health providers in Mara and Kagera regions of Tanzania.

Methods

Methodologies utilized and type of study participant	Number of respondents
IDIs with mothers of children under age 1, three consecutive visits	24
IDIs with Grandmothers	12
IDIs with Influential Women / traditional birth attendants (TBAs)	12
IDIs with facility-based reproductive and child health providers	6
FGDs with CHWs	24-32 = four FGDs
FGDs with Fathers of children <1 year	36-48 = four FGDs
FGDs with Community leaders	24-32 = four FGDs

Topics Explored

- PPFP & MIYCN perceptions, knowledge, practices
- Barriers & motivating factors for optimal practices
- Cues for introduction of complementary foods and starting PPFP
- Care-seeking practices for FP, maternal, newborn and child health services and nutrition
- Service provider beliefs, counseling practices, and service delivery processes
- Couple/family communication & roles in decision-making
- Use of mobile phone services

Preliminary Findings – Nutrition

- Delayed initiation of breastfeeding
- Perception of not having enough breastmilk led mothers to introduce foods as early as 2-3 months of age
- First foods for children: bananas, or maize porridge and liquids - cow milk, tea, soda,
- Women work long hours outside the home –farming. Some leave child at home
- Use of traditional medicines to increase quantity of breastmilk
- Numerous influencers: **grandmothers, TBAs, fathers, providers, CHWs,**



Mothers' perspective: breastmilk insufficiency

“There are those who give them porridge, milk or even tea, especially those who go to work, and have to leave their children at home, so when the children are hungry, they are fed on porridge or tea. There are those [mothers] when children cry most of the time and they [identify] the problem is [the child] being hungry, because the mothers’ breastmilk is not enough so the children are fed on tea, porridge or milk.”

– 18 year old mother of 2 month old child

Preliminary Findings – FP

- Couples return to sexual activity as early as 1-2 weeks postpartum but often do not start using FP until much later
- Return of menses – cue to start FP
- Breastfeeding associated with lack of menses; perceptions varied on when return to fertility occurs
- Some know of breastfeeding for FP, but don't know the LAM criteria
- Multiple sexual partners and closely spaced pregnancies common



Health provider perspective: return to fertility

“ I used to tell them that they have to expect getting pregnant at any time, because this [LAM] is not an assured family planning method, so they do not have to 100 percent rely on it. That is because of the body changes and food we consume may lead them to get pregnant, also the environment may make their menstrual cycle change and that may cause them to get pregnant while they are breastfeeding.” Health provider

Preliminary Findings – Cross Cutting

- Women and spouses rarely discuss FP, reproductive intentions, and MIYCN together as a couple.
- Men expressed interest in learning more about FP and nutrition, but said outreach and community activities have been primarily designed for women.
- Main sources of information on MIYCN and FP: health center, informational brochures CHWs, radio
- People own cell phones, but are not receiving health messages / people would be interested to receive health messages



Next steps

- Utilize the findings to design interventions to address PPFP and MIYCN integration through the MCSP program

For more information, please visit
www.mcsprogram.org

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