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

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

47% space birth to next pregnancy too soon!
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

<table>
<thead>
<tr>
<th>Trial</th>
<th>Multi-center</th>
<th>Ecuador</th>
<th>Chile</th>
<th>Philippines</th>
<th>Pakistan</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>519</td>
<td>330</td>
<td>422</td>
<td>485</td>
<td>391</td>
</tr>
<tr>
<td># of Pregnancies</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Efficacy</td>
<td>98.5</td>
<td>99.9</td>
<td>99.6</td>
<td>99.0</td>
<td>99.4</td>
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</table>

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

Lactational amenorrhea ↔ Exclusive breastfeeding

Fertility return ↔ Complementary feeding

Maternal nutrition
  • Spacing ↔ Infant and young child nutrition

Maternal survival ↔ Infant survival
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

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