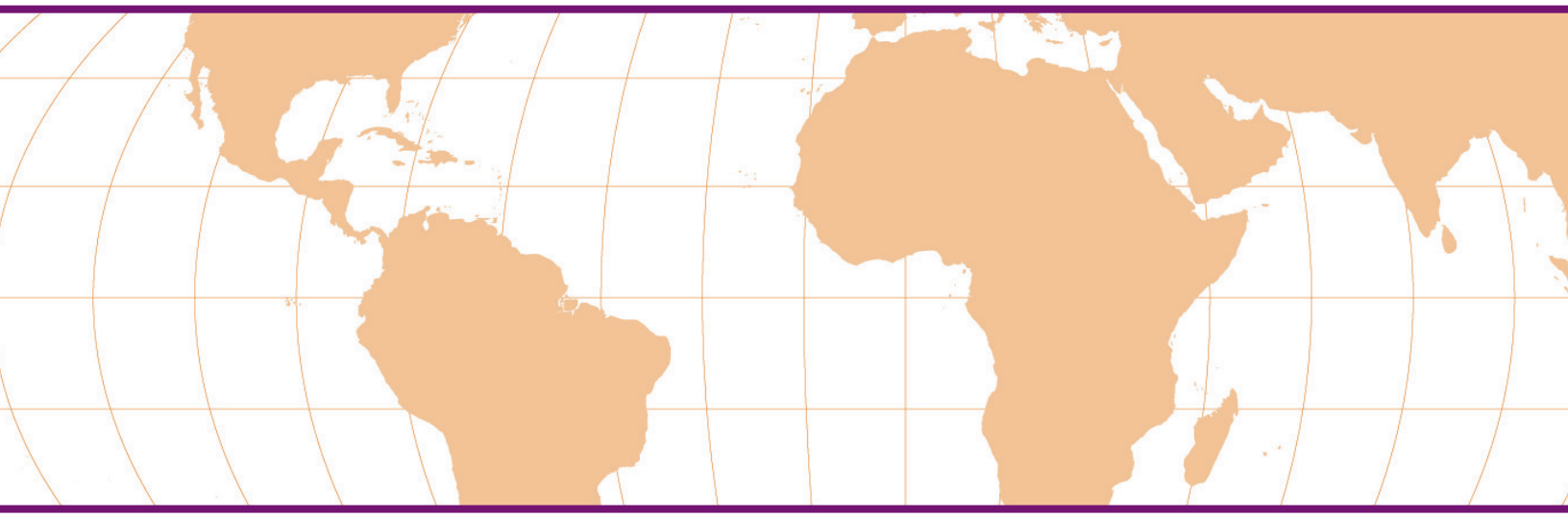

A Guide for Developing Family Planning Messages for Women in the First Year Postpartum

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access
Family Planning Initiative
Addressing unmet need for postpartum family planning

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ANNEXES

ACKNOWLEDGMENTS

A Guide for Developing Family Planning Messages for Women in the First Year Postpartum represents ACCESS-FP's experience in creating and testing postpartum family planning (PPFP) messages. Many groups worked together to prepare this *Guide*. The format is based on a series of message guides written for the Health Communication Partnership—Ethiopia Project. We thank the groups below that helped do research, adapt materials and create messages about breastfeeding, healthy spacing of pregnancies, the Lactational Amenorrhea Method and the switch from that method to other modern family planning methods, and PPFP methods for breastfeeding women:

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"My husband also wanted to delay, but after the birth we did not care to use contraceptive methods. We were thinking that after menstruation begins, we will follow the rhythm method, but I didn't see menstruation. Within this time, I became pregnant again. My second child arrived one year after the first birth."

—New mother in Sylhet District, Bangladesh[1]

USING THIS GUIDE

OBJECTIVES OF THIS *GUIDE*

This *Guide* was written by ACCESS-FP to help program managers create postpartum family planning (PPFP) messages to be used in family planning, maternal, newborn, child and other health programs. The *Guide* includes nine key PPFP behaviors for postpartum women, their families and communities to prevent unplanned pregnancies during the first year after a birth. The content is based on findings from the most recent PPFP research; discussions with PPFP experts, program managers and workers; and field experiences from ACCESS-FP country programs. Using the *Guide* will help to ensure that the content of messages is correct and consistent.

HOW THE *GUIDE* IS ORGANIZED

Section I: Introduction to Postpartum Family Planning

- What is PPFP?
- Why is there a new focus on PPFP?
- What are the unique needs of postpartum women?
- Nine key PPFP behaviors

Section II: Creating Behavior Change Communication Messages

- Introduction to message development (small, doable actions; audiences; and motivators and barriers to action)
- How to use information in the *Guide* to create and adapt messages

Section III: Nine Key PPFP Behaviors—Creating Messages for Postpartum Women, Their Families and Communities

Content for creating messages for each of the nine key PPFP behaviors:

- Small, doable actions
- Examples of messages for household counseling and community activities
- Further questions and answers
- Benefits and barriers to actions
- Special considerations: Key points to think about for your program and messages

Section IV: Putting It All Together: Three Case Studies about Making PPFP Messages a Part of Other Health Programs

- How to reach postpartum women in health centers, households and communities
- Case studies of four projects that have made PPFP messages part of their health programs—Bangladesh, Nigeria, Haiti and India

HOW TO USE THIS *GUIDE*[2]

Q: Who should use this *Guide?*

A: This *Guide* is for program managers and field workers and implementers, like you, who want to include PPFP messages into their family planning, maternal, newborn, child and other health programs. It provides content for PPFP messages, sample pre-tested messages, and ways to reach postpartum women and their communities.

Q: How can I use this *Guide*?

A: This *Guide* is a starting point for you, your program or organization to create behavior change communication messages and materials about PPFP. For the greatest impact, we suggest your PPFP messages address the nine key behaviors in this *Guide*. Follow the steps below to create messages for your program:

Step 1: Learn about the unique aspects of PPFP in Section I and how to create messages in Section II.

Step 2: Use the information in Section III to select the message content for each PPFP behavior by choosing the audience, small, doable actions, and key benefits/ motivators and barriers in the communities where you work.

Step 3: Use the examples of messages in Section III to help you adapt messages to reflect your country's context.

Step 4: Use the country examples in Section IV to guide your thoughts on how to reach postpartum women in your community.

Q: In what types of PPFP programs can you include these messages?

A: This *Guide* is designed mainly to help programs adapt messages for home visits and community-based settings. When you create messages, you will need to make sure that they are consistent with the messages being used by health centers in your community. There are many types of health center and community-based settings where PPFP messages can be included:

- Health facility-based services (family planning, antenatal care, labor and delivery, postpartum/postnatal care, immunization, well-child visits and services to prevent mother-to-child transmission of HIV)
- Home- and community-based programs (safe delivery, maternal care, newborn care and child survival)
- Community-based family planning distribution programs
- Referral systems between health centers and community services

Q: What else will I need in addition to this *Guide* that can help to develop PPFP messages?

A: The content of this *Guide* is best used in conjunction with tools for developing a comprehensive behavior change communication strategy such as the BEHAVE Framework in Designing for Behavior Change (CORE Group, www.coregroup.org); *A Field Guide to Designing a Health Communication Strategy* (O'Sullivan et al. 2003); and *Improving Health through Behavior Change: A Process Guide on Hygiene Promotion* (Favin, Naimoli, and Sherburne, 2004). Such tools are instrumental in making programmatic decisions about the priority audience to be addressed, behavior change objectives, interventions and channels of communication. The content in this *Guide* can then be used to tailor messages for counseling and materials to be developed based on those programmatic decisions. In addition, these documents provide guidance for pre-testing messages, an essential aspect of message development.

Section I: Introduction to Postpartum Family Planning

Women's group in Kano, Nigeria

C. McKaig

BACKGROUND TO THE CURRENT APPROACH TO POSTPARTUM FAMILY PLANNING

What Is Postpartum Family Planning (PPFP)?

PPFP refers to the start and use of family planning methods within the first year after giving birth.[3] The idea of PPFP counseling is not new, but many new aspects have been added based on recent research and program experience. The current approach to PPFP looks at finding ways to reach and support more postpartum women, and stresses:

- The health benefits of PPFP
- The need and desire of postpartum women to space or limit their children in the future
- Extending the timeframe that programs offer PPFP in order to reach more postpartum women with services
- A family planning approach based on the unique needs of postpartum women versus a general family planning approach

Why Is There a New Focus on PPFP?

Health benefits for mothers

Recent findings show that PPFP can help reduce the number of deaths in mothers and children. In 2000, nine out of 10 (90%) abortion-related deaths and two out of 10 (20%) deaths and illnesses that occurred during pregnancy or childbirth could have been stopped if women who wanted to delay having more children had used family planning. In countries with high birth rates, if family planning had been better promoted and women were able to get family planning and birth spacing services, about one out of every three (32%) of all maternal deaths could have been avoided.[4]

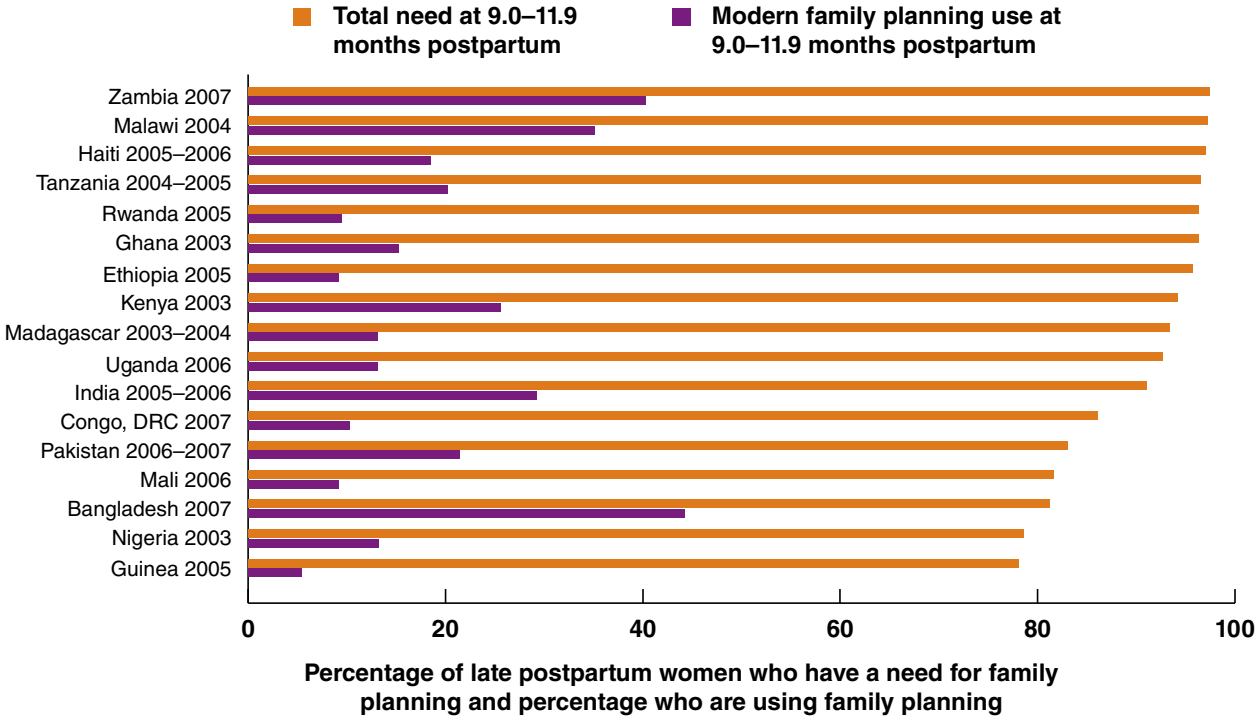
Health benefits for babies and children

PPFP also helps improve health outcomes for children through healthy spacing of pregnancies. When couples wait at least two years after their last birth before trying to become pregnant again, they lower the chances of having babies who are born too soon or too small,[5] and having children under five who are malnourished.[6] If there were no births spaced less than two years apart, about one million of the 11 million deaths in children under five could be avoided. "Effective use of PPFP is the most obvious way in which progress should be achieved."[7]

Postpartum women report a need for family planning during the first year after a birth

More than nine out of 10 (90%) women say that during their first year postpartum, they want to delay the next pregnancy for at least two years, or not get pregnant at all. Forty percent of women in the first year postpartum report that they plan to use a family planning method within the next year, but are not doing so.[8] Compared to all women of childbearing age, postpartum women's desire to space or limit future pregnancies is higher.[9] A review of data from 17 countries highlights the major gap that exists between the total need for family planning at nine to 11.9 months postpartum and the use of family planning in those same country settings (Figure 1).[10] Studies also show that women want information on PPFP right after giving birth.[11]

Figure 1. Comparison of Total Need for Family Planning to Use of Family Planning for Women 9–11.9 Months Postpartum[12]



Extending the timeframe that programs offer PPFP

In typical family planning and maternal and newborn health programs, the postpartum period is defined as six weeks after birth.[13] However, in the context of PPFP, the postpartum period refers to the first year after a birth. When programs plan to provide counseling and services during a longer postpartum period, there are more chances to reach women with PPFP in family planning and maternal, newborn and child health center and community-based services. (See Figure 2: ACCESS-FP Programmatic Framework: Postpartum Family Planning in an Integrated Context.)

Figure 2. ACCESS-FP Programmatic Framework[14]

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access Family Planning Initiative Addressing unmet need for postpartum family planning

ACCESS-FP Programmatic Framework:

The ACCESS-FP Programmatic Framework illustrates the relationships between postpartum family planning, maternal health, newborn health and prevention of mother-to-child transmission through the first year postpartum.

The framework illustrates the relationships as they commonly exist in programs. Dotted lines indicate those services are more theoretical than actual.

In family planning, emphasis is placed on integrating family messages in antenatal care, then immediate postpartum family planning for long-acting and permanent methods as available, with the greatest emphasis on the six-week postpartum visit.

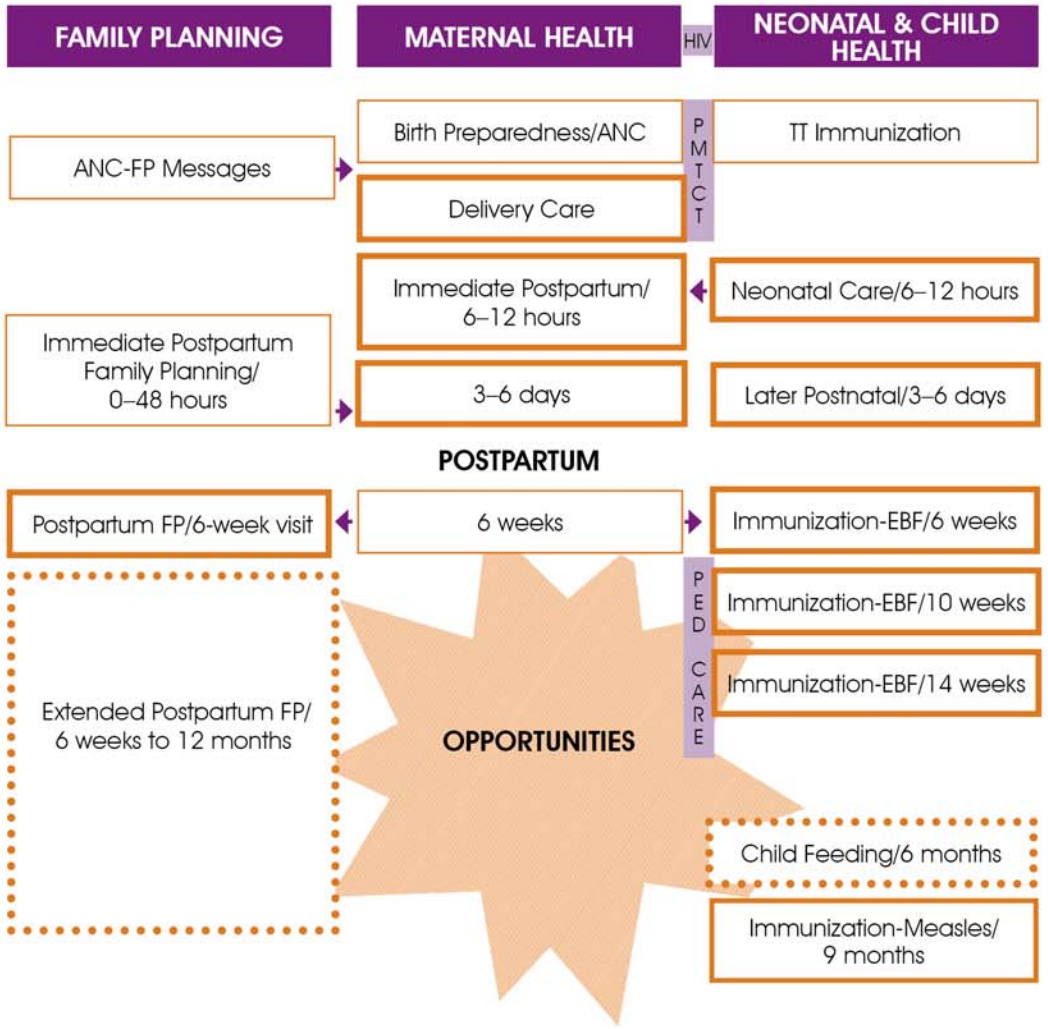
In maternal health, more emphasis is placed on skilled delivery care and the immediate postpartum period with some reference to the six-week postpartum check.

In neonatal and infant health, emphasis is placed on immediate and later postnatal case as well as the immunization schedule.

For women infected with HIV, there are special needs for counseling on exclusive breastfeeding and the effect of abrupt weaning on a woman's return to fertility.

The framework demonstrates the multiple opportunities to promote pregnancy spacing and to provide family planning information and services in the context of maternal and infant health services. These opportunities include antenatal care, early and extended postpartum visits, as well as immunization services and well child care.

ACCESS-FP PROGRAMMATIC FRAMEWORK:
Postpartum Family Planning in an Integrated Context



What are the unique needs of postpartum women?

Postpartum women face many of the same family planning challenges as other women of childbearing age. But, they also face a unique set of issues that need special attention: the timing of when they can become pregnant again after giving birth; the fact that they may be breastfeeding; delayed return of menses after a birth; their return to sexual activity; limited mobility during the postpartum period; decision-making related to PPFP; and health-seeking behaviors. These factors can affect whether women and couples are aware of their risk for pregnancy and seek PPFP.

- **Return to fertility:** There is no set time for the "return to fertility," that is, when a woman can become pregnant again after giving birth. When a woman can become pregnant again depends on breastfeeding practices, menses return, sexual activity and use of family planning.[15] Women often do not know how all of these factors combined affect their risk of getting pregnant again after a birth.[16]
- **Breastfeeding status:** Unlike other women in their childbearing years, most postpartum women differ in that they are breastfeeding. This may affect their choice to use family planning methods.[17] Also, options for family planning vary based on women's breastfeeding status and the number of months after the birth.
- **Postpartum amenorrhea:** Postpartum amenorrhea, the length of time postpartum women do not have menses after giving birth, varies. While menses return is one marker of being fertile again, postpartum women may not know they are still at risk of getting pregnant before their monthly bleeding returns, and thus not see the value of using a family planning method.[18]
- **Postpartum abstinence and return to having sex:** In many societies in the past, there was a tradition of postpartum abstinence, or a period of time during which postpartum women tended to avoid sex. Although this practice is changing, postpartum women may still be viewed as not having sex for a long period of time after childbirth, and thus not in need of a family planning method. [19]
- **Limited mobility and access to services during the postpartum period:** Some cultures limit women's going outside of the home during the early weeks postpartum. This can affect their ease of getting to family planning services.[20]

- **Decision-making:** In many cases, postpartum women are not the only decision-makers about their own use of methods or services. Husbands and mothers-in-law have a big impact on whether a woman spaces pregnancies, uses family planning methods or uses postpartum services.[21]
- **Seeking postpartum/postnatal care services:** Postpartum women often put their infant's health first and do not seek their own postpartum health care. [22] As a result, they may not receive needed information or services to plan their families.

Given these unique needs, nine key postpartum family planning behaviors are recommended in order to help programs increase PPFP use by mothers during the first year after a birth.[23] The behaviors were chosen based on findings and best practices from country programs' research and results from the field, and recommendations from PPFP experts, program managers and field workers during technical meetings and online forums.

Nine Key Postpartum Family Planning Behaviors

Key Behavior: Practice healthy spacing of your pregnancies

Reason: PPFP can help improve health and reduce deaths in mothers and children by contributing to healthy spacing of pregnancies. When women and families know about the health benefits of spacing, they are often motivated to use PPFP.

Key Behavior: Discuss and choose a method of family planning with your husband before you are at risk of getting pregnant.

Reason: Husbands affect choices about spacing, family planning and service use. Husbands' dislike of PPFP methods is a common reason women mention for not using PPFP methods. During the postpartum period, program messages should focus not only on the reasons for spacing, but also ***when*** to choose a family planning method, to ensure that couples make these choices before they are at risk of getting pregnant.

Key Behavior: Protect yourself from unplanned and closely spaced pregnancies before you are at risk of becoming pregnant again after a birth.

Reason: Postpartum women's belief that they will not get pregnant before their menses resumes is a key barrier to timely PPFP use. Programs that advise women of when they are at risk of getting pregnant help them to take action in a timely way.

Key Behavior: If you choose to use a PPFP method, use one that suits you, your breastfeeding status and your family.

Reason: Postpartum women express a desire to space and limit their future pregnancies. At the same time, they worry about the effects of family planning methods on breastfeeding, their health and their babies' health. Research shows that although women are often aware of at least one family planning method, talking with them about how the methods work and how to manage common side effects can increase their use of family planning. For these reasons, it is key to address postpartum mothers' concerns about breastfeeding and inform them that there are many methods to choose from while breastfeeding.

Nine Key Postpartum Family Planning Behaviors

Key Behavior: Breastfeed immediately and exclusively for six months.

Reason: To improve the health of infants and children, the World Health Organization recommends putting the baby immediately on the breast after birth (within the first hour) and only feeding a baby breastmilk for the first six months (exclusive breastfeeding). When you include this as a key PPFP behavior, it not only stresses a crucial infant/child health message, it also serves as a natural starting point for talking about the Lactational Amenorrhea Method (LAM) and other methods with postpartum women, who may be at risk of getting pregnant while they breastfeed.

Key Behavior: Consider the Lactational Amenorrhea Method as a family planning choice after the birth of your baby.

Reason: The Lactational Amenorrhea Method is a modern, short-term family planning method for women who breastfeed that can help lessen their chances of getting pregnant during the most high-risk time—the first six months after a birth. For this method to be effective, it needs three criteria: the woman's menses has not resumed, baby is only breastfeeding and the baby is under six months old. When you counsel postpartum women on this method, you help them to practice the optimal breastfeeding practices, particularly to exclusively breastfeed¸ and at the same time support mothers by showing them the proper positioning and attachment. The Lactational Amenorrhea Method has also been shown to increase the use of other family planning methods.

Key Behavior: If you are a Lactational Amenorrhea Method user, switch to another modern family planning method as soon as it ends.

Reason: For Lactational Amenorrhea Method users, a timely switch to other family planning methods and nonstop use for two years after the baby is born ensure ideal spacing of births. A Lactational Amenorrhea Method user will need to switch to another method when her menses returns, OR she begins to give foods or any liquids (even water) other than breastmilk, OR her baby is older than six months OR she no longer wishes to use this method to prevent herself from getting pregnant.

Nine Key Postpartum Family Planning Behaviors

Key Behavior: Consider the Postpartum Intrauterine Contraceptive Device as a family planning choice.

Reason: The Postpartum Intrauterine Contraceptive Device is a long-acting family planning method that can be used by women who breastfeed and is effective for up to 12 years. Use of this method can provide postpartum women with a long-acting method choice for spacing or limiting future births.

Key Behavior: Discuss family planning with your health worker during your postnatal care visit.

Reason: For postpartum women who may not otherwise use services, postnatal visits to their health worker are an ideal time to counsel them, and increase their use of family planning methods.

Section II: Creating Behavior Change Communication Messages

Community health worker training, Nigeria

R. Anthony Kouyate

INTRODUCTION TO MESSAGE DEVELOPMENT[24]

This section is a basic overview of how to create messages that will have a strong impact on changing behaviors. Messages are the words and/or images used to convince individuals or groups to adopt a behavior.[25] Although knowledge and increased awareness about PPFP are key, they often are not enough to lead to changes in behavior. Thus, it is useful for messages to address other factors that affect behaviors, for example feelings, attitudes, social norms, perceived risks,[26] beliefs, barriers and motivations.[27] Below are the main components of messages that change behaviors:

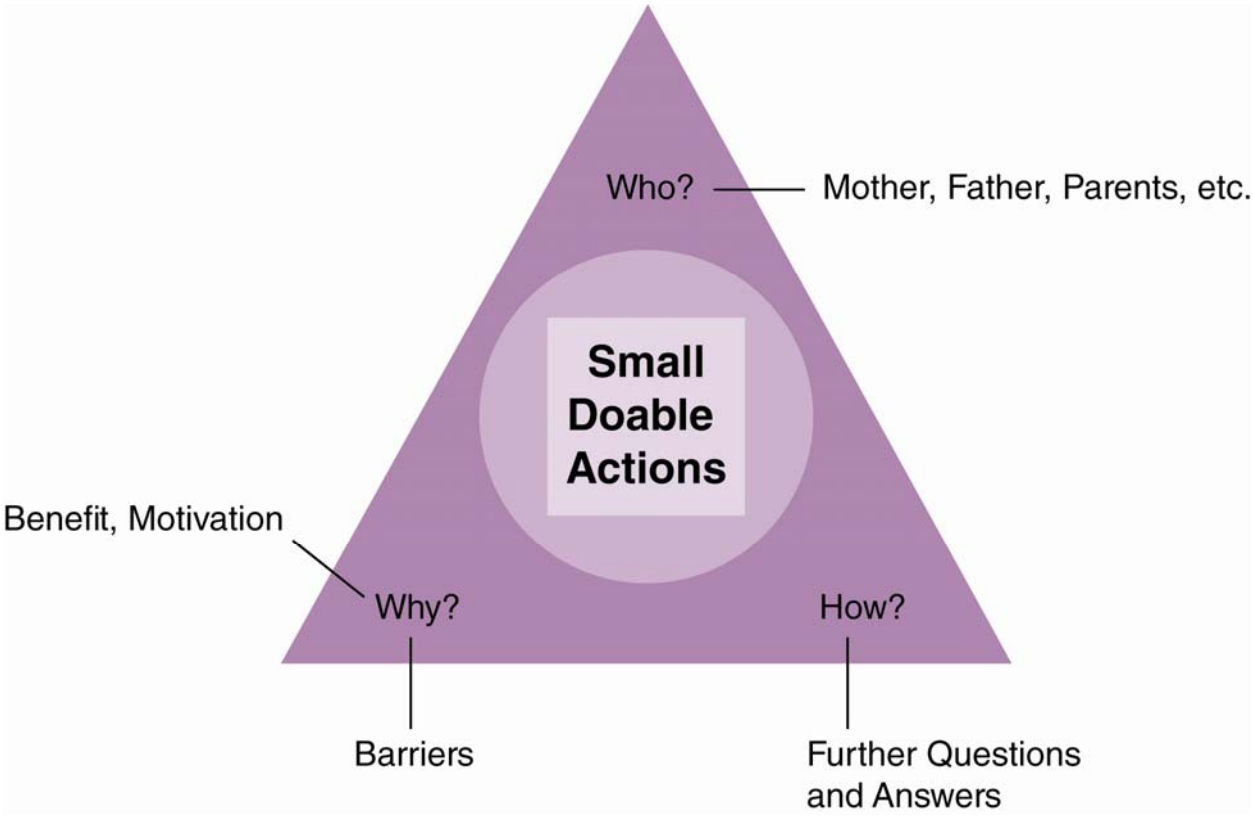
- Pick **small, doable action(s)** to take.
- Choose who will take the action(s) (**audience**)—the main person involved or another family or community member who can provide support.

In addition, you will need to create supporting messages to encourage the desired behavior by:

- Providing factual answers **to further questions they might ask** to help them take action.
- Highlighting the reason to take action or the **key benefits** of the actions to be taken from the point of view of the intended audience.
- Finding out what may stop or block postpartum women from using PPFP (**barriers**) and creating messages that show why the benefits outweigh any barriers.

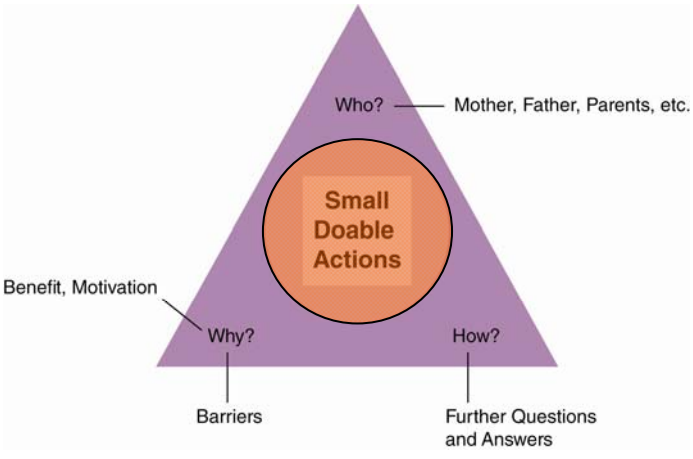
Along with information for the content of PPFP messages for each behavior, this *Guide* offers suggestions on **special considerations** for different program contexts, specific groups of postpartum women, and family and community members who support them.

Figure 3. Key Components of Messages



Small, Doable Actions

Q: Why do the messages focus on small, doable actions?



A: This *Guide* suggests nine key behaviors to help increase the use of PPFP. These behaviors are broken into small, doable actions. **"Doable" actions refer to actions that the audience is able to do (e.g., simple, not costly, fit in with their culture), and that have a real chance of actually being carried out.** Small, doable actions help women, their families and communities know the exact actions to take.

While most small, doable actions provide guidance on specific actions to take, some focus on seeking specific knowledge. These "knowledge-seeking" actions tell the audience **how, when**

and/or where to seek information that may be needed to adopt a new behavior, rather than the scientific reason that the behavior is important.[28]

In cases where key behaviors and small, doable actions are included to support maternal and newborn health programs (i.e., only breastfeeding for six months, and seeking postnatal care), a sample of small, doable actions is listed along with references to more detailed information.

Example of a more doable action:

Breastfeeding mothers, start using a method of family planning no later than **six weeks** after your last birth to protect yourself from a closely spaced birth.

Example of a less doable action:

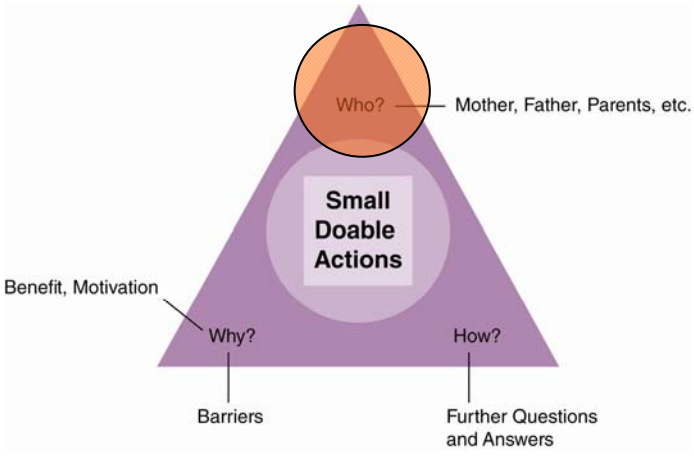
Parents: Have only one child to decrease the strain on your family's finances.

Audiences for PPFP Messages

Q: Who should receive the messages in this *Guide*?

A: Postpartum mothers

The messages in this *Guide* address mainly postpartum women. The messages provide simple, direct guidance about actions for postpartum women to take in order to prevent unplanned pregnancies during the first year after giving birth.



Q: Who else needs this guidance?

A: Supporting groups

It is vital to reach **supporting groups** such as **family members, community and religious leaders, and health workers** with PPFP messages. Messages for these groups can be used to gain their support for key postpartum behaviors. In most cases, the message content is much the

same. For some actions, benefits or barriers addressed, the content may need to be tailored to the supporting group.

Families

In formative research, husbands/partners, mothers-in-law, and senior male and female family members have been shown to affect postpartum women's actions. To ensure that family members support PPFP, messages should address these groups as well.

Communities

Community, religious and other leaders can affect social norms that make it easy for women to use PPFP services and methods. When given key information and messages on PPFP, they can provide strong support for PPFP in their communities.

Health care workers

Health care workers should also be aware of PPFP messages. Messages received in the community must be in line with and in support of those given at nearby health facilities.

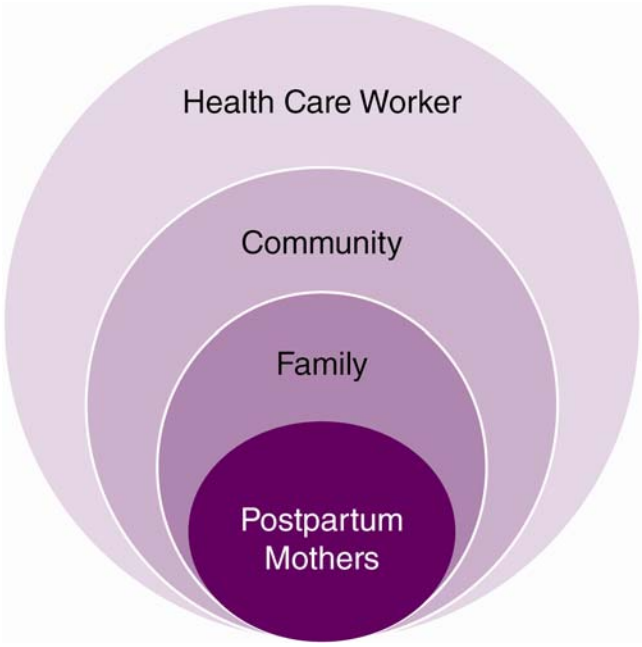
Example of tailoring a message for postpartum women who are breastfeeding:

"Breastfeeding mothers, ask your provider or community health care worker about methods that have no effect on breastmilk and when you can begin to use each method."

Example of a message for a specific supporting group—husbands:

"**Husbands**, cooperate to send your wife/child to hospital for their medical care within three days, two weeks and six weeks after delivering."

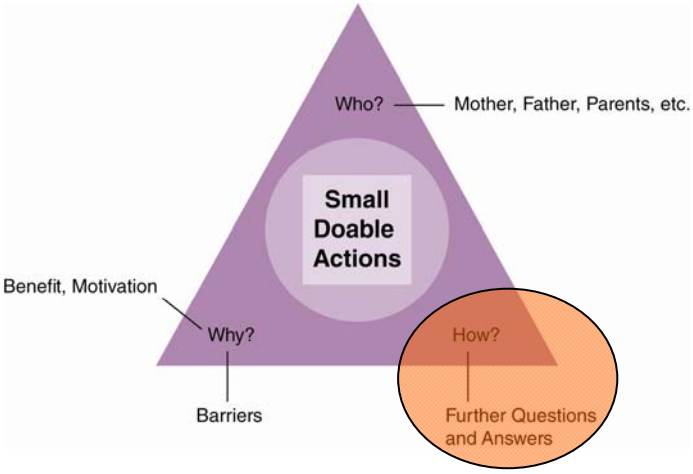
Figure 4. Audiences for PPFP Behavior Change[29]



Further Questions and Answers

Q: What are "Further questions and answers"?

A: "Further questions and answers" offer more details and guidance about a message. **They help address issues that postpartum women, their families and communities are most likely thinking about.**



Example of "Further questions and answers" about the message "Protect yourself from pregnancies that are unplanned and spaced too close together before you are at risk of getting pregnant":

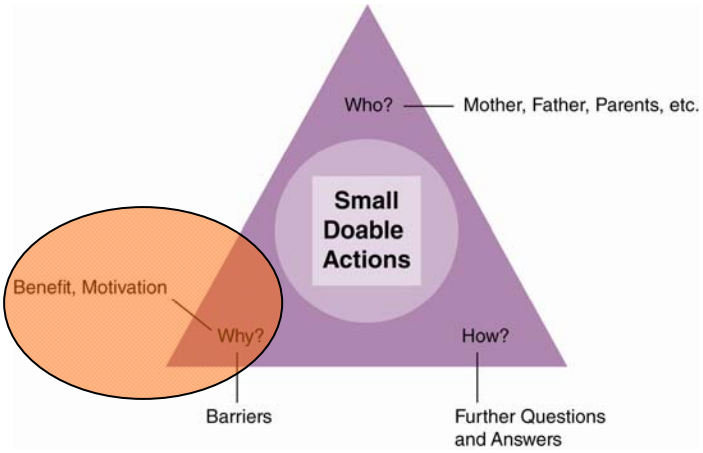
Q: When can a woman become pregnant after a live birth?

A: Women who are partially breastfeeding may become pregnant as soon as six weeks after a birth.

Benefits/Motivation

Q: What is a benefit, and why is it important to include one in a message?

A: The benefit is a positive outcome that can occur if the **suggested small, doable action is carried out. The benefit answers the question, "Why should I do this?"** Actions can have health and non-health benefits. Some examples of non-health benefits are cost savings, social acceptance, recognition and comfort.[30] "The key to effective behavior change communication is establishing which benefit is most compelling for the intended audience and clearly communicating it to them."[31] Benefits in this *Guide* include health benefits proven through research, as well as other perceived health and non-health benefits identified in the field that may lead to PPFP use.



Example of a health benefit:

Healthy spacing of pregnancies reduces the chance that newborns are born too soon, too small or with a low birth weight.[32]

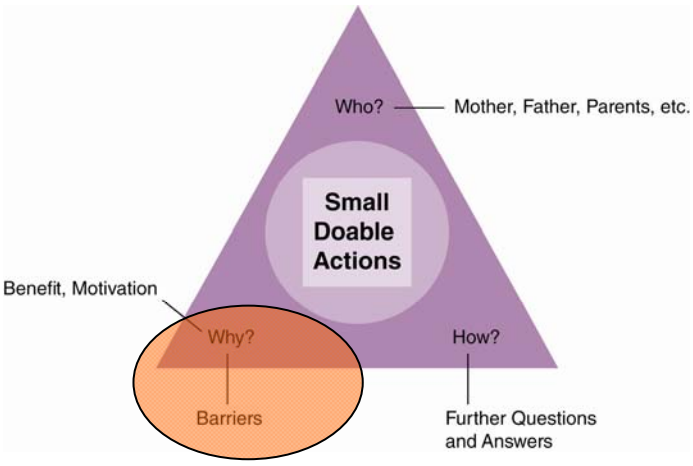
Example of a non-health benefit:

Healthy spacing of pregnancies allows men time to prepare themselves emotionally, as well as save money for their next child, if they choose to have one.[33]

Barriers

Q: What are barriers to small, doable actions, and why is it important to address them?

A: Barriers are the things that may prevent a person from taking action.[34] Even when a person or group knows the benefits of an action in a message, there may be reasons they do not take action. These need to be addressed during face-to-face counseling or community activities, or both, depending on whether the barrier involves the mother or other supporting groups. **Examples of barriers can include lack of information, lack of access to services, beliefs or concerns about an action, cost, or little or no support from family members to take action.**



Example of a barrier that might prevent a postpartum mother from using family planning: Some breastfeeding postpartum women believe that breastfeeding alone protects them from getting pregnant, so they delay using a method of family planning.

Special Considerations

Special considerations are discussed for key behaviors, as needed. These may include special issues to think about for programs, or messages for specific groups of postpartum women (for example, younger mothers 15–24 years old), or for the family or community members who support them.

Section III: Nine Key PPFP Behaviors—Creating Messages for Postpartum Women, Their Families and Communities

H. Blanchard

Community health workers discuss PPFP in Afghanistan

Nine Key Postpartum Family Planning Behaviors

- **Practice healthy spacing of your pregnancies.**
- **Discuss and choose a method of family planning with your husband before you are at risk of getting pregnant.**
- **Protect yourself from unplanned and closely spaced pregnancies before you are at risk of becoming pregnant again after a birth.**
- **If you choose to use a PPFP method, use one that suits you, your breastfeeding status and your family.**
- **Breastfeed immediately and exclusively for six months.**
- **Consider the Lactational Amenorrhea Method as a family planning choice after the birth of your baby.**
- **If you are a Lactational Amenorrhea Method user, switch to another modern, family planning method as soon as it ends.**
- **Consider the Postpartum Intrauterine Contraceptive Device as a family planning choice.**
- **Discuss family planning with your health worker during your postnatal care visit.**

INTRODUCTION: HOW TO DEVELOP MESSAGES FOR KEY PPFP BEHAVIORS

Use this section to help you create messages for each of the nine key PPFP behaviors**.** These messages are focused mainly on postpartum women or couples. In some cases, messages for supporting groups may be added in the "special considerations" section**. For each key behavior, the following sections are included:**

- **Small, doable actions:** Actions that postpartum women, their partners and families are able to take to help improve their use of PPFP. Some of the same small, doable actions may be listed under more than one key behavior.
- **Example of a message developed in the field:** Sample messages that were created, pre-tested and used in field programs with postpartum women, or family and community members who can support their actions.
- **Further questions and answers:** This includes added details and facts based on research that can help you answer questions postpartum women and supporting groups are likely to have and develop supporting messages.
- **Benefits, motivators and barriers for each behavior:** For each behavior, there is a list of what could help and what could prevent women from using PPFP. This list is based on what has been learned from research, field programs and PPFP studies, and can be used to tailor messages.
- **Special considerations:** These are details related to program issues, unique concerns of specific groups of postpartum women, or messages for family members or other groups who can support the key behavior.

Key Behavior:
Practice healthy spacing of your pregnancies.[35]

Small, Doable Actions[36]

For women and families who wish to have another child:[37]

- Wait at least **24 months after a live birth** before trying to become pregnant again, for the health of the mother and the baby.
- Use a family planning method continuously for at least two years after your last birth before trying to become pregnant again.

For women and families who have reached their desired family size:

- Use a family planning method continuously to protect yourself from getting pregnant.

Sample Message: "Mothers, It is important for you and your family to space your children. Wait until your last child is two years old to become pregnant again. Your baby will grow strong and will benefit from breastfeeding for two years. Your body will be stronger to take care of your baby."
(Message used for counseling during pregnancy and all newborn care household visits by community health workers, Healthy Fertility Study, Bangladesh)

Further Questions and Answers[38]

What is healthy spacing of pregnancies?

Healthy spacing of pregnancies refers to actions to help women and families delay, space or limit their pregnancies to achieve the healthiest outcomes for mother and child. The decision to space should be based on free and informed choices about family planning methods, and take into account plans for having children and desired family size.[39]

How long should a woman wait after her last birth before trying to become pregnant again?

Experts suggest that a woman wait two years after the birth of the last child before trying to become pregnant again to ensure the best health outcomes for herself and the baby.

How long should a woman wait after an abortion or miscarriage?

After a miscarriage or abortion, experts suggest that a woman wait at least six months before trying to become pregnant to ensure the best health outcomes for herself and the baby.

Practicing Healthy Spacing of Pregnancies: Benefits, Motivators and Potential Barriers

Although healthy spacing of pregnancies is a concept that women may know and believe to have benefits, there may be reasons women decide not to practice it.

Benefits/Motivators	Potential Barriers[40]
Proven health benefits:[41] For newborns and children: • Reduced risk of newborns born too soon or too small • Reduced risk of infant/child death • Improved long-term nutritional status of children[42] For mothers: • Reduced risk of problems while pregnant **Other perceived benefits of and motivators for spacing:**[43] • Makes it easy to breastfeed for two years • Reduces unplanned pregnancies • Gives more rest for mothers after a birth • Helps family economy • Makes it easy to educate each child • Leaves more time to spend with husband and each child • Is in line with cultures or traditions that support spacing • Gives time to prepare and plan for the next baby [44]	**Lack of husband/partner support:** Husbands may have a low level of knowledge about the risks of closely spaced births and thus may not support their wives in spacing. **Pressure to have children:** Mothers-in-law may pressure couples to bear children. **Miscarriage or stillbirth:** Couples may be anxious to become pregnant after a miscarriage, stillbirth or newborn death. **Desire for a child of one gender over the other:** Mothers-in-law or husbands may be waiting for a male or female child and that can affect their support for spacing. **Inheritance for co-wives:** Co-wives' concerns about inheritance may affect how closely they space their children. **Waiting for menses:** Postpartum women may wait for their menses to return before using a family planning method and could thus become pregnant before two years.[45]

Special Considerations

Key points to think about for your program

Why should you discuss healthy spacing of pregnancy in PPFP messages?

Discussing healthy spacing of pregnancies with families provides an important health benefit of using PPFP. In some places, it may not be easy to discuss family planning, since it may be seen as a way to control the number of children people have. But in these cases, women and their families are often more willing to listen and think about family planning if they know about the health benefits of spacing.[46] The messages on healthy spacing differ from others in this *Guide* in that they do not include small, doable actions. They are included because they serve to motivate other key behaviors.

Should messages about healthy spacing be given to women who have had their desired number of children?

Messages about healthy spacing of pregnancies can also be given to women who have had their desired number of children. If the woman (or couple) states a desire to limit the number of children, discuss the last action in the section above (i.e., "Use a family planning method continuously to protect yourself from getting pregnant.")

In some cultures or religions, talking about limiting the number of children may not be easy, even if the woman has reached her desired family size. In these cases, messages on the health benefits of spacing can be used to help start talking about PPFP.

Tailoring messages to specific groups of postpartum women

You may need to tailor your messages to address certain barriers faced by specific groups of postpartum women. For instance, the messages below are tailored to two groups: young mothers 15–24 years old in Haiti and co-wives in northern Nigeria.

Motivating young adolescent mothers in Nippes, Haiti, to space births

The message below was prepared in Nippes, Haiti, to guide young mothers to space their next pregnancy by thinking about their options for the future. The same message was given to their parents and other adults who affect their choices. Messages for young, married couples can also be

tailored to delay timing of having their first child. These are not part of this *Guide* as the focus here is postpartum women.

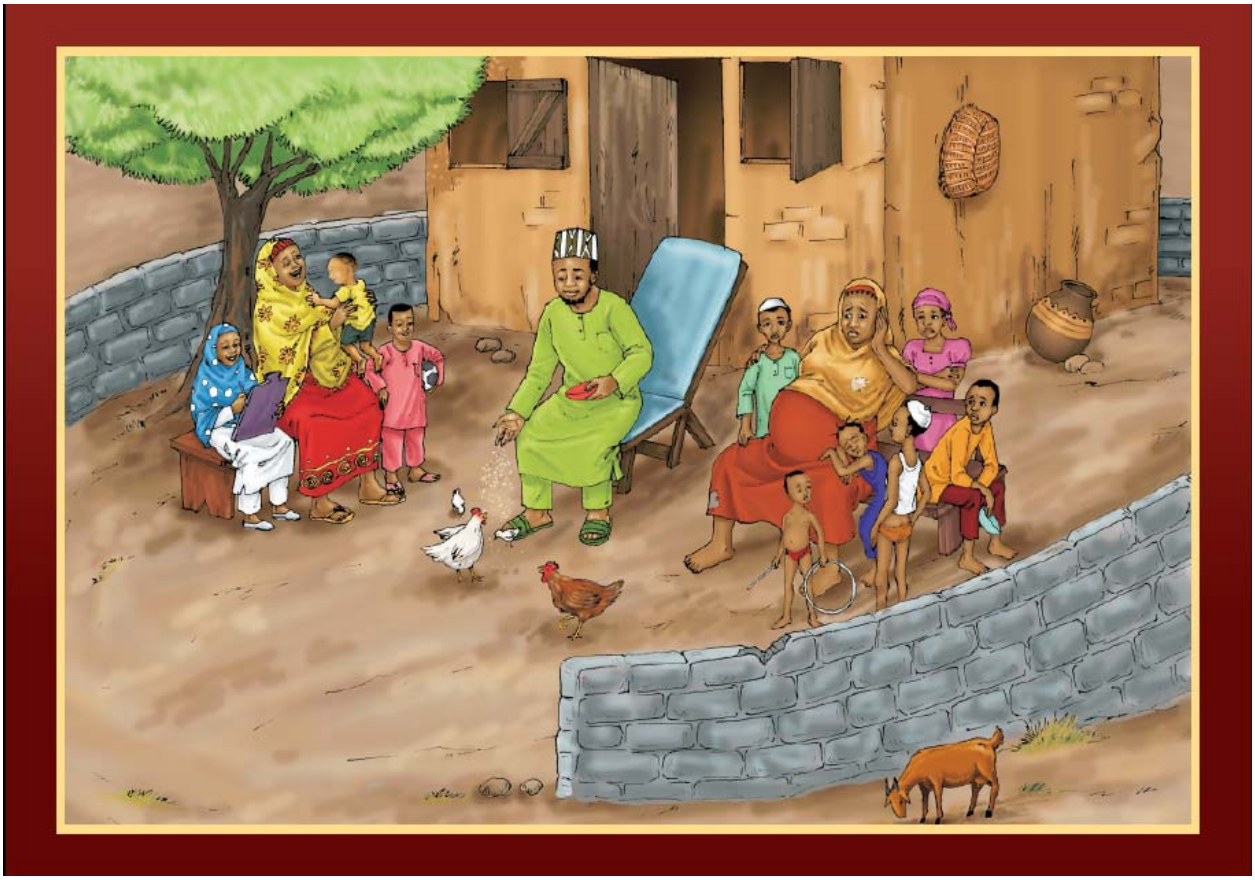
Sample messages for young mothers in Nippes, Haiti:

"Young mothers 15–24 years old, think of your future after having had a baby. You can still go to school and prepare your future."

"For your and your baby's health, wait at least 24 months after a birth before planning another pregnancy. Use a method of family planning to space pregnancies and if you are not ready to have another child."

(ACCESS-FP Young Mothers/Young Girls Reproductive Health Project, les Nippes, Haiti)

Figure 5. Healthy Spacing of Pregnancy and Co-Wife Competition (Kano, Nigeria)



Encouraging spacing in northern Nigeria when co-wives are concerned about inheritance

In Kano, Nigeria, community health workers found that co-wives compete to have as many children as they can (sometimes within short spans of time), because this is linked to inheritance. This is one

reason they do not practice spacing. The well-known Hausa proverb in the message below was used to persuade co-wives to space each pregnancy so they can have healthy children who survive, instead of closely spaced children who may be at risk for ill health or death.

Sample message addressing co-wives who compete:

"One good child is better than many useless ones."—Hausa Proverb

"Remember, waiting at least two years to become pregnant after the birth of your last child will help you have healthy and productive children."

"Wait at least two years after your baby's birth before trying to become pregnant again for the health of you and your baby."

"Wait at least six months after a miscarriage before trying to become pregnant again for the health of you and your baby."

"Use methods that are safe for a breastfeeding baby and mother. You have many choices that have no effect on breastfeeding."

(ACCESS Nigeria Basic Obstetric and Newborn Care Project, Northern Nigeria)

Messages to supporting groups

Husbands and mothers-in-law can affect whether women space their next pregnancy in many ways. They may pressure a woman to have children, show support or lack of support for use of family planning methods, be waiting for a child of one gender over the other or decide when to go for family planning services. The message below was written to make husbands, mothers-in-law and other key male and female community leaders more aware of the health benefits of pregnancy spacing, in order to begin to shift how they think about spacing in light of these barriers.

Sample message: Healthy spacing of pregnancies

"It is important to space the children we want in our family. Women must wait until the last child in the family is two years old to become pregnant again and to be strong to take care of their baby. Babies will grow strong and will get the benefit of breastfeeding for two years."

(For husbands, Bangladesh Healthy Fertility Study)

Key Behavior:
Discuss and choose a method of family planning with your husband before you are at risk of getting pregnant.

Small, Doable Actions

- **Couples**, discuss the number of children you would like to have and the value of spacing at least two years after each birth to prevent closely spaced births and unplanned pregnancies.
- **Mothers/couples**, ask your provider for PPFP guidance while you are pregnant to learn what you can do to prevent closely spaced births and unplanned pregnancies.[47]
- **Couples with breastfeeding babies**, discuss and choose a family planning method (including the Lactational Amenorrhea Method) before your baby is six weeks old to prevent closely spaced births and unplanned pregnancies.
- **Couples whose babies are not breastfeeding**, discuss and choose a family planning method before your baby is three weeks old to prevent closely spaced births and unplanned pregnancies.

Sample message:

"Couples, discuss a family planning method before delivery and obtain information from your health provider. An understanding between couples early on can prevent unplanned pregnancies."

(ACCESS-Nigeria/Emergency Obstetric and Newborn Care Program)

Further Questions and Answers

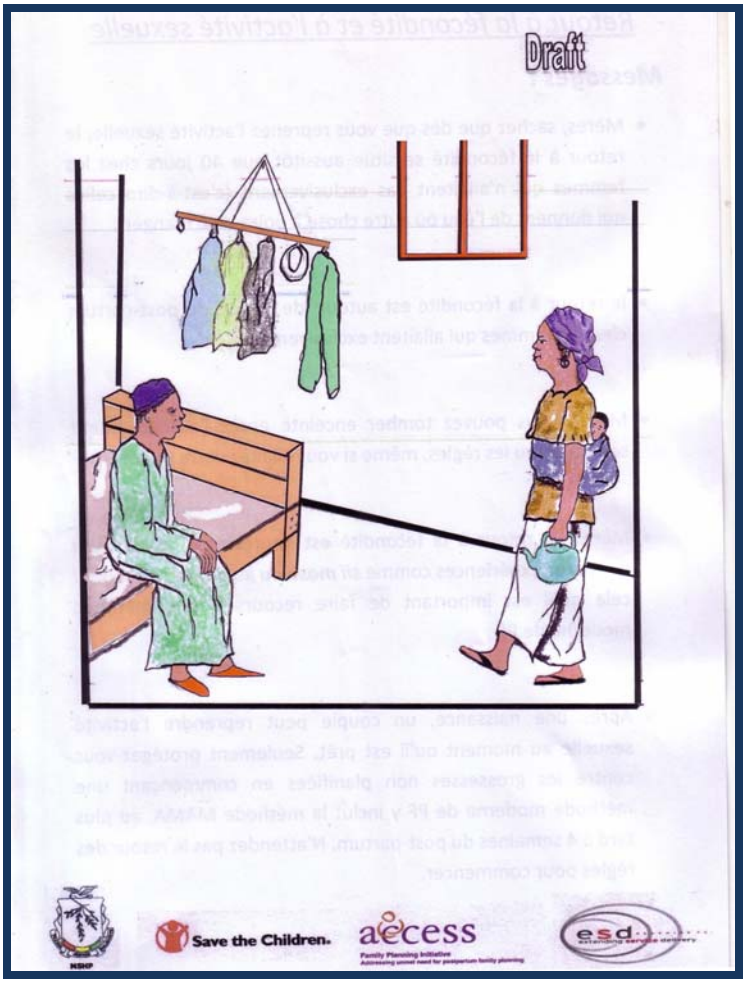
Why is it vital that couples discuss family planning early during the postpartum period?

During the postpartum period, the decision to use family planning is time-sensitive. During the first year, postpartum women and their partners may have the false notion that they are not at risk of getting pregnant, and that they have plenty of time to wait before talking about and choosing a method. But, they may be at risk as early as one month postpartum.

What is postpartum abstinence and how might it affect PPFP use?

Postpartum abstinence is a custom of not having sex for a span of time after childbirth, practiced in some African countries as well as by some Muslim communities.[48] Depending on the country and culture, couples may choose not to engage in sex anywhere from 40 days to three years after childbirth.[49] But this practice is changing, so not all couples avoid sex postpartum for as long as they once did.[50] As a result, couples may be at risk for becoming pregnant at a time during the postpartum period when health workers think they are protected due to abstinence.

Figure 6. Resumption of Sexual Activity after a Birth (Mandiana, Guinea)



Do couples need to discuss methods early, if they are not sexually active on a regular basis right after a birth?

Yes. In some cases, couples may not perceive their risk for getting pregnant because they have not yet become ***sexually active on a regular basis since the birth***[51] or because the husband is living away from home for work.[52] Even if sexual activity is not frequent, the couple is at risk for getting pregnant if unprotected. For these reasons, it is crucial that couples protect themselves no later than six weeks after a birth if the mother is breastfeeding, or three weeks if the mother is not breastfeeding.

In what ways might husbands affect their wives' decision to use PPFP?

There are many ways a husband can affect his wife's decisions to use family planning methods after childbirth. ***Some wives may feel the need to have permission from their husband prior to leaving the home to seek services.***[53] Also, ***some husbands may travel during that first year***. While away, husbands may not be available to give permission to use services or help choose a method.[54] In both of these cases, it is key that couples have talked early on, so that by the time they have contact with a health worker, the wives can feel comfortable that they have come to an agreement with their husbands about obtaining a method.

Does a woman need to ask her husband for permission to use contraceptives?

No. Women often have concerns about talking about family planning methods with their husbands. While it may be helpful if couples can make a joint decision, in some cases women may prefer to hide their use of methods, knowing that their husbands may not approve. Special efforts should be made to provide methods in a way that meets these women's needs, as well.[55]

Figure 7. Discussing and Choosing a Method before Risk of Pregnancy (Kano, Nigeria)

Discussing and Choosing a PPFP Method with Your Husband: Benefits, Motivators and Potential Barriers

There are several factors that may affect **both if and when** a couple discusses the use of postpartum family planning before they are at risk of becoming pregnant:

Benefits/Motivators	Potential Barriers
Economic benefits for the family: Husbands may start the discussion about spacing early if they feel that it may help the family's economy.[56] Wife better able to fulfill her household duties and take care of children.[57] Easier to provide for children (food, clothing, education).[58]	**To talking about PPFP:** **Belief that couples are not having sex (postpartum abstinence):** Health workers or household counselors may assume a couple is not yet having sex after the birth. Thus, they may not counsel on the risk of getting pregnant and the value of discussing and choosing a family planning method during the early postpartum period. **Hidden use:** In some cases, women may prefer to use methods without their husbands being aware, knowing that their husbands may not agree.[59] **To timely discussion before risk for becoming pregnant:** **Lack of information about when they can become pregnant again:** Postpartum women and their partners may delay discussions about family planning, because they are not aware of the risk of getting pregnant within the first three to six weeks after a birth (depending on breastfeeding status). **Husband is away:** Women sometimes wait to talk about and use a method if their husband is living away from home for a period of time.

Special Considerations

Messages to supporting groups

Other than husbands, mothers-in-law can influence women's choices to use PPFP in many ways. These can include support or lack of support for use of family planning methods and services,[60] or pressure to have children.[61] When mothers-in-law have a role in family planning choices, they will need to be informed about the health benefits of spacing the next baby, when women are at risk for getting pregnant and when they should begin using a method (see examples of messages for supporting groups on page 29 for healthy spacing and page 40 for risk of getting pregnant after a birth). You can also tailor messages to address other concerns that may be barriers, such as pressure to have a boy.

Key Behavior:
Protect yourself from unplanned and closely spaced pregnancies before you are at risk of becoming pregnant again after a birth.

Small, Doable Actions

- **Breastfeeding mothers**, start using a method of family planning no later than **six weeks** after your last birth to protect yourself from a closely spaced birth.
- **Mothers who are not breastfeeding**, start using a method of family planning no later than **three weeks** after your last birth to protect yourself from a closely spaced birth.
- **All postpartum women**, use a method of family planning to protect yourself from getting pregnant **even if your menses has not yet returned!!**

Sample message:

"Mothers, you should remain careful, because you can become pregnant again sooner than you want."

"If you do not only breastfeed your baby, your ability to become pregnant again can return 45 days after you have delivered your baby."

"Your fertility may return before your next menses."

"In order to maintain space between the births of your children, visit a nearby health center to consult with the health care provider for a family planning method."

(Healthy Fertility Study—pregnancy and newborn care visits at six and 29 days, Sylhet, Bangladesh)

Further Questions and Answers

What is return to fertility?

Return to fertility refers to when a woman has become fertile again and can get pregnant after giving birth, having a miscarriage (the fetus does not survive to full term) or induced abortion (a woman chooses to end the pregnancy to prevent the fetus from growing to full term). This varies based on breastfeeding status.

When can a woman become pregnant after a live birth?

For non-breastfeeding women: A woman may become fertile again as early as one month after a birth. The best way a woman can protect herself is to begin using a method three weeks after the baby is born.

For breastfeeding women: When a breastfeeding woman becomes fertile again depends on how long a span of time she breastfeeds, how often and the intensity with which she breastfeeds.

- **Women who are breastfeeding some of the time (partially breastfeeding)** may become pregnant as soon as six weeks after a birth.
- **Women who *only* breastfeed** may become pregnant once their menses returns, once they begin giving food or liquids other than breastmilk to the baby, or once the baby is six months old—whichever occurs first**.**

Can a woman predict when she can become pregnant after a birth?

No. A woman cannot predict when she can become pregnant based on when she became fertile again in the past. When she is fertile again can change after each birth.

When can a woman become pregnant after a miscarriage or an induced abortion?

A woman can become pregnant as early **as 10 or 11[62] days after a miscarriage or an induced abortion.**

Can a postpartum woman become pregnant before her menses returns?

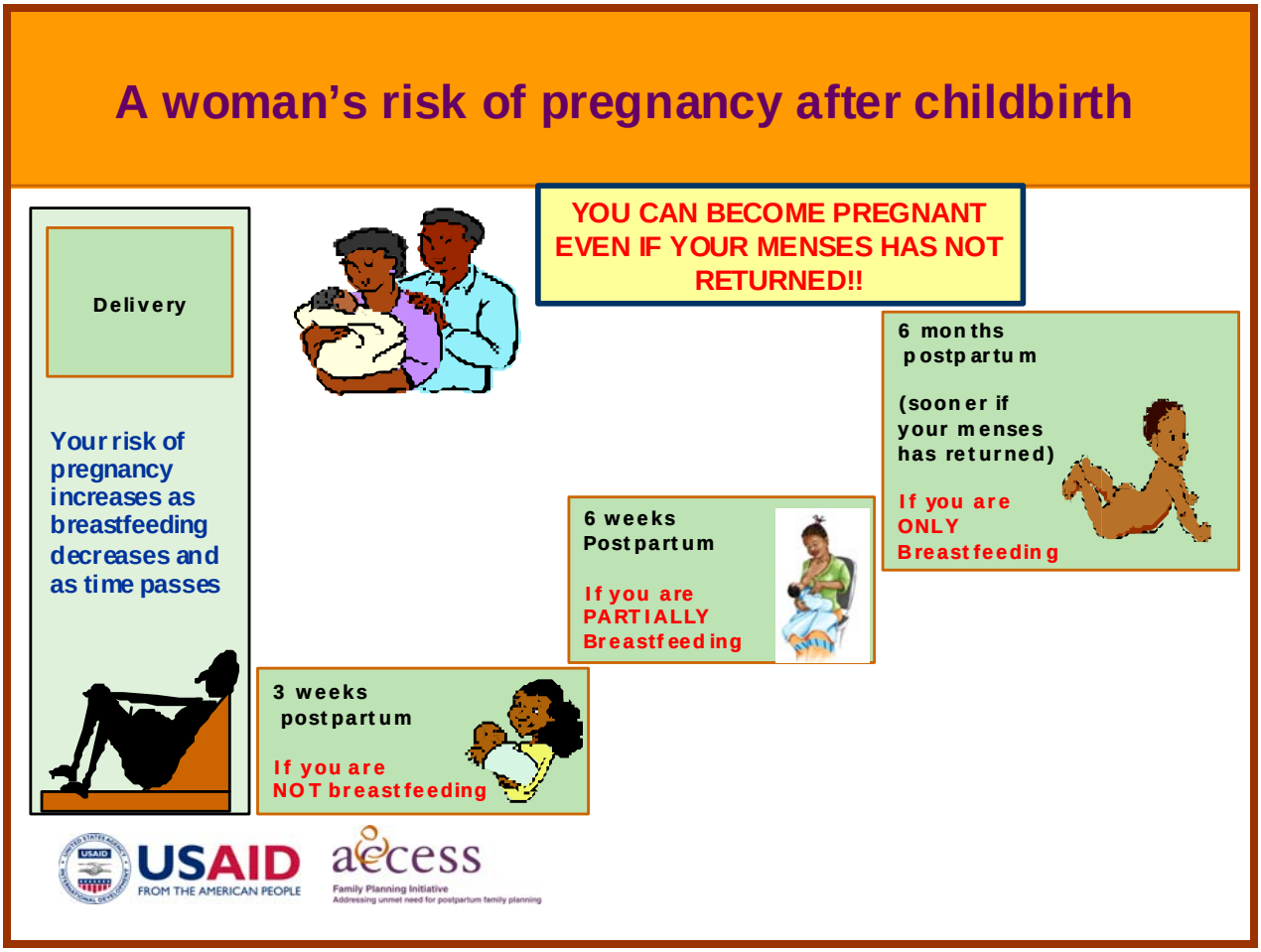
Yes. Women can and do get pregnant before their menses returns. Although women may wait for their menses before using a method, one study showed that one out of 10 women became pregnant before their menses returned.[63]

Can a postpartum woman become pregnant while breastfeeding?

Yes. In one study, one out of every four breastfeeding women who were not practicing the Lactational Amenorrhea Method became pregnant. Fifteen percent of them had not yet had their menses since the birth of their last child.[64] The risk of becoming pregnant gets higher the longer ago

a woman gave birth.[65] See the section on the Lactational Amenorrhea Method on pages 52–57 to learn when a breastfeeding woman can and cannot become pregnant.

Figure 8. Risk of Pregnancy Based on How a Mother Breastfeeds



Protecting Yourself from Unplanned and Closely Spaced Pregnancies before You Are at Risk of Pregnancy: Perceived Benefits, Motivators and Potential Barriers

Although most postpartum women say they want to delay getting pregnant for at least two years after a birth or do not want any more children,[66] both women and health workers are often not aware that a postpartum woman can become pregnant **even before her menses returns**. Women may not have all the facts about when they become fertile again and that could delay their PPFP method use.

Benefits/Motivators

Mothers' desire to wait for or limit the next pregnancy: Most postpartum women say they want to delay getting pregnant for at least two years or do not want any more children.[67]

In some cultures, women prefer to wait until children are walking or can eat on their own before getting pregnant again.[68]

Perceived personal risk of getting pregnant: Personal, family[69] or friends'/neighbors' experiences of getting pregnant before menses returns may make a woman more aware of her own risk of getting pregnant before return of her menses and persuade her to act.[70]

Potential Barriers

Belief that when you breastfeed, you cannot get pregnant: Breastfeeding women may not use a method, because they believe that **the act of breastfeeding alone** (regardless of whether menses has returned) is enough to protect them from getting pregnant.[71]

Concerns about effect of contraception on health: Some delay using family planning because of concerns about the effect on the mother's or child's health[72] or breastmilk.[73]

Waiting for menses: Postpartum women may wait for their menses to return as a sign to seek family planning.[74] This may be due to their belief that there is a low risk of getting pregnant before menses returns and a high risk of harmful effects from modern methods.[75]

Prior experience of when they became pregnant again after a birth: Postpartum women with more than one child may believe they have their own unique, natural spacing patterns that they have seen after prior births. Based on this, they may delay using a PPFP method, thinking they can predict when they can get pregnant again after the most recent birth.[76]

Desire to get pregnant soon after a stillbirth, miscarriage or infant death:[77] Mothers/couples may want to replace the baby they have lost as soon as possible and not know the health benefits of spacing.

Little counseling on when a woman can become pregnant again, because health care workers may:

- Not know about the need for a woman to use family planning methods **prior to return of menses**.[78]
- Assume postpartum women are not having sex and therefore not at risk for getting pregnant.

Special Considerations

Messages to supporting groups

Messages help to make husbands, mothers-in-law and other key males and females in the community more aware of the risk of getting pregnant after a birth. In religious contexts, these messages, along with messages about healthy spacing, have been used to improve support for PPFP use as soon as the mother is at risk for getting pregnant.

Two examples of messages about the risk of getting pregnant that have been used to help gain support for PPFP in religious Muslim and Christian contexts are below:

Sample message: Risk for an unplanned pregnancy

"For women who are not exclusively breastfeeding, or who are not LAM users, they may become pregnant again sooner than they want. If they do not only breastfeed their baby, their fertility can return as soon as 45 days after delivery."

(For husbands and other influential senior men, Bangladesh Healthy Fertility Study)

Sample message to parents of young mothers 15–24 years old:

"Parents, initiate discussions about sex, relationships and love and be specific in your discussions. Help your children who are young mothers to have options for the future that are more attractive than pregnancy and involve them in creative activities. Discuss the following with your children who are young mothers:

- For the health of you and your baby, wait at least 24 months before thinking about becoming pregnant again.
- You can become pregnant as soon as four weeks after a birth if you are not only breastfeeding. Before your baby is four weeks old, see a health provider to obtain a FP method to protect you against an unplanned pregnancy.
- After a pregnancy, you can become pregnant before seeing your menses."

(For parents of mothers 15–24 years old, Haiti Young Girls/Young Mothers Reproductive Health Project)

Key Behavior:
If you choose to use a PPFP method, use one that suits you, your breastfeeding status and your family.

Small, Doable Actions

- **Mothers**, ask your health care worker when you can start each family planning method, to help you decide which methods you can use based on whether or not you are breastfeeding.
- **Mothers**, ask your health worker about methods you can use to space babies in the short term or to prevent any more pregnancies to decide the method that best suits your family's needs.
- **Pregnant women**, if you want to use the Lactational Amenorrhea Method or a postpartum IUCD, or have a tubal ligation (tie your tubes to prevent further births), decide this with your health worker while you are pregnant so that you can begin with the method right after delivery.
- **Breastfeeding mothers**, ask your health worker about methods that have no effect on breastmilk and when you can begin to use each method.

Sample message:

"To space your children, there are different methods to prevent pregnancy too soon that are safe for breastfeeding and non-breastfeeding mothers. Visit your health center nearby and the health provider will give you more information about it. You can also visit the community distributor for some methods."

(Message used for counseling during pregnancy and all newborn care household visits by community health workers, Healthy Fertility Study, Bangladesh)

Further Questions and Answers

What methods can postpartum women use?

There are short-term, long-acting and permanent methods that they and their partners can use, depending on women's and couples' future plans for children. There are family planning options that women can use for spacing or limiting. There are also some methods that have no effect on breastmilk, or the baby's or mother's health.

Can breastfeeding women use family planning methods?

Yes. There are many safe family planning methods breastfeeding women can use including short-term (e.g., Lactational Amenorrhea Method, condoms, pills, injectables), long-acting (IUCD) and permanent methods (tubal ligation, vasectomy [tying a woman's or tying/removing a man's tubes to prevent sperm from passing). Postpartum women need to be informed about when these methods can be started. (See Figure 9 below for a review of methods breastfeeding women can use and when they can start each method.) It may also help to remind them that there are methods they can use that will not reduce their milk supply, nor harm a breastfeeding infant.

Can postpartum women use any method at any time?

No. Postpartum women need guidance on which methods they can use and at what time during the postpartum period they can start using them. When a woman can start using a method depends on whether the woman is breastfeeding and her length of time postpartum. Figure 9 below provides a review of the methods and the timing of when they can be started based on a postpartum woman's breastfeeding status. (See Annex 1 for more detailed information about postpartum family planning choices.)

Where can a postpartum woman obtain family planning methods?

Health care workers counsel and provide methods to postpartum women. Community health workers can also provide messages about the fact that there is a range of options for postpartum women. In some countries, community-based distributors and community health workers also counsel and provide methods.

Figure 9. Postpartum Family Planning Options[79]

Methods for Breastfeeding Women

Methods that can be started right after giving birth:

- Condoms
- Vasectomy (removing or tying the man's tubes to prevent sperm from passing)
- Lactational Amenorrhea Method (**through first six months only)**
- Intrauterine contraceptive device (IUCD)*
- Tubal ligation (tying the woman's fallopian tubes to prevent further births) **

Methods that can be started at six weeks after giving birth:

- Progestin-only pills, injectables, implants

Methods that can be started at six months after giving birth:

- Combined pills and injections (with estrogen)

* If IUCD not inserted within first 48 hours after giving birth, must wait until four weeks postpartum.
** If tubal ligation not done within first seven days after giving birth, must wait until six weeks postpartum.

Methods for Women Who Are Not Breastfeeding

Methods that can be started right after giving birth:

- Condoms
- Vasectomy
- Progestin-only pills, injectables, implants
- IUCD*
- Tubal ligation**

Methods that can be started at three weeks after giving birth:

- Combined pills and injections (with estrogen)

* If IUCD not inserted within first 48 hours after giving birth, must wait until four weeks postpartum.
** If tubal ligation not done within first seven days after giving birth, must wait until six weeks postpartum.

Using a Family Planning Method That Suits You and Your Family: Benefits, Motivators and Potential Barriers

Many postpartum women may be aware of at least one family planning method.[80] But, because postpartum women may not know the details of how each method can affect their breastmilk, their own and their baby's health, how to manage side effects and what the risks are of getting pregnant, they may delay choosing to use a method.

Benefits/Motivators
A woman/couple's desire to space or limit[82]
Leaflets and counseling dealing with how the methods work, fears and myths, and common side effects[83]
Chance to learn about and obtain methods during postnatal care visits

Potential Barriers[81]

Concerns about health effects: Postpartum women's concerns about the effects of methods on their own and their baby's health[84]

Religion: Beliefs that their religion restricts the use of methods[85]

Fear of side effects: Fear of side effects and not knowing how to manage them[86]

Fear of effect on breastmilk production: Fear of effect of methods on breastmilk production[87]

Not aware of their risk of getting pregnant while they are breastfeeding (See page 39 for more details about barriers related to beliefs about the risk of getting pregnant.)

Not able or allowed to leave the home to obtain methods:

- Younger mothers with fewer children may not be allowed to leave the home to access PPFP methods.[88]
- Women who have had many children may be able to go out, but need help to take care of duties in the home in order to seek PPFP methods at a health center.[89]

Some women may think that breastfeeding alone (regardless of whether menses has returned), protects them from getting pregnant.[90] Some delay using family planning because of concerns about the effect on the mother's or child's health[91] or breastmilk.[92]

Women and their families may also have a belief that family planning methods should be used only to limit future births, not to space them.

Special Considerations

Messages to supporting groups

Husbands and key female and male community leaders can have an impact on postpartum women's choices to use methods. Below is a sample message tailored to husbands and other key male community leaders asking them to advise their wives and couples to visit a center to learn about and obtain family planning methods.

Sample message: Contraceptive choices for postpartum women

"Couples can choose among different methods to space their children. They are available in the health center. Encourage couples to visit the nearby health facility to discuss contraceptive methods with the health provider."

(For community mobilization meetings, husbands and other influential senior men, Bangladesh Healthy Fertility Study)

Key Behavior:
Breastfeed immediately and exclusively for six months.

Small, Doable Actions[93]

- **Mother**, put the baby on the breast immediately after birth, for the baby to get its vitamins from the yellow breastmilk.
- **Mother**, feed your baby only breastmilk for the first six months—no water, other liquids or solid foods[94] for the baby to be strong and healthy.
- **Mother**, breastfeed your baby every day on demand, at least 10 times, for the baby to get enough food to grow well.
- **Mother**, when you are breastfeeding, remove plenty of breastmilk before switching to the other breast, for the baby to get the rich milk from the breast.
- **Parent**, start complementary foods in addition to breastmilk at six months,[95] to ensure that the baby grows strong.
- **Mother**, continue breastfeeding until baby is at least two years of age,[96] for the baby to continue to receive the best food from the breastmilk.
- **Mother**, increase the frequency of breastfeeding when your child is sick, to help it to receive enough liquid and food.
- **Mother**, continue breastfeeding even when you are sick, to ensure that the baby continues to grow well.

(Refer to Linkages Project, *Facts for Feeding: Recommended Practices to Improve Infant Nutrition during the First Six Months.* (July 2004). At: http://www.linkagesproject.org/media/publications/facts%20for%20feeding/FactsForFeeding0-6months_eng.pdf).

Figure 10. Immediate and Exclusive Breastfeeding (Kano, Nigeria)

Sample message:

"The best for your baby is to breastfeed immediately after birth; it is the best food for the baby; it protects against diseases. Only breastfeed. This means feeding the baby only breastmilk, not even water. Empty one breast and then the other breast at each feeding. Breastfeed your baby as often as it wants (at least every four hours), and continue to breastfeed even when you or your baby is sick."
(Message used for counseling during pregnancy visit by community health workers, Healthy Fertility Study, Bangladesh)

Note: Newborn care visits on day 6, 29, month 2–3 and month 4–5 focus on only breastfeeding.

Further Questions and Answers

Why should a mother start to breastfeed immediately after the baby is born?

Starting to breastfeed immediately after a birth helps the body rid itself of the placenta and reduce bleeding. The first milk (colostrum or yellow milk) helps to protect against infection and contains all the baby needs until the breastmilk starts to flow (about the third day after birth). Placing the baby

at the breast right away can also prevent engorgement (swelling, tenderness, warmth, redness, throbbing and/or pain in the breast; low-grade fever and flattening of the nipple).[97]

Why should a baby have only breastmilk for the first six months of life?

Giving only breastmilk, with no water, other liquids or foods for the first six months after a baby is born, is called **exclusive breastfeeding**. Breastmilk is the best food for an infant. Breastmilk provides all the nutrients in the right amounts that an infant needs to grow and develop for the first six months. Infants who are fed only breastmilk through the first six months of life tend to have fewer bouts of diarrhea and respiratory and ear infections. Exclusive breastfeeding helps space births by delaying the return of fertility.[98]

Why should a mother start giving foods at six months?

When a baby is six months old, mothers should give the infant foods along with breastmilk to help the infant grow strong and healthy. Breastmilk alone cannot meet all the nutritional needs the baby must have to grow and develop after six months. Even when a mother begins to feed her baby other foods after six months, breastmilk still supplies half of the infant's nutritional needs in the infant's first year and protects against illness.[99]

Is breastfeeding alone enough to protect a mother from getting pregnant?

No, a mother who wants to use breastfeeding as a family planning method needs to meet the three criteria of the Lactational Amenorrhea Method—no menses, only breastfeeding her baby, and her baby less than six months (see pages 53–54 for more details). If one of these conditions is not met, she has to choose another family planning method. For women using the Lactational Amenorrhea Method, it is recommended not to wait longer than four hours between daytime feedings. There should be at least one nighttime feeding, with an interval no longer than six hours between feedings.

Immediate and Exclusive Breastfeeding: Benefits, Motivators and Potential Barriers

It is important to note that while in many cultures breastfeeding is a common practice, other social norms and beliefs may get in the way of immediate and exclusive breastfeeding. It is vital that

community health workers or providers address these breastfeeding concerns and challenges, while they remind mothers of the benefits.

Benefits/Motivators	Potential Barriers
In many cultures, breastfeeding is a common practice. Quotes from the Koran on the benefits of breastfeeding have also been used to give extra support. **Benefits for the baby:** Supplies the right mix of all necessary nutrients Serves as the baby's first immunization Provides antibodies that protect against common illnesses such as diarrhea, respiratory and ear infections Helps hydrate the baby during illness Increases mental growth Promotes proper jaw, teeth and speech development Promotes bonding with the mother **Benefits for the mother:** Lessens blood loss after the birth and helps the body to rid itself of the placenta Saves time and money Makes night feeds easier Delays return of fertility Reduces the risk of breast and ovarian cancer	Mothers and mothers-in-law may not give colostrum,[100] thinking that it is harmful. Mothers and family members may give the baby water, thinking that it is necessary to quench the baby's thirst. Mothers and family members may feed the baby other foods and liquids, based on cultural beliefs. Mothers may believe their own breastmilk is not enough. Common breastfeeding problems (e.g., cracked nipples, mastitis).

Special Considerations

Key points to think about for your program

Immediate breastfeeding and exclusive breastfeeding are included as key behaviors in order to promote the best health for the newborn and children under two years of age. Including these behaviors makes PPFP part of maternal, newborn and child health programs. Breastfeeding messages also provide a logical starting point for talking about the Lactational Amenorrhea Method as a family planning method.

Tailoring messages to special groups of postpartum women

Adolescent/first-time mothers: Along with messages, adolescent and first-time mothers may need extra support to be able to use breastfeeding practices.

Mothers known to be HIV-infected (and whose infants are HIV-uninfected or of unknown HIV status): Mothers known to be HIV-infected should exclusively breastfeed their infants for the first six months of life, introducing appropriate complementary foods thereafter, and continue breastfeeding for the first 12 months of life. Breastfeeding should then stop only when a nutritionally adequate and safe diet without breastmilk can be provided (from six to 12 months, the baby can have an animal source of milk after it has been boiled). If a nutritionally adequate and safe diet without breastmilk cannot be provided, the mother should continue breastfeeding until **24 months**.

For babies from birth to six months, when replacing breastmilk with commercial formula is a safe option, HIV-infected women should avoid all breastfeeding. (Refer to World Health Organization guidelines on HIV and infant feeding for more details.)[101]

If infants and young children are known to be already HIV-infected, mothers are strongly encouraged to exclusively breastfeed for the first six months of life and continue breastfeeding following the recommendations for the general population, that is, up to two years of age or beyond. (Refer to revised World Health Organization 2009 guidelines on infant feeding in the context of HIV for more details.[102])

Note: The current consensus is that all postpartum women who are HIV-positive should be on antiretrovirals and exclusively breastfeed for the first six months of life. The use of antiretrovirals by the mother during the period of breastfeeding or giving an antiretroviral drug to the infant as prophylaxis while breastfeeding can reduce transmission, thereby making breastfeeding a safer option for infants of mothers living with HIV.[103]

Messages to supporting groups

Mothers-in-law, grandmothers and husbands may have a say in the feeding of the baby, particularly for exclusive breastfeeding and other feeding practices. Below is an example of a message for mothers-in-law and husbands, advising them to support postpartum women in immediate and exclusive breastfeeding.

Sample message for male and female influential community leaders: Immediate and exclusive breastfeeding

". . . breastfeeding . . . is the best food to give any newborn immediately after birth. It protects against diseases. Let's encourage mothers with newborns to breastfeed. Breastmilk is so good that babies do not need anything else, not even water. That is what we call exclusive breastfeeding."

(Message given during community mobilization meetings, Healthy Fertility Study, Bangladesh)

Key Behavior: Consider the Lactational Amenorrhea Method as a family planning choice after the birth of your baby.

Small, Doable Actions

- **Pregnant women/mothers**, while you are pregnant or right after giving birth, talk with your health care worker and learn about the three criteria for using the Lactational Amenorrhea Method, as you can use this method immediately after giving birth.
- **Mothers who choose the Lactational Amenorrhea Method**, you can use the Lactational Amenorrhea Method as long as you meet the three criteria:
  - Your menses has not resumed, **AND**
  - You only breastfeed your baby (no water or other foods or liquids, except for medicines, vaccines and vitamins), **AND**
  - Your baby is less than six months old.
- **Pregnant women**, if you want to use the Lactational Amenorrhea Method as a postpartum family planning method, decide this with your health worker so you can get support for breastfeeding.[104]
- **Mothers who choose the Lactational Amenorrhea Method**, while you are pregnant or right after giving birth, talk with your health care worker about the method you will use when the Lactational Amenorrhea Method no longer protects you from pregnancy. If possible, take that family planning method home from your postnatal care visit and start to use it as soon as any one of the three criteria changes.

Sample message:

"There is a contraceptive method called LAM that you can start yourself immediately after delivery. *LAM* is a good thing for you and your baby. If you practice this method, both of you will remain strong and healthy.

There are three conditions for LAM:

1. Your menses has not returned.
2. You must only breastfeed your baby.
3. Your baby must be less than six months old.

Can you repeat these three conditions? **If your menses returns, your baby is no longer only breastfeeding or is older than six months, see your provider right away to choose another method.**"

(Message used for counseling during pregnancy and all newborn care household visits by community health workers, Healthy Fertility Study, Bangladesh)

Further Questions and Answers

What is the Lactational Amenorrhea Method?

The Lactational Amenorrhea Method is a modern, **temporary** family planning method. This method can be used **up to six months postpartum**. It provides almost perfect protection (more than 98% effective) against getting pregnant when the three criteria are met. This method can protect a woman from getting pregnant when the risks to her health and her baby's health are the highest.

Lactational = relates to **breastfeeding**

Amenorrhea = **no menses or vaginal bleeding** (after two months postpartum)

Method = a modern, temporary (up to six months postpartum) family planning method

Who can use the Lactational Amenorrhea Method?

All breastfeeding women can use this method if their:[105]

Menses has not resumed,

AND

Baby is only breastfeeding,

AND

Baby is under six months old.

How long can a woman use the Lactational Amenorrhea Method?

This method can protect a woman from getting pregnant as long as the three criteria are met for a **maximum of six months**. Users will need to switch to another method even sooner if menses begins or the baby is given food or liquids before six months.

Using the Lactational Amenorrhea Method: Benefits, Motivators and Potential Barriers

Women and their families often see that there are many health and non-health benefits of this family planning method. Still, it is a good idea to counsel mothers and other family members to:

- Ensure that the mother understands that breastfeeding and the Lactational Amenorrhea Method are not the same.
- Remind mothers of the three criteria and the need to switch to another modern family planning method when any one of the criteria changes.
- Ensure family support for using this method.
- Ensure mothers go to the health care worker for support if they experience breastfeeding difficulties.

Benefits/Motivators
Works more than 98% of the time
Can be started right after giving birth
Is low-cost
No need to prepare
Has no side effects
Is easily available—no supply issues
Helps mother and baby bond
Helps prevent highest risk pregnancies
Gives mother time to decide on another modern methods
Builds on breastfeeding practices that exists in their culture and religion
Is non-invasive, no need for a gynecological exam

Potential Barriers
Belief by women and health care workers that this method does not work
Not clear to women how this method differs from breastfeeding
The woman forgets the three criteria and the need to switch to a new method
Breastfeeding difficulties
Breastfeeding not frequent enough
Lack of partner and family support for exclusive breastfeeding

Figure 11. Lactational Amenorrhea Client Counseling Card

Lactational Amenorrhea Method Client Counseling Card, Georgetown University, Institute for Reproductive Health

Special Considerations

Key points to think about for your program

Messages on the Lactational Amenorrhea Method and the switch to other modern methods should always be given at the same time. In this *Guide,* they are in separate sections, in order to highlight the barriers and motivators distinct to each behavior.

Tailoring messages to specific groups of postpartum women

Since use of the Lactational Amenorrhea Method requires women to know how to breastfeed the proper way, as mentioned in the previous section, both young mothers and HIV-positive women may need extra support and guidance to use the method (see pages 50–51).

Messages to supporting groups

To have success using this method, women need support from others for exclusive breastfeeding. For this reason, it is important to give messages on the Lactational Amenorrhea Method to both mothers-in-law and husbands. They will need to be informed about the three criteria to offer their support to women.

Key Behavior:
If you are a Lactational Amenorrhea Method user, switch to another modern family planning method as soon as it ends.

Small, Doable Actions

- **Mothers using the Lactational Amenorrhea Method**, to prevent closely spaced births or an unintended pregnancy, start using a new method as soon as:
  - Your menses returns, OR
  - You begin to give foods or any liquids (even water) other than breastmilk, OR
  - Your baby is older than six months, OR
  - You no longer wish to use this method to prevent yourself from getting pregnant.
- **Mothers using the Lactational Amenorrhea Method**, talk to your health worker about which methods you can use while you breastfeed.
- **Mothers who switch to another family planning method after using the Lactational Amenorrhea Method**, continue to breastfeed your baby until it is two years old to ensure it gets strong, even after you start using a new method.

Sample message:

"Couples, if you are using LAM and the mother's menses has returned, the baby is no longer only breastfeeding, or the baby is older than six months, change to another family planning method immediately to space your pregnancies.

There are many safe family planning methods for breastfeeding mothers. Talk to your provider and ask about those methods that have no effect on breastfeeding.

Switching from LAM to another family planning method as soon as one of the criteria changes helps to ensure the healthiest spacing of pregnancies for the mother and the baby. Since LAM is a temporary method, changing to another method will prevent mothers from becoming pregnant before they are ready.

Your baby can continue to breastfeed even if you are using a modern family planning method."

(ACCESS-Nigeria/Basic Obstetric and Newborn Care Program)

Further Questions and Answers

When should a woman switch from using the Lactational Amenorrhea Method to a new, modern method?

Since the Lactational Amenorrhea Method is a short-term, **temporary** family planning method, it is crucial that a woman switch to a new, modern PPFP method as soon as:

- Any one of the three criteria is not met, OR
- The woman no longer wishes to rely on the Lactational Amenorrhea Method for family planning.

What is the longest a woman can use the Lactational Amenorrhea Method?

The longest this method can protect a woman from getting pregnant is six months.

Switching from the Lactational Amenorrhea Method to Another Modern Family Planning Method: Benefits, Motivators and Potential Barriers

All users of this method, whether they want to wait for two years before getting pregnant again or they have reached their desired family size, must change to a new, modern method after six months. Even when women are having success with the method, they may need extra support to make sure they change to a new method at the proper time. One more way to help them switch methods is to have community health workers counsel postpartum women in their households, provide tailored messages and refer them to a health center.

Benefits/Motivators	Potential Barriers
A woman/couple's desire to space or limit	Delay in use of modern methods until menses resumes, even when other criteria have changed [106]
Concerns about getting pregnant before menses return	Belief they can become pregnant again, based on when they became pregnant after previous births (See page 39)
Concerns about unplanned babies	Younger women may have more restrictions and not be allowed or able to travel to health centers that can offer help with PPFP[107]
	Fear of side effects of other modern methods
	Lack of support from husbands or mothers-in-law to use other modern methods
	Mothers' and workers' false notion that women need to wait for menses to return before starting a new method[108]

Figure 12. LAM Transition (Kano, Nigeria)

Key Behavior:
Consider the Postpartum Intrauterine Contraceptive Device (PPIUCD) as a family planning choice.*

Small, Doable Actions

- **Mothers**, while you are pregnant or right after giving birth, talk with your health care worker and learn about the postpartum IUCD.
- **Mothers who choose to use a postpartum IUCD**, it is best to decide this with your health provider while you are pregnant. You can also decide immediately (within two days) after delivery, before leaving the hospital.
- **Mothers who choose to use a postpartum IUCD**, have it inserted immediately after delivery and within two days after delivery.
- **Mothers who choose to use a postpartum IUCD**, get it inserted at a health care facility where you deliver with a trained health care provider.
- **PPIUCD users, return to your provider/doctor:**
  - At six weeks for check-up at the same time as DPT immunization for the baby
  - If it is expelled
  - When you are ready to become pregnant again anytime within the next 12 years
  - For removal/replacement at 12 years
  - Or if you feel something is wrong

* This section is newly added and messages are in the early stages of pre-testing and implementation. It is included here to share lessons learned thus far in developing messages for PPIUCD, since this is one of the three unique methods for postpartum women other than LAM and postpartum tubal ligation.

Figure 13. Draft Poster for PPIUCD for Postnatal Ward (Lucknow, India)

Sample message:

"Congratulations! You've had a baby! I just had mine too and I got a Copper-T inserted immediately after my delivery and I'm tension-free now, do you know about it yet?"

Benefits of PPIUCD:

- Copper-T can be inserted immediately after delivery within 48 hours—no additional visit and/or action is necessary.
- Is easily reversible, can be removed any time when a woman wants or when her desire for contraception changes—after removal a woman can immediately get pregnant.
- Is simple to insert and readily accessible to women having deliveries at health care facilities—quick insertion, no surgery necessary.
- Is one of the safest and most effective family planning methods and does not interfere with breastfeeding—keeps you tension-free.
- Is effective for as long as 10 years*—keeps you protected for as long as 10 years."

"Ask your doctor about it before leaving the hospital, today!"

(Draft messages to be piloted during the Lucknow, India, PPIUCD program)

* Please note that 10 years is used in this message to be consistent with the national policy of the Government of India. However, according to *Family Planning: A Global Handbook for Providers*, the PPIUCD is effective for up to 12 years. (World Health Organization, Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, 2007)

Further Questions and Answers

What is the PPIUCD?

The **PPPIUCD or Postpartum Intrauterine Contraceptive Device** is a small, plastic device with copper that is placed inside the uterus.

When should it be inserted?

Immediately (within 10 minutes) after delivery or during a cesarean section or within 48 hours after delivery, while the woman is still in the health care facility. This makes it very convenient for the woman, because by the time she leaves the hospital, she will already have her family planning method working for her.

Who can use the PPIUCD?

It is suitable for most women who have recently given birth, including those who are young, breastfeeding or do hard work.

How does it work?

PPIUCD prevents pregnancy by preventing sperm from fertilizing the egg.

How long is it effective?

The PPIUCD begins to work immediately and is effective for up to 12 years. You can have it removed any time before that, after which you are able to get pregnant immediately.

What should I expect after the PPIUCD is inserted?

You may experience cramping or after birth pains during the first three to six weeks. This is normal, as the uterus is contracting down to pre-pregnancy size. Cramping also frequently occurs during breastfeeding. This is also normal. Expect vaginal discharge (bloody to brown to creamy white) after delivery; this is not related to the PPIUCD. Although very rare, check your pad frequently to look for expulsion of the PPIUCD.

Can I use it while I am breastfeeding?

Yes, the PPIUCD does not have any effect on breastmilk.

How effective is it, and is it safe?

It is one of the safest and most effective methods.

When can I get pregnant again?

Anytime after you get the PPIUCD removed, you can get pregnant immediately.

What are the potential side effects?

- Changes in bleeding patterns, especially during the first three to six months.
- Can include prolonged and heavy monthly bleeding, irregular bleeding, more cramps and pain during monthly bleeding.

What are the misconceptions?

Intrauterine devices:

- Rarely lead to infections
- Do not increase the risk of contracting sexually transmitted infections, including HIV/AIDS
- Do not make women infertile
- Do not cause cancer
- Do not move to the heart or brain
- Do not cause discomfort or pain for the woman during sex
- Do not make a woman fat
- Do not cause weakness

Using the Postpartum Intrauterine Contraceptive Device (PPIUCD): Benefits, Motivators and Potential Barriers

Women and their families often see that there are many health and non-health benefits of this family planning method. Still, it is a good idea to counsel mothers and other family members to:

- Ensure that the mother understands that breastfeeding and the Lactational Amenorrhea Method are not the same.
- Remind mothers of the three criteria and the need to switch to another modern family planning method when any one of the criteria changes.
- Ensure family support for using this method.

Benefits/Motivators	Potential Barriers
Can be inserted immediately after delivery within 48 hours—no additional visit is necessary Readily accessible to women who deliver in health facilities No daily or routine action is required, once inserted. Is easily reversible and can be removed whenever a woman wants or her desire for contraception changes After removal, a woman can immediately get pregnant Is simple to insert, no surgery necessary Is one of the safest and most effective family planning methods Has no effect on breastfeeding Is effective for as long as 12 years	Lack of awareness about PPIUCD Do not consider IUCD as a contraceptive method that can be used for spacing and limiting Pervasive rumors about how unsafe the IUCD is: • Decays uterus leading to removal or sterilization • Causes uterus cancer • Causes abdominal pain • Dissolves in abdomen • Pinches in abdomen • Causes excessive bleeding • Causes woman to become fat • “Slips” into abdomen/chest (penetrates the uterus) • Becomes “stuck” (embedded) in the uterus Perception that it is hardly suitable for anyone Perception of no satisfied users Concerns about side effects Access to health facility for insertion Perceived as complicated to use

Key Behavior: Discuss family planning with your health worker during your postnatal care visit.

Small, Doable Actions

- **Mothers**, while you are pregnant, ask your health worker when to go for postnatal care visits or when a community health care worker will visit to check on you and your baby.
- **Mothers**, *after delivery,* go for all postnatal care visits that are advised for mother and baby at the nearby health center for the health of you and your baby.
- **Breastfeeding mothers**, choose a family planning method, including the Lactational Amenorrhea Method, with the help of your health care worker no later than your six-week postnatal care visit to prevent closely spaced births and unplanned pregnancies.

Sample message:

"Visit the health center for postpartum physical check-up, immunization of the baby, family planning methods and any other kind of advice."
(Healthy Fertility Study, Bangladesh)

Further Questions and Answers

When should a woman go for postpartum/postnatal care visits?

The timing of postpartum/postnatal care visits varies for each country. Postpartum women should follow local customs on postpartum/postnatal visits for mother and baby. In many countries, visits are scheduled during the first, second and sixth week after the birth. A community health worker may come to the home or the mother may need to go to a nearby health center. To ensure a newborn baby's (baby under four weeks old) best health, at least two home visits by a trained health worker are advised—on day one and day three after the birth. If possible, a third visit on day seven and a visit to a health center as soon as the mother can get there after the birth also are advised.[109]

Why does a woman need to see a health care worker during the early weeks after the birth?

Often, a woman does not see the need for this visit for her own health, but only for her infant's health.[110] During the first week, a health care worker needs to make sure that the mother and baby are both gaining their health and strength after the birth and not having any problems or showing danger signs. This is also when it is key to give the mother advice on caring for herself and her baby, and to be sure the mother practices optimal breastfeeding. In addition to receiving health care services for the mother and baby, a woman who does not plan to become pregnant again can have her tubes tied during the first week postpartum. Further visits during the second or third week postpartum help to ensure that the mother and baby are well.

Why should breastfeeding women be advised to choose a family planning method *during the visit at six weeks postpartum?*

PPFP messages advise women to go for all postpartum visits. But, they highlight the sixth-week visit as a time that it is vital to reach breastfeeding women with family planning services before they become fertile again. It is also a good time to give them other advice in terms of their own and their baby's health.

What services will a mother receive during the visit at six weeks postpartum?

During that visit, a woman will receive a review of her postpartum history. She will also have a physical exam to ensure that she has regained her health and strength after giving birth and that her womb has returned to its non-pregnant state. The health worker will also include PPFP counseling and offer guidance on care for the mother and newborn. Topics covered will include breastfeeding support, nutrition, safer sex, danger signs for mother and newborn, vaccinations and PPFP.

Are all women able to go to use postnatal services after child birth?

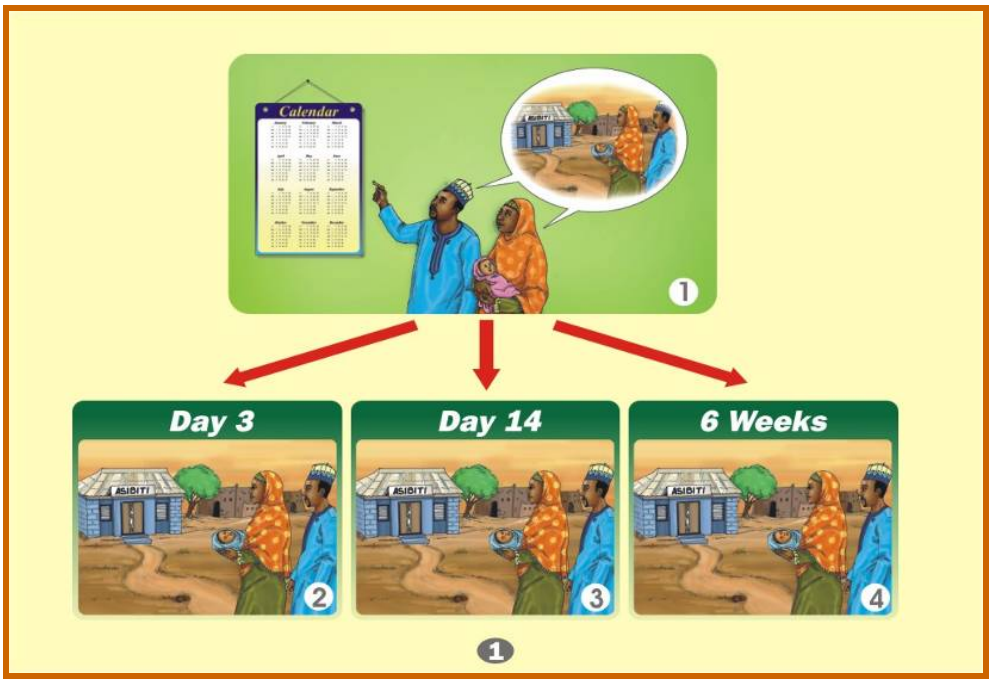
It may not be easy for some postpartum women to go out to seek services because traditional postpartum practices require them to remain at home.[111] It will be important to learn about the postpartum traditions in your program communities and make special efforts to provide postnatal care services in a way that meets their needs as well.

Choosing a PPFP Method during Postpartum/Postnatal Care Visits: Benefits, Motivators and Potential Barriers

In some cultures, during the first few weeks postpartum, women do not leave the home. This means they have little chance to talk to a health care worker about PPFP methods prior to the sixth-week visit. That makes the sixth-week visit an even more crucial time for women to receive PPFP counseling and services.

Benefits/Motivators	Potential Barriers
Receiving family planning counseling when they bring their newborns and children for postnatal care and receive help with: • Newborn care • Sick child care • Vaccinations	Some cultures restrict women's time outside of the home right after giving birth. Younger women may have more restrictions and not be allowed or able to travel to health centers that can offer help with PPFP.[112] Women who have had many children may be able to leave the home in order to seek PPFP methods, but need support for getting their household duties done.[113] Women may not be aware of the value of postpartum care.

Figure 14. Postnatal Care Visits (Kano, Nigeria)



Special Considerations

Key points to think about for your program

Why are messages on postnatal visits part of the key PPFP messages?

Postnatal care visits are a critical time to give counseling on PPFP to postpartum women who may not otherwise use services. Research shows that counseling during this time can increase use of family planning methods.[114]

Tailoring messages to specific groups of postpartum women

Adolescent mothers: Along with messages, the young adolescent mother may need extra support in infant care and breastfeeding.

Messages to supporting groups

Husbands are often involved in deciding whether women go for postnatal care services and in paying for medical care. In these cases, messages can be designed to obtain their support for postpartum women's service use.


R. Anthony Kouyate

Uncle and child, Kano, Nigeria

Sample message for husbands:

Postpartum/postnatal visits

"Husbands, cooperate to send your wife/child to hospital after delivering for their medical care within three days, two weeks and six weeks." (ACCESS-Nigeria/Basic Obstetric and Newborn Care Program)

ADDITIONAL TIPS ON HOW TO CREATE AND ADAPT MESSAGES FOR YOUR PROGRAMS

Q: Do programs need to include messages to address all key PPFP behaviors that are in the *Guide?*

A: We suggest that you do, but be aware of how to tailor the messages by choosing the most relevant audience, actions, benefits and barriers to address. For example, when you advise women "If you choose to use a PPFP method, use one that suits you, your breastfeeding status and your family," there are small, doable actions that can be used to develop a message for postpartum women who are breastfeeding, as well as specific actions for those who are not. You can use a tool, such as the "BEHAVE Framework," to help select the actions, audiences, benefits and barriers to address in your messages.[115]

Q: Do programs need to include the key PPFP behaviors in the same order listed in the *Guide?*

A: *No. We suggest that programs use an order that best suits their program's context.* Since the *Guide* provides examples of messages that can be used in maternal, newborn and child health, or family planning programs, the sequence will vary based on the context. For example, a family planning program may start with a message about couples discussing family planning, followed by messages on when a woman can become pregnant after a birth, and family planning options for breastfeeding women. On the other hand, a maternal, newborn and child health program may use messages on immediate and exclusive breastfeeding as a way to start talking about the return to fertility and methods for breastfeeding women. Also note that some small, doable

actions are listed under more than one key behavior, in order to make the actions for each behavior simpler to follow. Sample counseling schedules on pages 77, 84, and 91 show examples of the sequence of messages that some programs have used.

Q: Do programs need to include all nine of the key PPFP behaviors in messages *at all points* of contact with a postpartum woman?

A: No. The key behaviors you include will vary based on when the community health worker has contact with a woman (e.g., when a woman is pregnant, soon after giving birth, or a few months after giving birth). If a health worker comes in contact with a Lactational Amenorrhea Method user whose baby is four months or older, a message on immediate breastfeeding will no longer be of value. On the other hand, messages aimed at switching to other methods after the Lactational Amenorrhea Method will be crucial. Based on the points of contact health workers have with postpartum women, your program can create a job aid to help them choose which messages to give at each point of contact. (See Figures on pages 77, 84, and 91, for sample household counseling schedules for health workers).

Q: Are there small, doable actions that postpartum women, their families and communities should take to address PPFP and reproductive health that are not included in this *Guide*?

A: Yes. In this *Guide*, we give you key behaviors and small, doable actions to improve PPFP use, and offer examples of messages tailored to a range of audiences and country contexts. Still, the lists of small, doable actions, benefits and barriers for each key behavior are not complete. We are always looking for ways to improve messages. If you have PPFP experience and other suggestions or examples of messages that you believe should be added, please send them to ACCESS-FP or the Maternal and Child Health Integrated Program.

Q: What can I do if I don't agree with the terms used in a message?

A: The factual content of the messages in this *Guide* is based on research findings, so it should not be changed. This content is incorporated in the small, doable actions and explained in the "Further questions and answers." For example, the research shows that waiting 24 months after a live birth before trying to become pregnant again is best for the health of the mother and the

baby. So all materials produced should reflect that exact same message. But, you can use simpler words and sayings to adapt the message for the audience you want to reach. Also, you will need to choose the most compelling benefits based on the country context of your programs (e.g., "Wait until your last child is two years old to become pregnant again. Your baby will grow strong and will benefit from breastfeeding for two years." [Kano, Nigeria]) Furthermore, in certain cases, messages may need to be changed to match the service standards in your country (e.g., the timing of postpartum and postnatal visits).

Q: Should all postpartum women hear the exact same messages?

A: No. A program should include all the key behaviors, but the messages should be tailored to the specific groups of postpartum women (e.g., women who want more children versus women who have reached their desired family size) and address the most relevant benefits and barriers. While postpartum women have many of the same concerns, certain groups may differ in their needs. This *Guide* includes a few examples of messages tailored to specific groups, but you can use the sections on motivators, barriers, and further questions and answers for each behavior to tailor messages to other groups. Below are examples of specific groups of postpartum women:

- Breastfeeding mothers
- Non-breastfeeding mothers
- Adolescent mothers (15–24 years)
- Married adolescents
- Low-parity women
- High-parity women
- Women who wish to have more children
- Women who have reached desired family size
- Women who have had a miscarriage or stillbirth
- Co-wives
- Older/career-oriented mothers who delayed their first pregnancy and prefer less time between births (e.g., in Jordan, Egypt)
- Women living with HIV

Q: How were the benefits, motivators and barriers to PPFP behaviors chosen?

A: The benefits, motivators and barriers in this guide were chosen based on findings from field research, field work and online forums with PPFP experts, as well as PPFP studies. Although not complete, this information is useful when you are thinking about which issues to explore when you **tailor messages to specific country contexts.**

Q: Do the messages in this *Guide* address all the benefits and barriers to PPFP behaviors?

A: No. This *Guide* is about the first stages of message creation adapted to specific country contexts. It includes messages that address the key behaviors and barriers that were found based on research. In some cases, more recent messages tailored to newly identified barriers, country contexts or special postpartum groups have been added for you to refer to. Programs can use these as guidance for adapting messages for the PPFP key behaviors to their own country programs.

Q: Can these messages be used during counseling sessions during home visits?

A: Yes. The messages can be used by community health workers during household counseling sessions with postpartum women and their families. When used during home visits, the messages do not replace counseling, but serve to stress the key content to cover. Although simple messages may be needed, behavior change is a problem-solving process, and dialogue is crucial for success.[116] For best outcomes, household counselors should be trained in counseling and persuasive communication/negotiation skills, as well as about the content of the messages. Regular support for household counselors should be given and changes to messages made as needed.[117]

Q: In what types of behavior change communication materials and activities can you include these messages?

A: Aside from use during household counseling, these messages have also been used during community activities that train community and religious leaders to support PPFP in their communities. They have been tailored for use in take-home flyers, posters and counseling cards used by community health workers, and on radio talk shows. For example, the **small, doable actions, benefits and key supporting messages in this *Guide* were put on counseling cards to help community health workers focus on the main, desired actions during household visits**

(see pages 93–97 for examples of counseling cards developed in Nigeria.) How much additional information is included on the card will depend on the type of media your program uses.[118]

Section IV: Putting It All Together: Four Case Studies about Making PPFP Messages a Part of Other Health Programs

P. Honoré

Community participants in Azile, Haiti

INTRODUCTION

There are many ways to reach women, their families and communities and give them guidance and messages on PPFP. In most cases, the strongest impact occurs when household counseling and community-level activities are offered at the same time as improved PPFP services. In this section, we show you some of the ways programs have tried to reach postpartum mothers, their families and communities with PPFP messages. We do this through four case studies of programs in Bangladesh, Nigeria, Haiti and India.

HOW TO REACH POSTPARTUM WOMEN

Antenatal Care and Postpartum/Postnatal Care Services

A good time to reach women and explain the value of PPFP and care is during antenatal care visits. But, a recent study shows that PPFP counseling has the greatest impact when a woman is counseled at the point of hospital discharge or during postpartum visits, as compared to during other health center visits.[119] To have the best chance of reaching women, it is useful to train maternal, newborn and child health workers on PPFP.

E. Otolorin

Women waiting for maternal and child health services in Kano, Nigeria

In the Household and Community

The fact is that many women do not give birth in hospitals or receive postpartum care. A recent review of Demographic and Health Surveys in 30 countries in all major regions of the world showed that half of all births occur outside of health centers and almost three-quarters (70%) of women receive no postpartum care.[120] These findings highlight how critical it is to find the right ways to reach mothers with key messages **and** reach those family and community members who influence their choices.

Using household counseling to change behaviors

When counseling women at the household level, some strategies include:

- Use volunteers to counsel mothers during household visits, sometimes in the presence of mothers-in-law, during the pregnancy and postpartum period.

Mothers and children, Guinea

R. Anthony Kouyate

- Include messages on maternal and newborn health with PPFP messages.
- Train males to promote family planning and work with male heads of households to make them more aware of PPFP and its benefits.
- Counsel women on PPFP several times to instill the message and address barriers.

Making messages part of maternal, newborn and child health household counseling sessions

When making PPFP messages part of maternal, newborn and child health or family planning programs, the order in which you present the messages will depend on the program and timing of home visits. Still, the key behaviors remain the same. The order shown in the sample household counseling schedule below (Figure 15) is based on field experiences of programs that integrated PPFP with their community-based maternal and neonatal health programs. The schedule highlights when to counsel on each PPFP theme and includes only a few maternal and neonatal counseling topics. Other key maternal, newborn and child health counseling topics that are not in this *Guide* can be found in MAMAN Guidelines.[121]

Figure 15. Sample Household Counseling Schedule Showing When to Include PPFP Topics in Maternal, Newborn and Child Health Counseling[122]

KEY POSTPARTUM FAMILY PLANNING MESSAGES

Antenatal period contact:

- Immediate and exclusive breastfeeding
- Fertility intentions
- Lactational Amenorrhea Method or other methods as fertility intentions indicate
- Counseling and permission for immediate postpartum methods (Postpartum IUCD and tubal ligation)
- Pregnancy spacing
- Importance of a skilled attendant

Immediate postpartum contact (first week):

- Exclusive breastfeeding
- Fertility intentions and return to fertility
- Pregnancy spacing
- Lactational Amenorrhea Method or other methods as fertility intentions indicate
- Importance of well-baby visit
- Danger signs for mother and newborn

Postnatal care contact (six weeks):

- Exclusive breastfeeding
- Fertility intentions and return to fertility
- Return to sexual activity
- Pregnancy spacing
- Lactational Amenorrhea Method or other methods as fertility intentions indicate
- Contraceptive choices that have no affect on breastfeeding
- Importance of postnatal care

Child health contacts during the first year:

- Exclusive breastfeeding through first six months, then complementary feeding
- Fertility intentions and return to fertility
- Pregnancy spacing
- Lactational Amenorrhea Method and transition to other methods as fertility intentions indicate
- Contraceptive choices that have no effect on breastfeeding
- Importance of well-baby visits

Creating support in the community for PPFP

PPFP health workers and experts note the value of **involving family**, such as husbands, mothers-in-law and grandmothers, **as well as community leaders, in PPFP interventions** because they can have an important impact on postpartum women's decisions around PPFP.[123]

Family influence

- **Mothers-in-law and grandmothers** help with newborn care, affect use of the Lactational Amenorrhea Method because they have a strong influence on breastfeeding and newborn feeding practices, support healthy spacing practices, and support postpartum women's use of health services (Mali, Nigeria, Burkina Faso, Guinea).
- **Husbands** may decide whether their wives can go to use services and provide support to pay for health care (Nigeria).

Community influence

When messages about PPFP method use are part of community-based activities, it helps promote a sense of support of family planning from family and community members. Examples of activities include:

S. Ahmed

Community leaders in Bangladesh

- **Religious leaders** can help address resistance to family planning if the focus is on birth spacing to improve the health of the mother and newborn. They can also encourage breastfeeding.
- Community-based advocacy activities can help gain support from **male and female local and national leaders** for PPFP for healthy spacing of babies (Bangladesh).
- Community-based activities with **community and religious leaders and their wives** can bring support for PPFP use (Bangladesh).
- **Role models and champions** can promote the Lactational Amenorrhea Method (Bangladesh).
- **Community groups** can help track postpartum visits at health centers (Nigeria).

- **Traditional birth attendants** can support early postpartum care for the mother and help to assure newborn care (Guinea).
- **Community nutritionists** can support exclusive breastfeeding and the Lactational Amenorrhea Method (Guinea).
- **Traditional community storytellers (griots)** can join in to support family planning in general, particularly during baptisms (Guinea).
- **Village savings and loan programs** can address the problem of postpartum women who cannot afford health services (Nigeria).

Schedule for giving messages to the community

When working with many community groups, it may be useful to prepare a schedule that sets out which group will discuss which message with which target group during which postpartum time. Table 1 below, "Community Framework for Improving Postpartum Family Planning,"[124] is a sample schedule that includes both household counseling and community-level activities. It is a job aid that Save the Children, Guinea, uses to helps community workers keep track of the programmed events around PPFP.

Table 1. Community Framework for Improving Postpartum Family Planning[125]

Type of community worker	Audience	Timing of visit	Frequency of visits	Message/counseling content
Traditional birth attendants Facility-based health agents	Pregnant women	Antenatal care visits (4 visits)	1 time per month during the last 3 months of pregnancy (traditional birth attendant) 4 times per month before delivery (facility-based health agent)	Information on PPFP (HTSP, return to sexual activity and return to fertility, Lactational Amenorrhea Method and the transition, family planning methods) • Nutrition for the pregnant woman • Birth preparedness • Danger signs during pregnancy • Immediate and exclusive breastfeeding
	Mothers who recently delivered (Immediate postpartum period)	Immediate postpartum period Week 1	2 visits in the 1st week after the birth (between day 0–3 and day 6)	• Registering mother who is a LAM user • Exclusive breastfeeding • LAM counseling (3 LAM criteria)
		Week 6	1 visit	• Return to fertility/resumption of sexual activity • Verify LAM or other modern method use • Counsel on PPFP including LAM • Reinforce importance of the transition
Male and female community health workers	Postpartum mothers between 6 weeks and 1 year postpartum (Extended postpartum period)	4–5 months (2 visits)	1 household visit per month 1 community education session per week	• Return to fertility/resumption of sexual activity • Exclusive breastfeeding • Counsel on PPFP including LAM • Reinforce importance of the transition • Verify LAM users who should transition • Supply methods or refer • Zinc distribution/treatment of diarrhea • Complementary feeding
		6 months–1 year	1 household visit per month 1 community education session per week	
Male and female community-based distributors	Postpartum mothers between 6 weeks and 3 years postpartum	6 months–3 years	1 household visit per month 1 community education session per week	• Return to fertility/resumption of sexual activity • Reinforce importance of the transition • Verify LAM users who should transition • Supply methods or refer • Growth monitoring • Zinc distribution
Nutritionist	Postpartum mothers	6 months–1 year	6 visits: 1 visit per month for a cooking demonstration 1 community education session per week	• Return to fertility/resumption of sexual activity • Reinforce importance of the transition • Zinc distribution/treatment of diarrhea • Complementary feeding

FOUR COUNTRY CASE STUDIES

BANGLADESH: Including PPFP in a Community-Based Maternal and Newborn Care Program

Project Description

In Bangladesh, ACCESS-FP, the Johns Hopkins Bloomberg School of Public Health (JHBSPH), the Bangladesh Ministry of Health and Shimantik, a local Bangladeshi nongovernmental organization, worked together to make PPFP part of a community-based maternal and newborn care program.

How to Include PPFP Messages in a Community-Based Newborn Care Program

The Healthy Fertility Study used community-based advocacy and behavior change communication to reach women with PPFP messages. The plan had three parts: 1) focus on building the PPFP knowledge of the health and family planning workers in the health centers to improve PPFP services; 2) include PPFP counseling during community health worker home visits; and 3) gain the support of the community through advocacy, community meetings and role models (see Figure 16 below).

Figure 16. Three-Part Model for Improving PPFP Use in Sylhet, Bangladesh

IMPROVING PPFP SERVICES

Train health workers on PPFP

INCREASING THE DEMAND FOR PPFP AT THE HOUSEHOLD LEVEL

Make PPFP part of maternal and newborn health counseling done in the household by health workers

- Newborn care
- Healthy spacing of pregnancies
- Immediate and exclusive breastfeeding
- The risk of pregnancy after a birth
- Lactational Amenorrhea Method
- Switch from the Lactational Amenorrhea Method to another modern method
- Other family planning methods for women who breastfeed
- Refer to postnatal care

BUILDING COMMUNITY SUPPORT

Plan community-based events

Arrange monthly community meetings with influential men and women in the community

Establish Lactational Amenorrhea Method role models

Messages Given During Household Counseling

Females at a 10-grade level were hired and trained for five days in order to become community health workers. After the training, they offered household counseling on maternal and newborn health and PPFP in their own communities. PPFP counseling covered these topics:

A. Nash-Mercado

Community health worker counseling pregnant woman and her mother-in-law, Sylhet, Bangladesh

Healthy spacing of pregnancies

- Immediate and exclusive breastfeeding
- The risk of pregnancy after a birth
- The Lactational Amenorrhea Method
- Switching from the Lactational Amenorrhea Method to other modern methods
- Other family planning methods for breastfeeding women
- Going for a postnatal care visit

Before this new program had started, women were counseled twice while they were pregnant and during six household visits after giving birth.

- **Two visits while pregnant:** at 12–16 weeks and 32–36 weeks of pregnancy
- **Six visits after giving birth:** on days 1, 3, 6, 9 and 15 and between days 29 and 35

With this new program, PPFP was included as part of the following existing household counseling visits:

- **During 32 to 36-week visit during pregnancy and on days 6 and 29, after the birth:** provide messages on healthy spacing of pregnancies, breastfeeding, Lactational Amenorrhea Method and risk of pregnancy after a birth.
- **During months 2–3 and 4–5,** referral for the 40th day postpartum visit: provide further support for the switch from the Lactational Amenorrhea Method to a new family planning method, and review other messages, as needed.

The table below is a tool used by the community health workers to keep track of their counseling sessions with women.

Table 2. Healthy Fertility Study Household Counseling Schedule

Messages	During pregnancy	Day 6 and 29 postpartum	Months 2–3 postpartum	Months 4–5 postpartum
Exclusive breastfeeding	✓	✓	✓	✓
Lactational Amenorrhea Method	✓	✓		
Switch from Lactational Amenorrhea Method to another modern method			✓	✓
Healthy spacing of pregnancies	✓		✓	✓
Risk of pregnancy after a birth		✓		
Visit to facility		✓	✓	✓

Building Community Support for PPFP

Advocacy

Union- and ward-level meetings were held to gain the support of community leaders for the use of modern family planning methods to space pregnancies and ensure maternal and child health. Union-level meetings were held with district chairmen, members, leaders, Government of Bangladesh nongovernmental organizational workers, and religious leaders about the key program areas.

S. Ahmed

Religious leaders' meeting, Sylhet, Bangladesh

Ward-level advocacy meetings were held with union parishad members, teachers, religious leaders and influential community leaders. Separate meetings for men and women were held.

Community meetings

A. Nash-Mercado

Community mobilization with women's group, Sylhet, Bangladesh

To gain social support for exclusive breastfeeding, spacing of births, use of postpartum services and use of family planning methods, female community mobilizers held group meetings with pregnant and postpartum women, their mothers-in-law and senior female family members. At the same time, male community mobilizers held group meetings with husbands, fathers-in-law and senior male family members of pregnant and postpartum women.

Sample Materials

Type of material:	Three flyers
Content:	Pregnancy spacing and breastfeeding Lactational Amenorrhea Method and the switch to other modern methods Postnatal care visits at the health center
How used:	Given out during household counseling visits by community maternal and newborn health workers
Main target group:	Pregnant women and mothers during the first five months postpartum
Supporting groups:	Key senior men and women in the community

Figure 17. Flyer on Pregnancy Spacing and Breastfeeding

Figure 18. Flyer on Lactational Amenorrhea Method and the Switch to Another Modern Family Planning Method

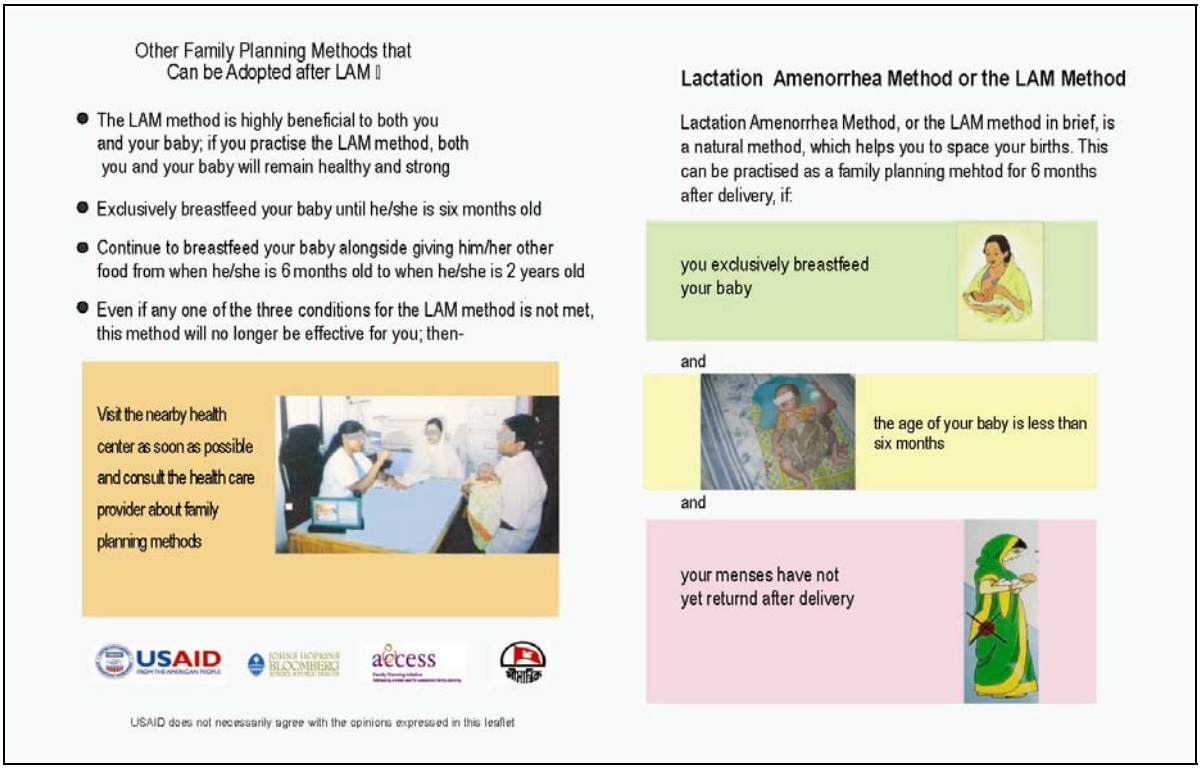
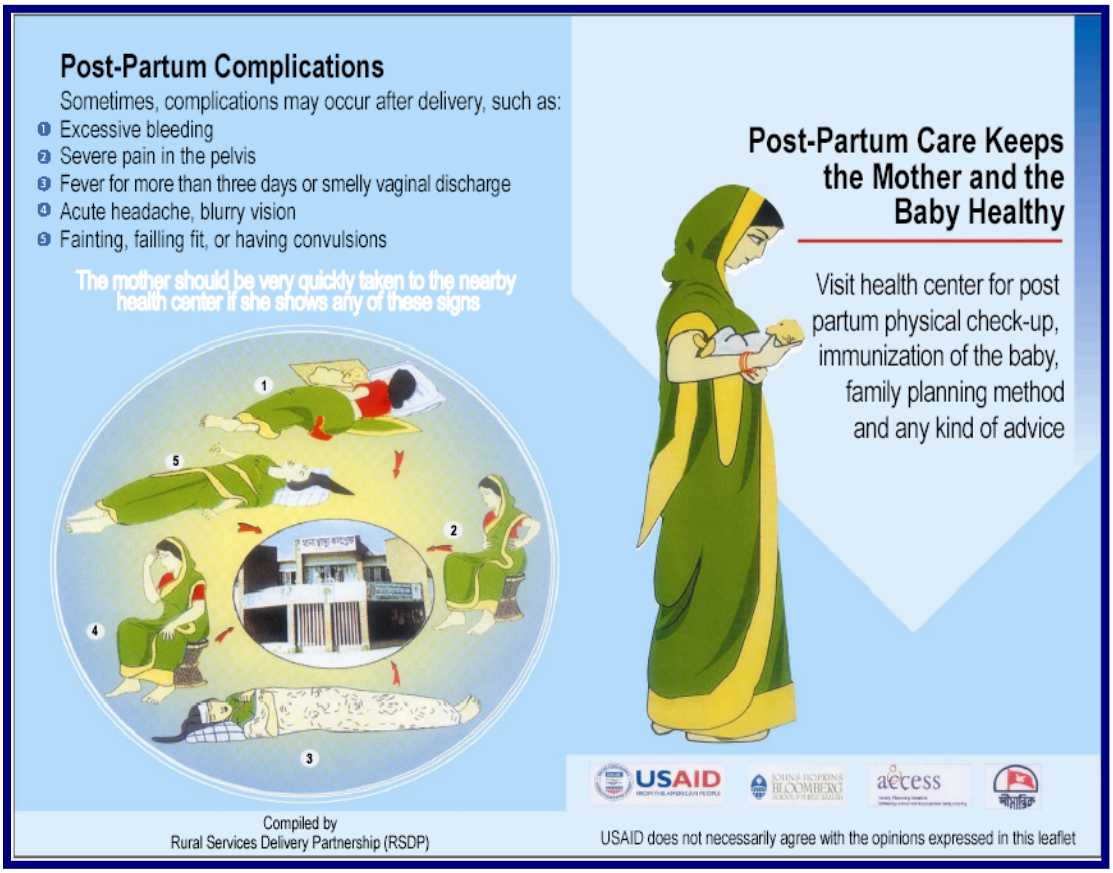


Figure 19. Flyer on Postpartum Care Visit



NIGERIA: Including PPFP in a Basic Obstetric Maternal and Newborn Care Program

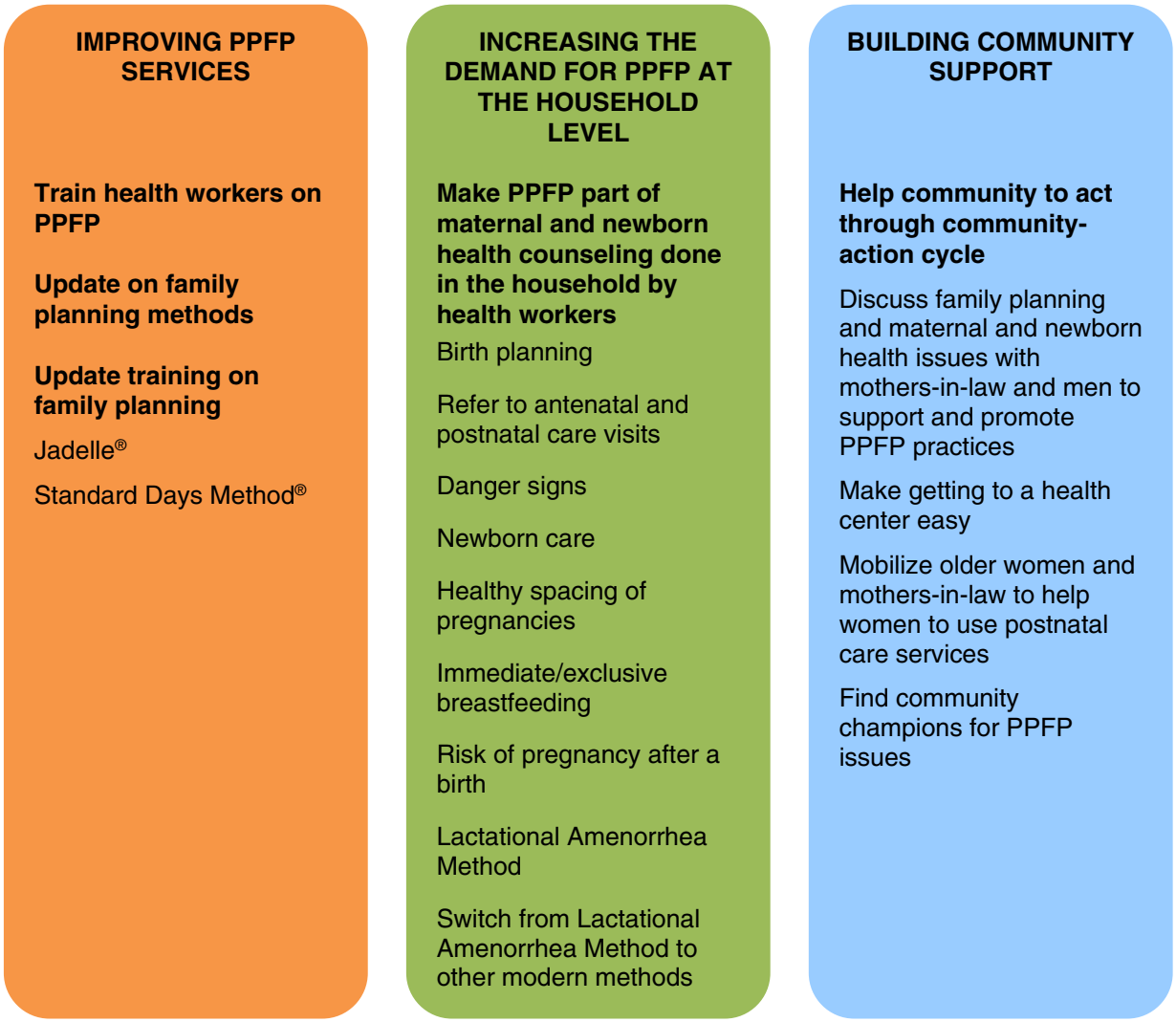
Project Description

In Nigeria, the ACCESS-FP Program works with ACCESS Nigeria to help the Federal Ministry of Health's National Reproductive Health Policy meet its goals. The goals are to reduce the number of deaths of mothers and children in Nigeria and to increase use of child survival and reproductive health services. The way the program has helped to reduce the number of deaths in mothers and children is to increase the use of family planning and high-level obstetric and newborn care services by pregnant women, mothers and their newborns in selected local government areas in two states—Kano and Zamfara.

How to Include PPFP Messages in a Basic Obstetric and Newborn Care Setting

Along with training health care workers, behavior change and community mobilization strategies were designed to deal with one goal of the program—raising the demand for maternal health, newborn care and family planning services. A three-part approach that included service improvement, behavior change communication and community support-building was planned. Household visits were used to increase the demand for services and improve care of the mother and newborn in the home. PPFP was built into these counseling sessions. The community mobilization activities were used to help train individuals, groups, governments and nongovernmental organizations to support care of the mother and newborn and PPFP, both during pregnancy and after the birth.

Figure 20. Three-Part Model for Improving PPFP Use In Northern, Nigeria



Messages Given during Home Visits

Mothers with little reading and writing skills, and who lived in the community, volunteered to do home visits and counsel women on how to give birth safely and how to care for their newborns. Later, they received a three-day training on how to include PPFP in counseling during home visits. After the training, the topics covered in home visits included:

- Birth planning
- Referrals to antenatal and postnatal care visits
- Danger signs
- Newborn care
- Healthy spacing of pregnancies

- Immediate and exclusive breastfeeding
- Risk of becoming pregnant after a birth
- The Lactational Amenorrhea Method
- Switching from the Lactational Amenorrhea Method to other modern methods

Before the new program started, women were counseled during four household visits for basic obstetric and newborn care:

- Two visits while pregnant: within the first five months and during the eighth month
- Two visits after giving birth: after 24 hours and within five to seven days

With this new program, the PPFP messages below were included as part of the existing household counseling visits:

- **During the eighth month of pregnancy and 24 hours after giving birth:** healthy spacing of pregnancies, risk of becoming pregnant after a birth and use of the Lactational Amenorrhea Method
- **Five to seven days after birth:** healthy spacing of pregnancies, risk of becoming pregnant after a birth, the Lactational Amenorrhea Method and the switch to other modern methods
- **A fifth visit at six weeks after giving birth and a sixth visit if needed, at four months**, were added to support the use of PPFP methods other than the Lactational Amenorrhea Method:
  - **Six weeks after birth:** to ensure postpartum women are using a PPFP method and that those using the Lactational Amenorrhea Method are doing it the proper way
  - **Four months after birth:** to help women make the switch from the Lactational Amenorrhea Method to another modern method

Table 3. ACCESS-Nigeria Household Counseling Schedule

Messages	First 5 months pregnancy	7–8 months pregnancy	24 hrs postpartum	5–7 days postpartum	6 weeks postpartum	Optional 4-month postpartum visit for users of Lactational Amenorrhea Method
Birth plan	✓	✓				
Refer for antenatal care visit	✓	✓				
Refer for post-natal care visit			✓	✓	✓	✓
Danger signs and referral	✓	✓	✓	✓		
Immediate newborn care		✓				
Immediate breastfeeding/ exclusive breastfeeding for 6 months		✓	✓	✓ (exclusive breastfeeding only)	✓ (exclusive breastfeeding only)	
Healthy spacing		✓	✓	✓	✓	
Return to fertility		✓	✓	✓	✓	
Lactational Amenorrhea Method and transition		✓ (Lactational Amenorrhea Method only)	✓ (Lactational Amenorrhea Method only)	✓	✓	✓

Building Community Support for PPFP

Community groups held many maternal and newborn health/PPFP activities through their community action cycle to support PPFP including:

- Looking at mothers' and newborns' health and family planning issues with mothers-in-law and men, with the goal of getting them to support and promote PPFP.
- Having older women and mothers-in-law agree to take the newborn and the mother to a health center at 24 hours, three days, two weeks and six weeks after the birth.
- Starting mothers' savings clubs in communities near a health center to help increase use of postpartum services by paying for transport.
- Tracking postpartum visits at Gezawa General Hospital in Kano, where the communities with the highest number of postpartum visits are given a "champion" prize.

S. Yusuf

At Rijiar Lemu PHC in Fagge Local Government Area, mothers-in-law go with their daughters-in-law for postpartum visits

Sample Materials

Type of material: Four counseling cards

Content: Healthy spacing of pregnancies

Couples talking about PPFP and the risk of getting pregnant after a birth

Lactational Amenorrhea Method

Switching from the Lactational Amenorrhea Method to other modern methods

How used: Used during household counseling visits by volunteer community maternal and newborn health workers

Main audience: Pregnant women and mothers during the first five months postpartum

Supporting group: Husbands of pregnant women and mothers during the first five months postpartum

Figure 21. Counseling Job Aid from Nigeria

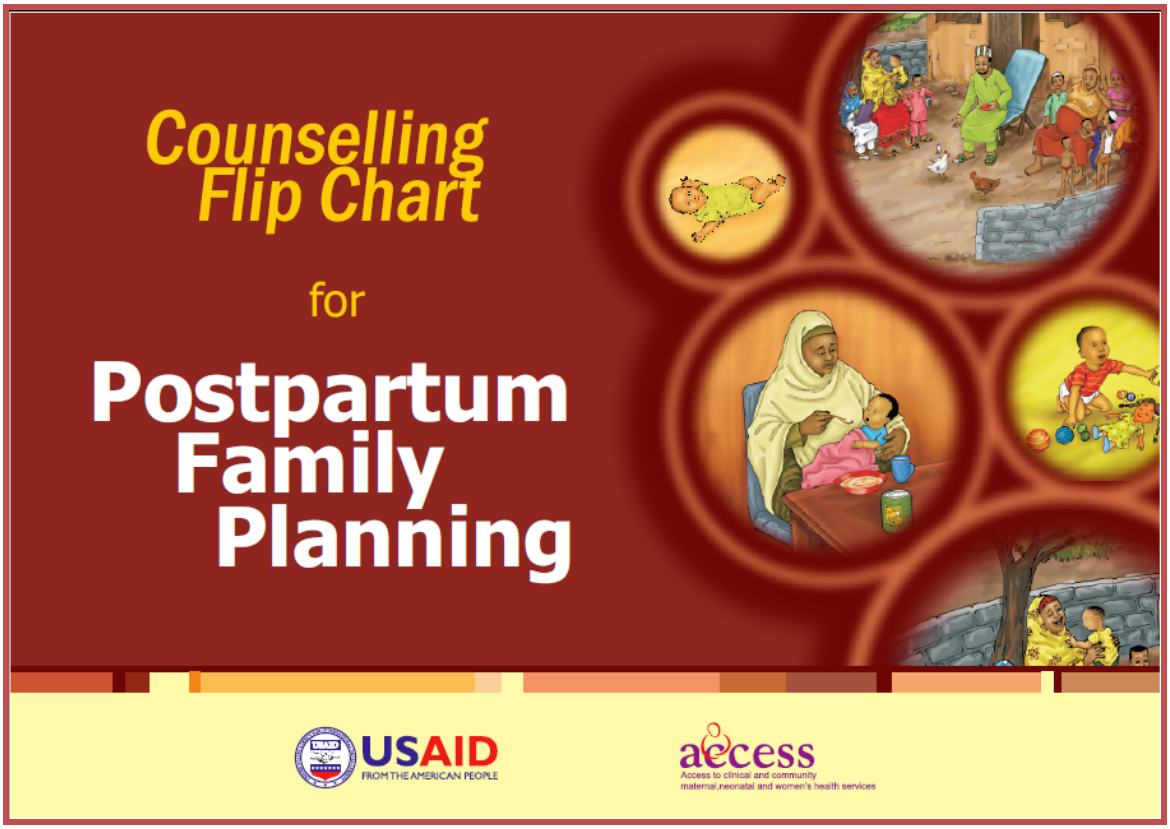
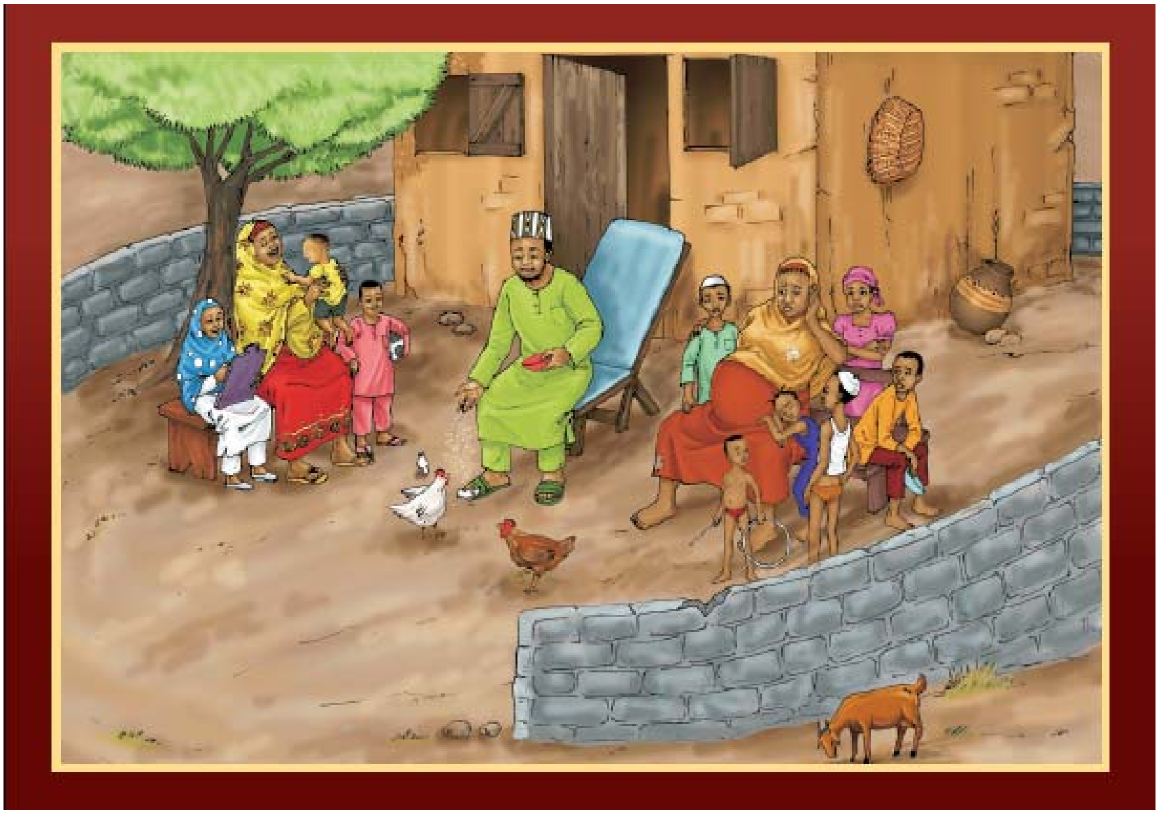


Figure 22. Healthy Spacing of Pregnancies and Co-Wife Competition



Bayanai akan bada tazara tsakanin samun juna biyu, cikin koshin lafiya.

Me kika gani a wannan hoton?
Me kika fahimta game da wannan hoton? e?

Me ake nufi da bada tazara tsakanin samun juna biyu?

Bada tazara tsakanin samun juna biyu cikin koshin lafiya shine, samun hutu kamar misalign shekara biyu bayan haihuwa .

Mene ne amfanin bada tazarar tsakanin samun juna biyu?
Bada tazara tsakanin samun juna biyu cikin koshin lafiya::

- Inganta lafiyar uwa da jaririnta.
- Rage mace-macen yara da jarirai, a kasa da shekaru biyar .
- Rage haihuwar jariran da basu isa haihuwa ba (bakwaini) .
- Baiwa uwa da uba dammar tsawon shekara biyu domin samun wani cikin .
- Rage matsaloli lokacin goyon cikin da zafa samu a gaba .
- Baiwa iyaye mata dammar shayar da jariransu cikin shekaru biyu .
- Taimakawa mata samun yara masu lafiya !

Tuna fa:
"Yaron kirki guda daya, yafi yara masu yawa mara sa amfani " (Da haihuwan yuyuyu gara Da daya kwakwara- Karin maganar Hausa). Tuna fa saurarawa har tsawon shekaru biyu kafin a sami ciki bayan haihuwa, zai taimaka wajen samun yara masu lafiya da kwazo.

- Saurara har tsawon shekaru biyu, bayan haihuwa, kafin samun wani cikin domin lafiyar ki da ta jaririn ki.
- Saurara har tsawon wata shida bayan samun barin ciki, kafin samun wani cikin domin lafiyar ki da jariri.
- Yi amfani da hanya mafi sauki wajen shayar da jariri, a kwai hanyoyi da yawa wadanda basa cutarwa a Wajen Shayar da jariri.

HEALTHY SPACING OF PREGNANCIES

What do you see in this picture?
What do you understand about this picture?

Healthy spacing of pregnancies is waiting at least two years after the birth of your last child or six months after a miscarriage to become pregnant again for the health of the mother and baby.

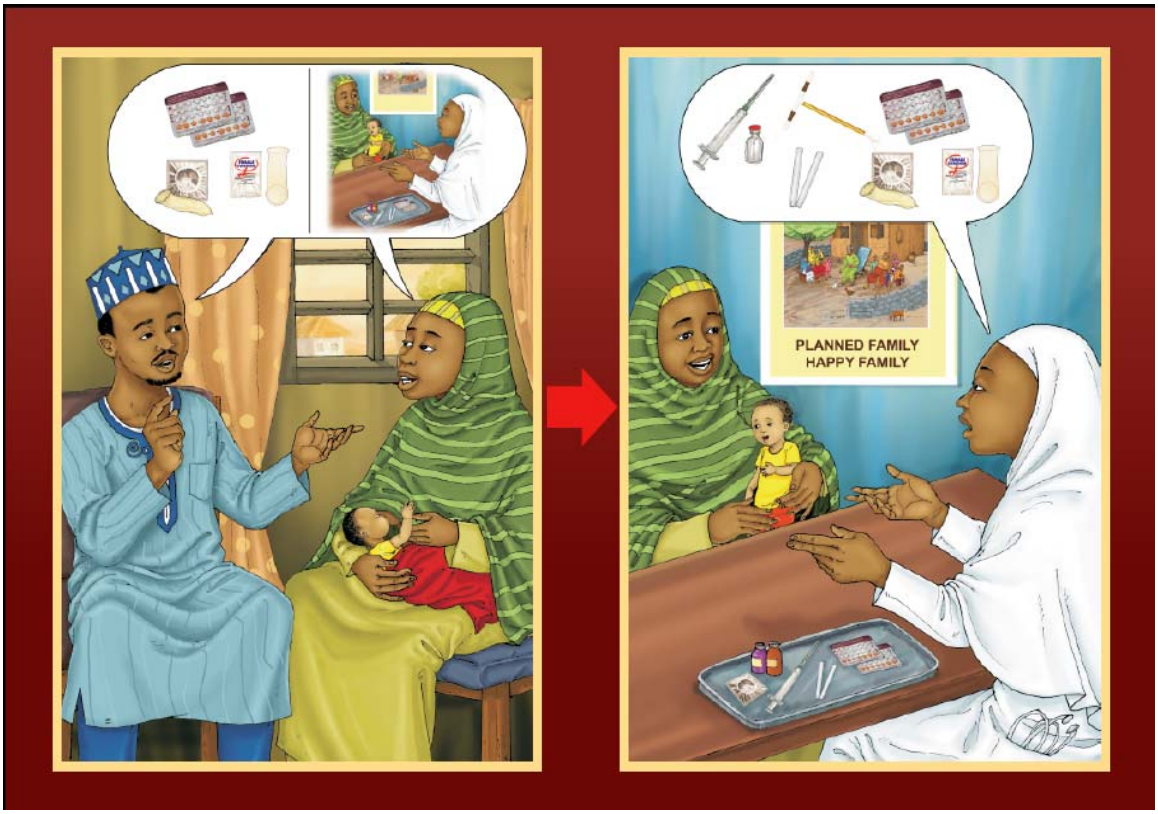
What are the benefits of healthy spacing of pregnancies?
Healthy spacing of pregnancies:

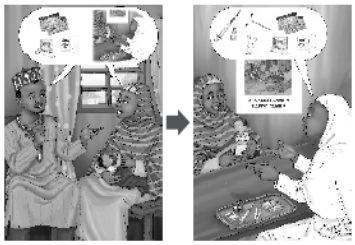
- Improves the health of the mother and the child.
- Reduces the chance that newborns, infants and children will die under five years of age.
- Reduces the chance that babies are born too early, too small or with a low birth weight.
- Gives mothers and fathers two years to prepare for the next pregnancy.
- Reduces the chance of problems during the next pregnancy.
- Allows mothers to breastfeed for two full years.
- Helps each co-wife to have healthy and productive children!

Remember:
"One good child is better than many useless ones" (Hausa Proverb). Remember waiting at least two years to become pregnant after the birth of your last child will help you have healthy and productive children.

- Wait at least two years after your baby's birth before trying to become pregnant again for the health of you and your baby.
- Wait at least six months after a miscarriage before trying to become pregnant again for the health of you and your baby.
- Use methods that are safe for a breastfeeding baby and mother. You have many choices that have no effect on breastfeeding.

Figure 23. Couples Talking about Postpartum Family Planning Methods





Bayani akan yadda za'a tattauna wajen zaben hanyar bada tazarar iyali, bayan sati shida da haihuwa

Me kika gani a wannan hoton?
Me kika fahimta game da wannan hoton?

- Mene ne tattaunawa tsakanin ma'aurata akan bada tazarar iyali?
- Tattaunawa tare da zaben hanyar bada tazarar haihuwa na da muhimmanci ga ma'aurata..
- Idan har zai yiwu, yana da muhimmanci ga ma'aurata su koyi hanyoyin bada tazarar haihuwa daga jamian wayar da kai lokacin goyon ciki..
- Bayan haihuwa, yana da muhimmanci ma'aurata su tattauna tare da zabar hanyar bada tazarar haihuwa Lokacin da jariri ya kai sati shida..

Mene ne amfanin tattaunawa tare da zaben hanyar bada tazarar iyali kafin jariri ya kai wata shida?

Tattuunawa tare da zaben hanyar bada tazarar haihuwa da kuma (matakin tazarar haihuwa da zarar an haihu) kafin jariri yayi wata shida.:

- Zai taimaka wajen bada tazara tsakanin samun juna biyu cikin koshin lafiya..
- Zai taimaka wajen hana samun cikin da ba'a niyya ba..
- Baiwa uwa dammar tambayar mai bada shawara a kan bada tazarar haihuwa lokacin ziyarar wata shida bayan haihuwa..

Tuna fa::

- Uwa zata iya samun juna biyu bayan sati shida da haihuwa, idan har bata shayar da jaririn da nononta tsantsa koda kuwa bata yi jinin alada ba..if her menses has not yet returned!!
- Saurin fahimtar tsakanin ma'aurata na taimaka domin daukan matakin kare cikin da ba'a shire shi ba..
- Ma'aurata, su tambayi jami'in bada shawarwari akan bayanan bada tazarar haihuwa lokacin goyon ciki..
- Ma'aurata su tattauna tare da zabar hanyar bada tazarar haihuwa kafin jariran su kai wata shida..
- Uwa ta karbi hanyar bada tazarar haihuwa daga wurin jami'an bada shawarwari lokacin ziyarar sati shida..

DISCUSSING AND CHOOSING A FAMILY PLANNING METHOD PRIOR TO SIX WEEKS AFTER THE BIRTH

What do you see in this picture?
What do you understand about this picture?

What is communication between couples about family planning?

- Discussing and choosing a family planning method is an important decision for couples.
- Whenever possible, it is useful for couples to learn about family planning methods (including LAM) from a provider during pregnancy.
- After a birth, it is important for couples to discuss and choose a method (including LAM) by the time the baby is six weeks old.

What is the benefit of discussing and choosing a family planning method before a baby is six weeks old?

Discussing and choosing a method, including LAM, before your baby is six weeks:

- Can help ensure healthy spacing of pregnancies.
- Can help prevent an unintended pregnancy.
- Allows a mother to ask a provider for a method (including LAM) during the 6 week postpartum visit.

Remember:

- A mother can become pregnant as soon as 6 weeks after a birth if she is not exclusively breastfeeding, even if her menses has not yet returned!
- An understanding between couples early on can help prevent unplanned pregnancies.
- Couples, ask your provider for family planning information during your pregnancy.
- Couples, discuss and choose a family planning method before your baby is 6 weeks old.
- Mother, obtain your family's method of choice during your 6 week visit with your provider.

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Figure 24. Lactational Amenorrhea Method

Bayani akan daukar matakin tazarar haihuwa da zarar an haihu

Me kika gani a wannan hoton?
Me kika fahimta game da wannan hoton?

Mene ne matakin bada tazarar haihuwa da zarar an haihu (LAM)?

Matakin bada tazarar haihuwa (LAM) ana daukar sa ne a wani karamin lokaci da zarar an haihu, idan:

1. Idan jinin alada bai dawo ba, kuma
2. Ana shayar da jaririn nonon uwarsa dare da rana, san nan kuma,
3. Jaririn bai kai wata shida ba..

Mene ne amfanin daukar matakin tazarar haihuwa da zarar an haihu (LAM) ?

- Yana hana mata samun cikin da ba'a shirye shi ba har tsawon wata shida bayan haihuwa..
- Yana hana samun ciki idan har an sami wadan nan abubuwa uku da aka fada a sama..
- Za a iya fara wad a zarar an haihu..
- Bashi da illa
- Hanya ce mai sauki bata bukatar magani..
- Yana samar da lokaci ga ma'aurata wajen zaben wata hanyar idan har wannan bata yi aiki ba..
- Ana amfani da nonon uwa tsantsa domin koshin lafiyar jariri..

Tuna fa :

- Da zarar an haihu Ma'urata ku yi amfani da hanyar shayar da nonon uwa tsansa ba tare da an hada da abinci ko ruwa ba, ko kuma jinin al'ada bai dawo ba, da kuma idan jaririn yana kasa da wata shida , san nan kuma a na bukatan ma'aurata su fara s tunanin bin wata hanyar bada tazarar haihuwa bayan wannan ta shayar da nonon uwa tsansa, zai taimaka wajen tabbatar da bada tazarar haihuwa cikin koshin lafiya..
- Matakin tazarar haihuwa da zarar an haihu(LAM) yana hana samun cikin da ba'a shirya shi ba. Idan jinin al'ada bai dawo ba, ana shayar da jaririn da nonon uwa kawai, sannan bai kai wata shida ba..
- Jami'a mai bada shawarwari zata sanar da matan da bata aiki da wannan tsarin cewar zata iya samun juna biyu koda jinin al'ada bai dawo ba masamman idan bata yi amfani da wadannan hanyoyi uku .

LAM

What do you see in this picture?
What do you understand about this picture?

What is lactational amenorrhea method or LAM?

Lactational Amenorrhea Method (LAM) is a temporary, natural family planning method you can start yourself immediately after a delivery if:

1. Your menses has not returned, **AND**
2. The baby is only breastfed and is fed frequently day and night, **AND**
3. The baby is less than six months old.

What are the benefits of LAM?

- LAM is a family planning method that can help protect women from unplanned pregnancies for up to 6 months after the last birth.
- It prevents pregnancies if all three conditions are met.
- It can be started immediately after birth.
- There are no side effects.
- It is a natural method, requiring no medical devices or artificial hormones.
- It gives you time as a family to consider and choose other FP methods for when LAM will no longer be effective.
- It uses breastfeeding, which is good for the health of your baby

Remember:

- Couples, practice LAM, while you decide on another method to change to after LAM. This will help ensure healthy spacing of your children.
- LAM prevents unplanned pregnancies if the mother's menses has not yet returned, your baby is only breastfeeding, and your baby is less than six months old.
- A mother not using LAM (volunteer asks the household women what the criteria are and the volunteer repeats the criteria again) can become pregnant even if her menses has not yet returned!

REMEMBER- LAM is not equal to EXCLUSIVE BREASTFEEDING

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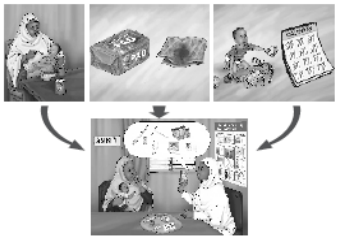
Figure 25. Switch from the Lactational Amenorrhea Method to Other Modern Methods



Bayanai akan matakin tazarar haihuwa da zarar an haihu da kuma sabon tsarin daukan matakin tazarar haihuwa nan gaba.

Me kika gani a wannan hoton??
Me kika fahimta a wannan hoton? ?

Mene ne sabon tsari tsakanin matakin tazarar haihuwa da zarar an haihu da wata sabuwar hanyar daukan mataki nan gaba??

? Matakin tazarar haihuwa da zarar an haihu yana kare mata samun cikin da ba'a shirye shi ba har zuwa tsawon wata shida bayan haihuwa, idan: :

1. Idan jinin al;ada bai dawo ba, kuma,
2. Ana shayar da jaririn nonon uwar sa dare da rana, san nan kuma.,
3. Jaririn bai kai wata shida ba.

· Da zarar an ga canji a wadan nan abubuwa uku, ma'aurata sais u sake wata sabuwar hanyar..
· Akwai hanyoyin tazarar haihuwa masu sauki ga mata masu shayarwa, wadanda ba za su kawo matsala ga shayarwar su ba ko kuma canjin inganci ko yawan Nonon sub a..
· Za,a iya cigaba da shayar da jariri nonon uwa, koda ana amfani da sabuwar hanyar tazarar haihuwa.

Mene ne amfanin sabon tsari daga matakin tazarar haihuwa zuwa sabuwar hanyar daukan matakan tazarar haihuwa nan gaba? ?

· Canjawa daga matakin tazarar haihuwa na bada Nonon uwa tsantsa (LAM) zuwa ga sauran matakan bada tazarar haihuwan nan gaba yana taimakawa uwa da zara ta gan canji a matakan nan uku na shayar da nonon uwa tsantsa, hakan yana tabbatar da tazaran haihuwa cikin koshin lafiya ga uwa da jarirnta..
· Tunda, matakin tazarar haihuwa na shayar da nonon uwa tsantsa da zarar an haihu ba daukar dogon lokaci, sauyawa zuwa wani tsarin yana kare mata daga samun cikin da ba shirya daukan shi ba..

Tuna fa::

· Ma'aurata, idan kuna amfani da tsarin bada tazarar haihuwa ta shayar da nonon uwa tsantsa da zarar an haihu, kuma matar ta fara jinin al'ada, jaririn ba, jaririn ba nonon uwa kadai ake bashi ba, ko kuma ya wuce wata shida, sai ayi maza, a canja zuwa wata hanyar bada tazarar haihuwar..
· Akwai hanyoyin bada tazarar haihuwa masu sauki ga mata shayarwa, yi Magana da jami'an bada shawarwari akan hanyoyin da basu da matsala ga mai shayarwa..

LAM AND THE TRANSITION

What do you see in this picture?
What do you understand about this picture?

What is the transition from lactation amenorrhea method or LAM to another modern method?

- LAM protects women from unplanned pregnancies for up to 6 months postpartum, if:
  1. Her menses has not returned, **AND**
  2. The baby is only breastfed and is fed frequently day and night, **AND**
  3. The baby is less than six months old.
- As soon as one of the 3 criteria changes, couples should immediately switch to another method.
- There are many safe FP methods for breastfeeding mothers that will not affect breastfeeding, change the quality or quantity of breastmilk.
- Your baby can continue to breastfeed even if you are using a modern FP method.

What are the benefits of transitional from LAM to another modern FP method?

- Switching from LAM to another family planning method as soon as one of the criteria changes helps too ensure the healthiest spacing of pregnancies for the mother and the baby.
- Since LAM is temporarily changing to another method will prevent mothers from becoming pregnant before they are ready.

Remember:

- Couples, if you are using LAM and the mother has returned her menses, the baby is no longer only breastfeeding, or the baby is older than six months, change to another family planning method immediately to space your pregnancies.
- There are many safe FP methods for breastfeeding mothers. Talk to your provider and ask about those methods that have no effect on breastfeeding.

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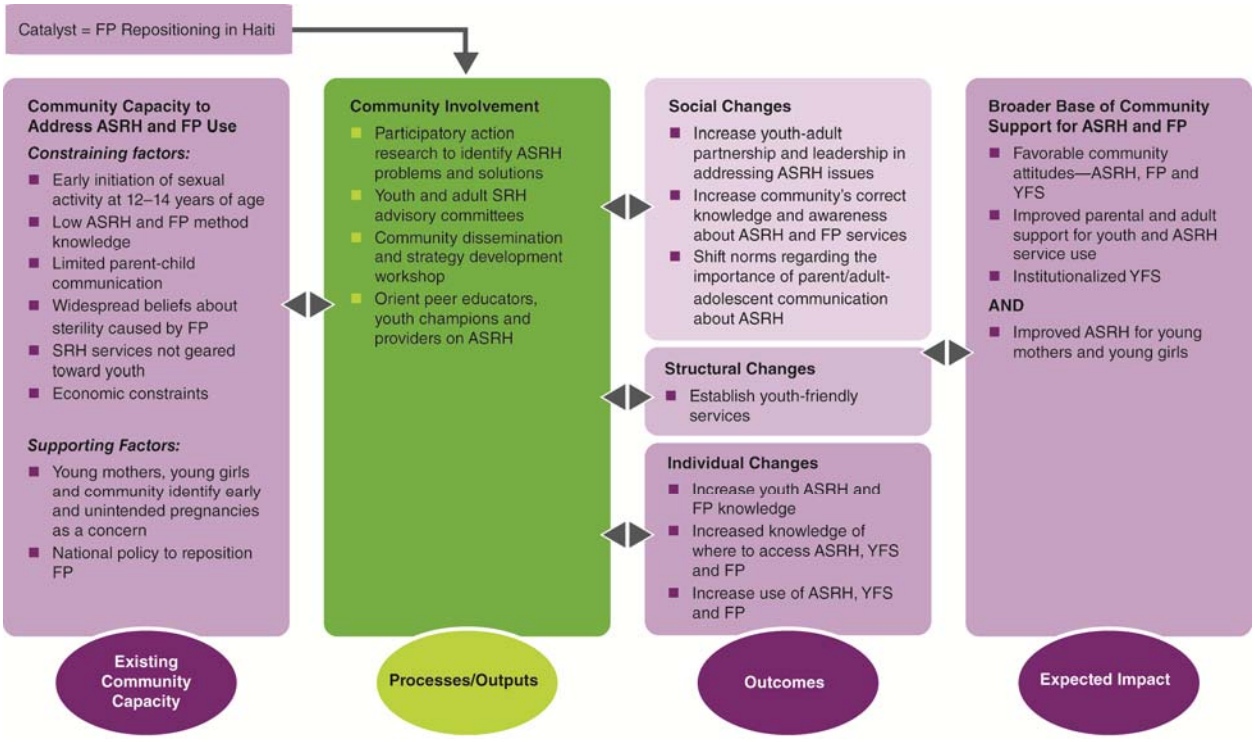
HAITI: Including PPFP in an Adolescent Sexual and Reproductive Health Project for Young Mothers and Girls (15–24 Years)

Project Description

In Haiti, ACCESS-FP gave support to a program aimed at meeting the sexual and reproductive health and family planning needs of young mothers and girls in the urban and rural areas of Miragoane and L'Azile in the Nippes Department in Haiti. The program used lessons learned from a youth sexual and reproductive health and family planning model from Nepal that involved many people in the community and had good results. It focused on using community-based activities that were closely linked with the existing health services to increase young women's (15–24 years) use of family planning services.[126] In Haiti, there was a special focus on the healthy timing and spacing of pregnancies, and PPFP counseling.

Figure 26. Conceptual Model for Community Involvement in Adolescent Sexual and Reproductive Health



*** Adapted from: Community pathways to improved adolescent sexual and reproductive health: A conceptual framework and suggested outcome indicators, December 2007.**

How to Reach Young Mothers and Young Girls with Sexual and Reproductive Health and Family Planning Messages

Based on the results of research, a three-part plan was designed to meet these program goals: 1) improve the quality of sexual and reproductive health and family planning services for youth; 2) increase the demand for sexual and reproductive health and family planning services through sessions with young mothers and girls; and 3) build community support for use of services by youth. The figure below outlines the program.

Figure 27. Three-Part Model for Improving PPFP Use and Healthy Timing and Spacing of Pregnancy among Young Mothers and Young Girls in Nippes, Haiti

Building Community Support for Healthy Timing and Spacing of Pregnancy, and PPFP Use among Young Mothers and Girls

Parents and leaders in the community were approached for support of young mothers and girls being able to get sexual health and family planning guidance and services before any other activities were started. From the beginning, during the research phase, parents and adults were involved by setting up two Parent/Adult Advisory Committees, one each in Miragoane and Azile. Each was made up of nine members—parents and adult leaders who were picked by the community. These Parent/Adult Committees focused on adolescent sexual and reproductive health and family planning, and they later planned activities to support young girls and mothers. Two Youth Advisory Committees were formed and were given training on adolescent sexual and reproductive health and family planning. They worked together with the adult committees to plan events.

These committees planned community activities (World AIDS Day, Women's Day, *fêtes patronales*, etc.) to gather support for young mothers and girls to use the improved adolescent reproductive health and family planning services and adopt healthy timing and spacing of pregnancies. Radio programs were also broadcast to reach a larger audience with family planning messages to address some of the gaps in knowledge the committees found through focus groups and other research.

Reaching Young Mothers and Girls 15–24 Years of Age to Promote Healthy Timing and Spacing of Pregnancy

Once the social support groups were formed, leaders of young mothers' clubs and young girls' clubs, along with peer teachers and parents and/or adult champions, were brought together and trained on adolescent sexual and reproductive health, healthy timing and spacing of pregnancies, family planning, PPFP, myths, parent-youth communication and the use of sexual health and family planning services. Once trained, 310 leaders and 26 peer teachers gathered and held sessions for young mothers, girls and parents/adults in many places, such as churches, schools, health centers and other community centers.

Sample Materials

Type of material: Family planning and PPFP brochure

Content: Guidance on family planning and PPFP methods

How used: Handed out by club leaders and peer teachers during young mothers' club meetings, parent/adult support club meetings, group counseling at the health center, and community events to raise awareness about sexual and reproductive health and PPFP for young mothers and girls

Main audience: Young girls 15–24 years old

Young mothers 15–24 years old

Supporting groups: Parents of young girls and mothers

Religious leaders

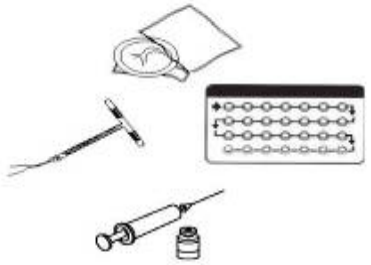
Community leaders

Figure 28. Family Planning and PPFP Brochure

Pou Jèn Manman Yo

Pou manman kap bay tete, apre metòd MAMA a genyen lòt metòd planin ou ka p sèvi ki pap deranje lèt la:

- Kapòt,
- Esterilèt (filaman)
- Ligati (rete nèt pou fi),
- **Vazektomi (rete nèt pou gason),**
- Grenn ak piki nouris ka pran,
- Metòd natirèl (depi tout kondisyon yo la).



Toujou mande doktè ak mis yo enfòmasyon sou metòd planin yo, pou'w ka byen chwazi. Ou gen dwa pou sa.

Jeunes mères, espaçons les grossesses et construisons notre avenir

PPFANI
PROGRAMME DE PLANIFICATION FAMILIALE ACCESSIBILITE - NIPPES

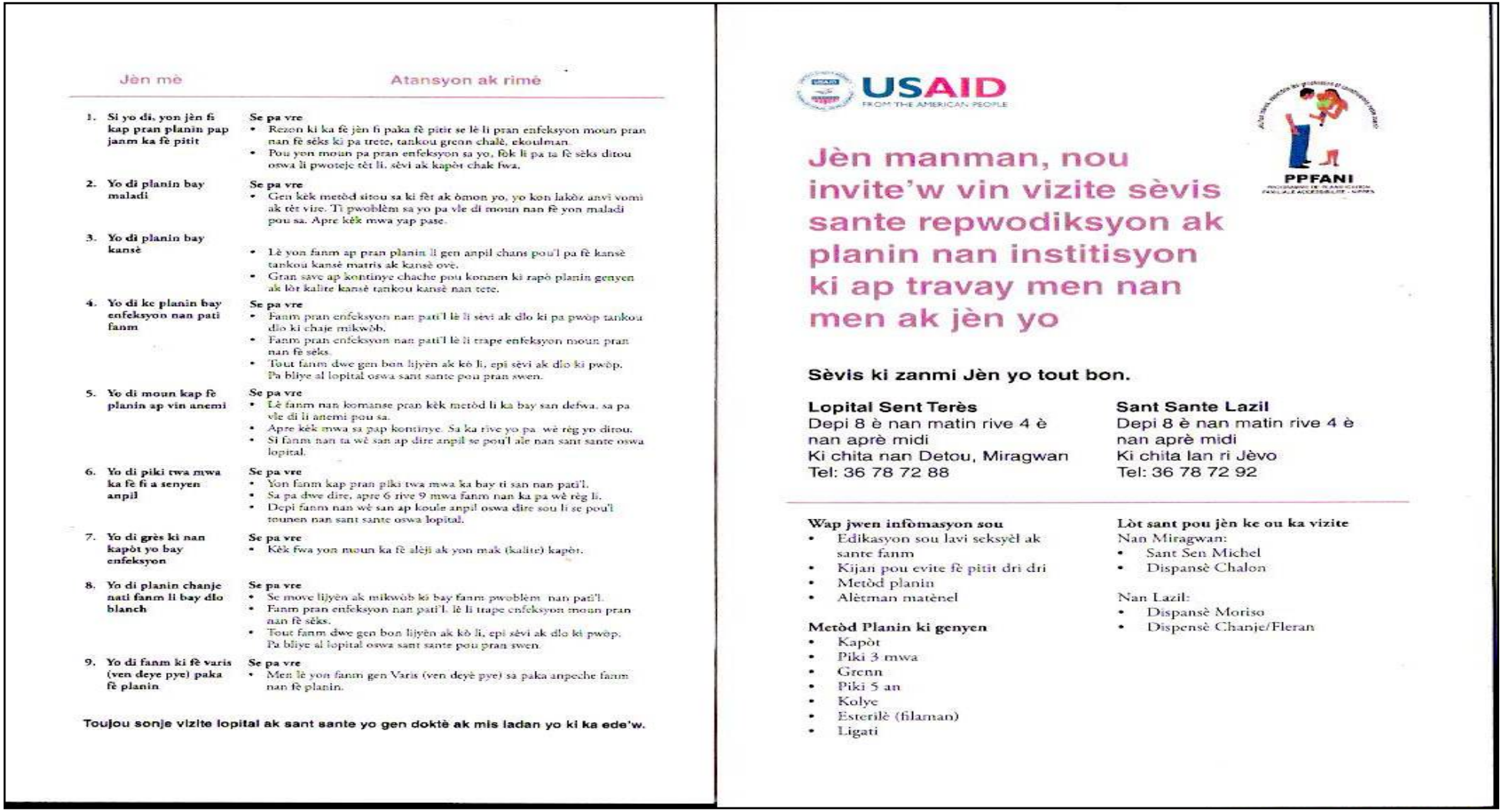
Enfòmasyon ki nan feyè sa a soti nan yon liv: (Global Handbook for Providers—2008 update) Baltimore et Genève. JHU/CCP et OMS, 2008. Yon liv referans pou moun kap bay swen santé.

USAID FROM THE AMERICAN PEOPLE

access
Access to clinical and community maternal, neonatal and women's health services

Type of material:	Invite target groups to become informed and dispel myths by using youth-friendly sexual and family planning health services
Content:	Questions and answers about common sexual health and family planning myths Where to find youth-friendly services
How used:	By club leaders and peer teachers during young mothers' club meetings, parent/adult support club meetings, group counseling at the health center, and events to make the community aware
Main audience:	Young girls 15–24 years old Young mothers 15–24 years old
Supporting groups:	Parents of young girls and mothers Religious leaders Community leaders

Figure 29. Invitation to Young Mothers and Girls to Use Youth-Friendly Sexual and Family Planning Health Services, with Information to Dispel Myths and Rumors



Jèn mè	Atansyon ak rimè
1. **Si yo di, yon jèn fi kap pran planin pap janm ka fè pitit**	**Se pa vre** • Rezon ki ka fè jèn fi paka fè pitit se lè li pran enfeksyon moun pran nan fè sèks ki pa trete, tankou grenn chalè, ekoulman. • Pou yon moun pa pran enfeksyon sa yo, fòk li pa ta fè sèks ditou oswa li pwoteje tèt li, sèvi ak kapòt chak fwa.
2. **Yo di planin bay maladi**	**Se pa vre** • Gen kèk metòd sitou sa ki fèt ak òmon yo, yo kon lakòz anvi vomi ak tèt vire. Ti pwoblèm sa yo pa vle di moun nan fè yon maladi pou sa. Apre kèk mwa yap pase.
3. **Yo di planin bay kansè**	• Lè yon fanm ap pran planin li gen anpil chans pou'l pa fè kansè tankou kansè matris ak kansè ovè. • Gran save ap kontinye chache pou konnen ki rapò planin genyen ak lòt kalite kansè tankou kansè nan tete.
4. **Yo di ke planin bay enfeksyon nan pati fanm**	**Se pa vre** • Fanm pran enfeksyon nan pati'l lè li sèvi ak dlo ki pa pwòp tankou dlo ki chaje mikwòb. • Fanm pran enfeksyon nan pati'l lè li trape enfeksyon moun pran nan fè sèks. • Tout fanm dwe gen bon lijyèn ak kò li, epi sèvi ak dlo ki pwòp. Pa bliye al lopital oswa sant sante pou pran swen.
5. **Yo di moun kap fè planin ap vin anemi**	**Se pa vre** • Lè fanm nan komanse pran kèk metòd li ka bay san defwa, sa pa vle di li anemi pou sa. • Apre kèk mwa sa pap kontinye. Sa ka rive yo pa wè règ yo dirou. • Si fanm nan ta wè san ap dire anpil se pou'l ale nan sant sante oswa lopital.
6. **Yo di piki twa mwa ka fè fi a senyen anpil**	**Se pa vre** • Yon fanm kap pran piki twa mwa ka bay ti san nan pati'l. • Sa pa dwe dire, apre 6 rive 9 mwa fanm nan ka pa wè règ li. • Depi fanm nan wè san ap koule anpil oswa dire sou li se pou'l tounen nan sant sante oswa lopital.
7. **Yo di grès ki nan kapòt yo bay enfeksyon**	**Se pa vre** • Kèk fwa yon moun ka fè alèji ak yon mak (kalite) kapòt.
8. **Yo di planin chanje nati fanm li bay dlo blanch**	**Se pa vre** • Se move lijyèn ak mikwòb ki bay fanm pwoblèm nan pati'l. • Fanm pran enfeksyon nan pati'l lè li trape enfeksyon moun pran nan fè sèks. • Tout fanm dwe gen bon lijyèn ak kò li, epi sèvi ak dlo ki pwòp. Pa bliye al lopital oswa sant sante pou pran swen.
9. **Yo di fanm ki fè varis (ven deye pye) paka fè planin**	**Se pa vre** • Men lè yon fanm gen Varis (ven deyè pye) sa paka anpeche fanm nan fè planin.

Toujou sonje vizite lopital ak sant sante yo gen doktè ak mis ladan yo ki ka ede'w.

USAID
FROM THE AMERICAN PEOPLE

PPFANI

Jèn manman, nou invite'w vin vizite sèvis sante repwodiksyon ak planin nan institisyon ki ap travay men nan men ak jèn yo

Sèvis ki zanmi Jèn yo tout bon.

Lopital Sent Terès
Depi 8 è nan matin rive 4 è nan aprè midi
Ki chita nan Detou, Miragwan
Tel: 36 78 72 88

Sant Sante Lazil
Depi 8 è nan matin rive 4 è nan aprè midi
Ki chita lan ri Jèvo
Tel: 36 78 72 92

Wap jwen infòmasyon sou
- Edikasyon sou lavi seksyèl ak sante fanm
- Kijan pou evite fè pitit dri dri
- Metòd planin
- Alètman matènel

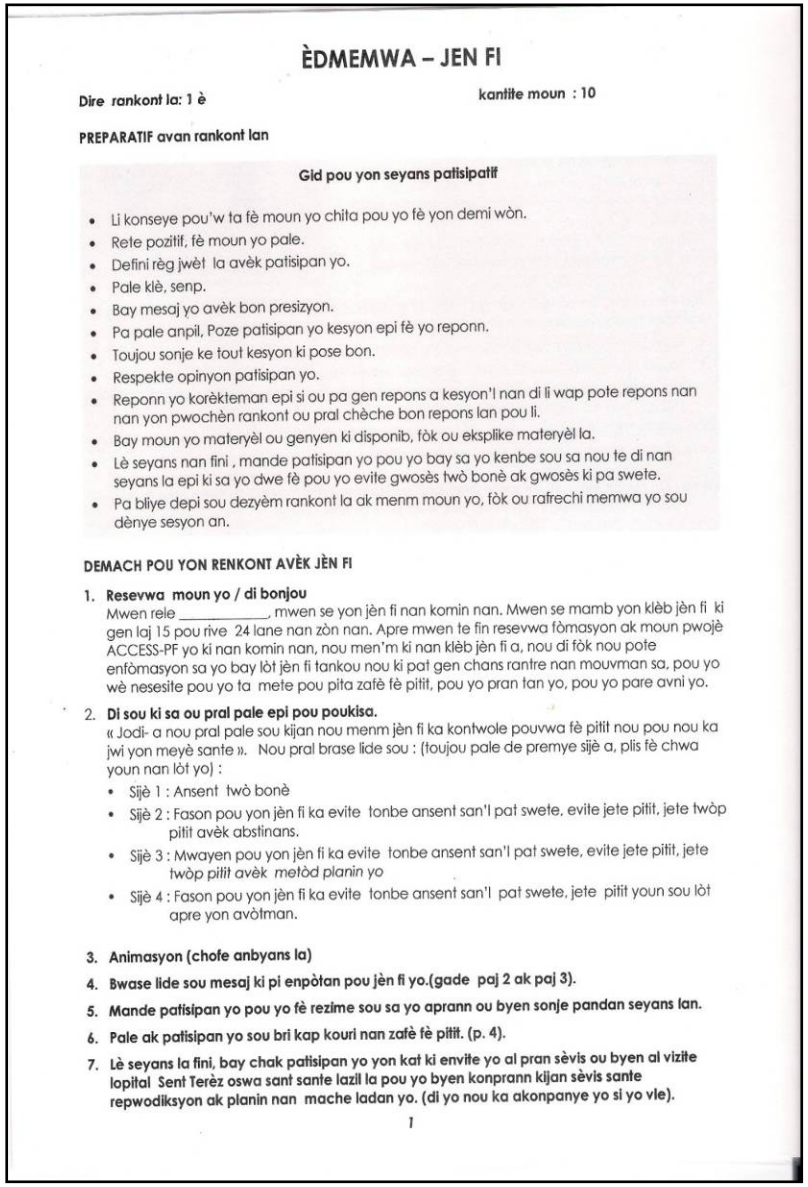
Metòd Planin ki genyen
- Kapòt
- Piki 3 mwa
- Grenn
- Piki 5 an
- Kolye
- Esterilè (filaman)
- Ligati

Lòt sant pou jèn ke ou ka vizite
Nan Miragwan:
- Sant Sen Michel
- Dispansè Chalon

Nan Lazil:
- Dispansè Moriso
- Dispensè Chanje/Fleran

Type of material:	Job aids for peer educators, mothers' and parents' club leaders
Content:	Messages on: Healthy timing of pregnancies Healthy spacing of pregnancies When you become fertile again after a birth, abortion or miscarriage Family planning and PPFP methods Lactational Amenorrhea Method Switching from the Lactational Amenorrhea Method to other modern methods Questions and answers about common sexual health and family planning myths
How used:	By club leaders and peer educators during young mothers' club meetings, parent/adult support club meetings, group counseling at the health center and events to make the community more aware of sexual and reproductive health
Main target group:	Young girls 15–24 years old Young mothers 15–24 years old
Supporting groups:	Parents of young girls and mothers Religious leaders Community leaders

Figure 30. Job Aids for Peer Educators, Mothers' and Parents' Club Leaders



ÈDMEMWA – JEN FI

Dire rankont la: 1 è **kantite moun : 10**

PREPARATIF avan rankont lan

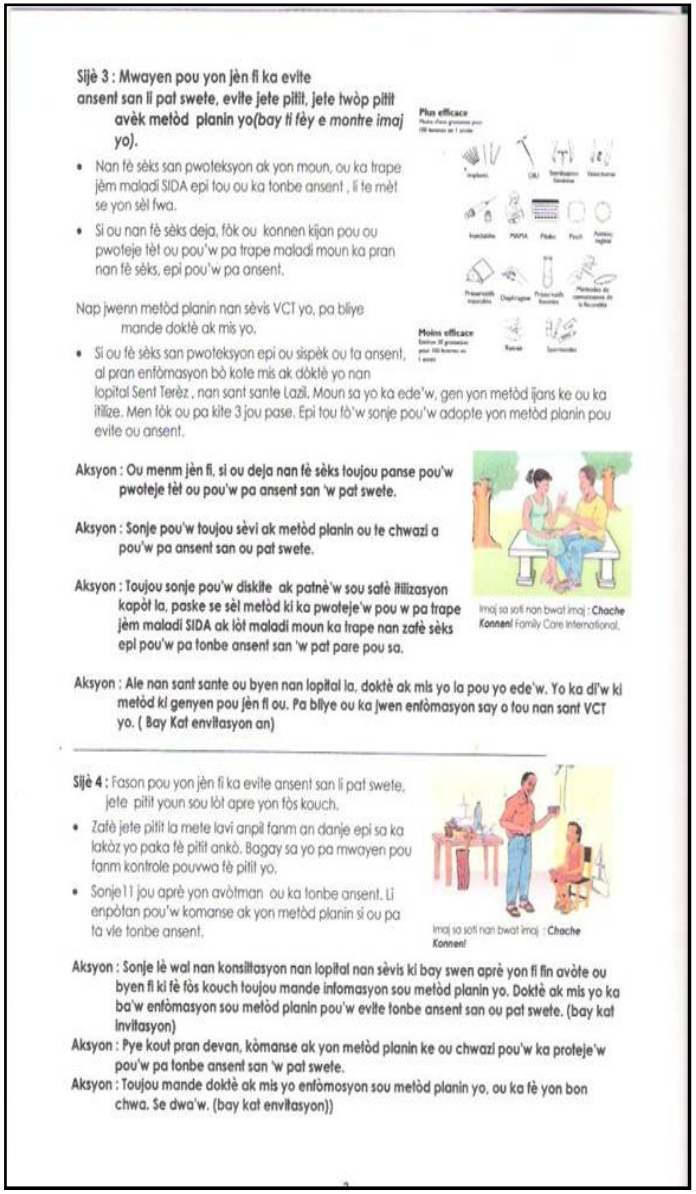
Gid pou yon seyans patisipatif

- Li konseye pou'w ta fè moun yo chita pou yo fè yon demi wòn.
- Rete pozitif, fè moun yo pale.
- Defini règ jwèt la avèk patisipan yo.
- Pale klè, senp.
- Bay mesaj yo avèk bon presizyon.
- Pa pale anpil, Poze patisipan yo kesyon epi fè yo reponn.
- Toujou sonje ke tout kesyon ki pose bon.
- Respekte opinyon patisipan yo.
- Reponn yo korèkteman epi si ou pa gen repons a kesyon'l nan di li wap pote repons nan nan yon pwochèn rankont ou pral chèche bon repons lan pou li.
- Bay moun yo materyèl ou genyen ki disponib, fòk ou eksplike materyèl la.
- Lè seyans nan fini , mande patisipan yo pou yo bay sa yo kenbe sou sa nou te di nan seyans la epi ki sa yo dwe fè pou yo evite gwosès twò bonè ak gwosès ki pa swete.
- Pa bliye depi sou dezyèm rankont la ak menm moun yo, fòk ou rafrechi memwa yo sou dènye sesyon an.

DEMACH POU YON RENKONT AVÈK JÈN FI

1. **Resevwa moun yo / di bonjou**
   Mwen rele _____, mwen se yon jèn fi nan komin nan. Mwen se mamb yon klèb jèn fi ki gen laj 15 pou rive 24 lane nan zòn nan. Apre mwen te fin resevwa fòmasyon ak moun pwojè ACCESS-PF yo ki nan komin nan, nou men'm ki nan klèb jèn fi a, nou di fòk nou pote enfòmasyon sa yo bay lòt jèn fi tankou nou ki pat gen chans rantre nan mouvman sa, pou yo wè nesesite pou yo ta mete pou pita zafè fè pitit, pou yo pran tan yo, pou yo pare avni yo.
2. **Di sou ki sa ou pral pale epi pou poukisa.**
   « Jodi- a nou pral pale sou kijan nou menm jèn fi ka kontwole pouvwa fè pitit nou pou nou ka jwi yon meyè sante ». Nou pral brase lide sou : (toujou pale de premye sijè a, plis fè chwa youn nan lòt yo) :
   - Sijè 1 : Ansent twò bonè
   - Sijè 2 : Fason pou yon jèn fi ka evite tonbe ansent san'l pat swete, evite jete pitit, jete twòp pitit avèk abstinans.
   - Sijè 3 : Mwayen pou yon jèn fi ka evite tonbe ansent san'l pat swete, evite jete pitit, jete twòp *pitit avèk metòd planin yo*
   - Sijè 4 : Fason pou yon jèn fi ka evite tonbe ansent san'l pat swete, jete pitit youn sou lòt apre yon avòtman.
3. **Animasyon (chofe anbyans la)**
4. **Bwase lide sou mesaj ki pi enpòtan pou jèn fi yo.(gade paj 2 ak paj 3).**
5. **Mande patisipan yo pou yo fè rezime sou sa yo aprann ou byen sonje pandan seyans lan.**
6. **Pale ak patisipan yo sou bri kap kouri nan zafè fè pitit. (p. 4).**
7. **Lè seyans la fini, bay chak patisipan yo yon kat ki envite yo al pran sèvis ou byen al vizite lopital Sent Terèz oswa sant sante lazil la pou yo byen konprann kijan sèvis sante repwodiksyon ak planin nan mache ladan yo. (di yo nou ka akonpanye yo si yo vle).**

1



Sijè 3 : Mwayen pou yon jèn fi ka evite ansent san li pat swete, evite jete pitit, jete twòp pitit avèk metòd planin yo(*bay ti fèy e montre imaj yo*).

- Nan fè sèks san pwoteksyon ak yon moun, ou ka trape jèm maladi SIDA epi tou ou ka tonbe ansent , li te mèt se yon sèl fwa.
- Si ou nan fè sèks deja, fòk ou konnen kijan pou ou pwoteje tèt ou pou'w pa trape maladi moun ka pran nan fè sèks, epi pou'w pa ansent.

Nap jwenn metòd planin nan sèvis VCT yo, pa bliye mande doktè ak mis yo.

- Si ou fè sèks san pwoteksyon epi ou sispèk ou ta ansent, al pran enfòmasyon bò kote mis ak dòktè yo nan lopital Sent Terèz , nan sant sante Lazil. Moun sa yo ka ede'w, gen yon metòd ijans ke ou ka itilize. Men fòk ou pa kite 3 jou pase. Epi tou fò'w sonje pou'w adopte yon metòd planin pou evite ou ansent.

Aksyon : Ou menm jèn fi, si ou deja nan fè sèks toujou panse pou'w pwoteje tèt ou pou'w pa ansent san 'w pat swete.

Aksyon : Sonje pou'w toujou sèvi ak metòd planin ou te chwazi a pou'w pa ansent san ou pat swete.

Aksyon : Toujou sonje pou'w diskite ak patnè'w sou safè itilizasyon kapòt la, paske se sèl metòd ki ka pwoteje'w pou w pa trape jèm maladi SIDA ak lòt maladi moun ka trape nan zafè sèks epi pou'w pa tonbe ansent san 'w pat pare pou sa.

Imaj sa soti nan bwat imaj : **Chache Konnen!** Family Care International.

Aksyon : Ale nan sant sante ou byen nan lopital la, doktè ak mis yo la pou yo ede'w. Yo ka di'w ki metòd ki genyen pou jèn fi ou. Pa bliye ou ka jwen enfòmasyon say o tou nan sant VCT yo. (Bay Kat envitasyon an)

Sijè 4 : Fason pou yon jèn fi ka evite ansent san li pat swete, jete pitit youn sou lòt apre yon fòs kouch.

- Zafè jete pitit la mete lavi anpil fanm an danje epi sa ka lakòz yo paka fè pitit ankò. Bagay sa yo pa mwayen pou fanm kontrole pouvwa fè pitit yo.
- Sonje11 jou aprè yon avòtman ou ka tonbe ansent. Li enpòtan pou'w komanse ak yon metòd planin si ou pa ta vle tonbe ansent.

Imaj sa soti nan bwat imaj : **Chache Konnen!**

Aksyon : Sonje lè wal nan konsiltasyon nan lopital nan sèvis ki bay swen aprè yon fi fin avòte ou byen fi ki fè fòs kouch toujou mande infomasyon sou metòd planin yo. Doktè ak mis yo ka ba'w enfòmasyon sou metòd planin pou'w evite tonbe ansent san ou pat swete. (bay kat invitasyon)

Aksyon : Pye kout pran devan, kòmanse ak yon metòd planin ke ou chwazi pou'w ka proteje'w pou'w pa tonbe ansent san 'w pat swete.

Aksyon : Toujou mande doktè ak mis yo enfòmosyon sou metòd planin yo, ou ka fè yon bon chwa. Se dwa'w. (bay kat envitasyon))

INDIA: Increasing Awareness and Demand for PPFP and the PPIUCD in Three Pilot Sites in Lucknow, India[†]

Project Description

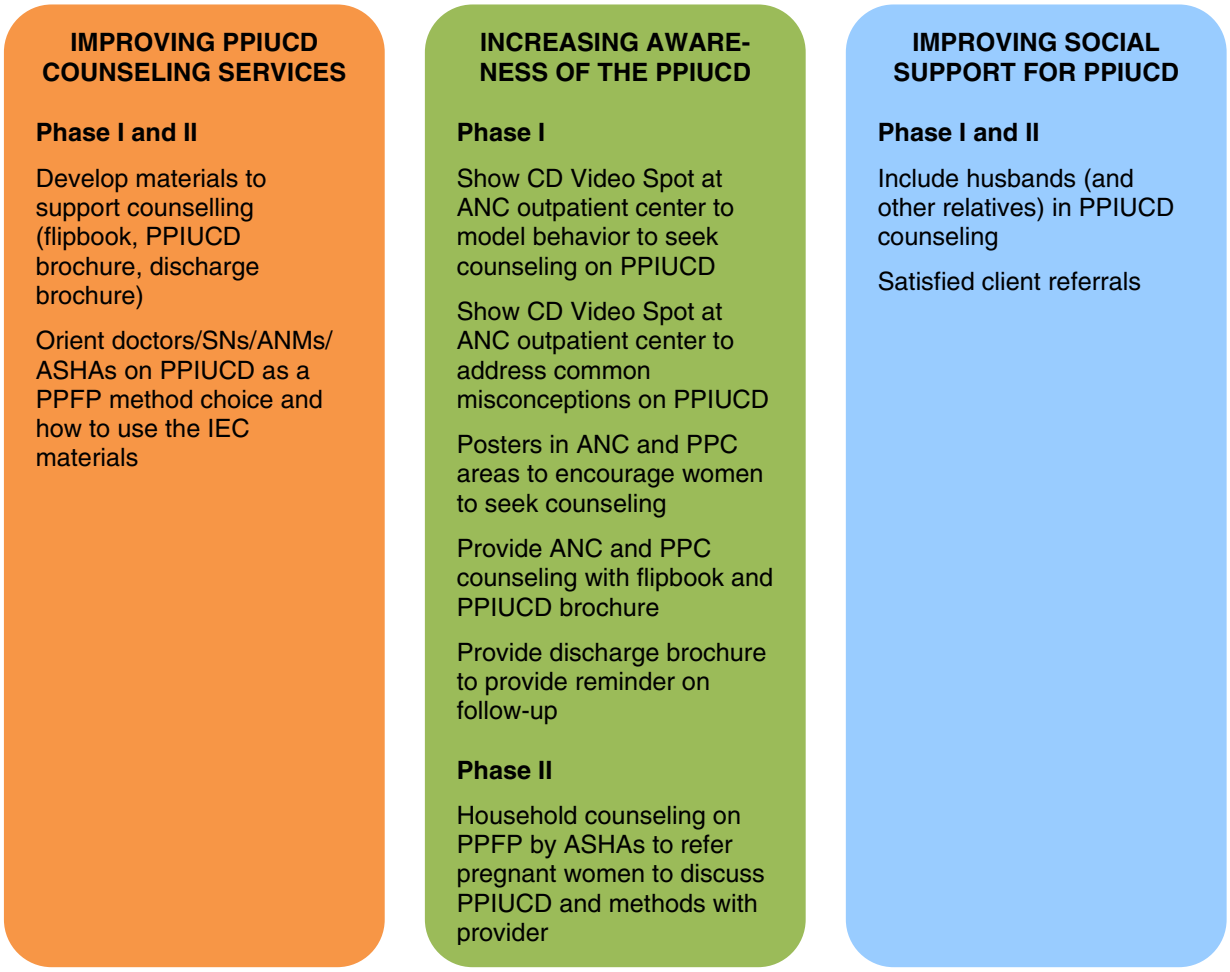
In Uttar Pradesh, ACCESS-FP supported the government agency SIPSFA in introducing materials and messages to increase women's awareness about and use of the PPIUCD. Prior to the program, the methods available to postpartum women who breastfeed only consisted of sterilization for limiting, and injectables, condoms and periodic abstinence, often seen as methods for spacing. This limited method mix has left postpartum women who express the desire to space with fewer highly effective method choices. Recent efforts have reintroduced the PPIUCD to increase the choices for postpartum women. However, few women are aware of the PPIUCD, and many have strong misconceptions about IUCD use.

How to Reach Pregnant Women and Postpartum Mothers Who Deliver at a Health Center with Messages about PPFP and the PPIUCD

Based on results of research, the two-stage approach below was suggested in three pilot sites. The first stage focuses on reaching pregnant women who go for antenatal care and those who deliver at health centers with counseling by providers on PPIUCD at the health center. In the second stage, community-based ASHAs will be trained to counsel and refer their clients to talk with providers about the PPIUCD during household visits. Efforts to improve social support and acceptance of the PPIUCD are made by including husbands in counseling, encouraging satisfied clients to talk to new potential users and including testimonials in a video CD spot. The model highlights the PPIUCD as a simple, safe and effective postpartum family planning method that can be used for both spacing and limiting.

[†] This is a new program in the early stages of pre-testing and implementation. It is included here to share lessons learned thus far in developing messages for PPIUCD, since this is one of the three unique methods for postpartum women other than LAM and postpartum tubal ligation.

Figure 31. Three-Part Model for Increasing Awareness and Use of PPFP and PPIUCD in Lucknow, Uttar Pradesh, India



Sample Materials

Type of material: PPFP and PPIUCD flipbook

Content: Guidance on PPFP methods highlighting the PPIUCD

How used: During counseling by providers at the health centers in first stage and by community health workers in second stage

Main audience: Pregnant women who go for antenatal care visits

Postpartum mothers who delivered at health centers/hospital within the last 48 hours

Supporting groups: Husbands, mothers-in law or other relatives who accompany the pregnant or postpartum mother

Figure 32. Cover of PPFP and PPIUCD Flipbook

Type of material: PPFP and PPIUCD poster **for antenatal care outpatient area**

Content: Information on benefits of PPIUCD and other PPFP methods

How used: To raise awareness about PPIUCD as a PPFP method choice; to encourage women/couples to ask their doctor about it during **antenatal care visits** and consider it as a method

Main audience: Pregnant women who go for antenatal care visits

Figure 33. PPFP and PPIUCD Poster for Antenatal Care Outpatient Area

Supporting groups: Husbands, mothers-in law or other relatives who accompany the pregnant mother

"I just got a Copper-T inserted immediately after my delivery and I'm tension-free now, do you know about it yet?"

Benefits of PPIUCD:

- Copper-T can be inserted immediately after delivery within 48 hours; no additional visit and/or action is necessary.
- Is easily reversible, can be removed any time when a woman wants or when her desire for contraception changes; after removal, a woman can immediately get pregnant.
- Is simple to insert and readily accessible to women having deliveries at health care facilities—quick insertion, no surgery necessary.
- Is one of the most safe and effective family planning methods and does not interfere with breastfeeding—keeps you tension-free.
- Is effective for as long as 10 years—keeps you protected for as long as 10 years.[‡]

"Ask your doctor about it before leaving the hospital, today!"

Type of material:	PPFP and PPIUCD poster for **postpartum ward** at the health center or hospital
Content:	Information on benefits of PPIUCD and other PPFP methods
How used:	To raise awareness about PPIUCD as a PPFP method choice, **particularly for women who did not receive antenatal care counseling, but delivered at the health center or hospital** Have couples who choose a PPIUCD receive it before they are to leave the hospital after a delivery
Main audience:	Postpartum mothers who deliver in a health center or hospital during the first 48 hours after delivery
Supporting groups:	Husbands, mothers-in-law or other relatives who accompany the mother

[‡] The 10 years is based on the national policy in India.

Figure 34. PPFP and PPIUCD Poster for Postpartum Ward

"Congratulations! You've had a baby! I just had mine too and I got a Copper-T inserted immediately after my delivery and I'm tension-free now, do you about it yet?"

Benefits of PPIUCD:

- Copper-T can be inserted immediately after delivery within 48 hours; no additional visit and/or action is necessary.
- Is easily reversible, can be removed any time when a woman wants or when her desire for contraception changes; after removal a woman can immediately get pregnant.
- Is simple to insert and readily accessible to women having deliveries at health care facilities—quick insertion, no surgery necessary.
- Is one of the most safe and effective family planning methods and does not interfere with breastfeeding—keeps you tension-free.
- Is effective for as long as 10 years—keeps you protected for as long as 10 years.

"Ask your doctor about it before leaving the hospital, today!"

Type of material: PPIUCD leaflet

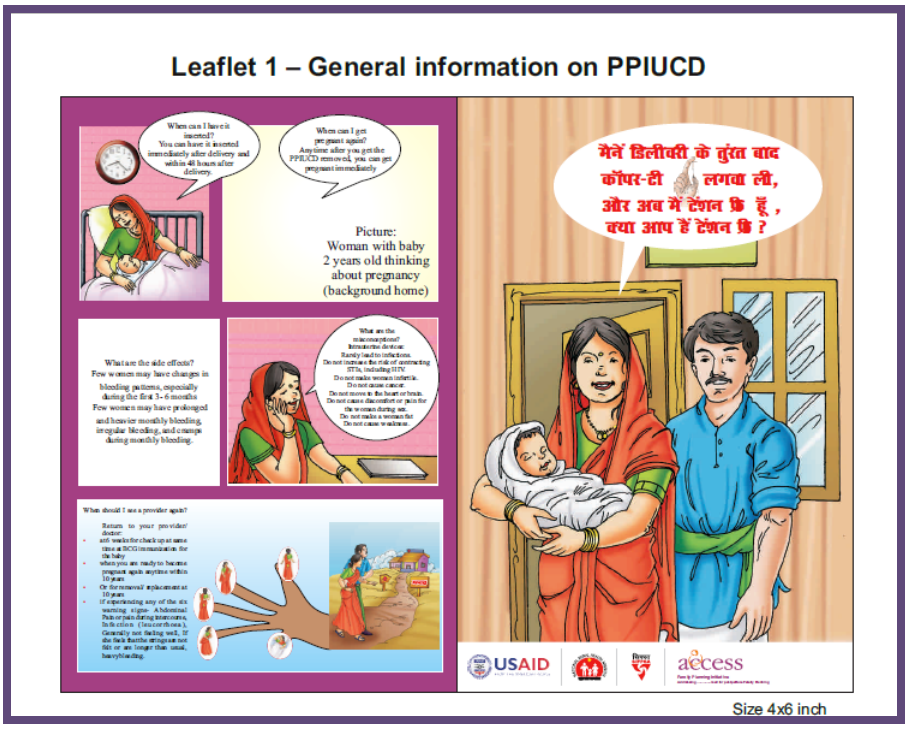
Content: Basic information on the PPIUCD

How used: To provide basic information on PPIUCD as a method including when it can be inserted, how long it provides protection, when to go for follow-up, safety and effectiveness, benefits

Main audience: Pregnant women and postpartum mothers within 1st 48 hours after delivery

Supporting groups: Husbands

Figure 35. PPIUCD Leaflet



Type of material: PPIUCD discharge card

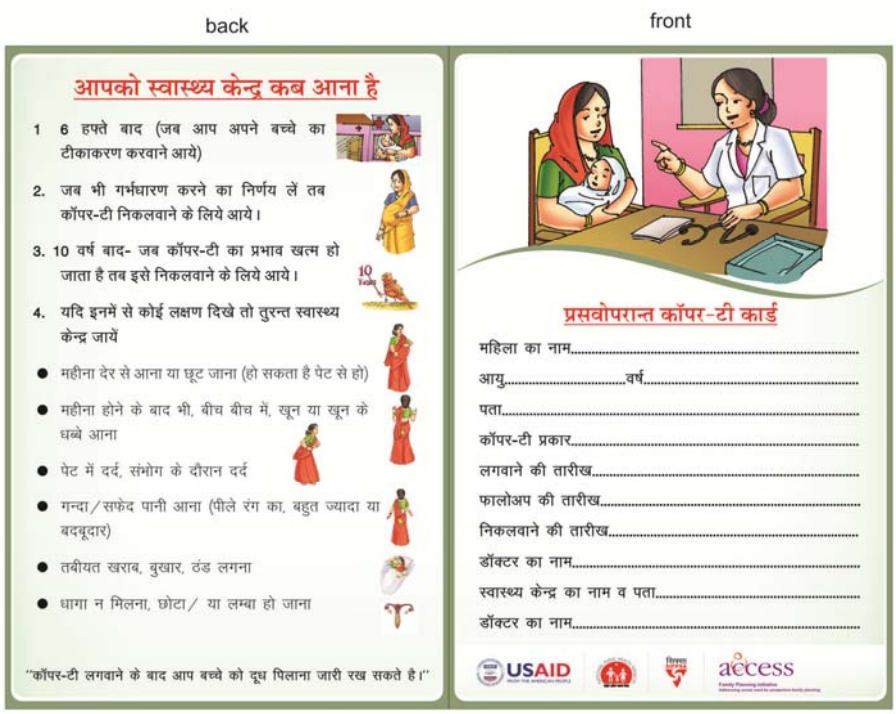
Content: Guidance on when to return to provider after PPIUCD insertion

How used: Remind women/couples of follow-up visits and when to return to health center for care (six-week check-up, if expelled, when wants to become pregnant again, 10 years[§] for removal/replacement)

Main audience: New PPIUCD users

Supporting groups: Husbands

Figure 36. PPIUCD Discharge Card



Return to your provider/ doctor:

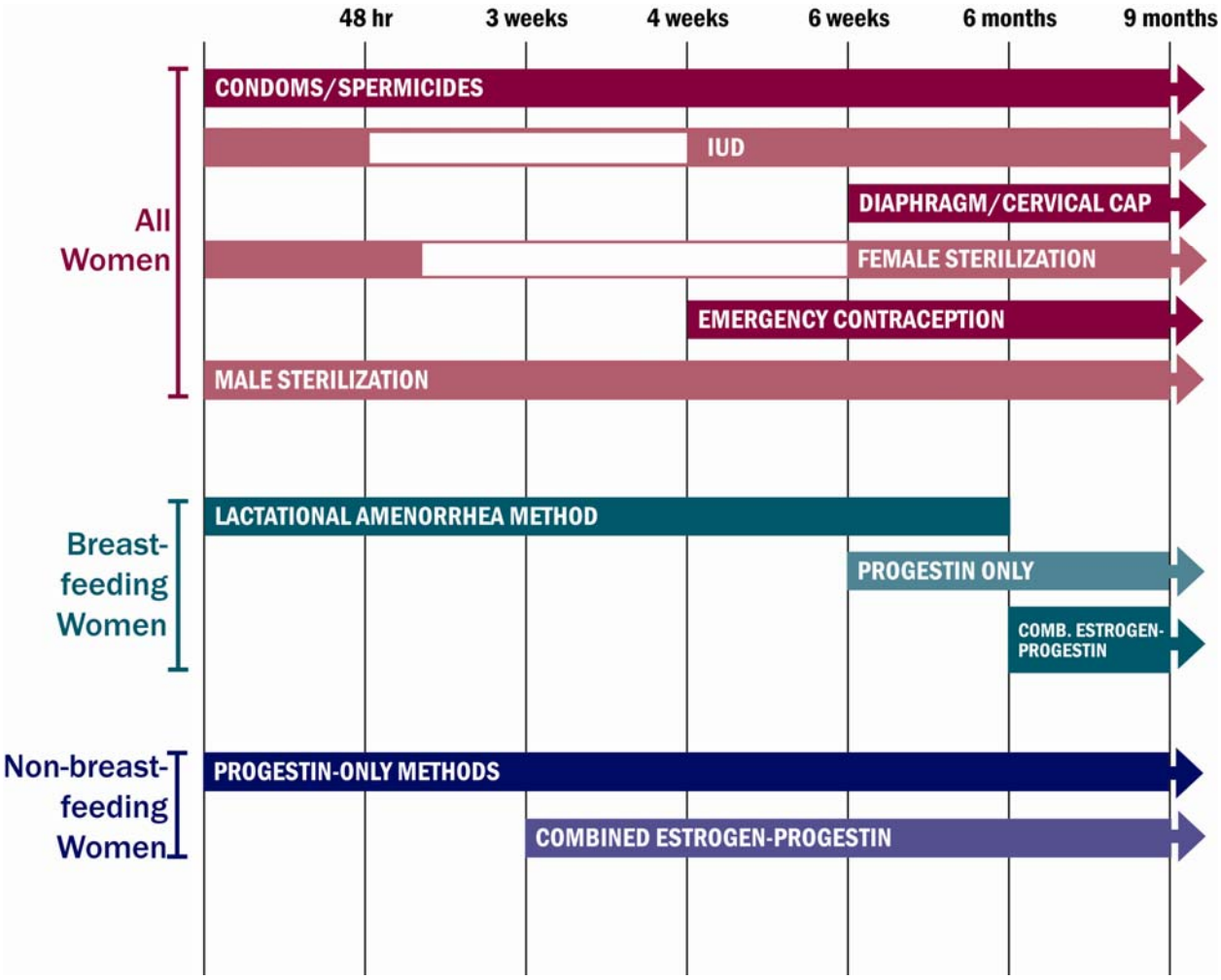
- At six weeks for check-up at the same time as first DPT immunization for the baby
- If it is expelled
- When you are ready to become pregnant again anytime within 10 years
- For removal/replacement at 10 years
- if you feel something is wrong

Footnote: "You can continue breastfeeding after PPIUCD too!"

[§] The 10 years is based on the national policy in India.

ANNEXES

ANNEX 1: POSTPARTUM FAMILY PLANNING CHOICES



ANNEX 2: MEANING OF TERMS USED IN THIS GUIDE

Behavior: This refers to a physical action that is specific, can be measured, and occurs at a certain time and place, with a duration and frequency. Changing people's knowledge, beliefs and attitudes about a certain behavior is not always enough to make them change their actual behavior.[127]

Key behaviors (also called emphasis/essential/priority behaviors): These are the special behaviors a health program promotes to reach the program goals. They should be proven through research or program experience to have a direct, positive effect on the health and well-being of people in the program. The behaviors should also be doable by people in the program, in terms of social acceptance, money, time, skills and other resources.[128]

Exclusive breastfeeding: This term refers to feeding a baby mother's milk only, no water or other foods or liquids, except for medicines, vaccines and vitamins. In order for a baby to get the best food to grow and be healthy, a mother should exclusively breastfeed for six months. At six months all babies need to start complementary feeding.

Healthy timing and spacing of pregnancy: Healthy timing and spacing of pregnancy refers to actions to help women and families delay, space or limit their pregnancies to achieve the healthiest outcomes for mother and child. The decision to space should be based on free and informed choices about family planning methods, and take into account plans for having children and desired family size.

Parity: This is a term that refers to the number of times a woman has given birth, including both induced or spontaneous abortions.

Postpartum abstinence: This refers to not having sex for a period of time after giving birth.

Return to fertility: The point when a woman has become fertile again after giving birth and is at risk of getting pregnant.

Small, doable action: Also referred to as feasible actions or essential actions, these are actions that people in a project area are able to do. They **may or may not be the same as what would be chosen in an ideal setting**, but they are behaviors that have a **real chance of being carried out by the target group**.[129]

Unmet need for family planning: This refers to the number of women who want to delay the next pregnancy or limit future pregnancies, but are not using any modern family planning methods.

ANNEX 3: SELECTED RESOURCES

PPFP overview:

Borda, M. Family planning needs during the first year postpartum. ACCESS-FP.

Bradley J, Lynam P, Gachara M, Matwale E, and Dwyer J. 1993. Unmet family planning demand: Evidence from two sites in Kenya. *Journal of Obstetrics & Gynaecology of Eastern and Central Africa* 11(1): 20–23.

Cleland J, Bernstein S, Ezeh A, Faundes A, Glasier A, and Innis J. 2006. Family planning: The unfinished agenda. *The Lancet* 368(9549): 1810–1827.

McKaig C and Chase R. (eds.) 2007. *Postpartum Family Planning Technical Consultation: Meeting Report*. Washington, D.C., 14 November 2006. Jhpiego: Baltimore, Maryland.

Medina R, Vernon R, Mendoza I, et al. 2001. *Expansion of Postpartum/Postabortion Contraception in Honduras.* Population Council: Washington, D.C.

Ross J and Winfrey W. 2002. Unmet need for contraception in the developing world and the former Soviet Union: An updated estimate. *International Family Planning Perspectives* 28(3): 138–143.

Ross JA and Winfrey WL. 2001. Contraceptive use, intention to use and unmet need during the extended postpartum period. *International Family Planning Perspectives* 27(1): 20–27.

Stephenson P. and MacDonald P. 2005. "Family planning for postpartum women: Seizing a missed opportunity." At: http://www.maqweb.org/techbriefs/tb16postpartum.html.

Thapa S, Kumar S, Cushing J, and Kennedy K. 1992. Contraceptive use among postpartum women: Recent patterns and programmatic implications. *International Family Planning Perspectives* 18 (3): 83–92.

Behavior change communication:

Academy for Educational Development (AED). 2003. *Experience Linkages: Behavior Change Communication* (August). Washington, D.C.

CORE Group. "Designing for behavior change." At: www.coregroup.org.

Favin M, Naimoli G, and Sherburne L. 2004. *Improving Health through Behavior Change: A Process Guide on Hygiene Promotion*. Environmental Health Project II, USAID: Washington, D.C.

Health Communication Partnership. Healthy Actions for Ethiopian Families Working Drafts: Family Planning and Reproductive Health, Youth and HIV/AIDS and Child Survival Message Guides.

O'Sullivan GA, Yonkler JA, Morgan W, and Merritt AP. 2003. *A Field Guide to Designing a Health Communication Strategy*. Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs: Baltimore, Maryland.

Salem RM, Bernstein J, Sullivan TM, and Lande R. 2008. Communication for better health. *Population Reports* Series J, No. 56.

Younger E. "Another poster: Designing effective BCC." At: www.manoffgroup.com/resources.

Healthy timing and spacing of pregnancies:

Conde-Agudelo A, Rosas-Bermudez A, and Kafury-Goeta A. 2006. Birth spacing and risk of adverse perinatal outcomes: A meta-analysis. *JAMA* 295(15):1809–1822.

Healthy Timing and Spacing of Pregnancies: A Pocket Guide for Health Practitioners, Program Managers, and Community Leaders. Extending Service Delivery Project. At: http://www.esdproj.org.

Norton M. 2005. New evidence on birth spacing: Promising findings for improving newborn, infant, child, and maternal health. *International Journal of Gynecology and Obstetrics* 89: 1–6.

Rutstein SO. 2008. *Further Evidence of the Effects of Preceding Birth Intervals on Neonatal, Infant, and Under-Five-Years Mortality and Nutritional Status in Developing Countries: Evidence from the Demographic and Health Surveys*. DHS Working Papers No. 41. Macro International Inc.: Calverton, Maryland.

World Health Organization. (WHO). 2006. *Report of a WHO Technical Consultation on Birth Spacing* (13–15 June 2005). WHO: Geneva.

Polygamy and use of family planning methods:

Audu B et al. 2007. Polygamy and the use of contraceptives. *International Journal of Gynecology and Obstetrics* 101: 88–92.

Risk of getting pregnant after a birth, miscarriage or abortion:

Becker S and Ahmed S. 2001. Dynamics of contraceptive use and breastfeeding during the post-partum period in Peru and Indonesia. *Population Studies* 55(2): 165–179.

Gray RH, Campbell OM, Apelo R, Eslami SS, Zacur H, Ramos RM, et al. 1990. Risk of ovulation during lactation. *The Lancet* 335(8680): 25–29.

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Shaban OM and Glasier AF. 2008. Pregnancy during breastfeeding in rural Egypt. *Contraception* 77: 350–354.

Tilley I, et al. 2009. Breastfeeding and contraception use among women with unplanned pregnancies less than 2 years after delivery. *International Journal of Gynecology and Obstetrics* 105: 127–130.

Couples' communication and agreement on birth spacing:

Castle S, Konaté M, Ulin P, and Martin S. 1999. A qualitative study of clandestine contraceptive use in urban Mali. *Studies in Family Planning* 30(3): 231–248.

Gebreselassie T and Mishra V. 2007. *Spousal Agreement on Waiting Time to Next Birth in Sub-Saharan Africa.* DHS Working Paper No. 35. Macro International, Inc.: Calverton, Maryland.

Romero-Gutierrez G, Garcia-Vasquez GM, Huerta-Vargas LF, and Ponce-Ponce de Leon AL 2003. Postpartum contraceptive acceptance in Leon, Mexico: A multivariate analysis. *European Journal of Contraception and Reproductive Health Care* 8(4): 210–216.

Wright K. 2002. When women hide contraceptive use: Advantages of clandestine use may outweigh disadvantages. *Network* 22(2).

Postpartum abstinence and resuming sexual activity:

Desgrees-du-Lou A and Brou H. 2005. Resumption of sexual relations following childbirth: Norms, practices and reproductive health issues in Abidjan Cote d'Ivoire. *Reproductive Health Matters* 13(25): 155–163.

Gebreselassie T, Rutstein S, and Mishra V. 2008. Contraceptive use, BF, amenorrhea and abstinence during the postpartum period: An analysis of four countries. *DHS Analytical Studies No.14.* Macro International, Inc.: Calverton, Maryland.

Immediate and exclusive breastfeeding:

Linkages Project. 2004. *Behavior Change Communication for Improved Infant Feeding: Training of Trainers for Negotiating Sustainable Behavior Change*. Academy for Educational Development: Washington, D.C.

World Health Organization (WHO). 2007. *HIV and Infant Feeding: New Evidence and Programmatic Experience.* Report of a Technical Consultation Held on Behalf of the Inter-Agency Task Team (IATT) on Prevention of HIV Infections in Pregnant Women, Mothers and Their Infants (25–27 October 2006). WHO: Geneva.

PPFP methods that suit breastfeeding status and desired family size:

World Health Organization Department of Reproductive Health and Research (WHO/RHR) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP),

Info Project. 2007. *Family Planning: A Global Handbook for Providers*. CCP: Baltimore, Maryland, and Geneva.

Lactational amenorrhea method and the switch to other modern methods:

Hardy E, Santos LC, Osis MJ, Carvalho G, Cecatti JG, and Faundes A. 1998. Contraceptive use and pregnancy before and after introducing lactational amenorrhea (LAM) in a postpartum program. *Advances in Contraception* 14(1): 59–68.

Hight-Laukaran V, Labbok MH, Peterson AE, Fletcher V, von Hertzen H, and Van Look PF. 1997. Multicenter study of the Lactational Amenorrhea Method (LAM): II. Acceptability, utility, and policy implications. *Contraception* 55(6): 337–346.

Lopez-Martinez MG, Romero-Gutierrez G, Ponce-Ponce De Leon AL. 2006. Acceptance of lactational amenorrhoea for family planning after postpartum counseling. *The European Journal of Contraception and Reproductive Health Care* 11(4): 297–301.

Choosing a PPPF method during postpartum and postnatal care services:

Bulut A and Turan JM. 1995. Postpartum family planning and health needs of low-income women in Istanbul. *Studies in Family Planning* 26(2): 88–100.

Opportunities to reach postpartum women (household and health center contacts):

Dominican Republic, Haiti, Nicaragua: Promoting family planning during the postpartum period can increase contraceptive acceptance. 2008. *FRONTIERS OR Summary* No. 74. Population Council: Washington, D.C. (February).

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Fort A, Kotharim M, and Abderrahim N. 2006. *Postpartum Care: Levels and Determinants in Developing Countries.* Macro International, Inc.: Calverton, Maryland.

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Strategies for Community-based Postpartum Family Planning Global Online Forum, March 2009. At: http://my.ibpinitiative.org/public/ppfp/.

United States Agency for International Development (USAID). 2007. *Minimum Activities for Mothers and Newborns (MAMAN) Guidelines*. USAID: Washington, D.C.

Winch P et al. 2006. *Formative Research on Healthy Fertility Practices and Postpartum Care in Sylhet District, Bangladesh.*

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[2] Adapted from: Health Communication Partnership. 2005. Healthy Actions for Ethiopian Families Working Drafts: Family Planning and Reproductive Health, Youth and HIV/AIDS and Child Survival Message Guides.

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[4] Cleland J, et al. 2006. Family planning: The unfinished agenda. [Review] *The Lancet* 368(9549): 1810–1827.

[5] World Health Organization. (WHO). 2006. *Report of a WHO Technical Consultation on Birth Spacing.* Geneva, Switzerland, 13–15 June 2005; Conde-Agudelo A, Rosas-Bermudez A, and Kafury-Goeta A. 2006. Birth spacing and risk of adverse perinatal outcomes: A meta-analysis. *JAMA* 295(15): 1809–1822.

[6] Rutstein SO. 2008. *Further Evidence of the Effects of Preceding Birth Intervals on Neonatal, Infant, and Under-Five-Years Mortality and Nutritional Status in Developing Countries: Evidence from the Demographic and Health Surveys*. DHS Working Papers No. 41. Macro International, Inc.: Calverton, Maryland.

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[8] Ross JA and Winfrey WL. 2001. Contraceptive use, intent to use and unmet needs during the extended postpartum period. *International Family Planning Perspectives* 27: 20–27.

[9] Borda M. Family Planning Needs during the First Year Postpartum. ACCESS-FP: Baltimore, Maryland.

[10] Borda M and Winfrey B. 2010. *Postpartum Fertility and Contraception: An Analysis of Findings from 17 Countries*. ACCESS-FP: Baltimore, Maryland.

[11] Bulut A and Turan JM. 1995. Postpartum family planning and health needs of low-income women in Istanbul. *Studies in Family Planning* 26(2): 88–100; Bradley J, Lynam P, Gachara M, Matwale E, and Dwyer J. 1993. Unmet family planning demand: Evidence from two sites in Kenya. *Journal of Obstetrics and Gynaecology of Eastern and Central Africa* 11(1): 20–23; Medina R, Vernon R, Mendoza I, et al. 2001. *Expansion of Postpartum/Postabortion Contraception in Honduras*. Population Council: Washington, D.C.

[12] Borda M and Winfrey B. 2010. *Postpartum Fertility and Contraception: An Analysis of Findings from 17 Countries*. ACCESS-FP: Baltimore, Maryland.

[13] Depending on the context, there are other definitions for the postpartum period as well. See MAQ Web site for other definitions, PPC course. At: www.globalhealthlearning.org.

[14] ACCESS-FP. "ACCESS-FP Programmatic Framework: Postpartum Family Planning in an Integrated Context." At: http://www.accesstohealth.org/toolres/pdfs/ACCESSFP_pgmframework.pdf.

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[23] Priority or key behaviors are defined as those that are likely to create the most impact on a program. "Another Poster? Designing Effective BCC" by Elizabeth Younger for The Manoff Group (www.manoffgroup.com/resources).

[24] This section is adapted from Health Communication Partnership. 2005. Working Draft: Family Planning and Reproductive Health Message Guide—Healthy Actions for Ethiopian Families, and O'Sullivan GA, Yonkler JA, Morgan W, and Merritt AP. 2003. *A Field Guide to Designing a Health Communication Strategy*. Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs: Baltimore, Maryland.

[25] At: http://www.linkagesproject.org/media/static_pdfs/ccards/tips_for_communicators.pdf.

[26] Health Communication Partnership. Working Draft: Youth and HIV/AIDS Message Guide—Healthy Actions for Ethiopian Youth.

[27] At: http://www.linkagesproject.org/media/static_pdfs/ccards/tips_for_communicators.pdf.

[28] Favin M, Naimoli G, and Sherburne L. 2004. *Improving Health through Behavior Change: A Process Guide on Hygiene Promotion*. Environmental Health Project II, USAID: Washington, D.C.

[29] Adapted from: Academy For Educational Development (AED). 2003. *Experience Linkages: Behavior Change Communication*. AED: Washington, D.C. (August)

[30] For a more exhaustive list of types of benefits and motivators, see *Designing for Behavior Change*. At: www.coregroup.org.

[31] Health Communication Partnership. Working Draft: Family Planning a Reproductive Health Message Guide: Healthy Actions for Ethiopian Families.

[32] Extending Service Delivery Project. 2008. *Healthy Timing and Spacing of Pregnancies: A Pocket Guide for Health Practitioners, Program Managers, and Community Leaders.*

[33] Extending Service Delivery Project. 2008. *Healthy Timing and Spacing of Pregnancies: A Pocket Guide for Health Practitioners, Program Managers, and Community Leaders.*

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[37] Content in this section is adapted from "Healthy Timing and Spacing of Pregnancy (HTSP)" messages, USAID/Extending Service Delivery Project. As the principal audience is postpartum women who have already experienced a first birth, the content of the messages does not include "Healthy Timing," which refers to the delay of the first pregnancy. For more information on HTSP, refer to: www.esdproj.org/site/PageServer?pagename=Themes_Spacing.

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