

Healthy Timing and Spacing of Pregnancies: Addressing Advanced Maternal Age and High Parity in Family Planning Programs



Implementation Kit

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Table of Contents

- Acknowledgments** iv
- Acronyms** v
- About the HTSP AMA/HP Implementation Kit**..... 1
 - What Is the Purpose of the Implementation Kit?..... 1
 - What Does the Implementation Kit Include? 2
 - Who is the Audience for the Implementation Kit? 2
 - How is the Implementation Kit organized? 3
- Section 1: Why Focus on AMA and HP Pregnancies** 4
- Section 2: Understand the Local Situation for AMA and HP Pregnancies**..... 6
 - Where to Find This Information..... 6
- Section 3: Use SBCC to Address AMA and HP Pregnancies**..... 8
 - What Influences People’s Behavior? 8
 - Develop an SBCC Strategy to Effect Change 9
 - Use Behavior Change Theory to Inform an SBCC Strategy..... 11
- Section 4: Identify and Define Audiences** 14
 - Primary Audiences 15
 - Influencing Audiences..... 17
- Section 5: Position AMA and HP and Develop Key Messages** 18
 - Positioning..... 18
 - Key Message Concepts..... 18
- Section 6: Integrate and Implement**..... 20
- Section 7: Develop an Action Plan**..... 22
- Section 8: Adapt Communication Tools** 23
 - Suggestions for Adapting Tools 25
 - Sharing Your Tools and Experiences 26
- Section 9: Monitor and Evaluate** 27
- Closing Thoughts** 29
- Glossary** 30
- References** 31
- Annex A: Key SBCC Theories in FP**..... 32
- Annex B: Illustrative Positioning Statements** 42
 - Primary Audience 1: Women Approaching AMA or HP Status 42
 - Primary Audience 2: Providers of Family Planning Services 43
- Annex C: Communication Approaches and Activities** 44
- Annex D: Client Brochure for Less Conservative Audiences** 46
- Annex E: Client Brochure for More Conservative Audiences** 47

Annex F: Guide for Working with Community-Based Groups 48
Annex G: Counseling Guide for Providers 49
Annex H: Counseling Guide for CHWs 50
Annex I: Provider Reminder Poster 51
Annex J: Guide for Researchers..... 52
Annex K: Guide for Journalists 53
Annex L: Infographics for Health Priority Decision-Makers..... 54

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Acronyms

AMA	Advanced Maternal Age
BCC	Behavior Change Communication
DHS	Demographic and Health Survey
FBO	Faith-Based Organizations
FP	Family Planning
HC3	Health Communication Capacity Collaborative
HP	High Parity
HTSP	Healthy Timing and Spacing of Pregnancies
I-Kit	Implementation Kit
IPC	Interpersonal Communication
IPC/C	Interpersonal Communication and Counseling
LARCs	Long Acting Reversible Contraceptive methods
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
PSA	Public Service Announcement
SBCC	Social and Behavior Change Communication
SMS	Short Message Service
USAID	United States Agency for International Development
WHO	World Health Organization

About the HTSP AMA/HP Implementation Kit

Healthy Timing and Spacing of Pregnancy (HTSP) is an under-utilized approach to family planning (FP) and maternal and child health (MCH) education, counseling and services to help families have planned pregnancies at the healthiest times of their lives for the best outcomes for mother and child. Although many FP and MCH programs promote birth spacing, HTSP elevates the role of spacing between pregnancies, rather than births, and stresses the impact on maternal, neonatal and child health.

Specifically, HTSP emphasizes preventing four types of high-risk pregnancies:

1. Those too closely spaced (a birth-to-pregnancy interval of less than 24 months)¹
2. Those that occur too early in a mother's life (before the age of 18)
3. Those that occur too late in a mother's life (at or after age 35)
4. Those that occur to a mother with who has had many (five or more) live or stillborn births already

HTSP activities and research to date have focused on the first two approaches in this list: delaying pregnancies until after age 18 and spacing pregnancies at least 24 months after the preceding birth. However, a recent HC3 desk review² revealed that little to no work has focused on social and behavior change communication (SBCC) around the last two themes: pregnancies in women aged 35 and older (of advanced maternal age, or AMA) and women having five or more (high-parity, or HP) births.

HC3 conducted qualitative research around the drivers and determinants of AMA and HP pregnancies in Togo and Niger, and pretested approaches to address them using SBCC. HC3 then developed this implementation kit (I-Kit) to help program managers emphasize and include AMA and HP pregnancy risk information in their existing FP and MCH programs.

What Is the Purpose of the Implementation Kit?

This I-Kit aims to help program managers use SBCC to include AMA and HP pregnancy topics in their existing or planned FP or MCH programs. The I-Kit includes a set of adaptable HTSP communication materials and tools that focus on preventing AMA and HP pregnancies for various priority audiences.

¹ A WHO Technical Consultation on Birth Spacing in 2005 recommended spacing pregnancies at least 24 months after the preceding birth and waiting at least six months after miscarriage or induced abortion.

² <http://healthcommcapacity.org/hc3resources/engaging-families-for-healthy-pregnancies/> and <http://healthcommcapacity.org/hc3resources/healthy-timing-spacing-pregnancy-evidence-review-dhs-secondary-analysis/>

What Does the Implementation Kit Include?

SECTION	WHAT TO EXPECT
1. Why Focus on AMA and HP Pregnancies?	An introduction to HTSP and the evidence related to AMA and HP pregnancies
2. Understand the Local Situation for AMA and HP Pregnancies	Key questions to examine the local AMA and HP context
3. Use SBCC to Address AMA and HP Pregnancies	Brief overview of behavioral determinants and the use of SBCC approaches
4. Identify and Define Audiences	Suggested primary and secondary audiences for AMA and HP programs and messages
5. Position AMA and HP and Develop Key Messages	Illustrative examples to present key HP and AMA information in culturally sensitive and relevant ways
6. Integrate and Implement	Guidance and illustrative activities on how to integrate AMA and HP into FP and MCH programs
7. Develop an Action Plan	A simple checklist and key questions to guide next steps
8. Adapt Communication Tools	An overview of the Implementation Kit's adaptable tools for AMA and HP
9. Monitor and Evaluate	Recommended indicators for AMA and HP
Annexes	A collection of SBCC resources and communication tools

Who is the Audience for the Implementation Kit?

The HTSP AMA/HP I-Kit is for international or local non-governmental organization (NGOs), government divisions or community group program managers who want to use communication approaches to help reduce AMA and HP pregnancies in their community.

How is the Implementation Kit Organized?

The I-Kit outlines a five-step process to integrating AMA and HP into existing FP and MCH programs:

Step 1: Review the evidence on AMA and HP pregnancies (See Sections 1 and 2).

Step 2: Use SBCC approaches to design a program strategy, including: i) identifying primary and secondary audiences, ii) developing a positioning concept, and iii) drafting key AMA/HP messages (See Sections 3, 4 and 5).

Step 3: Integrate AMA and HP into your FP and MCH program and develop an action plan for roll out (See Section 6 and 7).

Step 4: Review and adapt AMA and HP communication tools (See Section 8).

Step 5: Prepare to monitor and evaluate your plan (M&E) (See Section 9).

Additional information about SBCC's guiding theories and resources are provided in **Annex A**.