



Photo: Susan Warner / Save the Children

CONNECT
INCREASING USE OF
POSTPARTUM FAMILY PLANNING
BY FIRST-TIME PARENTS

Why Focus on First-Time Parents?

Every year, an estimated 13 million adolescents (ages 15-19) and many more young women (ages 20-24) give birth.¹ Most of these births occur after marriage.² First-time parents (FTP) face pressure from families and communities to prove their social value and adult status, both by demonstrating fertility and by quickly having a second child. For FTPs, the transition to parenthood means learning new family structures and social roles, while facing inequitable gender norms and expectations. FTPs often navigate these important life transitions without the necessary skills to communicate as a couple, or the family, community, and systems that could support them. Notably, FTPs often lack access to quality family planning (FP) services. In many contexts, FTPs are less likely to use essential health services, including FP, and are vulnerable to poor health outcomes, including rapid repeat pregnancies.³ Despite challenges, the pivotal life stage of a first pregnancy or birth is an opportunity to shape life-long norms and practices.

Dedicated efforts to increase FTPs’ use of family planning services have yielded promising results but have been challenging to scale-up. At the same time, many large-scale health projects do reach FTPs as part of their target population—mothers delivering in a health facility, bringing children for immunization services, or participating in community nutrition groups are often young themselves. Yet these initiatives do not intentionally tailor interventions to the unique needs of FTPs or promote access to FP. These existing large-scale projects could provide an opportunity to address FTPs’ FP needs at scale.

PROJECT OVERVIEW	
Donor	Bill & Melinda Gates Foundation
Duration	4.5 years (2019-2024)
Locations	Bangladesh and Tanzania
Partner	George Washington University Milken Institute School of Public Health
Primary outcome	Increased use of postpartum family planning by first-time parents

¹ Woog V et al., Adolescent Women’s Need for and Use of Sexual and Reproductive Health Services in Developing Countries, New York: Guttmacher Institute, 2015, www.guttmacher.org/pubs/AdolescentSRHS-Need-Developing-Countries.pdf.

² UNFPA. Girlhood, Not motherhood: Preventing adolescent pregnancy. New York, NY; 2015.

³ World Health Organization (WHO). WHO Guidelines on Preventing Early Pregnancy and Poor Reproductive Health Outcomes among Adolescents in Developing Countries. Geneva: WHO, 2011.

The Connect Approach

Led by Save the Children, Connect will use a phased approach to leverage the reach of large-scale “host projects” in two initial countries—Bangladesh and Tanzania (see box). In each country, Connect will develop and evaluate a “program enhancement”—an additional activity layered onto the host projects’ existing approaches—to impact FTPs’ postpartum FP (PPFP) use.

Program enhancements could strengthen community- or facility-level activities and will be developed through formative work. Illustratively, a program enhancement could:

- Enhance community-based discussion groups for mothers and pregnant women to address FTPs’ unique needs and embed information about birth spacing and FP.
- Strengthen facility-based delivery of postnatal care to address barriers specific to FTPs’ uptake of PPFP prior to discharge from the facility.

In each country, program enhancements will be tested at a small scale and refined to increase feasibility, effectiveness, and acceptability. The refined program enhancements will then be implemented at scale through the host projects and evaluated, with a potential adaptation to a third country setting.

Connect’s Legacy

Connect will pursue a rigorous learning agenda, including partnering with George Washington University to evaluate the program enhancements through rigorous quantitative methods and a qualitative realist-inspired evaluation. This learning agenda will not only investigate whether the program enhancements are effective in increasing FTPs’ use of PPFP, but also the factors that facilitate or impede implementation and scale-up within the health system. Connect will evaluate impact, document program challenges and lessons, and develop and widely share practical how-to guidance and tools, informing other efforts to more efficiently and effectively reach FTPs at scale.

For more information about Connect, contact Melanie Yahner (myahner@savechildren.org).

CONNECT OUTCOMES

Outcome 1: Evidence generated about the feasibility, acceptability, and impact of FTP interventions on PPFP within existing health and development programs

Outcome 2: Evidence about the scale-up processes, impacts, and system characteristics that facilitate scale-up of FTP interventions **identified and documented**

Outcome 3: Learning from the implementation and scaling of FTP interventions within existing platforms **disseminated**

HOST PROJECTS

Name	Lishe Endevelu	MaMoni MNCSP
Location	Tanzania	Bangladesh
Donor	USAID	USAID
Timeline	2018-2022	2018-2023
Goal	Reducing stunting by 15% in children under five and improving diet for women of reproductive age and children	Increasing equitable utilization of quality maternal, newborn and child health services
Reach	Over 1.5 million women of reproductive age, 1.1 million children under five, and 330,000 adolescent girls	Population-level impact in ten priority districts with a total population of 21.5 million

Save the Children believes every adolescent deserves a future. In Bangladesh, Tanzania and around the world, we equip adolescents and youth with the information and services needed for a healthy life, the opportunity to learn and protection from harm. We do whatever it takes – every day and in times of crisis – transforming their lives and the future we share.