

HEALTHY TIMING AND SPACING OF PREGNANCIES AS PART OF AN INTEGRATED NUTRITION PROGRAM IN NEPAL



Box 2: Suaahara's three key HTSP behaviors

- ▶ Wait at least two years after a live birth
- ▶ Use a family planning method of the woman's choice for two years between pregnancies
- ▶ Wait until 20 years of age before trying to become pregnant

Recommendations for HTSP interventions

To ensure women and couples are informed, educated, and counseled about HTSP by health services, future programs need to utilize multiple windows of opportunity, such as pre-natal visits, post-partum care, well-baby check-ups, infant growth-monitoring sessions and immunization sessions. Non-health programs such as those targeting youth, literacy, and agriculture may also be good venues to increase HTSP knowledge. Further research is needed to better understand and remove current barriers to



Photo: Suaahara Program/Save the Children

using family planning methods for improved HTSP practices and, in turn, health and nutrition among women and children.



Photo: Pallavi Dhakal/Save the Children

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Program Information

Suaahara is a USAID-funded five year (2011-2016) project led by Save the Children in partnership with Helen Keller International, JHPIEGO, Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, Nepal Water for Health, Nutrition Promotion and Consultancy Services, and Nepali Technical Assistance Group.

The project provides local, national and global expertise and experience to address the causes of under-nutrition in 41 out of the 75 districts in Nepal by uniquely integrating nutrition with agriculture, sanitation, and health care interventions. It works to influence behavior of individuals and communities through community-based behavior change programming with a focus on gender and social inclusion, in order to improve the nutritional status of pregnant and lactating women and children under two.

- 1 Extending service delivery project country profile: HTSP in Nepal.
- 2 Report of a WHO Technical Consultation on Birth Spacing, 2005; Robert E. Black et al (2013) Maternal and child undernutrition and overweight in low-income and middle-income countries *The Lancet* 382: 427-51.
- 3 Extending service delivery project country profile: HTSP in Nepal.
- 4 Extended Service Delivery (ESD) Project: Healthy Timing and Spacing of Pregnancy (HTSP). Trainers Reference Manual. Revised August 2008; Report of a WHO Technical Consultation on Birth Spacing, 2005.
- 5 *Nepal Demographic and Health Survey, 2011* Population Division, Ministry of Health Government of Nepal, Kathmandu.
- 6 Suaahara conducted a household-level survey of 480 pregnant women and mothers of children under two in four intervention and four matched non-intervention districts from November 2014 to January 2015. Results can be found in the Suaahara Process

Evaluation: Program Exposure and Adaptation of Practices, 2015 that can be accessed at: http://pdf.usaid.gov/pdf_docs/pa00kwxg.pdf

- 7 Waiting 2 years between each pregnancy (86 versus 56 percent; $P < 0.001$); using a family planning method of woman's choice for 2 years between pregnancies (82 versus 57 percent; $P < 0.01$); and waiting until 20 years of age before trying to become pregnant (86 versus 56 percent; $P < 0.001$).
- 8 $P < 0.001$
- 9 An average of 2.4 sources in comparison to 1.2 sources.
- 10 Data sources include routine monitoring and Annual Outcome Monitoring Data.
- 11 WHO, Report of a WHO technical consultation, policy brief, Department of making pregnancy safer, Department of RH research, Geneva, 13-15 June, 2006

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Photo: Pallavi Dhakal/Save the Children



Photo: Suaahara Program/HPIEGO

Healthy Timing and Spacing of Pregnancies

Research shows that becoming pregnant too young or very soon after a previous birth places mothers and newborns at a higher risk of health complications.¹ Infants born close together may be deprived of the benefits of breastfeeding for the recommended two years². Infants may be born too small and are then susceptible to poorer nutrition and development outcomes in early childhood. Women face higher risks of anemia, premature rupture of membranes and miscarriage and depletion in maternal nutrient stores³. Yet, many women in Nepal become pregnant during adolescence and do not use any form of contraception even during periods when they do not wish to become pregnant (see Box 1).

One key family planning intervention that can help women and families to delay or space their pregnancies is promoting and supporting Healthy Timing and Spacing of Pregnancies (HTSP). HTSP allows for the healthiest outcomes for women, newborns, infants and children, within the context of free and informed choice and taking into account fertility intentions and desired family size.⁴

Box 1: Family Planning in Nepal (2011)⁵

- ▶ One half of currently married women use some form of contraception, most use a modern method
- ▶ Among women who do not want to become pregnant, 27% are not using a family planning method (unmet need)
- ▶ Nearly 17% of women aged 15-19 years are pregnant or have already given birth to their first child

Suaahara's Achievements in HTSP

Suaahara has exposed women who are pregnant or have a child under two years of age (1000 days women) to family planning education and has improved knowledge about HTSP⁶.

When compared to women from non-*Suaahara* areas, more women in *Suaahara* areas have:

- ▶ heard the 3 key HTSP messages (see Box 2), including waiting 2 years between each pregnancy (86% v 56%)⁷.
- ▶ received counseling from a health professional on HTSP (88% v 55%)⁸.
- ▶ obtained HTSP related advice/counseling from more than one source (2.4 v 1.2)⁹, the vast majority hearing these messages from Nepal's Female Community Health Volunteers (FCHVs).
- ▶ awareness of temporary contraception methods was high in both areas but slightly higher in *Suaahara* areas (98% v 91%).

But despite apparent gains in access and knowledge, use of family planning methods was low in *Suaahara* and comparison areas, with fewer than 1 in 4 women using family planning methods. *Suaahara* has numerous data sources¹⁰ in addition to the Process Evaluation (the source that is reflected here), for more results see the Use of Quality Health and Nutrition Services Fact Sheet.

Suaahara's Integrated Family Planning Programming

Suaahara promotes and supports integrated family planning, health, and nutrition counseling services provided at health facilities and by FCHVs in more than half of the districts in Nepal.

The four key interventions for HTSP are:

1. Increasing the capacity of health service providers on HTSP and family planning methods

Suaahara trained service providers on integrating counseling on HTSP and long-term family planning

methods into antenatal care, postnatal care, family planning, and child health services. Family planning kits, HTSP posters and brochures are provided to health facilities.

2. Improving quality of and access to health services, including family planning services and HTSP

Suaahara provided training for Health Facility Operations and Management Committees to identify and overcome key management issues in health facilities and primary health care/outreach clinics. The goal was to improve the quality of and access to integrated nutrition, health and family planning services in communities with little access to health services.

3. Building the capacity of FCHVs on HTSP

Suaahara trained FCHVs to counsel 1000 days women on 3 key HTSP messages using a discussion card developed by *Suaahara* under the leadership of Family Health Division in the Department of Health Services.

4. Creating demand for HTSP services in 1000 days women

Using various Social Behavior Change Communication strategies, including interpersonal counseling, social mobilization and mass media (radio), *Suaahara* promotes three key HTSP behaviors outlined in Box 2 that are based on recommendations made by the World Health Organization (WHO) and adapted for the local context¹¹.