



### Best Practices in Egypt:

### Birth Spacing



*The OBSI 3-5 birth spacing sign prominently displayed on a clinic wall*

The CATALYST Consortium is a global reproductive health and family planning activity initiated in September 2000 by the Office of Population and Reproductive Health, Bureau for Global Health of the United States Agency for International Development (USAID). The Consortium is a partnership of five organizations: Academy for Educational Development (AED), Centre for Development and Population Activities (CEDPA), Meridian Group International, Inc., Pathfinder International and PROFAMILIA/Colombia. CATALYST works in reproductive health and family planning through synergistic partnerships and state-of-the-art technical leadership. Its overall strategic objective is to increase the use of sustainable, quality reproductive health and family planning services and healthy practices through clinical and nonclinical programs.

## **Mission**

CATALYST's mission is to improve the quality and availability of sustainable reproductive health and family planning services.

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

## **Best Practices in Egypt: Birth Spacing**

### **THE NEED**

Research conducted around the world during the last few years associates short birth intervals with an increased risk of infant and child mortality, as well as with several adverse perinatal outcomes. These adverse outcomes can include preterm delivery, low birth weight and small-for-gestational age. There is also some evidence, though not conclusive, that very short and very long birth intervals are associated with increased maternal mortality and morbidity, as well as lower nutritional status among both mothers and children. Using the data from these studies, USAID, CATALYST, and other agencies have now defined three to five years as the optimal birth spacing interval (OBSI), or the interval least associated with such negative outcomes. Policymakers, program designers, and providers around the world now have the challenge of communicating these revised recommendations, including in countries like Egypt, where, until recently, health officials had been recommending two year birth to birth intervals.

Data from the 2003 Egypt Interim Demographic and Health Survey show that in Egypt, the median period between births (for a second order birth and higher) is 35.5 months—virtually at the three year minimum now recommended by international health experts. This excellent result represents progress, but also means that half of these births occur after a birth interval of less than three years. Also, the median birth interval in Upper Egypt, where TAHSEEN concentrates its activities, is considerably shorter (33.5 months) than the median birth interval in Lower Egypt and urban governorates (37.2 and 39.8, respectively).

### **THE TAHSEEN SOLUTION**

To introduce the new OBSI recommendation into Egypt’s family planning and maternal-child health program and to educate Egypt’s population, TAHSEEN first implemented knowledge, attitude and practice (KAP) research on OBSI in Egypt. Informed and guided by the results, TAHSEEN developed a broad and active coalition consisting of the MOHP, NGOs, community leaders, religious leaders, health providers (hospital and clinic providers, private physicians and pharmacists, and outreach workers), agricultural and irrigation extension workers, literacy facilitators, peer educators, media professionals, governorate level officials, the commercial sector, other ministries and other donor funded health programs. Together, this coalition used a two-tiered strategy to quickly achieve widespread acceptance and enthusiasm for the OBSI message—“Three to Five Saves Lives”:

#### **1. Establish national consensus about the OBSI recommendation.**

The first step was to get stakeholder buy-in. TAHSEEN introduced the OBSI recommendation to key policymakers from both the Family Planning and the Maternal and Child Health sectors at the central level of the MOHP, and gained visible support during the large international Asia and Near East conference held in Egypt in 2004.

The next step was to incorporate OBSI into all standards and curricula once national and governorate level policymakers had embraced the OBSI recommendation.

Activities included the following:

**Standards of practice.** Integrating the OBSI recommendation into Egypt’s *National Clinical Standards of Practice for RH/FP Clinical Service Provision*. These standards are used by providers and clinics in the public, private, and the NGO sectors.

**MOHP curricula.** Incorporating OBSI concepts and messages into all 17 approved, national level training programs for MOHP staff, including both medical and outreach staff.

**Non-MOHP curricula.** Revising additional curricula for non-MOHP staff—agricultural and irrigation extension workers, literacy facilitators, community leaders, youth, private pharmacists and physicians, and so on—so these curricula could now also include OBSI concepts and messages.

**2. Encourage the spread of OBSI information through as many channels as possible to increase knowledge, attitude and behavior change.**

If couples are to act on the OBSI recommendation they need appropriate services along with information and support. Couples need to know what the optimal interval is, what the risks are of not spacing their children optimally, and where to go for birth spacing services. Many of these couples already practice family planning. The current contraceptive prevalence rate is 60 percent nationwide, with 100 percent knowing at least one method and 81 percent ever having used a method. Clearly, providing new knowledge and shaping new attitudes will have to build on existing ideas and notions. Traditional channels, such as the following, were used to spread the information. These include:

**Mass media outlets** were used through the USAID-funded Communication for Healthy Living project. An existing television spot was modified to include OBSI messages (aired on television channels that have a national audience) and behavior change communication materials were produced for national distribution.

**Local media groups**, which have been trained to report on reproductive health and family planning issues, including OBSI, and which have responded at the governorate level by providing airtime on local television and radio stations and by highlighting OBSI in local newspaper articles.

Media	2003	2004	2005	Total
Local Television Segments	12	53	25	80
Radio Segments	10	55	27	82
Newspaper articles	4	29	40	73
Magazine articles	2	13	4	19

**Procter & Gamble**, which, in a Corporate Social Responsibility effort, is including OBSI information in a brochure being distributed to schoolgirls nationwide.

**Actors, singers, dancers, and puppeteers**, who contribute to TAHSEEN produced plays and puppet shows, all of which feature the OBSI message. At puppet shows, the puppets also initiate dialogue with community leaders, who then involve audience members in a question and answer session, including OBSI. At the end of every play, actors congregate on stage to offer the three-to-five hand gesture, the symbol which has powerfully represented one of TAHSEEN’s most critical initiatives—and the audience responds.

TAHSEEN also involved a broad range of nontraditional, nonhealth partners in getting the word out about this new recommendation, involving them for the first time in an important, nationwide health promotion effort. National level partners included:

**The General Authority for Literacy and Adult Education**, to integrate OBSI information into its national curriculum (with an emphasis on couple communication).

**The Ministry of Agriculture and the Ministry of Water Resources and Irrigation**, to educate agricultural and irrigation extension workers on how to spread the OBSI message with farmers.

However, throughout Egypt and for many people, the most trusted communication is that which comes from a friend or family member. Mass communication, however well designed, is often mistrusted. People need to be sure that OBSI and family planning are endorsed and fully supported by their communities, their religions, and the leaders they most respect. Only then will a critical mass of couples be ready to adopt this behavior.

Therefore, TAHSEEN mobilized a wide variety of groups, leaders, and others, and gave them the tools they needed to educate their constituencies. In addition to involving MOHP staff, NGO representatives, professional providers, traditional birth attendants, school teachers, and other natural leaders, this mobilization effort involved a number of nontraditional partners such as:

**Religious leaders**, for ensuring that couples, and especially men, understand that OBSI is a practice endorsed by both Islam and Christianity. The open and whole-hearted involvement of religious leaders in educating both the Muslim and the Christian communities about the health benefits of OBSI and the risks of too short birth intervals has proved especially transformative.



**Youth**, who have been trained, encouraged and empowered as leaders to deliver key reproductive health and family planning messages—including OBSI messages—to both adults and other youth in target communities through special programs in rural villages and hamlets and on university campuses.

Youth learn about birth spacing during Shabab TAHSEEN week activities



To encapsulate the OBSI message, TAHSEEN has developed the three-to-five hand signal (see photos) and. This gesture includes both the *three* extended fingers and the circle, representing the Arabic numeral *five*. The signal has proved extremely popular and easy to remember (and for this reason, it could easily be replicated in other Arabic speaking countries).

## RESULTS

Revised curricula are already being used to train physicians, nurses, community health workers, literacy instructors, agricultural extension workers, and community leaders from the public, commercial, and NGO sectors. These partners are now disseminating the OBSI message during family planning and maternal and child health consultations, premarital counseling sessions, postpartum visits, postabortion care visits and community presentations. Messages are disseminated through community dramas and puppet shows, as well as through print materials used by community outreach workers in their presentations, and educational materials distributed by commercial sector partners.

This work has proven highly acceptable to many audiences. The recommendation is evidence-based, which appeals to medical providers and government policymakers. OBSI work is also evidence of TAHSEEN's concern for the well-being of Egyptian mothers and children, which is appreciated by community members and service providers. TAHSEEN's wide ranging use of the hand symbol has made a particularly strong impression on people at all levels of society, from the central level policymakers—who have played such a facilitative role in creating a national OBSI consensus and ensuring integration of the OBSI message into clinical training and provider counseling—to the governors of Northern Upper Egypt (portrayed above), to community members of all ages, who in large numbers stood and waved the three-to-five hand signal in a spontaneous gesture of appreciation before a recent play production in a poor urban area of Cairo.

The OBSI message, in other words, is being received, accepted, and enthusiastically embraced:

- Attendees at TAHSEEN-produced plays have increased their knowledge of the OBSI interval from 27 percent to 60. [Chi Square=22.15,  $p < .001$ ,  $n=300$ ].
- The knowledge of religious leaders has increased about the OBSI interval from 19 percent to 98 percent. [Chi Square=128.53,  $p < .001$ ,  $n=176$ ].
- Men participating in literacy classes have increased their knowledge of the OBSI interval (39 percent to 94 percent) and the health benefits of OBSI to mothers and fetus (40 percent to 93 percent). [Chi Square =307.51,  $p < .001$ ,  $n=541$ ]

Although TAHSEEN cannot attribute increases in service use to any one intervention, given the fully integrated nature of its program, OBSI activities are likely to have contributed to a doubling in couple years of protection distributed and the five- to tenfold increase in service use experienced by some Minia Governorate clinics in their first full 12 months of program implementation.

The far-reaching acceptance of the OBSI message, and the deep concern it communicates for the health and well-being of Egypt's women and children, has had additional results. TAHSEEN's partners learned through the OBSI initiative to trust the goodwill and health expertise of TAHSEEN, just as community members learnt to feel a similar trust in those partners. With this trust came increased access to communities and greatly expanded program possibilities, including the possibility of working in potentially controversial program areas, such as postabortion care, gender-based violence, female genital mutilation—truly an extraordinary outcome in the conservative areas where TAHSEEN works. The religious leader who initially spoke with great enthusiasm to his followers about the documented risks of nonoptimal birth spacing now feels confident urging his followers to delay the age of their daughters' marriages, delay first births, and ensure that women obtain postpartum care, or act quickly to bring women to hospitals in the event of a postabortion emergency. Community leaders are now able to lead open, frank discussions about even the most sensitive topics—like couple communication, female genital mutilation, or gender-based violence—which one year ago, before the optimal birth spacing initiative, no one thought would be possible.

