WORKING WITH OLDER WOMEN RELATIVES

Activity Cards and Guidance from the Evidence to Action (E2A) Project's First-Time Parent Programs

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TAGAZA DJIBO (BURKINA FASO)

ACRONYMS AND ABBREVIATIONS

ANC	Antenatal care
CHW	Community health worker
E2A	Evidence to Action
FP	Family planning
FTM	First-time mother
FTP	First-time parent
GREAT	Gender Roles, Equality, and Transformations
HTSP	Healthy timing and spacing of pregnancy
IRH	Institute for Reproductive Health
MCH	Maternal and child health
MOH	Ministry of Health
PHE	Population, health, and environment
PPFP	Postpartum family planning
RH	Reproductive health
USAID	United States Agency for International Development

INTRODUCTION

Recognizing and Addressing the Needs of First-Time Parents

From 2014 to 2020, the Evidence to Action (E2A) project made it a priority to address the needs of first-time parents (FTPs)—defined as young women under the age of 25 years who are pregnant with or have one child, and their male partners. The FTP experience is complex—from the many, sequenced family planning (FP), reproductive health (RH), and maternal and child health (MCH) needs that arise, to the changing social expectations, relationships, and responsibilities that accompany parenthood.

To help young people navigate the FTP lifestage, E2A designed and implemented multifaceted programs in several countries. Adapted for different countries and contexts, our FTP programming applied lifestage and socioecological lenses to work with first-time mothers (FTMs)/FTPs, their key influencers, and their communities—including community- and facility-based health providers—to address the many health needs and related social and gender issues that affect knowledge, attitudes, communication, decision making, and service use. Key interventions included FTM peer groups, small group sessions with FTMs' husbands/partners, sessions with influential female relatives, home visits, and facility- and community-based health services.

Promising Results from FTP Programming

Evidence from projects in Burkina Faso, Nigeria, and Tanzania showed that tailored interventions do, indeed, support FTPs to achieve better health and gender outcomes for themselves and their new families—from increased

uptake of modern contraceptive methods, to improved attitudes about gender with respect to household roles and decision making. High levels of engagement and positive feedback from FTP participants also indicated that this is a population looking for new ideas and support to address their complex health and life needs—making them a prime focus for adolescent and youth programs.

Sharing Tools and Guidance for Working with FTPs

This document contains succinct guidance and several resources that may be useful to groups wishing to work with FTPs. Below, you will find a brief explanation of and guidance on implementing outreaches sessions with older women relatives of FTMs/FTPs, as well as the six session guides used to facilitate these outreaches in multiple countries. The outreach guides, along with other resources developed by E2A, are available to help users design, implement, and measure efforts targeting FTPs. We hope users will see the potential of working with FTPs and take up the challenge of developing programming for this vulnerable population around the globe.

This document contains

- Guidance on implementing an outreach intervention with older women relatives of FTMs/FTPs
- Guidance on using session guides to facilitate outreaches for older women relatives of FTMs/FTPs
- Session Guides for Outreaches with Older Women Relatives
    - Session 1: Understanding First-Time Parents
    - Session 2: Understanding Safe Pregnancy and Birth
    - Session 3: Understanding Population, Health, and Environment (PHE)
    - Session 4: Understanding Family Planning
    - Session 5: Supporting First-Time Parents
    - Session 6: Infant Health and Nutrition, Including Exclusive Breastfeeding
- Annex outlining additional E2A FTP resources available

OUTREACHES WITH OLDER WOMEN RELATIVES OF YOUNG FIRST-TIME MOTHERS AND FIRST-TIME PARENTS

Older women relatives of young FTMs and FTPs were a priority population for E2A's FTP programming, given the critical role they play in the health and lives of their families, including FTPs. E2A designed an outreach activity for older women—typically the mothers or mothers-in-law of FTMs participating in peer groups - to provide information on topics where their input is particularly influential (e.g., safe pregnancy and delivery, family planning, healthy timing and spacing of pregnancy, and exclusive breastfeeding). The outreaches also explore some of the attitudes and gender/power dynamics that shape how older women interact with younger women, men and couples in their families.

This older women intervention was implemented in Burkina Faso, Nigeria and Tanzania as part of multi-faceted FTP projects. Outreaches were led by a local community resource person, often an MOH Community Health Worker (Burkina Faso, Tanzania) or a Community Volunteer attached to a local Community-Based Organization (Nigeria). Unlike interventions with FTMs and husbands/partners, these outreaches did not have fixed participant groups. Instead older women were invited to participate in as many as they liked, and many attended multiple sessions. Health topics varied by project, but all typically addressed HTSP, FP, and modern contraceptive methods, as well as relationships between older women and FTPs. E2A developed detailed outreach guides for community resource persons to use with older women participants, using a range of participatory activities to provide information, stimulate discussion, and share experiences.

This document shares six outreach guides used during outreach interventions older women relatives of FTMs/FTPs in Burkina Faso, Nigeria, and Tanzania. All country-specific information and activities can be adapted for other countries/contexts as needed. While a few guides have overlapping content/activities, all are included here as different health issues are addressed.[1] Each outreach includes informational and participatory activities that explore the main theme. Several sessions include time for the community resource person (referred to in the guides as the "facilitator") to share health information as per local MOH guidelines (e.g., on modern contraceptive methods). Locally available informational materials can also be used to supplement the health information provided, and a few key messages/handouts are included in this document. As much as possible, outreaches do not require multiple materials or extensive preparation to conduct.

SEUN ASALA (NIGERIA)

1 Given overlapping content, cards should not necessarily be used in their entirety, but edited and adapted as needed.

Table 1. E2A's First-Time Parents Projects

BURKINA FASO	NIGERIA	TANZANIA
Implemented through the Supporting Reproductive Health Services for Young First-Time Parents in Burkina Faso project, and funded by USAID	Implemented through the Saving Mothers, Giving Life (SMGL) Program, and funded by USAID	Implemented through the Tuungane Project, and funded by USAID
WHERE: Eastern Region and North Central Regions, Burkina Faso **WHO:** Young women under age 25 who are pregnant or have one child under 2 years old, and their husbands/male partners **WHEN:** April 2018–May 2020	**WHERE:** Ikom and Obubra LGAs, Cross River State, Nigeria **WHO:** Young women under age 25 who have one child under 1 year old, and their husbands/male partners **WHEN:** May 2017–March 2019	**WHERE:** Uvinza and Tanganyika Districts, Greater Mahale Ecosystem, Tanzania **WHO:** Young women under age 25 who are pregnant with or have one child **WHEN:** Jan. 2018–March 2020
KEY OUTCOMES • ANC • Safe delivery (at facility) • Newborn care • Exclusive breastfeeding • HTSP and postpartum family planning (PPFP)/FP	**KEY OUTCOMES** • HTSP and PPFP/FP • Exclusive breastfeeding • Positive parenting • Gender-equitable relationships	**KEY OUTCOMES** • HTSP and PPFP/FP • Gender-equitable relationships • Population, Health, and Environment (PHE) engagement
INTERVENTIONS • FTM Peer Groups (10 sessions) • Husband/Partner Groups (3 sessions) • Influential Female Relatives Sessions (3 sessions) • Joint Couple Sessions (2 sessions)[2] • Home Visits by Community Health Workers (CHWs) • Facility-based Health Providers/Services	**INTERVENTIONS** • FTM Peer Groups (14 sessions) • Male Partner Small Groups (6 sessions) • Influential Female Relatives Outreaches (3 sessions) • Home Visits by Community Volunteers (4–6 visits) • Community Engagement • Facility-based Health Providers/Services	**INTERVENTIONS** • FTM Peer Groups (10 sessions) • Male Partner Outreaches (5 sessions) • Influential Female Relatives Outreaches (3 sessions) • Home Visits by CHWs • Facility-based Health Providers/Services • Linkages to PHE Activities

2 Due to COVID-19, the project was unable to fully implement this intervention component. One of the two sessions was completed prior to the imposition of COVID-19 restrictions.

USING THE SESSIONS GUIDES WITH OLDER WOMEN RELATIVES OF FTMS/FTPS

The outreach guides were used or adapted for E2A FTP projects in Burkina Faso, Nigeria, and Tanzania. The guides were used by trained community resource persons to lead groups of older women, typically the mothers or mothers-in-law of FTM peer group members.

What are outreach guides?

Outreach guides provide step-by-step instructions for community resource persons to use with groups of older women. There are five example guides, each taking 75–90 minutes to conduct. Each guide includes objectives, facilitator preparation, and total duration (broken down by activity). Each activity within the outreach guide then describes the purpose, methodology, duration, and specific steps to be followed by the facilitator. Activity types within the guides include games, discussions, interviews, and storytelling.

Who used the outreach guides?

These cards were developed for use with older women related to FTMs/FTPs. Groups were not fixed, and women were invited to attend as many outreaches as they liked. In all E2A projects, a total of three outreaches were conducted. Women typically participated in multiple events, often on weekends (after religious services). Group sizes varied, and guides were adapted as needed given the number of participants and the time available.

Who led the sessions with older women?

Outreaches were led by a local, trained community resource person, such as an MOH Community Health Worker or a community agent working with CBOs. These facilitators—both men and women—were trained on the group intervention and the activities and sessions included in the program. Facilitators could adapt the activities and content as needed given the size and availability of the group.

Who led the sessions with older women?

Throughout the project, E2A developed several FTP-related resources that address the conceptual foundation for working with this population, provided tools for implementing interventions, and shared information and results from country FTP projects. Below is a selection of E2A's resources, and a full list of FTP resources is included the annex. All resources can be found on E2A's website.

Foundational Resources

- FTP Literature Review
- FTP Technical Consultation Report
- FTP Framework

Implementation Resources

- FTM Small Group Training Guide
- FTM Peer Group Session Cards
- Older Women Relatives Session Guides [this document]

Recent Country Program Resources

- Burkina Faso Phase 1 Report
- Cross River State, Nigeria Formative Assessment Brief
- Cross River State, Nigeria Report
- Tuungane, Tanzania Phase 1 Report

OUTREACH SESSION WITH OLDER WOMEN: UNDERSTANDING FIRST-TIME PARENTS[3]

Objectives of the session

- Introduce participants to the situation and needs of FTPs
- Build understanding of the risks, choices, and decisions that FTPs face, and their own roles as key influencers over young FTMs and male partners
- Explore how the social roles and experience of FTMs/FTPs have or have not changed through the generations

Before the session, the facilitator should...

- Review the session content

Total session time: 75 minutes

1: Overview of the Situation and Needs of FTPs (15 min.)

2: Story of Blessing and Kevin (30 min.)

3: Exploring FTPs Then and Now (30 min.)

3 From E2A FTP project implemented in Cross River State, Nigeria. The content and activities can be adapted as needed to other countries and contexts.

ACTIVITY 1: INTRODUCE THE SITUATION AND NEEDS OF FTPS

Time: 15 minutes

Methodology/Purpose: Facilitator presentation to introduce the needs of FTPs in Nigeria and CRS

Guidance for the facilitator

1. Present, as appropriate, the information below that provides health statistics and data on the extent of childbearing by adolescent girls and young women:

- Nigeria is the most populous country in sub-Saharan Africa.
- The majority of Nigerians are young—under the age of 25 years, with 22% of the country's population between the ages of 10–19 years.
- Many girls start having children at a young age. Across Nigeria, 23% (almost 1 in 4) of adolescent girls aged 15–19 have begun child-bearing.
- Data shows that the average age at sexual debut among adolescent mothers in Nigeria is 15 years of age.
- Given all of this, many girls and young women are sexually active and beginning to have children.
- But having children too young poses health risks. Globally, adoles-cent pregnancy is associated with higher morbidity and mortality for both the mother and the child.

- Nigeria has a very high level of maternal deaths—576 maternal deaths per 100,000 live births. Nigeria accounts for roughly 14% of the global burden of maternal mortality.
- In addition, childbearing during adolescence frequently has adverse social consequences for young mothers, particularly regarding educational attainment, as well as social exclusion.
- While modern contraceptive methods can help to prevent early childbearing and unplanned pregnancies, use of these methods, especially by young married women, is low. Only 1.2% of married adolescent girls (15–19) and 6.2% of married young women (20–24) currently use a modern method of contraception—much lower than the contraceptive prevalence among older married women.
- For unmarried sexually active adolescents (15–19) and young women (20–24), 49.7% and 63.5%, respectively, currently use a modern method of contraception.
- Unmet need for contraceptive among adolescents and young women (15–24) is also important to note—19.8% of married young women and 33.2% of sexually active unmarried young women in Nigeria have an unmet need for contraception.

2. Present the following information on the situation of young FTMs/FTPs that make them particularly vulnerable:

- Given the health situation in Nigeria, young FTMs face a unique set of challenges to living healthy reproductive lives, often very different from the situation of older women who have multiple children.
- First-time mothers often lack sufficient and accurate information about their reproductive health, as well as maternal and child health.
- They are also less likely to access maternal health care, specifically antenatal and postnatal care, as well as skilled birth attendance.
- As noted earlier, contraceptive prevalence among adolescents and young women remains low in Nigeria. First-time mothers are also less likely to use contraception than those who have three or more children, putting them at risk for rapid repeat pregnancies.
- The types of relationships that FTPs have vary by cultural context. In some settings, their relationships may be transitional in nature, so not all FTMs may be able to rely on the emotional and financial support of a partner.
- The limited use of health services is partly due to the fact that many young women do not have control over decision making about their reproductive health. Often key influencers, such as parents, husbands or male partners, in-laws, co-wives, community and family elders, and religious leaders drive household decision making, including those related to reproductive health (RH) and contraceptive use.
- In addition, unmarried first-time mothers often face additional stigma and discrimination, which further prevents them from accessing important RH information and services.
- These unequal power dynamics and gender inequalities place young women and girls in Nigeria at particular risk of gender-based violence and HIV, as well as early or closely spaced pregnancies and child-bearing—all of which increase the risk of maternal mortality

and morbidity for young women and increase of the risk of infant mortality for their children.

- Furthermore, first-time mothers—both married and unmarried—can quickly become isolated, with household responsibilities and limitations on their mobility keeping them at home and away from health information and services and supportive social networks.
- Young FTMs and FTPs need good FP/MCH information and services, and they also need to be supported in making good decisions for themselves and their families.

3. Ask participants if they have any questions about the situation of FTMs/FTPs in CRS and Nigeria. Limit the number of questions, if possible, as the following activities will allow for greater discussion on these issues.

ACTIVITY 2: STORY OF BLESSING AND KEVIN

Time: 30 minutes

Methodology/Purpose: Case study to reflect on the situation and needs of FTMs and FTPs in CRS

Guidance for the facilitator

1. Introduce the activity by noting that the situation of young FTMs and FTPs is often complex—involving multiple people as they navigate through several new experiences.
2. Tell the group you will now read them a story that gives one example of an FTM/FTP in CRS. Read the story two times to be sure everyone has heard and understands the key points.

Blessing is a 20-year-old first-time mother with a baby daughter who is now 5 months old. When Blessing found out she was pregnant, she and the baby's father, Kevin, wanted to live together, but they could not afford it at the time. So Blessing stayed with her parents, and her mother supported her during pregnancy and childbirth and helped her care for her young daughter.

Just last month, Blessing and her baby moved to live with Kevin in their own home, and they are very happy to be together as a family. Both Blessing's and Kevin's mothers regularly help with caring for the baby—including sometimes giving a bit of money to help with the baby's clothes or medicine—and they appreciate this support.

But recently, there has been some tension. Blessing and Kevin have decided to wait 3 years before having another child. Blessing had heard about the implant contraceptive method, which she thought would be a good choice for them. Kevin is open to the idea of using contraception, but he and his mother are worried that the implant may make Blessing unable to have another child when they are ready.

3. Use the following questions to lead a discussion about the experience of Blessing and Kevin:
   - What do you think about the situation of Blessing and Kevin? Have you heard similar stories in your community?
   - Kevin and Blessing did not plan to have a baby and were not prepared for this situation (in terms of their own relationship, their

living arrangements, finances, etc.). What do you think about this? Is this a common issue for young FTPs?

- Blessing’s mother seems to be very supportive and involved in her daughter’s life and in caring for her granddaughter. What do you think about the role that she plays in Blessing's and Kevin’s life? Do you think she should support Blessing using contraception?
- Kevin’s mother is also involved in their lives. Is this common? What do you think about her reasons for opposing their use of contraception?
- In the end, Blessing feels caught by other people—especially Kevin and his mother. What do you think about this? What can Blessing do now?

ACTIVITY 3: THEN VS. NOW

MAREN VESPIA (TANZANIA)

Time: 30 minutes

Methodology/Purpose: Exploring how the experience of being an FTP has or has not changed from one generation to another

Guidance for the facilitator

1. Depending on the space in which the outreach is held and the number of participants, choose three different locations or corners for people to stand to indicate their opinions on if being an FTM/FTP is more challenging now, when they started their families, or if both are about the same.
2. Explain that the final activity looks at the experience of being a FTM/FTP now vs. the experience that they (older women) went through when they started their families. Tell participants that everyone has a right to her own opinion, and no response is right or wrong.
3. Explain that you are going to read a series of statements about the challenges that FTMs/FTPs like Blessing and Kevin experience. After each statement, the participants should move to the designated location that that reflects their own opinion—whether they think that particular challenge is more true “now,” was more true “then” (when they were FTMs), or is about the “same.”
4. Read the first statement from the list in the box on the next page aloud. Give participants a few seconds to think about their response (repeat the statement, if necessary). Once everyone has had time to make a decision, let them know that you will count to three. When you say “three,” participants should move to the location that reflects their response—now, then, or about the same.

5. Ask for two or more volunteers (preferably one "now" and one "then") to explain why they chose their answer. Discuss the distribution of answers—did most people pick "now" or "then"? Do the participants think that this reflects the range of opinions within their community?

6. Repeat Steps 3 to 5 with the next statement. Continue with each of the statements from below.

Statements: After each statement, participants should consider whether the statement is more true now, then, or about the same.

- Many young women and couples are unprepared for their first child, especially when so many are unplanned.
- Young FTPs often do not have the financial resources to care for a child and set up their own home.
- Young unmarried FTMs and FTPs often face opposition from their families and communities for having a child young and outside of marriage.
- Young FTMs have little power to voice their opinions and often have little control over decisions that affect their health and wellbeing of themselves and their child.
- A young FTM must often follow the advice or direction of her mother or mother-in-law, even if that goes against what she herself believes.

7. After all of the statements have been read, lead the participants in a brief discussion using the following questions:
   - What role did older women play in influencing your lives when you were starting your families?
   - How is that the same or different from how you influence your own daughters and daughters-in-law?
   - How can older women in households and communities today help young FTMs and FTPs cope with the challenges they face?

8. Ask participants if there are any questions and address as many as time permits.

9. At the end of the session, thank all of the participants and ask if anyone has any questions. As they leave, remind them of the next session date, time and location.

AMI VITALE FOR THE NATURE CONSERVANCY (TANZANIA)

OUTREACH SESSION WITH OLDER WOMEN: UNDERSTANDING SAFE PREGNANCIES AND BIRTH[4]

Objectives of the session

- Provide an overview of health situation of FTPs and the important role of family, especially their role in supporting FTP health action
- Introduce key messages about ANC, danger signs, and safe delivery
- Explore barriers and solutions for early ANC, including support from older women

Before the session, the facilitator should...

- Set dates and locations for all three informational sessions with older women. Coordinate notifications about these sessions through peer groups and home visits
- Review the session content

Total session time: 75 minutes

1: Health Situation and Priorities for FTPs (20 min.)

2: Key Information about ANC and Safe Delivery (30 min.)

3: Supporting Early ANC (25 min.)

4 From E2A FTP project implemented in Burkina Faso. The content and activities can be adapted as needed to other countries and contexts.

ACTIVITY 1: HEALTH SITUATION AND PRIORITIES FOR FTPS

Time: 20 minutes

Methodology/Purpose: Facilitator presentation to introduce the health risks/priorities of FTPs in Burkina Faso and facilitate brief discussion about these with older women

Guidance for the facilitator

1. Present, as appropriate, the information in the box below to provide some background on the situation of young FTPs in Burkina Faso.

- In Burkina Faso, the average age at marriage is 17.8 years. One-third of young women aged 15–19 are married, and three-quarters of women aged 20–24 are married.
- Generally, women start having children soon after marriage. As a result, almost 24% of adolescent girls and young women (15–19 years) have begun childbearing in Burkina Faso.
- Having children is a great joy—but there are also added risks for young mothers. Globally, adolescent pregnancy is associated with higher morbidity and mortality for both the mother and the child.
- Girls between the age of 15–19 years are twice as likely to die from maternal causes as older women. Evidence also suggests that maternal mortality risk increases for first births.
- Children born from adolescent mothers have increased risks of low birth weight and premature birth, which contribute to neonatal death.

- In Burkina Faso, the mortality ratio for mothers is 330 deaths per 100,000 live births (EMDS, 2015). This is higher than the average MMR of 239 for the Africa Region.
- In addition to early pregnancies, having too many babies too close together also creates risks for the mother and for her children.
- It is recommended that women wait at least 2 years before becoming pregnant again. This is called healthy timing and spacing of pregnancies (HTSP), which allows the mother to regain her strength so she can be healthy through her next pregnancy and so that the baby is also as healthy as possible.
- Using FP is one way to make sure there is good spacing between births.
- Although modern contraceptive methods can help prevent early childbearing and unplanned pregnancies, use of these methods in Burkina Faso, especially by young married women, is low. Only 6.6% of women aged 15–19 currently use modern contraceptives and 15.9% among those aged 20–24.

2. Ask participants if they have any questions about this information. Try to limit the number of questions to allow time for the rest of the activity. There will be time later to address additional questions.

3. Present the following information on the situation of young FTMs/FTPs, that contribute to their vulnerability and health risks:

- Young FTMs in Burkina Faso face specific challenges to living healthy reproductive lives.
- First-time mothers often lack sufficient and accurate information about their reproductive health, as well as maternal and child health. So they often don't know about health issues or when to seek services.
- They are less likely to access important health care services in a timely manner, including early ANC, completing at least 4 ANC visits, delivering at a facility with a trained provider, and using FP services.
- The limited use of health services is partly because many young women do not make decisions about their health. Often key people, such as parents, husbands, in-laws, co-wives, community and family elders, and religious leaders influence what young women can or cannot do when it comes to their health and the health of the child.
- While family members want what is best for the mother and baby, they also may not know about some of the risks and important health care that young FTMs need.
- Some cultural practices also delay health action. For example, FTMs and families may wait before letting others know about the pregnancy. This may include rituals that are performed for women who having their first child.
- First-time mothers can quickly become isolated, with household responsibilities and limitations on their mobility. This may keep them at home and away from health information and care and from supportive social networks.
- All of these issues can increase the risk of illness and death for young mothers and also increase health risks for their children.

- Young FTMs and FTPs need good FP/MCH information and services, and they need your support as their mothers and mothers-in-law to be able to make good health decisions for themselves and their families.

4. Lead the participants in a brief discussion using the following questions:

- Most of you were once FTMs yourselves, so have personal experience facing all of the things that happen when you have your first child. What do you think about the situation that FTMs face today?
- What is similar or different from your own experience?
- What role did older women play in influencing your lives when you were starting your families?
- How can older women in households and communities today help young FTMs and FTPs cope with the challenges they face?

5. Ask participants if they have any questions about the health situation of FTMs/FTPs in Burkina Faso.

LINDA SUTTENFIELD (BURKINA FASO)

ACTIVITY 2: KEY INFORMATION ABOUT ANC AND SAFE DELIVERY

Time: 20 minutes

Methodology/Purpose: Facilitator presentation to provide overview of safe pregnancy and delivery health issues

Guidance for the facilitator

1. Introduce the activity by noting that they know FTPs who are going through their first pregnancy and childbirth. As people who influence the health of young mothers and their babies, it's important for these older women to have a strong understanding of safe pregnancy and delivery.

2. Share key messages for ANC and safe delivery:

- Women should go to at least 4 ANC visits during pregnancy.
- The first ANC visit should be as early as possible, ideally during the first trimester.
- During ANC, the provider will make sure that the woman is healthy and that the baby is developing well. They will also provide medications that will help women stay healthy. These include medicines for malaria prevention, folic acid, vitamins, etc.
- It's also a time to start preparing for a safe delivery and to think ahead to some things that happen after you have the baby—like exclusive breastfeeding and family planning.
- In addition to facility visits, expectant parents and families should watch for any possible danger signs including: blurred vision, dizziness, bleeding, pain of premature delivery, edema, and fever. Malaria during pregnancy is also potentially dangerous.

- If any of these things occur, you should help to get your young FTP to a facility as quickly as possible.

3. Ask participants if they agree with all of these priorities for a safe pregnancy and delivery. If not, take time to address their concerns and questions.

ACTIVITY 3: SUPPORTING EARLY ANC

Time: 25 minutes

Methodology/Purpose: Discussion to explore barriers and solutions for early ANC attendance (within the first three months of pregnancy)

Guidance for the facilitator

1. Introduce the activity by saying that they will now focus on one of the priority issues for young FTMs—seeking ANC from a health facility as early as possible—ideally in the first 3 months of pregnancy.
2. Note that while overall ANC attendance in Burkina Faso is good, many women—especially young FTMs—delay in seeking ANC early in their pregnancies. This is a priority issue for the MOH, as early ANC is an important activity in ensuring that the mother and baby are healthy.
3. Ask participants to name some of the barriers to early ANC—or why young mothers may not be able to seek ANC within the first three months of their pregnancy. Track the responses that are given. Be sure to mention the issue of traditional rituals. Some possible barriers may include:
   - May not realize they are pregnant
   - May not want others (outside immediate family) to know that they are pregnant yet
   - May not feel able to ask husband or others—including older women—to go to facility
   - May not have finances to travel to facility
   - May be waiting for traditional rituals before seeking ANC
4. For each of the barriers raised, ask the participants to think about possible solutions. Ask specifically what they—as influential family members—can do to support early ANC.
5. Conclude the activity by acknowledging that this is a lot of information and that they can always ask additional questions at the next meeting or during home visit.
6. At the end of the session, inform participants of the next session date, time, and location.

OUTREACH SESSION WITH OLDER WOMEN: UNDERSTANDING PHE

Objectives of the session

- To understand key information/messages about PHE
- To explore the relevance of PHE for young FTPs
- To learn about the different PHE activities in our communities

Before the session, the CHW should:

- Review the session content.
- Adapt the session content and schedule so that it meets the project's specific needs.
- Invite the local PHE Champion and COCOBA Trainer to present

Total session time: 75 minutes

Step 1: Overview of PHE (15)

Step 2: FTPs and PHE (15)

Step 3: Presentation by PHE Champion (45)

ACTIVITY 1: OVERVIEW OF PHE

Time: 15 minutes

Methodology/Purpose: CHW presentation on PHE key messages

Guidance for the CHW

1. Introduce the session by addressing the following points about PHE—or Population, Health, and Environment.

PHE Key Messages

- PHE addresses relationships between People, Health, and Environment
- Large families need more agricultural land, more trees, more food, more fish, and more water.
- These needs place a stress on the environment, which then places stress back on the families in many ways:
  - Food—not having enough food or the variety we need to be healthy
  - Water—not having easy access to clean water for our personal needs and water for farming
  - Air—having poor quality are from the types of stoves we use
  - Finances—having few opportunities to build business/money from farming, fishing, savings, etc.

- Need to develop new approaches that allow land, water, and families to grow and be healthy.
- Tuungane supports many different initiatives, including:
  - **MODEL HOUSEHOLDS:** These families model healthy and sustainable behaviors, such as using a handwashing station, installing an upgraded latrine, prioritizing family planning, using energy saving stoves, and setting their agricultural plots away from the lake.
  - **BEACH MANAGEMENT UNITS:** BMUs enact and enforce their own sustainable fishing regulations, such as outlawing destructive beach seine nets and under-sized fishing nets and protecting fish breeding and nurseries zones.
  - **COCOBAS:** These offer villagers an opportunity to save money and access loans, including microfinance loans to start sustainable small businesses and diversify their income.
  - **CLIMATE SMART AGRICULTURE GROUPS:** training on climate smart agriculture practices, which not only reduce run-off into the lake, but produce higher yields for the farmers.
  - **FOREST MANAGEMENT:** Community forest scouts are trained and deployed to protect forest reserves, including some that are important habitats for chimpanzees.

2. Ask the group these questions and allow them to discuss their responses.

- What are some of the problems we see with the environment in our community—or our land, lake, rivers?
- How do these problems affect the health of our communities?

  Examples of responses include:
  - Poor nutrition (amount and variety of food)
  - Diseases/illness due to unsafe water
  - Diseases/illness due to poor air quality
  - Not having funds to get health care when needed
- Have any of you participated in the PHE activities here in this community? Which ones? (Invite them to share more about the activities/groups).

ACTIVITY 2: FTPS AND PHE

Time: 15 minutes

Methodology/Purpose: Discussion of how PHE is particularly important for FTPs

Guidance for the CHW

1. Continue the discussion by saying that you want to now focus on if and how PHE is important for young FTM/FTPs to understand and join. Use the following questions to probe the subject with the older women:

- You mentioned several health issues that can occur when PHE issues are not working well. Are any of these relevant for FTPs? Why or why not?
  - Poor nutrition (during pregnancy, with babies and children)
  - Lack of clean water
  - Lack of clean air
  - Lack of economic opportunities

- What about the issue of having smaller families? Do you think that is important for FTPs to understand? Why?
- Which PHE activities would be most useful for young FTPs just starting their families?

2. Conclude the activity by noting the importance of PHE for FTPs and read the following:

   All of these PHE issues affect the lives and futures FTPs—and those of their children. As older women in your community, you want to make sure your children and grandchildren are happy and healthy, and have opportunities to learn and grow. Helping them understand PHE—including HTSP and FP—can help them achieve their hopes and goals.

AMI VITALE FOR THE NATURE CONSERVANCY (TANZANIA)

ACTIVITY 3: PRESENTATION BY PHE CHAMPION AND COCOBA TRAINER

Time: 45 minutes

Methodology/Purpose: PHE Champion/COCOBA Trainer presentation on PHE messages and the different activities/groups in the local community

Guidance for the CHW

1. Introduce activity by saying that there are many PHE activities right here in our communities. Introduce the PHE Champion and invite him/her to present.
2. Allow adequate time at the end for any questions and referrals to groups.
3. Conclude the session by acknowledging that this is a lot of information and encourage them to learn more or attend a group in their communities.
4. At the end of the session, thank all of the participants and ask if anyone has any questions.

OUTREACH SESSION WITH OLDER WOMEN: UNDERSTANDING FAMILY PLANNING[5]

Objectives of the session

- To understand the benefits of HTSP
- To learn about different modern contraceptive methods
- To explore contraceptive values

Before the session, the facilitator should...

- Review session content
- Adapt the session content and schedule so that it meets the project's specific needs
- Gather and study available job-aids and guidelines provided by the MOH, for use during Activity 4

Total outreach time: 90 minutes

1: Introduction (5 min.)

2: Overview of HTSP (10 min.)

3: Contraceptive Values (30 min.)

4: Modern Contraceptive Methods (45 min.)

5 From E2A FTP project implemented in Cross River State, Nigeria. The content and activities can be adapted as needed to other countries and contexts.

ACTIVITY 1: INTRODUCE FP/HTSP SESSION

Time: 5 minutes

Methodology/Purpose: Facilitator presentation to introduce session

Guidance for the facilitator

1. Introduce the session by addressing the following points:

- It is important that young women and couples understand some of the risks involved in having children too early, too close together, and too often. Taking time before and between having children has many benefits for the health of the mother and baby, and for the overall wellbeing of the family.
- Young women and men need accurate information and advice on how they can plan for and safely achieve the family that they want.
- As older women in your families and communities, you have tremendous influence on the choices and decisions that your daughters and sons make. Therefore, it is important for you to understand more about HTSP and family planning so that you can advise your children well.
- We will spend some time learning about this and about the different modern contraceptive methods available to couples.
- We will also explore some of our beliefs about contraception, which may be affecting the advice we give to our daughters and sons about how they can achieve their goals as individuals, couples, and families.

ACTIVITY 2: HTSP

Time: 10 minutes

Methodology/Purpose: Facilitator presentation to provide overview of HTSP

Guidance for the facilitator

1. Present information on HTSP (see Participant Handout: Healthy Timing and Spacing of Pregnancies below, if useful).
2. Reinforce key HTSP messages and answer any questions they may have.
3. Hold a brief discussion with older women using the following questions:
    - What do you think about women or couples spacing their children?
    - What do you think about the benefits of HTSP?
    - Were people aware of these issues when you were having your children?
    - If so, what approaches were used? How easy or effective were they?
    - Would these same approaches work today? Do you feel there would be challenges for young women and men now in trying to plan for HTSP?

ACTIVITY 3: CONTRACEPTIVE VALUES

Time: 30 minutes

Methodology/Purpose: Activity to review attitudes and beliefs about contraceptives and contraceptive use

Guidance for the facilitator

1. Depending on the space in which the session is held and the number of participants, choose three different locations or corners for people to stand and indicate if they agree, disagree, or are not sure about the different contraceptive statements in this exercise.
2. Explain to the group that you are going to do an activity that will help them to reflect on their own attitudes and beliefs about having children and contraceptives. Remind participants that everyone has a right to her own opinion, and no response is right or wrong.
3. Explain that you are going to read a series of statements. After you have read a statement, the participants should move to the designated location that that reflects their own opinion – they can agree with the statement; disagree with the statement; or maybe they are not sure whether they agree or disagree.
4. Read aloud the first statement from the list below. Give participants a few seconds to think about whether they agree or disagree with this statement (repeat the statement out loud, if necessary). Once everyone has had time to make a decision, let participants know that you will count to three, and when you reach three, they should move to the location that reflects their response.
5. Ask for two or more volunteers (preferably one "agree" and one "disagree") to explain why they either chose their answer. Discuss the distribution of answers—did most people pick "agree" or "disagree"? Do the participants think that this reflects the range of opinions within their community?
6. Repeat Steps 3 to 5 with the next statement. Continue with each of the statements in the box on the next page.

7. After all of the statements have been read, lead the participants in a brief discussion using the following questions:

- Are there any statements that you found challenging to agree or disagree with? If so, why?
- How do you think other people in your community might feel about these statements?
- How do you think your daughters (or young women) may feel about these statements?
- Have you ever talked to your daughters (or sons) about these topics?

Statements

- It is acceptable for a young woman to use contraception before she has had her first child.
- Men alone should make the decision about whether or not a couple should use contraception.
- If a married young woman does not have a child in the first two years following her marriage, it is acceptable for her husband to leave her or to seek an additional wife.
- Married people should not use contraception until they have completed their family size.
- It is acceptable for a health worker to provide RH advice and care to a married adolescent without her husband's permission or knowledge.
- Many contraceptive methods cause permanent infertility, even after they are removed or stopped.
- A woman should not use contraception until after she has had a male child.
- It is acceptable for an unmarried young woman to use a contraceptive method even if her parents disapprove.

ACTIVITY 4: FAMILY PLANNING METHODS OVERVIEW[6]

Time: 45 minutes

Methodology/Purpose: Facilitator presentation on different modern contraceptive methods

Guidance for the facilitator

1. Introduce activity by saying that there are many family planning methods that are safe for couples to use if they want to wait before having a child. All of these methods are available right here in local health facilities.
2. Present the different contraceptive methods, being sure to address the specific characteristics of each, the benefits, potential side effects, and availability.
3. Be sure to ask and allow time for questions (e.g., on how the method works, on side effects) on each method and probe to pull out any misconceptions they may have about different methods.
4. If time allows, engage participants in a short discussion using the following questions:

6 Facilitators present on overview of all modern contraceptive methods using available job-aids and guidelines provided by the MOH.

- What do you think about the use of these different methods by young women?
- Who has to think about contraception? The man or the woman? Why?
- Who should make the decision about if/when to use contraceptives and which method to use?
- Have you ever discussed family planning with your daughter/son before? Why or why not?

5. Conclude the outreach by acknowledging that this is a lot of information, and that they can always ask additional questions at the next outreach.
6. At the end of the outreach, thank all of the participants and ask if anyone has any questions. As they leave, inform them of the next session date, time, and location.

SEUN ASALA (NIGERIA)

PARTICIPANT HANDOUT 2: HEALTHY TIMING & SPACING OF PREGNANCIES

Healthy Timing and Spacing of Pregnancies (HTSP)

- An approach to family planning (FP) that helps women—including adolescents and young women—and their families delay/plan/space their pregnancies in order to achieve the healthiest outcome for all involved (i.e., women, newborns, family)
- Based on evidence from scientific research that has identified the healthiest time to become pregnant (between 18–34 years of age and with fewer than 5 children) and the spacing between pregnancies (2 years after a live birth and 6 months after a miscarriage or abortion)

Short birth-to-pregnancy intervals of less than 24 months are associated with increased risks

- Risks for mother: death, spontaneous abortion, preterm births, intrapartum or postpartum hemorrhage, anemia
- Risks for baby: low birth weight, small for gestational age baby, neonatal death

Abortion or miscarriage to next pregnancy interval of less than 6 months is associated with increased risks

- Risks for mother: premature rupture of membranes, anemia
- Risks for baby: preterm birth, low birth weight, small for gestational age

HTSP is appropriate for FP clients at all stages of their reproductive lives, but in this program, we are focusing on...

- Pregnant and postpartum clients
- Clients receiving healthcare for miscarriage or abortion
- Adolescents (under 18 years) and young first-time mothers/parents (under 25 years)

The key HTSP messages for the health of the mother and baby are

- For pregnant or postpartum women/couples who desire a next pregnancy after a live birth, wait at least 24 months before trying to become pregnant again.
- For women/couples who decide to have a child after a miscarriage or abortion, wait at least 6 months before trying to become pregnant again.
- For adolescents, wait until you are at least 18 years of age before trying to become pregnant.
- For all, consider using a family planning method of your choice until you can safely try to become pregnant again, or if you want to avoid a future pregnancy.

OUTREACH SESSION WITH OLDER WOMEN: SUPPORTING FIRST-TIME PARENTS[7]

Objectives of the session

- Brainstorm the main health issues that FTMs/FTPs experience during their first year raising a child and how older women influence those issues
- Learn more about exclusive breastfeeding
- Build understanding of the situation of FTPs—given the transitional nature of their relationships and the changes they experience in transitioning to their role as new parents—and how best to support them

Before the session, the facilitator should...

- Review the session content
- Adapt the session content and schedule so that it meets the project's specific needs

Total session time: 90 minutes

1: Introduction (5 min.)

2: Brainstorming on FTP Health Issues (30 min.)

3: Exclusive Breastfeeding True and False (25 min.)

4: One Story, Two Perspectives (30 min.)

7 From E2A FTP project implemented in Cross River State, Nigeria. The content and activities can be adapted as needed to other countries and contexts.

ACTIVITY 1: INTRODUCE SUPPORTING FTPS SESSION

Time: 5 minutes

Methodology/Purpose: Facilitator presentation to introduce session

Guidance for the facilitator

1. Introduce the session by addressing the following points:

- During the previous sessions, we explored more about the experience of FTMs/FTPs and dove more deeply into one of the critical health issues for young parents—the healthy timing and spacing of their children.
- Last time, we learned more about the different contraceptive methods available right here in local facilities that FTM/FTPs can use to safely prevent pregnancy until they are ready.
- We have also been exploring the role that older women like you—the mothers and mothers-in-law of young FTM/FTPs—play in influencing the different choices and decisions that young women/couples make.
- Today, we'll continue these discussions to better understand some of the priority health issues that FTM/FTPs face in their first year as parents, as well as some of the other social and relational changes they are experiencing, and how we can better support them.

ACTIVITY 2: BRAINSTORMING HEALTH PRIORITIES FOR FTMS/FTPS

Time: 30 minutes

Methodology/Purpose: Brainstorming some of the main issues that young FTMs/FTPs face in their first year as parents that affect their health and the health of the baby

Guidance for the facilitator

1. Explain to the group that today's session will begin with a short brainstorming about the main issues that concern FTMs/FTPs about their health and the health of their baby during the first year as parents (after the baby is born). Note that many of them were once FTMs themselves and are now the mother or mother-in-law of a young FTMs/FTP, so they should think about the main health-related concerns that they have experienced.
2. Ask: "What are the main health concerns of young FTMs/FTPs during the first year as parents?" Invite participants to call out their ideas.
3. Use prompts as needed (e.g., "What about the health of the infant?" or "Are there health issues for a new mother?")
4. Take 10 minutes to get quick responses. Be sure that you track the responses. Participants may call out many things, but try to include as many of the following issues (which are focus areas for the program) as possible:

   Health issues that should be noted:

   - Breastfeeding and baby's nutrition
   - Immunization
   - Mother's rest
   - Mother's nutrition
   - Family planning
   - Learning to care for an infant/young child and parenting
5. Once time is up, read the list of ideas back to participants. Initiate the next brainstorm by asking the following question: "As older women, we want to be sure our children and grandchildren are as healthy as possible. And we want them to make good decisions about their health—including all of the issues you just raised, like proper nutrition. What are some of the things that prevent FTMs/FTPs from making good health decisions?"
6. Take 10 minutes to get quick responses. Be sure that you track the responses. Participants may call out many things, but try to include as many of the following factors (which are focus areas for the program) as possible.

   Factors that affect FTMs/FTPs ability to make good health decisions:

   - Lack of correct and timely information
   - Limited decision-making power or control (with male partners, with parents)
   - Limited communication and negotiation skills
   - Lack of funds
   - Lack of transport
   - Limited knowledge of where to obtain services/products
   - Lack of trust in health providers/products

7. Once time is up, read the list of ideas back to participants. Recap the brainstorming session by noting that FTMs/FTPs face many health issues, yet often lack what they need to be able to take positive health action for themselves and their baby.

8. Initiate a brief (10 minute) discussion by asking the following questions:

   - Do older women sometimes contribute—maybe even without realizing it—to the challenges that FTMs/FTPs face in making good health decisions?
   - How do (or could) older women help FTMs/FTPs overcome some of the challenges they facing in making good health decisions?

TAGAZA DJIBO (BURKINA FASO)

ACTIVITY 3: TRUE OR FALSE ABOUT EXCLUSIVE BREASTFEEDING

Time: 20 minutes

Methodology/Purpose: Using a true/false game to learn more about EBF and the role older women play in EBF choices/practice

Guidance for the facilitator

1. Introduce the next activity by explaining that the group will now learn a bit more about one of the health priorities that came up in the brain-storming exercise. Explain that they will now play a short game to learn more about exclusive breastfeeding for babies.

2. Select two locations (for example two trees), about 10 metres apart. Tell the group that one location is called "TRUE" and the other is "FALSE." "I DON'T KNOW" is a location in between.

3. Read these instructions out loud: I am going to read a statement to you about exclusive breastfeeding. If you think the statement is true, go to the "TRUE" location. If you think the statement is false, go to the "FALSE" location. If you do not know, stay here in the middle. After you go to your places, I will ask you to tell the group why you think the statement is true or false. Then, I will read you the correct answer and we will see who got it right. It is okay to get these answers wrong. We are here to learn today.

4. Read the instructions in Step 3 again to make sure everyone understands.

5. Read the first statement from the box below. Once the participants go to their locations, ask at least 2 people on each side to explain why they think the statement is true or false. Give them time to respond and encourage many different people to talk.

6. Read the correct answer below the statement.

7. Repeat this process for the remaining statements.

STATEMENT	ANSWER
Exclusive breastfeeding means that no other food or liquids are offered to the baby for the first six months.	This statement is true. Exclusive breastfeeding means that babies are given only breast milk without any water or other liquids or foods for the first six months except for specifically prescribed drugs.
Exclusive breastfeeding should begin as soon after birth as possible, as a mother's first milk is especially good for the baby.	The statement is true. Starting breastfeeding immediately after birth has benefits for both the mother and the baby. A mother's milk in the first few days is called colostrum, and it is filled with substances that help the baby grow strong and fight disease.
If a baby cries after breastfeeding, that means she has not had enough food and should be given something other than breast milk.	The statement is false. Health experts around the world, including officials in the Ministry of Health, say that breast milk contains all the nutrients that a baby needs for the first six months. No other liquids, foods or supplements are needed. Feeding a baby anything other than breast milk interferes with a mother's ability to produce enough milk.
Exclusive breastfeeding a baby for the first six months can help to prevent another pregnancy.	The statement is true. One method of preventing pregnancy is called Lactational Amenorrhea Method or LAM. LAM is a method of preventing pregnancy that requires that the woman is exclusively breastfeeding, that her baby is less than 6 months old, and that her monthly bleeding has not returned.

8. Initiate a brief discussion using the following questions:

- What did you learn that was new about exclusive breastfeeding?
- What ideas or practices are there locally for feeding a child during its first six months? Do any conflict with the practice of exclusive breastfeeding?
- Do older women in this community support exclusively breastfeeding a baby for the first six months?
- If a young FTM/FTP wanted to practice EBF, how could older women support her/them in this?

ACTIVITY 4: ONE STORY, TWO PERSPECTIVES

Time: 40 minutes

Methodology/Purpose: Review of a case study to pull out different ways in which first-time mothers and they older women relatives may view a situation, and promote mutual understanding and support

Guidance for the facilitator

1. Introduce the activity by saying, "I am going to tell you about something that happened between a young FTM, Grace, and her mother, Sara. It is an incident that happened one evening. I will first tell you this story as Sara tells it—from her viewpoint. I will then tell you how her daughter, Grace, views the same incident from her side."

2. Read the scenario from Sara's perspective:

   Sara is a 43-year-old widow, who lives in her home with three of her children, including her 22-year-old daughter, Grace, and Grace's 4-month-old baby son. Sara works at growing and selling produce from her farm to provide for her children and grandson and worries constantly about them. Last night, after a long day trying to sell her produce, Sara came home to find that Grace had gone out with her baby son. Sara had to prepare the evening meal and take care of all the chores that Grace should have done. Grace came back with her son at 9pm and told Sara that the baby's father, Ogah, had paid a surprise visit and they had all gone out to spend the evening together. Sara was furious, and cut Grace off when she began to talk about her evening with Ogah. Sara began scolding Grace for being late and not doing her chores, and Grace began shouting back, while her baby son started to cry.

3. Use these questions for a discussion:
   - Why was Sara so angry when Grace arrived home late?
   - Why wouldn't Sara let Grace tell her about her evening with Ogah?
   - Do you think Sara was right to scold Grace?
   - What else could Sara have done when Grace came home late?
   - Could the mother and daughter find a better way to communicate and understand one another?

4. Read the same scenario from Grace's perspective:

   Grace is a young mother with a 4-month-old baby son. She lives with her mother, Sara, and tries to contribute by helping with her mother's farm, doing home chores and taking care of her brother and sister. Grace is still in a relationship with her baby's father, Ogah. He lives and works in another town trying to make enough money so they can live together in their own home someday. Yesterday, Ogah paid a surprise visit and took her and their son out for the evening. Grace was so happy to see him and talk through plans for their future. When she got home with the baby, she was eager to tell her mother, Sara, all about her evening. Instead, her mother began shouting at her for not obeying the rules. Grace tries to explain that she's trying hard to secure a good future with Ogah for their son, but her mother won't listen. So Grace starts to shout back.

5. Use these questions for a discussion:

    - What do you think Grace was feeling when she got home?
    - Do you think Grace understood why her mother was so angry?
    - Who was wrong—Grace or Sara?
    - Could mothers and daughters agree on how to react when another person breaks a "rule"? For example, by listening to each other?

6. Conclude the discussion by noting that relationships between mothers and children are complex—especially as the children are staring families of their own. There is often no clear answer to who is wrong or right in a situation, but that taking the time to listen to each other is an important step in keeping relationships strong over time.

MAREN VESPIA (TANZANIA)

OUTREACH SESSION WITH OLDER WOMEN: INFANT HEALTH AND NUTRITION, INCLUDING EXCLUSIVE BREASTFEEDING[8]

Objectives of the session

- Understand some priorities for the health and nutrition of infants (in first year of life)
- Understand the benefits of exclusive breastfeeding
- Explore barriers/solutions to exclusive breastfeeding
- Understand other key messages about infant health and nutrition, focusing on neonatal danger signs and complementary feeding from 6 months to 1 year

Before the session, the facilitator should...

- Review session content.

Total session time: 75 minutes

1: Introduction (5 min.)

2: Danger Signs in Infants (15 min.)

3: True or False about Exclusive Breastfeeding (30 min.)

4: Feeding a Baby after 6 Months (25 min.)

8 From E2A FTP project implemented in Burkina Faso. The content and activities can be adapted as needed to other countries and contexts.

ACTIVITY 1: INTRODUCE THE INFANT HEALTH AND NUTRITION SESSION

Time: 5 minutes

Methodology/Purpose: Facilitator presentation to introduce session

Guidance for the facilitator

1. Introduce the session by addressing the following points:

- As many of you know from your own experience, taking care of an infant can be an overwhelming experience—especially when it's your first baby.
- It is important that FTPs have accurate information and advice to make sure the baby is in good health and is well-fed during the first year. Proper nutrition is very important for the growth and development of the baby.
- As older women in your families and communities, you have tremendous influence over how new parents care for their infants. It is important that you also have accurate information on some important issues related to infant health and nutrition, so that you can advise your children well.
- Today, we will spend some time learning about infant health and nutrition—focusing on three main topics: (1) Danger signs in newborn babies, (2) Exclusive breastfeeding during the first 6 months, and (3) complementary feeding from 6 months to 1 year.

- We will also explore how you, as older women, can support the FTPs in ensuring that their baby is as healthy as possible.

ACTIVITY 2: DANGER SIGNS IN INFANTS

Time: 15 minutes

Methodology/Purpose: Facilitator presentation to provide overview of neonatal danger signs

Guidance for the facilitator

1. Introduce this activity by noting that most of our babies will be just fine with normal care and attention. However, infants are very vulnerable, and it is important that FTPs and their families know some of the danger signs that may indicate that a baby is seriously unwell.
2. Review the following danger signs in newborns:
    - Unable to breastfeed or poor sucking (especially if the baby was feeding well before)
    - Lethargy or movement only when stimulated
    - Low or high temperature
    - Breathing issues, especially if the respiratory rate is over 60 breaths per minute or if there is severe chest indrawing (abnormal movement of the lower chest when the baby breathes in) and history of convulsion
    - Unable to pass urine or have a bowel movement
    - Vomiting
    - Noticeable changes in eye or skin color (turning blue or yellow)
    - Any other signs of sickness (for example, cough, diarrhea, pale color)
    - If you see any of these, take the baby to a health facility as quickly as possible.
3. Ask if participants have any questions on this or have other signs that they have seen. Clarify these so that there is a good understanding of danger signs.
4. Encourage the women to share this information with the FTPs and others in the household so that as many people are watching out for the baby's health as possible.

ACTIVITY 3: TRUE OR FALSE ABOUT EXCLUSIVE BREASTFEEDING

Time: 30 minutes

Methodology/Purpose: True/false game to learn more about EBF and the role older women play in EBF choices/practice

Guidance for the facilitator

1. Introduce the next activity by explaining that the group will now learn a bit more about one of the best and healthiest options (not just for the infant, but for the mother as well): exclusively breastfeeding the baby for the first 6 months.
2. Explain that they will now play a short game to learn more about exclusive breastfeeding for babies.
3. Select two locations (for example two trees), about 10 metres apart. Tell the group that one location is called "TRUE" and the other is "FALSE." "I DON'T KNOW" is a location in between.

4. Read these instructions aloud: I am going to read a statement to you about exclusive breastfeeding. If you think the statement is true, go to the "TRUE" location. If you think the statement is false, go to the "FALSE" location. If you do not know, stay here in the middle. After you go to your places, I will ask you to tell the group why you think the statement is true or false. Then, I will read you the correct answer and we will see who got it right. It is okay to get these answers wrong. We are here to learn today.
5. Read the instructions in Step 4 again to make sure everyone understands .
6. Read the first statement from the box below. Once the participants go to their locations, ask at least 2 people on each side to explain why they think the statement is true or false. Give them time to respond and encourage many different people to talk.
7. Read the correct answer below the statement.
8. Repeat this process for the remaining statements.
9. Briefly review key messages about exclusive breastfeeding and answer any questions.

STATEMENT	ANSWER
Exclusive breastfeeding means that no other food or liquids are offered to the baby for the first six months.	This statement is true. Exclusive breastfeeding means that babies are given only breast milk without any water, other liquids, or foods for the first six months except for specifically prescribed drugs.
Exclusive breastfeeding should begin as soon after birth as possible, as a mother's first milk is especially good for the baby.	The statement is true. Starting breastfeeding immediately after birth has benefits for both the mother and the baby. A mother's milk in the first few days is called colostrum, and it is filled with substances that help the baby grow strong and fight disease.
If a baby cries after breastfeeding, that means she has not had enough food and should be given something other than breast milk.	The statement is false. Health experts around the world, including officials in the Ministry of Health for CRS and Nigeria, say that breast milk contains all the nutrients that a baby needs for the first six months. No other liquids, foods, or supplements are needed. Feeding a baby anything other than breast milk interferes with a mother's ability to produce enough milk.
Exclusive breastfeeding a baby for the first six months can help to prevent another pregnancy.	The statement is true. One method of preventing pregnancy is called Lactational Amenorrhea Method or LAM. LAM is a method of preventing pregnancy that requires that the woman is exclusively breastfeeding, that her baby is less than 6 months old, and that her monthly bleeding has not returned.

BREAST MILK IS HEALTHIEST FOR BABIES!

- A mother's early milk, called colostrum, is expressed from the beginning and is the only food a baby needs. Colostrum's special role is to help your newborn stay healthy. It is filled with important vitamins, minerals, proteins, and immunities.
- If possible, do not give the baby water or formula in the first six months. Exclusive breastfeeding will provide all the food a baby needs for the first six months.
- Feeding the baby anything other than breast milk interferes with a mother's ability to produce enough milk.
- Breast milk is easier to digest than formula. Breastfed babies have less diarrhea, constipation, and colic than babies who are not breastfed.
- Breast milk contains antibodies to fight infections.
- Babies may have less risk of becoming obese, having diabetes, and developing other diseases.
- Breastfed babies have a lower risk of asthma, allergies, and certain cancers.
- Breast milk contains special ingredients to promote brain growth.

10. Initiate a brief discussion using the following questions:

- What did you learn that was new about exclusive breastfeeding?
- What ideas or practices are there locally for feeding a child during its first six months? Do any conflict with the practice of exclusive breastfeeding?
- Do older women in this community support only breastfeeding a baby for the first six months?
- If a young FTM/FTP wanted to practice EBF, how could older women support her/them in this?

ACTIVITY 4: FEEDING A BABY AFTER 6 MONTHS

Time: 25 minutes

Methodology/Purpose: Facilitator presentation on recommended feedings to complement breastfeeding from 6 months to 1 year

Guidance for the facilitator

1. Introduce activity by saying that there are also important things to know about feeding a baby at 6 months, as it weans off exclusive breastfeeding. The baby needs additional food to make sure s/he continues to grow and develop well.

2. If having copies is possible, pass out Participant Handout: How to feed a baby after 6 months and review with group.

3. Present the following information on complementary feeding:

- Around the age of 6 months, an infant's need for energy and nutrients starts to exceed what is provided by breast milk, and complementary foods are necessary to meet those needs.

- An infant of this age is also developmentally ready for other foods.
- If complementary foods are not introduced around the age of 6 months, or if they are given inappropriately, an infant's growth may falter—which can also have long-term effects on the child.

4. Review the following guidelines for feeding a baby after 6 months:

Guiding principles for appropriate complementary feeding are:

- Continue frequent, on-demand breastfeeding until 2 years of age or beyond—breast milk continues to be the most important part of a baby's diet, and babies should be breastfed first before they are given other foods.
- When giving complementary foods, think—frequency, amount, thickness, variety, responsive feeding, and hygiene:
  - Frequency: Feed your baby complementary foods 2 times a day
  - Amount: Give 2 to 3 tablespoonfuls ("tastes") at each feed.
  - Thickness: should be thick enough to be fed by hand
  - Variety: Begin with the staple foods like porridge (corn, wheat, rice, millet, potatoes, sorghum), mashed banana, or mashed potato
- Practise responsive feeding:
  - The baby may need time to get used to eating foods other than breast milk.
  - Be patient and actively encourage your baby to eat.
  - Don't force your baby to eat.
  - Use a separate plate to feed the baby to make sure he or she eats all the food given.
- Practice good hygiene and proper food handling:
  - Use a clean spoon or cup to give foods or liquids to your baby.
  - Store the foods to be given to your baby in a safe, hygienic place.
  - Wash your hands with soap and water before preparing foods and feeding baby.
  - Wash your hands and your baby's hands before eating.
  - Wash your hands with soap and water after using the toilet and washing or cleaning baby's bottom.
- Start at 6 months with small amounts of food and increase gradually as the child gets older.
- Gradually increase food consistency and variety.
- Increase the number of times that the child is fed: 2–3 meals per day for infants 6–8 months of age and 3–4 meals per day for infants 9–23 months of age, with 1–2 additional snacks as required.
- Use fortified complementary foods or vitamin-mineral supplements as needed.
- During illness, increase fluid intake, including more breastfeeding, and offer soft, favorite foods.

5. Be sure to ask and allow time for questions about these guidelines.

6. Lead a discussion using the following questions:

    - Do these guidelines fit with common practice in this community?
    - What are the feeding practices here? What foods are introduced to babies and when?
    - Are there any traditional or cultural practices that might interfere with these recommendations?
    - We discussed this before, but are there any feeding practices that might interfere with exclusive breastfeeding?
    - How can you support FTPs in ensuring the best possible nutrition for their babies?
    - What else can a community to do support good infant nutrition?

7. Ask for any final questions.

8. At the end, note that this concludes the sessions with older women and thank them for their participation. If time permits, invite people to share the most interesting or important thing they have learned about FTPs in their community and/or one thing they will do to support the health of FTPs and their babies.

MAREN VESPIA (TANZANIA)

ANNEX: ADDITIONAL RESOURCES ON WORKING WITH FTPS

Foundational Resources

- E2A's First-Time Parent Framework (January 2019)
- Meeting the Integrated Needs of First-Time Parents: Technical Consultation Report (October 2014)
- Literature Review: Reaching Young First-Time Parents for the Healthy Spacing of Second and Subsequent Pregnancies (July 2014)
- Summary of New Literature Review: A Focus on Pregnancy Spacing Among First-Time Parents Literature Review: Reaching Young First-Time Parents for the Healthy Spacing of Second and Subsequent Pregnancies (July 2014)

Implementation Resources

- Training Tools: Providing Family Planning and Reproductive Health to Young Married Women and First-Time Parents in West Africa (2016)
- Small Group Facilitation for Young First-time Mothers in Akwa Ibom, Nigeria (2016)
- Conducting Home Visits and Providing Counseling and Contraceptive Services to Young Women, Including First-Time Mothers in Akwa Ibom, Nigeria (2016)

Country Program Resources

- Report: Improving Family Planning Outcomes for First-Time Parents in the Greater Mahale Ecosystem of Tanzania (November 2019)
- Brief: Improving Family Planning Outcomes for First-Time Parents in the Greater Mahale Ecosystem of Tanzania (November 2019)
- Report: Improving Health and Gender Outcomes for First-Time Parents in Cross River State, Nigeria (November 2019)
- Brief: Improving Health and Gender Outcomes for First-Time Parents in Cross River State, Nigeria (November 2019)
- FTP Snapshot: Burkina Faso (January 2019)
- FTP Snapshot: Tanzania (January 2019)
- FTP Snapshot: Nigeria (January 2019)
- A Time of Uncertainty and Opportunity: Findings from a Formative Assessment of First-Time Parents in Cross River State, Nigeria (October 2018)
- Expanding Method Choice, and Access to Contraceptive Information and Services for First-Time Mothers in Shinyanga District, Tanzania (August 2017)
- Increasing Access to Contraceptive Information and Services for First-Time Mothers in Shinyanga District, Tanzania (April 2017)
- Increasing Access to Contraceptive Information and Services for First-Time Mothers in Akwa Ibom, Nigeria (2016)
- Reaching First-Time Parents and Young Married Women for the Healthy Timing and Spacing of Pregnancies in Burkina Faso (September 2015)