



Reaching First-Time Parents IN BURKINA FASO

E2A and Pathfinder International Burkina Faso have been implementing a new initiative for young **First-Time Parents (FTPs)** in the Fada and Diapaga districts in the Eastern Region of Burkina Faso.

The project focuses on FTPs—defined by E2A as young women (married or unmarried) under the age of 25 who are pregnant for the first time or have one child, and their male partners. The project includes both community- and facility-level interventions with the goal of increasing family planning (FP) uptake and the use of reproductive, maternal, neonatal, and child health (RMNCH) care—especially antenatal care (ANC) and obstetric and neonatal services—among FTPs.

E2A/Pathfinder selected the Eastern Region given the high frequency of early marriage and childbearing as well as poor maternal, neonatal, child health (MNCH) and FP outcomes for young mothers. The average age at first birth for women in the region is 19 years old, and 52% and 13.7% of women are married before age 18 and age 15, respectively. Furthermore, the region has a total fertility rate of seven children born per woman and low contraceptive use, with a contraceptive prevalence rate (CPR) of 18.8% and unmet need for contraceptive methods of 20.9%.¹ At the start of the program, E2A collected information from FTMs interested in being part of the program.



This FTP snapshot highlights key demographic and service utilization information about FTMs in the Fada and Diapaga districts who have elected to participate in the FTP program.

Overview of E2A’s Work with First-Time Parents

First-time parents—defined by E2A as young women under age 25 who are pregnant with or have one child, and their partners—have largely been overlooked in reproductive health (RH) programs for youth. Over the past five years, E2A has undertaken several conceptual and programming efforts that detail the FTP experience and explore how best to respond to their complex needs. Milestones of E2A’s FTP work to date include:

A LITERATURE REVIEW: Reaching Young FTMs for the Healthy Spacing of Second and Subsequent Pregnancies (2014), which highlights the lack of programming for this vulnerable population

A TECHNICAL CONSULTATION with 30 health/gender experts to outline components, strategies, and considerations for an integrated package of interventions (2014)

DOCUMENTATION OF RESULTS & LESSONS learned from programs that reduce the social isolation of young FTMs and increase knowledge of/access to FP/RH services in Burkina Faso (Pathfinder 2013), Nigeria (E2A/Pathfinder 2014) and Tanzania (E2A/Pathfinder 2014)

THE DEVELOPMENT OF A CONCEPTUAL FRAMEWORK, which applies a lifecycle and socio-ecological lens to explore the FTP experience (2017)

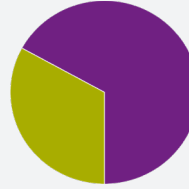
NEW PROGRAMS IN BURKINA FASO, NIGERIA & TANZANIA that expand FTP programming with FTMs, male partners, and other influencers to gather evidence on health and gender outcomes (current)

Who are Our First-Time Parent Participants?

843 **FIRST-TIME MOTHERS (FTMS)** were recruited and surveyed prior to the start of implementation



98% were currently **MARRIED OR IN UNION** at the time of data collection



67% FTM participants were **AGES 15-19**

33% FTM participants were **AGES 20-24**

EDUCATION LEVEL



64%

The majority of participants had no formal education

- 64% NO FORMAL EDUCATION
- 7% LITERATE
- 10% PRIMARY SCHOOL
- 19% SECONDARY OR MORE

SEGMENTATION

First-time mother participants were **SEGMENTED INTO 3 GROUPS** based on their pregnancy status:

Segment 1 FTMs 0-3 months pregnant

Segment 2 FTMs 4-9 months pregnant

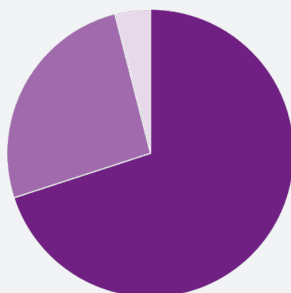
Segment 3 FTMs who have delivered their first child within the last two years and are not currently pregnant

FAMILY PLANNING USE

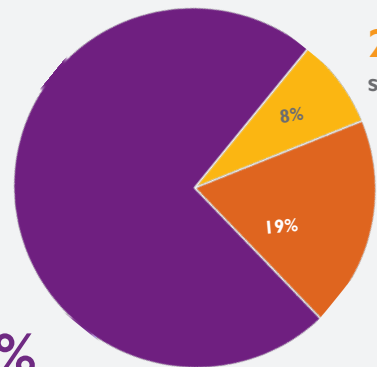


19% of **SEGMENT 3** participants reported currently using a FP method

Of these... **70%** reported using an implant



- 70% IMPLANT
- 26% INJECTABLE
- 4% ORAL CONTRACEPTIVE



73% **SEGMENT 3**

27% **SEGMENTS 1 + 2**

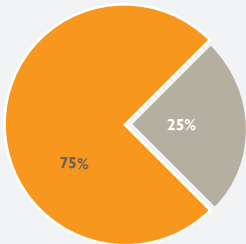
3.5%

of **SEGMENT 1** and **SEGMENT 2** participants reported using FP prior to their current pregnancy

MATERNAL, NEWBORN, AND CHILD HEALTH

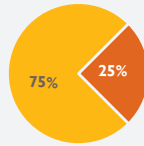
75%

of **SEGMENT 1** and 2 participants had received at least one ANC visit



24%

of **SEGMENT 1** and 2 participants that received at least one antenatal care visit received FP counseling during ANC

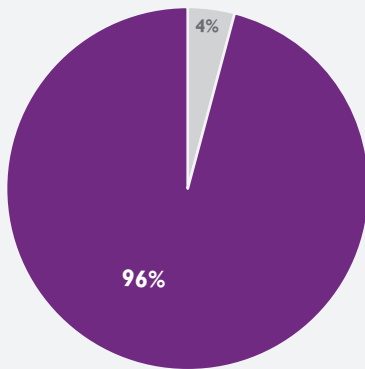


Of the 25% (n=57) who had not received an ANC visit, 75% were in **SEGMENT 1**.

■ **SEGMENT 1**
■ **SEGMENT 2**



INSTITUTIONAL DELIVERY



96%

of **SEGMENT 3** participants delivered their first child in a health facility

The average age of **SEGMENT 3** participants' children was

9 months

How is E2A Addressing Barriers for FTP?

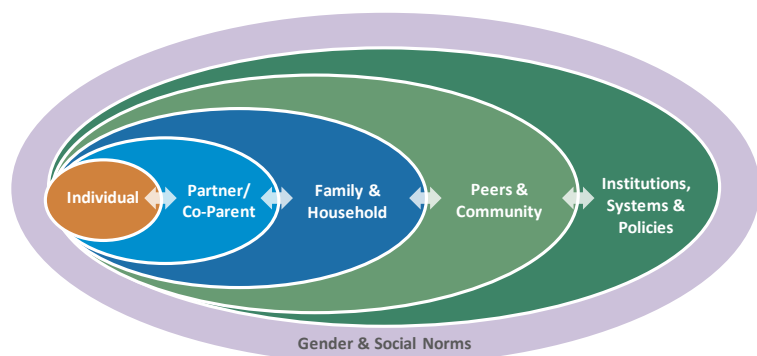
The project, **Supporting Reproductive Health Services for Young, First-Time Parents in Burkina Faso**, is a package of facility- and community-based interventions aimed at increasing FP uptake and the use of comprehensive RH care among FTPs.

The project aims to strengthen the capacity of 20 health facilities in two districts—ten each in Fada and Diapaga—to provide comprehensive and friendly ANC, obstetric and neonatal services, and postpartum family planning (PPFP) services that focus on FTPs. A package of services and counseling provided to women at facilities and during home visits was tailored to FTPs' stage of pregnancy or early parenthood. The package for women in Segment 1 includes ANC and counseling on PPFP, institutional delivery, and exclusive breastfeeding. The package of services for Segment 2 includes the same services as Segment 1 as well as safe delivery and counseling on healthy timing and spacing of pregnancy (HTSP).

The package of services for Segment 3, which consists of women who have already given birth, includes postnatal care, newborn care, immunization, counseling on exclusive breastfeeding, HTSP, and child nutrition diversification. Additionally, the project works in the surrounding catchment communities to increase demand among FTPs for FP, MNCH care, facility-based delivery, and PPFP; address gender issues and promote healthy relationships; and create a friendly environment for FTPs. In designing FTP interventions, E2A used a socio-ecological lens to ensure increased capacity and support for voluntary use of contraceptives—from the young FTM to her key influencers, her overall community, her health providers, and the underlying gender and social norms that influence FP choice and action at every level.








How is E2A Addressing These Barriers?



 **E2A APPLIES A SOCIO-ECOLOGICAL LENS** to examine the experience of young women and men as they move through the FTP lifestage. Discover our full FTP Framework at e2aproject.org/FTP

Along with a life-course lens, E2A applies a socio-ecological lens to examine the experience of young women and men as they move through the FTP lifestage. For young people in particular, RH choices and actions are heavily influenced by their own knowledge, capacities and skills, as well as many other individuals, institutions, systems, and policies, including underlying gender and social norms.

E2A's FTP socio-ecological model includes five levels of social actors—all influenced by gender and social norms—that influence the MNCH/RH choice and action of a young parent.

INTERVENTION	DESCRIPTION	LEVELS
FTM PEER GROUPS 	<p>Small groups of FTMS (12–15 members) from all three segments; meets for ten sessions.</p> <p>Facilitated by peer leaders and supervised by CHWs in collaboration with Pathfinder/E2A.</p> <p>Information covered: ANC, pregnancy danger signs, PFP, healthy relationships, and gender dynamics.</p>	Individual Peers & Community Gender & Social Norms
OUTREACH WITH KEY INFLUENCERS & COMMUNITIES 	<p>Monthly meetings with FTM peer group members' male partners, mothers-in-law, and other key influencers.</p> <p>Facilitated by CHWs with support from Pathfinder staff.</p> <p>Utilize Pathways to Change game with male partners to identify barriers and facilitators.</p> <p>Information covered with male partners: men's and women's roles, reproductive choices, and ANC.</p> <p>Information covered with mothers-in-law: ANC, safe delivery, and PFP.</p>	Partner/Co-Parent Family & Household Peers & Community Gender & Social Norms
HOUSEHOLD VISITS 	<p>CHWs conduct household visits with FTM peer group members.</p> <p>Purpose: provide tailored information and counseling, engage with household influencers, and reinforce messages conveyed in peer group sessions.</p> <p>Adapted to FTM's stage of pregnancy or early parenthood.</p>	Individual Partner/Co-Parent Family & Household Gender & Social Norms
RADIO BROADCASTING 	<p>Partner with two local radio stations.</p> <p>Disseminate FP messages twice a month in project-supported areas.</p>	Individual Partner/Co-Parent Family & Household Peers & Community Systems & Policies Gender & Social Norms
SUPPORT OF HEALTH FACILITIES 	<p>Support 20 health facilities in two districts.</p> <p>Provide basic equipment for obstetric and neonatal care and PFP.</p> <p>Train and mentor providers on obstetric and neonatal care and a full range of FP options.</p> <p>Support the provision of contraceptive methods to young FTP clients.</p>	Systems & Policies Gender & Social Norms