



# NEW LITERATURE REVIEW: A Focus on Pregnancy Spacing Among First-Time Parents



## Background

As USAID’s flagship reproductive health and family planning project, the Evidence to Action for Strengthened Reproductive Health and Family Planning Services for Women and Girls Project (E2A) is tasked with building an evidence base, and developing and refining interventions that contribute to improved sexual and reproductive health across the reproductive lifecycle. This means reaching populations with specific services depending on their age, gender, and the context in which they live. Because E2A aims to ensure the widest possible access to reproductive health and family planning services, the project, in a recent literature review, focuses on one specific population of young people largely neglected by reproductive health programs to date: first-time parents. E2A defines first-time parents as young married mothers under the age of 25 and their partners, who have one child.

inform any future interventions that might be developed to encourage first-time parents to space their pregnancies by at least 24 months—the minimum interval shown to ensure the best possible health outcomes for mother and baby. The paper can be used to help fill the conspicuous gap in evidence and programs related to the following areas:

- Fertility intentions of young married women around second and subsequent pregnancies, and their ability to act on their intentions through the lens of the individual, couple, extended family, and community at large.
- Quantity and quality of family planning and reproductive health services offered to first-time parents when they seek family planning services and counseling.
- Interventions targeting spacing for second and subsequent pregnancies among first-time parents.

## About E2A

The Evidence to Action For Strengthened Reproductive Health Project (E2A) is USAID’s global flagship for strengthening family planning and reproductive health service delivery. The project aims to address the reproductive healthcare needs of girls, women, and underserved communities around the world by increasing support, building evidence, and facilitating the scale-up of best practices that improve family planning services.

Awarded in September 2011, this five-year project is led by Pathfinder International, in partnership with the African Population and Health Research Center, ExpandNet, Intra-Health International, Management Sciences for Health and PATH.

## Summary of Literature Review

E2A’s literature review looks at published and grey literature in an effort to describe both enabling and constraining demand- and supply-side factors that influence first-time parents’ use of contraceptives for the purpose of spacing their second and subsequent pregnancies. Demand-side factors include young women’s own knowledge and desires; the desires of their partners, families, and peers; and the power dynamics in their marriage and homes, and the larger environment in which they live. Supply-side factors include provider-client interactions, service-delivery policies and regulations, which hinder or support their ability to make decisions about their fertility and receive services. Given the dearth of interventions to date focused specifically on first-time parents, the paper then describes relevant reproductive health programs that have generated learning which can be used to

## Methodology

The literature search was guided by key themes suggested by key informants who are experts in sexual and reproductive health and youth development. Searches were conducted on Medline and other relevant databases and websites, emphasizing research from the past five to ten years in the following areas:

- Adolescent childbearing, teenage pregnancy
- Birth spacing
- First-time parents
- Delaying second birth
- Adolescent contraceptive use, adolescent contraceptive decision-making
- Household gender dynamics

### Want to learn more?

The literature review described in this brief, *Reaching Young First-Time Parents for the Healthy Spacing of Second and Subsequent Pregnancies*, will be posted to [www.e2aproject.org](http://www.e2aproject.org) in mid-2014.



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### Major Findings

E2A concludes that very little programming has been dedicated to first-time parents spacing second and subsequent pregnancies by at least 24 months, despite the enormous need, and the few programs that do exist have not been adequately evaluated. The literature review points to a particularly pervasive gap in knowledge and an imminent need for research related to the impact of work with young fathers, and those interventions that challenge gender and cultural norms and strengthen spousal communication among young couples on family planning and pregnancy spacing—all potentially important facets of pregnancy-spacing interventions that could be developed to reach first-time parents. Despite the dearth of interventions focused specifically on first-time parents, relevant findings from E2A’s review of grey literature include:

- Culturally appropriate, community-based behavior change programming targeting young people and those who influence their decisions can affect change in sexual and reproductive health knowledge, attitudes, and contraceptive use to delay and space pregnancies.
- Supply-side, stand-alone health service delivery interventions may not be adequate to meet the special needs of married young women; they must be coupled with interventions that address young women’s social isolation and relative lack of power.
- Men’s ease with and frequency of discussing family planning with their female partners can increase uptake of family planning.
- Increasing young women’s awareness about long-acting, reversible contraceptives (LARCs) and giving providers the skills to provide this method to young women without bias can significantly increase the demand for LARCs among young first-time mothers.

### Major Findings

E2A’s extensive list of recommendations, which can be applied to future reproductive health programs focused on first-time parents, is summarized below:

- Build young mothers’ human and social capital to ensure they have self-efficacy, agency, and skills for healthy decision-making (through such things as mentoring and social support, supporting young mothers to stay in school, and teaching them their rights).
- Cultivate the support of husbands, parents, and in-laws to delay second and subsequent births (by working directly with parents, in-laws, and family gatekeepers; and engaging young husbands to support equitable marriages and gender norms).
- Create an enabling environment for reproductive planning among first-time parents (through community dialogue around sexual and reproductive health and other relevant topics, and addressing norms around son preference).
- Ensure accessibility, availability, and coverage of sexual and reproductive health services among first-time parents (by linking young parents to reproductive health services, ensuring the involvement of husbands, and making contraceptives affordable and easily available).
- Improve quality of sexual and reproductive health care from the perspective of young mothers (by enhancing provider accountability, integrating family planning into maternal and child health services, and ensuring providers understand and address the unique needs of young mothers).
- Establish policies, protocols, and guidelines that encourage healthy fertility practices among young people (by capitalizing on the postpartum period to provide family planning information and services to young couples; and establishing a legal framework that allows young women to access contraceptives and continue their education).

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