

Introducing E2A's First-Time Parent Framework

Courtesy of Pathfinder International



ABOUT E2A

The Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls Project (E2A) is USAID's global flagship for strengthening family planning and reproductive health service delivery. The project addresses 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 project ends in September 2020. E2A is led by Pathfinder International, in partnership with ExpandNet, IntraHealth International, Management Sciences for Health, and PATH.

FOCUS ON YOUNG FIRST-TIME PARENTS

Over the past five years, the Evidence to Action (E2A) project has been drawing global attention to an important subset of youth—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. E2A's focus on FTPs was triggered by efforts to understand the diversity of youth reproductive health (RH) experiences and needs. A review of global data pointed to a large sub-set of young first-time mothers (FTMs) who are at increased risk of poor pregnancy, delivery, and child health outcomes, a situation compounded by multiple factors that limit their access to timely health information and services.

Despite these vulnerabilities, young FTPs have historically been overlooked by adolescent and youth family planning (FP) and RH programs, a global gap confirmed by E2A's 2014 review of available literature. As young women and men who have started having children, their needs often extend beyond the scope of many adolescent and youth programs. Similarly, the issues faced by young parents are not typically included in broader programs aimed at women of reproductive age or even married youth.

- **11% of births worldwide** are among women aged 15–19 years, 95% of which are in developing countries
- Approximately **16 million girls** 15–19 years give birth each year in developing regions
- **19% of young women** in developing countries experience pregnancy before age 18
- Median age at first birth in developing countries is **18–23 years**
- Complications during pregnancy and childbirth are the leading cause of death for adolescent girls aged **15–19 years** globally

A UNIFYING CONSTRUCT FOR UNDERSTANDING DIVERSE FIRST-TIME PARENTS

E2A has made it a priority to close this gap by reaching FTPs in multiple contexts with health and gender interventions and by gathering new evidence on effective programming for this sub-set of youth. Early program efforts in Burkina Faso,¹ Nigeria,² and Tanzania³ demonstrate just how complex the FTP experience can be—from the many sequenced FP, RH, and maternal and child health (MCH) information and services needed, to the changing expectations, relationships, and responsibilities that accompany parenthood.

Additional life uncertainties, especially regarding education and economic options, also affect if, when, and how young FTPs are able to take action on health matters. FTPs vary by age, marital status, and other key characteristics, and their circumstances are shaped by many contextual factors, such as local gender norms and health system capacity. But what they do have in common—their first experience with pregnancy, delivery, and parenting—provides a valuable unifying construct for understanding the specific needs of FTPs and building programs that advance their health and wellbeing.

Building on this construct, E2A developed a First-Time Parent Framework which applies two conceptual lenses—a life-course approach and a socio-ecological model—to examine the elements that typically characterize the FTP experience. This document presents an overview of E2A's First-Time Parent Framework, highlighting its utility in guiding programming for this important population. This framework incorporates valuable input from multiple experts in the fields of FP, RH, MCH, gender, and youth, as well as insights from E2A program efforts in Burkina Faso, Nigeria, and Tanzania.

E2A has undertaken several conceptual and programming efforts that detail the FTP experience and explore how best to respond to their complex needs. Milestones include:

- **Literature review**, Reaching Young First-Time Parents for the Healthy Spacing of Second and Subsequent Pregnancies (2014), which highlights the lack of programming dedicated to this vulnerable population;
- **Technical consultative meeting** with 30 health and gender experts to outline the programmatic components, strategies, and considerations for an integrated package of interventions for first-time parents;
- **E2A's First-Time Parent Framework**, which applies a lifestage and socio-ecological lens to explore the first-time parent experience;
- **Documentation of results and lessons learned** from initial programs aimed at reducing the social isolation of young FTMs and increasing their knowledge of and access to FP and RH services in Burkina Faso, Nigeria, and Tanzania; and
- **Expanded programs in Burkina Faso, Nigeria, and Tanzania** that expand work with FTMs, male partners, and other influencers and generate evidence on a range of health and gender outcomes.

AN OVERVIEW OF THE FIRST-TIME PARENT FRAMEWORK

In developing the First-Time Parent Framework, E2A deliberately drew on concepts and models that are familiar to the FP and RH community—the life-course approach and the socio-ecological model. The framework applies these two concepts as analytical lenses for exploring the FTP experience, and:

- Defines an FTP lifestage within the broader evolution of sexual and reproductive activity typically experienced over an individual's lifetime—from puberty to parenthood and beyond;
- Adapts the socio-ecological approach to understand the broader FTP social system, and the multiple personal and environmental factors/interactions that influence health choice and action.

Using these two lenses, the framework explores the health information and service needs, inter-relational dynamics, and underlying gender and social norms that influence young parents' health and wellbeing over the course of the FTP lifestage. The life-course lens provides a sense of FTPs in time—how they have arrived at this moment in their reproductive lives and how this experience can shape their future. The socio-ecological lens places FTPs within their social space—identifying the people, organizations, and norms that affect who they are and what they do. Taken together, the framework can help programmers form a multi-dimensional understanding of FTPs and their main concerns.

Importantly, all elements of the framework can be further contextualized based on available data and information (e.g., key health statistics, gender and social norms, etc.) to identify the country- or location-specific needs of new parents and opportunities for program intervention.

¹ Implemented by Pathfinder

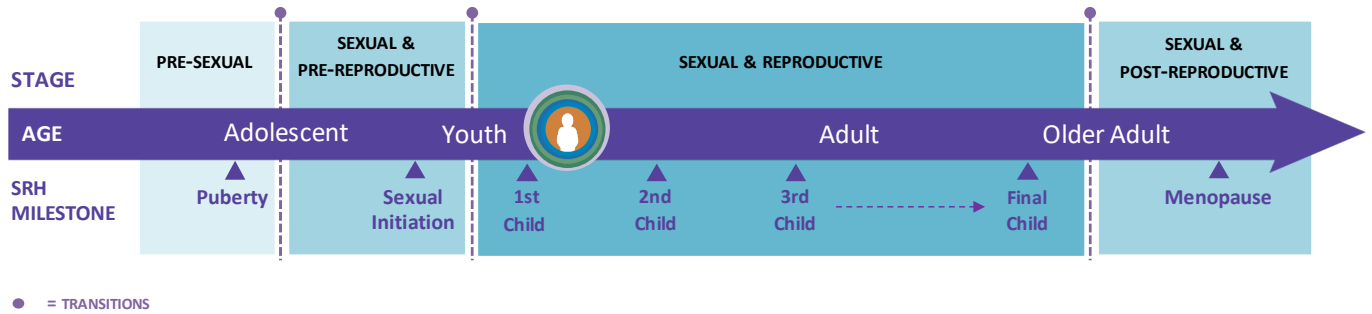
² Implemented by E2A/Pathfinder

³ Implemented by E2A/Pathfinder

APPLYING A LIFE-COURSE LENS

The First-Time Parent Framework uses a life-course approach to place the FTP experience within a lifetime of sexual and reproductive activity. Given E2A's perspective as a FP and RH project, E2A has delineated four main stages within the normative progression of an individual through his or her reproductive life, beginning with the pre-sexual activity stage, through puberty and sexual debut, on to the main period of childbearing and parenting, and to a final stage as an individual completes his/her reproductive life.

GRAPHIC 1: FOUR MAIN STAGES OF SEXUAL AND REPRODUCTIVE ACTIVITY OVER THE LIFE COURSE



The FTP Framework uses a life-course approach to delineate four main sexual and reproductive stages within the normative progression of an individual through his or her life.

This broader life-course approach provides a snapshot view of the main sexual and reproductive milestones and transitions that typically occur over a lifetime. Importantly, it also underscores the evolving and cumulative nature of an individual's RH needs as s/he moves—ideally intentionally—from stage to stage. While these four lifestyles map broadly along phases of human development, they are not pinned to specific ages or age-brackets. All parameters, such as RH milestones and the duration of each stage, can be tailored to reflect country- or location-specific contexts. Additional life markers that may have a bearing on RH status, such as age of marriage, can be added to form a complete picture of an individual's reproductive life, including if or how transitions in and out of each stage occur.

From a programming perspective, a context-specific life-course perspective helps to identify specific opportunities for RH and related interventions—for example, around a critical RH milestone or transition point (e.g., first birth), or when several milestones cluster together (e.g., marriage, sexual debut, first birth). Ideally, this life-course lens also highlights the importance of timely or phased interventions that support an individual's reproductive choices and actions to safely and intentionally navigate through each stage into the next.



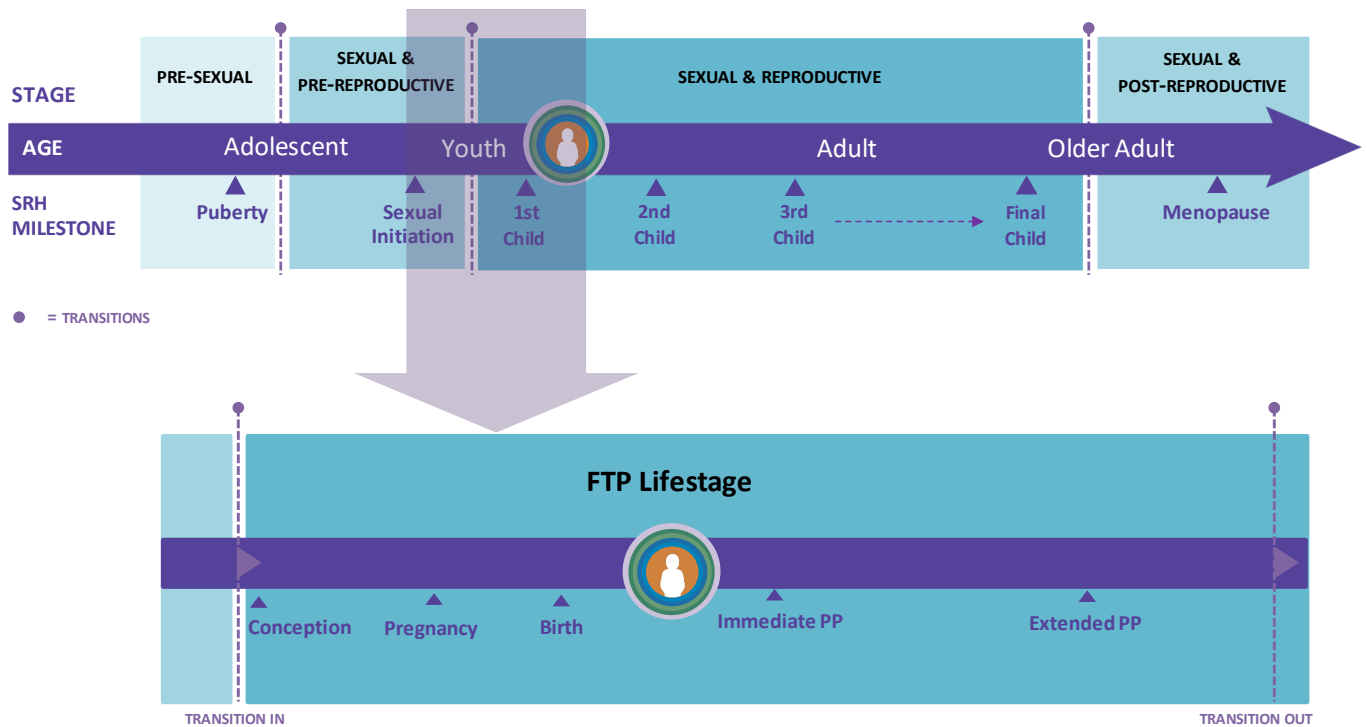
THE FIRST-TIME PARENT LIFESTAGE

Courtesy of Pathfinder International



The FTP lifestage marks a critical transition into the childbearing phase of an individual's life, encompassing his/her first experience with pregnancy, childbirth, and childrearing. Given this positioning in the life course, the outcomes of the FTP lifestage can have implications for all subsequent reproductive choices and actions—not only influencing the overall wellbeing of the young parent, but potentially of the next generation as well.

GRAPHIC 2: THE FIRST-TIME PARENT LIFESTAGE

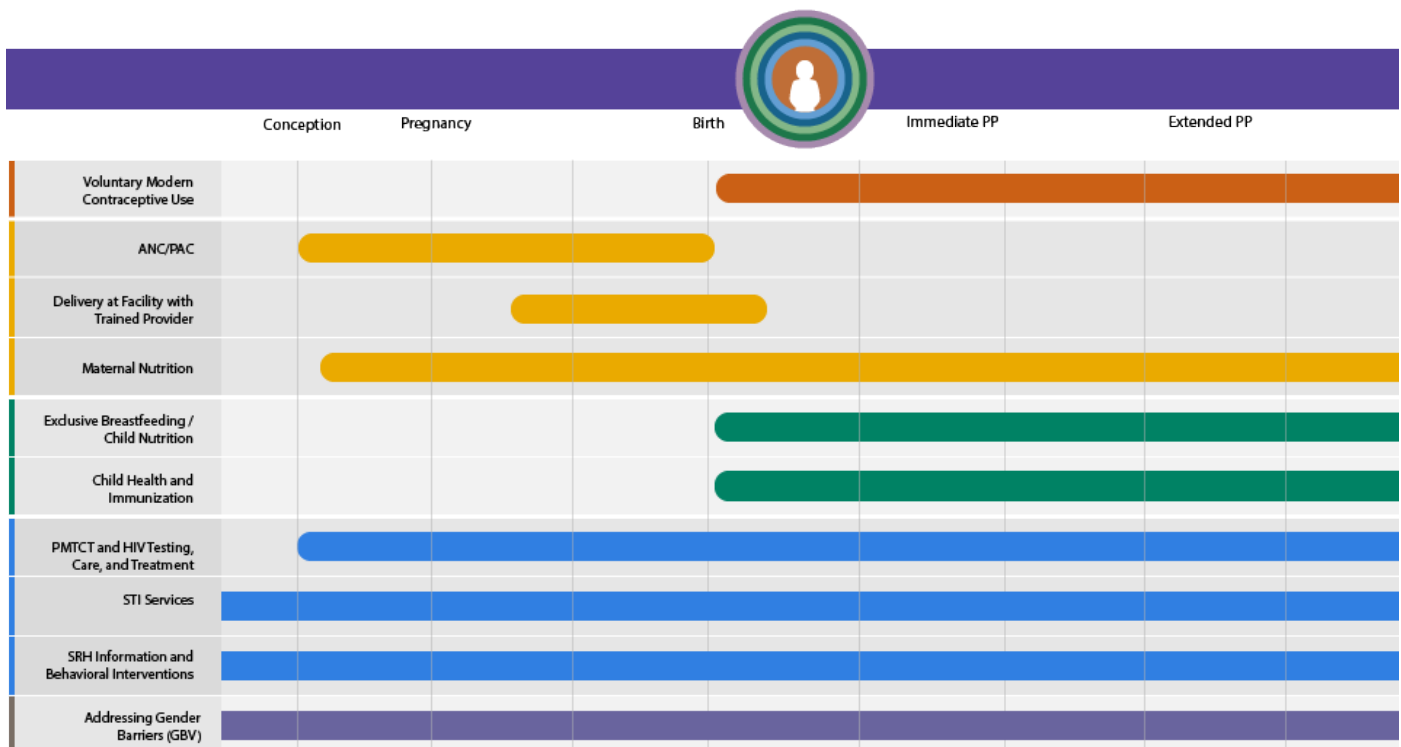


The FTP lifestage marks a critical transition into the main phase of reproductive activity, influencing a lifetime of RH choice and action, and potentially the next generation as well.

E2A defines the lifestage for an FTP as a 33-month interval that encompasses main health events—from conception through two years postpartum, or roughly nine months for pregnancy to delivery, and another 24 months after birth, allowing for the minimal recommended interval for the healthy timing and spacing of the next pregnancy.⁴ While this 33-month interval could be applied to any pregnancy, the broader life-course framing underscores that, for FTPs, this is their initial experience with these health concerns and services, and also often their initial interactions with the formal health sector as adults. As such, they are often unprepared to anticipate and act on their health. With many FTPs at risk of early childbearing and poor RH outcomes, it is particularly important to connect young parents to the health system as early as possible and ensure access to a continuum of FP, RH, and MCH information and services throughout the lifestage.

⁴ E2A's definition of the First-Time Parent Lifestage timeframe is influenced by its family planning focus, particularly the 24-month interval for Healthy Timing and Spacing of Pregnancies. Timeframes can be adjusted to fit within other health priorities, such as the 1000 Golden Days guidance used by MNCH projects.

GRAPHIC 3: CONTINUUM OF FIRST-TIME PARENTS HEALTH NEEDS ACROSS THEIR LIFESTAGE



This graphic provides a visual mapping of key FP/RH/MCH issues and services that FTPs should ideally access over the course of this lifestage, underscoring the multiple, sequenced, and overlapping issues that they face for the first time over a 33-month period.

Health Needs Across the First-Time Parent Lifestage: The FTP lifestage encompasses the full range of FP, RH, and MCH issues, including prevention of mother-to-child transmission of HIV, exclusive breastfeeding, and immunizations—highlighting the rapid sequence of health actions that arise and often overlap within this lifestage. For adolescent and youth RH programmers, this lifestage framing provides a map of the phasing and timing of health needs that occur over the FTP experience and can be a useful tool in pinning down priority interventions and outcomes for this young population.

As with all elements in the framework, priority services on can be contextualized to reflect local health service delivery policies (e.g., number of recommended antenatal care visits, packaging of safe delivery services, etc.) and service utilization patterns (e.g., average number of ante-natal care visits completed, timing of first antenatal care visit). In many contexts, the first pregnancy is often unplanned and there may be a delay before a pregnancy becomes socially known. Both of these factors can influence if and when a young FTP will engage with the formal health sector. Remembering that this population does not have previous experiences with pregnancy, childbirth and parenting, it is particularly important to consider using a combination of facility- and community (or home)-based care that identifies FTPs as early as possible and creates a seamless flow of information, referrals, and services for the young mother and father and their new child.

Other Factors that Influence First-Time Parent Health and Wellbeing: While the focus of the First-Time Parent Framework is on health milestones and needs, there are multiple life events and transitions that intertwine with new parenthood and can have a bearing on health needs and action. One key example is marriage (or stable union/relationship), which is often a driving factor for starting childbearing, but may also be a more fluid and uncertain aspect of a young FTP’s life. For example, among young FTMs in Cross River State, Nigeria, pregnancy often influenced whether their relationships resulted in continued partnership, formalized marriage, or separation.⁵ Other shifting elements—from education and economic concerns to basic living

arrangements—can affect the FTP experience and may be important aspects to address within programs for this population.

Finally, the FTP lifestage acknowledges that a young parent does not typically go through this experience alone. The framework graphic includes an individual icon surrounded by multiple concentric colored circles which represent the FTP’s universe—the many individuals, institutions, systems, and norms that influence a young person’s reproductive health choices, decisions, and actions—which is further explored using a socio-ecological lens.

Applying a Socio-Ecological Lens: Along with the 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.

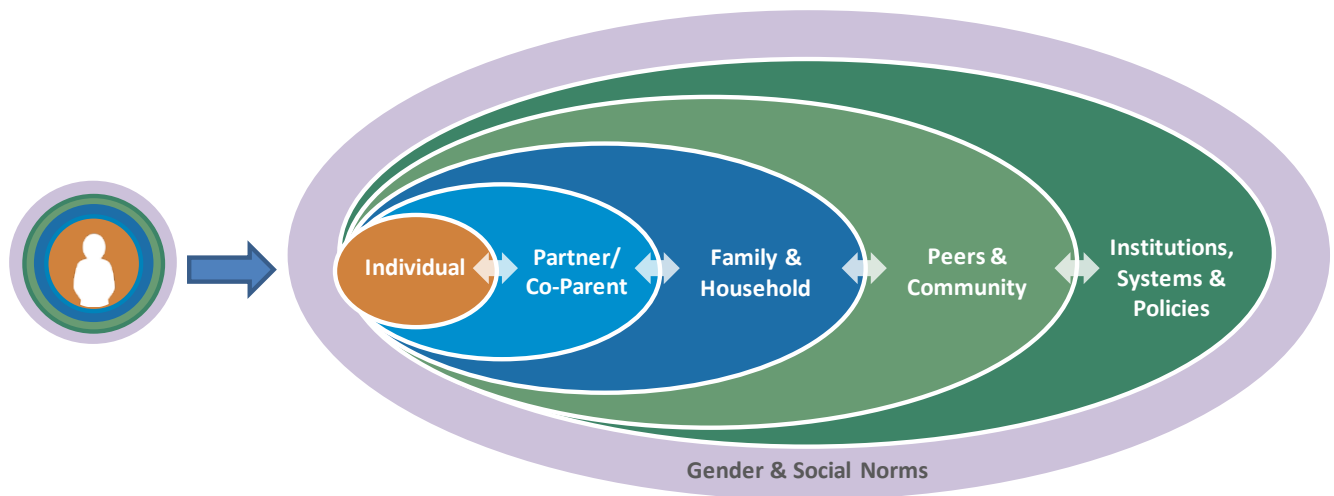
While there are many interpretations of the socio-ecological model, E2A consulted with a team of RH and gender experts to identify five levels that make up the FTP socio-ecological universe:

1. Individual FTP
2. Their partner/co-parent
3. Their family and household influencers
4. Peers and community
5. Larger institutions, systems, and policies

This final level particularly includes the health sector, which determines if and how key FP, RH, and MCH information and services are provided and accessed by FTPs in their households and communities. E2A has chosen to embed these five levels within a larger sphere of gender and social norms to highlight how these constructs fundamentally influence all relationships and interactions and often play a critical role in shaping the FTP experience.

⁵ Anjala Kanesathasan, Gwendolyn Morgan, Akinsewa Akiole, Davies Adeloye. A Time of Uncertainty and Opportunity: Findings from a Formative Assessment of First-Time Parents in Cross River State, Nigeria (Washington, DC: Evidence to Action Project, October 2018). <https://www.e2aproject.org/publication/crs-ftp/>

GRAPHIC 4: THE FIRST-TIME PARENT SOCIO-ECOLOGICAL MODEL



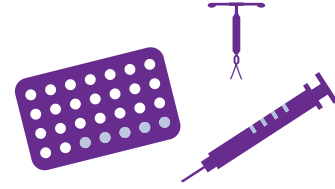
The FTP socio-ecological model includes five levels of social actors—all influenced by gender and social norms—that influence the RH choice and action of a young parent.

As with the life-course lens, the different elements of the FTP socio-ecological model can be modified to reflect a country- or location-specific context. For example, E2A’s program experience in multiple settings where polygamy is common highlighted the importance of including co-wives as a specific influencer of an FTP’s RH actions. For programmers of adolescent and youth RH programs, an in-depth understanding and contextualization of this socio-ecological perspective can help identify and prioritize the various individuals, organizations, and systems that need to be addressed, including specific gender and social norms that may affect an FTP’s access to health information and services.

TABLE 1: FIVE LEVELS OF THE FIRST-TIME PARENT SOCIO-ECOLOGICAL MODEL

INDIVIDUAL	<p>Who: Typically, the young FTM is most affected by the majority of FP, RH, and MCH issues. Programs may also engage partners in supportive roles or target first-time fathers.</p> <p>Reflection: It is important to gain a deep understanding of the primary FTP—his/her individual capacities, home situation, and access to/control of resources.</p>
PARTNER/ CO-PARENT	<p>Who: Spouse, co-parent, co-habitant, polyamorous partner, or other; there are many types of relationships an FTP can have with his/her primary partner or other signification partners.</p> <p>Reflection: As the partner may influence the health of the FTP and child, it is critical that programmers understand the nature of this relationship to determine if and how to engage them as supportive partners and co-parents.</p>
FAMILY & HOUSEHOLD INFLUENCERS	<p>Who: Mothers, mothers-in-law, cowives, siblings, and extended family members; many people related to or residing with the FTP may affect their health decisions and actions.</p> <p>Reflection: Understanding the FTP’s status within the home and family network is important. It may be valuable to engage family/household influencers, especially if the partner is not actively involved.</p>
PEERS & COMMUNITY	<p>Who: Peers who can share information, provide support, and influence health behaviors. Community, faith, and traditional leaders may also have influence over key behaviors and norms that affect health.</p> <p>Reflection: Identify and engage peers (and peer networks), key leaders, and institutions at the community level who shape the options and resources available to FTPs.</p>
INSTITUTIONS, SYSTEMS, AND POLICIES	<p>Who: Health providers and community health workers who deliver health services, as well as the policy- and decision-makers responsible for providing information and services.</p> <p>Reflection: Focus attention on the health sector to understand how the health system is and is not able to meet the complex needs of FTPs.</p>
GENDER & SOCIAL NORMS	<p>What: Gender and social norms influence all levels and interactions informing what FTPs think about themselves, how they are viewed by others, and what options they have.</p> <p>Recommendation: Understanding these shifting norms—including positive values around parenthood and children—is important when shaping FTP programming.</p>

Each level of the FTP socio-ecological model offers opportunities to contextualize and identify specific programmatic opportunities for building a more supportive environment for FTP health action.



In considering the different levels of the FTP universe, there are additional opportunities and considerations for programs.

Individual First-Time Parent

While the socio-ecological model may be similar for any adolescent or youth population, there are a few elements that are specific to FTPs. At the core of the FTP socio-ecological model is the individual FTP, who needs timely, accurate information and critical skills and capacities that help them take proactive health action across a wide range of FP, RH, and MCH services and behaviors. FTPs must also navigate shifting norms, expectations, and relationships that accompany becoming a parent, which affect their sense of identity and how they relate with partners, parents, and others. This complex situation calls for program responses that go beyond health information and demand creation to build reproductive health agency by addressing communication and decision-making skills, as well as gender norms and roles.

Couples

Programmers have a critical opportunity to work with FTPs as couples at the start of their reproductive journey together. Helping couples build joint action plans for their lifstage—including what health services they want to access to how they want to share household and childcare roles—has the potential to strengthen positive outcomes not just for the first child, but also for any future children. Programs should consider the local context to determine if such couple-oriented programming is possible, or if working with individuals separately or a combination of approaches would be more appropriate and effective.

Key Influencers

The significant influence of other household members may vary throughout the FTP lifstage, with different individuals affecting young parents' choices and actions for various health outcomes. For example, mothers of young FTMs, especially those who are unmarried, often play a critical role in ensuring care and support during a FTM's pregnancy and post-partum period. Male partners, who may also be involved throughout the lifstage, often have a strong decision-making role when financial implications are high, such as determining where the FTM will deliver or whether the FTM will purchase medications. Given these complex health issues and inter-personal dynamics, programmers have an important opportunity to correctly identify and engage key influencers to build a common understanding of health choices and ideally foster more equitable relationships that enable FTPs to use their voice in matters that affect their health.

Peers

For many young women and men, peers are a primary source of RH information. Peers may shape FTP perceptions about health access and care and may even reinforce negative gender and social norms that restrict options (e.g., young men who fear being seen as caring fathers or partners in front of their friends). At the same time, peers offer tremendous social support, especially in contexts where FTMs are young and isolated. For adolescent and youth programs, there is valuable potential in working with peers to identify, access, and support FTPs throughout the lifstage.

Communities

Community organizations and structures are important gatekeepers that can facilitate or hinder FTPs' access to critical health information and services. Given the range of health issues involved, there is a particular need to have community- and facility-based approaches that can identify young FTPs in a timely manner, promote healthy behaviors throughout this lifstage, and support the safe transition into the next. Health systems that incorporate a diverse range of approaches for delivering accessible, youth-friendly information and services in a timely manner are a clear priority for effective FTP programming.

Gender and Social Norms

From ideals of motherhood and fatherhood, to parenting roles, to attitudes related to access and use of health services, underlying gender and social norms can shape the FTP experience. In many contexts, young FTMs are particularly hindered by gender norms that limit reproductive choice and action, posing clear barriers to health. These must be a focus of programming for FTPs, ensuring more positive and supportive norms across their universe, including household influencers, health providers, and community members. At the same time, there is a tremendous opportunity to build on positive norms around motherhood, fatherhood, and children. In general, most cultures value having and caring for children, which provide a common foundation for pursuing health and gender outcomes that benefit all.



Courtesy of Pathfinder International

SHARING A HOLISTIC FRAMEWORK FOR USE ACROSS A PROJECT LIFECYCLE

By using a life course and socio-ecological lens to understand the FTP experience, the First-Time Parent Framework serves as a useful guide for identifying the complex factors that influence the choices and actions of young women and men as they navigate the start of their reproductive lives. As such, this framework can be used across the project cycle to:

- Assess the situation and needs of FTPs;
- Design and implement multi-faceted programs that build FTPs' agency, engage key influencers, and create access to health information and services; and
- Measure progress against key gender and health outcomes.

Over the past two years, E2A has been applying this framework to new programs for FTPs in multiple settings with a range of project partners and stakeholders. With the experience and evidence emerging from these efforts, E2A believes the First-Time Parent Framework can be a helpful tool for others interested in reaching this important, underserved youth population.

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