FTP Snapshot: Burkina Faso

The Evidence to Action (E2A) Project and Pathfinder International/Burkina Faso recently began a new initiative for young First-Time Parents (FTPs) in the Fada and Diapaga districts in the Eastern Region of Burkina Faso. The project is intended to target 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 comprehensive reproductive health (RH) 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%. At the start of the program, E2A collected information from first-time mothers (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.

Meeting the Needs of First-Time Parents

First-time parents 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 First-Time Parents for the Healthy Spacing of Second and Subsequent Pregnancies (2014), which highlights the lack of programming dedicated to this vulnerable population;
- A technical consultation with 30 health and gender experts to outline the programmatic components, strategies and considerations for an integrated package of interventions for FTPs (2014);
- The development of a conceptual framework, which applies a lifestage and socio-ecological lens to explore the FTP experience (2017);
- Documentation of results and lessons learned from FTP programs aimed at reducing the social isolation of young FTMs and increasing their knowledge of and access to FP/RH services in Burkina Faso (Pathfinder International 2013), Nigeria (E2A/Pathfinder 2014), and Tanzania (E2A/Pathfinder 2014);
- New programs in Burkina Faso, Nigeria, and Tanzania that expand FTP programming with FTMs, male partners, and other influencers and gather evidence on health and gender outcomes.

For more information on E2A’s FTP work, please visit e2aproject.org

1 INSD, Rapport du Module Démographie et Santé (MDS) de l’Enquête Multisectorielle Continue (EMC), 2015
**Who are our First-Time Mother program participants?**

- **843** FTM peer group participants who were surveyed prior to the start of implementation.
- **98%** FTM participants were currently married or in union at the time of data collection.

The majority (67%) of FTM participants were between the ages of 15-19.

The majority of participants (64%) had no formal education.

- 15-19 years: 67%
- 20-24 years: 33%
- No Formal Education: 64%
- Literate: 7%
- Primary School: 10%
- Secondary or More: 19%
FTM participants were segmented into three groups based on their pregnancy status.

- **Segment 1**: FTM 0-3 months pregnant
- **Segment 2**: FTM 4-9 months pregnant
- **Segment 3**: FTM who have delivered their first child within the last 2 years and are not currently pregnant

The majority of FTM participants (73%) were in **Segment 3**. 27% were currently pregnant with 8% in **Segment 1** and 19% in **Segment 2**.

3.5% of Segment 1 and Segment 2 FTM participants reported using FP prior to their current pregnancy.

19% of Segment 3 FTM participants reported currently using a FP method.

Of those Segment 3 FTM who reported currently using a FP method, 70% were using an implant.

75% of Segment 1 and Segment 2 participants had received at least 1 ANC visit.

96% of Segment 3 participants delivered their first child in a health facility.

24% of Segment 1 and Segment 2 participants that received at least 1 ANC visit received FP counseling during ANC.

The average age of Segment 3 participants' children was 9 months.
FTM Peer Groups

- Small groups of FTMS (~12-15 members) from all three segments; meets for 10 sessions.
- Facilitated by: peer leaders and supervised by community health workers (CHWs) in collaboration with Pathfinder/E2A.
- Information covered: ANC, pregnancy danger signs, PPFP, healthy relationships, and gender dynamics.

Outreach with Key Influencers & Communities

- Monthly meetings with FTM peer group members’ male partners, mothers-in-law, and other key influencers.
- Facilitated by CHWs with support from Pathfinder staff.
- Utilize Pathways to Change game to identify barriers and facilitators.
- Information covered with male partners: men’s and women’s roles, reproductive choices, and ANC.
- Information covered with mothers-in-law: ANC, safe delivery, and PPFP.

Household Visits

- CHWs conduct household visits with FTM peer group members.
- Purpose: provide tailored information and counseling, engage with household influencers, and reinforce messages conveyed in peer group sessions.
- Adapted to FTM’s stage of pregnancy or early parenthood.

Radio Broadcasting

- Partner with two local radio stations.
- Disseminate FP messages twice a month in project-supported areas.

Support of Health Facilities

- Support 20 health facilities in two districts.
- Provide basic equipment for obstetric and neonatal care and PPFP.
- Train and mentor providers on obstetric and neonatal care and a full range of FP options.
- Support the provision of contraceptive methods to young FTP clients.

The FTP 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—10 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 FTP to her key influencers, her overall community, her health providers, and to the underlying gender and social norms that influence FP choice and action at every level.