Tuungane has been working in partnership with the Government of Tanzania (GOT), the Nature Conservancy of Tanzania (TNC), and other partners to tackle some of the most complex development challenges faced by these extremely remote, marginalized and vulnerable communities, including improving access to voluntary family planning (FP) services. Noting patterns of early childbearing and low contraceptive use among young people in Tuungane communities, E2A and Pathfinder saw an opportunity to advance healthy timing and spacing (HTSP), FP, and related gender outcomes for FTPs. This new initiative centers on peer group activities with young First-Time Mothers (FTMs) – defined as women under 25 years who are pregnant with or have one child – to build their FP/RH agency and facilitate access to facility- and community-based FP counseling and services. With the launch of FTP activities in May 2018, E2A collected information on the FP/RH situation and needs of FTM participants through a qualitative baseline and peer group intake forms. 

This FTP Snapshot highlights key findings emerging about Tuungane FTMs and the barriers that limit their access to informed, voluntary use of contraception.

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 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
Who are Tuungane’s Young First-Time Mothers?

365 Young FTMs Joined Tuungane Peer Groups

Majority (53%) of FTM peer group members are between the ages of 20-24. 47% are between the ages of 15-19.

When asked about their marital status, most FTM peer group members (59%) reported being 'Never Married.'

Primary education was the highest level of education attained for majority (80%) of FTM peer group members.

35% of FTM peer group members reported currently using a FP method when surveyed early in the program.
While most young mothers in the area have a good understanding of the benefits of child spacing, they lack accurate information on FP.

“Most times they say ‘this is my first pregnancy and so I cannot use the methods, because I don’t know about the condition of my reproductive system.’ They say ‘I have to observe the condition of my reproductive system first.’ And while they are observing themselves, they come to find out that they are pregnant again.”

- Married FTM, Ikola

“It is due to lack of FP education. This is why we fail to decide whether to use the services or not, because we have no education on whether FP services are suitable for us or not.”

- Unmarried FTM, Karema

The following recommendations emerged from the qualitative baseline with FTMs:

1. Build on strong understanding of the benefits of child spacing to improve knowledge of FP, including addressing the many myths and misconceptions reported by FTMs.

2. Engage male partners, mothers, and mothers-in-law of FTMs to increase their FP knowledge and support for voluntary contraceptive use.

3. Identify satisfied users of contraceptive methods, especially older women, who can speak to the safety of contraceptive use.

4. Work with health facility providers and CHWs to ensure understanding of FP policies and guidelines and address biases in counseling and service provision for young married and unmarried FTMs.

Partners, mothers, and mothers-in-law play an important role in a FTM’s decision to use FP.

“So, the parent who has never used these [FP] services may think that if her daughter uses such services, she might no longer be able to have children. So, sometimes parents are preventing us to go for FP services.”

– Married FTM, Karema

“The majority [of men] have no knowledge about FP. This is why they don’t support it. If they had an understanding about it [FP], they would allow us to come for contraception.”

– Unmarried FTP, Karema

Both married and unmarried FTMs noted challenges accessing FP services.

“When you come to seek FP methods, you must come with your husband. The doctor will ask you ‘have you agreed with your husband about this method?’ and they might even call him to verify it. If you have not agreed, then they will [turn you away]. If yes, then you will get it [FP method].”

– Married FTM, Kashagulu

“It’s a bit difficult for the unmarried young women to get the methods, because, whenever they go to get them, they must be asked the question ‘are you married?’ and for some, if you say you are not married, you won’t get the service, but, if you say you are married you get the service.”

– Unmarried FTM, Ikola
How is Tuungane Addressing These Barriers?

As part of its PHE approach, Tuungane has been strengthening FP/RH care at 24 facilities in Uvinza and Tanganyika Districts and building community awareness about modern contraceptive methods. The new FTP initiative is implemented in a subset of Tuungane facilities and catchment communities to increase FTP’s FP/RH agency and link them to facility- and community-based care. Applying a socio-ecological lens, FTP interventions aim to strengthen the support of multiple influencers and systems for voluntary contraceptive use among young FTM/FTPs, and address the underlying gender and social norms that influence FTP relationships, choices, and actions.

FTM Peer Groups

FTMs small groups, facilitated by peer leaders, explore information on HTSP and FP, contraceptive choice, decision-making and gender dynamics. Groups are supervised by CHWs in collaboration with Pathfinder/E2A. Groups meet for 9 sessions and typically include 10-15 members.

Outreach with Key Influencers and Communities

CHWs lead sessions with key influencers, including partners/husbands, mothers, mothers-in law, and community members, to build awareness about different methods and reflect on values related to contraceptive use by FTPs.

Household Visits

CHWs visit FTM households to provide tailored services. With the aid of a mobile application, CHWs provide information to women and their partners, deliver condoms and oral contraceptives, and make referrals for other FP methods and services. They also provide follow-up support.

Community and Facility FP Services

The Tuungane program provides support and supervision to health facilities and trains health care providers and CHWs to provide youth-friendly FP counseling and services.