E2A and Pathfinder International have been implementing a new initiative for young First-Time Parents (FTPs) as part of the Tuungane project, an integrated population, health, and environment (PHE) program in the Greater Mahale Ecosystem of Tanzania.

Tuungane has been working in partnership with the Government of Tanzania, The Nature Conservancy, 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) of pregnancies, 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 and reproductive health (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.

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 FTPs 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 lifestage 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)

For more information on E2A’s FTP work, please visit e2approject.org
Who are Our First-Time Parent Participants?

345 YOUNG FIRST-TIME MOTHERS (FTMS) joined Tuungane Peer Groups

MARITAL STATUS

- 59% NEVER MARRIED
- 38% MARRIED/CO-HABITATING
- 3% WIDOWED/SEPARATED

59% reported being NEVER MARRIED

52% first-time mother participants were AGES 20-24

48% first-time mother participants were AGES 15-19

EDUCATION LEVEL

- 80% The majority of participants attained a primary-level education
- 12% NO EDUCATION
- 8% PRIMARY
- 8% SECONDARY

FAMILY PLANNING USE

- 34% of participants reported currently using a family planning method when surveyed at the beginning of the program
- 66% of participants reported not currently using a family planning method when surveyed at the beginning of the program
“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

“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

“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

Both married and unmarried FTMs noted challenges accessing FP services

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 COMMUNITY HEALTH WORKERS (CHWs) to ensure understanding of FP policies and guidelines and address biases in counseling and service provision for young married and unmarried FTMs.
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 FTPs’ 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/FTP, and address the underlying gender and social norms that influence FTP relationships, choices, and actions.

### Intervention Descriptions

#### FTM Peer Groups

- **Description**: FTM 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 nine sessions and typically include 10–15 members.

#### Outreach with Key Influencers & Communities

- **Description**: CHWs lead sessions with key influencers, including partners/husbands, mothers, mothers-in-law, and community members, to build awareness about different methods and build support for contraceptive use by FTPs.

#### Household Visits

- **Description**: 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

- **Description**: 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.