

Dear Colleagues:

We hope you had a productive and successful year in 2008 and that 2009 will bring even greater achievements.

This issue of HTSP Happenings will highlight programs being implemented by the Extending Service Delivery Project (ESD) and others that specifically aim to increase family planning use to delay the first pregnancy and space subsequent pregnancies for young married women.

Please feel free to contact us at htsp@esdproj.org to request HTSP technical support, materials, or to share your experiences. Thanks for all you do to promote HTSP worldwide.

Best wishes from the HTSP Secretariat,
May Post, Cate Lane, Majja Kroeger & Kristen Stolka

¹Healthy Timing and Spacing of Pregnancy is an intervention to help women and families delay, space or limit their pregnancies to achieve the healthiest outcomes for women, newborns, infants, and children, within the context of free and informed choice, taking into account fertility intentions and desired family size.

FOCUS ON: HTSP FOR YOUNG MARRIED WOMEN

For youth, access to sexual and reproductive health information and services is often extremely limited. For young married women—still adolescents and yet considered adults by society—opportunities are even more scarce. According to UNICEF, 60 million women aged 20-24 were married before the age of 18 in developing countries, and over half of these women are in South East Asia. Young married women are often expected to prove their fertility within a short time after marriage, placing them at risk for complications and even death during pregnancy and childbirth.

Sixty percent of married adolescents reported that their first birth was either mistimed or unintended. Compared to older women, girls in their late teens are twice as likely to die from pregnancy and child birth-related causes. Girls under the age of 15 are five times at risk of dying. Their babies also face a 50 percent higher risk of dying before one year of age, compared to babies born to women in their twenties. Particularly in developing countries, where youth represent the largest proportion of the population, there is **considerable unmet need and demand for delaying and spacing pregnancy among** young married women.

HTSP guidelines for young married women (YMW) are to delay pregnancy until at least the age of 18, when she is best prepared physically and mentally for childbirth. This is the best option to promote healthy mothers and babies and will reduce the risks of death and health complications that may occur during pregnancy and childbirth. When delay is not an option, YMW are counseled to seek appropriate antenatal and postpartum care and consider using a FP method and to wait for two years before attempting the next pregnancy.

HTSP for Young Married Women in Kano and Bauchi, Nigeria

In Nigeria, approximately 19% of girls are married by the age of 15; 43% by the age of 18. These figures are even higher in parts of Northern Nigeria where ESD works. In May 2008, ESD trained providers in Bauchi and Kano states on the importance of HTSP for young married women (YMW). In early 2009, ESD is supporting the Federation of Muslim Women's Associations in Nigeria (FOMWAN) to orient influential religious leaders on the needs of YMW, including the importance of improved services in RH/FP and HTSP. FOMWAN will support

religious leaders as they incorporate HTSP messages and support for YMW into lectures at mosques and during talks with community members. FOMWAN is also implementing community-level outreach activities to reach husbands, mothers-in-laws and young women with the HTSP messages.

Safe Age of Marriage in Yemen

In Yemen, ESD supports the Basic Health Services (BHS) project to raise awareness around the “safe age of marriage” by educating the community about the health consequences of childbirth before the age of 18, and expected outcome of early marriage. By addressing the potential negative effects of early childbirth, the project aims to encourage communities to question the social acceptability of early marriage and support young women in delaying childbirth until at least age 18.

Addressing the RH/FP Needs of Young Married Women in Bihar, India

Since 2001, Pathfinder International's Promoting Change in Reproductive Behavior program (PRACHAR) in Bihar, India, has worked to improve the health and welfare of young mothers and their children by promoting major attitude and behavior changes among youth, their parents, and influential members of their communities. PRACHAR's approach combined community advocacy with education to promote delayed marriage and first childbirth while also encouraging young mothers to space subsequent pregnancies. This was achieved through youth and adult training programs, home visits, group discussions, public street theatre, and the training of men and women as trusted community advocates for healthy behaviors. By the end of 2008, the percent of women aged 15-24 using contraception increased significantly from 4.3 to 20.7 percent in intervention areas, as compared to an increase from 2.8 to 4.7 percent in non-intervention areas. Similarly, among women with one child, contraceptive use increased significantly from 6 to 25 percent as compared to an increase from 4 to 7 percent in comparison areas.

NEW HTSP TOOLS

ESD recently finalized two new tools to support the HTSP activities in the field (click the title to access the document):

[HTSP Trainer's Reference Guide in French](#), is a resource for trainers in francophone countries to develop pre-service and/or in-service training for facility-based healthcare providers and community health workers (CHWs) who already have some basic experience with and understanding of RH/FP.

[Postpartum Family Planning for Healthy Pregnancy Outcomes: A Training Manual](#), provides material to conduct a comprehensive two-day training for facility-based health workers at the primary health care/community level facilities on providing community-based postpartum family planning education, counseling and referral that enables women and couples to use family planning for HTSP.

Please visit the **HTSP Community of Practice** (<http://my.ibpinitiative.org/htsp/>) or the ESD website (www.esdproj.org) to download all available HTSP tools and materials.

GLOBAL HTSP ACTIVITIES

As the HTSP Global Secretariat, ESD supports, coordinates and tracks the efforts implemented by HTSP Champions Network members to incorporate HTSP into ongoing and new programs. Some examples of recent HTSP activities by Network members are below.

*** Extending Service Delivery (ESD) Project Updates:**

- **Guinea:** In its second year, the ESD Guinea program continues to promote HTSP through their activities to improve service delivery and quality of FP services. The program trains providers on FP for HTSP and develops and disseminates materials at the health facility and community level.
- **Tanzania:** In November 2008, Dr. May Post traveled to Tanzania to be a key presenter of HTSP information at the Medical Women's Association of Tanzania (MEWATA) Annual Conference. She also introduced HTSP to a group of MOH officials, MEWATA staff, and faculty and students from the University of Tanzania Medical School. ESD is currently working with MEWATA to be the first “HTSP

Local Secretariat"; an opportunity for a local NGO to be the lead source of information on HTSP and disseminate and implement HTSP activities at the country-level.

- **Nepal:** ESD recently awarded a small grant to a local Nepalese NGO – Society Essential Natural Resources Protection & Peace (SENRP) – to implement a 16 month advocacy program to raise awareness of HTSP among policy makers and other stakeholders and work towards inclusion of HTSP messages in national guidelines, policies, and programs.
- **Yemen:** ESD continues to provide support to the Basic Health Services (BHS) program in Yemen and has systematically included HTSP in all training activities for providers and community health educators, including translating HTSP materials into Arabic. The project trained 154 hospital staff, 40 religious leaders, 379 health care providers, 34 private midwives and 40 members of community mobilization groups. ESD is also working with BHS to revise their indicators to include two, HTSP client and provider knowledge measurements. Some HTSP materials in Arabic are available on the ESD website.

* **HTSP Champion Network Updates:**

- **ACCESS-FP & the Fertility Awareness-based Methods (FAM) Project** – ACCESS-FP and FAM developed a Counseling Guide for Teaching Women How to Use the Lactational Amenorrhea Method (LAM). LAM, a family planning method for breastfeeding women, can only be used if three criteria are met: 1) your menstrual period has not returned; 2) you breastfeed as often as your baby wants, day and night and do not give alternate food or drink; and 3) your baby is less than 6 months old. The 2-page guide, which encourages women to begin another method when they no longer meet the three criteria, also encourages women to wait at least two years before attempting the next pregnancy.
- **Family Health International (FHI)** - In Madagascar, FHI is implementing a study which aims to increase contraceptive prevalence among postpartum women to either space or limit their pregnancies. Trained providers communicate key messages on HTSP using a simple job aid (based on LAM criteria), in a group education setting during child immunization services. They also provide a client brochure that was adapted from ESD's HTSP client materials.
- **World Vision International (WVI)** – WVI is training 350 community health promoters in HTSP and putting FP counseling centers in eight WVI field offices in Haiti; added HTSP messages to a youth HIV/AIDS project, counseled 90 women in HTSP, and got 49 new FP acceptors in Senegal; and supported 100 female and 21 male volunteers to provide FP/HTSP counseling for men and women among a population of 4.3 million in India. HTSP is included as one of seven interventions in the pre-natal section of the global maternal and child health strategy, and one of 18 interventions from conception to when the child is age two.

HTSP COMMUNITY OF PRACTICE

Join the HTSP Community-of-Practice:

The HTSP Community-of-Practice consists of 195 members and continues to grow. If you are not yet a member, we encourage you to join here: <http://my.ibpinitiative.org/htsp/> and also send us names (indicating project/organization) and e-mail addresses of partners/organizations/individuals who you think may be interested in becoming part of the HTSP Community-of-Practice. Any questions or comments about HTSP, the HTSP Community of Practice, HTSP roll out or this e-newsletter (including requests to be removed from this listserv) are most welcome. Please contact: htsp@esdproj.org.

HTSP Happenings is an e-newsletter from the HTSP Secretariat. It is intended to keep you informed of new Healthy Timing and Spacing of Pregnancy (HTSP) activities, research, publications, programmatic materials, and upcoming meetings or events. Issues can be accessed on-line through the IBP Gateway, in the HTSP Community of Practice Library at: <http://my.ibpinitiative.org/htsp/> and on the Extending Service Delivery (ESD) web site at: <http://www.esdproj.org>.

References used in this newsletter:

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3. Married Adolescents: No Place for Safety. WHO and UN Population Fund: WHO, 2006.
4. Shane Barbara (1997), cited in *State of the World's Mothers 2006: Saving the Lives of Mothers and Newborns*. Save the Children, 2006
5. UNICEF online - http://www.unicef.org/protection/index_earlymarriage.html