

The Power of Counseling: Changing Maternal, Infant and Young Child Nutrition and Family Planning Practices in Dhamar, Yemen



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Yemen: Study Context

- High rate of stunting <5 (41%)
- Very low rates of EBF for 6 months (13%)
- Low contraceptive prevalence (29%)
- Socio-political instability
- Conservative society w/limited access to health & FP services
- Dhamar Governorate
(Maghreb Ans and Wesab Assafel districts -- highland and lowland)



Study Objectives

- Generate learning to inform the development of evidence-based programming to address high rates of malnutrition, short inter-pregnancy intervals, and low contraceptive prevalence in the country.
 - Determine current MIYCN and FP practices
 - Explore mothers/couples willingness to try MIYCN-FP practices using TIPs
 - Identify barriers and facilitators for trying or continuing to use optimal MIYCN-FP practices

Study Methodology

1. Trials of Improved Practices:

- Visit 1: Exploratory in-depth interview
- Visit 2: Tailored counseling; identify practices to try
- Visit 3: Follow-up to assess progress; discuss challenges and motivations

2. In-depth interviews with key informants



Study Participants

- 32 **mothers** of children <2 years of age
- 16 **fathers** of children <2 years of age
- 12 **key informants** (grandmothers, community leaders, health workers)



Credit: Ali Mohamed Assabri/MCHIP

Visit 1: Selected Nutrition Results

- No baby 0–5 months was EBF and only one child 6–23 months was EBF for 6 months
- Over half of mothers felt breast milk was “insufficient”
- Mothers didn’t know how to increase breast milk production, fed for short periods of time or from only one breast
- Breastfeeding valued as a way to prevent another pregnancy, no mother/father knew the LAM criteria
- Sugary biscuits were a “first food” & introduced as early as a couple of weeks after birth

Visit 1: Selected FP Results

- FP used by all but one couple in Maghreb Ans and by only one couple in Wesab Assafel
- Mothers, fathers, key informants expressed support for FP use
- Lack of information about FP; desire to learn more
- Couples open to discussing FP together
- Barriers to FP uptake: systems barriers, concerns about side effects, partner opposition

Visit 2: Recommendations Provided

All FP-TIPs Mothers and Fathers	All MIYCN Mothers	MIYCN-TIPs for Mothers with Infants 0–5 Months	MIYCN-TIPs for Mothers with Infants 6–23 Months
<p>Discuss FP and reproductive intentions with spouse</p> <p>Go to the health facility for more information about FP</p> <p>Start using modern FP method</p> <p>Consider using LAM (if baby is less than 6 months)</p> <p>Satisfied FP users discuss benefits of FP with others in the community</p>	<p>Increase number of meals per day</p> <p>Vary mother's diet to include vegetables, fruit, fresh juice, legumes, and meat</p>	<p>Breastfeed only and give no other liquids or foods</p> <p>Breastfeed from both breasts for 15 minutes on each breast</p> <p>Breastfeed day and night</p> <p>Position baby in more comfortable position, ensure correct attachment</p>	<p>Breastfeed from, empty both breasts >6–8 times per day</p> <p>Breastfeed day and night</p> <p>Position baby in more comfortable position, ensure correct attachment</p> <p>Vary child's diet by adding fruits, vegetables, legumes, other nutritious foods such as animal products</p> <p>Increase # of meals per day</p> <p>Don't give a feeding bottle</p> <p>Don't give tea; give milk instead</p>

Visits 2 & 3: MIYCN Results

Recommendation	Offered & Accepted	Tried	Succeeded using daily
Mothers: Vary mother's diet	13	12	9 3 modified
Infants 0-5 months: breastfeed only	4	4	3
Infants 6-23 months: breastfeed from both breasts until empty	5	4	4
IYC 6-23: vary the child's diet	8	7	4 3 modified
Give more meals/food	2	3*	3*

Feedback from MIYCN Mothers

- Most mothers had not heard information about MIYCN before & said “now we have the information, we can use it”
- Animal foods (meat) were limited & need to be substituted with other foods
- Succeeded in improving the quality of their/babies diets after one counseling visit, were happy w/new practices because they had more breastmilk & felt their babies were getting better nutrition, sleeping better, healthier

Visits 2 & 3: FP Results

Recommendation	Sex	Offered & Accepted	Tried	Succeeded
Discuss FP and reproductive intentions with spouse	M	8	8	8
	F	6	8*	8*
Go to the health facility for more information about family planning	M	13	13*	10*
	F	11	11	8
Start using modern FP method	M	8	7	1
	F	8	8	1
Consider using LAM	M	Not offered		
	F	1	1	0
Satisfied FP users discuss benefits of FP with others in the community	M	Not offered	1**	1**
	F	4	4	4

Feedback from FP Couples

- Talking with each other about FP was not a problem for most couples
- Mothers and fathers were willing to go for FP advice
- Health systems barriers posed a problem especially in Wesab Assafel (e.g. lack of female providers and affordable methods, stock outs, availability of unregistered methods)
- Satisfaction from championing FP with peers:

“I liked talking to women about the importance of family planning methods. They responded to my advice and decided to go to the health center to choose a suitable method for them.”



Recommendations

1. Address information gaps
2. Capitalize on the power of counseling
3. Engage husbands, strengthen couple communication
4. Identify and involve champions
5. Address health systems barriers
6. Work with the private sector
7. Integrate MIYCN and FP within existing platforms

Next Steps

- Ongoing instability
- Finalizing study documentation
- Counseling tool + recommendations can be applied to future MIYCN and FP programming in Yemen; application of TIPs methodology useful for other country contexts

Thank you!

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