

The Power of Counseling: Formative Research using Trials of Improved Practices for MIYCN-FP in Yemen



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Yemen: Population, Family Planning and Nutrition

- 24 million people
- Low contraceptive prevalence
- Highest rate of stunting in the world
- Conservative society w/limited access to health & FP services by women who often don't leave the home



At the Time of the Study

- An emergency-food insecurity situation was underway; little focus on prevention
- Extensive distribution of RUTF & food aid was taking place in much of the country
- Distribution of medical supplies/commodities was sporadic



Objectives of the Study

- Determine current maternal, infant and young child nutrition (MIYCN) and family planning (FP) practices (V#1)
- Explore mothers/couples willingness to try MIYCN-FP practices using TIPs (V#2 & V#3)
- Identify barriers and facilitators for trying or continuing to use optimal MIYCN-FP practices
- Develop messages for a MIYCN-FP counseling package for health facility and community workers

Study Location in Yemen

- Dhamar Governorate (south of Sana'a)
- Two districts (Magreb and Wesab)
- Two geographical zones (highland & lowland)



Driving to the highland village of Thelah, Magreb

TIPs Participants in the Study

MIYCN interviews:

- 16 mothers with children < 2 years

FP interviews:

- 16 mothers with children < 2 years
- 16 husbands of FP mothers

Key informants—men, elder women, CL, HW



Mother respondent and her children in Magreb

Selected Results: Visit#1

- Only 1 of 32 infants <6 months were EBF
- Food/liquid was introduced too early because breast milk in over half of mothers was perceived as “insufficient”
- Sugary biscuits were a “first food” & introduced as early as a couple of weeks after birth



Mother and child in Wesab

Selected Results: Visit#1

- Breastfeeding practices were not ideal—mothers didn't know how to increase breast milk production, were feeding for short periods of time or from only one breast
- While BF was valued as a way to prevent another pregnancy, no mother/father knew the LAM criteria
- Half of mothers knew someone who became pregnant while BF

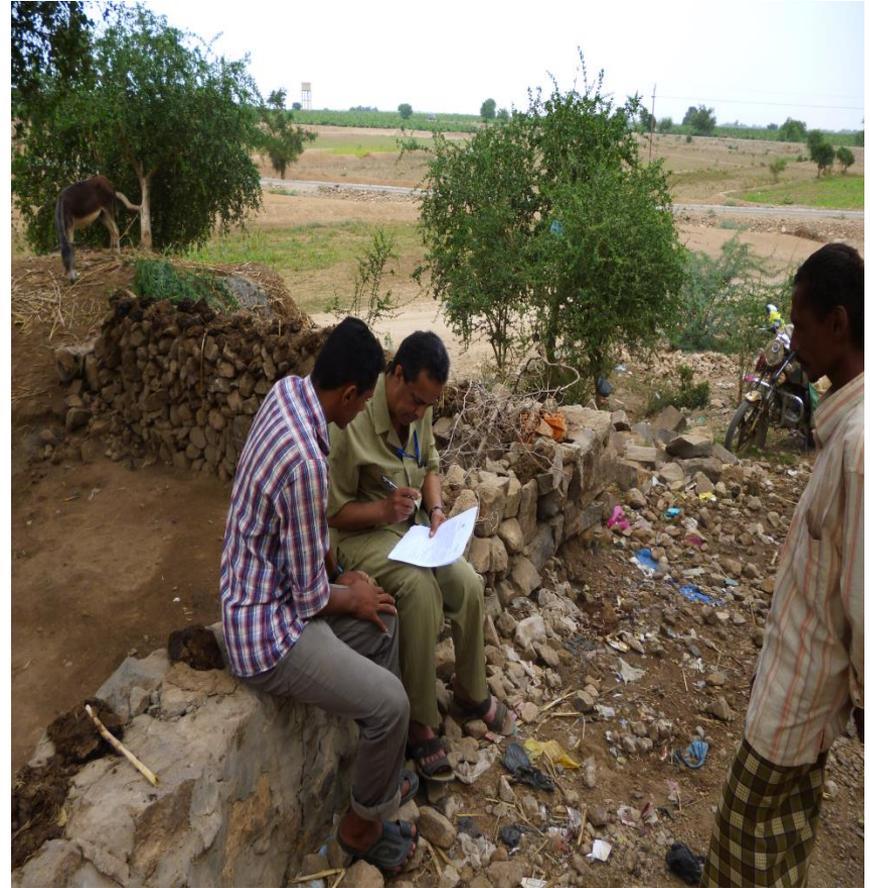
Selected Results: Visit#1—Three Feeding Practices 6-23 mos

Age groups (n=12)	Breastfed or milk products	Minimum number (4) of food groups/day	Minimum number of meals/day	Meeting all three practices
6-8 mos (4)	4	0	3	0
9-11 mos (4)	4	0	2	0
12-23 mos (4)	3	1	1	1
Total	11	1	6	1

ONLY 1 OF 12 CHILDREN 6-23 MONTHS WERE FED A MINIMUM ACCEPTABLE DIET—BF/MILK; FOOD GROUPS; AND MEALS

Selected Results: Visit#1

- 12/16 couples in Maghreb used FP
- 2/16 couples in Wesab used FP
- Reasons for not using FP: no female health workers, stockouts, cost of private sector FP, availability of unregistered methods



Selected MIYCN-TIPs Results

Practice	Offered & Accepted	Tried	Succeeded using daily
Mothers: Vary mother's diet	13	12	9 3 modified
Infants 0-5 mos: breastfeed only	4	4	3
Infants 6-23 mos: 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*
Total IYCF	19	18*	14* 3 modified

Family Planning TIPs Results

Practice	Sex	Offered & Accepted	Tried	Succeeded
Discuss FP intentions with spouse	M	8	8	8
	F	6	8*	8*
Go to health facility for info on FP	M	13	13*	10*
	F	11	11	8
Start using modern method	M	8	7	1
	F	8	8	1
Satisfied users discuss benefits with others in community	M	Not offered	1*	1*
	F	4	4	4
Total practices		58	60*	41*

Feedback from MIYCN mothers about trying their practices

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

Feedback from FP couples

- Even though a conservative society, talking with each other (and their peers) about FP was not a problem for most couples
- Couples were willing to go for FP advice; in some cases men wanted more information about side effects from modern methods.
- There was high unmet need in one district but services, female providers & methods were not always available

Recommendations

- 1) Address information gaps among community members and health workers
- 2) Capitalize on the power of counseling
- 3) Engage husbands and strengthen couple communication
- 4) Identify and involve champions
- 5) Address structural barriers
- 6) Work with the private sector
- 7) Integrate MIYCN and FP within existing platforms

Next steps:

- Share results & final report w/stakeholders
- When possible, share the results with the districts in the study
- Develop MIYCN-FP messages and counseling package
- Develop a strategy to link relief-prevention



Mother and her children
in Wesab

Thank you to the fantastic study team!

