

# Across the Behavior Change Continuum: Assessment of Return to Fertility Messages and “Asma’s Story” within the Healthy Fertility Study

Healthy Fertility Study  
Sylhet, Bangladesh



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## List of Acronyms

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|              |  |
|--------------|--|
| <b>CHW</b>   | Community Health Worker                            |
| <b>CM</b>    | Community Mobilizer                                |
| <b>DIL</b>   | Daughter-in-Law                                    |
| <b>EBF</b>   | Exclusive Breastfeeding                            |
| <b>FP</b>    | Family Planning                                    |
| <b>FGD</b>   | Focus Group Discussion                             |
| <b>HFS</b>   | Healthy Fertility Study                            |
| <b>HTSP</b>  | Healthy Timing and Spacing of Pregnancy            |
| <b>LAM</b>   | Lactational Amenorrhea Method                      |
| <b>MNH</b>   | Maternal and Newborn Health                        |
| <b>PPFP</b>  | Postpartum Family Planning                         |
| <b>USAID</b> | United States Agency for International Development |

# Executive Summary

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## BACKGROUND

The Healthy Fertility Study (HFS), conducted in Sylhet Division in the northeastern part of Bangladesh, assesses the impact of integrating family planning (FP) within a community-based maternal and newborn health (MNH) program. Behavior change and community mobilization activities within the study aim to increase postpartum contraceptive uptake, and build community support for FP use during this critical period. As a key component of the approach, behavior change messages presented in a printed “return to fertility” leaflet with a fictional story (“Asma’s story”) were designed to address gaps identified in knowledge about postpartum fertility return, and to promote increased postpartum contraceptive uptake. This assessment was designed to evaluate shifts in knowledge, approval, intention, and action resulting from behavior change activities that incorporate Asma’s story and the return to fertility messages.

## METHODS

The assessment used semi-structured qualitative methods including in-depth interviews with randomly sampled postpartum women and focus group discussions (FGDs) with mothers, mothers-in-law, and husbands of postpartum women in the intervention sites. The assessment is designed to explore client shifts along the Transtheoretical Model’s behavior change continuum,<sup>1</sup> with the desired behavior of interest being the postpartum use of a modern contraceptive method. These shifts were identified through analysis of retrospective reporting by clients.

## RESULTS

Among postpartum women interviewed (N = 40), 98% reported having heard Asma’s story or having read the return to fertility leaflet. All of the mothers and mothers-in-law and most of the husbands who participated in the FGDs reported that they had been exposed to Asma’s story and the leaflet. However, only one third of the postpartum women interviewed were currently using a modern contraceptive method. Changes in perceived susceptibility to pregnancy, perceived benefits of healthy spacing of pregnancies, and increased social support for postpartum contraceptive uptake, fostered in part through Asma’s story and the return to fertility messages, have contributed to client movement along the behavior change continuum.

Nonusers of FP can be categorized at various stages of the behavior change continuum, with most falling at the contemplation and preparation phases. Barriers faced at these stages include perceived risks of using FP, incorrect assessment of susceptibility to pregnancy, and challenges with accessing services. In addition, 12 respondents explained that they were not using an FP method because their husbands were traveling abroad and they were not currently having sex. The assessment also identified gaps in knowledge of the lactational amenorrhea method (LAM) criteria and cues to transition from LAM to another modern method across all respondent groups.

## CONCLUSION

The return to fertility leaflet including Asma’s story, within the context of the broader HFS social and behavior change communication activities, is reported by respondents to have facilitated shifts in their knowledge, perceptions, and practices around postpartum family planning (PPFP). However, many women have still not adopted a modern contraceptive method post-delivery. Opportunities for addressing these barriers include ensuring that women whose husbands are away are linked to services prior to the husbands’ return, considering alternative and supplementary strategies for reinforcing messages around the LAM criteria and cues to

transition, increasing engagement of spouses and other behavioral influencers, addressing challenges related to access to services, and encouraging community health workers (CHWs) and community mobilizers (CMs) to work with clients to plan achievable actions and follow up to help address barriers as needed.

# Introduction

The HFS, conducted in eight unions of Sylhet Division in the northeastern part of Bangladesh, is funded by the United States Agency for International Development (USAID). The study began in 2007 as a partnership of the Bangladesh Ministry of Health and Family Welfare, the Bangladeshi nongovernmental organization Shimantik, the Center for Data Processing and Analysis, the Johns Hopkins Bloomberg School of Public Health, and the USAID-funded ACCESS-FP project, the last of which transitioned to the Maternal and Child Health Integrated Program in December 2010.

The study setting of Sylhet Division has the highest rates of maternal and newborn mortality and the lowest rates of contraceptive use in Bangladesh. The HFS integrates PPF within a community-based MNH program that has demonstrated results in reducing newborn mortality by 34%.<sup>2</sup> The HFS follows 2,247 pregnant women in four intervention unions and 2,257 women in four control unions from pregnancy to three years after delivery. Households in the control unions receive antenatal and postpartum home visits focused on MNH only, while those in the intervention unions receive the same MNH-focused home visits **plus** FP counseling, distribution of contraceptives,\* and community mobilization activities.

The HFS's behavior change strategy aims to promote recommended MNH and FP practices and build an enabling environment and social support for MNH and FP in order to improve health outcomes. Key HFS activities include antenatal and postpartum home visits conducted by CHWs, community mobilization sessions, engagement of local champions, and advocacy through ward-level meetings.

Within the HFS, female CHWs counsel women on PPF and provide contraceptive methods to women during antenatal and postpartum household visits. Specific counseling messages are shared during home visits according to the schedule in Table 1.

**Table 1. Counseling messages by visit**

| COUNSELING MESSAGES                            | VISITS    |                  |                      |                              |
|--|-----------|------------------|----------------------|------------------------------|
|  | ANTENATAL | DAY 6 POSTPARTUM | DAY 29-35 POSTPARTUM | MONTH 2-3 AND 4-5 POSTPARTUM |
| Antenatal care                                 | √         |                  |                      |                              |
| Newborn care, exclusive breastfeeding (EBF)    | √         | √                | √                    |                              |
| Return to fertility                            |           | √                | √                    | √                            |
| LAM and transition, EBF                        | √         | √                | √                    | √                            |
| Healthy timing and spacing of pregnancy (HTSP) | √         | √                | √                    | √                            |
| FP methods                                     |           |                  | √                    | √                            |
| Visit to facility                              | √         | √                | √                    | √                            |

\* This component, which involved CHWs providing oral pills, condoms, and injectables during household visits, was introduced midway through the study.



CMs also hold community meetings with women, husbands, mothers and mothers-in-law, and other family and community members to discuss fertility return, HTSP, and the LAM and the transition to other modern FP methods.

A critical component of HFS's behavior change communication and community mobilization approach is counseling and discussion on postpartum return to fertility. HFS activities use strategic, field-tested messages and materials informed by formative assessment. To inform program design and implementation, HFS conducted several assessments to evaluate knowledge, perceptions, and current practices, along with enablers for and barriers to

recommended FP behaviors. For example, a barrier analysis found that significantly more women who successfully transitioned from LAM to another modern FP method could recall the criteria for LAM than nontransitioners; more of the successful transitioners also knew to switch to another modern FP method as soon as LAM ends.<sup>3</sup> Findings from this analysis were used to inform the design and refinement of HFS messages and materials, including the development of a leaflet on return to fertility and LAM (see Appendix 1).

The leaflet includes Asma's story and an image on one side, and critical messages about return to fertility on the reverse side. The leaflet is used during postpartum home visits and community mobilization activities and to guide discussions about postpartum return to fertility. Messages in the leaflet were designed to address a recognized gap in knowledge and acceptance among the target populations about timing of fertility return, pregnancy risk, and the importance of timely transition from LAM to other modern FP methods. Asma's story tells of how one woman ("Asma") incorrectly assessed her risk of pregnancy to be minimal during the months before her menses returned. Asma says that she will wait until her menses returns before starting a modern FP method, but then becomes pregnant. She learns the lesson that women can indeed become pregnant even before menses returns, and that it is important to start using an FP method after delivery for healthy spacing of pregnancy. Stories like Asma's seem to resonate with women and their families because the stories may be consistent with women's personal experiences or those of other women they know. These stories can also help to generate discussion about what may otherwise be seen as sensitive topics. The leaflet is used in all four HFS intervention unions in Sylhet.

The focus of this report is to present the results of an assessment of the HFS return to fertility messages and leaflet. The assessment was conducted during August–October of 2012, and was designed to provide more in-depth understanding of client exposure to the leaflet, perceptions about fertility in the postpartum period, and the influence of the messages and Asma's story on clients' current practices.

#### **Key PFP behavior change communication messages incorporated within HFS include:**

- For the health of you and your baby, wait at least two years after giving birth before attempting another pregnancy.
- Breastfeed immediately and exclusively for six months.
- Consider LAM as an FP choice after the birth of your baby.
- If you are a LAM user, switch to another modern FP method as soon as LAM ends.
- When you can become pregnant after a delivery may differ for every pregnancy.
- You may become pregnant before your menses returns.
- If you do not breastfeed your baby after delivery, you may become pregnant as soon as one month after you deliver your baby.
- Before you are at risk for pregnancy, take a modern FP method for healthy spacing of your next pregnancy.
- If you choose to use a PFP method, use one that suits you, your breastfeeding status, and your family.



# Objectives

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The primary assessment objectives were as follows:

- Assess knowledge and perceptions around fertility return.
- Assess use, clarity, and perceptions of effectiveness of the return to fertility messages and Asma’s story among women and behavioral influencers such as husbands, mothers-in-law, and CHWs.
- Identify the ways in which the return to fertility messages and Asma’s story may have affected clients’ progression along the behavior change continuum toward use of a modern contraceptive method.

# Methodology

The protocol for this assessment was approved by the Johns Hopkins Institutional Review Board and National Research Ethics committee of Bangladesh Medical Research Council. The assessment used semi-structured qualitative methods (including FGDs and in-depth interviews).

## SAMPLING

The research team conducted in-depth interviews with postpartum women and FGDs with mothers, mothers-in-law, and husbands of postpartum women. See Table 2 for a summary of data collected by respondent type.

In each union, the team conducted:

- 10 individual in-depth interviews with women who had delivered in the past year,
- 1 FGD with mothers and mothers-in-law, and
- 1 FGD with husbands of women who had delivered in the past year.

**Table 2. Data collection methods by type of study respondent**

|   | # INTERVIEWS | TOTAL # RESPONDENTS |
|---|--------------|---------------------|
| Semi-structured in-depth interviews of postpartum women | 40           | 40                  |
|   | # FGDs       | Total # respondents |
| FGDs with mothers and mothers-in-law                    | 4            | 35                  |
| FGDs with husbands                                      | 4            | 34                  |

FGDs were designed to last approximately 1 hour and 30 minutes and interviews were designed to last approximately 1 hour and 15 minutes. Interviews and FGDs were conducted in the Bangla language by HFS program staff.

## RECRUITMENT PROCESS

For the in-depth interviews, respondents were randomly selected from each of the four intervention unions. As part of ongoing activities, CHWs keep a record of all married women of reproductive age within each of the intervention unions along with their date of delivery. The team randomly selected study registration numbers for 10 women from each union who had delivered in the past year. The profile of postpartum women included in the interview sample is shown in Table 3.

**Table 3. Characteristics of women interviewed**

| CHARACTERISTICS                                      | N = 40             |
|--|--------------------|
| Median parity (range)                                | 3.1 (1-9 births)   |
| Median month postpartum at time of interview (range) | 10.5 (7-13 months) |
| Menses return at time of interview                   | 60%                |
| Number using FP method since delivery (percentage)   | 20 (50%)           |

Husbands and mothers/mothers-in-law of women in the intervention union were also randomly selected using the HFS registration list. If the woman was still living with her own parents, her

mother would be invited to participate, whereas if she was living with her husband's family, her mother-in-law would be invited.

After identification, all respondents were asked whether they were willing to participate in the study, using a verbal informed consent process.

## RESEARCH SETTING

In-depth interviews were conducted at the respondent's household. FGDs were conducted at the home of one of the respondents, the union Parishad Office, or a suitable community meeting place. For the in-depth interviews, CHWs accompanied the interviewer to the household in order to assist with respondent identification. The CHW's assistance in this role was separate from their project work (that is, CHWs did not provide any counseling during this contact).

## TOOLS

Semi-structured research tools were designed to address the following areas:

- Recall of key messages from the return to fertility leaflet
- Perceptions around fertility return; knowledge about healthy spacing of pregnancies, LAM, and timely transition to another modern FP method
- Shifts in knowledge, perceptions, and behaviors that may have resulted from exposure to the leaflet (retrospective, based on self-report)
- Barriers to timely uptake of modern FP methods after delivery
- General feedback on the leaflet
- Suggestions for further strengthening FP knowledge and practices

Tools were designed to elicit some quantitative data, along with in-depth qualitative data. The client interview guide was pre-tested with several women in Sylhet, and modified accordingly. The FGD tools were pre-tested among the assessment team through mock FGD sessions, and revised to improve the flow of questions, improve the Bangla translations, and simplify the language used.

## DATA ENTRY AND ANALYSIS

Responses were handwritten in Bangla on preprinted data entry sheets. Handwritten notes were then translated from Bangla to English and entered into qualitative and quantitative electronic databases. Descriptive analysis was used to assess respondent exposure to the return to fertility messages and Asma's story, identify levels of knowledge about return to fertility, explore key barriers and facilitating factors for postpartum contraceptive uptake, and identify current PFP practices.

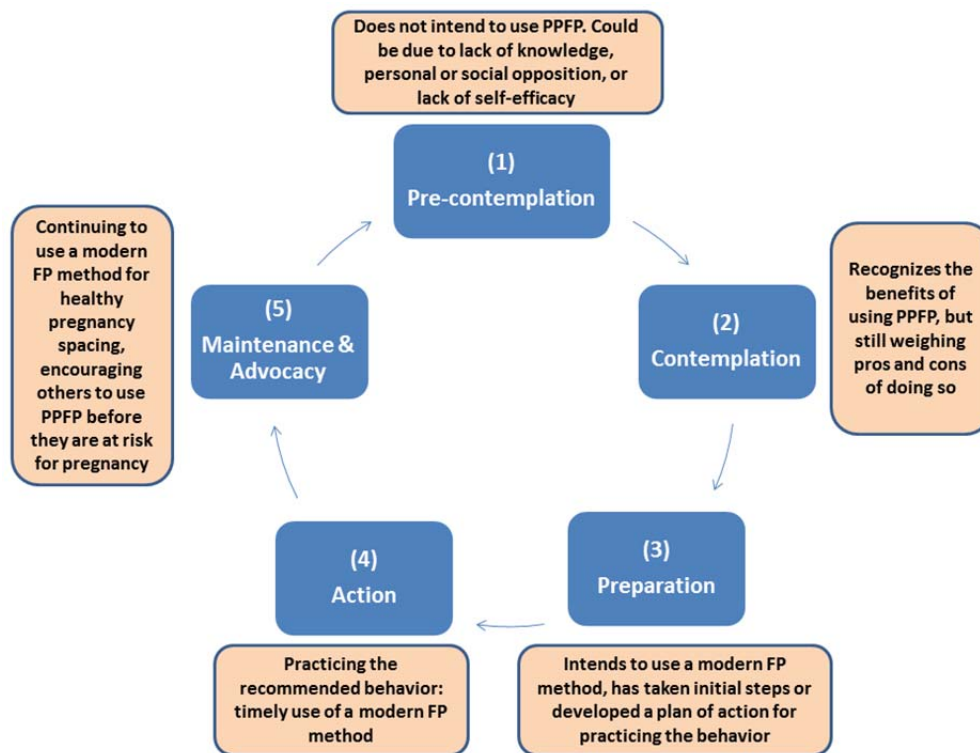
## CONCEPTUAL FRAMEWORK

Assessment results and discussion were structured around an adapted version of the Transtheoretical Model's behavior change continuum, which presents a framework for assessing an individual's readiness to practice a new behavior. The Transtheoretical Model identifies five stages of change which individuals experience in the process of adopting a new behavior. This model, developed by Prochaska and colleagues,<sup>4-7</sup> was initially applied within the fields of smoking cessation,<sup>8</sup> diet,<sup>9</sup> and exercise,<sup>10</sup> but has also been applied to FP and reproductive health.<sup>11-13</sup>

For this assessment, an adapted version of the Transtheoretical Model is used which includes advocacy in the final stage. Applied to FP and reproductive health programs, researchers have found that advocacy is critical to ultimate maintenance of behavioral outcomes. Piotrow and colleagues note, “Once the benefits of family planning or any other health practice are confirmed by experience, a person’s public advocacy of the practice to others cements conviction and sustains the new behavior. Advocacy also helps other people move through the steps by offering them a behavioral model and confirming community norms.”<sup>14</sup>

The behavior of interest for this report is the use of a modern FP method during the extended postpartum period (within one year after delivery). It should be noted that behavioral determinants specific to PFP uptake have not been widely studied to date. Analysis presented in this report will explore stages of behavior change and barriers which may prevent respondents from moving from one stage in the process to the next. The conceptual model used for this analysis is depicted in Figure 1.

**Figure 1. Transtheoretical Model of behavior change applied to PFP uptake**



Note: The framework presented here is an adapted version of the Transtheoretical Model that includes advocacy along with behavioral maintenance. Piotrow and colleagues recognized the importance of advocacy in maintaining long-term change in reproductive health and FP behaviors.<sup>14</sup>

It should be noted that not all individuals will proceed through these steps in the same order or with the same rapidity. For some individuals, steps may take place almost simultaneously; for others, steps may occur out of sequence. For example, individuals may advocate for use of an FP method although they themselves are not practicing the recommended behavior, or individuals may experience another period of contemplation about their choice to use an FP method **after** they have begun preparing to act.

Across the five stages of change, Prochaska and colleagues also identify 10 key processes of change whereby individuals move from one stage to the next.<sup>1</sup> These processes will be highlighted in the Discussion section that follows. Across the behavior change continuum, the analysis will also examine key determinants of behavior such as those identified through the Health Belief Model: perceived barriers to and benefits of the behavior, perceived self-efficacy, and perceived susceptibility to negative consequences of not doing the behavior.

It was anticipated that Asma's story leaflet could:

1. Relay key information to build knowledge about return to fertility and pregnancy risk, and encourage clients to **contemplate** using a modern FP method;
2. Relay a personal vignette to build approval and support for the desired behaviors, motivating clients to **prepare** for action;
3. Cue respondents to **action** so that they begin practicing the desired behavior; and
4. Encourage respondents to share the information and materials and **advocate** for others to also adopt the recommended behaviors.

# Results

This section highlights assessment findings related to the ways in which the return to fertility messages and Asma’s story may have contributed to shifts in knowledge, perceptions, and practices.

## EXPOSURE TO THE LEAFLET

The assessment found high levels of exposure to the leaflet among postpartum women, husbands, and mothers and mothers-in-law.

Among the postpartum women interviewed (N = 40), 98% reported hearing Asma’s story from a CM, and 83% reported hearing Asma’s story from a CHW. Of the postpartum women interviewed, only one reported not having heard Asma’s story from either a CHW or CM. All of the mothers and mothers-in-law who participated in the FGDs reported having heard Asma’s story and having seen the leaflet. Most of the husbands reported having heard the story, and all reported having seen the leaflet.

It should be noted that messages included in Asma’s story and the leaflet were intended to complement counseling messages shared by CHWs. Clients who had heard Asma’s story and seen the leaflet would very likely also have been exposed to detailed verbal counseling on PFP by the CHW.

## KNOWLEDGE AND PERCEPTIONS

### Knowledge and Perceived Benefits of Healthy Pregnancy Spacing

**Awareness of healthy pregnancy spacing was nearly universal across the respondent groups.**

When asked how long women should wait after a delivery before attempting another pregnancy, all postpartum women expressed that women should wait at least two years, which is consistent with the message included in the leaflet to wait at least two years after giving birth before another pregnancy. Specific responses are reported in Table 4.

**Table 4. Women’s responses regarding how long to wait after delivery before attempting another pregnancy**

|                       | 2 YEARS | 3 YEARS | 4 YEARS | 5 YEARS | TOTAL |
|-----------------------|---------|---------|---------|---------|-------|
| Number of respondents | 5       | 23      | 4       | 8       | 40    |

When husbands were asked how long a woman should wait after a delivery before another pregnancy, all suggested that the woman should wait two years or more. Almost all of them recommended that women wait between two and three years, with a few respondents suggesting that women should actually wait five years. All of the mothers and mothers-in-law mentioned that women should wait two years or more before attempting another pregnancy; responses ranged from two to six years.

**Benefits of healthy pregnancy spacing most frequently cited included the health of mother and baby, extended breastfeeding duration, and better ability of the woman to complete household tasks.**

Benefits of pregnancy spacing most frequently cited by postpartum women included health of the mother and baby, mother has better ability to care for family and housework, mother can

breastfeed for a full two years, and mother is better able to recover from blood loss after delivery.

Benefits of healthy pregnancy spacing cited most frequently by husbands included the health of the mother and baby, and the baby having longer to breastfeed. Economic benefits for the family were also cited by several husbands, including the following two:

“Giving gap between pregnancies is good in economic terms from father’s point of view. Waiting will allow him to be prepared economically for the next delivery. This will also contribute in family peace.” (*Husband, has 11-month-old baby, Kajalshar Union*)

“If there is little space between pregnancies, then the baby will be in ill-health and as a result the baby will suffer from diseases continuously. So the father will need to spend more money. In that sense also spacing is good.” (*Husband, has 11-month-old baby, Jhingabari Union*)

Benefits of healthy pregnancy spacing most frequently cited by mothers and mothers-in-law included health of mother and baby, ability to do household work, ability to properly educate and take care of the children, and more peace in the home. One mother-in-law in Jhingabari Union said, “It will be also good for us that we can take rest, could do our prayer without disturbance. You know, if there are more little kids, they do not allow us to say prayer peacefully, they always make us busy. We have to take care of them.”

## Knowledge and Perceptions of Return to Fertility

**Most respondents reported changes in understanding about fertility and FP as a result of Asma’s story and the return to fertility messages.**

Interviewers inquired whether Asma’s story and the return to fertility messages affected any shifts in women’s understanding about fertility return and PFP use. Among recently delivered women, 37 of 40 reported that the story and leaflet changed their understanding about fertility and FP.

Most husbands and mothers-in-law also reported that their understanding about fertility and FP had changed after hearing Asma’s story. They also cited broader shifts in knowledge among members of the community in recent years as people have become more exposed to information about maternal and child health and FP. Husbands said:

“Earlier people of this community had a general belief that woman could not become pregnant again without having their menses returned. But now they are conscious that without menses return women might get pregnant.” (*Husband, has 7-month-old baby, Jhingabari Union*)

“The people of this locality believed that without menses return women could not get pregnant. But now the idea has changed. Now people know that without menses women might get pregnant again.” (*Husband, has 7-month-old baby, Daxmin Banigram Union*)

A mother-in-law from Kajalshar Union also shared, “The previous belief was after resuming menses a woman can get pregnant, but hearing the story now we know that without menses anyone can get pregnant.”

**Recognition that pregnancy can occur prior to menses return was nearly universal.**

Of the 40 recently delivered women, 39 correctly recognized that a woman can become pregnant before menses returns.



Responses including the following:

“Without menses, women can get pregnant again. If the baby is older than 6 months or she introduces extra foods then her fertility may return.” (*Postpartum woman, has 13-month-old baby, Kajalshar Union*)

“I heard that a woman could get pregnant without resuming her monthly bleeding but I never believed these words. However, after hearing the story, my conception has changed. Now I strongly understand that woman could get pregnant, without resuming her monthly bleeding. From the leaflet I have come to know...woman may take a method even if her menses doesn't return.” (*Postpartum woman, has 13-month-old baby, Manikpur Union*)

“Earlier, aged people told [me] that women could not get pregnant without resuming her monthly bleeding and I have also the same idea. After hearing the story, my view has changed. Now I understand that woman could get pregnant, without resuming her monthly bleeding.” (*Postpartum woman, has 11-month-old baby, Manikpur Union*)

Among the husbands who participated in the FGDs, all agreed that women can become pregnant before their menses resumes. All but one of the mothers and mothers-in-law felt that women can become pregnant prior to menses return.

**Recognition that women cannot predict timing of future pregnancy based on past experiences was widespread among respondents.**

When asked whether women can predict when they can become pregnant again based on past experiences, 39 of the 40 recently delivered women accurately noted that women cannot predict the return to fertility based on past experiences. For example:

“After hearing Asma's story, now I think it is not possible to predict when one can get pregnant again. My next pregnancy might not happen as like the earlier ones.” (*Postpartum woman, has 7-month-old infant, Kajalshar Union*)

“It is not possible for a woman to predict when they can get pregnant again based on their previous experiences. But if she is currently using a [family planning] method then she could be sure that she will not be pregnant.” (*Postpartum woman, has 11-month-old infant, Manikpur Union*)

All but one of the husband respondents felt that women cannot predict when they will become pregnant based on past experiences. One husband with a 9-month-old infant, living in Jhingabari Union, said, “Actually it is depended on God's will. No women can predict it.” Another husband with a 7-month-old infant, from Manikpur Union, said, “As the era is changing, the time is changing, the weather is changing, so everything is changed. No one can predict that when she could become pregnant again.”

Mothers and mothers-in-law in three of the four FGDs agreed that women could not predict timing of future pregnancy based on past experiences. One mother-in-law from Kajalshar Union stated simply, “Today experiences are differing from tomorrow's experiences.” In the fourth FGD, the mothers and mothers-in-law generally felt that indeed women can predict pregnancy based on past experiences.

**Respondents were not consistently aware of timing of risk of pregnancy if woman is not breastfeeding.**

When asked (unprompted) how soon after delivery a woman is at risk for pregnancy if she is not breastfeeding, the postpartum women respondents answered as summarized in Table 5.

**Table 5. Women's responses regarding period after delivery when woman can get pregnant if not breastfeeding**

|                       | 1 MONTH | 1-1.5 MONTHS | 6 MONTHS | 12 MONTHS | 24 MONTHS | DIFFERS EVERY TIME | DOESN'T KNOW |
|-----------------------|---------|--------------|----------|-----------|-----------|--------------------|--------------|
| Number of respondents | 14      | 18           | 4        | 1         | 1         | 1                  | 1            |

Among husbands, responses ranged from “any time after delivery” to two months, with 28–42 days being the most common response.

In fact, the leaflet states that if you are not breastfeeding, you may become pregnant as soon as one month after the birth of the baby. Only 14 of the 40 women provided responses that were consistent with the message on the leaflet.

**Some respondents reported discussing return to fertility with LAM ambassadors.**

In addition to hearing about return to fertility from the CHWs and CMs, some women also reported discussing return to fertility with LAM ambassadors (advocates in the community recognized for successfully practicing LAM). Of the 40 women, 6 reported speaking about return to fertility with a LAM ambassador (29 of 40 reported knowing of a LAM ambassador).

**Mothers-in-law report lack of clarity on key points from Asma's story.**

Although most mothers and mothers-in-law remembered that pregnancy could occur before menses resumes and that women cannot predict future pregnancy based on past experiences, several mentioned that they had not fully comprehended the key points from the story and leaflet, expressing that their daughters had been more fully counseled and were more informed, so they would know best about these issues. For example, one mother-in-law from Manikpur Union said, “We are elder people, we forgot everything. Our daughters-in-law can say everything, they are very intelligent.” In spite of this, many of the respondents were indeed able to recite some of the key lessons from the leaflet, such as that pregnancy can occur prior to menses return.

### Knowledge of LAM Criteria

**Respondents were not consistently aware of the three LAM criteria; the most commonly forgotten criterion was that the mothers' menses has not yet returned.**

When asked (unprompted) to recall the three LAM criteria, 31 of 40 female clients could recite all three criteria. All 40 women interviewed remembered the criterion that the baby must be less than six months. Among the 9 women who could not recite all three criteria, 8 women did not remember the criterion of the mother's menses not having returned, and 1 did not remember the criterion of exclusive breastfeeding (she cited “breastfeeding” but did not mention exclusive breastfeeding or only feeding the infant breast milk).

When husbands were asked to recite the LAM criteria, they often remembered the criteria of feeding the baby only breast milk and the baby being less than six months, but fewer than half of the husbands participating in the FGDs remembered the third criteria of “menses not yet returned.”

One husband said:

“Now we know that if the menses not returned, if the baby is not breastfeed exclusively, and if any extra food is introduced to the baby then women can conceive again after delivery very early. We did not know these things earlier. In earlier time there were frequent babies born in this community. Now it does not happen. People know about LAM and practice LAM. After 6 months they know that they need to use other contraceptive methods. The people had no idea about LAM and these issues before. So people's ideas are changing.” (*Husband, has 10-month-old baby, Manikpur Union*)

Mothers and mothers-in-law generally remembered the criteria of baby less than six months, and exclusive breastfeeding (although many just mentioned “breastfeeding” and not necessarily **exclusive** breastfeeding). Like the husbands, mothers and mothers-in-law most frequently were unable to recall the criterion that the mother’s menses has not resumed. One mother-in-law from Kajalshar Union said, “Mothers will breastfeed her baby up to six months and another criterion I have forgotten.”

### **Knowledge Regarding Transition to Other Modern Family Planning Methods**

**The assessment found a lack of specific knowledge among postpartum women, husbands, and mothers and mothers-in-law regarding when to transition from LAM to another modern method.**

Postpartum women were asked (unprompted) when women should transition from LAM to another modern FP method. The leaflet includes three cues to transition: when the baby reaches six months, when menses returns, OR when the baby is fed other foods or liquids besides breast milk. Of the 40 respondents, 19 mentioned that they should transition to another modern method “when LAM ends” or “when any of the three LAM criteria no longer apply.” One woman from Jhingabari Union, with a 12-month-old baby, said, “I have come to know that woman must switch to another method even if her menses doesn’t return but she introduces extra foods or the age of the baby is more than six months.” Other postpartum respondents provided incomplete responses including one or two of the following: women should switch at six months, or when menses resumes, or when the infant stops breastfeeding. Two mothers believed that women should transition after two years. One of these two women, who was from Manikpur Union and had a 12-month-old baby, said, “LAM method works up to two years, so if a woman does not want any more child after that, then she should take a method.” In fact, this is not the case. LAM is not an effective FP method beyond six months postpartum.

Among husbands, most mentioned only the criterion that the woman should take another method by six months, and did not mention either of the other cues to transition (once baby is no longer exclusively breastfeeding and when menses returns). A few respondents also mentioned that women should transition before six months, one suggesting that she should transition at five months, and others suggesting between two and three months postpartum. It was not clear from the responses what motivated the suggestion to transition at these points in time. One husband from Daxmin Banigram Union with an 8-month-old infant, said, “Many say that the barriers [to use of modern family planning methods] have been reduced in recent times. Earlier there were so many misconceptions regarding family planning method using. But now, with the counseling of the workers these misconceptions have been removed.”

Among mothers and mothers-in-law, most also only remembered the cue that a woman should transition at six months, and did not cite either of the other two cues to transition.

## Perceived Personal Risk for Pregnancy

**Among postpartum women, most were not currently using a modern FP method, but only 33% of the respondents felt that they were currently at risk for pregnancy.**

Although they were knowledgeable of the recommendations for healthy pregnancy spacing and factors affecting fertility return, some respondents did not feel that they were at risk for pregnancy even though they were not using a modern FP method. None of the respondents were eligible for LAM at the time of the interviews (all were past six months postpartum). However, 68% of the respondents were not currently using a modern FP method and thus could potentially be at risk for pregnancy. Only 33% of the total sample of postpartum female respondents thought that they were currently at risk for pregnancy.

## CURRENT PRACTICES

**Fewer than one third of the postpartum women interviewed were currently using a modern FP method.**

When asked whether they were currently using an FP method, only 13 of the 40 women said they were using a modern FP method, as follows:

- 6 using oral pills
- 4 using injectables\*
- 2 using implants†
- 1 using condoms

**Most postpartum women and husbands interviewed reported that they had made a change in behavior after hearing Asma’s story and seeing the return to fertility leaflet.**

Of the 40 female respondents, 35 reported that the story and leaflet led them to make a change in their behavior. This is just slightly lower than the total number of female respondents reporting shifts in their understanding of FP and fertility return as a result of being exposed to Asma’s story and the return to fertility messages. Among the 40 women, specific changes in behavior sparked by Asma’s story that were most frequently cited (unprompted) by respondents included the following:

- Practiced LAM themselves (6)
- Transitioned from LAM to other modern methods or just initiated using other modern FP method without using LAM (7)
- Shared Asma’s story with others (25)

Most husbands also said that behavior change had resulted from the health education efforts, primarily that women and their husbands had started using an FP method. A number of men specifically reported that they used condoms to prevent another pregnancy too soon. Husbands said:

“Plenty of people are now taking injection, oral pill, and other method. We did not hear about this as much in our previous time. Now people are taking these methods. This happens because of the leaflets being distributed and the counseling that are being

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\* 3 of these respondents mentioned that they had used initially used pills, but transitioned to injectables

† 1 of these respondents said that she had initially used an injectable, but transitioned to an implant

provided by the health workers in household level. This helps to raise the consciousness about that.” (*Husband, has 11-month-old baby, Jhingabari Union*)

“People of this community are now taking the temporary and permanent method more than any time before.” (*Husband, has 6-month-old baby, Daxmin Banigram Union*)

“From the Asma’s story people are getting conscious. People now know that without menses return women get pregnant. They are talking about it. I do not want any children within next three years. So I am taking a method.” (*Husband, has 7-month-old baby, Jhingabari Union*)

When mothers and mothers-in-law were asked whether Asma’s story and the leaflet inspired any change in their behavior, many of them mentioned that they had noticed that behaviors are changing among their daughters, daughters-in-law, and other women in their communities, and that the use of FP methods has increased. One mother-in-law from Kajalshar Union said, “In the past they didn’t take methods. After hearing the story they are taking methods.”

## OTHER GENERAL FEEDBACK ON THE LEAFLET

When asked what could be improved about the leaflet, several postpartum women mentioned that the images did not look like realistic human depictions. One woman from Kajalshar Union said, “I do not like the pictures in the leaflet. It would be better if the picture was of real people and hospital,” and another woman from Daxmin Banigram Union said, “The picture of the leaflet could be realistic, not look like cartoon.” They also mentioned that they did not appreciate that Asma did not initially accept the CHW’s guidance. One female respondent from Manikpur Union mentioned, “Though the CHW advised her to take a modern method, Asma didn’t believe in CHW’s word. I do not like Asma’s stance here.” Another respondent from Kajalshar Union mentioned she had noticed that in the image on the leaflet, the two women have three children each. She then said, “If both of them had two children, then the family would seem happier.”

Husbands also mentioned that they liked the story and the images on the leaflet. Very few husbands participating in the FGDs suggested anything that they disliked about the story or leaflet. One husband from Daxmin Banigram Union said, “The pictures in the leaflet are also very good. Anyone can understand the theme by looking at the pictures.” However, several respondents did suggest that real photographs should be used instead of the drawings. One husband from Daxmin Banigram Union said, “The pictures are not real. They are in cartoon form. It is not good.” There were some differing opinions about the size of the leaflet, with some saying that the size was just right and others saying that it needed to be larger in order for it to be legible and to make the images more visible. One husband from Jhingabari Union said, “The paper size is good enough for anyone to fold it and keep it in the pocket so that he can read it out any time he wants to.”

Mothers and mothers-in-law most frequently mentioned that they liked the messages in the story about healthy pregnancy spacing and using FP methods. One mother-in-law from Daxmin Banigram Union said, “This leaflet is excellent because it gave me a means to talk with my daughter-in-law. Otherwise I couldn’t say anything regarding this issue.” When asked what could be improved about the leaflet, most mothers and mothers-in-law said that there was nothing that needed improvement, although several respondents said that they felt bad for Asma’s misfortune. Only four of the mothers and mothers-in-law said that they were able to read the words on Asma’s leaflet, although respondents generally said that their daughters and daughters-in-law or grandchildren were able to read the words for them.

## SUGGESTED IMPROVEMENTS TO THE APPROACH

Respondents were asked whether they had any suggestions for how to further increase awareness about fertility return and FP services available in the community for postpartum women. The following suggestions were made:

- **Hire more male field staff**, and provide more in-depth counseling for husbands. One husband from Manikpur Union said, “I think you also need more male field workers. The female workers can counsel the female well. But the males are busy in the village. So to counsel them properly, more male workers are needed.”
- **Better engage local elites, government staff, and religious leaders.** For example, one husband from Jhingabari Union suggested, “Here, the local elites could be more engaged. In these meetings with local elites, your staffs and government staffs could be associated to motivate people in the field level.” And another husband from Jhingabari Union said, “I think the local imams need to be more engaged. They can motivate people more.”
- **Arrange more meetings in the community** to discuss fertility and FP.
- **LAM ambassadors could be more active** in visiting households to discuss LAM, return to fertility, and locally available FP services.
- **Health providers should provide FP methods to every client who wants to use FP**, even if her menses has not returned. One woman from Kajalshar Union said, “If the nearest health provider would give us methods every time, then it would have been better.”

# Discussion

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## FACTORS AFFECTING SHIFTS ALONG THE BEHAVIOR CHANGE CONTINUUM

After reviewing findings related to client knowledge, perceptions, practices, and general feedback on the leaflet, the authors assessed how these findings reflect shifts along the behavior change continuum which may be attributable, in part, to the return to fertility messages and Asma's story. Barriers and motivating factors identified between each stage in the continuum will also be discussed.

Using responses to the interview questions, respondents were categorized by their current stage in the Transtheoretical Model's behavior change continuum.\* Individuals were categorized as being in the **pre-contemplation** phase if they indicated a lack of knowledge about return to fertility and healthy pregnancy spacing and did not intend to start using a modern FP method.

1. Individuals were categorized as being in the **contemplation** phase if they indicated that they did intend to use an FP method in the future, but did not indicate any specific plans for realizing their intention to start using a modern FP method.
2. Individuals were categorized as being in the **preparation** phase if they indicated that they did intend to use an FP method within the next month, and indicated specific steps they would take to actualize their plans.
3. Individuals were categorized as being in the **action** phase if they had started using a modern method of FP since their last delivery.
4. Individuals were categorized as being in the **maintenance and advocacy** phase if they were using a modern method of FP and advocated for others to do so as well (such as through sharing Asma's story with others).

The 40 postpartum women interviewed for this assessment are categorized as falling along the various stages of the behavior change continuum as seen in Figure 2.

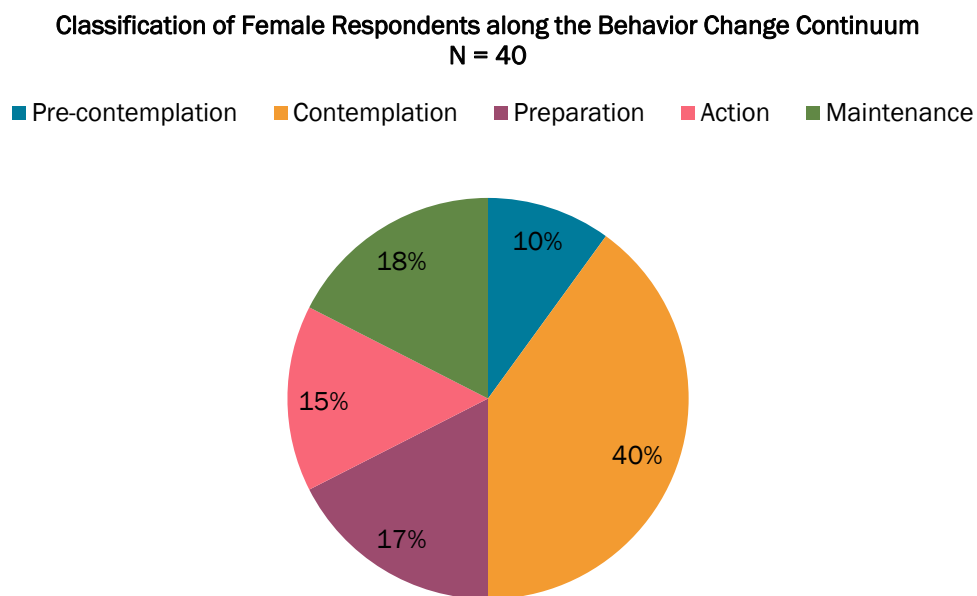
It should be noted that only 13 of the 40 respondents were currently using a modern FP method. Nonusers of FP can be categorized at various stages of the behavior change continuum, with most falling at the contemplation and preparation phases. Barriers faced at these stages include perceived negative outcomes of using FP, incorrect assessment of pregnancy risk, and challenges accessing services. In addition, 12 respondents expressed that they were not using an FP method because their husbands were traveling abroad and they were not currently having sex.

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\* These categorizations are determined based on analysis of each client's responses. Findings related to shifts along the continuum are retrospective, as a similar baseline assessment was not conducted prior to exposure to the leaflet.



**Figure 2. Number of women interviewed by step on the behavior change continuum**



## FROM PRE-CONTEMPLATION TO CONTEMPLATION

Prochaska and colleagues assert that shifts from the pre-contemplation to contemplation phase occur through three primary processes: consciousness-raising (learning new facts and ideas), dramatic relief (perceiving risks of an unhealthy behavior), and environmental reevaluation (understanding the negative impact of the unhealthy behavior on the social or physical environment).<sup>1</sup> In moving between these phases, an individual’s perceived benefits of the healthy behavior begin to increase. Applying these processes to PPF behavior, we can examine increases in knowledge about return to fertility and pregnancy risk after delivery, perceived susceptibility to pregnancy, and perceived benefits of healthy spacing of pregnancies.

Few respondents remained at the pre-contemplation phase at the time of this assessment. Among the female respondents, the vast majority reported that the return to fertility messages and Asma’s story had improved their understanding about fertility and FP. Women’s knowledge of optimal pregnancy spacing and timing of return to fertility also appears to have improved after hearing Asma’s story.

Most women also felt that they could relate to Asma’s experience—three out of four women felt that Asma’s experience is similar to the experience of some women in their community, and over half of the postpartum women said they know someone personally who had gone through a similar experience to Asma’s. The story provided a personalized case study which served to help women internalize the risk of not using a PPF method and to build support for the recommended behaviors. One female respondent from Jhingabari Union, with an 8-month-old baby, said, “I knew that anyone can get pregnant before menses return but did not give much attention of these issues. But now I know these issues with example.”

Some clients still faced barriers to moving from the pre-contemplation to contemplation stages. These included gaps in knowledge of the LAM criteria (especially menses return as one of the LAM criteria), timing of fertility return if not breastfeeding, and cues to transition from LAM to

another modern method of FP; and perceived risks of FP use such as side effects or religious punishment.

## FROM CONTEMPLATION TO PREPARATION

The main process involved in influencing shifts from the contemplation to the preparation phase, as identified by Prochaska and colleagues, is self-reevaluation, wherein the individual reflects on his or her own perceptions and values, and weighs the costs and benefits of adopting the behavior.<sup>1</sup> During shifts between these phases, an individual's perceived negative outcomes of changing are reduced.

At the time of the interview, 7 of the 40 women could be classified as preparing to act. For example, one respondent said:

“I like this quotation [from the leaflet], ‘Even if your menses has not yet returned, take a modern family planning method discussing with your health provider which is suitable for you.’ . . . I am currently at risk for pregnancy because I am using withdrawal method now and I suspect anytime anything can happen . . . I told my husband that I’ll take contraceptive injection discussing with my health provider within this month. Now we have two daughters and after two years we’ll take another child.” (*Postpartum woman, has 13-month-old baby, Manikpur Union*)

Another postpartum woman, who had a 10-month-old baby and was living in Jhingabari Union, mentioned that she planned to go for a tubal ligation when the CHW visits her next. She also indicated that her husband had encouraged her to get a tubal ligation. She said, “Now I am afraid that I would be pregnant anytime. I assume that the same incident could happen to me which was happened with Asma. So I got interested in taking a method.”

Many women who were knowledgeable about return to fertility and had accepted the benefits of FP did not specify plans to use FP in the near future. The most commonly mentioned barrier to initiating postpartum contraceptive use, cited by 12 female respondents, was that their husbands are currently working abroad. Although these respondents generally expressed that they would initiate contraceptive use once their husbands returned, most felt that there was no current need for them to use FP. The period of time before the husband will return home cited by respondents ranged from one month to five years, with several saying that their husbands will be back within three months.

Three respondents also mentioned wanting to have more children before starting an FP method. One of these respondents mentioned waiting for a boy child before starting FP, another mentioned she worried that FP would curse her womb and she wanted to have more children, and another said that she had only two children and wanted to have one more before taking FP. One female client also mentioned that although she intended to use an FP method at some point in the future, she was already pregnant at the time of the interview.

## FROM PREPARATION TO ACTION

Between these two stages, the primary process involved, as identified by Prochaska and colleagues, is self-liberation, or making a commitment to change.<sup>1</sup> Self-efficacy is also key for an individual to shift between these phases.

When asked whether they were currently using an FP method, 13 of the 40 women said they were using a modern FP method. Interviewers asked female respondents whether they had changed any behaviors after hearing Asma's story and seeing the return to fertility leaflet. Of the 40 female respondents, 35 reported that the story and leaflet led them to make some sort of change in their behavior.

Interviewers also asked husbands, mothers, and mothers-in-law whether they had changed any behaviors after hearing Asma's story. Most husbands agreed that behavior change had resulted from the health education efforts, primarily that women and their husbands are using FP methods to prevent another pregnancy too soon. Many mothers and mothers-in-law mentioned that they are noticing that behaviors are changing among their daughters, daughters-in-law, and other women in their communities, and that the use of FP methods has increased.

Barriers faced between the preparation and action phases included access-related challenges, lack of self-efficacy, and partner opposition. One female client who is not using an FP method said that she went to the health facility for an FP method, but the doctor would not give a method without menses return. Another postpartum woman, from Mankipur Union, with an 11-month-old baby, said, "My husband does not agree to take any method. But I want to. Because it will do good for me. So I have made plan that when he will go to work tomorrow I'll go to the facility and take injection."

## FROM ACTION TO MAINTENANCE AND ADVOCACY

The primary processes involved in shifting from action to maintenance are counterconditioning (substitution of healthier behaviors), helping relationships (seeking and using social support), reinforcement management (increasing rewards for new behavior, decreasing rewards of unhealthy behavior), and stimulus control (using reminders to engage in the healthy behavior).<sup>1</sup>

Postpartum women, husbands, mothers, and mothers-in-law reported discussing Asma's story and the messages in the leaflet with spouses, friends, and other family members, and encouraging them to also practice the recommended FP behaviors. Female clients widely mentioned discussing the story and leaflet with other household members and neighbors, and encouraging female friends and family members to adopt an FP method. For example:

"I have shared the story with my sisters-in-law. After hearing Asma's story, one of my sisters-in-law started using a family planning method." (*Postpartum woman, has 11-month-old baby, Daxmin Banigram Union*)

"Whenever I get opportunity in my father's house or in my in-laws' house, I advise my sister-in-law and sister to practice LAM method and the benefits of spacing with the example of Asma's story." (*Postpartum woman, has 12-month-old baby, Jhingabari Union*)

"I shared the story with my sister-in-law. As my sister-in-law has become pregnant within very short duration so she was suffering from various types of illness. She is very young. I suggest her to take a method and now she is using contraceptive injection after discussing with the health provider. Her last baby is six months old and her menses yet not returned. In spite of that she is using injection method. When I informed her that women could get

pregnant before menses return, she was very concerned about her health and visited the health facility rapidly. After hearing the story, another sister-in-law went to Sylhet women's medical [college hospital] and got ligation.” (*Postpartum woman, has 11-month-old baby, Daxmin Banigram Union*)

Husbands also frequently cited sharing and discussing the leaflet and story with their wives. One husband from Jhingabari Union, who had a 9-month-old baby, said, “I do not only encourage my wife, rather I also tell others to use LAM. In many meetings, I went and tell them to use LAM as it is not conflicting with the religious scripts.” And another husband living in Jhingabari Union, who had a 7-month-old baby, said, “I am taking a method. I also talk to my friends about this in the marketplace when the issue comes during chatting.”

## OTHER GENERAL DISCUSSION

The assessment found high levels of exposure to Asma's story and the leaflet among the various respondent groups. Respondents cited HFS community activities and materials as a central contributor to shifts in their understanding about return to fertility and encouragement of timely contraceptive uptake in their communities. Many respondents specifically mentioned Asma's story as an example. The story seemed to resonate on a personal level with many of the respondents, who said that they had had similar experiences themselves or knew of other people who were like Asma.

Knowledge of healthy spacing of pregnancy, risk of pregnancy prior to menses return, and unpredictability of the timing of return to fertility were high. It appears that the story and leaflet, along with CHW and CM counseling, have helped to increase knowledge about optimal spacing of pregnancies and timing of return to fertility. However, less than half of respondents are currently using an FP method, and gaps in knowledge exist around the three LAM criteria (especially menses return as one of the LAM criteria), timing of fertility return if not breastfeeding, and cues to transition from LAM to another modern method of contraception. It will be important for health workers to emphasize these messages during home visits and community mobilization sessions. It could also be helpful to consider new, alternative counseling strategies that may further enhance retention of the LAM criteria and cues to transition.

Reportedly, female clients are making shifts along the behavior change continuum. However, obstacles exist (especially between the contemplation and preparation stage) which may impede behavior change, including gaps in knowledge, partner opposition, lack of perceived self-susceptibility to pregnancy, infrequent sex, and barriers to accessing services. Activities that could help bridge these links and move clients along the continuum include further efforts to build acceptance and support for FP among husbands, efforts to build self-efficacy around FP use, training and monitoring the activities of health workers at government health facilities, and further cultivating local advocates for recommended FP behaviors within the community. CHWs and CMs could also work more closely with women and their families to identify achievable actions, create action plans, and follow up to provide support and address barriers as needed.

More than a quarter of the postpartum women interviewed mentioned that their husbands are currently working abroad. In Sylhet more broadly, a large number of men are away working overseas. This seems to translate into reduced perceived risk of pregnancy for these women whose husbands are abroad. Duration of the husband's travel seems to vary greatly, but for several of the women interviewed, husbands will return home within the upcoming months. It will be important for health workers to emphasize the importance of these women starting an FP method **prior** to the husband's return, to avoid another pregnancy too soon.

The vast majority of the husbands and mothers-in-law who participated in the study expressed support for their wives and daughters to use LAM and transition to other modern FP methods. In fact, most husbands expressed an interest in learning even more about FP, and having more community activities on these issues specifically tailored for men. LAM ambassadors seem to present another opportunity to further advocate for timely transition to another modern FP method when LAM ends. Few women had discussed return to fertility with the LAM ambassadors, but this seems a natural fit for these advocates who are already speaking about LAM within the community.

Limitations of this assessment must be acknowledged. Findings related to the potential influence of the leaflet and Asma's story on attitudes and behaviors were reported retrospectively from the clients themselves. A baseline assessment was not conducted to assess the client status along the behavior change continuum prior to the initiation of program activities, so an objective measure of shifts over time is not possible.

## Conclusion

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Across the world, women within the first year postpartum have special needs and concerns when it comes to contraception. In 2000, 90% of abortion-related deaths and 20% of deaths and illnesses that occurred during pregnancy or childbirth could have been averted if women who wanted to delay having more children had used FP.<sup>15</sup> In fact, during their first year postpartum, more than 9 out of 10 women say that they want to delay the next pregnancy for at least two years, or not get pregnant at all.<sup>16</sup> However, in spite of the identified need for PFP, a review of data from 17 countries highlights that major gaps exist between the total need for FP at 9 to 11.9 months postpartum and the use of FP in those same country settings.<sup>17</sup> Studies also show that women desire to have information on PFP right after giving birth.<sup>18–20</sup>

Social and behavior change strategies like those implemented in Bangladesh through the HFS are key to providing postpartum women and their families with the information they desire, engaging communities in dialogue to shift social norms, and linking clients to needed FP services.

This assessment provided insights into the views and practices of women, husbands, mothers, and mothers-in-law around return to fertility, HTSP, LAM and transition, and use of modern FP methods. It also helped to shed some light on the process of behavior change as it relates to PFP uptake, including how Asma's story and the return to fertility messages may have affected movement along the continuum and barriers preventing movement along the continuum. Clients themselves reported shifts in knowledge and behaviors that they felt were attributable, in part, to Asma's story, which is administered within the broader strategy of home visits and community mobilization sessions.

The leaflet, along with other community mobilization and health promotion activities, is reported to have enhanced community support for LAM, healthy pregnancy spacing, and timely contraceptive uptake to prevent another pregnancy too soon. However, obstacles exist along the behavior change continuum, including gaps in knowledge, partner opposition, lack of perceived self-susceptibility to pregnancy, infrequent sex, and barriers to access services. Opportunities for addressing these obstacles and others proposed in this report include greater engagement of religious and government leaders, more engagement of spouses during household visits and community mobilization sessions, and a need for considering alternative strategies to reinforce the LAM criteria and cues to transition (such as through the previously appointed LAM ambassadors). Certainly, behavior change takes time, and culturally embedded ideas and perspectives will not shift overnight. However, findings from this assessment indicate that the leaflet along with the other community activities within the HFS to address return to fertility and HTSP have helped people in Sylhet to make significant strides along the behavior change continuum.

It takes more than a message to promote behavior change. Findings from this assessment reinforce the importance of tailoring social and behavior change strategies to target the unique needs of clients at various stages of the behavior change continuum and highlights the value of reinforcing social and behavior change communication messages through multiple communication channels (e.g., audio and print materials, interpersonal dialogue). It also highlights how using a fictional story, featuring characters with whom the audience can empathize, can serve as a valuable tool for building support for PFP uptake.



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## Appendix 1: Return to Fertility Leaflet / Asma's Story

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### **When can Asma become pregnant again**

Suppose:

In Jamurail village Asma has three children, she has three years space for every child. When her youngest baby was three months old, the CHW reminded her, "Soon LAM will no longer prevent you from getting pregnant, so you should go to nearby health centre and take a modern family planning method after discussing with health provider." Asma replied, "In the past, my menses returned two years later after every birth and I have not become pregnant again without menses; this has happened after the birth of each of my children. My mother and mother-in-law told me that without menses returning, I can not become pregnant. I have no need of using any modern method now. When my menses will return, I will take a modern method."

Six months later Asma's sister-in-law (Bhabi) came to Asma's house to visit her. Bhabi asked, "How are you?" Asma said, "We are well." Then Bhabi took Asma's baby in her lap and asked, "Asma, What is your condition! Are you pregnant again?" Asma replied, "I am five months pregnant." Asma's Bhabi again said, "Your baby is too young but you are pregnant again. Had you not taken any modern method?" Then Asma said, "I did not believe that I could become pregnant again without first seeing my menses because, this never happened to me before." Bhabi said, "My mother and mother in law also told me that without menses I could not become pregnant but after I learned from the CHW that actually you can become pregnant even before your menses return, I took a modern method and avoided becoming pregnant again."

When did Asma's believe that she could become pregnant again?

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When do you think you can become pregnant again after a delivery?

### Messages

Remember:

- You may become pregnant before your menses return!
- When you can become pregnant after a delivery may differ for every pregnancy.
- If you do not breastfeed your baby after delivery, you may become pregnant as soon as one month after you deliver your baby.

- Even if you are exclusively breast feeding:

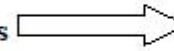
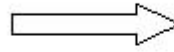
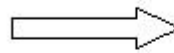
If your menses return

or

If you start to give food or other liquids to your baby

or

If the age of your baby is more than six months



You may get pregnant again at any time

### Benefits/advantages waiting at least two years before becoming pregnant:

- It is healthy for you and your baby.
- You can breast feed your child full two years.
- You can take care of your baby properly.
- You can do all the duties of your family perfectly.



### Actions:

- Before you are at risk for pregnancy, take a modern family planning method for healthy spacing of your next pregnancy.
- Even if your menses has not yet returned, take a modern family planning method discussing with your health provider which is suitable for you.



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## Appendix 2 : Assessment Tools

### Tool #1: Interviews with Postpartum Women

| PARITY | AGE OF LAST BABY? | MENSES RETURNED SINCE LAST DELIVERY? | EBF?     |
|--------|-------------------|--------------------------------------|----------|
|        |                   | YES / NO                             | YES / NO |

| #   | QUESTION  | RESPONSE                        | COMMENTS         |
|-----|---|---------------------------------|------------------|
| 1   | Has the CHW visited your home to discuss health of you and your baby? If yes, how many times since the last delivery?   | YES / NO<br># of times _____    |                  |
| 2   | Have you discussed family planning with a CHW or community mobilizer since your last delivery? Explain key points that were discussed.  | CHW: YES / NO<br>CM: YES / NO   | Explain:         |
| 3   | Do you know a LAM Ambassador?<br>(If yes, answer 3a and 3b. If no, skip to Q4)  | YES / NO                        |                  |
| 3a  | What topics has the LAM Ambassador discussed with you?  | Explain:                        |                  |
| 3b  | Has the LAM Ambassador said to you anything about Return to Fertility?  | YES / NO                        | Explain:         |
| 4   | Do you remember hearing a story about “When Asma can become pregnant again” from the CHW or community mobilizer? [If NO, show woman the leaflet to prompt recall. If she still says NO, skip to Q 15] | CHW: YES/ NO<br>CM: YES / NO    |                  |
| 5   | What were some of the things you learned from the story and the leaflet?  | Explain:                        |                  |
| 6   | Do you think Asma’s story is similar to the experience of some women in this community?   | YES/ NO                         |                  |
| 6a  | Do you know of anyone like Asma? Explain.   | YES/NO                          | Explain:         |
| 7   | Did the story and leaflet change your views about fertility and family planning? If yes, what were your previous views and how did they change?   | YES / NO                        | Explain:         |
| 8   | Did the story and leaflet influence any changes in your behaviors or activities?<br>[PROBE]   | YES / NO                        | Explain:         |
| 9   | What did you like about the story and the leaflet?<br>[PROBE regarding the story, pictures, color, format, etc.]  | Explain:                        |                  |
| 10  | What did you NOT like about the story and the leaflet?<br>[PROBE regarding the story, pictures, color, format, etc.]  | Explain:                        |                  |
| 11  | Do you have any suggestions for how to make the story and leaflet better? Explain.  | YES / NO                        | If yes, Explain: |
| 12  | Were you able to read the words on the leaflet?<br>(if yes, skip to Q13. If no, ask Q12a.)  | YES / NO                        |                  |
| 12a | Was there someone else in your household who was able to read it for you?   | YES/NO                          | Explain:         |
| 13  | Did you share Asma’s story or the leaflet with your friends or family? If yes, what were their reactions?   | YES / NO<br>With whom?<br>_____ | Explain:         |

| #   | QUESTION  | RESPONSE   | COMMENTS   |
|-----|---|--|--|
| 14  | Did your husband or family members hear about Asma's story during community mobilization sessions?  | YES/ NO /<br>Don't know<br><br>(circle one)<br><br>Who?<br>_____ | IF YES,<br>Did they discuss<br>the story with you?<br>What did you<br>discuss?<br><br>Did you notice any<br>changes in your<br>husband or family<br>members' ideas or<br>behaviors as a<br>result of hearing<br>the story and the<br>messages about<br>return to fertility?<br>[PROBE] |
| 15  | How long after delivery do you think a woman can become pregnant if she is not breastfeeding? [DO NOT PROMPT RESPONSE]  | Explain:   |  |
| 16  | What are the criteria for LAM to be an effective FP method? [DO NOT PROMPT RESPONSE]  | Unprompted response:   |  |
| 17  | For a woman using LAM, when should she transition to another modern FP method? [DO NOT PROMPT RESPONSE]   | Explain:   |  |
| 18  | If you have had past deliveries before this one, what have been your past experiences with fertility return after delivery?<br>[PROBE for menses return, pregnancy before menses return]                                  | Explain:   |  |
| 19  | In your opinion, how does a woman know she can become pregnant again after having a baby?   | Explain:   |  |
| 20  | Do you believe that women are able to predict when they can get pregnant again based on their previous experiences?   | YES / NO   | Explain:   |
| 21  | Do you think you are currently at risk for pregnancy? Why or why not?   | YES / NO   | Explain:   |
| 22  | Have you started using a family planning method since your last delivery? [If YES, ask 22a only. If NO, go to 22b]  | YES / NO   |  |
| 22a | Which method? What motivated you to start using a family planning method?   | Which method? _____<br>Explain:                                  |  |
| 22b | Do you plan to start using family planning method in the future? When? Why or why not?  | YES / NO<br>If yes, when?<br>_____                               | Explain:   |
| 23  | Are there any things that have prevented or made it difficult for you to start using a FP method?<br>[PROBE for side effects, husband/family opposition, access to health facility, method of choice not available, etc.] | YES/NO   | Explain:   |
| 24  | How long do you think women should wait after a delivery before becoming pregnant again?  | How long?<br>_____   |  |



| #  | QUESTION  | RESPONSE | COMMENTS         |
|----|---|----------|------------------|
| 25 | What do you think are some of the benefits of waiting before becoming pregnant again?   | Explain: |                  |
| 26 | According to your opinion, must a woman resume her monthly period before she can become pregnant again?                                 | YES / NO | Explain:         |
| 27 | What are the views in the community about whether a woman can go for an FP method if her menses has not returned?                       | Explain: |                  |
| 28 | Do you have any suggestions for how to raise awareness about fertility return and family planning services available in this community? | YES / NO | If yes, Explain: |
| 29 | Is there anything else you would like to share with us?   | YES / NO | Explain:         |

### Tool #2: FGDs with Mothers and Mothers-in-law

| #  | QUESTION   | RESPONSE                         |
|----|--|----------------------------------|
| 1  | Have you participated in any group sessions with the community mobilizer or counseling sessions with CHW?                                    | YES _____ NO _____               |
| 1a | If yes, did you ever hear a story about “When Asma can become pregnant again”? Explain.  | YES _____ NO _____<br>Response:  |
| 2  | Have you seen this leaflet?<br>[Display leaflet]<br><i>[If respondent has not heard the story AND has not seen the leaflet, skip to Q12]</i> | YES _____ NO _____               |
| 2a | What were some of the things you learned from the story and the leaflet?   | Response:                        |
| 3  | Did your Daughter or DIL or her husband mention anything to you about Asma’s story? Please describe any discussions that took place.         | YES _____ NO _____<br>Response:  |
| 4  | Did the story and leaflet change your views about fertility and family planning?   | YES _____ NO _____<br>Response:  |
| 4a | If yes, what were your previous views and how did they change?   | Response:                        |
| 5  | Did the story and leaflet influence any changes in your behaviors or activities?<br><i>[PROBE]</i>   | YES _____ NO _____<br>Response:  |
| 6  | After hearing the story, did you encourage your daughter/DIL to use LAM?   | YES _____ NO _____               |
| 7  | After hearing the story, did you encourage your daughter/DIL to transition to another modern FP method? Explain.                             | YES _____ NO _____<br>Response:  |
| 8  | Were you able to read the words on the leaflet?<br>[If yes, skip to Q9. If no, ask Q8a]  | YES _____ NO _____               |
| 8a | Was there someone else who was able to read it for you? If yes, who?   | YES _____ NO _____<br>Who? _____ |
| 9  | What did you like about the story and the leaflet? <i>[PROBE regarding the story, pictures, color, format, etc.]</i>                         | Response:                        |

| #   | QUESTION  | RESPONSE                        |
|-----|---|---------------------------------|
| 10  | What did you not like about the story and the leaflet? <i>[PROBE regarding the story, pictures, color, format, etc.]</i>  | Response:                       |
| 11  | Do you have any suggestions for how to make the story and leaflet better? Explain.  | Response:                       |
| 12  | In your opinion, how long should women wait after a delivery before becoming pregnant again? Why?   | Responses:                      |
| 13  | What are some of the benefits of waiting before becoming pregnant again? Have you discussed these benefits with your daughter/DIL? Please explain.  | Responses:                      |
| 14  | At what point after delivery do you think a woman can become pregnant if she is not breastfeeding?  | Explain:                        |
| 14a | Have you discussed fertility return with your daughter/DIL? Please explain.   | YES _____ NO _____<br>Response: |
| 15  | What are the criteria for LAM to be an effective FP method? [DO NOT PROMPT RESPONSE]  | Explain:                        |
| 16  | For a woman using LAM, when would you suggest she transition to another modern FP method?   | Explain:                        |
| 17  | Do you believe that women are able to predict when they can get pregnant again based on their previous experiences?   | YES _____ NO _____<br>Explain:  |
| 18  | In your opinion, how does a woman know she can become pregnant again after having a baby?   | Explain:                        |
| 19  | According to your opinion, must a woman resume her monthly period before she can become pregnant again?   | YES _____ NO _____<br>Explain:  |
| 20  | Must she have resumed her monthly period before she can begin using a family planning method?   | YES _____ NO _____<br>Response: |
| 20a | Have you discussed this with the daughter/DIL? Please explain.  | YES _____ NO _____<br>Response: |
| 21  | Are there any factors that prevent or make it difficult for postpartum women to use family planning methods in this community? Explain. <i>[PROBE for side effects, husband/family opposition, misconceptions, access to health facility, method of choice not available, etc.]</i> | Response:                       |
| 22  | Do you have any other suggestions for how to raise awareness about fertility return and family planning services available in this community?   | Response:                       |



### Tool #3: FGDs with Husbands

| #   | QUESTION   | RESPONSE  |
|-----|--|---|
| 1   | Have you participated in any group sessions with the community mobilizer or counseling session with the CHW about family planning and return to fertility? | YES _____ NO _____                                    |
| 1a  | If yes, did you ever hear a story about “When Asma can become pregnant again”? Explain   | YES _____ NO _____<br>Response:                       |
| 2   | Have you seen this leaflet?<br>[Display leaflet]<br>[If respondent has not seen the leaflet or heard the story, skip to Q12]                               | YES ____ NO ____                                      |
| 3   | If yes, What were some of the things you learned from the story and the leaflet?   | Response:   |
| 4   | Did you discuss Asma’s story with your wife, mother, or anyone else? Please describe any discussions that took place.                                      | YES _____ NO _____<br>With whom?<br>Response:         |
| 5   | Did the story and leaflet change your views about fertility and family planning? If yes, what were your previous views and how did they change?            | YES _____ NO _____<br>Response:                       |
| 6   | After hearing the story, how did you feel about you or your wife using LAM or another modern family planning method?                                       | Explain:  |
| 7   | Did the story and leaflet influence any changes in your behaviors or activities? [Probe]   | YES _____ NO _____<br>Response:                       |
| 8   | Were you able to read the words on the leaflet?<br>[If yes, skip to Q9. If no, ask Q8a]  | YES _____ NO _____                                    |
| 8a  | Was there someone else who was able to read it for you?  | YES _____ NO _____<br>If yes, who? _____<br>Response: |
| 9   | What did you like about the story and the leaflet? [ <i>PROBE regarding the story, pictures, color, format, etc.</i> ]                                     | Response:   |
| 10  | What did you not like about the story and the leaflet? [ <i>PROBE regarding the story, pictures, color, format, etc.</i> ]                                 | Response:   |
| 11  | Do you have any suggestions for how to make the story and leaflet better? Explain.   | Response:   |
| 12  | In your opinion, how long do you think women should wait after a delivery before becoming pregnant again? Why?   | Responses:  |
| 13  | What are some of the benefits of waiting before becoming pregnant again?   | Responses:  |
| 13a | Have you discussed waiting some time before becoming pregnant again with your wife?  | YES _____ NO _____<br>Response:                       |
| 14  | At what point after delivery do you think a woman can become pregnant again if she is not breastfeeding?   | Explain:  |
| 15  | What are the criteria for LAM to be an effective FP method? [DO NOT PROMPT RESPONSE]   | Explain:  |
| 15a | Have you spoken with your wife about LAM?  | YES__ NO__<br>Explain:                                |
| 16  | For a woman practicing LAM, when would you suggest she transition to another modern FP method?   | Explain:  |

| #   | QUESTION  | RESPONSE  |
|-----|---|---|
| 17  | According to your opinion, must a woman resume her monthly period before she can become pregnant again?   | YES _____ NO _____<br>Responses:                        |
| 17a | Have you discussed this with your wife?   | YES _____ NO _____<br>Responses:                        |
| 18  | According to your opinion, do you believe that women are able to predict when they can get pregnant again based on their previous experiences?  | YES _____ NO _____<br>Responses:                        |
| 19  | Do you think your wife is currently at risk for pregnancy? Why or why not?  | YES _____ NO _____<br>Response:                         |
| 20  | Have you or your wife started using a family planning method since her last delivery? Why or why not?<br>[If yes, skip to Q21. If no, ask Q20a]   | YES _____ NO _____<br>Response:                         |
| 20a | Do you or your wife plan to start using family planning method in the future? When? Why or why not?   | YES _____ NO _____<br>Response:                         |
| 21  | Have you encouraged your wife to use LAM? Why or why not?   | LAM: YES____ NO____<br>Responses:                       |
| 22  | Have you encouraged her to use another modern family planning method? Why or why not?   | Other modern FP method:<br>YES____ NO____<br>Responses: |
| 23  | Are there any things that have prevented or made it difficult for you or your wife to start using an FP method? [ <i>PROBE for side effects, husband/family opposition, access to health facility, misconceptions, method of choice not available, etc.</i> ] | Responses:  |
| 24  | Do you have any other suggestions for how to raise awareness about fertility return and family planning services available in this community?   | Responses:  |