BEHAVIOR PROFILE: BIRTH SPACING

HEALTH GOAL

Improve maternal and child survival

BEHAVIOR

 $\label{eq:constraint} After a live birth, women or their partners use a modern contraceptive method to avoid pregnancy for at least 24 months and the second pregnancy of th$

 ${\ensuremath{\mathcal{M}}}$ Percentage of currently married or in union women using family planning for spacing

BEHAVIOR ANALYSIS			STRATEGY
BEHAVIOR AND STEPS	FACTORS	SUPPORTING ACTORS AND ACTIONS	POSSIBLE PROGRAM ST RAT EGIES
What steps are needed to practice this behavior?	What factors may prevent or support practice of this behavior?	Who must support the practice of this behavior, and what actions must they take?	What strategies will best focus our efforts based on this analysis?
 Behavior After a live birth, women or their partners use a modern contraceptive method to avoid pregnancy for at least 24 months Steps Decide to use a modern contraceptive method Obtain family planning counseling from a qualified provider Select appropriate modern contraceptive method Obtain chosen method Use chosen method as instructed 	STRUCTURAL Accessibility: Women and their partners do not have access to modern contraceptives because commodity supply is often irregular or sporadic, especially for certain methods Service Provider Competencies: Women and their partners do not receive guidance on birth spacing because some providers do not emphasize its importance in discussing family planning Service Provider Competencies: Women do not consult service providers about birth spacing because providers are sometimes rude, judgmental, and do not maintain confidentiality SOCIAL Family and Community Support: Women do not use modern contraceptives because community and religious leaders resist these on moral grounds (though they can be supportive of the concept of birth spacing) Gender: Women do not use modern contraceptives or practice birth spacing because men often see large families or a frequently pregnant partner as a sign of virility and strength Norms: Women and their partners do not consider birth spacing or decide to use modern contraceptives because large families are often the norm and the risks of closely spaced births are not well-understood or accepted INT ERNAL Attitudes and Beliefs: Women do not use modern contraceptives for birth spacing because they fear side effects Knowledge: Women and their partners do not understand the benefits	INSTITUTIONAL Logistics Personnel: Plan and manage contraceptive supplies to ensure consistent supply of stocked commodities Providers: Offer respectful care and comprehensive counseling on the benefits of birth spacing and other specific birth spacing messages COMMUNITY Community Leaders: Publicly support birth spacing and seek out spaces to discuss with men and women both on the importance of healthy birth spacing HOUSEHOLD Male Partners: Actively support wives to select and im plement appropriate birth spacing method	 Strategy requires Communication Support ENABLING ENVIRONMENT Partnerships and Networks: Extend commodity supply outlets via social franchising or community based distribution networks Partnerships and Networks: Use community and faith-based organizations, including places of worship, to share and discuss birth spacing SYST EMS, PRODUCT S AND SERVICES Supply Chain: Enhance use of Logistics Management Information Systems to better estim ate contraceptive needs Quality Improvement: Expand birth spacing entry points into Integrated Management of Childhood Illness clinics, postnatal care, etc. Quality Improvement: Integrate specific birth spacing messages and communication skills into pre-service health worker curricula DEMAND AND USE Advocacy: Develop birth spacing and Family Planning Advocacy Toolkit to garner support from different levels of leadership Communication: Use community open forums (with materials produced above) to discuss birth spacing services Communication: Produce and disseminate birth spacing metarials to families that position birth spacing as the healthiest option for a family