

# Guide for Journalists:

## Discussing AMA and HP Pregnancy

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### Why Should Journalists Talk and Write about AMA and HP?

Whether a woman or couple is considering having their first or their fifth child, the discussion around healthy timing and spacing of pregnancy (HTSP) is essential to ensuring the safety and well-being of women and their families.

Modern contraception and preventing pregnancies among women of advanced maternal age (AMA), aged 35 or older, and women of high parity (HP) who have had five or more births are examples of topics that communities may find difficult to discuss. Journalists can interview experts and feature stories of real people grappling with the consequences of AMA and HP. Reporting on these issues can increase women's and men's capacity to make informed decisions regarding childbearing and using family planning (FP). Journalists are in a unique position to inform audiences, stimulate discussion, and draw attention to issues among families at the community level and among policymakers at the national level. Issues might include the dangers of AMA/HP pregnancy, taboos or benefits around spacing versus limiting pregnancies, unmet FP needs, the need for health services to reduce the risks associated with AMA and HP pregnancies, or mobilizing communities to address AMA and HP pregnancies.

Because modern contraception and spacing, delaying or limiting pregnancy remain controversial subjects in many settings, it is crucial to approach these topics with care. It is important to discuss the realities and risks associated with AMA and HP, while taking care not to make women who have had AMA and/or HP pregnancies feel bad or guilty. The goal should be to give consumers the information they need to make the best decision for their situation, as the factors influencing a person's decision can vary widely.

### When to Use This Guide

As print, television and radio journalists, you can consult this guide anytime you are developing a piece on family planning, maternal and child health or other related topics. You can use it for ideas on what format your piece should take, who you can include as guests or partners, and how to structure your piece so it gets the most important information to the most important audiences in the most appropriate way.

### How to Use This Guide

Read through this guide as soon as you begin to cover FP or maternal and child health (MCH) issues, or even if you are considering doing so in the future. Use it to help you design your article or program. This guide walks you through what you, as a journalist, need to know about AMA and HP pregnancy; which key audiences need to know about AMA and HP pregnancy risks; and how to tell the AMA and HP story in a way that will reach these audiences. The guide describes various reporting formats (e.g., testimonials, talk shows) useful in talking about AMA and HP, and provides sample key messages, calls to action and ideas for guests and interviews. Finally, the guide gives a web link to where you can find more information on AMA and HP if you would like additional information.

## What a Journalist Should Know about AMA and HP

The two categories of risky pregnancies that this tool focuses on include:

- **Advanced maternal age (AMA):** Those that occur when the mother is age 35 or older
- **High parity (HP):** Those that occur to a mother who has had five or more births already

Table 1 shows adverse health outcomes associated with AMA and HP pregnancy:

**Table 1: Adverse Health Outcomes Associated with AMA and HP Pregnancy**

Advanced Maternal Age Pregnancies	High Parity Pregnancies
Birth and chromosomal abnormalities	Anemia
Fetal (especially respiratory) distress	Fetal malpresentation
Low or elevated birth weight	Macrosomia/elevated birth weight (often due to gestational diabetes)
	Placental complications
	Postpartum hemorrhage
Maternal hypertension	
Gestational diabetes	
Intra-uterine fetal death and stillbirth (due to complications from other conditions, such as maternal hypertension, anemia, or pre-term delivery)	
Caesarean section (required when vaginal delivery is considered too difficult or dangerous due to any of the conditions listed here)	
Preterm delivery	
Maternal mortality (due to complications from other conditions, such as postpartum hemorrhage, hypertension, or complications from a Caesarean delivery)	

Unfortunately, pregnancy alone is often seen as a dangerous situation for a woman and her baby, and the risks in Table 1 are rarely understood to *increase* for AMA and HP women. Aside from not knowing the risks, AMA and HP women or couples become pregnant for other reasons including:

- Desire for a large family
- A child's death
- Pregnancy was unplanned (did not use modern contraception for religious or cultural reasons, disapproval, fear of side effects)
- Desire for child of a particular sex (e.g., desire for male child)
- Remarriage
- Failed contraceptive method
- Religious beliefs (e.g., believing limiting pregnancies is a sin)
- Competition between co-wives
- Pressure from family or in-laws
- A lack of AMA/HP prevention or risk-management health services

## Tailoring AMA and HP Content to Your Context

When creating programs, spots or articles around AMA and HP, it will also be crucial to include facts and information specific to your country or community that will be of interest to your audience. If you are located in Togo or Niger, for instance, examples of information you can provide include:

Togo	Niger
<ul style="list-style-type: none"> <li>• High maternal mortality rate: 401 maternal deaths per 100,000 childbirths (Togo DHS, 2013-14)</li> <li>• Fertility index: 4.8 (Togo DHS, 2013-14)</li> <li>• Poor health service performance and inadequate service delivery, particularly in reproductive health</li> <li>• Barriers to improve maternal services: low knowledge levels, illiteracy, poverty and religious beliefs were cited by key informants as reasons for Togo’s popular resistance to modern FP method use</li> <li>• The “<i>Plan d’Action Pour le Repositionnement de la Planification Familiale au Togo 2013-2017</i>” focuses mostly on child spacing (and not limiting)</li> <li>• Majority of population hold indigenous religious beliefs; also large Christian and Muslim minorities</li> <li>• Togo trained a number of religious leaders in “Religion, Population and Birth Spacing” and obtained their commitment to promote the messages in churches and mosques – so religious leaders should be open and willing to come on air and discuss FP in a positive light</li> </ul>	<ul style="list-style-type: none"> <li>• High maternal mortality rate: 650 maternal deaths per 100,000 childbirths (UNICEF, 2013)</li> <li>• Fertility index: 7.2 (Niger DHS, 2012)</li> <li>• Poor health service performance and inadequate service delivery, particularly in reproductive health</li> <li>• Barriers to improve maternal services: religious beliefs and a culture that values large families were cited by key informants as the main reasons for Niger’s popular resistance to modern FP method use</li> <li>• The “<i>Declaration du Gouvernement en matière de Politique de Population</i>” focuses mostly on child spacing (and not limiting)</li> <li>• The notion of “limiting” childbirths is not accepted</li> <li>• Majority of population is Muslim</li> <li>• Currently, there are efforts to train a number of religious leaders in “Religion, Population and Birth Spacing” and obtain their commitment to promote the messages in churches and mosques, but momentum is slow as urban elite and extremist religious leaders still feel that FP is morally wrong – it is seen to contradict Islam’s values</li> </ul>

## Which Key Audiences Need to Know About AMA and HP

There are many potential audiences for print, radio and television reporting about preventing AMA and HP pregnancy. These may include:

- Those who believe in or use modern FP methods
- Those who do not believe in or use modern FP methods
- Those who have children (and may be HP, or approaching HP)
- Those who are thinking about starting a family
- Women of all ages (including AMA women, or those approaching AMA)
- Men in a monogamous or polygamous relationship, or who will marry soon
- Youth who, while rightfully focused on delaying pregnancy until they are ready, should also be aware of the risks of waiting too long to safely have the family size they want

- Health care providers, community leaders, religious leaders and others who may advise women who are approaching or have reached AMA or HP status
- Political leaders who can impact policy and encourage healthy practices

## Reaching Your Key Audiences

Once a priority audience for a specific article or program is identified, think through what format will be best to reach this audience. If you work in radio or television, what time of day is your priority audience most likely to be tuning in? What types of shows do they follow? Are they more likely to follow a short or long program? Do they listen to or watch serials? If you work in print, what (types of) articles does your audience prefer? Do they like personal pieces with more emotional interest, or more scientific pieces? Demographic and Health Surveys (DHS) and market/media surveys gather some of this information.

Keep in mind, messages are most powerful when delivered through a variety of channels. If you work in or have partnerships across radio, television and print, collaboration with these other channels can mean greater reach and impact. Some advantages of each medium (radio, television and print) are listed below in Table 2. Once you have decided on your medium or media, Table 3 provides a list of specific formats particularly suited to discussing HTSP, AMA and HP.

**Table 2: Advantages of Each Journalism Medium**

<p><b>Radio:</b></p>	<p>In settings where reaching large audiences is difficult in print because of low literacy rates or other challenges, radio provides a platform for people to share information, opinions and experiences broadly. Radio reaches a large number of people in their own language, while also provoking listeners to think about and privately discuss what they hear. These smaller-scale discussions can impact listeners’ attitudes, beliefs and practices and can result not only in individual-level behavior change, but broader shifts in social norms over time. Because preventing AMA and HP pregnancy touches on often taboo or difficult topics, such as modern FP method use, limiting or spacing pregnancy and re-evaluating cultural norms around large family sizes, radio can be a good format.</p>
<p><b>Television:</b></p>	<p>As a visual and auditory medium, television provides both a face and a voice for audiences to relate to. This can increase AMA and HP pregnancy prevention messages’ emotional appeal, and can more vividly portray unhealthy behaviors’ consequences and healthy behaviors’ benefits and results.</p>
<p><b>Print:</b></p>	<p>Print journalism remains a major source of information for FP and maternal and child health policymakers and other literate audiences who might be in a position to make structural changes to improve AMA and HP pregnancy prevention efforts (e.g. by improving national or local FP service delivery). Consumers pay for newspapers and magazines – a sign that they value the information these publications contain. Print media is also passed around, read to the non-literate and can be revisited over time.</p>

**Table 3: Suggested Journalism Formats for Discussing AMA and HP**

Type of Program	Considerations for Design and Implementation
<p><b>Testimonial:</b> A segment where real people tell their own stories and describe their own beliefs, attitudes, events, conflicts and emotions related to the topic. Can humanize a problem.</p> <p>Appropriate for radio, television or print.</p>	<ul style="list-style-type: none"> <li>• Testimonials or vignettes, if done on the radio or television, may be facilitated by a technical expert. If the story is about a negative experience with an AMA or HP pregnancy, it is important for the expert to reinforce HTSP messages without making the person who shared their story feel embarrassed or ashamed.</li> <li>• The person sharing their story should be in a role that resonates with your intended audience. For example, if hoping to reach men with AMA and HP pregnancy prevention messages, consider inviting a man who has decided with his wife to adopt an FP method to avoid high-risk AMA and HP pregnancy.</li> </ul>
<p><b>Profile:</b> A close look at one person and their experience, life, etc. This is told by someone other than the subject.</p> <p>Appropriate for radio, television or print.</p>	<ul style="list-style-type: none"> <li>• The subject could be someone who has had a difficult AMA/HP pregnancy, or it could be someone who has been working to promote HTSP, a family member of a woman who suffered negative outcomes from an AMA or HP pregnancy, etc.</li> <li>• The same profile can be presented differently for different audiences through highlighting relevant priorities or issues. For example, a profile of a woman who lost her life to an AMA or HP pregnancy complication can be told to emphasize the role of the man, service provider or cultural values played in this loss depending if the priority audience is men, women, service providers or community/religious leaders.</li> <li>• A “profile” piece can also include sections on relevant AMA, HP, HTSP, service delivery location and FP method information. The format of a profile can vary further if done on television or radio, and can include audience call-ins for deeper discussion.</li> </ul>
<p><b>Talk Show:</b> A format allowing exchange between a host, invited guests and sometimes an audience</p> <p>Appropriate for radio or television</p>	<ul style="list-style-type: none"> <li>• This format allows the journalist or guest expert (e.g., a doctor, midwife or nurse who regularly attends childbirth) to interact with community members.</li> <li>• If bringing in an expert, it is good to give them some sample “audience questions” and make sure they are knowledgeable about AMA and HP pregnancy risks ahead of time so they can be adequately prepared.</li> </ul>
<p><b>Information:</b> A segment that educates or raises awareness about a certain topic.</p> <p>Appropriate for radio, television or print.</p>	<ul style="list-style-type: none"> <li>• Provide facts about the consequences of HP or AMA pregnancies.</li> <li>• Make sure sources are credible and mention them during the segment to strengthen the credibility for listeners.</li> <li>• Use this format as an opportunity to clear up misinformation around FP or AMA/HP pregnancy, and counter them directly with factual information; this will require some research in advance to understand prevailing misinformation and how to correct.</li> </ul>

<p><b>Magazine Program:</b> A variety program including interviews and features (interviews linked with script).</p> <p>Appropriate for radio or television.</p>	<ul style="list-style-type: none"> <li>• Include multiple guests including health experts and real people’s stories showing various perspectives and relating them to one another.</li> <li>• Can include spots and music.</li> <li>• Can be useful to link AMA and HP to recent events in the news, if appropriate.</li> </ul>
<p><b>Vox Pop:</b> The term “vox pop” means “voice of the people.” Quick interviews are recorded with people on the street to provide a snapshot of public opinion on your topic. Can be an extremely popular approach.</p> <p>Appropriate for radio or television.</p>	<ul style="list-style-type: none"> <li>• Requires going into the community and interviewing people about issues related to HTSP.</li> <li>• Best with a microphone that reduces ambient noise if there is a crowd, for example.</li> <li>• Can be edited and used on broadcast, website or social media.</li> </ul>

## Key Messages about AMA and HP Pregnancy

Your piece, depending on its type, should focus on key messages. Keep key messages limited to just a few to ensure they are memorable to your audience. Messages can also be separated into different programs, with one key message per program. Sample key messages include:

- Advanced maternal age and high parity pregnancies can be harmful to both the mother and baby. AMA and HP pregnancy risks include placenta complications, Caesarean delivery, fetal malpresentation, child and maternal mortality.
- Family planning plays a role in helping families flourish and be viewed positively in their communities.
- Family planning can help couples achieve their emotional and personal priorities (e.g. having energy, maintaining beauty), allowing them to remain a happy and healthy couple.
- Family planning method side effects are much less dangerous than a complicated AMA or HP pregnancy.
- If an AMA/HP woman becomes pregnant, it is important that she see her health care provider within the first trimester, get plenty of rest, attend regular antenatal counseling services, learn the warning signs of an abnormal or dangerous pregnancy and have a birth plan in place that includes delivery by a skilled provider prepared for emergencies.

A **key message** is important information you want to share with an intended audience. The message should be clear and carefully worded to make sense to your priority audience. Where possible, key messages should include a benefit and a call to action. You may have more than one key message, and key messages may differ between audiences.

## Calls to Action: What Can Audiences Do?

Every piece on AMA and HP should include a *call to action* for the listening, viewing or reading audience. A call to action is something the audience member can or should do as a result of the information or experience discussed in the program. Some sample calls to action you can include in your article or program are listed below:

- Tell family members and friends who want to limit or prevent further pregnancies that you support their decision, and help them get the information and services they need to do so.
- Talk to your family members and friends about the risks of AMA and HP pregnancies
- Ask your provider about long-acting and permanent FP methods, and see if they are right for you

- Especially if you are a man, talk to other men in your life about the importance of protecting the health and well-being of women and families, having a small family size and different long-acting and permanent FP methods
- Discuss long-acting and permanent FP methods with your partner
- Support your partner in learning more about FP methods, and in preventing pregnancy from age 35 and before five births
- Advocate for the health and well-being of women and families in your community

## Key Benefits: Why Should Audiences Care?

An AMA or HP segment should also highlight the positive outcomes, or benefits, of preventing AMA and HP pregnancies. This will help provide emotional and behavioral incentives to respond to the call to action. Some sample benefits of avoiding AMA and HP pregnancies are:

- Healthy timing and spacing of pregnancies will save lives, ensure better birth outcomes and result in healthier mothers and babies.
- Preventing AMA and HP pregnancies can help protect the mother's and child's health.
- Using modern FP methods to prevent AMA and HP pregnancies can help a woman keep her energy and her youth; a healthy woman is a better mother, partner and wife.
- Modern FP methods can help a family prepare better for future pregnancies and can reduce the likelihood of complicated AMA or HP pregnancies.

## Ideas for Experts to Interview/Guests to Have

Depending on your selected audience, media and format, consider interviewing or hosting the following types of people to help deliver your key AMA and HP messages and reinforce your key benefits:

- Service providers (e.g., nurses, doctors, midwives, community health workers) who have seen adverse outcomes of AMA/HP pregnancies and deliveries
- Women who have completed childbearing before AMA/HP and are happy they did
- Women who have postponed and limited childbirth to avoid AMA and HP pregnancy
- Women who want a small family size
- Women who have had difficult pregnancy or delivery experiences when AMA/HP
- Women who successfully use modern FP methods to avoid AMA/HP pregnancy
- Male partners of women who exhibit the above (e.g., have completed childbearing before age 35 or five births, have a small family, have had a difficult AMA/HP pregnancy, etc.)
- Family members who support women preventing AMA/HP pregnancies
- Young people who are already planning how to finish their education and have the family size they want, when they want it, while avoiding AMA and HP pregnancy
- Religious and traditional leaders who want to help reduce the number of AMA and HP pregnancies to help improve family life in their communities

## Sample Interview Questions

Keep in mind that some of the questions below – for example, those around limiting pregnancies – might not be easy to discuss or be accepted by your guests. Use your judgment to determine how to honestly discuss all issues without turning your audience away. Also pay attention to which questions will best lead up to or contribute to your selected key messages and key benefits.

### Questions to Ask Members of the General Public (Men, Women, Youth)

- Does your (local) health facility provide services (information, counseling and commodities) for women or couples wishing to know more about HTSP and AMA/HP pregnancies?
- When is the best time to have children in your marriage/relationship?
- How do men and women make family planning decisions, and what or who is likely to influence each partner most?
- How can couples handle the opinions of third parties with their own interests (e.g. in-laws, friends, colleagues)?
- How can couples discuss intimate concerns in the relationship, such as asking their partner to agree to use protection, when talking about sex is believed to be taboo in their culture?
- If there are difficulties between a woman and her mother-in-law, what should the role of the husband be in resolving the difficulties?
- What are the benefits or consequences of preventing pregnancy or further births after age 35 or before a fifth birth?
- What are some reasons women postpone having children?
- Do you think postponing childbirth will cause them to have fewer children overall or have the same amount but continue into a later age?
- Do you think we live in an environment that supports healthy timing and spacing of children?
- How did you come to the decision(s) to have a child(ren)? To get pregnant?
- Do you know how/where to get information on HTSP and the risks of AMA/HP pregnancies?
- What are some myths out there around HTSP and AMA/HP?
- Do you think pressure (social, familial, religious) on women and couples to bear many children is a problem in your community?
- What do you think you can do to discourage pressure on women and couples to bear children at or after age 35 or five births?
- Have you experienced pressure from people in your community, family members or religious leaders to have a large family size?
- Do you think this pressure to have a large family outweighs the concern for a woman's health and her family's well-being?
- What are some of the main reasons for low uptake of modern contraception? Do you think the social norms are shifting? If not, what do you think would cause them to shift?
- What are some of the barriers women and couples face that prevent them from limiting their family size?
- What are some of the reasons that women become pregnant at age 35 or older? At or after five births?

### **Questions to Ask Women**

- Do you think women of advanced maternal age or high parity feel differently about family planning than young or first-time mothers? How so?
- Do you believe that healthy timing and spacing of pregnancies results in a better life for women and their families? In what ways?
- What are the benefits of couples limiting the number of births before they reach five births or before the mother turns 35?
- Do you know someone who had a complicated pregnancy? What was that experience like for her and for you?
- Do you know someone (AMA/HP) who passed away giving birth? How has the family dealt with it? What are your thoughts about it?
- Why is the idea or suggestion of limiting childbirths not accepted by some people?
- Have you chosen to postpone? What has your experience been like? What are the challenges and your successes?
- What advice do you have for others who want to postpone?

### **Questions to Ask Youth**

- Do you know women who started having children too early? How do you view their experience? Do you know women who started having children too late? What did you learn from them?
- How can you safely have the number of children you want and still finish university and even an advanced degree?
- How soon should fiancés and newlyweds start talking about the spacing and timing of their children?
- What challenges do you see for having the family size you want? How can adults, society or others help you overcome those challenges?

### **Questions to Ask Health Providers or FP/MCH Experts**

- What are the risks associated with pregnancies to women aged 35 or older?
- What are the risks associated with pregnancies of a fifth birth order or higher?
- What can people do to spread these key messages?
- How can a person prevent AMA and HP pregnancies?
- What advice do you have for women who are nearing age 35 or their fifth birth?
- Are there available, adequate, accessible and affordable health services available in this country? (Also good to ask the public and see if they agree)
- Without identifying anyone, describe an experience you have had with a client with a difficult AMA or HP pregnancy.

### **Questions to Ask Religious and Traditional Leaders**

- What are some religious or traditional justifications for healthy timing and spacing of pregnancies?
- Why do many people assume that religious and traditional leaders are against modern family planning for timing and spacing pregnancies?
- Healthy timing and spacing of pregnancy can be achieved through modern family planning methods. What in the [Bible/Quran] supports spacing pregnancies?

## Final Takeaways for Planning Your HTSP Piece

Now that you've finished this guide and will plan your own pieces on AMA and HP, remember these final points:

- **Be prepared:** Research AMA and HP and interviewees when planning your show or article; take into account cultural taboos around AMA and HP and limiting vs. spacing pregnancy; for broadcast media, go through the key messages around AMA, HP and FP you would like to focus on with guests ahead of time; repeat key messages at the end of the segment or article.
- **Tailor your piece to your context and audience:** Remember to include information in a way that it will interest and speak to your specific audience's priorities. This may mean presenting different information for different groups, or similar information in a different way according to your audience. Consider things like cultural context, tone, gender and other cultural considerations when developing your piece and selecting its key messages.
- **Use multiple formats:** Run similar/related stories on radio, TV, print and online media around the same time; link to online content; encourage audience members to SMS questions, photos and poll responses.
- **For radio and television:**
  - » **Make your piece interactive** by incorporating call-in segments; soliciting and answering listener questions; arranging for off-air counseling through a partner organization; finding other ways to engage audiences and facilitate action.
  - » **Use local languages** not only to reach low- and non-literate people but also to reinforce ownership of the issue.

Journalists have many options and opportunities for encouraging discussion about AMA and HP pregnancy. Use your experience and this guide, on your own or in collaboration with an organization promoting HTSP, to produce programming and articles on this important topic.

For more information, visit the HC3 HTSP page at <http://healthcommcapacity.org/technical-areas/family-planning/healthy-timing-spacing-pregnancies/>.



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