Impediments to Meeting Reproductive Intentions to Limit in Africa:

Client Perspectives & the Role of Behavior Change Communication

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THE respond PROJECT

Managing Partner: EngenderHealth; Associated Partners: FHI 360; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council

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Rose's Story

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Grace's Story

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Secondary Demographic and Health Survey (DHS) Analysis

- 15 African countries with DHS surveys after 2000
- Part of larger global secondary analysis of 37 countries
- Countries excluded if <25 users of long-acting or permanent methods
- All women 15–49 included; analysis done using STATA and SPSS

Anglophone Africa	Francophone Africa
Ghana	Benin
Kenya	Cameroon
Lesotho	Madagascar
Malawi	Senegal
Namibia	
Rwanda	
Swaziland	
Tanzania	
Uganda	
Zambia	
Zimbabwe	

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Reasons for Nonuse: Findings from 15 African Countries

- Married women of reproductive age with an unmet need for limiting cited:
  - **Fear of side effects** as the top reason for their lack of intention to use family planning (FP) in the future [22%]
  - **Health concerns** [14%]
  - **Infrequent sex** [14%]
  - **Opposition to FP** [10%]
- Spacers cited ambivalence, limiters may do so less*
- Pervasive fear of contraceptives and perceived side effects
- Driven by misinformation, which inhibits use, resulting in unintended births

Photo by N. Rajani / EngenderHealth

*Bhushan I. Understanding unmet need. JHU·CCP, 1997 (Working Paper No. 4)

Knowledge of FP Methods

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- Informed choice requires access to wide range of FP methods; one must understand complete, accurate, and up-to-date information.
- Measuring knowledge is critical.
- Knowledge of short-acting methods is nearly universal; awareness of long-acting and permanent methods is considerably lower.

- Almost 1 in 2 nonusers cannot name a long-acting or permanent method.
- Nearly 1 in 4 users of traditional methods cannot name a long-acting or permanent method
- True knowledge extends much deeper
  - How methods work
  - Associated side effects
  - What best suits one's reproductive intentions (which change over time)

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Barriers to FP Use

- Social constructs and accepted norms about sex, family size, and composition impact decision making.
- Factors include:
  - Pressures from extended family, community influences, and gender dimensions
  - Spousal communication (or lack thereof)
  - Family, friends, and neighbors, who are key in providing support and influencing contraceptive decision making
  - Distinction of FP services from many other health services
    - > *Ignition of judgmental attitudes*
    - > *Social disapproval*
    - > *Moralistic beliefs*
- Knowledge and attitudinal factors pose significant constraints.

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Demand: An Essential Element

- Exposure to behavior change communication (BCC) messages has positive effects
  - Increases knowledge of methods
  - Increases spousal communication
  - Increases favorable attitudes on use and intention to use
  - Increases use of FP
- Mass media, social marketing, interpersonal communication, mHealth, EE, community engagement, and others are promising approaches.
- Multiple channels reinforce and support a dose effect, leading to increased FP use.
- Meets reproductive health needs of limiters and a country's health goals.

Conclusions

- There are many barriers to use.
- Informed choice may be compromised due to low awareness of method choices and misinformation.
- Appreciation is needed for why couples do not use contraceptives.

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- Greater emphasis on demand generation and social and behavior change communication is required.
- Women with an intention to limit future births must be addressed as a unique audience.
- Demand aspects are most often overlooked in budgeting and planning.

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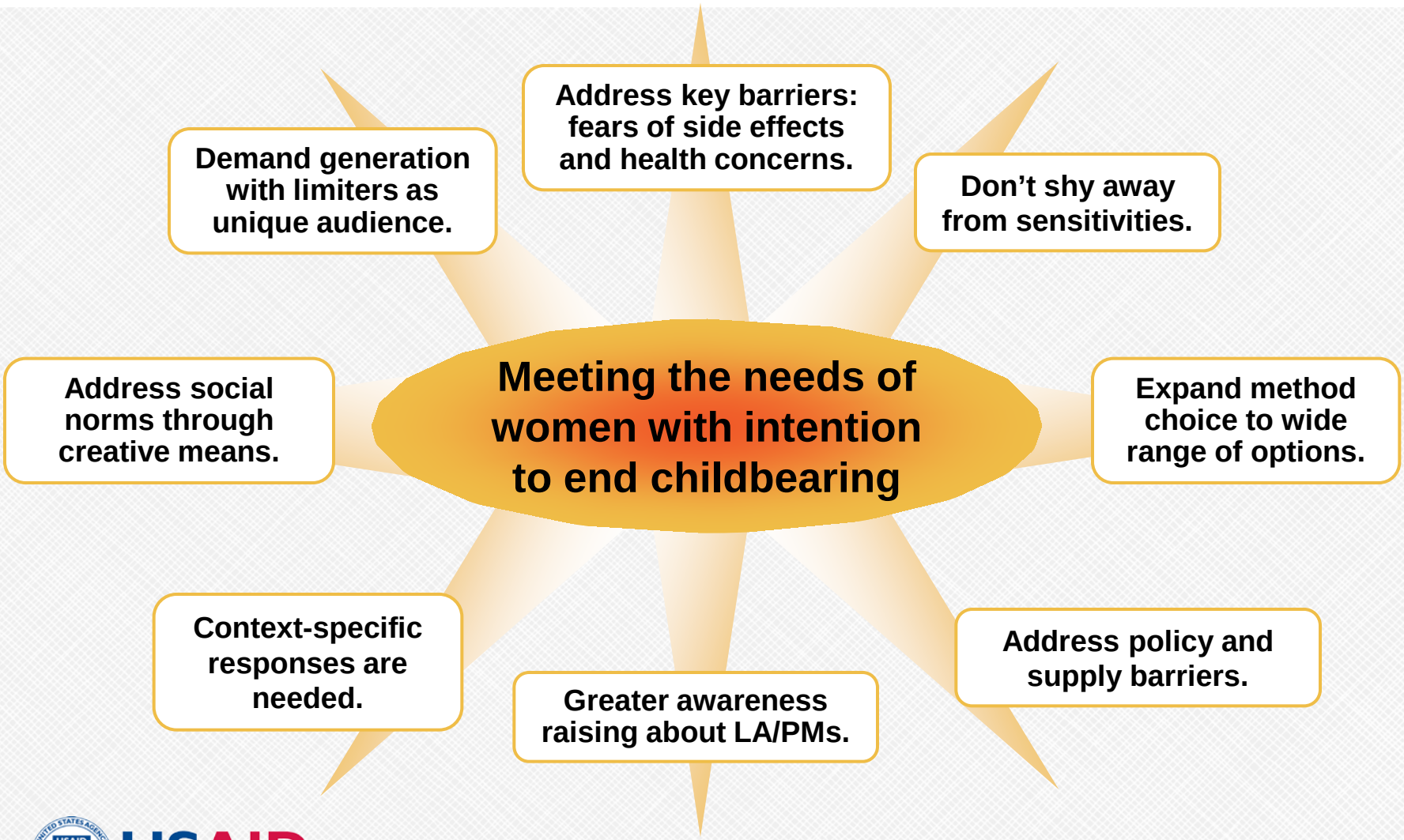
Recommendations



Comments and Questions

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