Impediments to Meeting Reproductive Intentions to Limit in Africa:
Client Perspectives & the Role of Behavior Change Communication

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Rose’s Story

Photo by B. Jones / EngenderHealth
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

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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

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

- 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)
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.
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.
- 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.
Recommendations

Don’t shy away from sensitivities.

Address key barriers: fears of side effects and health concerns.

Expand method choice to wide range of options.

Demand generation with limiters as unique audience.

Greater awareness raising about LA/PMs.

Address social norms through creative means.

Meeting the needs of women with intention to end childbearing

Address policy and supply barriers.

Context-specific responses are needed.
Comments and Questions

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