Spotlight on Social and Behavior Change Communication (SBCC)

Insights and Impact Based on Client Perspectives

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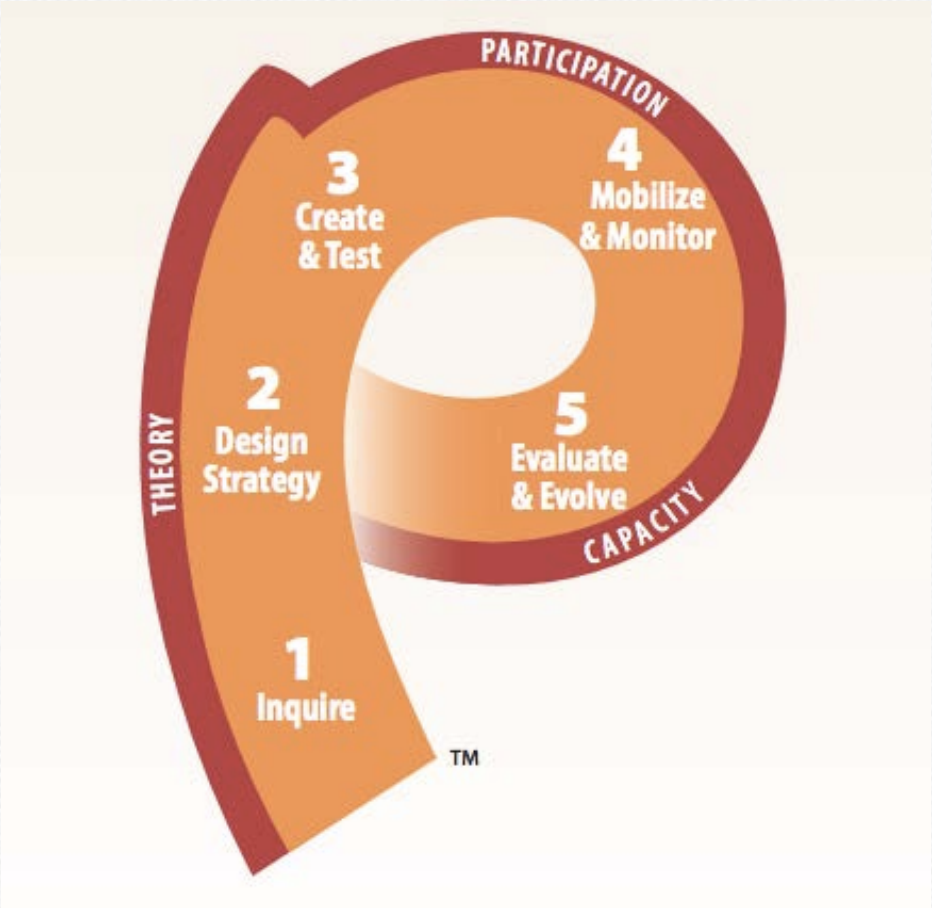
12 Elements of Strategic Communication

1. Results-oriented
2. Science-based
3. Client-centered
4. Participatory
5. Benefit-oriented
6. Service-linked
7. Multi-channeled
8. High-quality
9. Advocacy-related
10. Expanding to scale
11. Programmatically sustainable
12. Cost-effective

SBCC Is a Systematic and Strategic Process

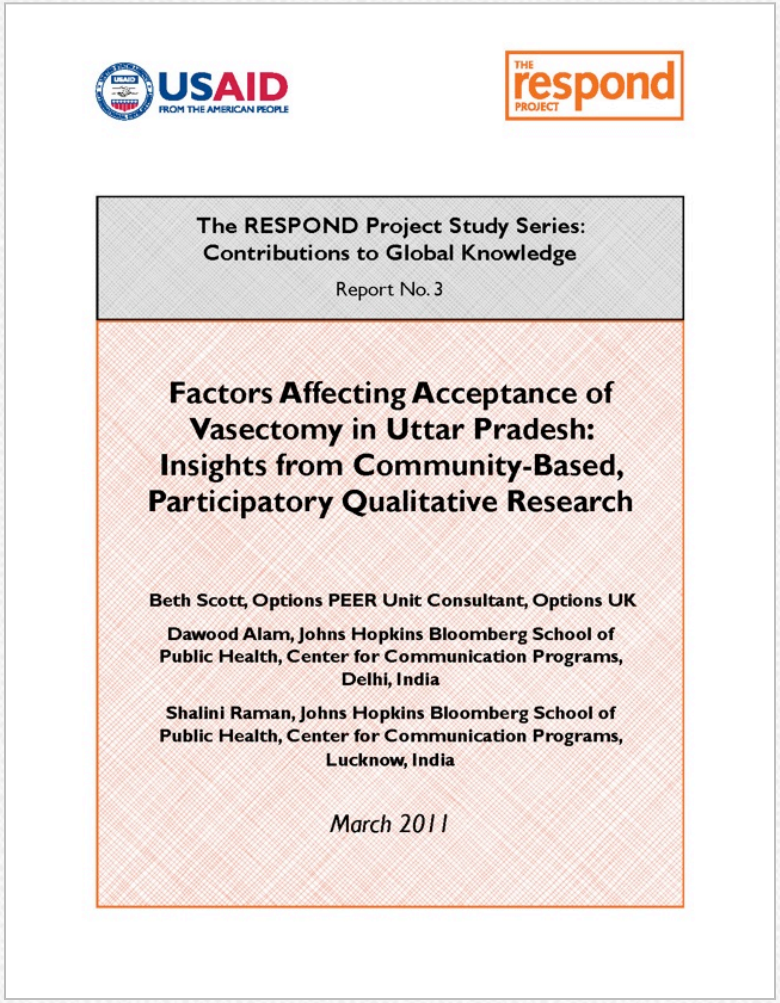


- P Process
- Step-by-step framework
- Road map leading to strategic and participatory programs
- Grounded in theory

India: Spotlight on the Client

PEER Approach to NSV in Uttar Pradesh, India

1. Identify:
   - Knowledge, attitudes, and perceptions of NSV
   - How best to support positive attitudes and acceptability
   - How those with vasectomy are perceived by community members
2. Understand quality of care issues
3. Assess nature of spousal communication around FP
4. Identify best ways to frame benefits and tailor messages to promote NSV



Emergent Themes

- Wife is initiator, but husbands often reject FP
- Common belief that FP is concern of women; men are actively uninterested
- Resistance to NSV is ↑ among men and women
- 5 Main Barriers
  1. Extreme fear of weakness (biggest factor)
  2. Impact on sexual performance
  3. Fear of procedure
  4. Fear of failure: severe consequences for woman, charges of infidelity and eviction
  5. Availability of other methods

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Translating Research to Strategy

1. Focus primarily on couples who have completed their family size
2. Promote NSV at or soon after birth of 2nd and/or 3rd child (PPFP)
3. ASHAs are key link
4. Address barriers in messages
   - Powerful testimonials with simple assurances from qualified doctors
5. Share positive testimonials:
   - Emphasize permanence of NSV with man's continued ability to work and provide for family
   - Build on perception that only strong/courageous men undergo NSV—reposition as "manly"
   - Promote simple, painless, and stitch-free nature—avoid use of "operation"
6. Focus on men directly

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Demand-Side Approaches

- Supported NRHM, Governments of Uttar Pradesh and Jharkhand in improving messaging
- Held skills-building on interpersonal counseling in sessions with ASHAs and satisfied acceptors
- Conducted ongoing coaching of ASHAs and satisfied acceptors
- Developed NSV movie
- Distributed posters and brochures on NSV
- Aired radio spots to increase awareness and acceptance of NSV

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Key Messages

- NSV does not cause physical weakness:
  - Explain it is not surgery; no major blood loss involved
  - No incision, hence no suture; confirm with doctor before accepting NSV
- NSV is a simple procedure, completed in 10–20 minutes:
  - Client can go home on his own in an hour after NSV
- NSV does not cause sexual weakness
  - NSV does not affect sexual performance
  - Man can talk with satisfied acceptor

Impact

- Uttar Pradesh (UP): 44 facilities supported in nine intervention districts
- Jharkhand: 19 facilities supported in three districts
- Three-fold increase in NSV acceptance (2% to 11%) in nine UP project districts
- Jharkhand: significant increases in West Singhbhoom, Bokaro, and Ranchi
- No cases of complications reported in 2012 from any project districts

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Kenya: Spotlight on the Community

COMMPAC Goal and Objectives

Goal: Increase communities'**awareness** and **use** of postabortion care (PAC) and related services to reduce maternal mortality and morbidity

1. Increase community knowledge of the danger signs of abortion-related complications, locations of services, and family planning (FP)–related information and services
2. Build capacity to address PAC and FP needs
3. Encourage involvement of most marginalized in community action
4. Mobilize communities to prevent and treat incomplete abortion
5. Strengthen service delivery points providing PAC and FP

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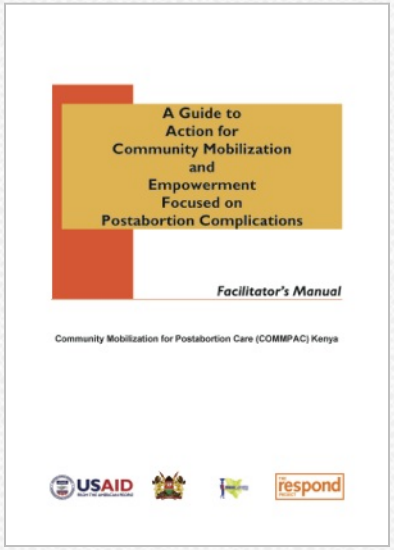
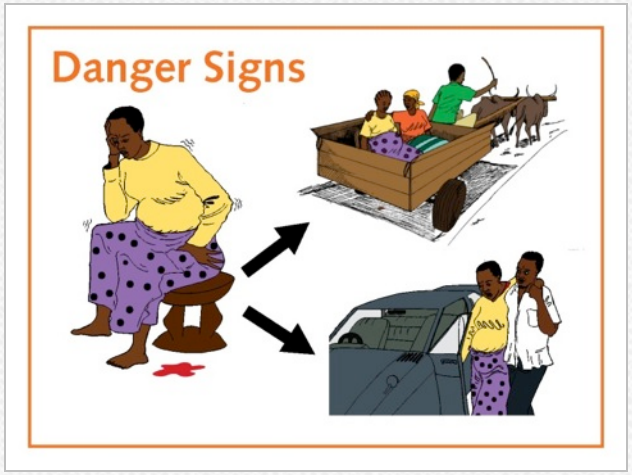
Intervention Design

- 18-month intervention
- MOH Community Strategy w/DHMTs
  - CHEWs and CHWs as primary links—sustainable structures
- Facilitate Community Action Cycle for PAC
  - Train CHEWs/CHWs
  - Support them to conduct community mobilization
  - Support groups to develop and implement action plans
  - Mentor to build capacity of CHEWs/CHWs
- Train providers in comprehensive PAC services
- Build provider-community partnerships





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Impact

- Increased **knowledge** of danger signs or complications
- Increased tendency to **seek care** for PAC/bleeding
- Providers experienced increased **confidence** about offering PAC services
- Improved perceptions of the **quality of care** available for PAC
- Increased proportion of women who **sought PAC services** reporting having received FP information and methods at intervention sites
- Evaluation showed evidence of **community empowerment** to take action for their own health

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CLINICAL ARTICLE

Community mobilization and service strengthening to increase awareness and use of postabortion care and family planning in Kenya

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ABSTRACT

Objective: To evaluate whether a community engagement and service-strengthening intervention raised awareness of family planning (FP) and early pregnancy bleeding (EPB), and increased FP and postabortion care (PAC) use. *Methods:* The intervention was carried out in 3 communities in Kenya over 18 months; 3 additional communities served as the comparison group. A pre–post, contemporaneously controlled, quasi-experimental evaluation was conducted independently from the intervention. *Results:* Baseline characteristics were similar. Awareness of FP methods increased ($P \leq 0.001$) in the intervention group. The incidence of reported EPB (before 5 months of pregnancy) in the comparison group was 13.3% at baseline and 6.0% at endline ($P = 0.02$); 79% at baseline and 100% at endline sought care ($P > 0.05$). In the intervention group, recognition and reporting of EPB increased from 9.8% to 13.1% ($P > 0.05$); 65% sought PAC at baseline and 80% at endline ($P = 0.11$). The relative increase in EPB reports after the intervention was over 3 times greater in the intervention group ($P \leq 0.01$). *Conclusion:* The intervention raised FP and EPB awareness but not FP and PAC services use. As fewer comparison group respondents reported experiencing EPB, the PAC impact of the intervention is unclear. Mechanisms to improve EPB reporting are needed to avoid this reporting bias.

Burkina Faso and Togo: Spotlight on Couples

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Formative Research

- Perceptions of one's husband's approval of FP affect use
- As women age, have more children, spousal discussions about FP increase
- Decision making involves complex process of negotiation
- Few tools model couple communication on FP—even less so in West Africa
- Builds on Africa Transformation™
- **Goal:** to better understand couple communication in FP uptake

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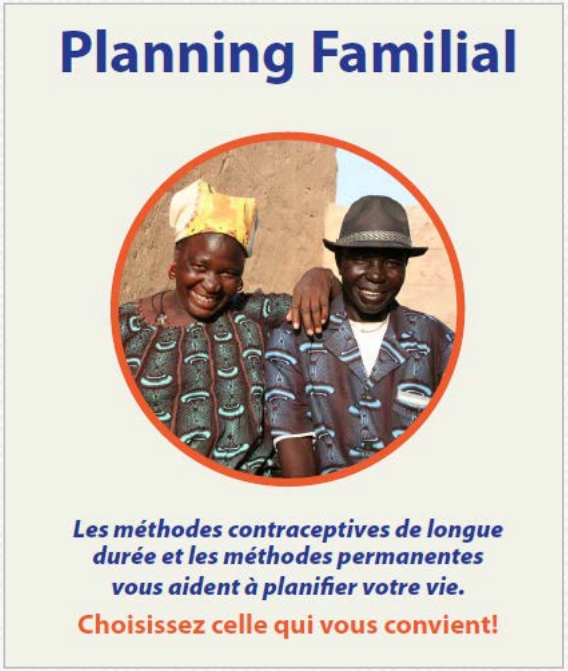
Findings Informed SBCC Activities

- Posters
- Flipchart and discussion guide
- Radio shows
  - Featured real providers, modern FP users, community health agents, and religious leaders
- Radio spots on community radio stations
  - Targeted service providers, Christian religious leaders, Muslim religious leaders, and men
- 4 videos on couple communication
  - Implant, IUD, vasectomy, female sterilization
- Used in hospital/health center waiting rooms as tools for providers to discuss FP in counseling sessions and group talks



FP pamphlet

Poster

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LA/PM Couple Communication Video Profiles

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Impact

- Clients and providers described materials as helpful and effective:
  - 38% of providers had no counseling job aid before
  - Others noted it was more comprehensive than other guides
- Clients and providers expressed deep appreciation of radio activities:

> *"Those messages **changed the mind of my husband** to accept this method."*
>
> *—An implant client in Togo*

> *"For us women, they are **messages of liberation** from the miserable conditions we live in after closely spaced births."*
>
> *— An implant client in Togo*

> *"Many learn information from the shows and **come for more information** on family planning from us. Thus, these shows are very important."*
>
> *— A nurse in Burkina Faso*

Videos and Accompanying Discussion Guides

http://www.respond-project.org/pages/pubs/videos.php

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Spotlight on Multicountry Analysis for Advocacy

Rationale for Paying Attention to Women with Desire to Limit Future Births

- Increasing use of contraception among women with a desire to limit future births will:
  - Reduce high-risk, high-parity births
  - Contribute to the reduction of maternal mortality
- Birth-limiting behavior has a greater impact on fertility rates than birth spacing
- Limiting a major factor driving fertility transition in Africa, though less is known about women with a desire to limit
- Proportion of women in Sub-Saharan Africa who want to limit rather than postpone childbearing is **rising steadily**
- Increased demand for FP comes mainly from rising proportion of women who wish to **cease** rather than postpone childbearing

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Data and Methods

- Sub-Saharan African countries with DHS after 2000 eligible for inclusion
- Selection based on having sufficient number of users (25+) of each method categories
  1. Short-acting methods
  2. LARCs
  3. PMs
  4. Traditional methods
- Also included were high-population countries (Ethiopia, DR Congo), to ensure that analyses were representative of the region's population
- Used STATA Version 9; SPSS Version 20; StatCompiler

Demand for Limiting Is Strong

- Although fertility desires are generally high, demand for limiting births (met and unmet need) is strong
- 37% of all demand for FP is for limiting
- 9% of women reported they had wanted no more children at the time of their last birth
- Demand to limit exceeds demand to space in one-third of the countries
- More women hope to use LARCs or PMs in the future

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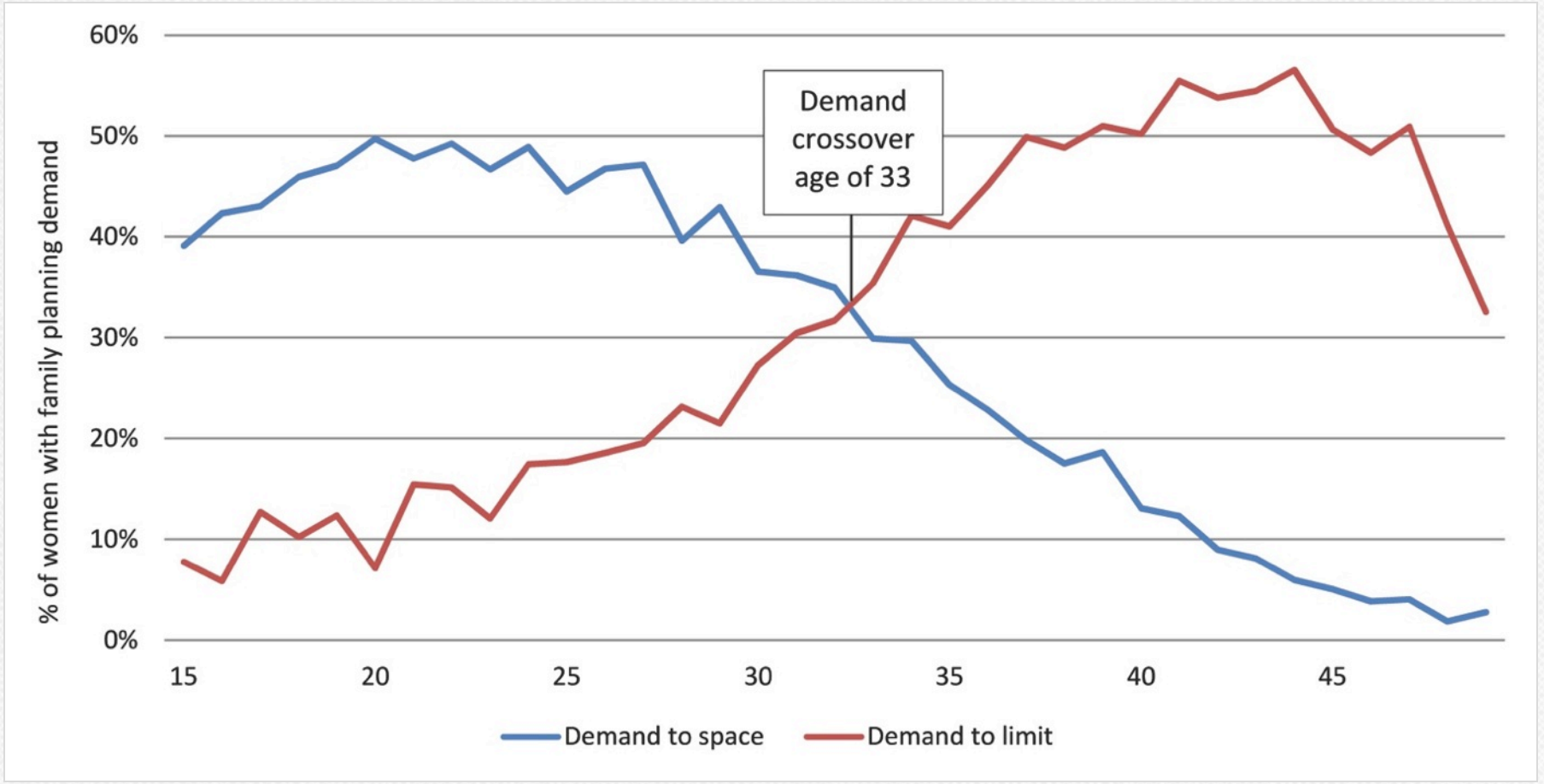
Demand for Spacing and Limiting Births, by Age

(averages weighted by population of women of reproductive age for all 18 countries)



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Conclusions

- Fertility decline is likely to continue in Sub-Saharan Africa
- If this trend holds, more and more women will want to limit, requiring advance preparation by FP programs
- Many Sub-Saharan African women want to limit, and are already taking action to do so
- Younger women have a significant unmet need for limiting
- Programs must pay attention to growing number of women with an intention to limit—this is a unique audience, long overlooked and underserved

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ORIGINAL ARTICLE

Women's growing desire to limit births in sub-Saharan Africa: meeting the challenge

Lynn M Van Lith,[a] Melanie Yahner,[b] Lynn Bakamjian[c]

Contrary to conventional wisdom, many sub-Saharan African women—often at young ages—have an unmet need for family planning to limit future births, and many current limiters do not use the most effective contraceptive methods. Family planning programs must improve access to a wide range of modern contraceptive methods and address attitudinal and knowledge barriers if they are to meet women's needs.

ABSTRACT

Demographic and Health Survey data from 18 countries were analyzed to better understand the characteristics of women wishing to limit childbearing. Demand for limiting (14% of all women) is less than that that for spacing (25%) but is still substantial. The mean "demand crossover age" (the average age at which demand to limit births begins to exceed demand to space) is generally around age 33, but in some countries it is as low as 23 or 24. Young women often intend to limit their births, contrary to the assumption that only older women do. Large numbers of women have exceeded their desired fertility but do not use family planning, citing fear of side effects and health concerns as barriers. When analysis is restricted to married women, demand for limiting nearly equals that for spacing. Many women who want no more children and who use contraception, especially poor women and those with less education, use less effective temporary contraceptive methods. A sizable number of women in sub-Saharan Africa—nearly 8 million—have demand for limiting future births. Limiting births has a greater impact on fertility rates than spacing births and is a major factor driving the fertility transition. Family planning programs must prepare to meet this demand by addressing supply- and demand-side barriers to use. Meeting the growing needs of sub-Saharan African women who want to limit births is essential, as they are a unique audience that has long been overlooked and underserved.

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