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## BREAKING DOWN BARRIERS TO FAMILY PLANNING ACCESS BY ENGAGING AGENTS OF CHANGE

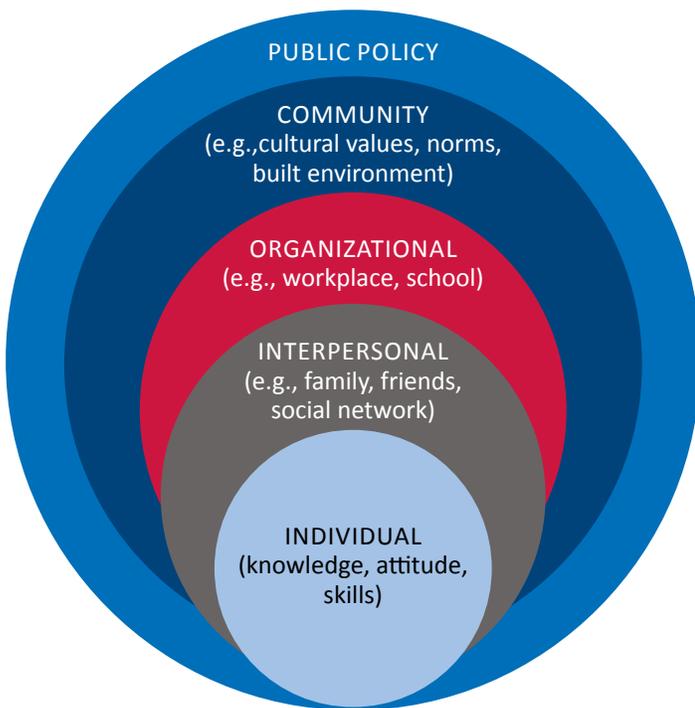
### INTRODUCTION

Research shows that contraceptive use, or non-use, is not solely an individual’s choice but can be influenced by the ecosystem around an individual.<sup>1</sup> This ecosystem, depicted in the socio-ecological model,<sup>2</sup> contains an interwoven web of interpersonal, organizational, community, and policy-level determinants that affect an individual’s family planning and reproductive health behaviors.

Social and behavior change (SBC) approaches target multiple levels of this ecosystem and are thus a pivotal part of family planning (FP) programming – impacting the interpersonal relationships, community structures, and social norms that guide individual behavior. Evidence-based SBC interventions can increase knowledge of FP, shift attitudes and norms, and influence behaviors around contraceptive use.<sup>3</sup>

Grounded in this socio-ecological model, Transform/ PHARE (hereafter referred to as PHARE) was a five-year USAID-funded program implementing a variety of cross-sectoral SBC approaches outside a traditional health-related context. One component of the program was to provide information and encourage dialogue with key gatekeepers who play a role in influencing individual FP decision making. PHARE used innovations from marketing, advertising, and behavioral economics as well as human-centered design (HCD) principles to:

- Increase informed demand for FP products and services;
- Enhance support for voluntary FP among key secondary audiences; and
- Address social norms to create a more favorable environment for voluntary FP.



<sup>1</sup>Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission, 2018.

<sup>2</sup>Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, 32(7), 513-531.

<sup>3</sup>High-Impact Practices in Family Planning (HIPs). *Social and Behavior Change: A Critical Part of Effective Family Planning Programs*. Washington, DC: USAID; 2018.

This technical brief provides country examples, best practices, and lessons for engaging key secondary audiences and influencing social norms toward the broader aim of increasing knowledge and informed demand for voluntary FP. This brief is applicable to other implementing organizations, donors, and ministries of health that are implementing SBC programs for FP.

## FRAMEWORK

The following best practices and models informed PHARE in designing and implementing SBC programs for FP:

1. **Agents of Change:** A group or segment of the population that has access to social capital, status, or power. Agents of change can actively use these assets to take public action (e.g., influencing family or community members, peers, or religious and political leaders) in support of voluntary FP and commit to propelling positive change in support of FP and gender equity within the wider community.<sup>4</sup>

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PHARE's SBC interventions focused on key influencers of contraceptive use including religious leaders, parents, young men, and male partners. The program engaged these audiences as agents of change who have some level of influence within families, social networks, communities, and societies and who can use that influence to address barriers to FP.

2. **Human-Centered Design:** A collaborative, rapid, and iterative design framework that facilitates participation from key primary and secondary audiences as equal partners in the development implementation and testing of interventions.

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PHARE used the HCD process to develop and test solutions for increasing support for FP. The team gathered insights to better understand the lives of primary and/or secondary audiences and their barriers to FP use, organized workshops to generate and test ideas for increasing support for FP among different audiences and tested prototype interventions through an iterative process of learning and adjusting.

3. **Community Group Engagement:** Interventions that work within community groups to influence individual behaviors and/or social norms rather than targeting individuals' behavior alone. These interventions aim to maximize engagement to better understand the community's perspective and challenges related to voluntary FP.<sup>5</sup>

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As part of its broader package of SBC interventions (e.g., interpersonal communication, counseling, mass media, etc.) PHARE promoted positive RH behaviors, including voluntary contraceptive use, by engaging, educating, and mobilizing communities to influence attitudes and behaviors within individuals, families, peer groups, and the community at-large.

## COUNTRY CASE STUDIES

All of PHARE's interventions sought to increase contraceptive use and strengthen the enabling environment for voluntary FP by reaching women of reproductive age as the primary audience. The case studies below describe various SBC innovations that were designed and tested through the HCD process, highlighting the benefit of engaging secondary audiences in each. Results, lessons learned, and implications on gender dynamics are included to inform broader FP programming.

### ENGAGING MEN AND RELIGIOUS LEADERS IN NIGER: SARARI AGENTS OF CHANGE: RELIGIOUS LEADERS AND YOUNG, MARRIED MEN

In the Zinder region of Niger, the team gathered insights from over 200 religious leaders, healthcare providers, and young married men and women on their attitudes and knowledge of FP as well as how social norms, peers, family, and religious and financial constraints affect decision making. Two teams—one of young men and one of young women—designed and tested 10 prototype interventions aimed at motivating religious leaders to publicly support birth spacing and improving men's understanding of the financial implications of having children. The resulting intervention, called Sarari (which

<sup>4</sup>Essential Considerations for Engaging Men and Boys for Improved Family Planning Outcomes. Washington, DC: USAID; 2018.

<sup>5</sup>High-Impact Practices in Family Planning (HIPs). Community Group Engagement: Changing Norms to Improve Sexual and Reproductive Health. Washington, DC: USAID (2016) Oct.

means ‘spacing and comfort’ in Hausa), engaged young men and religious leaders as agents of change through two distinct activities.

## ENGAGED RELIGIOUS LEADERS

To overcome religious leaders’ fears and leverage their trusted status in communities, PHARE established a collective of supportive religious leaders and trained them to openly address the importance of birth spacing for improved family health. Male and female leaders learned how to use teachings from religious texts to deliver messages and encourage broader communal support for voluntary FP. During the pilot, leaders gave more than 1,250 sermons on birth spacing and maternal health through Koranic schools. This activity was gender accommodating in that it worked within existing gender norms without exploiting existing inequalities.

### KEY INSIGHTS AND BARRIERS

- Young people are religious but do not consult religious leaders on matters of health.
- Religious leaders influence parents and elders, which can set the tone for social norms and values.
- Many religious leaders support birth spacing and FP but fear proclaiming their support publicly.

## DEDE RUWA DEDE TSAKI (“JUST THE RIGHT AMOUNT OF WATER FOR THE FLOUR”)

PHARE selected male leaders from fadas<sup>6</sup> and trained them in using communication and budgeting tools to lead discussions with their peers about ideal family sizes in relation to their future life goals. Religious-themed posters hung in fadas to encourage open dialogue around parental responsibilities and the importance of birth spacing. Leaders also facilitated a participatory budgeting exercise<sup>7</sup> to help young people match optimal family size to their economic means. These discussions reached more than 5,000 youth using the financial planning tool, to discuss future planning and ideal family size. Encouraging dialogues between husband and wife

also addressed gender inequalities in decision making and social norms.

### KEY INSIGHTS AND BARRIERS

- Support from husbands is the primary determining factor in women’s contraceptive uptake.
- Men exercise control over all household decisions.
- Young men have low awareness of the costs of raising a child.

## RESULTS AND LESSONS LEARNED FROM SARARI IMPLEMENTATION

Baseline and endline surveys conducted with religious leaders and youth showed an increase in support for voluntary birth spacing and willingness to discuss these topics within their communities, in addition to a reported decrease in the average number of children desired.<sup>8</sup> Surveys also showed an increase in religious leaders and youth who reported that women have the right to choose the method they desire. The number of new FP users also increased over the pilot period.<sup>9</sup> Key lessons learned from implementation include the following:

- Gender and power dynamics should be considered when designing interventions with agents of change to ensure that harmful gender inequalities are not being reinforced or exploited. Even in highly unequal contexts, understanding the needs and aspirations of different audiences and tailoring interventions accordingly makes it possible to generate support for women’s use of FP.
- Influencing behaviors, attitudes, and norms depends on choosing the right agents of change to act as messengers and educators. Religious leaders who were already supportive of FP were able to engage in dialogue on FP, using their respected status to positively frame the benefits of birth spacing and demonstrate to the community the existence of broader support for FP.

<sup>6</sup>In every village in Niger, there is at least one fada, which is a meeting space where young men congregate and converse. Each fada has a youth leader.

<sup>7</sup>Financial tool

<sup>8</sup>Among 164 youth surveyed, the average number of children desired decreased from 11 (baseline) to 6 (endline).

<sup>9</sup>The number of new FP users doubled between Q2 2018 and Q2 2019 (from 222 to 451), while the number of new FP users also increased by 57% from Q2 to Q3 2019 (from 183 to 288).

- Engaging female religious leaders is important, as they bring a different perspective on FP issues than male leaders and can speak directly to young women while drawing on shared experiences.
- Insights are crucial to designing interventions that resonate with different audiences. As greater clarity evolved on gender roles in the household as well as who and what drives decisions around health and finances, the design team created tools like the financial planning tool to help young people make decisions around family size and encourage dialogue within the couple about FP.

## IMPROVING PARENTAL COMMUNICATIONS ON FP IN BENIN: ARTISANAL ACADEMY AGENTS OF CHANGE: MOTHERS OF ACADEMY GIRLS

In Benin, parents and caregivers are influential sources of knowledge, attitudes, and beliefs for children and guide their development and behaviors. However, sexuality remains a taboo topic of discussion between parents and children, even along gender lines (mothers/daughters and fathers/sons). PHARE sought to increase knowledge of and demand for FP among out-of-school, adolescent girls by enhancing support for FP use among girls' mothers and improving parental communication.

### KEY INSIGHTS AND BARRIERS

- Mothers usually don't talk to a daughter about sex until after she becomes pregnant.
- Mothers can be a source of myths and misinformation on SRH issues.
- Mothers want their daughters to have accurate information on FP to avoid unwanted pregnancies but are unsure how to talk about this topic.

Using insights gathered from girls and mothers, PHARE piloted a prototype called the Academie de l'Artisanat (Artisanal Academy) in 2017. Girls attending

the Academy received information and referrals on FP as well as vocational training in handicrafts in an effort to improve their self-efficacy while increasing their FP knowledge. Simultaneously, PHARE brought Academy girls' mothers into this initiative through monthly "Mom Talks" in order to increase this key influencers' acceptance of FP. Mothers and healthcare workers attended these talks and received education as well as coaching on how to discuss RH issues with their daughters. In 2019, PHARE expanded the scope of the Academy to additional regions and reinforced training of mothers in parent-child communication.

## RESULTS AND LESSONS LEARNED FROM ARTISANAL ACADEMY IMPLEMENTATION

PHARE reached 180 mothers who took part in monthly talks and observed improved FP knowledge among both girls and mothers. By the end of the intervention, 97% of mothers reported having discussed sexuality with their daughters, compared to 58% of mothers prior to the intervention. While mothers' attitudes related to girls' FP use were not measured, exit interviews with participating mothers revealed that they felt more supportive of their daughters' RH needs and decisions and felt equipped with the right information to engage in these conversations. Key lessons learned from implementation include the following:

- There is a need to engage fathers in these types of initiatives, since they were identified as important influencers, particularly when it comes to boys' attitudes and behaviors regarding sexuality.
- Mothers often had low FP knowledge themselves and were unsure of what their daughters were learning through the Academy. By engaging mothers, they not only showed increased support for the activity but increased their own knowledge of FP/RH.
- Youth often face stigma when seeking FP services. Therefore, it is important to train providers to ensure youth friendly health services are available and to provide opportunities for providers to visit activity sites to learn skills to effectively engage with youth and reduce barriers to FP uptake.

## KEY TAKEAWAYS AND RECOMMENDATIONS FOR VOLUNTARY FP PROGRAMMING

- **Designing SBC initiatives:** For SBC interventions to be effective in supporting contraceptive use, they must be linked to broader FP program activities, such as service delivery or broader advocacy and policy work. While the PHARE interventions placed an emphasis on improved knowledge of FP through the Academy, the program also trained health workers from nearby health facilities in youth friendly service delivery to offer services to youth.
- **Addressing gender dynamics:** Engaging men and boys as agents of change can have lasting benefits for women and girls. However, changing gender norms and relations also takes time and investment. PHARE gathered insights directly from men as well as from women and girls, to better understand existing gender dynamics and to ensure that interventions did not reinforce harmful norms but rather introduced incremental change.
- **Engaging agents of change:** Reinforcing agency of key influencers to take an active and supportive role in voluntary FP interventions is one pathway to increase contraceptive uptake and shift broader attitudes and norms in favor of voluntary FP. Agents of change can use their status and voice to advocate for FP within the community in addition to influencing women's individual behavior. Programs can enhance partner, parental, and societal support for a stronger enabling environment around FP by engaging influencers as valued recipients of a program, as design partners during the HCD process, or leaders of different activities.

- **Understanding the audience:** Behavior change requires insight into individual or group values and barriers. While there is no one-size-fits all solution, gathering insights can help uncover the knowledge, attitudes, and experiences that different audiences have with FP/RH and tailor interventions that leverage opportunities while minimizing barriers. PHARE leveraged insights to gain a deeper understanding of its audiences and relied on diverse design teams to bring these insights to life successfully, all while focusing on rapid learning and adaptation through active participation of these audiences.

### ADDITIONAL RESOURCES

- [Increasing Support For Reproductive Health Activities Among Religious Leaders In Niger, French](#)
- [TRANSFORM/PHARE](#)

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