Accelerating progress in family planning. How can we double the uptake of modern contraceptives by 2030?

Q&A

April 2021

RESPONSES TO QUESTIONS FROM "ACCELERATING PROGRESS IN FAMILY PLANNING" WEBINAR

Christine Galavotti

Was the 5.9% increase in FP in tx vs control, statistically significant?

Hi Christine – yes it was statistically significant, p=0.046

Can i get a copy of the peer-reviewed publication please? So it hasn't been peer-reviewed? it's a working paper?

The working paper from our family planning RCT in Burkina is now available to access and share online on the Oxford University site. https://www.csae.ox.ac.uk/papers/the-media-or-the-message-experimental-evidence-on-mass-media-and-modern-contraception-uptake-in-burkina-faso. The paper has been submitted to the journal *American Economics Review* (AER), so it is likely to be subject to changes following peer-review.

Abdoulaye Toure

Je pense que là on n'est beaucoup focalisé sur la connaissance, c'est à dire le savoir. Je pense qu'il serait utile de travailler sur le pouvoir et les ressources

Merci Abdoulaye. Nous convenons que les fournitures et les ressources sont extrêmement importantes. Notre propre travail du côté de la demande n'aurait rien obtenu du tout s'il n'y avait pas de contraceptifs dans les cliniques, ou s'ils étaient inabordables. Mais notre étude montre qu'en augmentant la demande, la croissance de la prévalence contraceptive peut augmenter à un rythme beaucoup plus rapide, en faisant un meilleur usage des ressources existantes du système de santé.

(We agree that supplies and resources are enormously important. Our own work on the demand side would have achieved nothing at all if there was no contraceptives in the clinics, or if they were unaffordable. But our study shows that by increasing demand, the growth of contraceptive prevalence can increase at a much faster speed, making better use of existing health system resources)

Victor Orozco

Very interesting findings. Congrats! I have two questions:

From your formative research/RCT findings, do you have a sense what content/episodes was most effective in promoting behavior change?

It is difficult to disentangle the effects of the different radio formats we used, as the RCT measured the impact of the campaign as a whole. But from our qualitative research we know that the interactive shows were particularly effective in engaging men and generating community and couple discussions about family planning. They were aired during the peak evening slots when we know men and women are most likely to listen and they prompted a lot of calls in to radio stations. The spots focused on motivational messages (e.g. emphasising the health and economic benefits of birth spacing) as well addressing widespread misconceptions such as the fear of modern contraceptives causing infertility. The campaign was particularly effective in reducing concerns about contraception making women sick or infertile. Side effects were addressed both in the interactive shows (with MSI experts participating to answer questions) and in short spots featuring testimonials about different contraceptive methods.

You noted the challenges of changing deep-seated values. What content modifications/complementary interventions do you think are necessary for affecting core values?

Yes entrenched values are very difficult to shift and it may take much more time to see measurable changes to cultural and societal norms. We're not aware of any SBCC campaigns that have demonstrated they can successfully shift

fertility preferences for example, these simply do take a long time to change. As Marie Ba mentioned, religious and community leaders play a very important role in influencing these entrenched beliefs and values. Whilst we featured such local influencers in our interactive shows and spots, perhaps increasing the amount of localised content, featuring local leaders, would be beneficial. Additional community level interventions may help with this but would be very hard to do on the same scale and would dramatically reduce the cost-effectiveness.

One of the many advantages of mass media is that producers need to heavily invest in formative and marketing research before a final product can be broadcasted. This is not the case for many face-to-face interventions. Given panelists' point for the need to engage community leaders and community members to change core values, how can mass media campaigns be effectively combined with F2F components? Can we use more videos for training materials?

Yes you can combine them. But it's worth noting that face-to-face interventions will not have the same cost-effectiveness as mass media, because the costs are spread around, say, 5 thousand people rather than, say, 5 million people. Engaging with community leaders is essential, though. In our project we met with and sought input from religious leaders in Burkina and fed their input into the messages. We also featured them in our shows. This is probably a more cost-effective option than producing media outputs targeted at religious leaders.

Benoit Kalasa

Congratulations to DMI to complete this study and bringing attention to a central piece of FP interventions. Demand creation is the way forward for going to scale and expanding rights and choices of women and communities

Thank you Benoit, your input and wise counsel on our Independent Scientific Advisory Committee was appreciated by all of us!

Supporting the multi-dimensional aspects highlighted by My Thieba and also inclusive partnerships. Ouagadougou Partnership is one of them, FP 2030 and from UNFPA side, the support from FCDO is complemented by strategic interventions on gender equality and women empowerment, gender transformative norms... In addition to mass media we need to leverage innovation and other means of reaching out to all targets, young people and other gate keepers...

Andy Wright

Is there information freely available online about the campaign? Including examples of the executions in each channel and perhaps a media plan? If so is there a link the panel are happy to share?

Yes of course - you can find more information on DMI's website
https://www.developmentmedia.net/project/familyplanningrct/

Anne Philpott

Roy - could you tell us a bit more about how you have scaled up and adapted with FCDO funding to 7 countries ? i.e. what you have learnt through WISH about different approaches and impact in different contexts

As part of the WISH consortium in East Africa, we are broadcasting family planning content in seven countries in East Africa (Ethiopia, Tanzania, Madagascar, Mozambique, Malawi, Uganda and Zambia). These campaigns use radio but also TV and social media content in some countries where these channels are necessary to reach our target audience. The WISH programme is also particularly focused on reaching youth and those living in poverty. Our content and broadcasting strategy has therefore been designed to be more targeted towards reaching these audiences.

Through the formative research that was collected for WISH, we found many of the barriers to contraceptive use that were identified during our RCT in Burkina Faso, were also obstacles in the 7 East African countries where we're implementing campaigns for WISH. For example, concerns around side effects and the belief that modern contraceptives can make women infertile were widespread. There was also a lack of knowledge about contraceptive

methods, particularly among youth. Lack of agency among women and young people was also identified as a key barrier to contraceptive use, so our campaign includes messages encouraging discussions about SRH among youth and caregivers, as well as between couples.

A challenge in some of our WISH countries (such as Tanzania) has been reaching a more conservative audience and also operating in a less favourable policy environment (attitudes towards family planning were very positive in Burkina Faso)e This has meant that promoting family planning is a more sensitive issue so we have had to be particularly mindful of feedback from partners, ministries of health and our target audience when developing and testing content before broadcasting, to make sure it is pitched at the right level and will be accepted. We have had to carefully adapt our radio content from West Africa to each local context, as well as produce a lot of new audiovisual content too.

Adding to Marie's point - what happens when you increase demand when there is no supply/health services and or a more restrictive policy environment than Burkina Faso?

This is a question we often get asked. Obviously if there was zero supply then we'd have no impact at all. But we can't wait until health supplies are perfect before we stimulate demand. What's the right point at which we should intervene? Probably when services are available in over 80% of health posts, something like that, although that's a very unscientific estimate. In more restrictive policy environments our work is much harder: the campaigns get blamed for encouraging promiscuity if we target youth, etc. In these cases we simply work within the government limits, but we don't have as much impact.

Sebastiana Etzo

DMI's saturation approach is very interesting and I congratulate them for the impressive results. I'm curious to know how you measured what worked in those campaigns and what didn't, for whom the campaign was more effective (e.g. young women? older women? rural/urban, etc.), why. What other factors contributed to the success (outside the controlled group)? Rachel Glennerster partly touched on this. More broadly, I'm thinking about some of the criticisms to RCTs such as failing to acknowledge the central role of human agency in enabling or frustrating project objectives. In other words, what place qualitative research/methods play in your approach, if any? (i'm referring in particular to some of the criticism raised by Naila Kabeer: https://www.tandfonline.com/doi/full/10.1080/19452829.2018.1536696). Thank you

More information on how effects were measured and further sub-group analyses can be found in the working paper here:https://www.csae.ox.ac.uk/papers/the-media-or-the-message-experimental-evidence-on-mass-media-and-modern-contraception-uptake-in-burkina-faso

The media campaign impact was larger for women older than 22 years old at baseline and for women who had more information on contraception (from 35% to 43%, p-value=0.063) and more positive attitudes toward family planning and birth spacing (from 32% to 41%, p-value=0.007) to begin with. Impact on women younger than 22, women who had less information on contraception and more negative attitudes towards family planning were much smaller and not statistically significant. This may be because these women had less unmet needs at baseline (38% of women under 22 years old at baseline had unmet needs compared with 48% of women older than 22).

Survey data was captured from women living in rural villages only, so it isn't possible to compare urban and rural groups. But the clinic survey and routine data captured both the urban and rural populations that access health centres. This data showed similar findings to the survey of rural women, with significant increases in family planning consultations and contraceptives distributed, in intervention areas compared with controls.

Qualitative research is absolutely fundamental to our approach. Our content is based on extensive formative research which is carried out among target communities before campaign content is developed. Through focus group discussions and indepth interviews with key stakeholders, we ensure we understand the context and the barriers to changing the behaviours that our campaign will promote. In addition to this, we use qualitative methods to pre-test all content, checking comprehension and acceptability among our target audiences. We also carry out on-going qualitative research throughout our campaigns, to monitor whether barriers and behaviours are changing and feed this back into

our production process. Qualitative research is therefore very important to allow us to iterate and adapt our campaigns.

Jen Snell

I'm very excited about having data to support the impact of the DMI SBCC intervention. Would you say that your results are generalizeable for FP SBCC campaigns? And if not, to what do you attribute your success?

We would say that the results support the impact of campaigns which follow a Saturation-based method. That is, broadcasting at the level of intensity that we used in the campaign (10 spots per day on each radio station, plus 3 x 1hr interactive shows per week). We don't think that these results can be generalised to all media campaigns, and particularly not campaigns which broadcast just a few spots per week.

Wend-Payengde Come Ouedraogo

7.7$ of saved for each woman who started using FP method... is this a save in a year base or monthly?

It is an annual cost per additional woman using modern contraception.

Precious Mpashi

Seeing that fear of side effects has proved to be the biggest barrier to accessing or using of FP. 1. What did you do to address the fears and myths that the people in the intervention areas brought out? 2. From what was done in Burkina Faso is there anything you would like to improve on or do differently if this study will be done in other countries which would help alleviate the myths and fear of side effects?

Every country will have its own fears and misconceptions to address and it's essential that this is researched before any campaign in any new country. We used spots to address fears of infertility, or IUDs being "lost" in the body, as well as interactive phone-in programmes where experts from MSI could answer people's questions.

How do you plan to involve the Youths going forward? and Did the study identify single women / young women who adopted the usage of FP?

We engage with youth as part of our formative research, to ensure we tailor messages to this audience. The WISH project has a particular focus on reaching youth, so we have produced radio and audiovisual material which specifically addresses barriers to SRH among youth. This content is being shared through youth networks as well as via TV and social media channels in the various WISH countries of operation.

We haven't yet conducted any detailed analysis of the RCT data among single women but this group is fairly small because 84% of the sample were married.

Nicola Harford

To what extent are structural, rather than individual or cultural factors important - e.g. factors relating to poverty and the lack of social protection and pensions for people who desire a large family (particuarly boys) to ensure there is support, especially in their old age? Was this addressed in DMI's work in Burkina Faso? (How) can mass media interventions address these factors?

An interesting question! But no, I don't think mass media has the solutions to these problems! It's certainly likely that improved social protections will reduce people's anxieties about their old age, and this does correlate with increased contraception, but this is beyond the scope of a media campaign.

Abu Hanif

This is very interesting findings, do you consider inclusion/inlusiveness of the facilities as well as services in your study?

No, it wasn't part of the study. But interestingly, one station in the Sapouy area responded to complaints that the health services weren't very inclusive and lobbied the local mayor on their behalf. But it wasn't something we studied or encouraged!

Sue Holland

I'm interested to know if you managed to determine how the effects of the media campaign influenced uptake of FP in the commmunity - eg did it mainly influence some of the 'gatekeepers' to FP, such as men / mothers-in-law, or was it primarily influencing the women users themselves who then felt more reassured about taking up FP again?

Our survey data was collected among a panel of women of reproductive age. So unfortunately we don't have trial data from men or other influencers of women's contraceptive use. But we did conduct an extensive amount of qualitative research throughout the campaign and from this we know the campaign influenced men, who in this context are typically the head of the household and key decision maker for matters related to the family and health. Men typically have very little interaction with health services and so the campaign helped to encourage discussion about family planning and to make men (as well as women) more informed about contraceptive choices. This seems to have been an important aspect of the campaign's effect, in combination with empowering women – there was also a statistically significant impact on women's self-reported health and wellbeing.

Brigitte Alarcon

Is there evidence that the campaign was successful in changing behaviours amongst most vulnerable women / women experiencing poverty ? Was the impact of the campaign evaluated through socio-economic segmentation? Thank you.

Detailed sub-analyses by economic status have not yet been carried out.

Claudia Vondrasek

There is a new High Impact Practice document on addressing Social Norms coming out very soon.

Thanks for letting us know.

Charles Siwela

Over and above those excting outcomes, were there any specific outcomes for Girls and young women who are forced into early marriages, did they have appetite to take up family planning for example, and another question, were there GBV incidencies reported in cases were some men were not supportive and how was this overcomed?

Unfortunately we did not collect data on whether women participating in the survey were in forced early marriages so it would not be possible to explore this. GBV was measured but there were no significant differences in GBV rates between the control and intervention arms.

Saumya Ramarao

What type of intervention to change behaviors or create demand that addresses deeply held views and norms to move the needle on those who have not used contraceptives before? Once the first segment of women are reached who are amenable to having their myths dispelled, what's required next?

See response to Victor Orozco question 2 above.

The interactive and moderated discussion of the intervention is important. What extensions can we draw from this experience to apply to other communication platforms--social media for example which is where increasingly younger people are found. What are we learning from interacting with health consumers through other platforms?

We have used social media in many countries. In West Africa our films were viewed on Facebook some 4 million times. We don't yet know how effective social media is for changing behaviour: people tend to see films once, which is not

the saturation-levels we can achieve through TV and radio. So we don't yet have the research base to answer this question, but it's a good question!

Karen Zamboni

Roy - could you say a bit more about the content of messaging: spacing v. limiting births? family dividend, couple choosing together? Would be good to understand nuances of what worked if this is to be adapted to other contexts. What formative research did you conduct to get the message right?

We did a lot of formative research and it became clear that there was more appetite for spacing than limiting births. In the baseline survey more women reported unmet need for birth spacing (~34%) than limiting (~12%). So we focused more of the messaging on promoting spacing births. We found our audience was very receptive to the promotion of dialogue between couples and to the health and financial benefits to the family of this strategy. (See also earlier responses above on our use of formative research).

Rachel - can you say a bit more about the primary and secondary outcomes evaluated, and which ones the intervention had an effect on (and did not)? You mentioned for example the intervention was not effective at changing family size preferences (I was not clear if this was an intended outcome given the mention that messaging was mainly on spacing and not limiting)

You can find much more detail on all of this in the working paper which is available here: https://www.csae.ox.ac.uk/papers/the-media-or-the-message-experimental-evidence-on-mass-media-and-modern-contraception-uptake-in-burkina-faso.

Babatunde Akinwunmi

Thanks to the panelists for the very informative discussion. How do you think we can work more around cultural norms and practices to improve family planning uptake especially in the low and middle income countries?

Yes. It's possible to work in this way in every country. But every country is different, the beliefs have different nuances, as you say, and for this reason we need formative research and pre-testing to be part of every campaign.

Jon Cooper
Whilst RCTs are great at say what happened, often they don't tell us why - the enablers and barriers - which more qualitative evaluations provide. Is there an aspiration to explore this model using mixed method evaluation approaches or research - which would perhaps help explain how these interventions may work in different contexts, plausible contribution and how they may best be replicated and scaled?

Yes, we very much agree that qualitative process evaluation is essential for helping to understand the underlying mechanisms that drive observed changes in behaviours. This is why we place a great emphasis on conducting qualitative "feedback" research throughout the course of our campaigns, to help us understand whether barriers and behaviours are changing and if so how and why. This allows us to iterate and adapt campaign messages. As part of our scale up work in East Africa (with the WISH consortium) we are using qualitative research to assess how the adapted family planning campaigns are working in these different contexts.

Emebet Wuhib-Mutungi

I would be interested to know what was it about the media content/approach that worked, i.e why did it have more of an impact on addressing misinformation/myths rather than norms?

Our experience is that myths (as well as stigma) are relatively easy things to address using mass media. Our results in this trial are consistent with previous projects where the impact on myths and stigma were large. But norms in this context are very powerful: linked to beliefs built up over centuries about the status of a man or a woman being linked to their fertility, as well as being linked to God and religious beliefs. These things are much harder to change in a relatively short campaign.

Salim Salam

What role could the private sector play in funding scale-ups, given that the pharmaceutical sector and condom manufacturers will sell more product if FP campaigns work?

We think it's a very good idea!

Nazmul Huda

Hello- This is Dr. Nazmul Huda, Health Financing Advisor to Options UK in Bangladesh. In Bangladesh, rapid shift to private sector is happening. What is your experience and how to realize private sector potential? I know about interventions with mixed result. What is the global level experience at the time being.

We can only speak for the media side of things, but the private sector does not make working with beliefs and knowledge any more difficult.

Chowa Tembo

Roy, have we trained gate keepers in FP in order to repel myths and misconceptions, increase access and uptake of FP services? Is it important to invest in them? Chowa, Zambia

Yes. As we noted above, we involved religious leaders in the development of messages, and we regularly invited them on to our programmes. Training health workers is also an excellent idea, although we didn't do it. It's hard communicating about sexual matters, and our hope was that our radio programmes gave good examples of how to do this. But it's a good idea to do more.

Patricia Osazuwa

How do we increase up take of family planning methods among youths where parents disapprove of them even when the youth are asexually active .

It's important. Attempts at educating youth are tricky in conservative cultures, and many parents disapprove, which is why schools and the media and peers have to take up the challenge.

Dr. Mansur Muhammad Tukur

Did you have any instances in Burkina Faso where increased demand led to commodity stockouts. If so, was there anything your campaigns did to address this issue?

No. Burkina Faso's health system has a well organised supply of most commodities, including family planning supplies. We were very fortunate in this respect.

Bonaventure Yameogo

Hi everyone! Je voudrais faire remarquer qu'il y a des normes qui ne changeront pas, au regard de leur caractere ou de l'influence de la religion. il faudrait faire avec, en respectant la position publique defavorable par exemple de l'Eglise, et mettre l'accent, et travailler sur le changement de comportement ches les prestataires de santé, et lever les peurs et les craintes sur les sides effects des methodes contraceptives.

Nous pourrions aussi Communiquer sur l'espacement et la Planification des naissances, des grossesses pour la santé de la mere et de l'enfant.

Wina Sangala

These are fantastic and exciting findings. just curious whether there was any focus on male FP methods. i see so much scope here with mass media approaches in addressing barriers in uptake for other methods such as e.g. vasectomies 1) were vasectomies included as a method in the RCT? 2) what supply challenges were faced in the RCT and how were these tackled?

We focused on 5 methods only: implants, injections, pills, IUD, and condoms. This was based on the most popular methods in Burkina Faso when we began the project. We didn't promote vasectomies for the same reason. So the only one that men could use themselves was condoms. There were, thanks to the well-organised Burkinabe supply system, no supply challenges of any scale.

I work with Connected Advocacy the major challenges is service delivery how do we prove on service delivery ?

I'm afraid this is beyond our expertise. But it's important!

Nabeela Alam

I think you mentioned that the pilot was completed in 2015? Do you see the take-up persist without messaging or are the radio messages being continued?

The project was completed in December 2018. Since then it has been scaled up to the national level in Burkina Faso and is still running today.

Olumide Adefioye

Please, would the recording be shared? I missed out quite some part. email is enochmide@gmail.com. Thank you.

Yes of course! It is here. https://youtu.be/ELlOOGsL3pk