Social determinants for sustained use of family planning

Who is reached and who is left behind by traditional family planning programs?
Background

- Traditional health interventions: information & service quality and availability are not enough to ensure service for all
- Family Planning (FP): improving access to services and information is also not enough for addressing the underlying causes that inhibit FP uptake.
- CARE Ethiopia, has implemented FP programs mainly through mobilizing communities through trained community volunteers,
- Yet, volunteers adhere to the social norms of their culture, which may send conflicting messages,
- Building on experiences, CARE is implementing ‘Social Change for FP Results Initiative’ using the Social Analysis and Action (SAA) approach
SAA - Social Analysis and Action

- Considering that addressing social determinants is a prerequisite to effective programming CARE has developed the SAA approach,

- SAA is an “approach for working with communities through regularly recurring dialogue to address how their social conditions perpetuate their health challenges.”

- Social Analysis was conducted in two steps at the RI project areas in Ethiopia: gaps of existing FP Programs were identified.

- First project staffs explored their own biases and behavior regarding (un) acceptable behaviors towards FP, gender equity and rights approach;

- The second step was the actual situation analysis done by the staff in the community itself.
The Reflection-Action Cycle (Source: CARE, 2007)

1. Transform staff capacity to self-reflect, challenge and facilitate
2. Reflect with community on social norms, values and discrimination
3. Plan for action with community members to address discrimination and challenge social norms
4. Implement plans using pooled project and community resources to achieve greater social equity
5. Evaluate change in individuals; groups; structures, policies and laws; and social norms
Situational Analysis of the RI in Ethiopia, 2008 - Findings

- The data showed three major barriers related to family planning use in the area:

1. Biases in Health Service Provision
2. The influence of Religion
3. Cultural Norms and Tradition around fertility, sex, marriage
Health Service Provision

1. Limited method mix
2. Lack of FP counseling (side effects)
3. Limited male involvement in FP
4. Negative attitudes of service providers
5. No proactive reach out to marginalized groups (widows, divorcees, sex workers, adolescents)
Religious influence

- Religious leadership is strong & influential

- Sex is only acceptable in the context of marriage; hence Family Planning is relevant and justified only for married couples.

- Although some passages in the Bible and the Koran refer to limiting family size for economic reason, there is fear to use FP,

- Underlying fear: Family Planning is hindering God to bless you with children, limiting the number of children is questioning God’s capacity to feed his creation.
Culture and Tradition

- No open discussion about sexuality in the society, more importantly in the family.
- Premarital sex, prostitution and adultery are taboo – sort of “blind spot” for the society.
- Adolescents, sex workers, widows, divorcees have no access to FP or access FP in secret to avoid stigma and discrimination.
- Children are highly valued in society for status and are needed in the workforce: “the more the better”
- Male children are preferred to females
Culture and Tradition

- Women use a high number of children to keep husbands from getting another wife.

- Family Planning in wedlock is allowed under certain conditions; while economic reasons are accepted, the health of the mother is not.

- Early marriage very common (Although age for marriage is 18 according to Federal constitution)

- Delaying of the first child using FP is not acceptable, even if it means to drop out from school for the girl.
**Knowledge contribution/Lessons learned**

- Religion and Gender: identified as key underlying social determinants that define social norms around FP and fertility.
- Religion influences ideas around virginity, fornication and adultery, which in turn marginalize particular groups from FP services,
- The influence of Gender issues on FP is direct: Son preference and centralization of decision making, even around a woman’s fertility, in the men’s role.
• It also becomes a Rights issue as people allow that economic reasons can be a reason for using FP while nurturing the health of the woman is not considered.

• Stigma: risk of stigma for breaking the social norms; fear of stigma then serves as a key hurdle in the uptake of family planning.
Addressing social norms to increase Family Planning use

- Project staff need to be confronted with their own biases to have a chance to transform in their own personal lives. This will make them real models.

- Community volunteers need training beyond knowledge of FP methods, on how to challenge and address social barriers to access.

- FP interventions must overcome the common exclusion of men, youth, PLWHA, single women and men.
Addressing social norms to increase Family Planning use (2)

- Traditional leaders must be included in FP discussions and, wherever possible, be encouraged to challenge communities.
- Community-based institutions should also be included in reflection process.
- Integration among programs, with other sectors such as agriculture to address the economic burden of big families.
Amesegnalehu!

Thank you!