Determinants of behaviors of contraceptive use: New directions to design strategic behavior change communication

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Topic: Innovations in contraceptive service delivery (community-based approaches, task-shifting, direct-to-consumer, information technology)
India: Background

- India's fertility rate is 2.7 (SRS 2009)
- National Family Health Survey III (2005-06)
  - 47.4% women marry by age 18
  - Women deliver first child at age 19.8 (average)
  - 48.5% women use modern contraception
  - Family planning unmet need is 12.8
USAID funded ITAP

- Innovations in Family Planning Services (IFPS) Technical Assistance Project (ITAP) led by Futures Group International
- Communication partner: JHUCCP
- ITAP focuses on:
  - developing, demonstrating, documenting and leveraging expansion of public-private partnerships
  - provision of high quality family planning and reproductive health
  - works nationally and in three states of northern India (Uttar Pradesh, Uttarakhand, and Jharkhand)
Research question

• The study intended to understand key determinants of behaviors associated with:
  – adoption of contraceptives; and
  – access to family planning services

• The findings from the study were used to design communication campaigns for:
  – increasing demand utilization; and
  – positively impacting FP service attitudes and behaviors.
Methodology

- Based on the trans-theoretical BCC model
- **Barrier analysis using user vs. non-user analysis**
- Across three respondent groups: BPL families, community influencers and health service providers
- 75 in-depth interviews and 10 FGDs
- Projective techniques such as stories and visual cards
- Smiley cards, leaves and stones were used for rating

**An example of stimuli to assess perceived susceptibility as a barrier to family planning adoption:**

The story of Kishanlal and Radha, who have a child soon after marriage. Radha falls seriously ill post delivery. The child is also underweight. Respondents asked to share views as to whether they think this story depicts a real life scenario.
General findings

• **Tribal men and women:** low awareness of ‘benefits’ of methods a major barrier to adoption

• **Unmarried men and women:** awareness about FP and contraceptives high, but no knowledge of effective methods at different life stages

• Women initiate discussion with husbands, the husband makes the final decision

• No men and women recognized that **large family size affected the health** of women and children spontaneously
Perceptions

• Believe that FP is relevant for
  – women
  – poor families
Perceived severity

• Lack of delaying, spacing and limiting
  – perceived to impact their lives
    • economic impact (recognized by all)
    • interspousal relation (recognized by all)
    • repeated abortions (only women & most users)

• Men don’t understand need for FP according to life stage
Method preference

• Temporary methods preferred more than permanent, except female sterilization.

• Most temporary and permanent methods perceived as ‘Difficult To Use’, even among adopters
**Action efficacy**

- Users as well as non-users in hills don’t consider contraceptives very effective in ensuring a healthy mother and child.
- Tribal women users believe spacing and limiting aid in:
  - improved care for children
  - increased time spent with children and spouse
Social acceptability

- Men sought social acceptability for contraception use from peers and friends.
- Women sought social acceptability from family elders, neighbors, and relatives.
- All users face objection from family elders.
- In the tribal communities, couples decide on their own, family suggestions are also taken.
Self Efficacy

‘Remembering to Use’ - most difficult
Cues for action

• Women felt that condoms were easy to remember
  – “Sharp mind doesn’t forget”

• Men felt since sterilization was a one-time affair
  – “There is nothing to remember”

• LAM, IUCD and Injectables were difficult to remember- too many steps to remember/provider involved
God’s will

- Most men and women from farming and tribal communities believed that
  - children were born by ‘God’s will’
  - contraceptives interfered with it
  - modern methods did not have major advantages or disadvantages

- Women from hill regions believed that
  - contraceptives had their own disadvantages
  - but did not interfere with God’s will in deciding family size
Positive and negative attributes

• Modern contraceptive methods were seen as effective in improving economic condition and quality of life, not necessarily the health of women and children

• Misconceptions regarding OCP and sterilization were the highest
Preference for services

• Private services preferred over public services

• Increased interest and intent to utilize PPP-based FP services
  – services at private facilities at lower costs
Contradictions

Rich can afford to have more children

Rich have few children

Poor can’t afford many children

Poor have more children

Tough time making ends meet, FP is not a priority

Have the time to access & adopt FP
Implications for BCC

• Need to increase involvement of males as primary adopters of FP methods
  – Economic benefits are understood by all
  – Better care for children/ future of children understood

• Need to build skills
  – Among women to negotiate with spouse
  – Among men to negotiate with family

• Build advocates among providers
  – Talk about the ‘Benefits’
  – Simplify using the life stage approach

• Support capacity building of local providers as counselors
  – Male counselors for men
Implications for Voucher Scheme

• Considerations in developing communication
  – Establish pro-poor imagery
  – Highlight free services
  – Reassure on availability of services including providers and drugs
  – Develop clear and specific communication on process of availing and utilising scheme
  – Build recognition of the association with private sector

• Positive perception of service quality at private facilities
Mid media campaign using street theatre
Thank You

For more details:

www.futuresgroup.com

For more details visit www.jhuccp.org