

BEHAVIOR

CHANGE

IMPACT

Evidence in Action

behaviorchangeimpact.org

Demand, Comfort, and Continuity

Aligning service delivery and social and behavior change efforts to improve family planning outcomes

Social and behavior change (SBC) activities support service delivery programs by understanding and driving demand; empowering clients to express their needs and desires; and helping providers, communities, and health systems overcome the substantial challenges to quality care.¹ [SBC for service delivery](#) uses a holistic model, the [Circle of Care](#), to illustrate SBC's application across the service continuum—before, during, and after services—to improve health outcomes.

In the **Before Stage**, SBC captures the attention of family planning (FP) clients and inspires them to access services while creating a community and facility environment supportive of FP use.²

In the **During Stage**, while clients are accessing FP services, SBC interventions increase a client's health literacy to support method selection and improve provider behavior to support method choice.

In the **After Stage**, once services are delivered, SBC interventions encourage clients to stay engaged following their initial visit, while supporting the systems necessary to keep those clients connected to services.



BEFORE

SERVICES:

SBC motivates clients to access services



SBC interventions foster practices that promote health-seeking behavior and social support for services by influencing how and to whom clients talk about their reproductive intentions, contraceptive needs, and barriers to FP use or continuation.

- Facilitated dialogues in Kenya supported community dialogue and communication about gender norms and sexuality. Fostering that supportive environment positively influenced FP use, especially among women.³
- In 2010, the Initiative Sénégalaise de Santé Urbaine (ISSU) project undertook a multicomponent program that included improving the quality and availability of contraceptive services, as well as demand generation activities, including mass media campaigns on the radio and television, community outreach activities, community drama productions, and engaging religious leaders in Senegal. Men who were exposed to FP messages on television, men who heard a religious leader speak favorably about FP, men who heard community-level religious talks on FP, and men who were exposed to ISSU community-level activities were significantly more likely to use a modern method than men who were not exposed to these activities.⁴
- Following a similar approach, the Nigeria Urban Reproductive Health Initiative program in Nigeria also engaged religious leaders to support positive social norms around FP. The multivariable analysis revealed significantly higher contraceptive uptake among women who had exposure to FP messages from religious leaders relative to those with no exposure.⁵
- A randomized control trial in Kenya found that by adding a behavioral nudge to use a voucher for free contraceptive services, through the form of an SMS reminder, increased the probability of reporting utilization of a modern contraceptive method by 25 percentage points compared to receiving a voucher alone.⁶

These results highlight the importance of considering behavioral factors when addressing FP uptake.

DURING

SERVICES:

SBC improves the client-provider interaction



SBC interventions build and strengthen trust between communities and services by positively influencing providers' interactions with clients and shaping positive client perceptions of providers as credible and caring.

- A training program to develop youth-friendly service providers in Ethiopia emphasized privacy, confidentiality, respect, and nonjudgmental attitudes, resulting in higher long-acting reversible methods (LARCs) uptake among sexually active young women.⁷
- When community-based reproductive health nurses (CORN) providing services in rural Ethiopia were trained to provide tailored counseling, the use of LARCs increased by 72%. The CORN identified possible community-level barriers that hindered women of reproductive age from using modern contraceptives, then counseled women, their partners, and community leaders on approaches to addressing individual- and community-level barriers to using modern contraception.⁸

- When providers in Iran were trained in the World Health Organization’s Decision-Making Tool for Family Planning, clients were more satisfied with services and participated more actively in selecting their contraceptive method.⁹

These results support the premise that SBC interventions can enhance counseling by appropriately skilled providers, increase client satisfaction, and ultimately support higher rates of contraceptive use.

AFTER
SERVICES:
SBC boosts adherence
and maintenance



SBC interventions support the development and promotion of referral systems that help to connect clients both from their homes or communities to health care facilities and from one service to another. SBC also addresses contextual issues, such as interpersonal relationships, that might negatively influence sustained behavior change.

- Vaccinators in Liberia provided mothers bringing infants for routine immunization with targeted FP and immunization messages and same-day referrals to co-located FP services. Women referred from immunization who accepted FP the same day accounted for 44% and 34% of total new contraceptive users in two counties.¹⁰
- In South Africa, training providers to use a two-page job aid highlighting key counseling messages and guidance for managing returning injectable contraceptive clients significantly increased reinjection rates for late-returning injectable clients.¹¹
- A gender equity and FP counseling intervention delivered by male health care providers to married men, both alone and with their wives, improved contraceptive use, improved marital contraceptive communication, and reduced intimate partner violence perpetration and acceptability in rural India.¹²
- For pregnant women in Kenya, a mobile health-mediated group improved social support during pregnancy, resulting in higher rates of postpartum LARC uptake.¹³

These results emphasize the importance of creating a supportive environment that encourages FP clients to stay engaged after their initial interaction with the health system.



Summaries of the articles referenced here as well as additional studies on the proven effectiveness of SBC in motivating clients to access services, improving the client-provider interaction, and boosting adherence and maintenance, are accessible through the [SBC for Family Planning Evidence Database](#). The six SBC Evidence Databases, which together host over 600 articles, compile and highlight key SBC successes spanning over 20 years.

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