BEHAVIOR CHANGE IMPACT Evidence in Action

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Choice, Respect, and Quality of Care

Social and behavior change to improve family planning service delivery

Clients and providers each bring their own set of perspectives and expectations to a service interaction. The outcome of the interaction can hinge on whether the client feels informed and empowered to express their needs and if the provider has the skills, resources, and appropriate attitude to meet the client's needs. Provider behavior is a commonly cited barrier to reducing unmet need for family planning (FP). Large caseloads, low motivation, misaligned incentives, and lack of supportive supervision are a few of the reasons that may lead providers to serve as barriers rather than facilitators in a woman's journey to adopt and continue FP. Social and behavior change (SBC) is an evidence-based approach to address these challenges and improve the service delivery experience for FP clients.

KEY FINDINGS

Strategically designed behavior change communication materials helped standardize communication by vaccinators and reinforce key messages during a pilot to integrate immunization and 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 in Liberia.[1]

25

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.[2]

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Introducing the Balanced Counseling Method to facilities in Nepal raised the contribution of long-acting reversible contraceptives (LARCs) to the method mix to 40%, significantly higher than the 15% recorded in the prior year. The LARC continuation rate at 12 months was 82%.[3]

A multimedia training to address providers' attitudes, knowledge, confidence, and practices in clinical care for sexual assault survivors in low-resource settings improved provider practice. The training for providers in humanitarian settings in the Democratic Republic of Congo, Ethiopia, Kenya, and Jordan demonstrated impact through a documented increase in eligible survivors receiving emergency contraception from **50%** to **82%**.[4]

After physicians in Ghana were trained in no-scalpel vasectomy (NSV) and the provision of male-friendly services, the **proportion of men who would consider NSV almost doubled and NSV procedures increased three-fold**.[5]

The key intervention for improving provider–client communication was a whole-site training approach designed to give health providers the skills and confidence to counsel men on NSV and sensitize staff at multiple levels to create a welcoming environment for men.

Summaries of the articles referenced here as well as additional studies on the contribution of SBC to high-quality service delivery 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.

1. Cooper, C. M., Fields, R., Mazzeo, C. I., Taylor, N., Pfitzer, A., Momolu, M., & Jabbeh-Howe, C. (2015). Successful proof of concept of family planning and immunization integration in Liberia. *Global Health: Science and Practice, 3*(1), 71-84.

2. McConnell, M., Rothschild, C. W., Ettenger, A., Muigai, F., & Cohen, J. (2018). Free contraception and behavioural nudges in the postpartum period: Evidence from a randomised control trial in Nairobi, Kenya. *BMJ Global Health, 3*(5), 1-11.

3. Sapkota, S., Rajbhandary, R., & Lohani, S. (2016). The impact of balanced counseling on contraceptive method choice and determinants of long acting and reversible contraceptive continuation in Nepal. *Maternal and Child Health Journal, 21*(9), 1713-1723.

4. Smith, J. R., Ho, L. S., Langston, A., Mankani, N., Shivshanker, A.,& Perera, D. (2013). Clinical care for sexual assault survivors multimedia training: a mixed-methods study of effect on healthcare providers' attitudes, knowledge, confidence, and practice in humanitarian settings. *Conflict and Health, 7*(14), 1-10.

5. Subramanian, L., Cisek, C., Kanlisi, N., & Pile, J. M. (2010). The Ghana vasectomy initiative: Facilitating client-provider communication on no-scalpel vasectomy. *Patient Education and Counseling , 81*(3), 374-380.

This factsheet is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Breakthrough ACTION and do not necessarily reflect the views of USAID or the United States Government.