

# BEHAVIOR

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*Evidence in Action*

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## The Lasting Power of Social Change

### Emphasizing the “social” in social and behavior change for family planning

The “social” aspect of social and behavior change (SBC) is a critical component of achieving behavior change and improved health outcomes, and is particularly vital to attaining family planning (FP) goals. Social change is complex. It includes normative dimensions, policy and structural factors, and social accountability approaches that enable communities to hold health providers, services, and governments accountable for their performance. SBC strategies implemented to date include addressing cultural norms and religious beliefs, challenging inequitable power relationships between couples<sup>1</sup> and within communities,<sup>2</sup> and strengthening community structures to support access and use of FP. SBC is an evidence-based approach to addressing social norms and improving FP outcomes.

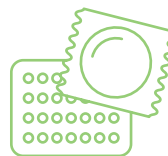
### KEY FINDINGS



Coordinated advocacy and policy; behavior change communication (interpersonal communication, folk media, drama, dance, sports, mass

marketing campaigns); youth-friendly services; institutional capacity building; and life and livelihood skills development efforts in Ghana, Uganda, and Tanzania improved sexual knowledge, attitudes, and behaviors among females participating in the African Youth Alliance (AYA) program. Young women participating in the program were at least **10 percentage points more likely to have used contraceptives at last sex**.<sup>3</sup> Additionally, while

difficult to detect through the evaluation measures, AYA may have had an impact at higher levels of the system through its policy and advocacy efforts and partnerships with faith-based organizations.



Religion is a well-entrenched factor influencing the FP decision-making processes across different settings in Nigeria. Evidence from the Nigerian Urban Reproductive Health Initiative’s advocacy activities with religious leaders to promote contraceptive use established a **significant association between exposure to FP messages from**

## religious leaders and modern contraceptive uptake among women of reproductive age.<sup>4</sup>



Catalyzing community-level dialogue about gender, sexuality, and FP significantly increased use of FP among women in Kenya. Greater levels of spousal communication, and higher self-efficacy to discuss and use FP, were significant predictors of FP use for women at endline.<sup>5</sup>



The Bandedereho couples' intervention engaged men and their partners in participatory, small group sessions of critical reflection and dialogue. Bandedereho used a structured 15-session curriculum to address gender and power; fatherhood;

couple communication and decision-making; intimate partner violence; caregiving; child development; and male engagement in reproductive and maternal health. The intervention led to substantial improvements in multiple reported outcomes, including modern contraceptive use.<sup>6</sup>



The Senegal Urban Health Initiative mobilized district leaders to play a leadership role in implementing a simplified package of supply- and demand-side FP interventions. Couple-years of protection increased by **82%** and **56%** respectively in these two districts. The experience suggests it is feasible for districts to play a leadership role in implementing FP services and mobilizing some of their own resources.



Summaries of the articles referenced here as well as additional studies on the influence of SBC on social norms are accessible through the [SBC for Family Planning Evidence Database](#) and [Reproductive Empowerment Evidence Database](#). The six SBC Evidence Databases, which together host over 600 articles, compile and highlight key SBC successes spanning over 20 years.

1. Doyle, K., Levto, R. G., Barker, G., Bastian, G. G., Bingenheimer, J. B., Kazimbaya, S., ... Shattuck, D. (2018). Gender-transformative Bandedereho couples' intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda: Findings from a randomized controlled trial. *PLoS ONE*, 13(4), 1-17.
2. Mochache, V., Irungu, E., El-Busaidy, H., Temmerman, M., & Gichangi, P. (2018). "Our voices matter": a before-after assessment of the effect of a community-participatory intervention to promote uptake of maternal and child health services in Kwale, Kenya. *BMC Health Services Research*, 18(1), 1-12.
3. Karim, A. M., Williams, T., Patykewich, L., Ali, D., Colvin, C. E., Posner, J., & Rutaremwa, G. (2009). The impact of the African Youth Alliance program on the sexual behavior of young people in Uganda. *Studies in Family Planning*, 40(4), 289-306.
4. Adedini, S. A., Babalola, S., Ibeawuchi, C., Omotoso, O., Akiode, A., & Odeku, M. (2018). Role of religious leaders in promoting contraceptive use in Nigeria: Evidence from the Nigerian Urban Reproductive Health Initiative. *Global Health, Science and Practice*, 6(3), 500-514.
5. Wegs, C., Creanga, A. A., Galavotti, C., & Wamalwa, E. (2016). Community dialogue to shift social norms and enable family planning: An evaluation of the family planning results initiative in Kenya. *PLoS ONE*, 11(4), 1-23.
6. Aichatou, B., Seck, C., Baal Anne, T. S., Deguenovo, G. C., Ntabona, A., & Simmons, R. (2016). Strengthening government leadership in family planning programming in Senegal: From proof of concept to proof of implementation in 2 districts. *Global Health: Science and Practice*, 4(4), 568-581.