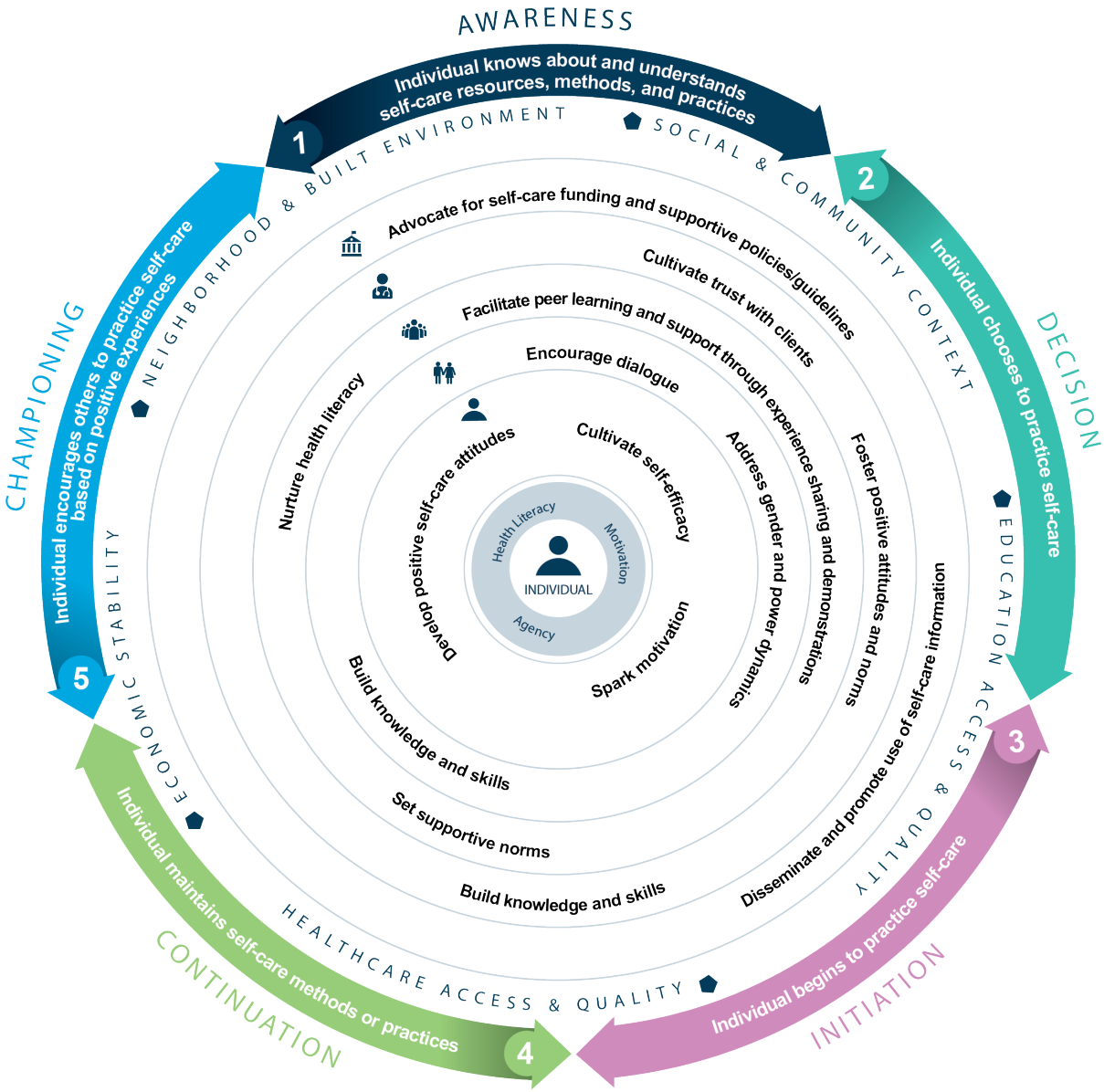
Supporting Sexual and Reproductive Self-Care through Social and Behavior Change: A Conceptual Framework



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FOR SOCIAL & BEHAVIOR CHANGE

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Acronyms

CIP	Costed Implementation Plans
DMPA-SC	Subcutaneous Depot Medroxyprogesterone Acetate
HPV	Human Papillomavirus
LAM	Lactational Amenorrhea Method
SBC	Social and Behavior Change
SRH	Sexual and Reproductive Health
STKs	Self-Test Kits
USAID	United States Agency for International Development
WHO	World Health Organization

Executive summary

GENESIS

Significant progress has been made in recent years to enable and promote self-care in sexual and reproductive health (SRH). WHO defines self-care as "the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a healthcare provider." WHO recommends self-care interventions for SRH in four categories: maternal and child health (MCH); family planning; abortion; and STIs and cervical cancer. Some of the self-care interventions in SRH include: non-product health care including aspects of maternal health and delivery; contraceptives such as DMPA-SI, oral contraceptives without prescription, emergency contraception, peri-coital pill (in development) and condoms; fertility awareness methods; medical abortion; and non-contraceptive products including HIV self-test kits, and STI and HPV self-sample collection.

Several frameworks exist to contextualize self-care in health. The WHO Consolidated Guideline on Self-Care Interventions for Health has a conceptual framework that provides a solid basis for health practitioners to consider the important elements in introducing and scaling up self-care practices. It uses a people-centered approach together with a health system focus, incorporating places of access and the enabling environment to encourage individuals to practice self-care. Austin El-Osta's Self-Care Matrix was developed based on analyses of 32 self-care frameworks.

However, these frameworks do not dive deeply into the behavioral aspects of self-care in SRH, particularly normative and attitudinal drivers of self-care behaviors, nor do they address how self-care programming can benefit from incorporating social and behavior change theory. Social and behavioral determinants such as knowledge, attitudes, policies, motivations, social norms, and individual agency can either positively or negatively influence people's demand for and use of self-care products and behaviors. SBC approaches can help users define and achieve their reproductive intentions by addressing these social norms and other determinants that facilitate or prevent people from making and acting on decisions related to self-care.

PURPOSE

The purpose of this SBC self-care framework is to explore self-care in SRH through a social and behavioral lens and to demonstrate the importance of incorporating SBC approaches in SRH self-care initiatives. The framework and accompanying guidance can help policymakers, donors, government representatives, and implementers understand what drives self-care behavior and then make policy and programmatic decisions that use SBC to promote and enable SRH self-care.

[1] World Health Organization. (2019). *WHO consolidated guideline on self-care interventions for health: Sexual and reproductive health and rights*. https://apps.who.int/iris/handle/10665/325480. License: CC BY-NC-SA 3.0 IGO

[2] Ibid

[3] El-Osta, A., Webber, D., Gnani, S., Banarsee, R., Mummery, D., Majeed, A., & Smith, P. (2019). The Self-Care Matrix: A unifying framework for self-care. *SelfCare,* 10(3), 38–56. https://doi.org/10.6084/M9.FIGSHARE.12578741

Executive summary

FRAMEWORK OVERVIEW

The SBC self-care framework is informed by several theories of behavior change and other self-care frameworks. The two main behavior change theories that this framework draws from are the stages of change [4] and socio-ecological [5] models. Like the WHO Conceptual Framework for Self-Care Interventions, the SBC self-care framework is person-centered. Based on individual needs, desires, and life circumstances, the SBC self-care framework illustrates the individual's behavioral journey to self-care behavior adoption. The journey begins at an awareness stage, during which the individual learns about a new behavior and then moves through stages of decision-making, initiation, continuation, and championing the self-care behavior (Figure 1). At each stage, various factors and people influence the individual's progress to the next stage (or relapse to a prior stage).

The SBC self-care framework considers behavior from a socio-ecological perspective, recognizing that individuals are grounded in a complex system of household, community, health system, and national influences (Figure 2). At each level, various factors and people can enable or hinder the individual's movement along their behavioral journey. It is important to note that the individual's journey is an active process across the lifespan of the individual.

The SBC self-care framework illustrates how users of this framework (policymakers, donors, government representatives, and program implementers) can utilize SBC at every level of the ecosystem to support an individual's self-care practice. It helps users identify important influencers and factors to create an enabling environment for and promote the adoption of self-care behaviors. Users can then integrate these SBC insights into their efforts to expand access and use of self-care.

[4] Raihan N., & Cogburn, M. (2021, March 3). Stages of change theory. *StatPearls*. https://www.ncbi.nlm.nih.gov/books/NBK556005/

[5] Jablonski, D., Kappus-Kron, H., Johnson, I., & Hyde, M. (n.d.) *Models and Mechanisms of Public Health* [Online course]. https://courses.lumenlearning.com/suny-buffalo-environmentalhealth/

Background

SBC IN SELF-CARE

Social and behavior change (SBC) employs many strategies to identify and address social and behavioral influences such as knowledge, attitudes, norms, beliefs, laws, motivation, agency, self-efficacy, social determinants of health, and structural inequities. Much evidence over the last several decades shows that SBC interventions can increase uptake of SRH services and products.[6] This framework illustrates that SBC also applies to SRH self-care. People have practiced self-care long before health systems were developed, though it has become more formalized and promoted with recent developments in SRH technology and recognition by health practitioners that people can and should take more control of their healthcare. Individuals are also increasingly interested in having more control over their sexual and reproductive health. As guidelines, policies, and programming more effectively address self-care behavioral determinants, self-care will become more feasible, accessible, and affordable.

SELF-CARE FRAMEWORKS AND LIMITATIONS

WHO defines self-care as "the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a health-care provider."[7] WHO published its self-care recommendations in 2019, with 24 recommended behaviors and products for SRH. The recommendations are based on considerable research, particularly on newer contraceptives such as self-injectable subcutaneous depot medroxyprogesterone acetate (DMPA-SC) and HIV self-test kits.

The WHO self-care conceptual framework uses a people-centered and health systems approach to show how self-care can be introduced and scaled up while incorporating underlying key principles of human rights, individual holistic life courses, ethics, and gender equality. The WHO framework includes places of access, enabling environments, and accountability components that are essential to self-care.

However, the framework does not include analysis of self-care uptake from a behavioral standpoint. Key self-care stakeholders have identified this as a gap in the understanding, advocacy, and facilitation of self-care practices.

SRH self-care is strongly influenced by the social, cultural and structural context in which individuals and couples live. Social and behavioral determinants including health literacy, motivation, agency, social norms, laws, health system access, social policies, and provider training and attitudes all influence the decisions made by individuals to practice self-care[8]. Effective SRH self-care guidelines, policies, and programs must address individual, social, and structural factors that influence initiation and maintenance of self-care behaviors. SBC is uniquely placed to identify, understand, and address those factors.

[6] Rosen, J., Bellows, N. M., Bollinger, L., Plosky, W. D., & Weinberger, M. (2019). *The business case for investing in social and behavior change for family planning*, Breakthrough RESEARCH. Washington, DC: Population Council.

[7] World Health Organization. (2019). *WHO consolidated guideline on self-care interventions for health: Sexual and reproductive health and rights*. https://apps.who.int/iris/handle/10665/325480. License: CC BY-NC-SA 3.0 IGO

[8] Rosen, J., Bellows, N. M., Bollinger, L., Plosky, W. D., & Weinberger, M. (2019). *The business case for investing in social and behavior change for family planning*, Breakthrough RESEARCH. Washington, DC: Population Council.

Austin El-Osta's Self-Care Matrix framework[9] is based on a review of 32 self-care frameworks synthesized into a model with four dimensions: individual self-care activities, self-care behaviors, self-care context, and self-care environment. The first level focuses on personal actions and the knowledge needed for those actions. Models at this level include the health belief[10] [11] and seven pillars of self-care[12] models. The second level involves behavioral elements of self-care, including norms, attitudes, and lifestyle. El-Osta includes the transtheoretical model (stages of change)[13] and behavior change wheel[14] in this level. The third level covers the health system with tiers from self-care to full reliance on health system resources for different medical needs (self-care continuum[15] and Kaiser Permanente pyramid models). The fourth level is about environmental influences on self-care and well-being, such as policies and cultural norms. This framework outlines some of the behavioral and social influencers, but it does not detail how SBC might be used to address these factors.

These informative frameworks provide a basis for understanding how SBC theory is a critical component in consideration of individual's decisions to practice self-care. The SBC self-care framework extends the thinking on how SBC can be useful for and incorporated into SRH self-care programming to increase uptake of SRH self-care behaviors.

Objectives

The objective of this framework is to articulate for policymakers, donors, government representatives, and self-care program implementers how SBC can support SRH self-care initiatives and contribute to improved SRH health outcomes. This framework illustrates the factors and groups that influence individual self-care behavior and provides guidance and examples of how SBC can be applied to make policy and programmatic decisions that increase uptake and continuation of self-care. The framework and accompanying guidance increase awareness of how various actors influence an individual's self-care journey, and what SBC can do to influence those actors. This understanding can spark conversations and impact financial allocations and programmatic focus. It specifically highlights the need for SBC approaches to address those factors.

[9] El-Osta, A. et al. (2019).

[10] Boston University School of Public Health. *The health belief model* [Online learning module]. https://sphweb.bumc.bu.edu/otlt/mph-modules/sb/behavioralchangetheories/behavioralchangetheories2.html [11] Kasprzyk, D. (2008). Health behavior and health education: Theory, research, and practice. In K. Glanz, B. K. Rimer, & K. Viswanath (Eds)., Health Behavior and Health Education (4th ed). Jossey-Bass. https://www.academia.edu/28864336/Health_Behavior_and_Health_Education_book_4th_Ed_pdf

[12] International Self-Care Foundation. (n.d.) Seven pillars of self-care. https://isfglobal.org/seven-pillars-self-care- framework/

[13] Raihan N., & Cogburn, M. (2021 Mar 3).

[14] Michie S., van Stralen, M. M., & West, R. (2011 Apr). The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implement Sci*. 23(6), 42. https://doi.org/10.1186/1748-5908-6-42

[15] Self Care Forum. (n.d.) *What do we mean by self care and why is it good for people?* https://www.selfcareforum.org/about-us/what-do-we-mean-by-self-care-and-why-is-good-for-people/.

Scope of the SBC Self-care Framework

This conceptual framework focuses on individual self-care users and their behavioral influences. Given the extensive work by other self-care frameworks to outline the range and extent of recommended self-care behaviors, this framework seeks to fill gaps to understand who and what drives self-care behavior, and how SBC can address those drivers. It presents three core behavioral determinants that key stakeholders underscore as most unique to and essential for self-care behavioral adoption: health literacy, motivation, and agency. These three determinants are woven throughout the framework.

Target audiences

The primary audiences for this conceptual framework are policymakers, donors, government representatives, and self-care program implementers responsible for decisions related to delivery or promotion of SRH self-care interventions.

Policymakers who develop policies, guidelines, and national costed implementation plans may use this framework to discuss what drives self-care behavior in their countries, how to address those drivers through policy, and how SBC interventions should be included in costed implementation plans and guidelines for self-care. Policymakers often determine which products will be approved for self-care and establish regulatory requirements for self-care products.

Donors may use this framework to identify funding and advocacy gaps in SBC interventions for self-care, research, and product development.

Government representatives may use this framework to identify SBC needs in self-care delivery and interventions, and advocate for these in national policies and guidelines. Government health system planners may use this framework to make funding decisions and justify expenditures on SBC interventions to influence self-care uptake and encourage implementing partners to do the same.

Self-care **program implementers** may use this framework to identify self-care behavioral determinants and incorporate SBC approaches into their interventions. They may use information in the framework to initiate formative research on which actors and drivers are most influential in their contexts.

See the “Implementation and Applicability of the Framework” section and Annex 2 for detailed framework implementation cases and applications for each of these audiences.

Framework Development Methods

The Breakthrough ACTION consortium for SBC implemented by the Center for Communication Programs at Johns Hopkins University led the development of this framework, with extensive support and involvement from the Self-Care Trailblazer Group[16].

HUMAN-CENTERED DESIGN

This framework was developed through a rigorous six-month human-centered design process, outlined below, and was informed by a desk review on self-care and SBC. Insights, gaps, and questions from the desk review guided the co-design process. A diverse group of SBC and self-care stakeholders (e.g., program implementers, donors, government representatives, researchers) from around the world defined, elaborated on, challenged, and validated elements of the framework. The framework underwent multiple rounds of testing with potential users and was iterated based on feedback.

Intent setting

The intent phase united donors, policymakers, government representatives, and self-care experts and program implementers to better understand the detailed project context, drivers, challenges, opportunities, and ideal future state outcomes.

Desk Review

Existing self-care work and behavioral applications were examined to better understand how the two fit together, current limitations, and opportunities for additional integration.

Co-design workshops

Based on the findings, insights, and identified gaps from the desk review, two virtual workshops with the expert stakeholders were conducted to discuss development of the framework, the behavioral determinants of self-care practice, and the targeted users of the framework.

Framework prototyping

Using ideas and inspiration gathered during the two co-design workshops, draft versions of the framework (prototypes) were developed.

Framework testing and iteration

Three versions of the framework were tested, iterated, and validated during successive testing rounds with target framework users to validate accuracy, usability, and usefulness.

Framework finalization

Based on extensive testing feedback, a professional version of the framework was developed, along with an accompanying narrative.

[16] Self-Care Trailblazer Group. https://www.psi.org/project/self-care/

Social And Behavior Change Conceptual Framework For Self-care Within SRH

OVERARCHING CONSIDERATIONS

Two key considerations underly this framework: 1) Equity should be espoused as a core value in self- care, and 2) The social determinants of health must be addressed alongside behavioral determinants of health to improve self-care practice.

1. Equity as a Core Value

Health equity is a foundational principle of self-care. WHO defines health equity as "the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically."[17] A core goal of self-care is democratizing healthcare by equitably distributing high-quality information, resources, methods, and support systems regardless of gender identity, location, or social status. Therefore, incorporating the behavioral influences driving this equity is incredibly important across the self-care behavioral system.

Self-care behaviors and products can increase equity in health care. For example, availability of self-injectable contraceptives may increase contraceptive access and expand the available contraceptive method mix among vulnerable groups, such as women in rural areas who live far from a health facility. Availability of HIV self-test kits may increase access to testing for men who have sex with men who are reluctant to go to a facility for testing due to stigma and fear. These self-care products allow access to care that individuals might not otherwise have, therefore increasing social and geographical equity in healthcare. However, self-care also can exacerbate inequities in health care if the products are costly, reliant on digital tools that certain populations cannot access, or are not available in some areas. Those working in self-care must examine how policies, guidelines, and programming may unintentionally create or reinforce inequities.

Human rights are a fundamental component of creating equity in self-care. The Universal Declaration of Human Rights includes the right to medical care.[18] Increasing access and practice of self-care is a powerful mechanism to further this human right. Gender equality is another core principle underlying self-care. Many aspects of self-care are intended to equalize access to and availability of healthcare and products to women, who are often denied equal access in many countries.

2. Social and Behavioral Determinants of Self-Care

Social Determinants of Health

This framework is also grounded in the **social determinants of health** and emphasizes the need to explore how those determinants influence self-care adoption and maintenance. WHO defines social determinants of health as "the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems."[19] Substantial evidence indicates that structural inequities based on power and resource distribution, as well as social inequities arising from gender discrimination, sexism, able-ism, and homophobia create inequities in healthcare access.

[17] World Health Organization (WHO). (nd). Social determinants of health: Health equity. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_3

[18] United Nations. (1948 December 10). *Universal Declaration of Human Rights*. https://www.un.org/en/about-us/universal-declaration-of-human-rights

Addressing social determinants of health thus will increase health equity. These determinants must be considered in the design of policies, guidelines, and interventions to increase access to and use of self-care behaviors and products.

Behavioral Determinants of Health

Many behavioral determinants (e.g., knowledge, attitudes, social norms, self-efficacy, perceptions, motivation, agency, and skills) influence individual practices of self-care. Rather than focus on an exhaustive set of behavioral determinants, this framework is informed by three core behavioral determinants that key stakeholders identified as most unique and essential to self-care behavioral adoption: health literacy, motivation, and agency. These issues are woven throughout the framework and must be addressed as the individual moves through the behavioral journey. They are discussed in further detail below.

THEORETICAL UNDERPINNINGS OF THE SBC SELF-CARE FRAMEWORK

This framework is informed by various behavior change models and theories, including the transtheoretical (stages of change),[20] socio-ecological,[21] and behavioral drivers[22] models, as well as the provider behavior ecosystem.[23] Extensive discussion and iteration led to the framework being based largely on the stages of change model of the individual's self-care journey combined with a socio- ecological lens through which to understand various actors' influence on the individual's behavior throughout their life.

[19] World Health Organization (WHO). (n.d.). *Social determinants of health: Health equity.* https://www.who.int/health-topics/social-determinants-of-health#tab=tab_3

[20] Raihan N., & Cogburn, M. (2021 Mar 3).

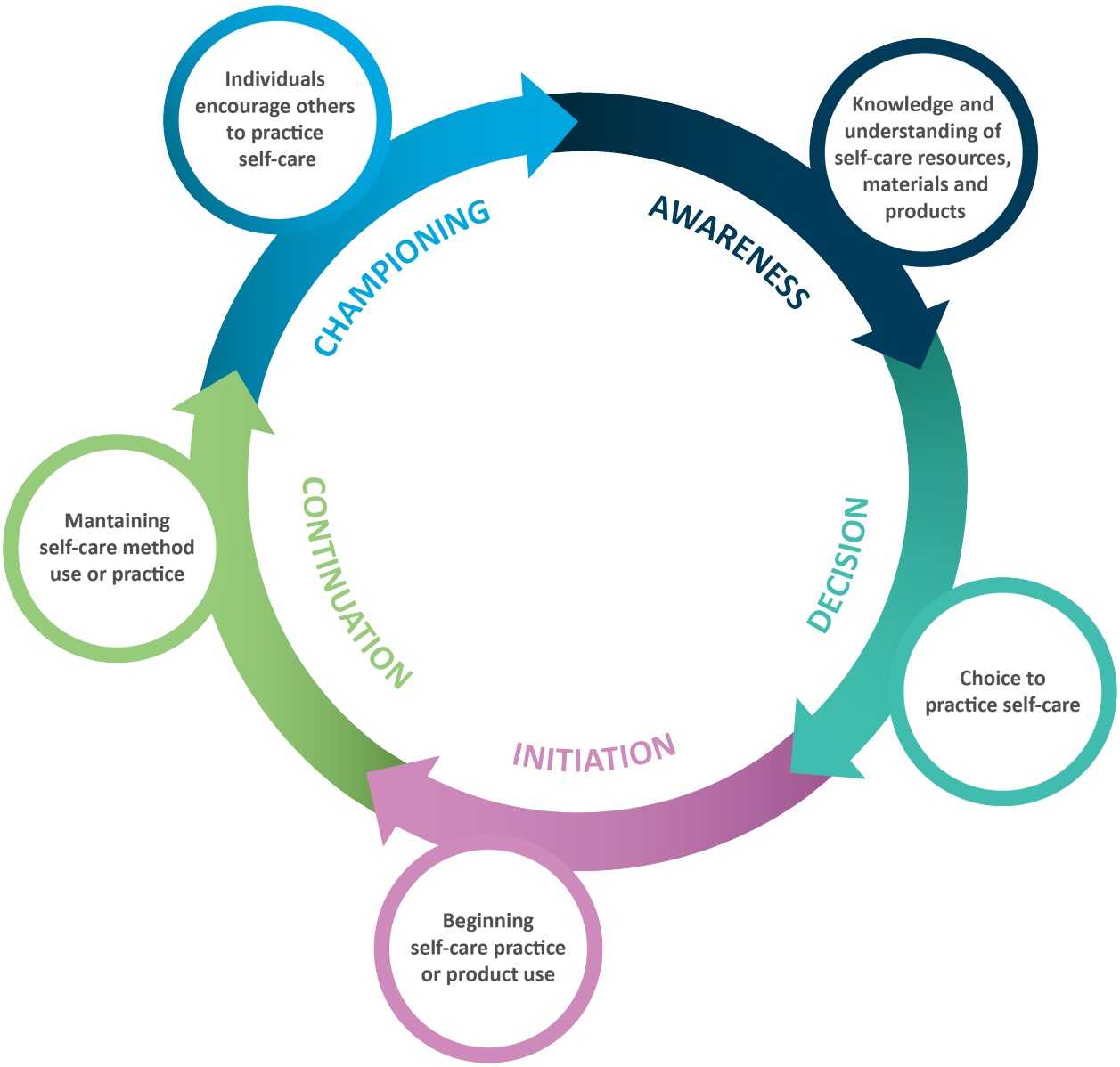
[21] Jablonski, D., Kappus-Kron, H., Johnson, I., & Hyde, M. (n.d.) Models and Mechanisms of Public Health [Online course]. https://courses.lumenlearning.com/suny-buffalo-environmentalhealth

[22] Petit, V. (2019 September). The behavioral drivers model: A conceptual framework for social and behavior change programming. https://www.unicef.org/mena/reports/behavioural-drivers-model.

[23] Johns Hopkins University Center for Communications Programs. (2018). *Provider Behavior Ecosystem Map*. https://www.baproviderbehaviorecosystem.org/

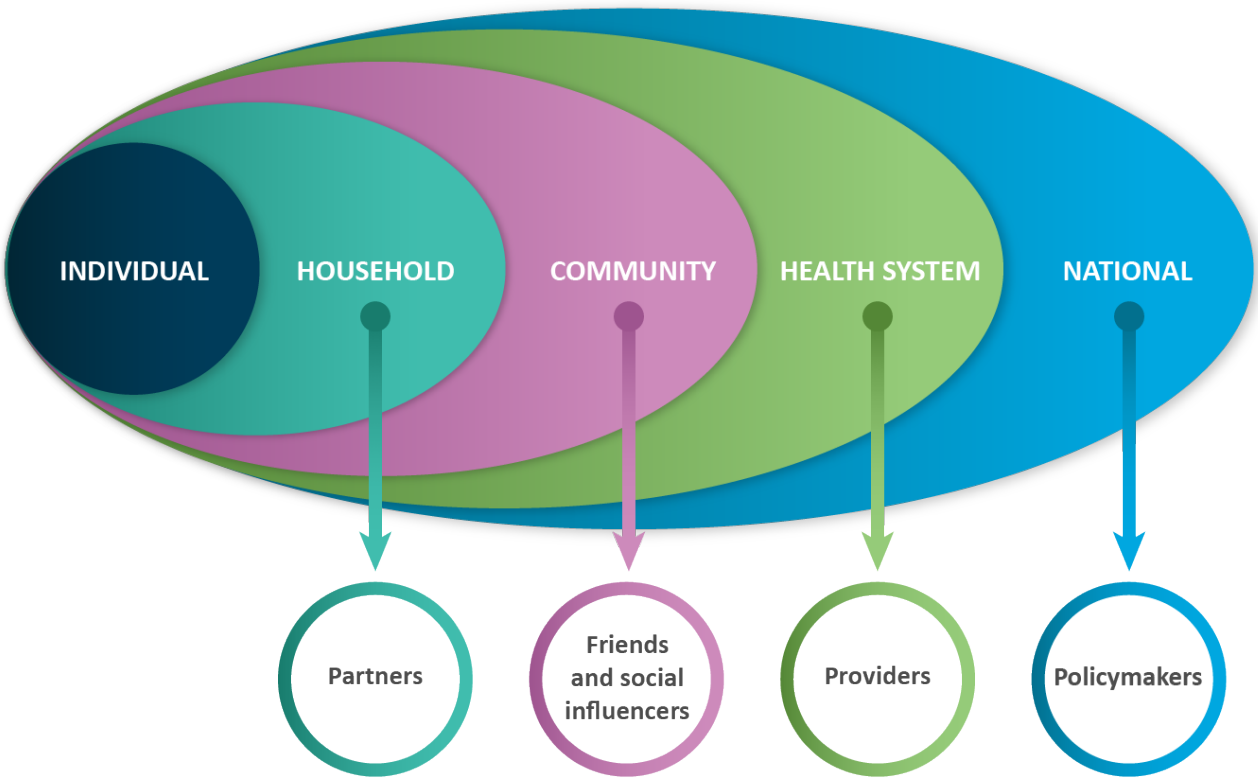
The stages of change behavior model posits that an individual's behavior adoption journey is a continuum that begins with awareness and then moves to decision-making, initiation, continuation, and finally championing the behavior to others. A person can move forward, relapse, or exit the cycle, depending on their circumstances. Some authors and users of this model include a pre-contemplation or pre-awareness stage, and some do not conclude with a championing stage. For the purposes of this conceptual framework, we include the stages as illustrated in Figure 1. Barriers and facilitators to change at each stage may differ, and thus determinants and influencers of this change must be considered.

Figure 1: Stages of Change



The socio-ecological model of behavior considers multiple environmental levels of society that impact individual behavior. Five levels of the model are used for the SBC self-care framework: individual, household, community, health system, and policy/enabling environment. Individual behavior can be influenced by one or many actors in each level. However, the expert stakeholders developing this framework highlight the particular importance of the actors illustrated in Figure 2.

Figure 2: Socio-ecological model and key influencers



SBC SELF-CARE FRAMEWORK COMPONENTS

The SBC self-care framework represents the system in which individuals adopt and maintain SRH self-care practices. The **individual** is at the center of the framework to emphasize the need for policies, guidelines, and programming that focus on the individual and their self-care needs. The framework then outlines a) the core actors influencing self-care, b) how SBC can be used across the system to support the individual's self-care behavior, c) the social determinants of self-care, and d) the stages of change in self-care adoption and maintenance.

Below, we present the framework (Figure 3) and two guidance graphics (Figures 4 and 5) that expand on the framework. Figure 4 outlines the core actors influencing an individual's self-care practice and the key ways they do so. Figure 5 provides a detailed illustration of behavioral determinants to self-care, by actor and stage.

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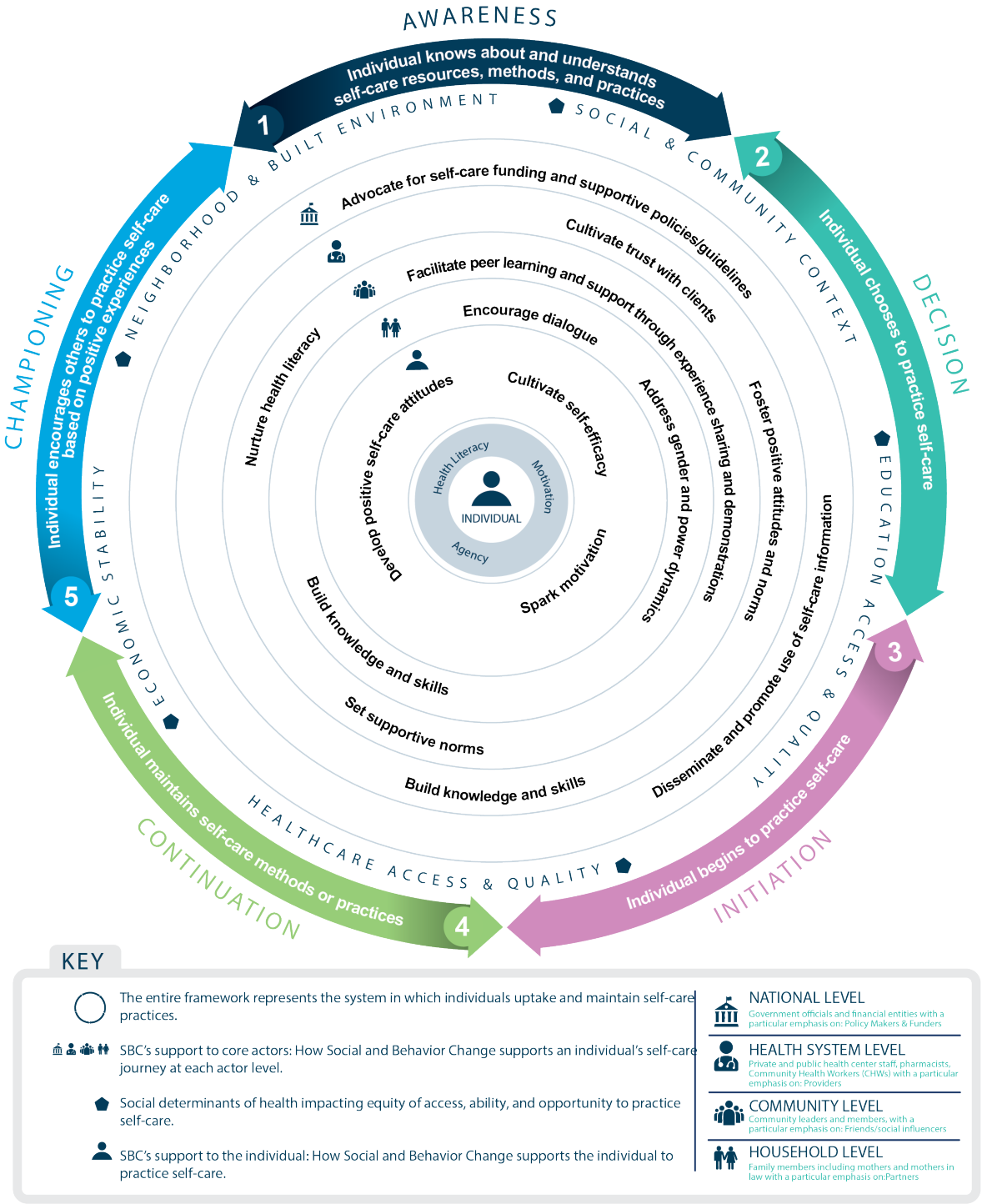
Figure 3.

The SBC conceptual framework for self-care within SRH



KEY BEHAVIORAL DETERMINANTS OF SELF-CARE

Many factors influence an individual's self-care behavior. However, the expert stakeholders that developed this framework highlighted three behavioral determinants of particular importance: health literacy, motivation, and agency. These are illustrated in the center of the wheel around the individual.

Health Literacy

Individuals require high-quality information and resources in order to make informed choices about their bodies, health, and goals. Health literacy enables people to recognize and understand their health and their options for improving it. It also empowers individuals to understand their bodies and personal needs so that they know where and how to seek treatment and what questions to ask healthcare professionals. Perhaps the most important for self-care, health literacy promotes self-advocacy and control of one's personal health. Therefore, the power of health literacy and the many actors who impact dissemination, understanding, and use of high-quality information and resources must be carefully considered and targeted when designing programs and initiatives to facilitate self-care journeys.

Motivation

The desire or willingness to promote, support, or practice self-care is a major influence in the self-care journey. Individuals will be motivated to engage in self-care behaviors and practices if it feels relevant to them and the benefits outweigh potential negative aspects or barriers. Significant barriers include stigma, discrimination, difficulty accessing self-care products, relevance, and negative social norms. All actors in the socio-ecological ecosystem have important roles to play in increasing individual motivation to practice self-care.

Agency

To successfully practice self-care, individuals need confidence, self-belief, skills, and decision-making autonomy. Individuals need to feel their decisions will be supported. Similarly, individuals must believe they can make good decisions, adopt new behaviors, procure methods, and use products effectively. In the context of SRH self-care, agency is especially important given its connections with feelings of being able to achieve life aspirations. Actors across all levels of the socio-ecological model can affect and shape this agency. Partners, friends, communities, social networks, and providers can give support, cede power, and build confidence in individuals so that they believe they can successfully practice the behavior. Conversely, these same actors can negatively impact individuals' agency to practice the behavior.

Core Actors Influencing Self-Care

There are many actors that influence an individual's journey to adoption and maintenance of a self-care behavior. However, expert stakeholders identified four key actors that play a central role in self-care:

partners, friends/social influencers, providers, and policymakers. All actors in the framework can positively or negatively influence an individual's health literacy, motivation, and agency as they move along their self-care journey. At each stage, their influence may vary depending on the behavior and country context. For example, **partners** play a big role in sharing information, discussing the self-care behavior or product, and supporting with financial, emotional, or other needs to enable the individual. **Friends and social influencers** play a strong role in creating supportive social norms around the behavior, demonstrating product use, and sharing information about how to access the product or get follow up support. The health system and **providers** play a very important role in counselling to ensure voluntary and informed choice, giving correct information, demonstrating and explaining the behavior or product, increasing the individual's self- efficacy, providing training as needed, and giving follow-up support. Providers can be enablers of self-care practice or barriers depending on their own biases and provider norms, and thus are a very important influencer in self-care. **Policymakers** can set the enabling environment by endorsing self-care behaviors, approving self-care products and ensuring laws that enable self-care practice. More detail about how each actor can support an individuals' self-care practice can be found in Figure 4.

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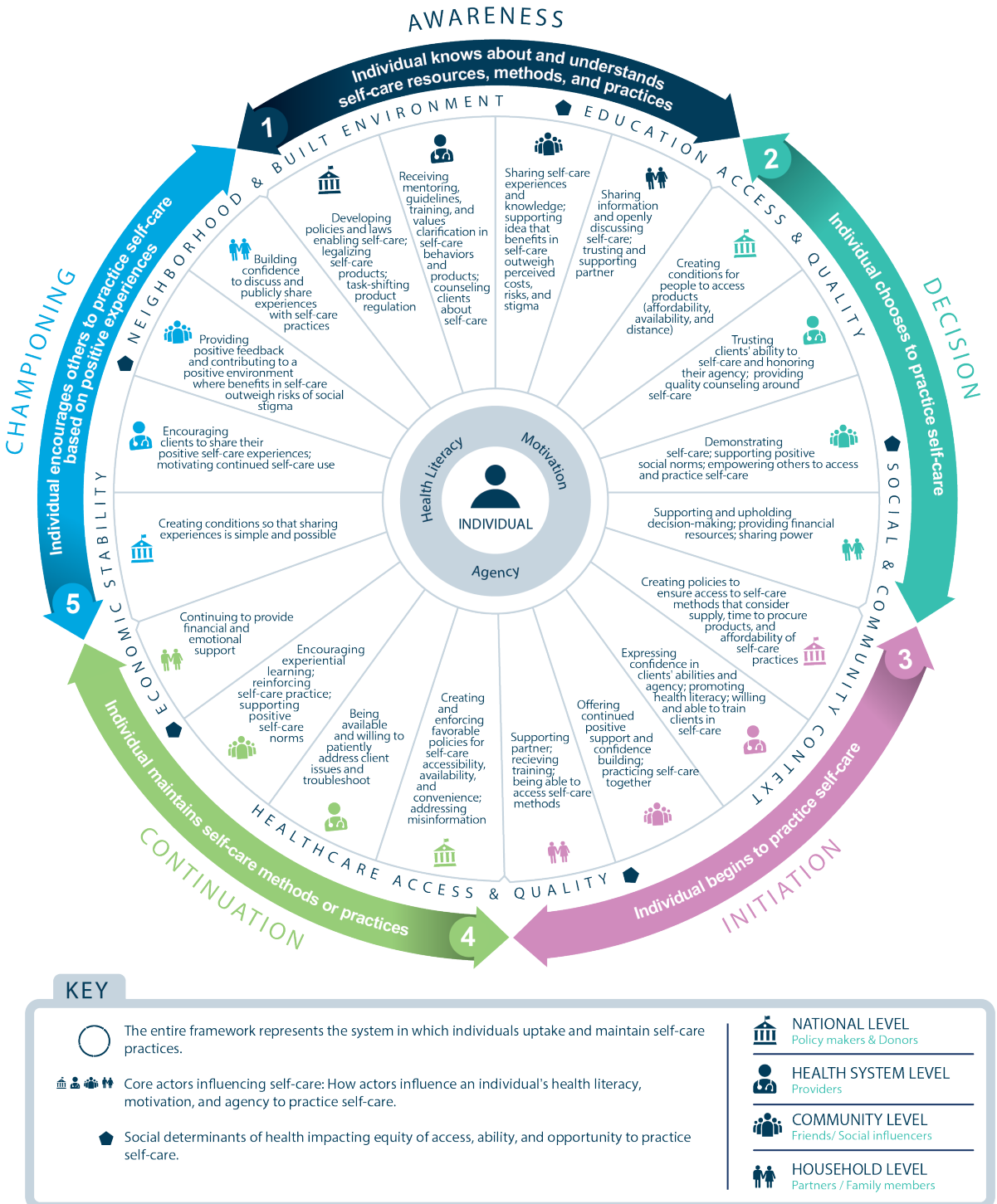
Figure 4: Core actors influencing self-care



Social Determinants of Health

Outside the influencer circles in the framework is a circle indicating the social determinants of health, which impact equity of access, ability, and opportunity to practice self-care. The five main social determinants of health as identified by the Centers for Disease Control[24] are healthcare access and quality, education access and quality, social and community context, economic stability, and neighborhood and built environment. Each of these determinants shapes the context in which the individual lives, and plays a role in the individual's self-care decision-making process. They should be considered and incorporated into self-care interventions.

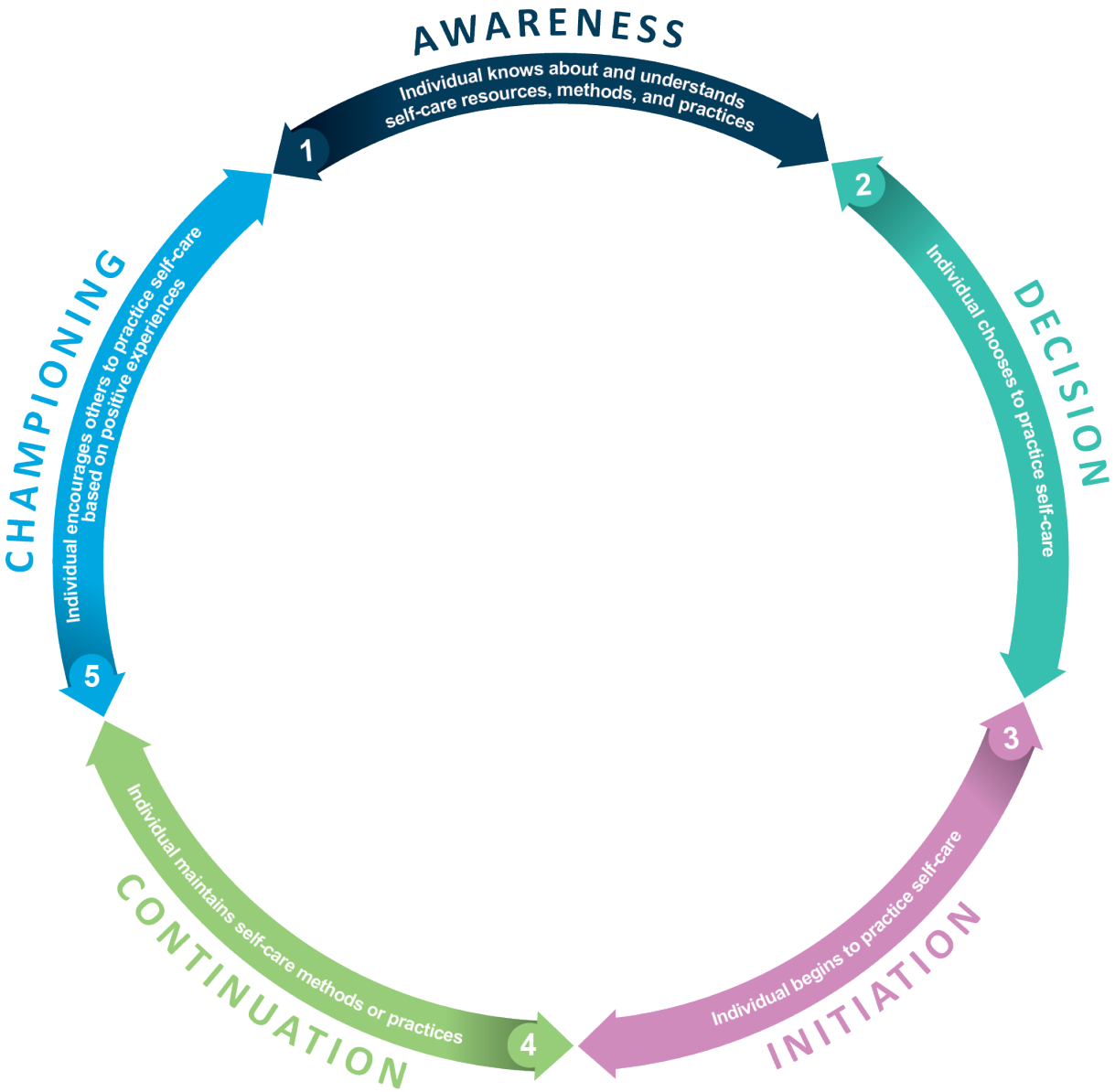
SBC'S ROLE IN SUPPORTING SELF-CARE BEHAVIOR

SBC can be used at every level of the system to support an individual's self-care practice. SBC has an important role to play in identifying social and behavioral barriers and facilitators to self-care, understanding audience needs, and tailoring solutions to address those behavioral drivers and audience needs. The framework outlines how SBC approaches can be used at each actor level to create a supportive environment for individuals to uptake and maintain self-care behaviors.

Actor	Opportunities for SBC
Policymaker	Advocate for self-care funding and supportive policies and guidelines Disseminate and promote use of self-care information
Providers	Cultivate trust with clients Foster positive attitudes and norms Build self-care knowledge and skills
Friends and social influencers	Facilitate peer learning and support through experience sharing and demonstrations Set supportive self-care norms Nurture health literacy
Partners	Encourage dialogue Address gender and power dynamics Build self-care knowledge and skills
Individual	Cultivate self-efficacy Spark motivation Develop positive self-care attitudes

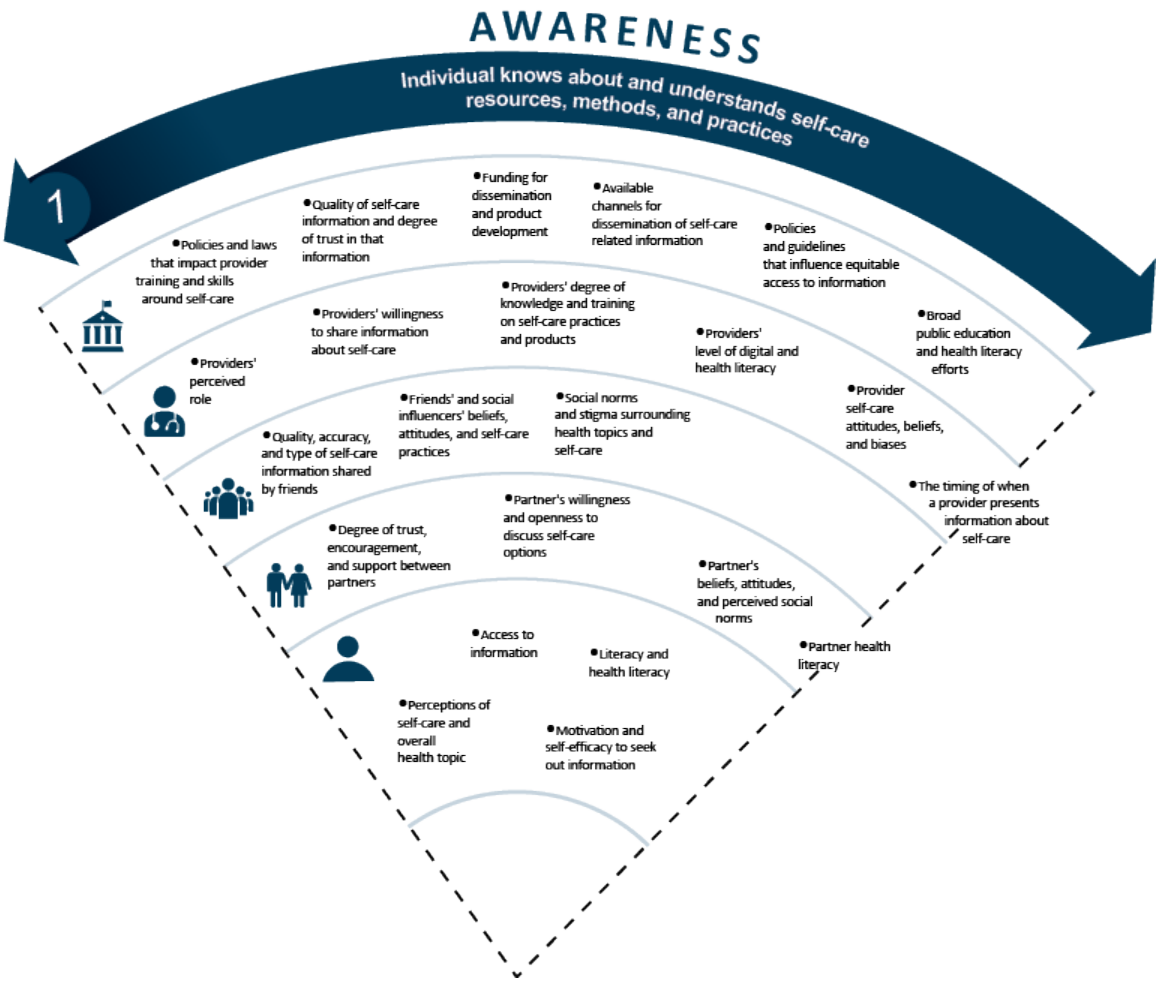
[24] Social Determinants of Health https://www.cdc.gov/socialdeterminants/about.html

STAGES OF CHANGE IN SELF-CARE ADOPTION AND MAINTENANCE



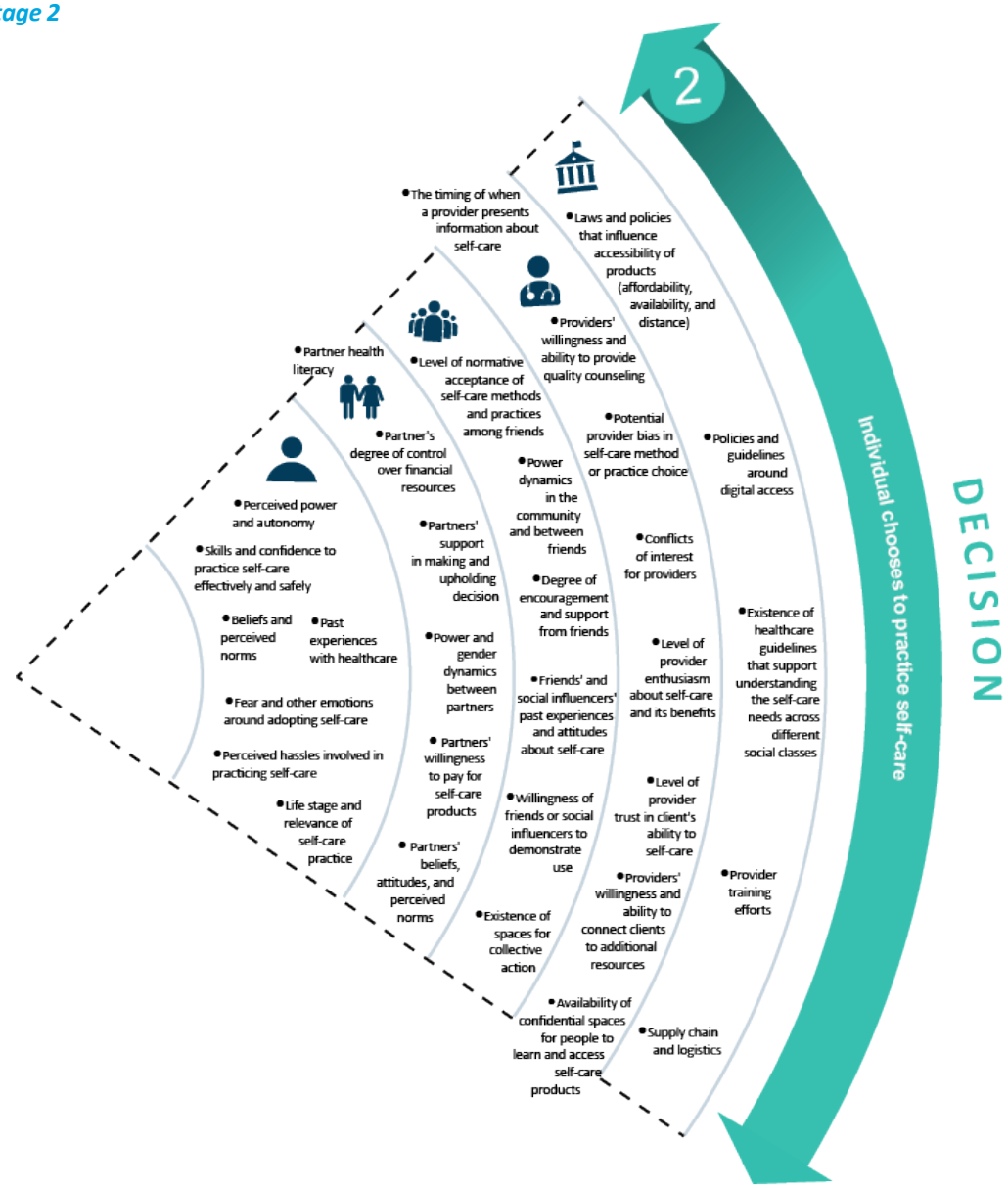
STAGES OF CHANGE IN SELF-CARE ADOPTION AND MAINTENANCE

Stage 1



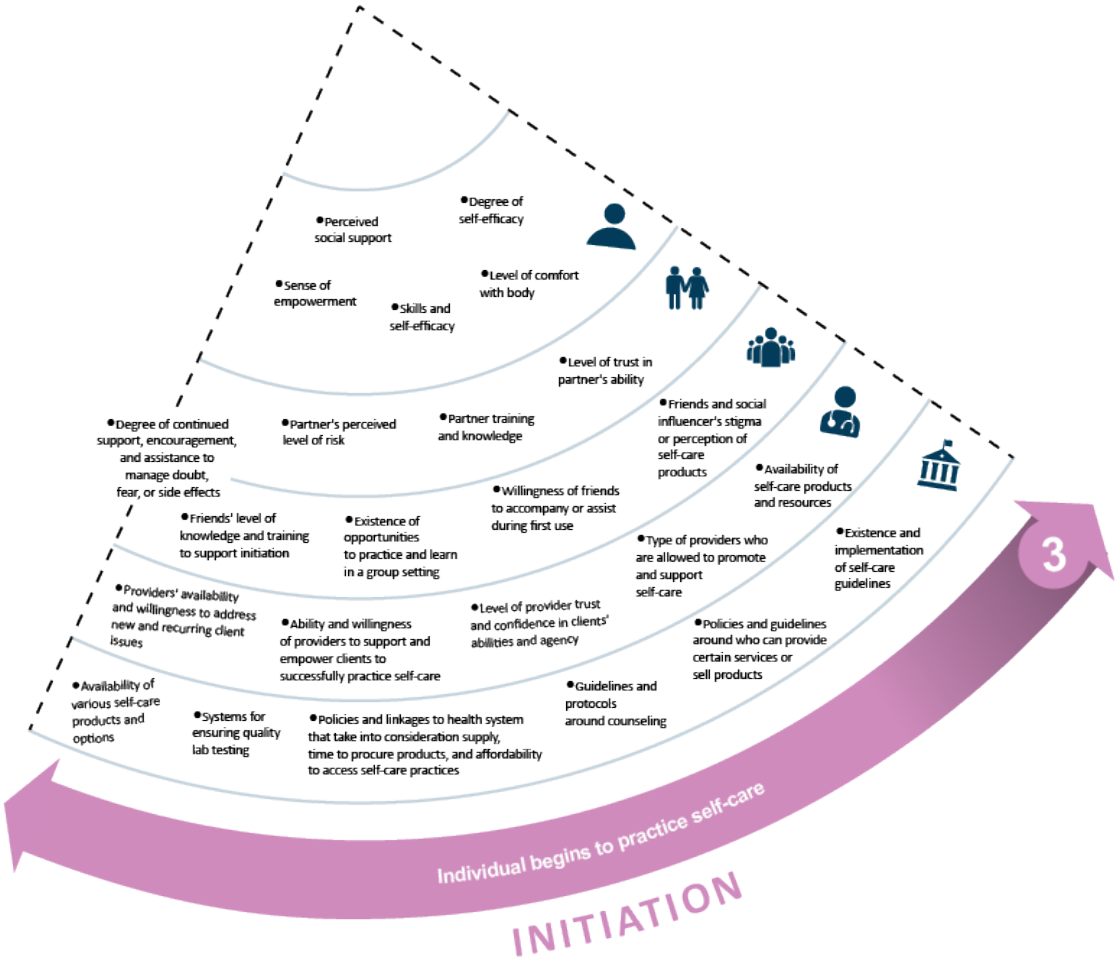
Awareness. In this stage, the individual must know about self-care behavior, such as what the behavior or product is, why it is relevant and beneficial to them, and where they can get it. Various actors and influencers play key roles in increasing this awareness. Partners and friends can share information, programmers can implement communication campaigns and increase access to information through digital apps, health care providers can give accurate information and encourage clients, and policymakers can approve self-care products and resources. These influencers are discussed in further detail below in the detailed illustration of the model in Figure 4.

Stage 2



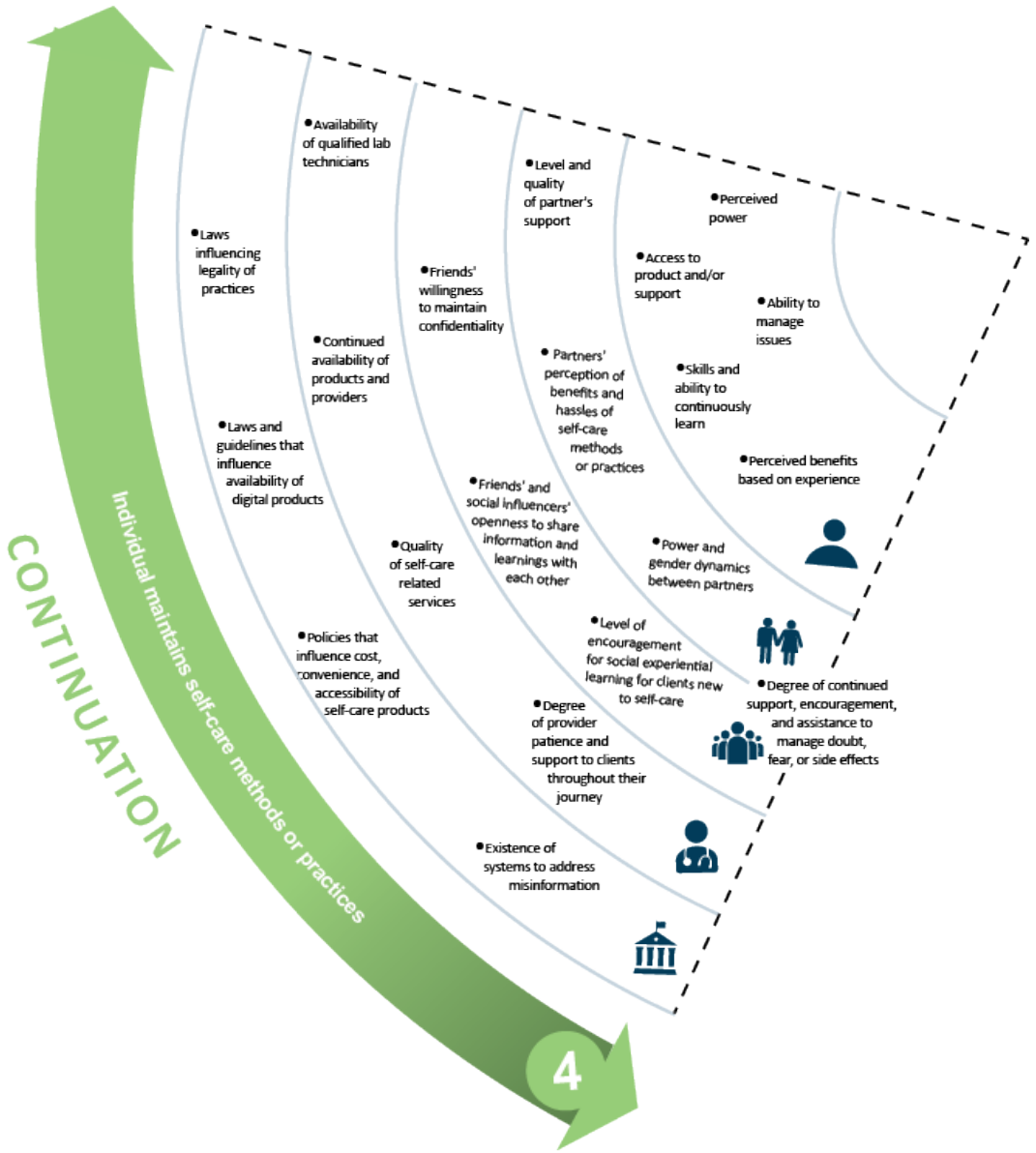
Decision-making. In this stage, the individual should believe that the self-care behavior or product is right for them and that its benefits outweigh any possible negative aspects. They understand the efficacy, safety and other benefits or side effects of the behavior or product. They know where they can get the product and how much it costs. Once the individual has decided to act, they must possess the agency and self-confidence to believe they can initiate the behavior. Important factors and influencers in this stage are support from partners, positive social norms, demonstration of product use by peers and providers, and availability and affordability of products enabled by the health system and national policies and guidelines. Additional factors that can influence decision-making in this stage are product design, ease of use, information presentation, delivery, packaging, and price.

Stage 3



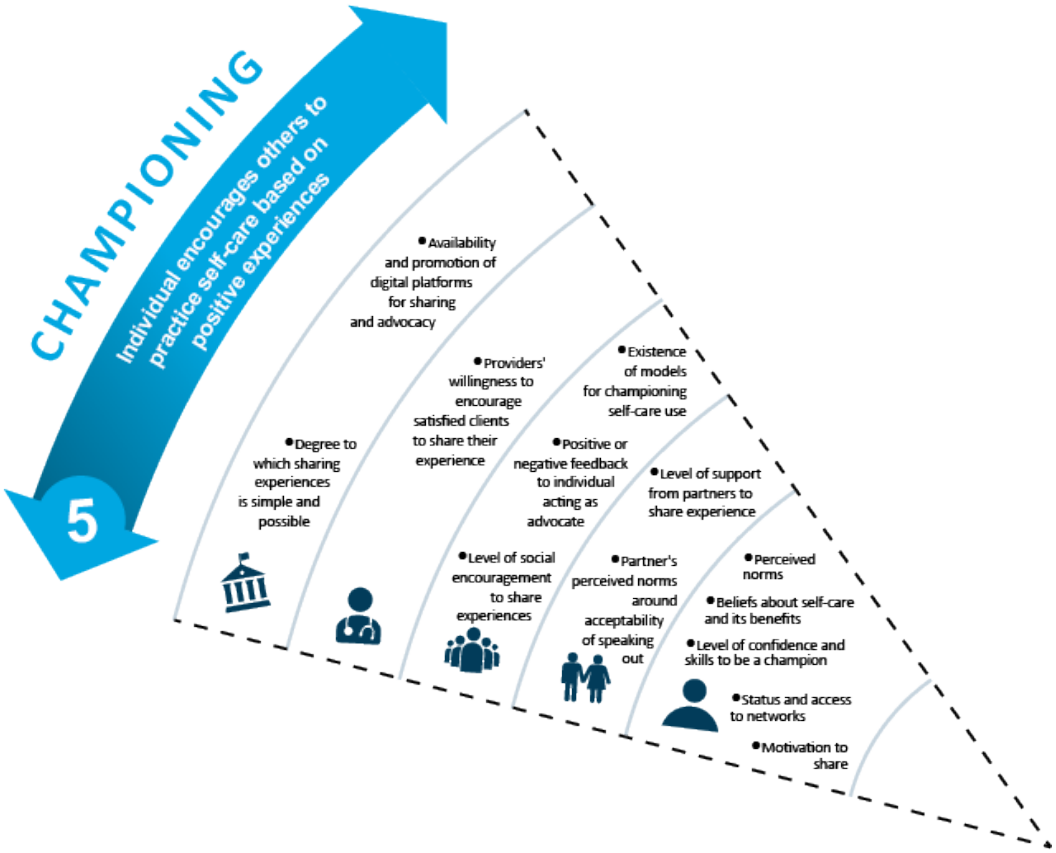
Initiation. In this stage, the individual begins to practice the behavior or tries the product. This initiation can be supported by various actors and conditions. For products such as DMPA-SC self-injection, the person needs a qualified provider, pharmacist or other community health agent to show them how to self-inject and to be supportive throughout the process and follow-up. For an HIV self-test kit, the person may need a peer or pharmacist to show them how to use it and provide follow-up support information. For maternal self-care behaviors, such as childbirth relaxation techniques, providers must teach women the practices and how to perform them. Depending on the self-care behavior, structural requirements can include product availability, peer support, and healthcare personnel. Policies and clinical guidelines must ensure that individuals have convenient and affordable access to the product and to any required follow-up support. Observing other people practicing the behavior or forming support groups also can be helpful and validate behavior in this stage.

Stage 4



Continuation. In this stage, the individual has had a positive trial experience with the self-care behavior or product and its benefits. To maintain the behavior, the individual needs support from partners, friends, communities, providers, and other actors. Access to provider support for follow-up and troubleshooting is key to self-care practice continuation, especially for products such as DMPA-SC, HIV self-test kits, self-testing for sexually transmitted infection, and human papillomavirus (HPV) self- sampling. Logistics and policies are critical to ensure products remain available, affordable, and convenient. Support from friends with shared experiences who navigated difficulties can bolster an individual's desire and ability to continue self-care. Finally, financial and emotional support from family members and partners facilitate empowerment and continued use.

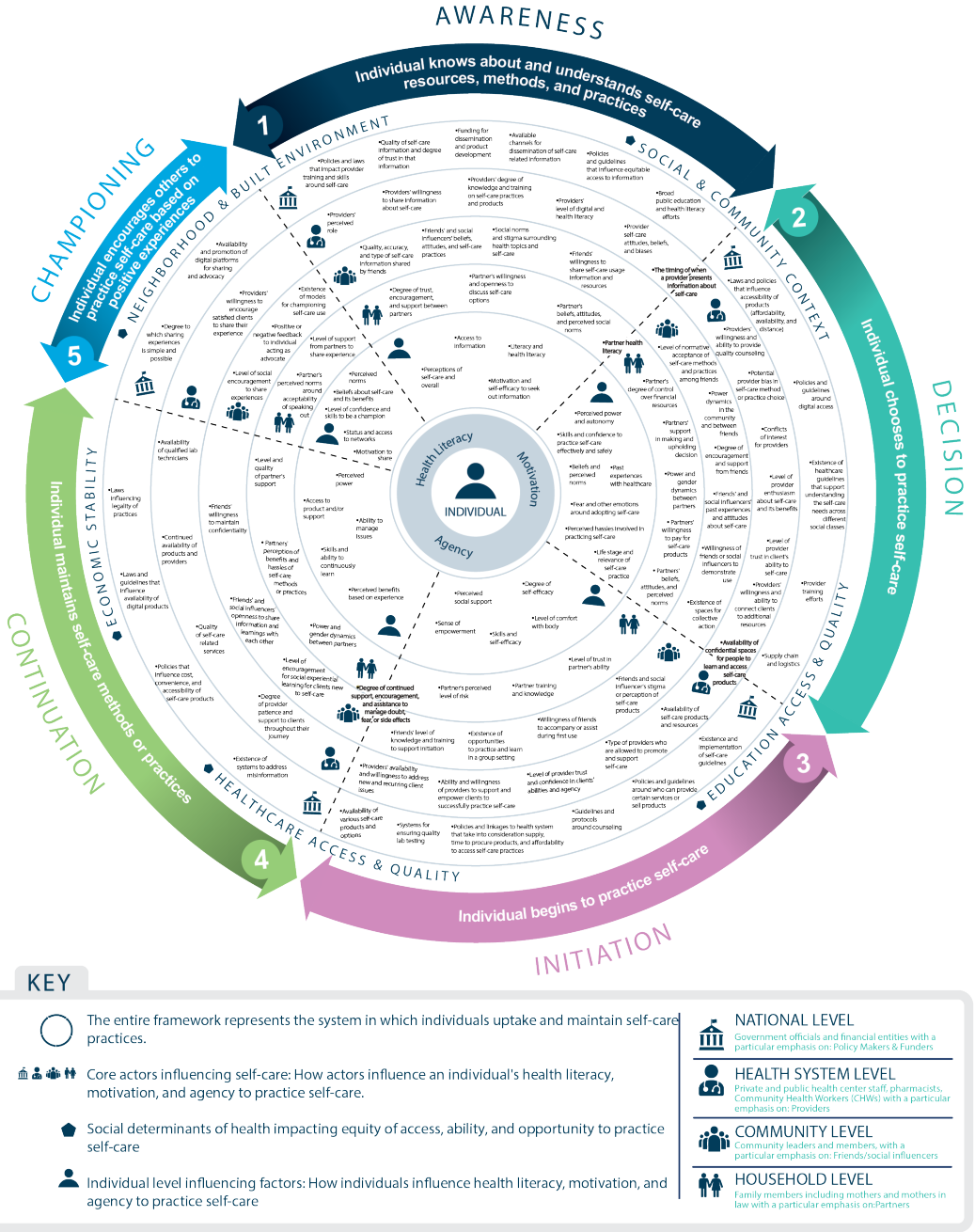
Stage 5



Championing. In this stage, the individual has had a sustained positive experience with the behavior or product. They feel supported and empowered to continue the practice and to encourage others to do so. Supportive actors and influencers at this stage include positive social norms, opportunities to speak to peers about self-care behavior or products, support of friends and families, and enabling policies and health system structures.

BEHAVIORAL DETERMINANTS BY ACTOR AND STAGE

Figure 5 shows key social and behavioral elements, by actor and stage, that can influence an individual's self-care practice. Actors are arranged in concentric circles so that determinants can be highlighted for each influencer. The influencer closest to the individual at the center is the **partner** at the household level. The next concentric circle includes **friends and social influencers** at the community level. The next level includes the **providers** as influencers at the heath system level. And the last level includes **policymakers** as influencers at the national level.



KEY

- The entire framework represents the system in which individuals uptake and maintain self-care practices.
- Core actors influencing self-care: How actors influence an individual's health literacy, motivation, and agency to practice self-care.
- Social determinants of health impacting equity of access, ability, and opportunity to practice self-care
- Individual level influencing factors: How individuals influence health literacy, motivation, and agency to practice self-care

NATIONAL LEVEL
Government officials and financial entities with a particular emphasis on: Policy Makers & Funders

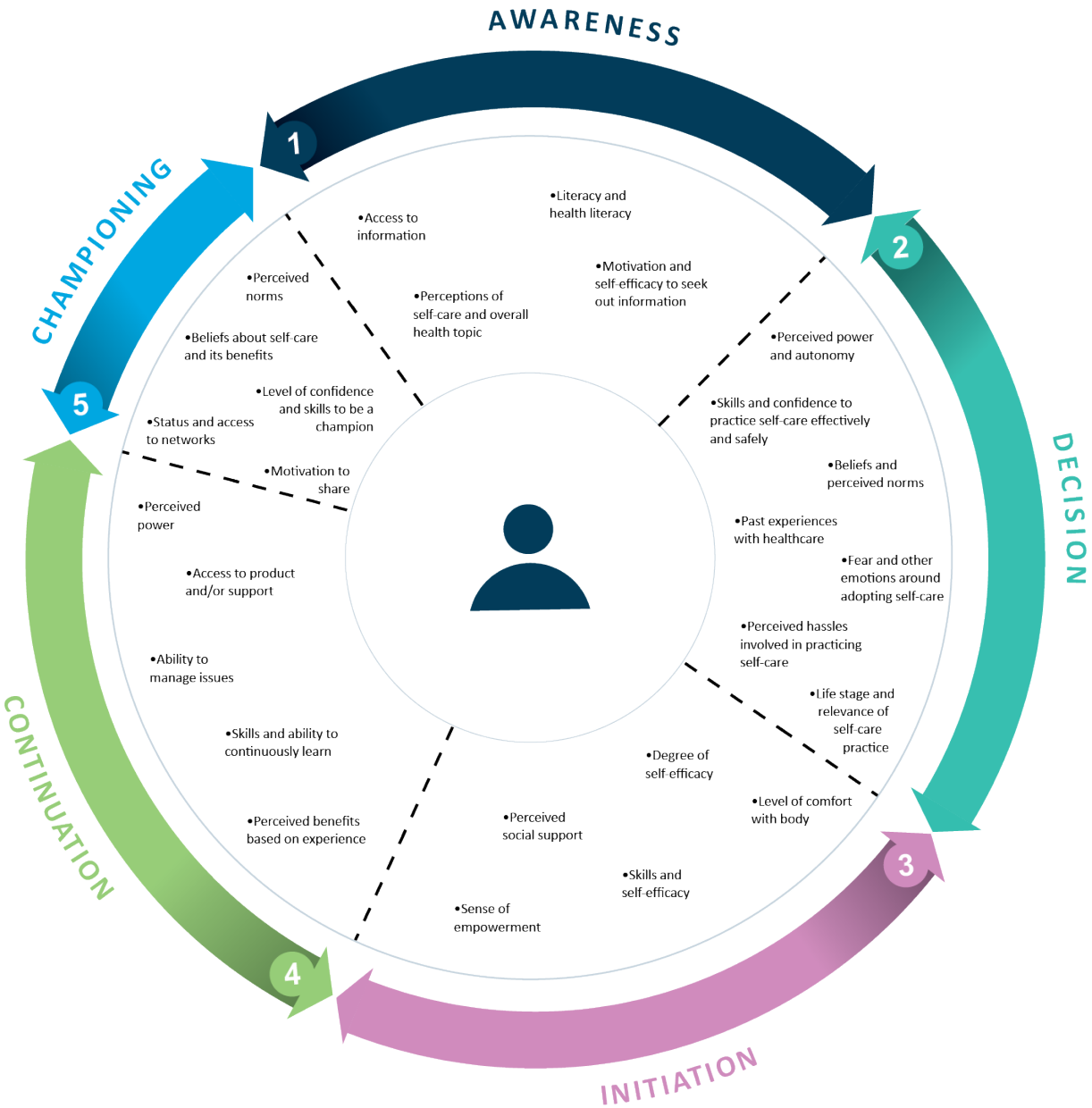
HEALTH SYSTEM LEVEL
Private and public health center staff, pharmacists, Community Health Workers (CHWs) with a particular emphasis on: Providers

COMMUNITY LEVEL
Community leaders and members, with a particular emphasis on: Friends/social influencers

HOUSEHOLD LEVEL
Family members including mothers and mothers in law with a particular emphasis on:Partners

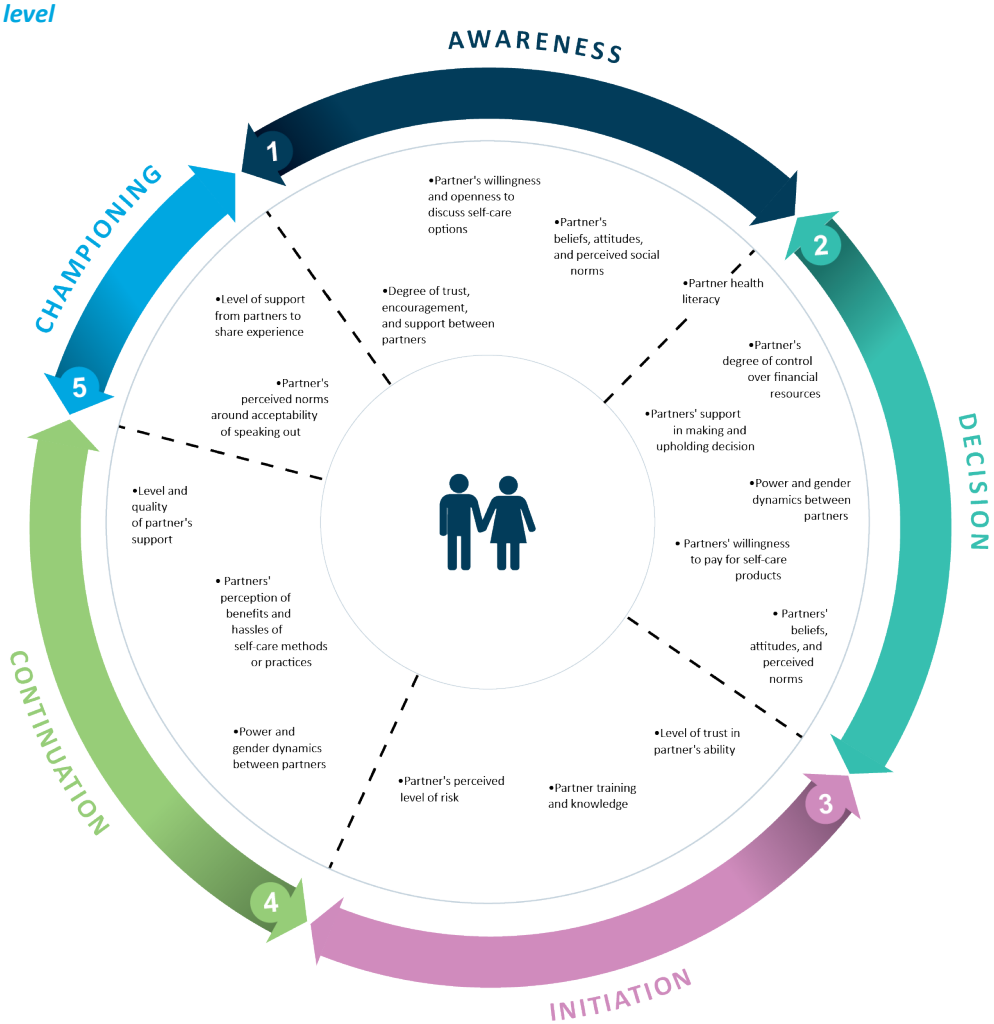
Behavioral Determinants

Individual level



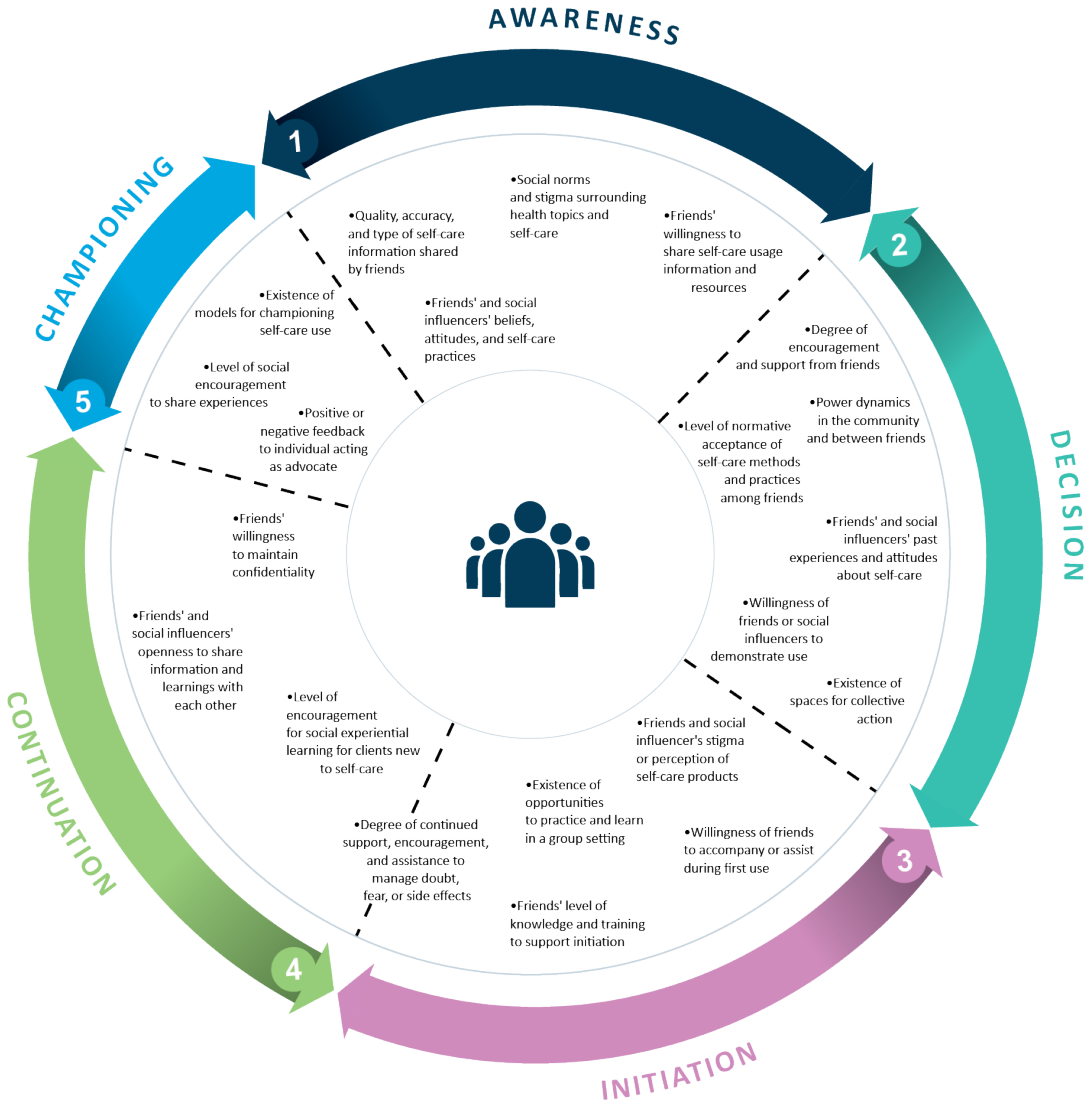
Key influencer—the self. At the center of the framework is the individual who practices the self-care behavior. At this level, a person's knowledge, self-efficacy, attitudes, beliefs, emotions (particularly fear), experience, access, motivation, skills, and agency can all be factors in the individual's decision-making process towards adoption of the self-care behavior or product. All influencers at the different levels (e.g., household, community, health system and national) can improve the awareness, motivation, and agency of the individual to practice self-care.

Household level



Key influencers—partners and other family members. At the household level, partners and other family members (e.g., parents, mothers-in-law) can influence individual decisions to use and continue a self-care behavior. Partners may have the most interest in self-care uptake, especially for behaviors that affect sexual and reproductive life and goals. Partners and family members can influence the amount and quality of information about self-care at the awareness stage and resources available to practice it. At the decision-making stage, partners can encourage the individual and provide any needed resources. At the initiation stage, the partners or a family member could demonstrate or explain how to use the self-care product. At the continuation stage the partner can continue to be supportive, help address any concerns, help with referrals for follow up support from a provider etc. At the championing stage the partner can also be a champion together with the individual in encouraging others to practice the behavior or use the product. Broadly speaking, family members' beliefs, attitudes, notions of power, health literacy, and perceived social and gender norms interact to determine their influence at each stage. Supportive partners create an empowering environment for self-care. However, partners who are not aligned, do not trust each other, or lack confidence in the efficacy of the method or practice may have a negative influence on decisions made by the individual to adopt or continue self-care practices. Partners and families can also enact reproductive coercion, limiting agency and voluntary and informed choice, and impacting an individual's reproductive intentions.

Community level

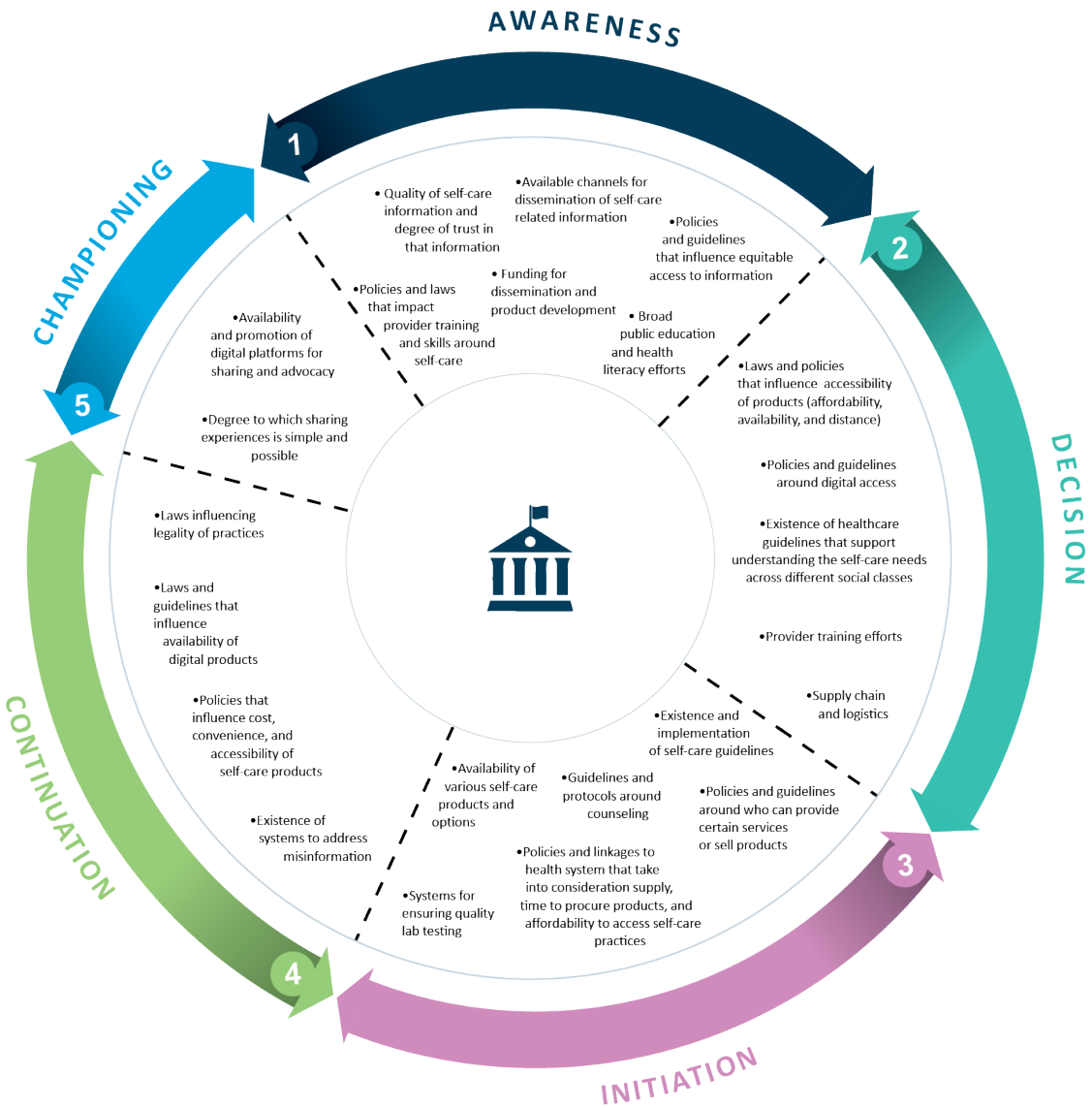


Key influencers—friends and social influencers. At the community level, friends, social influencers, community leaders, and many other actors influence individual self-care behavior. Friends and social influencers are important to behavioral uptake and play two unique roles in self-care behavior. First, they can contribute to a supportive environment for self-care practice by countering stigma or doubt and spreading positive messaging around the safety and utility of self-care. They also create behavioral norms. A supportive self-care community with social movements for self-care is part of an enabling environment. Conversely, negative social norms generate discrimination and stigma against certain groups or self-care behaviors, which can be significant barriers to uptake. Second, friends and social influencers can act as "experiential" teachers, particularly in the decision and initiation stages, by sharing personal knowledge or knowledge of others' self-care. Sharing tips and successful techniques can help individuals to overcome barriers such as fear and lack of self-efficacy. In some cases, friends can accompany each other to procure a product or just be present during initiation, which builds confidence and motivation in individuals to adopt and continue self-care practices.

Health system level

Key influencers—providers, community health workers, pharmacists. The health system level includes providers that facilitate (or hinder) individual self-care behaviors. Providers play important and influential roles in the uptake and continuation of self-care behavior. Due to their "expert" status, providers traditionally possess greater knowledge and access to high-quality information and therefore have unique abilities and expertise to transfer knowledge and demonstrate safe and effective self-care techniques and practices. Providers can raise awareness about and encourage self-care behaviors. They also can transfer their self-care knowledge to others. Perhaps the greatest and most unique influence of providers is their impact on client agency and self-belief, two behavioral determinants that are paramount for self-care. Providers can greatly influence a client's beliefs, confidence, and motivation related to self-care. For example, they can positively influence self-care uptake if they tell clients about self-care behaviors and products, explain how to practice them, demonstrate use, and encourage them to practice the behavior or product. Providers can also encourage continuation by addressing any concerns and counseling on safety, efficacy and side benefits or side effects of a self-care behavior or method. Conversely, providers can hinder self-care uptake if the provider has beliefs that clients are incapable or not qualified to use a self-care product such as DMPA-SC for self-injection. They may also steer clients away from a self-care behavior or product if they are unsure of their ability to train the client, or if the provider doesn't believe in a certain product or behavior, such as condoms, oral contraceptives, LAM and emergency contraceptives.

National level



Key influencers—policymakers and donors. The national level includes government policymakers who create social, economic, and health policies to enable self-care behaviors and use of self-care products. For example, policymakers can ensure that self-care products are approved for use, determine which cadre of providers can provide self-care products, develop training guidelines and ensure that providers are trained. They also regulate and ensure the quality of self-care products. Policymakers also influence social determinants of health and health equity, which can determine who has access to self-care information and products. Donors can foster an enabling environment by advocating for and supporting self-care programs and policies. Policymakers and donors both play important roles in making budgetary and other financial decisions with the Ministry of Health and other stakeholders to offer self-care practices and products

Implementation and applicability of the framework

The SBC self-care conceptual framework aims to provide guidance and stimulate thinking among policymakers, donors, government representatives, and implementers about how to include SBC in the expansion of self-care interventions for improving SRH outcomes.

HOW TO USE THIS FRAMEWORK

The following steps summarize how this framework can be used by different health practitioners to create an enabling environment for individuals to adopt self-care behaviors. Each user of this framework (policymaker, donor, government representative, implementer) may focus on steps most applicable to them. Annex 2 includes one-page briefs for each user group to help illustrate how the framework can be used in their work.

Step 1: Identify the self-care behavior or product that should be increased through focused interventions. Clarify what is the desired health outcome. Determine if the self-care behavior or product is suited to improve that health outcome.

Step 2: Review the framework and guidance graphics from the perspective of the individual who will practice the self-care behavior or use the product. Conduct research or gather information about their knowledge of the behavior or product, their motivations to use it, and whether they have the agency to practice the behavior or use the product.

Step 3: Look at each stage in the framework behavioral journey. Consider the conditions needed for individuals to move from one stage to the next.

- Stage 1 Awareness: Are they aware of the behavior? Do they have access to information through mobile phones or digital apps, or from peers, community health workers or other providers?
- Stage 2 Decision: Do they perceive the self-care behavior or product to be relevant and beneficial? Are they motivated to practice the behavior? Is there a provider or peer to show them how to use the product?
- Stage 3 Initiation: Do they know where they can get the product and how much it costs? Is there a supportive provider or peer to show them how to use the product?
- Stage 4 Continuation: Is it easy to use? Is there social and partner support for continuing the behavior or product? Is it easy to access follow up support or get product for continuation?
- Stage 5 Championing: Do they feel confident and perceive social support for championing the behavior? Do they have social opportunities for sharing their experience with others?

At each stage, ask what the main barriers are to use (e.g., information, stigma, availability, cost) and make sure to include solutions in the self-care intervention in order to enable the individual to adopt and continue the behavior.

Step 4: Look at the influencers at each stage of the individual's journey to adoption to determine their roles in enabling or hampering initial use and sustained practice of the behavior or product. Identify and consider the actors in each stage of the framework to determine which are more important at each stage. Conduct research or gather information about the influencers and what encourages or hinders their effectiveness in supporting the individual to practice self-care. Below are some questions that can be considered for each level and influencer.

- At the household level, do ***partners*** support the use of the product or behavior? Are mothers or mothers-in-law influential and if so, how? What stigma or other barriers exist around partner discussion about the self-care behavior or product? Does reproductive coercion exist?

- At the community level, what are the prevailing social norms and who can influence them? How can SBC interventions change negative norms into positive social norms? How can ***peers, social mobilizers***, and other community influencers create a supportive environment for the individual to practice the self-care behavior or use the product?

- At the health system level, which ***providers*** are most influential in encouraging the self-care behavior or product, and what are their related biases for or against it? Do they have knowledge and training to support people in practicing the behavior or using the product? How can the program intervention positively support providers to encourage individuals to practice self-care and provide quality counseling for voluntary and informed use of family planning products and services?

- At the national level, what can ***policymakers*** to do put into place policies and laws that enable self-care behavior? Do they encourage the individual to practice the behavior? What Ministry of Health guidelines relate to self-care (e.g., costed implementation plan, budget allocations for self-care behaviors and products) and are they in place?

Step 5: Determine the goals and interventions to increase self-care behavior or product use. Determine which stage(s) of change are critical to achieving the targeted outcomes and identify the important influencers at each stage of the behavioral journey. Identify resources for funding the interventions.

For maximum impact on health, multiple stages and levels in this framework should be included in program efforts to influence and enable individual self-care behavior. Additionally, many stakeholders across sectors may be needed to accomplish the objectives and implement different aspects of the program. For example, a comprehensive program may include several government sectors (health, gender, youth), the whole health system (public and private), many implementing partners (non-governmental, community-based, and faith-based organizations), and civil society to exert influence in relevant areas and enable individuals to practice self-care behaviors or use self-care products. Annex 1 provides specific SBC approaches in the different stages of change and among the various influencers.

GUIDANCE FOR POLICYMAKERS, DONORS, GOVERNMENT REPRESENTATIVES, AND PROGRAM IMPLEMENTERS

Policymakers, donors, government representatives, and program implementers should consider their roles in enabling the individual at each stage of the self-care adoption journey. Reviewing information in the framework can serve as a starting point to determine where and how they might facilitate self-care practice. The following sections identify potential ways each framework user group can address influencing factors around self-care practice and how SBC can be incorporated into program planning.

Further guidance and examples are given in Annex 2.

Donors

Welcome to the SBC framework

WHAT

What is this SBC conceptual framework?

The social and behavior change (SBC) self-care (SC) conceptual framework showcases how Sexual Reproductive Health (SRH) health outcomes can be improved by applying a behavioral lens to SRH self-care initiatives.

What are its main goals?

1. Advocate for the importance and value of SBC in SC
2. Demonstrate how to effectively increase uptake and maintenance of SC
3. Illustrate how to identify, consider, and target certain behaviors across the SC spectrum

What question does this framework help [[donors]] answer?

"How might you as a donor leverage this to identify and fill system gaps for funding, research, and interventions and improve the design of programs?

HOW

Practical applications of this framework for donors

1. Identify which levels of the socio-ecological ecosystem require SBC interventions and donor investments.
2. Identify funding gaps for SBC.
3. Ensure SBC is included in self-care project design.
4. Identify policy needs to advocate for required changes for enabling self-care.
5. Ensure self-care programs address and reduce health inequities that can be impacted by SBC.

WHY

There are existing guidelines, frameworks, policies, partnerships, and interventions that shape the SRH SC landscape. However, the behavioral aspects of SC are not well understood or accounted for in SC guidelines and programming. There is an opportunity to apply a SBC lens to illuminate and address client and provider needs, behavioral determinants, and motivations related to the uptake and maintenance of self-care.

SELF

Individual conditions necessary to facilitate positive self-care behaviors. The individual conditions required for self-care uptake and maintenance shift and build upon each other over the course of the behavioral journey,

SUPPORTIVE ACTOR NETWORK

A diverse, trusting, experienced, empathetic, and supportive network is required to facilitate self-care behaviors at every step of an individual's self-care journey

NATIONAL LEVEL: Policymakers and Donors

HEALTH SYSTEM LEVEL: Providers

COMMUNITY LEVEL: Friends/ Social Influencers

HOUSEHOLD LEVEL: Partners

Behavioral influencers & Social Determinants

Everyone should have a fair opportunity to attain their full health potential. Although a number of complex behavioral influences are at work during self-care initiation and continuation, **three unique conditions play a central role in self-care:**

- Agency
- Motivation
- Health Literacy

Stages of the self-care journey

1. Awareness: Knowledge and understanding of self-care resources, methods, and practices
2. Decision: Choice to practice self-care
3. Initiation: Beginning self-care method use or practice
4. Continuation: Maintaining self-care method use of practice
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Policymakers

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HOW

Practical applications of this framework for [[policymakers]]

1. Determine which self-care products and behaviors require government policy or regulation. Examples include safe abortion and post-abortion care laws, clinical guidelines for abortion and post-abortion care, registration and regulation of self-care products, provider authorization to administer or train on self-care products (DMPA-SC, HIV self-test kits, sexually transmitted infection testing, and HPV self-sampling), and authorization to distribute self- care products.
2. Establish enabling policies and laws for individuals to access self-care products and to support the use of and follow-up for self-care products.
3. Support policies and regulations that improve equity and address social determinants of health.
4. Create and enforce laws and guidelines that improve access to high-quality information about self-care, especially focusing on digital channels.
5. Prepare budgets that include SBC needs for self-care promotion and training in costed implementation plans, ministry of health annual plans, and county and district plans.

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Government Representatives

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What question does this framework help [[government representatives]] answer?

"How might you as a donor leverage this to identify and fill system gaps for funding, research, and interventions and improve the design of programs?

HOW

Practical applications of this framework for [[government representatives]]

1. Ensure approval, registration, and availability of self-care products.
2. Advocate for new self-care behaviors or products to be included in health guidelines and training curricula.
3. Advocate for task shifting to lower-level providers, health care workers, and pharmacies for self-care behaviors and products.
4. Coordinate between ministries to promote self-care.
5. Ensure provider training on self-care behaviors and products and address provider behavior change initiatives to overcome provider barriers to self-care products.
6. Budget for self-care SBC initiatives targeted at individuals, communities, and providers.

WHY

There are existing guidelines, frameworks, policies, partnerships, and interventions that shape the SRH SC landscape. However, the behavioral aspects of SC are not well understood or accounted for in SC guidelines and programming. There is an opportunity to apply a SBC lens to illuminate and address client and provider needs, behavioral determinants, and motivations related to the uptake and maintenance of self-care.

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Program Implementers

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What question does this framework help [[program implementers]] answer?

"How might you as a donor leverage this to identify and fill system gaps for funding, research, and interventions and improve the design of programs?

HOW

Practical applications of this framework for [[program implementers]]

1. Ensure programs address social and behavioral barriers to self-care uptake, including health literacy, motivation, and agency.
2. Understand what social norms influence self-care behavior(s) and what initiatives targeting social norm change should be implemented.
3. Consider health system barriers, such as provider attitudes, skills, and motivation, to address through SBC.
4. Confirm that clinical guidelines and training curricula include self-care behaviors and products.

WHY

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Additional opportunities for exploration and understanding

Many questions about SBC in self-care remain unanswered. This section identifies questions generated from the desk review, co-design workshops, and testing that can be explored in further research.

BEHAVIORAL DETERMINANTS

- Identify actors with the most influence for the particular self-care behaviors and products, and their motivations and barriers.
- Understand the contexts in which different self-care methods are supported and used and the barriers to their uptake.
- Understand the social and behavioral determinants bridging the decision and initiation stages in self-care.
- Understand social norms, behavioral drivers, and socio-cultural contexts for men and boys' self-care.
- Understand possible social harms of HIV self-testing and sexually transmitted infection and HPV self-sample collection in contexts that lack linkages to counseling.
- Assess the effectiveness of digital apps in uptake of self-care methods and services.

PROVIDER DETERMINANTS

- Identify what successfully changes and improves provider attitudes toward individuals self-injecting, using condoms, LAM, emergency contraceptives, and other self-care products.
- Understand private providers' barriers to training on self-care.
- Identify advocacy that increases widespread policy approval of DMPA-SC by community health workers and allows them to train women to self-inject.
- Determine whether women trust pharmacists to inject them and how to train pharmacists on DMPA-SC self-injection.
- Compare uptake and continuation when a client accesses a product such as DMPA-SC or an HIV self-test kit from a pharmacy versus a clinic health care provider.
- Assess effectiveness and safety of pharmacists injecting DMPA-SC and training women in self-injection.
- Assess competency of and trust in community health workers to train women to self-inject.

OTHER DETERMINANTS

- Assess the cost-benefits of including self-care in the health care system.
- Identify successful advocacy approaches to getting self-care integrated as a core level of the health system structure.

Resources

TARGETING INDIVIDUAL AWARENESS, MOTIVATION AND AGENCY TO PRACTICE SELF-CARE

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DMPA-SC

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Resources

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Resources

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Resources for advocacy

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Annex 1:

SBC PROGRAMMATIC APPROACHES

APPROACHES AT EACH STAGE OF CHANGE IN THE INDIVIDUAL SELF-CARE JOURNEY

Stage of Change	Intervention
Awareness	• Digital awareness apps and online information to increase health literacy • Targeted partner communication • Guidelines for providers, community health workers, pharmacies to share information about self-care with clients • Advocacy of policy guidelines allowing use of products for self-care (e.g., DMPA-SC)
Decision	• Support groups for men who have sex with men • Support groups for adolescents • Peer education training on communicating benefits of self-care • Community health worker training on communicating about self-care behaviors and products • Evidence for programmatic approaches to build motivation and agency to practice self-care
Initiation	• Interpersonal communication and mass media on where to access self-care products • Provider training on instructing clients to use self-injection or other self-care products • Advocacy for task shifting for self-care products (e.g., DMPA-SC) through community health workers, pharmacists, and others • Advocacy for funding subsidies on self-care products • Advocacy for inclusion of private sector service and product delivery points
Continuation	• Mass media to build positive social norms of self-care • Peer support groups and referral training for follow-up self-care support • Community leader dialogues to build social support and positive social norms • Provider training on follow-up support of self-care products • Life skills and empowerment programs
Advocacy	• Programs involving satisfied users who promote self-care • Social and digital media to promote self-care by satisfied users and influencers

Annex 1:

SBC PROGRAMMATIC APPROACHES

APPROACHES AT SOCIO-ECOLOGICAL LEVELS TO ENHANCE SUPPORT OF INDIVIDUAL SELF-CARE PRACTICE

Individual	Household	Community	Health System	Policy
• Information dissemination through interpersonal communication, community health workers, mass media, providers, community events, schools • Youth development • Online support groups • Digital apps • Hotlines	• Male engagement programs • Workplace outreach • Events at social venues • Parent discussions • Interpersonal communication with mothers-in-law	• Engagement with cultural and community leaders • Mass media for changing social norms • Use of popular social influencers • Workplace programs • School outreach • Positive norms promotion • Positive deviants • Gatekeeper engagement • Gender transformative programming • Adolescent empowerment • Social cohesion programming • Stigma and discrimination reduction • Empowerment of community-based organizations	• Provider training • Provider behavior change interventions • Pharmacy detailing and training • Community health worker training and support • Advocacy for integration of self-care guidelines into training and policy • Health systems strengthening • Private sector involvement	• Research on self-care products and interventions to build evidence • Advocacy of policy change and funding for self-care • Social accountability initiatives

Annex 2: Donors

GUIDANCE FOR POLICYMAKERS, DONORS, GOVERNMENT REPRESENTATIVES, AND PROGRAM IMPLEMENTERS

	Actor	Influencing Factor	Probing Question
Awareness	Policymaker	Policies and laws that impact provider training and skills around self-care Funding for dissemination and product development Policies and guidelines which influence equitable access to information	Are STKs registered and approved for self-use in pharmacies and by CHWs and peers/ individuals? Are STKs budgeted in a CIP? Are there guidelines for contents and use of STKs?
	Partner	Partner's willingness to discuss self-care options	Is partner dialogue happening? Are there social norms interventions being funded?
	Individual	Literacy and health literacy	Are people aware of STKs? Is there funding for government, CSOs, NGOs to promote STKs?
Decision	Policymaker	Policies and guidelines around digital access Supply chain & logistics	Are digital apps being developed for provision of information about self-testing, counseling and referrals? What is the pricing in various outlets? Is it affordable to the target groups?
	Provider	Provider's willingness and ability to provide quality counseling Level of provider enthusiasm about self-care and it's benefits	Are providers aware of and trained to promote HIV STKs? Is provider behavior change needed to get providers to promote STKs as an option to clients?
	Friend/social influence	Power dynamics in the community and between friends Willingness or friends or social influences to demonstrate use	Is social norm change needed? Are there peer education and distribution programs by CSOs?
	Individual	Skills and confidence to practice self-care effectively and safely	Are digital apps and websites available for giving information?
Initiation	Policymaker	Policies and guidelines around who can provide certain services or sell products Guidelines and protocols around counseling	Is coordination needed between public private for pricing and distribution? Is advocacy and budget support needed for HIV and SRH education in schools?
	Provider	Ability and willingness of providers to support and empower clients to successful practice self-care	Are pharmacists trained in how to tell people how to use STKs?
	Partner	Partner training and knowledge	Are there interventions to teach people how to use STKs so they can discuss with their partners?
Continuation	Policymaker	Policies that influence cost, convenience, and availability of self-care products Laws influencing legality of practices	Is advocacy and budget support needed for more supportive and equitable access to healthcare for vulnerable groups such as MSM and adolescents? Is advocacy needed for legalization of homosexuality to facilitate MSM getting services?
	Provider	Quality of self-care related services	Are there support mechanisms for people to get follow-up counseling and treatment?
	Friend/social influence	Power and gender dynamics between partners	Is there a need for gender equity interventions?
Championing	Policymaker	Availability and promotion of digital platforms for advocacy and sharing	Are digital apps being developed for provision of information about self-testing, counseling and referrals?
	Provider	Existence of models for championing self-care	Are there funded programs and interventions that support self-test champions?

Annex 2: Policymakers

GUIDANCE FOR POLICYMAKERS, DONORS, GOVERNMENT REPRESENTATIVES, AND PROGRAM IMPLEMENTERS

	Actor	Influencing Factor	Probing Question
Awareness	Policymaker	Policies and laws that influence that impact provider training and skills around self-care Funding for dissemination and product development Available channels for dissemination and self-care related information Broad public education and health literacy efforts	Is DMPA-SC registered? Is there a budget for procurement of DMPA-SC? Is DMPA-SC approved for self-injection? Is there an adolescent SRH policy allowing contraceptive use?
	Individual	Literacy and health literacy	Can government allow promotion of DMPA-SC in media?
Decision	Policymaker	Policies and guidelines around digital access Existence of healthcare guidelines that support understanding the self-care needs across different social classes Provider training efforts	Can government strengthen access to digital access or mobile information access? Are there policy guidelines for cadres allowed to use DMPA-SC? Are there training guidelines for use of DMPA-SC for each cadre allowed to use DMPA-SC - nurses, CHWs, pharmacists
	Provider	Provider's willingness and ability to provide quality counseling	Is DMPA-SC approved for CHWs and pharmacists?
	Partner	Partner support in making and upholding decisions	Are there GBV policies and protocols for provision of SRH healthcare for victims including contraceptives?
Initiation	Policymaker	Policies and guidelines around who can provide certain services or sell products Guidelines and protocols around counseling Systems for ensuring quality lab testing	Is DMPA-SC approved for use by CHWs and pharmacies and are there training guidelines? Is government coordinating between MOH and education to educate kids about pregnancy prevention and contraceptives? Is the product regulated and tested?
	Provider	Availability of self-care products and resources Ability and willingness of providers to support and empower clients to successfully practice self-care	What is the price to consumers in public, private and pharmacies? Is gov't accessing the lowest international procurement prices? Have manufacturers approved training and promotional materials?
Continuation	Policymaker	Policies that influence, convenience, and accessibility of self-care products Policies that influence, convenience, and accessibility of self-care products Laws and guidelines that influence availability of digital products	Is DMPA-SC in the national essential medicines list for regular procurement? Do vulnerable groups including adolescents and women in rural areas have equitable access to high quality healthcare? Does the government supply chain need strengthening to ensure supply?
Championing	Policymaker	Degree to which sharing experiences is simple and possible	Can the government strengthen access to digital access or mobile information access?

Annex 2: Government representatives

GUIDANCE FOR POLICYMAKERS, DONORS, GOVERNMENT REPRESENTATIVES, AND PROGRAM IMPLEMENTERS

	Actor	Influencing Factor	Probing Question
Awareness	Policymaker	Policies and laws that impact provider training and skills around self-care Quality of self-care information and degree of trust in that information Funding for dissemination and product development Available channels for dissemination of self-care related information	Are self-test kits registered and approved for pharmacy and community distribution? Have manufacturers approved training and promotional materials? Are HIV STKs in the county sub-national budgets? Is there a wide variety of accessible channels for people to learn about HIV STKs?
	Friend/social influence	Friends' willingness to share self-care usage information and resources	Can the government work across sectors (gender, youth) and with community leaders to encourage open discussion and testing?
	Partner	Partner's willingness and openness to discuss self-care options	Can gov't support CSOs and providers to encourage partners to talk to each other and get tested?
	Individual	Motivation and self efficacy to seek out information	Do people know about self-test kits? Can providers, community leaders, CSOs be informed to spread information?
Decision	Policymaker	Supply chain and logistics	What is the consumer price for STKs and are they affordable?
	Provider	Providers' willingness and ability to provide quality counseling Level of provider trust in client's ability to self-care	Are providers, CHWs and pharmacies trained to counsel people about STKs? Are providers positive about people using STKs or do you need provider training to build support
	Friend/social influence	Willingness of friends or social influences to demonstrate use Level of normative acceptance of self-care methods and practices among friends	Are peer educators trained to distribute and promote STKs among peers? Can government use health education promoters and work with CSOs and community leaders to build positive support for self testing?
Initiation	Policymaker	Policies and guidelines around who can provide certain services or sell products Guidelines and protocols around counseling Policies and linkages to health system that take into consideration supply, time to procure products, and affordability and access to self-care products	Do guidelines exist on training and use of STKs? Is government coordinating between MOH and education to educate kids about HIV and self-testing? Is government coordinating with private sector for supply, price and distribution of STKs?
	Provider	Type of providers who are allowed to promote and support self caring	Have providers been trained in how to use STKs?
	Friend/social influence	Friends' level of knowledge and training to support initiation	Have peers and CHVs been trained in how to use STKs?
Continuation	Policymaker	Policies that influence cost, convenience, and accessibility of self-care products	Do high risk groups have equitable access to health care?
	Provider	Quality of self-care related services	Do STKs have referrals in the box/package and are those resources accessible?
	Friends/social influences	Friends' and social influences' openness to share information and learnings with each other	Are CHWs and peers trained to provide follow up support for referring to counseling?
Championing	Policymaker	Degree to which sharing experiences is simple and possible	Is gov't passing laws to reduce income inequality and poverty, to make purchasing STKs more possible?
	Provider	Providers' ability and willingness to connect satisfied self-care clients with potential self-care clients	Can gov't support health promoters and get champions to talk about STKs in the communities?
	Friends/social influences	Level of social encouragement to share experiences	Are there opportunities for people to share their experience with the product?

Annex 2: Program Implementers

GUIDANCE FOR POLICYMAKERS, DONORS, GOVERNMENT REPRESENTATIVES, AND PROGRAM IMPLEMENTERS

	Actor	Influencing Factor	Probing Question
Awareness	Policymaker	Policies and laws that impact provider training and skills around self-care Quality of self-care information and degree of trust in that information Funding for dissemination and product development Policies and guidelines that influence equitable access to information Broad public education and health literacy efforts	Is DMPA-SC registered? Have manufacturers approved training and promotional materials? Is DMPA-SC in the CIP? Is DMPA-SC approved for CHWs and pharmacists? Is DMPA-SC approved for self-injection?
	Provider	Providers' perceived role Providers' willingness to share information about self-care	Do providers think women should be able to self-inject? Are providers willing to tell women about SI?
	Friend/social influence	Friends' and social influences' beliefs, attitudes, and self-care practices	Is there social stigma for adolescents to use FP?
	Partner	Partner's willingness to discuss self-care options	Do men support FP?
	Individual	Perception of self-care and overall health topic Literacy and health literacy	What are women's perceptions of DMPA-SC? What percentage of people have heard of SI?
Decision	Policymaker	Supply chain and logistics	Is DMPA-SC available in public private, with CHWs and in pharmacies?
	Provider	Potential provider bias in self-care method or practice choice	Are providers/CHWs and pharmacists adequately trained to provide counseling on SI? Is provider behavior change needed to change provider biases against women self-injecting?
	Partner	Partner's degree of control over financial resources Power and gender dynamics between partners	Do women have control over resources, or do they have to get money from men? Is social norm change supporting FP needed? Particularly for adolescents?
	Friend/social influence	Willingness of friends or social influences to demonstrate use	Are there opportunities for women to see a peer demonstrate self-injection?
	Individual	Skills and confidence to practice self care effectively and safely Fear and other emotions around adopting self-care	What degree of agency and confidence do women have to practice SI? What fears do women have about SI?
Initiation	Policymaker	Existence and implementation of self-care guidelines Guidelines and protocols around counseling	How much does it cost in the various outlets? Are there school programs for sexuality education and teen pregnancy prevention?
	Provider	Level of provider trust and confidence in clients' abilities and agency Ability and willingness of providers to support and empower clients to successfully practice self-care	Are nurses, CHWs and pharmacists trained to train women to self-inject? Are nurses/CHWs and pharmacists building women's self-confidence to self-inject?
	Individual	Skills and self efficacy	Can women get to the clinic or pharmacy for SI?

Annex 2: Program Implementers

GUIDANCE FOR POLICYMAKERS, DONORS, GOVERNMENT REPRESENTATIVES, AND PROGRAM IMPLEMENTERS

Continuation	Policymaker	Policies that influence cost, convenience, and accessibility of self-care products	Do adolescents have equitable access to healthcare? Does product continue to be affordable and accessible?
	Provider	Degree of provider patience and support to clients throughout their journey	Are providers accessible for follow up support and counseling?
	Friend/social influence	Friends' and social influences' openness to share information and learnings with each other	Do you need ongoing positive attitudes built for SI?
	Partner	Power and gender dynamics between partners	Is partner satisfied with the woman using FP/SI and supports continuation or does the woman have to hide use?
Championing	Provider	Provider's ability and willingness to connect satisfied self-care clients with potential self-care clients	Do providers speak positively about the product in health education sessions?
	Friend/social influence	Existence of models for championing self-care	Are there well-known champions for self-injection?
	Individual	Levels of confidence and skills to be a champion	Are there opportunities for women to share their positive experience?

End Notes

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