Using Social and Behavior Change to Strengthen Self-Care for Sexual and Reproductive Health

A Technical Brief

March 2023

Cooperative Agreement #AID-OAA-A-17-00017

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Breakthrough ACTION
FOR SOCIAL & BEHAVIOR CHANGE

Acknowledgments

Acronyms

HCD	Human-centered design
PBC	Provider behavior change
SBC	Social and behavior change
SRH	Sexual and reproductive health
USAID	U.S. Agency for International Development
WHO	World Health Organization

Acknowledgments

Breakthrough ACTION, a collaborative project, led by Johns Hopkins Center for Communication Programs, would like to acknowledge Hope Hempstone, Heather Hancock, and Joanna Skinner for authoring this document. Additionally, Breakthrough ACTION would like to thank Rebecca Pickard for her detailed copyediting and Mark Beisser for his design.

This technical brief 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.

Background

Self-care has long been a pivotal element of sexual and reproductive health (SRH). SRH is, by definition, intimate and personal, and many individuals and couples prefer to attend to needs such as family planning and management of sexually transmitted infections in a private and confidential setting. In recent years, governments, donors, and implementers have focused increasingly on self-care as they work to expand universal health coverage and improve access to health products and services among marginalized and vulnerable groups. The COVID-19 pandemic, which exacerbated pre-existing inequities in access to health services, has further reinforced the need to support individuals and couples in meeting their SRH needs in the absence of safe, regular services.

Effective self-care for SRH relies heavily upon the behavior of individuals and couples, who must gather information, procure products, use those products correctly, and seek support from healthcare providers as needed. A multitude of factors influence SRH self-care behavior, including social norms, attitudes, self-efficacy, policies, knowledge, agency, access to products and information, and power dynamics. While much of the current literature identifies health promotion and health literacy as essential to expanded self-care, programmatic approaches could benefit from focusing more deliberately on the nuanced behavioral aspects of SRH self-care. Social and behavior change (SBC) approaches and techniques are well-placed to address inherent social and behavioral elements of self-care, helping potential users of SRH products define and achieve their reproductive intentions through self-administered drugs, devices, diagnostics, or digital products.

What is Self-Care?

The World Health Organization (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."[1]

Self-care for SRH includes the use of:

- Male and female condoms.
- Emergency contraception.
- Injected contraceptives, such as Depo-SubQ®.
- Over-the-counter oral contraceptive pills.
- Ovulation predictor kits.
- Home pregnancy tests.
- Fertility awareness apps and methods.
- Self-sampling for sexually transmitted infections.
- HIV self-testing.

What is Social and Behavior Change?

SBC is a discipline that uses a deep understanding of human and societal behavior and evidence-based interventions to increase the adoption of healthy behaviors by individuals and influence the social norms that underpin those behaviors.

SBC employs a wide range of approaches, including the following:

- Mass media.
- Human-centered design.
- Social media.
- Behavioral economics.
- Community engagement and mobilization.
- Interpersonal communication.

How can SBC Contribute to Self-Care?

Self-care interventions face several pressing challenges which are likely to persist as programming expands. Some of these challenges include understanding the needs of people who want to practice SRH self-care, engaging healthcare providers in supporting self-care practice, fostering community support for self-care, promoting quality self-care products, and ensuring people can access health services when necessary. SBC practitioners have encountered and successfully addressed these same challenges in SRH and other health areas. Self-care interventions can leverage this experience to facilitate the equitable and sustainable expansion of self-care. The remainder of this brief describes how self-care practitioners can utilize proven and emergent SBC approaches to avoid or address these pressing challenges to SRH self-care interventions. Breakthrough ACTION has also developed a **complementary framework** that demonstrates how SBC can support SRH self-care.[2] This framework provides additional detail on the factors and groups that influence self-care behavior and supplies guidance on using SBC to address those components.

Learning from Other Integration Efforts

SBC and service delivery programs have made concerted efforts to align their work in recent years. The process of articulating the relationship between the two fields has served to deepen collaboration between organizations working in each and has accelerated research and programming pertaining to the application of SBC approaches in service delivery. Research now shows that integrating SBC and service delivery can **generate demand for services**, **improve the client-provider interaction**, **increase maintenance of healthy behaviors**, and **improve health outcomes**. This experience both demonstrates the benefit of defining the contribution of SBC to self-care interventions and provides a blueprint for doing so.

Understanding the Needs of SRH Product Users

Expanded self-care for SRH requires an understanding of people's needs and preferences across the life course, not only to define desired attributes of self-care products and delivery systems but also to illuminate the factors that most strongly influence use of a given product. Implementers may consider the following SBC approaches for better understanding people who want or need to engage in SRH self-care and ensuring interventions are grounded in this understanding:

- **Audience segmentation**[3] can help implementers identify needs, wants, and attitudes that drive self-care behaviors. Approaches to segmentation continue to expand and now include (but are not limited to) national-level quantitative demand analyses, and qualitative explorations of the priorities and values of SRH product users. SBC practitioners have well documented such approaches and can tailor them to fit the needs of those implementing self-care interventions, depending on context and budget.[4]
- **Human-centered design**[5] (HCD) offers an opportunity to design self-care interventions—particularly for vulnerable groups—which consider complex systems from the perspective of the people who will use or be affected by them. SBC programs such as **Adolescents 360** have been particularly successful in employing HCD to design contextually-specific SRH interventions that reflect the priorities of adolescent girls.[6] This empathy-driven approach offers an opportunity to design and deliver innovative solutions that explore differing reasons people may or may not utilize self-care, such as power hierarchies, restrictive social norms, and inequitable access to digital resources.

Engaging Providers

Advancing the use of self-care requires programs to develop an empathetic understanding of healthcare providers and factors influencing their promotion of self-care behaviors among clients. Providers are trusted sources of information and may be a client's first introduction to self-care practices or products. For self-care interventions to be successful, providers must act as champions for self-care and client empowerment, which may necessitate shifts in their attitudes, norms, skills, and behaviors. Providers need to appreciate the benefits of self-care for clients, communities, and health systems, and view self-care as a boon rather than as a threat to their livelihoods. Providers must trust clients to care for themselves and be willing to cede a certain amount of power in the client-provider relationship. SBC approaches that can support providers in effectively promoting self-care follow:

- **Empathetic provider behavior change** (PBC) initiatives can address the drivers of providers' self-care behavior. Learnings from recent PBC work highlight the importance of viewing providers as people whose behavior is influenced by many factors across the healthcare system. A detailed understanding of those factors—as laid out in the **Provider Behavior Ecosystem** and **Provider Behavior Change Toolkit**—is the foundation of effective PBC efforts.[7] Self-care practitioners can seek to better understand what influences provider behavior around self-care, from norms and attitudes to policies and work environment.
- **Group problem-solving approaches** that engage providers as partners enhance the likelihood of behavior change. Self-care interventions will be more effective when they see

providers as part of the solution and bring providers together with community members to jointly produce solutions. For example, Pathfinder International's **Beyond Bias** project in Tanzania, Pakistan, and Burkina Faso activated provider self-awareness, provided opportunities for group learning and application of positive practices, and rewarded pre-established behaviors. These group approaches helped reduce biased attitudes and beliefs and improve counseling and treatment.[8]

Cultivating Community Support for Self-Care

Self-care for SRH does not occur in isolation; individuals and couples practice it, but families, social networks, and communities influence how they do so. Therefore, community structures, as well as prevailing social and gender norms, need to enable self-care for best outcomes. In SRH, a variety of norms have profound effects on individuals' and groups' behaviors, such as those related to fertility (e.g., people in the community expect women to have a baby soon after marriage) or couple dynamics (e.g., a social expectation that men should be the primary decision-makers in the household). SBC uses defined, systematic, and community-led approaches to identify and advance local priorities that practitioners can apply to self-care interventions. While interventions to increase social support for SRH vary, examples of those with proven impact over the last two decades include advocacy with religious and traditional leaders, community engagement and group dialogues, exploratory games, and accountability systems.[9]

- **Normative approaches** can help community members reflect on existing SRH and self-care norms, their impact, and whether certain norms need to shift so communities can reach their goals.[10] Community dialogue and community media provide opportunities for this sort of reflection. For example, Breakthrough ACTION's ***Merci Mon Héros*** (English: "Thank you, my heroes") campaign used a multi-media strategy with young people—including testimonial videos, community events and dialogues, and social media discussions—to break family planning taboos in West Africa by encouraging open discussion about it.[11]

- **Male engagement approaches** have also played a transformative role in shaping positive gender dynamics for SRH. Self-care practitioners can use proven male engagement approaches to encourage use of self-care products, encourage joint decision making, and increase men's support to their partners in practicing SRH self-care. These approaches can focus on household-level gender equity, decision making, and power dynamics, as well as larger community gender norms around men accessing services and practicing healthy behaviors. For example, Equimundo's Bandebereho intervention engaged men in small group sessions to discuss and reflect on gender norms and their impact, and then conducted participatory couples' sessions.[12]

Defining and Promoting Quality in a Crowded Market

In many settings, a dizzying array of self-care products for SRH confront potential users, including, but not limited to, those recommended by WHO. With growing mobile penetration and internet connectivity, information "products" for SRH, such as websites and mobile phone apps, have also multiplied rapidly. Effective expansion of self-care will require that SRH product users have the ability and agency to obtain, parse, and use accurate health information (i.e., they are health

literate), and can distinguish between high quality products and inferior alternatives. SBC and service delivery organizations have long worked to understand how clients define quality in SRH services, and they have promoted high-quality services as a preferred choice for meeting health care needs.

- **Promoting quality drugs and devices** can improve people's knowledge and ability to identify quality products, help pharmacists and other vendors to understand their role in providing quality products and protecting their clients, make a case for quality assurance and surveillance systems, and encourage laws and policies that bolster quality products. Promoting quality through SBC techniques can also build clients' confidence in self-care information and products while guiding them toward reliable sources. For example, the Health Communication Capacity Collaborative **promoted quality malaria medicines** through a multi-pronged approach including orienting patent and proprietary medicine vendors, training journalists, conducting community outreach, and launching radio, TV, and print materials for consumers and policymakers. The activities convinced vendors to stop selling certain medicines and encourage testing before purchasing medicines. They also helped consumers confirm whether medicines were of good quality.[13]

- **Combination interventions** that blend quality improvement, multi-channel demand creation campaigns, and certification and branding of services have significantly increased both trust in and use of family planning in sub-Saharan Africa for over 20 years.[14] SRH self-care programs could combine these strategies with global, regional, or national frameworks or standards of quality, such as those proposed in the Mitchell Institute's excellent "Self-Care for Health: A National Policy Blueprint," for effective promotion of self-care products.[15]

Helping Those Practicing Self-Care to Access Services as Needed

Self-care has the power to increase access to health products while alleviating pressure on overstretched providers and healthcare systems. It cannot, however, take the place of health services entirely. Those practicing self-care may find that they require the support of a healthcare provider because they need additional information, are experiencing side effects, or can no longer meet their needs through self-care. SBC approaches can facilitate such linkages to the health system, offering support, guidance, and referrals so that people can access needed services.

Supporting Self-Care After Services

Practitioners have successfully used SBC to help clients maintain self-care behaviors after they access services, as outlined in the After Stage of the Circle of Care Model™. SBC approaches can enhance follow-up with people practicing self-care and check on how the behavioral practice of product use is going. For example, providers or outreach workers may send text message reminders or create WhatsApp groups to enable people to share challenges, solutions, and successes. SBC can also support behavioral maintenance through peer support groups, male engagement, or normative approaches that help users continue to practice self-care.

- **Peer navigators** can help clients know when and how to access services. They can also help community members understand what services are amenable to self-care and when they need to seek care from a provider. For example, peer navigators in the Côte d'Ivoire Brothers for Life program improved retention in HIV treatment among people living with HIV by providing patients with information, psychosocial support and referrals and explaining HIV testing, treatment and services based on their own experiences of navigating these complex issues and systems.[16] Self-care could benefit from the use of peer navigators to guide people to facilities and providers when they face barriers to continued use or need further support.

- **Feedback mechanisms and adaptive SBC materials** can enable the systematic identification of common concerns about products, as well as barriers to utilization of follow up services, followed by the production of materials that address those issues. Promotional materials, drug packaging, or resources such as phone hotlines or mobile apps may directly address concerns; programs should also share concerns with providers so they can provide appropriate counseling. Client materials and job aids help pharmacists, community health workers, and others involved in the distribution of SRH self-care products talk to potential and current self-care users. These SBC materials can, for example, clearly distinguish between expected side effects (acknowledging these may be unacceptable to some users) and more serious adverse reactions so that users of self-care SRH products are informed, empowered, and prepared. SBC materials can also help potential users understand which sorts of services are best suited for self-care and when they should seek care.

Conclusion

SRH self-care programming is at a crossroads. The challenges presented by COVID-19 have underscored how user-driven health solutions complement service delivery, and self-care programming will expand rapidly in the coming years. Formally acknowledging the role of SBC in self-care interventions for SRH is not simply semantic: it will sharpen the strategic focus of programs, while affording implementers access to vital technical and programmatic resources. Intentional inclusion of SBC in self-care guidance, policy, and programming will enable self-care practitioners to expand the scope and effectiveness of their efforts. These actions will collectively support the application of evidence-based SBC practices in self-care programming and ensure interventions are as inclusive and impactful as possible.

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