

Using Social & Behavior Change To Improve Family Planning Outcomes

Social and behavior change (SBC) is an essential component in achieving global development goals, including family planning. SBC is a discipline that uses a deep understanding of human and societal behavior and evidence-based interventions—such as mass media, community engagement, and interpersonal communication—to increase adoption of healthy behaviors and influence the social norms that underpin those behaviors.

There are **three key reasons** why SBC should be included as part of all family planning programs:

1



SBC has been shown to increase successful outcomes in family planning based on global evidence and best practices

2



SBC approaches complement service delivery investments

3



SBC demonstrates a high return on investment in both the short- and long-term

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1



SBC has been shown to increase successful outcomes in family planning

SBC interventions have been proven to positively impact intermediate outcomes—such as approval of family planning and open communication with a partner—as well as have a direct effect on modern contraceptive uptake.

The Nigerian Urban Reproductive Health Initiative was able to increase modern contraceptive use in one city by 15% by using multiple SBC approaches, including TV, radio, and community engagement.¹ As part of mobilizing the community, individuals with strong social skills and connections (commonly hairdressers, barbers, and tailors) were recruited as “social mobilizers,” trained in family planning, and provided with family planning referral cards to give to others.¹ Together, these interventions increased community knowledge about contraceptives as well as conversations about and social approval of family planning.¹

In Ethiopia, an SBC program saw an increase in contraceptive use from 31% to 62% following a multi-component intervention that included mass-media, health education, and provider training in maternal health care.²



SBC approaches complement your service delivery investments

SBC interventions can be used to enhance service delivery and improve health outcomes in multiple ways. This can be done through implementing interventions along the service delivery continuum—before, during, and after a person goes to a health facility.

In Rwanda, the Bandebereho project created a supportive environment **before** women sought family planning services by holding counseling sessions in the community with women and their male partners. The project resulted in multiple positive health and gender-related outcomes, including increased modern contraceptive use, increased support from men for reproductive choices, and improved decision-making power for women.³

In Indonesia, mass media and community education were used to improve clients' participation in counseling sessions **during** services. As a result, more clients prepared questions for their family planning provider prior to their appointments and improved their communication with providers.⁴



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SBC demonstrates a high return on investment in both the short- & long-term

Data from Egypt, the Philippines, Zambia, and Guinea show that well-designed SBC programs are highly cost-effective.^{i,5}

Moreover, data from Zambia and Guinea show that for every dollar invested in high-quality SBC to improve family planning uptake saves between two and six dollars.⁵ Modeling predicts that scaling up SBC interventions per Zambia and Guinea's national plans will lead to a 5 and 3 percentage point increase in modern contraceptive prevalence, respectively, from 2019-2023;⁵ this translates to 535,900 new users in Zambia and 166,500 new users in Guinea.⁵

i. The World Health Organization's WHO-CHOICE initiative defines a highly cost-effective intervention as one with an incremental cost-effectiveness ratio (ICER) of less than one times GDP per capita.⁵ "The ICER is determined by dividing the additional cost of an intervention by its additional effectiveness."⁵



ACHIEVING FAMILY PLANNING GOALS IS WITHIN OUR REACH!

When we invest in high-quality SBC approaches,
we can amplify our family planning work.

References

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