

SEEKING BREAKTHROUGHS IN SOCIAL AND BEHAVIOR CHANGE

at the Intersection of Family Planning
and Intimate Partner Violence

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INTRODUCTION

According to the World Health Organization (WHO) global estimates, the most prevalent form of gender-based violence (GBV) directed at women is intimate partner violence (IPV) or “behavior by an intimate partner or ex-partner that causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviors.”¹⁻² The WHO estimates that 27%—roughly one in four—of ever-married/partnered women aged 15–49 years have experienced physical and/or sexual intimate partner violence at least once in their lifetime (since the age of 15).³

The health consequences of IPV are wide-ranging and cumulative, impacting physical, mental, sexual, and reproductive health in the short and long term.⁴⁻⁷ Given the lifetime prevalence of IPV among women aged 15–49 years, the fact that IPV can and does intersect with family planning (FP) during reproductive years is unsurprising. The literature suggests that IPV can impact diverse FP outcomes, including contraceptive preference, contraceptive uptake and continuation, reproductive autonomy, and unintended pregnancy.⁸⁻¹³ Additionally, experiencing IPV can impact healthcare-seeking and healthcare utilization, either increasing or decreasing use of specific health services like family planning.¹⁴⁻¹⁵

These and other linkages between FP and IPV call for integrated programming to address their intersection and overlap and improve health and social outcomes. To advance FP and IPV research and practice, previous assessments have suggested a need to: (1) strengthen understanding of the linkages between FP and IPV, (2) consider influencing factors across the [socio-ecological model](#) and the life course, (3) engage men and boys more intentionally, (4) analyze promising interventions, and (5) grow and leverage technical expertise.¹⁶

In February 2021, Breakthrough ACTION hosted the expert consultation “Seeking Breakthroughs in Social and Behavior Change at the Intersection of Family Planning and Intimate Partner Violence” to build on the work of others by strengthening the conceptual story linking FP and IPV and considering other life factors. This consultation brought together over 40 subject matter experts in FP, gender-based violence (GBV), and social and behavior change (SBC) representing more than 25 organizations around the globe. During this consultation, participants examined linkages between FP and IPV across the life course, explored SBC theories and approaches that can be applied to integrated programming, and identified opportunities to further advance integrated FP/IPV research and practice. To further engage with content and materials from the consultation, feel free to review and download slides from featured presentations on the [Breakthrough ACTION + RESEARCH website](#) and watch recordings on the [Breakthrough ACTION + RESEARCH YouTube channel](#). This technical brief shares key takeaways and lessons learned from the consultation as well as recommendations for SBC researchers and practitioners to continue focusing on the linkages between FP and IPV.

KEY MESSAGES

Research and Context: Global research and evidence can improve understanding of linkages between FP and IPV throughout the life course across diverse contexts, but evidence gaps remain.

Theoretical Supports: Effective application of theory to integrated programming can strategically address multiple behaviors and factors and positively influence outcomes, but few interventions at the FP/IPV intersection are strategically applying social and structural theories.

Programmatic Approaches: Intentional use of SBC approaches in integrated FP/IPV programming can drive transformative social change that is positive and lasting, but limited examples of practitioners implementing these approaches at the intersection of FP and IPV are currently available.



RESEARCH AND CONTEXT

The more researchers and practitioners learn about the linkages between FP and IPV, the more they can build the case for integrated programming. While the evidence base is currently limited, available studies offer insights into key areas, such as the impact of IPV on modern contraceptive use, contraceptive continuation, reproductive autonomy, and contraceptive preference.

For example, the relationship between modern contraceptive use (i.e., overt and covert use) and experiences of violence is influenced by diverse associated factors, including women's decision-making, women's and men's attitudes justifying wife-beating, community attitudes justifying violence, educational attainment, and wealth.¹² Notably, men's alcohol use seems to strongly influence the relationship between modern contraceptive use and experiences of violence, inviting more attention on the alcohol-FP-IPV nexus in different environments.¹² Regarding discontinuation, women who experience IPV tend to discontinue contraception while still in need more than those that do not, and it can vary according to the type of IPV experienced (emotional, physical, sexual).¹⁰ Furthermore, reproductive coercion, an umbrella term for specific behaviors that interfere with decision-making related to FP and pregnancy, is a common experience among women and girls in low- and middle-income country settings.¹¹ Women experiencing reproductive coercion are both more likely to employ strategies to use FP covertly and use FP methods that are female-controlled to reduce interference.¹¹

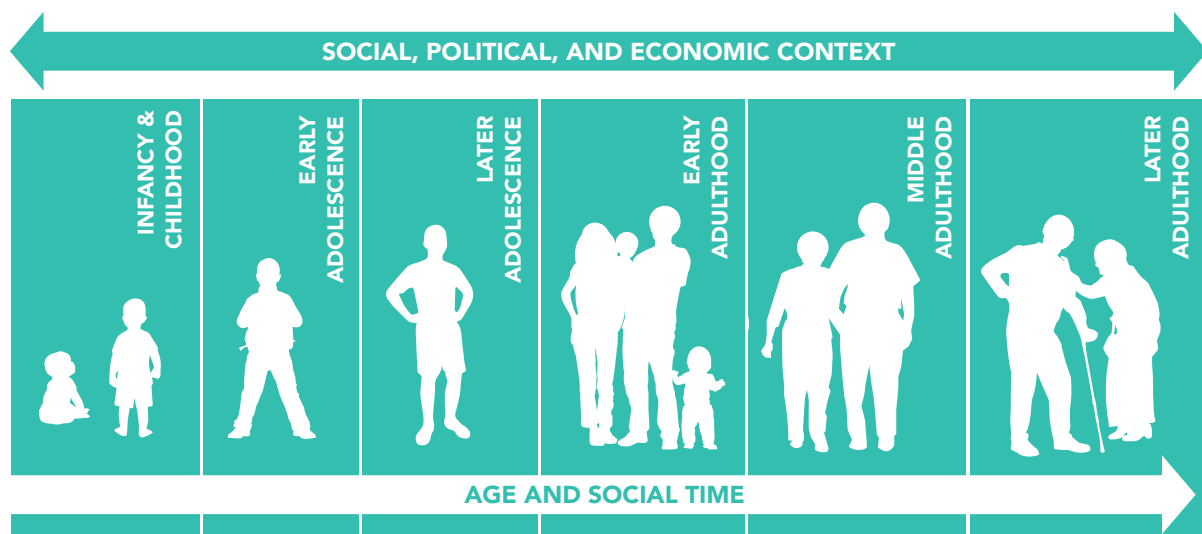
While current measurements of gender and other social norms often focus on attitudes and beliefs rather than the norms themselves, the studies point to the need for improved understanding and measurement of those norms influencing FP and IPV outcomes across diverse contexts.



LIFE COURSE LENS

The life course perspective or Life Course Theory (LCT) seeks to explain human lives and behaviors within structural, social, and cultural contexts.¹⁷ It “conceptualizes the life course as a dynamic, nonlinear process involving a series of age-related patterns of behavior embedded in social institutions, personal experience, and social history in ways that give meaning to the passage of biological time.”¹⁸ LCT applies five key principles to its context-specific analysis related to the following concepts: (1) life-span development; (2) agency; (3) time and place; (4) timing; and (5) linked lives.¹⁷⁻¹⁸

The life course perspective is a particularly useful approach to deepening understanding of FP and IPV linkages. It allows researchers and practitioners to explore *why*, *where*, *how*, and *when* FP and IPV intersect and overlap, as well as *who* and *what* influences FP and IPV experiences and related priorities, needs, and preferences. Priorities, needs, and preferences around FP and IPV services and support will vary from person to person.



Adapted from Figure 1 in *Understanding the male life course: Opportunities for gender transformation: Background paper*. (2020). Institute for Reproductive Health for the U.S. Agency for International Development (USAID). <https://irh.org/resource-library/male-life-course-opportunities/>

In examining the lives of individuals and couples from infancy through adulthood in a given environment, applying a life course perspective demonstrates that:

- What happens before birth matters. The situation into which a person is born establishes important conditions for their health and well-being going forward.¹⁹
- Couple and family relationship dynamics play an important role in FP and IPV experiences. No person exists in isolation. People are embedded in relationships with others—partners, family, friends, colleagues—which shift over their lifespan and, in turn, shape and influence their attitudes, beliefs, values, behaviors, and decision-making regarding FP and IPV.²⁰

- Gender and other social norms influencing FP and IPV experiences within a couple or family are context-specific and can shift over time in response to diverse short- and long-term events (e.g., birth of first child, menopause, economic recession, unemployment) across all levels of the [socio-ecological model](#).²¹⁻²²
- GBV, including IPV, is experienced and perpetrated across the lifespan, but IPV experienced later in life is often excluded from research.²³⁻²⁴ Similarly, older women, both within and beyond reproductive age (15–49 years), continue to have FP needs, but their experiences, priorities, and preferences continue to be excluded from research and service delivery.²⁵⁻²⁷ This also holds true for older men.²⁸



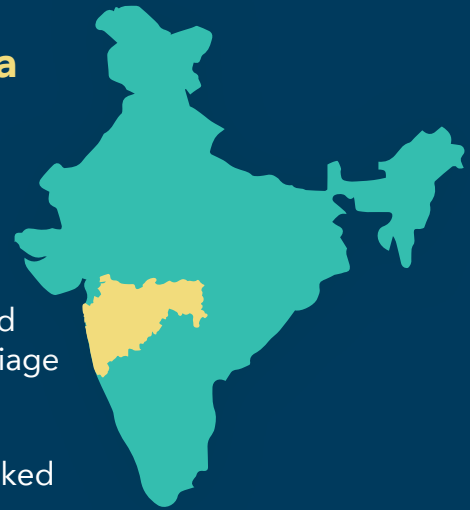
THEORETICAL SUPPORTS

Theories can help researchers and practitioners understand and address FP and IPV linkages and their related ecological factors across the life course and at different levels of the [socio-ecological model](#), from individual to social and structural change. Much of FP and/or IPV programming focuses on the individual, household, service delivery, and community levels. However, FP and IPV experiences are also shaped and influenced by factors at the societal or structural level, such as laws and policies. These factors determine who has access to which resources, under what conditions, and with what degree of control.²⁹

The unique contribution of social and structural theories and models, such as the [Social Determinants of Health Framework](#),^{19,30} Structuration Theory,³¹ Intersectionality,³²⁻³³ and the Theory of Gender and Power,³⁴ is that they help researchers and practitioners arrive at a more comprehensive understanding of FP and IPV linkages and contributing factors in a given environment. Additionally, certain theories, such as the Theory of Gender and Power, are critical to diagnosing and engaging with gender and other social norms in context-specific ways that address gender-based power imbalances at multiple levels, which impact both FP and IPV. These and other theories can and should be combined and applied to integrated FP/IPV program design, implementation, and monitoring and evaluation to address human lives and behaviors within structural, social, and cultural contexts. This would ensure that FP/IPV programs are designed to address these higher level influences on behavioral and normative outcomes.

ACHIEVING IMPACT: A Theory-Driven Intervention in Rural Maharashtra, India

The Counseling Husbands and Wives to Achieve Reproductive Health and Marital Equity 2 (CHARM2) intervention illustrates how to combine and apply relevant theories to programming addressing FP and IPV. Based on evaluation findings from the original CHARM study,³⁵ CHARM2 addresses gender equity and family planning in rural Maharashtra, India, where marriage before the age of 18 is common among girls, and contraceptive use is low and dominated by female sterilization.³⁶ In this setting, gender inequalities are linked with lower reproductive autonomy for women.



In response, the intervention adopted a gender-synchronized approach to engage married opposite-sex couples with the goal of improving gender equity, reducing IPV, and increasing use of FP. In doing so, the project purposefully applied relevant theories such as Social Cognitive Theory³⁷ and the Theory of Gender and Power,³⁴ among others.³⁶ For example, CHARM2 applied Social Cognitive Theory to address the ways in which women's FP access and use is conditioned by personal, behavioral, and environmental factors that interact with one another. FP counseling sessions with women, men, and couples addressed individual FP awareness and knowledge as well as gender norms regarding FP and fertility. The sessions also reinforced modern FP use, provided modern FP methods and direct links to healthcare, and encouraged couple communication and shared decision-making.³⁸

A rigorous evaluation of this theory-driven intervention showed that it significantly impacted a range of attitudes and behaviors, including increased awareness, knowledge, self-efficacy, and couple communication regarding FP; improved gender-equitable attitudes of men; increased uptake of male condoms; and decreased uptake of female sterilization.³⁸ However, the intervention did not have a measured impact on IPV (low reported rates at baseline), use of hormonal intrauterine devices (IUD) or other modern FP methods, or unintended pregnancy.³⁸

Recognizing that reality is more complex than any combination of theories, CHARM2 applied theory as an iterative process, using study findings to inform theory and later using revised theory to inform revised programming.³⁸



PROGRAMMATIC APPROACHES

Though there are few interventions addressing FP and IPV in an integrated way, promising approaches continue to emerge across diverse settings.¹⁶ To date, common approaches to integrated programming include the following:³⁹

- Break taboos and shift gender and other social norms through SBC approaches (e.g., norms-shifting interventions such as community engagement)
- Facilitate clear, strong links to healthcare and other social services
- Focus on relationships at different levels of the socio-ecological model, such as relationships between partners, between other family members, and between clients and healthcare providers, taking into consideration the different needs and opportunities across the life course
- Utilize gender synchronization, working with people across gender identities in intentional ways, to promote healthy, equitable relationships and balance power dynamics, where relevant and appropriate⁴⁰⁻⁴²
- Explore multi-sectoral links, such as education and economic empowerment
- Connect and build on program strategies and activities in mutually reinforcing ways, such as by working across the socio-ecological model

Interventions that apply SBC approaches, including strategic communication and norms-shifting interventions, to address FP and IPV linkages show evidence of yielding good results across both outcomes, and are promising examples of how to accelerate impact. To date, such interventions include ARCHES (Addressing Reproductive Coercion in Health Settings),⁴³ CHARM (Counseling Husbands and Wives to Achieve Reproductive Health and Marital Equity),⁴⁴ Growing Up GREAT! (Gender Roles, Equality, and Transformations),⁴⁵ SASA!,⁴⁶ Biruh Tesfa,⁴⁷⁻⁴⁸ Yaari Dosti,⁴⁹ and Young Men's Initiative,⁵⁰ among others.

However, interventions using the full range of SBC approaches, including human-centered design, audience segmentation, and behavioral economics, are currently underutilized in programming at the intersection of FP and IPV and offer an opportunity to expand and advance programming in this area.

Human-Centered Design

Human-centered design (HCD) is a flexible and adaptive approach which engages primary stakeholders to identify and address their needs, priorities, and preferences, empowering them to design healthier and more fulfilled lives. Working directly alongside primary stakeholders, human-centered designers build deep empathic understanding of people's motivations, values, concerns, fears, perceptions, relationships, and more to address complex systemic problems. HCD encourages rapid stakeholder-driven solutions, also known as "prototypes," to be tested and iterated with target populations, to ensure solutions are both

usable and useful for all across every stage of the process.

Because FP access and IPV experiences are motivated by a complex and intertwined web of psychological and emotional factors, social norms, environmental barriers, and much more, HCD allows these complexities to be brought to light, thus allowing for more targeted and useful solutions which address the systemic roots of these behaviors rather than some of the superficial symptoms. Additionally, HCD cultivates safe and open spaces where individuals can be more vulnerable and share without fear of judgement, blame, or compromised security. For example, practitioners used HCD to manage the Family Safety Services Hub in Canberra, Australia, bringing together survivors, allies, and perpetrators of family violence to catalyze systemic change in the community.⁵¹ These individuals work together to better understand the dynamics of family violence, identify individuals at risk for family violence, and equip allies or “trusted persons” to respond in incidents of family violence in ways which do not put the survivor at risk of additional harm.

Human-centered design can be a useful approach when seeking to:

- Understand why a project is not achieving expected outcomes
- Develop a deeper, empathy-driven intervention
- Vet an intervention idea before implementation

Audience Segmentation

Segmentation is the practice of dividing an audience or population into subgroups. Public health researchers and practitioners use demographic segmentation (e.g., segmenting by age or sex) commonly, but this method generally provides little information about behavior. Using attitudes, behaviors, and psycho-social characteristics (e.g., social status) to segment a population can help researchers and practitioners better understand distinct subgroups within a broader population, and why they behave the way they do. This knowledge helps practitioners develop messaging and programming targeted for the specific experiences, needs, priorities, and preferences of a subgroup.

For example, advanced audience segmentation has been used to analyze demand for FP in Niger.⁵²⁻⁵³ Although the national modern contraceptive prevalence rate remains relatively low (12% since 2012),⁵⁴ using audience segmentation revealed a more nuanced picture of which types of women are using or would like to use FP in the future. Segmentation analysis identified five segments of women with discrete FP needs, attitudes, and behaviors. One segment, for instance, was very interested in spacing births, but preferred natural methods, and wanted their spouse to be involved in decision-making. Another segment had very little information about FP and needed additional counseling on reproductive health more broadly before receiving information about FP methods. Using these insights, partners developed a counseling tool that healthcare providers could use to screen women clients, identify their particular segments, and deliver FP counseling targeted to their specific needs, attitudes, and behaviors. In an evaluation completed by local Nigerien organization Animas-Sutura, compared to the control group, clients of healthcare providers who were using the counseling tool effectively were more likely to cite being satisfied with the counseling, be aware of a

larger number of methods, and to be using a modern FP method.

While the application of audience segmentation to integrated FP/IPV programming has not been utilized to date, it offers a promising approach to researchers and practitioners to help advance intervention design and implementation by informing strategies and activities for addressing the related needs, priorities, and preferences of different subgroups.

Audience segmentation can be a useful approach when seeking to:

- Address an issue which manifests differently across a community
- Achieve greater impact in a particular subgroup of a population

Behavioral Economics

Behavioral economics (BE) uses insights from psychology, economics, and cognitive science to understand how context drives people's decisions and actions. Using BE allows researchers and practitioners to explore how shaping the environment in which people make decisions can mitigate or leverage people's innate cognitive biases in order to enable individuals to take healthy actions that align with their own intentions. A BE approach to behavior change begins with developing an in-depth understanding of how people process decisions about their health and follow through (or not) on these decisions. Based on this understanding, researchers and practitioners can begin to identify all of the relevant contextual factors—from features of the physical environment to social norms to the timing and framing of specific information—that either hinder or enable healthy decision-making and behavior.

Related to the intersection of FP and IPV, researchers and practitioners can use BE to explore the specific barriers, facilitators, and contextual features which may influence accessing FP and IPV services and where these factors might intersect and overlap for these individual services.⁵⁵ Practitioners have used BE to increase follow-through on referrals to IPV services. For example, BE informed the design and introduction of a series of referral cards and motivational prompts into other women's health services in Venezuela in order to facilitate prompt uptake of IPV response services, even when they were not a priority for the client.⁵⁶

Behavioral economics can be a useful approach when seeking to:

- Address an absence of intention to practice a given behavior or a gap between forming an intention to engage in a behavior and practicing a behavior
- Redesign the underlying context that shapes how decisions are made and actions are taken
- Deepen understanding of behavioral drivers, barriers, and facilitators to practicing a behavior utilizing specific concepts in BE



RECOMMENDATIONS

As researchers and practitioners continue to learn more about the linkages between FP and IPV and how to leverage SBC theories and approaches to address them, they must work together to strengthen the case for integration in order to improve health outcomes. Recommendations in several key areas for integrated programming emerged from the expert consultation:

Coordination and engagement

- Develop a clear, shared rationale for why FP/IPV integration is important
- Deepen partnerships with impacted individuals (e.g., survivors of IPV) with lived experience at the intersection of FP and IPV
- Expand learning and sharing between FP and GBV researchers and practitioners
- Improve collaboration between researchers, practitioners, and donors

Measurement

- Improve identification and measurement of gender and other social norms related to FP and IPV
- Strengthen measurement for capturing impact of integrated FP/IPV programming

Research

- Broaden and deepen understanding of multi-level drivers of FP/IPV linkages across the socio-ecological model and effective strategies to influence them
- Improve understanding of SBC theories and approaches for FP, IPV, and FP/IPV linkages

Implementation

- Develop clear guidance on combining and applying SBC theories and approaches across the socio-ecological model as well as the life course
- Utilize SBC approaches—such as HCD, audience segmentation, and BE—and share learnings on their application and impact



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