



# REPRODUCTIVE HEALTH INNOVATION EXCHANGE

SHOWCASE YOUR INTERACTIVE SBC DESIGNS, IDEAS, AND TOOLS

## Resources to Confront the Concerns of Long-Acting Reversible Contraception Users

Innovation presented by: Marie Stopes International—Uganda and ideas42

### Problem statement

Women who do not intend to get pregnant decide to remove their long-acting reversible contraceptives (LARCs) within one year of uptake due to fears and misconceptions about these methods.

### Circle of Care stage

#### Before:



Creates Enabling Environment



Sets Supportive Norms

#### During:



Builds Trust



Empowers Clients

#### After:



Reinforces Linkages



Supports Behavioral Maintenance

### Audience(s)

LARC users, community-based mobilizers, family planning providers

### Country of implementation or design

Uganda

### Outcome(s) of interest

This innovation empowers Marie Stopes International (MSI) community-based mobilizers to take an active role in responding to myths and misconceptions about family planning (FP) and their side effects, and then refer clients to seek the care that meets their specific needs. It also ensures that health providers at MSI outreach clinics offer appropriate counseling and services to concerned LARC users. Finally, it prompts LARC users to consider their full range of options beyond removal, including side effects management and switching to alternative methods. It considers the behavioral factors that influence women's choices to discontinue or sustain use of contraceptives when they have concerns about a method and supports mobilizers and clinic-based providers to address concerns and help women consider their full set of options.

### The innovation

This innovation works through multiple touchpoints to leverage trusted, community-based mobilizers channel to address clients' concerns to equip these mobilizers with resources, skills, and support.

**The FP Facts Flipchart** is a client-facing visual tool for providers and community-based mobilizers, which provides accessible information to address concerns and misconceptions related to the side effects of contraceptives using culturally relevant analogies and accessible images.

**Referral cards** are given to clients by mobilizers in advance of a clinic date, indicating the client's desired service. The cards reframe the choice set of service options available at the clinic and prompt clients to consider side effects management and method switching as alternatives to discontinuation.

**The Side Effects Response Tool** for mobilizers includes information about side effects that are clinically proven to be connected to LARCs, as well as a list of health concerns that are not connected to FP.



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### Why you should consider adapting and scaling this innovation

This innovation used behavioral design to create the entire solution set. The **FP Facts Flipchart** and **Side Effects Response tool** allows community mobilizers to give LARC users satisfactory responses that assuage their fears about side effects. The flipchart assists mobilizers and providers in delivering consistent messages, using culturally relevant anecdotes and images to help messages better connect with their intended audience. The tool uses an evidence-based approach to myth-busting, developing an alternative fact-based narrative to counter a myth. The cards present facts because research shows that repeating myths, even when explicitly countered, can further propagate the belief. Because people are likely to resist information that contradicts their existing beliefs, presenting an alternative narrative may be more persuasive than framing information as directly combatting a myth. The **Referral Cards** reframes LARC users' choice set of service options available at outreach clinics from focusing on removing a LARC to highlighting alternative service options such as side effects management, switching methods, or method reviews for concerned users, and thus including continuation as an option.

### Resources needed to adapt or scale this innovation

This innovation fills a gap by helping mobilizers to serve the role of a trusted reproductive health information source in the community while recognizing that mobilizers cannot have the same medical expertise as a healthcare provider. This innovation requires an active community health worker or community outreach program. Resources are needed to print the tools and monitor the use of the referral cards as well as conduct short orientations on how to use the tools.

### Implementation recommendations

When adapting to other areas, investment in initial training and ongoing support to help mobilizers fully understand the materials is crucial to successful use. When equipped with training and tools tailored to their context and knowledge level, community mobilizers can effectively support women in continuing to use LARCs when those methods meet their reproductive needs and goals. Implementers need to understand the full range of FP methods available to clients and ensure that providers are available for side effect counseling and method removal if that is what the client chooses. This innovation could be particularly promising in areas of relatively high community health worker or mobilizer capacity where training and supervision are already in place.

### Have more questions? Contact the following people

- Emily Zimmerman ([ezimmerman@ideas42.org](mailto:ezimmerman@ideas42.org))
- Rahin Khandker ([rkhandker@ideas42.org](mailto:rkhandker@ideas42.org))
- Francis Aucur ([Francis.aucur@mariestopes.or.ug](mailto:Francis.aucur@mariestopes.or.ug))
- Andrew Gidudu ([andrew.gidudu@mariestopes.or.ug](mailto:andrew.gidudu@mariestopes.or.ug))

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