The Road to Equity in Family Planning:

Incorporating the Social Determinants of Health

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Background and Rationale

Family planning (FP) includes the conditions that allow individuals, couples, and families to anticipate and attain their desired number of children and the spacing and timing of their births. However, the ability of all people to do so remains constrained by a range of social and structural factors. These factors include **social determinants of health**, or the conditions that affect our individual and collective ability to reach our full potential for health and well-being.[1] The social determinants of health can be categorized as follows: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.[1] They significantly impact people's health, well-being, and quality of life, so social and behavior change (SBC) practitioners, governments, and donors who set the agenda for FP and reproductive health (RH) investments must recognize the significance of these determinants. Furthermore, if FP/RH outcomes are to improve at scale, these actors need to address social determinants of health and their relationship to systemic health and social inequities. Women, men, and other gender-diverse people across social classes will not fully realize their reproductive intentions and achieve reproductive empowerment unless programs adequately prioritize the social and structural factors that undergird the inequities that inhibit access to FP information, services, and commodities.

Purpose

Breakthrough ACTION has focused efforts in recent years on developing a **tool** and synthesized **evidence** on how SBC program implementers and researchers may contribute to addressing equity more intentionally. The project convened SBC practitioners, governments, donors, advocates, and activists through a webinar series to make the case for explicitly considering equity and social determinants of health in the funding, design, implementation, and evaluation of SBC programming addressing FP/RH and related health and social issues. The series highlighted the deepening multi-sectoral partnerships and coalitions necessary for change, as outlined in the **Shared Agenda for Social and Behavior Change in Family Planning**. The conversations unpacked the intersectionality inherent in social determinants considering how power dynamics, oppression, and privilege are experienced by individuals and groups across these overlapping determinants. Social determinants give rise to disparities in access to and use of FP/RH information, services, and products and subsequent health outcomes. This technical brief highlights some of the key learnings and recommendations for shaping investments and SBC programming that directly address inequities and social determinants building on the webinar series and convenings to date.

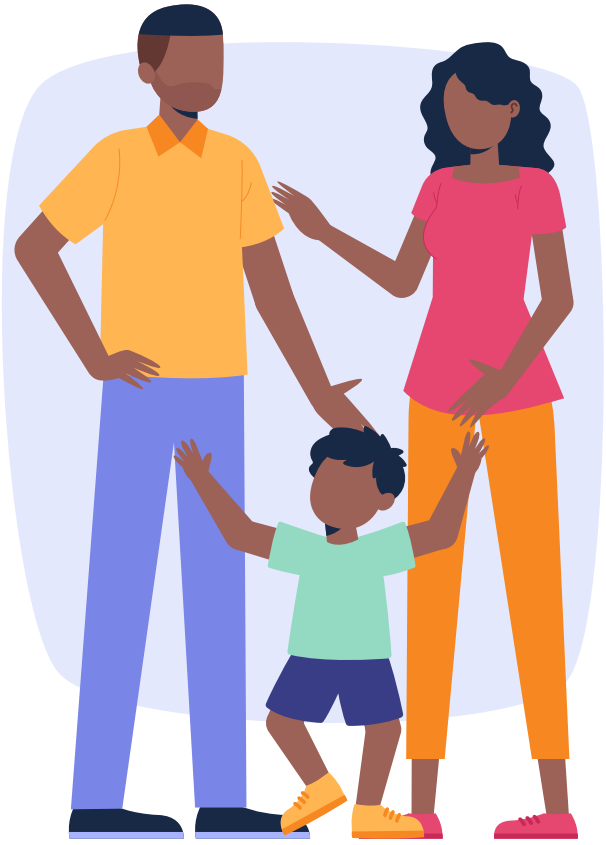
Key Learnings and Recommendations

Meaningful Gaps Remain Between the Rich and Poor

While the overall poor-rich gap in contraceptive use has narrowed substantially based on analysis of 46 low- and middle-income countries, contraceptive use gaps in many sub-Saharan African countries have not diminished.[2] In examining differences across wealth quintiles, the statistics tell a story of unequal, unfair, and unjust systematic differences in the health status of different population groups by virtue of unequal distribution of social and economic resources and conditions. In turn, this inhibits the ability of many poor individuals to responsibly determine if, when, and how many children they would like to have. The global public health community fails at times to recognize that a person's health is created outside of health facilities and in circumstances that are shaped powerfully by social determinants that are beyond an individual's control or agency. As a result, the lived realities of millions of people are overlooked and undervalued as the SBC community unfairly asks individuals to shoulder the burden of individual behavior change while it fails to address the enabling environment around these individuals to reinforce and support that behavior change. The SBC community must therefore move away from the idea that individual agency will primarily solve social and behavioral challenges without a thorough examination of the strong force of social determinants.

Power Shapes Family Planning and Reproductive Health Outcomes

Power dynamics are intrinsic to the social determinants of FP/RH and influence everything from quality of care, individual actions, and social relations to economic, legal, and political structures.[3]
Power shapes what FP/RH services are delivered, who has access to them, and on what terms, as well as who is excluded.[4]
By examining power, the drivers which matter most become more visible and allow program implementers to co-design interventions to sensitively address them.[3]
Given structural forms of gender inequality concentrate disadvantage among girls and women and impact the realization of their sexual and RH, social change is needed to ensure dignified livelihoods on terms that truly include them and avoid further marginalization.[5] If SBC programs are to have more equitable impact, they must examine power dynamics. A more intentional power analysis can uncover the policies and practices that perpetuate oppression within a structure or system. Evidence suggests that programs that are more structural in nature tend to be more explicit about their objective to shift power relations. Such framing prioritizes both upstream and proximate drivers of inequities.[4] As many SBC programs operate across the socio-ecological model, their activities may influence multiple domains.[6]



Government Leadership is Essential

The right to RH is frequently considered as a governmental obligation as the duty bearer mandated to protect and fulfill the right to sexual and RH. How best, then, can governments take a leading role in addressing inequities in FP/RH by testing and scaling successful approaches? An analysis of programs aiming to improve RH revealed many such activities were small pilots led by nongovernmental organizations, academic, or research institutions. While they implemented the programs within the public sector, the implementers did not always scale them for nor made them usable by governmental and other actors who develop national strategies and programming.[4] Given governments

are the only actors with the capacity and mandate to implement RH care at scale, the SBC community should examine further how best to support governments in addressing equity according to context-specific realities and agendas. Government commitment to scale up equity-focused programs is a prerequisite for any success in this area, as is consideration of how complex health systems characteristics may help or hinder scale up and institutionalization.[7] At the end of the day, political will and government ownership are essential factors for delivering true progress on more equitable FP/RH programs and services.

Investment in the Long Game is Needed

Donors are often focused on short-term successes and what is easiest to count and measure, which limits investment in longer-term progress addressing the social determinants that shape FP-related behaviors. By doing so, donors and governments may ignore and devalue approaches that truly address power dynamics such as gender norms and robust health systems, thereby missing important lessons.[3] Instead, donors and governments have an opportunity to normalize addressing social determinants and reflect that priority in funding SBC programs with theories of change and monitoring and evaluation elements that address social determinants. Addressing social determinants may appear more nebulous to capture in a short funding cycle. However, by prioritizing these types of interventions and setting expectations about the actual time supporting lasting SBC takes, a paradigm shift weighted in the direction of truly equitable programs may become a reality. To accomplish this, donors must be patient and flexible enough to recognize the process involved and document the lessons learned along the way to demonstrate progress and more equitable impact. Donors wield their own power when bringing funding to the table and might better use their convening power to foster partnerships and coalitions; they can support consensus building and investment agendas with communities and governments that are context-specific and increase attention on social determinants.

Multidisciplinary Partnerships Are a Must

Beyond those working in FP/RH and global public health in general, programs will find that fostering interdisciplinary teams across sectors has enormous potential for mutual growth and learning. While intersectoral partnerships require time, only through connecting with other sectors, identifying linkages, and exploring the deeper roots of inequity can all have more equitable reach and impact. Given that many of the drivers of FP/RH are outside the health sector, SBC program implementers must consider sectors such as education, agriculture, housing, justice, environment, and others to provide everyone a fair chance for good health without having to surpass additional barriers based on one's wealth, residence, or sexual identity. Partnerships that prioritize systems approaches—for example, those either designed to shift the interconnected parts of public health through actions that advance health literacy for women and girls to use health information or promote social cohesion within local communities to find solutions to their specific needs—could have far reaching impact in addressing social determinants and minimize inequality. Building coalitions and alliances with others who hold health equity as a goal is critical.

Focus on Health System and Providers Within It

Research has shown that health care providers who may perpetuate mistreatment of female clients, such as within maternity care, for example, are themselves often navigating gendered, hierarchical, and potentially punitive workplace power dynamics.[3] The health system itself may be unsupportive to providers who in turn are then unable to provide high quality of care equitably. As noted in research carried out by Breakthrough RESEARCH, experiences

and manifestations of power are key factors influencing providers' ability to provide high quality services; when they are unable to challenge authority and are instead expected to conform to the norm of deferring to medical authority, leaving many community- and facility-based providers with low levels of power to challenge senior providers or managers' decision making. This occurs regardless of the gender of the provider. Further, human resource shortages pose a structural challenge to teamwork, which can lead to suboptimal quality care. Even when resources exist, time and workload can render providers unable to carry out their respective roles.[8] A host of such wide-ranging **factors operating within a health system** influence providers and the quality of FP/RH services. Understanding this complex system and interconnected factors can help inform SBC programming and unpack the influences impacting individual providers.[9]

Improve Measurement

Creating socially grounded and community-based quantitative measures of power and empowerment for sexual and RH and rights can help capture change and articulate how power influences FP/RH outcomes.[3] Many traditional public health measurement approaches assessing structural change have been challenged by accounting for complexity and context as well as how best to create measures that detect changes in power relations.[4] Beyond power measures, SBC researchers and program implementers need to design measures to follow the pathways and track how addressing a social determinant

can lead to improved health outcomes. While stakeholders have made progress in outlining considerations for intentionally addressing equity in SBC programs, gaps remain in monitoring and evaluation of such efforts to expand the evidence base. The SBC community may use a variety of factors to measure key social determinants and assess inequities, while monitoring unintended intervention effects that may increase inequities or overly advantage some individuals and groups over others. It must then use that data to adapt programs accordingly with the goal of improving equitable FP/RH outcomes. Some efforts are already underway to further understand how best to improve measurement of equity in FP, though less effort has been placed on measurement of equity within SBC programs specifically. While equity can be complex and multifaceted, reducing equity into discrete parts for measurement purposes within SBC is a necessity.

Produce and Gather Additional Evidence and Experience

To obtain more commitment to prioritizing SBC programs that intentionally address equity, concrete examples are needed of how social change can and does happen. Such examples should be supported with monitoring and evaluation data. Many case studies exist, though conducting more will help governments, donors, researchers, and practitioners imagine what might work across diverse country contexts. Until there are more concrete examples, addressing social determinants within SBC programs may remain a theoretical aspiration. The program research and design underpinning these efforts, however, must better reflect the priorities of people most affected by RH injustices rather than by external researchers.[3]

Conclusion

As noted above, a sizable "equity gap" remains in many countries in Africa, particularly among those who reside in rural areas, calling for increasing programmatic efforts to advance FP/RH and provide more equitable services.[2] Where programmatic efforts are stronger, contraceptive use by those in the poorest wealth quintiles increases, reducing the gaps between the poor and rich.[2] While contraceptive use is only one indicator to measure equity within FP/RH programs, it does help gauge some level of progress. To ensure all individuals and communities can achieve their reproductive intentions, additional efforts to improve equity and address social determinants are essential both within and outside of the field of SBC. The goal of this brief is to highlight key learnings and recommendations for shaping investments and SBC programming that directly address social determinants to improve FP/RH outcomes at scale. The hope is that more governments, donors, and those within the SBC community will not only better understand the relationship between social determinants and FP/RH outcomes, but also apply an equity lens across all SBC research and programming to advance the field and work towards greater equity.

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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.