

Breakthrough RESEARCH Legacy and Learning Series

SOCIAL AND BEHAVIOR CHANGE AND THE ENABLING ENVIRONMENT FOR FAMILY PLANNING

MARCH 2023



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Breakthrough RESEARCH is USAID’s flagship social and behavior change (SBC) research and evaluation project to drive the generation, packaging, and use of innovative SBC research to inform programming. A six-year project (2017–2023), Breakthrough RESEARCH was led by the Population Council in collaboration with our consortium partners: Tulane University, Avenir Health, Population Reference Bureau, Institute for Reproductive Health at Georgetown University, and ideas42. Our approach was to foster collaboration and shared learning, ensure SBC programs are based in ‘what works’, elevate the impact of evidence-based SBC programs, and put evidence into practice. Breakthrough RESEARCH did this by assessing the evidence, identifying priority research questions, designing and implementing research studies to fill evidence gaps and strengthen programs, and synthesizing and packaging evidence for use.

Within the breadth of our research portfolio, Breakthrough RESEARCH had four main project legacy areas: provider behavior change (PBC); integrated SBC; advancing SBC measurement; and costing and cost-effectiveness of SBC. For each of these legacy areas, Breakthrough RESEARCH curated a legacy resource highlighting the state-of-the-art evidence and the tools and guidance produced by the project over the past six years to advance evidence-based SBC programming.

This legacy resource highlights evidence, insights, and learnings over the past six years from Breakthrough RESEARCH’s work to advance SBC and the enabling environment for family planning programming and fill critical evidence gaps. This is a compilation of selected resources that do not represent the full breadth of Breakthrough RESEARCH work. This document links to the available resources for more in-depth learning and understanding, including all relevant citations of the existing Breakthrough RESEARCH evidence base. For more information on Breakthrough RESEARCH’s work on SBC and the enabling environment, including integrated SBC, visit <https://breakthroughactionandresearch.org/br-legacy-area-enabling-environment-sbc/>.

DID YOU KNOW? Breakthrough RESEARCH conducted 53 research studies over the past 6 years!

DID YOU KNOW? Breakthrough RESEARCH worked in 19 countries!



Inside this legacy resource:

- Explore key SBC insights from Breakthrough RESEARCH
- Learn about state-of-the-art SBC evidence Breakthrough RESEARCH has generated
- Find calls to action to continue to advance evidence-based SBC measurement

Family planning programs are often faced with the challenge of transferring knowledge into behavior. A wide variety of contextual factors influence the conditions for action (and non-action). An enabling environment for voluntary, rights-based family planning brings together three interrelated groups of practices: policies, legislation, and financing; institutions, governance, and management; and social and economic factors.¹ Given the link between individual- and community-level beliefs in myths and misconceptions that can impact the use of modern contraception,² a supportive enabling environment understands and addresses knowledge gaps, myths, and misconceptions through education, particularly girl’s education,³ and through interventions such as information campaigns that seek to improve knowledge and dispel myths. Understanding what and who influences attitudes, norms, and beliefs and what sources of information are trusted by women and men can help to shape how SBC campaigns and interventions are delivered and through what channels. Additionally, community engagement that promotes a more supportive enabling environment for family planning acceptance and use should address norms around family planning, norms around communication and decision-making, and gender norms that affect men’s attitudes and their engagement in decisions related to use of family planning, while respecting women’s autonomy.⁴

Social and behavior change approaches can best support family planning programs to achieve their goals when the context of the enabling environment is clearly defined and measured, better elucidating the pathways by which behavioral determinants influence health outcomes.

¹High Impact Practices in Family Planning. 2022. “Family planning enabling environment overview brief.” Washington, DC: HIP Partnership. Available from: <https://www.fphighimpactpractices.org/briefs/enabling-environment-overview/>
²Gueye, A., I. S. Speizer, M. Corroon, and C. C. Okigbo. 2015. “Belief in family planning myths at the individual and community levels and modern contraceptive use in urban Africa,” *International Perspectives on Sexual and Reproductive Health* 41(4): 191. doi: 10.1363/4119115
³High-Impact Practices in Family Planning. 2014. “Educating girls: creating a foundation for positive sexual and reproductive health behaviors.” Washington, DC: USAID. Available from: <http://www.fphighimpactpractices.org/briefs/educating-girls>
⁴Hardee, K. and M. Croce-Galis, and J. Gay. 2017. “Are men well served by family planning programs?,” *Reproductive health* 14(1): 14.

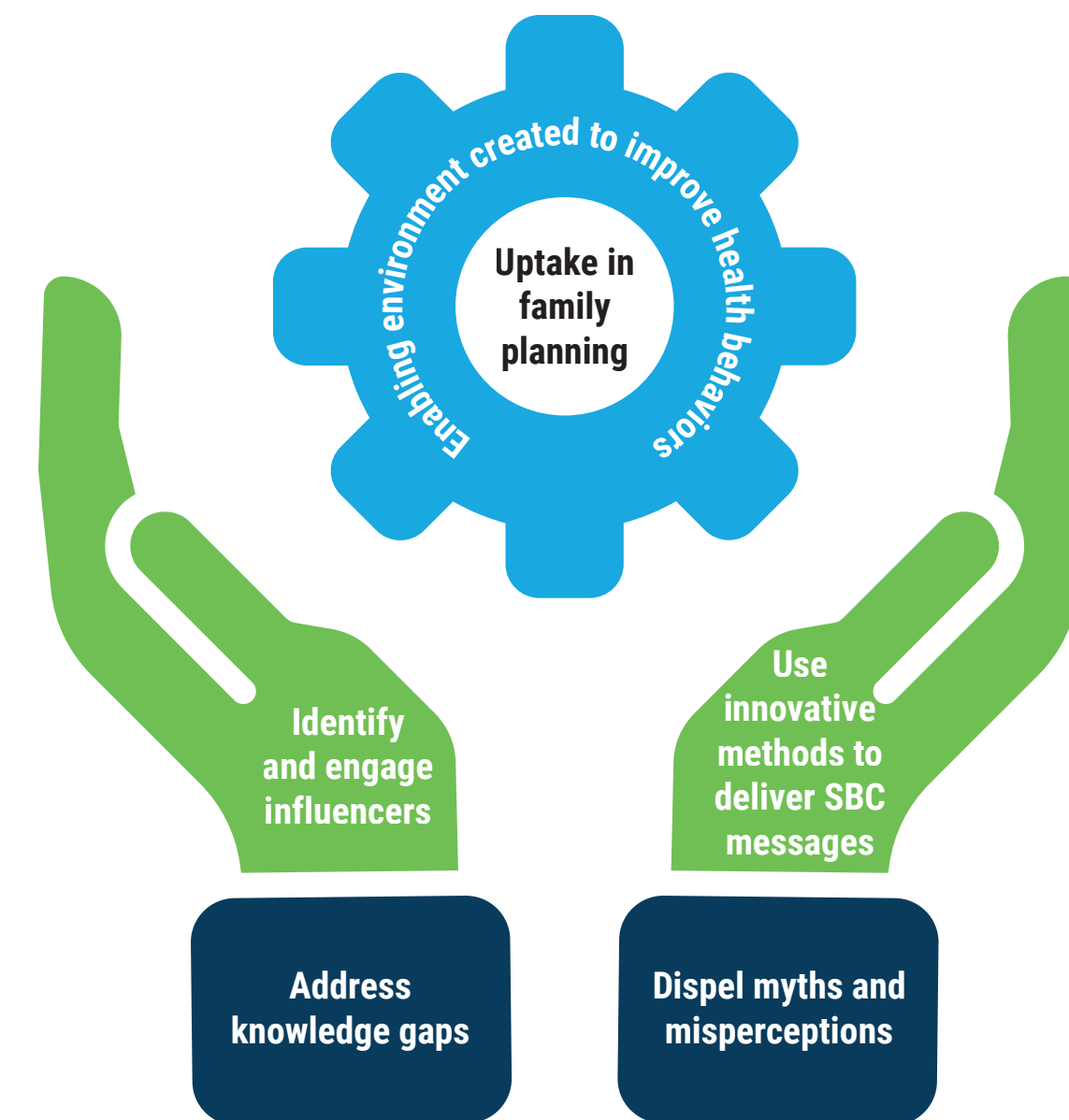
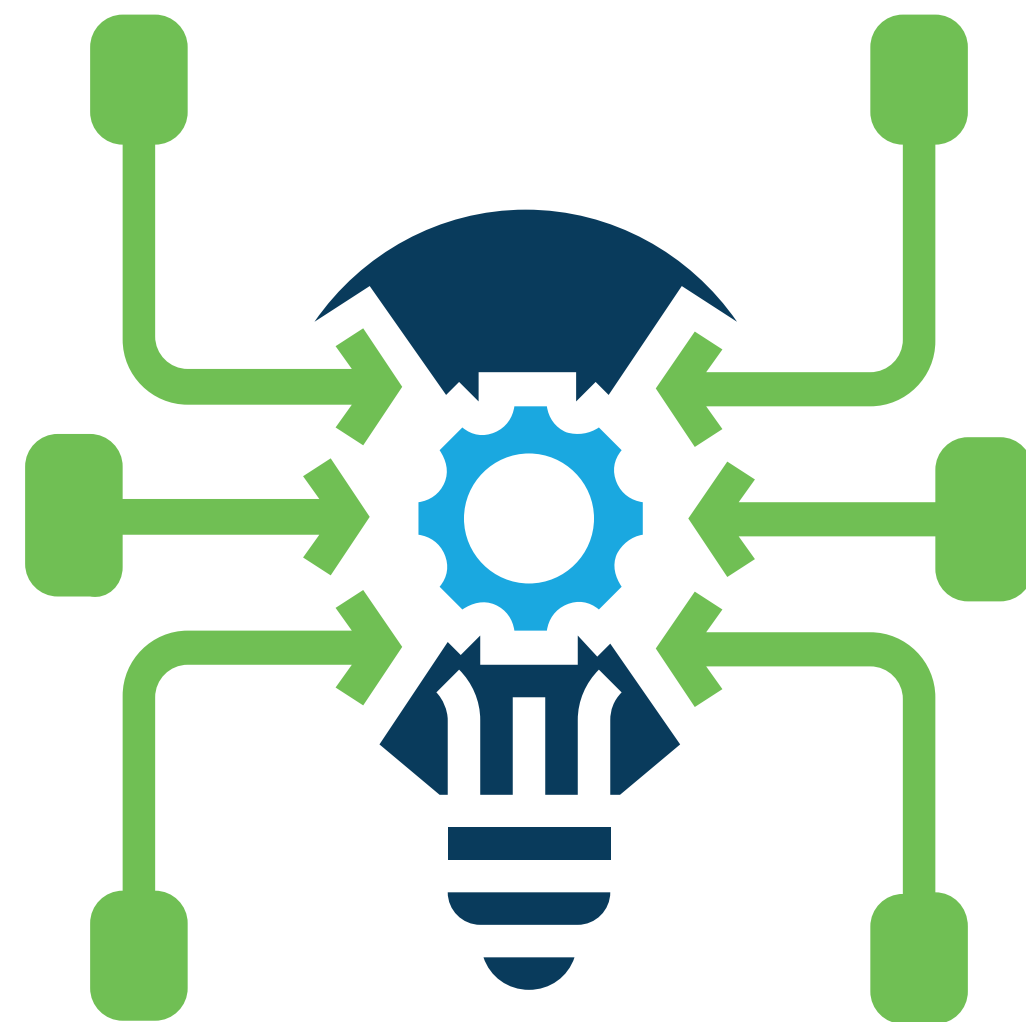
Research and Learning Agenda for Advancing Integrated SBC Programming

Breakthrough RESEARCH developed a [Research and Learning Agenda \(RLA\) for Advancing Integrated SBC Programming](#) to identify cross-cutting SBC knowledge gaps and key research questions with broad applicability at global, regional, and local levels across health sectors. The goal in developing this RLA was to help guide decision-making across sectors, foster collective learning, reduce duplication of efforts, and maximize the impact of research and programmatic investments. In recent years, there has been a shift away from a vertical programming approach, focusing on one health or development topic, to integrated approaches tackling multiple health or development issues or outcomes under the same program.² Integrated SBC programs aim to address factors such as knowledge, attitudes, and norms pertaining to multiple health areas or development sectors in a coordinated and intentional way. Integrated programs that include family planning have the potential to reduce duplication, lower costs, avoid missed opportunities, and provide the right services and information to the right clients at the right time.³ In this RLA, experts identified **implementing in an enabling environment** as a key evidence gap and articulated two primary research and learning questions:

1. What are the conditions (for instance, political and donor support, timing, capacity, coordination with/by government, and resources for implementation) that enable or hinder design for appropriate and feasible implementation of integrated SBC programming?
2. What are the conditions that enable effective adaptation and sustainability of integrated SBC programs?

Lessons generated from research and learning to fill these evidence gaps about the enabling environment have applicability across a range of health areas, including family planning, for strengthened programming and sustained outcomes.

Over the past six years, Breakthrough RESEARCH generated a body of evidence to support better understanding of the enabling environment for SBC and its application in improving family planning program design and implementation. These learnings that address evidence gaps identified in the RLAs are intended to inform programming as well as inform further research and investment needed to continue to close these gaps and better understand the intersections of SBC and family planning through the enabling environment.



Evidence to Inform Integrated SBC in the Sahel

Breakthrough RESEARCH conducted a [review of the literature on SBC programming in the Sahel](#) that summarized the evidence to support an evaluation to assess integrated SBC programming in the region for the USAID-funded Resilience in the Sahel Enhanced (RISE) II project. The review provides an overview of SBC programmatic approaches that have addressed behavioral determinants and health outcomes in the region.

The review revealed that persistent knowledge gaps, myths, misperceptions, and norms continue to influence health behaviors, including the use of family planning, in the Sahel. Addressing these knowledge gaps and dispelling the myths and misconceptions requires a more supportive enabling environment that encourages girls' education and shifts social and gender norms. And while many of the health behaviors included in the review are practiced by women, they are influenced by their parents, husbands, friends, and community leaders. Family planning programs that seek to address family planning in the Sahel, including through

integrated programming addressing multiple health behaviors, need to determine how information is shared within communities, including which sources of information are most frequently accessed and trusted, and how these figures of influence can be engaged to support adoption of priority behaviors. Programs should also consider the innovative, evidence-based ways identified in the review to reach women and men, such as through community outreach using solar-powered technology to disseminate video campaign messages that can address knowledge gaps and dispel myths, promoting a more supportive environment for uptake of healthy behaviors such as use of family planning. While the evidence from this review was designed to inform integrated programming through the RISE II project, the lessons emerging regarding the importance of addressing the enabling environment to improve health behaviors in this region can be applied to support other family planning programs, including those that seek to include family planning in a more integrated approach.

An enabling environment for sustainable SBC in family planning programs promotes and incorporates structural, community, and individual drivers of change for a more complete understanding of the pathway from knowledge to behavior.

Understanding Family Planning Outcomes in Northwest Nigeria

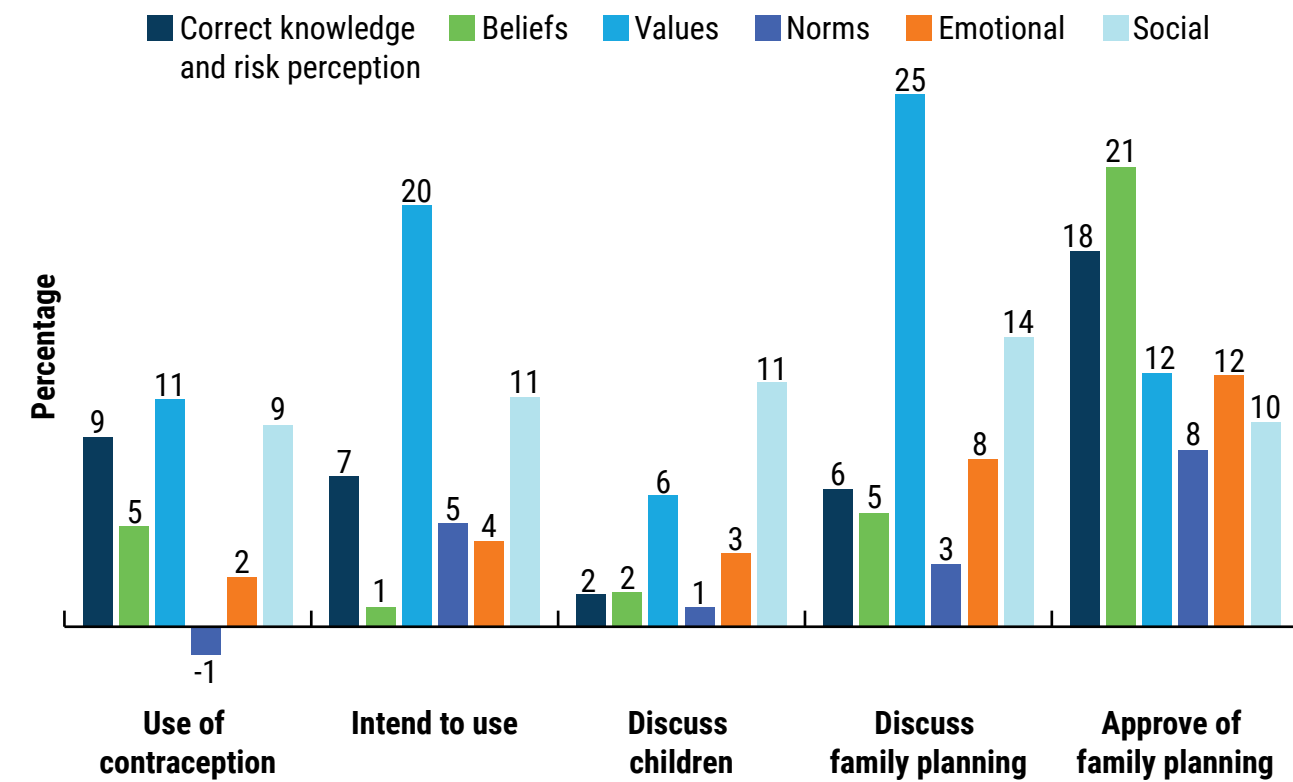
To fill some of the evidence gaps identified through the RLA, Breakthrough RESEARCH conducted a three-year evaluation in northwest Nigeria of the Breakthrough ACTION/Nigeria project, an integrated SBC program targeting family planning, malaria, and maternal, newborn, and child health and nutrition. Northwestern Nigeria is a region with high fertility and low contraceptive use, driven in large part by high-fertility norms, pro-natal cultural and religious beliefs, misconceptions about contraceptive methods, and gender inequalities. SBC programs often try to shift drivers of high fertility through multiple channels including mass and social media, as well as community-level group, and interpersonal activities. The Breakthrough ACTION/Nigeria project consists of three core components: 1) advocacy outreach to opinion leaders and community influencers at state and local government area (LGA) levels; 2) direct engagement of community members through household visits and community dialogues directed at target populations; and 3) complementary integrated SBC messaging through mass, mid-media, and mobile phones.

As part of the evaluation, a **behavioral sentinel surveillance (BSS) survey** was designed using an ideational framework of behavior that **explored the psychosocial influences of behavior and their relationship to family planning outcomes**. A better understanding of these psychosocial factors can help to elucidate where a more supportive enabling environment is needed and how SBC approaches can strengthen that support (e.g., through campaigns

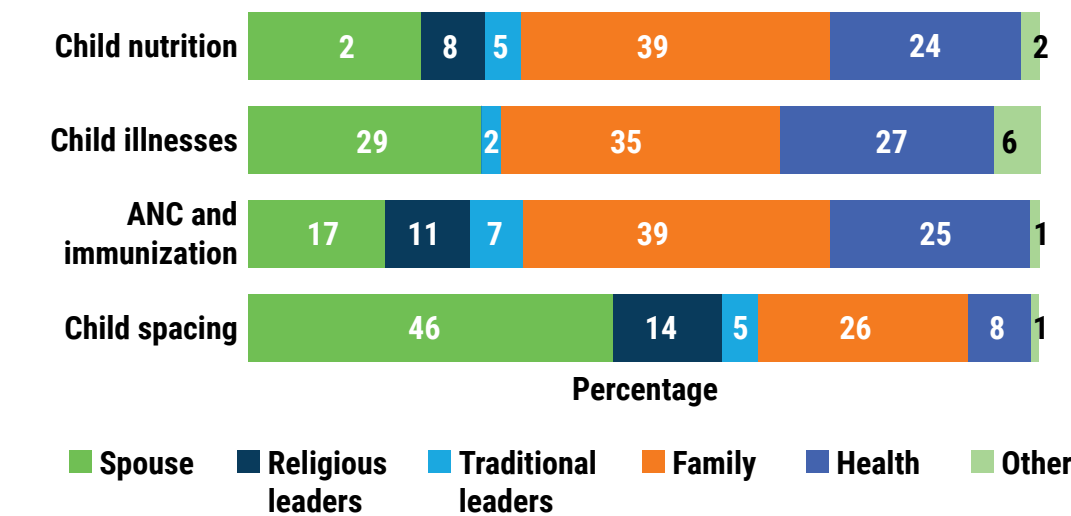
that dispel myths, or through male engagement activities that seek to shift gender norms). Findings from the sample of 3,000 women of reproductive age showed that knowledge, approval of family planning, and social influences, particularly from husbands, were all associated with family planning outcomes. An analysis of the potential impacts that improvement in the different domains of the ideational model—knowledge and risk perceptions, beliefs, values, norms, emotional (self-efficacy) and social influences—could have on family planning outcomes finds that values, specifically individual approval of family planning, appeared to have the largest impacts in general (see figure on right). Achieving ideal knowledge, dispelling contraceptive myths, and positive social influences could also be largely impactful and require a supportive enabling environment that promotes education and address social norms, including through SBC approaches that promote community support of family planning, to support an individual’s or couple’s decision-making power to meet their reproductive intentions.⁵ However, women do not make family planning decisions in a vacuum, therefore successful SBC programs should account for the multiple pathways through which the enabling environment facilitates drivers of change. Social influences from husbands, family members, and health care providers are important to help improve the social acceptance of family planning and dispel myths, helping to build positive normative perceptions of contraception and improve women’s own approval of family planning.

⁵High Impact Practices in Family Planning. 2022. “Social norms: Promoting community support for family planning. Washington, DC: USAID. Available from: <https://www.fphighimpactpractices.org/briefs/social-norms/>

POTENTIAL EFFECTS ON FAMILY PLANNING FROM IDEATIONAL FACTORS



INFLUENCERS IN MATERNAL AND CHILD CARE (BAUCHI)



Exploring the Intersection of Individual, Community, and Institutional Influences in Northwest Nigeria

To complement the BSS evaluation of individual behaviors and behavioral ideations and influences, Breakthrough RESEARCH developed a set of qualitative studies that aimed to help answer the RLA questions about the conditions that enable or hinder effective SBC programming and explore the multiple pathways of drivers—structural, community, and individual—that intersect to affect behavior change, including for family planning programming. Factors explored in these qualitative studies have implications for program effectiveness and behavior change sustainability.

Evidence from a **review of the Advocacy Core Group (ACG) model** implemented by Breakthrough ACTION/Nigeria—a formalized structure of social groups (religious, women, traditional, and youth) that works through key opinion leaders and influences to affect community-level health norms and individual behaviors—indicates that among many key health areas, including family planning, there has been increased awareness as a result of the activities of the ACGs. Although social norms are entrenched in certain health areas, norms around child spacing are shifting, with a recognition of the benefits to mothers’ and children’s health. Women, however, do not have the agency to make health decisions and independently take action to seek care in family planning, pregnancy, childbirth, and childcare. Both women and men viewed men as the decision-makers, and women were required to seek permission from their husbands before making health-related decisions for themselves or for children, reflecting unequal power relations. The decision-making power of men was reinforced by culture, religion, and the dependence on men to meet the family’s financial needs. The influence of others on healthy behaviors is important but not always consistent across different health behaviors (see figure). For example, women in Bauchi state reported a great deal of spousal influence for child spacing decisions, but less so for decisions about antenatal care (ANC) and immunization, where family and health care providers were influential.

Breakthrough ACTION/Nigeria’s SBC program also implemented several capacity strengthening efforts. One was focused on engaging existing community leaders and structures to increase community self-efficacy, coordinate and support the health ecosystem in general, and ensure sustained community-level activities to support behavior change and positive social norms for improved health outcomes. The community capacity strengthening (CCS) approach assists ward development committees (a local government structure in Nigeria) to take a leadership role in improving health and social outcomes among their constituents. A second capacity strengthening effort was focused on strengthening public sector systems that oversee SBC activities at the national and subnational levels.

Findings from Breakthrough RESEARCH’s **evaluation of the CCS** revealed that this approach helped to increase awareness of health issues that has led to adoption of healthier behaviors and positive decision-making, yet challenges persist that reflect the complexity of sustained behavior change. Religious and cultural norms, limited education, and unequal gendered decision-making continue to present challenges. The community structures used in this model reported having a strong sense of self-reliance, particularly for organizing and activities that do not require significant funding to continue, as they mostly relied on self-funding. This could hamper the sustainability of community engagement in SBC approaches.

Findings from Breakthrough RESEARCH’s evaluation of the public sector capacity strengthening effort revealed numerous ways in which strengthened public sector capacity in support of SBC programming can and has been successful. Engagement with the public sector to support SBC approaches for improved health outcomes has resulted in a reported increase in how social actors and government staff value SBC, a sustained interest in applying new SBC techniques to health areas, and an increased commitment to cascade the knowledge and skills acquired through the capacity strengthening activities to health care workers.

SBC approaches that address barriers that can result in differential exposure to SBC activities can employ more effective and inclusive engagement strategies to foster empowered family planning decision-making for women, couples, and youth.

Understanding and Overcoming Barriers to Reaching Target Audiences

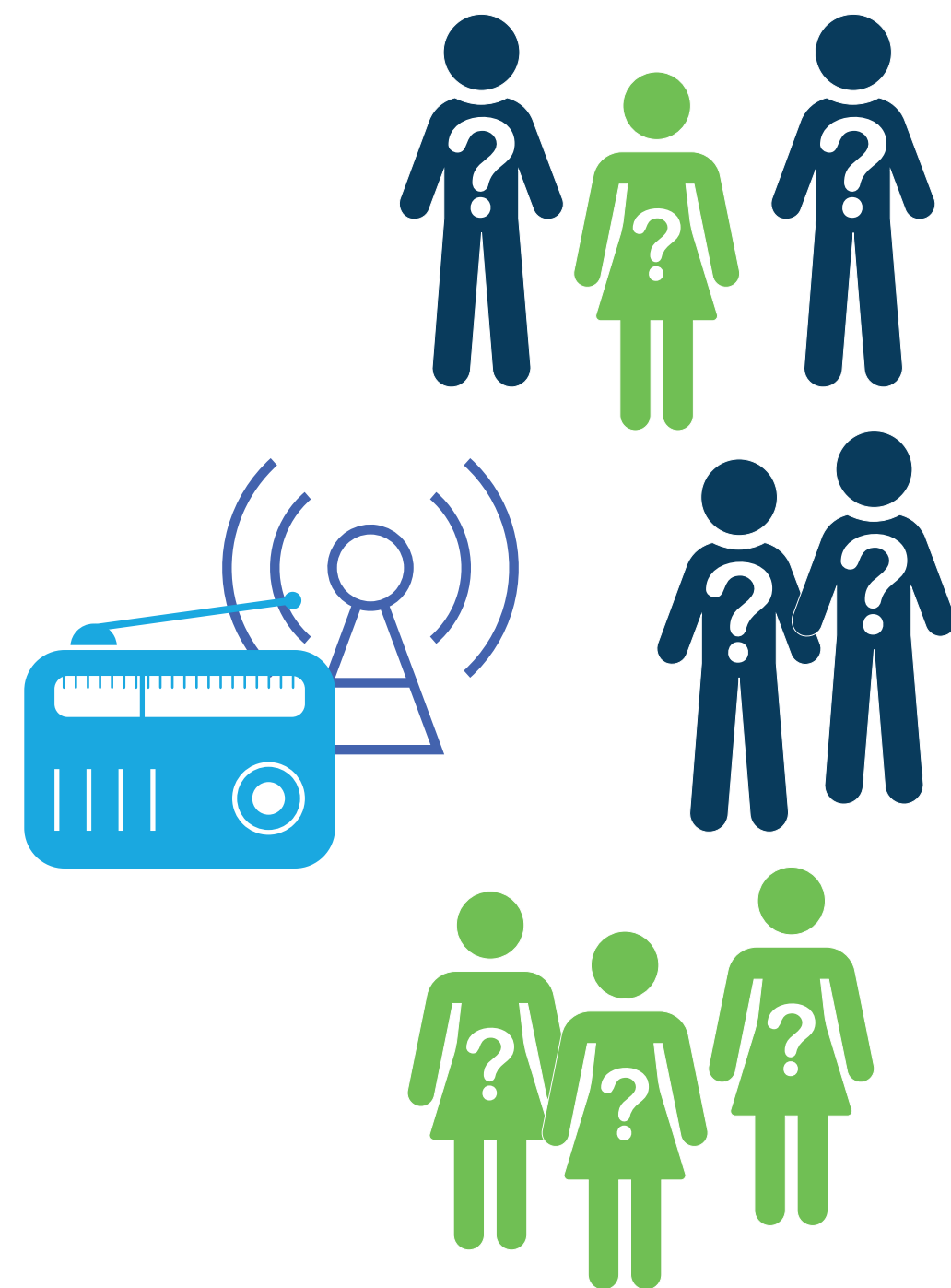
Understanding which channels to use to reach target audiences and how structural barriers in the enabling environment may impact exposure is an important objective for adaptive management to inform SBC campaigns in support of family planning programs. For example, economic conditions may be a barrier to ownership of assets that facilitate exposure to SBC campaigns, such as televisions and radios or gender norms may result in differential access to who listens to radio or watches television. SBC approaches to support family planning programs need to align this understanding of these barriers in the enabling environment and the potential effect on their ability to reach their target audience. The intersection of the enabling environment and SBC is bi-directional—the enabling environment can act on interventions to facilitate or constrain their effects while interventions can work to create a more supportive enabling environment and break down barriers to healthy behaviors. While this is well known, untangling this continues to be a thorny issue and directly affects the very considered tradeoffs SBC approaches and programs need to make to support family planning programs, such as between what is ‘cheapest’ and what might reach your target audience more effectively. Breakthrough RESEARCH has taken several approaches as part of evaluations of SBC programming to directly inform the campaigns to best reach target audiences.

Through a household-based survey in Niger as part of the RISE II evaluation, findings indicated low levels of access to television but higher access to radio and mobile phones, though overall, still low in all study areas. There were also gendered differences: two-thirds of women had not listened to the radio compared to one-fifth of men. One potential implication of this differential in access to this channel was

that radio campaigns would reach more men than women, but that radio could be an effective male engagement strategy. Overall, the main recommendation from these findings was for the RISE II program to consider community-based and interpersonal communication (IPC) approaches.

Similarly, through the household-based BSS baseline survey in Nigeria, radio listenership among women was found to be varied across the different study sites but ranged from 24% to 38% (and exposure to other forms of media such as television, internet, and mobile phone was much lower). Awareness of the intervention radio program was significantly lower among respondents in the poorest households (12%) than in wealthiest households (42%) across study areas. These findings helped suggest that the SBC campaign’s radio programming may not penetrate to the poorest households that have demonstrably worse health outcomes and the campaign would need to assure that additional outreach efforts through other channels or methods (e.g., household visits or community events) are targeted at the poorest areas, or consider ways to bring radios to communities (e.g., listening or discussion groups).

Breakthrough RESEARCH used social listening and social media monitoring to evaluate an online SBC campaign in francophone West Africa. Social media monitoring is a key tool to understanding whether a campaign’s content is reaching the intended audience online. This evaluation found a skew in audience reach—72% of the audience was male, and yet the target audience for the campaign was both males and females. Findings like these are critical for adaptive management during a campaign to ensure reach to the right audience through the correct channels.



DID YOU KNOW?

Breakthrough RESEARCH disseminated and shared 51 evidence and research products about SBC and the enabling environment.



Employing SBC Strategies to Engage Men in Niger and Nigeria

In both Niger and Nigeria, gender dynamics influence household decision-making about health behaviors and outcomes. Social norms and women’s lack of agency in decision-making challenge efforts to meet women’s family planning needs in the region. Baseline findings from Breakthrough RESEARCH evaluations in both countries suggested potential differential exposure to campaign content based on access to things like radio and television and the need to employ more community-based approaches that reach both husbands and wives and that address pervasive gender norms to encourage spousal communication around healthcare decision-making.

In Niger, RISE II partners used a variety of SBC approaches including community engagement, IPC through peer group activities, and radio. IPC activities such as care groups (for women) and husbands’ schools (for men) aimed to influence several health behaviors as well as addressing male engagement and couple’s communication. The husbands’ schools specifically brought together married men through peer group activities with health workers and cultural and religious leaders to discuss the importance of male involvement in household responsibilities, and improve couples’ communication and joint decision-making related to maternal and child health.

Breakthrough RESEARCH explored household decision-making, especially spousal communication related to family planning and other behaviors and how community members perceived gender-specific programming. When asked whether the RISE II activities had any influence on couple communication and health decision-making, many men and women said that they spoke more frequently with their spouses about health since the project started. Some described how they (or their spouses) would come home after participating in a RISE II activity and share what they learned. For some men in locations where the husbands’ school activity was already established, many described how the husbands’ school had a positive influence on their involvement in household tasks and in facilitating dialogue with their spouses. Men also described husbands’ schools

as a source for information and comradery. Respondents noted an increased awareness of health issues and discussions with partners because of their participation in RISE II activities. In particular, the husbands’ schools influenced men’s engagement in the household in addition to discussing health topics with their spouses.

In Nigeria, the SBC campaign, *Albshirin Ku!*, aims to shift the drivers of high fertility through multiple channels including mass, social, and digital media, as well as community-level events and home-visits by community volunteers. An analysis of data from wives and husbands revealed that, within a married couple, the campaign had differential effects on approval of contraception for birth spacing or on modern contraceptive use more broadly in northwestern Nigeria. Analysis found that husbands’ exposure may strongly influence wives’ attitudes toward contraceptive use, more so than wives’ own exposure. Wife’s approval of family planning is critical to use; only 5% of women were predicted to be using modern contraception if only the husband approved versus 31% if both approved. The implications of these findings point to the importance of negotiation and joint decision-making within couples around use of health services, and spur SBC programs to take into account both partners when designing and implementing SBC programs.

Ideally, SBC programming will assist both partners to develop favorable norms and attitudes and accurate risk perceptions for health behaviors, such as the use of modern contraceptives. Breakthrough RESEARCH’s work in both Niger and Nigeria suggest that SBC programs targeting jointly contingent outcomes in a setting where women have limited autonomy can be more effective if messaging is tailored to both partners, but particularly to husbands. Further, the data suggests that program activities that encourage constructive spousal communication—more frequent and open communication, with empathy and support for each other, to discuss possible solutions and compromises—may influence relationship quality and potentially the decision-making pathways for couples.

Meeting the Needs of Adolescents: Examining health ideations and empowerment

A series of briefs provides rigorous evidence-based insights to implementers and researchers of SBC programs that seek to improve knowledge, attitudes, norms, and behaviors of female adolescents by examining adolescents' agency and empowerment in an environment and context of entrenched gender norms.

One brief focuses on [married adolescents' uptake of services and health knowledge](#) in Kebbi, Sokoto, and Zamfara states in northwestern Nigeria using a subset of BSS data from married women ages 15–49 years. Married female adolescents aged 15–19 differ from their older counterparts in nearly all health behaviors, spanning such practices as the use of ANC, postpartum contraception, breastfeeding, childhood vaccinations, and treatment of childhood illnesses. More than half of female adolescents (54.2%) are married to someone 10 or more years their age, which likely has implications for agency, spousal communication, joint decision-making, and other cross-cutting drivers of health behaviors. Norms around child marriage continue to perpetuate these differences in age at marriage, which can limit adolescents' exercise of agency in health decision-making. Ideational factors—particularly knowledge of the benefits of health services and self-efficacy to act—appear to explain many of the differences in the reported health behaviors between adolescents and women aged 20–49. Health knowledge among adolescents lags that of older women. For nearly all behaviors (e.g., contraceptive use, ANC, facility delivery, breastfeeding, treatment for child illnesses), married female adolescents express less confidence in their agency and abilities both to convince their husband about a course of action and to engage in that action, potentially contributing to lower service utilization and lesser engagement in healthy behaviors. Perhaps surprisingly, decision-making autonomy does not differ significantly between adolescents and older women. Husbands appear to be as important for health decisions amongst adolescents as among older women. The major-

⁶The Hunger Project. 2020. "The Women's Empowerment Index." New York: The Hunger Project.

ity of adolescents, like their older counterparts, support communication with their spouses about health topics.

A second [brief focuses on adolescent female empowerment](#). Empowerment of female adolescents, at the individual level, is thought to be an important factor associated with norms and health, but until this analysis the Female Empowerment Index has not been used to explore empowerment in relation to specific health outcomes or behaviors. The Index is a composite index designed to measure progress in the multi-dimensional aspects of women's empowerment, such as agency, income, leadership, time, and resources.⁶ Female adolescents who were highly empowered were 10.5 times more likely to be using a modern method of family planning than those in the lowest tertile of empowerment, as well as more likely to engage in other healthy behaviors such as attending ANC, and care-seeking from a formal provider for childhood illness. The use of the Female Empowerment Index in this analysis highlights the need to provide contextual information to understand the associations between empowerment and health, and the need to avoid narrow definitions of empowerment which rely heavily on measures such as employment. The limitations of data collection are also an important consideration where survey questionnaire items may not have allowed for a full understanding of the conditions in which individual adolescents experience agency. For example, female adolescents may not be classified as working outside the home but may engage in income-generating activities inside the home. Similarly, in a region where a minority of female adolescents receive education beyond primary school level or engage in office work, measures of literacy and education may not represent the full range of experiences which provide female adolescents increased agency in their daily lives.



“**The investment case for family planning and reproductive health can be more intentional. Investments should pay equal attention to SBC and demand generation, service delivery, commodity logistics and supply, capacity building, and the enabling environment—a more wholistic approach to balancing out financing using the available resources.**”

—Foyeke Oyedokun-Adebagbo,
USAID Nigeria

The enabling environment is not monolithic and requires continuous attention in order to build and strengthen the evidence base for how SBC can best support family planning programs. Over the past six years, Breakthrough RESEARCH has generated a body of evidence to advance this goal, while also recognizing that there is more to be done. In this call to action, we highlight several areas of potential future work to complement Breakthrough RESEARCH's evidence and to continue to advance our understanding of the enabling environment.

First, CCS approaches appear to yield positive outcomes. Yet, to fully understand their impact, particularly on intermediate determinants that can take time to change, [support for investments into long-term evaluations are needed](#). Evaluations that are too short-term in nature risk undervaluing the potential impact of these community strengthening approaches, including on more entrenched indicators. When using these approaches, there must also be mechanisms in place for communities to hold governments and institutions accountable. Programmers and researchers should consider using the High Impact Practice briefs “Social accountability to improve family planning information and services”⁷ and “Galvanizing commitment: Creating a supportive environment for family planning programs,”⁸ which provide tips from implementation experience, for this.

Second, a clear threat to the sustainability of SBC approaches that engage communities and other local

⁷High Impact Practices in Family Planning. 2022. “Social accountability to improve family planning information and services.” Washington, DC: HIP Partnership. Available from: <https://fphighimpactpractices.org/briefs/social-accountability>

⁸High Impact Practices in Family Planning. 2015. “Galvanizing commitment: creating a supportive environment for family planning.” Washington, DC: USAID. Available from: <https://www.fphighimpactpractices.org/briefs/galvanizing-commitment>

⁹High Impact Practices in Family Planning. 2018. “Domestic public financing: Building a sustainable future for family planning programs.” Washington, DC: USAID. Available from: <https://www.fphighimpactpractices.org/briefs/domestic-public-financing>

Stakeholders, including communities, need to be engaged in the design and coordination of SBC approaches in family planning programs, and investments made in long-term evaluations, to ensure collaboration with the enabling environment, promote accountability, and sustain positive change.

stakeholders and actors is lack of [sustained financing](#) for these efforts, particularly after donor funding ends. Domestic public financing is a key High Impact Practice⁹ to both allow for the continuation of successful SBC activities in support of family planning programs but also the funding needed to address community-identified barriers that require monetary resources.

Next, [agency and empowerment are undermeasured intermediate determinants](#) but a key link along the pathway from knowledge to behavior that can address, shift, and overcome entrenched gender norms that can be barriers to the use of family planning. Clear definitions and identified measures of agency and empowerment are urgently needed and their routine incorporation into behavioral theories of change for the monitoring and evaluation of SBC approaches in family planning programs is vital.

And finally, as the focus on integration continues to grow, the [evidence gaps identified in the RLA for Integrated SBC Programming remain relevant](#). Continued and strengthened understanding of the similarities and the differences of the influence of the enabling environment on different health behaviors, and the potential unintended positive and negative unintended consequences of integration, will provide key evidence needed to address how improving the enabling environment for one behavior influences other behaviors.

Breakthrough RESEARCH is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of cooperative agreement no. AID-OAA-A-17-00018. The contents of this document are the sole responsibility of the Breakthrough RESEARCH and Population Council and do not necessarily reflect the views of USAID or the United States Government.

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Breakthrough RESEARCH catalyzes social and behavior change by conducting state-of-the-art research and evaluation and promoting evidence-based solutions to improve health and development programs around the world. Breakthrough RESEARCH is a consortium led by the Population Council in partnership with Avenir Health, ideas42, Institute for Reproductive Health at Georgetown University, Population Reference Bureau, and Tulane University.

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Suggested Citation

Breakthrough RESEARCH. 2023. “Social and behavior change and the enabling environment for family planning,” *Breakthrough RESEARCH Legacy and Learning Series #3*. Washington DC: Population Council.

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