K4D | Knowledge, evidence and learning for development

Family Planning Communication

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14th December 2016

Question

What is the evidence around effective family planning communication/ behaviour change communication? For example, the effectiveness of interpersonal communication; mass media etc.

Contents

1. Overview

This report looks at the evidence available on effective behaviour change communication for increasing the uptake of family planning methods. It provides information on several different methods. Studies indicate that if a woman has been given advice to adopt postpartum contraception three or more times, the couple are more likely to have adopted a method. One time advice does not make much difference. Hence it is important to reinforce the same messages several times at intervals. Frontline workers are key, as are home visits to promote contraception in the 4th, 6th and 7th months after delivery when women are most exposed to unwanted pregnancies. Interpersonal communication supported by mass media could play a key role in adoption of birth spacing by increasing correct knowledge on contraception, addressing misconceptions and triggering spousal communication (Khan et al 2013). This research could be useful when planning behaviour change communication for women who have previously given birth. This report is based on a brief search of the literature over a four day period and the following sections outline different methods of behaviour change communication.

Interpersonal communications/education programmes (section 3)
Interpersonal communication approaches can include one-on-one discussions, small-group sessions, and facilitator-led curriculum-based programmes. Like mass media campaigns, interpersonal communication approaches are used to influence knowledge, attitudes and intentions regarding family planning. Interpersonal communication interventions can be delivered through healthcare or community-based settings. A systematic review of interpersonal communication interventions found that 86% reported improved knowledge and attitudes, 63% of those that measured family planning reported increased family planning use and over half of those that measured fertility outcomes found a decline in fertility (Mwaikambo et al., 2011).

Education and changing perceptions of family planning through mass media (section 4)
Education through mass media has been used to promote family planning initiatives for over five decades (Mwaikambo et al., 2011). Communication through mass media has been popular due to the opportunity that it affords to reach a large audience and address issues that are sensitive or culturally taboo in an entertaining and informative manner (Mwaikambo et al., 2011). Studies that have focused on behavioural changes due to mass media family planning campaigns have found that they are most effective when combined with other intervention components such as social marketing or interpersonal communication interventions (Mwaikambo et al., 2011).

Social marketing (section 5)
Social marketing schemes are typically run by international organisations, and make contraceptives accessible and affordable through private sector outlets; commercial marketing techniques are used to achieve specific behavioural goals (Cleland et al., 2006; USAID, 2013; DFID, 2010). These methods can help increase availability of contraceptives, and reduce the burden on the public sector. Programmes utilising social marketing are most successful when: demand for contraception is well established; pills and condoms are popular methods of contraception; a well-developed commercial infrastructure – and a poor public service – exists; coverage of radio and television services are high; and where no restrictions exist on the mass media promotion of family planning (Cleland et al., 2006). At least three systematic reviews of social marketing programmes found that these

programmes have had a positive impact on clients' knowledge of and access to contraceptive methods and on condom use (Madhavan, 2010; Sweat et al., 2012). Evidence also suggests that social marketing increases contraceptive use among adolescents (Agha, 2002).

The role of men (section 6)

Men are recognised as responsible for a large proportion of the poor reproductive health suffered by their female partners. Male involvement helps not only in accepting a contraceptive but also in its effective use and continuation. There are many challenges to increasing male involvement in family planning services. So far very few interventions addressing these challenges have been evaluated scientifically. Health education campaigns to improve beliefs and attitudes of men are absolutely vital. In addition, improving accessibility, affordability, availability, accommodation and acceptability of family planning service venues will make them more attractive for male partners (Vouking et al 2014).

Safe abortion (section 7)

Unsafe abortion has been recognised as an important public health problem in the world. It accounts for 14% of all maternal deaths in sub-Saharan African countries. In Ethiopia, 32% of all maternal deaths are attributed to unsafe abortion. The law in Ethiopia was amended in 2004 to permit safe abortion under a set of circumstances. However, lack of awareness of the revised penal code is a major barrier that hinders women to seek safe abortion. Behaviour change communication interventions may be an effective way to promote awareness of the law and change knowledge of and perceptions about abortion, particularly in settings in which abortion is stigmatised (Geleto et al 2015).

Service delivery

For these strategies to work, it is important to firstly be providing a good service and for service delivery to be well organised. Provision of high quality service involves a client-centred approach with informed choice of a range of contraceptive methods, information about alternative methods, competent and caring providers, and offering follow up with well-informed staff. Additionally, voluntarism, counselling, consistent standards, quality assurance and affordable costs through multiple reliable service delivery channels are highly desirable. This should be done alongside infrastructure strengthening of public health systems, and programmes should be flexible enough to adapt in response to changes in the needs of the target population and feedback from users (Mwaikambo et al., 2011; RamaRao and Mohanam, 2003; Simmons et al., 2007).

To achieve these aims, the needs of the target population must first be identified (Mwaikambo et al., 2011). For example, in countries where use of modern contraceptive methods is very low, such as in much of West and Central Africa, the emphasis needs to be on increasing knowledge and access and defusing social obstacles to contraception. The most effective strategy may be to focus initial efforts on sectors of the population where demand is highest. As programmes mature, the focus should shift to underserved groups, widening the range of services and methods, and include cost-effectiveness considerations. A fully mature programme may include the following elements:

- education, counselling, and contraception for sexually-active young people
- family planning for the disabled
- treatment for infertility
- safe abortion where it is legal
- post-abortion care wherever abortion is conducted
- reproductive healthcare to meet needs of peri-menopausal women and those requiring hysterectomies
- advocacy to eliminate practices such as female genital mutilation and gender-based and sexual violence (Bongaarts et al., 2012)
- an understanding of the role of men in family planning decisions and strategies for when and how to involve men in efforts to help women achieve their reproductive intentions (McCleary-Sills et al., 2012) .

Community-based distribution
Community-based distribution involves any programme that is delivered outside of traditional healthcare settings, and can take many forms, including interpersonal communication (discussed above), routine household visits and community meetings (Cleland et al., 2006). These services, particularly in the poorest rural locations, have played an important part in many family planning programmes, and have helped to overcome both poor access and unmet need for contraception, especially in communities where women have limited mobility (Bongaarts et al., 2012; Cleland et al., 2006). A programme in Pakistan that focused on reaching women with impaired mobility and which implemented door-to-door visits, found that women who received visits were 1.5 times more likely to use contraception than women who received no visits (McCleary-Sills et al., 2012).

A further evaluation of community-based distribution found that communities typically saw large increases in contraceptive acceptance and use and that these services are an effective and acceptable way of increasing access to contraceptives, particularly injectables and long acting and permanent methods (figure 7) (Bongaarts et al., 2012). No one model of community-based distribution has yet emerged as best practice, but evidence suggests that these programmes are most successful in countries with sufficient social and political capital to recruit large numbers of volunteers, for example, China, India and Iran (Cleland et al., 2006).

Finally, some community-based programmes are not concerned with the distribution of contraceptives, but with indirectly changing norms and practices around the timing and bearing of children. For example, by keeping girls in school for longer, these programmes hope to equip girls with the skills to advocate for their own reproductive choices whilst also challenging social and community perceptions of what is appropriate for young girls, and therefore effecting long-term community change (McCleary-Sills et al., 2012).

2. Background to family planning in Ethiopia

Haperin, D. (2014) Scaling up of family planning in low-income countries: lessons from Ethiopia The Lancet, Volume 383, Issue 9924, 5–11, Pages 1264-1267

http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(13)62032-2.pdf

This paper focuses on the successful implementation of services in Ethiopia, Africa's second most populous country. Ethiopia's encouraging experience could challenge the widely held assumption that a decline in fertility must be preceded by sweeping economic and educational advancement, and offers other useful policy and programmatic lessons for other low-income countries, especially in sub-Saharan Africa.

Between 2000 and 2005, reported use of modern contraceptive methods among married women of reproductive age rose from 6% to 14%, and jumped again to 27% in 2011, making Ethiopia one of the few countries where contraceptive prevalence has doubled twice in about a decade. During this period, the greatest surges in contraceptive use were in rural areas, even where severe poverty, female illiteracy, and early female age of marriage are largely entrenched. Between 2000 and 2011, the national fertility rate declined from 5·9 to 4·8. Meanwhile, fertility in the capital city, Addis Ababa, had already fallen to less than 2·0 by 2000 and by 2011 fell even further, to around 1·5, far less than the replacement level. This remarkable decline was due to a range of factors including delayed age of marriage—largely related to progress in women's educational, economic, and labour force participation in the city—and greatly expanded access to contraceptives. Access to abortion, which was already increasingly available even before it was legally liberalised in 2004, also seems to have played a part. Additionally, the expanding national availability of safe and affordable abortion services at public facilities and also offered by private non-governmental organisations (NGOs) such as the UK-based Marie Stopes International, has undoubtedly reduced the number of unsafe procedures being done, which could also have begun to reduce maternal mortality.

A unique feature in Ethiopia has been the creation of a new cadre of government health workers, the HEWs, to staff rural health posts and the intensive reliance on these health providers to offer family planning services within the community. These rural public workers, who now number more than 35 000, are usually female, and receive a year of general health training and a modest monthly salary. They mainly offer basic services such as immunisations, health education, and short-term family planning methods (condoms and oral and injectable contraceptives). However, in 2009, Ethiopia became the first African country to train lower level health providers (the HEWs) to insert contraceptive implants—a single-rod etonogestrel implant. In some instances, HEWs have also carried out medical (misoprostol-induced) abortion (although only more skilled healthcare professionals such as nurses or physicians can remove implants or do clinical abortion procedures and sterilisations). An innovative pilot study in Tigray Province showed that lay community volunteers can even be successfully trained to safely provide injectable contraceptives to their neighbours, which could potentially free up HEWs to offer more long-term methods such as implants.

Arkutu, A., Family planning in Sub-Saharan Africa: present status and future strategies Original Research Article International Journal of Gynaecology & Obstetrics, Volume 50, Supplement 2, October 1995, Pages S27-S34

http://www.planificationfamiliale-burkinafaso.net/docs/publications/articles/1990-1999/Arkutu.pdf

This paper states that Africa lags behind the rest of the developing world in most demographic, health and economic indicators of social development, but some progress has been made in contraceptive prevalence and fertility decline. Many challenges remain for governments on that continent to meet the basic reproductive health needs of their rapidly growing populations. With the sustained support of the international community, there is reason to be hopeful.

3. Interpersonal communication/Education programmes

Tilahun, T. et.al (2015). Couple based family planning education: changes in male involvement and contraceptive use among married couples in Jimma Zone, Ethiopia. BMC public health. DOI 10.1186/s12889-015-2057-
https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-015-2057-y

An education intervention based quasi-experimental study was conducted among 811 married couples in Jimma Zone, southwest Ethiopia. It involved a control and an intervention group that were surveyed before and after the implementation of the intervention. The intervention consisted of family planning education, given to both men and women at the household level in the intervention arm, in addition to monthly community gatherings. During the intervention period, households in the control group were not subject to particular activities but had access to routine healthcare services. The follow up data was obtained from 96.7% of the couples and data from the before and after intervention surveys was compared. Baseline contraceptive use in both control and intervention households was similar. After the intervention, men in the intervention arm had a significantly higher level of willingness to be actively involved in family planning compared to the men in the control arm ($p < 0.001$). In addition, the difference between spouses that discussed family planning issues was less reported within the control group, both in the case of men and women (($p = 0.031$) and ($p < 0.001$)) respectively. In general, a significant, positive difference in male involvement was observed. Concerning contraceptive use, change was observed among the intervention group who were not using contraception at baseline. This study showed that family planning educational intervention, which includes both spouses and promotes spousal communication, might be useful to foster contraceptive practice among couples. The results also offer practical information on the benefits of male involvement in family planning as a best means to increase contraceptive use. Thus, providing opportunities to reinforce family planning education may strengthen the existing family planning service delivery system. (Tilahun T et.al 2015)

Lee, T. et.al (2013). Perceptions about family planning and contraceptive practice in a marital dyad. Journal of Clinical Nursing, 23, 1086-1094
https://www.ncbi.nlm.nih.gov/pubmed/24007527

A cross-sectional descriptive design based study was conducted to examine couple interactions to predict wives' and husbands contraceptives uses in rural Ethiopia. The study sample included 389 married couples who were recruited from households in seven

enumeration areas randomly selected from Hetosa Woreda in Ethiopia. There were significant differences in perceptions about family planning, contraceptive knowledge and contraceptive use between wives and husbands. Wives' perceptions about family planning affected their own as well as their husbands' knowledge and use of contraceptive methods. However, husbands' perceptions about family planning did not affect their knowledge and use of contraceptive methods, but did influence their wives'. (Lee, T. et.al 2013).

This has important relevance for clinical practice as couples must be educated and informed not only about the adoption of contraception, but also about reproductive rights and responsibilities through changes in educational and motivational strategies.

Abajobir, A. and Assefa, S. (2014). Reproductive health knowledge and services utilization among rural adolescents in east Gojjam zone, Ethiopia: a community-based cross-sectional study BMC Health Services Research 2014, 14:138.
http://www.biomedcentral.com/1472-6963/14/138

According to World Health Organization, adolescents are people between 10 and 19 years of age; one-fifth of Ethiopian population constitutes adolescents and four-fifth live in rural areas. Local evidence about adolescents' reproductive health knowledge, services utilisation and associated factors are relevant to design age-appropriate program interventions and strategies. Hence, this study assessed the level of reproductive health knowledge and services utilisation among rural adolescents in Machakel district, Northwest Ethiopia.

This community-based cross-sectional study employed both quantitative and qualitative methods. A systematic random sampling technique was used to select 415 adolescents from eligible households. Data was collected using pre-tested structured questionnaires and in-depth interview guides. The results showed that more than two-thirds (67%) of the adolescents had knowledge about reproductive health. Age (AOR = 3.77, 95% CI: 3.1-8.98), living arrangement (AOR = 2.21, 95% CI: 1.81-6.04) and economic status (AOR = 3.37, 95% CI: 1.65-6.87) were associated with reproductive health knowledge. However, only one-fifth (21.5%) of the adolescents had ever used reproductive health services including family planning, sexually transmitted infections treatment and information, education and communication.

Reproductive health services utilisation was significantly associated with age (AOR = 2.18, 95% CI: 1.13-8.03) and knowledge of reproductive health (AOR = 1.23, 95% CI: 1.23-4.21). Parental disapproval, lack of basic information and pressure from partners were found to deter adolescents from accessing and using reproductive health services.

Reproductive health knowledge and services utilisation amongst rural adolescents remained low. Community-conversation in line with adolescent-to-adolescent-counselling, peer education and parent-adolescent communication should address sensitive topics such as sex education and life skill development.

Krenn, S., Cobb, L., Babalola, S., Odeku, M., & Kusemiju, B. (2014). Using behaviour change communication to lead a comprehensive family planning program: the Nigerian Urban Reproductive Health Initiative. Global Health: Science and Practice, 2(4), 427–443. http://doi.org/10.9745/GHSP-D-14-00009
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4307859/

The Nigerian Urban Reproductive Health Initiative (NURHI), a 6-year comprehensive family planning programme (2009–2015) in 4 cities, intentionally applies communication theories to all program elements, not just the demand generation ones, relying mainly on a theory called ideation—the concept that contraceptive use is influenced by people's beliefs, ideas, and feelings and that changing these ideational factors can change people's behaviour.

Three years into the initiative, analysis of longitudinal data shows that use of modern contraceptives has increased in each city, varying from 2.3 to 15.5 percentage points, and that the observed increases were predicted by exposure to NURHI activities. Of note is that modern method use increased substantially among the poorest wealth quintiles in project cities, on average, by 8.4 percentage points. The more project activities women were exposed to, the greater their contraceptive use. For example, among women not using a modern method at baseline, contraceptive prevalence among those with no exposure by midterm was 19.1% vs. 43.4% among those with high exposure. Project exposure had a positive dose-response relationship with ideation, as did ideation and contraceptive use. By the end of the observation period, mobile services were contributing nearly 50% of total family planning services provided through NURHI-supported clinics. Propensity score matching found that the increase in contraceptive use in the 4 cities attributable to project exposure was 9.9 percentage points. Intention to use family planning in the next 12 months also increased by 7.5 to 10.2 percentage points across the 4 cities.

Demand-led family planning programmes, in which demand generation is the driving force behind the design rather than the conventional, service delivery-oriented approach, may be more suitable in places where expressed demand for contraceptives is low.

Laxmi Rao, K (2016) Effectiveness Of Personalized Interpersonal Behaviour Change Model For Adoption Of Modern Family Planning Services In India, PSI India

http://www.psi.org/wp-content/uploads/2015/10/Rao-India-FINAL.pdf

The Women's Health Project (WHP) is the flagship program for family planning of PSI/India and is implemented in thirty high priority districts across three states, namely—Uttar Pradesh, Rajasthan and Delhi. Despite the fact that the IUCD is one of the most effective reversible contraceptive options, its use in India has remained low at approximately two percent of women of reproductive age (WRA) over the last couple of decades. Therefore, one of the one key objectives of WHP is to increase access to family planning methods, including the long-acting reversible IUCD. As part of the demand generation component of this program, PSI/India developed the "Conventional IPC Model" in 2009, using a team of outreach interpersonal communication (IPC) agents. The IPC agents offered family planning

information and counselling services to all WRA irrespective of their current use or need for family planning (FP) services. Analysis of the model's results revealed that 1) the IPC program led to more method shifting between current users than method adoption by new users, and 2) the community IPC model was expensive, as measured by cost-per-successful IUCD referral, and performing poorly, as measured by the number of successful IUCD referrals generated by each IPC agent.

Bilal, S.M., Spigt, M., Dinant, G.J., Blanco, R. (2015) Utilisation of Sexual and Reproductive Health Services in Ethiopia--does it affect sexual activity among high school students?, Sex Reproductive Healthcare;6(1):14-8. doi: 10.1016/j.srhc.2014.09.009.

https://www.ncbi.nlm.nih.gov/pubmed/25637419

Universal access to Sexual and Reproductive Health (SRH) services for adolescents was added as a target to the revised Millennium Development Goals framework in 2005. However, the utilisation of SRH services among adolescents and their sexual activity is not well explored in Ethiopia, with the result that there is no well-designed and sustainable school based intervention for high school students. This study aimed to investigate the utilization of sexual and reproductive health services and sexual activity and to provide evidence based information and recommendations for possible interventions.

A cross-sectional survey was conducted among 1,031 female and male high school students aged 14-19 years in Mekelle town, Tigray Region, North Ethiopia. Utilization of sexual and reproductive health services and sexual activity were investigated using a self-administered questionnaire.

One out of five students had used the SRH services in the past year. The primary reason for visiting the SRH services was to receive information. The mean age for the first sexual intercourse was 15.7 and one-quarter of the students had multiple sexual partners. Unwanted pregnancies and abortions were reported by female students.

SRH services were known and used by students. However, sexual activity at an early age among high school students and unwanted pregnancies and abortions among female students still call for attention. Providing accurate SRH information on safe sex and enhancing family-student discussion could be a good approach to ensure wider reach of SRH services to adolescents.

Khan, M.E., Darmstadt, G.L., Tarigopula, U.K. Ganju, D. (2012) Shaping Demand and Practices to Improve Family Health Outcomes: Designing a Behaviour Change Communication Strategy in India, Volume 1: Uttar Pradesh https://us.sagepub.com/en-us/nam/shaping-demand-and-practices-to-improve-family-health-outcomes/book239383#tabview=title

Maternal and child-health indicators have remained poor in northern India, with various factors contributing to the continued mortality and morbidity. Communication strategies play a powerful role in addressing the barriers to, and shaping demand for, the adoption of preventive health practices.

These two volumes, covering UP and Bihar respectively, provide valuable information on family dynamics that could be used to develop a comprehensive behaviour change communication (BCC) strategy on family health in northern India. The study focuses on increasing the adoption of eight family-health behaviours that have a significant bearing on Millennium Development Goals.

Mekonnen, T.B., Moges,A., Mengesha B. (2013) Assessment of family planning use and associated factors among people living with HIV in Addis Ababa, Ethiopia. The Lancet, Volume 382, Supplement 2, 3 November 2013, Page S10
http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(13)62258-8.pdf

A cross-sectional study was carried out between October 2010, and May 2011, in antiretroviral treatment units at selected health centres within the Addis Ababa city administration. The study participants were HIV-positive patients on follow-up care. A multistage sampling procedure was used to select study participants. There are ten sub-cities in Addis Ababa, and one health centre was selected randomly from each sub-city. Data collection was through interviews using a questionnaire that had been previously piloted successfully.

628 participants were recruited to the study, of whom 421 (68·9%) were women and 190 (31·1%) were men, aged 19–53 years. 266 (43·5% [95% CI 39·6–47·5]) of the participants (192 [72%] women and 74 [28%] men) used at least one method of contraception. Among these users 238 (89·4%; 150 [63%] women and 88 [37%] men) were using condoms, and 68 (25·5%; 40 [71%] women and 28 [29%] men) were using injectables. Abstinence from sexual intercourse in 193 (54·2%) participants (141 women, 52 men), and desire for a child in 94 (27·2%) participants (66 [70%] women and 28 [30%] men), were the major reasons mentioned for not using contraception. Only 295 (48·3%) of respondents had previously had a discussion about family planning with their service providers, of whom 202 (68·5%) were women. Participants who had a high school and above level of education were twice as likely to use contraception as those who had no formal education (adjusted odds ratio [aOR] 2·65 [95% CI 1·42–4·95]). Compared with study participants who had no children, those who had one child or more had a two-fold increase in use of contraception. Respondents with more than one year duration since HIV diagnosis were three times more likely to use contraception than were those with less than 6 months duration (aOR 3·27 [1·53–6·99]). Participants who were single and/or not married were also found to have a two-fold and four-fold increase respectively in using contraception compared with married participants(aOR 2·75 [1·29–5·85]; and 4·23 [1·76–10·14]).

More than half of the HIV-positive participants were not using contraception, despite nearly half being sexually active, and the majority had previously had no discussion about family planning with their service providers. Adequate counselling on issues regarding family

planning, child bearing, and sexuality, through fully integrated family planning service in all antiretroviral units, might help to increase the uptake of contraceptive use among HIV-positive people.

Mjaaland, T. (2014) Having fewer children makes it possible to educate them all: an ethnographic study of fertility decline in north-western Tigray, Ethiopia , Original Research Article, Reproductive Health Matters, Volume 22, Issue 43, May 2014, Pages 104-112

https://www.ncbi.nlm.nih.gov/pubmed/24908461

Education is presumed to play a decisive role in decreasing fertility rates. This article looks at the role of education and other factors in fertility decline in the context of current Ethiopian policies on population and sustainable development, based on an ethnographic study of women's agency and girls' pursuit of education in one semi-urban and one rural area in north-western Tigray, in northern Ethiopia. Long-term environmental insecurity and scarcity of arable land for the younger generation in this area serve as important background. Another central issue in the study was the religious conditioning of women's choices, which stood out most clearly in the case of contraceptive use. The research consisted of in-depth, semi-structured interviews conducted in 2008 with 25 purposively selected women from three generations, based on their life histories, linked with participatory observation and extended informal dialogue with women at different points during 2008–12. A smaller household survey with 170 women and a task-based, education survey with 200 female and male students were also conducted in 2009. In those cases where women's contestations of the authority of the Orthodox Christian priests concurred with current Ethiopian policies on fertility decline, this was based on what women defined as their own authority in reproductive matters linked with flexible adaptation to their life-situations.

Duncan, M.E., Tibaux, G., Kloos, H., Pelzer, A., Mehari, L., Perine, P.L., Peutherer, J., Young, H., Jamil, Y., Darougar, S., Lind, I., Reimann, K., Piot, P., Roggen, E. (1997) STDs in women attending family planning clinics: A case study in Addis Ababa, Social Science & Medicine, Volume 44, Issue 4, February 1997, Pages 441-454
https://www.ncbi.nlm.nih.gov/pubmed/9015881

For cultural reasons modern contraception has been slow to gain acceptance in Ethiopia. Knowledge about contraception and abortion is still limited in many family and community settings in which it is socially disapproved. By 1990 only 4% of Ethiopian females aged 15–49 used contraception. Little is known of sexually transmitted disease (STD) prevalence in family planning (FP) attenders in Africa in general and Ethiopia in particular, even though attenders of family planning clinics (FPCs) are appropriate target groups for epidemiological studies and control programmes. A study of 2,111 women, of whom 542 (25.7%) attended FPCs in Addis Ababa, showed utilisation rates to be highest in women who were: Tigre (33%) or Amhara (31%), aged 20–34 years (30%), aged 16 or older at first marriage/coitus (28%:38% in those first married after 25 years); who had a monthly family income of 10 Ethiopian Birr (EB) or more (33%:36% for those with income 100–500 EB), three or more

children (37%), more than five lifetime husbands/sexual partners (39%); or were bargirls (73%) or prostitutes (43%). The seroprevalence rates for all STDs, higher in FPC attenders compared with other women, were syphilis (TPHA) 39%, Neisseria gonorrhoeae 66%, genital chlamydia 64%, HSV-2 41%, HBV 40% and Haemophilus ducreyi 20%. Only 4% of FPC attenders had no serological evidence of STD: 64% were seropositive for 3 or more different STDs. Clinical evidence of pelvic inflammatory disease (PID) was also more common in the FPC attenders (54%), 37% having evidence of salpingitis. The FPC provides a favourable setting for screening women likely to have high seroprevalence of STD, who for lack of symptoms will not attend either an STD clinic or a hospital for routine check-up. The paper recommends that measures be taken to adequately screen, treat and educate FPC attenders, their partners, and as appropriate and when possible their clients, in an attempt to control STDs and ultimately HIV in the community. Social, economic and cultural factors in the occurrence of STDs, prostitution, family planning and modern contraception coverage in Ethiopia are identified and deficiencies of current programmes briefly discussed with the objective of targeting services more effectively.

Fantahun, M., Chala, F., Loha, M. (1995) Knowledge, attitude and practice of family planning among senior high school students in north Gonder. Ethiopian Medical Journal. Jan;33(1):21-9. https://www.ncbi.nlm.nih.gov/pubmed/7895743

Sexual experience, knowledge, attitude and practice on contraception was studied among 991 senior high school students in north Gonder in May 1993 using anonymous questionnaire. Three-hundred-four students (30.7%) answered that they had experienced sexual intercourse. Out of 83 sexually active female students 25 (30.1%) reported to have been pregnant. Only four students admitted to have had abortion. 750 (75.7%) students claimed that they know at least one method of modern contraception. Of the variables considered in the study reported knowledge of pills and positive attitude to contraception were significantly associated with modern contraceptive use. The most common reason for not using modern contraceptive methods among sexually active respondents was little or no knowledge of contraceptives followed by no access to contraceptives and harmful effects of contraceptives. It is recommended that family life education should be conducted in high schools. Counselling and clinical services on family planning in high schools and places where adolescents gather for recreation and other purposes may also be considered.

Sexual experience, knowledge, attitudes, and practice of contraception was studied among 991 senior high school students aged 15-17 years in three secondary schools in north Gonder, Ethiopia. Knowledge of pills and positive attitude to contraception were significantly associated with modern contraceptive use. The most common reason for not using modern contraceptive methods among sexually active respondents was little or no knowledge of contraceptives (70 or 27.7%) followed by no access to contraceptives (54 or 21.3%) and harmful effects of contraceptives (50 or 19.8%). The paper recommends that family life education be conducted in high schools along with counselling and clinical family planning services.

CORE Group (2012) Social and Behavior Change for Family Planning: How to Develop Behaviour Change Strategies for Integrating Family Planning into Maternal and Child Health Programs. June, 2012. Washington D.C: CORE Group.
http://www.coregroup.org/storage/Social_Behavior_Change/FPCurriculum-online.pdf

Many maternal and child health programs want to add family planning (counselling, referrals or even services) to their interventions. One way to get started is through social and behaviour change. That means learning about the community's family planning knowledge, attitudes and practices, and then creating strategies based on what is learned. This curriculum is designed to be used as guide to facilitate this.

Mozumdar, A., Ahmad, J., Khan, M.E. (2015) "Validation study of LQAS-2 in UPBCM project." New Delhi, India: Population Council
http://www.popcouncil.org/uploads/pdfs/2015RH_LQAS-ValidationStudy.pdf

Uttar Pradesh Behaviour Change Management (UPBCM) project was started to improve selected healthy behaviours having a direct bearing on maternal, newborn and child health outcomes. The impetus came from the potential and importance of community mobilization through Self Help Groups (SHG) of *Rajiv Gandhi Mahila Vikash Pariyojna* (RGMVP). Among different Management Learning and Evaluation (MLE) activities in the UPBCM project, multiple rounds of Lot Quality Assurance Sampling (LQAS) surveys were proposed to monitor project activities and help take corrective measures to improve results. The other major purpose of these LQAS surveys was to evaluate the diffusion of health messages in the project area from SHG members to SHG households and ultimately to non-SHG households.

4. Mass media and communication

Sack, D.E., Nagpal, D., Birara, M., Bell, J.D., Rominski, S.D. (2016) Family planning messaging sources at primary health centres in Addis Ababa, Ethiopia. Annals of Global Health, Volume 82, Issue 3, May–June 2016, Page 524

http://www.annalsofglobalhealth.org/article/S2214-9996(16)30447-7/abstract

In order to achieve the MDGs and SDGs, access to reproductive health services, including highly effective forms of contraception, is necessary. This pilot study aimed to assess how women who visited primary health clinics learned about their family planning (FP) options.

Between June and August 2015 the study surveyed 60 reproductive-age women who were either initiating or changing FP methods at ten primary health centre FP clinics associated with St. Paul's Hospital Millennium Medical Center (SPHMMC) in Addis Ababa. After signing or fingerprinting a written consent form, women were asked about their FP history, their current knowledge about method choices, where they had seen or heard FP information, and where they went for FP information.

The data suggests that among women in Addis Ababa, most receive their FP information from mass media sources, specifically television and radio. This points to a potentially important factor in achieving target seven of Sustainable Development Goal 6, universal access to sexual and reproductive healthcare services. It is hoped this preliminary data provides public health policymakers and planners in Ethiopia with the framework to further study the role of messaging in FP utilisation countrywide.

Khan, M. E., Donnay, F., Usha Kiran, T., and Aruldas, K. (eds). 2013. Shaping Demand and Practices to Improve Family Health Outcomes: Findings from a Quantitative Survey New Delhi: Population Council.

http://www.popcouncil.org/uploads/pdfs/2013RH_ShapingDemand_Vol3-Bihar.pdf

This report provides findings of a large study which was undertaken to generate comprehensive information on the select eight target behaviours which have direct bearing on the family health in rural Bihar. The study included a Logistic analysis shows that education of women (OR=1.24, $p<.05$), standard of living (OR=1.13), spousal communication (OR= 5.70, $p<.01$) and exposure to media and messages on family planning are positively associated with adoption of contraception. The study also indicates that if a woman has been given advice to adopt postpartum contraception three or more times, the couple have adopted a method; one time advice does not make much difference. Thus the study underlines the importance of reinforcing the same messages several times at intervals. The study also recommends improving access to spacing methods through frontline workers, improving knowledge of workers as well as of beneficiaries about family planning methods, providing messages repeatedly to promote contraception, developing messages according to the interest of the audience, and making home visits to promote contraception in the 4^{th}, 6^{th} and 7^{th} months after delivery, when women are most exposed to unwanted pregnancies. The chapter also recommends that interpersonal communication supported by mass media could play a key role in adoption of birth spacing by increasing correct knowledge on contraception, addressing misconceptions and triggering spousal communication.

Kabir, M., Islam, M.A. (2000) The impact of mass media family planning programmes on current use of contraception in urban Bangladesh. Journal of Biosocial Science. 2(3):411-9.

https://www.ncbi.nlm.nih.gov/pubmed/10979233

A sample of 871 currently married urban Bangladeshi women was used to assess the impact of mass media family planning programmes on current contraceptive use. The analyses suggested that radio had been playing a significant role in spreading family planning messages among eligible clients; 38% of women with access to a radio had heard of family planning messages while the figures for TV and newspaper were 18.5% and 8.5% respectively. Education, number of living children and current contraceptive use were important predictors of exposure to any mass media family planning messages. There was a

negative relationship between breast-feeding and the current use of contraception indicating a low demand for contraception among women who were breast-feeding.

Islam M.R., Islam M.A., Banowary, B. (2008) Determinants of exposure to mass media family planning messages among indigenous people in Bangladesh: a study on the Garo. B.J Biosoc Sci. 2009 Mar; 41(2):221-9.

https://www.ncbi.nlm.nih.gov/pubmed/18847527

This paper evaluates exposure to mass media family planning messages among the Garo, an indigenous community in Bangladesh. A sample of 223 currently married Garo women were selected purposively from two districts where most of the Garo population live. The analysis demonstrated that television was the most significant form of mass media to disseminate FP messages among the recipients - more so than radio and newspapers. About 80.6% of the respondents had heard of FP messages through television, while for the radio and newspapers the percentages were 55.3% and 22.7% respectively. The contraceptive prevalence rate is much higher (79.5%) in the study area than at national level (55.8%). A linear logistic regression model was employed to identify the confluence of different demographic and socioeconomic characteristics on mass media FP messages. Regarding exposure to FP messages, four independent variables out of six had significant effects on the exposure to FP messages through any one of the types of media, i.e. radio, television and newspapers. These independent variables were age, level of education, occupation and number of children.

Mwaikambo, L., Speizer, I. Schurmann, A. Morgan, G. and Fikree, F. (2011). What Works in Family Planning Interventions: A Systematic Review. *Studies in Family Planning*, 42(2), pp. 67–82. (S; SR; H)

http://onlinelibrary.wiley.com/doi/10.1111/j.1728-4465.2011.00267.x/abstract

This study presents findings from a systematic review of evaluations of family planning interventions published between 1995 and 2008. Studies that used an experimental or quasi-experimental design or used another approach to attribute program exposure to observed changes in fertility or family planning outcomes at the individual or population levels were included and ranked by strength of evidence. A total of 63 studies met the inclusion criteria. The findings from this review are summarized in tabular format by the type of intervention (classified as supply-side or demand-side). About two-thirds of the studies found were evaluations of programs focusing on demand generation. Findings from all programs revealed significant improvements in knowledge, attitudes, discussion, and intentions. Program impacts on use of contraceptives and use of family planning services were less consistently found, and fewer than half of the studies that measured fertility or pregnancy-related outcomes found an impact. Based on the review findings, promising programmatic approaches were identified and directions proposed for future evaluation research of family planning interventions.

Olaleye, D.O. and Bankole, A. (1994) The impact of mass media family planning promotion on contraceptive behavior of women in Ghana, Population Research and Policy Review, Volume 13, Issue 2, pp 161–177
http://link.springer.com/article/10.1007/BF01080201

This paper examines the influence of media messages about family planning, and attitudes toward media promotion of family planning, on contraceptive behaviour of married women in Ghana. It also examines the problem of reverse causation that arises in studies of this nature when the data used provide no information on the temporal order of the actual time that respondents were exposed to family planning information in the mass media and the time of adoption of contraceptive behaviour. The results show that exposure to media messages on contraception exerts strong impact on current practice of, and intention to use, contraception. Women who had heard or seen advert on contraceptive brands, and women who favour broadcast of family planning messages in the media, are significantly more likely to adopt birth control behaviour than women who had not heard or seen, and women who do not favour broadcast of such media messages, respectively. Regarding the problem of reverse causation, the study demonstrates that while being exposed to media messages significantly affects a woman's contraceptive behaviour, the reverse does not seem to be the case. The policy implications of these results and how mass media could be used to promote family planning in Ghana are discussed.

5. Social marketing

Sweat, M.D., Denison, J., Kennedy, C., Tedrow, V. and O'Reilly, K. (2012). Effects of Condom Social Marketing on Condom Use in Developing Countries: a Systematic Review and Meta-analysis, 1990–2010. *Bulletin of the World Health Organization*, 90(8).

http://www.scielosp.org/scielo.php?pid=S0042-96862012000800013&script=sci_arttext&tlng=pt

The objective of this paper was to examine the relationship between condom social marketing programmes and condom use. Standard systematic review and meta-analysis methods were followed. The review included studies of interventions in which condoms were sold, in which a local brand name(s) was developed for condoms, and in which condoms were marketed through a promotional campaign to increase sales. A definition of intervention was developed and standard inclusion criteria were followed in selecting studies. Data were extracted from each eligible study, and a meta-analysis of the results was carried out.

Six studies with a combined sample size of 23,048 met the inclusion criteria. One was conducted in India and five in sub-Saharan Africa. All studies were cross-sectional or serial cross-sectional. Three studies had a comparison group, although all lacked equivalence in sociodemographic characteristics across study arms. All studies randomly selected participants for assessments, although none randomly assigned participants to intervention arms. The random-effects pooled odds ratio for condom use was 2.01 (95% confidence

interval, CI: 1.42–2.84) for the most recent sexual encounter and 2.10 (95% CI: 1.51–2.91) for a composite of all condom use outcomes. Tests for heterogeneity yielded significant results for both meta-analyses.

The evidence base for the effect of condom social marketing on condom use is small because few rigorous studies have been conducted. Meta-analyses showed a positive and statistically significant effect on increasing condom use, and all individual studies showed positive trends. The cumulative effect of condom social marketing over multiple years could be substantial. The paper strongly encouraged more evaluations of these programmes with study designs of high rigour.

USAID. (2013). Social Marketing: Leveraging the Private Sector to Improve Contraceptive Access, Choice, and Use. Family Planning High Impact Practices (HIP). (S; NSR; H)

https://www.fphighimpactpractices.org/resources/social-marketing

Social marketing in family planning programs makes contraceptive products accessible and affordable through private-sector outlets, such as pharmacies and shops, while using commercial marketing techniques to achieve specific behavioural goals.

This eight-page brief describes the three main social marketing models (NGO model, manufacturer's model, and hybrid models) and outlines key considerations that social marketing programs should take into account to ensure success.

6. The Role of Men

Berhane, A., Biadgilign, S., Berhane, A., Memiah, P. (2015) Male involvement in family planning program in Northern Ethiopia: An application of the Trans theoretical model, Patient Education and Counseling, Volume 98, Issue 4, April 2015, Pages 469-475

The objective of this study was to use the transtheoretical behavioral model to assess male involvement in family planning. A cross-sectional study was conducted in Angolela–Tera District of Amhara Region from February 15 to March 14, 2008 on married men. A multi-stage sampling technique was employed to select the 770 study participants. The relationship of stage of change and decisional balance, self-efficacy and processes of change was assessed by ANOVA tests.

The findings suggest that counsellors need to understand that behaviour change is a process that occurs in a series of stages and therefore can facilitate behavioural changes with various strategies. Health educators need to develop educational components that match stages of change.

Based on the results, programs aimed at promoting contraceptive prevalence for contraception should seek ways and means for increasing the pros and for increasing self-efficacy.

Berhane, A., Biadgilign, S., Amberbir, A., Morankar, S., Berhane, A., and Deribe, K. (2011) Men's Knowledge and Spousal Communication about Modern Family Planning Methods in Ethiopia, *African Journal of Reproductive Health; 15(4)*

http://www.bioline.org.br/pdf?rh11047

This study attempted to determine knowledge, approval and communication about family planning methods among married men in Ethiopia. A cross-sectional study was conducted among a representative sample of 738 married males in Amhara Region. All 738 (100%) of the respondents had heard of family planning. About 558 (75.6%) mentioned the importance of using contraceptives for birth spacing and 457 (61.9%) to limit birth. 445 participants (60.3%) had ever discussed family planning with their wives. Thirty-three (33.0%) of the respondents reported that they were the sole decision makers in their families. About 597 (80.9%) approved the use of contraceptives. However, some participants did not discuss and approve family planning with their partner. This recalled an intensive effort has been taken by the concerned body to reach the country's targeted family planning coverage by involving men in reproductive health endeavours to enhance the discussion and agreement about family planning usage.

Tilahun T, Coene G, Temmerman M, Degomme O. (2014) Spousal discordance on fertility preference and its effect on contraceptive practice among married couples in Jimma zone, Ethiopia. Reprod Health. 2014 Apr 4;11:27. doi: 10.1186/1742-4755-11-27.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3983854/

This study assessed spousal agreement levels regarding fertility preference and spousal communication, to look at howthis affects contraceptive use by couples.

A cross-sectional study was conducted to collect quantitative data from March to May 2010 in Jimma zone, Ethiopia, using a multi-stage sampling design covering six districts. In each of the 811 couples included in the survey, both spouses were interviewed. Concordance between the husband and wife was assessed using different statistics and tests including concordance rates, ANOVA, Cohen's K and McNemar's test for paired samples. Multivariate analysis was computed to ascertain factors associated with contraceptive use. Among the groups with the highest level of contraceptive users, were couples where the husband did not want any more children. Spousal communication about the decision to use contraception showed a positive association with a couple's contraceptive prevalence.

Family planning programs aiming to increase contraceptive uptake could benefit from findings on spousal agreement regarding fertility desire, because the characteristics of each spouse influenced the couple's fertility level. Moreover, men play a significant role in the

decision making concerning contraceptive use. Accordingly, involving men in family planning programs could increase a couple's contraceptive practice in the future.

Vouking, M.Z., Evina, C.D., Tadenfok, C.N. (2014), Male involvement in family planning decision making in sub-Saharan Africa- what the evidence suggests. Pan African Medical Journal; 19:349. doi: 10.11604/pamj.2014.19.349.5090. eCollection 2014.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4406389/

The World Health Organization (WHO) estimated in 2012 that 287,000 maternal deaths occurred in 2010; sub-Saharan Africa (56%) and Southern Asia (29%) accounted for the largest global burden of maternal deaths. Men are also recognized as being responsible for a large proportion of the poor reproductive health suffered by their female partners. Male involvement helps not only in accepting a contraceptive but also in its effective use and continuation. The objectives of this study were to: assess men's knowledge, attitude, and practice of modern contraceptive methods; determine the level of spousal communication about family planning decision making; and investigate the correlates of men's opinion about their roles in family planning decision making. The authors searched electronic databases from January 1995 to December 2013. In Ethiopia, above 90% of male respondents had supported and approved using and choosing family planning methods, but none of them practiced terminal methods. Generally, more male respondents disagreed than agreed that men should make decisions about selected family planning issues in the family. Decision-making dynamics around method choice followed a slightly different pattern. According to female participants, decisions regarding method choice were equally made by women or jointly, with male-dominated decisions falling last. There are many challenges to increasing male involvement in family planning services. So far very few interventions addressing these challenges have been evaluated scientifically. Health education campaigns to improve beliefs and attitudes of men are absolutely vital. Additionally, improving accessibility, affordability, availability, accommodation and acceptability of family planning service venues will make them more attractive for male partners.

Gebreselassie, T., Mishra V. (2011), Spousal agreement on preferred waiting time to next birth in sub-Saharan Africa.J Biosoc Sci. 2011 Jul;43(4):385-400. doi: 10.1017/S0021932011000083. Epub 2011 Mar 30.

https://www.ncbi.nlm.nih.gov/pubmed/21450119

This study investigates how various social, demographic and economic factors affect spousal agreement on preferred waiting time to next birth. Data for matched cohabiting couples from ten Demographic and Health Surveys in sub-Saharan Africa (Benin, Burkina Faso, Ghana, Guinea, Mali, Ethiopia, Kenya, Mozambique, Zambia and Zimbabwe), conducted between 2003 and 2006, were analysed to compare reported waiting time to next birth by the husband and the wife. Couples where the reported waiting time to next birth was the same for both partners (difference is 0 months) were defined as having agreement on waiting time to next birth. In sub-Saharan Africa, spousal agreement on waiting time to next

birth was found to be associated with wanting the next child sooner. When the spouses disagreed on waiting time to next birth, the wives wanted to wait longer than their husbands in most cases. Additionally, the study found that demographic factors are the primary determinants of spousal agreement on waiting time to next birth, not socioeconomic factors. The strongest predictors of spousal agreement on waiting time to next birth were number of living children, difference between the number of ideal and living children and wife's age. Couples with fewer children, a younger wife and those with a difference of five or more children between ideal and living number of children were more likely to agree on waiting time to next birth. Effects of socioeconomic factors, such as education and wealth status, on spousal agreement on waiting time to next birth were generally weak and inconsistent. The findings highlight some of the challenges in developing programmes to promote spousal communication and birth spacing and underscore the need for programmes to be gender-sensitive.

Hogan, D.P., Berhanu, B., Hailemariam A. (1999), Household organization, women's autonomy, and contraceptive behaviour in southern Ethiopia. Studies in Family Planning. 1999 Dec;30(4):302-14.

https://www.jstor.org/stable/172288

This study looked at how contraceptive knowledge and communication, and the use and future need for family planning services in this population are affected by household organization and women's status, and on their implications for population policies and programs. Data for currently married, fecund women aged 15-49 years from demographic surveys conducted in the SNNPR in 1990 and 1997 was used to investigate these processes. Considerations of the implications of these results for understanding the fertility transition of a highly diverse African population under severe stress are presented. Although household extension and polygamy characterize one-third of the women sampled, they did not affect the women's contraceptive behaviour. Women's literacy and autonomy were, by far, the most significant forces in the movement toward lower fertility in the region.

7. Safe abortion

PATH (2005) Behaviour change communication: increasing access to safe abortion in Nepal

http://www.path.org/publications/files/RH_sparking_dialogue_fact_sheet.pdf

Although liberalising the abortion law was a major step forward in decreasing maternal mortality in Nepal, policy change does not necessarily change social norms, beliefs, or behaviour. For complex and diverse reasons, women may still not seek safe abortion or care for complications resulting from unsafe abortion, risking their health and their lives. To ensure women’s access to safe abortion, a strategy was needed to help community members reflect upon their attitudes and beliefs about abortion—and eventually adopt new, healthier behaviour. Nepal’s behaviour change communication strategy, informed by insights into the mental, emotional, and societal barriers to behaviour change, used

communication activities to help change community perceptions and beliefs about abortion. This paper looks at how the policy was developed.

Banerjee, S.K., Andersen, K.L., Warvadekar, J., Pearson, E. (2013) Effectiveness of a behaviour change communication intervention to improve knowledge and perceptions about abortion in Bihar and Jharkhand, India. International Perspectives on Sexual and Reproductive Health. 2013 Sep;39(3):142-51. doi: 10.1363/3914213.

https://www.ncbi.nlm.nih.gov/pubmed/24135046

Although abortion became legal in India in 1971, many women are unaware of the law. Behaviour change communication interventions may be an effective way to promote awareness of the law and change knowledge of and perceptions about abortion, particularly in settings in which abortion is stigmatised.

To evaluate the effectiveness of a behaviour change communication intervention to improve women's knowledge about India's abortion law and their perceptions about abortion, a quasi-experimental study was conducted in intervention and comparison districts in Bihar and Jharkhand. Household surveys were administered at baseline in 2008 and at follow-up in 2010 to independent, randomly selected cross-sectional samples of rural married women aged 15-49 years. Logistic regression difference-in-differences models were used to assess programme effectiveness.

Analysis demonstrated programme effectiveness in improving awareness and perceptions about abortion. The changes in the odds of knowing that abortion is legal and where to obtain safe abortion services were larger between baseline and follow-up in the intervention districts than the changes in odds observed in the comparison districts (odds ratios, 16.1 and 1.9, respectively). Similarly, the increase in women's perception of greater social support for abortion within their families and the increase in perceived self-efficacy with respect to family planning and abortion between baseline and follow-up was greater in the intervention districts than in the comparison districts (coefficients, 0.17 and 0.18, respectively).

Behaviour change communication interventions can be effective in improving knowledge of and perceptions about abortion in settings in which lack of accurate knowledge hinders women's access to safe abortion services. Multiple approaches should be used when attempting to improve knowledge and perceptions about stigmatized health issues such as abortion.

Geleto, A., Markos, J. (2015) Awareness of female students attending higher educational institutions toward legalization of safe abortion and associated factors, Harari Region, Eastern Ethiopia: a cross sectional study. Reproductive Health. 2015 Mar 17;12:19. doi: 10.1186/s12978-015-0006-y.

https://www.ncbi.nlm.nih.gov/pubmed/25880854

Unsafe abortion has been recognised as an important public health problem in the world. It accounts for 14% of all maternal deaths in sub-Saharan African countries. In Ethiopia, 32% of all maternal deaths are attributed to unsafe abortion. Taking the problem of unsafe abortion into consideration, the penal code of Ethiopia was amended in 2005, to permit safe abortion under specific circumstances. However, lack of awareness about the revised penal code is a major barrier that hinders women from seeking safe abortions. The aim of this study was to assess awareness among female students attending higher educational institutions about legalisation of safe abortion and associated factors in Harari region, eastern Ethiopia.

An institution-based descriptive cross -sectional study was conducted among 762 female students who were attending five higher educational institutions in Harari Region. Systematic sampling method was used to identify study participants from randomly selected colleges and a self-administered structured questionnaire used to collect data, including identifying factors associated with awareness of female students about legalisation of abortion.

762 study participants completed the survey questionnaire making the response rate 90.2%. Only 272 (35.7%) of the respondents reported that they had good awareness about legalization of safe abortion. Studying other fields than health and medicine [AOR 0.48; 95%CI (0.23, 0.85)], being the only child of their family [AOR 0.28; 95%CI (0.13, 0.86)], having no boyfriend [AOR 0.34; 95%CI (0.12, 0.74)], using family planning [AOR 0.50; 95%CI (0.13 and 0.86)], and being 25 years or older [AOR 1.64; 95%CI (1.33, 2.80)] were significantly associated with awareness of female students about legalisation of safe abortion.

Only slightly more than a third of the study participants, 35.7%, had good awareness about legalization of safe abortion. Information dissemination about legalisation of safe abortion needs to be strengthened among females of reproductive age in general and higher institution female students in particular.

Otsea, K., Benson, J., Alemayehu, T., Pearson, E., Healy, J. (2011) Testing the Safe Abortion Care model in Ethiopia to monitor service availability, use, and quality, International Journal of Gynaecology & Obstetrics, Volume 115, Issue 3, December 2011, Pages 316-321

https://www.ncbi.nlm.nih.gov/pubmed/22019316

The objectives of the project were to implement the Safe Abortion Care (SAC) model in public health facilities in the Tigray region of Ethiopia and document the availability, utilisation, and quality of SAC services over time. The project oriented providers in 50 public health facilities in Tigray to the SAC model. Changes in SAC indicators between baseline and endline were assessed using a retrospective review of procedure logbooks at baseline and prospective monitoring of procedure logbooks for facility performance after introduction of the SAC model.

Availability of SAC services to the recommended number of 5 facilities per 500 000 population increased from 39% to 86%, primarily as a result of functional improvements at

health centres. Decentralization was accompanied by a 94% increase in the annual number of women who received services. The proportion of uterine evacuation procedures for induced abortion rose from 7% to 60% ($P < 0.01$), and the proportion performed with recommended technology increased from 30% to 85% ($P < 0.01$). The proportion of abortion patients who received modern contraception also increased from 31% to 78% ($P < 0.01$).

While widespread service delivery improvements were recorded using the SAC monitoring approach, the project design was built around existing programmatic activities of the local health authority and reflects some related research limitations. For example, there was no comparison group of facilities, timing did not allow for prospective collection of the baseline data before the intervention, and facilities received different levels of monitoring support.

Using the SAC model, public health facilities tracked progress and made needed adjustments, which improved service delivery. Continued focus on critical safe abortion care elements should increase the availability, quality, and use of life-saving care to reduce preventable abortion mortality in the region.

Gebreselassie H, Fetters T, Singh S, Abdella A, Gebrehiwot Y, Tesfaye S, Geressu T, Kumbi S. (2010) Caring for women with abortion complications in Ethiopia: national estimates and future implications. Int Perspect Sex Reprod Health. 2010 Mar;36(1):6-15. doi: 10.1363/ipsrh.36.006.10.

https://www.ncbi.nlm.nih.gov/pubmed/20403801

Ethiopia liberalised its abortion law in 2005, primarily to reduce the incidence of unsafe abortion. However, little is known about the current extent and consequences of unsafe abortion. This paper suggests that ensuring that all women know that safe abortion is available and legal will further reduce morbidity from unsafe abortions.

Tripney, J., Kwan, I., Schucan Bird, K. (2013) Postabortion family planning counselling and services for women in low-income countries: a systematic review, Review Article, Contraception, Volume 87, Issue 1, Pages 17-25

http://www.contraceptionjournal.org/article/S0010-7824(12)00721-4/abstract

https://eppi.ioe.ac.uk/cms/Portals/0/PDF%20reviews%20and%20summaries/PAC%202011%20Tripney.pdf?ver=2011-05-20-161354-837

Unsafe abortion imposes heavy burdens on both individuals and society, particularly in low-income countries, many of which have restrictive abortion laws. Providing family planning counselling and services to women following an abortion has emerged as a key strategy to address this issue. This systematic review gathered, appraised and synthesized recent research evidence on the effects of post-abortion family planning, counselling and services on women in low-income countries.

Of the 2,965 potentially relevant records that were identified and screened, 15 studies satisfied the inclusion criteria. None provided evidence on the effectiveness of post-abortion family planning, counselling and services on maternal morbidity and mortality. One controlled study found that, compared to the group of non-beneficiaries, women who received post-abortion family planning, counselling and services had significantly fewer unplanned pregnancies and fewer repeat abortions during the 12-month follow-up period. All 15 studies examined contraception-related outcomes. In the seven studies which used a comparative design, there was greater acceptance and/or use of modern contraceptives in women who had received post-abortion family planning, counselling and services relative to the no-program group.

The current evidence on the use of post-abortion family planning counselling and services in low-income countries to address the problem of unsafe abortion is inconclusive. Nevertheless, the increase in acceptance and/or use of contraceptives is encouraging and has the potential to be further explored. Adequate funding to support robust research in this area of reproductive health is urgently needed.

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Mwaikambo, L., Speizer, I. Schurmann, A. Morgan, G. and Fikree, F. 2011. What Works in Family Planning Interventions: A Systematic Review. *Studies in Family Planning*, **42**(2), pp. 67–82. (S; SR; H) http://onlinelibrary.wiley.com/doi/10.1111/j.1728-4465.2011.00267.x/abstract

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USAID. (2013). *Social Marketing: Leveraging the Private Sector to Improve Contraceptive Access, Choice, and Use*. Family Planning High Impact Practices (HIP). (S; NSR; H) http://futuresgroup.com/files/publications/HIP_Social_Marketing_brief.pdf

Suggested citation

Grant, C. & Bhardwaj, M (2016) F*amily Planning Communications.* K4D Helpdesk Research Report. Brighton, UK: Institute of Development Studies.

About this report

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