



**Behavior Change Communication and Demand Generation
For Postpartum Family Planning
Global Online Discussion Forum
September 28-October 7, 2011
Summary Report**

Background

The Maternal and Child Health Integrated Program (MCHIP) hosted a two week online discussion forum on “Behavior Change Communication and Demand Generation for Postpartum Family Planning” from September 28 to October 7, 2011 through the Postpartum Family Planning Community of Practice (PPFP COP). The PPFP Community of Practice (COP) was established in 2007 to encourage global dialogue and exchange information around essential postpartum family planning (PPFP) technical and programmatic issues.

Family planning offered in the first year postpartum provides an opportunity to meet the needs of women who want to prevent unintended pregnancies or who want to limit future pregnancies. Yet, an analysis of data from 17 countries revealed an average rate of unmet need for family planning during the first year postpartum of more than 60%ⁱ. Clearly, with such high unmet need, health workers both at the facility and community level need to rethink how they are communicating with mothers of young children, their partners and other family and community members. Behavior change communication (BCC) and demand generation activities can offer opportunities to reach postpartum women and their families with information about available family planning services and benefits of using family planning, can address myths and misconceptions about family planning, and can build family and community support for healthy timing and spacing of pregnancies.

Objectives

The objectives of the forum were:

- 1) To provide the rationale for why PPFP is different and examine the special considerations for postpartum women as a target audience
- 2) To explore strategies for designing and implementing activities to promote behavior change and PPFP uptake
- 3) To identify factors that contribute to social change and establishment of an enabling environment for PPFP
- 4) To learn from participants’ field implementation experience

A group of experts served as forum facilitators and shared their practical experiences, lessons learned, and challenges:

- Catharine McKaig, MCHIP/Jhpiego
- Rosemary Kamunya, Jhpiego Kenya
- Robin Anthony Kouyate, WellDoc

- Samaila Yusuf, MCHIP Nigeria
- Holly Blanchard, MCHIP/Jhpiego
- Rahila Juya, Jhpiego Afghanistan
- Laura Glish, PSI Mali
- Winifride Mwebesa, Save the Children
- Chelsea Cooper, MCHIP/Jhpiego
- Salahuddin Ahmed, MCHIP Bangladesh

The online discussion was hosted through the PFPF COP. A total of 1,029 PFPF COP members from 80 countries participated. The daily postings and resources shared over the course of the online forum can be accessed by visiting the PFPF COP library at: <http://my.ibpinitiative.org/ppfp>.

Top take home messages and a summary of the discussion by topical area can be found below.

Top Take Home Messages from the Forum Discussion:

- There are special considerations for postpartum women that must be considered when designing PFPF BCC and demand generation activities, such as: contraceptive method considerations based on the woman's timing postpartum and breastfeeding status, postpartum IUCDs (if available), fertility return, and the lactational amenorrhea method and transition to other modern methods of family planning.
- Increasing a woman's knowledge around healthy timing and spacing of pregnancies, fertility return, and family planning services is necessary, but often insufficient. Decisions to use family planning are often affected by interpersonal and social factors. Key behavioral influencers often include: partners, mothers, mothers-in-law, religious leaders, village leaders, and health workers. Activities to stimulate PFPF uptake should promote engagement of these key groups.
- Health workers' knowledge and attitudes about PFPF should be addressed, as they can serve as barriers to effective provision of messages and services.
- Understanding key motivators and barriers to desired behaviors, and pre-testing of materials can help to ensure that messages incorporated into materials address the most important factors that either facilitate or prevent action.
- Social considerations must be considered in order to promote more deeply rooted and sustainable change, such as: political factors, gender status and reproductive health decision-making, social norms around postpartum sexual activity and use of family planning services, and myths, misconceptions and rumors.

Summary of Discussion by Topic

The ten day discussion was organized around eight key topics and led by the forum experts.

Various members from the COP contributed their valuable experiences and insights to the dialogue. A summary of the discussion, organized by each discussion topic, can be found below.

1. Why PFP is different, and special considerations for postpartum women as a target audience

This session was facilitated by Catharine McKaig and Rosemary Kamunya. Key areas of discussion included:

- *Special considerations for the postpartum period:* Special service delivery considerations for postpartum women include: choice of method related to the timing postpartum and breastfeeding status, lactational amenorrhea method and transition to other modern methods, and postpartum IUCDs (if available).
- *Tailoring BCC messages to the postpartum period:* Postpartum women and influencers (partners, mothers in law, and other family members) are often influenced by misconceptions unique to this period of time which affect decision making about contraception.
- *PPFP Message Guide:* “A Guide for Developing Family Planning Messages for Women in the First Year Postpartum” was developed in 2010 under ACCESS-FP. The guide can be accessed here:

http://www.k4health.org/system/files/PPFP%20Message%20Guide_screen.pdf

The guide identified nine key behaviors related to PFP. These were:

- 1) Practice healthy spacing of your pregnancies.
 - 2) Discuss and choose a method of family planning with your husband before you are at risk of getting pregnant.
 - 3) Protect yourself from unplanned and closely spaced pregnancies before you are at risk of becoming pregnant again after a birth.
 - 4) If you choose to use a PFP method, use one that suits you, your breastfeeding status and your family.
 - 5) Breastfeed immediately and exclusively for six months.
 - 6) Consider the Lactational Amenorrhea Method as a family planning choice after the birth of your baby.
 - 7) If you are a Lactational Amenorrhea Method user, switch to another modern family planning method as soon as it ends.
 - 8) Consider the Postpartum Intrauterine Contraceptive Device as a family planning choice.
 - 9) Discuss family planning with your health worker during your postnatal care visit.
- *Barriers to PFP service provision:* A discussion participant mentioned that in some countries, women often do not return to the health facility for postpartum visits, for reasons such as inadequate knowledge on the importance of postpartum follow-up, long distances from the health facility, or poor infrastructure, among other reasons. This can limit opportunities to counsel on PFP (and highlights the importance of pairing facility level activities with community-level outreach for PFP).
 - *Provider attention to PFP needs:* Experience in many settings has shown that despite

being knowledgeable in FP in general, providers are often less aware of or pay less attention to the FP needs of postpartum women. Providers often have significant influence over whether a woman uses a method or not.

- *Non-surgical Vasectomy (NSV):* A discussion participant mentioned that there has been little attention paid to non-surgical vasectomy in PFP programs, awareness is lacking, and better communication methods and materials need to be developed.
- *Postabortion family planning services:* There was a discussion about whether postabortion family planning should be included within the PFP program umbrella. Discussants suggested that there are special considerations for postabortion FP clients as compared to postpartum FP clients, and thus there is a need for different targeted messages and communication strategies specific to each group. Delayed fertility return due to breastfeeding, contraceptive method considerations related to breastfeeding and timing postpartum, the opportunity to promote exclusive breastfeeding for the health of the infant, and lactational amenorrhea method and transition— are all specific to postpartum, as well as the opportunities provided through postnatal care, well child care and immunization for FP integration. These are considerations specific to PFP. It is important to note that postabortion women may be less likely than postpartum women to return to providers for family planning services, so special strategies need to be developed to reach this group.

2) Designing for PFP behavior change: Barrier analysis, pre-testing of materials, and development of communication frameworks

This session was facilitated by Robin Anthony Kouyate and Samaila Yusuf. Key areas of discussion included:

- *Motivators and barriers to PFP behaviors:* In order to develop targeted BCC activities, it is critical to first examine key motivators and barriers for the PFP behaviors within the local setting.
- *Barrier analysis:* Robin Anthony Kouyate shared her experience conducting barrier analysis under the ACCESS-FP project to explore the behavioral determinants of the transition from LAM to other modern methods in Bangladesh, Guinea and Uganda. Certain common barriers were noted, such as the perceived importance of waiting for menses prior to switching to another method.
- *Family support:* It was mentioned that in the ACCESS-FP barrier analysis, many respondents perceived the benefits of the key behavior “Practice healthy spacing of your pregnancies.” However, it is thought that the external influence of mothers-in-law and co-wife competition may influence actual decisions to space births.
- *Knowledge of return to fertility:* It was noted that increasing a woman’s knowledge about return to fertility was necessary, but often insufficient. It was equally as important to address a woman’s perception about when she herself is susceptible to pregnancy in our messaging using testimonials from other women.

- *Postpartum abstinence*: In many settings, women are expected to practice postpartum abstinence, for anywhere from 40 days to 3 years after the birth of an infant. This practice is fading in many societies, although there is often stigma associated with return to sexual activity and family planning use during the postpartum period. Postpartum abstinence has been a common practice (or cultural expectation) in many countries. Women are also not always comfortable talking about family planning, because of taboos around sexual activity during breastfeeding. Women who are breastfeeding and/or not regularly sexually active may also be less likely to perceive their risk of pregnancy. Providers may also assume that couples are not yet sexually active, and may not proactively offer family planning.
- *Other barriers*: Samaila Yusuf also mentioned other barriers that may prevent people from practicing the key PFP behaviors, such as the following:
 - myths and misconceptions related to side-effects
 - opposition to permanent methods
 - pressure from husband and mothers-in-law who do not support transition to modern methods of family planning after LAM
 - religious opposition to modern contraception
 - women having little or no autonomy over fertility preferences
- *Importance of pre-testing materials*: Discussion facilitators cited the importance of pre-testing materials, in order that materials are appropriately targeted and culturally specific. Pre-testing can help to answer questions about whether materials are understandable, relevant, compelling, credible and acceptable to the target audience.
- *Planning BCC activities for PFP*: Discussion facilitators highlighted the value of using a methodological and strategic approach to designing and implementing BCC and demand generation activities for PFP, such as the Community Action Cycle and the BEHAVE Framework.

3) PFP counseling messages for providers: successes and lessons learned in interpersonal communication

This session was facilitated by Holly Blanchard and Rahila Juya. Key areas of discussion included:

- *Job aids*: Job aids with targeted PFP messages can help to guide health providers in providing PFP counseling. For community health workers, job aids and counseling cards can incorporate pictorial messages to guide provision of health education at community level.
- *Counseling and follow-up*: It is critical that health workers follow up PFP service provision to ensure clients' comprehension of key messages and assist in addressing barriers that may prevent PFP uptake.
- *Sharing success stories*: It was suggested that health workers can help influence clients' attitudes regarding PFP by sharing feedback and success stories from other clients. These anecdotes can also be incorporated within IEC materials.

- *Other provider strategies:* Rahila Juya suggested several other strategies that providers can use to promote PFP, including:
 - Targeted PFP messages should be included in every visit during antenatal care and postnatal care.
 - Key PFP messages should be reinforced and repeated by the provider; at the follow up visit the messages should be shorter and more specific.
 - Providers should ask clients to repeat key points at least once.
 - Clients should be encouraged to ask questions.
 - Methods should be selected based on informed choice to make it more acceptable for the client and prevent more challenges.
- *The importance of being proactive:* Providers often report providing FP counseling to women who ask about FP, but they may think that most new mothers are so busy with their babies that they are not interested in FP. It is important for providers to not wait until they are asked by the client about FP. Holly Blanchard suggested the following recommendations for providers:
 - Ask a mother with a young child if she is interested in family planning even if she is at the clinic for services for her baby.
 - Ask breastfeeding women if their menses has returned, or if their baby has started complementary foods.
 - If a mother says yes, remind her that she may become pregnant again.
 - Remind her that she can become pregnant even though her menses has not returned.
 - Tell her that her baby needs to continue to breastfeed until s/he is two years old for the healthiest outcome.
 - Tell her in order for her to continue breastfeeding she needs to avoid another pregnancy.
 - Remind her that she can prevent another pregnancy too soon by transitioning from LAM to any other FP methods available.
 - Tell her that she can continue breastfeeding her baby AND use a family planning method.
- *Provider training:* It was suggested that pre- and in-service training is critical for equipping providers with strong counseling skills for PFP. It was also suggested that all health providers in the health facility (even those who are not directly providing FP services) should be oriented on family planning and PFP to help ensure linkages and referrals across service areas. One discussant mentioned that this would help everyone from management to support staff to know about PFP and provide correct information to the clients. It was noted that if a facility has a motivated leadership, an entire facility can roll out and scale up the services in considerably short time.
- *Provider-initiated counseling:* Because women may not realize that they are at risk of pregnancy, or may be embarrassed to admit that they are sexually active when their child is small; providers have a special responsibility to proactively offer FP information and services to these women.

4) Overcoming misconceptions and rumors as barriers to behavior change

This session was facilitated by Laura Glish and Winifride Mwebesa. Key areas of discussion included:

- *Limited perceived risk of pregnancy*: It was noted that postpartum women often believe that they have low risk of pregnancy, either based on lack of knowledge or personal experience in the past with not getting pregnant during that period.
- *Side effects*: Rumors and misconceptions about side effects of family planning are very common. Many think that family planning methods often have severe side effects and can result in negative health impact for the mother and infant. It is also thought in many places that there are side effects related to using family planning while breastfeeding. It was noted that in Kenya, there are widespread misconceptions/rumors circulating that:
 - Use of FP (postpartum and otherwise), leads to deformities in children at birth.
 - Use of injectables is associated with diminished sexual desire.
 - Use of condoms by partners provokes stomach aches in their young wives.
- It was suggested by one discussant that it is important to pay attention to the way we qualify local knowledge (rather than looking at local knowledge in terms of whether it is biomedically correct, we should look at how local perceptions evolve). The key issue is understanding how the knowledge is generated and shared in order to develop strategies that might help address the gaps that are identified.
- Strategies for addressing myths and rumors:
 - Develop targeted messages to help program staff clarify the misconceptions identified. Designing messages that target the family and other community members who support women is key in addressing barriers to change. Ensuring that messages include the benefits of PFP, improving the quality of counseling by providers through provider training, and expanding the method mix can also ensure better access to information and methods.
 - Use a multi-faceted approach to BCC around PFP to address misconceptions and reinforce societal and religious norms that support birth spacing. PSI, for example, used mass media with a focus on male involvement to address false rumors about Islamic views against birth spacing. PSI/Mali midwives held informational discussions with groups of postpartum women attending routine childhood vaccination days, where women could ask questions and the midwives correct misconceptions around methods and risk of pregnancy during the postpartum period. Key messages included when a woman is at risk for another pregnancy and side effects of long-acting methods. The methods are provided on the spot, so women are not judged for seeking out FP services during the traditional 40-day abstinence period.
 - The APHIA II OR Project in Kenya, in collaboration with Well Told Story, launched a media campaign involving an interactive radio soap opera that revolves around the life of a married adolescent girl, her partner, wider community, and

pertinent health issues, including PPFp. Community health workers were also trained on FP issues, and encouraged to reach out to married girls and their partners through regular home visits. During these visits, they distributed IEC materials which reinforce the messages shared through the radio program, correct misconceptions about FP and refer the married girls to health facilities for FP and other RH services. The radio show offers an opportunity for listeners to engage with health providers about PPFp. If the soap opera focuses on PPFp issues one day, an FP provider is invited to speak to these specific misconceptions/ rumors. Listeners also send in text messages with their questions for the provider or guest of the day, and, periodically, whoever poses the 'best' question is called on air and awarded a small prize.

- Use social media, and low-cost mobile phones to share PPFp messages and link women to the health facility for PPFp services.
- It was suggested that during PPFp counseling, providers should address potential side effects in a clear and transparent way. They should reassure women that some side effects are to be expected and that they are not signs of illness and that not all women will experience them. If the side effect bothers the client, she should be encouraged to come back for assistance and this might involve selecting a different method.
- It was suggested that engaging local champions for PPFp within the community can help influence perceptions and build support for PPFp.
- It was suggested that in order to improve the acceptability of PPFp, it can be helpful to engage satisfied PPFp clients to share their experiences with other community members, so that other potential also feel encouraged to accept PPFp.

5) Promoting social change and creating an enabling environment for PPFp

This session was facilitated by Chelsea Cooper and Salahuddin Ahmed. Key areas of discussion included:

- *The importance of addressing social change for PPFp:* Decisions about whether to access PPFp services and select a contraceptive method are often deeply influenced by social factors, such as social norms around postpartum sexual activity and use of family planning services, religious beliefs, social support, cultural traditions, myths and rumors, local or national policies, and the role of women in reproductive health decision-making. It was mentioned that efforts to increase the use of PPFp are much more likely to be successful and sustainable if they promote broader social change in addition to individual behavior change. A social change approach requires encouraging collective and participatory dialogue (rather than simply "transmitting" information), and promotes local ownership of activities through community engagement throughout the program cycle.

- *Partner and family support:* Lack of partner and family support is a critical barrier preventing women from accessing family planning services during the postpartum period. In order to increase PPFp uptake where partner and family opposition is a challenge, strategic social and behavior change activities should be undertaken to address concerns, share the benefits of PPFp, encourage partner support, and cultivate advocates for PPFp within the community.
- *Creating an enabling environment for PPFp:* Promoting greater social support for PPFp often requires reaching out and building support among key influencers, such as community leaders, religious leaders, health workers, partners, and other community members.
- *Addressing social change through the Healthy Fertility Study:* Salahuddin Ahmed shared his experience working on the Healthy Fertility Study in Bangladesh. He mentioned that they had recognized the importance of promoting broader social change and support for PPFp, in addition to promoting individual behavior change. Separate community sensitization meetings were held with religious and community leaders and also with their wives to build community support and create an environment in favor of PPFp uptake (among other desired behaviors). Salahuddin Ahmed reported that religious and community leaders welcomed the opportunity to share messages with their communities about optimum birth spacing and its benefits. LAM Champions were also identified within communities, who educated and discussed the benefits of LAM use among their neighbors and peers. At the community level, CHWs in the study dispense pills, condoms and injectables during household visits coupled with PPFp behavior change messages, which has also been a driving force for behavior change related to healthy spacing.
- *Building support for PPFp among health workers:* It was mentioned that social change efforts involve not only building support for PPFp in the community, but also building support among health workers themselves. As previously discussed, service providers at government and NGO clinics sometimes do not provide FP methods without the return of menstruation.

ⁱ Winfrey and Borda, 2010. Postpartum fertility and contraception: An analysis of findings from 17 countries. ACCESS-FP