



Changing attitudes to modern contraception in rural Pakistan: Three-step participation programme gets the message across

IN BRIEF

Despite universal awareness and decades of investment to promote family planning, only 25 per cent of women in Pakistan use modern contraception methods.

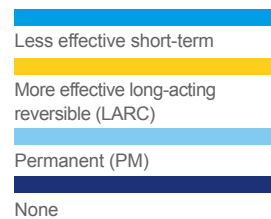
So a new Marie Stopes Society (MSS) project set out to combat some of the main barriers to adoption – from concerns about side effects to low perceived agency among women – and test whether a more active participatory approach could be more effective in changing people’s behaviour than a traditional “information giving” programme.

THE CHALLENGE

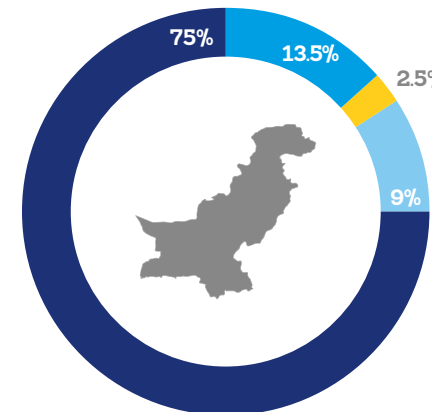
How do you change people’s attitudes?

Changing people’s beliefs, attitudes and behaviour is difficult. Cultural and religious values as well as socio-economic factors need to be considered. As part of an initiative to increase low rates of adoption of more effective long-acting reversible contraception (LARC) in rural Pakistan, Marie Stopes Society developed a behavioural change programme with a communications strategy built on principles of participation and reflection, called IRADA – Improving Reproductive Health Through Awareness, Decision and Action.

Informed by Islamic scholarship and jurisprudence, IRADA, an Urdu word which means Intention, was developed to support MSS delivery functions in Pakistan. By addressing the psycho-social determinants which influence women’s family planning decision-making, IRADA is aimed at enabling women to identify and seek to reduce the contextual and demand-side obstacles to care which occur at all levels of society. Specifically, IRADA is aimed at reducing concerns about side-effects, increasing perceived utility of modern contraception, and increasing women’s perceived agency to navigate various societal barriers to adoption of modern contraception.



Contraceptive method mix in Pakistan



The participatory approaches we used engaged women and encouraged them to critically analyse their lives

WHAT WE DID

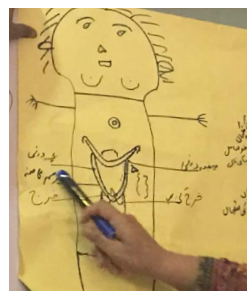
A three-step programme: from advice to action

The programme was set up across six districts of Punjab and focused on women aged 15-49 who hadn't used family planning for at least three months before the trial. It had three steps:

<p>Mohalla (neighbourhood) meetings with field health educators (FHEs)</p> <p>To encourage women to reflect on their own lives and choices</p> <p style="font-size: 2em; font-weight: bold; text-align: right;">1</p>	<p>Mashvara (advice) meetings with providers</p> <p>To address concerns about side-effects, dispel myths and increase familiarity and comfort</p> <p style="font-size: 2em; font-weight: bold; text-align: right;">2</p>	<p>Door-to-door client visits by the FHE</p> <p>To help women take control, promote critical thought and allay normative pressures from husbands and mothers-in-law.</p> <p style="font-size: 2em; font-weight: bold; text-align: right;">3</p>
--	---	--

Changing behaviour: the personal approach

Steps one and two involved FHE-led interactive workshops with small groups of 15-20 women. The activities included photo discussions to promote self-reflection on critical life-choices, using a timeline to help women understand their life-course and daily routines; drawing body maps to understand their own bodies and role of contraception; and social maps to identify environmental barriers to women's mobility.



The women were encouraged to share their own experiences and questions and to take part in activities to explore the impact of childbirth and birth control on the overall quality of life and family well-being.



One of the images used for "participatory reflection" exercises for engaging women.

WHAT WE FOUND

A positive result: the dose effect

We used a pre- and post-test quasi-experimental design to evaluate the IRADA intervention. We conducted a baseline survey in January 2016 and an endline survey after three months, at the end of it. We recruited women who had not recently been using family planning into the study.

The results showed that the more a woman is exposed to behaviour change activities, the more likely she will be to adopt a modern family planning method. They also revealed that a more engaging, participatory workshop approach worked better than the traditional, lecture-based programmes.

Compared to women not exposed to any behavioural change activity, those exposed to the programme were:

- **3 times more** likely to adopt modern family planning if they attended a Mohalla or Mashvara meeting
- **5 times more** likely if they attended a neighbourhood meeting and an advice meeting
- **10 times more** likely if they attended both meetings and received a client visit.

One of the key differences was that women on the participatory programme were much more likely to opt for more effective, longer-acting reversible methods than those in the traditional programme.

Of all the women who adopted LARCs in the study, 70% were women exposed to the IRADA approach, while 30% were exposed to a traditional approach.

1 Dose:
Mohalla or
Mashvara
meeting:

IRADA's participatory approach:
5x more likely to adopt modern FP than unexposed

MSS traditional approach:
2x more likely to adopt modern FP than unexposed but this effect was not statistically significant*

2 Doses:
Mohalla and
Mashvara
meeting:

IRADA's participatory approach:
9x more likely to adopt modern FP than unexposed

MSS traditional approach:
4x more likely to adopt modern FP than unexposed

3 Doses:
Mohalla and
Mashvara
meeting and
Client visit:

IRADA's participatory approach:
12x more likely to adopt modern FP than unexposed

MSS traditional approach:
11x more likely to adopt modern FP than unexposed

The participatory approaches we used engaged women and encouraged them to critically analyse their lives, allowing a deeper understanding of how these less-known methods could help them achieve their fertility goals. Our findings also confirm that behaviour change processes are improved by repeat doses of communication and engagement, which yield exponentially higher impacts than a single intervention.

*Results were statistically significant at p<.05

Where can I find more information?

For more information on Marie Stopes International and the work that we do please contact:

T +44 (0)20 7636 6200 • evidence@mariestopes.org
Alternatively, visit our website: www.mariestopes.org
Registered charity number: 265543