

MSI's approach to social and behaviour change for sexual and reproductive health

A model supporting agency, informed choice and client-centred care

Why MSI invests in social and behaviour change

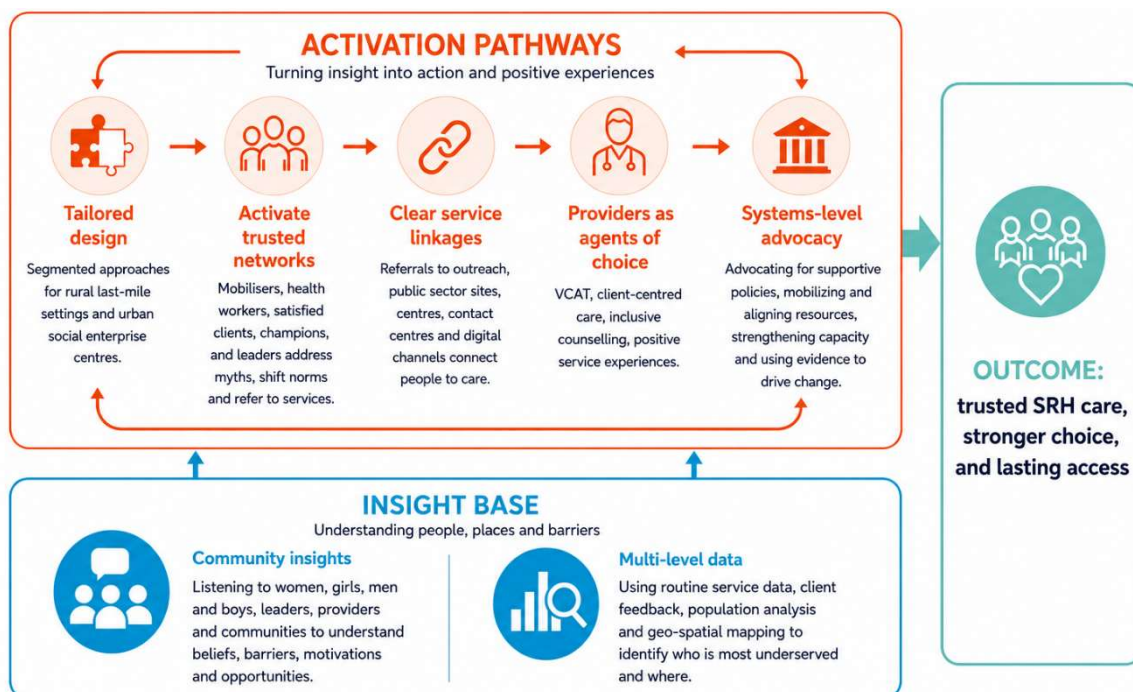
MSI is one of the leading providers of sexual and reproductive health services in the world and has provided lifesaving care for the past 50 years. Our experience shows that for many women and girls, the barriers to contraception, abortion and broader sexual and reproductive care are not only about access to services. They can be questions of trust, confidentiality, misinformation, partner support, provider attitudes, social expectations and whether a service feels available for someone like them. MSI's social and behaviour change (SBC) approach begins by understanding those barriers and designing tailored approaches to overcome them through the entire continuum of care, while working to strengthen national and local systems for sustainable change.

Impact of our SBC work

MSI turns information, trust and norm change into measurable health impact. In 2025, MSI supported 27.8 million clients, including over 3 million adolescents, and averted an estimated 18.6 million unintended pregnancies and 9.7 million unsafe abortions. Programme data shows that SBC is critical to achieving this impact: Analysis in 2020 from routine data in Malawi, Uganda, Niger, and Nigeria showed that MSI-supported services with SBC activities see 56% more clients and 70% more couple years of protection (CYPs) than those that only provide services. These results are achieved at low cost: one of our signature SBC interventions – *La Famille Idéale* (The Ideal Family) – has an average cost ranging between £0.63 and £1.27 per community member reached.

The MSI insight-to-access pathway

Our SBC model operates along a pathway from gathering initial community insights to providing ongoing client-centred care. Our process is grounded in established behaviour change theories, including the Stages of Change and the Social Ecological Model, while remaining practical and solution-oriented. As MSI is a provider of reproductive health services, our SBC work ensures an end-to-end design so that all women and girls we reach through any channel know that MSI provides care they can trust.



- **Community insights:** We take time to understand community context and build acceptance among influential community members. Keeping women and girls at the centre, we engage with men and boys, community and religious leaders, healthcare workers and government partners to understand what people believe, fear, value and need.
- **Data-backed decisions:** We draw on our extensive routine service data and client feedback combined with population-level analysis and geo-spatial mapping to identify who is most underserved, where unmet need is greatest, which barriers are preventing access and how to design the most effective response.
- **Tailored design:** We translate insights into messages, tools and programmes that feel relevant to the audience and are appropriate for our delivery channel. Adapting to the whole market, from rural settings to urban centres, we segment and tailor communication campaigns and materials to align with the needs and preferences of different groups.
- **Activate trusted networks:** We collaborate with community-based mobilisers, government community health workers, teachers, youth champions, local organisations and community leaders to meet people where they are – addressing myths, modelling supportive norms and referring people to access services. Satisfied clients are our most effective community advocates, creating momentum for behaviour and social norm change over time.
- **Clear service linkages:** As a provider, our SBC efforts are directly connected to the sexual and reproductive health services we provide or that we support within the public sector. This ensures that every person we reach through SBC knows how they can access further information and services, helping to close the intention-to-action gap. Our free hotlines in 36 countries offer additional ways for people to get accurate information to support them in their journey.
- **Providers as agents of choice:** We use values clarification and client-centred care training to ensure that our providers offer inclusive services tailored to clients' needs and concerns, cultivating an environment of belonging and trust so people can feel safe, heard and respected. By ensuring that clients have positive experiences accessing services – particularly for marginalised groups like adolescents or people living with disabilities – we ensure that their behaviour is supported and reinforced.
- **Systems level advocacy:** We work closely with governments to create the policy, financing and institutional conditions needed for long-term sexual and reproductive healthcare access and behaviour change. MSI's evidence, advocacy and longstanding partnerships help to strengthen government SBC capacity, support the integration of SBC into national systems and budgets, and sustain access, quality and accountability.



A session of MSI's activity called 'The Ideal Family' at the Bambere

Learn more about our SBC work in our 2025 Evidence Compendium: <https://www.msichoice.org/latest/msis-evidence-insights-compendium-2025/>