Behavior Change Communication & Community Mobilization

Within the Healthy Fertility Study

The Healthy Fertility Study (HFS), conducted in eight unions of Sylhet District in Bangladesh, is funded by the United States Agency for International Development (USAID). The study began in 2007 as a partnership of the Bangladesh Ministry of Health and Family Welfare (MoHFW), the Bangladeshi nongovernmental organization Shimantik, the Center for Data Processing and Analysis, ACCESS-FP, and the Johns Hopkins Bloomberg School of Public Health (JHU). In December 2010, the study transitioned from ACCESS-FP to the USAID-funded Maternal and Child Health Integrated Program (MCHIP). The study setting of Sylhet District has the highest rates of maternal and newborn mortality and the lowest rates of contraceptive use in Bangladesh. The study integrates postpartum family planning within a community-based maternal and newborn health (MNH) program, which has demonstrated results in reducing newborn mortality. The study follows 2,247 pregnant women in four intervention unions and 2,257 women in four control unions from pregnancy to three years after delivery. Households in the control unions receive antenatal and postpartum home visits focused on maternal and newborn health, while those in the intervention unions receive the same MNH-focused home visits *plus* family planning (FP) counseling, distribution of contraceptives, and community mobilization activities.

This brief highlights the key components of the HFS Behavior Change Communication and Community Mobilization Strategy, which is a core component of the HFS approach. The strategy aims to promote recommended MNH and FP practices and build an enabling environment and social support for MNH and FP, in order to improve health outcomes. Key HFS activities include: antenatal and postpartum home visits, community mobilization sessions, engagement of local champions, and advocacy through ward-level meetings. HFS activities use strategic, field tested messages and materials informed by formative assessment.

INTERPERSONAL COMMUNICATION AND COUNSELING

Interpersonal communication and counseling are at the core of the Healthy Fertility Study (HFS) social and behavior change communication activities. During household visits, female community

health workers (CHWs) counsel women and their families on critical issues of MNH and FP during pregnancy and the postpartum period. CHWs are trained in counseling and negotiation skills and techniques, and how to conduct home visits in an interactive and participatory manner. During the visits, CHWs share strategically designed MNH and FP messages, and also discuss women's plans for antenatal and postpartum care, barriers they may face in taking recommended actions, and collaboratively brainstorm potential solutions. In addition to providing information and counseling to women, CHWs are also equipped to provide contraceptives (oral contraceptive pills, condoms, injectables, and referrals for other FP methods) to postpartum women. This approach of providing onsite FP services reduces potential barriers women may face in accessing services at a health facility at a later date. During counseling, women and their families are asked to recall key messages shared during previous visits and discuss any challenges faced in following through on commitments made. The CHW also helps to promote an enabling environment by closely involving mothers-in law, birth attendants, and others who provide support to the woman through the pregnancy, delivery, and postpartum periods in the counseling sessions. CHWs strive to build positive, open, and trusting relationships with the families that they visit.

STRATEGIC MESSAGE & MATERIALS DEVELOPMENT

MNH and FP messages and materials shared during community activities were strategically designed and grounded in findings from formative assessments. Key FP messages focus on: healthy timing and spacing of pregnancies (waiting at least 2 years after a delivery before attempting another pregnancy), postpartum fertility return, the variety of FP methods available, and the Lactational Amenorrhea Method and transition to another modern FP method. The project team identified which message topics were most critical for each household visit. The table below summarizes the types of messages (by theme) shared during each home visit:

	Visits			
Messages	**Antenatal**	**Day 6 Postpartum**	**Day 29-35 Postpartum**	**Month 2-3 & 4-5 Postpartum**
Antenatal Care	√			
Newborn Care, Exclusive Breastfeeding	√	√	√	
Return to Fertility		√	√	√
LAM and Transition, Exclusive Breastfeeding	√	√	√	√
Healthy Timing and Spacing of Pregnancy	√	√	√	√
FP Methods			√	√
Visit to Facility	√	√	√	√

Information, education and communication (IEC) materials were developed to support and reinforce the counseling messages shared during home visits. For example, "Asma's Story" (read orally during home visits and mobilization sessions and distributed in leaflet form) tells of one woman's ("Asma's") mistaken belief that women are not at risk for pregnancy until their menses returns. Asma says that she will wait until her menses returns before starting a modern FP method, but then becomes pregnant. She learns the lesson that women can indeed become pregnant even before menses returns, and that it is important to start using an FP method after delivery for healthy timing and spacing of pregnancies. Stories like Asma's seem to resonate with women and their families, as they may be consistent with a woman's own personal experiences or those of other women they know. These stories can also help to generate discussion about what may otherwise be seen as sensitive topics. It should be noted that IEC materials are field tested at the community level before broader dissemination. Additionally, CHWs use demonstration tools, such as the various contraceptives, a baby doll, and wrap, to illustrate other critical counseling points.

HFS Postpartum Family Planning (PPFP) Messages Include:

- For the health of you and your baby, wait at least two years after giving birth before attempting another pregnancy.
- Breastfeed immediately and exclusively for six months.
- Consider LAM as a family planning choice after the birth of your baby.
- If you are a LAM user, switch to another modern family planning method as soon as it ends.
- When you can become pregnant after a delivery may differ for every pregnancy.
- You may become pregnant before your menses returns.
- If you do not breastfeed your baby after delivery, you may become pregnant as soon as one month after you deliver your baby.
- Before you are at risk for pregnancy, select a modern family planning method for healthy spacing of your next pregnancy.
- If you choose to use a PPFP method, use one that suits you, your breastfeeding status and your family.

BARRIER ANALYSIS & OTHER FORMATIVE ASSESSMENTS

During the process of program design and implementation, HFS has conducted several formative assessments to better understand knowledge, attitudes, and practices, and enablers and barriers for recommended behaviors. For example, a "LAM and the Transition" Barrier Analysis was conducted to examine the differences in behavioral determinants between "doers" (those who practiced LAM and transitioned to another modern FP method) and "non-doers" (those who practiced LAM but did NOT transition to another modern FP method). The assessment found that significantly more transitioners could recall the criteria for LAM than non-transitioners, and more transitioners also knew to switch to another

modern FP method as soon as LAM ends. Findings from this analysis were used to inform the design and refinement of HFS messages and materials (including the development of a leaflet on the LAM criteria and return to fertility). An assessment is also being conducted to examine views of women, husbands, and mothers/ mothers-in-law regarding postpartum return to fertility.

CULTIVATING LOCAL CHAMPIONS

The LAM Ambassadors initiative aims to increase community support for, and increase use of LAM. Building on the mother-to-mother model widely used in the promotion of breastfeeding, LAM Ambassadors are influential community members who have successfully practiced LAM and who commit to counseling others in their household or neighborhood on LAM. Women and their husbands may be selected as LAM Ambassadors if they have successfully practiced LAM and are influential in the community. LAM Ambassadors are responsible for counseling friends, family, and neighbors about the importance of LAM, and building support for the practice among other prominent members of the community. Husbands of LAM Ambassadors also help to build support for LAM among husbands of pregnant and postpartum women and other male community members. To-date, over 200 LAM Ambassadors have been identified within the project sites. Community mobilizers report that the LAM Ambassador initiative is working as a method of gaining influence and acceptability for LAM. LAM Ambassadors have reported that they can tell that infants who are exclusively breastfed through LAM are healthier (they cited fewer cases of cough and diarrhea) than their earlier children who were only partially breastfed. These observations may also facilitate families' future acceptance of messages on LAM and the importance of transitioning from LAM to another modern FP method at six months postpartum.

COMMUNITY MOBILIZATION

Another cornerstone of the HFS approach is community mobilization activities. These activities aim to build social support for MNH and FP in the household and community. HFS project staff in Sylhet includes dedicated Community Mobilizers who are responsible for leading community mobilization sessions and conducting advocacy activities in the project sites. Targeted mobilization sessions involve

pregnant and postpartum women, husbands, mothers, and mothers-in-law. Formative assessments had demonstrated that mothers-in-law, husbands, and religious leaders are often gatekeepers for women's access to FP services. During the sessions, community mobilizers share essential information, promote dialogue, and help to address community concerns and misconceptions around MNH and FP.

During the mobilization sessions, facilitators encourage participants to sit in a circle or U-shape, all participants are encouraged to actively participate, simple language is used so all can understand, facilitators ask questions which can spark discussion, communication materials are used in an interactive way, participants are asked to make commitments for future action, and participants are encouraged to share what they learned with others in the family. The content of the sessions is tailored to each participant group, but key topics discussed include: breastfeeding, healthy timing and spacing of pregnancies, return to fertility, and LAM and the transition to other modern contraceptive methods. Community mobilizers are also trained to be able to explain religious justifications for the recommended practices.

ENGAGEMENT OF GATE KEEPERS & COMMUNITY LEADERS

The HFS enlists participation of religious leaders, local government officials, school teachers and other influential community members during monthly ward-level meetings. At the ward meetings, participants discuss MNH issues, make commitments to advocate for MNH and FP, and discuss strategies for motivating others to practice recommended MNH and FP behaviors in their communities. At the outset of the HFS, union level advocacy meetings were also held with the religious leaders in each target community. The aim of these meetings was to inform the religious leaders about planned activities, gain support, and encourage local advocacy for MNH by religious leaders in their communities.

HEALTHY FERTILITY STUDY FINDINGS TO-DATE

Findings at 18 months post-delivery reveal positive family planning outcomes among those in the intervention arm of the study. Notably, at 12 and 18 months post-delivery, there was significantly higher contraceptive prevalence in the study arm, versus control (42% versus 27% at 12 months, and 47% versus 34% at 18 months post-delivery) – See Figure 1. Through 6 months postpartum, significantly more women in the intervention arm exclusively breastfed their infants (See Figure 2). The intervention arm has also seen high adoption of LAM – 23% of women in the intervention arm used LAM at 3 months and 12% at 6 months.

Figure 1: CPR Trend During 18 months Postpartum

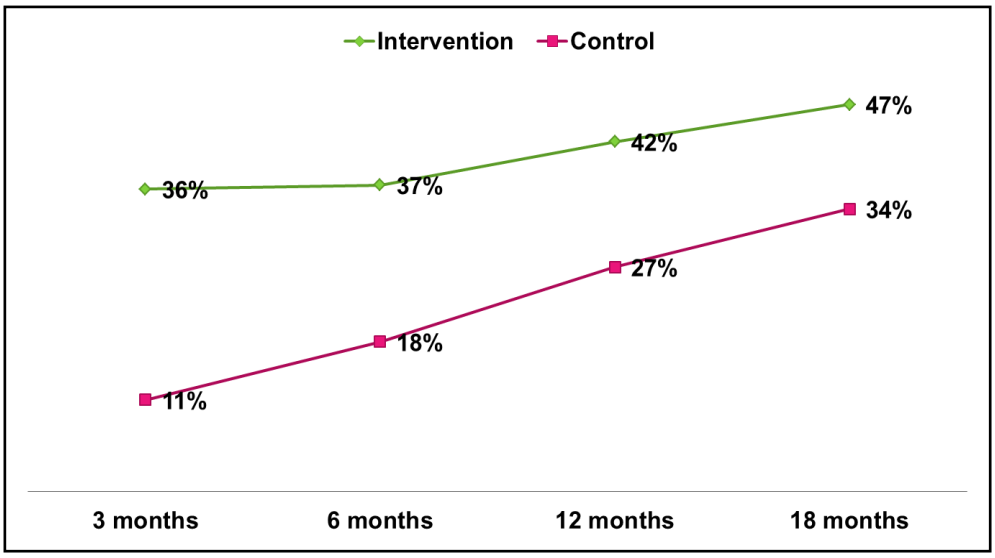
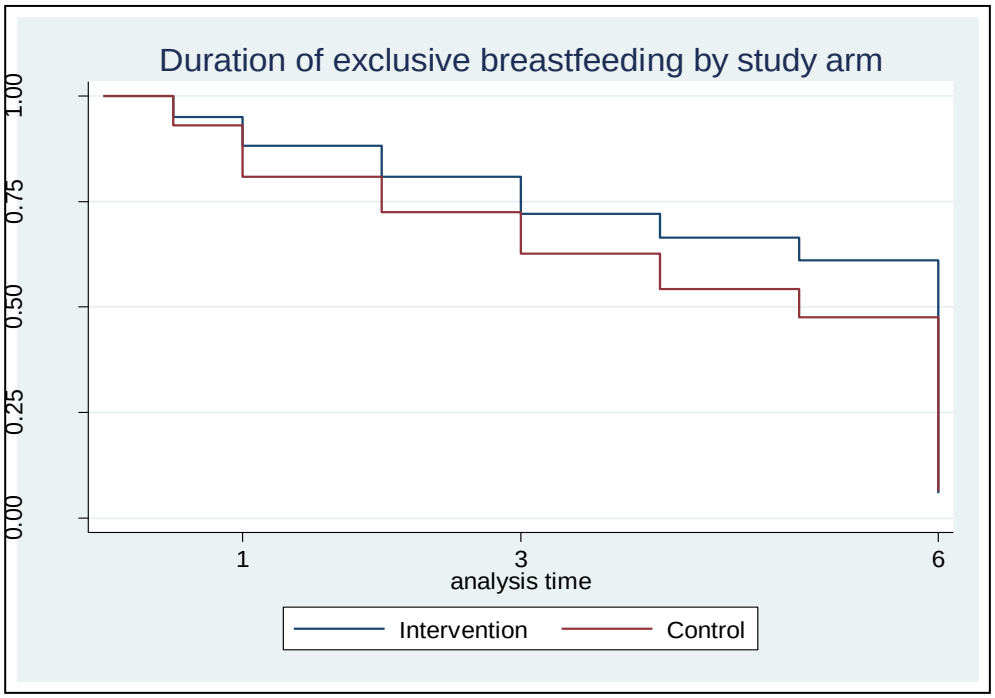


Figure 2: Duration of EBF through 6 months Postpartum



IN SUMMARY: KEY ASPECTS OF THE APPROACH

In Summary, the HFS Behavior Change Communication and Community Mobilization Strategy aims to promote recommended MNH and FP practices and build an enabling environment and social support for MNH and FP, in order to improve health outcomes. Key aspects of the approach include:

- **Antenatal and postpartum home visits** using a participatory approach, seeking commitments, asking for recall of messages from past visits, engaging female family members and other support persons, providing contraceptives onsite during postpartum and pregnancy surveillance visits
- **Community mobilization sessions** targeted for pregnant and postpartum women, husbands, and family members, using a participatory approach, discussing barriers and enablers for behavior change
- **Cultivating local champions** by engaging those who have successfully practiced LAM to promote LAM among friends, neighbors, and family members
- **Advocacy through ward-level meetings** to build support for MNH and FP among influential community members
- **Use of strategic, field tested messages & materials** informed by formative assessment

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