

## Changing attitudes to modern contraception in rural Pakistan: three-step participation program gets the message across

### IN BRIEF

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

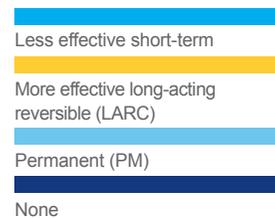
So a new MSI Society project set out to combat some of the main barriers to adoption – from concerns about side effects to low perceived agency among women – and test whether a more active participatory approach could be more effective in changing people’s behavior than a traditional “information giving”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

### THE CHALLENGE

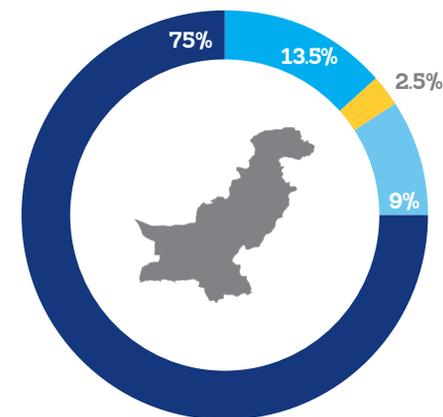
#### How do you change people’s attitudes?

Changing people’s beliefs, attitudes and behavior 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, MSI Society developed a behavioral change program 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 analyze their lives.



**WHAT WE DID**

**A three-step program: from advice to action**

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

Compared to women not exposed to any behavioral change activity, those exposed to the program 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 neighborhood 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 program were much more likely to opt for more effective, longer-acting reversible methods than those in the traditional program.**

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.

<p><b>1 Dose: Mohalla or Mashvara meeting:</b></p>	<p>IRADA's participatory approach: <b>5x</b> more likely to adopt modern FP than unexposed</p> <p>MSS traditional approach: <b>2x</b> more likely to adopt modern FP than unexposed but this effect was not statistically significant*</p>
<p><b>2 Doses: Mohalla and Mashvara meeting:</b></p>	<p>IRADA's participatory approach: <b>9x</b> more likely to adopt modern FP than unexposed</p> <p>MSS traditional approach: <b>4x</b> more likely to adopt modern FP than unexposed</p>
<p><b>3 Doses: Mohalla and Mashvara meeting and Client visit:</b></p>	<p>IRADA's participatory approach: <b>12x</b> more likely to adopt modern FP than unexposed</p> <p>MSS traditional approach: <b>11x</b> more likely to adopt modern FP than unexposed</p>

The participatory approaches we used engaged women and encouraged them to critically analyze their lives, allowing a deeper understanding of how these less-known methods could help them achieve their fertility goals. Our findings also confirm that behavior 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

**For more information on MSI United States and the work that we do please contact:**

(202) 601-2825 | [msi-us@mariestopes.org](mailto:msi-us@mariestopes.org)  
[www.msi-us.org](http://www.msi-us.org)  
 EIN: 54-1901882