

# ACQUIRING KNOWLEDGE

Applying Lessons Learned to Strengthen FP/RH Services

2008, No. 8

## Revitalizing Underutilized Family Planning Methods Using Communications and Community Engagement to Stimulate Demand for the IUD in Guinea

### Background

There is a strong need for family planning (FP) in Guinea. Contraceptive prevalence is low, with only 6% of married women of reproductive age using any modern contraceptive method (DNS & ORC Macro, 2006). The unmet need for FP among married women of reproductive age is 21.2%, of which 13.1% desire to space births and 8.1% want to limit pregnancies. Also, maternal mortality rates are among the highest in the world, at an estimated 90 maternal deaths per 100,000 live births. While overall awareness of at least one method of FP is high, at 91.8%, knowledge of long-acting and permanent methods of contraception (LAPMs) is much lower: The proportions who were aware of female sterilization, the intrauterine device (IUD), and vasectomy were 39%, 12%, and 4%, respectively, while the proportions knowing of oral contraceptives, male condoms, and injectables were 82%, 79%, and 78%, respectively. Use of female sterilization and the IUD among married women of reproductive age does not exceed 2%.

In 2004, the ACQUIRE Project, with funding from the U.S. Agency for International Development (USAID) and in partnership with the Guinea Ministry of Health (MOH), implemented a program to increase access to and awareness of LAPMs, focusing on the IUD. The purpose of the program was to increase the MOH's capacity to provide LAPM services. Lack of availability, low knowledge on the part of providers and potential clients, and religious and social norms contributed to low acceptance levels. Historically, past governments of Guinea followed a pronatalist policy. In 1992, however, the



Clients waiting outside a hospital in Kissidougou, close to the border to Liberia.

Guinean government adopted a national population policy to begin integrating FP services into the public health sector (Stewart, Stecklow, & Adewuyi, 1999), with the MOH setting a goal to increase contraceptive prevalence to 25% by 2010. The Siguiri District in Upper Guinea was selected as the geographic area in which to promote IUD services, in part because it was a USAID intervention zone supported by the PRISM Project, a program dedicated to increasing the use of FP and advancing maternal health. Also, an ACQUIRE partner, the Adventist Development and Relief Agency International (ADRA), was actively present in the district promoting FP and could help implement the program with technical assistance from an additional ACQUIRE partner, CARE.

The ACQUIRE Project introduced its Supply-Demand-Advocacy (SDA) Program Model for Family Planning/Reproductive Health (FP/RH) Service Delivery to coordinate and synchronize



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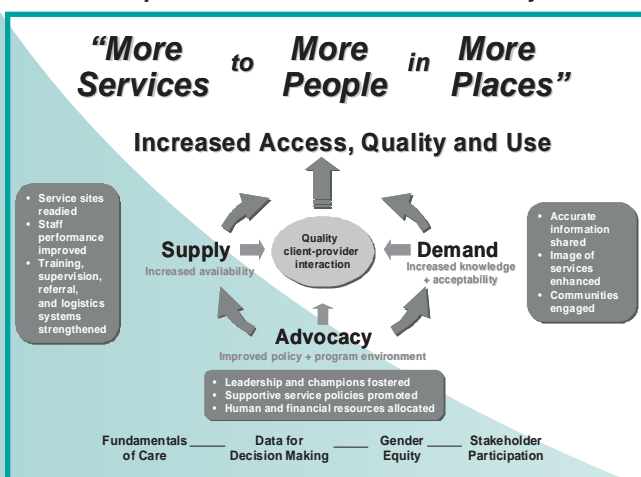
mutually reinforcing components—supply, demand, and advocacy—that affect the acceptance of FP services. This brief addresses ACQUIRE’s work on supply, demand, and advocacy in promoting the IUD in Guinea, focusing particularly on communications for demand and advocacy.

### Supply-Demand-Advocacy Program Model for FP/RH Service Delivery

ACQUIRE’s SDA program model (see below) envisions ready supply (an equipped facility, proficient staff), demand for services, and a supportive policy environment as prerequisites for an effective client-provider interaction. In this framework, skilled, motivated service providers at service sites work with knowledgeable, empowered clients to address clients’ FP/RH needs. Deliberate attention to SDA and coordination of all components with the other(s) assured that IUD services in Guinea were successfully repositioned and strengthened in public-sector facilities and were increasingly accepted by their clients.

In Guinea, supply-side inputs included clinical provider training, service quality improvements, and development and application of tools, such as job aids and standards of practice. Demand-side inputs included a variety of communication activities to understand key stakeholders’ and potential clients’ views on the IUD, to provide information on how the method works, its benefits, and its contraindications, and to inform target audiences where services can be obtained. Advocacy refers to

#### The ACQUIRE Project Supply-Demand-Advocacy (SDA) Program Model for Family Planning and Reproductive Health Service Delivery



efforts to ensure support for and acceptance of IUD services and FP in general.

### Addressing Supply-Side Needs

ACQUIRE provided technical assistance to strengthen IUD services at the district’s provincial hospital and six of the 13 health centers. ACQUIRE focused on improving counseling, infection prevention, and providers’ insertion and removal skills by employing a “whole-site training” approach at each of the facilities: Needs were identified through self-assessment, and instruction was conducted to help facility staff learn to work together as a team rather than individually. This approach was deemed effective, given that IUD insertions/removals could be sustained at the facilities if one team member was not available. Also, the trained service providers were encouraged to share their knowledge and skills by training others. Training sessions at the Sigui District Hospital were customized for the FP providers and other staff, including administrators and support personnel. ACQUIRE medical advisors also conducted two periodic site visits to ensure performance improvement (on counseling and on IUD insertion/removal).

### Creating Demand through Communications

Demand-side activities were initiated in 2005, with Meridian Group International, Inc., an ACQUIRE partner, providing technical expertise for qualitative research, design, development, and execution of the communications campaign and of demand-generation activities. These aimed to reposition the IUD as a highly effective, safe, and convenient FP method with unique benefits. Specific communications objectives of the demand creation strategy included the following:

1. Increase awareness of and knowledge about the IUD and its key benefits for women who wish to space their next pregnancy.
2. Address myths and misconceptions related to the IUD.
3. Increase awareness of facilities offering IUDs.
4. Promote male engagement in FP.
5. Direct potential clients to learn more information about the IUD from their health care provider.

### 1. Understanding the Target Audience

The ACQUIRE Project used a combination of pre-existing data and proprietary research to gain greater insights into potential clients' attitudes on FP in general and on the IUD in particular. In 2004, ACQUIRE conducted a qualitative study in both urban and rural Kankan and Siguiri prefectures among religious and community leaders, women's groups, health service providers, users and nonusers of modern contraceptives, and men. The study revealed that overall, both men and women favored the notion of spacing births in 2–3-year intervals. Women were favorably inclined toward using contraceptives, and many reported doing so without their partner's knowledge. In Upper Guinea, social pressures for many children were strong and contraceptive use low: High child mortality rates, help with chores, men's status, etc., reinforced the belief in the need for many children. Respondents did not condone limiting births, but they were generally in favor of spacing them. Women knew little about the IUD, and those who reported knowing about it had limited correct knowledge; what they knew was driven by rumors, misconceptions, and perceived negative health consequences for women and their children.

Women were influenced by health care workers and perceived them to be trusted sources of information for FP. Women indicated that they would be interested in talking with health care workers about the suitability of the IUD if the health care workers were well trained. Religious and community leaders were perceived as gatekeepers to the communities. While respondents would not turn to them for specific answers, they did mention seeking community and religious leaders' advice on broader issues, including how couples could space births.

### 2. Developing the Creative Concept

The creative concept, design, and materials for the IUD demand creation campaign were produced by Graphic Concept, a Guinean advertising agency, under the guidance of Meridian Group International, Inc. Several concepts developed for the campaign were pretested in a series of qualitative focus groups. Focus group participants were selected from Upper Guinea; four audience segments were identified to

participate in the pretesting, including married men and women (ages 25–40) who may be potential clients, as well as service providers and religious leaders. The creative concept that best resonated with the audiences was: “Un contraceptif idéal pour espacer les naissances” [an ideal contraceptive for spacing births]. The concept appealed to the respondents because it addressed their desire to space births. The tested concepts featured a satisfied client, engaged families, and a male provider. Based on the focus group findings, the messages and creative were refined to be more relevant to the target audience. Some examples of revisions that were undertaken include the following: Creative materials featured only female health workers, to ensure that potential clients would feel more comfortable about the procedure by knowing that female providers would most likely provide the IUD insertions; and the print materials showcased two different sets of families (one dressed in traditional Muslim attire, the other in modern dress), so that potential clients could more easily identify with one of them.

### 3. Implementing the Campaign

The IUD demand creation campaign consisted of integrating multiple communication channel outlets. Mass media, print materials, and community outreach were the key vehicles used for the IUD campaign. A total in-country budget of \$35,000 was allocated to development, production, and dissemination (not including external technical assistance). All contact points carried the same messages, key copy points, and slogan (“Un contraceptif idéal pour espacer les naissances”).

#### Copy Points for IUD Promotion:

“Un contraceptif idéal pour espacer les naissances”

[an ideal contraceptive for spacing births]

- The IUD is effective and discreet.
- It is easy to use.
- It is long-acting.
- It has few side effects.
- Husbands are comfortable with the method.



These three IUD posters were designed to increase awareness and knowledge of the IUD in Guinea.

Media opportunities are very limited in Guinea. Rural (local) radio was selected as the main media channel, given that it is the medium most used by the target segment (a point confirmed by focus group participants). In addition, radio provided an environment in which to showcase participants' perspectives on FP and on the IUD in particular. Through various talk show formats, such as roundtables and question-and-answer programs featuring a variety of viewpoints (including those of physicians, religious and community leaders, and satisfied clients), the community was informed about the IUD, its benefits, and the various myths and rumors associated with it. The talk shows alternated with five-minute daily "micro-programs" that highlighted the IUD's benefits and directed potential clients to specific health centers for additional information. Twenty-minute "magazine-style" programs were also broadcast, many featuring imams stating their commitment to and support for the use of modern FP methods. The radio programs were broadcast for nine months, from January to September 2006, and during this time, 62 "micro-programs," three imam roundtable discussions, 10 magazine programs, and three satisfied client testimonials were broadcast.

Several types of print materials were developed to support providers and offer more in-depth informa-

tion to potential clients. For consumers, a brochure and three posters (the satisfied client and two featured families) were produced to support the radio campaign. Another poster featuring IUD facility listings was also produced. Two additional print materials were developed for facility counseling: 1) a poster with key counseling reminder points that was displayed at clinics; and 2) a job aid in the form of a brochure entitled "What health workers need to know," which summarized how the IUD worked and its side effects, as well as providing counseling reminders and discussing service delivery issues. Starting in April 2006, more than 2,700 consumer brochures and 500 posters were disseminated



Consumer brochure



Poster with IUD facility listings

throughout the community and at health care delivery sites.

While radio had the strongest target coverage compared with other available media, its reach was limited: Approximately 35% of women and 27% of men reported hearing an FP message on radio (DNS & ORC Macro, 2006). Culturally, the people of Guinea enjoy communicating on an interpersonal level or through social gatherings. Therefore, ACQUIRE used an integrated demand approach in which messages were disseminated through community engagement activities, using the Participatory Learning Approach (PLA) offered by ACQUIRE partner CARE to in-district ACQUIRE partner, ADRA. ADRA brought to the ACQUIRE Project its strong community mobilization connections in Sigui, with its links to village-level health workers and health committees. ACQUIRE core technical assistance and support trained community members in PLA, whereby facilitators worked with 18 communities to help them analyze their needs, identify solutions, and develop and implement action plans. Approximately 180 women and 184 men were engaged

in the process. These communities received copies of the print materials and held meetings through their community structures or through women's groups ("seres") to direct people to facilities and reinforce messages promoting awareness and knowledge of the IUD. "Animateurs" (community motivators) were also trained and given messages to promote a positive image of the IUD for the community. Based on community motivators' records, almost 12,000 people were reached through the IUD activities alone, and almost one-fifth (18%) of those who attended the community sessions were men.

Language issues were an important consideration in the development of the campaign. Messages were customized accordingly to the appropriate media outlet: Radio and interpersonal channels used Mandingo, the predominant local language, which is more easily understood by some segments of the population. Print materials were produced in French and Mandingo.

### Advocating for IUD Support and Acceptance

In March 2006, ACQUIRE convened a two-day meeting of religious leaders in Sigui, in collaboration with the League of Islamic Affairs and the



Clinic poster

Provider job aid

Siguiiri district health officials. Participants included four national-level members of the League of Islamic Affairs, three representatives of the Kankan Region, two representatives from every subdistrict in Siguiiri, and 36 members of the Islamic Women’s Association of Siguiiri. The primary objective of the meeting was to garner their leadership support for FP, including LAPMs such as the IUD. This dialogue aimed to create an enabling environment to facilitate information-sharing about the IUD with married couples. The meeting received coverage on the local radio. Participants received the IUD brochure at the meeting as an additional information resource.

## Results

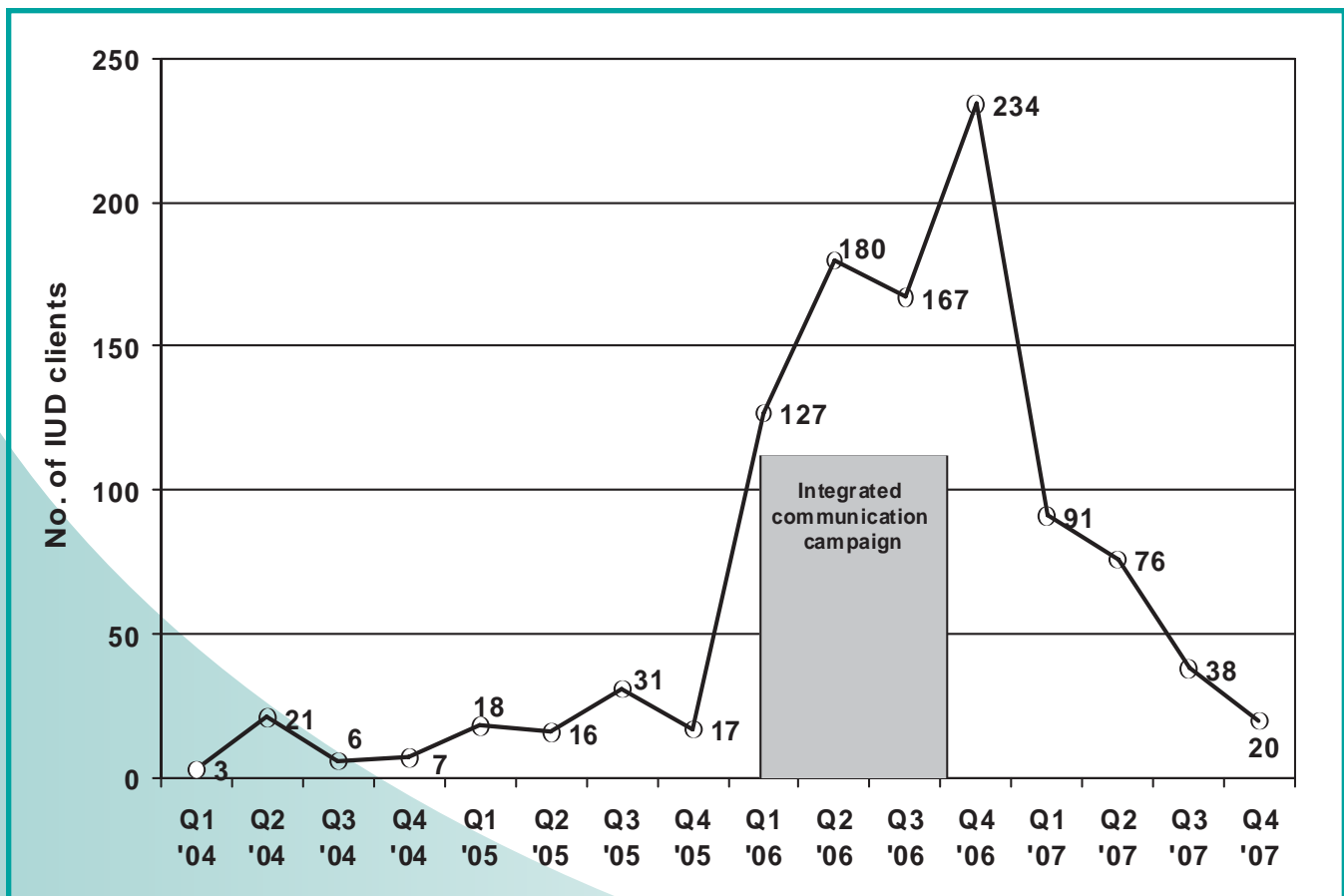
**ACQUIRE’s integrated SDA approach significantly increased demand for IUD services at participating facilities.** As depicted in Figure 1, facility records showed that 700 new IUD users were served in ACQUIRE-supported facilities during the interventions in 2006, compared with only 37 clients in

2004 and 82 in 2005—the years before the intervention. Though the number of new IUD users decreased in 2007 after the campaign ended (in 2006), the number of new users continued at a higher rate than those reported in 2004 and 2005 for some time after the intervention. This demonstrates successful demand creation.

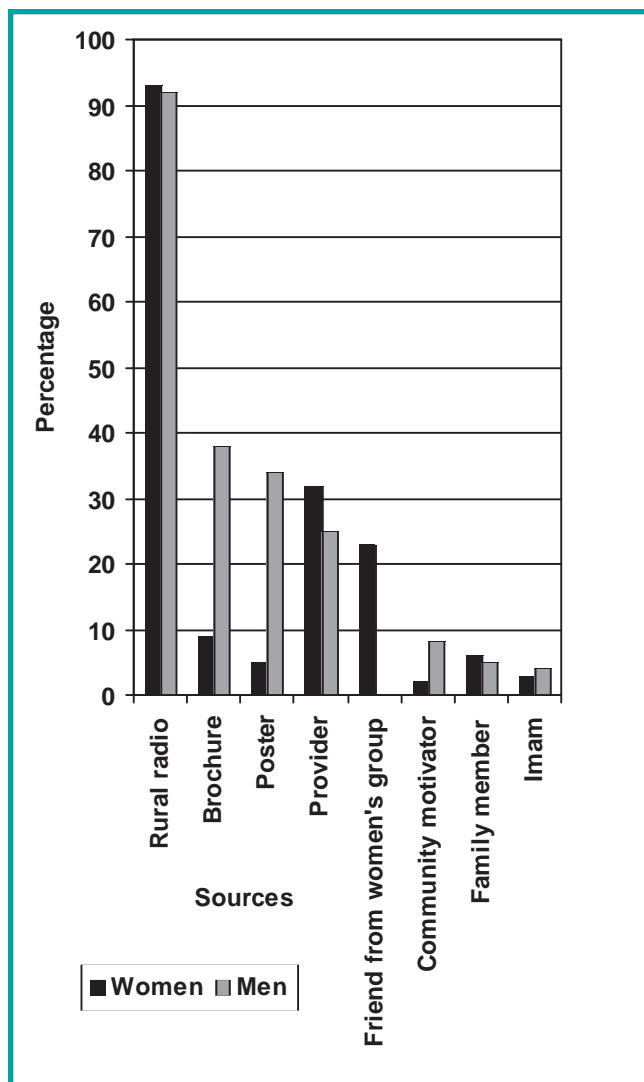
**Awareness of and knowledge about the IUD increased.** Between July and September 2006, a questionnaire was developed and administered to men and women to assess their exposure to and recall of the IUD campaign messages. A total of 731 clients (93% female) at seven of the ACQUIRE-supported facilities completed the interviews as part of their intake forms. Slightly more than half of the women (53%) and two in five men (43%) were FP clients; the remainder were visiting the facilities for other medical issues.

Most of the women interviewed (82%, n=559) and almost half of the men (49%, n=25) reported hearing

**Figure 1: Number of clients obtaining the IUD at ACQUIRE project sites before, during, and after the multimedia campaign in Siguiiri**



**Figure 2: Percentage of clients reporting various sources of information about the IUD, by sex (n=584)**



of the IUD. As depicted in Figure 2, radio was the most commonly reported source of information about the method, with 93% of women and 92% of men reporting this medium. Of those who had heard information about the IUD on the radio, half of the women (49%, or n=255) and two-thirds of the men reported listening to an imam roundtable. Given that ACQUIRE was the only IUD program sponsoring an imam roundtable, these data suggests that the target group was exposed to the IUD campaign.

**Message recall was strong, indicating that the campaign was clear and resonated well with the target audience.** Almost all surveyed people could remember at least one message about the IUD that was featured in the creative materials (92% of

women and 87% of men). Men mostly remembered the method's reversibility and effectiveness (38% and 32%, respectively), while women recalled that the IUD is long-acting and effective (42% and 27%).

### Lessons Learned

This IUD program effort in Guinea demonstrated that the comprehensive SDA program model showed positive results for IUD service strengthening and acceptance. It also demonstrated the important role that communications can play in improving awareness of and knowledge about FP methods in Guinea. Several lessons can be gleaned from the experience in Guinea:

- Integration of SDA components needs to be identified and started early in the program planning process.** Though preparatory work for the communications campaign was envisioned to require six months, additional time was required. Approval and process delays adversely affected the timing of and readiness for each component's activation. For example, print materials were not available at the time of the radio launch. Given that providers had few FP counseling materials to begin with, the lack of materials may have influenced how well providers communicated with their clients. On the service side, several facilities also reported IUD stock-outs during the communications campaign. While any program can experience unexpected and avoidable delays, it is recommended that all components of the SDA model be initiated and integrated early on to tap into the full potential for FP method acceptance. Furthermore, it is essential that prior to the initiation of demand generation activities, a steady supply of commodities is available at the facilities. Communication among all stakeholders is vital for synchronizing activities in advance and for monitoring and adjusting to problems or changing circumstances.
- A low-resourced communications effort can still generate momentum.** Despite the modest amount of funding for the local costs of the campaign (US\$35,000 for a nine-month period) and the limited availability of media opportunities, the Guinea IUD communications component demon-

strated that demand generation for an FP method can occur with a strong campaign marked by a relevant message and full integration across appropriate target communication outlets.

- **Qualitative research yielded valuable insights for campaign development.** Pretesting the concept and conducting qualitative attitudinal research provided important insights that were incorporated into the communications component. Several wording and graphics changes were made to the creative materials based on pretest results; these changes strengthened the messages and their impact. Messages were made more culturally appropriate (matching the slogan “an ideal contraceptive to space births” to Guinea’s cultural viewpoint for using FP to space, not limit), more appealing to potential clients’ concerns (in featuring a female health provider rather than a male), and more relevant (featuring families both in traditional and in modern clothing).
- **Efforts need to be directed to key influences, such as religious leaders, to help create a favorable environment for the communications campaign.** The IUD campaign’s outreach efforts with Muslim leaders, particularly the roundtables with imams broadcast on the radio, played an important role in disseminating messages about the IUD and promoting acceptability. Recall of the imam roundtable was strong among men and women. Data from client interviews suggest that women who reported hearing the imam roundtable radio broadcast were more likely to seek out IUD services than were those who did not remember hearing the roundtable discussions.

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The ACQUIRE Project (Access, Quality, and Use in Reproductive Health) is a global initiative supported by the U.S. Agency for International Development (USAID) and managed by EngenderHealth in partnership with the Adventist Development and Relief Agency International (ADRA), CARE, IntraHealth International, Inc., Meridian Group International, Inc., and the Society for Women and AIDS in Africa (SWAA).

This publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of cooperative agreement GPO-A-00-03-00006-00. The contents are the responsibility of the ACQUIRE Project/EngenderHealth and do not necessarily reflect the views of USAID or the United States Government.

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