

ACQUIRING KNOWLEDGE

Applying Lessons Learned to Strengthen FP/RH Services

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

Background

The position of the intrauterine device (IUD) in Kenya's contraceptive method mix among married women of reproductive age has declined over time, dropping from a prevalence of 4.2% in 1993 to 2.4% in 2003 (CBS, MOH, & ORC Macro, 2004). Moreover, as contraceptive prevalence has increased (currently at 33% for modern methods), the IUD's share of the modern method mix has declined by half, from 15.4% of current users in 1993 to 7.6% in 2003 (as the method mix skewed even more to oral contraceptives and injectables). In response to this situation, the Ministry of Health (MOH) and partners embarked on an initiative to revitalize the provision and use of the IUD in Kenya, as part of a balanced and sustainable contraceptive method mix. The MOH's IUD revitalization initiative and strategy addressed 1) advocacy and sensitization; 2) capacity building and service delivery; 3) demand creation; and 4) monitoring and evaluation and operations research.

The ACQUIRE Project provided support to the IUD initiative in Kisii District, Nyanza Province, in western Kenya. According to 2003 Demographic and Health Survey data (CBS, MOH, & ORC Macro, 2004), IUD prevalence in Nyanza Province is considerably lower than the national level (0.5% vs. 2.5%) and unmet need for FP is higher (35% vs. 25%). The project was implemented over a two-year period (May 2005–March 2007) under a global FP repositioning effort funded by the U.S. Agency for International Development (USAID) Office of Population and Reproductive Health and put into effect by the ACQUIRE Project.

ACQUIRE introduced its Supply-Demand-Advocacy (SDA) Program Model for Family Planning/



Peer educators engaged communities about IUDs as part of the community outreach activities in Kenya.

Reproductive Health (FP/RH) Service Delivery to coordinate and synchronize mutually reinforcing components—supply, demand, and advocacy—that affect the acceptance of FP services. This brief addresses ACQUIRE's country-level work on SDA components in promoting the IUD in Kisii District, with a focus on communications for demand and advocacy.

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

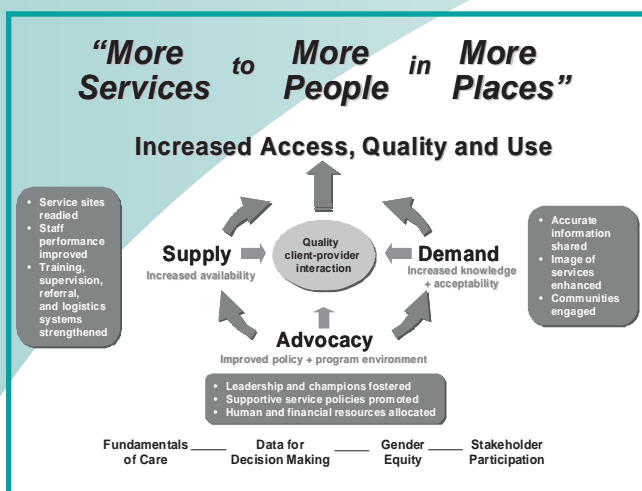
ACQUIRE's SDA Program Model for FP/RH Service Delivery (see page 2) envisions ready supply (equipped facilities, proficient staff), demand for services, and a supportive policy environment as prerequisites for a productive interaction between FP client and provider. In this framework, skilled, motivated providers work with knowledgeable, empowered clients at the service site to address the clients' RH/FP needs. In Kenya, deliberate strengthening and coordination of each SDA component assured that IUD services were successfully repositioned, strengthened, and increasingly used by clients.



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



For the purpose of this project, supply-side inputs focused on the fundamentals of care¹ through provider training, service quality improvement, and development and application of tools and standards. Demand-side inputs concentrated on improving awareness of and knowledge about the IUD through a variety of communication activities. These included understanding key stakeholders' and potential clients' views on the IUD; disseminating information about how the method works and its benefits and making special efforts to correct rumors and misperceptions; and publicizing where services can be obtained. Significant advocacy efforts had already been undertaken at the national and provincial levels—including a series of sensitization workshops, dissemination of a package of IUD advocacy briefs targeting providers and policy makers, and the updating of Kenya's family planning guidelines for service providers. Therefore, advocacy inputs in Kisii focused on identifying and nurturing IUD champions at the district and community levels.

The ACQUIRE Project supplemented preexisting data from the Kenya MOH with formative research to ascertain the reasons behind low levels of IUD use. In May 2005, the MOH and ACQUIRE conducted a performance needs assessment (PNA) at 13 service sites selected by the Kisii District MOH for their geographic distribution. The PNA included facility audits of the 13 sites, interviews with family planning providers and clients, and focus group sessions with rural men and

¹ The fundamentals of care are the elements essential for ensuring the quality of facility-based service delivery: informed choice, medical safety, and quality improvement.

women in the catchment areas covered by the 13 sites. The PNA concluded that all three components (supply, demand, and advocacy) acutely affected and limited IUD uptake and needed improvement.

Addressing Supply-Side Needs

On the supply side, the PNA found provider capacity to be below standards, due to insufficient IUD service provision practices. Training, equipment, and supplies for insertions were outdated, and assurance of medical safety was lacking. Some providers exhibited biases against the method and tended to dissuade interested clients, while in other instances clients, frustrated with waiting times caused by equipment shortages, would choose another method. To address this situation, ACQUIRE provided the following inputs:

1. *Training:* Providers' technical skills for inserting and removing the IUD were improved, as were their IUD knowledge transfer and counseling skills (to correct provider bias and improve interactions with clients). Two providers were selected from each of the 13 supported sites to supervise and train MOH community-based distribution (CBD) agents for referrals.
2. *Equipment:* All 13 supported sites were provided with two complete IUD kits each. Those sites without functioning sterilization equipment were also provided with nonelectrical autoclaves (to compensate for sporadic or unavailable electric power).
3. *Supply records:* The MOH and ACQUIRE worked with providers and the district procurement officials to help strengthen procurement procedures.
4. *Commodity supplies:* Prior to any communications interventions, sites were stocked with additional IUDs and related supplies, to avert stock-outs. Periodic monitoring visits and quarterly reports to the MOH also helped to ensure sufficient FP commodities at the site level.

Creating Demand through Communications

Demand-side activities were initiated in March 2005, with Meridian Group International, Inc., an ACQUIRE partner, providing technical support for design, development, and implementation of the communications campaign. Communications aimed to reposition the IUD as a highly effective, safe, and

convenient FP method with unique benefits. Specific campaign objectives were as follows:

1. Educate potential users and influential individuals about the method's benefits, and convey the idea that current IUD users are highly satisfied with the method.
2. Provide correct information about the IUD's safety and effectiveness, to dispel common myths related to the method.
3. Interest women and the general public in taking a "second look" at the IUD, via a campaign that would counter the method's currently negative image.
4. Encourage potential clients to seek more information by speaking with a trained health care provider about the IUD and about other FP methods suitable for them at one of the project sites.

1. Understanding the Target Audience

On the demand side, ACQUIRE conducted focus group sessions in rural Kisii (six women's and three men's groups composed of potential clients) to gain knowledge about people's FP and IUD knowledge, attitudes, and opinions, as well as influences on their decision making. Session results indicated that clients who wanted to limit or space births were less aware of the IUD than they were of the more commonly used methods (injectables and the pill), and so did not necessarily consider it to be a viable method for them. Furthermore, many of those who had heard of the IUD reported negative opinions, based on misconceptions and rumors. In effect, the IUD was not of any particular interest to FP clients.

Surprisingly, some perceptions held by clients turned out to be opportunities that could be leveraged within the IUD revitalization effort: Participants understood and accepted FP as a means of determining family size and timing and were inclined to space births by 2–3 years and have fewer children for economic reasons; women desired safety and convenience, especially given the lack of easily accessible services in rural areas; and many women using other FP methods (i.e., the pill and injectables) experienced side effects but knew little about other FP options.

In general, participants had heard of the IUD.² Women who had used the IUD were satisfied with it. Nonusers, however, held various misconceptions. Their concerns

² Or the "coil", as it is commonly known.

centered on four main issues: 1) The IUD makes a woman weak and renders her incapable of performing physical work (i.e., its use has economic implications); 2) the IUD can cause long-term adverse health conditions, such as cancer; 3) the IUD interferes with a couple's sexual relationship, making sex unpleasant or harmful; and 4) should a woman become pregnant, the IUD can become lodged in the baby's body. By the end of the focus groups, and after moderators had discussed the IUD and its benefits, nonusers expressed interest in the method and requested additional information. The focus groups provided a valuable insight: Once educated about the IUD, consumers were interested in it as an alternative. The correct information just needed to be provided.

2. Developing the Creative Concept

Stakeholders' review of the PNA and other research findings determined that clients' uptake of the IUD would be positively affected by greater awareness, education, and promotion of sites where IUD services are available. Communications activities would primarily target potential clients (women who were aged 25–40, in a partnership, with two or more children, and interested in spacing or limiting). Key influences, such as spouses, health care providers, and community and religious leaders, were secondarily targeted.

After a competitive search, a local advertising agency, AY&R, was selected to create and execute the campaign. The campaign focused on discrediting myths by asserting the truth while leveraging the IUD's safety and efficacy. "Fahamu ukweli wa mambo" ("Now you know the truth") was the preferred concept in focus group pretesting. The message resonated well with the participants: They appreciated its proactive message (visit a health care provider), its positive, upbeat tone, and its images of male involvement and couple interaction. The creative material candidly addressed IUD-related myths, focusing on the IUD's lack of negative effect on women's physical stamina and on couples' ability to have "normal" relationships, while conveying the benefits of the method, including the duration of its effect (1–12 years); its convenience, comfort, and minimal side effects; and a woman's quick return to previous fertility upon discontinuing use. The ad featured satisfied users and providers who challenged their peers' beliefs and negative perceptions by "standing up" for the truth and offering reassurance about the IUD's safety and effectiveness.



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

3. Implementing the Campaign

Based on the needs identified by the PNA and focus groups, multiple communication channels were required to reach the target audience, increase awareness, and facilitate education and discussion.

Radio was the mass medium of choice, given frequent listenership among men and women, with 76% of women and 72% of men in Nyanza Province having heard an FP message on the radio (CBS, MOH, & ORC Macro, 2004). Regional and local radio stations were selected to limit spillover into areas where IUD services may not be available. Ads were broadcast in local languages during peak listening periods (see text box on this page). A specially developed 15-minute weekly talk show was created to discuss the IUD in greater detail. IUD advocates (doctors, peer educators, and IUD clients) were invited to be on the talk show to answer questions. In total, the radio campaign lasted for six months.

Print materials were developed to support the radio campaign and to provide a source for more information. A brochure for use by health care workers, community agents, and peer educators was developed to provide more in-depth technical information about the IUD and to facilitate dialogue with and education of clients. A “consumer-friendly” leaflet that listed the locations of the 13 pilot sites was also created, for distribution at events with large audiences (a total of 10,000 leaflets were distributed). Also, 1,200 posters

featuring messages that challenged myths about the IUD and corrected rumors were placed throughout Kisii District, at health care sites and pharmacies and in public spaces. T-shirts reading “COIL” were distributed to providers, peer educators, and event staff to further publicize the IUD.

The campaign’s community outreach component afforded opportunities to connect with stakeholders and potential clients on a personal basis and to compensate for low literacy levels and/or low exposure to mass

Kisii Radio Copy: Commercial

Man: Who says that the COIL affects the love-life and will prevent normal relations between my wife and me? Tell them, my wife.

Woman: Sure, we use the COIL, and we have a normal relationship.

Man: We don’t notice it; we even forget that it’s there! Isn’t that so, my love?

Woman: Mhmm... furthermore I feel okay. The COIL is very suitable. I can use it over any length of time that I wish—one year, five years, even up to 12 years! Until my husband and I decide to have another child, I don’t have to worry about getting pregnant. Right now, the COIL is the least of my worries. At the moment, I don’t even think about the COIL.

Announcer: The COIL is a safe, suitable, and trusted way to plan your family. Talk to your local health officer about the COIL and other family planning methods.

COIL. Understand. Now you know the truth.

media. Several grassroots approaches were employed to address leaders' and consumers' concerns, including:

- Mobilization and sensitization of community leaders, to create awareness of and support for IUD promotion efforts, to solicit input, and to facilitate peer education and referral activities
- Community education through faith-based, women's, and youth groups
- Peer education for one-on-one communication between potential clients and satisfied users
- Linkages with the local government-run CBD program, to channel information and promote referrals
- "Edutainment" road shows, featuring fun, educational performances through drama, dance, and comedy, that were held at marketplaces to maximize attendance

The total cost of the communications effort—mass media, print, public relations, experiential activities (such as ladies' clubs, men's barazas, and road shows), and peer educators—was approximately US\$76,500.

Advocating for IUD Support and Acceptance

Mass media and community outreach efforts were introduced in July 2006. To help consolidate enthusiasm and garner support behind the initiative, a launch event was held in Kisii with officials from the MOH and USAID, local CBD workers, key stakeholders

(e.g., chiefs, medical officers), and the press. Close to 250 people attended and heard officials' speeches endorsing the effort. The event was broadcast on Kenya's national TV channels and national and regional radio stations and was featured in newspapers. The additional coverage represented more than \$10,000 worth of free exposure.

Results

ACQUIRE's SDA approach in Kisii proved extremely successful: IUD insertions rose from 58 at the start of the intervention period (January–March 2005) to 484 in the same time period two years later, at the end of the intervention period (January–March 2007). One year later (January–March 2008), IUD uptake was still high—453 insertions, an eight-fold increase over the baseline number (Figure 1). A postcampaign study conducted by the ACQUIRE Project among people living in Kisii District also reported higher IUD awareness levels in Kisii than was true nationally (CBS, MOH, & ORC Macro, 2004). Respondents exposed to the campaign's messages were more likely to say they would consider using the IUD and had more correct IUD knowledge than those who did not recall the messages.

What Happened When: The Effect of the Demand Strategy on Service Provision

The multifaceted communications effort delivered approximately 250,000 exposures to IUD-related messages among the people living in Kisii District. Results

Figure 1: Number of radio spots aired, and number of IUD insertions (13 facilities), by quarter and year

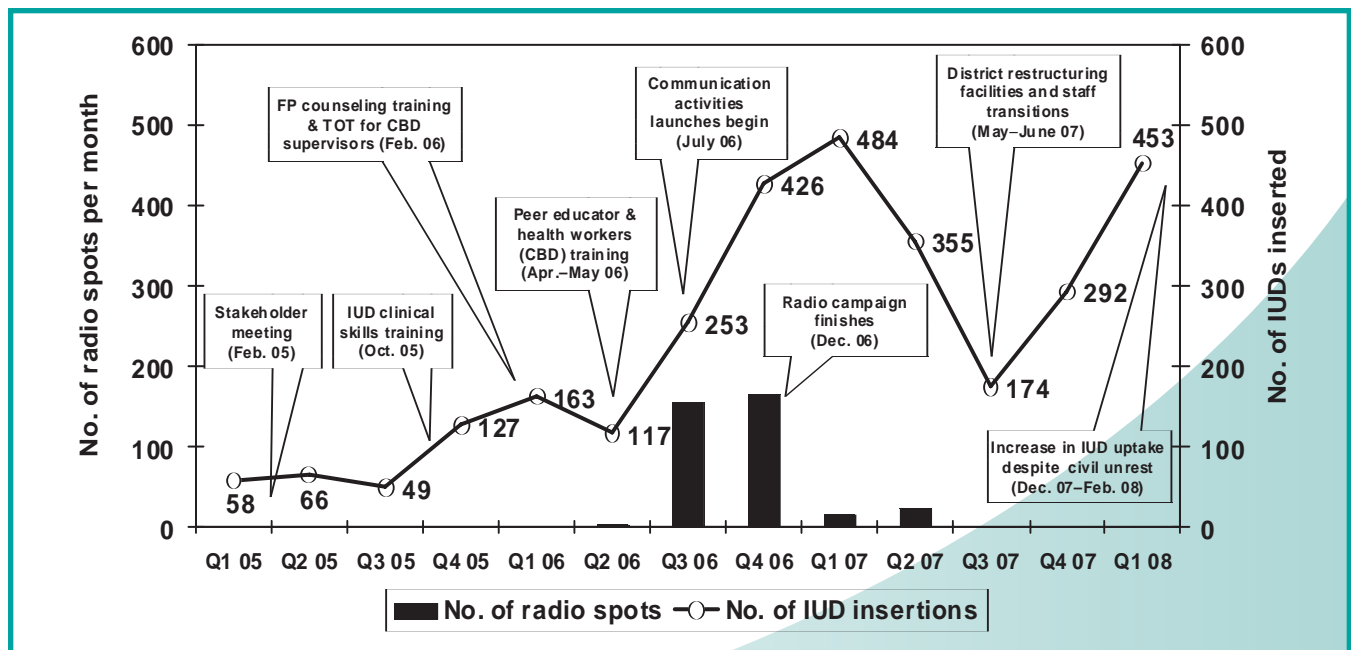
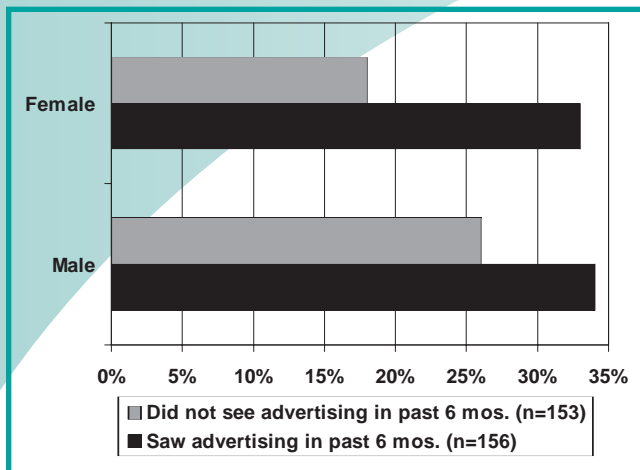


Figure 2: Percentage of respondents agreeing they will consider using the IUD in the future, by whether they were exposed to the IUD message

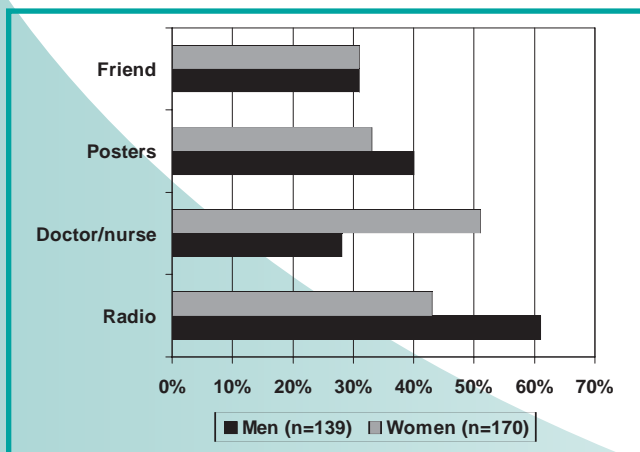


from an ACQUIRE-initiated postcampaign IUD awareness and attitudes survey also indicated a positive impact. A consumer survey was conducted among 346 men and women 20–49 years of age who lived in Kisii (Steadman Research, 2006). Half of the respondents were men and half were women. The respondents were asked a series of questions about the IUD, the campaign, and their attitudes regarding the IUD.

Ninety-three percent of women who participated in the survey reported being aware (either spontaneously or when aided) of the IUD as a method of FP. In comparison, a secondary analysis of the 2003 DHS data showed that 68% of women in Kenya had knowledge of the IUD.

Monthly service statistics tracked during the communication intervention period (July 2006–December 2006)

Figure 3: Percentage of respondents aware of the IUD mentioning various contacts from whom they learned about the IUD for the first time



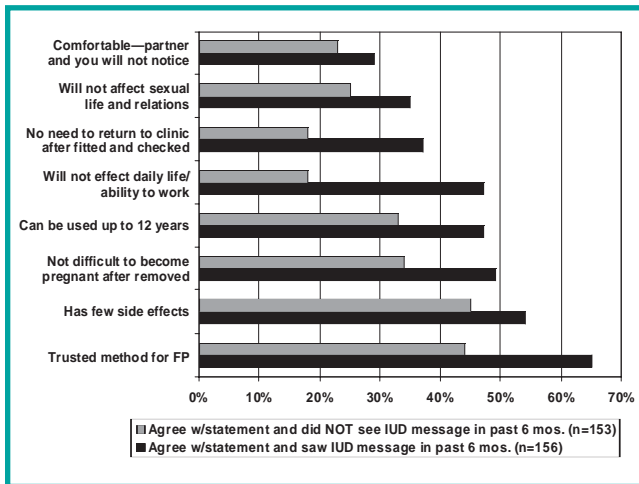
indicate that the number of IUD insertions increased by 25% during the first month alone (July 2006) and by 285% during the six-month campaign period.

After the communications activities ended, the number of IUD insertions decreased initially, but then the trend was reversed, with additional uptake of the IUD from the fourth quarter of 2007 to the first quarter of 2008. These results indicate the significant impact the SDA model had on acceptance, considering that civil unrest was prevalent during this time period.

Accomplishments in Kisii

- *Awareness increased:* Data from the randomized postcampaign survey of the target audience suggest that the communications campaign was effective at building awareness of the IUD. Kisii respondents (adults) reported high awareness of the IUD (89%, when spontaneous and aided recall are combined). Among women interviewed, 93% reported knowledge of the method. As for unprompted mentions, the IUD was the third most spontaneously mentioned FP method (by 68%), behind only injectables (91%) and the pill (76%).
- *Consideration increases with communications exposure:* Women exposed to the campaign were more inclined to accept the IUD than were those not exposed to the communications program. Forty-five percent of polled female respondents aware of the method remembered hearing or seeing IUD messages in the past six months (n=79). One-third of women who saw the messages said they would consider using an IUD in the future (n= 26), compared with only 18% (n=18) of women who did not see the IUD message (Figure 2). Half of the women who would not consider using an IUD cited chronic medical concerns (i.e., cancer) as their primary reason. These results indicate that while acceptance increases upon message exposure, more communications efforts to reassure women about safety are needed.
- *Effective communication points:* Radio (60% of men) and medical staff (50% of women) were the most commonly cited sources for information about the IUD (Figure 3). The frequency with which women cited doctors and nurses could be attributed to women’s function as health care gatekeepers for the family, which gives them more contact with health care providers. Based on these data, educa-

Figure 4: Percentage of respondents agreeing with various IUD-related statements, by whether they had heard/seen IUD communication messages in the past six months



tion and advocacy from the medical community is essential for reaching women.

- Overcoming barriers to uptake:* Adults’ responses to the postcampaign awareness survey positively reflected the messages about the benefits of the IUD that had been incorporated into the communications campaign: Fifty-four percent saw the IUD as a trusted FP method, 50% said it had few side effects, and 40% each agreed about its duration of effectiveness and about return to fertility. As shown in Figure 4, individuals exposed to the communications were more likely to report correct IUD information than were those with no message exposure. For example, on the statement that the IUD does not affect a woman’s daily life and ability to work, there was a 29-percentage-point difference between the two groups. This result indicates that the campaign message positively influenced the target audience’s knowledge levels.
- The value of community outreach/interpersonal sessions:* More than 50,000 people attended some form of campaign-related interactive or interpersonal activity. (Approximately 2,700 community events, including weddings, funerals, parent-teacher association meetings, church meetings, women’s groups, youth groups, and men’s barazas, were held over the course of the communications effort.) Nearly one in five people reported in the postcampaign survey that they attended a community session that focused on the IUD; 60% of those attendees were women. Almost all (91%) who reported attending a

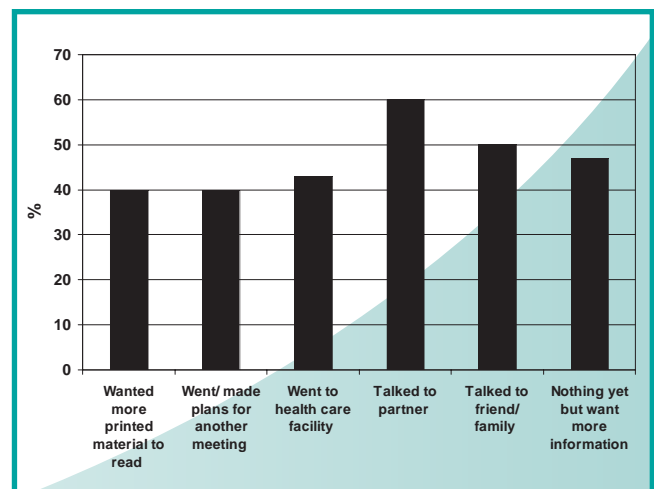
session said they would recommend these sessions to their friends or family members. All received print material complementing the topics discussed (6,000 IUD and 3,800 FP leaflets and brochures were distributed), and many (79%) expressed interest in receiving more information about the IUD. In general, most participants felt that the distributed materials were clear (87%) and would help them in talking to partners and/or friends. Encouragingly, the community sessions served to inspire people to action: Three out of five attendees reported talking to their partner, and almost half reported talking to friends and family (Figure 5). More than 40% went to a health facility to receive more information. In general, participants valued the community sessions and advocated that others attend them as well.

Lessons Learned

The Kisii communication effort suggests that a number of elements contributed to the project’s success.

- Consumer and provider research should be used to clarify barriers to uptake.** Focus groups revealed that myths and misperceptions around the IUD posed even greater hurdles to uptake by potential clients than the lack of method awareness, underscoring the need to educate consumers. Provider bias was an additional, previously underestimated handicap for method uptake and called for educating providers with correct information as well. For the program to be successful, providers must believe in and advocate for the services they offer.

Figure 5: Percentage of adult respondents reporting on various actions taken after attending a community session (N=58)



- **Satisfied clients appeal to nonusers.** The “real life” people featured in the creative content and at the community outreach events helped instill confidence among potential clients and affirmed that the IUD is a safe, effective, and viable FP option.
- **Speaking directly and candidly about myths and rumors improves potential clients’ knowledge.** Potential clients in the focus groups found the messages appealing. Data from the post-campaign survey indicated that people’s IUD knowledge and perceptions were more accurate than those of individuals who had not been exposed to the messaging.
- **Male involvement and gender-appropriate messages facilitate FP decision making.** Eighty-five percent of the men interviewed in the Kisii post-campaign survey reported that they approved of FP (142 out of 163 respondents), and two-thirds said they considered themselves to be just as responsible for FP as their partners. Encouraging educated discussions and participation between partners can heighten uptake through support and help relieve women’s perceived burden of being responsible for FP. Men need to be involved in FP decisions, and messages should be directed to them, as well.
- **Communication vehicles have differing strengths in contributing to goals.** In Kisii, ACQUIRE used a multimedia strategy to address barriers to IUD uptake. While mass media and print materials are excellent for building awareness and presenting information, their use on an interpersonal or customized level to address specific client concerns, myths, and misperceptions is limited. Similarly, community outreach is not a substitute for mass media efficiencies and their ability to rapidly build high levels of awareness.
- **Cohesive and mutually reinforcing campaign activities enhance the program’s efforts.** An integrated plan creates a bigger “splash” through consistent messages and appears to be more extensive than its individual parts. The Kisii IUD project used the same message and logo across all communications points (radio, print materials, marketplace performances, peer educators) and cross-supported events (e.g., peer educators counseling and answering questions at marketplace performances, and making special appearances on the sponsored radio talk show).

- **Local agencies work best.** Local advertising and research agencies can often help direct messaging and communications planning based on their in-country experience. While previous messages from other countries can be adapted, it is always best to conduct local research and use local resources to understand if messaging is appropriate and appealing.

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