The multi-channel LARC/PM\(^1\) Expansion Program, implemented in 14 Sub-Saharan Africa countries, used radio spots, counseling and outreach, flyers, posters and other activities and achieved a **five-fold and 15-fold increase** in IUD and implant uptake, respectively.\(^2\)

In Nepal, use of the balanced counseling approach contributed to a **25% increase** in long-acting reversible contraceptive (LARC) uptake among women. The LARC continuation rate was 82% one year later.\(^3\)

In Bangladesh, when a husband and wife were counseled on Norplant, they were more likely to continue implant use at 36 **months** than when only the wife was counseled (42% compared to 32%, respectively).\(^5\)

Integrating information on LARCs into prevention of mother-to-child transmission of HIV and family planning activities in Zimbabwe, including songs, info sessions and role play exercises, increased LARC uptake from 2% to >80%.\(^4\)

Pairing a satisfied IUD user with a midwife to address declining IUD use rates in Sri Lanka was about **62% more effective** in recruiting new IUD acceptors in the field than a midwife working alone, and recruited 2.5\(^7\) as many new IUD acceptors as midwives in the control area.\(^8\)

**Social and Behavior Change Impacts Long-Acting Reversible Contraceptive Method Use**

These and more articles on FP, SBC and LARCs are available in the HC3 FP Evidence Database:
https://healthcommcapacity.org/family-planning-evidence-database/

References:

1. Long-Acting Reversible Contraceptives and Permanent Methods
6. a mean of 16 new users per midwife, compared to 9.9, respectively
7. a mean of 16 new IUD users per midwife, compared to 6.4, respectively