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HC3 SBC/FP Evidence Database



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Database Purpose



- Centralize and consolidate SBC/FP evidence
- “Make the case” for SBC

The Database

<https://healthcommcapacity.org/family-planning-evidence-database/>

- 245 peer-reviewed articles
- Low- and middle-income countries
- Show a significant result
- FP use main outcome of interest

Potential Users

- SBC Practitioners
- FP Practitioners
- Donors
- Program managers
- Researchers



Database Features

Context

Family Planning Evidence Database

You are here: [Home](#) / [Family Planning Evidence Database](#)

For decades, **social and behavior change** (SBC) has been used in family planning (FP) programs to positively influence behaviors around healthy timing and spacing of pregnancy (HTSP), use of modern contraception, contraceptive method selection and gender dynamics in FP decision-making with impressive results. However, these SBC successes sometimes get obscured in the vast landscape of health and family planning literature.

HC3 conducted a systematic literature search across nine databases, including peer-reviewed and grey literature. From nearly 14,000 results spanning approximately 20 years (1995-2016), myriad low- and middle-income countries and multiple FP indicators, HC3 narrowed its focus to screen **exclusively** for peer-reviewed, quantitative studies that evaluate SBC interventions resulting in a significant increase in FP method uptake.

The result is the SBC/FP Evidence Database – a unique resource that compiles and highlights key SBC successes. This database presents a collection of 249 articles describing interventions or studies that address family planning challenges through SBC approaches. Some studies address the same intervention across multiple articles, while other studies evaluate multiple interventions in the same article.

Articles can be sorted by selecting a category from the following boxes: family planning (FP) method, audience, study design, country, and SBC activity. Acronym and SBC activity definitions are provided through links at the top of this page.



[SBC Activity Definitions](#)

[Acronyms](#)

[Regions](#)

Summary Table

- Author
- Date
- Intervention Description
- Results Summary
- Search Function



Showing 1 to 25 of 245 entries

Show 25 entries

Search:

CITATION ^	DATE PUBLISHED ^	INTERVENTION DESCRIPTION ^	SELECTED RESULTS SUMMARY ^
<p>Abdulrazaq, A. G.,Kabir, S.,Mohammad, N. S.,Suleiman, I. H.. The effect of educational intervention on family planning knowledge, attitudes, and practices among married women in a military barrack in northern Nigeria. Afr J Reprod Health. 2014. 18:93-101</p>	<p>2014</p>	<p>The intervention, implemented in Nigeria, aimed to improve knowledge and attitudes towards contraceptives and increase use among married women of reproductive age in military barracks. The intervention employed health talks and FP demonstrations, followed by question and answer sessions.</p>	<p>The intervention was evaluated using a non-randomized control trial. A self-administered structured questionnaire was completed by married women of reproductive age living in two military cantonments. Measurements were taken at baseline, midline and endline. Stratified random sampling was used to recruit a total of 963 women, 321 women in the intervention group and 642 in the control group. The intervention found the contraceptive prevalence rate amongst women in the intervention group increased significantly from 11.8% at baseline to 22.4% at endline, a statistically significant increase in contraceptive use (McNemar's $\chi^2 = 125.41$, $p = 0.0000$). However, in the control group, the increase from baseline (16%) to endline</p>

Definitions

Family Planning Evidence Database

For decades, **social and behavior change** (SBC) has influenced behaviors around healthy timing and spacing of pregnancy, partner selection and gender dynamics in FP decision-making. However, SBC has become obscured in the vast landscape of health and family planning.

HC3 conducted a systematic literature search across multiple databases, yielding nearly 14,000 results spanning approximately 20 years. To address FP indicators, HC3 narrowed its focus to screen existing evidence on interventions resulting in a significant increase in FP use.

The result is the SBC/FP Evidence Database – a unique resource that presents a collection of 249 articles described through SBC approaches. Some studies address the impact of multiple interventions in the same article.

Articles can be sorted by selecting a category from country, and SBC activity. Acronym and SBC activity

SBC Activity	Definition
Counseling	Interpersonal exchange
Outreach (peer/lay workers)	
Health worker training	

Acronym	Meaning
AOR	Adjusted odds ratio
CI	Confidence interval
DPMA	Depomedroxyprogesterone acetate (injectable contraceptive)
FP	Family planning
HIV	Human immunodeficiency virus
IEC	Information, education, and communication
IUD	Intra-uterine device
LAM	Lactational amenorrhea method
OR	Odds ratio
RCT	Randomized controlled trial
RR	Relative risk
SBC	Social and behavior change
STI	Sexually transmitted infection



Africa

Central Africa

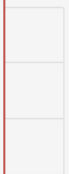
- Cameroon
- Democratic Republic of Congo

Eastern Africa

- Ethiopia
- Kenya
- Madagascar
- Malawi
- Rwanda
- Tanzania
- Uganda
- Zambia
- Zimbabwe

Northern Africa

- Egypt
- Sudan
- Tunisia



Filter Searches

Family planning (FP) Method :

- Any FP method (non-specific)
- Condom
- Diaphragm
- Dual use (STI + FP protection)
- Emergency contraceptive
- Female condom
- Hormonal (unspecified)
- Implant
- Injectable contraceptive
- IUD
- Lactational amenorrhea method
- Modern FP method (non-specific)
- Non-hormonal (unspecified)
- Oral contraceptive
- Standard days method

Country :

- Afghanistan
- Armenia
- Bangladesh
- Botswana
- Brazil
- Burkina Faso
- Cambodia
- Cameroon
- Chile
- China
- Columbia
- Costa Rica
- Democratic Republic of Congo
- Dominican Republic
- Ecuador

Region :

- Central Africa
- Eastern Africa
- Northern Africa
- Southern Africa
- Western Africa
- Eastern Asia
- South-eastern Asia
- Southern Asia
- Western Asia
- Caribbean
- Central America
- South America

Audience :

- Adult women
- Adult women/HIV-positive or discordant
- Adult women/married
- Adult women/mother-in-law/mother/grandmother
- Adult women/postpartum
- Adult women/postabortion
- Adult women/post sexual assault
- Adult women/pregnant
- Adult men
- Community leaders
- Couples
- Healthcare providers
- Outreach workers/peer educators
- Parents
- Teachers

- FP Method
- Country/region
- Audience
- SBC Activity
- Study Design

Fact Sheets

Social and Behavior Change Impacts Youth Contraceptive Behavior

Interventions prioritize a variety of youth populations



Among sexually active, in-school adolescents who participated in a multi-channel health education program in Nigeria consistent condom use increased from **48.6% to 85.1%**²



In Brazil, adolescents participating in the **Integral Support Program for the Pregnant Teen** increased contraceptive use from 35.4% to 77% pre-pregnancy and one year postpartum, respectively. Correct contraceptive use increased from 27.6% pre-pregnancy to 98.7% one year after giving birth.²



In rural Ethiopia, young married women and their husbands who participated in the peer support and mentoring **Meseret Hiwott program** were nearly twice as likely to have ever used FP and **18 times more likely** to have undergone HIV testing and counseling (HTC) compared to non-participants.⁴



Highlights from the literature: Integrated programs contribute to FP gains

The **African Youth Alliance** focused on HIV prevention and adolescent sexual and reproductive health. The Initiative **increased condom use at first sex, consistent condom use with current partner, and modern contraceptive use at first and last sex** among female youth ages 17 to 22 in Ghana, Uganda and Tanzania.¹



These and more articles on FP/SBC youth interventions are available in the HC3 SBC/FP database:
<https://healthcommcapacity.org/family-planning-evidence-database/>

References:

- 1 Daniels, U. Improving health, improving lives: impact of the African Youth Alliance and new opportunities for programmes. *Ab J Reprod Health*. 2007; 11:10-27
- 2 Aderibigbe, S. A., Awanya, M. O. Effect of health education on sexual behaviour of students of public secondary schools in Ikorin, Nigeria. *European Journal of Scientific Research*. 2008; 24:33-41
- 3 Sawa Anna, M. J., C. Carvalho, K. A. M. Machado, A. Coates, V. Orma, H. A. Teenage pregnancy: Impact of the integral attention given to the pregnant teenager and adolescent mother as a protective factor for repeat pregnancy. *The Scientific World Journal*. 2007; 21:87-104
- 4 Erulkar, A., James, T. Evaluation of a reproductive health program to support married adolescent girls in rural Ethiopia. *Ab J Reprod Health*. 2014; 18:68-76



Social and Behavior Change Impacts Family Planning through Integrated Interventions

Approximately **30% of database articles** describe interventions integrating family planning (FP) with other health areas, including malaria, water sanitation, sexually transmitted diseases, child immunizations and general health. Of these, approximately **75% are FP-HIV integrated programs.**



Highlights from the literature: Integrated programs contribute to FP gains

Integrating FP services into HIV clinics increased contraceptive method use from **16.7% to 36.6%** in Kenya¹



Training Water Sanitation volunteers in FP increased men's FP use from **44% to 63%** in El Salvador.²



Incorporating contraceptive education into a rural farmer's cooperative micro-loan group in Nepal meant **54%** of participating members used **contraception**, compared to only 9.1% of non-participating members.³



By coupling intimate partner violence reduction efforts with activities to increase contraceptive communication among couples, the **CHARM** project in India led to **doubled contraceptive uptake** among those participating in male-only and couple sessions, compared to those receiving no interventions.⁴



Integrating FP referrals with immunization services in Liberia increased participating facilities' new contraceptive users by **90%** and **73%**, respectively, in two intervention sites.⁵



These and more articles on integrated FP/SBC interventions are available in the HC3 SBC/FP database:
<https://healthcommcapacity.org/family-planning-evidence-database/>

References:

- 1 Grossman, D., Okoro, M., Newman, S. J., Bhat, C., Bukusi, E. A., Shaha, S. B., Steinfield, R. L., Cohen, C. R. Integration of family planning services into HIV care and treatment in Kenya: a cluster-randomized trial. *Aids*. 2012; 27 Suppl 1:S77-85
- 2 Lundgren, R. I., Gable, J. M., Greene, M. E., Ervick, C. E., de Moroy, M. Cultivating men's interest in family planning in rural El Salvador. *Stud Fam Plann*. 2008; 36:173-80
- 3 Azim, W. C. Rural income-generating programs and fertility limitation: evidence from a microdemographic study in Nepal. *Rural Sociology*. 1992; 57:306-41
- 4 Raj, A., Chula, M., Ritner, J., Bettala, M., Cajanan, V., Nair, S., Chagasta, A., Sivaraman, J. G., Balakrish, D., Saggurti, N. Cluster Randomized controlled trial evaluation of a C. Successful pilot of concept of family planning and immunization integration in Liberia. *Glob Health Sci Pract*. 2015; 3:71-84



Other HC3 SBC Evidence Packages

SBC HIV Database:

<https://healthcommcapacity.org/hiv-evidence-database/>

SBC Malaria Database:

<https://healthcommcapacity.org/malaria-evidence-database/>



Thank you

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