



A Study in User-Centered Communication and Family Planning Decision-Making in Nepal

Anjum Ara, a Muslim woman from Sarlahi district, is grateful to have protected herself from an unplanned pregnancy shortly after giving birth. At age 20, she was pregnant with her first child. When she went for her antenatal check-up at the nearby Tribhuvannagar health post, she came into contact with peer facilitator Sandhya Yadav, a community health worker from the Health Communication Capacity Collaborative (HC3) Nepal project. Sandhya informed Anjum that there was a chance of returning to fertility at 45 days or six weeks post-partum, even if she had not started menstruating again. This was a risk Anjum was unaware of, and a risk she did not want to take. Wanting to ensure good health for both her child and herself, she did not want another pregnancy immediately. Following several conversations with health workers of the HC3 project and the safe delivery of her baby, Anjum and her husband together decided to use a family planning (FP) method six weeks after giving birth.

"I want to have another child in three to four years, I want to be smart. Both me and my child will be healthy if I have another child later."

– Anjum Ara

Anjum and her husband are one of the many young couples who have come into contact with HC3. HC3 approaches communication—one of the most powerful means by which people coordinate social behavior—to help people achieve their life goals through improved health practices, especially FP. These case studies detail people's conversations with family members, with HC3 health workers and their reflections on campaign-related media. They demonstrate the complex process by which communicative exchanges intermingle to influence FP decision-making and use.

The HC3 Project and its Objectives

Unplanned pregnancies take a toll on women's health and affect the life plans and dreams of couples. To address this problem, HC3 worked in collaboration

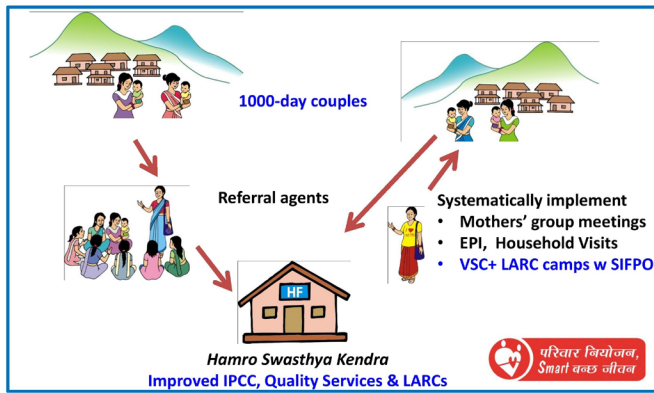
with Nepal's National Health Education Information Communication Center (NHEICC) and Family Health Division (FHD) to implement an integrated communication program to increase FP use among groups with high unmet need, including youth and young couples, marginalized and disadvantaged groups and migrants. The program was based on evidence from the Nepal Demographic and Health Survey (NDHS, 2011), which showed that while certain segments of Nepal's population have experienced a reduction in unmet FP need, other groups lag behind. Significantly, the largest segment lagging behind is that of women under 30 years (56% of women of reproductive age), whose FP use falls far below the national average.

The program, therefore, was designed to reposition FP for Nepal's next generation, as they would shape Nepal's future health practices. To increase FP use among young married couples, the NHEICC in coordination with FHD, and with support of the HC3 Nepal project, launched a 'Next Generation' FP communication campaign with the slogan "*Pariwar Niyojan Smart Banchha Jeewan*" (Family Planning Makes a Smart Life).

The "*Smart Life*" campaign was implemented nationwide through the media and in 13 focal districts using face-to-face communication. The media campaign used an integrated mix of channels such as TV, radio spots, magazine format radio shows, outdoor shopboards and transit ads, as well as social media (mainly YouTube and Facebook content) and large-scale "*Smart Life*" entertainment events. At the local level, HC3 implemented a district model (see illustration) to maximize contacts and referrals and to optimize the counseling service that beneficiaries receive in community health facilities.

Systematic personal contacts were made among youth and eligible couples at the grassroots level by

(Maximizing Contacts and Referrals among Eligible Couples)



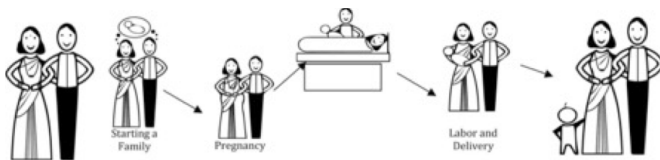
The HC3 District Model: Maximizing Contacts & Referrals Among Eligible Couples

peer facilitators (PFs)—through linkage with child-immunization days, household visits and mother’s group meetings.

HC3 pursued several specific behavioral objectives:

- increase low-parity FP use (increase FP use after first child, delay first pregnancy to increase age of first birth),
- improve post-partum FP initiation,
- reduce unsafe birth intervals,
- reduce unmet need among the most marginalized and disadvantaged groups, and
- improve contraceptive use dynamics among all high unmet need groups, tailored to their life stage or condition (e.g., increased use of long-acting methods and addressing special needs of migrants).

The “Smart Life” campaign used a life-stage approach offering couples practical FP solutions around key life-events such as their wedding, the birth of their first child and when they reached their desired family size. These teachable moments reduced couples’ uncertainty, thus enabling them to make smarter decisions regarding appropriate contraceptive timing and method choice.



Key life stages

Communication Approach

Health behavior, like much of social behavior, involves coordination with others: within families, between spouses, with the health system and staying abreast of new information from outside one’s own community.

Communication is the key social behavior enabling people to coordinate with others to achieve their social goals through joint attention, shared intentions and an infinite variety of communicative exchanges. In the context of HC3, communication is understood as a unified communicative field with the interested user-actor at the center of the circle. The communicative field spans three types of exchange, all of which coexist and interact:

- communication between spouses, among family members and with discussion partners to coordinate attention to relevant information, and form joint intentions and decisions with regard to FP;
- face-to-face communication with the health system, in particular with health service providers and community workers (such as PFs); and
- individual or joint attention given to project-generated health communication materials and interventions, such as mass media, social media, or events and large group interactions—often generating discussion.

As noted above, the “Smart Life” communication initiative regarded the interested user-actor to be the center of the circle of exchange. Rather than treating the actor/listener as a *largely passive ‘receiver’*, the HC3 program approached the communicative act as a *largely user-driven, goal-oriented behavior* (see References). The program communicator’s role is to serve as a cooperative partner in the user’s decision-making, rather than as a disengaged expert giving one-way directives.

The following stories highlight a few individuals and show how their FP choices were made through a process of cooperative communicative exchanges with HC3.

Newly-Wed Couple



Jit Bahadur Thapa and Amrita Thapa, a couple from Kaski, were 29 and 20 years old, respectively, when they got married. Jit was earning his M.A. degree and was already working as a teacher in a local college, but Amrita had just started a bachelor’s degree in business studies. The couple had a shared dream for Amrita to complete her studies before starting a family.

Though delaying the first child was not a common practice in their community, Jit explained, “If we have a child now, my wife will need to interrupt her studies. She will have difficulties going to college. She will need to have time for the child but won’t be able to give that time.”

They had already been exposed to the idea of using FP to keep a gap between children, but HC3 strengthened the idea of delaying the first child—to have a child only after they were able to take care of it, giving it access to good education and raising it well.

Soon after they were married, the couple attended an HC3-organized “Smart Life” mela, or fair, at a nearby football ground at Bhandardik. The mela’s theme was, “We are Today’s Smart Couples.” Jit felt that he learned a lot. “Since there were popular comedy artists giving messages, it was very entertaining and effective. These artists are idols and have many fans—whatever they say will be followed.”

Thinking about the future, the couple decided to delay having a child until Amrita finished her studies. When they expressed this to their parents, they were supportive. While Amrita is now pursuing her education in the town nearby, Jit stays in his village during school days to work. The couple jointly chose to use condoms whenever they are together.

Jit and Amrita are an example of the growing number of young couples that choose to delay their first birth after marriage. Their case shows how interacting with HC3’s communication program reinforced a new norm of “delay,” and was able to align with the couples’ life goals, generate family discussions and enable Jit and Amrita to take the action of their choosing.



Theme of the mela: “We are Today’s Smart Couples!”

Pregnancy and Post-Partum



Poonam Pathak got married when she was 17 years old and her husband Rabi Kumar Pathak was 18. They live in Banke district, close to the border between Nepal and India, in an area where health facilities are scarce. Rabi has completed high school and runs a small *paan* (betel nut) shop together with his brothers. Before their marriage, Poonam was studying in middle school, but stopped going to school after her marriage.

Initially, Poonam had planned to have children four to five years after their marriage. She wanted to spend

some time with her husband so they could get to know each other better. Unfortunately, her plans did not work out because she got pregnant soon after they got married. “When it happened, it happened,” Poonam related, “but now I don’t want another child for five to six years. My son is still small, and my health will suffer. Both the baby and me.”

During an antenatal check-up when she was eight months pregnant, Poonam met HC3 PF Arti Pathak. Since Arti was also from her community, Poonam found it easy to ask her to talk to her husband and mother-in-law about FP. After their initial meeting, Arti’s role quickly expanded from providing useful information to facilitating discussions between family members, and eventually to entering the FP conversation and decision-making as a new discussion partner. Arti visited Poonam’s home and talked to her family members about having a gap of three years before another child. Initially, Poonam’s mother-in-law thought that Poonam should have another child soon so that the children would grow up together. However, when she heard about the health risks associated with short intervals between giving birth, she changed her mind. The couple decided to use an FP method soon after birth.

HC3 staff often provided practical support, as was the case with Poonam. Six weeks after giving birth, Poonam met with Arti again during the first immunization of her newborn. Poonam was concerned that she might get pregnant again because she was not breastfeeding exclusively. Arti gave her advice on other FP methods. Poonam discussed the issue with Rabi, and they jointly decided to get an implant to prevent an accidental pregnancy. However, this service was not available in the local health post and Poonam would have to travel further to Paraspur, so she asked Arti to accompany her. Eventually, both Arti and Rabi went with her to receive her implant.

Initially, Poonam feared the implant would not suit her body and when she had some spotting, she went to visit the health post. The health worker helped her deal with the side effects and she felt fine afterwards.

Neighbors have since come to ask her about her experience, and Poonam and her mother-in-law happily share information, which has resulted in three of her neighbors getting implants. It has been 14 months since Poonam’s decision and the family is happy that she and their son are healthy. Arti recounts how Poonam came to thank her, saying: “You saved my life. Look at my child’s future, so good. He is so naughty. If I had two children I wouldn’t be able to

look after them.” Rabi now wishes to get a better job before having another child, commenting, “I will educate him and give him a good future.”

As this story shows, FP decisions take time and the role of the PF often went beyond informational support to that of a trusted discussion partner, offering practical support in reaching shared goals. Through this process of exchange, HC3 enabled Poonam to overcome the reservations of her mother-in-law, reach a joint decision with her family on using an appropriate method, and navigate the health system to get support when she needed it.



Poonam and Rabi Kumar Pathak and their son

Spacing Births



Ruby Bagwan from Banke fell in love when studying in ninth grade and got married at the age of 14, leading her to drop out of school. After her marriage, she had to stay home and had her first child when she was 17. She dreams of educating her daughter and hopes she will become a doctor.

When Ruby was eight months pregnant and went for her fourth prenatal check-up at the nearby health facility, she met HC3 PF Manju Godiya. Ruby did not immediately take to the idea of using FP after delivery, although she did not want to have another child immediately. Rather, she wanted to wait so that her children would be spaced three years apart, “because it will be good for the baby, it will grow well,” Ruby explained. She planned to educate her child and would like “to make her a doctor or nurse.”

Manju made sure Ruby was invited to any activities HC3 conducted in that area. One of these was a discussion group for members of a socially marginalized community, which Ruby’s husband also attended for a short time. He was concerned about Ruby’s health since she was very young. As an electric rickshaw driver in the city, he had been exposed to the outdoor promotions of the “Smart Life” campaign, and he had a good impression of the campaign. After the

discussion group, Manju visited Ruby at home again, to tell her about an FP event that the health center in her area was organizing. This time, Ruby wanted more information on potential side effects of FP, so she could decide on an appropriate FP method to prevent an accidental pregnancy. Manju discussed the various methods and their side effects with Ruby.

After their discussion, Ruby decided to use an implant. As Ruby’s husband was not able to accompany his wife to the FP event, he asked Manju to go with her, which she gladly did. Ruby now plans to have a second child after three years, when she takes out the implant. “I want two children, one son and one daughter”, she said, and has plans to “educate both—even if both are a daughter.” She has discussed her experience with other women in her community, some of whom have also used an implant to protect themselves.

It becomes evident from this story how conversations with health workers are not one-directional but represent active information-seeking by a beneficiary. The communication program thus serves as cooperative partner offering helpful health information. The process may take multiple communicative exchanges, such as repeated contact with health workers, events and exposure to mass-mediated campaign messages, for beneficiaries to arrive at their decisions and implement them successfully.



Ruby Bagwan and her daughter

Spacing Births



Pooja Pariyar and Dhaka Mohan Pariyar from Kaskikot, a hilly area in the Kaski district, had an arranged marriage. Pooja, who belongs to a marginalized community, was just 19 and studying in tenth grade when she got married. At the beginning of their married life, Pooja talked to Dhaka about her desire not to have a child immediately. She felt she was too young and wanted to complete her studies as she dreamed of becoming a nurse. Her husband supported her goals, and so she continued her studies after marriage. When Pooja faced trouble passing the

final examinations, however, she felt that continuing her studies was too much of a financial burden on her already poor family and dropped out of school.

This had no impact on their decision to delay starting their family. Pooja and Dhaka used different FP methods, including condoms and the calendar method, to avoid pregnancy. After four months of being together, Dhaka left for work in Qatar. Pooja and Dhaka talked over the phone while he was away. When he returned after two years abroad, they had still not decided if they now wanted to have a child. Pooja was not sure what to do. At that time, HC3 PF Sabita organized a program for marginalized and disadvantaged groups in Pooja's village, where she met Pooja and they talked about Dhaka's return. Sabita encouraged Pooja to visit the nearest health post and consider a temporary method, so that they could have time to discuss their plans for children upon Dhaka's return. Pooja visited the village health post and after counselling, chose to use contraceptive pills.

Shortly after, Dhaka returned and expressed his wish to have a child. Pooja agreed that the time was right, but she wanted to continue using the pill for another two to three months so that they could spend some time together first. She talked to Dhaka about her plan, mentioning the "Smart Life" spot that she had seen on TV, and they decided to postpone pregnancy for a few months. When they were ready, Pooja stopped using pills and soon got pregnant. She wanted her child to live her own dream of becoming a nurse. Dhaka shared her dream of educating their child.

After giving birth, Pooja did not want to risk another pregnancy shortly after her first, so she talked to Dhaka about again using FP. "I am still in postpartum; my body will not be strong for one to two years. My daughter is still small. If I get pregnant now it will be even harder on her than on me. She won't have enough milk and I won't have time to take care of her either," Pooja explained. "That is why we discussed and decided to keep a gap." Pooja had been frequently in touch with Sabita throughout her pregnancy; the HC3 PF had become an important conversation partner who Pooja readily sought out when she needed FP information. Sabita talked to both of them when they came to get an immunization shot for their child, and later, also visited them at home to inform them about the range of FP method choices. Dhaka and Pooja also went to the local health post and received counseling about long-acting contraceptive options. Wanting to

keep a long gap between births, they were convinced than an implant was the best choice for them. Pooja's mother-in-law was initially opposed to the idea of Pooja using an implant because of misconceptions about an increased cancer risk, but Pooja talked to her and was able to convince her that cancer risk was not associated with the method. When their daughter was two months old, Pooja got an implant.

Since receiving the implant, two of Pooja's relatives have asked her about the experience and after she told them that she had no problems, both chose a long-term FP method. Pooja's husband Dhaka says, "We had discussed that we will have only one child. Usually in the village they have children yearly, but we thought we will keep a five to six year gap and only then think about another child."

Pooja's story shows how multiple communicative exchanges with HC3 health workers and the media campaign helped the couple to choose the right methods for their individual life-stage, their special need as migrant worker family, and for achieving their goals through both short-term and, later, longer-term FP solutions.

"If I didn't use this method then it would have been difficult. By using it I don't have to worry about whether I will get pregnant."

– Pooja Pariyar



Pooja Pariyar and Dhaka Mohan Pariyar

Limiting



Sangita Yadav comes from a marginalized community in Banke district and was 16 when she got married to Sri Ram, who was one year older.

As is tradition in their community, she stayed with her parents for almost three years after marriage. When she moved to Sri's home, it was not long before she got pregnant. Soon after having her daughter, she was pregnant again. With two children born a year apart,

and being very young herself, Sangita developed complications related to her uterus.

Sangita's family was worried about her health problems, so when HC3 PF Arti organized a community program in her village, Sangita's father-in-law attended and requested that Arti talk to his daughter-in-law. Arti visited her at home, and when they discussed her situation, Sangita expressed concern about becoming pregnant again. Her husband worked in India but would come back home to Nepal every two to three months, and she felt at risk of becoming pregnant during these times. Their two children, now three and four years old, were already at pre-school, and she wanted to be healthy enough to be able to support their continued education.

Arti encouraged Sangita to visit the local health post for FP counseling and services. In Sangita's community, however, it is not customary for women to travel on their own, so she never went to the health post. A few months later, Sangita missed her period. Coincidentally, while watching the news, she saw a TV spot for the "Smart Life" campaign, which talked about the importance of timing. Although she was not pregnant this time, Sangita remembered what Arti had told her and knew she was at risk. Since they lived in the same village, she met with Arti. Together, they went to the health post and Sangita got an implant.

Sri had been worried about her health and was happy that they now had protection. Sangita was also happy to no longer worry about an accidental pregnancy and looks forward to educating their children.

"I chose an implant because I don't have to rest for five to six days, I can make tiffin, and I am sorted for five years. And I don't have to go to health post every three months either."

– Sangita Yadav



Sangita Yadav with HC3 PF Arti Pathak

This story demonstrates how HC3 operates in a wider communicative field, in which FP decisions are a result of active information-seeking by the beneficiaries, exposure to HC3's media campaign, and the program's informational and practical support.

Shifting Norms

Many couples now identify themselves as a "Smart Couple". Through the campaign and its anthem, "Hami Haun Ajaka Smart Dampati" (We Are Today's Smart Couples), FP is on its way to becoming the new normal for young couples in Nepal. With its integrated use of mass media, social media and other channels, the "Smart Life" campaign was seen not only by married couples, but also by young people.



Group of young girls in Kaskikot

Many young people realize the risk of getting pregnant too young. As a conversation with a group of young girls from a marginalized community in the Kaski district showed, many young people have started to identify themselves as 'smart.'

Whether or not to have children is not something usually discussed by young people. These young girls, who are in grades ten and eleven, all voiced their wish to complete their studies and get jobs before getting married. For them, the age of 20 felt too early for marriage and they wanted to work first. Laxmi Pariyar said, "If I get married now, my life will be damaged. First I need to settle and stand on my own feet." These young people had similar feelings when it came to when to have their first child; they all wish to first settle down in their work before thinking about children. These girls were glad to meet with PF Sabita and expressed their desire to be both mentally and physically strong enough before having children.

This example illustrates a normative shift. It seems that delaying marriage and first child is becoming increasingly accepted by young girls and boys.

Conclusions

HC3 recognizes that individuals live and make decisions while coming into contact with a variety of communication types, including communication between spouses and among family members, communication with the health system, and information from health messages in the media, communication materials and direct interventions. These case studies demonstrate how HC3 succeeded in becoming an influential element in this communicative field with multiple and recurring points of contact with individuals. HC3 not only disseminated helpful information about FP choices to spouses and members of their wider families, HC3 also managed to enter the FP conversation and become an important cooperative part of the decision-making. Particularly striking was the role of the PFs who at times fulfilled a moderating function in the community and between family members, which greatly facilitated FP-related decision-making and use.

Though the number of communities that can be reached through face-to-face programs is always limited, HC3's community-based program in 13 districts resulted in more than 354,557 couples being contacted and more than 76,930 FP services referrals (as of June, 2017). As these stories have shown, this includes people and couples who are members of some of the most marginalized groups. To give the "Smart Life" campaign a unified voice and to reach as many people as possible with useful, actionable information—beyond those who could be contacted through face-to-face communication—HC3 used an integrated media approach, including mass media, social media and large-scale entertainment events. According to a Sharecast Survey conducted in December, 2015, the "Smart Life" campaign was recalled by 58% of the population, roughly 7.6 million adults.

Many conversations are taking place among couples and families across Nepal, each considering FP in light of their own dreams and goals. These cases show that the HC3 program has been able to enter these conversations in a variety of ways, helping and enabling many to take action and make informed, healthier choices.

References

While being innovative, the communication approach this project takes is in line with contemporary theories and scientific findings from communication science. In fact, it has been recognized that users are not passive receivers or consumers of mass media information, rather individuals select and use communication sources and messages deliberately, serving their (information) needs and helping them achieve their goals (Uses-and-Gratifications Theory; Blumler & Katz, 1974). Past SBCC models have been dominated by a study of media effects. Yet, with the proliferation of "new media" and social platforms, a paradigm shift has occurred, placing the user at the center. Researchers and practitioners have come to fully realize the blurred boundaries of production and consumption of communication, with users creating content and media producers in turn including user-generated content in their products (Livingstone, 2004). Research has also demonstrated that besides its direct influence, mass media information typically diffuses through a community or social circle and exerts indirect influence on individuals who have not been exposed to the information themselves but learn of it through others (e.g., Two-Step Flow of Communication; Katz, 1957). Such "word of mouth" can wield a strong influence on behavior (Katz & Lazarsfeld, 1955), a finding that has also received empirical support in the context of FP use in Nepal (Boulay, Storey, & Sood, 2002). Lastly, the project's emphasis on communication as fundamentally cooperative draws on the extensive empirical research provided by Tomasello and colleagues, who argue that communication functions as a device for coordinating others' attention, for understanding and sharing intentionality, and in fact, for coordinating social behavior (Carassa & Colombetti, 2015; Tomasello, Carpenter, Call, Behne, & Moll, 2005).

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