Social and Behavior Change Communication and Reproductive Empowerment Mapping: Brief on Key Findings

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BACKGROUND

Reproductive empowerment, a distinct dimension of empowerment, refers to expanding a person's choice, voice and power to make informed reproductive decisions (see Appendix 1 for a glossary of these and other key terms). The International Center for Research on Women (ICRW) and MEASURE Evaluation have introduced a conceptual framework for reproductive empowerment to advance understanding and interventions in the field in a background paper (forthcoming).[1]

> *"We define 'reproductive empowerment' as the outcome of a transformative process of change whereby individuals expand their capacity to make informed decisions about their reproductive lives, amplify their ability to meaningfully participate in public and private discussions related to reproduction, and act on their preferences and choices to achieve desired reproductive outcomes, free of violence, retribution, or fear."*

The conceptual framework describes reproductive empowerment as a function of agency at three levels: the individual, the immediate relational, and the distant relational ("***levels of agency")***. Empowerment is expressed through decision-making, leadership, and collective action ("***expressions of empowerment")***. In addition, intermediate and long-term ***reproductive empowerment outcomes*** are included as illustrations for family planning programs that desire to make reproductive empowerment a key program goal.

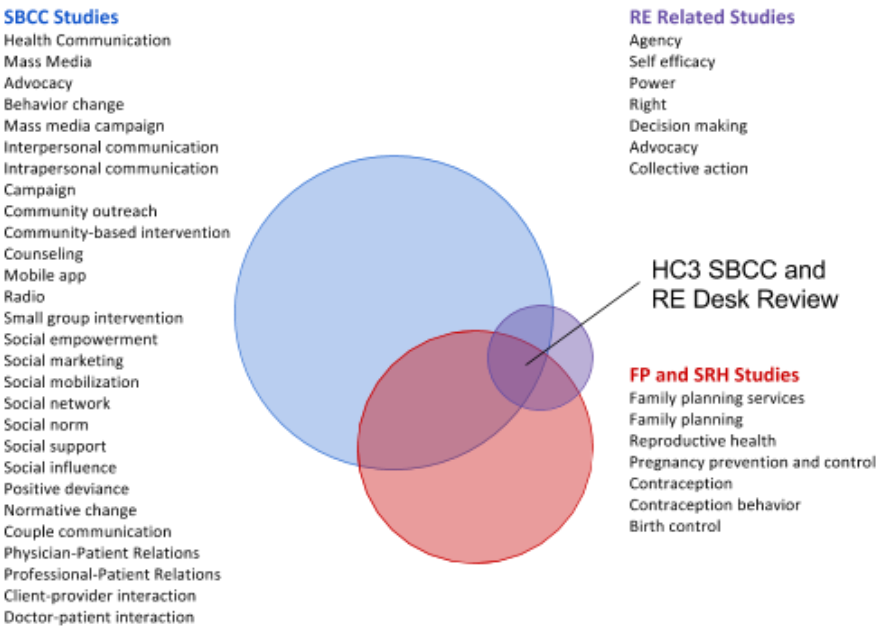

Figure 1: HC3 SBCC and reproductive empowerment review search terms

[1] International Center for Research on Women & MEASURE Evaluation (Forthcoming). *Empowerment: Moving towards a common conceptual framing and measurement* [White paper].

DESK REVIEW METHODOLOGY

The Health Communication Capacity Collaborative (HC3) conducted a literature scan to explore the strengths and gaps of social and behavior change communication (SBCC) in reproductive health interventions for reproductive empowerment. With this goal in mind, HC3 sought to find studies of interventions that met three main criteria: included SBCC activities, aimed at improving family planning or sexual and reproductive health (SRH) outcomes and addressed reproductive empowerment concepts. Because reproductive empowerment is a new concept, terms related to empowerment (such as agency, rights, gender equality) were used in the search criteria. A Venn diagram of the review and search terms are shown in Figure 1. The desk review included over 2,000 abstracts drawn from eight databases. Articles that were written before 2000, that did not include an actual SBCC intervention or that did not evaluate SBCC activities were excluded. A total of 59 studies were selected for HC3's SBCC and Reproductive Empowerment Evidence Database and visually mapped onto the *Reproductive Empowerment Conceptual Model* (see Figure 2).

This brief summarizes the articles included in the final SBCC and Reproductive Empowerment Evidence Database.

SUMMARY OF MAPPING

For the most part, reproductive empowerment was not the primary focus of SBCC family planning and SRH interventions. The studies included in this review discussed reproductive empowerment concepts such as self-efficacy, couple communication and enabling environments in their narratives, usually in the introduction, approaches and/or discussion. Because the objective of the interventions was to improve self-efficacy, couple communication and other intermediate outcomes to increase family planning use, most measured outcomes like contraceptive use, STI testing and service use. Few, however, measured SRH decision-making, leadership and collective action.

Because the concept of reproductive empowerment is new, none of the studies referred to it when describing their theory of change. Therefore, we extracted reproductive empowerment concepts retroactively, and with some caution. The original intent was to identify the measured reproductive empowerment outcomes as described in the background paper (such as greater match between reproductive aspirations and outcomes). Because this was not the case for most of the studies, they were instead matched with reproductive empowerment outcomes that seemed to be *relevant*, given the context of the intervention.

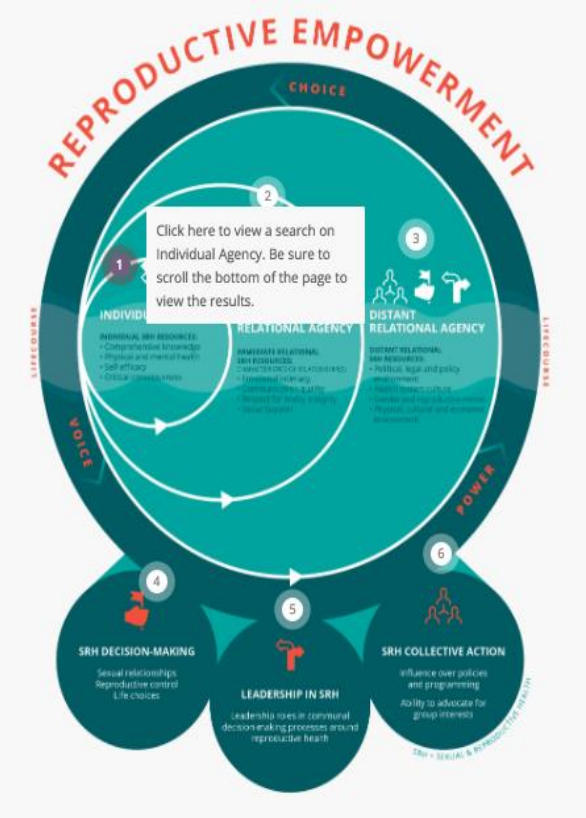

Figure 2: Desk review findings have been visually mapped onto the Reproductive Empowerment Conceptual Model in the online, interactive SBCC and RE Evidence Database.

Several studies did have a strong focus on empowerment, even if they did not draw on concepts of reproductive empowerment explicitly. For example, in *Lessons learned from engaging men in sexual and reproductive health as clients, partners, and advocates of change in the Hoima district of Uganda* (Stern et al., 2015), activities were designed to engage leaders and expand health plans. Other studies with empowerment-focused activities addressed agency at the distal level, challenged gender norms to reduce HIV, violence and teenage pregnancy, improved community action, used a rights-based approach to sex education, saw a shift in social support for condoms and improved social norms for family planning. See appendix 2 for a bibliography of these studies that have a strong focus on reproductive empowerment.

SBCC family planning and SRH interventions addressing reproductive empowerment concepts had a wide geographic range, covering 30 countries. In our desk review, results included interventions from nine countries in the Africa region, seven countries in the Asia region, six countries in the Latin America and Caribbean region, five countries in Europe and Eurasia region, as well as from the US, Pakistan and Israel. In total, 47 of the 59 studies (80%) took place in developing countries.

SBCC family planning and SRH interventions addressing reproductive empowerment concepts targeted all age groups and audiences, though less focus was found for leaders, policy-makers and health providers. In our desk review, 27 interventions targeted adult men, 25 interventions targeted adult women, 40 interventions targeted older male adolescents (age 15-24), 38 interventions targeted older female adolescents, 13 targeted young male adolescents (age 10-14), 12 targeted young female adolescents, 7 targeted leaders and policy-makers and 5 targeted health providers.

SBCC family planning and SRH interventions addressing reproductive empowerment concepts targeted all levels of agency. Just over a third of the studies (21/59) were interventions that worked across all levels of agency. Several studies described interventions that addressed two levels of agency: 13 studies addressed individual and immediate relational agency, seven addressed individual and distant relational agency and four addressed immediate relational and distant relational agency. A total of 51 studies described interventions that addressed individual agency, 38 addressed immediate relational agency, and 33 addressed distant relational agency.

SBCC family planning and SRH interventions addressing reproductive empowerment concepts used a wide range of SBCC approaches. Interventions used a range of SBCC activities, with the most common approaches being community engagement (20), print materials (19), sex education (18), outreach (18), counseling (17) and mass media (15).

SBCC family planning and SRH interventions addressing reproductive empowerment concepts rarely measured or improved structural-level expressions of empowerment. There were many more results pointing towards improved SRH decision-making (54) than towards improved SRH leadership (7) or SRH collective action (4). This gap was also discussed in the ICRW paper. If these expressions of empowerment are an indicator of practical exercise of agency, future SBCC programming aiming to address reproductive empowerment will need to design activities and evaluations that look beyond decision-making and assess individuals exercising leadership and groups acting collectively.

Studies of SBCC family planning and SRH interventions addressing reproductive empowerment concepts varied in evaluation design, but lacked measures for reproductive empowerment outcomes. The results included a variety of evaluation designs: 42 quantitative studies, three qualitative studies,

and 13 mixed method studies. There were three cross-sectional studies, 14 cohort studies and 27 studies with a control group (13 were randomized).

The primary outcomes for many of the studies included in this desk review were measures on knowledge, attitude and behavior changes in family planning use or SRH services. Few studies measured reproductive empowerment outcomes explicitly, so reviewers considered the context and aim for each study and noted the relevant the intermediate outcomes and long-term outcomes. For intermediate outcomes, increased contraceptive choices was relevant to 20 studies; improved match between service provisions and client needs was relevant to 20 studies; greater input in SRH policies and programming was relevant to 8 studies. For long term outcomes, greater match between reproductive aspirations and outcomes was relevant to 20 studies; increased control over spacing and timing of pregnancy was relevant to 26 studies; greater control over fertility was relevant to 25 studies; lower unmet need for family planning was relevant to 30 studies; decreased prevalence of STIs/HIV was relevant to 22 studies; decreased sexual violence or coercion was relevant to 12 studies; decreased child marriage was not relevant to any studies.

In the ICRW paper, authors conclude that "*a clearer understanding of how to best operationalize and measure reproductive empowerment that is both contextually relevant and applicable at various levels is necessary to guide interventions and policies…*" Though the studies included in this desk review were not intentionally focused on reproductive empowerment, they did address relevant concepts and constructs. The SBCC and Reproductive Empowerment Evidence Database provides a user-friendly tool in exploring the components of reproductive empowerment addressed in existing SBCC family planning and SRH interventions and learning from those interventions. Thus, it serves as a useful starting point for programs that wish to address reproductive empowerment.

APPENDIX 1: GLOSSARY OF REPRODUCTIVE EMPOWERMENT TERMS*

Components of Agency

- **Choice:** ability to individually make and influence decisions that affect one's life.
- **Voice:** capacity to actively articulate and assert one's interests, opinions and desires in discussions that are relevant to one's life.
- **Power:** a sense of self-worth and rights to challenge their situation, whether acting individually or collectively.

Levels of Agency

- **Individual agency:** ability to define reproductive desires, develop plans and execute them.
- **Immediate relational agency:** ability to exercise choice and voice in interactions with most immediate environment such as peers, family members and partners.
- **Distant relational agency:** ability to exert voice, choice and power with actors outside of immediate relationships such as healthcare providers, religious and political leaders and institutions and international development community.

Expressions of Empowerment

- **Sexual and reproductive health (SRH) decision-making**: engaging in the process with real influence on the outcome.
- **SRH leadership:** taking lead in challenging power and expanding choice.
- **SRH collective action:** collectively taking action to improve status, increase voice and challenge power to a degree that is impossible through individual action alone.

Reproductive Empowerement Outcomes
Intermediate outcomes:

- Increased contraceptive choices
- Improved match between service provisions and client needs
- Greater input (individual or collective) in SRH policies and programming

Long-term outcomes:

- Greater match between reproductive aspirations and outcomes
- Increased control over spacing and timing of pregnancy
- Greater control over fertility
- Lower unmet need for family planning
- Decreased prevalence of STIs/HIV
- Decreased child marriage
- Decreased sexual violence or coercion

*All definitions are paraphrased from *Empowerment: Moving towards a common conceptual framing and measurement*.

APPENDIX 2: SBCC STUDIES WITH A STRONG FOCUS ON REPRODUCTIVE EMPOWERMENT FOUND IN THE HC3 DESK REVIEW

1. Tavadze, M.,Bartel, D.,Rubardt, M. (2009). Addressing social factors of adolescent reproductive health in the Republic of Georgia. *Global Public Health: An International Journal for Research, Policy and Practice*, 4(3), 242-252
2. Pulerwitz, Julie,Hui, Wang,Arney, Jennifer,Scott, Lisa Mueller (2015). Changing gender norms and reducing HIV and violence risk among workers and students in China. *Journal of Health Communication*, 20(8), 869-878
3. Underwood, Carol,Boulay, Marc,Snetro-Plewman, Gail,Macwan'gi, Mubiana,Vijayaraghavan, Janani,Namfukwe, Mebelo,Marsh, David (2012). Community capacity as means to improved health practices and an end in itself: Evidence from a multi-stage study. *International Quarterly of Community Health Education*, 33(2), 105-127
4. Krishnan, Suneeta,Gambhir, Shalini,Luecke, Ellen,Jagannathan, Latha (2016). Impact of a workplace intervention on attitudes and practices related to gender equity in Bengaluru, India. *Global Public Health: An International Journal for Research, Policy and Practice*, 11(9), 1169-1184
5. Stern, E.,Pascoe, L.,Shand, T.,Richmond, S. (2015). Lessons learned from engaging men in sexual and reproductive health as clients, partners and advocates of change in the Hoima district of Uganda. *Cult Health Sex*, 17 Suppl 2, S190-205
6. Taylor, M.,Dlamini, N.,Khanyile, Z.,Mpanza, L.,Sathiparsad, R. (2012). Exploring the use of role play in a school-based programme to reduce teenage pregnancy South African. *Journal of Education*, 32(4), 441-448
7. Andrade, Hhsm,de Mello, M. B.,Sousa, M. H.,Makuch, M. Y.,Bertoni, N.,Faundes, A. (2009). Changes in sexual behavior following a sex education program in Brazilian public schools. *Cadernos De Saude Publica*, 25(5), 1167-1175
8. Meekers, D.,Agha, S.,Klein, M. (2003). The impact on condom use of the "100% Jeune" social marketing program in Cameroon. *Journal of Adolescent Health*, 36(6), 530
9. Wegs, C.,Creanga, A. A.,Galavotti, C.,Wamalwa, E. (2016). Community Dialogue to Shift Social Norms and Enable Family Planning: An Evaluation of the Family Planning Results Initiative in Kenya. *PLoS One*, 11(4), e0153907