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Social determinants for sustained use of family planning

**Who is reached and who is left behind by
traditional family planning programs?**

Background

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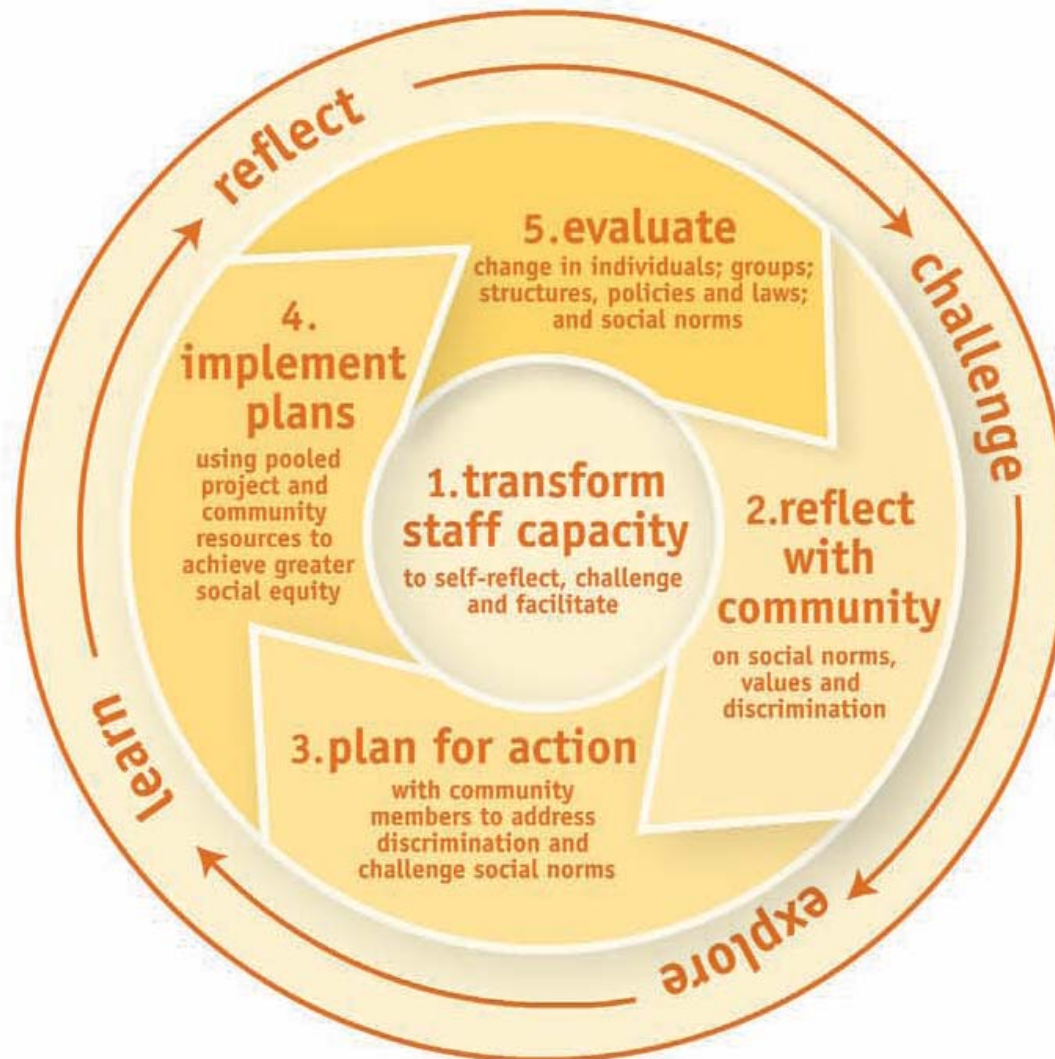
- **Traditional health interventions: information & service quality and availability are not enough to ensure service for all**
- **Family Planning (FP): improving access to services and information is also not enough for addressing the underlying causes that inhibit FP uptake.**
- **CARE Ethiopia, has implemented FP programs mainly through mobilizing communities through trained community volunteers,**
- **Yet, volunteers adhere to the social norms of their culture, which may send conflicting messages,**
- **Building on experiences, CARE is implementing 'Social Change for FP Results Initiative' using the Social Analysis and Action (SAA) approach**

SAA - Social Analysis and Action



- **Considering that addressing social determinants is a prerequisite to effective programming CARE has developed the SAA approach,**
- **SAA is an “approach for working with communities through regularly recurring dialogue to address how their social conditions perpetuate their health challenges.”**
- **Social Analysis was conducted in two steps at the RI project areas in Ethiopia: gaps of existing FP Programs were identified.**
- **First project staffs explored their own biases and behavior regarding (un) acceptable behaviors towards FP, gender equity and rights approach;**
- **The second step was the actual situation analysis done by the staff in the community itself.**

The Reflection-Action Cycle (Source: CARE, 2007)



Situational Analysis of the RI in Ethiopia, 2008 – Findings

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- **The data showed three major barriers related to family planning use in the area:**
 - 1. Biases in Health Service Provision**
 - 2. The influence of Religion**
 - 3. Cultural Norms and Tradition around fertility, sex, marriage**

Health Service Provision

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- 1. Limited method mix**
- 2. Lack of FP counseling (side effects)**
- 3. Limited male involvement in FP**
- 4. Negative attitudes of service providers**
- 5. No proactive reach out to marginalized groups (widows, divorcees, sex workers, adolescents)**

Religious influence

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- **Religious leadership is strong & influential**
- **Sex is only acceptable in the context of marriage; hence Family Planning is relevant and justified only for married couples.**
- **Although some passages in the Bible and the Koran refer to limiting family size for economic reason, there is fear to use FP,**
- **Underlying fear: Family Planning is hindering God to bless you with children, limiting the number of children is questioning God's capacity to feed his creation.**

Culture and Tradition

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- **No open discussion about sexuality in the society, more importantly in the family.**
- **Premarital sex, prostitution and adultery are taboo – sort of “blind spot” for the society.**
- **Adolescents, sex workers, widows, divorcees have no access to FP or access FP in secret to avoid stigma and discrimination.**
- **Children are highly valued in society for status and are needed in the workforce: “the more the better”**
- **Male children are preferred to females**

Culture and Tradition

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- **Women use high number of children to keep husbands from getting another wife**
 - **Family Planning in wedlock is allowed under certain conditions; while economic reasons are accepted, the health of the mother is not.**
 - **Early marriage very common (Although age for marriage is 18 according to Federal constitution)**
 - **Delaying of the first child using FP is not acceptable, even if it means to drop out from school for the girl**

Knowledge contribution/Lessons learned



- **Religion and Gender: identified as key underlying social determinants that define social norms around FP and fertility.**
- **Religion influences ideas around virginity, fornication and adultery, which in turn marginalize particular groups from FP services,**
- **The influence of Gender issues on FP is direct: Son preference and centralization of decision making, even around a woman's fertility, in the men's role.**

Knowledge contribution/ Lessons learned (2)



- **It also becomes a Rights issue as people allow that economic reasons can be a reason for using FP while nurturing the health of the woman is not considered.**
- **Stigma: risk of stigma for breaking the social norms; fear of stigma then serves as a key hurdle in the uptake of family planning.**

Addressing social norms to increase Family Planning use



- **Project staff need to be confronted with their own biases to have a chance to transform in their own personal lives. This will make them real models.**
- **Community volunteers need training beyond knowledge of FP methods, on how to challenge and address social barriers to access.**
- **FP interventions must overcome the common exclusion of men, youth, PLWHA, single women and men.**

Addressing social norms to increase Family Planning use (2)



- **Traditional leaders must be included in FP discussions and, wherever possible, be encouraged to challenge communities.**
- **Community-based institutions should also be included in reflection process**
- **Integration among programs, with other sectors such as agriculture to address the economic burden of big families**



Ameseagnalehu!

Thank you!