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9-30-2020

## Psychosocial influences on modern contraceptive use in Sokoto, Kebbi and Zamfara States—Slide deck

Breakthrough RESEARCH

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# Psychosocial influences on modern contraceptive use in Sokoto, Kebbi and Zamfara States

Breakthrough RESEARCH Nigeria  
Behavioral Sentinel Surveillance (BSS) Survey  
Key Baseline Results

Webinar Series – September 2020  
Family Planning



# Webinar overview

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- About Breakthrough RESEARCH
- What is the Behavioral Sentinel Surveillance (BSS) survey?
- Focus on family planning
  - How did formative research inform the BSS survey?
  - Ideational metrics
  - Key BSS findings
  - SBC program implications
- Future work

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# About Breakthrough RESEARCH and Breakthrough ACTION

# Breakthrough RESEARCH

- USAID's flagship project for social and behavior change (SBC) research and evaluation
- Five-year project: August 2017 to July 2022
- B-R Nigeria activity start: January 2019  
B-R Nigeria office opened: September 2019
- Close collaboration with sister project Breakthrough ACTION and other IPs



# Breakthrough ACTION in Nigeria

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- USAID's flagship project for social and behavior change (SBC)

## Overall Result

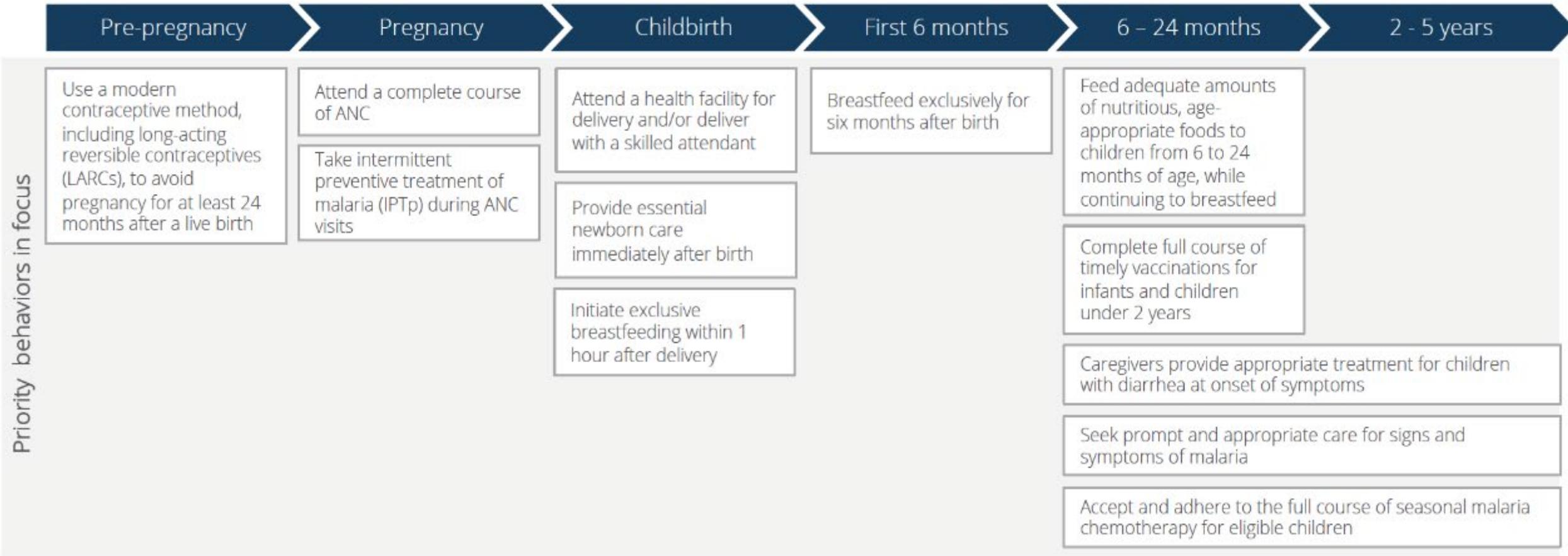
- Increase the practice of 17 priority health behaviors in the areas of maternal, newborn, and child health plus nutrition (MNCH+N), family planning and malaria

## Intermediate Results

- Improved individual and social determinants of health
- Strengthened SBC coordination and collaboration among USG partners
- Strengthened SBC capacity of national and sub-national public sector entities

# Priority Behaviors for Integrated SBC

## Milestones



# Coordinated Multi-Channel Approach

Umbrella strategy with an overarching brand encompassing all the included health topics.

- Community Mobilization
  - *Community Social Behavior Change (SBC)*
  - *Community Capacity and Sustainability*
- Mass Media (Radio, Print, TV, Social Media)
- Mobile/Digital (SMS and IVR)
- Advocacy targeting- Religious, Traditional and Opinion Leaders
- Provider Behavior Change



# Where do we work in Nigeria?

Breakthrough ACTION implements SBC programs in 11 States and FCT

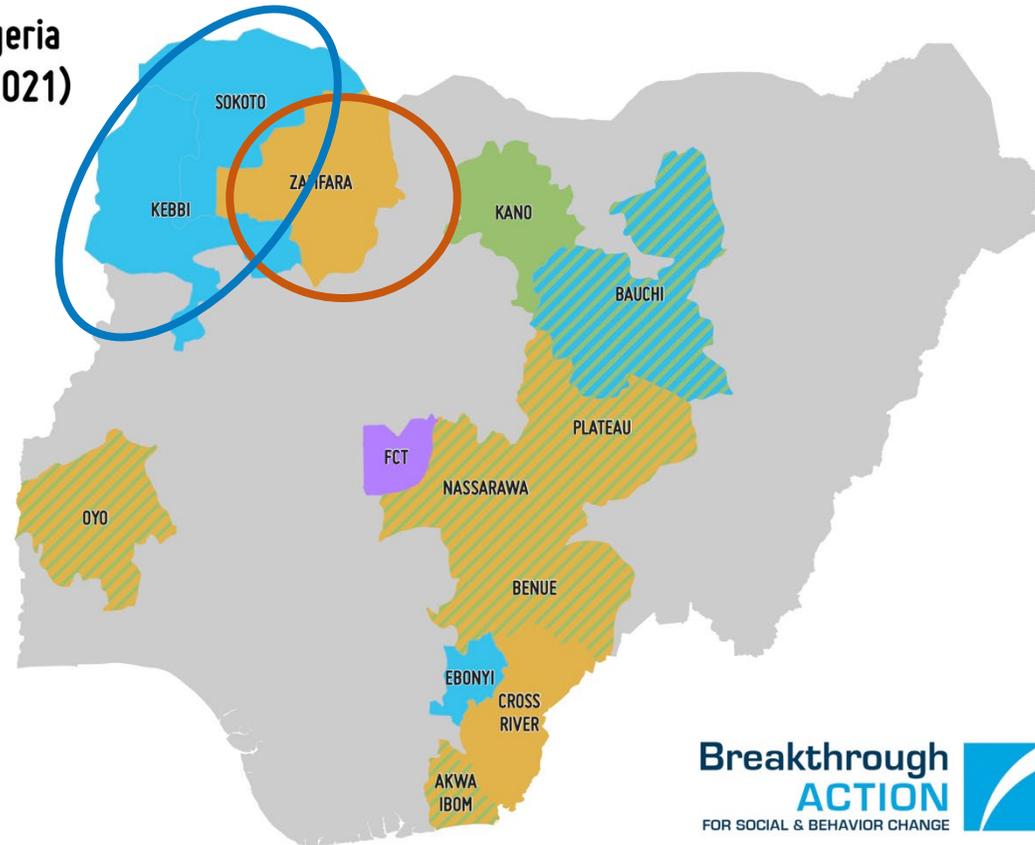
Breakthrough RESEARCH will implement the study in Kebbi and Sokoto (integrated) and Zamfara (malaria-only)

## Breakthrough ACTION–Nigeria PROJECT MAP (eff. Q1 FY2021)

### SBC Program Areas

- Integrated (MNCH+N, FP, Malaria)
- Integrated (MNCH+N, FP)
- Malaria
- TB

States with stripes indicate multiple program focal areas



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# Family Planning:

Background and formative research

# Nigeria situation

- **Total Fertility Rate (TFR):** Nigeria currently has one of the highest fertility rates in the world, with the northwest region experiencing the highest rates.
  - The total fertility rate in the northwest of the country is 6.6 live births per woman
  - Women 40-49 years old average 8.3 births in their reproductive lifetimes (2018 NDHS)
- **Maternal Mortality:** Nigeria currently has more maternal deaths annually than any other country in the world and has the fourth highest maternal mortality ratio.
- **Contraceptive Prevalence:** Only 6.2% of married women in the northwest are currently using any form of modern contraception, and the majority of married women - 68.7% - report no need for family planning for either spacing or limiting

# Breakthrough ACTION Formative Research

- Religious and traditional beliefs are highly valued and strongly influence how maternal and child health is practiced.
- There is significant trust and reliance on God's Will to decide how many children a couple will have.
- The use of modern contraceptive methods for childbirth spacing is increasing but often still done in secret, and traditional methods are also commonly used.
- Some women would like to use modern contraception but are denied permission by their husband.
- A lack of spousal communication about contraception inhibits planning for pregnancy.

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# What is the Behavioral Sentinel Surveillance (BSS) Survey?

# BSS design

## Study population

Women with a child under 2 years living within Breakthrough ACTION program areas in the 3 states  
*(not representative at state level)*

## Study design

Cross-sectional (baseline, midline, endline)  
Quasi-experimental and dose-response designs  
Baseline conducted in September 2019; midline and endline planned

## Sample size

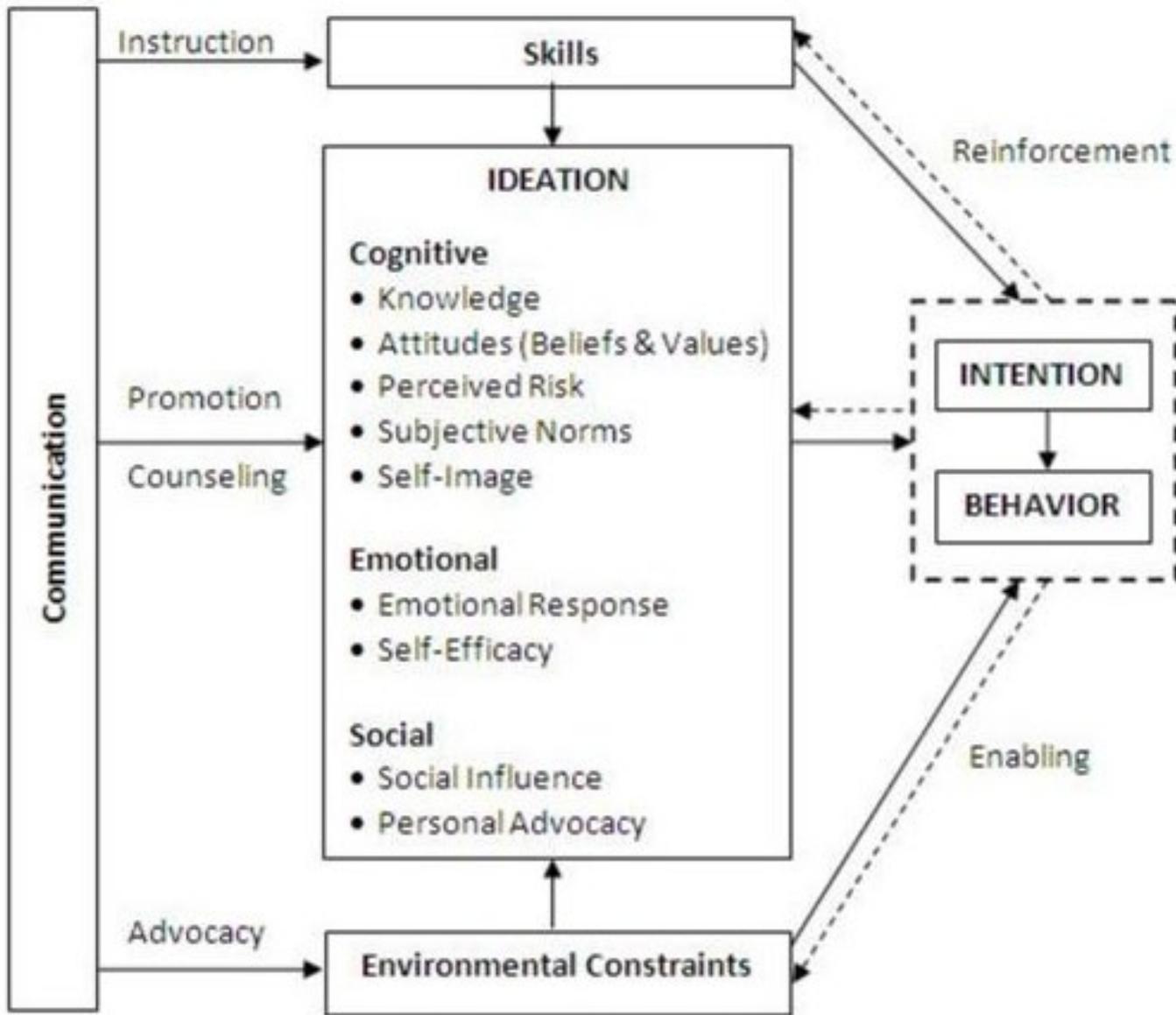
**3,043** women with a child under 2 years

## Sampling method

108 wards across three states;  
Random selection of women with children under 2 years

## Data analysis

Univariate & bivariate analysis; Mixed-effects logistic regression models; Post-estimation predicted probabilities



# Theory of Strategic Communication and Behavior Change

- Survey questions were intended to measure constructs of these domains for MNCH+N, FP and malaria
- Questionnaire was developed jointly with BA/N

# Family Planning ideational metrics

Dimension	Domain	Likert-scale statement or question
Cognitive	Knowledge	What are the benefits of contraception for children? For a woman?
		Side effects from using contraception are normal and usually go away in a few months.
	Contraceptive myths	Use of some contraceptives can make a woman permanently infertile. Contraceptives can harm a woman's womb. Contraceptives can reduce a man's sexual urge. Contraceptives can cause cancer. Women who use contraceptives may become promiscuous.
	Values	
	Beliefs	
	Norms	
Emotional	Self-efficacy	
Social	Social influence	

**Sources:** Babalola, S., John, N., Ajao, B., & Speizer, I. S. (2015). Ideation and intention to use contraceptives in Kenya and Nigeria. *Demogr Res*, 33, 211-238. Kincaid, D. L., & Do, M. P. (2006). Multivariate causal attribution and cost-effectiveness of a national mass media campaign in the Philippines. *J Health Commun*, 11 Suppl 2, 69-90. Krenn, S., Cobb, L., Babalola, S., Odeku, M., & Kusemiju, B. (2014). Using behavior change communication to lead a comprehensive family planning program: the Nigerian Urban Reproductive Health Initiative. *Glob Health Sci Pract*, 2(4), 427-443.

# Key programmatic questions

## 1. Behavioral patterns

What percentage of women are using modern contraception? What are the key behavioral patterns by geography or by sociodemographic characteristics?

## 2. Knowledge and Beliefs

Are respondents aware of different methods of contraception and their benefits? Are certain myths held by respondents that could impede progress? Do people approve of family planning?

## 3. Barriers

How do both demand-side (e.g., opposition, knowledge, socioeconomic characteristics) and supply-side (e.g., access, quality, cost) factors augment or impede the uptake of contraceptive services?

## 4. Social Influence and Decision-Making

How do contraceptive decisions get made in households? Who influences women's contraceptive use?

## 5. Ideational Relationships

How important are the individual components of the theory of strategic communication for contraceptive use? What ideations should SBC programs target to maximize impact?

## 6. SBC Program Potential

What is the potential impact of SBC programs to spur behavior change?

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# Family Planning

## Key findings

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# I. Behavioral patterns

# Current Modern Contraceptive Use

Percentage of women 15-49 years who are currently using any method of modern contraception	Kebbi		Sokoto		Zamfara		Total	
	%	N	%	N	%	N	%	N
<b>Total</b>	9.1	974	11.9	1,021	15.2	1,007	13.3	3,000
<b>Household wealth quintile</b>								
Lowest	2.4	284	9.2	324	7.6	107	6.8	715
Highest	18.0	176	30.5	155	33.8	286	31.0	617
<b>Maternal education, highest level attended</b>								
None	6.2	739	9.5	85	9.5	667	8.9	2,209
Secondary or higher	3.0	102	39.8	58	42.5	170	40.2	330

4.5x

Clear inequities (in all states) across education levels.

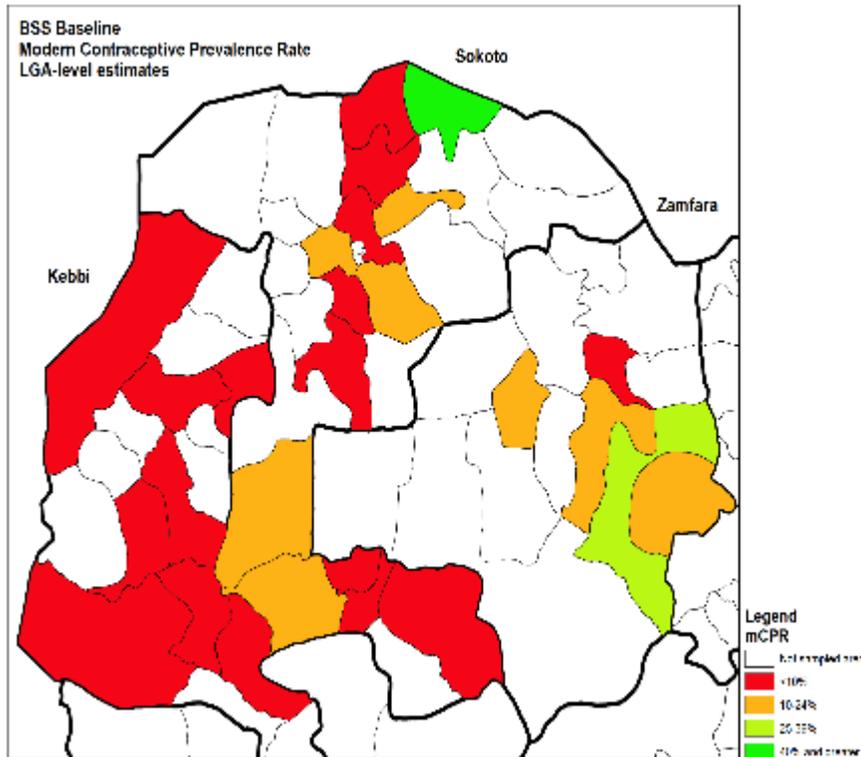
# Intentions to Use Modern Contraception in next 6 months

Proportion of women 15-49 years not currently using modern contraception who said they are likely to start in the next 6 months	Kebbi		Sokoto		Zamfara		Total	
	%	N	%	N	%	N	%	N
<b>Total</b>	13.7	884	7.8	1,064	17.7	1,064	14.7	2,571
<b>Household wealth quintile</b>								
Lowest	8.4	263	11.8	334	11.8	111	10.5	659
Highest	33.3	166	32.1	151	33.8	302	24.6	426
<b>Maternal education, highest level attended</b>								
None	19.4	667	11.5	843	13.8	693	12.2	1,993
Secondary or higher	28.5	95	18.2	58	43.3	180	26.4	200

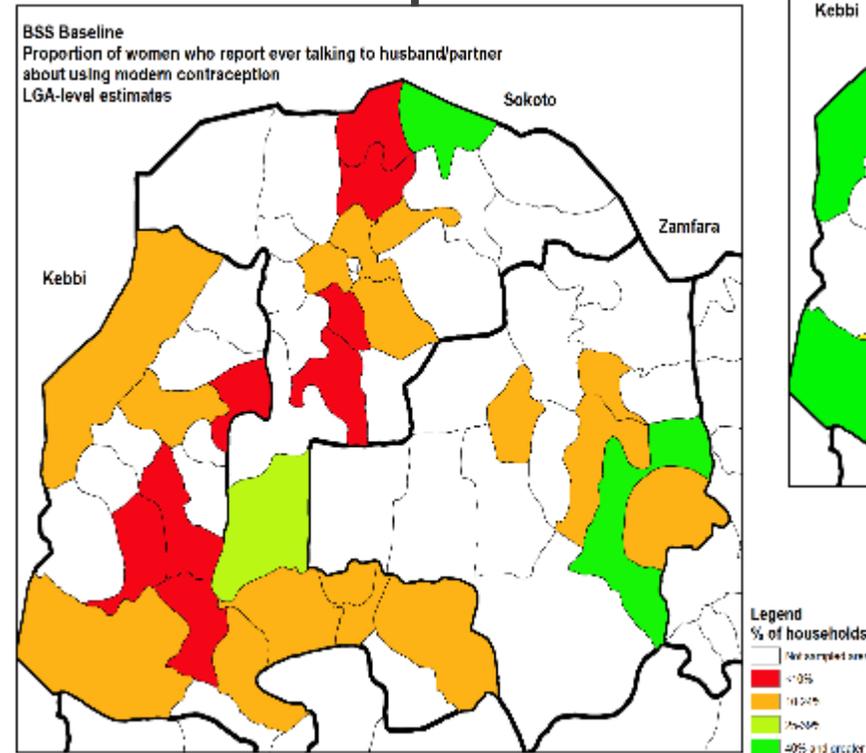
Clear inequities (in all states) across wealth and education levels.

# Contraceptive Outcomes by Geography

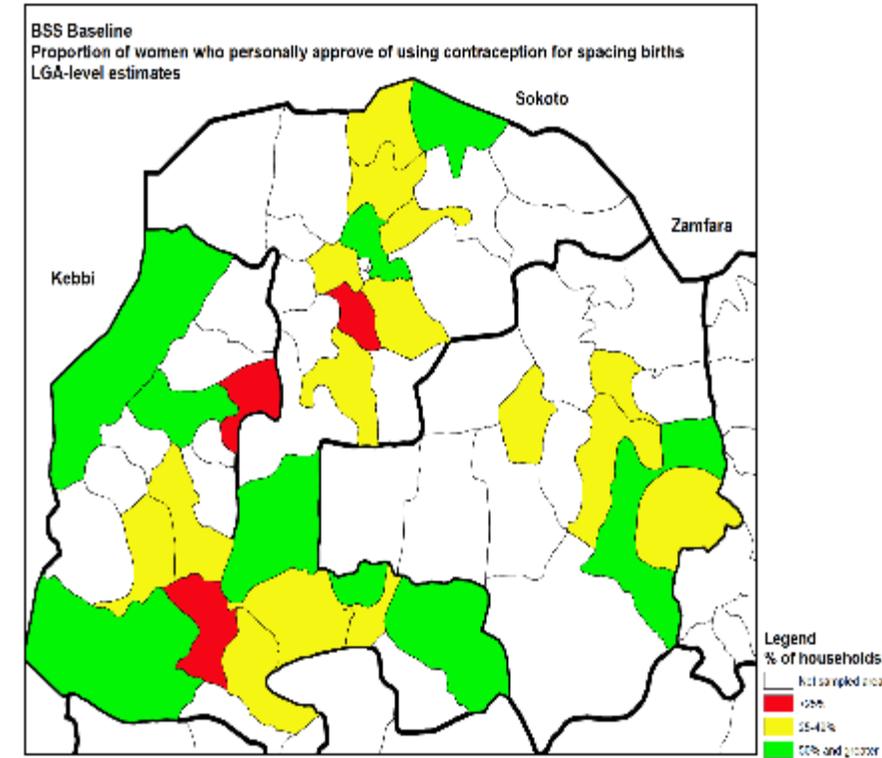
## Modern Contraceptive Prevalence



## Discussions with Husbands about Contraception



## Approval of Contraception

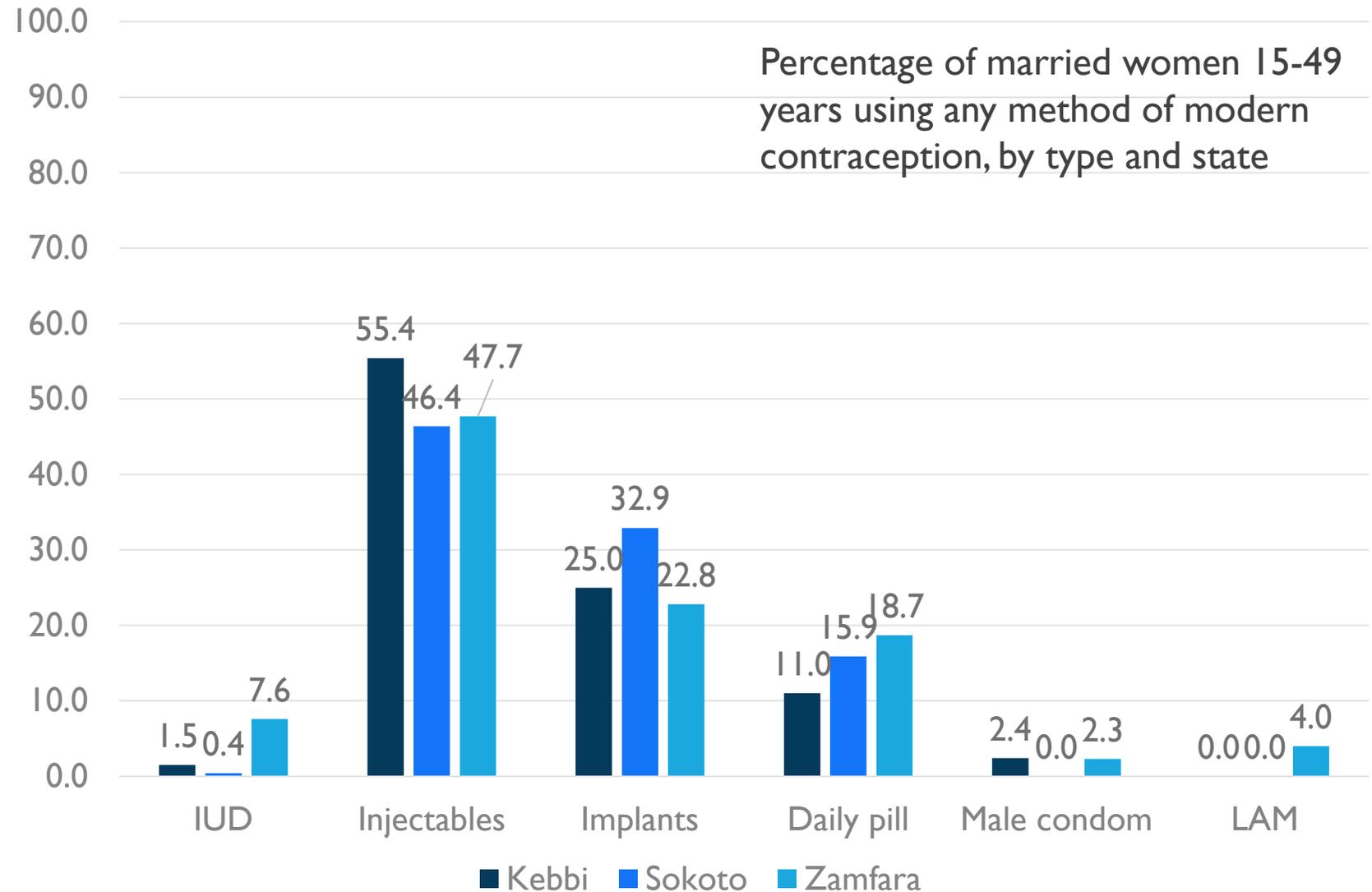


# Choice of Contraceptive Method

Injectables are the most commonly used method.

Implants are next most commonly used.

Among 13% currently using contraception



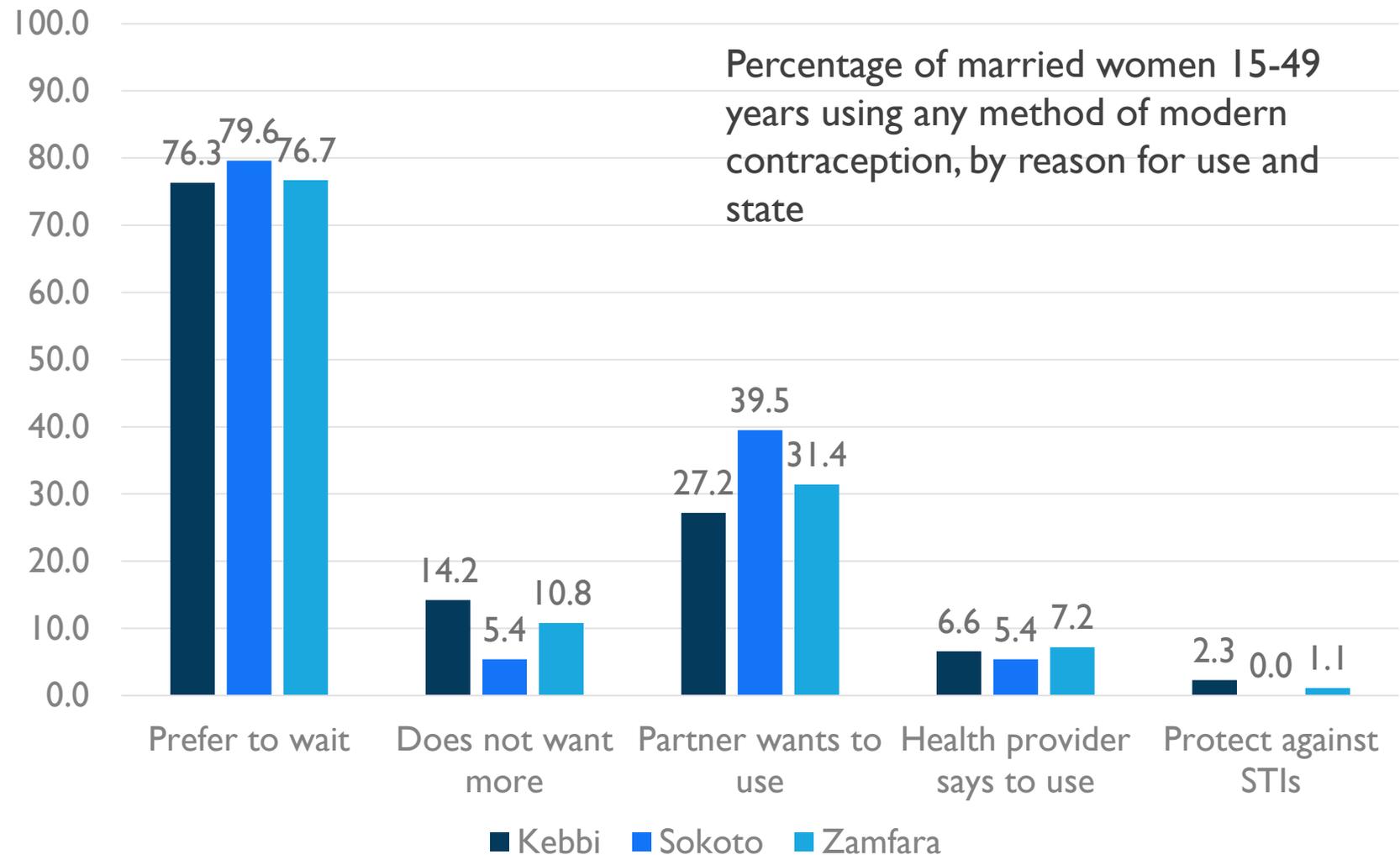
# Lactational Amenorrhea Method

- Only 8 women in the sample reported using LAM.
- LAM was explained during the interview as:  
*“Up to six (6) months after childbirth, a woman can use a method that requires that she feeds the baby with only breastmilk (no other formula, water or other food) and that her menstrual period has not returned.”*
- Use of LAM may be underestimated; 37.5% of women with a child < 6 months say they are exclusively breastfeeding.
- Even though they are exclusively breastfeeding, these women actually have higher modern contraceptive use than women who are not exclusively breastfeeding – 14.5% versus 9.0%.

# Reasons for Using Modern Contraception

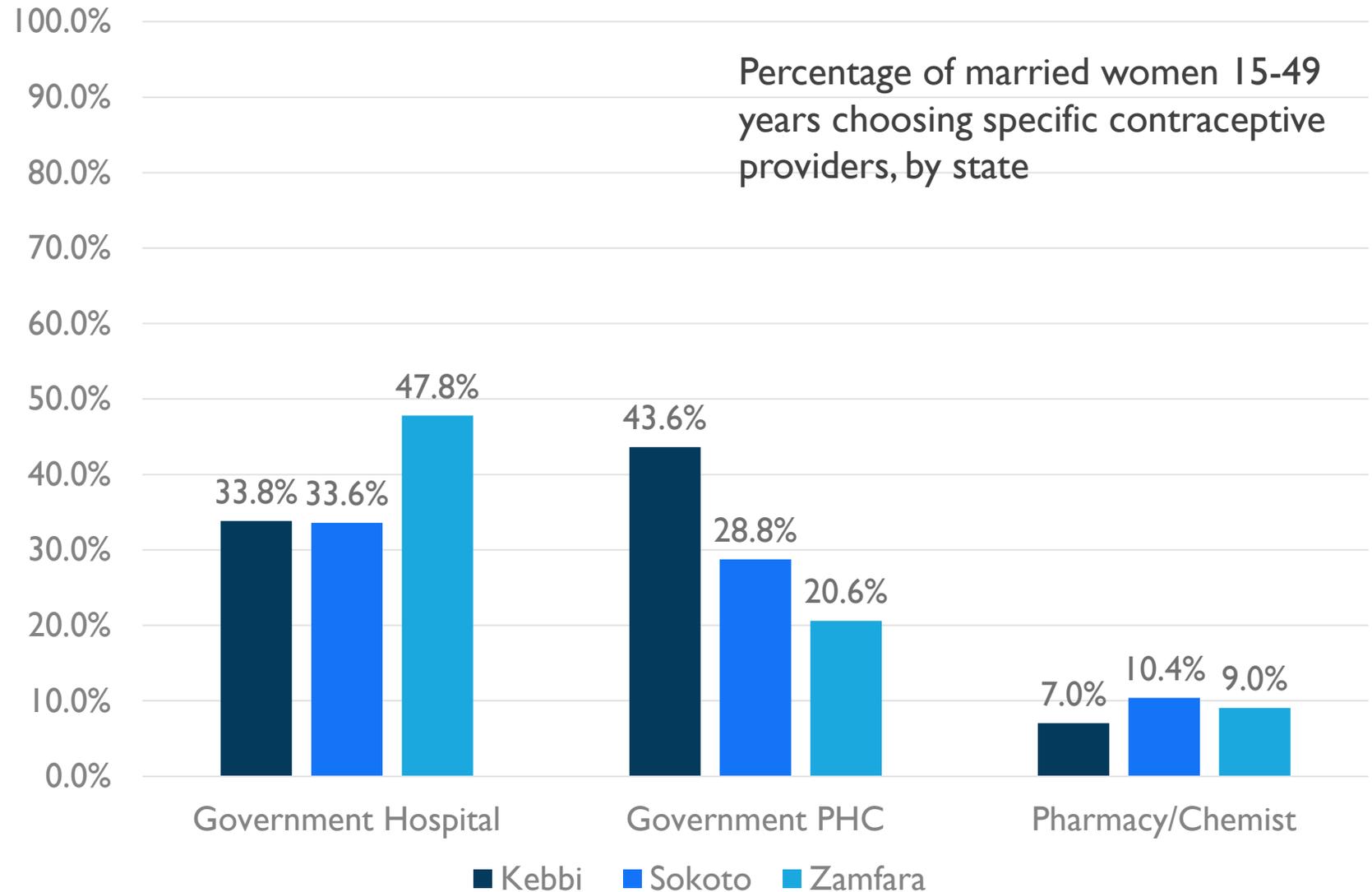
Desire to space is the main reason for using modern contraception.

Limiting is not commonly cited.



# Choice of Contraceptive Provider

Government is the principal source of family planning.



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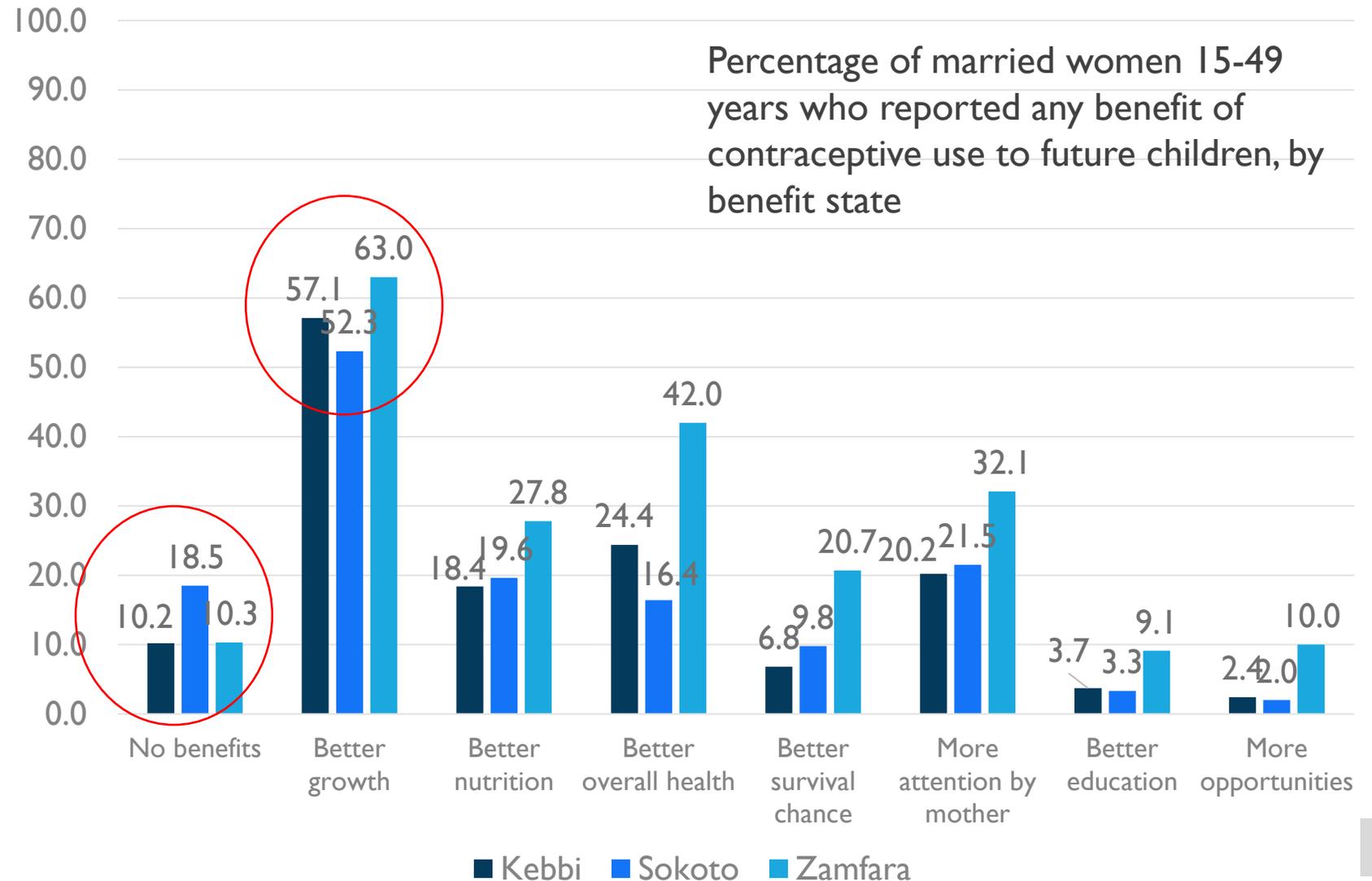
# 2. Knowledge and Beliefs

# Contraceptive benefits for future children

Only a minority of women are unable to cite a health benefit of contraceptive use for future children.

Most women cite better growth as a benefit.

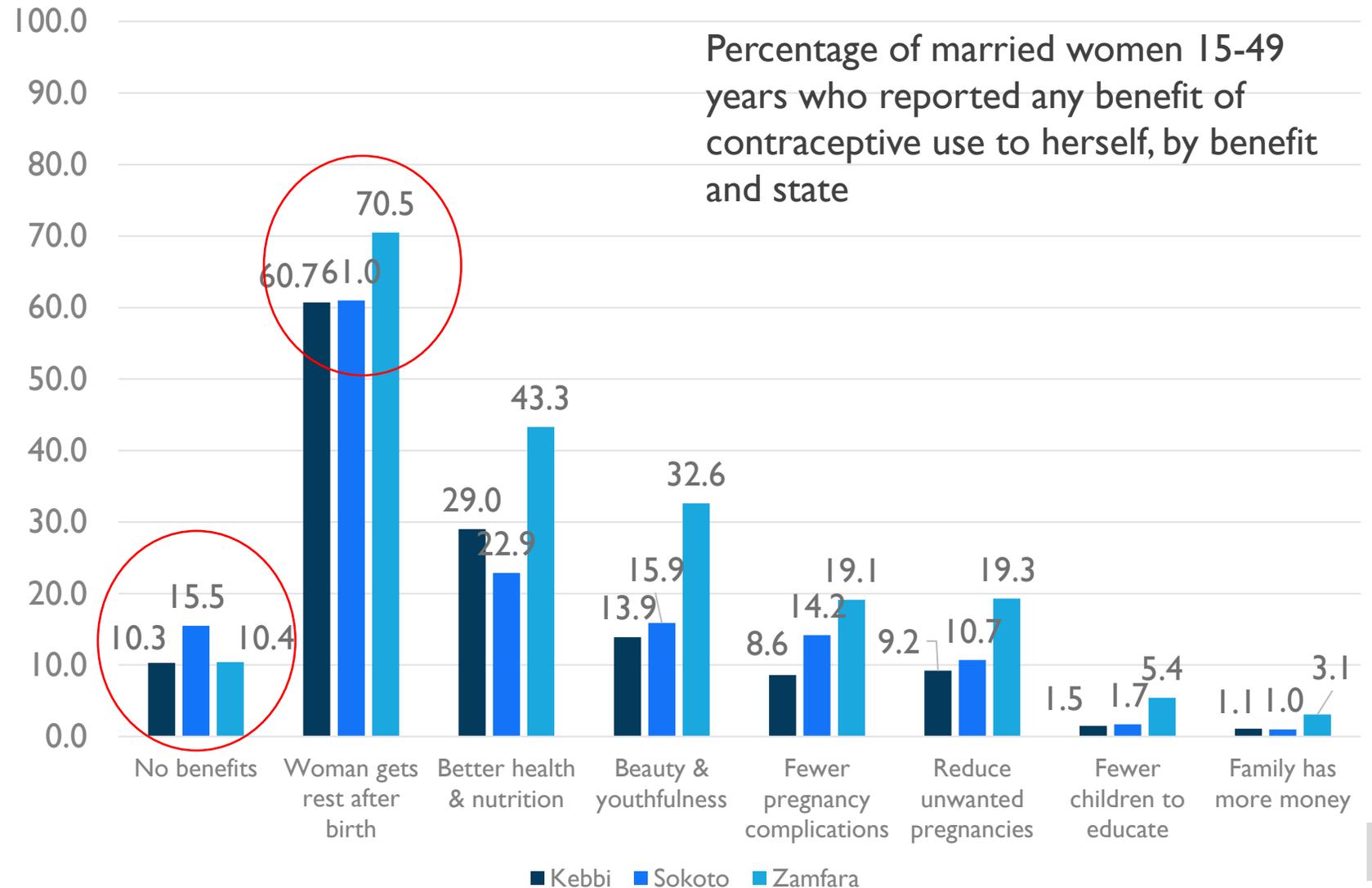
Others cite non-health benefits.



# Contraceptive benefits for the mother

Similarly, only a minority of women are unable to cite a health benefit of contraceptive use for the mother.

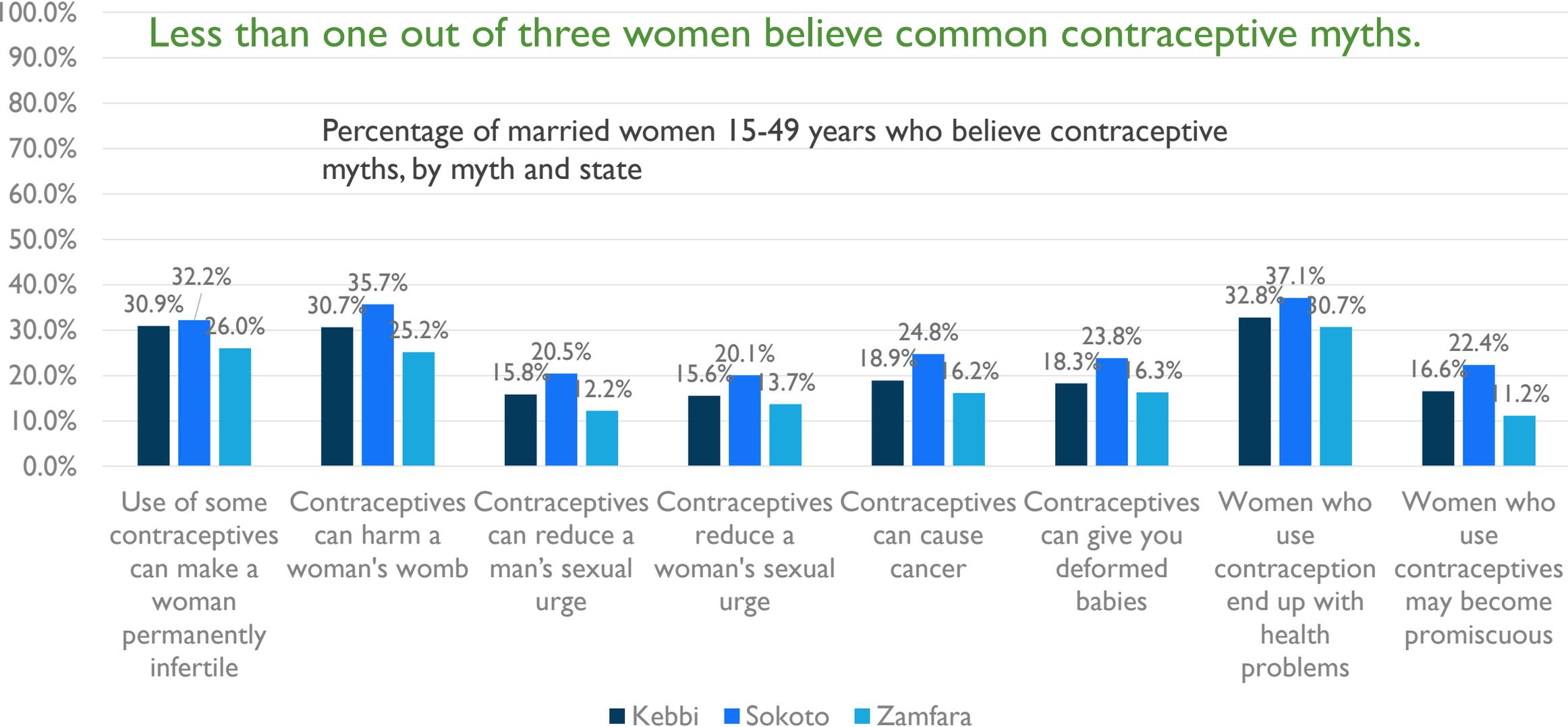
Providing a rest period is the most often cited benefit.



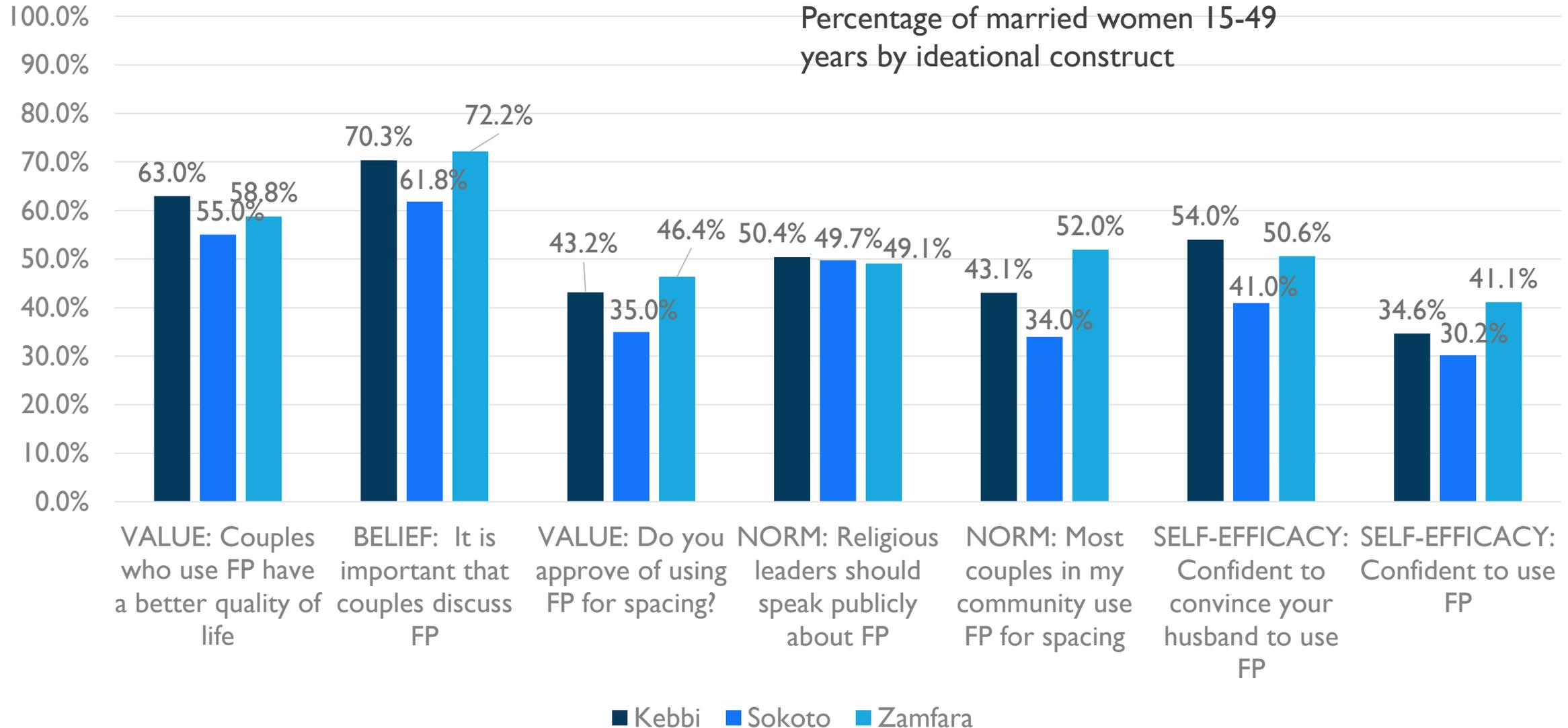
# Contraceptive Myths

Less than one out of three women believe common contraceptive myths.

Percentage of married women 15-49 years who believe contraceptive myths, by myth and state



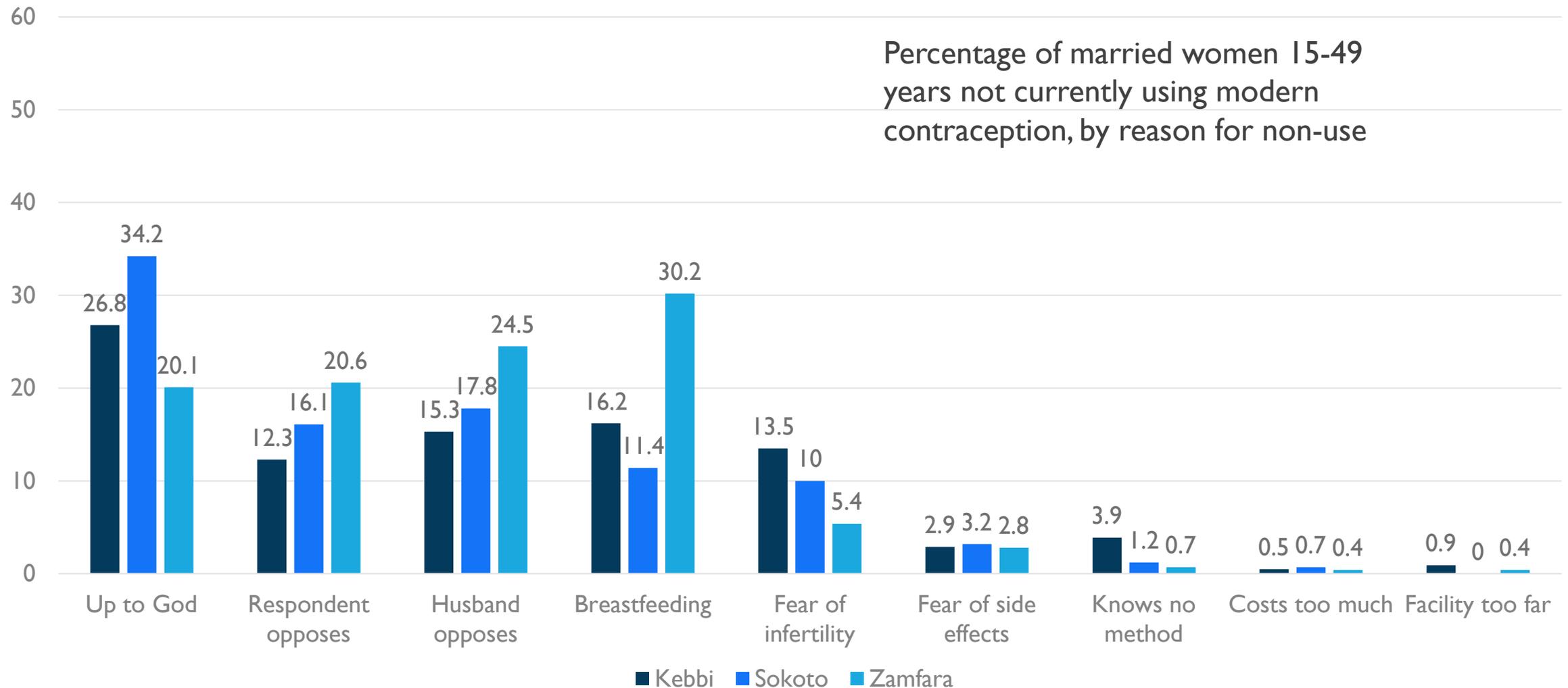
# Ideations: Values, Norms, Self-Efficacy and Beliefs



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# 3. Barriers

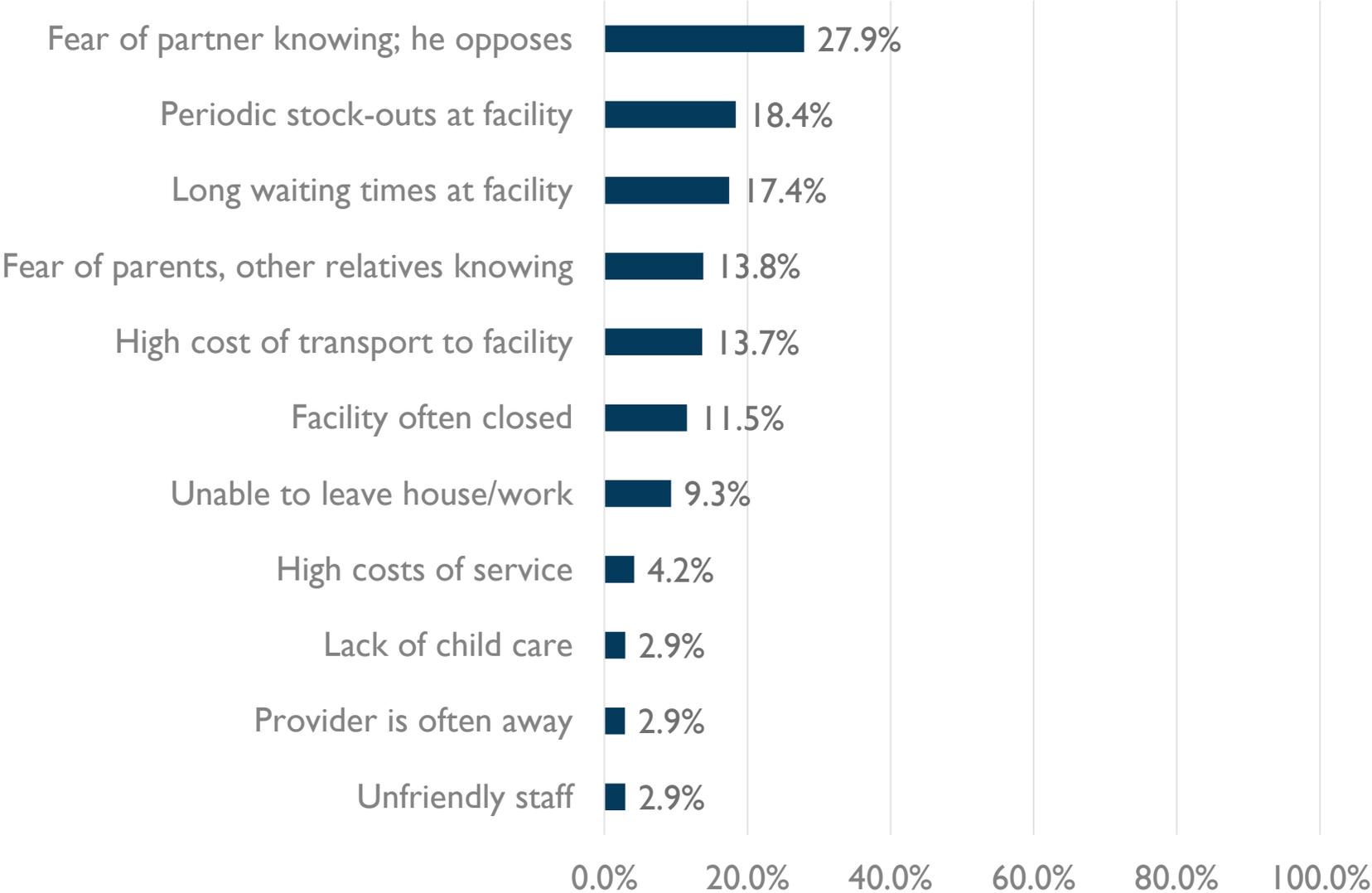
# Reasons for Not Using Modern Contraception



# Difficulties faced obtaining current method

Difficulties were not commonly reported.

Fear of partners knowing was the principal difficulty, although facility-level impediments also mattered.



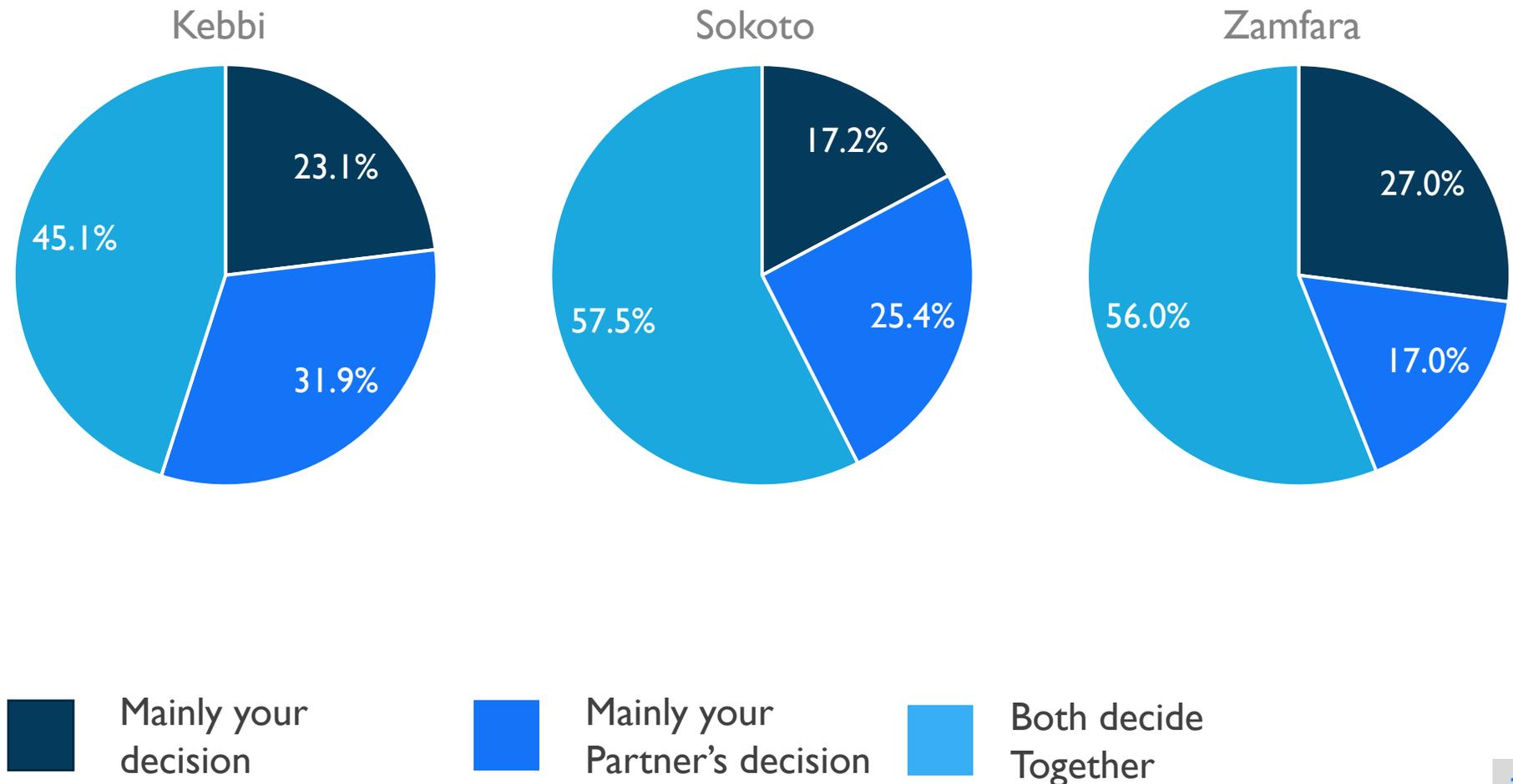
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# 4. Social influence and decision-making

# Who decides if you use a contraceptive method?

Few women are able to solely decide about FP. Husbands make more solo decisions than women except in Zamfara.

Joint decision-making is most common.

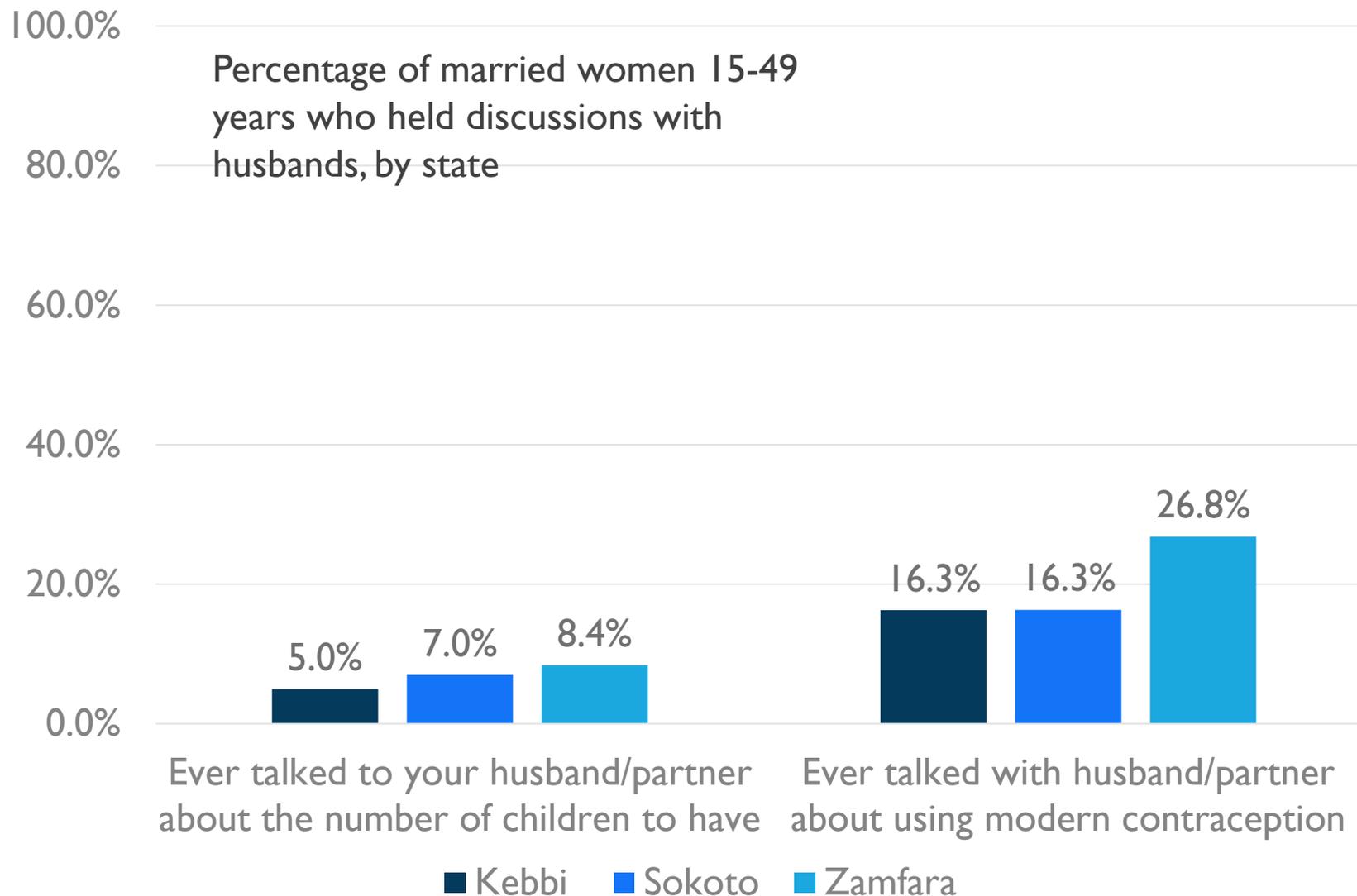


# Discussions with Husbands

Discussions with husbands are rare.

Few couples talk about fertility goals.

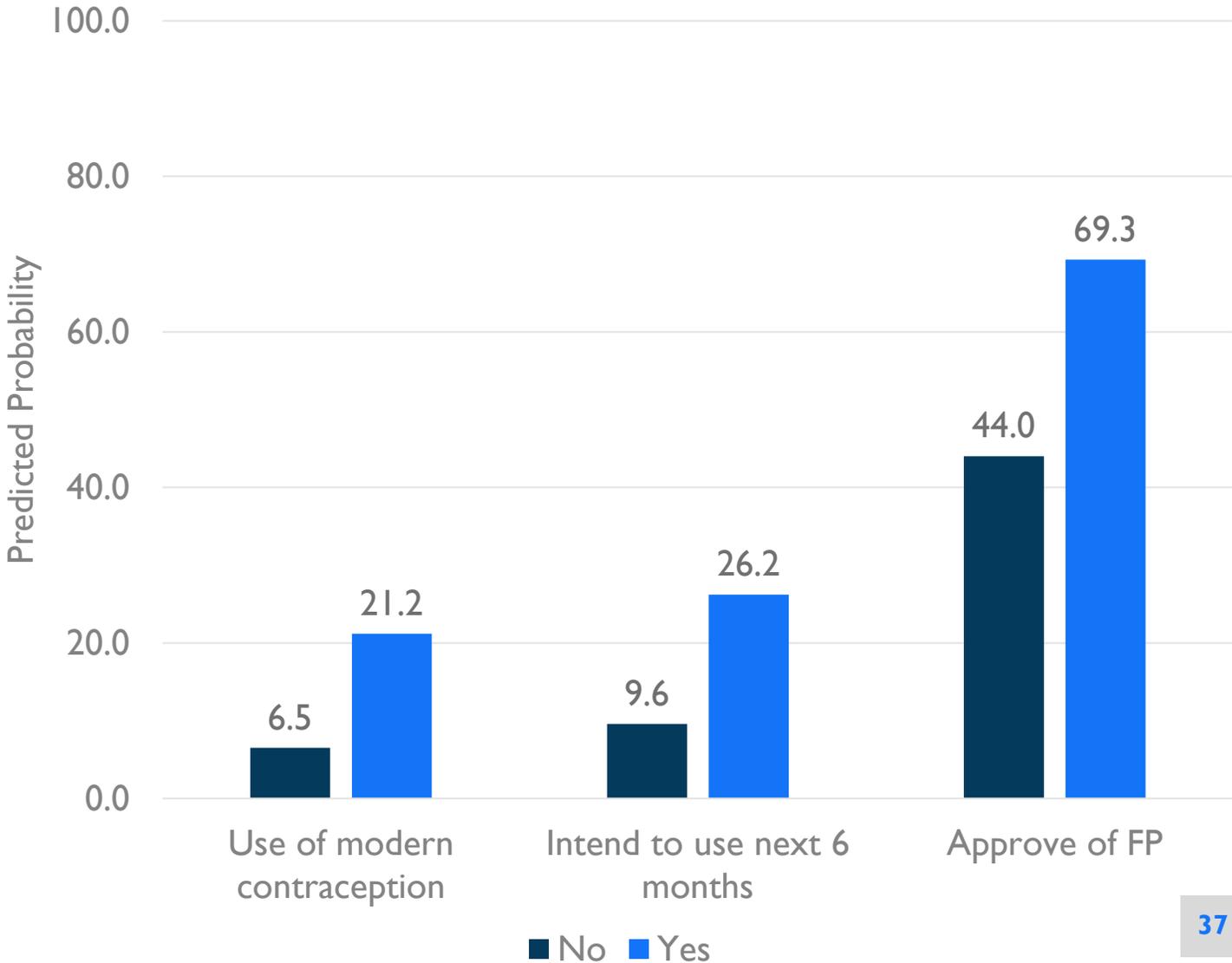
More couples, but still few, discuss contraceptive use.



# Family planning outcomes among those who did and did not discuss FP with husbands

Women who discuss FP with their husbands have better FP outcomes.

Caution should be taken because this may not be a causal relationship.



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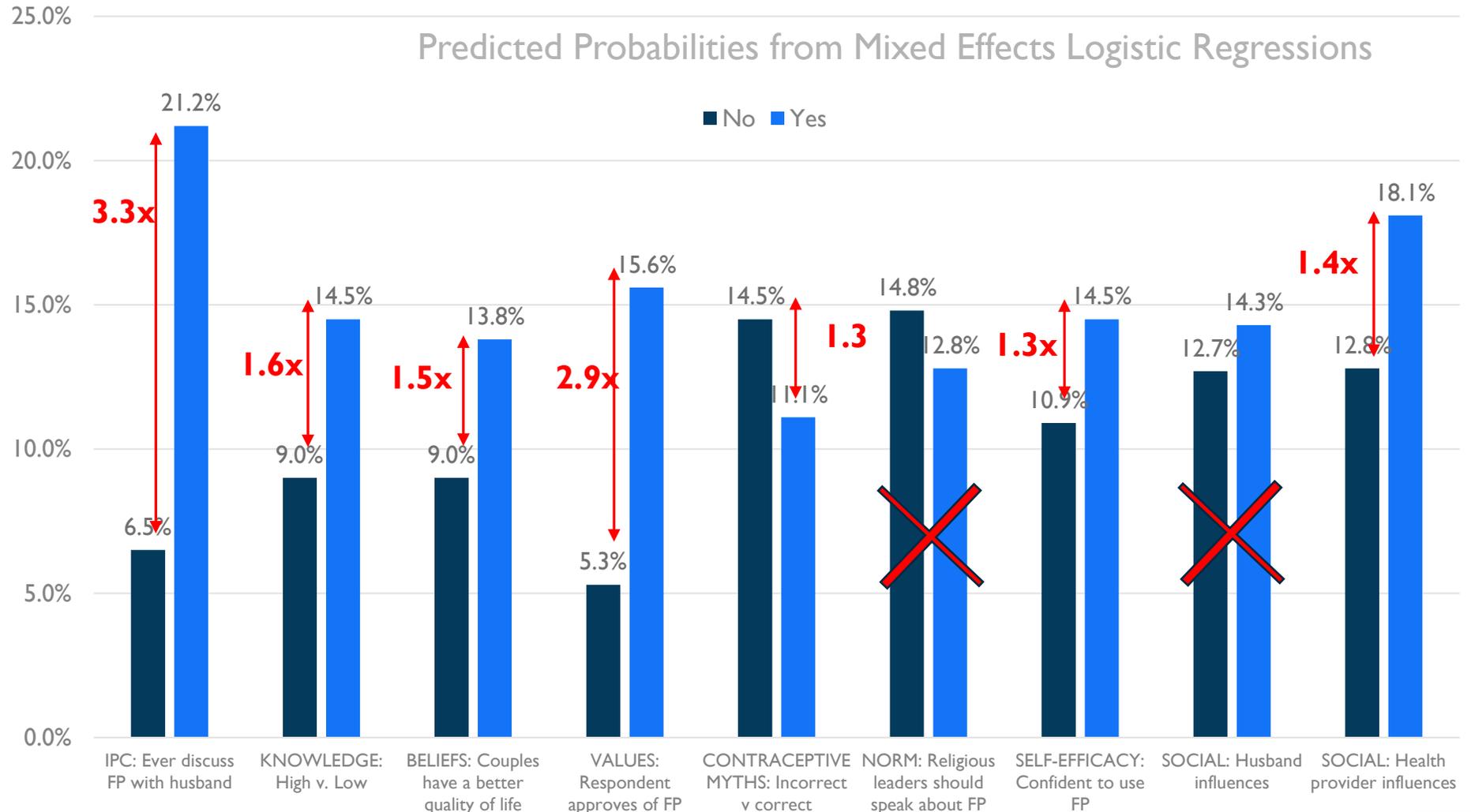
# 5. Ideational Relationships

# Ideations and Modern Contraceptive Use

**IPC:** Women who discussed FP were **3.3x** more likely to use FP

**Values:** Women who approve of FP are **2.9x** more likely to use FP

**Social:** Women who are influenced by health providers are **1.4x** more likely to use FP



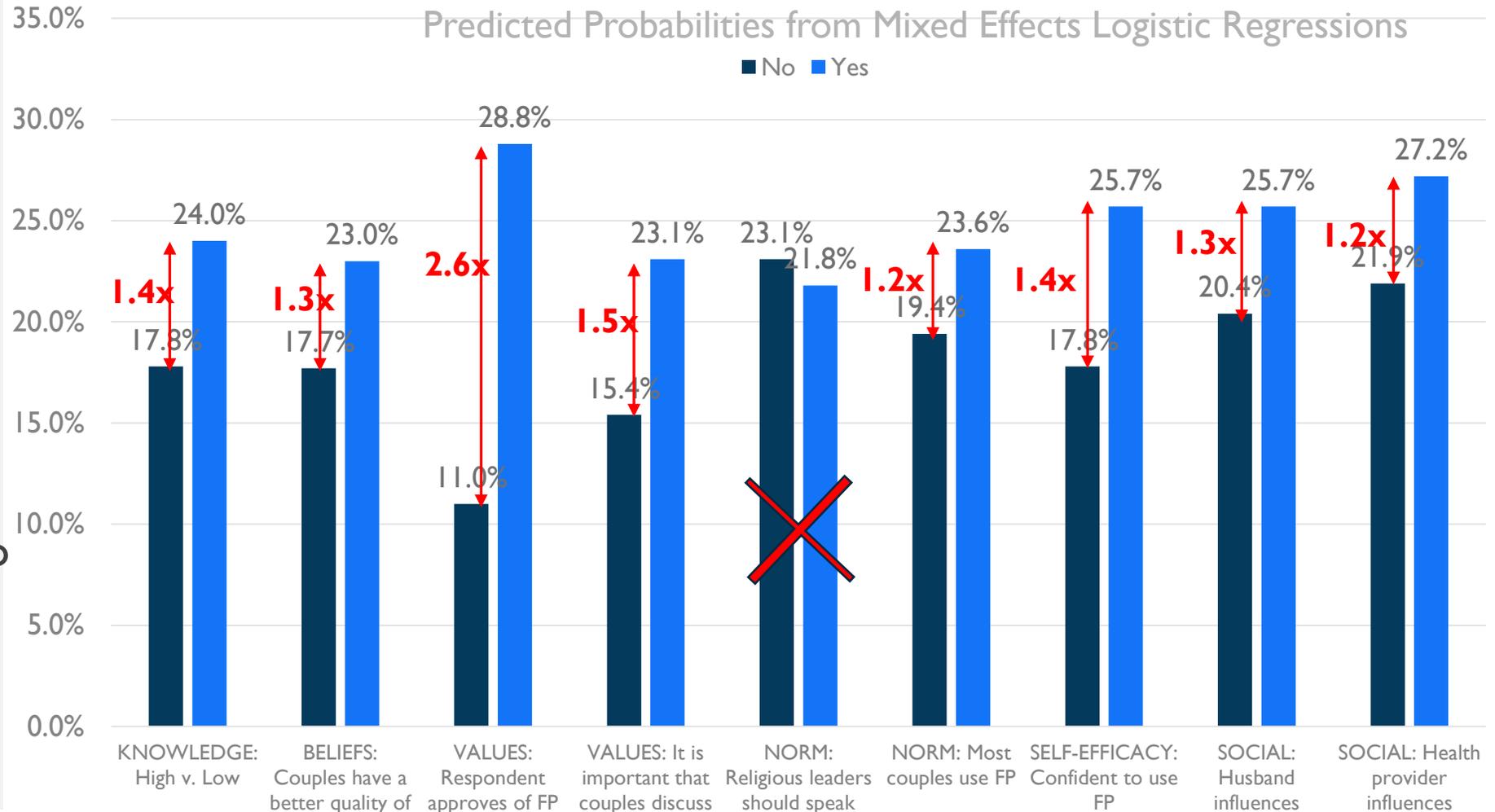
All differences in likelihood (except those with "X") are statistically significant at <0.05 level in mixed-effects logistic regression analysis adjusted for ideational and sociodemographic variables, e.g. wealth, age, employment and education (respondent and spouse)

# Ideations and Discussions with Husband about FP

**Values:** Women who approve of FP are **2.6x** more likely to discuss FP.

**Social:** Women whose husbands influence FP decisions are **1.3x** more likely to discuss FP.

**Self-efficacy:** Women who are confident about using FP are **1.4x** more likely to discuss FP.

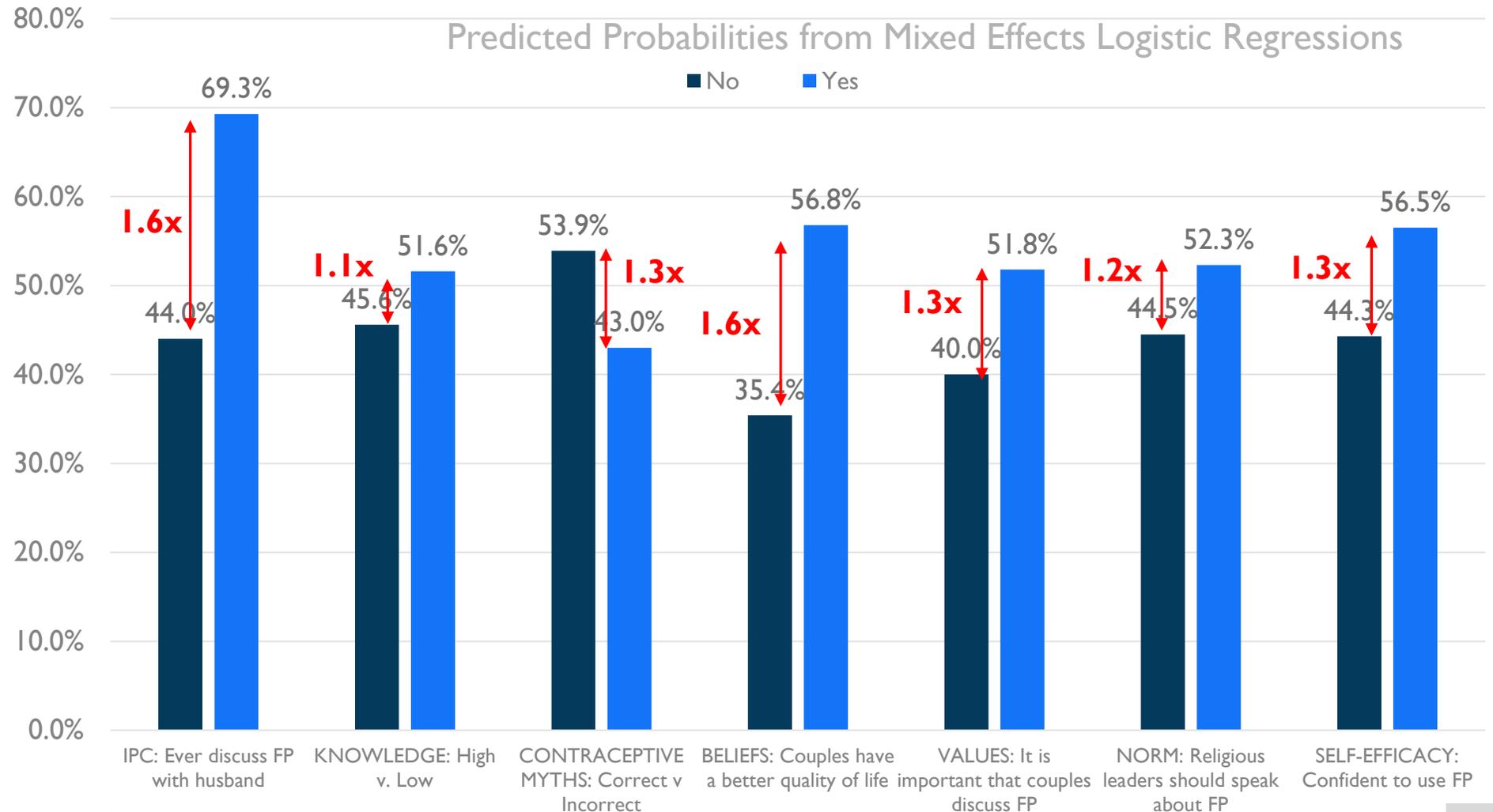


All differences in likelihood (except those with "X") are statistically significant at <0.05 level in mixed-effects logistic regression analysis adjusted for ideational and sociodemographic variables, e.g. wealth, age, employment and education (respondent and spouse)

# Ideations and Approval of Family Planning

**IPC:** Women who have discussed FP are **1.6x** more likely to approve of FP.

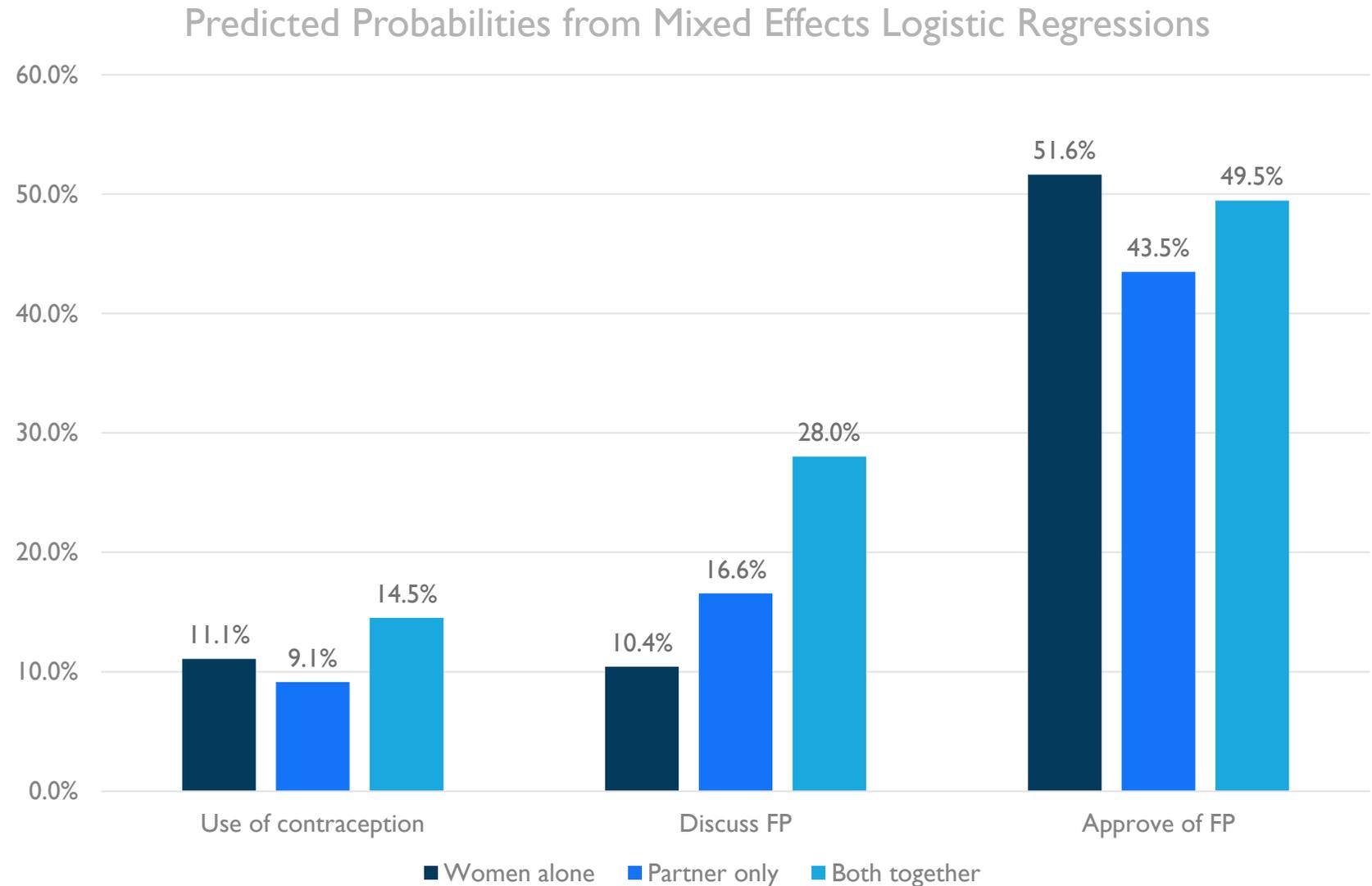
**Knowledge:** Women who do not believe contraceptive myths are **1.3x** more likely to approve.



All differences in likelihood (except those with “X”) are statistically significant at <0.05 level in mixed-effects logistic regression analysis adjusted for ideational and sociodemographic variables, e.g. wealth, age, employment and education (respondent and spouse)

# Family Planning Outcomes by Decision-maker

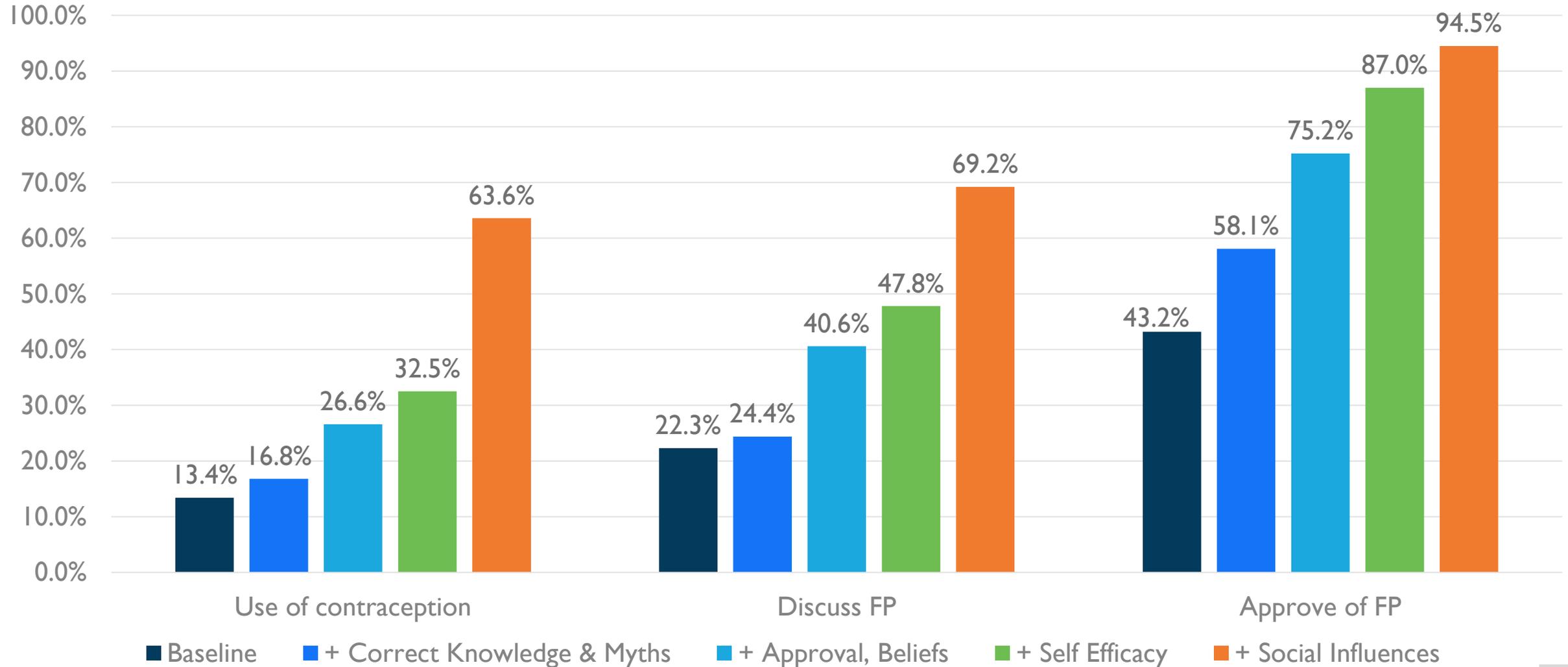
Outcomes tend to be better if there is joint decision-making about contraceptive use.



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# 6. SBC Program Potential

# Improved FP Outcomes by Ideational Factors



Percentages represent predicted likelihoods from mixed random effects logistic regression models evaluated at different values of model covariates

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# Program Implications

# Program implications

## **Low and inequitable modern contraception use in the study area**

- Vast majority of women are not currently using modern contraception, and there is low approval for family planning among respondents.
- Common reasons for non-use: fatalism, spousal opposition and breastfeeding.
- Most ideations – across cognitive, social and emotional domains – are associated with a wide range of FP outcomes for SBC programs to target in their activities.

## **Improve social acceptance, dispel myths and improve approval of FP**

- SBC programs must work on improving social acceptance of FP and dispel myths (e.g. contraception causes cancer or infertility). Health providers will play an important role.
- Improved knowledge and supportive beliefs could also help build positive perceptions of contraception and improve respondent approval of family planning

# Program implications

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## **Spousal support is critical for contraception use**

- SBC programs could maximize impact by engaging spouses in promotion activities.
- Spouses play an outsized role in FP decisions and their support is critical for uptake.
- More research is needed to better understand male ideations in order to target SBC programs for this key stakeholder group.

## **SBC has potential to substantially improve FP outcomes**

- Simulations suggest that better knowledge of FP benefits and more accurate risk perceptions would notably impact a range of FP outcomes with the largest effects of coming from increased respondent approval and couples' collaboration.
- Simulations also suggest most sizeable impacts come from improved cognitive (e.g. beliefs, values), emotional (e.g. self-efficacy) and social (e.g. spousal support) factors.

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# What's next?

# Next steps

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- Conduct BSS analyses to inform SBC program adaptation and scale-up
- Prepare manuscripts and research briefs to disseminate results
- Plan the BSS midline survey (although delays due to COVID 19)
- Present BSS results by specific health area in our webinar series

# Future webinar events

Webinar Topic	Date
Global webinar – BSS results overview	June 11
National webinar – BSS results overview	June 25
Pregnancy and childbirth	July 23
Breastfeeding	August 6
Vaccination	August 20
Sick child care-seeking and treatment	Sept 3
Malaria	Sept 17
Family planning	Sept 30
Inequalities	Oct 7

# Future work and significance

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- BSS baseline results are a first step for assessing the effectiveness and cost-benefit of integrated versus malaria-only SBC programs in Nigeria
- Highlight ideations and behaviors during this baseline period to inform SBC program scale-up and adaptation
- Present new ideational metrics across MNCH+N areas and quantify their relationship with behavioral outcomes to test behavioral change theories
- Link BSS results with routine program data or health facility records to examine impact of supply- and demand-side factors on service use

# Project Team

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**Udochisom Anaba**, BR Nigeria/Tulane

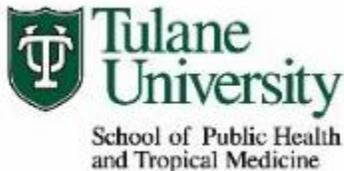
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# THANK YOU



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## ABOUT BREAKTHROUGH ACTION + RESEARCH

Breakthrough ACTION and Breakthrough RESEARCH are USAID's flagship programs for social and behavior change working to increase the practices of priority health behaviors for improved health and development outcomes.

