

Social Norms: Promote community support

Appendix. Evidence-informed SBC interventions

Table 1. Interventions in which changes in contraceptive use were significant; social norms were not measured

Intervention description	Effect on contraceptive use (and related outcomes)
Egypt (Hutchinson & Meekers, 2012)¹	
A mass media campaign, including television, radio, and press, encouraged families to practice birth spacing and other healthy behaviors by targeting specific life stages, such as marriage, pregnancy, and the postpartum period. Home visits conducted by community agents reinforced the messages.	There was a statistically significant effect on modern contraceptive use between baseline and endline among a panel of reproductive-age women in the intervention area.
India (Daniel et al., 2008; Subramanian et al., 2018)^{2,3}	
Small group education sessions, home visits, and infotainment parties were held with young married men and women to promote delayed and spaced childbearing. Their parents and in-laws, as well as community leaders and influential residents, were also targeted with education programs. The wider community was reached through wall paintings and street theater. Health system improvements were also made.	In the initial intervention, the increase in use of contraception between pre- and post-intervention was significantly higher than in the comparison area. Subsequent iterations implemented over shorter periods of time or without all components still had positive, but not consistently significant family planning use outcomes.
Kenya (Lusambili et al., 2021)⁴	
Community health workers led quarterly reflective dialogues among men and women on the importance of family planning and reproductive, maternal, newborn, and child health with a focus on gender equity and male engagement in health-seeking behavior. Health workers provided education at facilities and in outreach sessions. Community leaders were trained as gender champions.	Qualitative results indicate that the intervention may have shifted behaviors with regard to uptake of family planning.
Kenya (Mochache et al., 2018)⁵	
Community health workers were trained to lead reflective dialogues, during which community action plans for improving health outcomes related to family planning, use of antenatal care, and facility-based deliveries were developed. Linkages to the health care systems were also provided.	Overall, the facilities reported a statistically significant increase in uptake of family planning pre-intervention versus post-intervention.

Intervention description	Effect on contraceptive use (and related outcomes)
Malawi (Bhushan, 2018)⁶	
This year-long intervention for sexually active adolescent girls and young women included empowerment sessions covering contraception as well as other topics on health and relationships and linkages to youth-friendly health services.	Participation in the sessions overall, as well as in the contraceptive-specific sessions, was significantly and positively associated with non-barrier contraceptive use.
Nigeria (Adedini et al., 2018)⁷	
Community advocacy groups were formed, which then met with religious leaders to discuss family planning. As a result of this engagement, religious leaders gave statements in support of family planning at public gatherings and through mass media.	The multivariable analysis revealed significantly higher contraceptive uptake among women who had exposure to family planning messages from religious leaders relative to those with no exposure.
Malawi (Shattuck et al., 2011)^{8*}	
Locally recruited male outreach workers shared their experience with using family planning during reflective dialogues with younger married men in their communities. Referrals to family planning facilities were also provided.	Intervention participants were significantly more likely to use contraception post-intervention compared to members of the control group.
Senegal (Speizer et al., 2018)⁹	
This study looked at a multi-component intervention ability to engage men to increase use of modern contraception. It included religious leaders discussing family planning, radio and television programming, and community activities such as home visits and reflective dialogues.	Among the men in the study, exposure to certain aspects of the intervention was associated with significantly higher levels of reported modern family planning use and discussion of family planning with partners.
Uganda (Dagadu et al., 2017)^{10*}	
A serialized radio drama and reflective dialogues guided by a toolkit of materials sought to reach adolescents with messages about gender and reproductive health, with linkages to health services through community health workers. Reflective dialogues and engagement activities were also held for community leaders.	In the pilot phase, significant improvements were observed among newly married and parenting adolescents from pre- to post-intervention: increased communication with partners about family planning use; and increased family planning use.

* While Dagadu et al., 2017 and Shattuck et al., 2011 reported using the Gender-Equitable Men (GEM) scale to assess gender norms, the GEM scale, as used in these evaluations, asks about individual attitudes, not social norms.

Table 2. Interventions in which changes in social norms were none or mixed and in which contraceptive use were positive

Intervention description	Effect on family planning-related social norms	Effect on contraceptive use (and related outcomes)
Cote D'Ivoire (Silva et al, 2021)¹¹		
This mass media campaign consisted of high frequency radio spots that encouraged couples to discuss family planning and emphasized the safety and effectiveness of contraceptive methods.	There were no significant associations found between campaign recall and social norms related to family planning use and couples' communication.	Campaign recall was significantly associated with use of contraception among both men and women.
Democratic Republic of Congo (IRH and FHI 360, 2020)¹²		
Reflective dialogues about family planning and intimate partner violence were held among young couples in church congregations, led by trained gender champions and faith leaders. Organized diffusion activities aimed to share key messages with the wider congregations. Health systems improvements were also made.	While there were increases in perceptions of family planning use as typical and accepted behavior from pre- to post-intervention, these associations were not statistically significant differences between the intervention and comparison congregations.	Individuals in intervention congregations were significantly more likely to use modern contraception compared to individuals in comparison congregations at endline, and compared to respondents at baseline in intervention congregations.
Nigeria (Jah et al., 2014)¹³		
This mass media intervention was a 208-episode radio serial drama that aired over the course of two years. It included messages to promote small family size norms; effective family planning and birth spacing; delayed marriage; and gender equity.	There were no significant associations between exposure to the radio drama and family planning social norms measured as respondent perception of husband/partner approving or not of couples using a contraceptive method.	Listeners to the drama showed significantly greater odds than non-listeners of discussing family planning with their partners and of currently using a contraceptive method.

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