

Knowledge, Beliefs, Attitudes, & Self-efficacy:

Strengthening an individual's ability to achieve their reproductive intentions

May 16, 2023



Maria Carrasco, USAID Moderator

Maria is a behavioral scientist with 15 years of experience designing, implementing, and managing capacity building and public health programs. Maria has experience providing technical assistance to and managing large public health projects in sub-Saharan Africa and Latin America and has been a behavioral sciences consultant for the World Bank, UNFPA, and Pact. She has lived and worked in Ecuador, Peru, Malawi, and Mozambique. In her current role at USAID, she works on the High Impact Practices (HIPs) in Family Planning (FP). Maria received her BS in Economics from Truman State University, her Master of Public Policy from Duke University and her Master of Public Health (MPH) and PhD from the Johns Hopkins Bloomberg School of Public Health.



Today's Agenda

- Opening and Welcome
- SBC Overview
- Knowledge, Beliefs, Attitudes & Self-efficacy Overview
- Implementation Perspective
- Questions & Answers
- Closing

Maria Carrasco, USAID

Joanna Skinner, JHU

Lynn Van Lith, JHU

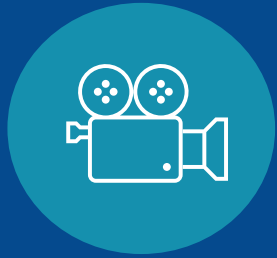
Laraib Abid, MASHAL

Moderator

Moderator



Before we Begin



Webinar will be recorded



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Submit your questions anytime



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What are the High Impact Practices (HIPs)?



Evidence-based
family planning
practices



Vetted by experts
against specific
criteria



Documented in
an easy-to-use
format

HIP | FAMILY
PLANNING
HIGH IMPACT
PRACTICES

 ibpnetwork

HIP Categories

HIP briefs are grouped into three primary categories:

Enabling Environment

Address systemic barriers that affect an individual's ability to access family planning information & services.

Service Delivery

Improve the availability, accessibility, acceptability, and quality of family planning services.

Social and Behavioral Change

Influence knowledge, beliefs, behaviors, and social norms associated with family planning.

Enhancements

Approaches used in conjunction with HIPs to maximize the impact of HIP implementation or increase the reach.



HIP Briefs

HIP briefs define the *practice* and summarize evidence of *impact* and experiential learning from implementing.

Community Health Workers
 Family Planning & Immunization Integration
 Immediate Postpartum Family Planning
 Mobile Outreach Services
 Pharmacies & Drug Shops
 Postabortion Family Planning
 Social Franchising
 Social Marketing

Comprehensive Policy Processes
 Domestic Public Financing
 Educating Girls
 Galvanizing Commitment
 Leading & Managing Social Accountability
 Supply Chain Management

Community Group Engagement
 Couples' Communication
 Digital Health for Social and Behavior Change
 Knowledge, Beliefs, Attitudes, and Self-efficacy
 Mass Media
 Social Norms

Adolescent-Responsive Contraceptive Services
 Digital Health to Support Family Planning Providers
 Digital Health for Systems
 Family Planning Vouchers

Today's Panelists



Joanna Skinner
Johns Hopkins CCP



Lynn Van Lith
Johns Hopkins CCP



Laraib Abid
MASHAL



Knowledge, Beliefs, Attitudes, and Self-efficacy

Knowledge, beliefs, attitudes, and self-efficacy

What is the proven high-impact practice in family planning?

Implement interventions to strengthen an individual's ability to achieve their reproductive intentions by addressing their knowledge, beliefs, attitudes, and self-efficacy.

Background

Accurate knowledge about family planning has long been understood as a critical factor to reach various family planning goals^{1,2} and essential to informed choice.*

Furthermore, inaccurate knowledge about fertility has been associated with unintended pregnancies.³

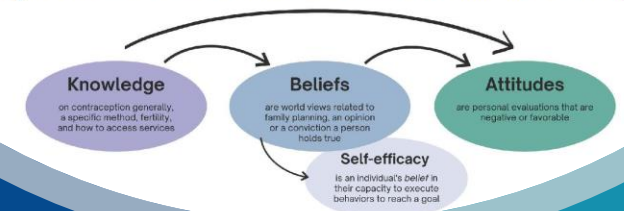
Experts believe that individuals with accurate knowledge that goes beyond knowing a few contraceptive methods, such as knowledge of fertility or contraceptive side effects, are more likely to use and less likely to discontinue using family planning to fulfill their fertility intentions. In addition to knowledge, other individual factors influencing someone's ability to reach their fertility intentions include **beliefs**, **attitudes**, and **self-efficacy**.[†] Several theories highlight the role of these factors in behavior change, including the [theory of planned behaviour](#), [social learning theory](#), and the [ideational model](#), and there is significant research on their influence on health behaviors.⁴



An Accredited Social Health Activist (ASHA) interacts with a young mother during a home visit.

Credit: Image of Empowerment

Figure 1. Knowledge, beliefs, attitudes, and self-efficacy definitions^{5,6} and example



Joanna Skinner, CCP

Joanna Skinner is currently the Sexual and Reproductive Health Technical Team Lead and Gender Advisor for the USAID-funded Breakthrough ACTION project at the Johns Hopkins Center for Communication Programs (CCP). She has deep expertise in social and behavior change for a range of public health issues, including sexual and reproductive health, family planning, maternal and child health, and HIV/AIDS. She also serves as the Gender Equality and Social Inclusion Lead at CCP and is passionate integrating gender into public health programming and designing SBC interventions that are gender transformative. She has previously worked at UNFPA and the Division for the Advancement of Women at the United Nations. She has an MHS in Behavioral Sciences and Health Education from the Johns Hopkins Bloomberg School of Public Health and a MA in East Asian Studies from Harvard University.



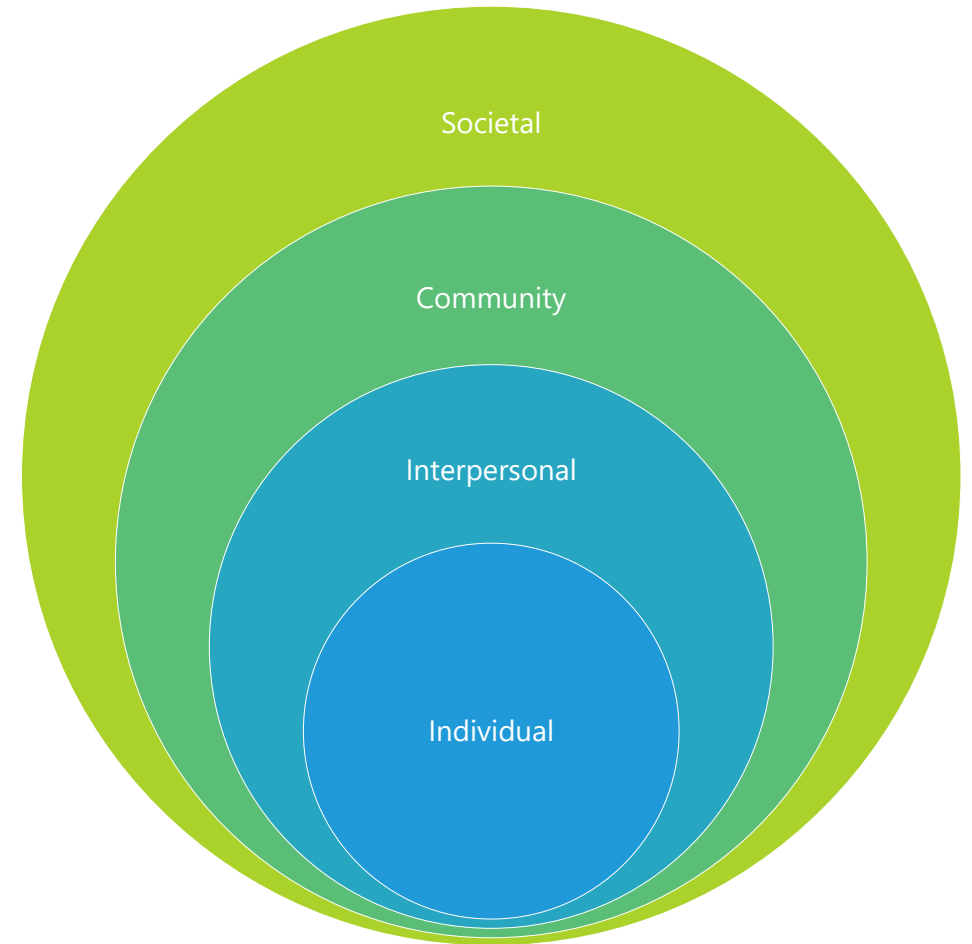
SBC Overview

Joanna Skinner

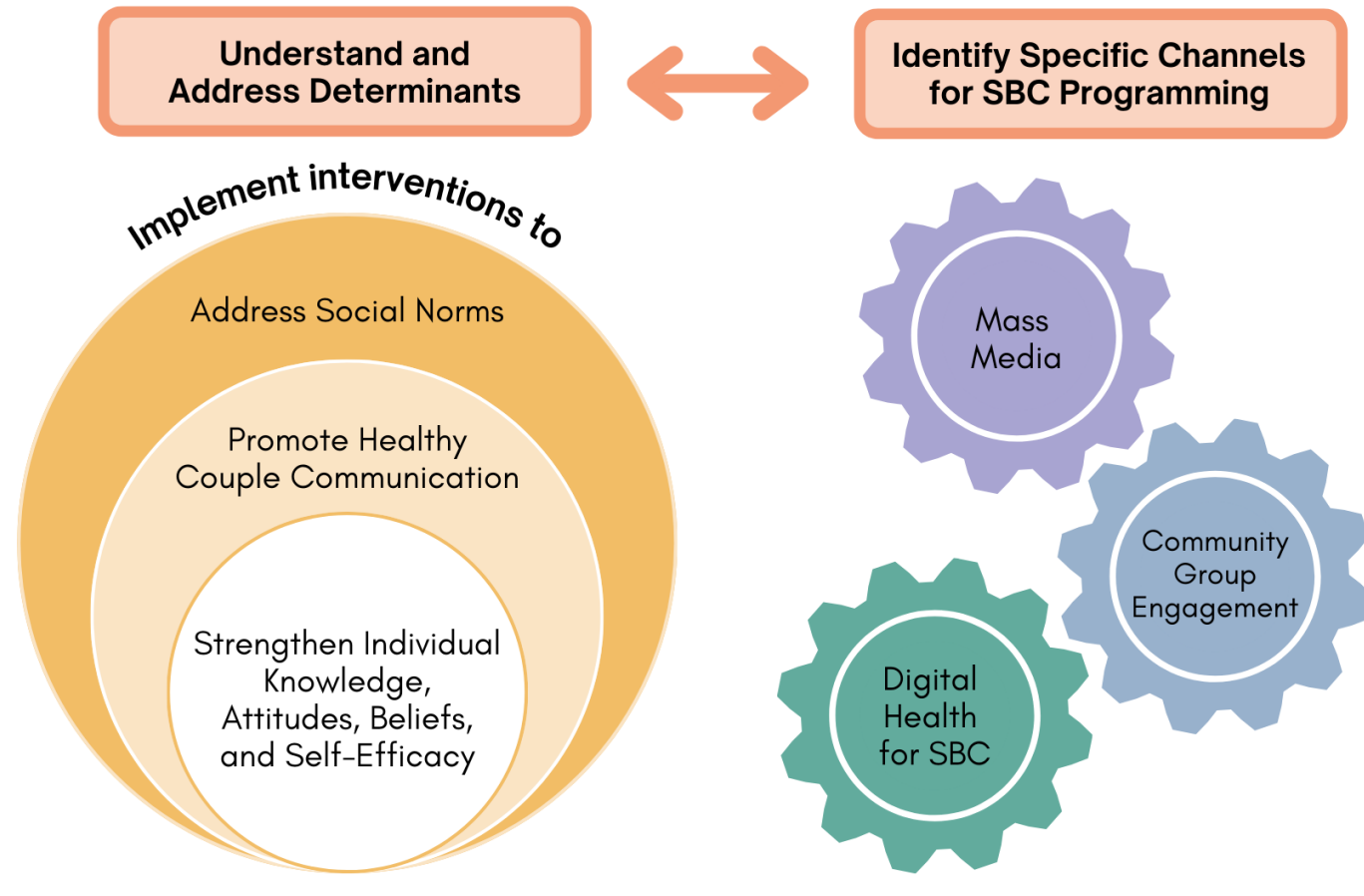


What is SBC?

- SBC is an evidence-driven approach to improve and sustain changes in individual behaviors, social norms, and the enabling environment.
- These programs employ a deep understanding of human behavior that draws on theory and practice from a variety of fields, including communication, social psychology, anthropology, behavioral economics, sociology, human-centered design, and social marketing.



Integrated framework for effective implementation of SBC HIPs



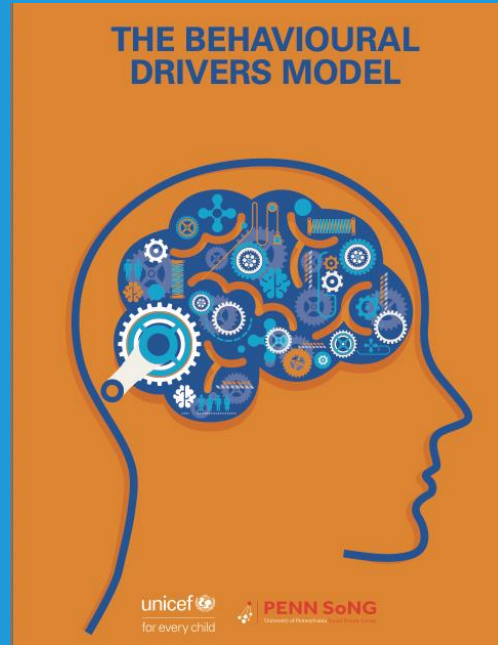
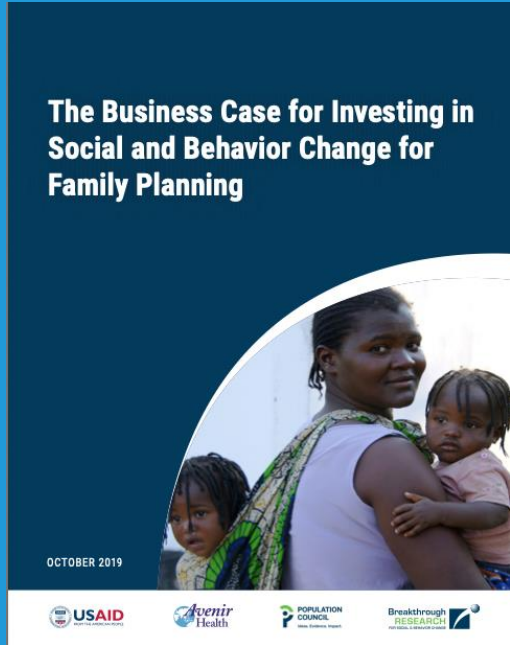
Overarching Tips for Implementation

1. Use **formative research** based on theoretical models to guide which determinant to address
2. Ensure early and frequent **pretesting** of materials, messages, and approaches to ensure that programs are designed with the full input of the intended audience and their influencers
3. Select **channels** to meet the target audience and objectives based on formative research
4. Work with **existing community groups** and communication platforms.

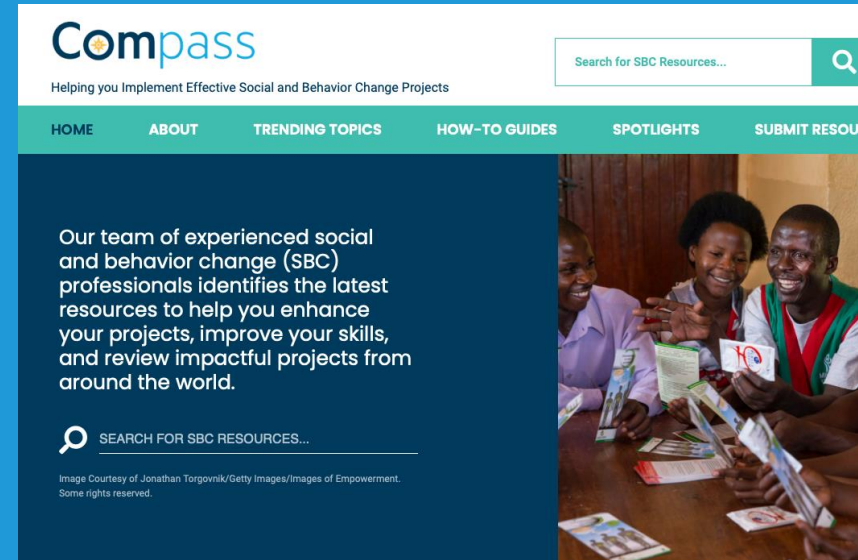
Overarching Tips for Implementation cont...

5. **Segment audiences** into subgroups based on demographic, psychographic, life stage, and/ or behavioral factors and tailor interventions accordingly.
6. Intentionally **incorporate equity** and the social determinants of health into SBC programs for family planning
7. Use a **gender-synchronized approach** in SBC programs for family planning
8. Design and use **monitoring and evaluation** methodologies to assess the impact of interventions and make real-time adjustments to programming.

Tools & Resources



The Compass for SBC



The Business Case for Investing in SBC for FP

The Behavioural Drivers Model

Behavior Change Impact Databases



Thank You

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Lynn Van Lith, CCP

Lynn has nearly 30 years of experience working in social and behavioral science with a focus on sexual and reproductive health, HIV, malaria, maternal and child health, and more recently nutrition. Much of her career has focused on providing thought leadership and strategic guidance on effective social and behavioral interventions. Her technical work has concentrated on adolescent girls and young women, reaching men, community engagement, engaging health care providers and improving the client experience through health systems strengthening approaches. Lynn has provided technical support to nearly 20 countries across Africa and Asia and is currently the Technical Director on the Breakthrough ACTION project at the Johns Hopkins Center for Communication Programs, funded by the U.S. Agency for International Development.



Knowledge, Beliefs, Attitudes, and Self-efficacy

Strengthening an individual's ability to achieve their reproductive intentions

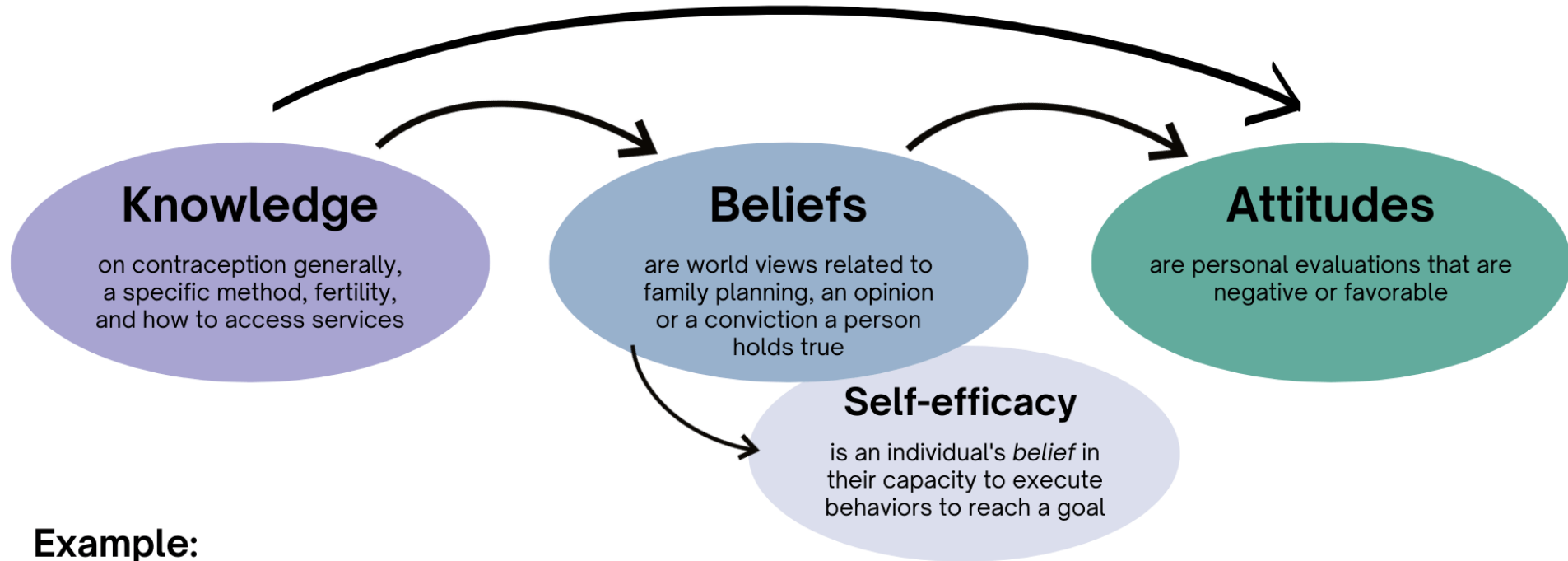
Lynn M Van Lith



Background

- Experts believe individuals with accurate knowledge beyond knowing a few contraceptive methods, such as knowledge of fertility or contraceptive side effects, are more likely to use and less likely to discontinue using FP
- In addition to knowledge, other individual **factors influencing someone's ability to reach their fertility intentions include beliefs, attitudes, and self-efficacy.**

Knowledge, beliefs, attitudes, and self-efficacy definitions



Example:

Accurate understanding of different types of modern contraceptives.

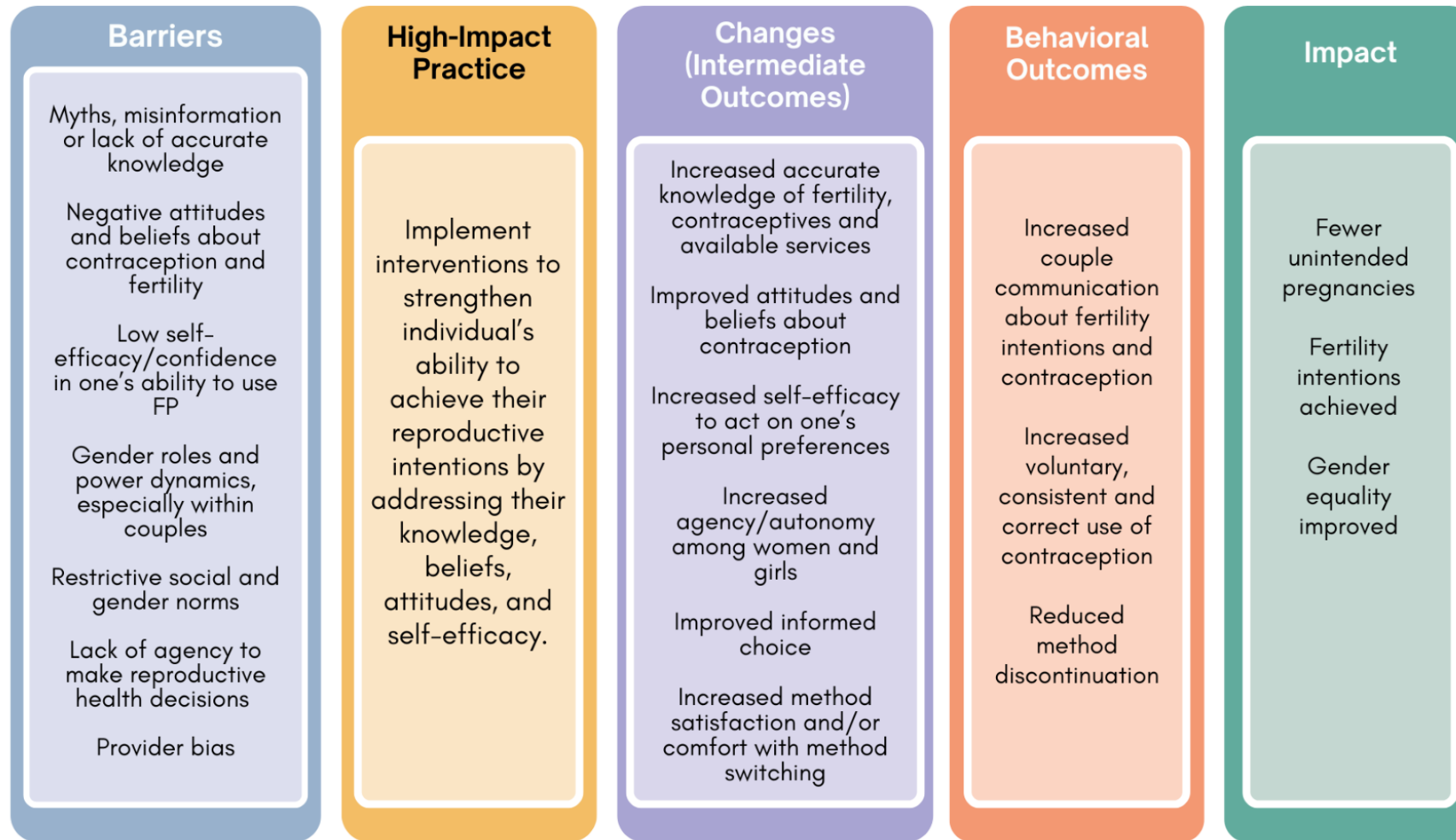
Beliefs about ideal family size.

Disapproval of contraceptive methods.

Why is this practice important?

- Strengthening family planning knowledge is fundamental to **voluntary, informed, and correct contraceptive use.**
- Addressing knowledge, beliefs, and attitudes can **help to dispel myths and misconceptions about contraception**, which are significant barriers to voluntary and consistent contraceptive use.
- Favorable attitudes about family planning **influence voluntary and consistent contraceptive uptake.**
- **Self-efficacy is associated with voluntary contraceptive use**, avoiding unintended pregnancies, and intention to use contraception.

Theory of Change



What interventions work?

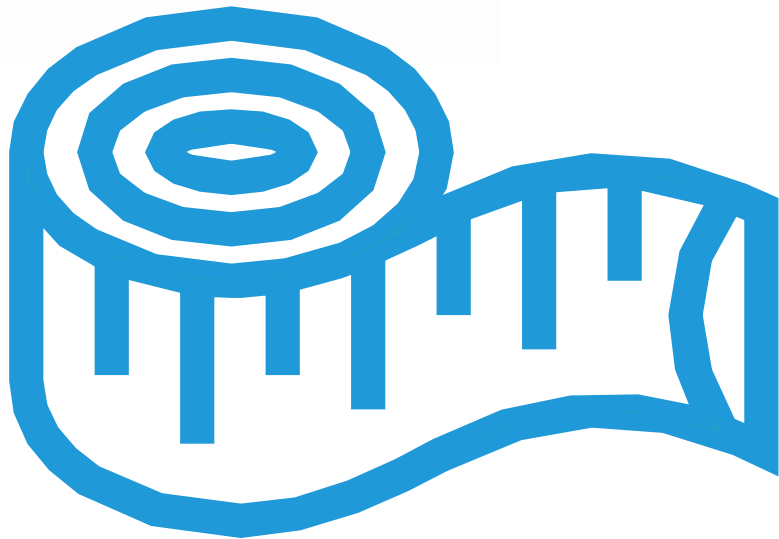
SBC efforts have been documented through:

- Mass media (TV, radio, and print)
- Multi-level interventions (not including mass media)
- Individual and couples' family planning counseling
- Community group engagement, participatory group discussions or workshops
- Digital tools

Tips from Implementation Experience

- Use **formative research** to understand local knowledge, beliefs, attitudes, and self-efficacy about FP
- Design messages that are culturally appropriate and **meaningful** to the audience
- Consider existing levels of individual knowledge about FP and fertility
- Address myths and misconceptions directly, but carefully
- Address potential “side benefits” of contraception, including other health and lifestyle advantages
- Consider opportunities before, during, and after FP services
- Improve self-efficacy for clients to communicate with providers about their needs, wishes, and questions
- Recognize **men and boys’** needs as FP clients, AND as supportive partners / agents of change
- Use **trusted** sources of information
- Pay particular attention to the needs of **diverse adolescents**

Implementation Measurement

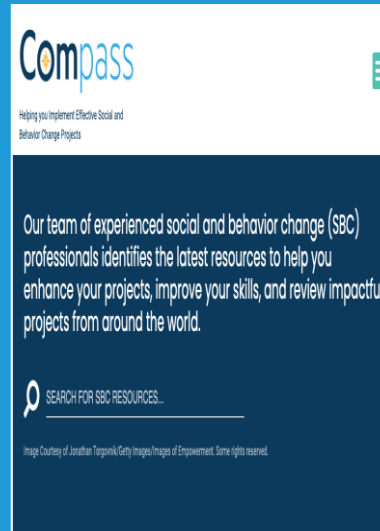


- % of target audience that knows potential contraceptive side effects
- % of target audience with favorable attitudes of modern FP methods
- % of target audience with high self-efficacy/confidence in their ability to use FP
- % of target audience with high self-efficacy/confidence in their ability to talk to a FP provider

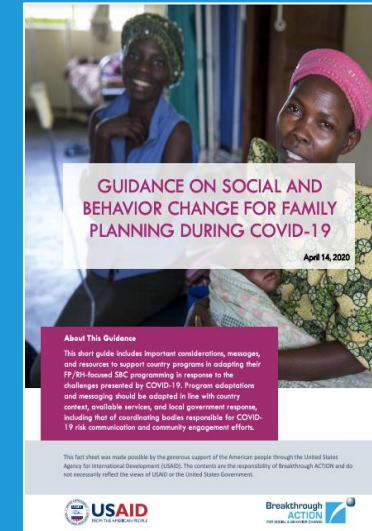
Tools & Resources



[How to Design SBCC Messages](#)



[The Compass](#)



[Guidance on Social and Behavior Change for Family Planning During COVID-19](#)

Thank You



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Laraib Abid, MASHAL

Laraib is a lecturer, Activist, trainer, Entrepreneur and founder of MASHAL. Laraib is the focal person SRHR in the Prime Minister National Youth Council, working on digital roll out sessions & policy making focusing on sexual and reproductive health and rights for raising voice for young people to get access to information and services. Laraib developed Bridge The GAP (Giving Access to Planning), first of its kind program in Pakistan, which spreads awareness about HIV/AIDS and Contraceptive methods for men and women in English and in Urdu. The main component of the application is the Geo-fenced Family Planning services available nearby for free. She conducts training sessions across the country and creates digital and innovative solutions to talk about sexual and reproductive health and rights which is viewed as a taboo in the community. Laraib is a 120under40 Family Planning young leader under the Bill and Melinda Gates Institute.



Bridge The GAP

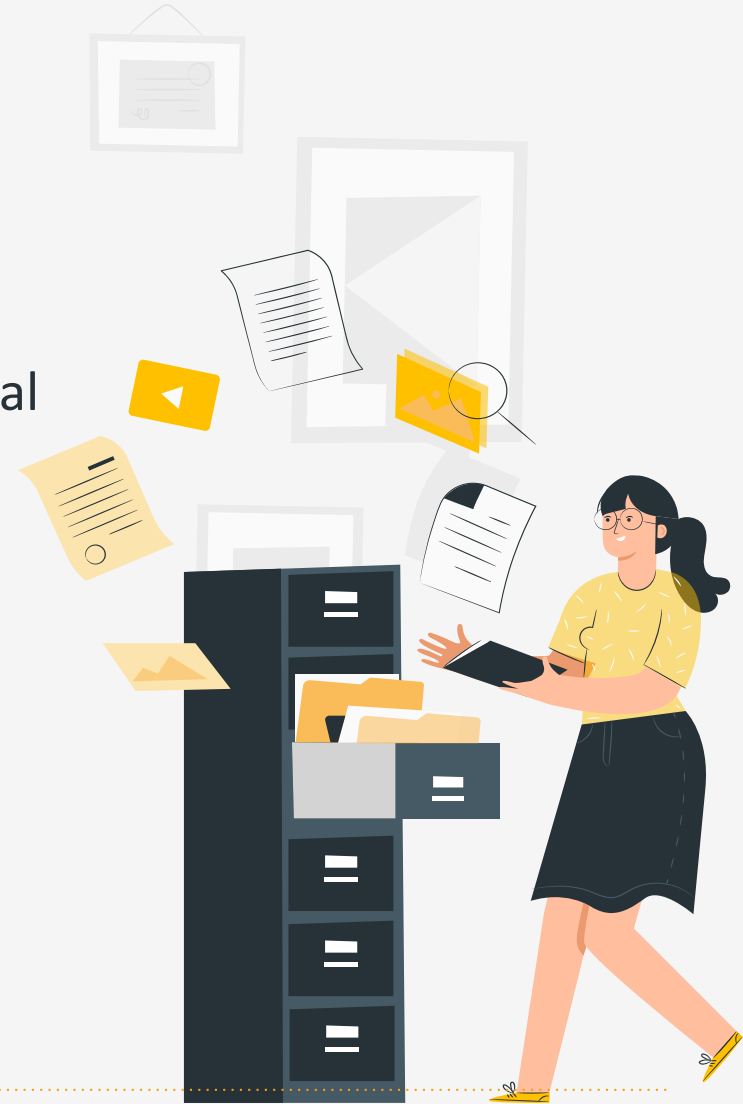
Laraib Abid
Pakistan

Implementation Perspective



Problem Statement

- ❖ Pakistan is the 5th most populous country with a prominent youth segment and a population growth rate of 2.4% higher than what was originally projected (1.9 %)
- ❖ In Pakistan no one talks about SRHR, considering it immoral or unethical to talk about. Our youth suffers from various issues like unwanted pregnancies, abortion complications etc.
- ❖ Despite the easily accessible availability of SRH services our people do not approach them because of 2 reasons; the myths attached with Family Planning & Lack of awareness about products and free services available.
- ❖ Lack of funding in country & difficult processes



Challenge set

“One fine day I received a call from my friend who asked me to connect her with a doctor. I was a bit curious if everything was okay to which she said that she needs to know contraceptive methods as her husband is abroad, comes bi-annually and she's not ready for a third child. I asked her how come she does not know after two kids. She said that going to a gynecologist before marriage is a stigma. After marriage family expects to deliver baby in the first year. I asked why did you not google the information? She said that information is scattered, I don't know if that is relevant to the country and religion. Finally, I said why did you not call the Tele health services. She said, where are the numbers written which are authentic? This all gave me food for thought. I searched and realized there is no single platform sharing all authentic information about methods and services.”



The Implemented tool features

Bridge The GAP (Giving Access to Planning) is the **Mobile and Web Application** on Family Planning!



01 Contraception Methods

Types of of Contraceptive methods for men & women

02 LSBE Manual

LSBE – Life Skills Based Education manual in English and in Urdu is made available for free in the application for the students and trainers to conduct workshop and get to know about them.

03 Geo Tags

Free FP Clinics Map Pins

04

Tele Health Services

A Click away to make a call to counselor

Province Categorization

User friendly, the provinces are categorized, 2500 clinics geo fenced

Bi Lingual & Audio

The data is in English and in Urdu and in Audio version

Home Delivery

Discounted products due to collaboration with a webstore
Future Revenue Generation

05

06

07

Sneak Peak





Bilingual Application



مانع حمل طریقے

مانع حمل کے جدید عارضی طریقے

عورتوں کیلئے مانع حمل کے جدید عارضی طریقے
مانع حمل گولیاں
(حمل کے خلاف موثر اور محفوظ طریقہ ہے۔
(صرف ایک گولی روزانہ کھانا پڑتی ہے۔
(گولیوں کا استعمال ترک کر دینے سے حمل دوبارہ بغیر کسی
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(استعمال سے قبل معالج سے مشورہ کرنا ضروری ہے۔



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(حمل سے بچاؤ کے لئے ٹیکے کا انتخاب بہترین طریقہ ہے۔
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معلومات

ایچ آئی وی / ایڈز



مانع حمل طریقے



BRIDGE THE GAP

BY MASHAL

www.beamashal.com

گھر

ایچ آئی وی / ایڈز

مانع حمل کے طریقے

کلینک

ماہر نفسیات

ایچ آئی وی


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بی ٹی جی ٹیم

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English

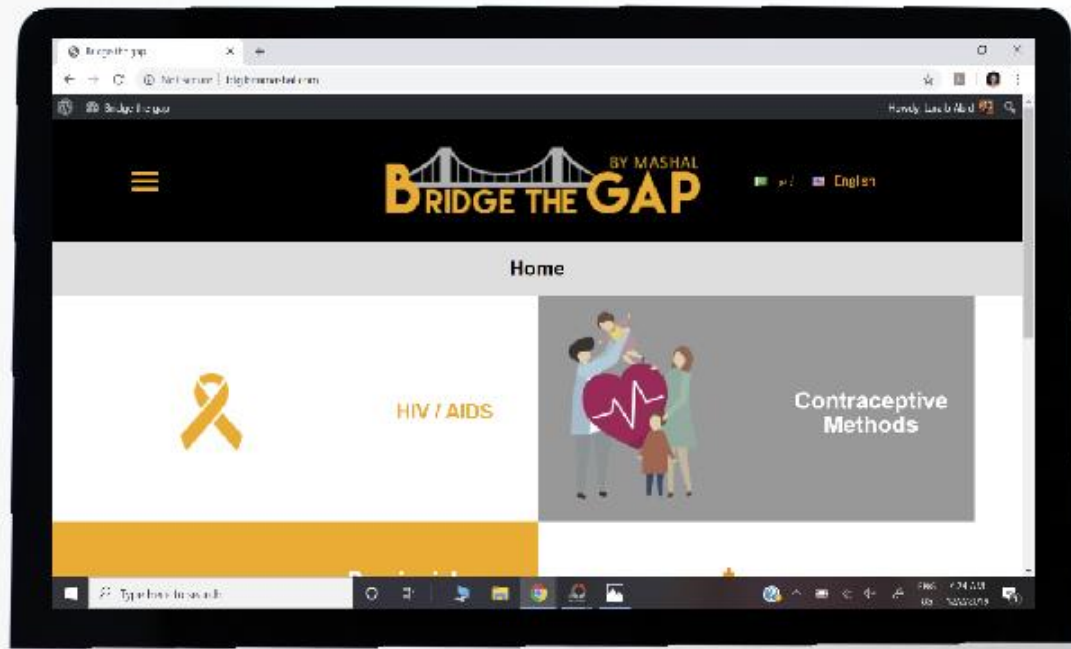
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Innovation & Uniqueness – All THREE in ONE!

Information

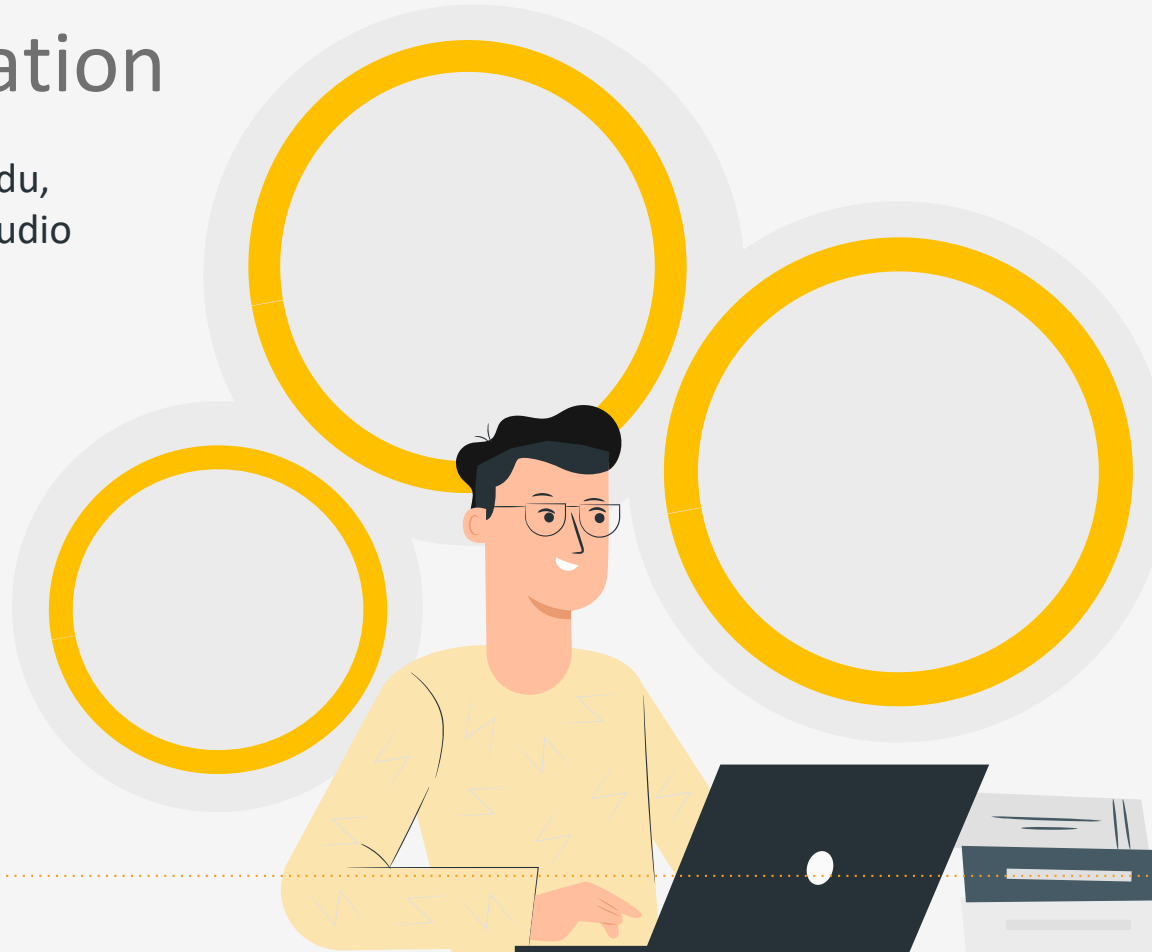
Available in Urdu,
English and in Audio
Version

Services

Geo Tags of the Free Clinics
Nearby & Toll Free Telehealth
Services Inclusion


Products

Over the counter
products/Sanitary pads and
condoms



Meaningful Youth Engagement & changes

77 % of smartphone users are just 21 to 30 years old which are the target market for us in Pakistan. Moreover 16% of the users use purchased Apps while 84% (a huge chunk) use free of cost available Apps. Internet users are now around 100 million in the lockdown as per report by PTA.

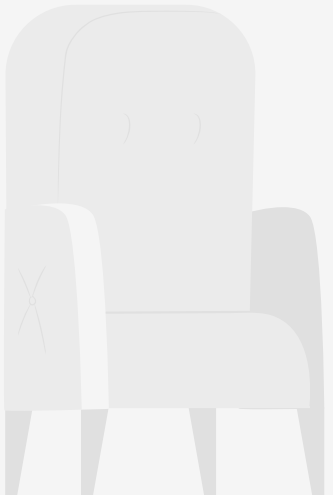
- 
1. Reached 3 million youth on all platforms
 2. Trained 10,000 youth in person so far
 3. Recognized Application
 4. Rewarded by State Departments
 5. Response of the community members & stakeholders
 6. PM Youth Council Policy level
 7. Technical Member at State level

We want to expand our reach via:

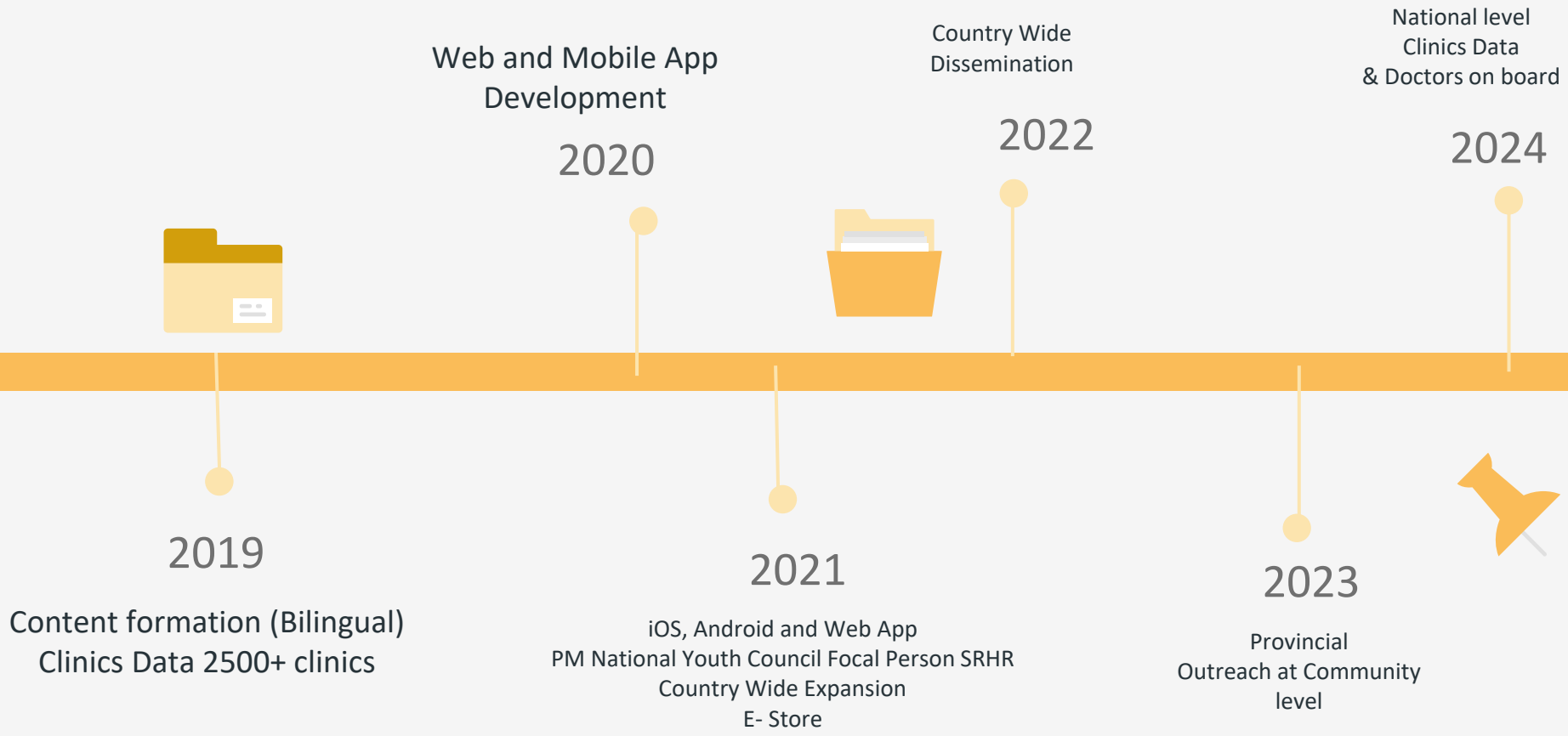
1. 1- Engaging You tube Mini Drama Series / Animated videos 2- Social Media Campaigns 3-Students Ambassadorship 4- Open Mic Sessions 5- Adding more clinics for reproductive health 6- Increase in dissemination of the app for more downloads

Concerns in implementation

1. Marriage in Pakistan
2. Culturally Sensitive language and Taboos
3. Capacity at State Level
4. Inclusion of Youth at the table in Civil Society and State level
5. Issues in resources
6. Case Study



Future Projections



ONE FULL FLEDGE PLATFORM FOR FP

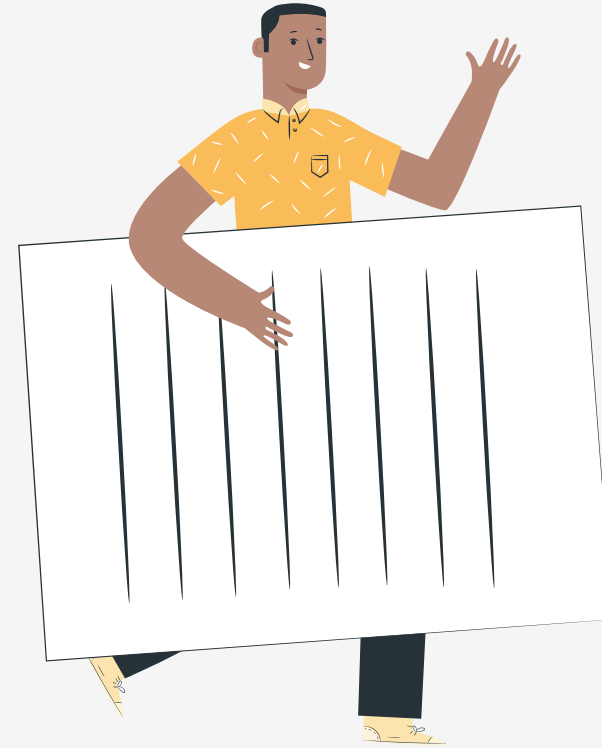
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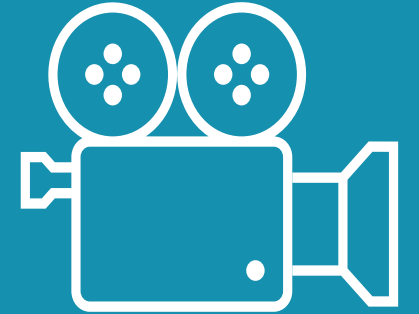
Questions & Answers



Before we close

Presentation and Recording available here:

<https://www.fphighimpactpractices.org/knowledge-beliefs-attitudes-and-self-efficacy-strengthening-an-individuals-ability-to-achieve-their-reproductive-intentions-webinar/>



For more information, please visit:

High Impact Practices: www.fphighimpactpractices.org

Knowledge, Beliefs, Attitudes, and Self-efficacy:
<https://www.fphighimpactpractices.org/briefs/knowledge-attitudes-and-beliefs/>



Thank you for your
participation today!

