



EVIDENCE FOR FAMILY PLANNING ADVOCACY

ASSESSING NEEDS AND STRATEGIES IN EAST AFRICA

Brief

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Photo by: Health Policy Project

Overview

Despite decades of evidence-informed advocacy for family planning in developing countries, research to determine how decisionmakers perceive and respond to these efforts is scant. This means that when advocates craft strategies and messages for those in power, they lack precise knowledge of the type of information the target audience wants or how they will use it.

In response to this challenge, the USAID-funded Health Policy Project (HPP) conducted a qualitative study in three countries in sub-Saharan Africa from May to October 2012. The study was pursued in partnership with the African Institute for Development Policy. (The full report is available on HPP's website: [provide the URL here when available]. It contains detailed information about the study's methods and findings.)

The study consisted of one-hour, structured interviews with 49 decisionmakers (parliamentarians, government officials, and their technical advisors), investigating how

they make decisions related to family planning (FP); what types of evidence they find compelling; what other factors compete with research evidence to influence decisionmaking; and what advocacy approaches are most effective. In addition, 19 advocates were interviewed for perspective, comparison, and to better understand their needs related to generating and presenting evidence (see Table 1). Decisionmakers were interviewed in Ethiopia, Kenya, and Malawi—countries chosen because of the progress their governments have made in strengthening FP programs. This programmatic progress is reflected by significant increases in the use of modern contraceptive methods among married women ages 15 to 49 years: in Ethiopia, from 6.3 percent in 2000 to 28.6 percent in 2011; in Kenya, from 17.9 percent in 1989 to 39.4 percent in 2008/2009; and in Malawi, from 7.4 percent in 1992 to 42.2 percent in 2010.

Table 1. Number of interviews by country and gender of respondent

	Decisionmaker		Advocate	
	Male	Female	Male	Female
Ethiopia	11	5	3	2
Kenya	8	5	3	4
Malawi	12	8	4	3
Total	31	18	10	9

Findings

What decisionmakers believe about FP

All of the decisionmakers in the study countries said they believe FP is valuable, and confirmed that advocacy had helped to spur recent favorable shifts in support of FP by their governments.

Advocacy may be one thing to increase the political will and the commitment of the government.

—Ethiopian decisionmaker

As Table 2 shows, decisionmakers generally are convinced by evidence that demonstrates the benefits of FP for maternal and child health and family welfare.

There are a lot of deaths [of] the women and we wanted that to stop.

—Malawian decisionmaker

The study found that decisionmakers also have confidence in evidence demonstrating FP’s broader development benefits: contributions to national growth, women’s empowerment, and the slowing of population growth.

... population growth in this country is still too high, at 2.4 percent. This actually outstrips our ability as an economy to be able to create jobs. ... With 46 percent of people living below poverty line, I think we need to cut down on our population growth, by having very effective family planning—a menu of family planning options.

—Kenyan decisionmaker

Although decisionmakers were less sure of family planning’s cost-effectiveness than advocates expected, they showed some confidence in this, as well.

Decisionmakers expressed the importance of linking family planning to broader development targets, such as the United Nations Millennium Development Goals (MDGs), as an important factor in their support.

... the Kenya government. . . has recognized that unless it addresses properly the population and family planning issues, it will not meet a lot of those MDGs.

—Kenyan decisionmaker

Table 2. Ranking* of FP advocacy messages as convincing to decisionmakers, by type of respondent, in Ethiopia and Kenya**

Message	Decisionmakers (n=29)	Advocates (n=12)
Improves maternal health	1	1
Improves child health	2	5
Improves family welfare	3	4
Contributes to national growth	4	2
Contributes to women’s empowerment	5	7
Contributes to slow population growth	6	8
Is cost-effective	7	3
Contributes to reduced stress on natural resources and alleviates climate change	8	9
Saves money in other public sectors	9	6

Question from interview guide: “In our advocacy efforts, we realize that we can’t present all of the evidence that there is for family planning. Of these nine potential advocacy messages, please group them into what decisionmakers find ‘most convincing,’ ‘somewhat convincing,’ and ‘least convincing.’ (3 in each category)”

* 1 = most convincing, 9 = least convincing. The ranking was calculated by averaging the responses by factor (1 = “most convincing,” 2 = “somewhat convincing,” 3 = “least convincing”).

**For respondents who were advocates, this was their perception of the ranking of family planning advocacy messages by decisionmakers.

Note: The study excluded Malawi responses from this analysis, because the questionnaire format used in Malawi framed this question differently.

What influences decisionmakers

While support among decisionmakers in the study countries is widespread for national and international development goals, and specifically goals to reduce child mortality and improve maternal health, many other factors influence FP policy, program, and budget decisions (see Table 3). At the top of the list of influences on decisionmakers’ support for FP are: demonstration of

short- and long-term impact; cost of implementation; and political priority of other sectors. “Resource shortages” and “competing priorities” were mentioned consistently across all three countries as extremely important factors in how decisions were made.

There are so many other competing priorities. . . so many other health problems. . . that politicians’ hands are tied.

—Ethiopian decisionmaker

More subtle factors are powerful sources of influence on decisionmakers, too, such as:

- Cultural and religious attitudes of a decisionmaker’s constituency

As a multicultural country, there are different outlooks based on a religion or based on culture. If you go to pastoral areas, I expect some resistance about family planning, because they believe that their culture will take care of their children.

—Ethiopian decisionmaker

- Electoral political calculations

In an ethnic-based political context like most of the African countries, people don’t want to talk about population, because it is like you are reducing their voting bloc.

—Kenyan decisionmaker

- Donor influence

If a donor is interested in a particular program, then you [as a government] don’t want to put a lot of money there.

—Kenyan decisionmaker

- Impact on re-election

It’s about pleasing the electorate.... Decisionmakers would like to please the people [and] they don’t want to get a bad reputation.

—Malawian decisionmaker

Decisionmakers and advocates in this study believed that barriers to favorable FP programs and policies can be reduced or removed through sustained and strategic advocacy, and that even opponents of FP can be converted to supporters. They also believed that sustained advocacy is necessary to maintain the support of FP champions. Many mentioned the importance of cultivating bottom-up, grassroots support. A Kenyan advocate recommended training health workers on the politics of FP, so they will know what to say when they have an opportunity to speak with government representatives.

Table 3. Ranking* of factors affecting FP decision making, according to decisionmakers and advocates in Ethiopia and Kenya**

Factor	Decisionmakers (n=29)	Advocates (n=12)
Evidence and data for impact of policy options	1	4
Cost of implementation	2	2
Value for money or cost-effectiveness	3	5
Political priority of other sectors	4	3
Cultural and religious factors	5	6
Concrete programmatic solutions	6	10
Public opinion on FP	7	9
Demonstrate short-term and long-term impact	8	1
Availability of human resources	9	7
Donor influence	10	8
Impact on re-election	11	11
Personal experience with FP	12	12

Question from interview guide: “Budget or policy decisions about family planning are based on a number of factors. Please group these potential factors as ‘most important,’ ‘somewhat important,’ and ‘least important’ to decisionmakers. (Have cards and pile sort – 4 in each category.)”

* 1 = most important, 12 = least important. The ranking was calculated by averaging the responses by factor (1 = “most important,” 2 = “somewhat important,” 3 = “least important”).

**For respondents who were advocates, this was their perception of the ranking of factors that decisionmakers take into account in FP decision making.

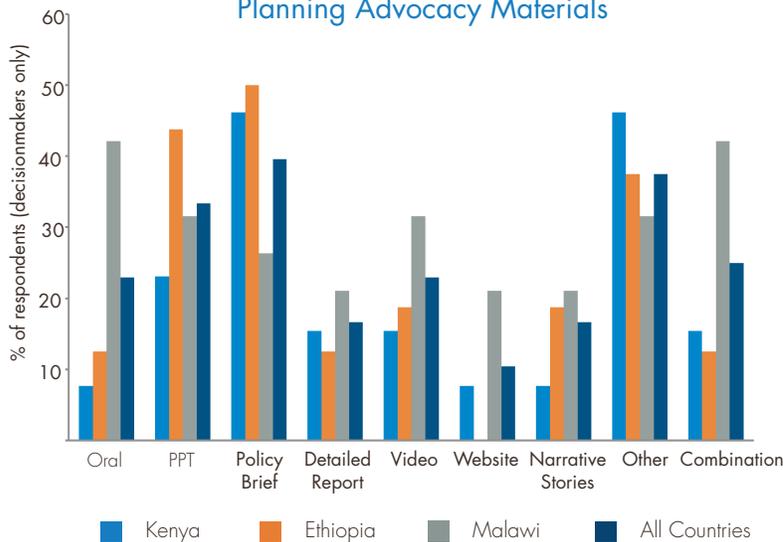
Note: Malawi responses were excluded from this analysis, because the questionnaire format used in Malawi framed this question differently.

Formats, audiences, and messengers

When asked which formats are best for effective advocacy, decisionmakers had mixed views but generally favored policy briefs, saying they are long-lasting and easily shared (see Figure 1). Respondents who preferred a combination of all formats (print, oral, PowerPoint, video, and electronic) said that the format used should serve the message being delivered.

The study found that, to be effective, advocacy messages and formats must be tailored to the needs and interests of particular audiences. When asked which audiences advocates should address, respondents in all three countries noted the importance of bringing

Figure 1. Best Formats for Family Planning Advocacy Materials



representatives of multiple government sectors together to promote FP's broad development benefits.

There is a need to involve people in the agriculture, water, and environment sectors, to help them understand the relevance of family planning.

—Kenyan decisionmaker

Respondents in all three countries also emphasized the importance of engaging religious and traditional leaders because of their influence on communities.

The imams in Malawi [helped] to dispel misconceptions about Islam and family planning.

—Malawian decisionmaker

Although many respondents agreed that both national and international actors have a role to play in FP advocacy, nearly all said that national FP stakeholders must take the lead.

National experts understand the issues, the context in which things are done, and they are able to articulate the issues in a manner that will move the policymakers to take actions.

—Kenyan advocate

What the findings mean for advocates

Sustained and strategic FP advocacy developed and delivered by culturally attuned national actors, with support from international actors, can reduce barriers to decisionmakers' support for family planning.

This study's findings point to the following recommendations for effective FP advocacy:

1. Design context-specific communication strategies that are sensitive to the economic, sociocultural, religious, environmental, health, and political factors that influence decision making. Many decisionmakers are eager for evidence that can help them meet national development goals, for which they are accountable. This evidence may help decisionmakers see FP not only as a health or women's issue but also as a development issue.
2. Develop advocacy materials that document evidence on the short- and long-term benefits of family planning, presented using personal stories, data, or a combination of the two. Choose formats that speak to a decisionmaker's position and particular evidence needs, and to the forum.
3. Promote the scale-up of information, education, and communication programs, because community support for FP makes it easier politically for elected leaders to support it.
4. Make sure that decisionmakers who are FP champions remain engaged and well-informed so they can advocate family planning to their peers.
5. Be persistent. Advocacy is not a one-event activity and should evolve in step with FP programs. For instance, advocacy in a country at an early stage of contraceptive increase (such as Ethiopia) requires messages focused on the sustainability of contraceptive uptake.
6. Enhance the technical capacity of local advocates to generate and package evidence on the topics they see as important and relevant to their audiences.

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