Incorporating Social and Behavior Change in Commitments

The vision framework for FP2030 sets out five key focus areas. The focus area to "Transform Social and Gender Norms" articulates the success statement by 2030 as "A woman or adolescent girl's decision to use modern contraception is supported and accepted." While investment in strong health systems and supply chains is needed, increased prioritization of, and investment in, social and behavior change (SBC) is a critical strategy to transform social and gender norms, as well as achieve broader family planning goals.

SBC interventions focus on the influence of interpersonal relationships, community structures, and cultural norms and values on individual choices and behaviors (see figure on next page).

According to the Family Planning High Impact Practices, SBC "refers to activities or interventions that seek to understand and facilitate change in behaviors and the social norms and environmental determinants that drive them... it shapes not only demand for services, but also client-provider communication, couples' communication, and the engagement of community leaders and other influencers of health-related behaviors and norms." (See "High Impact Practices" in Key Resources.)

SBC is a highly effective, and highly cost-effective, intervention in family planning (see "The Business Case for Investing" in Key Resources). Data show that theory-driven, strategically designed and well-implemented SBC interventions increase agency, shift social norms, change family planning behaviors, and ultimately support couples in meeting their reproductive intentions. A variety of SBC approaches have proven successful in shifting norms, including working with religious leaders, engaging men and couples to challenge inequitable gender norms and power relationships, promoting role models and demonstrating pathways to change through mass media, and engaging communities in critical reflection. As the role of client-controlled methods to expand access to family planning continues to be explored, SBC will be essential to communicate essential knowledge, create supportive environments, and recommend and establish linkages with touch points in the health system. (See FP2020 Commitment Toolkit Guidance for

KEY RESOURCES

[Health Communication Capacity Collaborative (HC3): Socio-Ecological Model](#)

[High Impact Practices in Family Planning (HIPs). Social and Behavior Change: A Critical Part of Effective Family Planning Programs](#)

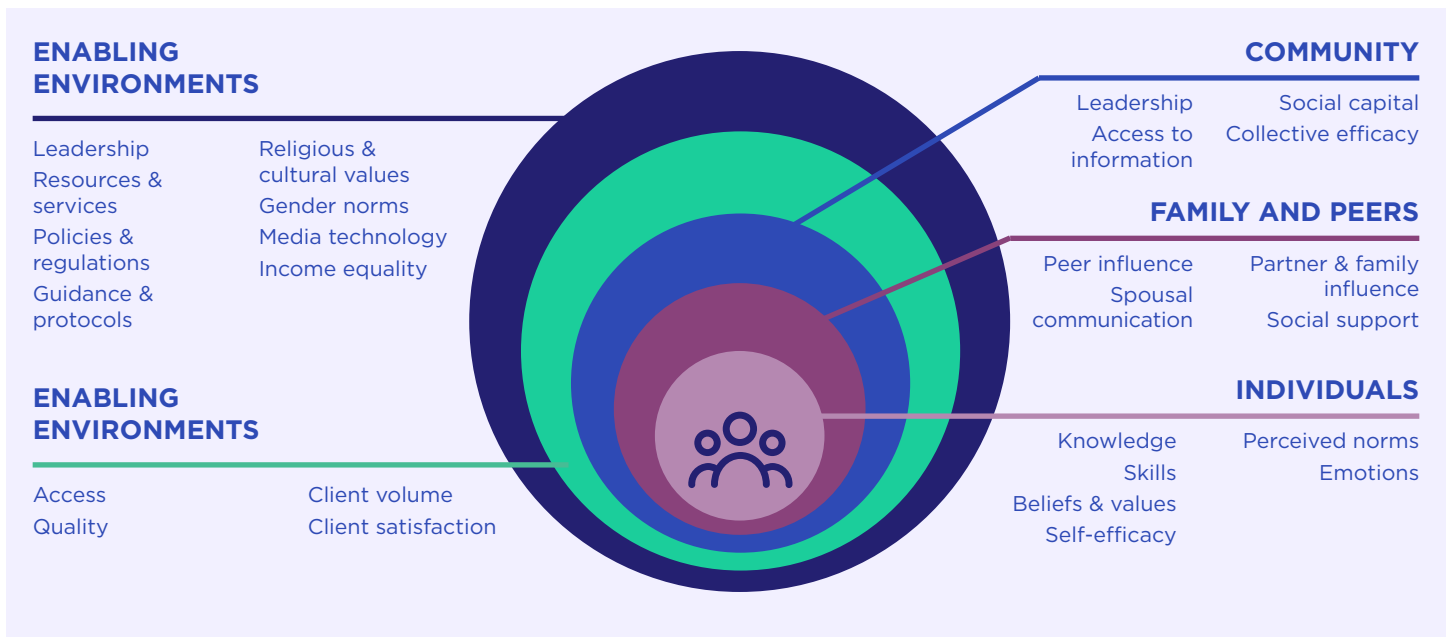[The Business Case for Investing in Social and Behavior Change for Family Planning](#)

[Breakthrough ACTION Circle of Care Model](#)

[Program Briefs: Changing Attitudes to Shift Contraceptive Demand](#)

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

[Social and Behavior Change Indicator Bank for Family Planning Service Delivery](#)

[SBC for Family Planning Evidence Database](#)

ENABLING ENVIRONMENTS

Leadership
Resources & services
Policies & regulations
Guidance & protocols

Religious & cultural values
Gender norms
Media technology
Income equality

COMMUNITY

Leadership
Access to information

Social capital
Collective efficacy

FAMILY AND PEERS

Peer influence
Spousal communication

Partner & family influence
Social support

ENABLING ENVIRONMENTS

Access
Quality

Client volume
Client satisfaction

INDIVIDUALS

Knowledge
Skills
Beliefs & values
Self-efficacy

Perceived norms
Emotions

Countries on Expanding Method Choice, Including Client-Controlled Methods.)

Each country's SBC commitments will differ in their focus and emphasis depending on the context in which they are operating. We recommend that countries draw from the recommended actions below to articulate how they will leverage SBC to shift social and gender norms and meet the vision for ensuring access to family planning over the period of commitment.

Ensure interventions are based on data that identify the strongest social and gender norms influencing family planning behaviors and the relevant rewards, sanctions, and reference groups enforcing those norms.

- Conduct or use formative research to identify barriers to and facilitators of social and behavior change in a given context, including the social determinants, norms, and dynamics that underpin individual behaviors.

- Ground interventions in theories of behavior change, communication, gender, and social change.

- Segment audiences into subgroups based on demographic, psychographic, and behavioral factors, paying attention to reference groups and social networks that reinforce social and gender norms.

- Regularly collect, share, and apply monitoring data for program improvement, with particular attention to questions of reach, fidelity to design/quality, and perceived behavioral impact.

Utilize multiple evidence-based SBC approaches in a coordinated manner to achieve behavior and normative change objectives for high-quality SBC programming.

- Invest in multichannel, multidose interventions to reach audiences in a coordinated manner. For example, community group engagement works best

when implementers create linkages and feedback mechanisms among multiple SBC approaches (such as, interpersonal counseling, group dialogue, and radio programming with harmonized themes).

- Communicate co-designed and pretested messages that move beyond provision of information to address specific barriers to SBC in a manner that is appealing, engaging, timely, and compelling.

- Promote couples' communication as an essential precursor to equitable gender norms, women's reproductive decision-making, and use of family planning products and services.

- Promote community and stakeholder engagement feedback during design, implementation, and monitoring and evaluation.

Consider how SBC activities support or leverage other family planning activities to maximize programmatic impact.

- Link SBC with investments in service delivery along the Circle of Care (see "Breakthrough ACTION" in Key Resources). For example, SBC approaches can raise awareness about mobile outreach services, guide the development of youth-friendly services, and address provider bias.

- Complement advocacy and policy-related efforts with SBC to support the development of an enabling environment for family planning that influences normative shifts. Consider how SBC approaches might be used to influence decision-makers and galvanize commitment for family planning, change gender-inequitable policies that restrict access to family planning services, and ensure adequate financing for equitable family planning programs.

- Consider providers as an audience for SBC interventions to facilitate improved quality of care, client experience of care, and improved service uptake.