**The Uganda Family Planning Communication Campaign Strategy\***

**2010/2011**

**The Family Planning Revitalization Working Group**

*Supported under USAID/JHU Associate Cooperative Agreement No. 617-A-00-07-00005-00*

Background and Rationale

Uganda has the third fastest growing population in the world, with a population growth rate of 3.2% and total fertility rate of 6.7 children per woman. The rapid growth of the population has serious implications for Uganda’s social and economic development and national aspiration to evolve as a middle income economy over the next 25 years. Yet, only 24% of married women currently use modern family planning methods.[[1]](#footnote-1) Consequently, 41 percent of married women in Uganda have an unmet need for family planning, and this percentage has been increasing since 1995. Almost one half of all births between 1995 and 2001 were unplanned; and a 2003 study estimated that one in five pregnancies in Uganda end in abortion.[[2]](#footnote-2) Based on statistical models, modest declines in unmet need and increases in contraceptive prevalence in Uganda can substantially reduce the country’s total fertility rate[[3]](#footnote-3), and population growth rate.

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|  | **1995** | **2000/01** | **2006** |
| Total Fertility Rate (# of children per woman) | 6.9 | 6.9 | 6.7 |
| Unmet Need for Contraception | 29% | 35% | 41% |
| % of Women Using Modern Contraception | 15% | 23% | 24% |
| Maternal Mortality Ratio  (Maternal deaths per 100,000 live births) | 506 | 505 | 435 |
| Infant Mortality Rate  (# of deaths before age 1 per 1,000 live births) | 88 | 83 | 76 |

*Source: Uganda DHS 2006 and HIV / AIDS Sero-Behavioral Survey 2004*

According to the 2006 UDHS, unmet need is highest among currently married women, women in rural areas, and women in Northern Uganda. Substantial proportions of women do not use, and do not intend to use, contraception in the future due to their fear of side effects and opposition from their husbands or partners. Often, fears about the modern family planning methods are fuelled by rumors, misinformation, and a poor understanding of the available methods. Also, with less than a quarter of women using modern family planning methods, there are many women and men who do not know any modern family planning user. In other words, it is normative in Uganda NOT to use modern family planning methods, and people who DO use modern methods are considered unusual and “different”.

**GOAL:The program goal is to contribute to the reduction of unmet family planning need in Uganda**.

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| **AUDIENCE ANALYSIS: Rural Women with Unmet Need for Family Planning** | |
| **Demographic Profile** | * Women aged 20-35 years * Married and co-habiting * Rural based * Low levels of education with a minimum of primary education * Most already have children or are pregnant * Wish to delay or stop having children * Not currently using a modern family planning method |
| **Social Profile** | * Typically housewives and spend a lot of time in the garden * Influenced or controlled by men in regard to sexual and reproductive health * Limited financial capacity * Listen toradio * Rarely discuss the number of children or timing of childbirth or family planning with their partners * Usually has dinner with spouse and children (8-9pm) * Talks to partner about problems in the home (soap, salt) change in weather, famine, tasks/household responsibilities * Those belonging to mothers unions are more empowered to talk to their partners * Feel it is important to keep their partners happy in order to maintain the marriage * Influenced by peers, religious/cultural/local council leaders,family, particularly older relatives and in-laws |
| **Actual Behavior** | * Have never used a modern FP method. * Have never discussed FP with a health worker or their spouse/partner. * Try to avoid unplanned pregnancy through the use of traditional family planning methods such as withdrawal, calendar method, or other cultural practices. |

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| **BARRIERS: Rural Women with Unmet Need for Family Planning** | |
| **Fear of side effects** | * Concern about the potential effect of FP methods on sexual relations. Fear that FP use leads to reduced lubrication and reduced interest in sex. * Fear that FP side effects on sexual behaviour could lead to desertion by husbands. * Belief that injections and pills can cause prolonged bleeding; fear that FP methods can lead to infertility or deformed babies. * Fear of side effects greatly outweighs the benefits of family planning. |
| **Religious beliefs that prohibit the use of modern FP methods** | * Catholic religion discourages use of modern family planning. * Belief that using FP is disobeying God’s law to fill the world. * Many Muslim women believe their faith prohibits the use of FP methods. * Women believe their partner’s commitment to religion means he will disapprove of modern FP. |
| **Cultural beliefs that prohibit the use of modern FP methods** | * One is not considered a woman unless she produces several heirs for husband. * Children are seen as a source of wealth. * Search for a male child stops women from using FP and leads them to produce many children. * Women in polygamous marriages compete for husband’s favour by having many children, preferably sons. |
| **Limited or lack of partner support** | * Men have control over women’s access to health services, and thus can out-rightly influence women’s decisions on the use of modern family planning. * In most marriages, the woman is expected to have sex when and how their husband demands, so they have little control over their own fertility. |
| **Negative Influence of Social Networks** | * Women are discouraged by their peers and family members, particularly mothers in law, or partners/husbands, from using FP. * Pressure and discouragement from peers who believe FP myths and misconceptions. * In some contexts, FP is associated with promiscuity, particularly prostitution. * There is social disapproval towards couples that make the choice to use family planning. This becomes an impediment for those who cherish the views of other people. * Many women do not know anyone who uses FP, so they do not use it for fear of being different. |
| **Lack of correct FP information and belief in myths and misconceptions** | * Most women do not seek information from health workers, but from peers, family members, and community resource persons who in many cases reinforce myths and misconceptions. * Women find the FP information provided inconclusive and this does not help them make informed decisions. |

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| **COMMUNICATION STRATEGY: Rural Women with Unmet Need for Family Planning** | |
| **Behavior Change Objectives** | Women will:   * Seek correct family planning information from health workers so as to demystify myths and misconceptions * Discuss childbearing plans and family planning options with their partners  Adopt and sustain the use of modern family planning methods |
| **Communication Objectives** | * To dispel myths, rumours and misconceptions about modern FP methods and increase the proportion of women with accurate knowledge to make informed choices * To increase the proportion of women who understand the link between family size and poverty and who approve of having smaller, manageable sized families. |
| **Stage of Change** | Most rural women who have an unmet need are aware of the modern FP methods, so they are in the “Contemplation” stage |
| **Key Message Content** | * Do not believe rumours about family planning; get the facts from a health worker. * FP methods like the air we breathe or the water we drink. Sometimes they have mild side effects, all of which can be managed or go away after a short while. * There are millions of satisfied FP users in Uganda today * The economic, health and social benefits of using modern family planning methods to have a small number of well-spaced births. * The wide range of FP methods that suit women at different times in their lives: short acting, long acting and permanent * The importance of couple communication and support * The positive role of social networks (influencers) in promoting family planning |
| **Illustrative Communications Channels and Approaches** | * Media/press launch by Ministry of Health * Radio spots * DJ mentions * Radio drama series * Outdoor (billboards) * Print (posters, Q&A booklet) * “Everyday Health Matters” newsletter featuring testimonies from satisfied users and local leaders * Trained FP counsellors available through toll free phone hotline * Promotional materials (e.g. t-shirts)   *Interpersonal Communication*   * Women-only seminars * Community dramas/theatre for development * Work site visits * Innovative outreaches (Organizations such as Mothers Union, Nigiina groups, Senga groups) * Mobilisation through local leaders, health workers, community volunteers, sengas, NGOs, CBOs and community groups |

1. 2006 Uganda Demographic and Health Survey (UDHS), Uganda Bureau of Statistics [↑](#footnote-ref-1)
2. Further Analysis of the Uganda Demographic Health Surveys, 1995 – 2006 (Khan et al.,2008) [↑](#footnote-ref-2)
3. *Op cit.* [↑](#footnote-ref-3)