USING “CONVERSATIONS” TO CONVERT FAMILY PLANNING KNOWLEDGE INTO PRACTICE

AN INNOVATIVE BEHAVIOR CHANGE INITIATIVE IN THE PHILIPPINES

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SNAPSHOT:
A TYPICAL USAPAN SESSION

At 9 a.m. on a Saturday, Usapan participants begin gathering at Lourdes’ clinic. She and her partner for this Usapan, Benny, have invited participants through text messages and word of mouth. Benny welcomes everyone and asks participants to say their name and their Filipino celebrity lookalike. There is much laughter as participants begin to relax. Benny gives each participant a copy of a visioning card and explains that she will guide them in formulating their vision for their family for the next five years.

Benny starts to guide participants through the activities, first asking them about their family size and situation, and then having them consider their desires for their families in the future. Benny asks participants to reflect on the question, “Can I support an additional child while pursuing these aspirations for my family?” and then asks them to think about their answers by circling their vision of their family size five years in the visioning card. Lastly, she asks participants to circle the specific actions they will use to achieve their reproductive intentions.

Almost all the participants are doing the exercise for the first time. Their faces speak volumes about how meaningful this activity is to them. After the guided exercises, Lourdes takes over from Benny, gauging participants’ views about family planning. Lourdes begins by asking, “What does family planning mean to you?” One participant says, “birth control” and another says, “controlling the number of children.” Lourdes facilitates a discussion to arrive at consensus, merging responses with the standard public health definition of family planning. She then discusses how women’s and men’s reproductive anatomy work and how modern family planning methods work. Throughout the session, Lourdes encourages active discussion rather than passive listening, asking such questions as, “What appeals to you about this method?”

After the group session, several participants who are interested in specific methods remain for one-on-one counselling. One participant, Tereña, decides on an IUD. After confirming that this method is appropriate for Tereña, Lourdes brings her to the family planning room and inserts the device.

INITIATIVE

The key characteristics of Usapan are:

• A carefully structured process of facilitated group discussion on family planning
• One-on-one counseling and immediate service provision, as appropriate
• Small group settings (15 participants maximum)
• Adult learning exercises to encourage reflection and discussion
• A conversational format rather than lecture session
• Education on male and female physiology, modern family planning methods, and gender in relationships
• Tactile interpretation of the visioning card, which is used by participants to help guide them in formulating their life vision
• Is designed to address family planning information, services, and products through the provision and use of high-quality family planning services in the Philippines.

Knowledge of family planning methods in the Philippines is very high (99 percent of women know at least one modern method of contraception). However, use of modern contraceptives remains relatively low (38 percent of currently married women). The USAID-funded Private Sector Mobilization for Family Health Project — Phase 2 (PRISM2) project, which ran from 2009 to 2014, increased provision and use of high-quality family planning information, services, and products through the private sector.

For many years, private practice midwives (PPM) have been front line service providers in Philippine communities. PRISM2 explored ways to strengthen the role of PPMs, making the business operations more sustainable and also ensuring they can help people meet their family planning needs. One key intervention was Usapan (Tagalog for “conversation”). Usapan addresses factors beyond knowledge to encourage action, addressing social and personal factors while making it easy to access services and products.

Because of Usapan sessions, I gained new family planning clients. I hold Usapan on Sundays to cater to the needs of my participants who are mostly working moms and cannot visit health centers on weekdays.

RESULTS

GENERATING DEMAND: PPMs in PRISM2 project areas reached more than 18,000 women and men with family planning counseling through Usapan. About 12,000 (70 percent) of those participants indicated interest in specific family planning methods, which illustrates Usapan’s ability to generate high demand for contraceptive methods.

| NUMBER OF PARTICIPANTS: 18,521 |
|($7,277) |($1,294) |
| Indicating a Desired Method | Receiving Desired Method Immediately |
| Spacing methods | 11,062 (60%) | 5,846 (55%) |
| Long acting and permanent methods | 1,860 (10%) | 238 (13%) |
| TOTAL | 12,922 (70%) | 6,063 (47%) |

TRANSFORMING DEMAND INTO UPTAKE: The Usapan approach was particularly successful in transforming desire for spacing into actual use of a method, with 53 percent of those interested in a spacing method receiving their desired method immediately. The low rate of immediate service provision for long-acting and permanent methods (13 percent) is related to the limited availability of such services in the Philippines.

MARKETING TOOL FOR PPMs: The 536 PPMs trained in Usapan often remarked that it was very effective in reaching new family planning clients, especially for spacing methods. PPMs who conducted more than three Usapan sessions reported an increase in the number of their family planning clients. They also reported greater satisfaction in being able to serve the reproductive health needs of women in their communities.

CONCLUSIONS

While the universe of Usapan participants does not constitute a random sample, results are suggestive of a possibly greater receptivity to family planning than surveys show. The Usapan approach may be promising for other settings because it:

• Does not assume that knowledge should lead to action and recognizes that many other factors contribute to the ability and desire to take action
• Uses research about local factors that limit contraceptive use
• Is designed to address these factors on a personal and social level
• Is primarily participatory but also instructive when necessary
• Enables participants to try out ideas in a group setting while also providing privacy for each person to think through his or her own situation
• Facilitates access to services and methods by providing most of these onsite
• Addresses gender awareness and helps men and women examine how their relationships affect their health and ability to plan families

CITATIONS