FINAL VERSION

PART I

1. INTRODUCTION

Behaviourchange communication (BCC) is an important supportive strategy in the 2013-2017 Sri Lanka-UNFPA Country Programme Action Plan and is expected to contribute to the achievement of goals and targets in maternal and newborn health; gender equity; reproductive rights; adolescents and young people's sexual and reproductive health. Overall, the BCC strategy is expected to support RH programmes in reducing morbidity and mortality due to reproductive health causes.

The planning and preparatory work for designing the BCC strategy for the new country programme (CP)began in 2011, during the seventh CP2008-2012.Even earlier, during the sixth country programme, UNFPA provided assistance to the Government of Sri Lanka in training key officials in the National Youth Service Council, the Ministry of Labour, the Sri Lanka Army, and the Health Education Bureau on Planning and implementing BCC strategies in support of reproductive health and HIV/AIDS prevention. However, it was during the seventh CP that action was initiated to amalgamate BCC strategies and interventions into reproductive health programmes. UNFPA provided facilitation and support to the Family Health Bureau (FHB) and the Health Education Bureau (HEB) of the Ministry of Health in this task. The basis of this action was the recommendations of the External Review of the Sri Lankan Maternal and Newborn Health Programme held under the auspices of the Government of Sri Lanka, WHO, UNICEF, and UNFPA in 2007. The review recommendations[1] provided impetus to the amalgamation of previous fledgling work undertaken by UNFPA and MoH in the area of BCC strategy formulation, into the current programme.

Since the International Conference on Population and Development (ICPD) in 1994, UNFPA had begun a distinct shift, globally, towards aligning communication and advocacy initiatives with the reproductive health programmes to pave the way for attitudinal and behaviour change and to enlist support of key decision makers and leaders. Empirical evidence, global programmatic experiences within the UN system, and research have shown the importance of incorporating behaviour change approaches into country programmes in order to support achievement of the reproductive health goals rapidly and efficiently.

In 2005, the UNFPA country support team (CST) Bangkok conducted a desk review and a regional consultation on the understanding and applications of the work undertaken by various

[1] Recommendations: (1) Include behavior change communication as a strategy in the new MCH policy. (2) Develop national BCC Strategy for MNH jointly between FHB and HEB. Pg.85, Report of the External Review of Maternal and Newborn Health, Sri Lanka, Ministry of Health, UNFPA, UNICEF, WHO, Oct 2007

country offices under advocacy, BCC and IEC interventions. Subsequent to the Review, a Global BCC Technical Meeting of UNFPA communication specialists held in December 2006, came to the understanding that result-oriented programmes at country level would profit substantially by integrating BCC strategies. The UNFPA CST Bangkok

released a handbook for implementing BCC interventions entitled "Planning BCC Interventions: A Practical Handbook", to provide a working methodology for integrating BCC strategies into reproductive health programmes in countries of the region. The handbook which was written by Peter Chen, the former CST BCC Advisor, also included ideas and practices discussed at the Regional Consultation and the Global Technical Meeting. It has been translated into Sinhalese language. A Tamil language version is being planned.

Although the above-mentioned handbook could be used with profit to guide planning of BCC strategies as well as training health sector officers in BCC in Sri Lanka, the UNFPA office in Colombo and the Sri Lankan Ministry of Health's FHB and HEB, while exploring the feasibility of introducing BCC interventions into reproductive health programmes came to a joint decision that the development of a BCC strategy for each of the RH programmes, based on Sri Lankan situation analysis would be vital to start the process of integrating BCC into RH programmes.

The BCC Strategy Guide for Reproductive Health Programmes in Sri Lanka is the result of this decision and related action. This document is the synergistic outcome of the efforts of the Health Education Bureau and the Family Health Bureau of the Ministry of Health, the UNFPA Sri Lanka country office, staff of MoH and health staff of selected districts, participants of the BCC strategy development stakeholder workshop, the national and international consultants, assistant to the national consultant, and national research analyst. The consultants were commissioned by UNFPA, Sri Lanka with the concurrence of the Ministry of Health. The basic information for the development of the BCC strategy was provided by current and prospective clients (groups) of the respective reproductive health programmes in selected districts. This information was obtained through a formative research initiative coordinated by the Deputy Director and selected staff of the Health Education Bureau with technical assistance from the national consultant, national research analyst and the assistant to the consultant.

The national coordination of the overall BCC strategy development and implementation initiative for reproductive health was the responsibility of the Core Group on BCC Strategy Development established for this initiative. The membership of the Core Group included the Directors and Deputy Directors of Family Health Bureau and Health Education Bureau respectively, programmemanagers of the five reproductive health programmes, national programmeofficer of UNFPA, and other key stakeholders (please see annexure 1). The Core Group was chaired by the Deputy Director General of Health Services (Public Health II).

2. THE WAY FORWARD - IEC TO BCC: BASIC DIFFERENCES AND KEY CONCEPTS

BehaviourChange Communication, as the term implies attempts to change the existing undesirable behaviour of clients into desired set of behaviours to help a particular development programme achieve its objectives. The BCC approach will also reinforce and sustain existing positive behaviours of clients, as development of existing desirable behaviours is a key function of the strategy. Therefore, BCC could be described as a set of communication processes and techniques that is applied to programming aimed at affecting social change and individual behaviours.

People generally do not change their behaviours just because the staff of a development programme prescribes them to do so, even though the suggested behaviour is technically correct and feasible and would clearly benefit the family and the community. There are, of course, some people who would initially try out the suggested change, due to their inherent psychological tendency to try out new things and/or due to their specific socio-economic situation which could comfortably absorb any risks in relation to experimentation with the proposed new behaviour. But the vast majority would be apprehensive about changing their existing behaviours with which they have been comfortable with, without apparent disadvantages.

The information, education and communication (IEC) approach which is the dominant method currently used by health education institutions in Sri Lanka as well as in many countries in the region, is conceptually and methodologically not designed to actively assist clients to change from existing undesirable health behaviours into desired health behaviours, especially if the suggested desired behaviour is complex or entails many perceived costs. Under the IEC approach people are generally given universal facts about a practice and the technical reasons for accepting such a practice. The IEC approach mainly influenced by models such as Shannon-Weaver[2] and the Berlo[3] models of communication use one way influence approaches to attempt to change behaviour. Under an IEC dictated health education initiative, the Programme is considered supreme as it is the entity that identifies the recommended practice; owns the key communication messages in the guise of universal facts and technical knowledge about the practice, and possesses key communication resources to pass on the 'message' to prospective clients. In this approach the client is secondary in thatshe/he is for the most part a passive receiver of health messages, and is expected to automatically change to the recommended behaviour, as the sender stipulates. The IEC planners believe that once the basic facts and technical knowledge are sent down to the clients clearly, behaviour-change would occur, as it is the rational thing to do. However, in reality, this happens only in a small number of clients as

[2] Shannon, C.E., & Weaver, W (1949) The mathematical theory of communication Urbana, Illinois: University of Illinois Press

[3] Berlo, D.K. (1960) The process of communication New York: Holt, Rinehart, & Winston

explained above. The vast majority of clients are not in a position to respond positively to knowledge inputs sent down by the programme, especially if the recommended behaviours are complex in nature or perceived by the client to have familial, social, economic, and cultural implications.

People normally do not act only on facts and technical knowledge to change behaviour. They need a clear understanding of the behaviour, the principle behind it and how to practice it(i.e. skills); they need to understand the benefits and costs of change of behaviour-benefits and costs are not only financial but social and cultural; they need to discuss new behaviour with their families- for some practices they would need family support and assistance; they would try to find out if the local community would accept such a practice or not; they would want to know if the new practice is safe and reliable, and easy to access; that the practice is culturally acceptable, and would not cause community censure; so on and so forth.

The BCC approach, however, is specifically geared to respond to these client concerns, and to accept the premise that the client is the primary resource in planning communication approaches for facilitating desired reproductive health behaviours.

Therefore, the BCC approach in a sense turns the health education planning process upside – down. Once a programme identifies a behaviour that is technically viable, and need to be promoted widely among a particular cohort of a population (to resolve a public health problem), under the BCC approach, planning should start at the grassroots, i.e. with the clients. Through formative research exercises (these can be for the most part done rapidly once capacity is established) the programme and the health education team should find out from clients some basic information that includes the following:-

- The existing desirable and undesirable behaviours (relating to the particular heath problem or issue,)and the reasons for the two categories of behaviours;
- The existing knowledge of clients regarding the recommended (or promoted) desired behaviour. Here generally four types of knowledge would be looked into: (i) technical and factual knowledge; (ii) knowledge about the principles behind the practice; (iii) knowledge about benefits or advantages accruing to the client and family; and (iv) 'how-to-knowledge', i.e. knowledge on skills necessary to practice the particular behaviour.
- Factors[4] that facilitate (make it easy for) clients to practice such behaviours, and the factors that constrain (makes it difficult for) clients to practice or change-over to the

[4] These could be favourable or unfavourable beliefs, attitudes, and perceptions; myths and misconceptions; community or family resistance or household-related barriers; strengths and weaknesses in service delivery or negative experiences with service delivery system or staff; strengths and weaknesses in health education approaches and style etc.

recommendedbehaviour; and who or what causes these constraints, and how these constraints could be reduced.

- Communication exposure of clients, most used communication channels and their perceived credibility;
- Other persons who influence clients' attitudes, perceptions, decisions and behaviours from within the family, as well as among peers, the local community, and the workplace etc. on reproductive health matters.
- Feedback on appropriateness of relevant rules regulations and policies (this latter may be a difficult area for clients to respond to and may need information from other stakeholders)

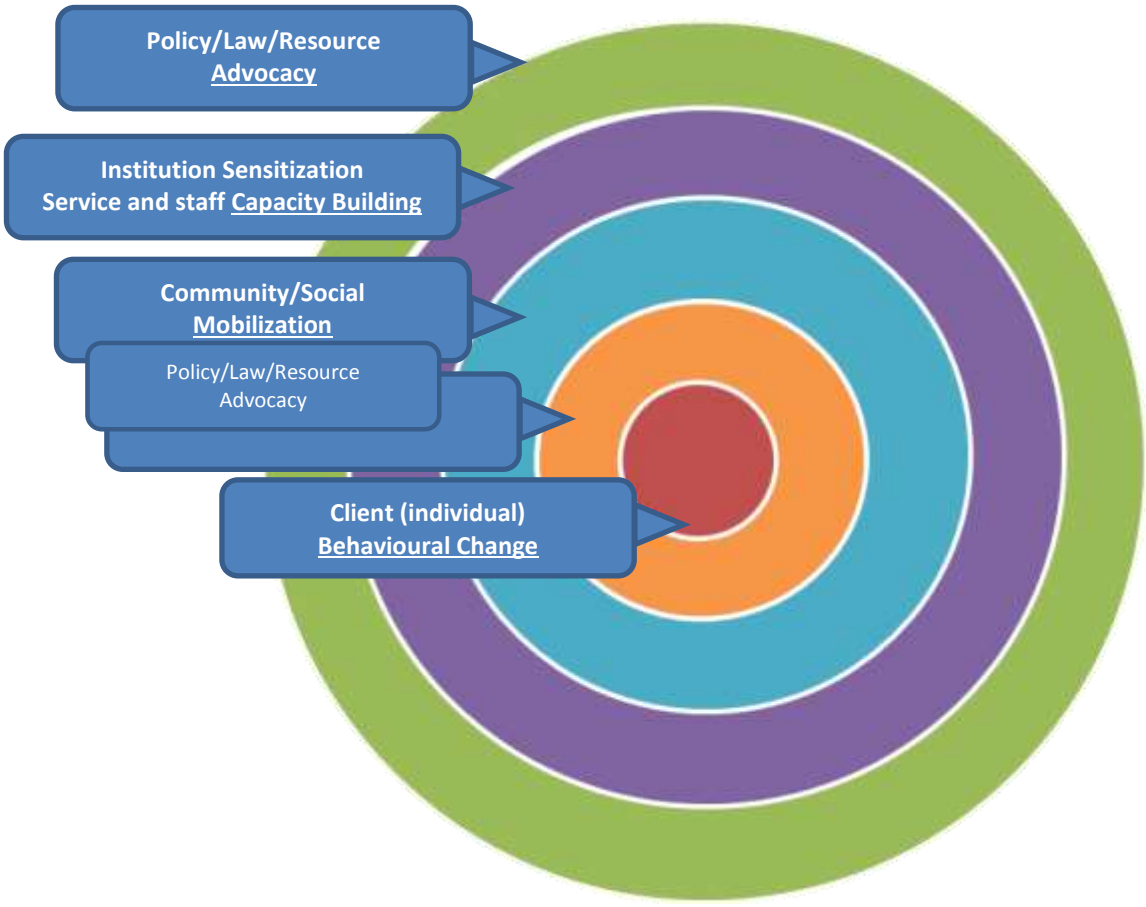
The rationale for attempting to obtain the above information is due to the understanding arrived by BCC planners and researchers that a person who wishes to undertake or change to new desired health behaviour should:

- Have a distinct reason(s) for practicing the behaviour, i.e. should perceive and internalize benefits to self and/or family;
- Know what to do, where to go, whom to meet;
- Know how to do it, i.e. have required skills to undertake the behaviour;
- Have positive ideas about the behaviour;
- Have required resources(availability of time, money, and people support) to undertake the behaviour;
- Have social acceptance and legitimacy for such a move;
- Have access to service-delivery system that ensure privacy and confidentiality, polite and courteous service providers, adequate physical infrastructure and facilities, minimal waiting time etc.; and
- Have benefit of supportive policies, programme protocols and service infrastructure, equipment and human resources.

KEY ELEMENTS OF A BEHAVIOUR CHANGE COMMUNICATION INTERVENTION

- Client (individual) **Behaviour Change**
- Family **Motivation**
- Community/Social **Mobilization**
- Institution sensitization/Service and staff **Capacity Building**
- Policy/Law/Resources **Advocacy**

LEVELS OF IMPLEMENTATION OF BCC STRATEGY

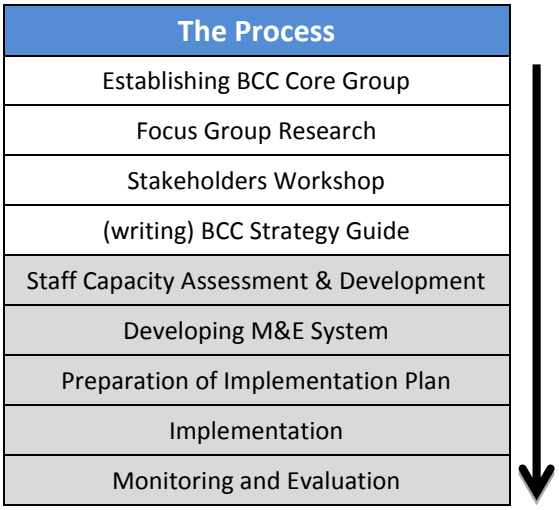


Thus a behaviour change communication strategy would ideally include the following communication elements at different implementation levels, beginning from the client, the central focus of BCC, to the policymaker as shown in the diagram of increasing concentric circles. At each of these levels, the behaviour-change in key actors is crucial for the success of the particular communication element at each level; as well as for overall success of behaviour change of the client. The main focus of the BCC activities is on the centre circle, i.e. around the client (who receives the service); however, the main activities at each of the levels shown in the concentric circles should also be implemented as planned in a coordinated manner as it is the synergistic effect of results of activities at each of the different levels that will help to accelerate client behaviour change.

3. BCC STRATEGY DEVELOPMENT FOR RH PROGRAMMES IN SRI LANKA: THE PROCESS AND METHODOLOGY

BCC Core Group and Technical Assistance

The BCC strategy development process began in 2011 with the establishment of a BCC core group, and the appointment of a National Consultant. The BCC core group chaired by the Deputy Director General of Health (Public Health II) provided overall guidance and direction to the BCC strategy development process, and ensured policy and administrative recognition. At the first meeting the concept, purpose, the process and the methodology of BCC strategy development for RH Programmes was presented to the full core group by the national consultant and approval was obtained to begin implementation of the methodology. Subsequently at each key stage of the process, the main categories of planned activities were presented to the core group for concurrence and on completion, the main outputs of the approved activities were also presented to the core group for information and feedback.



The national consultant provided technical leadership to the strategy development process and provided technical assistance to the Health Education Bureau and UNFPA Country Office in BCC strategy formulation.

Planning Data and Information

The main information required for planning and developing formative research was collected in three ways. The basic planning data for focus group research was obtained through Key Informant Interviews. The Programme Mangers of Maternal and Newborn Health, Well Woman Clinic, Family Planning, Adolescent and Young Person's Sexual and Reproductive Health, and Prevention and response to Gender based Violence Programmes were interviewed by the assistant to the consultant to obtain an understanding of programme policies, objectives, strategies, main activities, health education approaches and service delivery mechanisms which helped identify strengths and weaknesses of the respective programmes.

A literature review of available key documents pertaining to each of the above mentioned programmes was also undertaken. Further, a search for reproductive health related IEC

materials developed over the last ten years was also undertaken. Two copies of each available IEC materials were collected and an inventory was prepared including a summary description of all collected IEC materials, also by the assistant to the consultant.

Focus Group Discussions

Focus Group Discussion (FGD) was the main formative research method used to generate data and information for the formulation of behaviour change communication strategies for the five RH programmes. FGDs were conducted in seven selected MOH areas. The following types of information pertaining to each programme were collected through focus discussions.

- Existing knowledge, attitudes, skills and behaviours
- Attitudes and perceptions towards key desired behaviours
- Facilitating and constraining factors affecting adoption of desired behaviour
- Opinions, perceptions on service delivery and interaction with staff
- Sources of information on programme related knowledge, skills, and behaviours
- General communication networks and media exposure

A summary of key FGD findings for the National Family Planning Programme is given below.

Focus Group Discussion: Key Summary Findings

Knowledge and Attitude ofEligible Couples – Women (W) and Men (M)

	Women	**Men**
- Understanding of FP concept	VG	M to W
- Knowledge of perm.method	G	M
- Knowledge of temp. methods	G	W
- Acceptance of small family concept	Most women in 4 areas accept	Most to some men in 3 areas accept

Code: VG-Very Good; G-Good; M-Medium; W-Weak

Behaviours

- Some eligible women/most eligible men have not undergone LRT/Vasectomy
- Women use temporary methods widely; men's use appears to be low
- Some wives practice FP by themselves
- Some wives practice FP without family conflicts although husbands feel use of FP methodsare inappropriate

Barriers to Acceptance of FP

- Spouses do not favour FP due to: fear of extra-marital relationships, lessening of sexual desires and virility, perceived or real side effects. Minority of husbands do not favour FP due to religio-cultural sentiments (in one location).
- Some client's 'how to use skills' are low.
- Men face psychological and physical barriers to access FP methods.
- Depo and IUD perceived to be convenient and effective by majority; however Depo faces supply constraints and IUD faces inaccurate perceptions about it moving about in the body.
- Ineffective communication/health education response to motivate clients on how to deal with inaccurate perceptions/manage side effects and/or switch to alternative methods.

Other Key Issues

- Unreached Groups - widowed, single and divorced women; women with grown up children; are not generally reached due to community and health staff attitudes.
- Low male involvement - FP communication and service delivery system not conducive of full male involvement in FP programme.
- Fears of perceived demographic changeoccurring along religious groupings incipiently affect FP decision-making within families in some areas.

The Focus Group Discussion methodology is described in Annexure - 2

FGD Report Presentation and Concurrence

The final FGD analysis report for the maternal and newborn health (MNH) Programme was written in English in a typical research report style format. This was initially presented to the Directors, Deputy Director and selected staff of the Health Education Bureau and the National Programme Officer of UNFPA as a test case. The analytical methods and approaches used and the final research findings were deemed to be excellent. However, the narrative format used was observed to be limiting the graphic presentation of comparative data and the visualization of key issues (including facilitating and constraining factors for uptake of particular behaviours) that needed to be brought out strongly in the succeeding phase, i.e. the BCC strategy development through the stakeholder workshop phase. The MNH analysis report was redone using a power point format, which was found to be useful for prioritization and visualization of key results. Based on this experience the power point presentation format was used for all final FGD reports. All final FGD finding reports were presented to the Director, Deputy Director of HEB and to the Director of FHB, and its Deputy Director and the relevant programmemanagers, for information and concurrence. The Director and Deputy Director of HEB and the Director, Deputy Director and programme managers of FHB provided concurrence for using all FGD research reports as the base documents for developing the BCC strategy guide document for each of the reproductive health programmes.

The BCC Strategy Development/Stakeholder Workshop

The BCC strategy development stakeholder workshop was held in June 2013, with UNFPA support. The purpose of the workshop was to bring various stakeholders in the area of reproductive health together to present and share their knowledge, experience and insights and jointly draft key elements of a behaviour change communication strategy for the selected reproductive health programmes, in line with the FGD findings. Given the amount of work and the time required to develop the BCC strategy for five selected RH programmes, it was decided to address three out of five reproductive health programmes namely; Well Woman Clinic, Family Planning and Prevention and Response to Gender-Based Violence in the first stakeholder workshop. The two remaining programmes(i.e. Maternal and Newborn Health and Adolescent and Reproductive Health) were addressed in a separate workshop in October 2013.

The workshop participants were divided into programme groups and were requested to develop the key elements of the BCC strategy based on workshop presentations and FGD findings. The Workshop was co-coordinated by an international consultant from the Asia-Pacific Development and Communication Center (ADCC) of the Durakjit Pundit University, Bangkok and

the national consultant. Each programme group presented their proposed BCC strategy related to the topic assigned to them in the plenary session which was followed by Q&A and presentation of comments and suggestions by the stakeholders.

Immediately prior to the stakeholder workshop, the Secretary of Health offered his blessings and wishes for the success of the workshop. In the opening session of the workshop, the Director-General of Health gave the keynote address followed by the opening address by the UNFPA Representative. (for detailed workshop agenda and list of participants please see Annexures 5&6)

Writing of the BCC Strategy Guide for Reproductive Health Programmes in Sri Lanka

The outputs of the stakeholder workshop were moulded into the final document titled BCC Strategy Guide for Reproductive Health Programmesin Sri Lanka by the national consultant, the international consultant, and the assistant to the consultant. A stakeholder panel including Directors of FHB and HEB, the Deputy Directors, representatives of College of Obstetricians and Gynecologists, selected NGOs, consultant community physicians, medical officers, and health education officers provided technical clarifications and valuable comments to enhance the quality of the final document.

4. THE BEHAVIOUR CHANGE COMMUNICATION STRATEGY GUIDE DOCUMENT- A COLLECTIVE ACHIEVEMENT FOR COLLECTIVE USE

The Behaviour Change Communication Strategy Guide for Reproductive Health is a collective achievement of the stakeholders working in reproductive health area. It is not the product of experts or a technical group; nor is it a product of UNFPA Sri Lanka or the Ministry of Health alone. As a national strategy, it belongs to all stakeholders working in the area of reproductive health in Sri Lanka. Undoubtedly, the Ministry of Health is the lead agency that would give life to it, through policy advocacy, resource mobilization, capacity building, advice and guidance during implementation as well as regular monitoring and evaluation of the whole initiative. The district health administrations have the responsibility to ensure its implementation at MoH area levels, and as relevant, through base or district hospitals.

The other partners and stakeholders such as the Ministries of Child Development & Women's Affairs, Youth Affairs & Skills Development, Education, Labour&Labour Relations, Plantations Industries, Defense& Urban Development, etc. are equally important and should be engaged to learn the aims and approaches of the strategy and to use appropriate and relevant section of the strategy in their own programme activities. It is also expected that NGOs such as the Family Planning Association of Sri Lanka, Women-in-Need, and others, as well as UN Agencies such as WHO, UNICEF, and UNFPA would take interest in the BCC Strategy and utilize it in their assisted programmes.

5. THE BEHAVIOUR CHANGE COMMUNICATION STRATEGY GUIDE DOCUMENT – FIVE BOOKLETS

As mentioned in the introduction section, the aim of the behaviourchange communication strategy guide initiative is to develop BCC strategy guides for each of the five reproductive health programmes. As inclusion of BCC strategies for all programme areas in one publication would make it voluminous and bulky, it was decided to publish the strategy guides in five separate booklets, especially as the potential readership would be different for each strategy guide. The current Booklet (Booklet 3) is on the BCC strategy guide specifically for the Family PlanningProgramme.

6. SUGGESTIONS FOR IMPLEMENTATION

The BCC Strategy Guide for Reproductive Health Programmes in Sri Lanka would form the stage 1 of a phased implementation plan for integrating BCC strategies to support reproductive health programmes in Sri Lanka. The BCC strategy guide alone would not be sufficient to integrate BCC strategies into RH programmes at the implementation level. A rational and doable implementation plan including a monitoring and evaluation plan, staff capacity assessment and development plan, and a resource mobilization plan would be crucial to support and add value to the BCC strategy guide document.

It is proposed that the implementation of the BCC strategy for reproductive health be undertaken using a two track approach.

The first and the slow track approach should aim to institutionalize the adoption of BCC in reproductive health programmes in Sri Lanka. This would first and foremost involve creating political and administrative will at the highest levels of the Ministry of Health for the adoption of the BCC strategy into RH programmes. In practical terms, the next steps would be to undertake an institutional and staff capacity assessment and capacity building on BCC at identified levels in the health sector.Simultaneously, policy advocacy recommendations identified in the BCC strategy guide document could be undertaken. The subsequent (follow-up)implementation steps should be identified jointly by various stakeholders at a future implementation planning workshop.

The second and the fast track approach should be to implement selected key activities included in the BCC strategy guide for reproductive programmes in Sri Lanka in selected MoH areas as a pilot. This will allow opportunities to learn from the implementation of the strategy at the field level with the aim of further refining and fine-tuning the RH BCC strategy development initiative. For the pilot area, the FGD locations plus the adjacent MOH areas could be ideal sites.

Parallel to the local pilots, selected nationwide policy advocacy activities could also start as soon as possible as these would take a fairly long time to show results. A planning team comprising key officers of FHB, HEB, selected health officers of the respective districts, and UNFPA could be established to plan and agree on objectives, training needs, implementation methodologies, M&E methods and management procedures for the pilots and learning laboratory initiative. The lessons learned from the pilot exercise will be useful to the work being undertaken to institutionalize use of BCC approaches through the slow track approach.

There are some concerns that during the implementation, the BCC programme component may evolve into a parallel and separate programme without linkages with the main RH programme. However, it should be noted that conceptually and methodologically the BCC must be an integral component of the main reproductive health service Programme. It should neither be planned nor implemented as a parallel or separate programme. The main service programme and the BCC component must be planned and carried out in a concerted and coordinated manner to ensure a cohesive and well integrated programme. The main purpose of the BCC component is to increase client participation in the main programme and as such, joint planning and implementation of the BCC and RH service delivery components is the ONLY approach for effective results.

PART II

1. THE NATIONAL FAMILY PLANNING PROGRAMME

The national family planning programme of Sri Lanka was established in 1965. In order to integrate the new family planning programme with the maternal and child health programme which by this time was being implemented successfully, a new institution by the name of Family Health Bureau (FHB) was established in 1968. The responsibility of coordinating the MCH and FP Programmes in an integrated manner was assigned to the newly created FHB. This policy decision indicated that Sri Lanka recognized the importance of integrating family planning and population work with the reproductive health services, such as MCH programmes long before the ICPD 1994 which advocated for integrating family planning with reproductive health programme delivery.

The goal of the national family planning programmeis to enable all couples to have the desired number of children with optimal spacing whilst preventing unintended pregnancies.

The family planning movement in Sri Lanka commenced way back, though, through the Family Planning Association of Sri Lanka in 1953. Begun under the leadership of a few dedicated volunteers, the FPASL today is a strong institution supporting the national FP Programme. FPASL is affiliated to the international Planned Parenthood Federation. The close relationship between the Government of Sri Lanka and United Nations Fund for Population (UNFPA) began in 1973 with UNFPA providing assistance to broad-based population programmes within the family planning programme.

The national family planning programme is now implemented through the provincial health authorities. FHB continues to provide policy guidance, technical support, training of staff in technical aspects and monitoring and evaluation of the programme, as well as standards setting in key aspects of service-delivery and on quality of contraceptives. FHB functioning under the Ministry of Health is the lead agency for integrating all aspects of reproductive health at the national level, with the national HIV/AIDS/STD Programme Division being responsible for preventive and curative services and policy formulation in that area. FHB works in close collaboration with the Colleges of Obstetricians and Gynecologists, Pediatricians and Pathologists.

The Medical Officer of Health (MOH) and staff implement the national family planning programme at the field level. The family planning clinics as well as the ante-natal and post-natal clinics, immunization clinics and well woman clinics are conducted by the MOH, with the assistance of Public Health Midwives and Public Health Nursing Sisters. Family planning clinics provide health education and family planning services.Family planning services and

commodities are provided free of charge at FP clinics. Public Health Midwives also provide oral contraceptive pills and condoms on demand to households. The Family Planning Association operates a social marketing scheme for oral contraceptive pills and condoms linked to private sector retail outlets. About 75% of the contraceptive methods and commodities are provided by the Government sector throughfamily planning clinics and Public Health Midwives, with private sector channels which includes the Family Planning Association accounting for 25% of commodity supplies and services.

In 1982 the President of Sri Lanka appointed a Parliamentary Advisory Committee on population and designated the Ministry of Plan Implementation to coordinate the family planning and population programmes with the Ministry of Information given the responsibility for promoting family planning among the general population. In 1989 the responsibility for population policy formulation and coordination of family planning services was transferred back to the Ministry of Health.

The basic statistics pertaining to family planning services for the period 1982 to 2006 are given below, as indicated in Fertility Surveys conducted by the Sri Lanka Registrar General's Department.

	1987 (1982-1987)	**1993** (1987-1993)	**20002006/2007** (1995-2000)	(2003-2006)
Total Fertility Rate (FR)	2.8	2.3	1.9	2.3
Adolescent FR	38	35	27	28
Contraceptive Prevalence Rate	61.7	66.1	70	70.2
Permanent Methods	29.6	27.2	23.4	17.1
Temporary Methods	21.1	22.4	20.5	17.0
Modern Temporary Methods	-	-	26.4	36.1
Unmet Need for Contraceptives (%)	12.3	10.8	N/A	N/A

According to the 2006-2007 DHS survey conducted by the Sri Lanka Department of Census and Statistics the national contraceptive use rate is 68%. The district variation ranges from 35% of currently married women in Batticaloa district to a high of 78% in Polonnaruwa district.

The challenge facing the family planning is two-fold in nature. The first type of challenge which is mainly internal to the programme, requires more targeted approaches to reach the segments of the population that are difficult to reach, such as adolescent living-together couples; eligible couples with grown-up children; single, widowed, and divorced women. The other

especiallydifficult categories to reach are older adolescents who elope with boy-friends and are entered to hospital for medical purposes and subsequent legal processing; women who are entered to hospitals due to complications of induced abortions; and persons who go overseas for employment leaving behind their spouses and families in Sri Lanka. This weakness is due to community perceptions, policy and programme delivery deficiencies, and the lack of confidence and willingness of these potential clients themselves to reach out for services. Within this group are also included eligible couples who currently experience side-effects, as well as eligible couples who have discontinued a method due to side-effects. The high discontinuance rate perhaps is due to the weakness of the programme to engage in interactive and supportive communication with those eligible couples who are experiencing side-effects. The second type of challenge is the emerging resistance to family planning due to perceived religio-culturalfactors and fears of resultant changes in ethno-religious composition of the population in the long term.

2. KEY SECTIONS INCLUDED IN BEHAVIOUR CHANGE COMMUNICATION STRATEGY GUIDE DOCUMENT – BOOK 3

The BCC Strategy for Reproductive Health Booklet 3, BCC Strategy Guide for the Family Planning Programmeincludes seven Sections as follows:

Section 1-Behaviourchange communication interventions designed to facilitate adoption and maintenance of appropriate family planning behaviour by eligible couples:

(i) All eligible married couples (Pg. 21)
(ii) Eligible couples with first newborn (Pg.23)
(iii) Eligible couples who are yet to complete their families (Pg.27)
(iv) Eligible couples who are completing/have completed their families (Pg.29)
(v) Eligible couples experiencing side-effects (Pg. 32)

Section2- Behaviourchange communication interventions designed to motivate eligible couples who discontinued FP to consider re-adoption of FP methods:

(i) Eligible married couples who had discontinued FP methods(Pg.37)

Section 3-Behaviourchange communication interventions for facilitating male spouses to better understand concept of family planning and adopt FP methods based on joint husband-wife decision-making:

(i) Eligible married men (married)/living together male adolescents (Pg.41)

Section 4 -Behavior change communication interventions designed to educate engaged-to-be-married individuals, couples and newly-wedded couples for adoption of appropriate family planning behaviours:

(i) Persons engaged to be married/couples engaged to be married living in the area (i.e. persons/couples who would be married shortly). (Pg.47)

Section 5-Behaviourchange communication interventions designed to educate older adolescents on adoption of appropriate family planning/contraceptive behaviours:

(i) Adolescents in school and out of school (Pg.49)
(ii) (Married)/living together adolescents (Pg.51)
(iii) Older Adolescents – school children in appropriate age group. (Pg.54)
(iv) Adolescents/out-of-school children in difficult circumstances. (Pg.57)
(v) Out-of-school adolescent girls (pg.59)

Section 6-Behaviourchange communication interventions designed to reachindividuals who experience difficulty in accessing FP services and facilitate provision/acceptance of FP advice and services:

(i) Eligible married couples with wives over 40 years and/or grown-up children. (Pg.63)
(ii) Divorced and/or widowed women and single women. (Pg.68)
(iii) Men and women travelling overseas (pg.71)
(iv) Women who enter hospital following complications of induced abortions (pg.73)
(v) Women subject to violence (pg.75)

Section 7-Advocacy for massmedia mobilization to disseminate knowledge to support eligible couples/women to make informed choice on FP:

(i) Chief Editors, Deputy Editors, News Editors, Features Editors, in print and electronic media. (pg.77)

(ii) Feature ProgrammeWriters/Producers, Correspondents,Script Writers, Programme Producers in leading print and electronic media.(Pg.79)

Section 8 - Enhancement of staff capacity to motivate women, men and eligible couples to make informed choice on FP:

(i) Health staff in government sector and General Practitioners (Pg.83)

Section 9 - Advocacyfor developing more effective and harmonious approaches to promote family planning in the background of evolving religio-cultural sensitivities

(i) H.E. the President of Sri Lanka, Hon. Prime Minister/Minister of Religious Affairs, Hon. Leader of the Opposition. (Pg.92)

Under each of the above sections (1 to 7), information and suggestions useful for planning and implementing appropriate communication activities are given. They are:

- main target audience,
- the behaviour expected of them (called the "desiredbehaviour") or the 'practice' they are called upon to perform
- the support they would get (called the facilitating factors) and the obstacles they would face (called the constraining factors) when trying to perform the 'desiredbehaviour/practice'
- the primary messages, knowledge, and skills that the communication programme should pass on to the target audience to motivate the target audience members to perform the 'desiredbehaviour/practice'. These primary messages and skills will help the target audience to increase the facilitating factors and reduce the constraining factors and thus help to perform the 'desiredbehaviour/practice'
- the communication media and or method that should be used to disseminate the primary messages and skills etc. to the target audience. This could be an interpersonal channel (PHM, MOH, or a Women Development Officer), a group communication development channel (small group discussion, newly-weds classes, mothers' group etc.) it could be a mass media channel (radio, a newspaper, TV channel etc.), or a traditional media channel (street-drama etc.).
- the communication material or tool (leaflet, flip chart, multimedia presentation, anatomical model of the reproductive system, video or DVD filmlet etc.) that incorporates the key messages, knowledge, skills, service information etc.)

3. HOW TO USE THE BCC STRATEGY GUIDE DOCUMENT

The BCC strategy guide document is essentially a behaviour change communication planning guide for persons/officers responsible for motivating clients to continue with existing positive (desirable) behaviours and change existing undesirable behaviours, so that the clients and the programme would mutually benefit. TheBCC strategy guide documentcan be used by officers at any level of the health administration. However the BCC strategy guide documentwould be especially useful to planners and implementers at the MOH area level and the district level. The activities under sections 7,8&9should essentially be implemented at the national level.

The suggestions/information given in the Guide were based on the analysis of information and data obtained from clients through focus group discussions. These were reconfirmed and sometimes added on to at the strategy development stakeholder workshop and at compilation stage of the final text to further enhance the communication impact. All suggested elements in the Guide would be directly useful to motivate a client to continue with existing desirable

behavior or change from an undesirable behaviour to a desirable behaviour. Thus this BCC strategy guide on the family planningprogramme is evidence based document and can be used to increase attendance at FP clinics, and increase use of family planning methods by living-together adolescents, young mothers, mothers having grown-up children, widows, single women,adolescents, women and families experiencing difficult circumstances and or special situations by male spouses.

It must also be emphasized that the information in the Guide must be put into practice in a strategic and informed manner. When implementing the suggestions in the Guide, it must be done with a clear understanding of the purpose, and at least an elementary understanding of the BCC concepts and methods. It is therefore suggested that before a unit such as a MOH area office, or a district attempts to implement the Guide, a short training (of 2 days duration) on BCC concepts, methods and strategy planning be arranged. This training could be jointly organized by the Health Education Bureau and the Family Health Bureau, (after the two organizations receive basic training on BCC strategy planning).

The BCC strategy guide is akin to a menu card. It is up to the MOH and the team of officers to include in the local FP/BCC implementation plan at least a minimum number of key activities that are strategic and appropriate to the area. It should be mentioned that a minimum number of strategically important activities from the Guide should be selected and implemented in an orchestrated manner to produce positive effect on acceptance of desirable behaviour. It is the combined or synergistic effect of a set of key activities implemented in a planned and timely manner that would produce rapid and positive results with regard to the acceptance of desired behavior (please see pg. 6). Therefore a short training on BCC, and the preparation of an implementation plan that would include a strategic set of behaviour change communication activities are vital to profit from this Guide.

BEHAVIOUR CHANGE COMMUNICATION STRATEGY GUIDE

FOR THE FAMILY PLANNING PROGRAMME

SECTION 1: BEHAVIOUR CHANGE COMMUNICATION INTERVENTIONS DESIGNED TO FACILITATE ADOPTION AND MAINTENANCE OF APPROPRIATE FAMILY PLANNING BEHAVIOUR BY ELIGIBLE COUPLES

Issue **:** Challenging social and religio-cultural environment for family planning and linked socio-political issues are seen toincipiently affecting FP decision making in families in some areas; inadequate problem solving responses by the service delivery system tend to affect FP decision-making including discontinuance of some FP methods among some eligible couples;low priority accorded to special groups in providing FP advice and services.

Current Behaviour **:** Majority of eligible married couples practice family planning methods in the background of slowly emergingsocial and religio-cultural sensitivities in some of the focus group research locations.

1. DesiredBehaviourand Facilitating/Constraining Factors

Target Group	DesiredBehaviour	Facilitating Factors	Constraining Factors
All eligible married couples	All eligible married couples use a family planning method when they do not desire a child despite slowly emerging social and religio-cultural challenges as reflected in few of the focus group discussion locations.	- PHM - Friendly. Very convenient to obtain FP advice and services. - MOH and clinic staff - Friendly and helpful. - Most women have good knowledge on relevant FP methods and services. i.e. how-to-use knowledge (skills); understanding of side-effects, advantages and disadvantages of the respective temporary methods .	Emerging public perceptions on demographic and religio-cultural aspects tend to challenge FP concepts. Weak health system response to assist clients through use of interactive communication methods to change inaccurate perceptions. Weak health worker and clinic system response to assist clients through interactive communication on dealing appropriately with side effects or encourage clients to change to alternative methods.

Target Group	Desired Behaviour	Facilitating Factors	Constraining Factors
All eligible married couples (contd.)			Physical facilities in clinics inadequate in some areas; Client restlessness and impatience due to congestion in clinicsin some research locations. Takes a considerably 'long time' to obtain services in some research locations.

2. Behaviour Change Communication Strategy

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Eligible couples with the first newborn (i.e. couples who have just taken their first newborn home) Reached directly, to motivate parents to take action to space the next birth.	**There is an old and wise saying that Health is Wealth. This is equally true for today's society. A healthy mother protects the whole family:** The main benefit of practicing family planning is the protection of mother's health and baby's health. This fact is true for poor countries as well as for rich countries. Even in rich countries like America the biggest benefit of family planning is recognized as the health protection it gives to the mother and babies. What are the health benefits to mother? - Reduces possible death and complications at and immediately after delivery due to closely occurring births. - Helps a mother to recover her health after birth of a child by not conceiving soon after.	**PHM** - Home visit - Counseling and provision of FP Services **MOH, PHM, PHNS** - Clinic visits - Small Group discussions e.g. during child immunization sessions. **GP/Pediatrician** - Consultation visits **Mass media** - Programmes/articles in electronic and print media	▪ Leaflets and/or Q & A booklet on the importance of spacing after the firstborn. Benefits for mother, the firstborn, the father and the younger sibling. Suitable FP methods, possible side-effects and ways to manage side-effects. Simple instructions on how to use. ▪ Flip charts on the same theme with key information as given above. ▪ Articles on the same theme for the print media. ▪ Radio and TV scripts for producing programmes on the same theme. ▪ Video clips on the same theme.

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Eligible couples with the first newborn (i.e. couples who have just taken their first newborn home) (contd.)	- Reduces risk of death, complications and illness due to induced abortions done to avoid unwanted pregnancies. **What are the health benefits to babies** - Reduces chances of the second baby or subsequent babies being born prematurely, due to short spacing of births. - Reduces the chances of the second baby or subsequent babies being born as low birth weight babies due to short spacing of births. - Reduces the chances of the second baby or subsequent babies being 'small (size) for age'. - Reduces the chances of fetal deaths due to very closely occurring pregnancies.		

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Eligible couples with the first newborn (i.e. couples who have just taken their first newborn home) (contd.)	**Give your first baby time and space to grow:** Parents,firstborn is your treasure; in fact all your children will be treasures. Give your treasures the time and space to grow to their potential. **Why should you space birth?** One of the threats to the health and growth of the first born is the birth of a sibling before the firstborn is 3 years old. Then mother will have less time for the firstborn. Mother too may be at risk of becoming weak by closely occurring pregnancies. **Learn about spacing births.** The recommended spacing between births is 3 to 5 years. However, the period can vary depending on mother's age and situation.		

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Eligible couples with the first newborn (i.e. couples who have just taken their first newborn home) (contd.)	**Talk with PHM and decide early on the number of children you wish to have and about spacing those births.** Ideally parents should have discussed about spacing during pregnancy. If not please discuss with your PHM when she visits your house to monitor the new baby. Discussing early with PHM gives both of you time to decide and select a suitable FP method. **Choose a suitable FP method for spacing without delay.** Based on PHM or MOH advice and your personal situation select a method that is suitable for you.		

2. Behaviour Change Communication Strategy

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Eligible couples who are yet to complete their families. Reached directly, to motivate parents to space birth using appropriate temporary FP methods.	**Parents! Space birth of your babies -** Spacing gives your babies time and space to grow to their potential. Spacing most importantly protects the health of the mother and baby too. Talk to your PHM. Learn about health benefits of spacing births and when and how to space. (Please use key knowledge on health benefits to mother and baby described in column 2, pgs. 23and 24, to start the discussion on spacing, and then proceed to discuss importance of spacing as given below.) **How long to space? And what method?** The recommended spacing between births is 3 to 5 years. However, the period can vary according to mother's age and situation. Discuss with MOH or PHM and decide on a suitable spacing period and a suitable FP method.	**PHM** - Home visits - Counseling - FP services **MOH, PHNS, PHI, PHM** - Clinic visits - Small group discussions in clinic setting or MOH office. **Mass Media** - Programmes in electronic media and articles/ interviews/question and answer columns in print media.	▪ Multimedia presentation on spacing of births; benefits; spacing periods; suitable FP methods; side-effects and management; simple instruction on how to use or how and when to obtain it through clinics, PHMs, and GPs. ▪ Leaflets for eligible couples who are yet to complete their families (on the same topic as above). ▪ Flip charts on birth spacing ▪ Articles, feature idea outlines, radio and TV script outlines on the importance and benefits of birth spacing, and management of side-effects.

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Eligible couples who are yet to complete their families. (contd.)	**Know how to manage side-effects** Also learn about the possible side-effects of the FP method you have selected. Side-effects are not dangerous. However, they can be a nuisance. Therefore discuss with the MOH/PHNS/PHM possible side-effects and how you can manage them. One person will not get all the side-effects; Some will not get any side-effects at all; others may get one or two. With the advice of your MOH or PHM learn how to manage side-effects.		

2. Behaviour Change Communication Strategy

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Eligible couples who are pregnant with their last planned baby and desirous of completing their families (with the birth of the current baby). Eligible couples who are desirous of completing their families/who have completed their families, are reached directly: To motivate either husband or wife to accept a permanent FP method. To motivate couples who do not accept a permanent FP method, to start on an appropriate temporary FP method after giving birth to the last planned baby. To continue to use appropriate FP methods either by husband or wife or interchangeably till menopause of wife.	**Husband and wife communication on FP methods is very important:** Parents, once you complete your family, i.e. have had the number of children you planned to have, it is very important for the husband and wife to talk about using a FP method to avoid further pregnancies. **The Best time to talk**: The best time to talk about this is before giving birth to the last planned child, possibly during mid-pregnancy. During pregnancy discuss with your PHM, MOH, or the doctor at the hospital clinic, the appropriate FP method for your family. **Permanent methods** A permanent method is the best methodfor a couple who has completed the family. The choice is yours. If you decide to select a permanent method discuss with the doctor at the hospital clinic or	**PHM, PHNS, PHI** ▪ Ante-natal clinic ▪ Home visits ▪ Counseling **MOH** ▪ Ante-natal Clinic **Mass Media** ▪ Feature programmes on electronic media ▪ Articles and features in print media	Multimedia Presentation on the theme family planning for eligible couples who have completed their families. (i) What is the significance of completion of family to mother, father and children. (ii) Why FP is critical for these couples. (iii) When should these couples discuss about FP methods. (iv) The most appropriate method: vasectomy for husband and LRT for wife. (v) What temporary methods are more suited for couples who have completed families, but who do not yet wish to adopt a permanent method.

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Eligible couples who have completed their families. (contd.)	the MOH and make necessary arrangements. If you both could not agree on a suitable FP method during pregnancy, agree on a method before you leave the hospital, on giving birth to your last planned baby. **What FP Methods are suitable for couples who have completed their families** Discuss with the MOH or PHM the suitable method for your situation. Select a suitable method that is convenient, suits your particular situation and is safe. The permanent methods are the best in your situation; either a vasectomy for the husband or a LRT for the wife. If you are still not certain about accepting apermanent method, select a suitable temporary FP method without delay. Discuss with PHM or MOH about permanent and temporary methods. For more information ask for a leaflet on FP methods. But start on a FP method quickly and without fail.		(vi) Side-effects and management including rumours and misperceptions on side-effects. (vii) Risks of non-acceptance and sudden discontinuation. (viii) Dangers of induced abortions. - Booklets on above-mentioned themes. - Flip charts on above-mentioned themes. - Media briefs/kits on above themes for media practitioners.

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Eligible couples who have completed their families. (contd.)	**Abortions are dangerous for the mother. Abortions are illegal:** Induced abortions are illegal; they are dangerous; the mother can even die after an abortion. The mother can suffer a disability. The mother can suffer complications leading to recurrent sickness. It is the responsibility of both husband and wife to prevent unwanted pregnancies. Use a FP method to protect mother from unpleasant and dangerous effects of induced abortions. **Talk with your PHM. They understand the needs of families who have completed having children.** They are sympathetic and will advise you confidentially of the right FP method for families who have completed having children. Using family planning method is far superior to aborting a fetus. It gives you peace of mind.		- Booklet on dangers of induced abortions.

Issue : About one third of family planning users discontinue using the method within about 12 months.

Problem Behaviour : Eligible couples contemplating discontinuance or discontinue FP methods due to side-effects or health concerns.

1. **DesiredBehaviour and Facilitating/Constraining Factors**

Target Group	Desired Behaviour	Facilitating Factors	Constraining Factors
Eligible couples/FP method users experiencing side-effects.	FP method users experiencing side-effects manage side-effects successfully or change over to other suitable methods and continue to practice family planning.	Women knowledgeable on side-effects. Majority of husbands and wives take joint decisions on child spacing and number of children. Most husbands are not averse to wife practicing family planning.	The response of health workers and the clinic system are inadequate and ineffective to meet the needs of couples experiencing side-effects. Weak health worker and clinic system response to perceived health concerns of couples using family planning, especially hormonal methods. Husbands have a weak knowledge on FP concepts and methods. When a side-effect is noticed, husbands may influence the wife to discontinue. Extended family influence on family size in some instances, especially of the mother-in-law, influence couples to discontinue FP methods citing side-effects as an excuse.

Target Group	Desired Behaviour	Facilitating Factors	Constraining Factors
Eligible couples/FP method users experiencing side-effects.(contd.)			Many side-effects of OCP mentioned. - Heart ailments/wheeze - Weight gain/loss - Infertility - Wasting of womb - Nausea/giddiness Side-effects of Depo mentioned. - Headaches/joint pains - High BP/weakness/ tiredness - Infertility - Boils, back-pain - Weight gain - Drying of breast milk - Affects physical beauty Side-effects on IUD mentioned. - Pierces womb and travels in body - Becomes rusty - Not good for heart/lungs - Induce heavy periods - Obstructs spouse in intercourse - Conceived when on IUD

2. **Behaviour Change Communication Strategy**

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Eligible couples/FP method users experiencing side- effects. Reached directly, to reduce anxiety of couples about side-effects/health concerns. To motivate them to seek medical care for side-effects; continue to use the current method or help them to switch to a convenient, agreeable affordable method.	**Don't just give up a FP Method:** When practicing FP if you experience side-effects or are concerned about adverse effects on your health, please do not just stop the FP method you are using. <u>Talk to a PHM first or discuss your problem with the MOH or your GP.</u> *PHM, MOH or NGO workers and other relevant staff–please listen to concerns on side-effects, and respond as appropriate, especially how to manage side-effects.* Also explain – ▪ Health benefits of (continuing to use) FP methods ▪ Economic benefits (of continuing to use) FP methods. ▪ Temporary methods, how to use correctly, and real side-effects and how to manage side-effects.	**PHM/PHNS/MOH/PHI** ▪ Active listening and interpersonal methods ▪ Home visits ▪ Confidential discussion ▪ Counseling ▪ Interactive Group Discussions on side-effects and health concerns with opportunity given to submit written questions to be answered by resource persons. ▪ (Group Meeting participation should be primarily on a voluntary basis). *When a client contacts the health worker about side-effects listen to her/him empathetically in order to understand what her real concerns are. If the concerns are about real and potential side-effects explain that it is an expected side-effect and give knowledge and skills on how to manage the particular side-effect.*	▪ Multimedia Presentation on side-effects and management; myths or rumours about side-effects; opportunity to change to another suitable method. ▪ Flip Chart (same theme as above) ▪ Booklet on FP methods, associated side-effects and how to manage side-effects; wrongly perceived side-effects and/or myths spread through rumour and their scientific inaccuracy; Opportunity to switch to another safe, convenient method if the concern about side-effect is justified, without sudden discontinuance; health and economic costs of sudden discontinuance.

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Eligible couples/FP method users experiencing side- effects. (contd.)	▪ Temporary FP methods and safety of each method. ▪ Temporary FP methods: myths and wrong perceptions and rumours about side-effects. ▪ Explain that discontinuation is not the appropriate response; Explain that they should exercise patience. Continuing with the same method may alleviate certain types of side-effects with time. For example erratic bleeding with IUD and implants get settled after sometime. Reassure the FP user that a 'wait and see' approach may solve the problem. However, if side-effects are really a cause for concern, explain that there are other suitable methods to choose from. ▪ Offer alternate safe, convenient and affordable FP methods	*Patient reassurance is very important in situations of uncertainty due to side-effects either perceived or real. Please make an extra effort to reassure the husband and wife.* If they are still anxious or the health worker believes that the MOH should be consulted, ask her to come to the clinic. When she visits, ensure that MOH is briefed, and that MOH talks to her and follows-up as necessary, including if indicated advise on using an alternate method. The client's decision to continue with FP (old or a new method) would for the most part depend on couple's perception of how the PHM/MOH deals with her concern/problem. If it transpires that the real reason for trying to give-up the method is something other than a side-effect, attempt to respond to her	

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Eligible couples/FP method users experiencing side-effects. (contd.)		concern by explaining that her decision should also be looked at from health and economic benefits to the mother, the baby and the family.	

SECTION 2:BEHAVIOUR CHANGE COMMUNICATION INTERVENTIONS DESIGNED TO MOTIVATE ELIGIBLE COUPLES WHO DISCONTINUED FP TO CONSIDER RE-ADOPTION OF FP METHODS

Issue : Discontinuance of temporary methods by eligible married couples.

Problem Behaviour : Eligible married couples practicing temporary methods had discontinued the FP method used.

1. Desirable Behaviour, Facilitating/Constraining Factors

Target Group	Desired Behaviour	Facilitating Factors	Constraining Factors
Eligible married couples who had discontinued a FP method	Eligible married couples who discontinued will adopt suitable new FP methods.	Majority of husbands and wives usually take joint decisions on child spacing and number of children. Husbands are not averse to wives practicing family planning.	Low health worker and clinic system response to assist clients through interactive communication on side-effects and use of alternative methods. (for perceived side-effects see page 33) Husbands with high workload in employment and low levels of education do not assist wives in FP. Husbands have a weak knowledge on FP concepts. Some husbands do not favour FP due to religio-cultural sentiments.

Target Group	Desired Behaviour	Facilitating Factors	Constraining Factors
Eligible married couples who had discontinued a FP method (contd.)			Some husbands are against wives practicing FP, especially hormonal methods due to side-effects; some spouses do not encourage the spouse to use FP methods due to fear of spouses engaging in extra-marital relationships.

2. Behaviour Change Communication Strategy

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Eligible couples who had discontinued a FP method. - To engage them in a constructive manner, to change negative perceptions on practice of FP. - To educate them on benefit of FP. - To motivate them to accept appropriate FP method according to their family situation.	Propose family planning methods appropriate for the particular situation of the eligible couple. - How to use each identified FP method. - Myths and misunderstandings surrounding each FP method. - Side effects - How to manage side-effects - Where and how to obtain advise.	**PHM,PHNS,MOH** - Interpersonal and small group communication - Home visits - Counseling - Small Group Meetings (voluntary attendance) Engage with the discontinued couple to find out the reason for discontinuance. Adopt a mild and friendly discussion approach to engage the couple or available spouse. Be empathetic. Avoid being judgmental. Listen more; talk less. Let it be a non-threatening dialogue; not a lecture of censure. If the reason is a real or perceived side-effect, then use your technical knowledge to explain all side-effects of the method and how to manage side-effects. Offer alternate method explaining the benefits and disadvantages of that method, as well as possible side-effects and management.	▪ Question and Answer Booklet on discontinuance due to side-effects. For this purpose make an inventory of questions recorded by health staff relating to discontinuance of FP methods and provide answers, including benefits of FP.

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Eligible couples who had discontinued a FP method. (contd.)		Do not push for a decision. Ask the person to reflect about re-adopting an FP method. Promise to meet again in a week or so, Leave a leaflet or Q&A booklet on FP methods, side effects and management. If the reason is socio-demographic, religio-cultural or some other, request the couple to reflect on health and economic benefits to the family, mother and children. FHB in collaboration with the MOH and the College of Obstetricians and Gyneacologists establisha mechanism to develop an appropriate strategy to win back eligible couples who discontinue FP methods after using for some time.	

SECTION 3: BEHAVIOUR CHANGE COMMUNICATION INTERVENTIONS FOR FACILITATING MALE SPOUSES TO BETTER UNDERSTAND CONCEPT OF FAMILY PLANNING AND ADOPT FP METHODS BASED ON JOINT HUSBAND-WIFE DECISION-MAKING

Issue : Low male involvement in Family Planning services

Problem Behaviour : Low adoption of FP methods by males

1. DesiredBehaviour and Facilitating/Constraining Factors

Target Group	Desired Behaviour	Facilitating Factors	Constraining Factors
Eligible married men	More eligible married men adopt FP methods to support the family planning choice of the couple based on joint decision-making.		Husband's knowledge on FP concepts and methods weak all-round. Considerable numberof reasonswereidentified by women as reasons why husbands should not use FP methods. Some identified disadvantages are based on misconceptions or inaccurate knowledge unfavourable perceptions on vasectomy such as, - Sexual feelings/urge diminished - Male virility is affected - Inability to perform hard physical work or capacity to do hard physical work is hampered.

Target Group	Desired Behaviour	Facilitating Factors	Constraining Factors
Eligible married men (contd.)			Women perceive that husbands do not like condoms. Women find sexual act not pleasurable, unpleasant due to lubricant in the condom. Men embarrassed to request male FP methods from women health staff. Unlike for women, men find it inconvenient to obtain FP commodities, services, advice due to low priority accorded to men by the (FP) clinic system.

2. Behaviour Change Communication Strategy

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Eligible married men To stimulate in husbands a thinking process that motivates husbands to take increased responsibility in family life and family health. To motivate husbands to take a more active role in spacing and timing of births by using temporary FP methods based on joint decision-making by the couple. To motivate husbands to accept vasectomy when both wife and husband have decided that the planned family size has been achieved, and based on joint decision-making of the couple.	**Note:** Most husbands do not have comprehensive understanding of the concept of FP. They equate FP with birth control. They believe that the only benefit of practicing FP is the economic dividend. They have little insight on the benefit accruing to their own wives and to their own children. This narrow perception of FP affects the family decision-making on FP, and does not facilitate families to make an INFORMED CHOICE. This weakness may be reinforced by an FP communication and service delivery system that is predominantly focused on the female spouse. **1. Concept of Family Planning** - Family Planning envisages that eligible couples would decide voluntarily on the number of children they wish to have.	**PHI, MOH:** Small group discussions for husbands organized in an area school or community centre. If feasible, it may be held at the MOH office itself. A **lecture presentation** followed by **interactive discussion** where opportunity is provided to forward written questions (with no names written) for answers by resource persons. *(Depending on the attitudes of husbands and level of confidentiality expected by them, PHMs may also be enlisted as a resource person. If there is a doubt on this it is appropriate for MOH and PHI to conduct the first few meetings).* Direct mail letter requesting husbands to actively learn about family health and family planning with a leaflet on key messages of FP enclosed.	▪ Multimedia presentation for husbands on family health and family planning, with an introductory motivational section on promoting joint male and female participation in family health. ▪ Flip chart/Flip cards on the above-mentioned themes. ▪ Leaflet for husbands on the above-mentioned themes summarized in simple language with a motivational message. ▪ Social marketing campaign materials in print and electronic media to be developed based on formative research and pre-testing of messages and graphics

2. Behaviour Change Communication Strategy

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Eligible married men (contd.)	**2. Family Planning advice Provide all the knowledge and skills that men, women and eligible couples need, to take informed decisions on the size of the family.** Family Planning Programmes, then provide services and family planning methods and commodities to men, women and eligible couples on request. **3. Husbands should learn about family health and family planning.** Husbands can share responsibility for family health, child rearing and deciding on family size based on a good understanding of scientific health knowledge. Husbands too need to know the health benefits of spacing births to protect health of both mother and child. Husbands and wives together, may take the	**Social Marketing Campaign** – Design a social marketing campaign on male involvement in Reproductive Health, Family Health and Child Care. (*Timing of the campaign and the selection of the signature message line, the main message platform to motivate males to share responsibility are critical factors).* **Main Purpose of Social Marketing Campaign:** **Joint Male and female involvement in RH** - There is a need to create in men a sense of joint ownership in aspects relating to family life and reproductive health. - The message for the campaign will be worded as a catchy, short slogan that appeals to the man's perception of	

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Eligible married men (contd.)	responsibilityof maintaining optimum family size once the family is completed by using an appropriate method. **4.. Benefits of Family Planning** - Health benefits to baby and children - Benefits to mother and family - Education benefits to children - Economic benefits to father and family - Family life benefits.	self as a responsible family member. Message formulation needs to be done carefully: message must at the same time sound appealing to men and must not suggest need fordrastic change in gender relations. Must package the male involvement as something that is attractive to the man and increases his sense of self-worth, but must not in any way undermine women's position. (This should be based on short formative research using focus group discussions; and pre-testing of draft alternate signature message lines and draft key message platforms).	

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Eligible married men (contd.)	**5. Family Planning Methods. Give following information by method for possible methods of choice.** - Name - Description - Effectiveness - Who can/cannot use - When to start - How to use - Myths and misunderstandings - Side effects - How to manage side-effects - Frequency of monitoring by health practitioner. **6. PHI/MOH** to provide information to men's groups from whom/where they can obtain family planning advice and services.		

SECTION 4 : BEHAVIOR CHANGE COMMUNICATION INTERVENTIONS DESIGNED TO EDUCATE ENGAGED-TO-BE-MARRIEDINDIVIDUALS, COUPLES AND NEWLY-WEDDED COUPLES FOR ADOPTION OF APPROPRIATE FAMILY PLANNING BEHAVIOURS

2. Behaviour Change Communication Strategy

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Persons engaged to be married/couples engaged to be married living in the area (i.e. persons/couples who would be married shortly and newly-wedded couples)	**Newly married couples need to enjoy life. The newly married period is a beautiful time in a person's life.** Both of you should plan to enjoy your life together; visit places you like; enjoy the company of your friends and relations; go to a cinema or to see a drama; or just relax at home enjoying each other's company after returning from work. **Talk to your PHM; discuss between the two of you when you want to have your first baby.** This will depend on mother's age and your personal goals. Discuss with PHM and plan your first pregnancy at a time you desire.	**PHM, PHI, PHNS, MOH** To organize classes for persons engaged to be married and for newly-weds. (if the usual newly-wedded classes are not held). Include an **interactive discussion session** and encourage participants to raise issues and problems verbally or through written questions and respond to them with empathy, scientifically and with an understanding of local social and cultural factors. The inclusion of above method was influenced by young mothers and fathers who participated in FGD research on the Maternal and Newborn Health Programme in the Wattala MOH area. They requested that MOH should conduct 'health education classes' for newly wedded husbands and mothers on pregnancy planning	▪ Training module especially for engaged-to-be-married persons and newly-weds on following topics. (i) Family planning, pregnancy planning, FP methods, including health and nutrition of mother and babies, and family economy. (ii) Antenatal care (iii) Newborn care ▪ Brochure on above topics - The Brochure (in addition to being distributed at health education classes for engaged couples) may be placed in Beauty Salons, Wedding Photography Studios, shops that sell wedding dresses/outfits etc.

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Persons engaged to be married/couples engaged to be married living in the area (i.e. persons/couples who would be married shortly and newly-wedded couples) (contd.)	Practice a temporary FP method that is suitable and convenient to you in consultation with your PHM, MOH or GP. Learn how to use the selected temporary method correctly. Learn about possible side-effects; learn how to manage side-effects. If in doubt contact PHM.	and child spacing. They emphasized that knowledge and skills on pregnancy planning and child spacing should be given at the pre-pregnancy phase. (preferably even before marriage, for all persons engaged to be married soon).	▪ Use of appropriate anatomical models and illustrations to facilitate understanding of how-to-use FP methods. ▪ Use/show real FP commodities when explaining FP methods. ▪ Instruction filmlet on how-to- use different FP methods.CD/DVD ▪ Review and update currently distributed booklet for newly-weds. ▪ Questions and Answer leaflet on FP for newly- weds on "Frequently Asked Questions"

SECTION5 :BEHAVIOUR CHANGE COMMUNICATION INTERVENTIONS DESIGNED TO EDUCATE ADOLESCENTS ON ADOPTION OF APPROPRIATE FAMILY PLANNING/CONTRACEPTIVE BEHAVIOURS

Issue : Comparatively high teenage pregnancy rates.

Problem Behaviour : Some married or living together adolescents do not practice family planning.

1. Desired Behaviour and Facilitating/Constraining Factors

Target Group	Desired Behaviour	Facilitating Factors	Constraining Factors
Older Adolescents in schools and out of school	Adolescents do not practice sex until marriage. Adolescents, who have sexual relationships, use FP/protective method during each and every sexual contact. Married or living together adolescents use a family planning method to delay pregnancy until female is 20 years old. Married or living together adolescents who already have a child use a family planning method to prevent the birth of another child until female (mother) is over 20 years old.	Some adolescents, especially girls with secondary education, have good knowledge on adverse consequences of teenage pregnancy.	Adolescents' knowledge especially that of boys on adverse consequences of teenage pregnancy is low. Factors that encourage casual sex among adolescents. - Night tuition classes - Girls being left alone in homes, especially in estates and agricultural areas. - New social media facilitate casual sex through easy access to sex-focused material (over internet, mobile phones) - Low parental protection, love and support especially in following situations: mother employed abroad; alcoholic father; separated or divorced parents.

Target Group	Desired Behaviour	Facilitating Factors	Constraining Factors
Older Adolescents in schools and out of school (contd.)			- Mobile phones used to make quick and easy appointments for rendezvous. - Poverty pushes girls into sex for service - Difficulty in obtaining FP advice and services for adolescents. Absence of life skills to manage self-sexual urge and hard persuasion or coercion for sex, by partner. Majority of men and women's (FGD) groups do not recommend provision of FP commodities and services to living together or unattached adolescents. Majority of men and women feel that only FP information and knowledge should be given to older age adolescents; not services. Local customs, cultural factors or family economic constraints encourage early marriage.

2. Behaviour Change Communication Strategy

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
(Married)/living together adolescents To motivate living together adolescent couples to use temporary FP methods to avoid getting pregnant during teenage years.	**Young ones need to enjoy life. Adolescence and youthful years are the most beautiful time in a person's life.** Both of you should plan to enjoy your life together; visit places you like; enjoy the company of your friends and relations; go to a cinema or to see a drama; enjoy musical shows; or just relax at home enjoying each other's company after returning from work, or during leisure time. Delaying the birth of your baby till the female is over 20 years will allow you to do all of above and much more in a relaxed, stress-free manner. You will preserve your beauty and youthfulness too. There is another big advantage by doing this. Both of you would give your precious baby an opportunity to be born safely; and to grow to be a healthy, beautiful, well-nourished child.	▪ **PHM** – Home visits; small group discussions for teenage (married)/ living together couples. ▪ **MOH** to liaise with youth service officers in the area to identify/convene appropriate groups of married/living together adolescents for health education on life-style choices for married/living together adolescents especially in areas where teenage pregnancy rates are high.	▪ Flash cards and flip charts on benefits of postponing pregnancy until a female is over 20 years of age. - Dangers of teenage pregnancies to mother and baby. - Suitable temporary FP methods to postpone first pregnancy; how to use them; side-effects and management. ▪ Multimedia Presentation (on same theme as above) ▪ Leaflets (on same theme as above) ▪ FP commodities and appropriate anatomical models and other appropriate illustrations.

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
(Married)/living together adolescents (contd.)	**Dangers of teenage pregnancy**: Why is it dangerous for adolescents to become pregnant? Many adolescent girls are physically immature. This increases risks of suffering complications during pregnancy. Did you know that adolescent girls have a higher risk of dying at child birth than young women over 20 years of age? For every 01 young woman over 20 years who dies during child birth about 2 to 5 adolescent girls aged 15-19 years could die trying to give birth to a baby. When you delay the birth of your first child till over 20 years of age, both of you can enjoy life and protect the life of a future mother. **Social Pressure**: How to handle social or family pressure "for having a baby" even if girl is a teenager.	Use a multimedia presentation followed by an interactive discussion session. Encourage written questions to be forwarded and provide specific answers that are practical and doable. ▪ FHB and HEB to explore the feasibility of using social media such as e-mail and mobile phones to place messages on life-style choices for adolescents through SMS messages and M-Health services.	▪ Role Plays(on same theme as above) ▪ Instruction filmlets (video clips) incorporating a story with a message illustrating the dangers of teenage pregnancy and/or happiness gained when pregnancy is postponed, CD/DVD. ▪ Q&A booklet on how to handle social and family pressure for having babies early (teenage pregnancy). ▪ Interactive education software on importance of preventing teenage pregnancies. This could be developed as a computer game, quiz, on a DVD distributed appropriately.

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
(Married)/living together adolescents (contd.)	**Use free FP Services**: Free FP services are available with the area PHMs. Your area PHM can give the most suitable method for you and your partner. They will do this confidentially. Talk to your PHM and request for services. **Give the best possible start to your future baby.** Avoid getting pregnant during teenage years. Babies born to teenage mothers undergo many problems such as low birth-weight, complicated labour, and insufficient care during infancy. Talk to your area PHM for free FP services to avoid teenage pregnancies.	**GPs** also can advise you regarding suitable FP methods for protecting (teenage) girls who are (married) living together.	

2. Behaviour Change Communication Strategy

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Older adolescents – school children in appropriate age group. To motivate them to learn 'life-skills'. To motivate them to abstain from sexual intercourse until marriage.	1. **Be a responsible and future-oriented adolescent. Learn life-skills.** Develop skills and confidence to take own responsible decisions on sex, alcohol and drugs without being intimidated by your casual contacts or peers. Develop the skills that would empower you to say 'no' or avoid such situations, if 'no' is your well-thought out decision for sex, alcohol and drugs. 2. **Abstinence is not old-fashioned** Abstinence from sex is not old fashioned. Some adolescents in some countries consider it as a new and useful practice. Some have saved themselves from HIV/AIDS by postponing sex. 3. **Abstinence and Future happiness** Abstaining from sex until marriage paves the way for future happiness. This decision	**FHB to link with National Institute of Education (NIE)** to plan and implement Life Skills Development Programmes for school children in upper secondary level classes. **MOH and PHM** Organize small Group Meetings for school going adolescents in the area in coordination with School Principals, through School Health Clubs, and the Caravan Initiative. Explore feasibility of presenting "health-education sessions" in selected private tuition classes in the area as a pilot.	▪ Review existing Training Module on life-skills for adolescents to enhance (i) self-confidence/self-esteem and (ii) skills to say 'no' or to manage and avoid peer pressure or other persuasions to experiment with sex, alcohol and drugs. If feasible amend/adopt an existing training module. (this would be the quickest and the most practical way to develop life skills among older adolescents) ▪ Leaflet for older adolescents on abstinence from sex, and advantages; dangers of teenage pregnancy. ▪ Flip Chart and Flash Cards for use in small group meetings with adolescents (on same themes as above). ▪ Short tele-drama on teenage pregnancy focusing on life skills to avoid such situations;

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Older adolescents – school children in appropriate age group. (contd.)	protects you from many happiness shattering consequences – teenage pregnancy, illegal abortion, STIs, family disputes, economic burdens, and mental stress. 4. **Achieve your future goals:** Abstaining from sex till marriage will ease your path to achieve your future goals. Don't let a momentary weakness shatter your dreams. Develop skills and confidence to take your own responsible decisions.	FHB/HEB to explore the feasibility of using social media such an e-mail and mobile phones to place messages on life-style choices for adolescents through SMS message service and M-Health service.	and positive benefits of such action. VCD/DVD. This could be used in life skills training as well as in Small Group Meetings with adolescents.Review tele-dramas produced by Rupavahini with UNFPA assistance (and make arrangements to re-broadcast). Also use in Small Group Meetings as discussion starters for life skill enhancement. ▪ New social media/SMS messages on mobile telephones incorporating life-skills; dangers of teenage pregnancy; abstinence; dangers of viewing pornography; etc. Please note - *This initiative however, need to be (i) researched and pre-tested, and implemented only after (ii) adequate advocacy has been done to*

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Older adolescents – school children in appropriate age group. (contd.)			*prepare key policy makers/politicians/opinion leaders to pre-empt the initiative being subject of controversy*. (Research undertaken in a developed country on the use of social network sites (SNS) for sexual health promotion has cautioned health promoting agencies that they should not expect to retain control of the meaning and the message of health promotion content) ▪ Interactive education software on key life skills for school-going adolescents through use of games, quizzes, hypothesized life situation scenarios, etc.

2. Behaviour Change Communication Strategy

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Adolescents – **Out-of-school children indifficult circumstances.** To motivate any adolescent who has sexual relationship to use appropriate and safe FP method to prevent unplanned pregnancy and STIs. To motivate adolescents to abstain from sexual intercourse until marriage.	**Begin to dream about life anew… develop new goals in life…. A new and hopeful path** You have now an opportunity to think about life anew – Begin to dream about tomorrow…..Learn about life from those around you… your friends or associates who were attracted to unprotected sex, alcohol, and drugs and who are in trouble now. Don't you like to strike a different path to a more satisfying tomorrow? Same messages as for "Adolescents – school children in appropriate age group" Section 1, 2, 3, 4 on pg. 54&55. **FP Methods:** If you cannot to say 'no' to casual sex, use a safe FP method to protect you and your partner from disease such as HIV/AIDS and STIs, and burden of teenage pregnancy.	FHB to link with NYSC at national level and MOHs to link with Divisional Youth Services Officers to plan, and organize Life Skills Development Programmes in selected MOH areas as a pilot. Assess results and replicate as feasible.	Same Communication Material for school-going older adolescents on pg.54&55. ▪ Training Module on Life Skills ▪ Flip Chart/Flash Cards ▪ Leaflet ▪ Short tele-drama ▪ SMS messages on mobilephones ▪ Interactive education software

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Adolescents – Out-of-school children in difficult circumstances. (contd.)	Confidential services for adolescent are available free of charge. Contact your area PHM or NGO volunteer. Alternatively consult a GP for advice on appropriate safe FP methods for a fee.		

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Out-of-school adolescent girls under 18 years of age) who elope with boyfriends and are channeled to hospital through the police for subsequent legal processing To empower girl/s who are (and parents/guardians) in above described situations on the concept of family planning and appropriate temporary methods for postponing and or spacing pregnancies (as most girls are bound to continue the relationship).	**ECP** - Provide knowledge and advise on possible use of emergency contraceptive pill (ECP) if after a polite and friendly discussion with the girl and/or mother or female guardian, it is indicated that ECP would be useful in preventing an unwanted pregnancy. The choice should be given to the girl (mother and family) whether to take ECP or not. The hospital staff should politely present the advantages and disadvantages of such an action. Depending on each individual case, provide knowledge on teenage pregnancy based on the following two scenarios. (i) If the girl has conceived and/or is desirous of continuing with any potential pregnancy – provide girl and family with all necessary information on,	▪ Consultant Obstetricians and Gynaecologists/Registrars/HOs/ MOs ▪ Matron ▪ Ward Nursing Staff ▪ **Interpersonal communication** - Counselling ▪ Support staff/junior staff - Each Ward may identify two staff members who would provide key knowledge and skills as described in column 2. - Receive with kindness - Protecting patients dignity ▪ PHM - Home visits - Counselling ▪ MOH/PHNS - Interpersonal communication - Counselling A sympathetic nonjudgemental approach is conducive to reduce the stress of the adolescent. Encourage her to talk; listen actively; develop the conversation	▪ Develop Guidelines for positively, and compassionately dealing with the girls and couples placed in difficult situations, in order to protect their health and dignity. ▪ FHB in collaboration with the College of Obstetricians and Gynaecologists and Health Education Bureau could jointly develop the Guidelines for adoption by hospital staff, after a short training as a pilot in a few selected districts.

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Out-of-school adolescent girls under 18 years of age) who elope with boyfriends and are channeled to hospital through the police for subsequent legal processing (contd.)	**Knowledge and skills to carry the pregnancy safely and successfully to term.** - Explain nutritional requirements and how to take proper nutrition for the mother as well as the baby - Explain danger signs and response action to take in each trimester. - Refer to the PHM of the area and the MOH of the area and impress upon the girl and the family the importance of attending all antenatal clinics as required by the MOH and as well as hospital clinics as advised to protect health of both; mother and baby. - Explain the critical importance of spacing the next (second) birth, with advice on family planning concepts and methods.	to a non-threatening dialogue. Win confidence so that the adolescents will be guided by health staff in matters pertaining to health behaviour. <u>Pilot Interventions</u> FHB and HEB along with RDHS, Hospital Director and Consultant Obstetrician to monitor progress, achievements and challenges experienced in selected pilot hospitals in selected districts; Propose improvements in the management of the process and in health education approaches based on lessons learned in the pilot phase before possible expansion into 2nd phase districts.	

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Out-of-school adolescent girls under 18 years of age) who elope with boyfriends and are channeled to hospital through the police for subsequent legal processing (contd.)	On, going back to area of residence, the vital importance of contacting the PHM and obtaining her advice regarding pregnancy concerns and what services are offered in ANCs. (ii) If the girl has not conceived and is desirous of postponing the first pregnancy (same knowledge and skills as in, column 2, pgs.57 & 58 adapted to the particular needs of each adolescent). Refer to the PHM in her area of residence.	Same as in pgs. 66-68	Same as in pgs. 66-68

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Hospital staffwho process out-of-school girls (under 18 years of age) who are channeled to hospital due to eloping with boyfriends in contravention of the law. To enhance capacity of hospital staff especially in gynaecological wards; STI clinics; JMO office, etc. to receive and communicate with girls in special circumstances (e.g. as above) politely and with respect. Regional Directors of Health, Hospital Directors and College of Obstetricians and Gynaecologists may liaise with Family Health Bureau and Health Education Bureau to arrange short training courses for relevant categories of hospital staff on BCC methods/techniques.	**Key Technical Knowledge** Same knowledge in column 2, pgs.59-61. **BCC Knowledge and Skills** Same as in column 2, pgs.83 & 84. Suitably amended for short training courses.	**Short training sessions as applicable.**	

SECTION 6 : BEHAVIOUR CHANGE COMMUNICATION INTERVENTIONS DESIGNED TO REACH INDIVIDUALS WHO EXPERIENCE DIFFICULTY IN ACCESSING FP SERVICES AND FACILITATEPROVISION/ACCEPTANCE OF FP ADVICE AND SERVICES

Issue : Eligible married couples having grown-up children are outside the family planning service loop.

Problem Behaviour : Some eligible married couples with grown-up children do not practice family planning.

1. **Desirable Behaviourand Facilitating/Constraining Factors**

Target Group	Desired Behaviour	Facilitating Factors	Constraining Factors
Eligible married couples with wives over 40 years of age and/or with grown-up children	Eligible married couples with wives over 40 years of age and/or with grown-up children practice family planning methods consistently and correctly until menopause.	- Majority of women have a good to moderate knowledge on LRT and permanent methods. - Majority of women have a good knowledge on temporary methods.	Negative perceptions towards older women and women with grown-up children,adopting FP methods. - Within family - In community - Among service providers Self-belief among some older wives that FP methods are not needed. Embarrassment that community would know that eligible older couples and couples with grown-up children are still sexually active. Inhibitions in obtaining FP services due to negative community perceptions.

Target Group	Desired Behaviour	Facilitating Factors	Constraining Factors
Eligible married couples with wives over 40 years of age and/or with grown-up children (contd.)			Difficulties in obtaining FP services as government FP services (not as a policy but in practice) do not focus on providing FP services to older eligible married couples and married couples with older children. Easy accessibility to abortion services, so older couples take a chance without using a FP method regularly. Fear of side-effects of LRT such as backaches, stomach aches. Rumours (on LRT) that some women have conceived even after LRT; Women's desire for sex diminishes. Junior staff in hospitals talk harshly to LRT patients. Rumours (on vasectomy) that. - For some vasectomy has failed. - Sexual feelings/urge diminished; ability to perform sex act curtailed. - Male virility reduced.

2. Behaviour Change Communication Strategy

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Eligible married couples with wives over 40 years of age and/or with grown-up children To inform married couples with wives over 40 years of age and or with grown-up children that use of a family planning method helps them to continue to (i) enjoy consensual sexual relationship between husband and wife in a stress-free manner, and (ii) while protecting wives from miscarriages, unwanted pregnancies, and dangers of induced abortions. To motivate married couples withwives over 40 years of age and/or with grown-up childrento discuss with PHM or PHI (as appropriate) about the use of a suitable FP method, and receive free FP services, asper family circumstances.	**Even if you have grown-up children or are an older married couple, you are free to ask for and receive FP services** Common sense allows married couples with grown-up children and eligible older couples, to use family planning methods. It is natural for married couples with grown-up children to enjoy sexual relationship with each other voluntarily. It is your decision whether to receive family planning services from the government sector or the private. **Talk to your Health Service Provider confidentially.** PHMs, PHIs, PHNs and MOHs are trained and required to counsel you both on a suitable FP method. They can also provide a temporaryFPmethod and services free of charge. Alternatively you can also go to a private sector service provider.	**PHM and PHI –** Confidential discussion and counseling. **WWCs** – Discuss with women who attend WWCs about their family planning needs; advise and provide services as required. Leaflet designed for married couples with grown-up children could be placed in hospitals, Well Woman Clinics, pharmacies/ retail shops or mailed to homes with a request to contact PHM, PHI in confidence. **Private hospitals** – confidential adviceand services. **GPs** – confidential advice and services.	▪ Leaflet on, (i) Explaining that couples with grown-up children and eligible older couples are free to ask for and receive FP services. (ii) FP methods available, side-effects and management. (iii) Dangers of induced abortion. ▪ Media kits/briefs On above mentioned and other suitable themes pertaining to the target group. ▪ Leaflets for general public with the purpose of reducing community inhibitions and negative perceptions on married couples with older children and eligible older couples using FP methods.

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Eligible married couples with wives over 40 years of age and/or with grown-up children(contd.)	**Abortions are dangerous and illegal:** Induced abortions are illegal; they are dangerous; the mother can even die after an abortion. Do not expose yourself, your wife and your children's mother to possibility of death, disability or disease. Use a FP method for a stress-free relationship with your spouse. **Older women are subjected to higher risks of pregnancy related complications** For example the spontaneous miscarriages in older women are high. Pregnancy related medical complications are also high. For example gestational diabetes mellitus(GDM) risk increases after 35 years. The pregnancy-induced hypertension (PIH)and its complications increase after 40 years. The risk of a 35 year or older woman dying due to complications of pregnancy is about 3 times when compared with a 25-30 year old woman.	**Mass Media** - Feature programmes on electronic media. - Articles, features on print Media, ▪ on the importance of older married couples and/or couples with grown-up children request and receive FP services, if they so wish to practice family planning. ▪ Dangers in not accessing FP services, such as, unwanted pregnancies, pregnancy complications, congenital abnormalities for babies born to olderwomen, and complications of induced abortions includingillegality of induced abortions.	

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Eligible married couples with wives over 40 years of age and/or with grown-up children(contd.)	A baby born to an older woman is also subjected to high risks of acquiring congenital abnormalities. For example the risk of giving birth to a baby with Down Syndrome for a woman at 25 years is 1:1,250. For a woman at 45 years the risk rises to 1:30. It is very important for older married couples to use a reliable family planning method regularly till menopause to save mother and baby from high risks of death and abnormality.		

2.Behaviour Change Communication Strategy

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Divorced and/or widowed women and single women. To motivate divorced, widowed, or single women to use a FP methodif their life-situation/ relationship require such protection. To motivate health care staff to devise confidential and innovative mechanisms to provide FP services to divorced, widowed or single women who are in need of such services and on request.	**Protection from unwanted pregnancy and STI is important.** Family planning methods equip women in special circumstances to make an informed choice on preventing unwanted pregnancy and disease. Learn about main FP methods - how-to-use; side-effects and management of side-effects. Obtain family planning advice and services from any of the following. ▪ Government – Health Service Providers, clinics, dispensaries and hospitals. ▪ NGO ▪ Private sector-GP, Nursing Homes; Private Hospitals…. ▪ Pharmacies.	**PHM/PHN** Offer advice by direct contact or through mobile telephone. - To undertake a "get-to-know" annual home visits to every home in her area (at the beginning or end of year) and identify different types of potential clients for services provided by MOH office (in addition to mothers and babies) e.g. different types of clients for family planning, WWC, GBV education; and living together adolescents, etc. - At this visit after a short get-to-know conversation, a leaflet detailing services provided by MOH office could be left behind with a request that any person wanting further information on any services mentioned in the leaflet may contact the PHM	▪ Leaflet on services provided by MOH office to area residents. The leaflet should be written and designed to avoid stigmatization of potential clients such as adolescents, divorced/widowed women, and couples with grown-up children. ▪ Single information sheet on each temporary FP method for distribution or pick-up by women individuals who wish to read materials discreetly. The rationale for this suggestion is to minimize visibility of communication materials in order to encourage picking-up of such material for discreet reference.

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Divorced and/or widowed women and single women. (contd.)	**Note :** *PHM/PHNS in consultation with women in special circumstances arrange or organize novel and confidential methods to provide FP services to divorced, widowed and unmarried women on request.* **Learn how to use ECP in an emergency** When confronted with an unexpected situation use ECP before expiration of 72 hours of the occurrence of the sexual relationship.	or PHN by phone on a given day and during a given time-slot. This could be done in a few MOH areas as a pilot study, and depending on feasibility extended or discontinued. **FPASL worker/volunteer** Offer advice and services directly or by mobile telephone. **GP** – Consultation and services **Private Hospital** – Consultation and services. **Pharmacy** – over the counter FP methods/commodities. **Super Markets** – dispensing machines to purchase over the counter FP commodities in super markets. **Formation of women's groups** by Women's Officers in the Divisional Secretary Areas where many women in special circumstances	▪ Plan and implement a study on exploring acceptable communication approaches and service delivery mechanisms to improve FP information and advice and services to divorced, widowed and single women who need such services.

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Divorced and/or widowed women and single women. (contd.)		reside. These Groups with a title for example Women's Development Association could work for the general wellbeing of women-in-special circumstances. Provision of health education and FP services could be one part of its work programme. **Mass media:** Sensitively produced and written features and articles and films that empathetically and rationally focus on the reproductive health issues of women-in-special circumstances. Initially these articles/ programmes may need to be written/produced by specially selected media practitioners so that the Programme would have control over content, tone and protection of rights of the would be clients.	

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Men and women travelling overseas for foreign employment without families To empower abovementioned persons to take an active interest in protecting their physical, reproductive and mental health, in order to improve wellbeing of the rest of the family unit residing in Sri Lanka. To empower the spouses remaining in Sri Lanka to protect their physical reproductive and mental health, in order to improve the wellbeing of the children living with them, and the family unit.	The Ministry of Health in association with the College of Obstetricians and Gynaecologists, Paeditricians, and Psychiatrists respectively advocate to the Ministry of Foreign Employment the importance of developing and conducting a health education programme on "Family Protection and Wellbeing" for departing Sri Lankans on overseas employment and 'staying-back spouses' as a joint inter-ministerial initiative. Situation analysis of the effect on physical, reproductive and mental health and wellbeing of the working spouse abroad and the 'stay-back-spouse' and children, with real data and case studies.	- Exploratory meeting to discuss possible advocacy approach. - MoH, FHB, HEB College of Obstetricians and Gynaecologists, Physicians, Paeditricions, Psychiatrists. - Officers of the Ministry of Foreign Employment and Foreign Employment Bureau - Meet and discuss at an Advocacy meeting - Appointment of a Working Committee to develop a health education programme on "Family Protection and Wellbeing of departing spouses onoverseasemployment and stay-back spouse and children in Sri Lanka" and on implementation and resource	▪ Multimedia presentation on Situation Analysis as described in Column 2 of this page. ▪ Output: Draft health education programme on "family protection and wellbeing of departing spouses on overseas employment and stay-back spouses and children" for approval by relevant authorities.

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Men and women travelling overseas for foreign employment without families (contd.)		mobilization plan for pilot testing. The Working Committee may comprise of relevant officials from the Ministries of Health and Foreign Employment; officers from FHB, HEB and relevant Health Ministry organizations; officers from Sri Lanka Foreign Employment Bureau and selected representatives from Faculties of Medicine of a few national Universities; representatives from College of Physicians, College of Obstetricians and Gynaecologists, College of Paeditricians, College of Psychiatrists and specialists in Health Education and Communication, and Ministry of External Affairs. *Trial implementation of the approved health education programme referred to in item 2, column 4, pg.72 by MOH and Ministry of Foreign Employment.*	

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Women who enter hospital following complications of induced (illegal) abortion To motivate women who enter hospital following an induced abortion to agree to use a family planning method regularly after leaving the hospital to prevent future unwanted pregnancies. **Husbands or partners of women who enter hospital following an induced abortion** To motivate husbands or partners of women who enter hospital following an abortion - for either one of them to use a suitable FP method to prevent future unwanted pregnancies.	**Induced abortions are dangerous; A second abortion could be doubly dangerous** – You should not subject yourself to similar physical and mental suffering again. The risk of suffering death, disability or chronic disease due to induced abortions is very real. No one should tempt fate a second time. A suitable family planning method will protect you from unwanted pregnancy. It is simple and easy to follow. Family planning methods will ensure family wellbeing and happiness. Using a family planning method will leave you and the spouse in a much happier state of mind. Start a dialogue with the woman – Explain about temporary methods and permanent methods. Help the patient and husband or partner to select a suitable FP method that is convenient, and suitable for their particular situation. If they have	- **Hospital and ward staff:** Consultant Gynaecologist, Registrar, MOs and nursing staff and if available a staff member trained in health education or counselling. - If feasible explore the possibility of informally nominating a MO to coordinate communication effort to motivate such category of patient and husband to accept a FP method before being discharged from hospital. He/she can call upon other staff to form an informal team in each ward. Every three or six months the coordinating MO may be rotated. (This would be a voluntary service). - A sympathetic, non-judgemental and compassionate approach would be more effective as the woman would be under stress due to many reasons.	▪ Booklet on the theme family planning for eligible couples who have completed their families. ▪ Same booklet as on column 4, pg.30. ▪ Same flip cards as on column 4, pg.30. ▪ Post Abortion Care Guideline prepared by Sri Lanka College of Obstetricians and Gynaecologists (SLCOG)

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Women who enter hospital following complications of induced (illegal) abortion (contd.)	completed the family, explain that permanent methods are the most suited; either a vasectomy for the husband or a LRT for the wife. If agreeable to a permanent method, agree on a schedule to perform the permanent method. If they are still not certain counsel them to accept a suitable temporary method; preferably a method that would not be susceptible to sudden discontinuance. However, ensure that the ultimate decision is taken by them.	- Use an empowering approach to motivate the woman and husband to adopt desirable andconstructive behaviours to protect health and wellbeing of the woman and family.	

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Women subjected to violence To provide knowledge and skills to women subjected to GBV on use of family planning methods if relevant and if they wish to receive family planning services. To provide reproductive health referral services to women subjected to GBV, if medically indicated. <u>Rationale</u> Women subjected to GBV may experience one or few of negative outcomes in reproductive health such as unwanted pregnancy; STI/HIV; gynaecological disorders; unsafe abortion; pregnancy complications; miscarriage/low birth weight; pelvic inflammatory disease.	Based on Guidelines prepared by the Committee referred to in column 3 of this page. - Empower staff at GBV service centres in hospitals named 'MithuruPiyasa (in Sinhala language) and 'NatpuNilayam' (in Tamil language) to provide FP services to women clients if they so desire (the decision whether to use FP services or not should be made by the woman voluntarily). - Empower the staff at 'MithuruPiyasa" and 'NatpuNilayam" to refer women clients who need specialist gynaecological services to specialist gynaecological clinics. - Reinforce and strengthen provision of family planning services to women clients of Well Woman clinics as per their needs.	A Committee comprising o representatives of the National Committee on Violence of the Ministry of Health, the College of Obstetricians and Gynaecologists, the Sri Lanka Medical Association, the Family Health Bureau and the Health Education Bureau to prepare Guidelines and Protocols for providing family planning advise and services and referral services pertaining to gynaecological complications for women subjected to GBV. Communication media and methods to be suggested by the proposed Committee.	▪ Communication materials and tools to be used in this context to be suggested by the proposed Committee.

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Women subjected to violence (contd.) Source: Heise L., Ellsberg, M, and Gottmoeller, M – A global overview of gender-based violence, in International Journal of Obstetrics and Gynaecology, 78 suppl.1 (2002) S5-S14. The practical/clinical experience of Sri Lankan Consultant Obstetricians and Gynaecologists also confirm the existence of some of these negative reproductive health outcomes for women suffering GBV, although no formal national data is available in this regard.			

SECTION 7: ADVOCACY FOR MASS MEDIA MOBILIZATIONTO DISSEMINATE KNOWLEDGE TO SUPPORT ELIGIBLE COUPLES/WOMEN TO MAKE INFORMED CHOICE ON FP

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Chief Editors, Deputy Editors, News Editors, Feature Editors, in Print Media. **CEOs, News and Features Editors, Programme Production Chiefs in electronic media.** To request co-operation of editorial decision makers in print and electronic media to support the national family planning programme by way of enhancing knowledge and skills of the population in reproductive age group on appropriate FP concepts and methods.	1. Short introduction to ICPD beyond 2014 and MDG 4 & 5. 2. Findings of focus group research on family planning in 7 districts. 3. (Short) Situation Analysis of (i) evolving sensitivities to family planning due to religio-cultural sentiments; (ii) areas that need to be strengthened in programme communication and service delivery aspects; (iii) the need to reinforce the rightsfocussed 'informed choice' approach to family planning as against the small family concept. The main motivational platform of the rights focused informed choice approach to FP is the health benefits of FP to mother and family.	- Luncheon Meeting (2 hour meeting followed by lunch in a Colombo hotel) - Discussion - Distribution of Media Kit for referenceand follow-up action. - Designated MoH official to maintain regular contact with Senior Editors and CEOs through e-mail; telephone calls; and sharing of important news and materials for features.	- Multimedia presentation of focus group research on family planning in 7 districts. - Multimedia presentation on Situation Analysis referred to item 3, in column 2, pg.77. - Reports of both above. - Information sheet on ICPD beyond 2014 and MDG 4 & 5. - Information sheet on rightsfocussed'Informed Choice' approach to family planning based on health benefits of family planning as the main motivation platform. - Information sheet on health benefits of family planning to mother and baby.

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Chief Editors, Deputy Editors, News Editors, Feature Editors, in Print Media. CEOs, News and Feature Production Chiefs (contd.) To motivate mass media decision-makers to report, write, produce feature programmes responsibly and in anaccountable manner (minimizing adverse consequences for the success of the ongoing national FP programmes, and in a way that does not create divisive sentiments among different ethnic and religious populations).	The current concept used by the national family planning programme is the rights focussed 'informed choice' approach which uses the health benefit to mother and baby as the primary motivational platform. 4. Family planning programme issues and components that would especially profit from mass media support. 5.Benefits of family planning to family, community and country.		

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Feature Programme Writers, Producers, Programme Producers, Script Writers, Correspondents in Print and Electronic media To empower media practitioners with knowledge and an accurate understanding of FP concepts, benefits, methods and key issues confronting the national family planning programme. To facilitate media practitioners to report, write, produce feature programmes responsibly and in an accountable manner (minimizing adverse consequences for the success of the ongoing national FP programmes, and in a way that does not create divisive sentiments among different ethnic and religious populations).	1. Short introduction to ICPD beyond 2014 and MDG 4 & 5. 2. Findings of focus group research on family planning in 7 districts. 3. (Short) Situation Analysis of (i) evolving sensitivities to family planning due to religio-cultural sentiments; (ii) areas that need to be strengthened in programme communication and service delivery aspects; (iii) the need to reinforce the rights focussed 'informed choice' approach to family planning as against the small family concept. The main motivational platform of the rights focused informed choice approach to FP is the health benefits of FP to mother and family.	Workshop for (i) print media (ii) electronic media - The workshops should use interactive and participatory methods, so that opinions and insights of media practitioners' could be fed into discussions on responsible reporting and media accountability. - Presentations - Group discussions - Preparation of outline scripts on FP themes. - Follow-up field visits - Implementation of other media support activities proposed at the Workshops	- Multimedia presentation of focus group research on family planning in 7 districts. - Multimedia presentation on Situation Analysis referred to in column 2. - Reports of both above. - Information sheet on ICPD beyond 2014 and MDG 4 & 5. - Information sheet on rights based 'Informed Choice' approach to family planning. - Information sheet on why and how mass media can support family planning programmes responsibly. - Information sheet on health benefits of family planning to mother and baby.

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Feature Programme Writers, Producers, Programme Producers, Script Writers, Correspondents in Print and Electronic media (contd.)	The current concept used by the national family planning programme is the rights focussed 'informed choice' approach which uses the health benefit to mother and baby as the primary motivational platform. 4. Family planning programme issues and components that would especially profit from mass media support. 5. Benefits of family planning to family, community and country. 5.1.Benefits of family planning - Health benefits to baby and children - Benefits to mother and family - Education benefits to children - Economic benefits to father and family - Family life benefits.		- Media Kit which includes all above materials and other relevant information.

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Feature Programme Writers, Producers, Programme Producers, Script Writers, Correspondents in Print and Electronic media (contd.)	6. Family planning methods. Give following information for each method. - Name - Description - Effectiveness - Who can/cannot use - When to start - How to use - Myths and misunderstandings - Side effects - How to manage side-effects - Frequency of monitoring by health practitioner. 7. From where to obtain family planning advise and services. - Government – clinics, dispensaries, hospitals; PHM,PHI - Private sector - GP, nursing homes; private hospitals. - NGO workers/volunteer/ - Pharmacy/Shops		

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
Feature Programme Writers, Producers, Programme Producers, Script Writers, Correspondents in Print and Electronic media (contd.)	8. Discussion session on - Principles and approaches in media treatment of FP focused issues - group discussion among media participants on appropriate media policies, principles, and approaches to report on above identified issues in a responsible, balanced and accountable manner without adversely affecting the progress of the national family planning programme. 9. Discussion session on – What particular components should the media focus on to support the national family planning programme. Two additional media workshops to be organized annually. The themes of workshops to be decided jointly by FHB and HEB and the media.		

SECTION 8 :ENHANCEMENT OF STAFF CAPACITY TO MOTIVATE WOMEN, MEN AND ELIGIBLE COUPLES TO MAKE INFORMED CHOICE ON FP

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
MOH, HEO, **SPHI,SPHN, SPHM** **PHIs, PHNs, PHMs** **General Practitioners** **Selected staff in Gynaecology wards in government hospitals** Strengthen skills and competencies in planning and implementing BCC methods and techniques to support behaviour development and change among clients. Enhance capacity in technical aspects of family planning to motivate clients to take informed decisions on family planning.	**BCC Concepts** - What is Behaviour Change? (A few Behaviour Models) Why and how do people change behaviour? What are stages of behaviour change? What support should the field health staff provide for clients to change to desired behaviour using the 'behaviour-change stages' as guide. **Communication Competencies in applying BCC strategy effectively.** - Concept and principles of client oriented communication and communication methods. - Interactive communication Vs. one-way communication. - Public Relations. - Interpersonal communication/ Home visits.	Training Workshop for staff as appropriate. - Presentations - Group Work - Role Plays - Case Studies - Field Work - Demonstrations - Video recordings, playback for task assessment and advice for further improvement Orientation Workshops - Presentations - Group Work - Practical Exercises	- Training Manual on BCC and communication competencies. - Multimedia presentations on rights based 'informed choice' approach to family planning and health benefits of family planning to mother and baby. - Case studies - Instructional videos on communication competencies. - Flip charts on FP methods and benefits of FP. - Guide on managing side-effects. - Guide on serving special groups. - Leaflet on managing side-effects.

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
MOH, HEO, SPHI,SPHN, SPHM PHIs, PHNs, PHMs General Practitioners(contd.)	- Lecture/presentations; public speaking. - Conducting effective interactive group communication sessions. - Guiding principles for providing information and services to special groups. - Demonstrations. - Use of audio-visuals; multimedia and other tools, including instructional video. - Preparation of communication materials locally. - Problem solving techniques/methods, conflict resolution techniques/methods. - General counseling. - How to empower village communities; application of 'health promotion' village concept.		Multimedia presentation on FGD findings and implications. Presentation on the BCC strategy for FP.

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
MOH, HEO, SPHI,SPHN, SPHM PHIs, PHNs, PHMs General Practitioners (contd.)	**FG Research Findings on Family Planning:** - Implications for developing a behaviour change communication strategy. - Introduction to the basic elements of national BCC strategy for Family Planning Programme. - Developing a local BCC strategy for family planning to suit particular MOH area, suitably amending the national BCC/FP strategy. - Developing an implementation plan for local BCC strategy for FP. **The health benefit based 'informed choice' approach** Discuss the difference between 'small family' concept and rights focussed 'informed choice' concept of FP based on health benefits of FP to mother and baby. Reiterate the importance of		

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
MOH, HEO SPHI,SPHN, SPHM PHIs, PHNs, PHMs General Practitioners (contd.)	rightsfocussed'informed choice' approach to promote family planning as against the use of a 'small family' concept. The current concept used by the national family planning programme is the rights focused 'informed choice' approach which uses health benefit to mother and baby as the primary motivational platform. Reinforce the basic characteristics of the health benefit based rights focused 'informed choice' approach to all health staff; emphasize that the 'small family concept' should not be used. **Benefits of Family Planning** Health benefits to mother and baby; Improved care and protection benefits to baby; Increased physical and psychological interaction between mother and baby and father and baby; economic benefits to family, nutritional benefit to baby.		

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
MOH, HEO SPHI,SPHN, SPHM PHIs, PHNs, PHMs General Practitioners (contd.)	**Health Benefits** (Same knowledge as in column 2, pgs 23 & 24) **Child Spacing** Same knowledge as in column 2, pgs. 25-27 **Family Planning Methods** **Permanent Methods;** appropriate for which group of families; benefits; how and where to obtain services; misinformation and wrong perceptions about permanent methods. **Family Planning Methods** **Temporary Methods** List each method: appropriate forwhich groups; how to take/use temporary method. From where/from whom to obtain services; how to manage possible side-effects; misinformation/ misperceptions about the method as well as of its side-effects.		

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
MOH, HEO SPHI,SPHN, SPHM PHIs, PHNs, PHMs General Practitioners (contd.)	How to reassure eligible couples/ others about continued use of the method while responding to their concerns. Family Planning Methods. Discussfollowing information by method. - Name - Description - Effectiveness - Who can/cannot use - When to start - How to use - Myths and misunderstandings - Side effects - How to manage side-effects - Frequency of monitoring by health practitioner. Presentation/discussion on 'how to reassure beneficiaries' about, - Managing possible side-effects.		

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
MOH, HEO SPHI,SPHN, SPHM PHIs, PHNs, PHMs General Practitioners (contd.)	- Assuring that some of the stated side-effects and dangers of methods are really misperceptions and not scientifically correct. E.g. IUD moving out of the womb; Presentation/discussion on appropriate communication strategies/approaches to reach difficult to reach groups as identified on pgs.57,59,63,68,71,73 and 76. **Critical BCC actions:** Importance of follow-up by PHM and health staff and offering assistance to reassure and sustain decision of couple. Importance of solving problemsof couples, who face difficulties such as side-effects, or any other perceived difficulty.		

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
MOH, HEO SPHI,SPHN, SPHM PHIs, PHNs, PHMs General Practitioners (contd.)	Importance of reaching special groups such as widows/divorced women, women with grown-up children, etc. as stated above using innovative and creative methods.		

ADVOCACY

SECTION 9 :ADVOCACY FOR DEVELOPING MORE EFFECTIVE AND HARMONIOUS APPROACHES TO PROMOTE FAMILY PLANNING IN THE BACKGROUND OF EVOLVING CULURAL SENSITIVITIES

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
H.E. The President of Sri Lanka **Hon. Prime Minister/Minister of Religious Affairs** **Hon. Leader of the Opposition** To seek guidance and support to further strengthen the implementation of the national family planning programme in order to contribute to social and economic development and growth while strengthening national harmony.	1. Focus Group Discussion research indicated that, Incipient resistance to family planning practice is gradually surfacing due to 2 inter-connected reasons, (a) religio-cultural sentiments (b) fear of future potential changes in demographic composition of the country.	1. Hon. Ministers of Health and Economic Development (i.e. the two Ministries) to present a Position Paper on Way Forward for the National Family Planning Programme taking into consideration (i) the current demographic trends and projected trends (ii) emergingreligio-cultural influences on family planning and the combined effect of (i) and (ii) on economic development and health status of the country. The Way Forward paper could propose a strategic approach to sustain and strengthen the national family planning programme to further strengthen the economic growth, health status and social harmony in the country.	The Report of the Expert Panel titled “National Family Planning Position Paper: The Way Forward” to be used for bi-partisan and multi-political party advocacy including proposals for further follow-up action.

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
H.E. The President of Sri Lanka Hon. Prime Minister/Minister of Religious Affairs Hon. Leader of the Opposition (contd.)	2. Reiterate that the rights focused 'informed choice' approach based on health benefits of family planning to mother and baby is the current official motivational method used to promote family planning services by the national family planning programme. In the background of emerging resistance based on perceived religio-cultural and demographic change perceptions, the most appropriate method is the approach we currently use as referred to above. Under this approach the health benefit of family planning to mother and baby is the primary motivational platform.	The Position Paper on Way Forward would be presented to H.E. the President, Hon. Prime Minister and Hon. Leader of the Opposition.The purpose is to obtain continued bi-partisan political support towards the national family planning programme which uses the health benefits to mother and baby as the main factor for motivating families to accept family planning. 3. The Secretaries of the Ministry of Economic Development and Ministry of Health, and the two Directors-General in consultation with the two Hon. Ministers, the Presidential Secretariat, offices of the Prime Minister and the Leader of the Opposition, the Secretary to the Treasury and the	

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
H.E. The President of Sri Lanka Hon. Prime Minister/Minister of Religious Affairs Hon. Leader of the Opposition (contd.)	This is also the approach recommended by the Conference on Population and Development (ICPD 1994). 3.This motivational approach to FP places the responsibility on eligible couples to freely decide on the number of children they wish to have (as a family). However, the eligible couples in freely deciding on the number and spacing of children are required to accord serious consideration to maintaining good health of the mother and children when making decisions on the number of children and spacing of birth. It is necessary to further reinforce this motivational approach in all geographic areas, and by all political parties and policy makers. 4. Demographers have identified a rising trend in ageing population, feminization of the	Director-General of Census and Statistics, (i) decide on the mostappropriate and viable time period to initiate such an exercise, (ii) prepare Terms of Reference, and (iii) suggest names of an Expert Panel to develop the "National Family Planning Programme Position Paper: the Way Forward".	

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
H.E. The President of Sri Lanka Hon. Prime Minister/Minister of Religious Affairs Hon. Leader of the Opposition (contd.)	ageing population brought about through an early demographic transition in Sri Lanka. It is observed that the first phase (period) of demographic dividend (that resulted through early demographic transition in Sri Lanka) roughly coincided with the terrorist conflict, and its aftermath. Some demographers argue that the demographic dividend will last only until 2017; other analysis show that it will continue till 2037. 5. In this demographic scenario and the changing perceptions of the people of Sri Lanka as described in item 1, it is pertinent to provide bi-partisan support in the Parliament and multi-political party support among politicians outside of the		

TARGET GROUP AND ROLE IN BCC INTERVENTION STRATEGY	PRIMARY MESSAGE KNOWLEDGE AND SKILLS	COMMUNICATION MEDIA/METHOD	COMMUNICATION MATERIAL/TOOLS
H.E. The President of Sri Lanka Hon. Prime Minister/Minister of Religious Affairs Hon. Leader of the Opposition (contd.)	Parliament to sustain and enhance the national family planning programme so as to further strengthen economic development and growth; health status of the people; and social harmony in the country. Ref:- UNFPA Colombo Fact Sheet: Maximizing Demographic Dividend, 2013. Bhakta B Gubhaju, Demographic transition in Southern Asia: challenges and opportunities in Asia Pacific Population Journal Vol.26, No.4, December 2011.		