

**Dissemination Seminar of the Study Findings
on
Formative Research for Assessing Exposure
and Effectiveness of IEC/SBCC Interventions
Implemented by IEM Unit of DGFP**

**Study Conducted by
Department of Population Sciences
University of Dhaka, Dhaka-1000**

29 August 2018, Venue: Multipurpose Hall, BIAM Foundation

Presentation Outline

- Background
- Methodology
- Findings
 - Exposure of Different Communication Channels
 - Effectiveness of the Communication Channels
 - Cost-Benefit Analysis of the IEC Activities
- Policy Recommendations

Background

- Bangladesh has achieved considerable progress in reducing fertility through increasing contraceptive prevalence, and reducing maternal and child mortality.
- Still there are many areas of family planning, maternal and child health where greater attention is needed to achieve the various targets set in the 4th HPNSDP:
- To increase CPR to 75% (62.4/2014)
- To increase the contribution of LARC in CPR to 20% (8/2014)
- To reduce TFR to 2 per woman (2.3/2014)
- To increase ANC (at least 4 visits) to 50% (31.2/2014)
- To increase delivery by SBA to 65% (42.1/2014)
- To reduce NMR to 18 per thousand (28/2014)
- To reduce U5MR to 34 per thousand (against 46/2014)
- To reduce MMR to 121 per one hundred thousand (176/2015)
- However, achieving these targets are very challenging due to various sociocultural factors existed in our society.

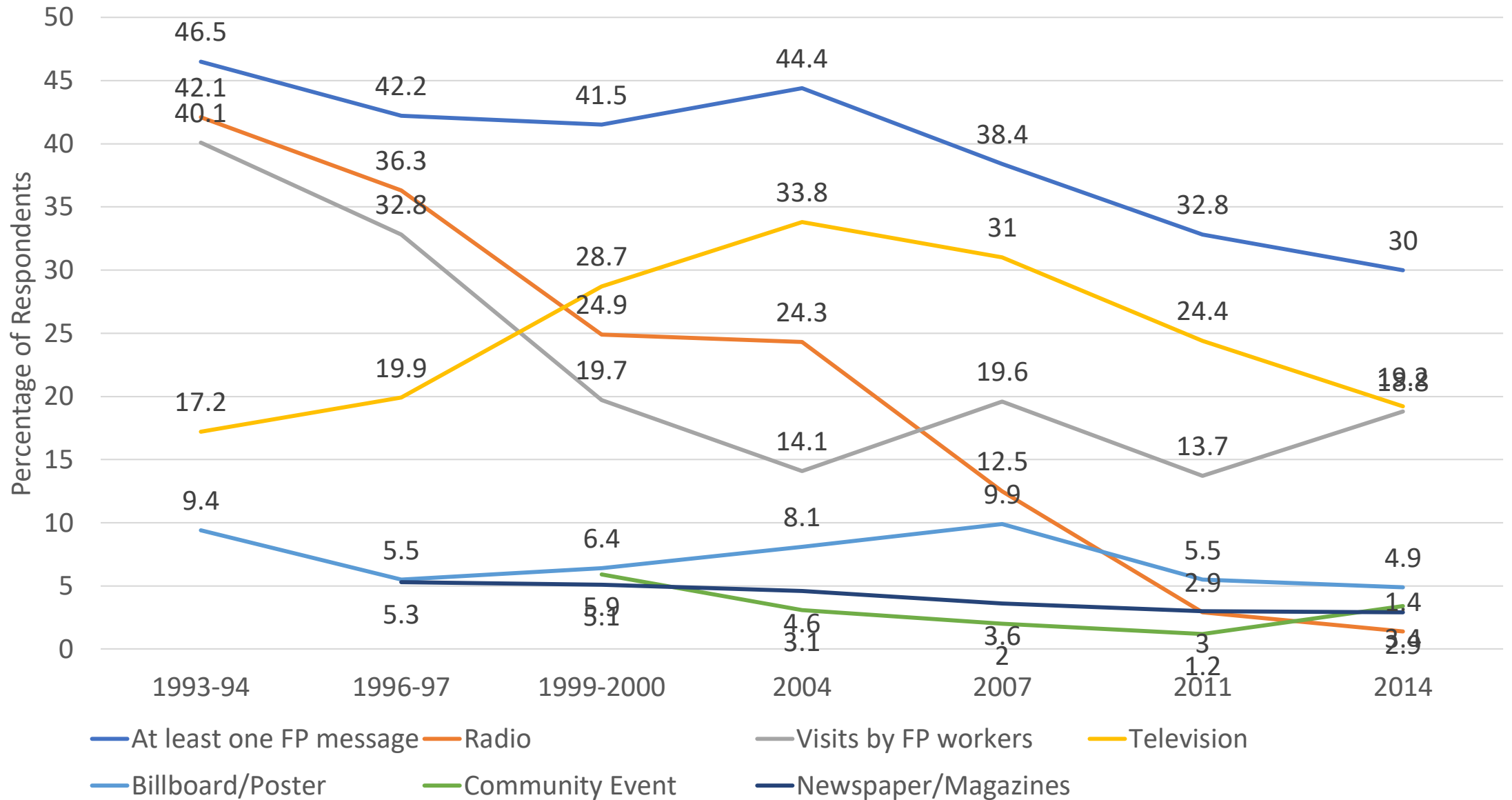
Background (contd.)

- Information, education and communication (IEC) programs are being implemented to address these sociocultural issues as IEC aims to increase awareness, change attitudes and bring about a change in specific behaviours.
- IEC means sharing information and ideas in a way that is culturally sensitive and acceptable to the community, using appropriate channels, messages and methods.
- In the area of family planning, IEC can help us in the following way:
 - (a) creating public awareness about the need for family planning;
 - (b) increasing knowledge about the use and risks of family planning methods, or where to obtain contraceptives; and
 - (c) motivating couples and individuals to use family planning services.
- There was time until when it has been proven that IEC programs have played pivotal role in achieving the health and family planning related targets along with continuous political commitment, innovative program approaches, and commitment of the field-level functionaries.

Background (contd.)

- There is a growing understanding that behaviors are grounded in a particular socio-ecological context and change usually requires support from multiple levels of influence which has resulted in an expansion of the communication approach to become Social and Behavior Change Communication (SBCC).
- The GoB has adopted a comprehensive SBCC Strategy in 2016.
- SBCC for health and family planning is a research-based, consultative process that uses communication to promote and facilitate behavior change and support the requisite social change for the purpose of improving outcomes.
- SBCC is guided by a comprehensive ecological theory that incorporates both individual level change and change at broader environmental and structural levels.
- SBCC works at one or more levels: the behavior or action of an individual, collective actions taken by groups, social and cultural structures, and the enabling environment.
- SBCC programs include a wide range of interventions that fall into three broad categories: mass media, interpersonal communication, and community mobilization

Trends of IEC/SBCC Exposure (BDHS)



Objectives of the Formative Research

- This formative research aimed to provide a comprehensive understanding on the exposure and effectiveness of SBCC interventions through exploring the causes and potential remedies of relatively lower exposure of SBCC interventions among people.
- However, the specific objectives of this formative research are:
- To revisit and identify what SBCC interventions including channels/medium did work well and what did not, and why?
- To carry out cost-benefit analysis revealing to what extent the SBCC interventions contribute to increasing CPR and lowering TFR.

What is Formative Research?

- Formative research is such kind of research which is used as the basis for developing effective strategies, including communication channels, for **influencing behavior change**. It helps researchers identify and **understand the characteristics** - interests, behaviors and needs - of target populations that influence their decisions and actions. Formative research is integral in **developing programs** as well as **improving existing** and ongoing programs.
- Formative research is research that occurs **before a program is designed** and implemented, or **while a program is being implemented** to help “form” or modify a program.
- Formative research should be an **integral part** of developing programs or adapting programs, and should be used to help **refine and improve program** activities.

Methodology: Study Design & Data Sources

- A cross-sectional research design with mixed methods approach was used in this study.
- Both primary and secondary data were used.
- Both qualitative and quantitative data has been collected as part of primary data.
- The secondary data has been collected from the Bangladesh Demographic and Health Surveys (BDHS).
- The cost related to SBCC activities has been collected from the relevant OP documents for cost-benefit analysis.

Methodology: Study Area

Division	Category	District	Upazilla	Union
Sylhet	Rural	Habiganj	Madhabpur	Adair, Bahara
	Urban	Moulvibazar	Sadar	Ward No. 1, 7
	Slum	Sylhet	City Corporation	Ward No. 10, 21
	HTR	Sunamganj	Derai	Karimpur, Rajanagar
Khulna	Rural	Jhenidah	Kaliganj	Bara Bazar, Niamatpur
	Urban	Jessore	Sadar	Ward No. 2, 5
	Slum	Khulna	City Corporation	Ward No. 21, 24
	HTR	Bagerhat	Sharonkhola	Dhansagar, Royenda
Brahmanbaria	Rural		Sarail	Noagaon, Shahbazpur
	Urban		Sadar	Ward No 3, 7
	HTR		Nabinagar	Sreerampur, Paschim Nabinagar

Methodology: Study Population & Methods for Data Collection

- The quantitative data has been collected from newlywed women or women with one or more children aged 15-24 years and their husbands through face-to-face interview using structured questionnaire.
- Focus Group Discussion was conducted among the newlywed women or women with one or more children aged 15-24 years; husbands of the newlywed women or women with one or more children aged 15-24 years; adolescent girls aged 13-19 years; and adolescent boys aged 13-19 years.
- In-depth interviews were conducted among:
 - program managers (divisional director, deputy director-FP, UFPO & MO-MCH-FP);
 - service providers (FWVs, FPI, and FWA);
 - elected representatives (UP Chairman, and women members);
 - community and religious leaders; and
 - school and madrasah teachers.
- KIs were conducted at national level among policy makers, development partners working in HPN sector, media people, and NGO representatives.

Methodology: Sample Size

- $n = \frac{(1.96)^2 \times p(1-p) \times (deff)}{e^2 \times rr}$
- n= total sample size
- p= the proportion of women who are exposed to any SBCC related activities in the last month (p=0.30)
- e^2 = Margin of error (.05)
- rr = Response rate (95%)
- deff= Design effect (1.75)
- Total sample 594

Methodology: Distribution of Sample Size for Quantitative Study

Division	Category	District	Upazilla	Sample Size			
				Wife	Husband	Total	Division
Sylhet	Rural	Habiganj	Madhabpur	100	50	150	600
	Urban	Moulvibazar	Sadar	100	50	150	
	Slum	Sylhet	City Corporation	100	50	150	
	HTR	Sunamganj	Derai	100	50	150	
Khulna	Rural	Jhenidah	Kaliganj	100	50	150	600
	Urban	Jessore	Sadar	100	50	150	
	Slum	Khulna	City Corporation	100	50	150	
	HTR	Bagerhat	Sharonkhola	100	50	150	
Brahmanbaria	Rural		Sarail	100	50	150	450
	Urban		Sadar	100	50	150	
	HTR		Nabinagar	100	50	150	
Total				1100	550	1650	

Methodology: Distribution of Sample Size for Qualitative Study

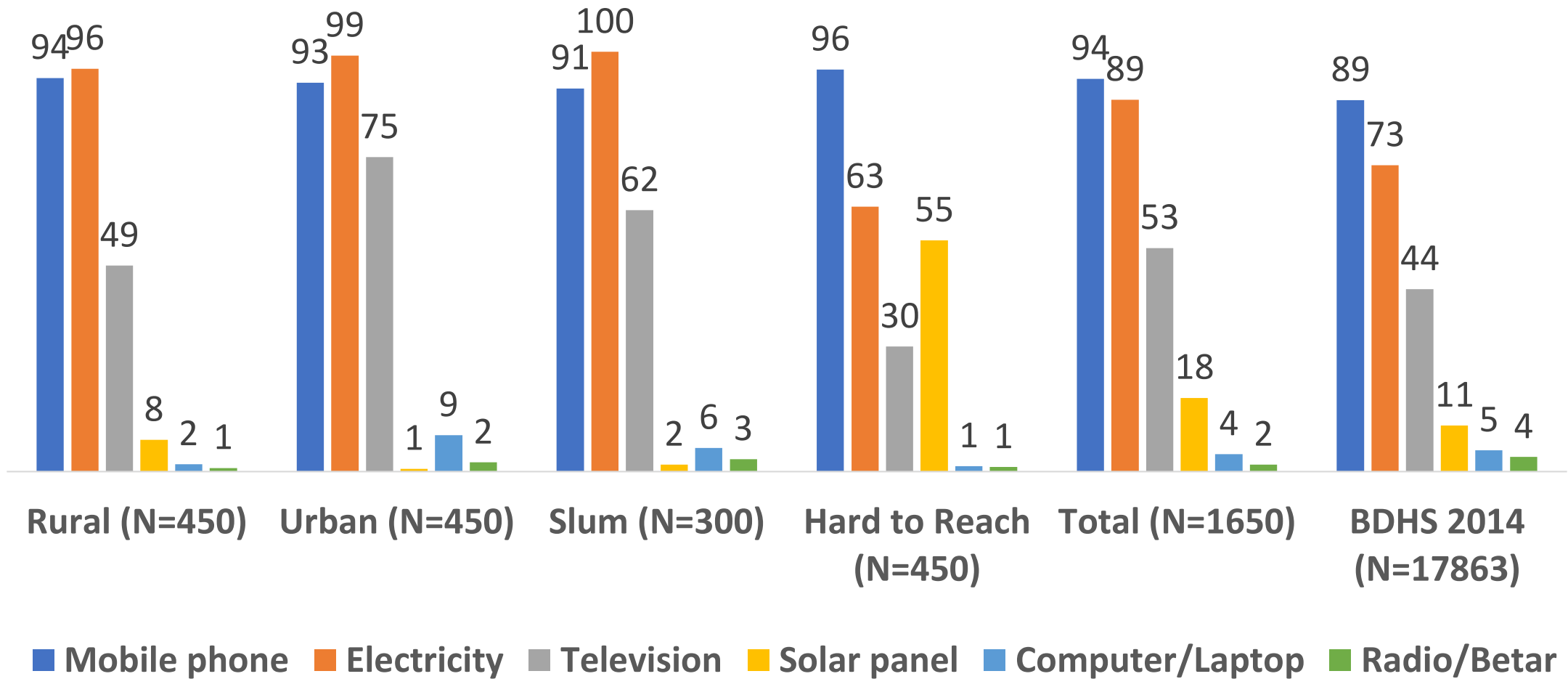
Division/District	District/Upazila	Type of Study Area	KII	FGD
Khulna	Bagerhat	Hard to reach	9	5
	Khulna	Slum	4	2
	Jhenaidah	Rural	11	4
	Jessore	Urban	9	4
Brahmanbaria	Nabinagar	Hard to reach	8	3
	Sarail	Rural	15	5
	Brahmanbaria Sadar	Urban	17	6
Sylhet	Moulovibazar	Urban	7	2
	Sunamgonj	Hard to reach	14	4
	Habiganj	Rural	12	4
	Sylhet	Slum	10	3
		Total	116	42

Methodology: Data Entry, Data Processing, and Data Analysis

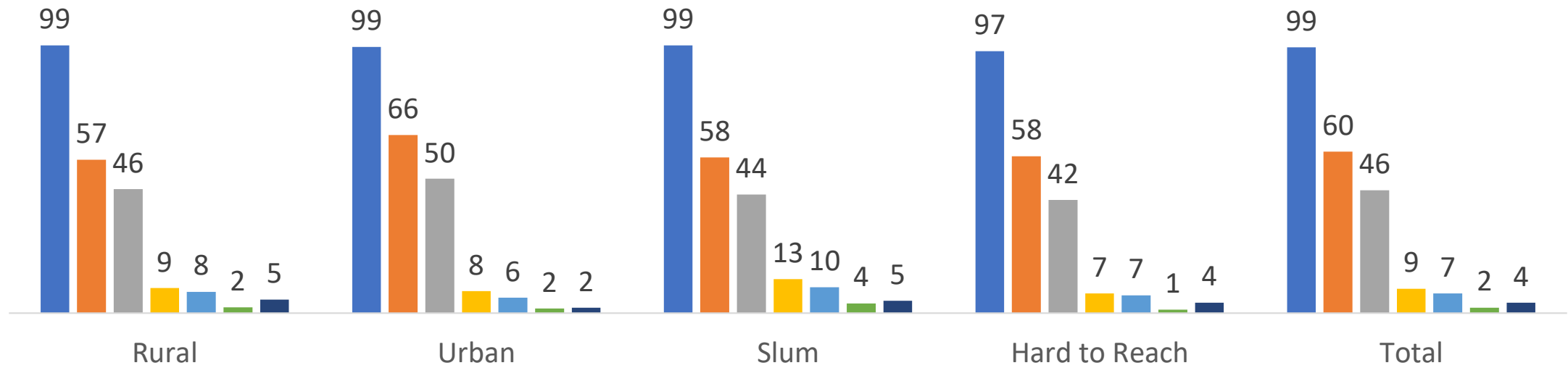
- The data entry process of the quantitative data started soon after collecting the data.
- Quantitative data were entered by using CPro program and analysed by using SPSS version 21.
- Descriptive statistics have been used to analyze the quantitative data.
- Qualitative data were in audio-taped.
- Audio-taped were transcribed.
- Thematic analysis have been performed for qualitative data analysis.
- Data have been presented in the context of study area: urban, rural, slum and hard-to-reach areas

Findings

Household Possessions of the Respondents

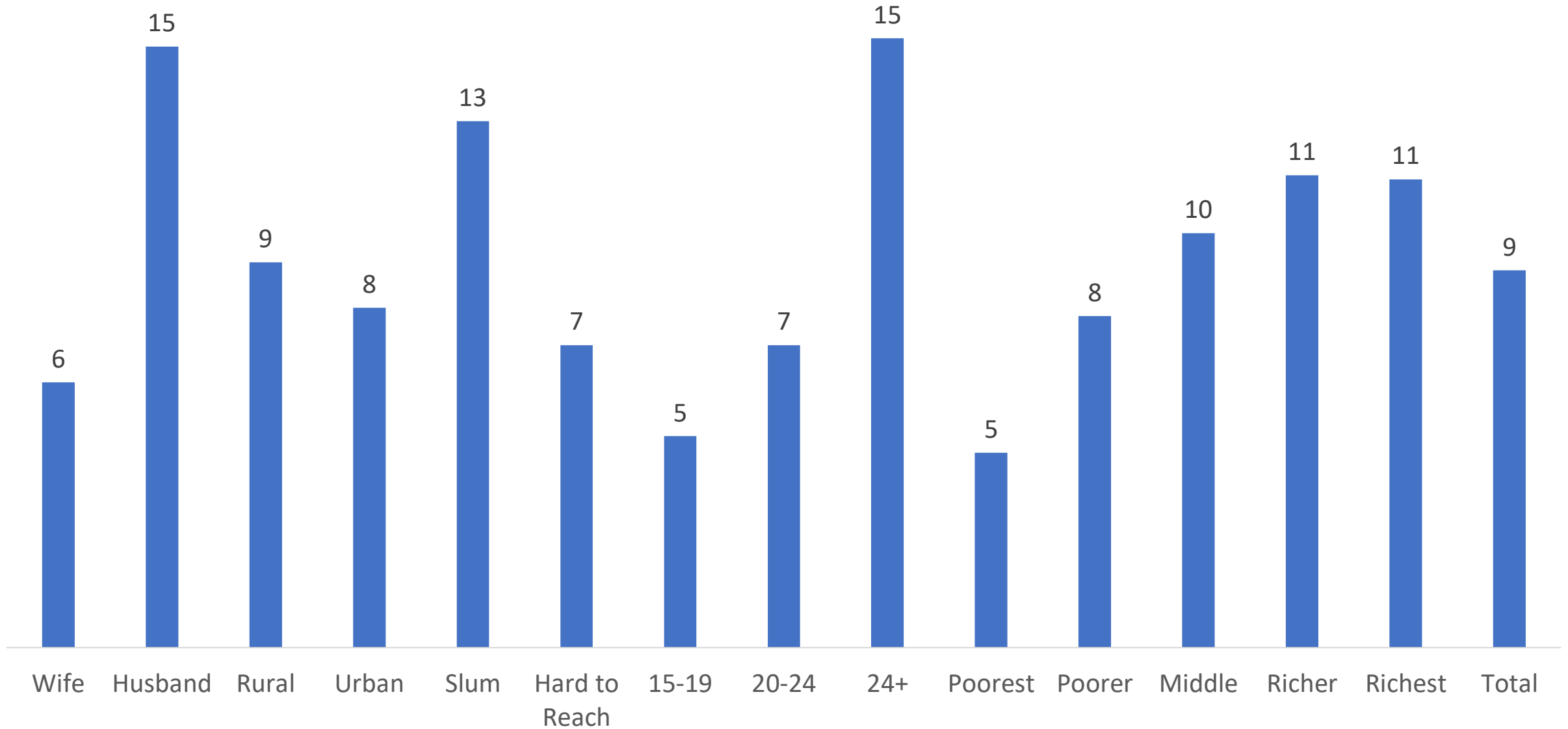


Exposure to BTV and FP Related Messages through BTV

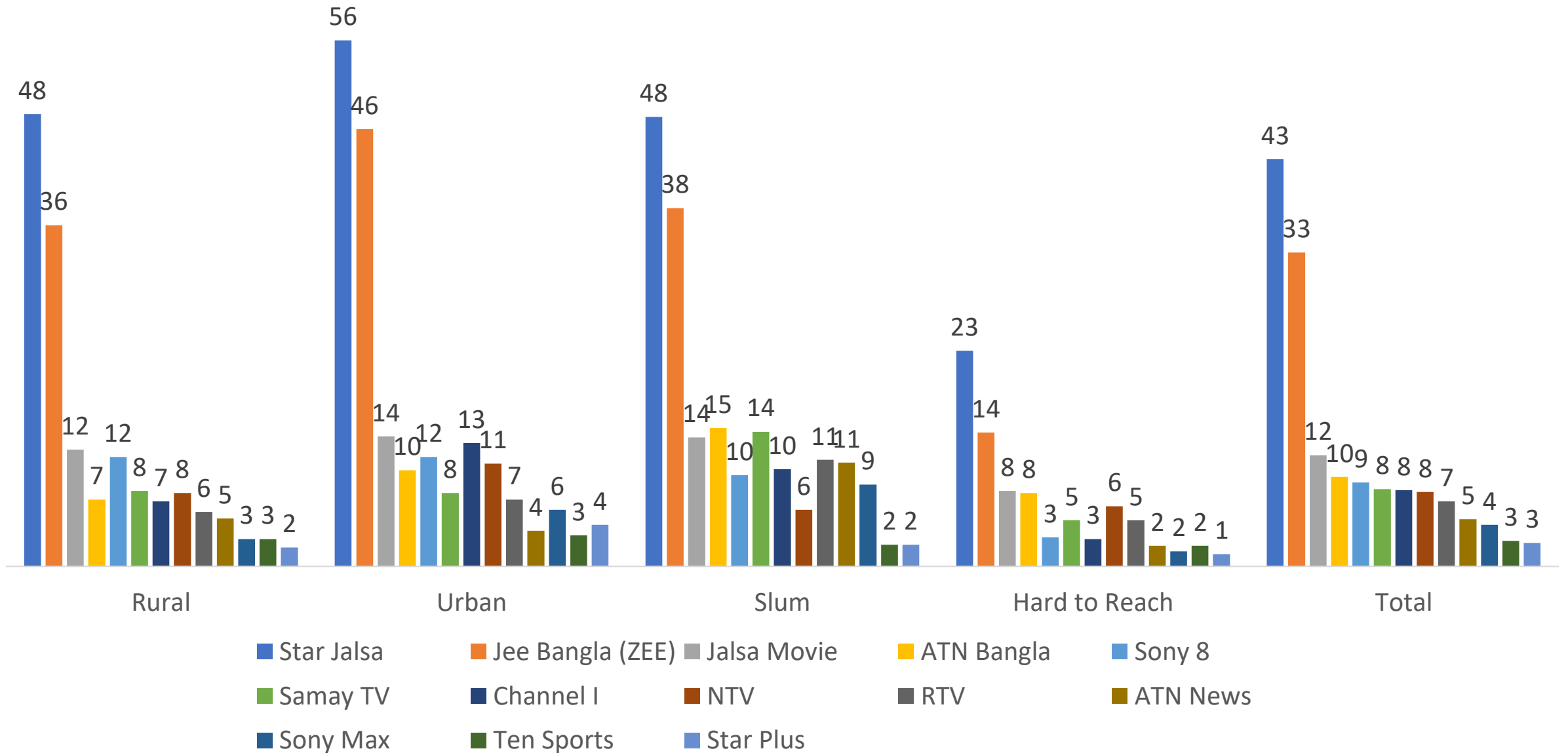


- Ever watched BTV
- Heard that FP program is broadcasted by BTV
- Have ever watched any FP program broadcasted by BTV
- Have watched FP program broadcasted by BTV within last 30 days
- Know 'Shukhi Paribar' as FP program broadcasted by BTV within 30 days
- Know exact broadcasting day of 'Shukhi Paribar'
- Know exact broadcasting time of 'Shukhi Paribar'

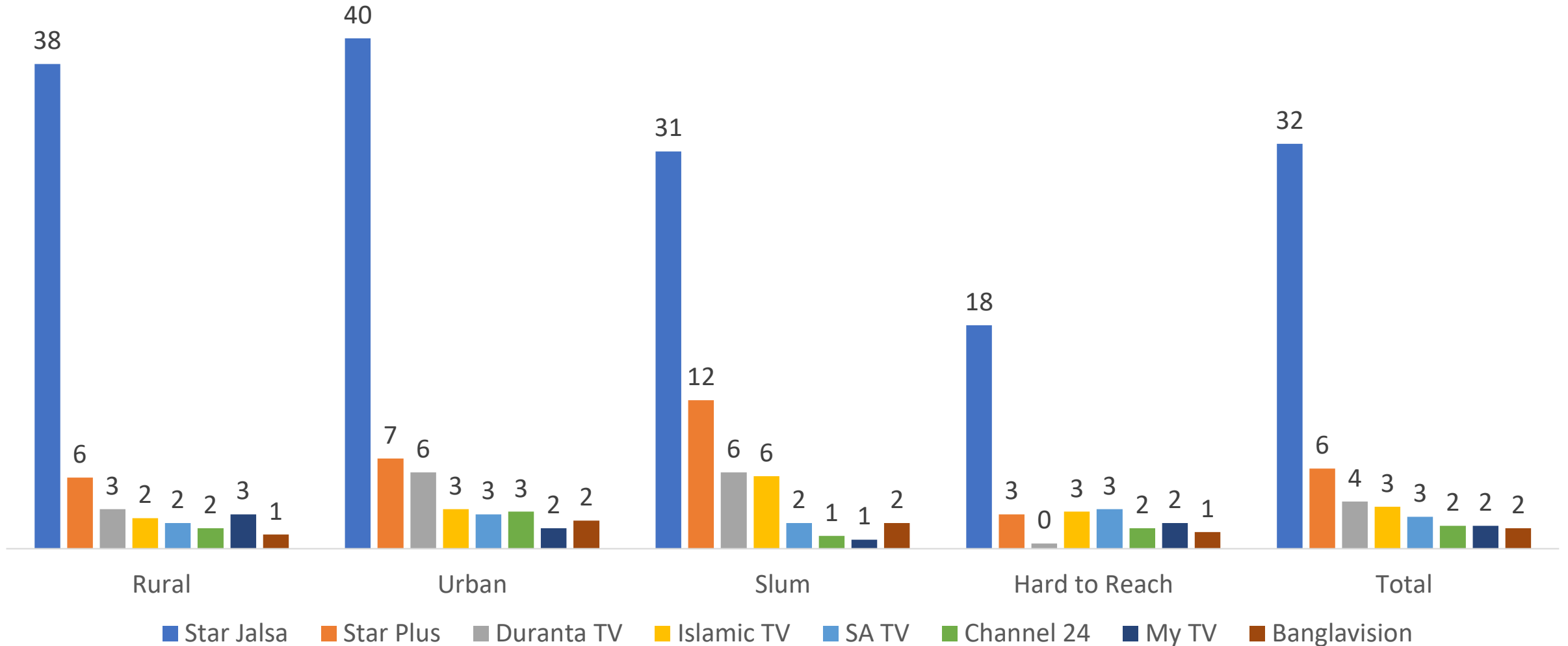
Differential Distribution of Watching FP Programs in BTV in Last 30 Days



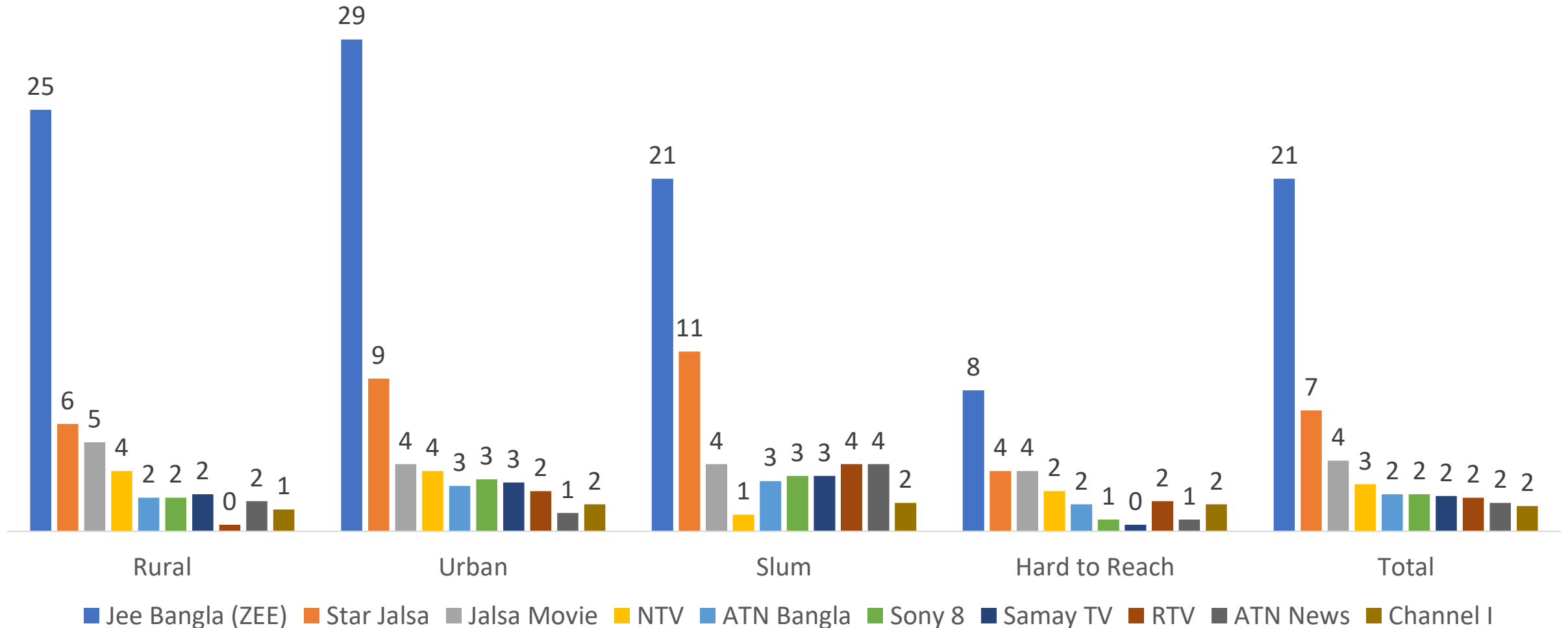
Exposure to Private TV Channel in Last 30 days



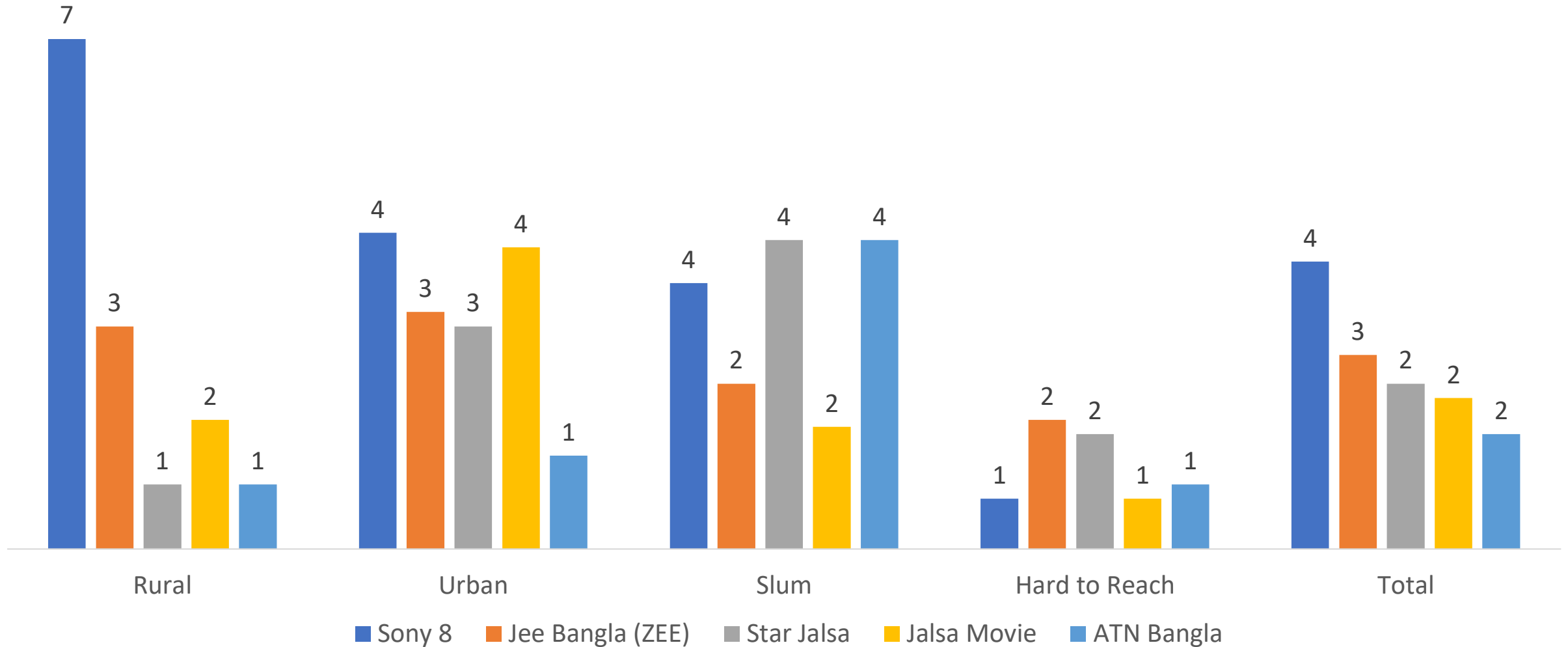
Distribution of Respondents by Their Daily Mostly Watched Private TV (National & International) Channels (First Choice)



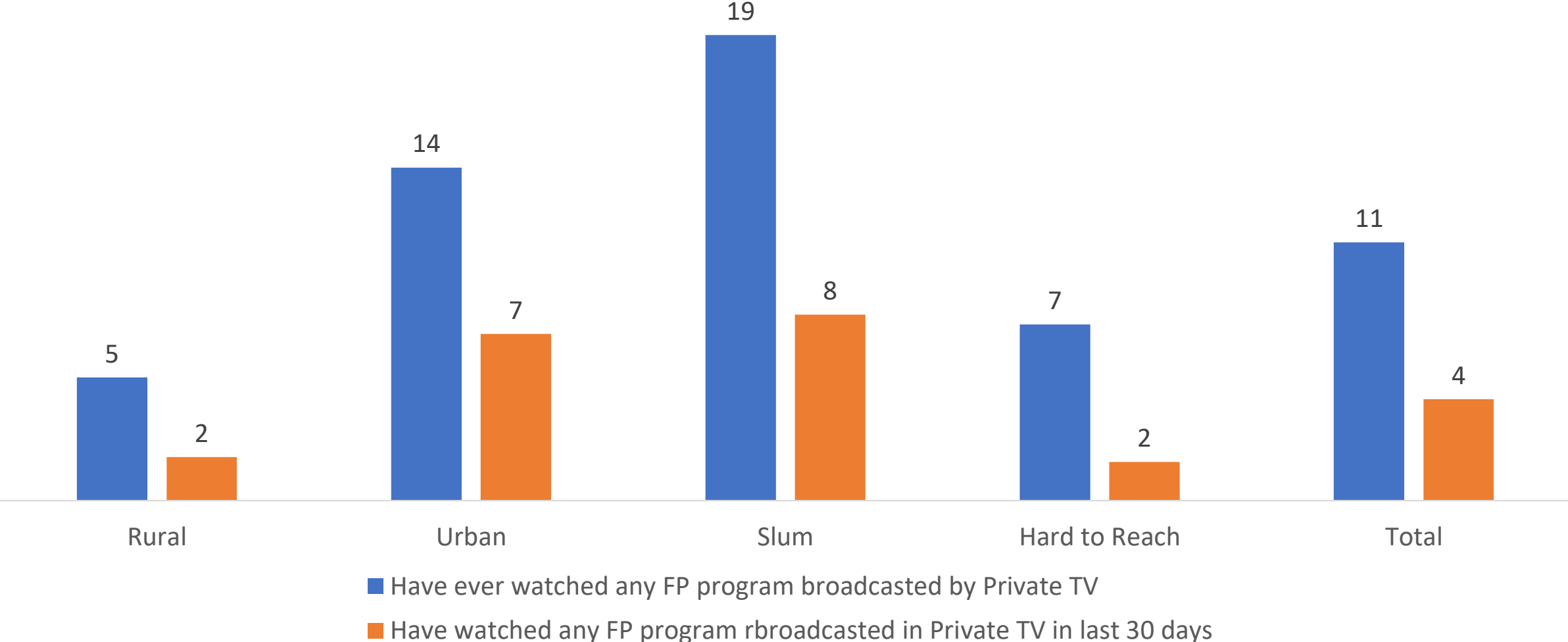
Distribution of Respondents by Their Daily Mostly Watched Private TV (National & International) Channels (Second Choice)



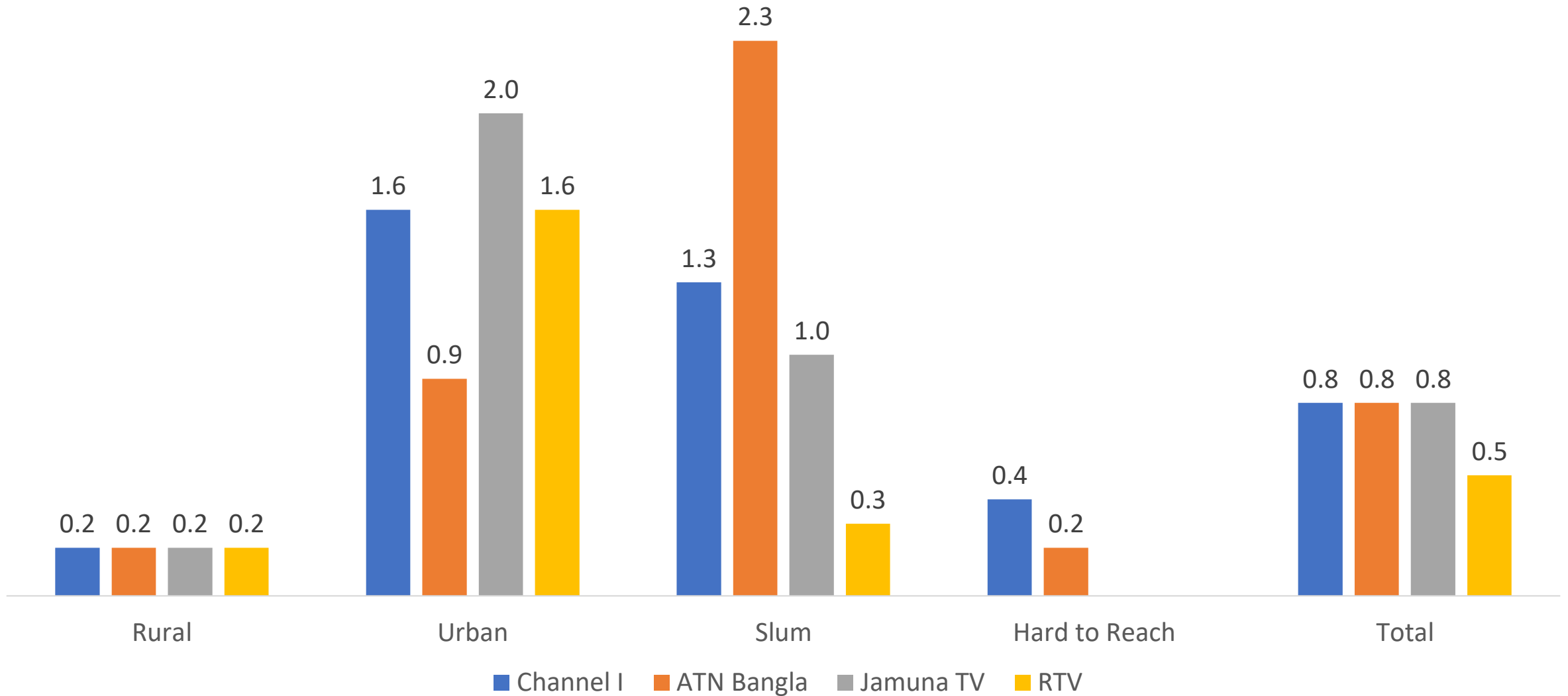
Distribution of Respondents by Their Daily Mostly Watched Private TV (National & International) Channels (Third Choice)



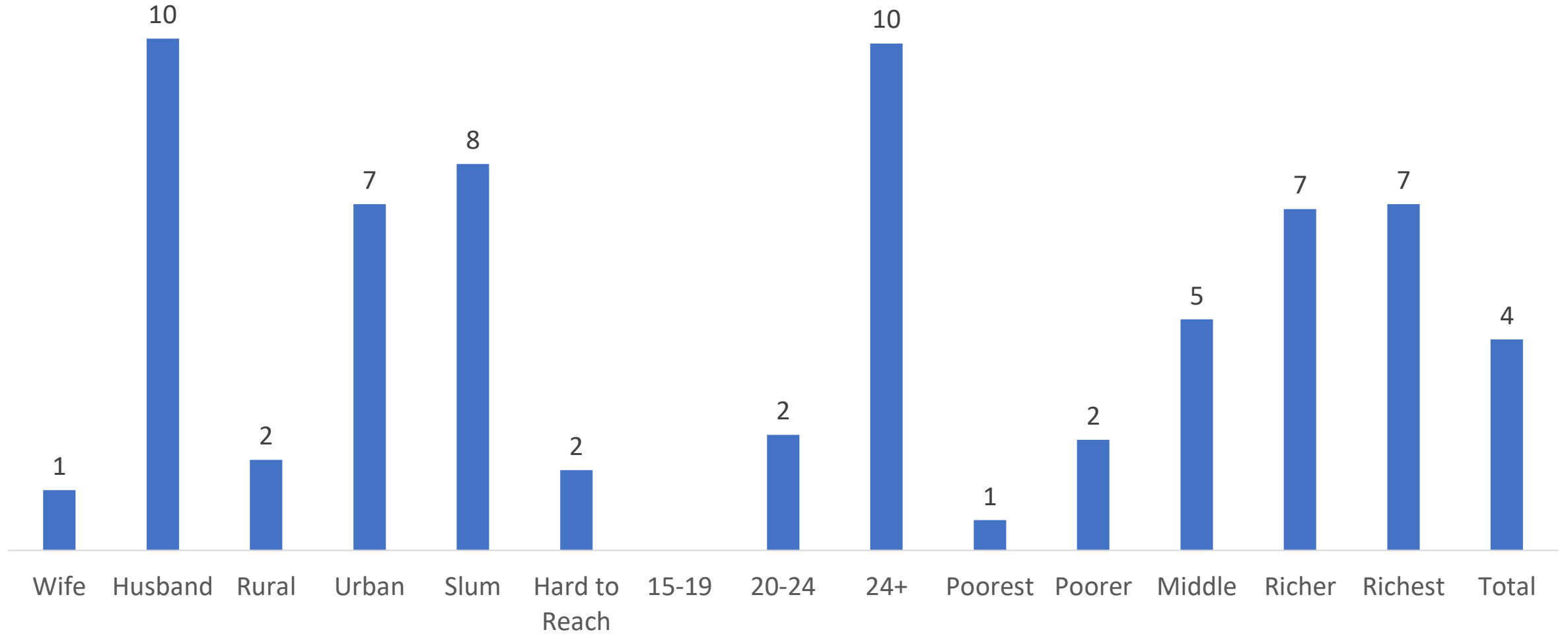
Exposure to FP Related Messages through Private TV Channel



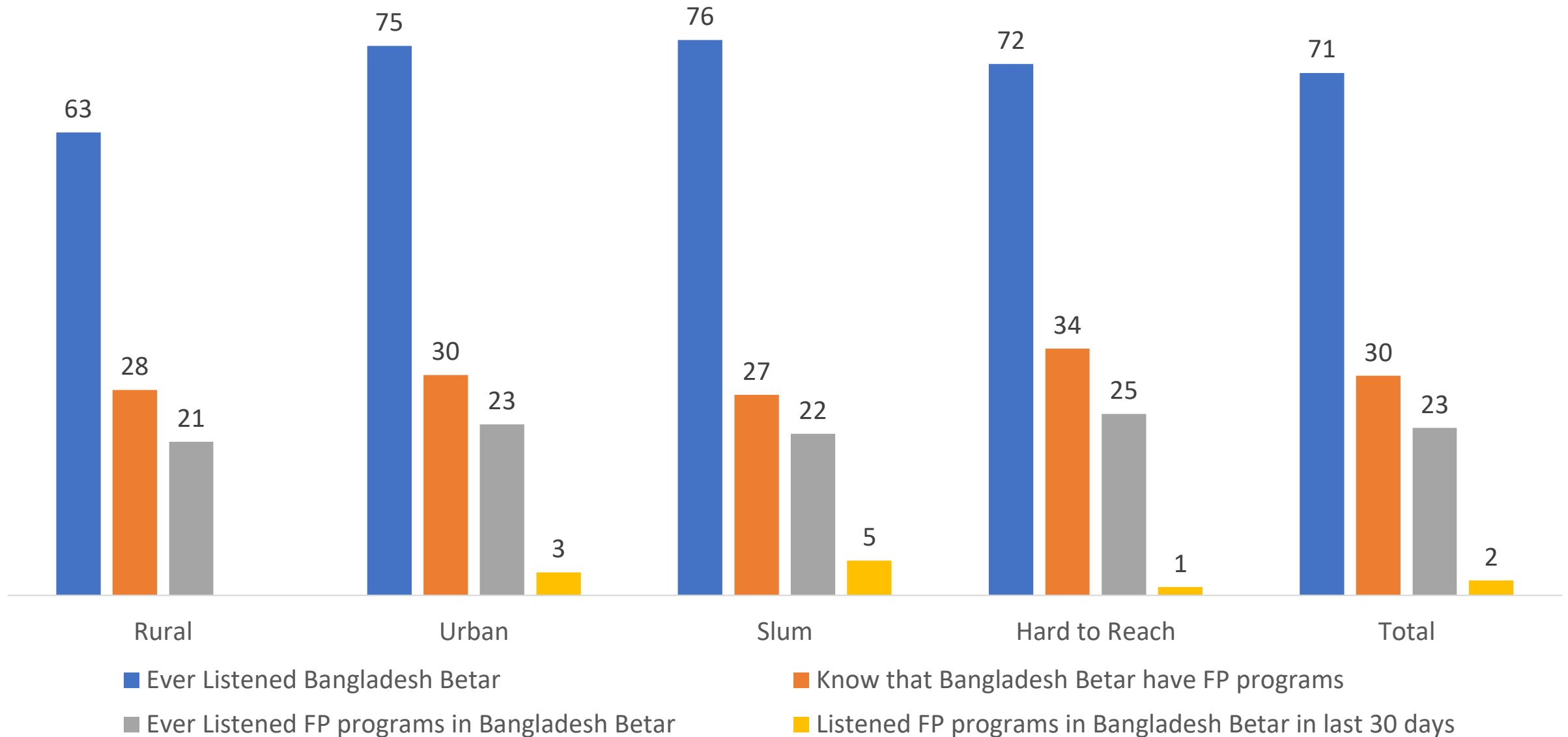
Distribution of Private TV Channels where Respondents Have Watched FP Programs in Last 30 Days



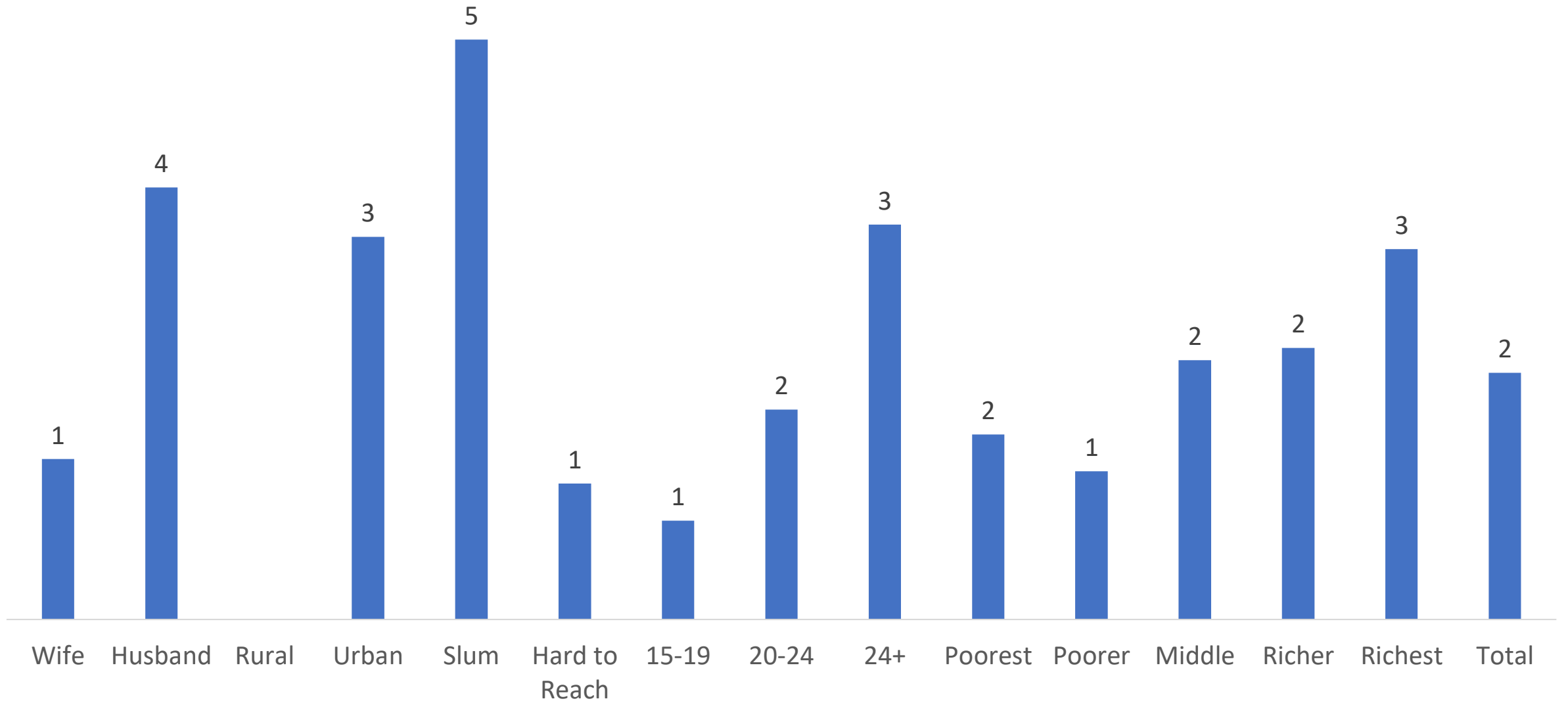
Differential Distribution of Watching FP Related Programs in Private TV in Last 30 Days



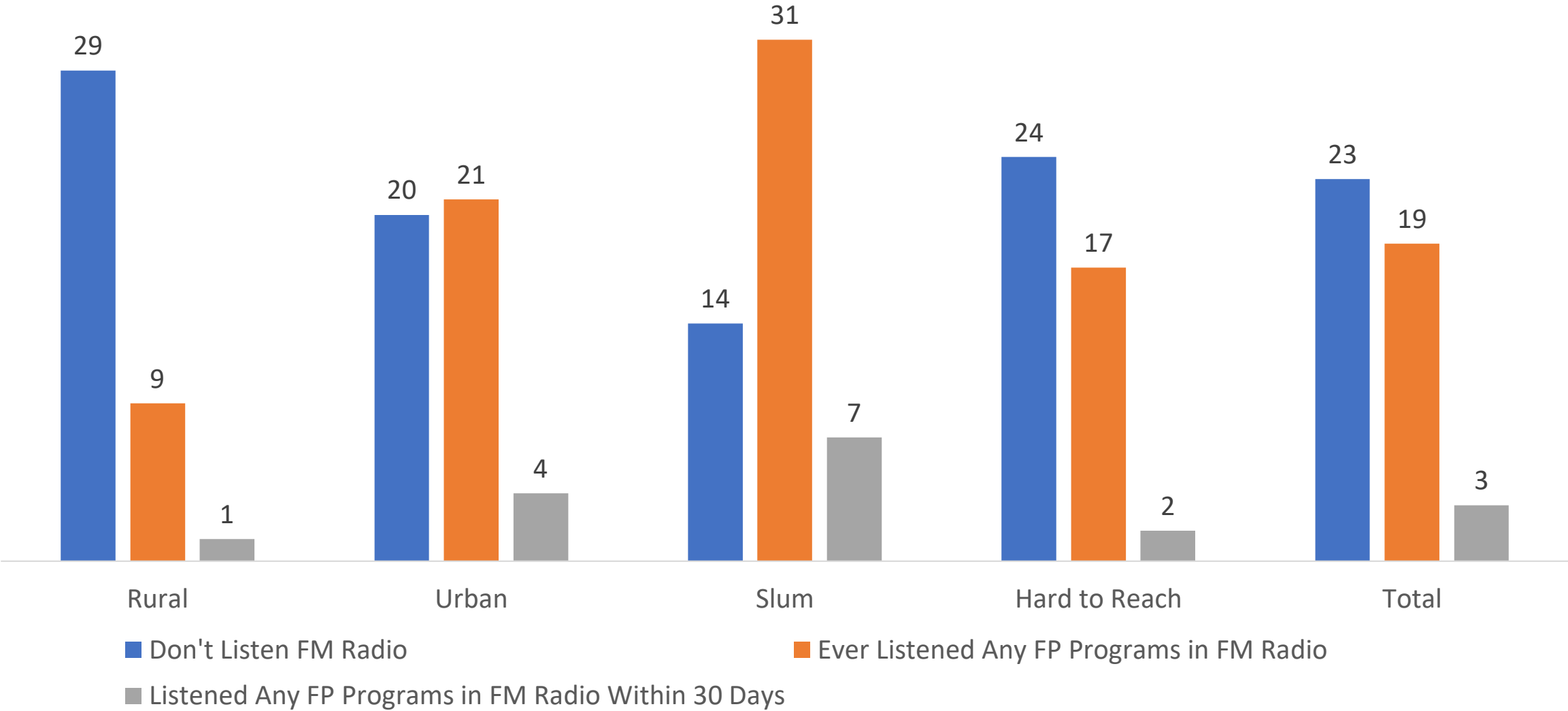
Exposure to Bangladesh Betar and FP Related Messages through Betar



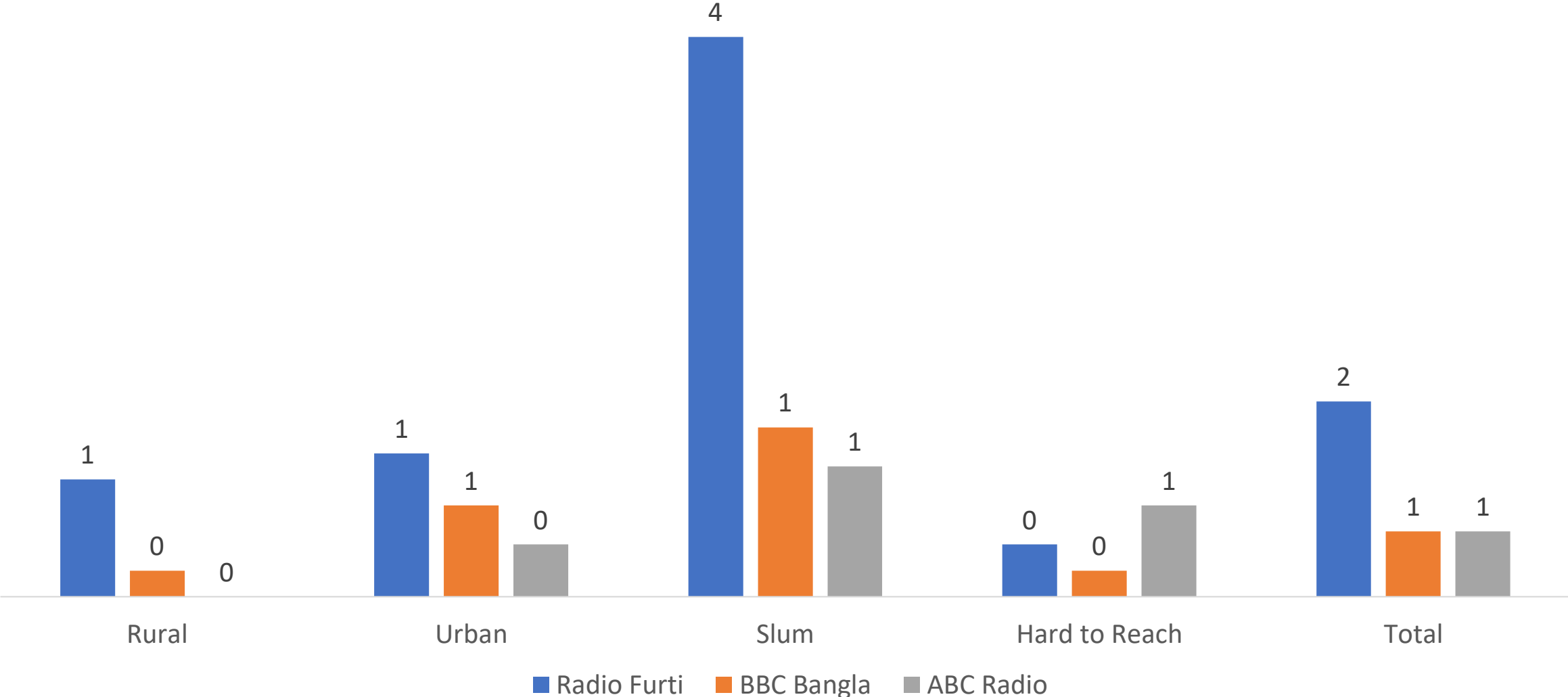
Differential Distribution of Listening FP Related Programs in Bangladesh Betar in Last 30 Days



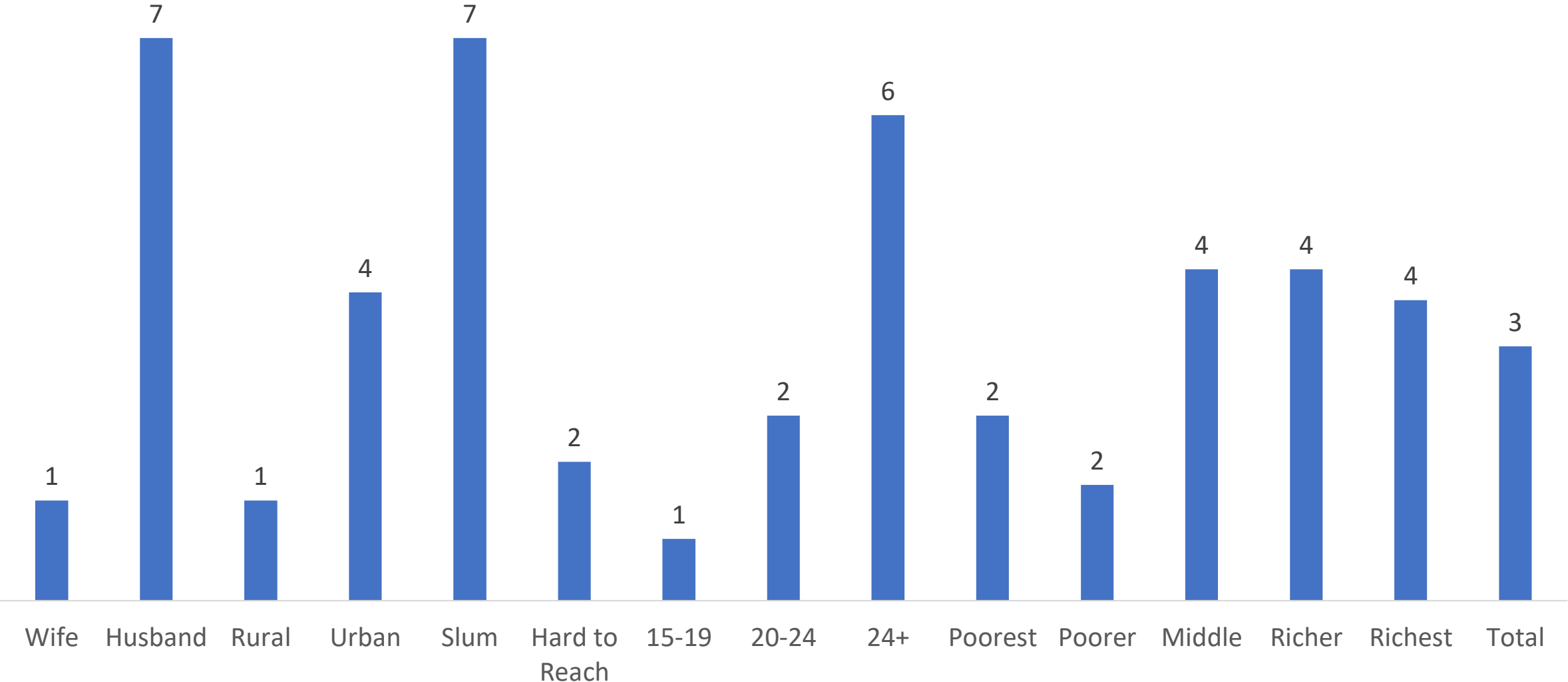
Exposure to FM Radio and FP Related Messages through FM



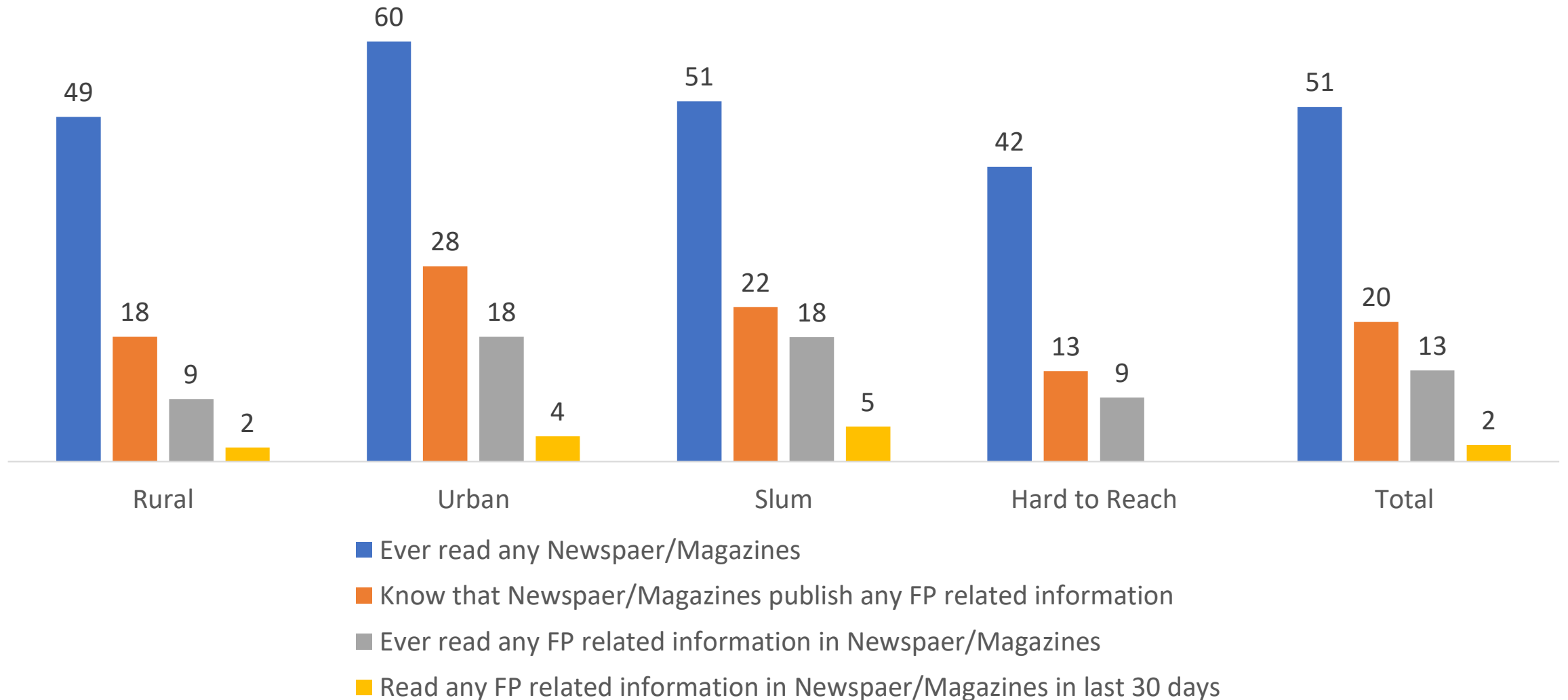
Distribution of FM Radio Channels where Respondents Have Listened FP Programs in Last 30 Days



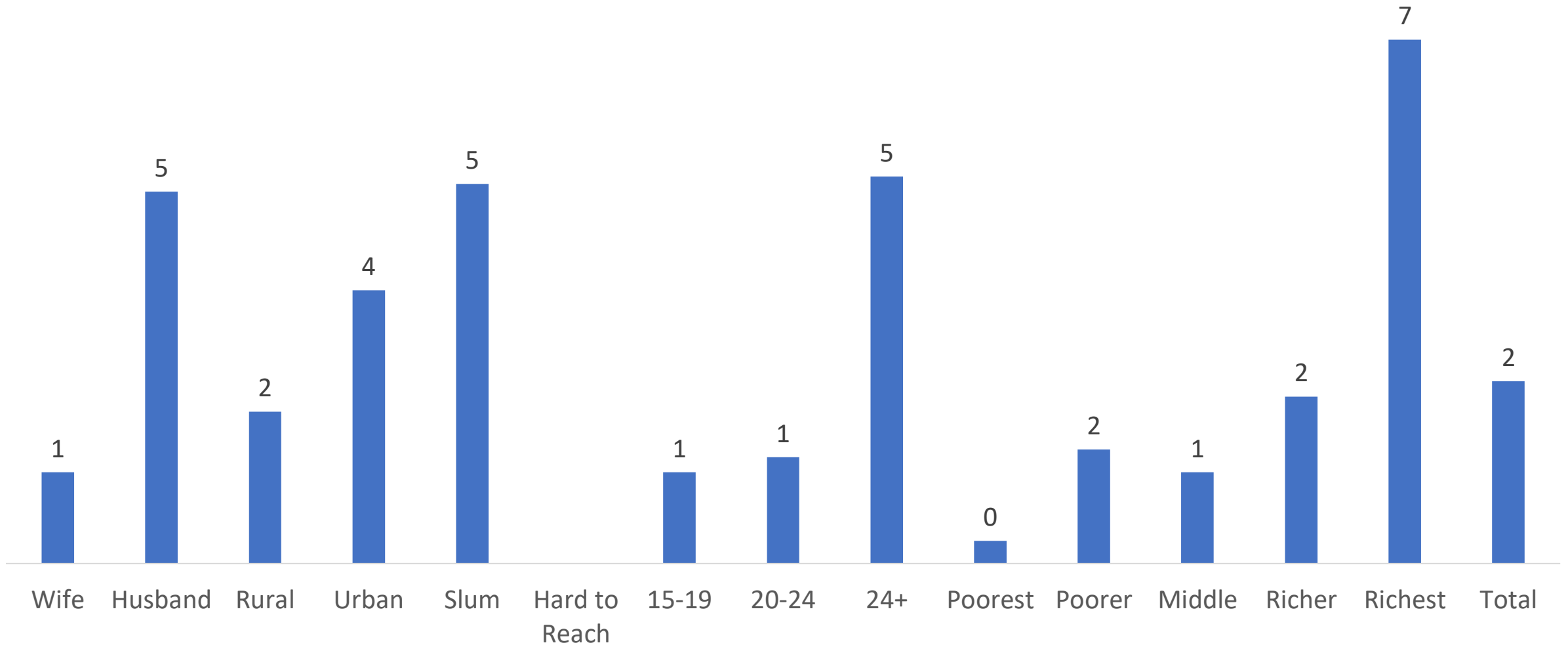
Differential Distribution of Listening FP Related Programs in FM Radio in Last 30 Days



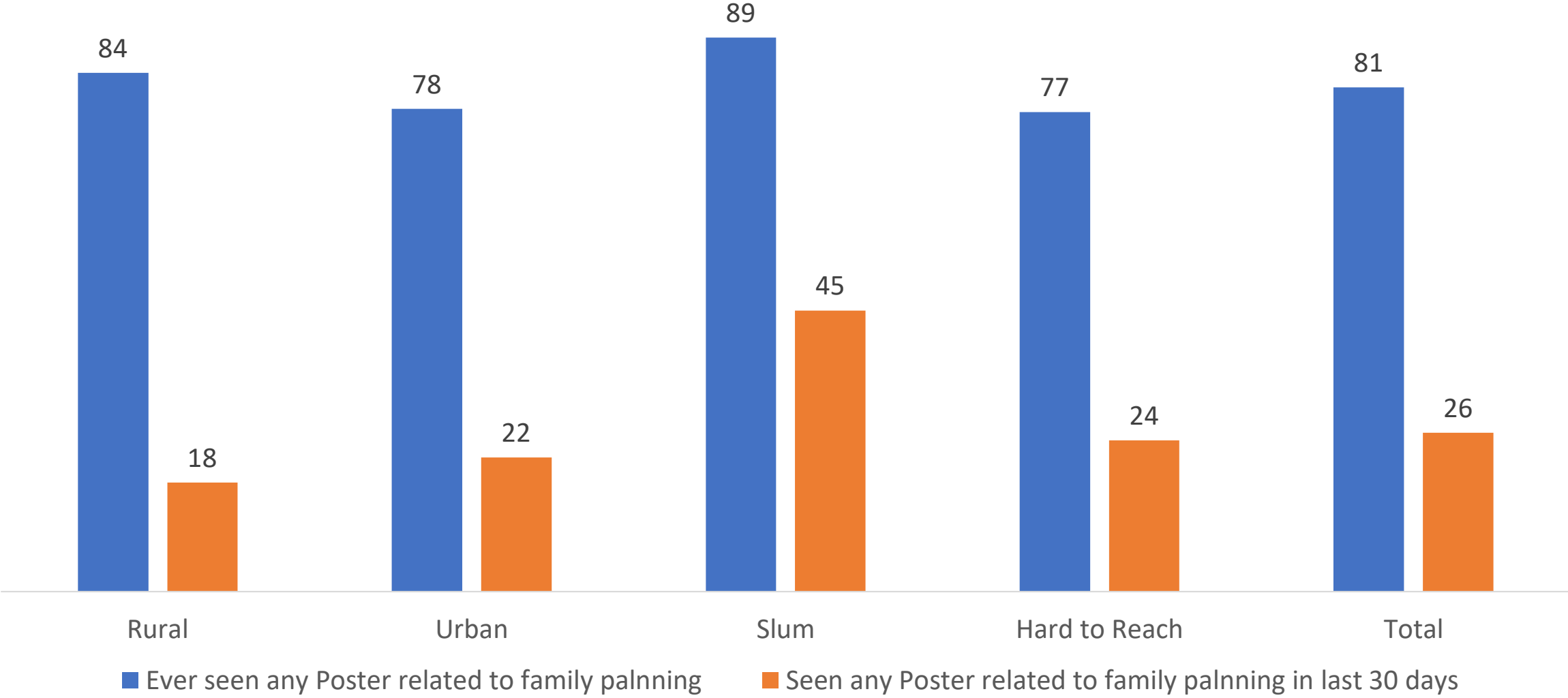
Exposure to Newspapers/Magazines and FP Related Messages through Newspaper



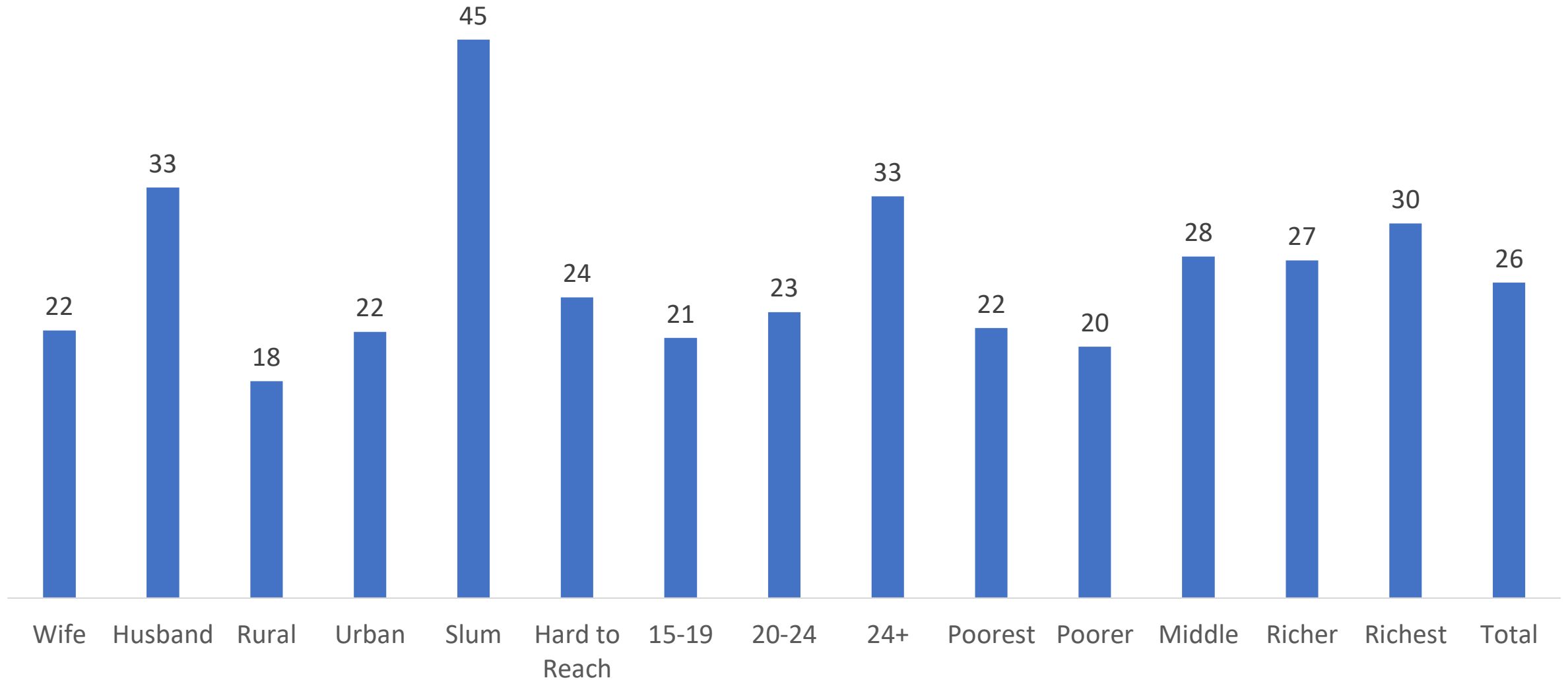
Differential Distribution of Reading FP Related Information in Newspapers/Magazines in Last 30 Days



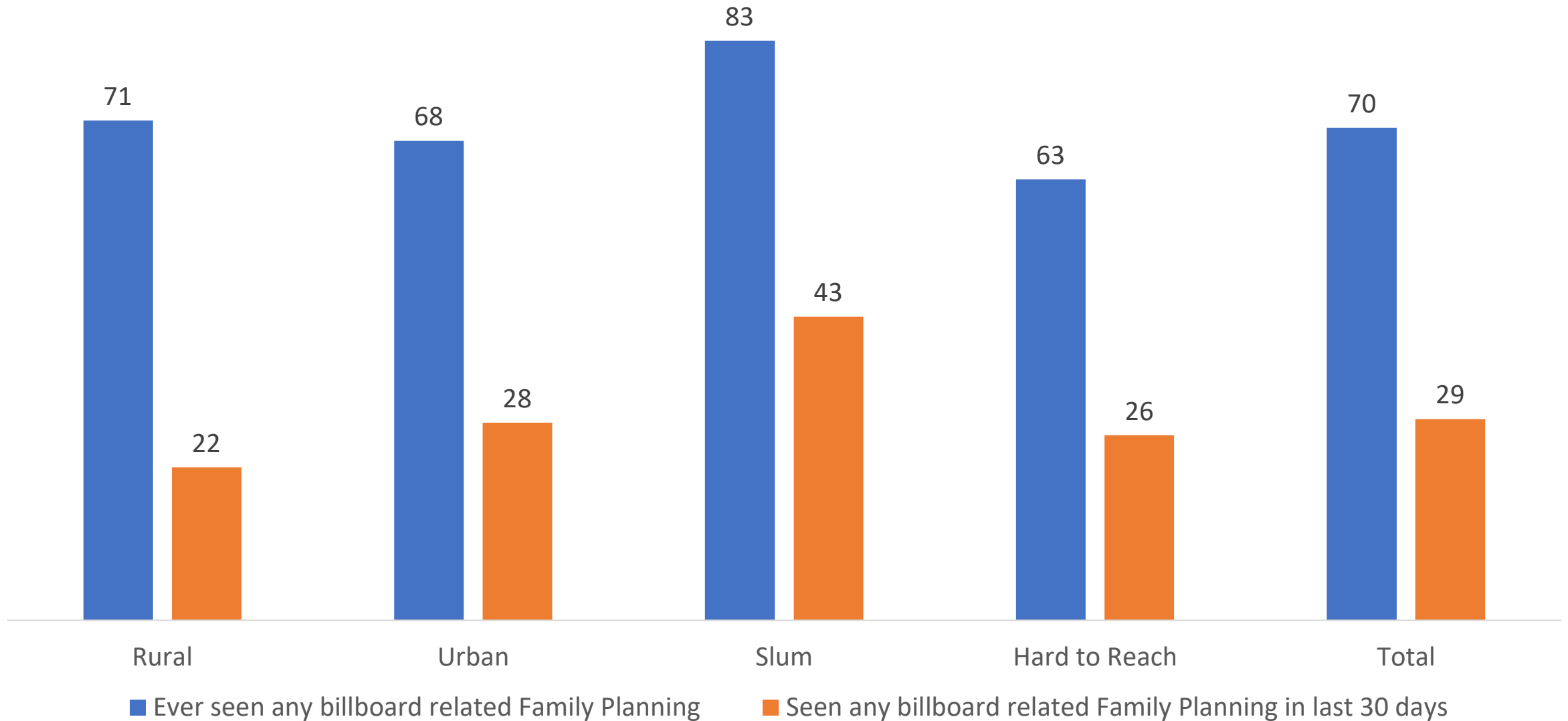
Exposure to Poster and FP Related Messages through Poster



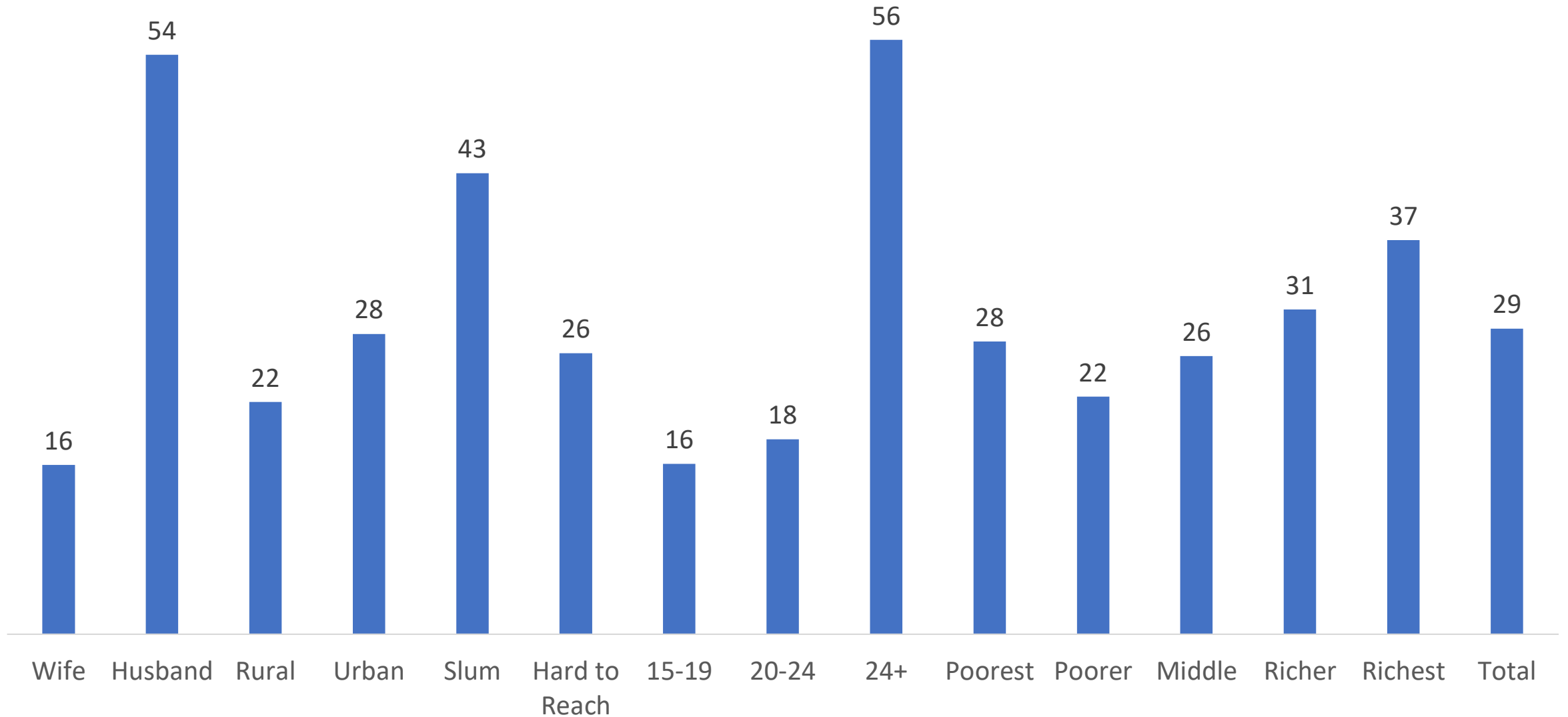
Differential Distribution of Reading FP Related Information in Poster in Last 30 Days



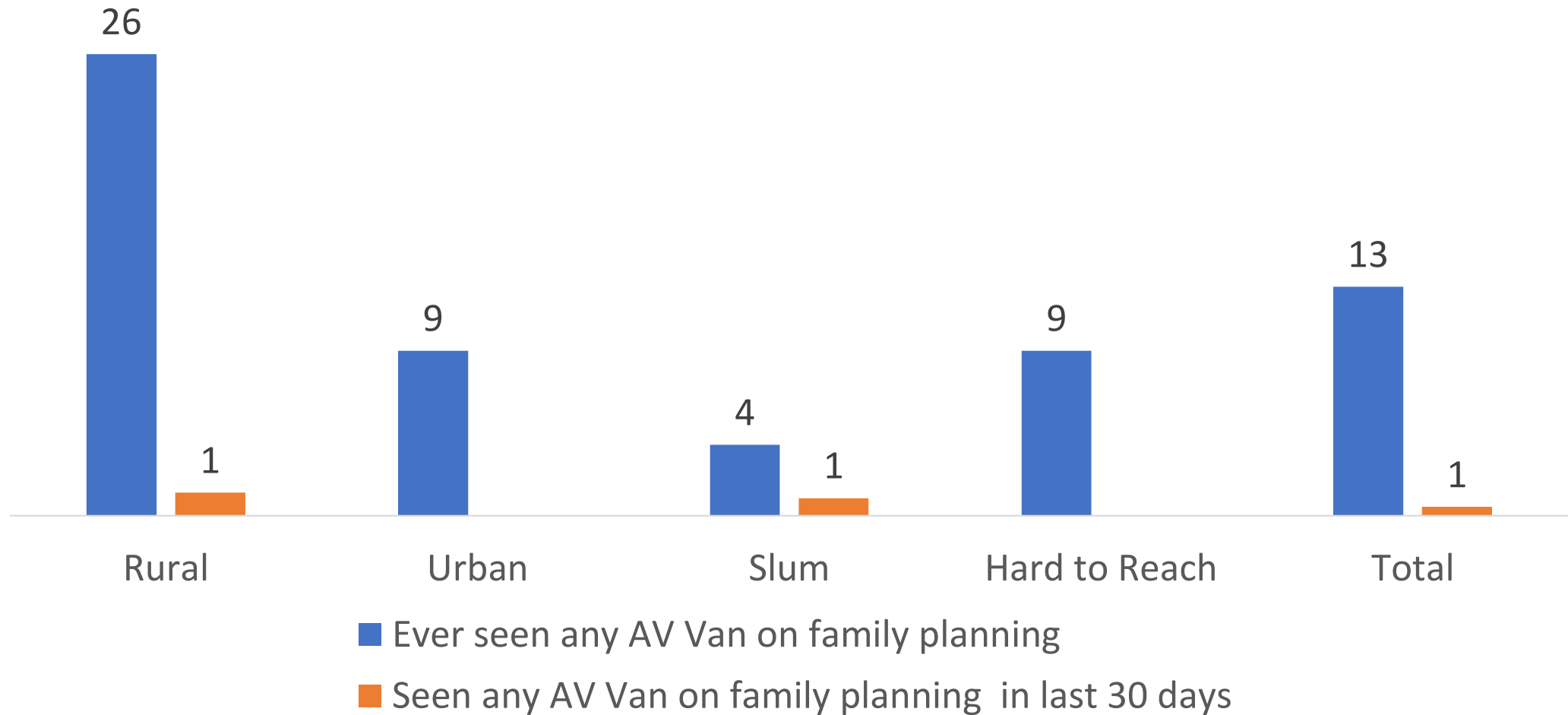
Exposure to Billboard and FP Related Messages through Billboard



Differential Distribution of Reading FP Related Programs in Billboard in Last 30 Days



Exposure to FP Related Messages through AV Van



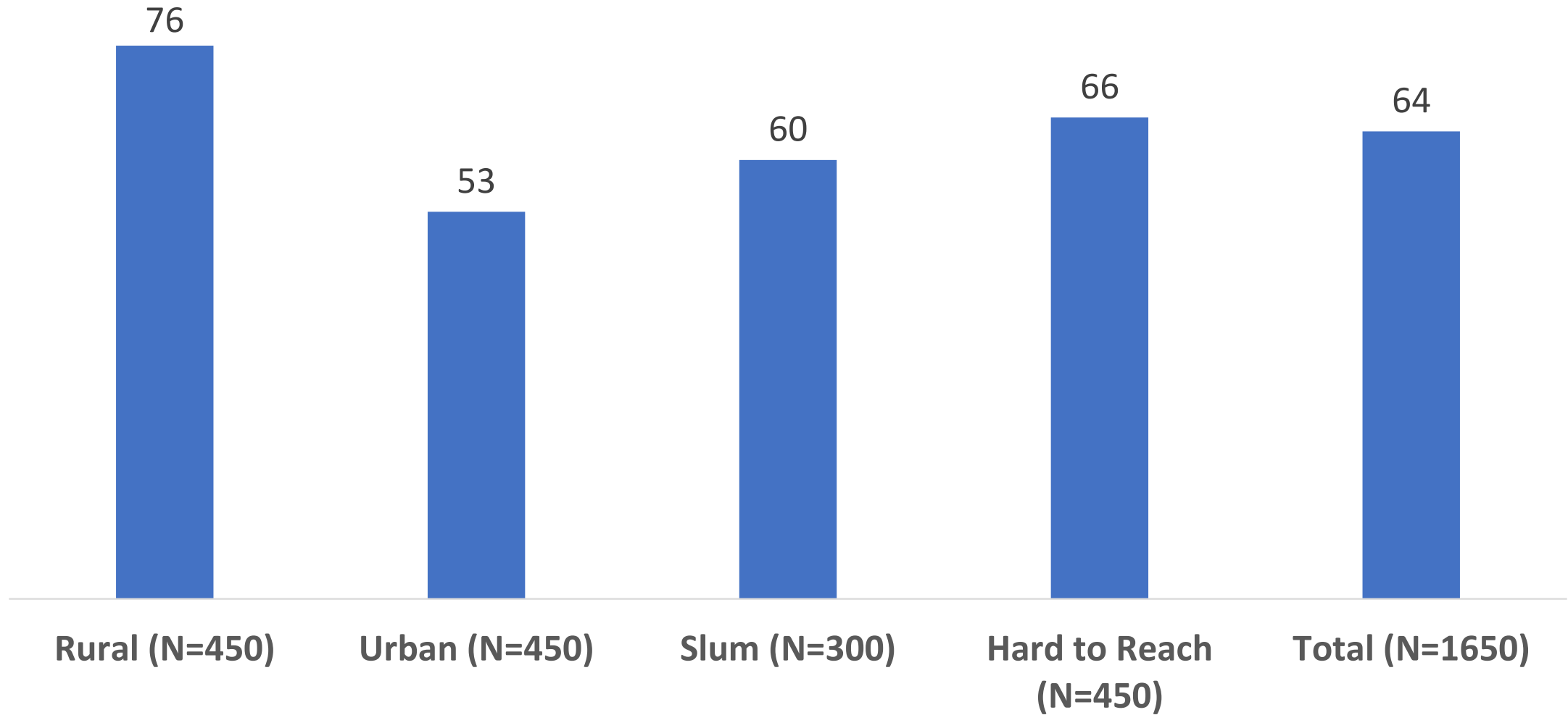
Contraception Related Behaviour Change after being Exposed to Different SBCC Channels

- Awareness creation about the advantages of small family and changes of perspectives on ideal number of children
- Knowledge on PFP/realizing importance of birth spacing
- Creation of knowledge regarding different methods
- Awareness about the suitability of methods
- Awareness about the symptoms of side effects
- Capability of decision making regarding method change
- Practice of discussion regarding family planning with spouse
- Adoption/acceptance of contraceptive methods

Effectiveness of Communication Channels for Delivering FP Related Information

- The effectiveness of the communication channels were categorized in the following way:
- $\leq 5\%$ respondents reported as effective were considered as least effective;
- $> 5\%$ but $\leq 40\%$ respondents reported as effective were considered as moderately effective; and
- $> 40\%$ respondents reported as effective were considered most effective.

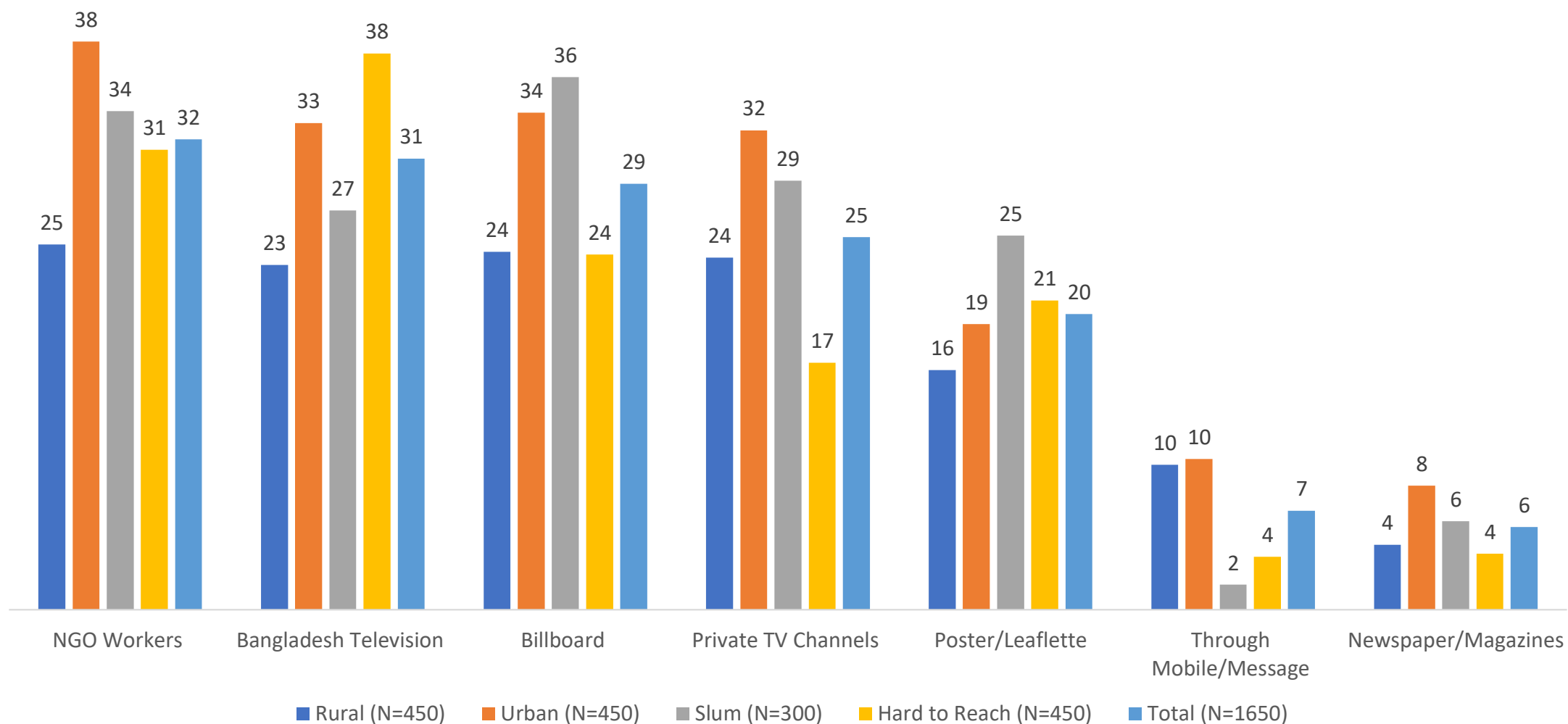
Most Effective Channels of Communication for Getting FP Related Information: Family Planning/Health Field Worker



Why Family Planning/Health Field Worker Are Most Effective Communication Channel?

- Easier accessibility to family planning/health field workers as their services (contraceptive methods, information, referrals, suggestions etc.) can be rendered at the doorsteps of the couples.
- Follow up visits of family planning workers.
- Fruitful discussion sessions regarding their needs of services in their own household.
- Better ecology for both service providers and receivers than health care service centres.
- A wide range of topics can be discussed rather than only being confined to the family planning methods' discussion.

Moderately Effective Channels of Communication for Getting FP Related Information



NGO Workers: Reasons for Being Moderately Effective Communication Channel

- Infrequent visits of NGO workers.
- Payment for receiving services especially from poor and rural people.
- Perceived lower quality of services where unskilled workers are providing services.
- Over commercial attitude resulting into less acceptance of NGO workers as a source of information and as service providers,
- Lack of NGO workers in different areas resulting into lack of service provisions,
- Perceived unimportance of NGO health workers because of the presence of family planning/ health field workers in particular areas

Bangladesh Television

- **Reasons for being Moderately Effective Communication Channel:**
- Inappropriate timing of the program.
- Household engagements at the time of programs being telecasted.
- Tendency of viewers of not watching BTV now a day after the huge availability of dish channels.
- Unattractive and traditional pattern of the programs.
- Lack of advertisements of the programs on health and family planning issues resulting people not knowing about the timing and content of the programs and not watching those.
- Religious constraint resulting not watching television at all.
- Viewers' reluctance to watch health and family planning related programs in BTV leaving sports, movies, and serials in other channels.

Bangladesh Television

- **Scopes for Development:**
- Changing the current broadcasting timing of the health and family planning related programs preferably at night time.
- Increasing health and family planning related advertisements.
- Reducing the number of other advertisements while telecasting health and family planning related programs.
- Diversifying the programs:
 - Creation of different magazine programs to be telecasted about health and family planning related issues.
 - Increasing the amount of drama on family planning and telecasting it at least twice in a week.
 - Inclusion of celebrity (famous actor-actress, political figures, sportsman, etc.) in the programs related to family planning and health issues.
 - Creating live discussion programs with the involvement of married couple.
 - Creation of programs on especially the popular contraceptive methods etc.
- Increasing the telecasting time.
- Use of better audio-visual tools.

Billboards/Posters

- **Reasons for being Moderately Effective Communication Channel:**
- People's lack of interest to watch contents of billboards resulting into the contents not being noticed.
- Billboards being situated mostly in urban areas and very few in rural areas resulting rural people's less access to the contents of billboards.
- Women especially in rural areas not being exposed to the billboards as they don't spend time much in public places are the reasons.
- Torn condition of posters.
- Re-sticking other posters on the posters related to health and family planning information.
- Hazy and unclear printing of the posters, concentration of maximum posters in hospital and other health care centres and not in usual public places.
- People not paying attention to the small posters especially to those which are containing health and family planning related information (mostly in rural areas according to the respondents).

Billboards/Posters

- **Scopes for Development:**

- Increasing the number of posters and billboards and placing these posters and billboards mainly in the places where people gather on a daily basis (for example local markets, bus stations, railway stations, union Parishad office, schools etc.).
- Providing more pictorial presentation on health and family planning issues.
- Providing easier and interesting messages regarding family planning aspects.
- Using celebrity people as model in posters/billboards so that people can be more influenced.
- Enlarging the size of posters so that people can understand the message clearly.
- Using quality papers for the posters and build quality billboards so that those cannot be damaged quickly.

Private TV Channels

- **Reasons for being Moderately Effective Communication Channel:**
- Less programs on health and family planning related information telecasted in private TV channels.
- Very little advertisements on family planning methods.
- Preference of viewers to certain kind of programs such as daily serials, news, sports rather than watching family planning or health related programs in dish channels,
- Preference of watching foreign channels (especially Indian channels where daily soaps are very popular) due to low quality programs of the local channels.
- Not having television.
- Absence of dish connections especially in rural areas,
- Dissemination problems (such as very tiny letters of scrolls where information regarding health and family planning issues are being shown.
- Too fast running of scroll.
- Lack of permission from family.
- Not having electricity at the time of telecasting.

Private TV Channels

- **Scopes for Development:**

- Inclusion of popular figures in disseminating health and family planning related information.
- Increasing the amount of programs for telecasting.
- Producing daily soaps on health and family related issues and advertising about this soap operas in other programs.
- Increasing informative scrolls with a slower pace while showing.
- Making more advertisements on health and family planning issues.
- Providing family planning related advertisement in between popular programs such as sports tournaments and reality shows,
- Decreasing the amount of other advertisements during telecasting family planning related programs.
- Creating different talk shows regarding health and family planning issues.

AV Vans

- **Reasons for being Moderately Effective Communication Channel:**
- Lack of people's perception about audio visual vans due to absence of advertisements.
- Infrequent visits of Audio visual vans/ Absence of audio visual vans' program in many rural and hard to reach areas.
- Inappropriate timing of the show when male is busy in their professional works and female are involved in daily household activities.
- Preference of TV channels over these types of show even in rural areas.
- These vans not having a fixed and proper time schedule.
- Low quality of the video.
- Use of AV Vans for personal and official purposes.

AV Vans

- **Scopes for Development:**

- Increasing the number of vans and associated human resources, provision of at least one van for each district.
- Ensuring regular visits of audio visual vans especially in rural and hard to reach areas (after every three or six months preferably),
- Providing a proper fixed schedule of shows to the people so that people can manage their time for these shows.
- Arranging different shows for each time and not showing similar content again and again.
- Separate provision for female to provide them greater accessibility to these shows.

Messages Through Mobile Phone

- **Reasons for being Moderately Effective Communication Channel:**
- A large number of people's inability to open messages and read especially in cases of rural women and women of hard to reach area.
- Perceived unimportance of the received messages regarding health or family planning issues/avoiding tendency to read SMS.
- Not getting any messages regarding contraceptive methods' information and information about where to get them.
- Messages bearing no meaning to the illiterate people.
- Language barriers (in cases of messages which are sent in English language).

Newspapers/Magazines

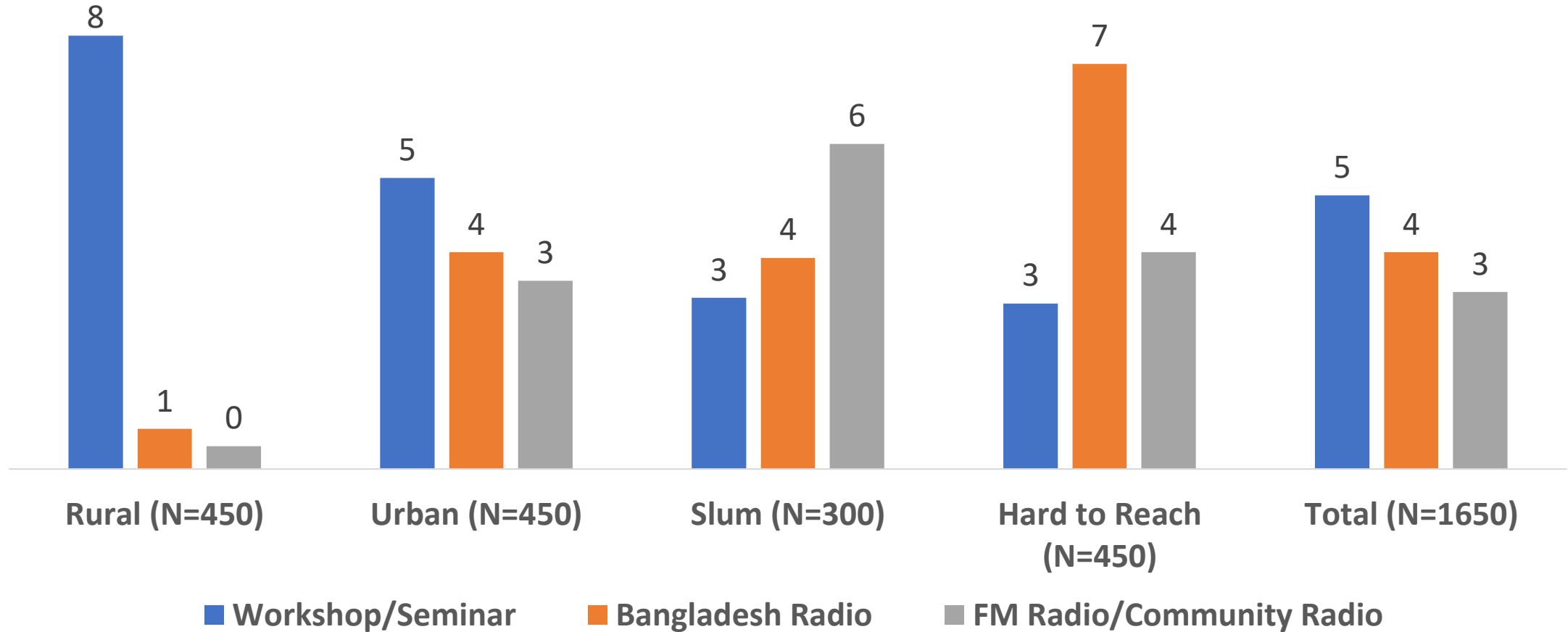
- **Reasons for being Moderately Effective Communication Channel:**
- Lack of accessibility of illiterate people to the news and information provided regarding health and family planning related issues.
- Less availability of newspaper in households of rural and hard to reach areas.
- Existence of a portion of people both in urban and rural areas without the habit of reading newspaper,
- Tendency of people to read only main news and to avoid advertisements regarding family planning methods and other related news.
- Avoiding tendency/reader's shyness to read family planning methods and other related news in presence of others.
- Household engagements of female participants and other work-related engagements of male participants.

Newspapers/Magazines

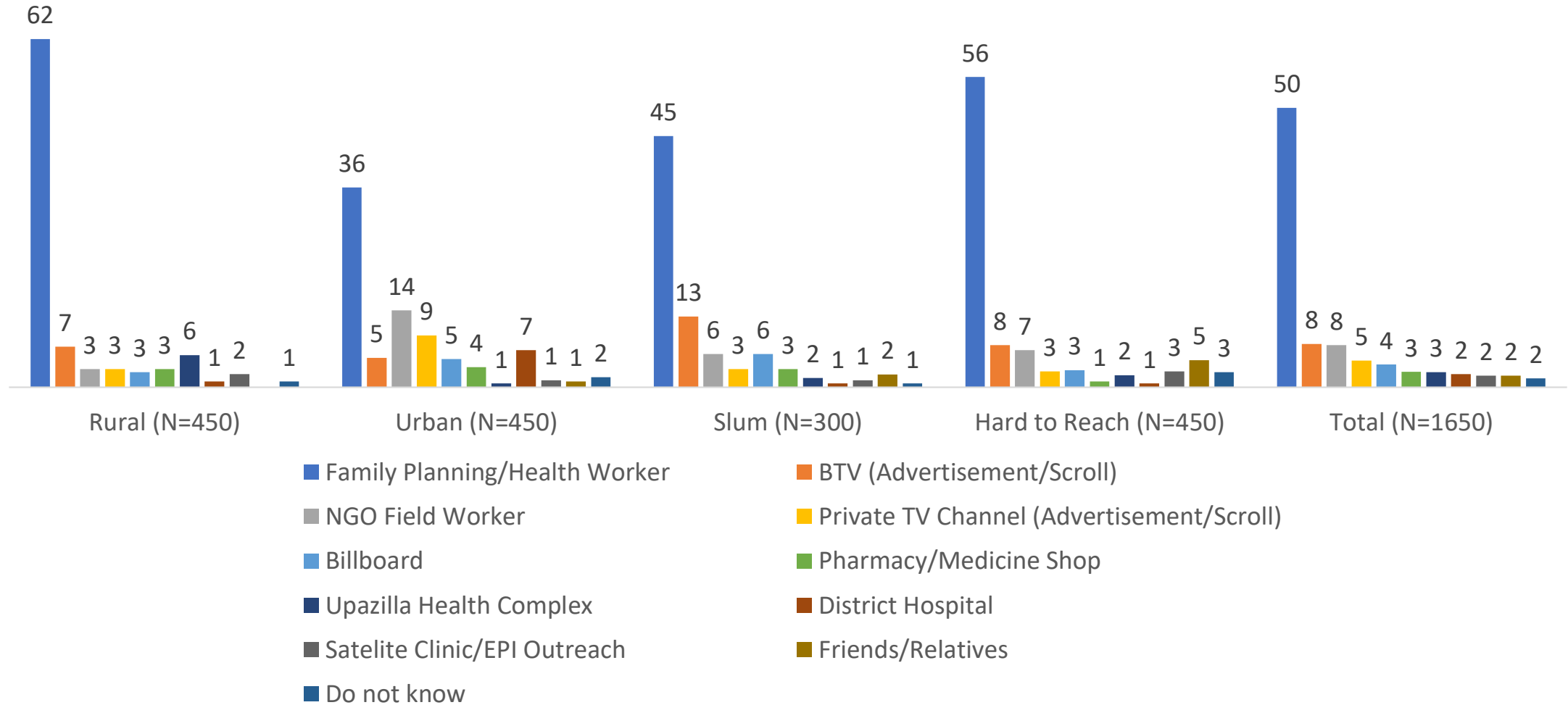
- **Scopes for Development:**

- Wider coverage of the newspapers on a continuous basis especially in rural and hard to reach areas,
- Providing news regarding health and family planning issues in easier and more understandable way.
- Publishing family planning related advertisements and news on the first and last page of newspaper so that people can easily see those.
- Providing detailed discussion on a weekly basis on every contraceptive methods available in market for both male and female.
- Publishing special supplements featuring different advertisements and information on family planning products.
- Involving popular models in health and family planning related advertisement published in newspapers.
- Providing family planning related news in the local newspapers of every area so that mass people can have greater access to the information and news provided.

Least Effective Channels of Communication for Getting FP Related Information



Respondents Opinion Regarding the Preferred Channels of Communication for Getting FP Related Information



Cost Benefit Analysis

Row No.	Cost Benefit Analysis			Data Source/Calculation/Estimation
		2011	2014	
1	Total Married Women	31460385	31496402	Census 2011 and ASMR (BDHS)
2	CPR	61.20%	62.40%	BDHS
3	CPR User	19253756	19653755	Calculated (1*2)
4	Effect of SBCC on CPR	4.93%	3.643%	Logistic Regression (Estimated)
5	CPR User due to SBCC	948877	715929	Calculated (3*4)
6	Pregnancy Rate (who are not using contraception)	16.56%	14.57%	BDHS
7	Number of Pregnancy Averted	157105	104311	Calculated (5*6)
8	MMR Averted	305	204	Calculated (7*MMRatio)
9	Infant Mortality Averted	6756	3964	Calculated (7*IMR)
10	Child Mortality Averted	1728	834	Calculated (7*CMR)
11	C-section Averted	26708	23887	Calculated (7*C Section Rate)
	DALYs			
13	YLLs lost due to maternal death	15940	10958	Calculated (8*(e ⁰ - Mean Age of Motherhood))
14	YLLs lost due to Infant death	459510	276278	Calculated (9*(e ⁰ - 1))
15	YLLs lost due to child death	115821	57329	Calculated (10*(e ⁰ - 2))
16	Years Saved from Hospitalization	679	615	Calculated (7*Mean days of hospitalization due to delivery)
17	Total DALYs	591950	345180	Calculated (13+14+15+16)
	Economic Benefits			
19	DALYs*GDP per capita	39579639563	28751878856	Calculated (17*GDP)
20	Cost of Delivery Averted (in BDT)	809470026	656336204	Calculated (7*Cost of Delivery (BDHS))
21	Total Benefit	403089109859	29408215060	Calculated (19+20)
22	Total Cost (Expenditure) in BDT	166463000	215652000	DGFP (IEM Unit)
23	Cost to Benefit Ratio	243	136	Calculated (21/22)

Policy Recommendations

- Family planning workers or health workers were appeared as most effective channels of SBCC intervention. Therefore, more emphasize should be given on the coverage of family planning workers. This can be done through:
 - Filling up the vacant positions
 - Reducing the workload of the FWA through creating/recruiting more FWAs
 - Providing refreshment trainings on various aspects of family planning issues including inter-personal communication and counselling
 - Strengthening the monitoring system of the field level activities of the FWAs
- The current broadcasting timing of Bangladesh Television for telecasting health and family planning related programs must be changed.
- The Government should introduce a condition in the terrestrial license agreement so that private television channels are telecasting health and family planning related programs compulsorily as part of their CSR commitment.
- The coverage of AV Van should be increased and vehicle tracking system should be introduced and used for proper monitoring of AV Vans.
- Numbers and visibility of posters and billboards should be increased through placing the posters and billboards mainly in the places where people gather on a daily basis (for example schools, colleges, local markets, bus stands, railway stations, Union Parishad office, etc.).
- Health and family planning related programs communicated through workshop/seminar, Bangladesh Betar, and FM Radio should be reconsidered.
- Audience segmentation must be considered in developing effective communication strategy for all channels.

Thanks!!

- **Research Team**
- Mohammad Bellal Hossain
- Dr Mohammad Mainul Islam
- Sanjit Roy
- Shafayat Sultan
- Md Zakiul Alam