

OVERCOMING BIAS AGAINST CONTRACEPTION IN THE WORLD’S DEVELOPING COUNTRIES: THE CASE FOR SOCIAL NORM INTERVENTIONS.

UNMET NEED FOR CONTRACEPTION AND SOCIAL NORMS

It is well known that there are 214 million women in the developing world who have an unmet need for contraception. A persistent current of commentary from some family planning advocates and other development experts – and the popular media discourses following their lead – attribute unmet need (millions of women wanting to avoid pregnancy but not using modern contraception) to a “lack of access” to contraception.

However, Population Media Center’s analyses of multiple DHS reports over the last two decades have consistently described a different reality: women with unmet need for contraception rarely cite cost, convenience or a “lack of access” as the reason they are not using contraception. Rather, the major impediments to behavior change – contraceptive uptake – are rooted in a trifecta of apprehension, fear-inducing rumors, or antagonism towards contraception grounded in either religiosity, fatalism or patriarchal social norms.

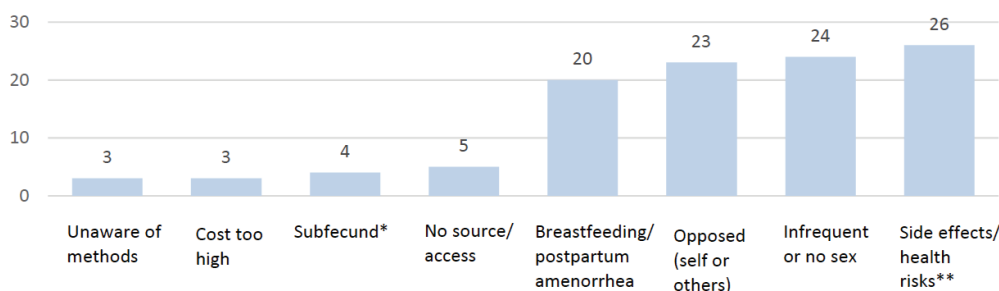
Increasingly, new analysis are pointing to similar conclusions. In June 2016, for example, Guttmacher Institute scrupulously analyzed a decade of data related to reasons for non-use in 52 developing countries¹. Guttmacher found non-users who actually “lack access” is 5%. Meanwhile, fear of health effects and personal or spousal opposition to contraception account for 49% of non-use. In other words, non-use related to informational and socio-cultural barriers outnumber non-use related to a lack of access by a factor 10.

“Whether married or not, women with unmet need rarely say that they are unaware of contraception, that they do not have access to a source, or that it costs too much.”

— Guttmacher Institute, 2016

¹ “Unmet Need for Contraception in Developing Countries: Examining Women’s Reasons for Not Using a Method.”

FOUR COMMON REASONS FOR MARRIED WOMEN NOT USING CONTRACEPTION¹



% of married women with unmet need citing specific reason for nonuse

Note: The value for each bar is an unweighted average of responses in 52 countries.

*Respondent reported subfecund or infecund

**Includes a small proportion of women citing inconvenience of use of method

NON-USERS AT LARGE

Another key constituency of non-users of contraception in the world are those who are simply not seeking to avoid pregnancy. Statistics from the developing world, for example, show 1.6 billion women of reproductive age living in these regions, but only about half of them (885 million women) want to avoid a pregnancy at all. Again, evidence suggests social norms related to high-desired family size are major drivers of this type of non-use.

	Ideal Number of Children	No Intention to Use Contraception
Niger (2012 DHS)	9.5	47%
Gambia (2013 DHS)	6.5	73%
Cote d'Ivoire (2011-12 DHS)	5.7	47%
Senegal (2014 DHS)	5.6	61%

Changing this situation requires helping people understand the personal benefits in health and welfare for them and their children of fewer, spaced births. It requires a major shift in societal attitudes and knowledge. It involves role modeling small family norms and making them popular.

SUMMARY

While supply chains and market availability of contraceptives need continual improvement, these aspects of contraceptive prevalence are not currently the primary areas needing investments. As Guttmacher states, “...family planning programs have existed for some time in most of the developing world, sources of supplies have expanded, and methods are offered at low cost or free of charge in public-sector health services. [Our] findings do not necessarily show that access-related problems have been resolved, but suggest that women perceive other reasons for nonuse to be more important.”

Accumulated evidence shows the most acute needs in global family planning programs are interventions that can challenge and spark change in long-established and widely practiced social norms – the daily habits, unwritten rules and normalized behaviors that everyone in the community accepts, and to a large degree, expects. Cost-effectively correcting misinformation, myths, and rumors is also a priority.

However, because social norms are, by definition, resistant to change – and because socially trafficked rumors and falsehoods wield enormous influence over individuals and families – standard service provision or direct messaging campaigns, such as door-to-door counseling, billboards or PSAs are unlikely to succeed, and may even further entrench the behavior in question.

Decades of work in the social and behavior change sciences has shown that engaging people with theory-driven entertainment can spark emotive, psychological desires to reject oppressive social norms, while also providing the tools and confidence necessary to pioneer new social norms. Moreover, when delivered to large audiences via broadcast media, misinformation, myths and rumors can be subverted cost-efficiently and without backlash.

“Let me just produce my children until God decides that I should stop. I don’t want to get tumors or have an endless menstruation.”

— Mother of six children.
Uganda, July 2017

“When you raise the issue of family planning, my husband asks why I can’t give birth to as many children as his mother did when I chose to marry into their family. As a result, I have given birth to six children and this pregnancy is the seventh.” ”

— 38-year-old woman.
Zimbabwe, November 2016

“It’s a matter of pride to have a big family. Lots of children help you. It was not my choice. God gave them to me.” ”

— 52-year-old, father of 9.
Chad, November 2016