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TECHNICAL NOTE

The *Usapan* as a Behavior Change Tool for Family Planning

This document describes a behavior change approach developed specifically for private practicing midwives to generate demand for family planning products and services and address unmet need for modern contraceptives in the Philippines

BACKGROUND

Modern contraceptive use in the Philippines is relatively low and has been only slowly increasing.[1] The World Health Organization attributes the high rates of unmet need for family planning to "low accessibility to family planning information and services and poor quality of care." In the Philippines, the known reasons for high unmet need for family planning are health concerns and fear of side-effects of contraceptive methods, husband's preference for more children, and women's inability to decide alone on reproductive matters.

The USAID-Private Sector Mobilization for Family Health-Phase 2 (PRISM2) Project aims to increase and sustain private sector provision of quality family planning and maternal and child health (FP-MCH) services and products, as well as to increase utilization of quality FP-MCH services and products through the private sector.

CHALLENGES

For many years, private practice midwives (PPMs) have been the frontline FP-MCH service providers in Philippine communities. At the start of the project, PRISM2 explored ways to enlist PPMs' assistance with achieving project goals, while providing technical assistance to strengthen PPMs' service provision and sustainability of their business operations.

Behavior change communication (BCC) is among the key project approaches to improve utilization of FP-MCH products and services. Therefore, PRISM2 sought to understand what BCC approaches the project could develop to strengthen PPMs' practice and address unmet need for modern contraceptives.

INITIATIVES

Based on a situational assessment, the project developed *Usapan* for PPMs. *Usapan*[2] builds on previous USAID initiatives in group family planning education, but with a more participatory format and with the dual goals of strengthening PPMs' businesses and helping community members to meet their reproductive health needs. The major innovation that *Usapan* brings to group counselling in the Philippines is demand generation and counselling linked to immediate, on-site, service provision.

[1] *34% prevalence rate for "any modern method", per 2008 National Demographic and Health Survey*

[2] *"Usapan" is a Tagalog word that translates to "conversation" in English.*

WHAT IS *USAPAN*?

Usapan is a carefully structured process of facilitated group discussion on family planning followed by one-on-one counselling and immediate service provision, as appropriate.[3] Designed for a maximum of 15 participants, *Usapan* utilizes adult learning exercises to encourage reflection and discussion. *Usapan* is conversational rather than a traditional lecture session. *Usapan* educates participants about male and female physiology, modern family planning methods and their mechanisms of action, and gender in relationships. It provides the right amount of information for adults to process in one sitting, rather than presenting multiple complex details in one session.

Usapan aims to promote family planning products and services by providing essential, emotionally appealing information in a personal way, so that at the end of the session, participants can identify the particular method or service that is most responsive to their individual or the couple's needs. Through *Usapan's* structured learning exercises, each participant reviews hers or his life and future goals. The exercises facilitate thinking about how life goals might be influenced by the participant's decision to space or limit family size through the use of a modern family planning method. The desired method or service is then provided immediately on-site, or referrals are provided if necessary. The approach also includes follow-up with the participants after the session both for new acceptors and those who could not make a decision.

METHODOLOGY

To implement *Usapan*, PRISM2 provided PPMs with:

- training to facilitate Usapan sessions;
- job aids (see *Usapan* Kit box below);
- coaching and mentoring, including through the establishment of a buddy system of triads or pairs of PPMs; and
- links with PRISM2's pharmaceutical partners to ensure family planning commodities would be present during each *Usapan* session.

To ensure that the PPMs were qualified to provide family planning services, only those who had completed the Department of Health's basic family planning course — Family Planning Competency-Based Training Level 1— were invited for training. PRISM2 prioritized PhilHealth (the Philippines' national health insurance agency) accredited PPMs to ensure the availability of quality, reimbursable, clinical service.[4]

PPM buddies facilitate an Usapan *session*

Individual counselling after the group session

The *Usapan* Kit

- **Tarpaulin flipchart on family planning**
- **Visioning/action worksheets**
- **Family planning leaflets**
- **Discussion guides for facilitators**

[3] *Some methods, such as surgical contraception, cannot be provided immediately after Usapan.*

[4] *A more detailed description of the methodology and tools is provided in the USAID development document "Usapan for Private Practicing Midwives as a Behavior Change Communication Strategy to Improve Utilization of FP-MCH Products and Services in the Private Sector"*

An *Usapan* Session

At 9:00 am on a Saturday, Usapan participants begin gathering at Lourdes' clinic. Lourdes has practiced midwifery in the neighborhood for almost 30 years. She and her partner for this *Usapan*, Benny, a younger midwife new to private practice, have invited participants through text messages and word-of-mouth. Benny begins the Usapan by introducing herself and Lourdes, and welcoming everyone. She asks participants to say their name and their Filipino celebrity look-alike. There is much laughter as participants begin to relax and loosen up. Benny gives each participant a copy of the visioning card (see image on right side) and explains that she will guide them in formulating their vision for their family for the next five years.

First, Benny tells the participants to draw a circle around the image in the card that represents their current family size (section #1 in the visioning card). Next, she asks participants to write on a piece of paper what feelings of satisfaction come to mind with their current family situation. Then, she asks them to project into the future by drawing circles around images on the card that represent their desires for their family five years hence (section #2 in the visioning card). Benny asks participants to quietly reflect on the question, "Can I still support an additional child while pursuing all these aspirations for my family?" Despite the instruction for a quiet reflection, several participants spontaneously respond in a loud voice "Hindi na!" (Not anymore!) Benny tells the participants that their answer to this question is to be reflected on the card by circling their vision of their family size five years hence (section #3-4 in the visioning card). Lastly, she asks participants to circle the specific actions they will undertake so that they can achieve their reproductive intentions (section #5 in the visioning card).

Almost all of the participants are doing the exercise for the first time. Their faces speak volumes about how meaningful this activity is to them. After the guided exercise, Lourdes takes over from Benny.

Lourdes begins her discussion by asking the focus question: "What does family planning mean to you?" One participant says, "birth control" and another says "controlling the number of children." Lourdes uses these responses as a segue-way to arrive at a consensus about meanings of family planning that merge what the participants say with the standard public health definition of family planning. She then discusses how women's reproductive anatomy works and explains how modern family planning methods work. She encourages discussion rather than classroom-style question-and-answer. "Do you have questions about this method? What have you heard about this method?" she asks the participants after briefly describing each method and presenting its benefits and possible side effects, if any. "Does anything about it appeal to you?"

After the group session, several participants who are interested in specific methods remain for one-on-one counselling. One participant, Teresita, decides on an IUD. After taking a thorough history and establishing that this method will be appropriate for Teresita, Lourdes brings her to the family planning room where she inserts the IUD.

RESULTS/OUTCOMES

Experience of the PRISM2 project found that it costs between $180 and $500 per PPM to conduct a training on *Usapan* (excluding the time of the trainer). There is an additional cost of approximately $60 per PPM to provide each training participant with the various job aids (including flip-charts and an initial supply of information brochures and action cards). Once the PPM has the necessary job-aids to implement an *Usapan* session, the only additional cost is the snacks that are usually provided to the participants, which usually cost round $3 to $5 per session.

PPMs in PRISM2 project areas have reached almost 19,000 women and men with family planning counseling through *Usapan*. Among these participants, about 13,000 (70%) indicated interest in specific family planning methods (see table below), which points to the ability of the *Usapan* approach to generate a very high demand for family planning methods.

***Usapan* Results**			
Total female participants	17,277		
Total male participants	1,294		
Total number of participants	18,568		
	Number of participants who indicated a desired method	**Number of participants who received the method immediately on-site**	**Percentage of participants who received their desired method immediately on-site**
Pills	5,350	2,920	55%
Injectables	1,972	542	27%
Condom	2,377	1,993	84%
Cycle beads	814	219	27%
Other fertility awareness methods	549	170	31%
Sub-total for spacing methods	11,062	5,844	53%
IUD	1,038	141	14%
Bilateral tubal ligation	783	96 (Referrals)	12%
No-scalpel vasectomy	39	1 (Referral)	3%
Sub-total for long acting and permanent methods	1,860	238	13%
Total for all methods	**12,922**	**6,082**	**47%**

Among the 11,062 who indicated interest in spacing methods, a total of 5,844 (53%) received their desired family planning method immediately, indicating *Usapan's* ability to transform demand with actual contraceptive uptake. One of the factors that limited the immediate transformation of demand into use for spacing methods was that some women came to *Usapan* sessions expecting products to be provided for free, and either did not have money immediately available or were unwilling to make the financial decision immediately. Another challenge was that PPMs often required women to wait until their next menstruation before beginning a family planning method—not a medical necessity for most methods.

PPMs report that they do this because it is specifically mentioned in the information leaflets of some of the products, and even more so because they want to ensure that a woman isn't pregnant. To address this, PRISM2 developed and disseminated a tool, adapted from WHO guidelines, for ruling out pregnancy.[5]

The low rate of actual service provision for the long acting and permanent methods — just 13% — is the result of a number of factors. While the generally limited availability of such services in the Philippines can pose a challenge for PPMs in identifying service providers and referral channels, these results highlight the importance of integrating PPMs into established service delivery networks to ensure they are able to provide immediate referrals for their *Usapan* clients.

The common feedback from PPMs is that *Usapan* is very effective in getting new family planning clients, especially for spacing methods. PPMs who conducted more than three *Usapan* sessions report that their number of family planning clients increased. PPMs also reported a greater feeling of satisfaction in being able to serve the reproductive needs of women in their communities, and to inspire and empower women. One midwife remarked that "there is a different glow in the eyes" of *Usapan* participants as they complete the family visioning exercise. Another PPM said the process "allows women to actively participate in the discussion".

> ***"I have absolutely no regrets and no complaints since I started getting the monthly injectables from my midwife. It is such a hassle-free method of family planning. The Usapan made this possible." - 33 year old teacher***

In a recent study comparing the effectiveness of *Usapan* with the traditional health class on family planning, while both groups expressed the intention to use family planning methods after the sessions, participants in *Usapan* sessions were 2.1 times more likely to express interest in using a modern method than were attendees of traditional health classes.[6]

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[5] *World Health Organization (2011) Family planning: a global handbook for providers. Page 372*

[6] *This was derived through and odds ratio, which was significant at the P=0.01 level. An odds ratio is the probability of something happening divided by the probability of it not happening.*

CONCLUSIONS

While the universe of *Usapan* participants does not constitute a random sample, results are suggestive of a possibly greater receptivity to family planning than surveys show.[7] If *Usapan* motivates and facilitates people who might otherwise hesitate to obtain services, then training and supporting more PPMs to conduct *Usapan* could lead to significant private sector contribution to reduction of unmet need for family planning.

PPMs who have successfully implemented *Usapan* have given positive feedback about the benefits of holding the sessions. PPMs view *Usapan* as an opportunity to promote their PhilHealth accreditation, market their services and products, and expand their clientele.

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

AUTHORS AND REVIEWERS

Authors: Raul Caceres, Laurie Krieger
Reviewers: Shaun O'Neil, Michelle Gardner

[7] *41.9 % of married women of reproductive age who are currently non-users of family planning methods, said they intended to use family planning in the future. NDHS 2008/Table 5.14*