



EDEAN “Let’s Come Together and Strengthen Child Spacing”

PILOT SNAPSHOT

Peer learning and community theatre intervention to increase fertility awareness and family planning (FP) use among young women and men in Karamoja, Uganda

PARTNERS

- Institute for Reproductive Health
- Save the Children

DONOR

United States Agency for International Development (USAID) under the Fertility Awareness for Community Transformation (FACT) Project (2013-2018)

Misconceptions about side effects and pregnancy risk are key barriers to family planning (FP) use in Uganda’s Karamoja region, where the modern contraceptive prevalence rate is 6.5% (UBOS and ICF 2018). Formative research conducted in Karamoja showed that the transition from a nomadic, agro-pastoralist society to a sedentary lifestyle – in which men ceased migrating to cattle kraals for extended periods of time – altered couple dynamics related to traditional post-partum child spacing practices (IRH 2015).

Despite the introduction of new health innovations and services, formative research showed that fertility and FP knowledge was still low among the Karimojong. Community members expressed the desire to learn more about fertility awareness and FP methods. They shared that community theatre could be a culturally relevant storytelling approach to catalyze reflective discussion and diffusion of critical fertility awareness and FP information throughout the community.

WHAT IS EDEAN?

As part of the Fertility Awareness for Community Transformation Project (FACT), EDEAN tested the hypothesis that increasing fertility awareness improves FP use. Grounded in the above formative research, EDEAN was piloted between 2016 and 2017 as a peer learning and community theatre intervention that could diffuse fertility awareness and FP information among socially marginalized Karimojong communities.

EDEAN was designed as a social and behavior change (SBC) and community group engagement approach, providing information that individuals could learn and apply to their own lives and diffuse among their social peers and networks.





EDEAN was implemented over six months through Early Childhood Care and Development Centres (ECCD), a trusted institution in the region, to reach the parents of young children attending these centres. In each of the six participating communities, community members selected young men and women to participate in EDEAN as Moderators (18-30 years old) and Peer Group Members (18-25 years old).

In each community, a pair of trained Moderators facilitated gender-synchronized peer group meetings, rehearsals, and performances to 10 male and 10 female youths on four topics:

1. COUPLE COMMUNICATION
2. MENSTRUATION
3. FERTILITY
4. FAMILY PLANNING

After each set of Peer Group Meetings and rehearsals, the Peer Group acted out moderated performances on each topic to share information with community members and spark reflection about the content. These dialogues centered on deconstructing norms and beliefs around fertility awareness and FP and diffusing this knowledge throughout their community.

Sensitization and reflection activities were also conducted with community leaders and health service providers to strengthen community support and FP service delivery linkages for EDEAN performances.

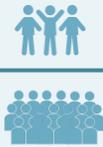
Fertility Awareness is actionable information about fertility throughout the life course and the ability to apply this knowledge to one's own circumstances and needs. It includes basic information about the menstrual cycle, when and how pregnancy occurs, the likelihood of pregnancy from unprotected intercourse at different times during the cycle and at different life stages, and the role of male fertility.

INTERVENTION COMPONENTS



Peer Group Meetings

Peer Group Members learn core fertility awareness content during a series of meetings. One single-sex and one mixed-sex meeting is held on each topic.



Community Theatre Performances

Peer Group Members enact Community Theatre Performances to share the information throughout their communities. Some performances follow a standardized storyline that emphasizes core fertility awareness information, while others are developed by group members. During each performance, the Moderator poses questions to the audience to help ensure that the core content is properly understood.



Linkages to Health System

Village Health Team members (VHTs) and health center FP providers are invited to attend EDEAN activities to give information on FP methods. A FP invitation card is distributed at community theatre events to encourage interested attendees to visit providers to learn more about FP methods. These cards are collected by VHTs or health center FP providers if those individuals seek services.



Engaging Community Leaders

Individuals who may influence the behavior of young people—such as community leaders, religious leaders, and elders—attend orientation meetings to learn about EDEAN and are encouraged to support intervention activities. In regular reflection meetings, they identify actions they will take to express support for EDEAN.



Training and Support

Community Development Officers (CDOs) train the Moderators to facilitate Peer Group Meetings and direct Community Theatre Performances. The CDOs provide ongoing support and coaching to the Moderators.



RESEARCH AND EVALUATION

A quasi-experimental study using mixed-methods was conducted to assess the delivery, effectiveness and potential scalability of EDEAN in increasing fertility awareness and improving FP use. Methods included:

- **Baseline and endline household surveys** with women and men from 400 intervention and 200 control households to describe increases in fertility awareness, diffusion of information, and FP use
- **Focus Group Discussions** with community members and Peer Group Members to describe their experience with EDEAN and understand how fertility awareness information diffused through the community
- **Key Informant Interviews** with community leaders and health providers to understand their perceptions of the intervention
- **Observational data** from Peer Group Meetings, rehearsals, and performances to assess delivery and potential scalability

ANALYSIS

Post-intervention exposure level analyses compared fertility awareness and FP-related outcomes between those individuals who attended at least one performance (viewers; n=260) and those who did not (non-viewers; n=340). Proportions and adjusted odds ratios (aORs) controlling for significantly different demographic variables, are presented below for viewers and non-viewer groups.

“What changed in my life? Couple communication. You need to share so much with your husband. Like if you are having too many children, you will say, ‘my husband it is like this: we are supposed to do FP, we have to let children reach 2 years, then we can start to have another child, so that our home also looks healthy.’”

- Female Peer Group Member, 15-25 years old

“I think I will first talk to my wife about spacing our children so that we can get food to feed them. Then I will also talk to my elder brother because he has many children.”

- Male Community Member reaction to a performance, 15-25 years old





HIGHER FERTILITY AWARENESS AND INTENT TO USE FP

At the end of EDEAN, performance viewers were more likely to have high fertility awareness than non-viewers. Specifically, about 75% of viewers had a high fertility awareness score, compared to 61% of non-viewers ($\alpha\text{OR}=2.5$; $p<.0001$). Viewers were also significantly more likely to report intent to use modern FP. About 32% of viewers reported an intent to use a modern FP method, compared to just 5% of non-viewers ($\alpha\text{OR}=6.3$; $p<.0001$).

In general, viewers' motivation to use a FP method in the future was embedded in their desire to have healthy families and reduce malnutrition and child mortality, which are common in the resource-scarce region of Karamoja.

Current use of modern FP methods was similar between the groups, although slightly higher among viewers (12% of viewers vs. 9% of non-viewers; $p=0.255$). At endline, approximately 21% of women viewers compared to 35% of women non-viewers reported use of abstinence as a current FP method.

Qualitative findings suggest that while some women and men knew of peers going to health services to seek more information about FP after performances, others reported that peers continued use of post-partum abstinence practices (sleeping in different houses until the child is about eight months old).

IMPROVED COUPLE AND COMMUNITY COMMUNICATION

Viewers were also more likely to have higher couple communication about FP over the last three months ($\alpha\text{OR}= 1.6$; $p=0.038$), relative to non-viewers. Qualitative findings also suggest increased discussions between not just partners, but among community members about correct fertility awareness and FP information, and debunking of myths about menstruation and modern FP methods.

HIGHER FP INFORMATION-SEEKING BEHAVIOR AND LOWER MYTHS ABOUT FP METHODS

At the end of the performances, about 32% of viewers reported seeking FP information from a health worker in the last three months, compared to just 7% of non-viewers ($\alpha\text{OR}=6.5$; $p<.0001$). Viewers were also significantly less likely to report that modern FP methods cause side effects ($\alpha\text{OR}=0.2$; $p<.0001$), compared to non-viewers.

HIGH FERTILITY AWARENESS

75% vs 61%

PERFORMANCE VIEWERS

NON-VIEWERS



INTENT TO USE MODERN FP

32% vs 5%

PERFORMANCE VIEWERS

NON-VIEWERS

SOUGHT FP INFORMATION FROM HEALTH WORKER

32% vs 7%

PERFORMANCE VIEWERS

NON-VIEWERS





WHAT EDEAN MESSAGES WERE MOST MEANINGFUL FOR WHICH VIEWERS?

Women viewers were more likely to talk with their partner and peers about FP, and less likely to cite side effects when asked what they knew about FP methods.

Women viewers were more likely to report higher partner communication about FP, compared to women non-viewers. About 76% of women viewers reported high partner communication about FP, compared to 61% of women non-viewers at the end of EDEAN (aOR=1.9; p=0.022). Women were also close to six times more likely to report an intent to use modern FP, relative to women who did not view the performances (34% of female viewers vs. 8% of female non-viewers; aOR=5.6; p<0.0001).

When asked what they knew about FP methods, 9% of female viewers stated that FP methods caused side effects, compared to 54% of female non-viewers (aOR=0.08; p<.0001). Women were also more likely to communicate with others in the community about correct menstruation and FP information (aOR=7.5; p<.0001), than women non-viewers.

Intent and current use of modern FP, in addition to FP information-seeking behavior were higher among male viewers.

Male viewers were over seven times more likely to report an intent to use modern FP, relative to men who did not view the performances (28% of male viewers vs. 4% of male non-viewers; aOR=7.6; p<0.0001). Male viewers were also twice as likely to report current use of modern FP (22% of male viewers vs. 9% of male non-viewers; aOR=2.6; p=0.011), and 14 times more likely to seek information about FP from a health worker (40% of male viewers vs. 4% of male non-viewers; aOR=14.1; p<.0001).

Younger viewers shared strong intent to use modern FP after watching performances.

Close to half of female and male viewers aged 15 to 25 years old reported an intent to use modern FP (45%), relative to 9% of non-viewers of the same age cohort (aOR 9.3; p<.0001). Younger viewers were also twice as likely to report current modern FP use (13% of young viewers versus 6% of young non-viewers reported current use of modern FP; aOR 2.7; p=.059).

HIGH COUPLE COMMUNICATION ABOUT FP [WOMEN]

76% vs 61%

PERFORMANCE VIEWERS vs NON-VIEWERS



INTENT TO USE MODERN FP [15-25 YEARS]

45% vs 9%

PERFORMANCE VIEWERS vs NON-VIEWERS

REPORT THAT FP METHODS CAUSE SIDE EFFECTS [WOMEN]

9% vs 54%

PERFORMANCE VIEWERS vs NON-VIEWERS





WHAT DID WE LEARN?

Fertility awareness content on **couple communication, menstruation, fertility and FP** – delivered through a 6 month peer learning and community theatre approach – can increase demand for FP information and methods among marginalized communities like Karamoja.

Viewing EDEAN performances was **strongly associated with higher fertility awareness, intent to use modern FP**, and communication about fertility awareness and FP among women, men and younger viewers.

In addition to diffusing correct fertility awareness and FP information, the performances engendered discussion and **critical reflection about previously considered taboo topics and helped debunk myths and misconceptions** around menstruation and FP methods.

In settings with low availability and use of FP services like Karamoja, demand generation activities like **community theatre need to be paired with strong service delivery** platforms to enable behavior change from *intent* toward use of modern FP methods.

HOW CAN YOU GET INVOLVED?

Technical experts, policy makers, program managers and researchers can:

- Integrate the EDEAN approach into cross-sectoral SBC programming
- Use and adapt the EDEAN materials, video, and other resources on IRH's website
- Conduct further research on scaling-up the peer learning and community theatre model to other contexts
- Advocate for program and research funding that link FP demand generation activities with service delivery platforms

REFERENCES

Uganda Bureau of Statistics (UBOS) and ICF International Inc. 2018. Uganda Demographic and Health Survey 2016. Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc.

Institute for Reproductive Health. 2015. Formative Research Report: EDEAN (Karamoja, Uganda). FACT Project. Washington, D.C.: Institute for Reproductive Health, Georgetown University.

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LEARN MORE ABOUT EDEAN

Additional intervention and research resources can be found at: irh.org/EDEAN-fertility-awareness-community-theatre



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