

# Using data to design an evidence-based social and behavior change program in rural Nepal



## Research to Action

SHOPS Plus collected data from hundreds of women in rural Nepal to pinpoint barriers to healthy behavior adoption. In collaboration with the Nepal CRS Company, SHOPS Plus then used the findings as the foundation for district-specific social and behavior change programs focused on contraceptive access and choice, diarrhea treatment and prevention, antenatal care, and facility delivery.

Women and girls in rural Nepal have few opportunities to learn about healthy behaviors for themselves and their families. In addition, it can be difficult for them to access priority health products and services due to limited pharmacies and health centers in Nepal's mountainous and remote areas. Without accurate health information and places to ask questions, obtaining appropriate care is challenging and behaviors such as delivering babies at home without a skilled attendant persist.

Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is USAID's flagship private sector health project. In Nepal, SHOPS Plus is building the technical capacity and financial sustainability of the Nepal CRS Company (CRS)—a social marketing organization. One component of this support is to ensure that CRS's programmatic decisions are based on evidence rather than perceptions or assumptions. This brief details how SHOPS Plus and CRS collaborated to collect data from hundreds of women in rural Nepal and apply findings to a new social and behavior change (SBC) program called the Remote Area Initiative (RAI).

### CRS's Remote Area Initiative

CRS implements the RAI in parts of four hill districts: Aghakhanchi, Ramechhap, Tanahu, and Terhathum. These are some of the most rural areas in Nepal and have extremely poor reproductive and child health indicators. The RAI program uses interpersonal communication such as women's groups and community theater performances to disseminate messages related to contraceptive access and choice, diarrhea treatment and prevention, antenatal care, and facility delivery.

## Research Methods

SHOPS Plus conducted a knowledge, attitudes, and practices (KAP) survey in RAI areas to inform intervention content and provide baseline data for evaluation in 2020. SHOPS Plus collected representative data from nearly 2,000 women ages 15 to 49.

The survey used the Opportunity, Ability, and Motivation (OAM) behavior change framework (see table) to examine attitudes.<sup>1</sup> This framework is a lens to identify barriers and motivators to uptake of target behaviors. It focuses on mutable behavioral determinants that SBC activities can influence. The OAM framework allowed SHOPS Plus and CRS to pinpoint barriers to behavior adoption among the RAI population and transform those barriers into the foundation of the RAI program.

## Evidence-based Programming

The following sections highlight how SHOPS Plus and CRS used data from the KAP survey to design district-specific programs.

### Designing data-driven, needs-based SBC activities

CRS adapted its SBC activities in each of the four districts based on district-specific survey findings. For example, Terhathum focuses on facility delivery because the KAP survey showed that over half of recent mothers in this area delivered at home. In Tanahu, women’s groups emphasize antenatal care because less than two-thirds of recent mothers received all four recommended

## Map of Nepal highlighting RAI districts



visits. Ramechhap’s curriculum concentrates on water treatment due to high use of untreated water. Activities in Ramechhap place less emphasis on family planning because the district contraceptive prevalence rate is much higher than in other areas.

### Starting a dialogue about perceived harm of hormonal contraceptives

The survey revealed that women who do not use a hormonal contraceptive method were significantly more likely to believe that these methods would cause bodily harm. RAI women’s groups, led by community change agents (CCAs), attempt to overcome this misperception—a factor inhibiting women’s **motivation**—by communicating that, while women may experience temporary side effects, these contraceptives will not cause permanent harm. CCAs inform women

## Explanation of the Opportunity, Ability, and Motivation (OAM) categories

Opportunity	Ability	Motivation
The person has to have the <b>opportunity</b> to practice the behavior including physical availability, psychological accessibility, and convenience.	The person has to have the physical <b>ability</b> , knowledge, and skills to practice the behavior.	The person has to have the desire or <b>motivation</b> : he/she needs to perceive an important benefit from practicing the behavior.

<sup>1</sup> Chapman, S. and D. Patel. 2004. *PSI Behavior Change Framework “Bubbles”: Proposed Revision*. Washington DC: PSI Research Division. [http://psi.org/sites/default/files/publication\\_files/behaviorchange.pdf](http://psi.org/sites/default/files/publication_files/behaviorchange.pdf).

about method options and compare the pros and cons based on each woman's unique needs. For example, nearly 4 in 10 women have a migrant partner who is frequently away from home. These women may prefer condoms to avoid the cycle of starting and stopping a short-term hormonal method. CCAs talk about the correct way to use condoms for women who are interested.

### Promoting use of emergency contraception after unprotected sex

Less than one-third of women have heard of emergency contraception. While not recommended as a first-line method, emergency contraception is an effective and safe means to prevent unintended pregnancy in the event of unprotected sex. However, girls and women lack the **ability** to use this method if they are unaware of its existence and purpose. CCAs educate women about appropriate use of emergency contraception and where to access it.

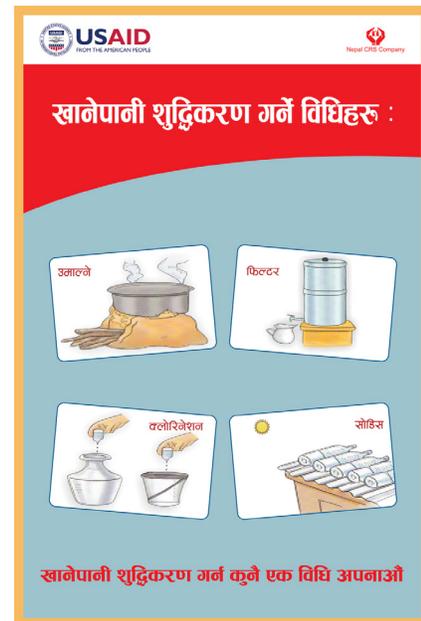
### Communicating the risk of home delivery

Across the four RAI districts, nearly one-third of recent mothers delivered at home without a skilled birth attendant. Almost half of these mothers reported that delivering in a health facility was “not necessary,” indicating that these women do not feel **motivated** to plan for facility delivery. The RAI is emphasizing that health facility delivery will make both mother and child healthy. All four districts have created men's groups to address family health issues from the male perspective and encourage men to play a positive role in supporting the women in their lives to seek appropriate care, such as planning for a facility delivery.

### Empowering caregivers to be champions for their sick children

The KAP survey found that mothers had conflicting ideas about effective childhood diarrhea treatment. For example, over half of mothers thought antibiotics and antiprotozoals were the best treatment. More than 80 percent reported that oral rehydration solution (ORS) and zinc are effective, but half also said that these were just supplements rather than essential medicines. These caregivers lack a clear **motivation** to seek appropriate

## A RAI educational poster on effective water treatment methods



treatment. These findings led SHOPS Plus to conduct qualitative research with RAI caregivers to learn more about their diarrhea treatment perceptions. Results suggest that mothers do not feel knowledgeable about or empowered to make treatment decisions for their sick children. Rather, they rely on providers' recommendations.

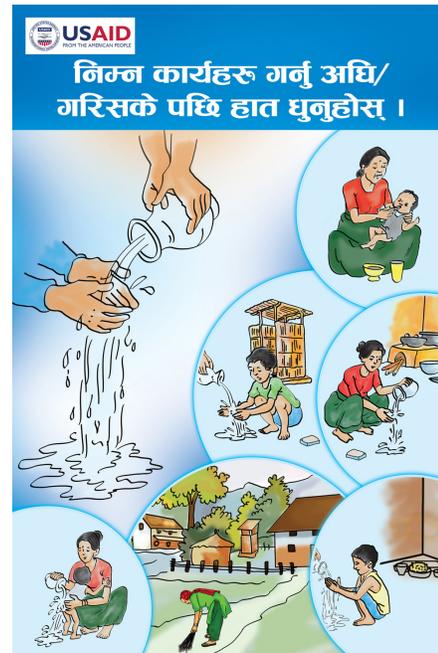
CRS is adopting a two-pronged approach to improve appropriate diarrhea treatment. First, RAI activities communicate the importance of giving ORS and zinc to sick children and generate demand for these treatments. This knowledge should help **motivate** women and provide them with the **ability** to proactively seek out recommended treatments. This campaign will position caregivers as the champions of their children's health. Second, as part of CRS's launch of a new ORS and zinc co-pack product, they will conduct provider detailing in RAI areas to better train health providers—including shopkeepers and pharmacists—on appropriate diarrhea management and the risks of antibiotics, giving caregivers enhanced **opportunity** to obtain these products.

## Developing slogans to encourage hand washing with soap

The KAP survey found that less than two-thirds of households had water and soap available at their hand-washing station. The follow-on qualitative research demonstrated that some women believe that hand washing with just water is sufficient because they can see the dirt fall away. In response, the RAI is promoting a new slogan to encourage hand washing with soap: “Germs are tiny! Hand washing with soap is protective.” This messaging should help women see the benefit of using soap and **motivate** them to purchase and use it.

The KAP survey also found that less than one-fourth of women thought that hand washing was important after cleaning a child who used the toilet or before feeding a child. The women’s groups are targeting women with children to reinforce the importance of washing their own and their children’s hands after toilet use and before eating. The program is framing these actions in terms of “healthy habits” in an effort to increase consistent hand washing.

## A RAI educational poster on key times for handwashing



## Conclusion

Collection and use of high quality and locally relevant data allows for evidence-based and district-specific program decisions. The OAM framework facilitates the formulation of specific messages and calls to action by simplifying the complex issues around data interpretation and analysis. Assessing to what degree consumers have satisfied the three conditions of opportunity, ability, and motivation also helps to prioritize communications and social marketing activities.

### Full report

Shiras, Tess, Sujana Karki, and Sarah E.K. Bradley. 2018. *Informing Reproductive and Child Health Social and Behavior Change Programs: Findings from a household survey in Nepal*. Rockville, MD: Sustaining Health Outcomes through the Private Sector Plus Project, Abt Associates Inc.

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Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is a five-year cooperative agreement (AID-OAA-A-15-00067) funded by the United States Agency for International Development (USAID). The project strategically engages the private sector to improve health outcomes in family planning, HIV, maternal and child health, and other health areas. Abt Associates implements SHOPS Plus in collaboration with the American College of Nurse-Midwives, Avenir Health, Broad Branch Associates, Banyan Global, Insight Health Advisors, Iris Group, Population Services International, and the William Davidson Institute at the University of Michigan.