

Fertility Awareness & Body Literacy

Integrating information about fertility, menstruation,
and our bodies into social and behavior change programs



© 2018, Institute for Reproductive Health, Georgetown University

The Fertility Awareness for Community Transformation (FACT) Project was funded by USAID and led by the Institute for Reproductive Health (IRH) in partnership with Save the Children, Population Media Center, and the International Center for Research on Women.

This publication was prepared by Lauren VanEnk with strategic contribution from Victoria Jennings, Dominick Shattuck, Esther Spindler, and Sandra Chipanta of IRH and Shannon Pryor of Save the Children. Visual Design was led by Sammie Hill. This report and the FACT Project are made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement No. AID-OAA-A-13-00083. The contents are the responsibility of the authors and do not necessarily reflect the views of Georgetown University, USAID, or the United States Government.

The authors would like to acknowledge the insights of the experts who reviewed early drafts of this publication and the dedicated work of FACT Project staff and partners in Nepal, Rwanda, and Uganda.

FACT Project

Institute for Reproductive Health | Georgetown University
1825 Connecticut Avenue, N.W., Suite 699
Washington, DC 20009 USA
irhinfo@georgetown.edu
www.irh.org/projects/FACT_Project

Know Your Body

Around the world misconceptions exist about sex, menstruation, pregnancy, and family planning. **Learn how integrating fertility awareness into social and behavior change (SBC) activities can improve health and wellbeing of women, men, and families.**

Chances are you encountered these misconceptions before. Perhaps you still hear rumors today about periods, pregnancy, and family planning. Accurate understanding and awareness about fertility is surprisingly low globally (Chandra-Mouli, 2017). Youth and adults alike are uncomfortable discussing how their bodies work. Evidence shows that **lack of fertility awareness is contributing to unmet need for family planning** through misunderstanding of pregnancy risk and misconceptions about how methods work (Sedgh, 2014). Program managers and donors could benefit from insights about the role of fertility awareness and body literacy in demand for and use of family planning and other health behaviors.

FERTILITY AWARENESS DEFINED

actionable information about female and male fertility throughout the life course and an understanding of how this knowledge applies to one's own circumstances and needs

Fertility awareness is much more than an understanding of how pregnancy occurs. **Fertility awareness can empower women and men** to understand their pregnancy risk and identify what is healthy and normal for them, and know when to seek reproductive healthcare. It can help youth understand their changing bodies and recognize safe and healthy reproductive behavior. Fertility awareness can **foster communication** between partners, parents and children, providers and patients, and teachers and students. It provides the scaffolding for healthy decision-making, and can enable an individual to advocate for one's health and that of others. It provides an acceptable entry point for discussing topics often considered taboo.

WHAT'S INCLUDED IN FERTILITY AWARENESS?

1. Onset of fertility during adolescence
2. The menstrual cycle
3. When and how pregnancy occurs
4. Likelihood of pregnancy during the menstrual cycle & over the life course
5. Role of male fertility
6. Postpartum fertility

For more information fertility awareness concepts, see the annex.



FAMILY PLANNING

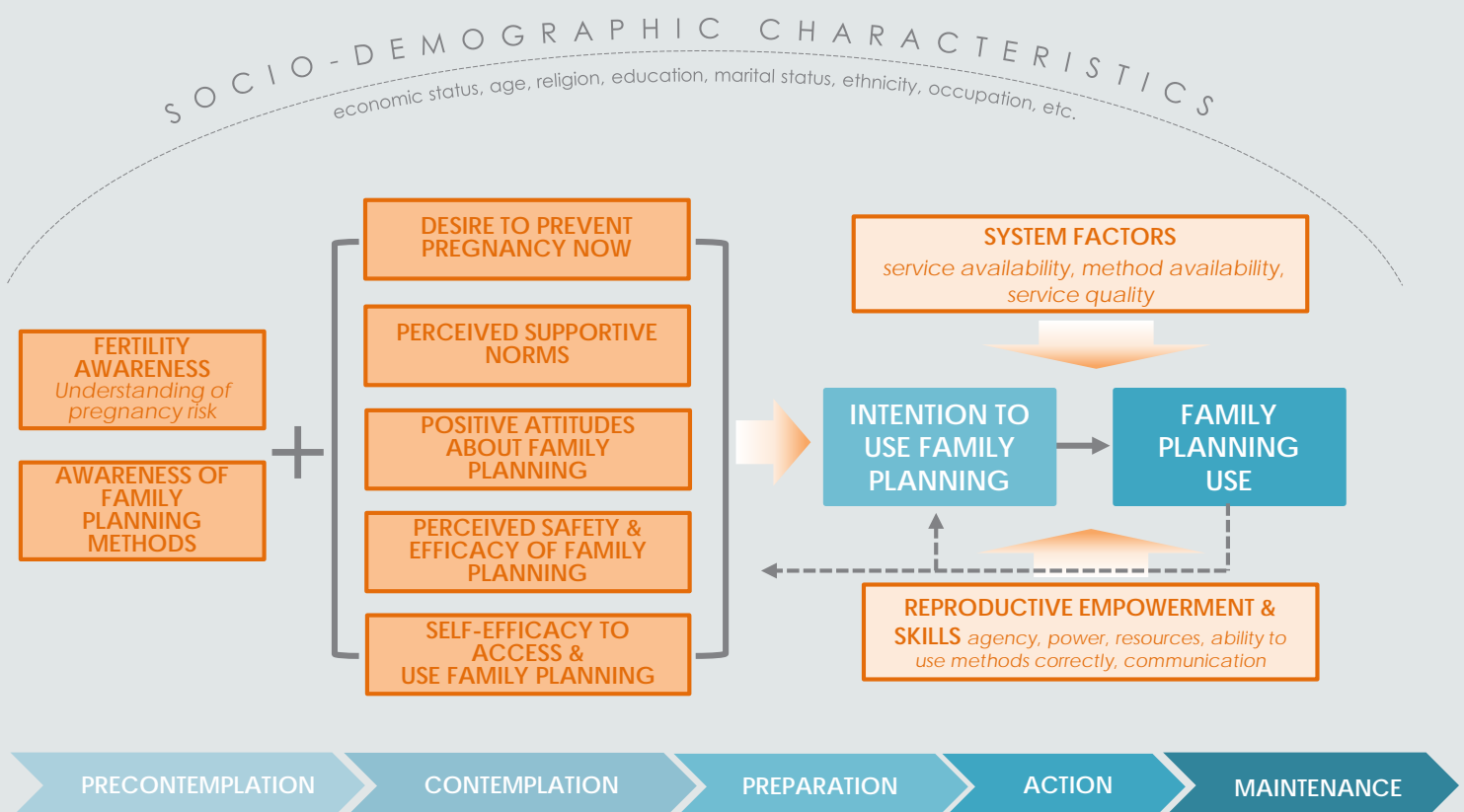
BEHAVIOR CHANGE FRAMEWORK

Healthy timing and spacing of pregnancies provides health benefits for women, newborns, infants and children which extend to the family and community. Many Ministries of Health, donors and development organizations have recognized the potential of integrating family planning within programming for nutrition, immunization, livelihoods and beyond.

However, unmet need for family planning remains a challenge. Fear of side effects, opposition, postpartum/amenorrhea, and infrequent sex are the top reasons cited by women for not using family planning. These barriers are linked by a **lack of understanding of how the body works** and how family planning affects the body.

Fertility awareness is not simply a lesson in biology. It requires the opportunity to discuss new information with others, including the opportunity to challenge existing beliefs. Fertility awareness can best be communicated in a way that is actionable through social and behavior change (SBC) activities that respond to community norms, interpersonal relationships, and access to services.

Recognizing that fertility awareness plays a role in the decision-making process and behaviors around family planning, the FACT Project team used the following behavior change model to guide our solution development process. This model aims to clarify the behavior change pathway for family planning use, which is affected by many factors ranging from individual attitudes to the broader environment. By understanding these factors, we can tailor our interventions and begin to understand why some interventions may work – or not – for a certain audience.





FERTILITY AWARENESS AND SBC PROGRAMS

Fertility awareness can be an **acceptable entry point to discussing birth spacing** and addressing the drivers of unmet need for family planning. Adding these topics to programs in the health sector (and beyond!) provides an opportunity to improve health and well-being.

Fertility awareness can be feasibly integrated into a variety of SBC approaches, including mass media, community group engagement, and interpersonal communication. Ongoing work suggests fertility awareness also pairs well with digital health approaches.

We believe that by placing accurate information about fertility in the hands of women and men, they will be able to understand how sex, reproduction and family planning interconnect, ultimately **improving health and addressing unmet need for family planning**.

MASS MEDIA & RADIO



Example: Impano n'Impamba in Rwanda

PEER GROUPS & COMMUNITY THEATER



Example: EDEAN in Uganda

COMMUNITY-BASED GAMES



Example: Pragati in Nepal

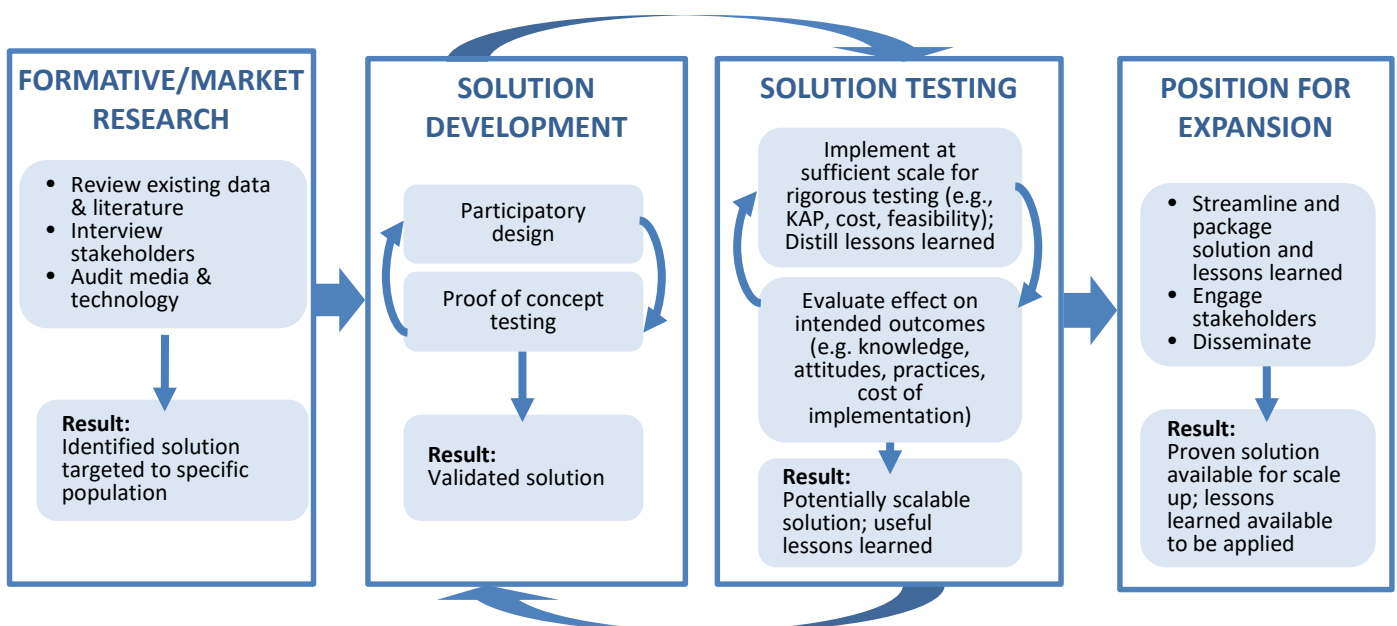


DEVELOPING COMMUNITY-CENTERED APPROACHES WITH FERTILITY AWARENESS

Inaccurate or even harmful beliefs about fertility are often entrenched in traditional, gendered roles, community norms, and inequitable rights. Sustainable transformation requires open and thoughtful dialogue and critical reflection among community members to change negative norms and customs around menstruation, couple communication, and family planning.

The FACT Project used a systematic process (figure below) to develop user-centered solutions to improve fertility awareness, first starting with a discovery phase to better understand the environment. Using these insights, we engaged in a participatory design process with community members to test solution concepts. Once a promising prototype was in place, a pilot phase moved forward where feasibility and efficacy were assessed. Finally after iterative refinements, the solution is poised for scale.

The aim of this process is **to translate scientific data into simple, practical, and scalable solutions** which can be integrated into existing platforms both within and beyond the health system such as community-based nutrition groups, agriculture co-ops, savings and loans clubs, and care groups.



On The Air

CASE STUDY | IMPLEMENTING PARTNER: POPULATION MEDIA CENTER

How do you change perceptions, impart information in a non-threatening way, and improve fertility awareness in a whole nation simultaneously?

Through the tangled love lives of its characters, *Impano n'Impamba* (A Gift for Today That Will Last a Long Time) addressed complex issues like family planning, gender-based violence, and maternal and child health. The radio program was created by FACT Project partner, Population Media Center (PMC).

Listeners in Rwanda tuned in for the 104-episode drama which aired twice a week. The script writing team drew from daily life as they plotted the story.

"We created a scene where a mother is explaining to her curious teenagers about family planning. The father comes in and tries to stop her, saying 'you don't tell children this'. We want to break taboos and talk about the menstrual cycle." – Alfred, Head Writer & Producer, PMC

Impano n'Impamba integrated information about the menstrual cycle, when/ how pregnancy occurs, who's fertile and when, for example. Epilogues were used to highlight essential fertility information and motivate listeners to utilize health services.

Example epilogue: There are discussions between Ketia and Afisa about Ketia's reproductive health. Have you ever talked with your children about the changes that happen to their bodies during adolescence? Did you know that a woman is fertile only on certain days each month around the middle of her cycle?

After the drama concluded, a household survey of 1,477 women and men of reproductive age was conducted to assess differences reproductive health knowledge, attitudes, and behaviors between *Impano n'Impamba* listeners and non-listeners. Results indicated that listeners had higher fertility awareness than non-listeners. While no differences were found in family planning use or intent, listeners were more likely than non-listeners to experience secondary outcomes related to family planning use like self-efficacy, social norms, and communication.

Results offer lessons for future interventions. First, exposure to messages is important. Be mindful of which messages are central to the desired behavior change and focus on conveying these clearly and frequently. In the case of Rwanda, exposure was limited due to budget cuts that reduced the number of episodes and caused delays in initial integration of fertility awareness. Second, moving from improved fertility awareness to family planning use may be best achieved through multi-pronged interventions. The importance of transmedia, community engagement, and direct linkages with services are critical.



Read our blog:
The Power of Sabido



Read the results brief



Take a Bow!

CASE STUDY | IMPLEMENTING PARTNER: SAVE THE CHILDREN

In the Karamoja region of Uganda, rapid cultural transitions are happening. With fewer than 1 in 10 women using family planning, these shifts offer an opportunity to introduce new health information in an engaging way (UDHS, 2016). Employing human-centered design, the FACT Project's **EDEAN** intervention ("Let's Come Together and Strengthen Child Spacing") used peer groups and community theater performances to spread fertility awareness with the goal of increasing demand for family planning.

"A message spreads very fast in Karamoja if it is done through songs and drama. Culturally, they like that so much."

– Hamis, EDEAN Officer, Save the Children, Uganda

Communities nominated young men and women to participate in EDEAN Peer Groups. Using same-sex and mixed-sex settings, peer groups studied four topics: the menstrual cycle, fertility, couple communication, and family planning methods. After finishing each module, the group members rehearsed and enacted performances for the community at large.

During the theater performances, facilitators asked questions to the audience, catalyzing larger discussion and critical reflection on existing norms and beliefs. The group members were equipped with family planning invitation cards for anyone interested in seeking services.

"Now when people have been attracted to see the drama...you bring in the element of question and answer. They are able to answer questions from the community, clarify fertility messages [and] demystify some of the myths the community has."

– Dickens, Program Manager, Save the Children, Uganda

Community members have been very receptive to EDEAN. Audience members reported that they appreciate seeing couples discuss how many children to have and how the menstrual cycle works, as such discussions were not common in their communities.

"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 EDEAN audience member

A quasi-experimental study was conducted to assess EDEAN. Community members who viewed the performances had higher fertility awareness and intent to use family planning, especially among men and young people. Participants who viewed the performances were more likely to seek information from a provider and to talk to friends and family about family planning. Their motivation to use a method was embedded in their desire to reduce malnutrition and child mortality, all common in the resource-scarce region of Karamoja.

As a SBC community group engagement approach, results show EDEAN is an acceptable and feasible model to implement by low-literate volunteers to increase demand for family planning in a marginalized community.



Read our blog: Communities Strengthen Child Spacing



Click here to read the results brief

Let's Play!

CASE STUDY | IMPLEMENTING PARTNER: SAVE THE CHILDREN

"I was never taught to talk about babies and pregnancy with my husband. I never had any information about family planning when I was young."

In Nepal where open communication about sex and reproductive health is taboo, the FACT Project developed a user-centered solution called **Pragati** which used a series of games to diffuse information about fertility awareness and family planning. The games facilitated discussion and critical reflection with men and women around social and gender norms—unspoken rules that govern behavior—in order to challenge those norms that negatively influence family planning use. Nine games in total make up the Pragati package.

"Our work depends on strong trusting relationships at the community level. In Nepal, we engage stakeholders with research results that facilitate their guidance on the creation of the games. This engagement enriches the intervention and helps us to understand how it impacts lives."
— Dr. Shattuck, Sr. Research Officer, IRH

By raising issues such as couple communication, son preference, and knowledge of the menstrual cycle and fertility, Pragati directly addressed women's and men's needs for information. Pragati established linkages with the health system to

ensure long-term support and care in the communities. The menstrual cycle game was a favorite among many women. A facilitator asks participants to stand in a circle around paper game



cards representing the days in the menstrual cycle. She explains the different events that occur in the cycle, pointing out the fertile window when pregnancy can occur. Other popular games focused on misinformation about side effects of contraceptive methods and challenged the idea of son preference. A mixed-methods quasi-experimental study was conducted to assess the impact of the intervention on family planning use.

Fertility awareness and acceptance of family planning significantly increased among community members who played at least one Pragati game, and the more games they played the stronger this association was. Those who played the Pragati games were also more likely to use modern family planning at end line.

Pragati is an example of an effective, participatory community engagement approach to improve fertility awareness and increase discussion around taboo topics, especially among low literate and hard-to-reach communities in Nepal. Pragati contributed to an enabling environment for greater family planning use and transformation of social norms. The positive feedback from Pragati facilitators and community members—including those beyond the initial target audience—indicates the relevance of the games' content and dissemination platform.

"I'll make sure that we take time to properly plan before giving birth to a child. As my husband might not know about family planning, I'll share with him everything I have learned while playing games." — Pragati participant, Nepal



Read our blog: Sharing RH knowledge with a new generation



Read the results brief

ADDRESSING FAMILY PLANNING MYTHS



Fear of side effects and health concerns are the most commonly reported reasons for not using or discontinuing family planning. This may be fueled by a lack of counseling around how to manage side effects and gaps in information about which side-effects are typical—and potentially manageable—verses which may reflect other medical concerns or are simply myths. The social context around the gaps and misinformation is equally important, as discussion and sharing of inaccurate information can falsely substantiate fear and non-use among peers and across communities.

The discovery phase that kicked off our solution design process revealed many

misconceptions about family planning, such as “it will cause infertility,” “it can lead to deformed children,” “pills or blood will build up inside the body,” etc.

These context-specific myths were addressed through the fertility awareness solutions. Results from EDEAN suggest that addressing these myths made a difference; participants exposed to theater performances were less likely to believe family planning caused side effects when asked what they had heard about family planning methods. In Nepal, participants in the Pragati solution were more likely to ask their health provider about side effects and family planning methods, and switch to another method if they were experiencing side effects.

RESTORING DIGNITY: MENSTRUATION MYTHS

Fertility awareness isn't just about pregnancy prevention. Myths around menstruation can lead to shame and even banishment of women during their periods. For younger girls, it can disrupt school attendance.

In Karamoja, menstruation myths keep women from cooking, milking the cow, and gardening. These myths were addressed through theater performances and dialogue in the community. Qualitative and quantitative data suggest that the performances about menstruation helped debunk some of these myths among peer group members and community members of both sexes.

Although recently banned in Nepal, there is a strong cultural tradition of sending women to small huts to wait out their periods alone. This exile practice stems from myths around contamination and displeasing the gods while a woman is menstruating. The Pragati games created a platform for critical reflection and public discussion to address underlying social and gender norms around menstruation.



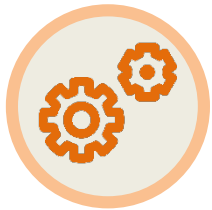
Read our blog: Managing menstruation in Nepal

“[Pragati] has helped to bring a change in people's thinking. People used to consider menstruation as a dirty process, and now they have realized that menstruation is related to reproduction. They know that it is a natural phenomenon.”

— Married Mothers Group Champion, Nepalx

Lessons Learned

These FACT Project solutions explored under-recognized concepts in SBC programming, namely fertility awareness and body literacy. Established literature confirms that fertility awareness is low across most communities, but youth and adults desire this information. Our experience during the FACT Project taught us several important lessons:



Sharing fertility awareness through innovative participatory activities that contribute to a better understanding of the body for adolescents and adults is feasible and acceptable. Although fertility awareness addresses sensitive topics, results from the FACT Project show that when communities are engaged in the development and implementation of a fertility awareness intervention it is acceptable to participants. Fertility awareness activities were successfully implemented by non-health agents and creative professionals. The interventions can be delivered in a variety of contexts, including low-literate populations and hard to reach communities.



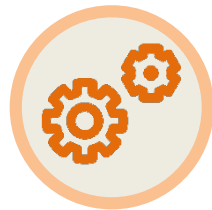
SBC solutions developed and tested by the FACT Project improved fertility awareness among individuals exposed to the intervention. Participants who were exposed to these solutions had higher fertility awareness scores than non-participants. For example, participants were more likely to understand pregnancy risk. Findings also suggest fertility awareness interventions can help address stubborn issues of myths related to family planning side effects and taboos around sex, menstruation, and reproductive health.



Fertility awareness activities improved determinants of family planning use including attitudes, norms, self-efficacy, and communication. Results show that these approaches have the power to contribute to a supportive environment for family planning use. Family planning uptake is a complex, multi-step behavior. As the behavior change model illustrates, it is influenced by many factors beyond the individual. The improvements in family planning-related outcomes suggest that efforts to improve fertility awareness need to be complimented by strong service delivery to achieve this behavioral outcome.



Games and storytelling catalyze conversations about fertility and family planning in a new way. Participants valued the opportunity to come together and explore the community's beliefs and challenge norms about fertility. Results show that critical reflection can influence social norms around fertility and family planning, an important step along the path toward behavior change for family planning use.



Fertility awareness activities can be easily integrated into a wide variety of programs. Activities have been adapted and used with in schools, women's/men's groups, agricultural coops, and family planning interventions. Fertility awareness activities were designed for scale with a focus on simplicity, relevance, ease-of-use, and wide appeal. This offers the potential to scale up activities and have lasting impact at the community level.

Results Briefs:



Radio drama,
Rwanda



EDEAN,
Uganda



Pragati,
Nepal

MUST-HAVES

for integration of fertility awareness



- 1. Uncover insights about the gender and power dynamics, social norms, stigmas and misconceptions influencing behavior.** Before you begin integrating fertility awareness into an SBC intervention, explore what social norms and misconceptions are present in the community. Identify who is influential in establishing and maintaining these norms. In some cases, these can be elders in the community; engage them from the start during the discovery phase and sensitization meetings. Agree on how fertility awareness fits into your theory of change. When designing the training content for community facilitators, consider how to help them address social and gender power dynamics in real time. Conduct gender synchronized meetings with women and men together, and separately.



Read our blog: Do myths matter in Nepal?



Read our blog: We learned about sex from google

- 2. Provide strong support and supervision to ensure correct messaging and comprehension of fertility awareness information.** Like any SBC intervention tackling taboo topics, ensuring message fidelity is very important. Project staff and community facilitators alike should receive an orientation on fertility and family planning. Provide ongoing coaching to strengthen facilitation skills of community actors. Attention should be given to dispelling common misconceptions. Periodic reflection meetings between facilitators (or script-writers in the case of radio) and supervisors as well as supportive supervision visits to observe implementation of activities can improve intervention fidelity.



Read our blog: Sharing RH knowledge with a new generation

3. Identify spaces for community critical reflection. Critical reflection occurs when we analyze existing assumptions about a topic through new information or experiences and redefine its meaning for us. The opportunity for critical reflection within a group is important for shifting attitudes and norms around fertility and family planning. Trained facilitators can manage this process through moderated question and answer after theater performances, listener groups that discuss the radio drama, or games that prompt dialogue. The dissemination of fertility awareness and body literacy information should strive to be interactive. This public exchange of ideas stimulates continued conversation and reconsideration of established beliefs.



Read our blog:
Challenging the
norm in Nepal



Read our blog: Youth
leaders create space
to reflect

4. Ensure that strong linkages are made between the activities and health services, including family planning. SBC activities aimed at generating demand for family planning need to be paired with strong service delivery to shift behavior from intent to use. When designing the intervention, assess the state of health service provision platforms to decide whether the availability of family planning can meet the increased demand that may result. Invite service providers at the facility or community level to attend activities and help answer questions about fertility, body literacy, and family planning. Engage service providers in reflection meetings about the intervention activities throughout the process.

5. Monitor implementation of your activities and evaluate changes in fertility awareness and other relevant outcomes. Collect monitoring data to understand participant profiles and reach. Measure any pre to post changes in key indicators, including fertility awareness, attitudes, self-efficacy, social norms, and family planning use.



See the annex for
more information
on measurement



Learn about
the evolution
of the
Menstrual
Cycle Game!





What now?

Now, it's time to join together.

When we began this journey, we did so in a spirit of creativity and curiosity.

We had many questions: Does fertility awareness affect family planning use? Can community members themselves challenge deep-rooted beliefs about fertility? How do we measure fertility awareness? Over the course of the FACT Project we learned a lot.

We know fertility awareness and body literacy alone won't solve unmet need for family planning. Everyone has a role to play in expanding access to services and improving health and wellbeing. But we see enormous value and potential in fertility awareness.

Results consistently show that interactive SBC activities which include fertility awareness have an effect on attitudes, social norms, and self-efficacy around family planning. They also prompt communication among partners and family and friends. All of these outcomes have been shown to be predictors of family planning use and have the potential to improve health seeking behavior. We've also seen first-hand that equipping organizations with the lens of fertility awareness and body literacy can be transformative on a personal level.

We can now say with confidence that fertility awareness can create a more supportive environment for family planning use. This information can be a powerful tool in the hands of girls, boys, women, and men. Organizations implementing SBC strategies can benefit from the lessons and materials of the FACT Project.

CITATIONS

Sedgh, 2014. Reasons for contraceptive nonuse among women having unmet need for contraception in developing countries

Uganda Demographic and Health Survey (UDHS) 2016

Chandra-Mouli, 2017. Mapping the knowledge and understanding of menarche, menstrual hygiene and menstrual health among adolescent girls in low- and middle-income countries

WHO'S INTEGRATING FERTILITY AWARENESS?

The buzz created by these solutions didn't go unnoticed. Organizations are integrating these activities into their work.

EDEAN (Uganda)

Save the Children

Mercy Corps

Karamoja Integrated Development Program & District Governments of Napak and Moroto

Pragati (Nepal)

Suaahara Project (nutrition)

Family Planning Association of Nepal (SIFPO2)

Contraceptive Retail Sales

Save the Children
(Sponsorship Program)

Women Development Office of Siraha (District Office)

ANNEX | Communicating and Measuring Fertility Facts

One component of fertility awareness is understanding key fertility facts. Selected facts are presented below and can be turned into context-specific messages and integrated into program activities. To measure change in fertility knowledge, use the measures below.



See an example survey tool [here](#).

	FACT	MEASURE
Onset of fertility	When a girl starts having monthly bleeding, it means that she is physically able to get pregnant if she has sex.	What is the sign that a girl is now able to become pregnant? (Answer: First menstruation/first bleeding)
	First ejaculation or “wet dream” is a sign that a boy is now able to get a girl pregnant.	What is the sign that a boy is able to get a girl pregnant? (Answer: First ejaculation/wet dream)
Menstrual cycle	A menstrual cycle is all of the days from the beginning of a woman’s bleeding to the day before the next month’s bleeding.	What is the menstrual cycle? (Answer: All the days from the start of one menstrual period to the day before the start of the next)
	Menstruation is the bleeding which marks the beginning of a menstrual cycle.	What is menstruation? (Answer: Days of bleeding)
	Most menstrual cycles last 26 to 32 days, but some women have cycles that are longer or shorter.	How long do most menstrual cycles last? Probe: How many days? (Answer: 26 to 32 days or about a month)
	A woman’s menstrual cycle begins the day she bleeds and ends the day before her next bleeding.	When does the menstrual cycle begin? (Answer: First day of bleeding) When does the menstrual cycle end? (Answer: Day before next bleeding begins)
Pregnancy risk	Between one menstrual period and the next, a woman has several days in a row when she is able to become pregnant.	When during her menstrual cycle can a woman get pregnant? Probe: Are these days just before her period begins, during her period, right after her period has ended, or several days halfway between two periods? (Answer: several days halfway between two periods) If you do not want to get pregnant, when should you avoid unprotected sex? (Answer: several days halfway between two periods)
	A man is potentially able to cause pregnancy anytime he has unprotected sex with a woman who is able to become pregnant.	When are men fertile? (Answer: Anytime)
	A woman can notice physical signs in her body such as cervical secretions, a wetness in the genital area, that help her know which days she can get pregnant.	What are healthy secretions in women a sign of? (Answer: Fertility/fertile days)
Postpartum fertility	A woman’s fertility will return between 2-9 months after the birth of her child. She may be fertile even before her menstruation returns.	True/false - A woman can get pregnant again after she has a baby, even before her menstrual cycle begins. (Answer: True)
	Breastfeeding alone won’t protect a woman from pregnancy if the baby eats food or liquids other than breast milk, menstruation has returned, or it’s been over 6 months since birth.	What three conditions are needed to help breastfeeding women avoid pregnancy? (Answer: No menstruation, baby breastfed only, baby less than 6 months)

The Fertility Awareness for Community Transformation (FACT) Project is fostering an environment where women and men can take actions to protect their reproductive health throughout the life-course by testing strategies to increase fertility awareness and expand access to FAM at the community level.

www.irh.org/projects/fact_project



USAID
FROM THE AMERICAN PEOPLE



Fertility Awareness
for Community
Transformation