A woman explains cycle beads to a group of women and men. Photo: PATH/Will Boase.

A rights-based approach to reproductive health knowledge

Women and couples have the right to decide for themselves whether and when to have children—including the right to complete and accurate information about family planning and how different contraceptive methods work. Long-standing, ingrained myths and misconceptions about modern contraceptives can impede women and couples from exercising their reproductive health rights.

That’s why PATH designed and implemented the Reproductive Health Literacy and Empowerment Program in **Mayuge District, Uganda**. The unmet need for family planning in this region remains high—28% of married women and 32% of sexually active women want to stop or delay childbearing but are not using any method of contraception.¹ Knowledge about reproductive health (reproductive health literacy) combined with the agency to make decisions and act on them (empowerment) can help women and couples realize their reproductive health rights.

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¹ Uganda Bureau of Statistics (UBOS) and ICF. *Uganda Demographic and Health Survey 2016: Key Indicators Report*. Kampala, Uganda and Rockville, Maryland, USA: UBOS and ICF; 2017.

² Formative research for this project was carried out in 2016–2017 and included 11 focus group discussions with women in different age groups and experience with contraceptive use, 5 focus group discussions with Village Health Team members, and 22 key informant interviews with health care providers, local opinion leaders, and district and national-level planners and implementers. Discussions focused on existing myths and misconceptions, information sources, and efforts by those working in the health sector to address these issues.
Curriculum

We adapted a ten-part curriculum (see right for topics) from well-established and user-friendly resources, tailored to meet the needs of women in Mayuge District and their partners. The curriculum includes modules on reproductive health information as well as culture and attitudes and communication and decision-making skills: integrating knowledge and skill components gave participants the tools to both make and act on their informed decisions. Underpinning the curriculum content are a safe spaces approach and focus on reproductive rights, which are key in enabling respectful and meaningful participation by all participants.

Implementation approach

In collaboration with our local partner, Jinja Area Communities Federation (JIACOFÉ), we implemented the program in Mayuge District, Uganda, with ten preexisting community groups—five women-only and five mixed (women and men) with which JIACOFÉ had already been working on other activities. Each group included an average of 20 adult participants and was led by a trained facilitator who was a peer from within the group selected by the participants. A total of 158 women and 44 men participated in the project. Each group met weekly and covered one curriculum session per week over a ten-week period. In addition to a week-long facilitator training on the content and delivery of the curriculum, project staff provided close supervision. PATH and JIACOFÉ also organized three facilitator debriefing sessions to identify and address implementation challenges. Input from an advisory board comprising district leaders, health managers, and religious leaders guided the project.

Age and sex distribution of participants.

<table>
<thead>
<tr>
<th>Age</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>55+</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>50-54</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>45-49</td>
<td>6</td>
<td>23</td>
</tr>
<tr>
<td>40-44</td>
<td>8</td>
<td>23</td>
</tr>
<tr>
<td>35-39</td>
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<td>30-34</td>
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<td>25-29</td>
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<td>13</td>
</tr>
<tr>
<td>18-24</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>44</td>
<td>158</td>
</tr>
</tbody>
</table>

Evaluation

We conducted a quantitative pre/post survey of all participants to assess changes in participants’ knowledge, attitudes, and intents related to reproductive health; beliefs in contraceptive myths; family planning gender norms; and agency regarding communication and decision-making around these topics. We also conducted a qualitative process evaluation to help us understand whether the program was implemented as designed, the experiences of facilitators in leading groups, and participants’ reactions to the content and process used in the curriculum. The process evaluation activities also highlighted program changes we made along the way to achieve the goal of helping people realize their reproductive health rights.

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The Reproductive Health Literacy and Empowerment curriculum was adapted from Health Actions for Women: Practical Strategies to Mobilize for Change (Hesperian Health Guides 2015), Where Women Have No Doctor: A health guide for women (Hesperian Health Guides 2014), and It’s All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education (Population Council 2011).

The design of both the curriculum and the program were informed by formative research undertaken in Mayuge District (Kyamwanga Ti, Turyakira E. Myths and misconceptions related to hormonal contraceptive use in Uganda: final report. Mbarara University of Science and Technology. 2017.).

A “safe space” is “a place … intended to be free of bias, conflict, criticism, or potentially threatening actions, ideas, or conversations” (Merriam-Webster dictionary). In this program, the safe spaces approach supported participants to feel free to ask questions, express doubt or disagreement, and share experiences without fear of being pressured, ridiculed, or silenced. Establishing ground rules as a group at the beginning of the program helped participants create their own safe spaces.
Achievements

All ten community groups successfully moved through all ten curriculum sessions during the implementation period. The program saw an excellent participant retention rate (98.5%). The program also saw robust attendance rates: 74% of participants attended all ten sessions, and 91% of participants attended at least nine sessions.

Knowledge and beliefs

Formative research for this project indicated that contraceptive myths and misconceptions persist in part due to individuals’ incomplete understanding of how the female reproductive system functions. There were improvements in participants’ understanding of the menstrual cycle and fertility as measured by indicators related to the source of menstrual blood, the time during the menstrual cycle when a woman is most fertile, and risk of pregnancy before a woman has started to menstruate again after pregnancy. Increases were particularly strong for participants in the 18–24 years age group. Program participants improved their knowledge about the role of hormones in a woman’s body: 80% of participants responded correctly to at least three of five questions about hormones at endline, compared to 56% at baseline. They also improved their knowledge about how modern contraceptive methods work: 29% of participants responded correctly to at least 13 of 16 questions about contraceptive methods, compared to 11% at baseline. Many of these questions incorporated common myths and misconceptions. Improvements were especially strong for men and for participants aged 18–24 years.

Gender-equitable attitudes

After the program, fewer participants agreed with gender-inequitable attitudes related to family planning—for example, that women who use contraception may become promiscuous, or that contraception is a woman’s concern and a man should not have to worry about it. The change in attitudes was particularly notable among men: for example, a 29 percentage point decrease among men—from 34% to 5%—compared to 15 percentage point decrease among women—from 26% to 11%—for the item “if a woman uses a family planning method without her husband knowing, and he finds out, she deserves to be beaten.”

Communication and decision-making about family planning

At both baseline and endline, married participants (n = 160) indicated how they resolve disagreements as a couple. They reported improvements in couple communication and managing disagreements without resorting to emotional or physical violence. The

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6 Quantitative results are drawn from a pre/post assessment. Of the 202 program participants, 202 responded to the survey at baseline, and 197 responded at endline.
percentage of respondents who reported negative behaviors decreased substantially at endline relative to baseline: threatening with negative consequences reduced from 26% to 8%; name-calling, swearing, and attacks reduced from 19% to 3%; and physical abuse reduced from 9% to 3%.

Nevertheless, facilitators found some of the group participatory activities challenging to implement at first, and they required close support from project staff to prepare each week’s session. Ongoing mentorship of and support for facilitators throughout implementation was a core factor that contributed to the program’s success.

Group composition and dynamics

It was an advantage that the project worked with preexisting groups since the groups already benefited from a certain level of trust and openness. Participants reported that their groups successfully maintained the “safe space” approach throughout the program and that the approach helped group members feel more comfortable speaking and participating in session. Some participants have even expressed that the experience has actually improved group cohesion since participants have learned together and learned from each other. The majority of participants (in both mixed and women-only groups) felt that there are advantages to using this curriculum in groups that include both males and females.

Insights for future programming

Community demand for information

Women who participated in the formative research for this project clearly voiced an interest and need for reliable information about family planning methods. The demand for information was strongly echoed by project participants who reported sharing the information they learned with family, friends, and others in their communities, even though this was not formally part of the program. There is an ongoing need to support those individuals who diffuse knowledge and ideas to others in the community so that the best-quality information and support is available to others beyond the project group. Civil society, health care providers, and community leaders all have a role to play.

Curriculum

The project successfully adapted curriculum content from existing, proven resources, rather than reinventing the wheel.

Group facilitators did not have formal reproductive health training before the project, but they were able to use the curriculum successfully and lead others in learning.

“... having the men added on the group is better because it helps in family planning since it involves both the man and woman, so equipping them with this information is important. Also, sometimes men have wrong information about it that when we tell them they may not believe, so better they join us to learn with us.”

– Participant, Bwondha Group

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