**CREATIVE BRIEF**

**SPOT ON INFORMED CONTRACEPTIVE CHOICES**

**1. PURPOSE OF THE ASSIGNMENT**

The purpose of this assignment is to produce radio spots and its adaptation for the Department of Population Welfare of Government of Sindh.

**2. STATEMENT OF COMMUNICATION PROBLEM**

Pakistan had one of the earliest family planning programs in the region. However, as per the latest Pakistan Demographic and Health Survey (PDHS) 2012-13, the contraceptive prevalence rate (CPR) among currently married women of reproductive age (MWRA) for any method is only 35.4 per cent, far lower than what is being registered in other countries of the region. In Sindh overall, and in its rural areas the CPR is even lower at 29.5 per cent and 17.4 per cent respectively. This compared with 20.8 per cent unmet need for family planning in Sindh and 24.7 per cent in its rural areas implies that the CPR would increase to 50.3 per cent in Sindh and 42.1 per cent in its rural areas if currently married women who say they want to space or limit their children were to use a family planning method.

Importantly, more than half of currently married women have used a contraceptive method at some point in life. In terms of knowledge, all women know at least one modern method and about three quarters know a traditional method. Despite such high knowledge and prevalence rate of ever use of contraceptives, current users of contraceptives is very low and use of modern method ever lower. In addition, the extent of knowledge is unknown. One of the main reasons for such low uptake of contraceptives is discontinuation due to dissatisfaction with and /or perceived failure of the method. The PDHS reports that more than a third (37%) of users of contraceptives discontinued use within 12 months for any reason, whereas 7.6 per cent switched to another method. Only a third of the modern method users got information about possible side effects before they started using a particular method and even a lower proportion were told the recourse to deal with side effects and about availability of other methods. About a fifth of current users reported side effects, but more than half of them did not seek counseling. In their review of literature, Sultana and Qazilbash found that “discontinuation was reported to be higher among clients who felt that they did not receive adequate counselling than those who felt that they had.” Of those who discontinue only about a fifth switched to another method. Of these continuers, more than half switched to a less effective method.[[1]](#footnote-1) Mahmood and Naz recommends that in case of method dissatisfaction, couples could be informed about other contraceptive choices through counselling.[[2]](#footnote-2) Analysis show that users who were informed about side effects beforehand were less likely to discontinue the method.[[3]](#footnote-3)

*The existence of high unmet need and even higher intention to use FP clearly demonstrates that families want to space their births but discontinuation persists at unacceptably high levels. Increased knowledge of different FP methods and access to quality counselling that emphasises informed choice together could result in greater uptake of family planning.*

**3. OVERARCHING THEME**

The overarching theme in both the commercials is of “Bright Star”. The central concept of “Bright Star” is to provide a unified theme to all communication interventions being carried out under the Health Communication Component (HCC) of the USAID-funded Maternal and Child Health Program. This will bring quick recognition and coherence between different components of the HCC, the overall MCH program, and the activities of its public and private sector partners. The “Bright Star” branding and platform will also provide an aspirational and participatory approach to the health communication interventions. It will become the symbol for healthy mothers, healthy and smart children and happy and prospering families. Each member of society will be able to understand his or her role in helping to make the bright future and bright star a reality. Essentially everyone involved in MNCH/RH improvement is a “star” and their respective groups formed under HCC are “star groups.” For instance, most prominent health staff, managers and policy makers, as well as popular athletes and celebrities are “bright stars,” and so is a supportive husband, a responsive community-based health worker, a caring mother-in-law and the range of other actors and organizations that work towards improved maternal and child health in the Province of Sindh. Under HCC, there are also plans for creating an annual award to honor Stars and create national-level support for MNCH/RH. Thus, high performers from all levels of society -- from a rural mother to an LHW, a medical officer, a program manager, a district administrator or a prime-minister – is conferred “star” award from the same platform. The Bright Star initiative cuts across all the communication activities and all the relevant audiences, including the commercial described in the creative brief.

**4. OVERALL COMMUNICATION OBJECTIVES**

Couples receive accurate information on the different family planning methods, know who to talk to about family planning, and where to access family planning methods so that couples are able to make more informed choice when planning their (the couple’s) families.[[4]](#footnote-4) Through the commercial, couples will:

1. Know about the different family planning methods available and which method matches their (the couple’s) circumstances and needs;
2. Choose a family planning method together, as a couple, that is right for their needs and circumstances; and
3. Access more information and counseling on family planning through resource persons/facilities.

**5. AUDIENCES**

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| **Subject**  | **Primary** | **Secondary** |
| Informed Choice | Married women of reproductive age and their husbands  | Health care providers, community based health workers fieldworkers |

**6. DEMOGRAPHIC AND PSYCHOGRAPHIC CHARACTERISTICS**

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| **Audience** | **Demographics** | **Psychographics** |
| Married Women of Reproductive Age | Rural, suburban; however emphasis will be on rural population in Sindh; stronger emphasis will be on less educated or uneducated, socioeconomically poor or those living at borderline poverty, primarily dependent on their husbands for livelihood and other important decisions of life. | Likely to be less empowered in taking her own decisions; either has ever used a family planning method or intent to use in future, afraid or dissatisfied of methods, mainly due to its side effects; has restricted mobility; does not discuss family planning in great detail with her spouse; does not discuss nor seek more information from health provider on contraceptive choices, husband usually does not accompany her for counseling. |
| Husbands  | Rural, suburban; however emphasis will be on rural population in Sindh; stronger emphasis will be on less educated or uneducated audiences, socioeconomically poor or those living at borderline poverty, primarily dependent on the profession of agriculture or agriculture-related sector.  | Is usually the decision maker in the household, is the breadwinner. Lives from one day to another, priorities in life are likely to be the ones that get him and his family out of the poverty cycle. Considers family planning as a “women’s domain”; is influenced by desires of other family members, especially mother; opportunity cost is high for leaving a day’s work to fulfill healthcare needs of family members, less likely to know various methods of family planning and is also least likely to discuss the same with his wife. |

**7. KEY MESSAGES**

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| **Level** | **Audiences** | **Messages** | **Desired change** |
| Primary | Married women of reproductive age and their husbands (couples). | * Couples have many family planning methods to choose from to serve different needs and circumstances;
* Different methods have different advantages;
* You can get more information on FP from LHWs (and other community workers), service providers and, the helpline.
 | * Increase the number of couples who discuss family planning and make informed contraceptive choices;
* Increase the number of couples who seek additional information on family planning methods (through helpline, LHWs/CHWs, or other providers);
* Increase the number of couples who seek family planning services;
* Decrease in discontinuation rate of family planning usage.
* Increase in number of husbands participating in decisions relating to contraceptive use and seek more information if they dissatisfied with the existing method.
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**8. CALL FOR ACTION AND KEY BENEFITS**

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| **Call for Action** | **Benefits** |
| * Learning more about family planning methods will help you make a wise choice together about which method is right for you.
* Find more information on family planning from your healthcare provider or the nearest government facility.
 | If a MWRA (and her husband) knows about family planning choices then…* A couple will be able to make a decision that is best for them in planning for a happy, healthy (bright star) family.
* A couple will be able to make a decision that will lead to a brighter future for the entire family.
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**9. POSSIBLE BARRIERS TO CHANGE**

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| **Married Women of Reproductive Age** | **Husbands** |
| Lack empowerment and mobility and depend on husbands to make major decisions;Hesitate to discuss contraceptive choices in detail with their spouse;Do not seek counseling to discuss contraceptive choices with health care provider; andDo not seek for a suitable alternative once dissatisfied with existing method and discontinue using family planning completely. | Consider family planning a women’s domain;Lack knowledge of contraceptive choices;Busy in day-to-day life;Inability to perceive and acknowledge that the benefits of family planning exceeds its costs; and Inability to grasp complex information regarding health. |

**10. TONE AND OTHER CREATIVE CONSIDERATIONS**

Tone for the commercials should be powerful and engaging with clear message, and should promote a supportive couple, women empowerment and inter-spousal communication.

**11. PRODUCTION**

Recording Recording must be at professional radio stations with all facilities of radio production including music and sound effects

Duration While there are no hard and fast rules, Spots should not be running commentary but smooth audio concepts less than a minute with 10 & 20 seconds adaptations.

Language The spot is to be produced in Sindhi language as well as Urdu

1. Sultana A, Qazilbash A. (2004) Factors associated with failure of family planning methods in Pakistan: Burhan village case study. Working Paper Series #91 Islamabad: Sustainable Development Policy Institute [↑](#footnote-ref-1)
2. Mahmood, A. & Naz, S. (2012). “Contraceptive Use dynamics in Pakistan 2008-09,” Population Council, Islamabad [↑](#footnote-ref-2)
3. ibid [↑](#footnote-ref-3)
4. These are community-based LHWs and Community Midwives and facility based Lady Health Visitors, Nurses and Medical Doctors attached to the Basic Health Unit, MCH Centers and Dispensaries as well as service delivery points under the Population Welfare Department, i.e. Family Welfare Centers, Reproductive Health Service A Centers, Mobile Service Units and Social Mobilizers. [↑](#footnote-ref-4)