

The Impact of a Family Planning Mass Media Campaign in Burkina Faso



Mass media reaches a large and growing share of the population in developing countries, but can it be used to tackle poverty and change behaviors? IPA partnered with researchers and Development Media International to evaluate the impact and cost-effectiveness of an intensive, two-and-a-half-year mass media radio campaign in Burkina Faso that promoted family planning and modern contraception use. The campaign led to a 6-percentage point increase in the modern contraceptive prevalence rate, largely by reducing misconceptions about potential side effects. The impact on contraception translated into a 10 percent reduction in births and an increase in women's self-assessed health and well-being. Researchers estimate that the nationwide campaign scale-up led to 225,000 additional women using modern contraception, at a cost of US\$7.7 per additional user.

Policy Issue

High fertility rates and short spacing between births are both associated with poor health outcomes for women. While many women report that they would like to have greater control over the number and timing of births, they are not using contraception.

According to the World Health Organization, the main barriers to contraceptive uptake in Sub-Saharan Africa are a lack of information and fear about contraceptives, rather than access to contraception.

Mass media campaigns have the potential to provide useful information on the benefits of family planning and can influence social norms around such a contentious topic at a very low cost. However, mass media campaigns are also hard to evaluate given the difficulty in finding good comparison groups when national media reaches everybody in the country. As a result, limited evidence exists on their effectiveness in changing attitudes and behavior.

Evaluation Context

In 2015, only 21.5 percent of women of childbearing age in Burkina Faso used modern methods of contraception, and the average woman gave birth to six children over her lifetime. Surveys suggest that women lack information about the health benefits of controlling fertility and overestimate the health risks of contraception. Gender attitudes and intra-household bargaining issues are likely a barrier to contraception use: most rural women report never having discussed



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COUNTRY

Burkina Faso

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PROGRAM AREA

Health

TOPICS

Family Planning & Contraceptive Use, Women & Girls

TIMELINE

Not available

contraception with their husbands. Many also agree that it is appropriate for a woman to hide contraception use from her husband.

Local radio stations broadcasting in local languages dominate Burkina Faso's media environment, making radio one of the best ways to reach large numbers of women. In this study, researchers partnered with Development Media International (DMI), an organization that runs radio, television, and mobile campaigns to change knowledge and behaviors around reproductive, maternal, and child health.

Details of the Intervention

The two-and-a-half-year mass media campaign included 90-second radio spots, which were broadcast 10 times per day, and three regular two-hour interactive phone-in programs per week in six local languages. The campaign aimed to increase contraception use by addressing, in an entertaining way, the key barriers to adopting contraception. The campaign focused on providing information on different types of safe modern contraceptive methods available in this context (implants, injectables, condoms, and pills). It also addressed concerns about side effects, misconceptions about infertility caused by modern contraceptives, information on the health and economic benefits of birth spacing, gender norms, and the responsibilities of men.

Researchers randomly selected sixteen community radio stations—collectively reaching over 5 million people—that had minimal overlap in coverage area and broadcast in different languages. Of these sixteen radio stations, half were randomly selected to receive the media campaign. The other half served as a comparison group and did not receive the campaign during the study period.

In addition, researchers identified 3,138 women living in both the treatment and comparison group areas who did not own a radio and randomly selected half of them to receive a radio. This additional intervention allowed researchers to measure the impact of receiving a radio in areas where the mass media campaign was implemented and to compare it with the impact of giving a radio in areas not targeted by the media campaign.

Following the campaign, researchers collected data from women of reproductive age (15-49 years old) in 252 villages to evaluate the impact on contraception use, perceptions of family planning, and general gender norms. They also used administrative data from 838 health clinics to measure the impact of the campaign on family planning consultations and disbursement of contraceptives.

Results and Policy Lessons

Contraceptive Use and Attitudes: The campaign led to a 6-percentage point increase in modern contraceptive prevalence rate (mCPR), a 20 percent increase from an uptake rate of 30.4 percent in the comparison group. This impact was larger for women who had access to a radio when the program started or who were given a radio. Health clinics in areas that received the campaign had a higher number of family planning consultations and distributed more contraceptives. Women in areas targeted by the campaign had lower fertility and higher levels of self-assessed health and well-being.

Evidence suggests that the campaign worked largely by reducing misconceptions about potential side effects of contraception. There was a 9-percentage point reduction in the share of women thinking that modern contraception can make a woman sterile and an 8-percentage point reduction in women thinking modern contraception causes sickness. Attitudes towards family planning also improved with an 8-percentage point increase in women being likely to say that women should control the number of children they have during their lifetime. There was no significant impact on fertility preferences, attitudes toward birth spacing, or husband preferences (reported by women).

The media campaign was more effective for women who were already using contraception before the campaign (but who may not have been using it consistently) and who started with more information on contraception and more positive attitudes toward family planning and birth spacing. This suggests that despite low mCPR, there are many women close to the margin of contraception use in Burkina Faso and they--rather than those with entrenched opposition to contraception--are good targets for mass media campaigns.

In areas not targeted by the family planning campaign, distributing radios had a negative impact on modern contraception uptake (-5.6 percentage points) and on gender norms. This suggests that in this context, local radio stations do not promote progressive values on gender and modern contraception. In areas receiving the campaign, the positive impacts of the campaign more than offset this negative impact of radio access.

Cost-effectiveness: The results demonstrate that an intensive mass media campaign can substantially increase the uptake of modern contraception. This impact is likely to be highly cost-effective in countries like Burkina Faso, where an estimated 37,000 additional women are using modern contraception as a result of the campaign, at an annual cost of US\$42.50 per additional woman using modern contraception. Researchers estimate that a nationwide scale-up of the media campaign would drop this cost to US\$7.70 and will lead to 225,000 additional women using contraception.

In response to initial findings, Development Media International decided to scale up the mass media campaign nationally in January 2019. As of April 2021, the campaign was broadcast on 39 radio stations, in ten local languages, reaching an estimated 16.3 million people across Burkina Faso.