

Session 5: Behavioral Science in Action – Practitioner Presentation

Short-Acting Contraceptive Method Continuation Among Peri-Urban Unmarried Adolescent Girls & Young Women (15–24) Across Nigeria, Burkina Faso, Ghana, Nigeria, South Africa and Zambia



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Project Goal

Increase in the **continued** use of Family Planning (FP) short-acting methods (SAM) among peri-urban, unmarried adolescent girls and young women (AGYW) as long as they do not want to get pregnant in Ghana, Burkina Faso, Nigeria, South Africa and Zambia.



Behavioural Statement & Objectives



Behavioural Statement: *Mariam, a 19-year-old in a peri-urban community, continuously uses her chosen short-acting contraceptive method for as long as she does not want to become pregnant.*

Objectives:

- Support AGYW to sustain FP SAM method use until they choose to switch or conceive
- Ultimately reduce unmet need and unintended pregnancies in this demographic.

Consolidated factors drive or act as barriers to that behavior - MOTIVATION

- 1. Fear / experience of side effects (including fertility worries)**
AGYW stop or consider stopping because of current side effects or worry the method will harm future fertility.
- 2. Strength of pregnancy-avoidance & future goals (paradox)**
Continued use is driven by how important avoiding pregnancy is to personal plans (school, work, family timing)
- 3. Social acceptability & partner/family support**
Perceived approval (or disapproval) from partner, family, friends affects willingness to continue openly or secretly.

Consolidated factors drive or act as barriers to that behavior - **ABILITY**

- 1. Practical access/ Health System Level Factors (time, cost, distance, commodity availability)**
If getting refills/injections is costly or time-consuming, continuation falls. “physical effort / time / cost.”; long waiting period; stock-outs; (in)availability of AYFS - timing; convenience/ long distance
- 2. Privacy & confidentiality (ability to use privately)**
Fear of being discovered reduces ability to seek or keep using methods.
“mental effort / confidentiality / stigma.”
- 3. Correct Knowledge/ Quality Counselling & confidence to use contraceptive + respectful provider support**
Confidence to use method correctly and having supportive, non-judgmental providers enables continuation. (Importance of Service Provider support; impact of mental effort – (partner/ service provider)

Consolidated factors drive or act as barriers to that behavior - **PROMPT**

1. Reminders & provider follow-up (Health system)

Active reminders (SMS, calls, appointment cards) and outreach increase on-time refills/injections; significant impact since USG funding withdrawal.

Issues across countries: forgetfulness is a common issue; provider reminders are a clear corrective measure.

2. Routine cues & peer prompts (Family/ peers)

Linking method action to daily routine or relying on peer/family cues helps maintain consistent use.

Consolidated Measurement Questions - aligned with consolidated behaviours - **Likert Scale & Qualitative**

Motivation

- How worried are you that your method will affect **your ability to have children later?**
- How important is it for you right **now to avoid getting pregnant?**
- How **supported do you feel by people who matter to you?** (partner, family, friends) to keep using your method?

Ability

- In the last 3 months, **how easy was it to get your method/refill when you needed it?**
- In the last 3 months, **did travel cost, clinic hours, or stock-outs stop you from getting your method?**
- Who is your main source of information about contraceptives? (provider; social media; family & friends)
- Can you use your **method confidently, following instructions?**
- Can you get or **use your method without others finding out if you don't want them to?**

Prompt (**Routine cues, provider reminders, peer prompts**)

- In the last 3 months, did you **receive any reminder (SMS, call, card, person) to get your refill/injection?**
- How often do you **forget to take or renew your method?**
- What usually **reminds you to get your next injection/refill?** (Phone / Health worker / Friend or partner / Own calendar /digital apps - Mum Connect-RSA/ None)

How will you determine whether these factors influence the behavior of interest?

Throughout the methodology & Analysis: group by Fogg categories

Key Steps	Methodology	Key focus
1	Literature Review	Synthesize evidence on AGYW FP continuation to inform key behavioral drivers (Along FOGG model)
2	Formative Qualitative Research	Immersion visits, FGDs with AGYW and parents, KIIs with providers to validate & contextualize factors in target regions
3	Co-creation workshop with AGYW	with AGYW to explore barriers and brainstorm solutions mapped to Fogg domains
4	Pre-testing	Pilot surveys and tools with a small group to see if measured factors correlate with continuation
5	Iterative Refinement	Use findings to adjust intervention focus on the most influential barriers and facilitators

ANNEXES

What factors drive or act as barriers to that behavior? (How do you know these are important) - **Burkina Faso**

Motivation	Ability	Prompt
<p>Negative : In Burkina Faso, the renewal of contraceptive methods is motivated by several factors, notably the side effects experienced by users, the limited availability of certain methods, and the need to find a method more adapted to their personal situation.</p>	<p>Lack of information about FP continuation and also lack of contraceptive methods in rural area</p>	<p>Nudges for AGYW and providers, radio campaign</p>
<p>Positive : the prevention of unwanted pregnancies and induced abortions, the choice of family size, and the improvement of maternal and child health</p>	<p>The of National Family Planning Acceleration Plan (2017 - 2020) Implantation by the gouvernement In addition contraceptive methods are free in Burkina Faso since the introduction of free family planning (FP) in 2016, extended to the entire territory in 2020</p>	<p>Nudges for AGYW and providers, poster campaign</p>
<p>Social Influence; Belonging & Fear : religious and cultural beliefs, gender inequalities, lack of adequate education and information, poverty, fear of side effects or myths, as well as the lack of decision-making power of women in the family sphere</p>	<p>According to PMA2020 round 7, 47% of 15-19 year olds and 45% of 20-24 year olds affirm that those among them who use contraception have promiscuous habits or that contraception is for the married women.</p>	<p>Nudges for AGYW and providers, community dialogue, and drama</p>

Consolidated factors drive or act as barriers to that behavior

MOTIVATION - Burkina Faso

Key Drivers (+) for SAM Continuation (AGYW 15–24)	Key Barriers (-) for SAM Continuation (AGYW 15–24)	Country Examples
<p>Hope/Aspiration: Unwanted pregnancy, Get married without a child, Finish studies and get a job</p>	<p>Fear of Pregnancy and community judgment : It is a social expectation that a well-educated woman be married before becoming pregnant</p>	
<p>Belonging/Support: Social workers, providers, and certain associations encourage AGYW to start and continue using contraceptive methods</p>	<p>Effect Fears: Fear of side effects (weight gain, infertility, illness)</p>	
	<p>Social Stigma: AYGW face a significant fear of marginalization and judgment from their parents, families, and the wider community. This is driven by a powerful social norm which dictates that a girl must be married before engaging in sexual activity. Consequently, becoming pregnant while unmarried, especially as a student, is considered socially unacceptable.</p>	

Consolidated factors drive or act as barriers to that behavior?

ABILITY - Burkina Faso

FOGG SUB- DOMAIN	Key Drivers (+) for SAM Continuation (AGYW 15–24)	Key Barriers (-) for SAM Continuation (AGYW 15–24)
Routine	Contraceptive methods are free for every AYGW in Burkina Faso public facilities	Lack of shorten contraceptive methods and providers sometimes in public facilities
Time	Private and public facilities are open 24H/24 7 day/7. Some of them plan some specifics hours for AGYW services offering	Facilities are sometime far from their home. They are obliged to spend much time to get a service in a facility
Cost	Free Contraceptive methods in all the public facilities	Only free in public facilities. and most at times the commodities are grossly inadequate and out of stock
Physical effort	There are a public facility in every quarter of province but it can not received to many AGYW	The public facilities are not enough in all the area. Then, AYGW are sometime oblige to move far to get a free contraceptive method
Mental effort	Every AGYW has the right to get a contraceptive method. They are mentally preapare for it	AGYW on contraceptive method are judge by the community. People think that only married women have the righ to take it

What factors drive or act as barriers to that behavior? (How do you know these are important) - **Ghana**

Motivation	Ability	Prompt
<p>Negative : Method uptake and continuation is reinforced by the desire to prevent early pregnancy; complete school and apprenticeship. Along this aspiration are latent desire to escape from social ridicule (<i>shame and family honor</i>) among sexually active AGYW, should they get pregnant.</p>	<p>AGYW in peri-urban Ghana value discretion and privacy in the use of SAM thus injectables are cited as most preferred method (partly to control social norms regarding contraceptive use (stigma of being labeled as spoilt or promiscuous).</p>	<p>weak follow-ups or poor</p>
<p>Positive : Method uptake and continuation is reinforced by the desire to prevent early pregnancy; complete school and apprenticeship. Along this aspiration are latent desire to escape from social ridicule (<i>shame and family honor</i>) among sexually active AGYW, should they get pregnant.</p>	<p>AGYW place premium on method effectiveness, no harm to health, body image (weight gains), headaches, fertility and no menstrual cycle effects. Quality, autonomy needs and preferred method that fit AGYW preferences (discretion, privacy) reinforce method continuation in Ghana (Compton et al., 2023).</p> <p>FP services are limited to health facilities and pharmacies which are not accessible to AGYWs in peri urban communities except chemical shops where FP services are not provided, leading to access bottlenecks (<i>distance to facility, availability of services, stockouts at facilities prompting discontinuation</i>)</p>	
<p>Social Influence; Belonging & Fear : Social disapproval or silence on SRH issues , parental opposition (e.g., fears of promiscuity) , peer and community stigma and gossip of premarital sex</p>	<p>National policies promote decision making autonomy through right based contraception uptake among AGYW in Ghana (FP2030).</p> <p>However, the policy is not in synch with social norms that prescribe chastity and defers sexual activity until marriage. Aligned, is preclusion of FP services in schools by the Ghana Education Service.</p> <p>As such fear of being labeled as promiscuous coupled with provider attitudes preclude AGYW from method continuation</p>	<p>gossip, peer stories and rumours act as negative prompts</p>

Consolidated factors drive or act as barriers to that behavior

MOTIVATION - Ghana

Key Drivers (+) for SAM Continuation (AGYW 15–24)	Key Barriers (-) for SAM Continuation (AGYW 15–24)	Country Examples
<p>Hope/Aspiration: AGYWs delay pregnancy, complete education, avoid social and economic consequences of unplanned birth</p>	<p>Effect Fears: Fear of side effects (<i>real or perceived/ rumoured</i>) from methods (weight gain, infertility, health harms) prompt discontinuation</p>	
<p>Belonging/Support: supportive norms within and outside home environments promote continuation. Parental, partner and peer approval sustains use</p>	<p>Social Stigma: Strong norms against premarital sex or visible use reduce motivation to continue. Parental, partner and peer disapproval affect continuation</p>	

Consolidated factors drive or act as barriers to that behavior?

ABILITY - Ghana

FOGG SUB- DOMAIN	Key Drivers (+) for SAM Continuation (AGYW 15–24)	Key Barriers (-) for SAM Continuation (AGYW 15–24)	Country Examples
Ease of Access	Ease of Access: Physical access & continuity of supply, proximity to youth-friendly clinics, clinic schedules, stock availability for injectables and affordable resupply are essential for continuation.	difficulty in ease of access may prompt discontinuation	FP services integrated into NHIS removing financial barriers to access
Routine	Routine/Simplicity: Discretion and privacy in the use of SAM favor continuation thus AGYWs prefer injectables (partly to control social norms regarding contraceptive use (stigma) and control short interval for resupply)	AGYWs risk exposure through long waiting time and facility appointment schedules which may depress continuation	
Knowledge & Self-Efficacy	Knowledge & Self-Efficacy: correct knowledge about dosing, side-effect management and when/how to get resupplies strengthen confidence to sustain continuation	limited knowledge on SAM, side effects and information on where and when to access resupply prompt discontinuation when challenge arise	
Structural Barriers:	Service and commodity availability and ease in facility access promote continuation.	High physical efforts (proximity to facility, transportation cost, and clinic wait times) affect resupply intermittent stock-outs interrupt continuation or method switch provider attitudes- judgemental service providers preclude AGYWs from accessing facility for FP, thus AGYWs switch to ECMs	FP services are not provided to AGYW in schools

What factors drive or act as barriers to that behavior? (How do you know these are important) - **SOUTH AFRICA**

Motivation	Ability	Prompt
<p>Negative: The primary reason for discontinuing a contraceptive method in South Africa is the experience of side effects, accounting for 28.4% of all discontinuations (Kriel et al 2023)</p> <p>Trust gap: Young women often trust peers and family over formal sources, leading to misinformation on sexual health.</p> <p>Low risk perception: They may feel they're not at risk (until after pregnancy) or lack confidence in using contraception correctly, making it hard to protect themselves.</p>	<p>South Africa's laws support adolescent SRH, providing free contraception from age 12 without parental consent. However, a gap exists between policy and reality. Young women often face judgmental, rude, and unsupportive healthcare providers who scold them for being sexually active, undermining their efforts to seek care.</p> <p>Long clinic queues, lack of privacy and inconvenient hours (not all facilities have a dedicated time for youth)</p> <p>Daily pill routine or regular re-injections create high effort cost</p> <p>Poor counselling and support on side-effects limits ability to cope.</p>	<p>Poor to no reminder systems and supportive nudges for repeat clinic visits (Tiko will be rolling this out, only limited to clinics on the Tiko platform)</p> <p>Discontinuation becomes the default "easy" behaviour.</p>
<p>Positive: Personal aspirations, such as completing her education, improving her economic situation and preventing pregnancy</p>	<p>Physical and logistical barriers limit access to contraception: Clinic hours and long wait times clash with young women's schedules, while lack of privacy and guardian involvement in consultations compromise confidentiality and deter them from seeking care.</p>	<p>Some evidence of the use of prompts - though limited Some NGO-led apps, such as AIMEE are attempting to do this, though still in trial among AGYW (15–24 years) - app provides integrated HIV self-screening, PrEP, and contraception services. Uses push notifications</p>
<p>Social Influence; Belonging & Fear :Parental disapproval or silence on SRH issues , partner opposition (e.g., fears of promiscuity) , peer misinformation , community stigma and gossip of premarital sex</p>	<p>Frequent stockout of contraceptive methods. This forces providers to give women a method they may not want, leading to discontinuation or a lack of trust in the system's reliability.</p>	<p>Attempts to include sms reminders & phone calls by peer educators (especially for HIV+ on ART) via youth-friendly clinics that offer flexible hours,, but results remain mixed</p>

Consolidated factors drive or act as barriers to that behavior MOTIVATION - **South Africa**

Key Drivers (+) for SAM Continuation (AGYW 15–24)	Key Barriers (-) for SAM Continuation (AGYW 15–24)	Country Examples
<p>Hope/Aspiration: personal goals, protection against unplanned pregnancy, further education and future economic prospects</p>	<p>Fear of Pregnancy and community judgment: premarital sex is frowned upon, and resultant stigma (especially from cultural and religious leaders)</p>	
<p>Belonging/Support:</p>	<p>Effect Fears: Fear of side effects and perceived ineffectiveness</p>	
	<p>Social Stigma: Partner disapproval & abuse, parental & community stigma and trust information from peers and friends more than from health service providers, even if it is inaccurate.</p>	

What factors drive or act as barriers to that behavior? (How do you know these are important) - **ZAMBIA**

Motivation	Ability	Prompt
<p>Negative: Fear of side effects (e.g. ‘contraceptives cause infertility or illness’) is widespread - more than half in one study (Chisekula 2025)</p>	<p>. Currently, knowledge gaps are an issue: qualitative findings show many stop at the first sign of side effects, not realizing they can seek help[28]. Building AGYW’s skills to handle minor side effects and plan refills (e.g., providing appointment cards) would improve ability to continue.(PMC)</p>	<p>No routine reminders; many forget pill doses or injection dates ZDHS 2018 for continuation stats (36% of women discontinue in 12 months)</p>
<p>Positive many AGYW use contraception to achieve goals (stay in school, delay pregnancy): Chisekula, V. (2025)</p>	<p>Stock-outs of pills or injectables occasionally force method switching or gaps (PMC)</p>	<p>If a period is late or a clinic visit is inconvenient, continuation lapses.</p>
<p>Social Influence; Belonging & Fear: partner dynamics are pivotal: partner support can motivate continuation, while disapproval or violence risk leads to secret use or stopping (Chola 2023)</p>	<p>Free FP policies removed cost barriers, boosting use – but if girls aren’t aware or still have to pay transport, the impact is limited</p> <p>MiOH training more providers in adolescent-responsive care, aiming to improve this facet of ability (e.g., offering private counseling, no parental consent requirement per policy).</p>	<p>Few facilities have follow-up outreach – continuation relies on individual diligence.”</p>
<p>half of participants agreed (aggregate of strongly agree and agree) that elderly people in the community must encourage adolescents on the use of contraceptives/FP services (Chisekula 2025)</p>	<p>In Zambia’s 2018 survey, distance and access issues were cited among reasons for non-use for youth (ability: physical effort/cost).</p>	

What factors drive or act as barriers to that behavior? (How do you know these are important) - **NIGERIA**

motivation	ability	prompt
<p>negative: in nigeria, most cited reason for discontinuity of contraceptive use are side effect, partner's disagreement, lack of youth friendly services, variation from ethinc and socioeconomic characteristics.</p>	<p>lack of information about FP continuation, accessibilty issues especially in rural areas and length of coverage.</p>	<p>continuous training of health providers and increased government commitment</p>
<p>positive: positive impact on future fertility, prevention of unwanted pregnancy/ abortion, lifestyle fits.</p>	<p>in nigeria, commodities have increasingly been accessed through private sectors entities PPMVs. in 2015, a national contraceptive outlet documented 86% of stock and 72% FP service provision by PPMVs.</p>	<p>use of IEC materials and family planning checklist, provision of outreach services</p>
<p>social influence, belonging & fear: AGYW experience barriers at delivery point, gender inequalities, lack pf information, sexual activity and contraceptive use are broadly not supported for adolescent population.</p>	<p>fear of becoming obese, weakness after sterilization and impotence</p>	<p>improve health communication and awareness of family planning at all levels of the society.</p>

Consolidated factors drive or act as barriers to that behavior

MOTIVATION - NIGERIA

Key Drivers (+) for SAM Continuation (AGYW 15–24)	Key Barriers (-) for SAM Continuation (AGYW 15–24)	Country Examples
<p>Hope/Aspiration:Unwanted pregnancy, finish studies and get a job, get married without a child.</p>	<p>fear and stigma related to unwanted pregnancy: it is a taboo in most culture in nigeria for a woman to be pregnant before marriage</p>	
<p>belonging/ support: health workers, trained peers, trained youth distributors.</p>	<p>Effect fears: fears non uptake of contraceptives, concerns about fertility, diseases [STIs] and associated side effects.</p>	
	<p>social stigma: AYGW fears the use of family planning because of misconception, lack adequate information, sociocultural taboos surrounding sexual engagement in</p>	

Consolidated factors drive or act as barriers to that behavior?

ABILITY - NIGERIA

FOGG SUB- DOMAIN	Key Drivers (+) for SAM Continuation (AGYW 15–24)	Key Barriers (-) for SAM Continuation (AGYW 15–24)	country examples
Routine	AGYW access to contraceptive and other SRH services in Nigeria remain elusive, as contraceptives are not consistently free.	shortages and sometimes out of stock of contraceptives in facilities. lack of trained providers for youth friendly services.	significant proportion of facilities had stock out of contraceptive commodities in nigeria.
Time	family planning services are not provided for 24/7 in nigerian facilities both private and public.	Facilities are sometimes far from areas of people domains.	
Cost	contraceptives are not routinely free both in private and public facilities due to gross inadequacy of supply.	commodities are only free in public facilities and inadequately supplied or out of stock	
Physical effort	AGYW experience lack of youth friendly services in nigeria.	cost and accessibility is an issue further aggravating AGYW access to service.	no outreach services or sometimes grossly inadequate..
Mental effort	gender inequality and socioeconomic factors hinders empowerment of AGYW to	community's attitude of been judgemental and sometimes viewing AGYW seeking	

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Note: A qualitative study among school-going girls (13–18) in Tembisa (Ekurhuleni). Explores myths, parental/community disapproval, partner influence, and clinic-related barriers to continuation of contraceptive use.

2. [Authors not explicitly named] (2021). Teen SRH narratives: Youth experiences with contraceptive access in Tembisa and Soweto [Qualitative narratives]. Gates Open Research, 6(60). <https://gatesopenresearch.org/articles/6-60/v1>

Note: Captures youth voices describing shame at accessing injections, preference for daily control via pills, and partner-related challenges—highlighting social norms and friction in method continuation.

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Note: Compares AGYW in Soweto (Gauteng) and Durban, showing that prior pregnancy significantly increases current use of short-acting methods—but continuation remains inconsistent.

4. [Yolandie Kriel](#) , [Cecilia Milford](#), [Joanna Paula Cordero](#), [Fatima Suleman](#), [Petrus S Steyn](#), [Jennifer Ann Smit](#). A continuum of individual-level factors that influence modern contraceptive uptake and use: perspectives from community members and healthcare providers in Durban, South Africa, <https://pmc.ncbi.nlm.nih.gov/articles/PMC10548747/>

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Consolidated factors drive or act as barriers to that behavior

MOTIVATION

Key Drivers (+) for SAM Continuation (AGYW 15–24)	Key Barriers (-) for SAM Continuation (AGYW 15–24)	Country Examples
<p>Hope/Aspiration: Desire for education, career, or a better future motivates sustained FP use. Many AGYW continue contraception to “finish school” or “provide a good life for my kids when I have them” (future orientation).</p>	<p>Fear of Pregnancy: Paradoxically, high fear of pregnancy motivates uptake, but if fear of method side effects > fear of pregnancy, discontinuation occurs.</p>	
<p>Belonging/Support: Social support encourages use – e.g. having a supportive boyfriend or peer group normalizing contraception.</p>	<p>Effect Fears: Widespread fear of side effects (weight gain, infertility, illness) undermines motivation</p>	<p>7% of Zambian women stop using in 1st year due to health concerns</p>
	<p>Social Stigma: Norms against premarital sex or pressure for early childbearing reduce motivation to continue. Youth fear being seen as “immoral” or face family pressure to have a baby, which can lead to method discontinuation.</p>	

Consolidated factors drive or act as barriers to that behavior?

ABILITY

FOGG SUB- DOMAIN	Key Drivers (+) for SAM Continuation (AGYW 15–24)	Key Barriers (-) for SAM Continuation (AGYW 15–24)	Country Examples
Ease of Access	Ease of Access: Nearby clinics, free or affordable services, and convenient service hours improve ability. Mobile outreaches and pharmacies as alternate sources also help. (Tiko)		Free FP policies in Zambia and XXX removed cost barriers, boosting use – but if girls aren’t aware or still have to pay transport, the impact is limited
Routine	Routine/Simplicity: Methods that fit easily into daily life (or require infrequent action) aid continuation. E.g., one reason injectables are popular is only 4 times a year dosing (less daily effort)		
Knowledge & Self-Efficacy	Knowledge & Self-Efficacy: Knowing what to expect (e.g. side effect management) and confidence to use method correctly increase ability		
Structural Barriers:	Structural Barriers: Distance, transportation cost, and clinic wait times impede refills (physical effort, cost). E.g., adolescents in rural/peri-urban areas may travel hours for resupply. Stock-outs can abruptly interrupt use (no method available) [5] . –	Provider Attitudes: Non-youth-friendly services (judgmental or hostile providers) intimidate AGYW, effectively reducing access. Some providers unlawfully require parental consent or marriage proof, adding barriers.	
Cognitive/ Mental Load	Cognitive Load: Remembering to take a daily pill or follow injection schedules is challenging (mental effort). Competing life demands and privacy concerns (hiding pills from family) add complexity.		

Consolidated factors drive or act as barriers to that behavior?

PROMPTS

FOGG DOMAIN	Key Drivers (+) for SAM Continuation (AGYW 15–24)	Key Barriers (–) for SAM Continuation (AGYW 15–24)	Country Examples
Timely Reminders	<p>Timely Reminders: Appointment cards, SMS reminders, or health worker follow-up calls serve as positive prompts to continue. Even a friend or partner reminding (“Isn’t your injection due?”) can prompt action.</p> <p>Integrated Services: Opportunities like postpartum or post-abortion care visits act as prompts (provider can encourage continuation or method switching at key moments).</p>	<p>No formal system: In most contexts, if an adolescent doesn’t return, the system doesn’t reach out</p> <p>Lack of Follow-Up: Health systems seldom follow up with young clients who miss appointments. A “no-show” is often a lost user. The absence of any follow-up prompt after discontinuation means many never restart or switch methods, even if they still need protection.</p>	<p>In Zambia, community health workers sometimes try informal follow-ups (e.g., checking on Depo clients who missed their date), but these are ad hoc.</p> <p>80% of discontinuers in a Zambian study had no contact from health services after stopping</p>
		<p>Forgetfulness/Lapse: Without prompts, AGYW often forget renewal dates or daily doses. Life disruptions (exams, travel) cause lapses in use without a system to remind them.</p>	
		<p>Life Transitions Without Guidance: Events such as leaving school, breakups, or moving can interrupt routines, and if no prompt (like counseling or outreach) occurs, methods may be dropped</p>	

What factors drive or act as barriers to that behavior? (How do you know these are important)

Conduct Literature Review: Continuation data (DHSs, other literature); published study; identify factors (barriers/ use) - across the countries; (10 top items)

Motivation

- **Aspiration: (hope/ fear)** side effects/ don't want to get pregnant; Benefits, continue school; hope for the future
- **Sensation: (Pleasure/ pain)**
- **Belonging: (Acceptance/ rejection)**

Ability

- **Routine:** Use of the method as precisely prescribed
- **Physical Effort:** ability to go the service delivery point
- **Time**
- **Cost**
- **mental effort:** partner influence, confidentiality, Stigma; service providers, Confidence & support to use short-term methods correctly

Prompt (timing)

- forgetfulness

Session 5: Behavioral Science in Action – Practitioner Presentation

Participants present
the behavioral
intervention they
have been working
on.

Participants provide
feedback and score
other group projects.

Prize awarded to the
best group
presentation.