

FAMILY EMPOWERMENT MEDIA

Enabling informed choices
and better health



June 2021

Summary

Family Empowerment Media (FEM) is an early-stage non-profit with an ambitious mission and cost-effective solution

- FEM launched in September 2020 with support from the Charity Entrepreneurship Incubation Program
- Our mission is to eliminate maternal deaths and other health burdens from unintended pregnancies; we do so by producing and broadcasting radio programming that shifts knowledge, attitudes, and behaviour around family planning in Nigeria
- We estimate that by 2025, every \$3,600 contributed to FEM will avert a maternal mortality, as well as reducing the incidence of obstetric fistula, postpartum anemia, and postpartum depression

We bring a distinct approach that can enhance impact

- We are entirely focused on where, based on evidence, we think we can have most impact: radio-based family planning SBC campaigns in Nigeria; this focus will help us to become exceptional at what we do best
- We use innovative methods (e.g., secondary transmitters) to rapidly test our effect; the information captured through these methods will position us to continually adapt and improve
- We design and execute campaigns through partnerships with local organizations; these partnerships will enable us to tap into local expertise and scale rapidly

We have successfully completed a proof-of-concept and are currently conducting research for a pilot

- Our proof-of-concept established the feasibility of our model in Nigeria; we aired ads on two stations 140 times, reaching an audience of more than two million women and men
- Our three-month pilot aims to achieve a substantial improvement in knowledge of, and attitudes on, family planning

FEM's radio-based SBC campaigns will improve knowledge and attitudes, leading to greater contraception usage and fewer unintended pregnancies

FEM'S ACTIVITIES

One-minute-long drama-based radio ads with family planning messages are broadcast 10 times per day

Hour-long interactive programmes on family planning are broadcast 2 times per week

OUTCOMES

Couples are **knowledgeable** about a range of modern contraceptive methods and their side effects

Couples **believe** it is important to discuss family planning and make planning decisions together

Couples are **reminded** of the importance of consistent contraceptive use

GOAL

Couples in need of modern contraceptives consistently use them and **unintended pregnancies are reduced**

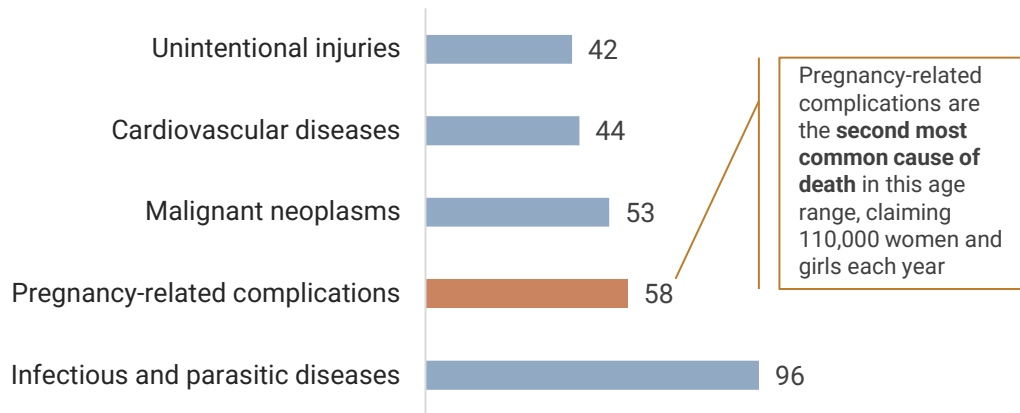
IMPACT

Women and their families lead **healthier, happier, and more productive lives**

In Africa, pregnancy-related complications are a leading cause of death and other serious health burdens

DEATHS

Leading causes of death - 2019
Deaths per 100,000 females in Africa, 15-49 years of age



OTHER HEALTH BURDENS

50k-100k

Number of women worldwide who experience pregnancy-related **obstetric fistula** each year

50%-80%

Percent of women in developing countries who experience **postpartum anemia**

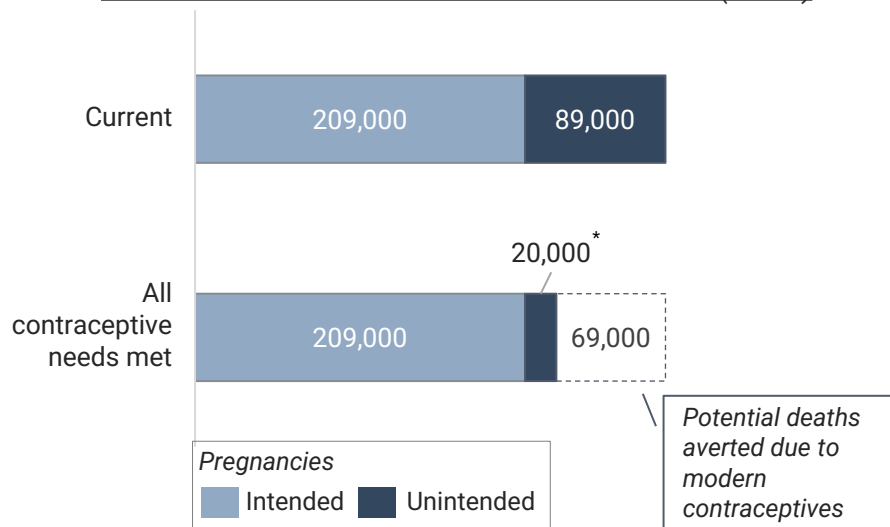
7%-43%

Percent of mothers with **postpartum depression** in African countries

Eliminating unintended pregnancies would reduce these health burdens and likely lead to education and welfare benefits

Enabling universal access to modern contraceptives would eliminate 23% of deaths from pregnancy-related complications...

Maternal deaths – Low- and middle-income countries (LMICs)



...and studies show potential for additional benefits in:



Education

Access to family planning was **three times more powerful** than improving school quality in keeping girls in school an extra year in Cambodia



Income generation

Girls with access to family planning clinics in Colombia were **7% more likely** to participate in the formal workforce as adults



Children's health

Increasing interpregnancy intervals from 6 months or less to 36-47 months reduced risk of under-5 mortality by almost 200% and stunting by 25%, based on an analysis of 52 countries

(*) Some maternal deaths from unintended pregnancies persist in this scenario because of failure of modern methods to avert pregnancy
 Sources: Center for Global Development and Birdsall House, "Reproductive Choices to Life Chances," 2017, Dec. Bailey, Martha, "Fifty Years of Family Planning," *Brookings Papers on Economic Activity*, 2013, Spring. Sully, Elizabeth et al, "Adding It Up: Investing in Sexual and Reproductive Health in Low- and Middle-Income Countries (Appendix Tables)," *Guttmacher Institute* 2020, Jul. Rutstein, S. "Further Evidence of the Effects of Preceding Birth Intervals on Neonatal, Infant, and Under-Five-Years Mortality and Nutritional Status in Development Countries," USAID, 2008 as cited in USAID, "Healthy Timing and Spacing of Pregnancies," 2008

SBC campaigns can be highly effective in reducing unintended pregnancies – radio-SBC campaigns in W. Africa particularly so

Social and behaviour change (SBC) campaigns seek to facilitate health-promoting behaviour by influencing beliefs, attitudes, and norms

The evidence base for mass media (typically radio or TV) SBC campaigns is strong

- In 2017, a consortium of major family planning actors selected mass media SBC campaigns as a “High Impact Practice in Family Planning”
- Numerous studies have found an increase in modern contraceptive use in individuals exposed to mass media SBC campaigns (see table at right)

A randomized controlled trial demonstrated the impact of radio-based SBC campaigns in West Africa

- The study found that radio shows and ads led to an 8 percentage point increase in modern contraception use by women in households with radios in Burkina Faso

Exposure to mass media and modern contraceptive use: studies with strong evaluation designs showing statistically significant effects

Country	SBC components	Percentage point increase in modern contraception use
Bangladesh	TV	10.5
Nepal	Radio	6-9*
Philippines	TV	4
Uganda	Radio (and community engagement)	10

(*) Range for three analytic methods used

Sources: High Impact Practices in Family Planning, “Mass Media: Reaching audiences far and wide with messages to support healthy reproductive behaviors,” US Agency for International Development, 2017. Pouliquen, Victor; Glennerster, Rachel; Murraray, “The Media or the Message? Experimental Evidence on Mass Media and Modern Contraception Uptake in Burkina Faso,” Working Paper, Centre for the Study of African Economies, 2021, Mar.

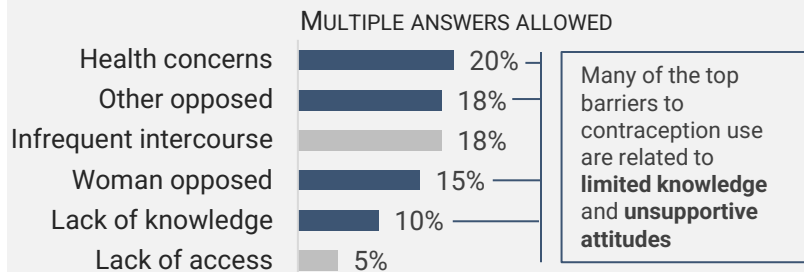
In Nigeria, where FEM has begun its work, conditions are conducive for a highly impactful radio-SBC campaign

High need for modern contraception

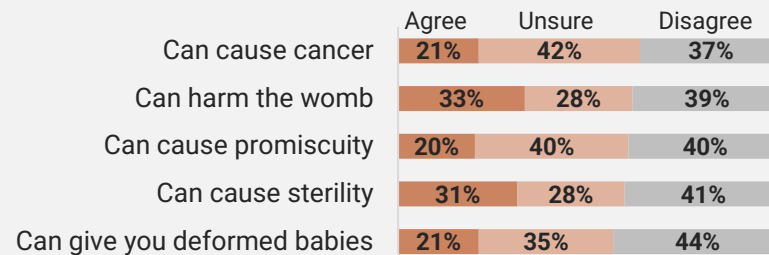
- 5** average number of children born per woman – one of the highest total fertility rates in the world
- 19%** share of married or in-union women who would like to avoid having a child and are not using a modern contraceptive
- 1:34** estimated ratio of women in Nigeria who will die due to pregnancy-related complications during their lifetime to all women, based on current mortality risk

Major gaps in knowledge and unsupportive attitudes

Top reasons for not using modern contraceptives cited by married Nigerian women not using modern contraceptives



Common beliefs about contraceptives of pregnant women and women with a child under 2 years in Northern Nigeria



Late 2020-early 2021, FEM conducted a proof-of-concept campaign in the state of Kano, Nigeria; we are now conducting a pilot campaign

Proof-of-concept campaign

Nov. 2020 – Feb. 2021

Key question - feasibility:

Can we cost-effectively implement our model in Nigeria?

Achievements:

- Secured support of state and federal government officials
- Aired two advertisements on 140 radio spots on two stations
- Ads remembered by four out of five radio listeners*

Pilot campaign

Feb. 2021 – Dec. 2021

Key question - optimization:

Can our model cost-effectively impact knowledge, attitudes, and behaviour in Nigeria?

Goals:

- 6 radio shows aired
- 8 advertisements aired on 840 radio spots
- 5 percentage point increase on index of knowledge and attitudes about family planning

The proof-of-concept established the feasibility of our model; now in the pilot stage, we are calibrating the model to achieve optimal impact

During the pilot, we will experiment with innovative methods to capture listener feedback, which will enable us to adapt our programming

As a small and agile firm, FEM will develop new ways to understand its audience and rapidly learn what is and isn't working



Listener voice memos

What is it?

During prototyping, research participants receive headphones and a microphone. They listen to programming and record feedback on their own, without having to engage with a researcher

Why is it a promising technique?

- Recreates the typical radio listening experience, which is usually solitary
- Offers privacy to listeners on a sensitive topic



Phone flashing

What is it?

During each FEM show and ad, a unique phone number is announced. To receive more information, listeners can call the number and hang up. FEM will then call them back (saving the listener calling costs) and reply to their questions.

Why is it a promising technique?

- Provides immediate quantitative data on listener engagement with each show and ad



Secondary transmitters

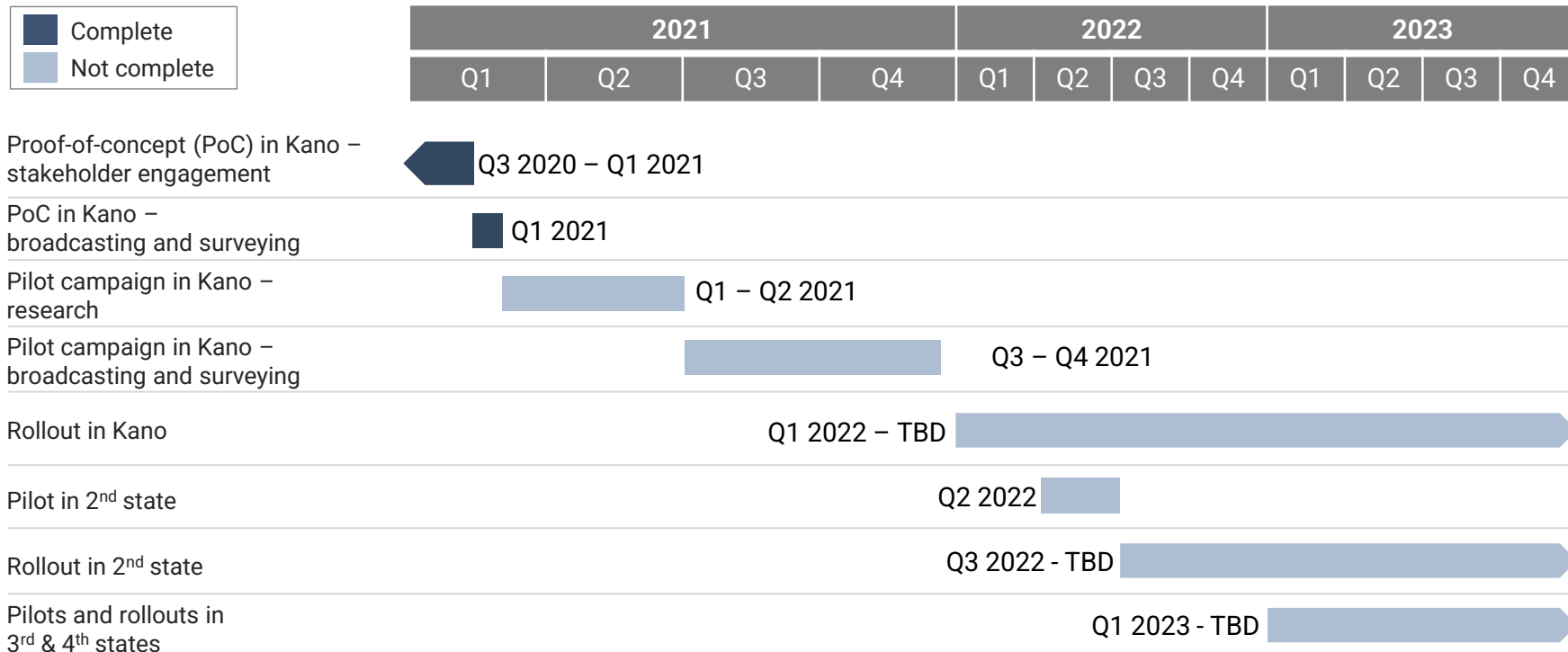
What is it?

In a defined area, secondary transmitters broadcast alternative content when FEM's programming is broadcast by the station's primary transmitter(s). Listeners in this area hear identical content to all other listeners, except for not hearing FEM's shows and ads.

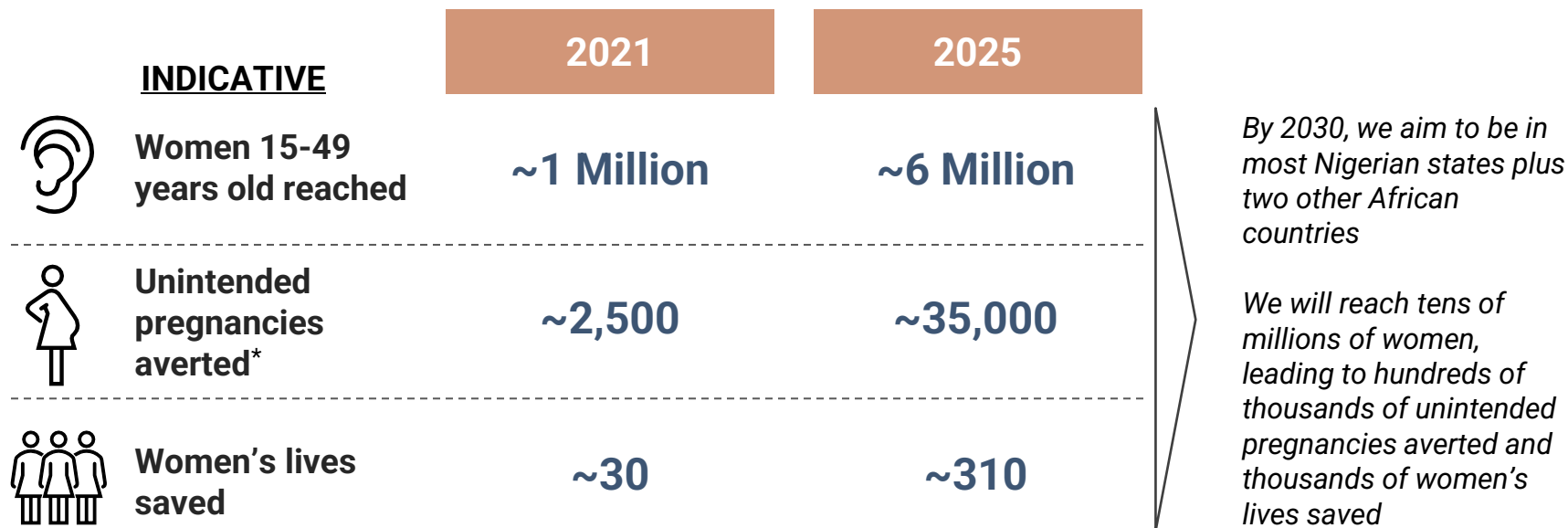
Why is it a promising technique?

- Creates a control group (the area not receiving FEM's programming), enabling FEM to assess its counterfactual impact

After the pilot, we will conduct a full rollout in Kano and expand to a second state; by 2023, we plan to be on stations in four states



We can reach millions via a few dozen stations; contraception adoption by a fraction of women could lead to more than 300 lives saved in 2025



In addition to saving lives, averting unintended pregnancies will reduce cases of obstetric fistula, postpartum anemia, and postpartum depression

(*) Estimates assume that the rate of contraception adoption achieved is 50% of that achieved by the DMI campaign in Burkina Faso during a year long campaign. 2021 estimate is pro-rated based on a three-month campaign
Sources: FEM analysis. Innovations for Poverty Action, "Augmenter la demande de contraception moderne au Burkina Faso grâce à une campagne médiatique," 2019, Oct. FEM calculations based on stakeholder interviews

FEM's co-founders' experience in entrepreneurship and global development is complemented by the local knowledge of iDevPro-Africa

ORGANIZATIONAL LEADERSHIP



Anna Christina Thorsheim
Co-Founder &
Director

Co-founder of Fornix (mental health start-up) and former PR Head at YSI (incubator)

Field experience in Argentina, the Balkans, and Tanzania

Studied Industrial Economics at Norwegian U. of Science and Technology



Kenneth Scheffler
Co-Founder
& Director

Former consultant at Dalberg and Deloitte, and manager at USAID

Work experience in 18 countries, including project work in Nigeria – 4 years living in Kenya

MBA and Master of International Affairs from Columbia University



*Dr. Mansur M. Tukur**
Nigeria Country Director

Former Senior Family Planning Technical Advisor for Palladium, Technical Officer for FHI 360's SBC campaigns, and Regional Manager for Marie Stopes – all in Nigeria

PhD with Distinction in International Public Health

As FEM enters new states, we will establish additional partnerships with local organizations. Partnering with local organizations, such as iDevPro-Africa, enables us to tap into local knowledge and networks, and rapidly scale to new states

(*) Dr. Tukur is also a member of FEM's Advisory Board (see next page)

In addition, an Advisory Board contributes guidance on family planning, evaluation, and working in Nigeria



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Nigeria Country Director
Pathfinder International



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