

Project *Terikunda Jékulu*

AID-OAA-A-10-00066



Annual Progress Report - Year 1

October 2010 September 2011



INTRODUCTION

Project *Terikunda Jékulu* (TJ), led by Georgetown University’s Institute for Reproductive Health in collaboration with CARE International, the Centre for Development and Population Activities (CEDPA), and the Association de Soutien au Développement des Activités de Population (ASDAP), seeks to improve reproductive health outcomes in Mali through social network interventions. In Mali, nearly twenty years of family planning (FP) programming efforts have increased knowledge and awareness of various FP methods among almost all sexually active men and women, yet unmet need has increased from 26% in 1996 to 31% in 2006 (EDS Mali 2006). Efforts to reduce unmet need for FP have mainly focused on women and, in some cases, their partners, but have not taken into consideration the overall context in which reproductive health decisions are made and the influence of an individual’s social network (e.g. husband, mother-in-law, and friends) on their fertility desires and reproductive health. The goal of Project *Terikunda Jékulu* interventions is to create a social environment that allows women and couples to exercise their desire to space or limit births by targeting social groups, key opinion leaders, and well-connected individuals within social networks that can catalyze discussions related to planning births and using modern FP options. During the first year of *Terikunda Jékulu* (“friends connecting with friends through social networks” in Bambara), formative research was conducted to assess the influence of men and women’s social networks on their attitudes, beliefs, desires, intentions and behaviors regarding fertility and child spacing. *Terikunda Jékulu* is now entering the second year of and Phase II of the Project and results from the formative research will be used to design and test interventions in two districts, Dire and Selengue.

Year 1 Key Accomplishments

	Planned Objectives	Accomplished in Year 1	Challenges & Delays
Project Management	Hire Research, Monitoring and Evaluation Coordinator (RMEC)	<ul style="list-style-type: none"> The RMEC, Mariam Diakité, was hired in January 2011. Ms. Diakité has played a key role in organizing and overseeing research activities in the field, coordinating with TJ partners, and providing general support to TJ. 	N/A
Partner relations	Establish and support partner advisory group (PAG) to carry out TJ activities.	<ul style="list-style-type: none"> The TJ PAG met regularly throughout Year 1. IRH was responsible for organizing the calls, and CARE Mali hosted the partners during the PAG calls, and this gave the Mali-based partners a chance to meet face-to-face. All partners were actively involved in the meetings, and the meetings allowed the partners to stay informed about project activities, get feedback from partners, and provided an opportunity for discussion about the project and a chance to address any issues. <ul style="list-style-type: none"> IRH developed a Google site that allows partners to share documents, reports, and presentations, post announcements and access all project-related 	

		information. To see the TJ google site, visit - https://sites.google.com/site/terikundajekulu/	
	Establish technical advisory group (TAG) in Mali to support Project TJ.	<ul style="list-style-type: none"> The TJ TAG, led by the Mali Ministry of Health and consisting of approximately 25 high-ranking members, participated in two meetings (May and July 2011) in Year 1 to learn about social network theories and methods and validate the formative research results. During the July in-country partners meeting, stakeholders actively contributed to the interpretation of research results and incorporation of findings into forthcoming interventions. Stakeholders formed their own social network and will be important actors in supporting efforts to shift FP program paradigms in Mali. See Appendix A for report on the July 2011 TAG meeting. 	
	Meet regularly with Mali partners, including the Ministry of Health, USAID Mali, and the CNESS (Mali ethics committee)	<ul style="list-style-type: none"> Meetings to formally introduce the project and gain input on project implementation were held with the National Director and Division Head of the Department of Reproductive Health at the Ministry of Health (MOH) and the USAID Mali Mission. Consortium partners attended quarterly USAID/Mali partners' roundtable. Roles and responsibilities with respect to representation, relationship management, and communication have been clarified among the partners in both Mali and Washington DC. This has led clearer expectations and linking with USAID. Mariam Diakité provided USAID Mali with regular updates on research activities in Year 1. Mariam Diakité and Sekou Traoré presented research findings to CNESS, the local Mali ethics committee. 	
Research	Conduct ethnographic research in two contrasting communities in order to better understand social networks and FP.	<ul style="list-style-type: none"> TJ conducted ethnographic research to look at the spread of influence and FP information through men's and women's networks in two contrasting communities of low and high FP use and low and high unmet need. The results of the research guided the development of data collection tools for the social network mapping. Some of the strategies for social network interventions were derived from the ethnographic research, such as increasing social interaction of health workers with their clients represent and the importance of working with mothers-in-law and co-wives to spread accurate FP information. See Appendix B for a summary of the TJ Ethnographic Research Report. 	The delay in receiving Georgetown University IRB approval for the ethnographic portion of the formative research greatly affected the timeline of the project.
	Prepare a Program Review of existing "social network" interventions to guide Phase II program design.	<ul style="list-style-type: none"> CEDPA and ASDAP conducted a program review of existing interventions in Mali that, although not specifically "social network" interventions, included principles of social network theory. The findings from the program review were categorized and analyzed using the six approaches to network-based interventions described in <i>Social Networks and Health</i> by Tom Valente. Several recommendations from the <i>Terikunda Jékulu</i> program review are being applied in the design of the <i>Terikunda</i> 	

		<i>Jékulu</i> social network interventions. See Appendix C for a summary of the TJ Program Review.	
Complete a situational analysis in Phase II districts to gather information for intervention planning.	<ul style="list-style-type: none"> As part of the formative research for <i>Terikunda Jékulu</i>, CARE Mali hired a consultant, Fodie Maguiraga, to carry out a situational analysis in the two intervention phase districts. Mr. Maguiraga, with the help of the TJ RMEC and the PKC II agents, visited Diré and Selengue to better understand the general social context and existing groups or networks in the districts and to identify possible partners. The situational analysis identified a variety of associations, <i>grins</i>, local NGOs, and savings groups and also explored the barriers to family planning in in both districts. The barriers included rumors and misinformation related to FP, lack of male-involvement, and provider confidentiality issues, which are similar to those from the ethnographic research and social network analysis and confirmed the strategies that Project TJ will be using for the Phase II social network interventions. See Appendix D for a summary of the TJ situational analysis. 	The situational analysis showed that FP services are weak and likely contribute to high unmet need and low uptake of FP.	
Complete a census and map social networks in two villages with different levels of unmet need to identify how social influence flows through the community.	<ul style="list-style-type: none"> The social network census and mapping explored participants' views about family planning, as well as attitudes and behaviors related to the decision of how many children to have, whether or not to use family planning, etc. The research team also asked married adults of reproductive age to name the people who provided them material, cognitive, and emotional support, as well as practical assistance, and identify them on the adult village resident list. The results of the household census and network mapping were used to create maps using UCINET, a social network analysis software. Social network mapping in two villages in Mali identified perceived spousal and community disapproval of FP as a significant barrier to FP use, along with misinformation about the physical effects of FP and rumors about health consequences of FP. In both villages, men are more connected and have a greater influence than women. Interestingly, in the village where people were more favorable to FP, there were many network connections to people living outside the village, e.g., individuals working in Bamako and other communities, who brought new ideas about FP and fertility to social networks in their home village. 		
Conduct in-depth interviews to explore how FP information is shared between members, and interviewees' understanding of their own unmet or met need status, and reasons for not using FP.	<ul style="list-style-type: none"> The social network mapping census data allowed us to identify 48 individuals (24 in each village) to be followed up with for in-depth interviews. These individuals will represent the spectrum of unmet need and network membership types. The in-depth interview guides were developed by IRH DC with input from our RM&E Coordinator and Mamadou Camara, TJ research consultant. 	The interviews were scheduled to take place in August according to the Year 1 workplan, but there were delays due to contractual issues and consultant availability. The interviews will begin in mid-November and results should be ready by January 2012.	

Planning for Phase II	Develop process for using social network analysis to design FP programs.	<ul style="list-style-type: none"> • Qualitative and quantitative social network mapping techniques were adapted to help program designers identify the network structures and relations which influence the diffusion of FP attitudes, knowledge and use in a particular setting. • During the July 2011 PAG meeting, tools were developed to facilitate a participatory process with stakeholders to systematically apply a social network approach to program development. 	
	Design social network intervention.	<ul style="list-style-type: none"> • Formative research results informed design of innovative interventions that target social groups, key opinion leaders, and well-connected individuals to create a social/normative environment that allows women and couples to exercise their desire to space or limit births. 	
	Develop and submit concept note and budget to USAID.	<ul style="list-style-type: none"> • Partners synthesized the results from the formative research and the discussions from the July PAG meeting into a concept note that outlines the TJ conceptual framework, describes the social network interventions, and details how the interventions will be evaluated. 	

Year 2 Objectives

	Planned		Foreseeable challenges & delays
Year 2 start-up	CARE, ASDAP and IRH will hire new staff for Project TJ and define roles and responsibilities.	<ul style="list-style-type: none"> • IRH has advertised the Project Manager position in Mali and also asked the TJ “social network” to share the advertisement with their contacts. IRH is in the process of interviewing candidates. • CARE Mali will start the hiring process for a project coordinator and field agents. ASDAP is identifying individuals to fill new positions. • Define TJ staff roles and responsibilities for Year 2. 	<ul style="list-style-type: none"> • It is important that positions be filled by the end of November so that the new staff can participate in the December partners meeting.
	IRH will modify partner subagreements with Georgetown University.	<ul style="list-style-type: none"> • Modify the TJ partners’ scope of work and budget to reflect Year 2 activities. 	<ul style="list-style-type: none"> • Potential delays, specifically related to hiring of new staff, due to Georgetown University subagreement process.
	Partners meet for in-country Year 2 start-up meeting, from December 5-9.	<ul style="list-style-type: none"> • During in-country meeting, TJ partners will finalize individual organization workplans, develop intervention monitoring tools and system, set up schedule for coordination/monitoring meetings, and define schedule and objectives for next TAG meeting. 	

	Develop workplan	<ul style="list-style-type: none"> • Develop overall TJ workplan to monitor global and Mali-based activities. 	
Partner relations	Have regular PAG meetings.	<ul style="list-style-type: none"> • TJ partners decided that the PAG will continue to meet once a month until January 2012 as TJ transitions into Phase II. After January, PAG meetings will be bi-monthly. 	
	Organize Year 2 TAG meetings.	<ul style="list-style-type: none"> • The date for the next TAG will be decided during the in-country partners meeting. In the meantime, the TAG will receive a summary of the concept note so that they are aware of Project TJ's work. 	
	Provide regular updates to and meet with USAID Mali and MOH DNS.	<ul style="list-style-type: none"> • Continue to take advantage of USAID partner meetings to keep USAID-Mission officers informed of the project, followed by formal e-mail communication confirming decisions with all partners by IRH/DC. • As additional staff are engaged within the HPN Unit, and as Project TJ begins the next phase of intervention testing, we expect that it will be more feasible to have regular meetings between USAID and PAG representatives and to maximize synergies with other USAID partners and projects. 	<ul style="list-style-type: none"> • Availability of TJ partners is an issue. It is difficult to have a representative from all partner organizations present for meetings with USAID Mali and MOH/DNS. We hope this will not be an issue once new staff are hired.
Communication/Dissemination	Increase visibility of Project TJ.	<ul style="list-style-type: none"> • IRH created a "Project TJ" page on the IRH website, www.tinyurl.com/terikunda-jekuly, and will be regularly adding content to the page in order to increase visibility of project and share TJ project materials. • All TJ partners will be attending the Dakar International Family Planning Conference in November 2011. In order to promote the TJ Project, we have developed a promotional "postcard" that links to the TJ page on the IRH site. The "postcard" will be available at IRH booth and distributed to interested participants. The TJ promotional "postcard" is attached as Appendix E. 	
	Share research findings at conferences, meetings, etc.	<ul style="list-style-type: none"> • Develop strategy to share research reports with a larger audience. Research reports are now available on TJ page on the IRH website and promotional material has been developed for the Dakar conference. 	
	Write and submit TJ-related articles to peer-reviewed journals.	<ul style="list-style-type: none"> • Two articles will be submitted to be published in peer-reviewed journals in Year 2. An article based on the ethnographic research completed in Year 1 has already been drafted. Once the in-depth interviews are completed, the IRH team will draft another article based on the results of the social network census, mapping, and in-depth interviews. 	<ul style="list-style-type: none"> • Significant staff time is needed to write articles. Hiring consultants is a possibility, but depends on availability of funds in the budget.
Research	Complete in-depth Interviews to further understand the role of influencers and connectors and understand the concept of unmet need from the	<ul style="list-style-type: none"> • Research consultant, Mamadou F. Camara, will begin in-depth interviews with individuals identified in household census from Year 1 in mid-November. • In-depth interview guides will be submitted to USAID. 	

	perspective of men and women.		
	Conduct baseline in intervention and control communities.	<ul style="list-style-type: none"> • IRH will identify research organization/consultant, develop baseline tools, obtain IRB approval, and pre-test tools. • Baseline data collection protocol and tools will be submitted to USAID. • The household survey will be conducted in a sample of households in the intervention and control communities to establish a baseline. The survey will include questions that will allow us to map ego-centric (personal) networks of study participants. • Research organization, with the help of IRH, will analyze data and write a report. IRH will disseminate results and share report. 	<ul style="list-style-type: none"> • Need to recruit and hire a research organization that can undertake activities. • Lots of data will be generated, significant staff time needed to do the analysis. There may also be delays in receiving either GU or Mali CNESS IRB approval.
	Conduct cohort interviews in intervention and control communities.	<ul style="list-style-type: none"> • IRH will identify research organization/consultant, develop cohort interview guides, obtain IRB approval, and pre-test interview guides. • Cohort interview guides and protocol will be submitted to USAID. • The cohort interviews will be conducted with a panel of men and women with unmet need status, purposively selected to represent different network membership types, beginning before intervention activities begin (baseline) and ending two years later (end line). The interviews will explore content, quality, and frequency of FP information shared between network members as well as interviewees' understanding of their unmet/met need status and reasons for using (or not) FP. • Research organization, with the help of IRH, will analyze data and write a report. IRH will disseminate results and share report. 	<ul style="list-style-type: none"> • Need to recruit and hire a research organization that can undertake activities. There may also be delays in receiving either GU or Mali CNESS IRB approval. • Lots of data will be generated, significant staff time needed to do the analysis. There may also be delays in receiving either GU or Mali CNESS IRB approval.
Interventions	Prepare for and implement social network interventions.	<ul style="list-style-type: none"> • ASDAP and CARE will apply a package of approaches that will: 1) work with and through existing women's groups and men's groups to provide information and foster dialogue on fertility and child spacing; 2) link health workers operating in target districts to target social groups; 3) connect migrant workers based in Bamako with their home-based social networks; and 4) engage community-based religious leaders. • CARE Mali has identified target project areas and made preliminary assessment visits to identify potential leaders and allies. • ASDAP and CARE need to train staff in social network interventions and identify groups, leaders, and district officials with whom to work. • Partners will clarify definition of specific intervention activities, need for training and support, and define plan for roll-out. 	<ul style="list-style-type: none"> • Availability and quality of FP services. Project TJ will collaborate with other organizations and the MOH to ensure that quality services are available once demand begins to increase as a result of social network interventions.

Monitoring	Design and implement monitoring system, and have regular monitoring meetings.	<ul style="list-style-type: none">• IRH will lead PMP development and implementation.• IRH and TJ partners will develop monitoring tools during December meeting.• Train ASDAP and CARE staff.• Collect, review, analyze data.• Share results at TJ Monitoring meetings w/ CARE & ASDAP staff involved in monitoring)	
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Appendix A

Technical Advisory Group July 2011 Meeting Report

COMPTE RENDU DE LA 2^{ème} REUNION DU TAG DU PROJET « TERIKUNDA JEKULU »

DATE : 13 juillet 2011

LIEU : Hôtel Mandé Bamako

PARTICIPANTS : voir liste en annexe

DEROULEMENT :

Le 13 juillet 2011, s'est tenue dans la salle de conférence de l'hôtel Mandé la 2^{ème} réunion du TAG du Projet «Térikunda Jekulu » élargie aux autres partenaires. L'ordre du jour portait sur la présentation des résultats des études faites à la 1^{ere} phase de ce projet.

La réunion a été présidée par la Représentante de la Direction Nationale de la Santé.

La réunion a commencé par les mots de bienvenue de la Directrice de Programme de Care qui a rappelé le but de cette réunion tout en évoquant la durée de ce projet qui est de cinq (5) ans. Il sera mis en œuvre par un consortium de partenaires que sont IRH, Care, CEDPA et ASDAP. Elle a mis un accent particulier sur les besoins non satisfaits en PF au Mali et a annoncé que la 1^{ere} phase de ce projet tire vers sa fin avec les résultats des recherches qui seront présentés.

La représentante de l'USAID a dans son allocution remercié tous les participants pour tous les efforts fournis pour l'atteinte des OMD. Elle a signalé que l'USAID attend beaucoup de cette étude et en titre de rappel que l'UNFPA et la société civile ont beaucoup fait dans le domaine de la PF. L'USAID intervient dans beaucoup de domaines entres autres la santé, l'éducation, la nutrition et que ce Projet «Térikunda Jekulu » est un cadre d'échanges qui nous permettra d'innover nos interventions en PF.

Les mots d'ouverture ont été prononcés par la Représentante de la Direction Nationale de la Santé qui dans son discours a insisté sur l'atteinte des OMD 4 et 5. Elle rappelé que la PF est un moyen de réduction de la mortalité maternelle, malgré les efforts fournis par le Ministère de la Santé et ses Partenaires, le niveau des indicateurs de la PF reste toujours bas. Les besoins non satisfaits en PF ont augmenté mais que la demande reste toujours timide et le Ministère de la Santé seul ne peut pas relever ce défis. Il faut l'appui et l'engagement de tous les partenaires et de la Société Civile. Le projet «Térikunda Jekulu » est d'ailleurs le bienvenue.

Il est ressorti de la présentation des participants demandée par le Directeur de Programme Santé de Care les attentes suivantes : échanges d'expériences, nouvelles stratégies en PF, nouvelles connaissances, prendre connaissances des résultats de l'étude, avoir plus d'informations sur les besoins non satisfaits.

Deux présentations sur les études faites ont suivies à savoir :

- **Interventions basées sur les réseaux sociaux** : les différents aspects abordés dans cette présentation sont essentiellement pourquoi mettre l'accent sur les réseaux sociaux ; l'analyse des réseaux sociaux ; le changement de comportement au sein des réseaux sociaux ; le ciblage des leaders dans les réseaux sociaux.
- **Les Réseaux Sociaux, l'Utilisation de la PF et le Besoin non satisfait** : cette présentation a fait ressortir le but du projet ; les méthodes utilisées dans l'étude ; les cibles et les résultats.
- **Après ces présentations, les discussions ont porté sur les points suivants :**
 - La création d'un cadre conceptuel en PF au Mali ;

- L'utilisation clandestine de la PF par les femmes qui fait que les données sont sous estimées et les actions à entreprendre ;
- Les limites de l'EDSM qu'il faut chercher à améliorer pour avoir le maximum d'informations sur la PF ;
- Le problème de dialecte et de disponibilité des femmes pendant les interviews à Badiangara qui ont fait baisser les taux ;
- Les critères de choix des deux sites et l'extension à d'autres ;
- Les croyances de l'importance de la PF par la communauté ;
- Le profil des personnes influentes citées dans l'étude ;
- Le niveau de collaboration du Projet et les structures de santé existantes au niveau local dont l'introduction sur le terrain a passé par la DNS ;

En travaux de groupe, trois questions ont été examinées :

- ✓ Question 1 : Comment faire pour mieux influencer la communication au sein des couples.
- ✓ Question 2 : Comment développer et supporter des réseaux de femmes âgées influentes.
- ✓ Question 3 : Quelles peuvent être les différentes stratégies à mettre en œuvre pour travailler avec les groupements formels et non formels.

La réunion a pris fin par les prochaines étapes :

- Les résultats doivent être présentés aux groupes PF et Thématique SR ;
- Le dynamisme entre le TAG et le Groupe PF
- Une étude qualitative est en vue ;
- La prochaine rencontre du TAG est prévue au mois d'octobre 2011.

Conclusion

La présidente de séance tout en concluant la réunion, a annoncé que le Président de la République du Mali a répondu favorablement à l'appel lancé par les différents Partenaires pour son engagement et son Leadership en PF. Elle a ensuite remercié les uns et les autres pour leurs disponibilités.

Elaboré par :

DR Keita Fadima TALL GPSP

Liste de présence des participants
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 Atelier du 13 juillet 2011

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Summary of “Social Networks and
Family Planning Use in Mali:
Ethnographic Research Findings from
Terikunda Jékulu”

Institute for Reproductive Health

June 2011

Summary of SOCIAL NETWORKS AND FAMILY PLANNING USE IN MALI: ETHNOGRAPHIC RESEARCH FINDINGS FROM 'TERIKUNDA JÉKULU'



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SUMMARY OF SOCIAL NETWORKS & FAMILY PLANNING USE IN MALI: ETHNOGRAPHIC RESEARCH FINDINGS FROM “TERIKUNDA JÉKULU”

Background

Georgetown University’s Institute for Reproductive Health (IRH), along with the Cooperative for Assistance and Relief Everywhere (CARE), the Centre for Development and Population Activities (CEDPA), and their local Mali affiliate, *Association pour le Soutien du Développement des Activités de Population* (ASDAP), is conducting a five-year, two-phase research project funded by the United States Agency for International Development (USAID). The **Terikunda Jékulu** Project (meaning “friends connecting with friends through social networks” in Bambara, a local Malian language) will address unmet need for family planning (FP) in Mali. Women with unmet need for family planning are fecund, sexually active women who wish to space or prevent another birth, but are not currently using any FP method. Phase 1 of the project involves conducting formative research, consisting of ethnography, social network mapping, and in-depth interviews, to better understand the influence of men and women’s social networks on their attitudes, beliefs, desires, intentions and behaviors regarding fertility and reproductive health, and how men and women communicate about family planning with their family, friends and the community in general. Based on this research, IRH and its partners will design network-based interventions to reduce negative and strengthen positive influences on attitudes and behaviors. In Phase 2, the project will implement the interventions in six districts of Mali (Bla, Selingue, Dire, Marcaba, Bankass, and Goundham) and evaluate their effectiveness in addressing unmet need and in applying social network theory using a case-control study design.

Study Objective

The objective of the ethnographic research was to look at the spread of influence and family planning information through social networks in order to evaluate the role of social networks in facilitating or hindering family planning acquisition and use. The results of the ethnographic research also served to guide the development of data collection tools that were appropriate in the Malian context for the social network mapping, the second part of the formative research.

Methods

Ethnographic research was carried out in two contrasting settings of low and high family planning (FP) use and low and high unmet need to look at network dynamics and the diffusion of ideas about FP and fertility. The two areas chosen for the ethnographic research were Bougouba and Koloni¹. The interviewees were chosen by a team of experienced interviewers using a screening mechanism which ascertained their unmet need status. Women who were not using contraception but who did not wish to space or limit their births were excluded from the study.

Most of Bougouba village inhabitants belong to the patrilineal Dogon ethnic group who live in extremely large, patrilocal, hierarchical households. The village of Koloni is generally comprised of the Minianka ethnic group who are patrilocal but matrilineal. Both villages are characterized by subsistence agriculture, high levels of illiteracy and polygamous marriage. In order to understand the role of men and women’s social networks in facilitating or hindering FP acquisition and use, the following qualitative research activities were carried out in both villages:

¹ The names of both villages have been changed for confidentiality.

Activity	Description
Community checklist	Background information, mapping of village and list of community associations gathered from village chiefs and elders.
Focus Group Discussions	6 FGDs with married men and women of reproductive age on normative fertility attitudes and behaviors, FP use and social influence.
In-Depth Interviews with Men & Women	32 interviews with users, women with unmet need and men to ascertain material, practical, cognitive and emotional networks and their relationship to FP use.
In-Depth Interviews with Community/Religious Leaders & Health Providers	6 interviews with leaders and health providers to understand attitudes with regard to fertility, FP and unmet need, and assess role in social support of FP.
Social mapping	Group exercises with users and women with unmet need to map out locations where positive and negative FP information is transmitted as well as areas of FP provision.
Network analysis through pile sorting	Visualization and documentation of women's social networks (size, composition and density) and the transmission of FP information through them.

Results: In-Depth Interviews and Focus Groups

Reasons for FP Use

In both villages, most women wanted to use FP to space their births. Very few women wanted to limit the size of their family. Women using FP perceived that it helped them avoid short birth intervals which were damaging to the health of both the mother and child.

I want to space my births – I use injectables and I have two living children. My first children were too closely spaced...I have had no problem with injectables since I started using them but beforehand if I got pregnant, the preceding child would die...

Koloni, FP user (Injectables), Age: 22, No education, Charcoal seller

By contrast, men placed greater emphasis on the economic benefits for the household. They thought spaced children were likely to be healthier and, unlike children born after short birth intervals, would not require regular and costly medical treatment.

Barriers to FP Use

Women cited several barriers to family planning use, including misinformation about physical and social effects of FP, religious opposition, and lack of access to contraceptive methods, but the most commonly cited barrier was spousal and community disapproval of family planning.

Disapproval of Family Planning

Spousal Disapproval

The data indicate that a considerable number of women had never discussed FP use with their husbands and assumed that their husbands were either pro-natalist or that they associated FP with loose moral behavior among women, or both.

He is very ambitious with regard to the number of children he wants and I am afraid that he will start an argument... I try to convince him, the will say that I want to cheat or to stray from the 'right path'.

Koloni, User (Pill), Age: 30, No education, Charcoal seller

Community Disapproval

The pervasive view with regard to FP in Bougouba was highly negative and had created a climate of suspicion whereby, if a woman's contraceptive use was divulged, she risked being denounced as immoral, being beaten or even divorced.

Rumors and misinformation about FP

In Bougouba in particular, rumors about the supposed health consequences of FP and its effect on future fertility were a major cause of non-use among those with unmet need.

I only discuss family planning with my friend in the market in Bandiagara –she was the one who told me to stop using the Pill as they stack up inside you and make you sterile. Otherwise I don't talk to anyone about family planning.

Bougouba, User (Pill), Age: 20, Primary schooling, Wrap-around seller

This phenomenon has been found in previous research in Mali among young unmarried women who did not use hormonal methods of FP while single for fear that it would make them sterile once they got married (Castle 2003). In both Bougouba and Koloni, outreach workers mentioned the effect of rumors about family planning on their work.

Lack of Access to FP

Among many women in Koloni, and some in Bougouba, non-use was associated with a lack of means to buy contraceptive methods or with a lack of information about the cost. Other women in Koloni could not find time to leave their economic activities to go to the health center in Koutiala and get a method or did not have a reliable means of transport. Some women with unmet need in Koloni simply had no one to orientate them to FP provision locations.

Religious Opposition

Bougouba is home to a very conservative Muslim association called Ansaarou Diine². The views of the association, which is opposed to the use of FP, appear to permeate village life and even influence non-members. This is despite the fact the representative interviewed used FP herself in secret but denied she knew about contraception in public. The views of Ansaarou Diine influenced one woman interviewed who had unmet need not to seek FP or to discuss it with network members who are also members of the association.

I have a female friend who is a militant member of the Ansaarou Diine association and she gives me [emotional] support... I have never discussed family planning with my friend who is a member of Ansaarou Diine as I am afraid she will disapprove.

Bougouba, Unmet need, Age: 32, No education, Fish seller

In Koloni, however, the male and female community leaders interviewed, including the village chief, all appeared to be in favor of family planning, creating a positive climate for distribution and use. The female leaders emphasized the health benefits for the mother and child but also chimed with the male leaders who underscored the economic advantages.

Secret Use

For many women it was preferable to tell absolutely no one that they were using contraception as not even their friends or confidants could be trusted to keep their use secret.

People don't tell each other the truth – the women pretend they don't know about family planning even though the health worker has explained it to everyone. Me too, I pretend I don't know anything about family planning. Besides the outreach worker I have never spoken to anyone about it. No one knows I use family planning, I am hidden!

Bougouba, User (Pill), Age: 26, No education, Textile dyer

Confidentiality on the part of FP vendors is a primary requirement for most women. Both men and women agreed that the discovery of a woman's clandestine contraceptive use in the face of spousal opposition could have dire consequences, such as physical violence or divorce.

In Koloni, some health care workers felt they were not in a position to support women's secret contraceptive use which may act as a barrier to some of those with unmet need being able to start to use family planning.

Migration

Women in Bougouba who, when they were unmarried, had been on labor migration to Bamako or other 'higher prevalence' areas seemed to be more likely to use FP than those who had never been on migration. Not only had they heard FP messages, but were often actively encouraged to

² The name of the association has been changed for confidentiality.

use contraception by their former employers. Neither men nor women in Koloni regularly migrate but instead practice commercial cotton cultivation.

Communication and FP

Spousal Communication

Women in Bougouba were less likely to discuss FP with their husbands even if they suspected his attitude would be favorable. Contraception was simply not a topic that was discussed.

"I went to an awareness-raising session and ...I told him everything the group had said regarding FP and I emphasized the advantages. When I finished he didn't say anything –he hasn't said anything to this day- he has never said whether it is good or bad."

Bougouba, Unmet need, Age: 32, No education, Fish seller

In Koloni, those with unmet need had often not broached the subject of FP with their husbands and were preparing to use in secret thinking that their spouses would disapprove.

If it is Pills I can take them when he goes out. He can't know all my hiding places!

Koloni, Unmet need, Age: 30, No education, Charcoal seller

In some cases, among the few couples who had actually talked about FP, it seemed, at least from the man's point of view, that contraceptive use subsequently improved spousal communication about other matters.

At one time my wife and I were always arguing because she was always busy either with a child or with a pregnancy – she was always busy! But now she uses family planning we don't argue because there is space between our children.

Koloni, Age: 43, No education, Trader

For some respondents, spousal communication about FP and desired family size was considered something only done by educated couples. According to respondents, these issues were not normally discussed by couples who lived in rural areas and who had not been to school.

FP discussions in female social networks

Conventional wisdom has suggested that women's co-wives and mothers-in-law would not support their FP use. In this study, particularly in higher prevalence Koloni, these relatives in fact helped women acquire contraception, supported their use and, in some cases, helped them hide it from their husbands.

It was my mother-in-law who spoke to me about family planning for the first time. She explained to me and told me about the Pill. I said to her that if she could get me Pills that I would use them. Her son didn't refuse because we had been talking about it all the time...

Koloni, User (Pill), Age: 20, No education, Wood seller

In many cases, the positive attitudes of co-wives and mothers-in-law to FP were due to the fact that, if the interviewee had another child, custom dictates that they would be the ones to look after it. It was therefore in their interest to support the woman's FP use so they themselves would not be overburdened by child care responsibilities.

In Bougouba, however, where FP is less widely accepted, mothers-in-law were not seen as FP advocates. Indeed, the vast majority of both users and women with unmet need had never spoken to them about contraception. Even health care workers considered, possibly rightly, that older women in this village where FP use is relatively recent and often secret, would not know anything about modern contraception in the unlikely case they were asked about it.

FP discussions in male social networks

In both villages, discussions about FP among men can generally be initiated only by older people. For men, even discussions with their friends in the same age-set were difficult although for women these were often their main source of information and support. However, men who looked upon FP favorably were able to communicate about this topic to their network members and close kin.

Even in men’s networks, motivation to support women’s FP use was very much related to the expenses they personally bore when bringing up children. The testimony below illustrates a case where the informant has difficulty persuading his cousin as to the benefits of FP as the latter does not support the costs of rearing additional children himself.

“My paternal cousin does not share my view about FP. He is older than me and is a herder. We talk about FP all the time after work and at his house when we drink tea.”

Bougouba, Age: 32, Primary schooling, Mason

The physical (and thereby social space) in which men discuss FP seems to be closely related to the type and ease of discussion. Men who were in ‘grins’ (informal clubs for tea-drinking and conversation) or in economic associations felt more at ease discussing FP and fertility in these settings, even if their perspectives were negative.

Results: Characteristics of Social Networks

The composition of women’s networks did not vary greatly between the two villages although the size and density did differ considerably. Women in both settings generally received material support from their husbands and brothers-in-law, practical support from their sisters-in-law and co-wives and cognitive support from their mothers-in-law. In some cases, emotional support came from their husbands, but also frequently from their own mothers or friends.

The data show that similar kinds of networks have different roles in different contexts. In the predominantly Dogon village of Bougouba which has low contraceptive prevalence and low unmet need, the large, dense networks of the women with unmet need served to reinforce negative messages, misinformation and rumors. These were repeated by like-minded network members who all knew each other. The users in Bougouba had small, less dense networks which enabled them to use secretly as there were fewer people from which they needed to hide their use. Many women using FP in this village had both modern and traditional health care providers in their networks and interacted with them socially. This was not the case for those with unmet need, nor for both groups of women in the village of Koloni, where contraceptive use was more open.

By contrast, in the village of Koloni (which has higher contraceptive prevalence and high unmet need) both users and non-users’ networks were small and dense. For users, these served to catalyze and sustain their use, particularly as their networks frequently comprised their mothers-in-law and co-wives. These female marital kin sometimes helped them overcome spousal disapproval by enabling users to hide the fact that they were using FP from their husbands. Alternatively, mothers-in-law sometimes acted as intermediaries on behalf of their daughters-in-laws to sensitize their sons as to the benefits of FP. In Koloni, the non-users had networks of a similar size but did not include these key allies for open, or indeed, covert use.

Results: Social Network Mapping

Where do network members congregate?

At home or community	Doing chores	Institutional places	Health system	Events
<ul style="list-style-type: none"> • In their homes • Shady area in compound • “Toguna” (older men’s shady area) 	<ul style="list-style-type: none"> • Walking to fields • At wells doing washing • Looking for wood in bush 	<ul style="list-style-type: none"> • Madrassa • Chief’s house • Mosque • Literacy center 	<ul style="list-style-type: none"> • TBA’s house • Retired nurse • Outreach worker • Health system • Village shops 	<ul style="list-style-type: none"> • Parties • Baptisms • Weddings

Where do men and women discuss FP?

In Koloni, women's discussions about FP, and even its acquisition, often took place at saving clubs although there was a fear that if the men thought the groups had been hijacked for FP purposes they would not find this acceptable. In Bougouba, women talked in their homes or out of earshot in the fields or on the road to Bandiagara.

We have a cultivation group – the two heads are present here...We harvest the cotton and someone guides the donkey cart back. During the evening we talk about birth spacing ... we also talk about it when we are pounding millet as there are no men or children around...

Koloni, User (Implant), Age: 35, No education, Charcoal seller

For both men and women, age hierarchies directed the flow of information with young people being unable to bring up the subject of FP, or indeed any sensitive topic, with their elders. It was, however, noticeable that both men and women used jokes and teasing to make important points about contraception and fertility and this seemed socially acceptable, even at public ceremonies like weddings and baptisms. The joking cousins' phenomenon was important in this context.

For example, when there is a wedding and a pregnant woman needs to sit down, she can then not get up and dance and we'll tease her...and that's how a discussion about fertility starts!...If we see that a woman has taken a long time to have her next baby we will remark on it and she'll pretend to hit us – and you see, the discussion has started!

Koloni, User (Pill), Age: 28, Literacy training, Charcoal seller

The mapping exercise revealed that users were able to name far more places in their villages where positive information was given out about FP than places where FP was negatively discussed, and these included more public spaces than those cited by women with unmet need. The women with unmet need cited more places where both positive and negative information was given out, even though these women seemed to take away the negative messages. It may be that women's social networks serve to filter conflicting information, appropriating that in which their network is already inclined to believe. In this way, positive messages are reinforced among users and the negative attitudes of those with unmet need are also consolidated.

Programmatic Implications

- Women seem to prefer to acquire FP from discreet, home-based locations and from female providers. It may be useful to train the wives of male outreach workers and/or give them their own stock of contraception.
- Some users appear to start using FP without much discussion with anyone, particularly their husbands and mothers-in-law. Therefore, in certain settings, respecting confidentiality will better help those wishing to use FP, especially those using FP for the first time in the face of spousal disapproval.
- Rumors and inaccurate information pose enormous barriers to use and could be countered by testimonies of successful users willing to speak out.
- In many cases, serious messages about FP were transmitted via joking and teasing to make them socially acceptable. The joking cousins' phenomenon may be useful in this context.
- In some settings, mothers-in-law and co-wives appear to be supportive of FP use and could be targeted with accurate information.
- Returned migrants may be useful sources of accurate information and role models for use.
- In low prevalence settings (with low unmet need) users benefit from small, open networks where many network members do not know each other. In these contexts, strategically placed key individuals within women's networks can facilitate the transmission of accurate information and use of FP.
- In low prevalence settings (with low unmet need) users benefit from having both traditional and modern health care personnel in their networks and interacting with them socially. Health worker training may benefit from encouraging social interactions among health personnel and their clients.

Summary of “Engaging Social
Networks in Family Planning
Programming: Lessons from Research
and Interventions”

Centre for Development and Population Affairs

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Engaging Social Networks in Family Planning Programming: Lessons from Research and Interventions

A Report for: *Terikunda Jekulu* - Using Network Analysis to Address Unmet Need in Mali

Executive Summary

Ethnographic research and situational analysis, conducted in Mali as part of the *Terikunda Jekulu* project, indicates that any attempt at addressing unmet need for family planning in Mali is likely to encounter significant resistance. Religious opposition to contraception and the premium placed on high fertility are entrenched social norms in the rural communities of the country. Broaching topics that could be perceived as birth limiting are strictly taboo. Furthermore, challenging gender dynamics that may reduce the power that men have over their families' procreation and lineage may be perceived as threatening. This report examines family planning (FP) literature and interventions to understand how social network ideas are used to overcome many of these barriers. Particular attention is given to the individuals and groups who play key roles in decisions regarding fertility and FP. The approaches examined focus on demand creation as both a practical and socially transformative means to addressing unmet need. The conclusion lists specific recommendations learned from various social network approaches and the implications for the *Terikunda Jekulu* project.

The persistence of unmet need for FP in Mali has prompted countless interventions designed to increase supply and access to contraceptive technologies. Despite decades of implementing these interventions, unmet need for FP remains high. Current research suggests that the focus on "supply side" issues has not addressed unmet need or facilitated FP uptake for the women and men of Mali who continue to report unmet need. Most interventions have targeted women without taking into account the ecological context in which these women live. Even when supply issues are not the primary concern, social, cultural, economic, and gender constraints act as barriers that inhibit both women and men from meeting their FP needs. These constraints can also give rise to misinformation that improperly informs FP decision making and impedes the success of awareness raising and education interventions. The problem of quantifying these barriers limits our ability to understand their importance and interaction.

Multiple studies indicate that the attributes of women's social networks, such as number of linkages in the network and the criteria for the selection of discussion partners, exert more influence on fertility and other health decisions than previously thought, even suggesting that social networks have more substantial and significant sway over health decisions than individual attributes like economic status or education attainment. Kinship, credit partners, and other peer constructed social networks (SN) have demonstrated clusters of low fertility, suggesting that these links exert a powerful influence on FP decision making. The influence of gender norms and women's relative lack of power vis-à-vis men have shown a strong correlation to the dominance of FP discussion partners who are spouses and older relatives. Some women in Mali, unable to negotiate FP with their partners, engage in clandestine FP because of differing opinions with spouses, and their relative lack of power in comparison to their husbands. These women are likely to confide only in other clandestine users.

Women also fear the social consequences of menstruation cessation and disruption that can result from using some FP methods. Such changes in menstruation can lead to accusations of infidelity or infertility. Because traditional gender norms place such high value on women's fidelity and fertility, these social consequences have a strong influence over women's FP attitudes. Discussions of FP took on gendered themes in the sex-separate networks. Women come to the spousal discussion table armed with the knowledge of experiences they learned directly or indirectly from other women, whereas men's attitudes often reflect the approval or disapproval of family planning by their peers.

While social network-based interventions are an innovative development in the field of FP, programs have long used social network principles to diffuse innovation and promote FP uptake. Valente's 2010 monograph *Social Networks and Health* describes six approaches to implementing network-based interventions. Informed by Valente's categories. While these programs did not approach social networking with the terminology or analytical approach found in the literature, the review reveals that most programs with demand generation components can still be classified into Valente's six categories of social network interventions. These approaches are:

1. Formal opinion leaders

Social influence is perhaps the most commonly engaged construct from social network theory, and is frequently used in interventions that work through opinion leaders. Working through the links of any

social network, social influence builds as individuals independently or collectively begin to exert power over the decisions of others in the network. This power can be based on religion, culture, kinship, wealth, or any number of attributes. By working through formal opinion leaders from various aspects of society, some programs have been able to utilize the existing networks of influence to promote the use of FP.

2. Snowball effect

Commonly used as a sampling technique, a snowball or respondent-driven approach to interventions tasks participants with recruiting new individuals to participate in a given program. Social network theory understands that these individuals will tend to recruit from their own social networks, which typically share some common attributes with the recruiter. This strategy is often used to reach hidden populations like sex workers and drug users, but the idea that individuals are well suited to engage those people with whom they share attributes is a common principle in FP/RH programming. In interventions, recruiters often take the role of a peer educator who is typically responsible for conducting trainings, distributing information, promoting FP knowledge, and sometimes distributing commodities. These educators find their audiences through their own social networks where they tend to connect with people of their own age. Peers are often youth, although their principle function can be performed by anyone.

3. Leaders of groups

Some individuals assume leadership positions based on the nature of the role they occupy. These leaders tend to include those who head formally organized networks like organizations, governments, and religious institutions. Many leaders, however, do not occupy these positions. Existing social networks and the groups therein all have individuals who occupy leadership roles without formal titles or office. These leaders can exert influence over the other members of their group explicitly through established hierarchies and experience, or implicitly as the result of being highly respected for a certain skill set, or having the ability to communicate exceptionally well with others. These types of leaders can exist in groups of farm laborers, groups of women collecting water, groups of individuals of certain standing within the community, *grains*, or any group of people who form a unit together based on some shared attribute.

4. Strategically targeted groups

In every social network there are groups of people uniquely placed who have linkages and influence, and are defined by common attributes they share. The interventions discussed thus far have either leveraged social influence through key opinion leaders, such as religious figures, or attempted to maximize social learning by allowing people to learn from peers, or those who are members or resemble members of their individual social networks. Engaging both constructs of social network theory is more difficult. It means identifying a messenger for the intervention that has both power to exert influence on others, and is a trusted member of the community member's more intimate discussion groups. The combination is ideal because it allows people to adopt behavior change through a learning process that is participatory and promotes sustained change, rather than influence only which promotes change through social power. While removal of that power may lead to relapse, and the abandonment of the desired behavior change, the power an opinion leader exerts does create the space for learning by adding legitimacy and authority to new ideas. This is particularly salient to FP, where new ideas are often seen as oppositional to traditional norms and the traditional leaders who steward such norms.

5. Bridges and connectors

Some individuals are well poised to diffuse information through networks simply based on how the network is constructed around them. These individuals tend to form bridges between different networks and act as intermediaries between other individuals or networks. Targeting these network bridges may help disseminate ideas to multiple disparate groups, or move an idea that has diffused within one group through the bridge and onto another group. While social network analysis reveals the links between individuals and which ones constitute bridges, some individuals are bridges based on attributes of their position in the network.

6. Rewiring linkages and ties

Much has been accomplished in Mali through the rewiring and creation of new networks to affect policy change. The ultimate goal of this process, however, is to affect change at the local level, a necessary though sometimes lofty goal in a low resource setting such as Mali. Social mobilization is the reverse process of policy reform, a bottom up approach, as opposed to top down. Social mobilization approaches engage communities in participatory problem solving to develop new ideas and new solutions that the community can act upon. This process brings new individuals and networks together that may not have

interacted previously. Like policy change, social mobilization involves actors from every segment of society. From politician and bureaucrat, to the local NGO volunteer and her fellow citizens, the goal of social mobilization is to create networks of cooperation that can affect change.

Examining these approaches in practice yields key lessons for future FP programming seeking to utilize the power of social networks to achieve desired outcomes. The following recommendations include lessons learned from past interventions, as well as suggestions on how to apply these lessons to the *Terikunda Jekulu* project in Mali.

I. Engaging formal opinion leaders

What works:

- Generating approval for FP among religious leaders can encourage FP users to talk more freely about their decisions and methods.
- Religious leaders can dispel FP myths.
- High-ranking religious officials can clarify, both for their congregations and for other clerics, that religious teachings do not oppose FP.
- Networks of religious leaders can work together to clarify that religious teachings do not oppose FP.

What doesn't work:

- Many local religious leaders do not have much education, nor an in-depth understanding of the Qur'an. Consequently, they may insist that FP is forbidden by Islamic teachings.
- Engaging religious leaders without understanding their spheres of influence may be unsuccessful because communities may align themselves more closely with religious leaders of different ranks. This is especially true in Islam where multiple hierarchies exist.
- Working with traditional leaders that occupy positions of cultural significance, but no longer hold power or control few resources has proved unsuccessful in previous interventions.

Implications for *Terikunda Jekulu*:

- Religious leaders occupy key positions with considerable social influence. The social influence an opinion leader exerts does create the space for social learning by adding legitimacy and authority to new or taboo ideas like modern contraception.
- These leaders should be sensitized to the idea that “birth spacing” leads to healthy and prosperous families—an idea in accordance with the Muslim faith. It is important that religious leaders reach consensus on issues related to “birth spacing”, and speak with one voice. Otherwise, their congregations may be confused and become skeptical due to competing messages on FP.

2. The Snowball Effect through Peer Education

What works:

- Peer educators can be used as effective models of positive deviant behavior.
- Using peer education promotes interpersonal communication. People tend to trust and confide in their peers, facilitating discussion of taboo subjects like FP.
- People tend to confide in their peers over other groups. Evidence from research and interventions indicates men are likely to talk about FP with other men, youth prefer to talk with other youth regarding RH issues, and women will tend to engage in FP discussions with other women that they feel share their views.
- Peer educators can serve as behavior models. They may exhibit positive deviant behavior pre-dating the intervention, or they may have adopted the desired behavior change through

training or contact with another peer educator. In either circumstance, the peer educator approach provides opportunities for observation, testing, and social learning in a safe environment.

- Peer educators reach informal discussion networks, but are more effective when the networks in question are supported and reinforced with other activities that promote participation and interpersonal communication, as well as consistent messaging through mass media.
- Peer educators are effective when they are motivated, enthusiastic, and have the correct perceptions of the training objectives.

What doesn't work:

- Interventions have not been as successful when follow-up training, clearly defined curricula, and operational support were not provided to peer educators.
- Unstructured peer education models have been too loosely defined to achieve results.
- Programs in which the peer educators have not been incentivized in some way have been less successful. Incentives are not necessarily monetary in nature, but can be materials that bring recognition to the individual and the program and elevate status in the community, such as merit certificates, tote bags, or articles of clothing. They can also include other factors such as personal dedication, heightened esteem in the peer group, and supplementary education.
- The time requirements placed on peer educators cannot be so much that it discourages them from continuing in their roles.

Implications for *Terikunda Jekulu*:

- Peer educators should be carefully chosen to ensure that they are committed to reducing unmet need for FP. They should also be selected based on their interpersonal communication skills or their individual capacity to improve these skills.
- The peer education approach should extend beyond youth and incorporate adult men and women of reproductive age, and perhaps even other individuals not of reproductive age, such as mothers-in-law.
- Early identified positive deviants in Mali are likely to be clandestine users. Engaging covert positive deviants may expose them to backlash or harm. Covert users should be approached with caution and care if the program is seeking to recruit these positive deviants into any peer educator role.
- Peer educators must receive follow-up trainings and support from program staff in Mali, where the vast rural nature of the region is likely to isolate peer educators in their respective remote areas, and perhaps discourage them from continuing in their roles.
- Interpersonal communication of the peer educator approach will work best if combined with multiple community approaches -- Discussion groups, community awareness campaigns, radio programs, organized community interaction programs, and performance events working together to dispel FP myths and misinformation and destigmatize the use of FP.

3. Leaders of Established Groups

What works:

- Identifying individual leaders of non-formal groups is an effective way to diffuse information through informal networks. These natural leaders operate in more intimate and socially supportive environments that can facilitate the discussion of difficult subjects like FP. It has also been observed that these leaders often have more frequent contact and opportunities for interpersonal communication with their group members; this may be because these groups are often smaller than larger formal groups.
- Leaders are more successful when they are trained in interpersonal communication with an emphasis on being frank and factual.
- The approach is more successful when it is participatory:

- Group members should identify their leader and this can be confirmed through SNA.
- Sessions they conduct with group members produce better results when they are participatory and interactive. This is because although the leaders may exert influence over group members and add legitimacy to the discussion, group members must also participate in order for social learning to occur. Participation through social learning will promote sustained change, whereas change stemming from the power an opinion leader exerts may not sustain itself in the absence of that leader.

What doesn't work:

- Group leaders who have been engaged to educate their respective groups on FP should not oversee groups of more than 10-15 members.
- Leaders should not be morphed into community health workers. Their strength lies in the informal and intimate dialogues they foster with group members. Removing leaders from that environment for extensive training, or overburdening them with clients undermines their core strengths as leaders of informal groups.

Implications for *Terikunda Jekulu*:

- Working through the leaders of informal groups is a potent tool for disseminating information through discussion networks. The success of this approach depends on how the leaders are identified and to what degree they are incorporated into the project.
- Results of SNA may indicate certain natural leaders within informal networks. These individuals should be approached with careful consideration. The selection of individuals to participate in formal leadership roles within a project could have negative consequences. Other group members could interpret the leader's elevation to a formal position as unwarranted, threatening, or offensive. For this reason, it is best for groups to select their own leaders through a participatory process to increase buy-in and incorporate the feedback of all group members.

4. Strategically Targeted Groups



What works:

- Successful male engagement relies on treating men as partners of women, clients or beneficiaries of FP, and agents of change.
- Men are typically more receptive to messaging emphasizing the financial benefits of FP.
- Men can be reached by embedding FP messages and activities in interventions typically perceived to be in the domain of men—projects that may, in practice, exclude women. This approach also provides an atmosphere where men can begin to understand the benefits of FP by comparing it to ideas men are familiar with, such as protecting natural resources for future use is akin to protecting your wife's health now to support your entire family's future health.
 - This approach also opens the door for women to be incorporated into men's projects. Cooperation between the sexes in this realm may transfer to cooperative decision making regarding FP.
- Supporting positive images of masculinity, such as the caring father and loving partner, that can help transform gender norms and make it easier for men to support family planning. This may also include promoting images and perspectives on masculinity that are more gender equitable and non-violent.

- Programs with male engagement can be gender transformative by having men reflect on gender norms and their negative consequences. This helps men understand the importance of sharing decision making with their spouse.
- Cognitive dissonance activities like having men examine pictures of GBV, authoritarian husbands, or negative outcomes of high fertility is effective in prompting men to understand the negative effects of gender norms, including their dominance over FP decision making.
- Using men to counsel other men through a peer or mentoring approach is one of the most effective means of reaching men. Male motivators or peer educators ideally should be current contraceptive users.
- Motivators or peer educators should be selected that can reach men in the evenings, in places where they gather and at their places of work.

What doesn't work:

- Exposure to mass communications did lead to incremental improvements in men's knowledge of and attitudes towards FP, but a considerable gap remains between high knowledge and low practice.
- Single message campaigns targeting men may reinforce gender stereotypes and gender power disparities by assuming that men will retain the majority of the decision making power.
- Emphasizing the financial benefits of FP helps to reach men and can be persuasive, but continues to frame FP in the male context and under male authority.

Implications for *Terikunda Jekulu*:

- Gender transformative programs hold the most potential for affecting sustainable changes in gender norms that will promote shared decision making and cooperation on the use of FP between partners. However, this approach may not be scalable in Mali because it is time intensive (some programs include 70 modules for participants), involves highly trained facilitators, one-on-one counseling sessions, and is expensive.
- Research in Mali and West Africa indicates that men discuss FP with friends and tend to be influenced on the issue most by this group. A male motivator or male peer educator approach may be most effective for reaching Malians and closing the gap between knowledge and practice.



What works:

- Working with TBAs affords an intervention the benefits of a trusted figure who exerts both social influence and promotes social learning in interpersonal communication and discussion networks.
- TBAs are able to reach women in purdah, and are typically trusted by husbands and mothers-in-law.
- Training TBAs to disseminate FP information, methods, and technologies will make them an effective arm of an intervention.

What doesn't work:

- While TBAs are not necessarily professional health workers, they may be more effective than CHEWS who are not necessarily influential figures in the social networks of poor rural women.

Implications for *Terikunda Jekulu*:

- TBAs should be selected on the basis of careful criteria that will enhance their effectiveness as well as program outcomes. These criteria should include being pro-FP (which can be determined through a simple survey), as well as being of reproductive age so that they may more easily reach women on a peer level. It is unlikely that all potential TBA volunteers can be FP users; however, all TBAs should be trained on all modern and natural methods and should not be opposed to sharing any method with a potential FP user to ensure informed choice.
- TBAs may need to be incentivized. This incentive could be increasing their training, providing health kits, transport stipends, identification cards, or uniforms when desired.
- Training TBAs to conduct eligible couple mapping that introduces data collection on referrals and FP uptake may reveal clusters of couples who have adopted FP. This would also serve as a useful monitoring tool to see which TBAs are having better outcomes. This information could then be used to identify less effective TBAs and provide them more training, such as interpersonal communication skills, and assistance in the course of their activities. This may not be possible, however, if TBAs are illiterate.

Couples

What works:

- There is a positive correlation between spousal communication and use of a modern contraceptive. Targeting spouses in a way that prompts a reevaluation of gender disparities is likely to lead to more open communication and joint decision making.
- Pairing male motivators with TBAs has proved useful in reaching couples by giving both the husband and wife a same-sex confidant to ask questions of with fewer reservations.

What doesn't work:

- Programs that target a single sex, male or female, have a poor track record of fostering couples communication.
- Programs that work with couples have the potential to expose current clandestine users. These women could be endangered should their husbands become aware of their covert use of FP. All staff and facilitators should follow clear protocols to ensure any private information of a wife will not be revealed to her husband.

Implications for *Terikunda Jekulu*:

- Considering gender power disparities in Mali, couple's engagement is not an ideal point of entry for an FP intervention. Activities between couples should be reserved until men become sensitized to the idea of FP and the need for joint decision making. Women's communication skills should also be addressed to help build needed confidence in discussing difficult subjects like FP with their husbands.

Griots

What works:

- Griots are potential allies in spreading pro-FP messages. They have been used in interventions to spread messaging through their traditional mediums specific to Malian culture.

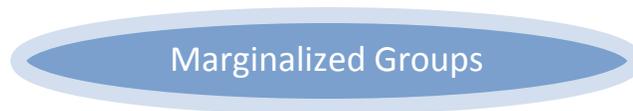
- There may be considerable untapped potential with this group, as they are respected individuals with a distinct place in Malian society that allows them to voice their opinion on certain taboo issues where most remain reticent.

What doesn't work:

- There has been no systematic evaluation of the incorporation of griots into interventions. While they have been engaged as “gatekeepers” (those with influence over cultural institutions), their effectiveness remains unclear.

Implications for *Terikunda Jekulu*:

- The influence griots have over individual attitudes and behavior has yet to be understood. SNA may not reveal the influence of griots, who are revered figures, but whose role in society is often peripheral and relegated to key functions performed in rituals and ceremonies. In these capacities, griots may not be frequent discussant partners with many individuals and couples of reproductive age.



What works:

- Positive deviants and early adopters are important individuals to target for diffusing FP ideas and information through marginalized groups, which are less likely to have linkages with the social networks of dominant groups.

What doesn't work:

- Marginalized groups are ill-suited to diffuse information through broad networks because they lack ties to those outside of their group.

Implications for *Terikunda Jekulu*:

- Malian society includes many marginalized groups, including slave populations. Program objectives to reduce unmet need will need to be reconciled with calls for social inclusion. Addressing unmet need in marginalized groups may have a limited impact on overall unmet need from a social networks perspective, and may encounter resistance from local dominant groups. Still, social inclusion is a core objective and development goal of USAID, and should be considered.

5. Bridges and Connectors – Finding Potential Links Between Individuals and Networks

What works:

- Positive deviants will not always be leaders. Often, they will be average group members who have found a way to practice FP or meet their unmet need that the majority of the group has not. These people can be used to link and connect other individuals. Positive deviant inquiry (PDI) can be used to identify the environments that enable them to adopt behaviours outside the norm of their community.
- Mothers-in-law are powerful figures that have been engaged in the past because they hold sway over both their sons and their daughters-in-law.
- Community-based distribution networks can link contraceptive clients and potential clients to clinics.

What doesn't work:

- Some findings suggest that a communication divide exists between young mothers and their mothers-in-law. This divide is especially strong on issues such as FP, where most young mothers perceive that their mothers-in-law are against FP.
- Programs that do not address the underlying perceptions that young mothers have regarding their mothers-in-law's beliefs on FP are less likely to be successful.

Implications for *Terikunda Jekulu*:

- Possible PDs should be identified through focus groups, rather than asking others to identify people, to protect privacy.
- Findings from PDI may not be generalizable in the Malian setting where significant differences exist between communities and their resources across the vast rural nation.
- Ethnographic research in selected Malian villages has found that mothers-in-law tended to approve of FP, and that they may be more willing to sensitize their sons to the benefits of FP than their daughters-in-law believe they are.
- Exchange meetings between community-based distributors and clinic staff can help facilitate dialogue, promote cross learning and build stronger linkages across the referral network. This could be important in rural Mali where clinical services are so spread out. Strengthening relationships between CBDs and clinic staff trickles down to individual clients who may not have easy access to facilities. Clients will benefit from recognizing their CBD's increased confidence in clinic staff, which in turn promotes clinic referral.

6. Rewiring Networks: Creating Linkages through Social Mobilization

What works:

- Working with high level religious leaders and government officials has helped in developing pro-FP/RH policies at the national level. This effect, however, has not trickled down into Malian villages. Therefore, it is necessary to work through a social mobilization approach that engages communities in participatory problem solving to develop new ideas and new solutions that the community can act upon. The process of mobilizing human resources as agents and facilitators of sustained behavior change can rewire networks to diffuse positive FP messages.
- Social mobilization benefits from complimentary processes, like training community members as safe motherhood volunteers (SMVs) and safe motherhood advocates (SMAs), thus filling a programmatic need and engaging the community as participants.
- Recruiting advocates from within the community who feel passionately about the benefits of FP will help ideas diffuse more rapidly.
- Social clubs, like mothers and fathers clubs, are the ideal setting for social learning to take place amongst peers.
- Contraceptives should be socially marketed and distributed by individuals that potential users feel comfortable approaching.
- Community members should be included in the development of multiple modes of communication including individual outreach, community dialogues, posters and pamphlets, rallies, television and radio.
- The community should be part of a participatory process to design an intervention to address identified challenges in meeting unmet need.
- Community dialogues should be held between positive deviants and influential leaders to sensitize leaders and develop strategies for reaching the community with messaging.

What doesn't work:

- While demand creation is a key factor of social mobilization, the inability to meet the demand for contraceptives that a program creates can undermine program objectives and tarnish a program's reputation.
- Social marketers should not be representative of only one age group or class of people. They should represent different facets of the entire community in order to reach the most beneficiaries possible.

Implications for *Terikunda Jekulu*:

- For clandestine users, social marketers may need to be in anonymous settings, i.e. where clients can come to purchase something other than FP as a cover for actual FP purchases.
- More information is needed on appropriate ways to engage informal discussion groups like the *grains de thé*. If catalyzed, these existing groups could be a powerful network for diffusion of ideas, as well as vehicles for social mobilization that would benefit from the groups' cultural legitimacy.

Regardless of the approach chosen or actors engaged to participate in the intervention, several key principals will help *Terikunda Jekulu* maximize the power of social networks to address unmet need.

- Formal and informal networks both hold significant potential and can work in tandem with each other to promote attitude and behavior change.
- Engage existing networks, but don't be afraid to create new ones that can serve a defined purpose.
- Identify points of entry into existing networks at various levels, including working with religious leaders of various levels, as well as female figures such as TBAs and other traditional healers.
- Utilize social influence through opinion leaders, but promote activities that foster social learning.
- Connect opinion leaders and positive deviants to each other – form “champion” coalitions – amass social influence by organizing key actors to catalyze change at the local and national levels.
- Constructive male engagement is critical to success. While all not male engagement approaches seek to transform gender norms, challenging men to re-evaluate the consequences of their dominant role in the FP decision making process is an essential first step in creating the space for women to assume a more active role in their own fertility decisions.
- Participation is a key feature across all successful programs, helping to create buy-in and ownership amongst the community. This is particularly important in FP programs where there may be significant opposition to the ideas, attitudes, or methods the program is seeking to promote.

Summary of “Situational Analysis of Diré
and Selingue for Terikunda Jékulu Project”

CARE Mali

May 2011

Summary: Situational Analysis for Projet Terikunda Jekulu

Dire and Selengue Districts

Marcie Rubardt, CARE
June 2011



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This publication was written by Marcie Rubardt for CARE.

Dire and Selengue Districts, May 8 – 21, 2011

A social analysis was carried out from May 8 – 21, 2011 as part of the formative work laying the foundation for a family planning intervention that will focus on social networks as a channel for changing social attitudes and practices around family planning use. The objective of the social analysis was to provide an understanding of the social context, potential players, and existing groups or networks in Dire and Selengue Districts – the two districts targeted for the initial intervention phase. Both districts have a very low contraceptive prevalence rate (1.07 and 4.08 respectively) but Selengue indicates there is an unmet need of 33.2% while that of Dire is only 16.6%. Dire District is bigger than Selengue with populations of 118,793 and 89,457 respectively.

The situational analysis used a mixture of qualitative methods including focus group discussions and key informant interviews. Picture codes and skits were used to portray social issues that were then discussed to probe people's social and cultural attitudes and beliefs around family planning.

Dire District

Dire seems to be a particularly conservative district with respect to family planning. People attribute their conservatism to the belief that family planning is against Islam, although the religious leaders indicated they could be open to family planning. Mothers-in-law were frequently cited as barriers to women using family planning, as were husbands. Secret practice seems relatively common despite potentially severe consequences (violence and divorce) if found out. Discussion of reproduction, fertility, and family planning is generally taboo, and even though there are a plethora of associations and groups that could potentially provide a platform for family planning support, they do not currently see it as part of their interest or agenda. This general lack of interest or thinking about family planning probably explains the low unmet need prevalence despite the extremely low contraceptive prevalence rate.

Selengue District

The level of awareness, interest in, and involvement with family planning activities seems to be significantly higher in Selengue. This is enhanced by ongoing family planning activities carried out by ASDAP including support for community based distribution and development of women's associations as platforms for information and product dissemination. While religion also seems to be a significant factor in this district, there is more recognition of the economic and work load benefits to limiting family size, and mothers-in-law and co-wives were cited as advocates who could support a wife in using family planning if her husband needed convincing. The religious leaders were somewhat more hesitant to commit their collaboration.

Common Findings and Issues

Family Planning Interventions: Stock outs of Pillplan were a significant problem in both districts. In addition, while both districts have non-formal distribution networks and social marketing of pills has been developed in Mali, there is no mechanism for these sales to be reported in the national reporting system. As such, the estimated use rates might be lower than the actual use. Supplies from these informal networks cost more, but they provide a back-up source for contraceptives when they are not available at the health center. Rumors and misinformation are widespread and likely enhanced through formal and informal networks, although further work is needed to discern how rumors might reflect the predisposed interest or not in family planning. Where clandestine use occurs, both the cost and the confidentiality of the health services also become an issue. There were also examples of poor storage and inconsistent use due to hiding the pills and needing to take them

in secret. The formal health system at the community level through the Relais is hampered by poor motivation and supervision.

Male involvement: Despite some effort at the national level to recognize the importance of male involvement, the situational analysis found little indication that men were included in any of the discussion or activities. They had very little information, and were concerned about rumors and side effects. Husbands were cited by everybody as a significant barrier to family planning use and people acknowledged the taboo around talking about sex and fertility. There was some confusion over whether national policy *allows* women to use family planning without their husbands' approval. This would seem to be an area where there would be significant room for improvement through this project.

Religion: Religion seems to have a significant influence in both districts, although Selengue was more open to the economic influences. Religious leaders in both districts were open to supporting family planning use within the parameters of the Koran – within marriage and for health rather than for limiting fertility: God wills children and will provide for them. There was some suspicion of partnerships with NGOs since they felt their collaboration had been abused in the past, with partners portraying them as supporting messages they hadn't bought into.

Partnership and Network Opportunities

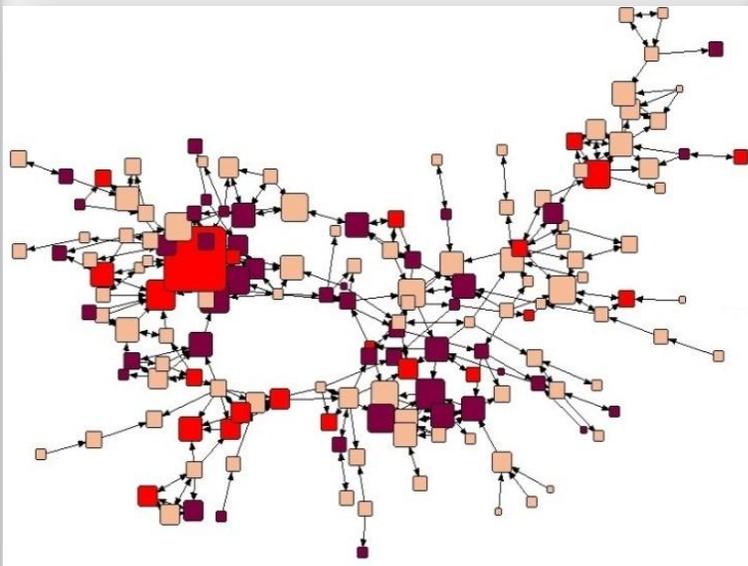
The analysis found a range of possible associations and groups in both districts that could potentially support family planning use. These include women's associations, networks of associations, village savings and loans (MJT – CARE Dire), local NGOs, farmers' groups, and grins (which tend to be social groupings). The most active groups have strong leadership and may be active in the community (representatives are an alternate in addition to the traditional leaders in the community), although the ethnographic study found that associations have the tendency to either positively or negatively support use depending on their prior inclination. The associations and some of the other groups tend to have an economic platform. Group members who have been in town tend to be more open and may have more influence in their groups.

Particularly in Selengue, but possibly in Dire as well, there seems to be increasing openness towards family planning which can be capitalized upon. People who have lived outside the village have the potential to be positive deviants and/or positive influences for more open thinking and exploration. Grins may be a possible platform for reaching men and younger people (both men and women). At this point, there is limited interaction between the formal health system and any of these groups, but this is another link that could be developed. The Ministry of Health and the Ministry for Social and Economic Development are willing partners, as would likely be the ASACOs (the health center management committees). The situational analysis indicated that male involvement, couple communications, influencing elders (such as mothers-in-law), and the use of wives of influential leaders for positive family planning influence would likely be possible strategies. Involvement of religious leaders is important, but probably also problematic in that they may not be supportive of all the changes (smaller families and use by youth) the project might be interested in promoting. The situational analysis did not identify any networks of elders that could be tapped into, although they highlighted the importance of starting with more detailed network mapping when beginning implementation.

Terikunda Jékulu Project Promotional Postcard

November 2011

Social Network Map A:
Unmet need for family planning among

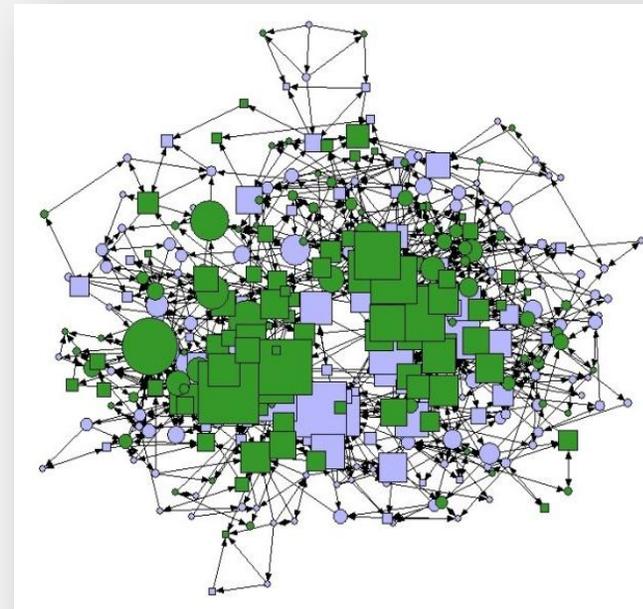


● Unmet need ● Family planning use ● No need
 * Size indicates influence in the community

Quiz! What can these social network maps tell us?

1. Are there more family planning users or more women with unmet/no need in Map A?
2. Does village in Map A have a supportive environment for family planning use?
3. In Social Network Map B, are men or women more influential? How might this affect family planning programs?

Social Network Map B: Attitudes toward family planning among men & women



■ Approval Women *Size indicates how connected people are
■ Disapproval Men

➔ See the answers, and connect to Project Terikunda Jékulu, go to <http://tinyurl.com/terikunda-jekulu>

Terikunda Jékulu

Addressing unmet need for family planning through social networks in Mali

