

# Project Tékponon Jikuagou

## Addressing Unmet Need for Family Planning through Social Networks in Benin

Semi Annual Progress Report: October 2013-March 2014

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**USAID**  
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CARE INTERNATIONAL  
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## OVERVIEW

The six-year Tékponon Jikuagou (TJ) Project, led by Georgetown University's Institute for Reproductive Health (GU/IRH) in collaboration with CARE-International and Plan-International, launched in September 2010 to test new ways to address unmet need for family planning (FP). The project was initially located in Mali, but the March 2012 coup d'état ended project operations. The TJ project relocated to Benin in September 2012 and laid the project's management, program, and research foundation in 2012/2013. Eighteen months later, with support from USAID, the MOH and other FP stakeholders, a package of pilot social network activities are in full implementation in Couffo Health Zone, with all 90 pilot villages implementing the complete TJ package as of April, allowing eighteen months of pilot implementation in Phase-1 villages, twelve months in Phase-2 villages, and six months of unsupported, community implementation before the endline is conducted in April 2015. With USAID-Washington support, preliminary approval for a much-needed cost-extension was granted, allowing a sixth year to complete the pilot, evaluate its effects, and expand the TJ package to new areas.

The TJ intervention package (see graphic) aims to leverage social networks to diffuse information and ideas, in order to create an environment where women and men can exercise their desire to space or limit births. Community-identified influential social groups and opinion leaders catalyze discussions related to planning births and using modern FP methods. Radio programs and linkages between health services and influential individuals and groups create an enabling environment for FP use. Rigorous monitoring and evaluation is allowing us to test the effectiveness of the TJ package in changing FP attitudes, FP efficacy, and couple communication. Related research investigates qualitatively the impact of social networks on FP and the dynamic nature of unmet need for FP.

### INTERVENTION COMPONENTS

- 1 ENGAGE COMMUNITIES IN SOCIAL MAPPING** 
- 2 SUPPORT INFLUENTIAL GROUPS IN REFLECTIVE DIALOGUE** 
- 3 ENCOURAGE INFLUENTIAL INDIVIDUALS TO ACT** 
- 4 USE RADIO TO CREATE AN ENABLING ENVIRONMENT** 
- 5 LINK FP PROVIDERS WITH INFLUENTIAL GROUPS** 

The six-month period from September 2013 to March 2014, marks a period of continued implementation, testing and refinement of components of the TJ package, laying foundations for scale-up, assuming the pilot endline shows the approach is effective. Materials for remaining TJ social network components were finalized, including pre-recorded TJ group discussion sessions (Component 4) and infographics of key baseline survey findings to share with influential individuals to build their understanding of unmet need issues. TJ's interactive radio programs have been broadcast since December. Starting in April, the 'influential individuals' component will be implemented (Component 3). An assessment of the TJ package was conducted in March, providing insights from TJ catalyzers, influential individuals, health providers, and other community perspectives about the package, its ease of implementation, perceptions of community interest as well as sustainability of group and individual diffusion activities once TJ project support ends. The assessment findings and results from the project monitoring system indicate continued and growing community interest in the TJ package, continued outward diffusion by those involved, and continued appreciation of what TJ activities offer communities. A final services linkage activity (component 5) will be implemented from May through July. The Each One Invites 3 social-diffusion campaign will ask satisfied FP users and TJ group members to give invitation cards to non-using friends and peers, talk about their positive experiences, and encourage non-users to seek information and services, helping to solidify connections with health/FP services.

Looking forward: Research will continue on the nature of unmet need, the role of social networks in unmet need, and the effects of the TJ intervention. Analysis of Round-2 of the cohort in-depth interviews will inform development of the question guide of the Cohort interviews for Round-3. Planning for scale-up will deepen; by Fall 2014 we should know who will be 'user organizations' in the TJ expansion phase and be planning as a project how staff will support new organizations and projects integrating the TJ package into their existing programs. In preparation for scale-up, staff and communications resource consultants will work to finalizing reflective dialogue materials, orientation guides, and documenting the TJ approach to package implementation.

## KEY ACCOMPLISHMENTS, FIRST HALF OF YEAR 4: OCTOBER 2013-MARCH 2014

Project Management & Coordination	
Partner Relations	<p><b>PAG Meetings</b></p> <p><b>PAG-Benin Coordination/Planning Meetings</b> (IRH, CARE, Plan staff in Benin) – These meetings are scheduled monthly, but only three of six planned meetings were held this period. This delay was due partner travel to the field to support new components added to package implementation (radio, influential individuals, selection of men’s groups in villages without them, and preparing for ‘Each One Invite Three’ (EOI3) activities). Coordination and information exchanges occurred through e-mail, telephone calls, and ad hoc meetings throughout the six months.</p> <p><b>PAG-USA Meetings</b> (IRH, CARE, Plan staff in the US) – Monthly phone/Skype meetings are scheduled, and 6 meetings were held. Meetings involve high-level discussion of strategy, planning technical assistance prior to and after scheduled technical assistance visits.</p> <p><b>PAG-Benin and PAG-USA Coordination Meetings</b> (project managers in Benin and the US) – Bi-monthly meetings were planned yet none were held this period. This is due, in part, to regular US-based staff travel to the US, but we all agree regular meetings are needed as we transition to the scale-up phase. Meetings will be reinstated as of June 2014.</p>
	<p><b>PAG All-staff Meetings</b></p> <p><b>Annual International PAG Meeting</b> (September 2013) - This annual review/planning/problem analysis meeting occurred at mid-point in the 24-month pilot phase, representing a valuable opportunity to gather opinions, recommendations and feedback from all partners to ensure relevant and scalable TJ social network programming. All staff from the TJ project (Benin/USA) attended the meeting in Bohicon, plus technical staff of the MOH Division of Mother and Child Health (DSME) in Couffo Zone, technical staff of the two sub zones reached by TJ (Aplahoué-Dogbo-Djakotomey or ADD, and Klouekanmé-Toviklin, Lalo or KTL), and the mayor of Klouékanmé, representing the TJ Pilot Committee. In addition, Cotonou-based staff from USAID, CRAD (Centre de Recherche et d’Appui-conseils pour le Développement, the research firm contracted by IRH for the baseline survey), and the DSME attended several sessions.</p> <p>Key program recommendations from the three-day meeting included a review and refinement of the annual work plan and decisions on several issues relating to components of the TJ package. Regarding the component aiming to create linkages between services and influential groups, advancing the ‘Each One Invites 3’ campaign (discussed elsewhere in this report) was affirmed. Regarding the ‘support influential individuals’ component, decisions to remain with the proposed approach were made. To better understand why men’s groups were not as active as women’s groups in terms of TJ package implementation, exploratory, formative research was proposed to be undertaken by staff over the next several months.</p> <p>At the meeting, also, the baseline household research findings were shared by CRAD and IRH, provoking questions by the DSME about methodology and desire to understand more about the influence of religion on unmet need. Several meetings were subsequently held with the DSME and CRAD in Cotonou before formal dissemination of findings with the larger FP community were shared.</p>

A 'learning reflection' session was held, serving to document pilot implementation, lessons learned and recommendations for package adjustments by staff, as well as evidence of social change being observed due to TJ. (This was the first of learning reflection sessions that will be conducted every six months.) Suggestions included adjusting the community social mapping guide (one exercise and several questions), simplifying group activity cards, and addressing the need for intensive coaching through a longer-orientation period. Groups also diagrammed social changes that they were observing/hearing in TJ villages due to TJ activities, which ranged from community discussion to couples mediation by elders.

**Mid-Year PAG Meeting** (March 2014)

This mid-year meeting of almost all staff (several US-based staff do not usually attend) took place from March 17-20. The first part of the meeting was held from 17-18 March in Azové and brought together all of the USA and Benin TJ staff to examine issues and solicit opinions; the second part was held in Cotonou to bring together managers from IRH, CARE, and Plan for decision-making and finalization of the work plan for April to September 2014.

Following a review of accomplishments during the first six months of FY2014, as well as activities planned for the last six months, the group focused on the different elements of the TJ package, analyzing what was working/not working well, and questions and issues were arising from implementation. In particular, the group discussed the continuing lack of involvement of men's groups and how to manage two sets of TJ villages – the first 60 villages in Phase 1 that had been supported since April 2013 and the remaining 30 villages to be reached in Phase 2 of the pilot that would implement the full TJ package according to the planned sequence of activities. (Due to the Benin relocation and need to start the pilot quickly, Phase-1 villages started a set of TJ activities and added on additional activities as they became available for implementation.)

Key decisions were reached, including thinking more broadly about men's groups as they were being mapped in the village, allowing for more informal yet influential men's groups to be selected for TJ activities. Since the influential individuals' component was being implemented beginning April 2014, a decision was made on the modality of their orientation (half the villages will orient influentials at arrondissement-level meetings, half the villages will orient influentials at village-level meetings). TJ radio programs had begun broadcasting in January, but there was a need to harmonize broadcasting times and programs across the two contracted radio stations. The TJ Pilot Committee, based in Couffo Zone, was not functioning well and a plan to revitalize their work and role in overseeing pilot activities was developed. Finally, decisions on when to end project support to Phase-1 villages was determined (end of April), and how to close out TJ activities in all 90 pilot villages was determined (holding arrondissement-level events with TJ actors and MOH staff and providers in September). Monitoring data from all 90 villages will continue to be collected through December 2014.

During this PAG meeting, a second learning reflection session was held during the meeting revolving around analysis of all TJ package components, observations of social change occurring at village level, with a particular focus on management issues relating to package implementation (described above).

	Partner Coordination Meetings with USAID)	<p>TJ Project staff participated in two quarterly USAID partner meetings on December 5, 2013 and April 1, 2014 in Cotonou. The December meeting, with TJ represented by Dr. Ben of IRH and Dr. Ghislaine of Plan, allowed us to share information on the TJ package and the extent to which activities, including the baseline, were accomplished.</p> <p>In April, Mariam Diakité of IRH, shared monitoring data on diffusion of FP information through influential groups and individuals, results from the baseline study, progress of the on-going cohort interviews, and preliminary findings from the rapid assessment of implementation of the TJ package conducted by IRH in March. Following the presentation, there was a fruitful conversation with other health partners about how TJ indicators might be used to measure early stages of behavior change in other FP-focused programs.</p>
	Scale-up Planning	<p>The TJ Team has continued conversations begun at the September International PAG Meeting to engage TJ staff in reflection on various scale-up parameters, including what extent of scale-up is possible given available resources, shifting roles and responsibilities of staff as they transition from piloting to supporting others to implement the TJ package, and FP service availability to respond to increased demand. CARE and Plan are assessing which projects within their respective organizations could integrate the TJ package during the expansion and IRH is looking externally and developing a list of Beninese NGOs that could be potential scale-up partners.</p>
TAG	TAG Meetings	<p>The first TAG meeting of 2014 took place on March 12, 2014. Most organizations represented on the TAG were present, including USAID, Centre for Reflection and Action for Integrated Development and Solidarity (CERADIS), UNFPA, Réseau des ONG Beninoises dans la Santé (ROBS), Association Beninoise de Planning Familial (ABPF), technical staff of the Dutch and French Embassy/Cooperations, PSI/Association Beninoise de Marketing Sociale, DSME, MOH, Faculty of Health Sciences, IDEA and APC projects (USAID-supported), and the Mono-Couffo Departmental Directorate of Health.</p> <p>The meeting included a presentation of TJ's baseline household survey results, sought TAG validation of the EO13 invitation card, and engaged members in discussion about how to increase male participation in project activities and how to ensure FP services availability in the intervention zone. As a result of the meeting, the TAG requested support from the MOH in ensuring FP services availability in the pilot and scale-up zones, and made a number of recommendations to TJ partners to ensure male participation in project activities.</p> <p>Requests to the MOH included:</p> <ul style="list-style-type: none"> <li>- Ensure trained FP agents are based in facilities serving Couffo through a three-pronged approach that includes: recruitment of new health agents trained in FP to address current shortcomings in the field; training in FP for agents present in the field, including a special program to improve nursing standards, since nurses are the most stable agents in the health centers; and use of mobile clinics to provide long-acting methods.</li> <li>- Improve the MOH's FP contraceptive supply system from the national level all the way down to health facility level.</li> <li>- Consider offering free FP services, in view of cited financial barriers to uptake by clients.</li> </ul> <p>Recommendations to increase male participation included:</p> <ul style="list-style-type: none"> <li>- Review the criteria to identify and select men's influential groups in villages, with a focus on men's livelihood support associations like SONABI, ZIM and other agricultural cooperatives.</li> <li>- Broadcast/disseminate men's testimonies on their satisfaction with FP and FP method use.</li> </ul>

Comité de Pilotage	TJ Pilot Committee (Comité de Pilotage) Meetings	<p>The TJ Pilot Committee has not met this year. They were to meet in the first quarter, but never called a meeting. In an effort to plan for a next session early in 2014, CARE and Plan Field Supervisors met with the Committee Chairman (Mayor of Klouékanmey) to encourage him to set a date for the next quarterly meeting. As this report is written, a date has not yet been set. TJ staff developed a plan during the March PAG meeting to attempt to revitalize the committee. If unsuccessful, another way to coordinate sharing pilot efforts at zonal level will be established.</p>
Supervision	CARE & Plan Field Coordination Meetings	<p>CARE and Plan meet almost monthly to coordinate implementation activities, discuss implementation issues, and collaborate on development and field-testing of reflective dialogue materials found in the TJ package. Five meetings were held this semester, with the December meeting disrupted by end-of-year holidays. In October, discussion centered upon lessons learned from the annual project review; updates on orientation of the catalyzers, coaching issues and strategy, and distribution of tools tested by facilitators; selection of influential individuals; and 'network reconfiguration' strategies for introducing catalyzers to health workers and strengthening health center linkages. November discussions centered upon findings from field tests of activity cards (activities 5, 6, 7), the slightly revised TJ vision, and a review of data collection tools. In January, February, and March, three joint meetings were held and included participation of TJ national coordinators (Drs Bello and Ghislaine). These meetings covered planning for the mini-PAG meeting in March and encouraged harmonization in planning and implementation of the different activities.</p> <p>These meetings appear to be working well, are appreciated by the participants, and have improved overall understanding and coordination of the project at field implementation level.</p>
	Supportive supervision of field staff	<p>In an effort to be more responsive to implementation realities of the pilot, early in 2014, Plan-Benin instituted weekly coordination meetings and activity planning at national and field levels. During the January to March 2014 quarter, twelve (12) TJ coordination meetings were held, during which an update of activity achievement against planned activities was done. These meetings have allowed better monitoring of Plan's planned activities against the global work plan and have led to more results-oriented weekly schedules of field staff. A similar exercise is conducted by the national coordination team each month, which has allowed better anticipation of bottlenecks in implementation and more timely follow up on difficulties experienced by different field agents. CARE has made no changes to their current supervision structure in this reporting period.</p>
	Joint TJ Coordination Trips	<p>Two coordination trips were planned this semester, but only one was carried out due to scheduling challenges of the MOH representative, who participates in coordination visits. The achieved coordination visit from January 20-24 included MOH and TAG representatives, along with Plan, CARE and IRH staff. A particular focus of this visit was on strengthening collaboration between TJ field agents and health agents. The group visited the director of the Mono-Couffo health department, the zonal FP manager and health providers in facilities in Adjahomé, Lalo, Misinko, Aboukandji, Lokoba and Lagbavé, representing six of eleven health centers operating in TJ-supported areas. The coordination team recognized the shortcomings of FP services, particularly frequent transfers of staff as well as displacement from posts to attend meetings in Cotonou, and the absence of a full range of FP products. The MOH and TAG members committed to take necessary measures to advocate for improved services.</p> <p>The MOH and TAG representatives reiterated their satisfaction with efforts to help MOH staff better understand the TJ package. Another coordination visit is planned for May 19 to 23.</p>

Implementation of Pilot Social Network-based Interventions		
Social Mapping	<ul style="list-style-type: none"> <li>Completion of community social mapping in intervention villages</li> </ul>	<p>Early in the October-December quarter, CARE completed community social mapping in 15 of 30 Phase-1 villages, leading to 18 catalyzers and 30 influential people newly selected. In total, 90 catalyzers and 150 influential people were recruited for Phase-1 villages reached by CARE. (Plan had finished mapping of its 30 villages prior to October 2013.)</p>
Influential Individuals Activities	<ul style="list-style-type: none"> <li>Test and finalize influential individuals' orientation materials</li> <li>Orient influential individuals in the first 60 villages – 30 in CARE and 30 in Plan areas</li> </ul>	<p>Field teams reviewed materials to be used during the orientation of influential individuals with Plan's US project lead in mid-November. Revisions aimed to further simplify materials and included reducing the number and types of questions used to share baseline study findings with village people. A question about how to represent health facilities as images in infographic cards (see Appendix A) required a small survey with community members in late November, and some images were also adjusted to be more gender and Islamic-representative. Final feedback was shared with IRH in early December and changes in infographics and other materials finalized by IRH's communications expert before being sent to the field in mid-December.</p> <p>To expedite orientation of Phase-1 village influentials, CARE and Plan decided to orient influential individuals by arrondissement, rather than by village, which was the original plan. Facilitators were trained on the materials content and approach to working with influential individuals in December. Orientation of influential individuals in took place in January and February. In total, 155 persons (78 women and 77 men) were oriented in Plan zones, and 179 persons (94 women and 85 men) in CARE zones.</p>
Development of Radio Component	<p>Record and air TJ radio broadcasts in communities throughout Couffo Zone</p>	<p>Based on decisions made at the International PAG Meeting in September, Plan developed MOUs in October with the two radio stations with which they already had contracts. The third radio station was not responsive, and was dropped after the team determined it does not significantly add to the radio listenership area.</p> <p>In November and December, all six chapters of the 'Choice story' (found on group story cards) were recorded by radio station production staff, along with recordings of catalyzers facilitating TJ discussions in their groups (three TJ groups in Plan villages, three in CARE villages). Broadcasts of stories and questions read by radio actors began airing on December 23, airing twice each day (daytime/evening) on Mondays, followed by recordings of actual groups reading and discussing the same story (daytime/evening) on Tuesdays. Thus, the listening audience heard the story and questions first, and then the story and questions with interaction of catalyzers and village groups the next day.</p> <p>As of March, twenty-four episodes have been aired by Voice of Lokossa, and twelve episodes have been aired by Radio Couffo. Sessions include weekly call-in opportunities for listeners to express their opinions. The team has agreed to focus on additional recordings of personal testimonials, instead of panel discussions, which are too complex to be scalable. Late in March, contracts were renegotiated with radio stations to harmonize the order and frequency of airing of sessions across stations. PLAN and CARE field agents are monitoring broadcasts to ensure they are aired as planned.</p>
	<p>Organize meetings of influential groups to encourage listening to and debate about radio emissions</p>	<p>This activity began but was later shelved as too complicated to replicate during an expansion phase; it was a good idea but required too much staff coordination and time.</p>

	Collect monitoring data on radio activities from radio personalities	Radio monitoring tools were developed by Plan and sent to radio stations as they received their first pre-recorded sessions. Supervisors and field agents have a report to complete on the quality of radio broadcasts (broadcast date, duration, content, call-ins).
Health Center Linkages	Initiate activities to link health center staff with TJ groups	Health service providers, particularly nurses and FP providers in nearby health facilities, participated in the first day of orientation for 86 catalyzers in 30 Phase-2 villages reached by Plan and CARE. This services linkage was neglected in Phase-1 villages but will become part of the TJ package component of creating linkages between FP services and influential groups.
	Each One Invites Three (EIO3) Campaign	<p>The EO13 strategy, along with a draft version of the FP invitation card, was presented to the TAG in March 2014. The response to both the strategy and the card was positive. With the incorporation of a few small suggestions, the card was field-tested and 13,500 cards were printed in preparation for the upcoming campaign. See Appendix B for the final version of the card.</p> <p>CARE and Plan Supervisors began contacting health agents in April to inform them of the campaign and will continue through May 2014. The campaign is anticipated to begin in June 2014 with distribution of cards to catalyzers and influential individuals to hand out to non-using friends and peers. Full-scale implementation of satisfied FP users or group members offering cards to non-using friends will occur in the late June/July/August period.</p>
Catalyzers	Orientation of 90 new catalyzers in Phase-2 villages	<p>In October, Plan and CARE revised the catalyzer orientation, from a two-day to a three-day agenda, to allow sufficient time for catalyzers to become comfortable with using all of the materials (stories/activities). HQ reviewed and revised the orientation plan further to allow more time practicing using the materials in “classroom” settings, rather than using TJ materials in a village practicum setting. A practicum still remains as part of the orientation.</p> <p>Plan oriented 29 catalyzers in the October-December quarter and 44 catalyzers in the January-March quarter. All catalyzers received a three-day orientation, except for two, who missed the training and instead received individual orientations. CARE oriented 42 catalyzers in the new villages out of the 45 expected; three identified catalyzers missed training due to illness or delivery and instead received individual orientations.</p> <p>During these orientations, health workers participated during the first day to establish a link between catalyzers and health workers (mostly nurses and midwives), with the aim of creating connections that will allow providers to approach groups and vice versa for FP information.</p> <p>Very few men’s groups were selected in Phase-2 villages causing concern that diffusion would be too-tilted towards women’s social networks. During the March PAG meeting a decision was made to ensure each village had one TJ men’s group, meaning an additional 11 men’s groups would need to be identified and consequently a final group of catalyzers would need to be oriented in the April-June quarter.</p>

	Catalyzer coaching	<p>Several months after Phase-1 catalyzers started working with their groups, it became clear that many had problems using the reflective dialogue materials. A coaching strategy was launched and a coaching guide developed to help facilitators systematically coach lesser-performing catalyzers to improve their skills and comfort level using TJ materials. (In addition, the issue was addressed by extending the period of catalyzer orientations to three days as well as further simplifying TJ materials.)</p> <p>Project language to define this process emerged, e.g., catalyzers were ‘graduated’ when they showed a level of ease in using materials and facilitating discussions. This unfortunately also led to a predominant focus by TJ field staff on making sure every catalyzer could graduate, regardless of the number of coaching visits to individuals, which was counter-productive in a six-month social network process which needed to be ‘light’ in supporting catalyzers. Upon reflection in January and March, the language of ‘graduation’ was dropped, monitoring indicators on number of coaching visits were dropped. In addition to other corrective actions noted in the first paragraph, and a shift was made towards facilitators helping lesser-performing catalyzers find village “allies” to support their work with TJ materials, e.g., by enlisting friends with higher-level French reading skills. This led to a revision of the coaching guide; all references to “graduation” have been removed and the idea of TJ as a six- month intervention has been emphasized.</p>
Revision of Reflective Materials	Finalize catalyzer and influential individual intervention materials	<p>All materials, stories and activity cards were field-tested and revised based on findings of what worked and what needed to be changed, and discussed during Danielle Grant’s November trip. No revisions were made to the stories, but one of the activity cards was dropped because it was too challenging to use and groups did not like it. Remaining activity cards were revised, i.e., further simplified.</p> <p>Likewise, discussed elsewhere in this report, materials for use with influential individuals were developed, field-tested, and further modified before their finalization in the Jan-March quarter.</p> <p>TJ Bags to hold TJ materials and keep them in good condition were distributed to catalyzers in March and April.</p>
	Certificates of recognition for catalyzers and influential individuals	The certificate has been designed and validated. They will be printed in July for use during completion ceremonies taking place in 90 villages in September 2014.
Research, Monitoring & Evaluation		
Research	Disseminate baseline study results	The baseline report is now available in English and French (see Appendix C). Two dissemination meetings were held in Benin to share methodology and results. The first, held on February 21, included representatives of the MOH’s DSME division and the USAID Mission, as well as MOH partners engaged in FP efforts. A second meeting was held March 12 to present results to the TAG.
	Analysis of Round 1 In-depth Interviews	Analysis of the first round of interviews of the interview cohort is complete. (The cohort consists of 25 men and 25 women in TJ intervention areas, interviewed every six-eight months, representing a range of FP need statuses (met/unmet/no need) and social network status (influencer, connector, isolate). Interviews explore content, quality, and frequency of FP information-sharing within respondent networks as well as interviewees’ understanding of their unmet/met need status and reasons for using (or not) FP.)

	Round 2 & 3 In-depth Interviews	Round 2 interviews were completed in late October and early November 2013. Round 2 interviews have been coded and will be analyzed and compared with Round 1 findings; this information will guide the revision of interview guides before the start of Round 3 interviews. The Round1/Round2 review will also inform TJ whether the six-month interval between interviews needs to be adjusted to a longer interval before a return visit by an interviewer. A planned dissemination meeting will focus on changes in the cohort over time, and will occur either after completion of the analysis of Round-2 or of Round-3 interviews.
	Disseminate findings of the rapid assessment of FP services in Couffo	This assessment was completed in July/August and short status reports by health facility were distributed to all partners: Ministry of Health, UNFPA, Mono-Couffo Health Department, PSI, ABPF, and USAID
	Conduct preliminary activities for costing study.	The costing study will measure the costs of implementing the TJ package in Benin, using cost data from CARE and Plan. Several possible consultants to support the costing study were identified and asked to submit a proposal. IRH selected health economist Dr. Hugh Waters to support the costing research, and worked with him to finalize preliminary study objectives and timeline. This was shared with TJ staff at the March PAG meeting. The study parameters continue to be refined and data collection is scheduled for mid-2014.
Monitoring, Learning & Evaluation	Monitoring, Learning and Evaluation (CSAE) Committee Meetings	<p>Meetings of the CSAE continue monthly with IRH, CARE, and Plan MLE staff. The October meeting was combined with a field visit for data quality monitoring, which allowed the team to identify difficulties and solutions to assuring the quality of the data coming from catalyzers. Each committee member is responsible for correcting and validating the data they receive before passing it to IRH for compilation; their involvement in the process is important to assure quality data and to determine accuracy and plausible explanations of numbers.</p> <p>The November 28 meeting was devoted to data analysis and lessons learned. Each committee member updated the group on their activities and data improvement efforts. The December meeting did not take place due to the holidays, but the January 24 meeting took place in Azové with the participation of a TAG representative. The meeting was devoted to analysis of data in order to identify the lessons learned and to guide the program strategies and activities.</p> <p>On February 27, the CSAE met to finalize indicators and the collection tools for TJ package components in process of being implemented - the radio activities and activities of influential individuals. During this meeting, the data collection process was revised in order to address organizational delays with sending data.</p>
	Monitoring, Learning and Evaluation (CSAE) Field Visits	The CSAE conducted two monitoring visits to TJ areas from October 28–31 (see above activity description) and January 21 – 24. This offered the opportunity for this team to validate the data and to better understand the real context for data and indicators being collected.
	Revision of monitoring tools	See above – MLE Committee Meetings
	Collection of monitoring data and reporting	Activity reports by catalyzers are a key information source in the MLE system. Data continue to be collected regularly from all catalyzers except one in the town of Lalo; this person has not been engaged in TJ activities during the last two months of the Jan-March quarter. Data synthesis is done every three months (see above description of CSAE).

Gender - Cross Cutting	Gender reflection activities	Plan's Gender Officer led the TJ consortium team in two gender reflections, one during each of the semiannual PAG meetings. These will continue, as they provide a way to deepen personal understanding as well as remind staff of how gender issues are influencing unmet need.
	Strategies for increasing male engagement	<p>Though the project continues to be challenged with engaging men in TJ activities, the TJ team has actively sought solutions to this issue. Field visits by TJ staff and Plan's gender expert engaged men's group and other community members in discussions about barriers to engagement in TJ activities. Additionally, TJ staff analyzed this issue further during the PAG Meeting in March. A fruitful discussion with high-level stakeholders at the March TAG meeting also resulted in recommendations to seek out men's agricultural groups, and to include men's testimony in the radio emissions.</p> <p>It may be that men's networks operate differently than women's and there needs to be more of a community normative shift around men's roles in FP to maximize contributions of men under TJ. TJ monitoring data indicate that men are more active diffusors of TJ information, even though in absolute numbers, they are less engaged in TJ groups. The issue will continue to be explored.</p>
Communication/Dissemination		
	Share lessons learned and results of Project TJ	<p><b>Conferences and Meetings</b></p> <ol style="list-style-type: none"> <li>1) TJ partners presented intervention materials and lessons learned in two sessions of the International Best Practices track at the International Family Planning Conference in Addis Ababa in November 2013. One presentation highlighted the TJ social networks approach in changing social and gender norms; the other was a skills building session using TJ's community social mapping guide. TJ field staff also contributed to a panel organized by the USAID Benin Mission's Health Team with an article about socio-cultural barriers to FP use.</li> <li>2) IRH presented on the social network approach during a session at the American Public Health Association's annual conference in November 2013.</li> <li>3) Partners also facilitated a skills-building session using TJ community social mapping tools to about 40 people at the USAID Mini-University on March 7. Informal feedback was very positive, and the presentation is archived on the Mini-U website.</li> <li>4) IRH's Director of Research presented the TJ project approach at the Society for Applied Anthropology in March 2014.</li> <li>5) Plan was able to secure a presentation/skills-building workshop slot at the upcoming CORE Global Health Practitioners meeting in May. (See work plan / communications and dissemination section on the following pages.)</li> </ol> <p><b>Communications Products</b></p> <ol style="list-style-type: none"> <li>1) Soul Beat Africa, a website dedicated to communication, media and social development in Africa, featured a description of the TJ Project approach and intervention on its website.</li> <li>2) Plan's Deputy Regional Director visited Azové February 12 to learn more about the TJ project and visit a TJ influential group in the field. During the visit, the group "Hondjin" was led in a discussion by their catalyzer using the TJ intervention materials to allow the Regional Director to observe the FP discussion between men and women, and between couples. The Plan West Africa Regional Office communications team also visited Dolohoué Soglonouhoué from February 17-19 to attend group discussions there; a video of the visit, and some of the groups' interaction, was produced afterwards and can be seen on U-Tube.</li> </ol>

		<p>3) The TJ team produced its first project brief “Overcoming social barriers to family planning use: Harnessing community networks to address unmet need.” (See Appendix D)</p> <p>4) IRH featured the TJ project, along with links to the new brief and most recent project reports, in its March eNewsletter, which reaches over a thousand supporters.</p>
	<p>Write and submit TJ-related articles to peer-reviewed journals.</p>	<p>IRH submitted an article entitled “Applying a Stigma Framework to Unmet Need in Mali” to the ICFP Conference organizers to be included in a special addition of articles from the November conference.</p>

## SIX-MONTH WORK PLAN AND INTERNATIONAL TRAVEL SCHEDULE (April – September 2014)

	Objectives	Planned Activities	Tentative International Travel
Project Management & Coordination	Partner Relations	<ul style="list-style-type: none"> <li>• PAG coordination and planning meetings (particular focus on scale-up planning in the next six months)               <ul style="list-style-type: none"> <li>• USA PAG meeting (April 16-17)</li> <li>• International /all staff PAG Meeting (August 4-6)</li> <li>• Benin PAG meetings (every month except August)</li> <li>• Benin-USA management coordination calls (bimonthly, starting in June)</li> </ul> </li> <li>• TJ-Benin staff participation in USAID quarterly partner meetings (July, September)</li> </ul>	International PAG meeting: Lundgren, Igras, Rubardt, Grant, Cuzzuza
	TAG	<ul style="list-style-type: none"> <li>• Semi-annual TAG meeting (September)</li> </ul>	
	TJ Pilot Committee (Comité de Pilotage)	<ul style="list-style-type: none"> <li>• Work to revitalize the Committee: 1) adjusting its structure by developing core group of more active members, and 2) setting up an expense reimbursement system for planned coordination activities</li> <li>• Hold quarterly Committee meetings (June, September)</li> </ul>	
	Supervision	<ul style="list-style-type: none"> <li>• Supervision visits by CARE and Plan Field Supervisors (monthly)</li> <li>• Supervision by CARE and Plan TJ Managers (monthly)</li> <li>• Quarterly field visits by CARE, Plan, IRH, TAG members (July, September)</li> </ul>	
Intervention	Influential Individuals Component	<ul style="list-style-type: none"> <li>• Provide regular supervision to ensure implementation-as-planned of influential individuals component in the 30 Phase-2 villages (monthly)</li> <li>• Conduct 'check-in' encounters with influential people in 60 Phase-1 villages, while collecting project monitoring data (monthly)</li> <li>• Print revised info graphs for use with influential individuals in Phase 2 villages (April)</li> </ul>	
	Radio Component	<ul style="list-style-type: none"> <li>• Harmonize radio broadcast schedule across radio stations broadcasting TJ programs and info spots (March)</li> <li>• Record 12 testimonial broadcast sessions (April-May)</li> <li>• Develop and record info spots for the FP hotline (ligne verte) and EO13 campaign (June/July)</li> </ul>	

	Health Center Linkages Component	<ul style="list-style-type: none"> <li>• Prepare zonal MOH officials, health facilities staff, TJ catalysts and influential individuals to actively participate in the 'Each One Invites Everyone 3' campaign (April/June)</li> <li>• Develop monitoring plan (May/June) and monitor campaign implementation</li> <li>• Conduct EOI3 campaign through coordinated mass distribution of invitation cards, airing of radio spots, receiving clients with cards by health services (July/August)</li> </ul>	
	Influential Groups/Catalyzers Component	<ul style="list-style-type: none"> <li>• Identify men's groups in 11 Phase-2 villages that do not yet include an influential men's groups (April)</li> <li>• Identify and orient male group catalyzers in selected Phase-2 village groups (March/April)</li> <li>• Conclude catalyzer coaching by April 1 (Plan) and May 1 (CARE) in first 60 villages</li> </ul>	
	Group reflective dialogue materials	<ul style="list-style-type: none"> <li>• Print revised activity cards, for distribution to catalyzers in selected groups in the last 30 Phase-2 villages (April)</li> </ul>	
	Phased transition for phase-in support of Phase-2 villages, phase-out support of Phase-1 villages	<ul style="list-style-type: none"> <li>• End of TJ staff support for group catalyzers in Phase-1 villages (by July 1)</li> <li>• Once new groups and influentials are selected, implement the full TJ package following the planned sequence in Phase-2 villages (beginning in April)</li> <li>• Hold up to 4 (number still to be determined) pilot close-out and 'thank you' meetings with TJ community actors and health facility staff in participating arrondissements (September)</li> </ul>	
<b>Research, Monitoring, Learning and Evaluation</b>	Analyze Round 2 cohort interviews	<ul style="list-style-type: none"> <li>• Analysis team is currently coding Round-2 transcripts and will begin analysis in May. Findings will be incorporated in report to be written after Round-3 interviews are completed and analyzed.</li> </ul>	
	Conduct Round 3 cohort interviews in intervention communities.	<ul style="list-style-type: none"> <li>• Round 3 in-depth interviews will be conducted (September) with study cohort.</li> </ul>	Diakit� to IRH Washington office to work with staff to plan Round 3 interview content and finish analysis of Round 2 data (Tentative for June)
	Costing Study	<ul style="list-style-type: none"> <li>• Finalize the cost categories, activities and outcomes that will be analyzed in this study. IRH will develop and work collaboratively with CARE and Plan to administer questionnaires to collect data on staff time and project component costs (September). Data analysis will take place in October 2014, and a report detailing the findings will be available when analysis is complete.</li> </ul>	Burgess travel to Benin to complete data collection with Plan and CARE finance/program staff (September)

	Continue to implement project MLE system	<ul style="list-style-type: none"> <li>• Continue monthly MLE Committee meetings between IRH, CARE, Plan, providing regular feedback of findings to PAG.</li> <li>• Continue quarterly field trips to monitor data collection ensure data quality (July, September)</li> </ul>	
	Continue gender reflection activities with project staff	<ul style="list-style-type: none"> <li>• Conduct gender reflection session during annual PAG meeting (August)</li> </ul>	
<b>Communication/ Dissemination</b>	Develop and disseminate TJ materials and engage in conferences and meetings	<ul style="list-style-type: none"> <li>• Develop a TJ Program Brief to use with program-focused audiences (July)</li> <li>• Conduct SNA skill building session at CORE Community Health Practitioners meeting (May)</li> <li>• Disseminate to Cotonou FP program audience preliminary results of cohort analysis comparing Round 1 and Round 2 information (September - tentative; we may wait to disseminate after Round 3, depending on Round 2 findings)</li> </ul>	
	Write and submit TJ-related articles to peer-reviewed journals.	<ul style="list-style-type: none"> <li>• Submit article on community social mapping approach, based on ICFP presentation lines (September)</li> </ul>	

## **LIST OF APPENDICES**

**Appendix A: Tékponon Jikuagou Infographics for Influential Individuals**

**Appendix B: Each One Invites Three Cards**

**Appendix C: Benin Baseline Household Survey Report**

**Appendix D: Tékponon Jikuagou Brief: Overcoming Social Barriers**

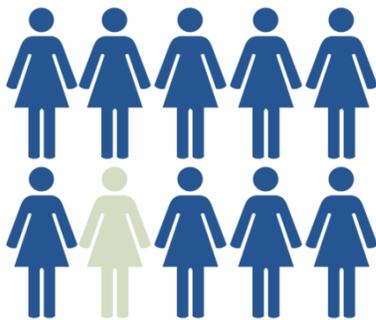
**APPENDIX A:**

**Tékponon Jikuagou Infographics for Influential Person Training**

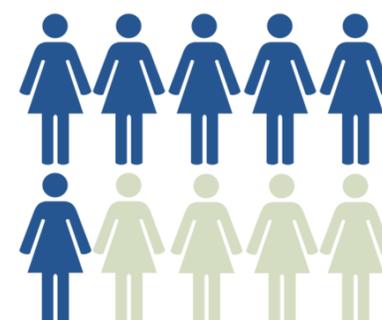
1



Why are they at risk ?



...because **1** in **10** use no family planning method at all.



... because **4** in **10** think they are protected when they are not.

2

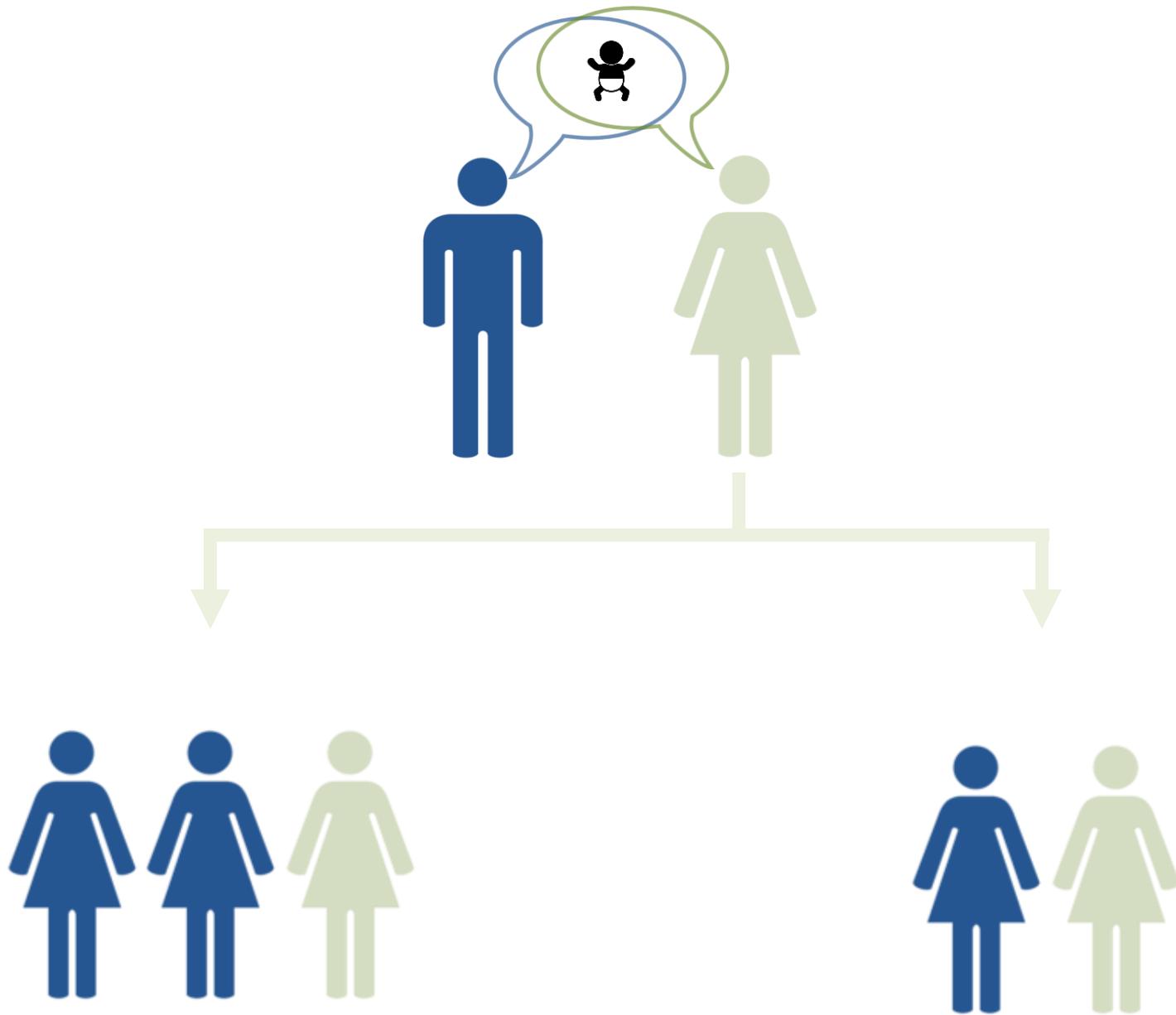
During the last year, **1** out of **16** women...



...have gone to a health center to get family planning.



3



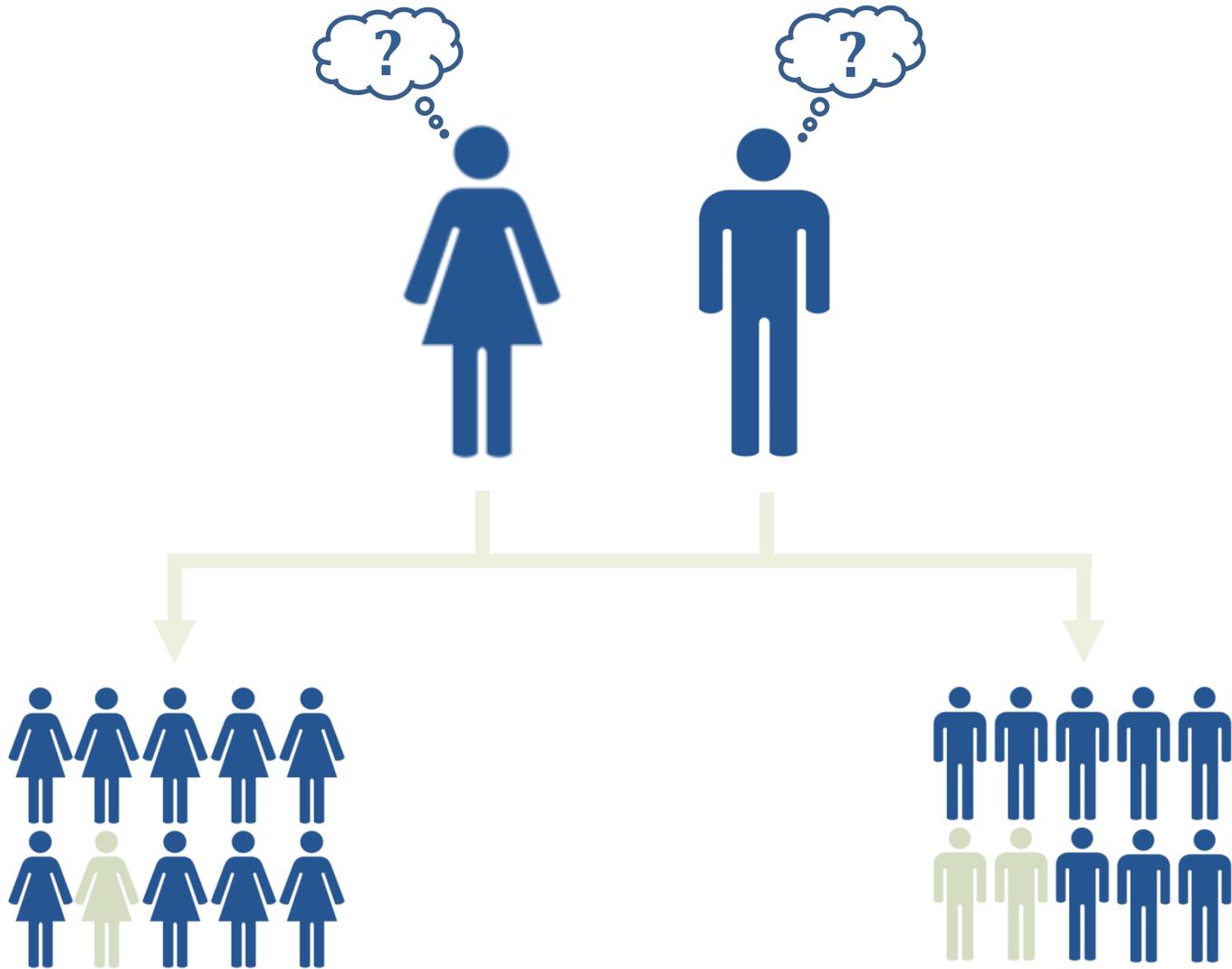
**1 in 3** women know how many children their husband wants.

**1 in 2** women talked with their husband about family planning.



**...have heard a leader talk about family planning.**

5



**1** in **10** women believe that women who use family planning are promiscuous.

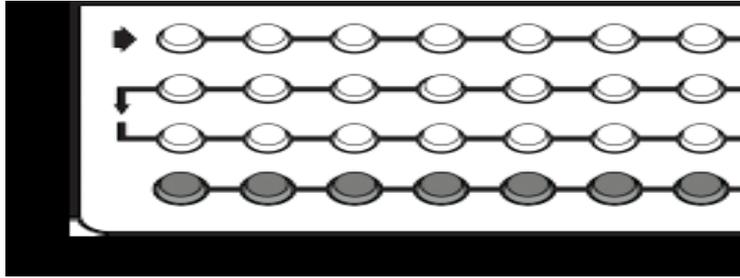
**2** in **10** men believe that women who use family planning are promiscuous.

**APPENDIX B:**  
**Each One Invites Three Card**

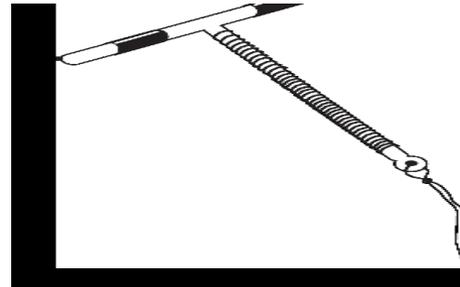


**Nous discutons de la planification de la famille ensemble. Nous sommes allés au centre de santé pour obtenir une méthode sûre et efficace afin d'avoir le nombre d'enfants que nous voulons au moment voulu. Nous sommes satisfaits de notre décision.**

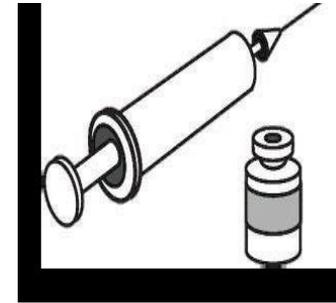
# RENDEZ-VOUS AU CENTRE DE SANTE POUR AVOIR DE L'INFORMATION SUR LA PF



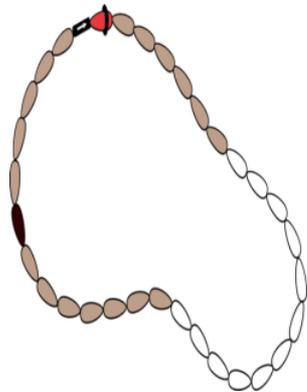
Pilule



DIU



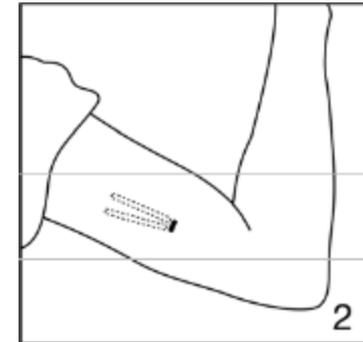
Pilule injectable



Collier

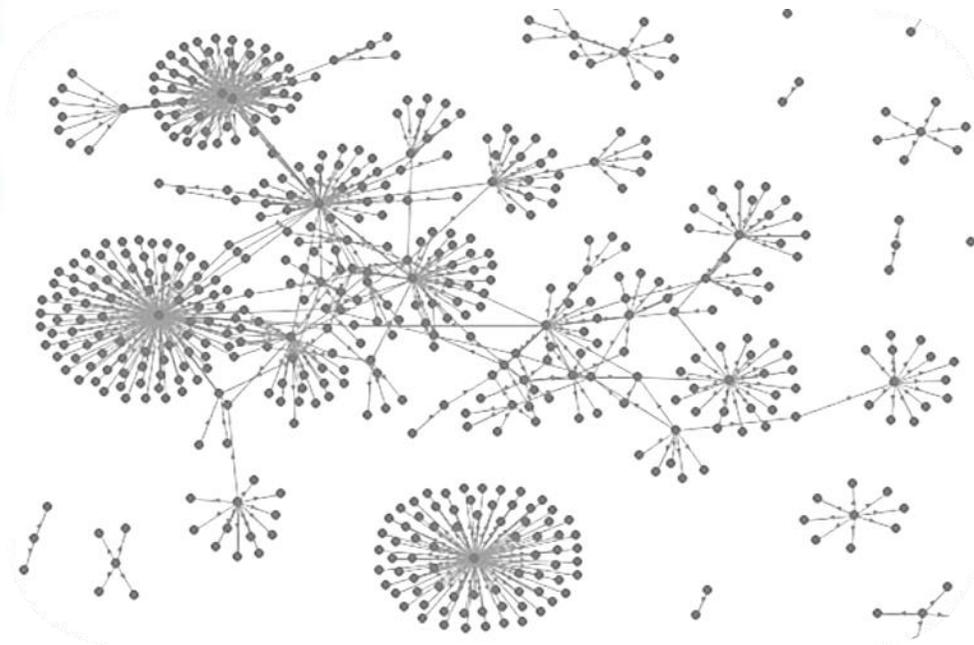


Préservatif



Jadelle

**APPENDIX C:**  
**Benin Baseline Household Survey Report**



# Baseline Household Survey Report

## Tékponon Jikuagou Project

### Addressing Unmet Need for Family Planning through Social Networks in Benin

---

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**TÉKPONON JIKUAGOU**  
INSTITUTE FOR REPRODUCTIVE HEALTH GEORGETOWN UNIVERSITY  
CARE INTERNATIONAL  
PLAN INTERNATIONAL

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## **ACKNOWLEDGEMENTS**

We would first like to acknowledge our Tékponon Jikuagou Project partners, the Cooperative for Assistance and Relief Everywhere (CARE) and Plan International, for their support and technical assistance throughout the conception and implementation of this study. We also want to thank the following individuals for their critical contributions to the development of this report: Irit Sinai, Rebecka Lundgren, Jennifer Keuler, Heather Buessler, Mariam Diakite, Ben Moulaye, Etienne Kouton, Emmanuel Akakpo and Roger Atchouta. We thank the dedicated staff at the Centre de Recherche et d'Appui-conseils au Développement (CRAD) for their insight, collaboration, expert support and hard work. We express our sincere gratitude to all of the researchers and supervisors who conducted this research in the field, as well as those who recorded, cleaned and verified the data. Finally, we humbly thank the women and men in the departments of Couffo and Plateau who generously shared their opinions and experiences with us during the course of the study.

## I. BACKGROUND

In Sub-Saharan Africa, significant resources have been allocated to family planning (FP) programs for activities ranging from improving services to advocating for policy change, from conducting media campaigns to organizing peer education sessions, and from strengthening contraceptive supply chains to pioneering contraceptive technologies. Yet, unmet need for FP – that is, the number of women and men who do not want a pregnancy but are sexually active, yet not using an effective means of preventing pregnancy – remains high, and sustained FP use remains elusive. Interpretation of unmet need has led to an emphasis on “supply side” issues, and significant resources have been devoted to institutional strengthening and provider capacity building. Nearly twenty years of FP programming efforts in Benin, for example, have led to the majority of sexually active men and women knowing about the various methods of FP, yet unmet need has increased from 21% in 1996 to 32.6% in 2006 (DHS, 2012), and contraceptive prevalence has only risen from 3% in 1996 to 7% in 2006. Evidently, unmet need does not represent demand for FP methods nor does providing an influx of programming necessarily translate into adoption and sustained use of family planning. What prevents men and women who supposedly have an “unmet need for FP” from using a method?

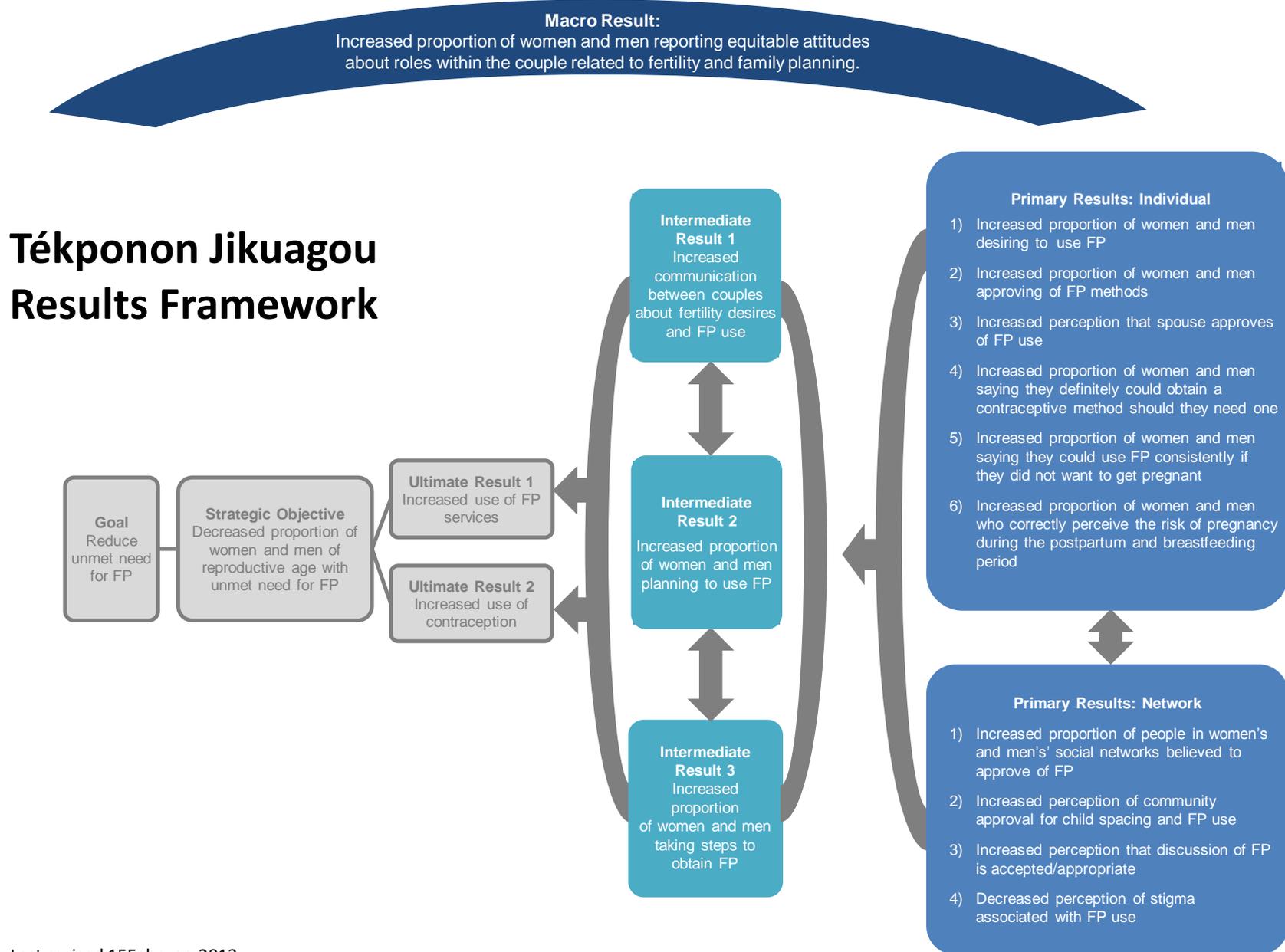
Many efforts to reduce unmet need have focused primarily on women and, in some cases, their partners, without taking into consideration the social networks in which reproductive health decisions are made. Recently in Benin, increasing attention has been given to the influence of men on women’s FP use. Research indicates, for example, that partner disapproval (real or perceived) contributes to women’s inability to use FP successfully and that improved couple communication increases FP use (Tapsoba et al., 1994; Terefe & Larson, 1993). Less attention, however, has been given to other important social influences on women’s health choices, such as opinions of family members (e.g., mother in law), friends, and community leaders. Literature on unmet need further underscores the necessity of acknowledging social networks and cultural contexts when addressing unmet need, in particular power relations and gender norms as influencers of reproductive health behavior (Gayen 2007, Bongaarts 1995, Greene & Biddlecom 2000).

Social network analysis theorizes that once a FP method has been adopted by a group within a community, social interaction can accelerate the pace of diffusion by providing opportunities for social comparison, support and influence – not only for adopting a method but also for continuation or switching to another method. While ecologic models have become accepted practice in public health, only recently have public health practitioners begun to use social network analysis as both an analytic tool and a theoretical paradigm to pose and answer important ecological questions (Luke & Harris, 2007).

Increased understanding of social networks can improve efforts to mobilize communities around FP, and more effectively support changes in FP related attitudes, beliefs, desires, intentions and behaviors. This is particularly relevant because for many, the decision to initiate or use FP is not made during a single counseling session, nor is it a once-and-for-all commitment. Women and men may discontinue FP use or switch among methods repeatedly even during a single year. Presence of a social system that supports the use of FP methods that meet couples’ changing fertility intentions over the life course can help women and men fulfill their reproductive intentions.

Ultimately, Tékponon Jikuagou aims to reduce unmet need for FP. Figure 1 shows the results framework that is the theoretical underpinning for the project, and what it aims to achieve.

Figure 1. Tékponon Jikuagou Results Framework



With the ultimate goal of reducing unmet need for FP, the project is implementing programs designed to influence individuals and their networks, to not only improve access for FP, but to also increase couples' empowerment to use FP, and ensure an enabling environment. The project aims to do so, using a social network approach. Key features of this approach are:

1. Identification of individuals, groups or organizations influential in spreading information, attitudes and ideas;
2. Specification of who influences whom during the diffusion process;
3. Identification of channels of communication and influence (e.g. village meetings, community radio); and
4. Utilization of these networks to spread innovations.

## **DEFINITIONS OF FAMILY PLANNING NEED**

As the ultimate goal of the Tékponon Jikuagou project is to reduce unmet need for FP, it is important to have a clear definition of the unmet need concept. Various definitions exist of unmet need for FP. Our definition differs from commonly used variations, in that it focuses on perceptions of the individual, as follows:

**MET NEED:** Individuals using any FP method, modern or traditional. We believe that any individual taking steps to prevent or delay a pregnancy, regardless of the method's actual efficacy, believes their FP need is being met.

**NO NEED:** Individuals who wish to have another child now; women who are currently pregnant, menopausal, or not sexually active and who believe that this protects them from pregnancy (correctly or erroneously); and individuals who otherwise perceive that they have no need for FP for any reason.

**UNMET NEED:** Individuals who do not wish to become pregnant, who are sexually active, yet are not using any FP method. In other words, any individuals who do not fit the met need or no need categories.

In our study, women were assigned only one FP need status (met need, no need, unmet need) based on their self-reported fertility desires, current FP use, or other conditions related to need status as outlined above. Due to the prevalence of polygamy in the study location, men could be assigned more than one FP need status. For example, a man could have met need with one wife and unmet need with another.

Our definition of unmet need for FP focuses on an individual's perceived need for FP. We believe that women's and men's own perception of their FP need is a more useful predictor of contraceptive use. This definition differs from the one recently revised by Bradley, et al. (2012) and subsequently adopted for use by USAID, UNICEF, and WHO. Their algorithm to determine need uses biologically based criteria to assess fecundity, incorporates intendedness of each pregnancy, and assesses the efficacy of the particular FP method, if one is being used. Whether or not it can be objectively substantiated, we believe an individual's perceived need for FP is the best predictor of his or her FP behavior. For example, using the Bradley definition, a woman using traditional amulets to prevent pregnancy would be categorized as having unmet need, because amulets are not a modern method. However, in our definition, this woman is of the "contracepting mindset"—in other words, she believes she is doing something to avoid pregnancy. Thus, we consider her to have met need, as she will not be responsive to supply-side FP programs. Rather, she may benefit from

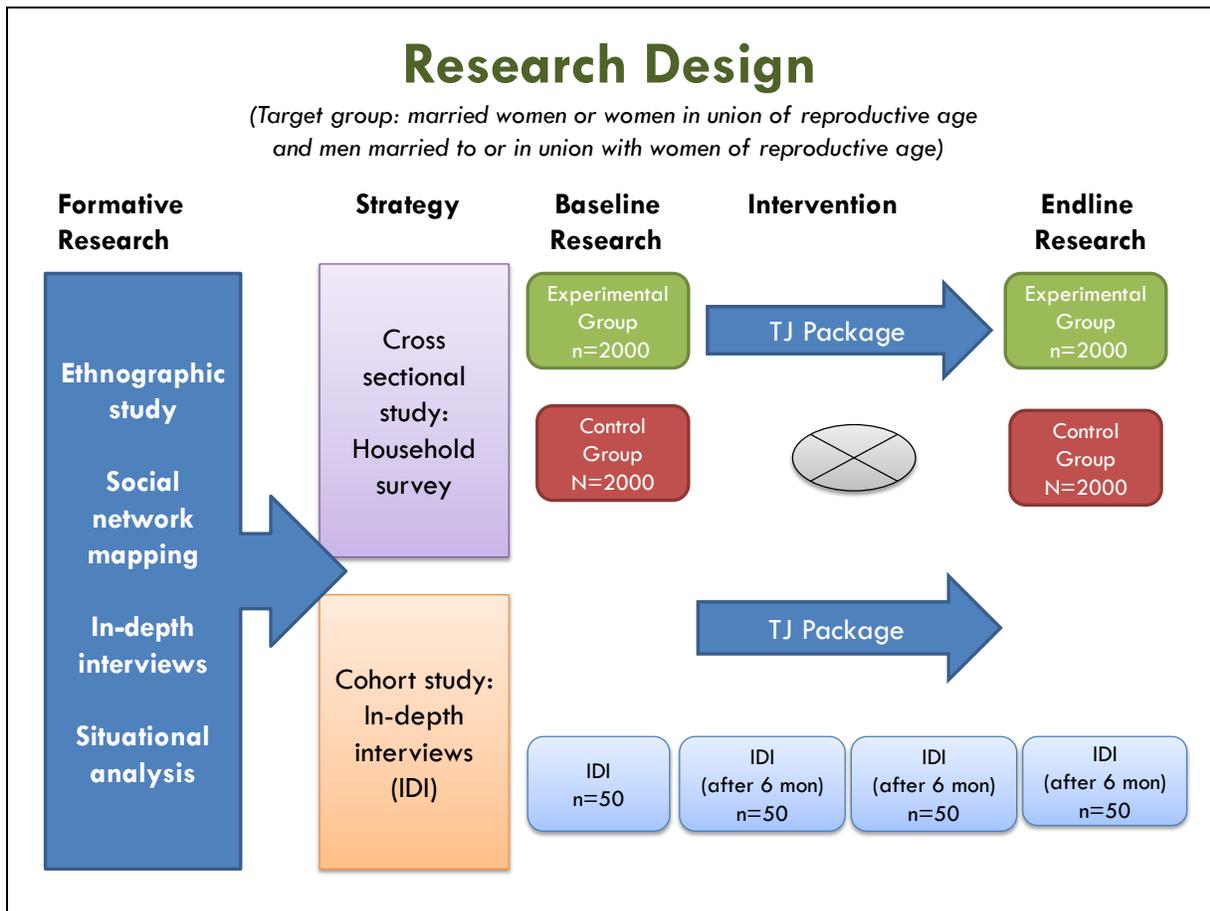
educational programs about the efficacy of various methods. In another example, Bradley, et al. would consider a woman who is not breastfeeding exclusively but still postpartum amenorrheic as having unmet need, since she is biologically susceptible to pregnancy. In contrast, our definition considers this woman as having no need if she believes it is impossible to become pregnant in this state, as she will not take advantage of FP programs and services.

Since Project Tékponon Jikuagou addresses perceptions of and social norms around FP, we believe a definition based on perception of unmet need provides a better measure of the success of interventions designed to influence people's attitudes and behaviors. While we are not necessarily arguing that one definition is better than the other, we believe our definition of unmet need has greater potential to measure FP need and guide strategies for our project interventions. We also note the differences for reasons of comparability—our rates of unmet need for FP should not be directly compared against rates generated by Demographic and Health Surveys (DHS) or other surveys that do not use our same algorithm to determine unmet need. In addition, the traditional definition of unmet need is a static measure. We posit that need-status can change over time, and therefore measure unmet need monthly (retrospectively), for a full year.

## **II. BASELINE SURVEY OBJECTIVES, DESIGN AND IMPLEMENTATION**

The research agenda is multi-faceted; Figure 2 represents a schematic diagram of the research design during the pilot phase to allow the reader to understand how the household survey baseline is part of a larger study design. The effectiveness of the Tékponon Jikuagou package of social network interventions will be evaluated using a quasi-experimental design. In addition to the household survey, an embedded study will determine the cost of offering the full package, important information for scale-up. Discussed earlier, another element of the Tékponon Jikuagou research agenda is to enhance understanding of unmet need by using social network analysis and qualitative techniques to explore the dynamic nature of unmet need from the perspective of women and men rather than service delivery organizations. To this end, a group of women and men, selected on the basis of unmet need status for FP, will be followed during the pilot phase and interviewed every six months.

**Figure 2. Tékponon Jikuagou Research Design**



*\*Note that throughout this report, we use the term “married” to refer to individuals who are married or in union (co-habiting).*

The main objective of the baseline household survey was to collect data on study respondents’ attitudes and behaviors related to fertility, child spacing and FP, to identify their FP need status, and to learn about their social networks. Results will help refine the design and implementation of the Tékponon Jikuagou interventions to reduce unmet need, and will ultimately be compared to similarly designed endline survey, to evaluate the interventions.

The household survey was conducted in all six communes in the department of Couffo which were selected by IRH and partners as the location of the Tékponon Jikuagou pilot project (hereafter referred to as intervention areas) and three control communes in the department of Plateau—Pobé, Adja-Ouère, and Sakété—where the project will not be piloted (hereafter referred to as control areas). Couffo was selected as the intervention zone due to ongoing activities of our in-country partners in these areas, as well as the interest of local policy makers.

The department of Plateau was chosen as the control zone based on certain criteria, including the unmet need rate, the contraceptive prevalence rate (CPR), and the population. In fact, comparisons of data for these criteria indicated that Plateau was more similar to Couffo than other potential departments like Mono or Colline. Conversely, there are some differences in socio-demographic

characteristics (ethnicity, polygamy, etc.) between the two departments. These differences will be controlled for during statistical analysis of the combined baseline and endline results, through an analysis of the project intervention based on two approaches. The first approach will examine the gross effect of the Tékponon Jikuagou package on beneficiaries, and the shift in their situation from before to after the intervention. A second, complementary approach, will examine the net effect by comparing differences between peer groups that most resemble each other in the intervention and control zones. Multivariate analysis techniques such as ordinary least squares (OLS) will be used to put together homogenous peer groups (beneficiaries and non-beneficiaries) based on their socio-demographic and cultural characteristics, and matched according to variables that appear to have affected intervention results.

The availability of FP services was also considered in choosing a control zone; the Campaign to Accelerate the Reduction of Maternal Mortality in Africa (CARMMA) is present in all three control communes in Plateau, as in the intervention communes in Couffo, which ensures free distribution of contraceptive methods in both zones.

The baseline study was completed before the intervention activities began.

## **SAMPLING**

A representative sample of households in the intervention and control areas was obtained through a two-stage stratified cluster sample of households. In the first stage, a sample of forty-five villages/districts was drawn with probability proportional to size among the ninety villages/neighborhoods targeted by the Tékponon Jikuagou Project (intervention area) and among the one hundred thirty-nine communes of Adja-Ouèrè, Pobè and Sakété (control area); the total sample size was the population recorded in 2002. Within each of these clusters, a sample of households was then selected at random. One married woman of reproductive age, and the man married to that woman were interviewed, in each selected household, if they agreed to participate in the study.

Tables 1 and 2 provide information on the number and distribution of respondents in both the intervention and control zones. Researchers selected 2,732 households in the 90 villages/neighborhoods for the sample. Among these households, 2,592 men and women agreed to participate in the study, yielding a response rate of 94.9%. Within surveyed households, 2,184 eligible women were selected, of which 2,160 were successfully interviewed for an response rate of 98.9%. Of the 2,175 eligible men identified, 2,160 were successfully interviewed, a 99.3% response rate. Table 2 shows the distribution of respondents in the study areas. For a complete list of villages that participated in the survey, please see Appendix A.

**Table 1 : Households, Women and Men Selected and Surveyed, and Response Rate**  
Distribution by number and (%) of households and respondents by sex

Households and respondents by sex	Intervention	Control	Total
<b>Households</b>			
Households selected	1332	1400	2732
Households surveyed	1251	1341	2592
Household response rate (%) <sup>1</sup>	<b>93.9</b>	<b>95.8</b>	<b>94.9</b>
<b>Women</b>			
Women selected	1082	1102	2184
Women interviewed	1080	1080	2160
Women respondents response rate (%) <sup>2</sup>	<b>99.8</b>	<b>98.0</b>	<b>98.9</b>
<b>Men</b>			
Men selected	1080	1095	2175
Men interviewed	1080	1080	2160
Men respondents response rate (%) <sup>2</sup>	<b>100.0</b>	<b>98.6</b>	<b>99.3</b>

<sup>1</sup> Households surveyed/Households selected  
<sup>2</sup> Respondents surveyed/Respondents selected

## SURVEY INSTRUMENTS

All study protocols and instruments were approved by the Georgetown University Institutional Review Board (USA), and by the Institut des Sciences Biomédicales Appliqués (Benin) before data collection began. Protocols for conducting research with human subjects were closely followed in the field, to ensure respondents' rights and their safety. Participation was voluntary, and informed consent was obtained from each study participant prior to the interview.

Research instruments were written in French and orally translated to the local languages at the time of data collection by interviewers fluent in these languages and in French. Interviewers training included exhaustive translation and back-translation exercises, to ensure that verbal translation was done as accurately as possible. The full men's and women's questionnaires and consent forms are attached in Appendix B.

## QUESTIONNAIRES

Baseline questionnaires were developed in consultation with field-based project staff and partners, and with the local research organization CRAD. Questionnaires included several components:

- A series of questions on respondents' background characteristics, fertility, contraceptive history, and attitudes and behaviors toward fertility, contraception, and desired family size
- A social network grid intended to gather information about respondents' material networks (those who provide material assistance such as money, food, or clothes) and practical networks (those who provide practical assistance such as child care or help with chores)
- A calendar (women's questionnaire only) to provide detailed information about women's evolving FP need status during the twelve months immediately preceding the study

During the first phase of development, eight interviewers (four women and four men) were selected to pre-test the study tools. Along with CRAD's trainers and lead researcher for the study, they attended a brief orientation on the survey instruments led by IRH Benin's Coordinator for Research, Monitoring and Evaluation. Following the orientation, interviewers were dispatched to the Fiyegnon neighborhood, which has a large population of Popo, Xwla and Adja ethnic groups, to test the tools with members of those ethnic groups in their native language. Feedback from the pre-test allowed the research team to revise the tool before the full training of all seventy interviewers on February 4-7, 2013.

During this training, interviewers were introduced to the study issues, objectives and methodology for data collection. The training manual was read aloud to ensure that all interviewers received the same level of training and information about efficient and correct implementation of the study. Particular attention was given to proper completion of the different tools, including the coded list of participants, consent forms and men's and women's questionnaires. Practical exercises on how to fill out the calendar portion of the women's questionnaire helped interviewers understand how to complete the form, which provides information on women's contraceptive use during the twelve months preceding the interview. Other exercises on how to fill out the social network grid facilitated better comprehension of the tool's purpose and the method for completing it. In addition, interviewers participated in an informational session on family planning methods and a session on ethical research practices for working with human subjects, which focused on the importance of confidentiality during data collection.

Key concepts and phrases in the survey tools were translated into Adja and Yoruba in small groups during the training, and subsequently validated in a plenary session. This was done so that interviewers could provide standardized verbal translations of the French questionnaires to respondents in local languages. Simulated interviews between interviewers provided practical experience in administering the questionnaire before teams of one man and one woman each were sent to four neighborhoods in Cotonou's sixth arrondissement—Gbedjromede 1, Ayidjedo 1, Ayidjedo 2 and Ayidjedo3—to conduct a second pre-test of the tool. Following the pre-test, a final meeting was held to discuss and resolve challenges encountered and a final group of 60 interviewers were selected from the group of 70 who participated in the pre-test, based on their performance and quality of data they collected.

#### CONSENT FORMS

All respondents who agreed to participate in the study were consented before they were interviewed. Since we expected a high proportion of respondents to be illiterate, they were consented in front of a witness, such as a village resident, teacher or visiting relative who was fluent and literate in French, to ensure that all aspects of the informed consent were understood by the participants. A script was written in French, which was orally translated to the local language in front of the respondent and the witness. Both the research participant and the witness signed a written consent document, and a card was given to participants with information about who to contact in case of questions about their rights as research participants. To ensure confidentiality, the witness did not observe the interview itself.

#### DATA COLLECTION AND DATA ENTRY

After households were randomly selected, interviewers visited each selected household to determine participant eligibility: women of childbearing age (18-44) and men married to women of

childbearing age. If eligible participants resided in the household, interviewers described the study to them, and asked them to participate. If more than one eligible woman resided in the household, interviewers randomly selected one to interview. If this woman did not consent to participate, the interviewer moved to the next wife. After completing the interview with the wife, or if no wives consented to participate, the interviewer asked the husband to participate. Since we were interested in husband-wife dyads and concordance/discordance of responses, if one or the other spouse was not available at the time, the interviewer returned to the household up to two times in an attempt to interview the corresponding spouse. If only one spouse agreed to participate, that spouse was still interviewed.

During community survey interviews, wives and husbands at each household were interviewed independently of each other and responses were kept confidential from each other. The need for this was explained to respondents during the informed consent procedures. Male interviewers interviewed male respondents, and female interviewers interviewed female respondents.

Data collection efforts were closely supervised. Four supervision teams were used, two each in the control and intervention areas, to coordinate data collection and address any challenges encountered in the field. Supervisors observed the data collection teams, ensured correct implementation of the survey methodology, and identified any incorrectly completed questionnaires. In some cases, interviewers returned to select households to collect missing data on incomplete forms.

Completed questionnaires were transported by field supervisors to CRAD's office in Calavi for data entry. All research instruments were kept in a secured, centralized location to ensure data were not lost or compromised, and to protect participants' confidentiality. Data were entered using CS Pro 5.0; data assistants entered data from several questionnaires and addressed difficulties with certain data in the template before commencing data entry from all surveys. This process was repeated a second time to ensure there were no remaining technical difficulties. Two teams of six data assistants worked simultaneously to input data, the first group entering data in the morning and the second group re-entering the same data in the afternoon. This method minimized the risk of errors due to fatigue or attention loss. Both sets of data were edited and validated, after which they were cleaned to ensure internal coherence of responses. Results tables were created using SPSS.

### **III. RESULTS**

#### **BACKGROUND CHARACTERISTICS**

Table 2 presents the demographic profile of study participation in the intervention and control areas. The mean age of women was about 30, and of men about 38, in both study areas. With the exception of age, results suggest significant differences between the intervention and control areas. Polygamy was much more prevalent in the intervention areas (45% of women) than in the control (27%). Respondents in the control area had significantly fewer children than in the intervention area. Over 90% of respondents in the intervention area were Adja; in the control area two thirds were Yoruba, and about a quarter were Fon. Given different ethnicities, it is not surprising that there was a significant difference in religion between the intervention and control area.

**Table 2 : Socio-Demographic Characteristics of Baseline Participants (% women and men)**

	Intervention		Control	
	Women n=1080	Men n=1080	Women n=1080	Men n=1080
<b>Age</b>				
Mean	29,7	38,0	29,7	37,8
18-19	2,9	0,6**	3,4	0,0
20-24	19,5	5,1	20,8	5,0
25-29	28,9	17,6	27,2	15,1
30-34	20,8	18,5	21,7	20,7
35-39	16,9	17,1	15,5	19,9
40-44	10,9	15,3	11,4	15,9
45-54	0,0	16,4	0,0	17,4
55 et +	0,0	9,4	0,0	5,9
<b>Marriage status</b>				
Polygamous	45,0**	41,9**	37,1	31,7
Monogamous	55,0	58,1	62,9	68,3
<b>Number of children</b>				
Mean	3,4	5,7**	3,2*	4,6
<b>Level of education</b>				
None	76,4	43,1**	74,3	53,5
Primary	16,7	34,6	18,9	29,7
Secondary 1	6,3	13,7	6,1	9,0
Secondary 2	0,6	5,7	0,6	5,3
Post-secondary	0,1	2,9	0,1	2,5
<b>Religion</b>				
Catholic	8,7**	7,6**	16,9	20,1
Protestant	8,9	1,7	9,3	9,7
Other Christian	31,8	26,0	49,7	41,2
Traditional/Voodoo	42,3	55,7	4,8	7,4
Muslim	0,3	0,5	15,6	16,3
Animist/None	8,1	8,4	3,6	4,7
Other	0,0	0,1	0,0	0,6
<b>Ethnicity</b>				
Adja (or related)	90,7**	91,0**	1,7	4,3
Fon (or related)	8,9	8,6	24,8	23,1
Yoruba (or related)	0,1	0,2	67,9	72,1
Other	0,3	0,2	5,6	0,6

\*\* & \* denote significance level at the  $p < .01$  et  $p < .05$ , respectively

## NETWORK CHARACTERISTICS

Respondents were asked to identify people who provide them with material assistance (for example, someone who loans them money, purchases goods for them in the market, or gives them food or clothes). They were also asked to list people who provide them with practical assistance (for example, they help care for their children, assist with household chores, or help with trading or agriculture). For each person named, they were asked what is their relationship with that person (for example: sister, mother in law, male or female friend, religious leader). They were then asked where the person lives (in the village or elsewhere), whether they have spoken to that person about birth spacing or contraception in the three months preceding the survey, and if, as far as they knew, the person approves of FP use. Table 3 shows the results of this section of the interview, for women.

<b>Table 3 : Network Characteristics of Baseline Participants (# women and men)</b>	Intervention n=1080 women	Control n=1080 women
Total number of network members	3284**	3840
Material network	2539	2442
Practical network	1502	2080
Mean number of members per respondent <sup>1</sup>		
Total	3.11 (1-18)	3.11(1-18)
Material network	2.43 (1-13)	2.27(1-13)
Practical network	1.58 (1-13)	2.00(1-13)
% of members who provide both types of support	23.1	17.8
% of members who are same gender as respondent	45.6**	53.1
Relationship		
% own family	38.4**	34.0
% spouse family	49.5	44.4
% not kin	12.1	21.6
Husband was listed in one or both networks	86.6	86.6
Residence		
% part of the household	39.8	39.1
% in the village	34.2	35.9
% outside of the village	26.0	25.0

\* and \*\* denote significance level at the  $p<0.05$  and  $p<0.01$  respectively.

1. While the list of network members was supposed to be open ended, the questionnaire had 13 spaces for each network, and it seems that data collection stopped there. However, since no more than 4 respondents in each network listed 13 members, this does not significantly influence the results.

Mean network size was about three members, for women in both control and intervention areas. In both areas about 39% of network members lived in the same household, and an additional third lived in the same village as the respondent. There were significant differences in network composition between the intervention and control areas. Specifically, in the control area 22% of network members were not family members, compared to only 12% in the intervention. A greater percentage of network members were women in the control area as compared to the intervention area. About half of network members belonged to the spouse's family and a little over one third to the woman's family. Almost 90% of women's networks included men.

## **FAMILY PLANNING USE**

Table 4 shows the percent of women who had ever used a FP method, and the percent who were using a method at the time of the survey, by method. There were significant differences in FP use between the intervention and control areas. While in the intervention area half of women had never used a method, almost three quarters of respondents in the control areas were in this category. While the proportion of those who were currently not using a method (and were not pregnant) was similar (18.9% and 17.1% for intervention and control areas respectively), the percentages of those using a traditional (ineffective) method was significantly higher in the intervention areas (13.8%), then in the control (6.6%). However, the difference in current FP can be attributed to the large proportion of women in the intervention areas who were relying on traditional (ineffective) FP

method. Use of modern method was a little higher in the control areas, with the exception of condoms and the Standard Days Method.

<b>Table 4 : Current and Past Family Planning Use (% women)</b>	Ever used		Currently using	
	Intervention n=1080	Control n=1080	Intervention n=1080	Control n=1080
<b>Method</b>	49,5**	26,4	30,1	27,5
Female sterilization	0,3	0,3	0,3	0,6
Male sterilization	0,0	0,0	0,0	0,1
Pill	4,4	4,1	1,2	1,9
IUD	0,1	0,4	0,2	0,5
Injectables	2,6*	4,3	0,8**	2,7
Implants	3,5	4,4	2,9*	5,0
Condoms	4,2**	1,9	3,1	1,9
Diaphragm / Foam / Jelly	0,0	0,1	0,0	0,1
Standard Days Method © / CycleBeadds	7,9**	1,8	4,9**	2,0
Lactational Amenorrhea Method	0,0**	0,6	0,4**	3,4
Periodic abstinence	11,2	9,6	7,8	8,7
Other traditional methods	24,7**	4,6	13,8**	6,6
<b>Never used a method</b>	50,5	73,6**		
<b>Not currently using a method and not pregnant</b>			18,9	17,1
<b>Currently pregnant</b>			51,0*	55,4

\* and \*\* denote significance level at the  $p < 0.05$  and  $p < 0.01$  respectively.

Contraceptive prevalence of men (27.2%) is about the same as women (27.2%) in the control areas. However, in the intervention areas, significantly more men (47.4%) than women (30.1%) were using a FP method at the time of the survey, suggesting that men have multiple “FP need” statuses, because one wife may be using a method, while another may not.

#### REASONS FOR NON-USE

Women who were not pregnant, did not wish to become pregnant, yet were not using a FP method, were asked why. Table 5 shows the results. The most commonly given reasons had to do with perceptions of fecundity. About a third of women thought that they could not become pregnant because they had infrequent or no sex. Obviously, a woman cannot become pregnant if she has no sex. However, it is likely that these women have sex infrequently, and do not realize that they can become pregnant if they have sex even only once a month. These women thought that they had no need for FP, when in fact they did. Similarly, about 20% of women did not use a method because they were breastfeeding or still in postpartum amenorrhea, not realizing that women can, and do, become pregnant during that time. These women, too, perceived that they had no need for FP, when in fact they did. These women would benefit from programs designed to educate women about the risk of pregnancy at different times in the menstrual cycle, in various life stages.

**Table 5 : Reasons for Non-Use (% women)**

	Intervention n=1080	Control n=1080
<b>Fertility-related reasons</b>		
Infrequent/not having sex	35,2	33,5
Cannot become pregnant	4,0	3,7
Not menstruated since last birth	8,8**	3,2
Breastfeeding	11,4	12,7
Wants more children before using FP	2,0**	7,9
Up to God/fatalistic	2,3**	15,4
<b>Opposition to use</b>		
Respondent opposed	3,7	6,5
Husband opposed	5,4	5,2
Others opposed	0,0*	1,2
Religious prohibition	1,7**	6,0
<b>Lack of knowledge</b>		
Knows no method	28,1**	13,4
Knows no source	5,7	5,0
<b>Method-related</b>		
Side effects/health concerns (self)	10,2**	18,1
Health concerns (child)	1,1	0,5
Lack of access/too far	0,6	0,5
Costs too much	1,7*	0,2
Preferred method not available	0,0	0,7
No method available	0,0	0,5

\* and \*\* denote significance level at the  $p < 0.05$  and  $p < 0.01$  respectively.

About 10% of women in the intervention areas, and 20% of women in the control were not using a method because of real or perceived opposition to FP use by themselves, their husband, or others in the community. These women would benefit from programs designed to create an environment that is more enabling and supportive of FP use.

On the other hand, about 45% of women in the intervention areas, and 37% of women in the control, were not using a method because they did not know of a method, did not know of a place to get a method, were afraid of side effects, or for other method-related reasons. These women would benefit from increased access to high quality services which offer a wide range of family planning methods.

#### UTILIZATION OF FAMILY PLANNING SERVICES

Respondents were asked whether in the 12 months preceding the survey they had visited a health facility or talked to a community health worker to obtain information about a method, and if in the past 12 months they had visited a health facility to obtain a FP method. If they responded in the affirmative to the latter, they were asked if their husbands accompanied them. Table 6 shows the results.

**Table 6: Use of FP Services**

	Intervention n=1080	Control n=1080
In the past 12 months, have you asked a health worker or <i>relais</i> for information about methods to delay or avoid pregnancy?	9,6	12,9*
In the past 12 months, have you visited a health facility to obtain a method to delay or avoid pregnancy?	6,4	10,6**
When you visited the health center to obtain a method to delay or avoid pregnancy, did your husband go with you?	3,4	3,7

## FAMILY PLANNING NEED

### MET NEED, UNMET NEED, AND NO NEED (REAL OR PERCEIVED)

The questionnaires allowed us to calculate need status (per the definition described in the background section), for the 12 months preceding the survey. For each month we asked if the woman was pregnant (=no need). If not, we asked if she desired a pregnancy at that time (no need). If not, we asked if she was using a method (=met need), and if so which. We then asked about the woman's perception of her pregnancy risk, and why she was not using a method. Table 7 shows the results.

**Tableau 7: Need Status (%)**

	Current Month	-1	-2	-3	-4	-5	-6	-7	-8	-9	-10	-11
<u>Intervention</u>												
Unmet need	11.1	10.5	10.7	10.4	10.5	10.1	10.1	9.8	10.1	9.5	9.8	9.3
No need perceived	23.6	22.7	22.3	21.3	19.4	18.4	18.7	18.0	17.3	16.2	16.3	16.6
No need	32.8	35.5	35.6	37.9	39.7	42.0	42.3	43.7	44.4	45.4	44.5	45.0
Met need perceived	18.6	17.6	17.8	17.4	17.6	16.8	16.5	16.5	16.2	16.7	17.3	17.1
Met need	13.9	13.8	13.5	13.1	12.9	12.7	12.4	12.0	11.9	12.2	12.0	12.0
<u>Control</u>												
Unmet need	14.1	15.4	14.4	14.2	14.4	14.1	15.0	15.5	15.3	15.6	15.9	16.4
No need perceived	25.6	25.4	25.7	25.1	24.6	23.7	22.8	22.1	22.5	21.6	20.8	20.5
No need	30.5	32.2	33.9	35.7	36.7	39.2	40.2	40.8	40.9	42.0	43.0	43.2
Met need perceived	11.3	10.3	10.2	9.5	9.3	9.0	8.7	8.3	8.3	8.0	8.0	7.9
Met need	18.6	16.8	15.8	15.5	15.0	14.1	13.3	13.2	13.0	12.8	12.3	12.0

Several results stand out. First, unmet need in the current month is higher in the control than the intervention area. This includes perceived unmet need (11.1% and 14.1% in intervention and control respectively) and perceived no need (23.6% and 25.6%). [Note that most of the women with perceived no need *are* at risk of unintended pregnancy; only some truly have no need.] However, more women in the intervention area are using a traditional method, and therefore have perceived met need.

Second, in both intervention and control areas, the percentage of women with all types of need for family planning (unmet and met need, perceived and real) appear to have increased over time, except for no need (women who are pregnant or desire more children – more detailed analysis suggests that the trends hold for both). This suggests recall issues. Women recall that they wanted more children several months ago, than they do now. Perhaps it is a way for them to justify unwanted pregnancies to themselves. As for pregnancies, it is possible that women who are currently pregnant do not yet know it, or do not wish to report it.

#### PERCEPTION OF POST-PARTUM PREGNANCY RISK

When asked if in their opinion women who are breastfeeding could become pregnant, only 73% of women in the intervention area (70% in control) replied affirmatively. Similarly, only 62% and 55% of women in intervention and control areas respectively, said that women can become pregnant before their menses return postpartum. This corresponds well with the figures presented above, where so many respondents believed that they could not become pregnant (and therefore were not using a FP method) because they were breastfeeding or in the postpartum period.

#### ACCESS TO FAMILY PLANNING SERVICES AND SELF-EFFICACY

Respondents were read a series of questions about their ability to obtain FP services, and were asked if they agree or disagree with each statement. Table 8 shows the results. More women than men said they had the information they needed to use a FP method if they chose to do so, in both intervention and control areas. However, more men than women said they knew where to obtain a method, could go to that place without difficulty, and had the money to purchase a method. With the exception of having the means buy a method, men and women in the control areas had greater access to services than those in the intervention area, and these differences are statistically significant.

**Table 8 : Self-Efficacy in Obtaining FP Services (% who agreed with the statement)**

	Intervention		Control	
	Women n=1080	Men n=1080	Women n=1080	Men n=1080
I have the information I need to make a decision about whether to use family planning, if I wanted to delay or avoid pregnancy	52,0*	43,9**	56,9	50,9
I know where to obtain a method to delay or avoid pregnancy	52,9*	54,8**	57,8	61,7
I am able to reach this place without too much difficulty	49,3	51,5*	51,2	55,9
If I wanted to obtain a method, I have the means to purchase one	53,7	55,4*	49,7	50,5*

\* and \*\* denote significance level at the  $p < 0.05$  and  $p < 0.01$  respectively, comparing intervention to control.

In a separate question, respondents were asked if they felt confident that they could use a method correctly all the time. More than 70% of respondents, both men and women, in both intervention and control areas, responded in the affirmative.

## ATTITUDES TOWARD FAMILY PLANNING

Respondents were asked many questions about their opinions about child spacing and FP use, as well as their perception of attitudes of their network members, and of the community. Results are presented in this section.

### PERCEIVED ADVANTAGE AND DISADVANTAGES OF FAMILY PLANNING

Table 9 shows the percentage of respondents who strongly agreed, or agreed, with a series of statements about FP and child spacing. Some statements were stated in the positive (approve) and others in the negative (disapprove). Attitudes in the intervention area were significantly more positive than in the control area. Also, in the intervention area women generally had more positive attitudes toward child spacing and FP use than men; in the control area gender differences were mixed.

Table 9: Perceived Advantages and Disadvantages of FP (% who agreed with the statement)	Intervention		Control	
	Women n=1080	Men n=1080	Women n=1080	Men n=1080
<b>Positive Statements</b>				
Couples who use family planning have more time to do revenue-generating activities	86,9**	85,1**	68,2	69,8
Couples who practice family planning and have fewer children are better able to provide for their family	88,6**	83,1**	74,5	72,1
Using family planning is good for a woman's health	66,1**	61,3**	50,6	51,9
Child spacing is good for children's health	93,5*	96,1*	95,9	94,3
<b>Negative Statements</b>				
It is good to have many children so they can provide for you when you are older	30,6*	29,4	25,8	27,4
The family planning methods available in this village have many negative side effects	33,2	48,9**	35,6	30,7
Family planning methods are difficult to obtain because they are not available, they cost too much, or because services are too far	33,2	39,5	32,2	40,0

\* and \*\* denote significance level at the  $p < 0.05$  and  $p < 0.01$  respectively, comparing intervention to control.

### THE EFFECT OF RELIGION

Followers of traditional religions use modern FP methods less than other religious denominations (10.7% in the intervention and 5.8% in the control areas). While numbers in some religious categories are too small for significance calculations, there appear to be no substantial differences in modern FP use between Catholics, Protestants, other Christian denominations, and Muslims. A detailed breakdown of FP use by religious categories is available in Appendix C. Religious categories in this baseline survey are identical to those used in the DHS.

About two thirds of women in both intervention and control areas responded 'strongly agree' or 'agree' to the statement "*Only God can decide the number of children a couple will have, or the time to have them*" (64% and 65% in intervention and control respectively). Fewer men agreed with this statement, especially in the intervention area, where only 45% of men agreed.

In the intervention area, only 2% of women provided this reason for not using a FP method, and 2% said they did not use a method because of their religion. This proportion was significantly higher among women in the control area, where 15% said that child spacing is up to God and 6% said they did not use a method because of their religion.

### PERCEIVED FAMILY AND ENTOURAGE APPROVAL

Since the project utilizes social network theory, it is also important to examine respondents' perceptions of support for family planning from their spouse, other family members, network members and the community at large. Table 10 presents the percentage of respondents who responded 'strongly agree' or 'agree' to statements regarding whether they feel comfortable discussing FP with members of their social network. Responses were consistently more positive in the intervention area than in the control, and this difference was statistically significant. Men in both intervention and control areas would feel more comfortable discussing FP than woman.

**Table 10: Perception of Community Support for FP Use**

	Intervention		Control	
	Women n=1080	Men n=1080	Women n=1080	Men n=1080
If you use a FP method, would you feel comfortable telling your...				
• Mother-in-law	48,1**	56,9	26,0	55,2
• Aunt	53,3**	59,7**	39,6	49,4
• Members of your tontine or other social group in which you participate	45,3	58,4**	42,8	45,6
• Someone older than you	43,1**	61,6**	34,1	46,9
• A man/woman other than your spouse	18,0	33,7*	16,6	29,5
If you wanted to use a FP method....				
• Birth family would support decision to use a method to delay or avoid pregnancy	69,5**	67,9	61,5	66,6
• Family-in-law would support decision to use a method to delay or avoid pregnancy	52,0**		38,5	
• Entourage would support decision to use a method to delay or avoid pregnancy	61,2**	64,7	51,1	64,9

\* and \*\* denote significance level at the  $p < 0.05$  and  $p < 0.01$  respectively

Thirty-two percent of women in the intervention area, and 21% in the control, believed that their husband approved of FP use (this difference was statistically significant). As for their network, we calculated the percent of each woman's network members whom she believed were supportive of FP use. This percent was low in both the intervention and the control areas (16% and 14% respectively).

### STIGMA

Several statements were read to respondents to gauge their perception of stigma against FP in their community. Table 11 shows the proportion of respondents who responded 'strongly approve' or 'approve' to these statements. Results show that more men than women stigmatize FP use, in both intervention and control areas, but these results are not consistent across all statements. Results shown in Table 12 confirm that more women than men expect to be stigmatized by their spouse and the community if they use FP. Interestingly, men expect that a man would beat his wife if he

finds out that she uses FP methods, much more than women expect that their own husbands would beat them if they start using a method.

**Table 11: Perception of Stigma Related to FP Use (% who agree with the statement)**

	Intervention		Control	
	Women n=1080	Men n=1080	Women n=1080	Men n=1080
<b>FP Use is Stigmatized</b>				
Women who use family planning have multiple sexual partners	7,9	17,0	7,0	16,4
Men whose wives use family planning lack authority	9,8	17,5	12,2	14,9
It is shameful to be associated with a woman who is known to use family planning	14,3	13,4	15,2	12,5
<b>FP Use is not Stigmatized</b>				
In this village, it is acceptable to discuss family planning in public	64,0	78,5**	63,3	71,3
It is appropriate for a husband and wife to talk about child spacing and methods to delay or avoid pregnancy	89,7**	89,7**	82,2	81,6
You should defend someone if they are being teased or criticized for using family planning	88,0**	74,6	75,7	73,3

\* and \*\* denote significance level at the  $p<0.05$  and  $p<0.01$  respectively

**Table 12: Perception of Stigma in the Community (% who responded 'yes')**

	Intervention		Control	
	Women n=1080	Men n=1080	Women n=1080	Men n=1080
From what you have seen in this community, if you used family planning and people found out, do you think you would be teased or criticized?	26,6	10,6**	24,7	6,9
From what you have seen in this community, if you used family planning and people found out, do you think you would be excluded by member of the community?	8,2**	2,6	2,0	1,5
From what you have seen in this community, if you used family planning and your husband found out, do you think he would beat you?	5,1**	26,9**	11,3	20,9

\* and \*\* denote significance level at the  $p<0.05$  and  $p<0.01$  respectively

## COUPLE COMMUNICATION

Husbands are instrumental in women's ability to use a FP method, thus couple communication about desired family size and FP use is important. This is the focus of this section.

## PERCEPTIONS OF COUPLE COMMUNICATION

Respondents were read a series of questions about their perceptions regarding ideal couple communication, and about who should make decisions in the household, especially with respect to child spacing and FP use. Table 13 shows the results. For ease of review, we present the results in categories, but the distinction between categories is not clear cut. For example, the statement “C’est la responsabilité de la femme d’aborder le sujet de la planification familiale pour en discuter avec son mari », could be listed in either the *wife decides* or *couple decides* group.

More than twice as many women in the intervention area than in the control believe that a man should side with his wife in family disputes. With that exception, there are no real differences between female and male respondents with respect to their perceptions of gender norms related to the home. While differences between intervention and control are statistically significant, they are not large.

As for decision making within the couple regarding child spacing and FP use, results are mixed. For example, about 78% of women in the intervention areas thought that it is the wife’s responsibility to decide on using a FP method because she is the one who would get pregnant, but some 83% of them thought that it is the men’s responsibility to make that decision because he will have to support them. Despite such contradictions, it is evident that more women than men, in both intervention and control areas, think women, or couples, should make FP decisions, while more men think it is their responsibility.

**Table 13 : Gender Norms and Couple Communication (% who agree with the statement)**

	Intervention		Control	
	Women n=1080	Men n=1080	Women n=1080	Men n=1080
<b>Gender Roles in the Household</b>				
A woman's role is to maintain harmony in the home	97,9	99,0**	98,8	96,8
In the home, a man must have the final word in decision-making	96,7*	96,9	94,6	95,6
A woman must always obey her husband	95,9**	95,2**	93,1	91,9
In family disputes, a man should be on his wife's side	73,1**	32,1**	63,6	59,7
<b>Gender Norms Related to Child Spacing and FP</b>				
<b>Couple decides</b>				
It's a woman's responsibility to bring up the topic of family planning for discussion with her husband	89,3**	78,0	78,5	77,9
It is the responsibility of both the woman and her husband to avoid pregnancy	99,4**	99,4	97,8	98,6
If a couple does not want to get pregnant and the wife is not using contraceptives, her husband should do so	93,9	90,6**	93,1	79,5
A couple should decide together how many children they want and when to have them	97,3	95,5	98,2	95,6
A woman and her husband should decide together what type of contraceptive to use	96,8	94,1**	95,3	96,8
<b>Woman decides</b>				
The woman can decide to use contraceptives because she is the one who will get pregnant	77,9*	55,4	74,0	53,5
It is the woman who should decide how many children to have, since she is the one who has to care for them	53,7**	39,8*	38,5	35,6
The woman can decide what type of contraceptive to use because she is the one who will use it	76,4	58,2	76,3	60,2
<b>Man decides</b>				
The husband should decide how many children to have, since he is the one who has to support them	83,3	90,5	73,4**	83,9**
It is man's responsibility to make sure his wife will not get pregnant if the couple do not want a child at this time	93,6	92,4	85,4**	86,1**
The man should be the one to decide what type of contraceptive to use	63,4	80,3	53,3**	66,2**

\* and \*\* denote significance level at the  $p < 0.05$  and  $p < 0.01$  respectively

#### COUPLE COMMUNICATION REGARDING FAMILY SIZE, CHILD SPACING, AND FAMILY PLANNING USE

Table 14 presents responses to questions about actual communication between the couple, as it relates to desired family size and FP use, from the women's perspective. It is clear that there is more communication within couples in the intervention area than in the control, but that communication rates are quite low in the intervention areas, where less than a third of women have discussed these issues with their husbands in the year preceding the survey.

**Table 14: Couple Communication (% women)**

	Intervention n=1080	Control n=1080
Know how many children their husband would like to have	29.3**	16.6
Know how often their husband would like to have children	43.1**	14.4
Are comfortable talking with their partner about the use of FP methods	57.5**	47.9
Believe their husband definitely approves, or might approve, of using a method to delay or avoid getting pregnant	61.2**	52.2
Have discussed their opinion about having children with their husband in the past 12 months	28.1*	24.3
Have discussed which method they would like to use to delay or avoid pregnancy with their husband in the past 12 months	18.6	18.2

These findings are consistent with the results related to women's efficacy to use FP without her husbands' knowledge or approval, which are shown in Table 15. While about 40% of women in both intervention and control areas believed that they must secure their husband's approval before they can obtain FP services at their local facility, almost three quarters of men believe so. About half of women in the intervention area thought that they could use a method consistently without their husbands' knowledge, and this proportion is significantly higher in the control.

**Table 15: Attitudes towards PF (% women who responded 'yes')**

	Intervention		Control	
	Women n=1080	Men n=1080	Women n=1080	Men n=1080
In your opinion, at the village clinic, is it necessary for the health worker to get approval from a woman's husband before giving her a family planning method?	46,5**	71,7	39,3	70,3
I feel certain that I would be able to correctly use FP to delay or avoid a pregnancy, even if my husband disagreed	49,4**	46,4**	62,9	64,0

\* and \*\* denote significance level at the  $p < 0.05$  and  $p < 0.01$  respectively

## FAMILY PLANNING TALK IN THE COMMUNITY

In the context of a program to utilize social networks to increase the prevalence of FP use, it is important to note where women and men in the community are already talking, or getting information, about child spacing and FP. The Tékponon Jikuagou intervention is designed to increase the diffusion of FP information through these channels. This is shown in Table 16. Radio is clearly a good source of information about FP and other topics relevant to the study, especially for men. While only a quarter of women, and about 10% of men, attended social or religious group meetings, issues of relevance were discussed in some of them. Therefore this is another venue that can be successfully utilized to spread messages that may lead to behavior change.

**Table 16: Sources of Information or Communication about FP  
(%, intervention zone, during the three months before interview)**

	Intervention	
	Women n=1080	Women n=1080
Attended a meeting of a social group, such as a tontine, micro-credit association, or agricultural cooperative... ...where the following subjects were discussed:		
(a) Child spacing	26,8	14,5
(b) Family planning	10,3	8,6
(c) Couple communication	8,0	8,0
(d) Characteristics of an ideal man or woman	12,2	6,9
(e) Decision-making within the couple	7,6	6,1
(e) Decision-making within the couple	7,4	6,3
Visited by a <i>relais</i> or other health worker...	14,7	5,9
...and discussed FP methods	9,7	5,0
Heard radio programming on:		
(a) Child spacing	43,6	63,0
(b) Family planning	42,0	63,0
(c) Couple communication	34,4	50,0
(d) Characteristics of an ideal man or woman	27,1	39,1
(e) Decision-making within the couple	26,6	42,7
Heard village or religious leaders discuss:		
(a) Child spacing	12,3	11,2
(b) Family planning	10,8	11,2
(c) Couple communication	15,6	11,0
(d) Characteristics of an ideal man or woman	11,8	9,6
(e) Decision-making within the couple	10,7	9,2
Participated in a religious group or activity... ...where the following subjects were discussed:	21,3	8,1
(a) Child spacing	8,3	3,9
(b) Family planning	6,3	2,5
(c) Couple communication	15,0	3,6
(d) Characteristics of an ideal man or woman	11,6	2,5
(e) Decision-making within the couple	10,3	2,8
Asked a friend or family member about his/her experiences with FP	14,0	13,3
Shared your own knowledge or positive experiences with FP with a friend or family member	10,0	17,2

## STUDY LIMITATIONS

The study was well designed and implemented, but has several limitations. First, the definition of unmet need (perceived or real), is not as clean as it could be. Specifically, the questionnaire included having no sex and having infrequent sex as one category, when women explain why they are not using a method, despite not wishing to become pregnant. The first (having no sex) is real no need, while the second (infrequent sex) is perceived no need.

The intervention and control zones were selected based on unmet need and contraceptive prevalence rates (DHS 2011-2012), as these were critical variables of interest for the intervention. However, it is important to note the significant differences in these variables were noted between these two zones in this baseline survey. Different ethnicities, religions, and other demographic and

cultural differences resulted in significant differences in behavioral and social norms, including the outcomes Tékponon Jikuagou aims to influence. This will be controlled for in the final analysis, when we compare endline results to these baseline findings to evaluate the intervention. Multivariate analysis will be employed to control for underlying differences between the intervention and the control areas.

## CONCLUSIONS

The study was designed to provide a complete picture of the population living in the intervention and in the control areas before intervention activities begin. This information will be useful to fine-tune the Tékponon Jikuagou package of social network interventions. In addition to background demographic characteristics, we learned about respondents' FP need status through a comprehensive calendar that allowed us to calculate changes in need over a 12 month period. A complete map of ego-centric networks (the network of the individuals interviewed) was developed for each respondent, and the information gathered shows the state of social and individual norms relating to gender equality, family size, child spacing, and FP use.

There are important gender and other social and relational factors at play in communities where the TJ project will be operating, and many unspoken contradictions between beliefs and behaviors that, if clarified could open doors to family planning efforts. While overall support exists for child spacing, FP users may experience stigma if they are known publicly to be using FP. While availability of FP services may be an issue, social factors also influence desires and actions to seek contraception. For example, 69% of women think about using a family planning method, but only 11% of women discussed FP with their partner in the last 12 months and only 10 % took any action in the last month to obtain information or services, alone or with their partner. A significant proportion of women in the baseline, such as those using traditional methods, are at risk of pregnancy even while they think they are protected. Many are unaware when pregnancy can occur at particular moments in the reproductive life cycle, such as during the post-partum period, a critical lack of knowledge that is also leading to unrecognized unmet need. We expect that a set of social network interventions will help break down social barriers by engaging communities. In particular, supporting influential women's and men's groups as well as their leaders to reflect on these social realities and the paradoxes that exist can break social silences, allowing women and men to hear each other's views, and consequently allowing new ideas to diffuse through influential community networks. These results also suggest the importance of interventions to improve understanding of pregnancy risks among women and men at different moments in the reproductive life phase.

While there were minimal differences in levels of unmet need and contraceptive prevalence, we found that the intervention and control areas were quite different in other ways, including basic demographic characteristics, such as ethnicity, religion, prevalence of polygamy, and mean number of children. Network characteristics were also different. Networks were significantly larger, with a higher percentage of same gender members in the control areas than in the control. It is not surprising, therefore, that individual and community norms and behaviors also differed when comparing intervention and control areas.

In general, there was more FP use in the intervention areas than in the control, but the effect was due mostly to the large proportion of traditional method users. Modern method use was a little higher in the control. As a result, unmet need in the intervention areas appeared to be lower,

because the significant proportion of women who were using traditional ineffective methods perceived that their FP needs were met.

While significantly more women in the control areas asked a provider for services in the year preceding the study, the women in the intervention areas felt significantly more enabled to obtain services. In general, attitudes toward FP were more positive than in the control, though there was significant stigma associated with FP use in all areas. Couple communication around the issues related to this project was significantly better in the intervention areas than in the control.

When the endline survey results are available, these significant differences between intervention and control areas will have to be controlled for in multivariate analysis to evaluate the success of the interventions at endline. While perceived unmet need in both intervention and control areas appears to be relatively low, a significant proportion of women believe that they have no physical need for FP (while in fact they do), or that their FP needs are met (when in fact they don't) – both areas that may be positively influenced by the interventions.

## APPENDIX A: LIST OF VILLAGES SURVEYED FOR BASELINE EVALUATION

### INTERVENTION ZONE (COUFFO)

COMMUNE	ARRONDISSEMENT	VILLAGE
APLAHOUE	DEKPO	DEKPO
		LAGBAVE
	KISSAMEY	GBAKONOU
		HEDJINNAWA
		HOUETAN
		TOUVOU
	APLAHOUE	AFLANTAN
		APLAHOUE
		DJIKPAME
		LOKOGBA
DJAKOTOMEY	BETOUMEY	BOTA
		ZOHOUDJI
	KOKOHOUE	KANSOUHOUE
		KOKOHOUE
	KPOBA	KPOBA
SOKOUHOUE	SOKOUSOHOUE	
DJAKOTOMEY I	DJAKOTOMEY CENTRE	
	AGBEDRANFO	
DOGBO	LOKOGOHOUE	HOUNSA
		LOKOGOHOUE
		TOULEHOUDJI
	TOTA	DEKANDJI
		FONCOME II

		HOUEDJAMEY TOTA
KLOUEKANME	KLOUEKANME CENTRE	TROTROYUYU AGBODOHOUIN
	HONDJIN	HONDJIN AKPAHOUE/CENTRE
	TCHIKPE	SOKPAME AKOUEGBADJA
	DJOTTO	DJOTTO YENAWA AKIME
TOVIKLIN	TOVIKLIN CENTRE	DAVI DJIGANGNONHOU TOVIKLIN I
	DOKO	KLEME
	MISSINKO	MISSINKO
LALO	LALO	LALO CENTRE KOUTIME GOULOKO
	LOKOGBA	YOBOHOUE
	ADOUKANDJI	ADOUKANDJI
	ZALLI	KOWOME
	GNIZOUNME	GNIZOUNME

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**CONTROL ZONE (PLATEAU)**

<b>COMMUNE</b>	<b>ARRONDISSEMENT</b>	<b>VILLAGE</b>
ADJA-OUERE	IKPINLE	IKPINLE
		ITA BOLARINWA
	KPOULOU	HOUEDAME
	MASSE	MASSE
		MOWOBANI
		TEFI OKE IGBALA
		OKO DJEGUEDE
	TATONNOUKON	DJIDAGBA
		LOGOU
		OLOHOUNGBODJE
OUIGNAN GBADODO		
TATONNOUKON		
ADJA-OUERE	DOGBO	
	IGBA	
	OBEKE-OUERE	
	OKE-ODAN	
POBE	AHOYEYE	AHOYEYE
		BANIGBE
		ISSALE-IBERE
	IGANA	EGUELOU
		IGANA
	ISSABA	ABBA
		ONIGBOLO
	TOWE	IBATE

		IGBO OCHO TOWE
	POBE	ADJAGOUNLE IDOGAN ISSALIN AFFIN I OKE ATA OKE OLA POBE NORD
SAKETE	AGUIDI	AKPECHI ILAKO IDI ORO KOBEDJO
	ITA-DJEBOU	ADJEGOUNLE
	TAKON	ADJAHOUN KOLLE ITA KO HOUEGBO
	YOKO	GBAGLA YOVOGBEDJI YOKO ARAROMI ET KADJOLA
	SAKETE I	MORO ODANREGOUN
	SAKETE II	WAHI

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## **APPENDIX B: WOMEN'S AND MEN'S SURVEY QUESTIONNAIRES**

# TJ Project: Baseline Household Survey

## Women's Form

Interviewer code *I* \_\_\_ *I* \_\_\_ *I* \_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_  
           Day       Month     Year

Respondent code *I* \_\_\_ *I* \_\_\_ *I* \_\_\_ *I* \_\_\_ *I* \_\_\_ *I* \_\_\_ *I* \_\_\_

Husband code (if husband is interviewed) *I* \_\_\_ *I* \_\_\_ *I* \_\_\_ *I* \_\_\_ *I* \_\_\_ *I* \_\_\_ *I* \_\_\_

**Let's start with some questions about you:**

No.	Questions and filters	Coding categories	Skip to
1	How old are you? (If she does not know her age: "Can you tell me in what year were you born?" AGE TO BE CALCULATED AFTER INTERVIEW.)	Age ..... <input type="text"/> <input type="text"/> Year born ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
2	What is the highest level of education you have attained?	None ..... 1 Primary ..... 2 Secondary 1 ..... 3 Secondary 2 ..... 4 Post-secondary ..... 5	
3	How many co-wives do you have?	Number of co-wives ..... <input type="text"/> <input type="text"/> Don't know ..... 98	→ If 00, go to Q.5
4	Are you the first, second, . . . , wife? If response is 'I don't know': Do you know your rank? If 'Yes': Are you the first, second, . . . , wife?	Rank ..... <input type="text"/> <input type="text"/> Don't know ..... 98	
5	How many children have you given birth to who are alive?	Number of living children ..... <input type="text"/> <input type="text"/>	
6	What is your religion?	Catholic ..... 1 Protestant ..... 2 Other Christian ..... 3 Traditional/Animist ..... 4 Muslim ..... 5 Animist/None ..... 6 Other _____ 9 (specify)	
7	What is your ethnicity?	Adja (or related) ..... 1 Fon (or related) ..... 2 Yoruba (or related) ..... 3 Other _____ 9 (specify)	

Now I would like to talk about family planning – the ways or methods that a couple can use to delay or avoid a pregnancy

No.	Questions and filters	Coding categories	Skip to
8	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	Yes ..... 1 No ..... 2	→ Q.10
9	Which method(s) have you used in the past?  MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	Female sterilization ..... A Male sterilization.....B Pill .....C IUD ..... D Injectables .....E Implants.....F Condom..... G Diaphragm/foam/jelly ..... H Standard Days Method/CycleBeads.....I Lactational Amenorrhea Method .....J Periodic abstinence..... K Withdrawal.....L Herbal tisane (drink) .....M Traditional ring ..... N Traditional belt..... O Other _____ X (specify)	
10	Are you pregnant now?	Yes ..... 1 No ..... 2 Don't know ..... 8	→ Q.13
11	How many months pregnant are you?  If the response to Q10 is “not sure”, ask “if you were pregnant” and then as the question below.  <b>In column (a) of the calendar, write a P for each month of pregnancy.</b>	Months pregnant ..... <input type="text"/> <input type="text"/>  Don't know ..... 8	→ Q.13
12	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	Months ..... 1 <input type="text"/> <input type="text"/> Years ..... 2 <input type="text"/> <input type="text"/> Soon/Now ..... 3 Does not want more children ..... 4 Don't know ..... 8	Go to Q.19
13	How long would you like to wait from now before the birth of (a/another) child?	Months ..... 1 <input type="text"/> <input type="text"/> Years ..... 2 <input type="text"/> <input type="text"/> Soon/Now ..... 3 Says she can't get pregnant ..... 4 Does not want more children ..... 5 Don't know ..... 8	

No.	Questions and filters	Coding categories	Skip to
14	Would your husband like you to become pregnant within the next 12 months?	Yes ..... 1 No ..... 2 Don't know ..... 8	
15	Would you like to become pregnant within the next 12 months?	Yes ..... 1 No ..... 2 Says she can't get pregnant ..... 3 If God wills it ..... 4 Don't know ..... 8	→ Q.19 → Q.20
16	Are you currently doing something or using any method to delay or avoid getting pregnant?	Yes ..... 1 No ..... 2	→ Q.18
17	Which method are you using?  MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	Female sterilization ..... A Male sterilization.....B Pill .....C IUD ..... D Injectables .....E Implants.....F Condom..... G Diaphragm/foam/jelly ..... H Standard Days Method/CycleBeads.....I Lactational Amenorrhea Method .....J Periodic abstinence..... K Withdrawal.....L Herbal tisane (drink) .....M Traditional ring ..... N Traditional belt..... O Other _____X  (specify)	Go to Q.19

18	<p>You have said that you do not want to become pregnant in the next year, but you are not using any method to avoid pregnancy.</p> <p>Could you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.</p>	<p><b>FERTILITY-RELATED REASONS</b></p> <p>Infrequent/not having sex ..... A</p> <p>Can't get pregnant .....B</p> <p>Not menstruated since last birth .....C</p> <p>Breastfeeding ..... D</p> <p>Want more children before using FP.....E</p> <p>Up to God/fatalistic ..... F</p>	
		<p><b>OPPOSITION TO USE</b></p> <p>Respondent opposed ..... G</p> <p>Husband opposed ..... H</p> <p>Others opposed ..... I</p> <p>Religious prohibition .....J</p>	
		<p><b>LACK OF KNOWLEDGE</b></p> <p>Knows no method ..... K</p> <p>Knows no source ..... L</p>	
		<p><b>METHOD-RELATED REASONS</b></p> <p>Side effects/health concerns.....M</p> <p>Health concerns (child) ..... N</p> <p>Lack of access/too far ..... O</p> <p>Costs too much ..... P</p> <p>Preferred method not available ..... Q</p> <p>No method available .....R</p> <p>Inconvenient to use .....S</p> <p>Other _____ X</p> <p>(specify)</p> <p>Don't know.....Z</p>	
19	<p>Do you think you will use a method to delay or avoid getting pregnant at any time in the future?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>Don't know ..... 8</p>	

**FAMILY PLANNING – ATTITUDES AND AUTO-EFFICACY**

Please tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

20	If I wanted to use a family planning method:	Strongly Agree	Agree	Disagree	Strongly Disagree
		(a) I am confident I could use a method correctly all the time to delay or avoid pregnancy.	1	2	3
(b) I am confident I could use a method correctly all the time to delay or avoid pregnancy, even if my husband disagrees.	1	2	3	4	
(c) My birth family would support my decision to use a method to delay or avoid pregnancy.	1	2	3	4	
(d) My family-in-law would support my decision to use a method to delay or avoid pregnancy.	1	2	3	4	
(e) My entourage would support my decision to use a method to delay or avoid pregnancy.	1	2	3	4	

	Please tell me if you agree or disagree with each statement:	Agree	Disagree	
21	(a) I have the information I need to make a decision about whether to use family planning, if I wanted to delay or avoid pregnancy.	1	2	
	(b) I know where to obtain a method to delay or avoid pregnancy.	1	2	
	(c) I am able to reach this place without too much difficulty.	1	2	
	(d) If I wanted to obtain a method, I have the means to purchase one.	1	2	
22	In the past 12 months, have you asked a health worker or <i>relais</i> for information about methods to delay or avoid pregnancy?	Yes ..... 1 No ..... 2		
23	In the past 12 months, have you visited a health facility to obtain a method to delay or avoid pregnancy?	Yes ..... 1 No ..... 2		→ Q. 25
24	When you visited the health center to obtain a method to delay or avoid pregnancy, did your husband go with you?	Yes ..... 1 No ..... 2		
25	In your opinion, at the village clinic, is it necessary for the health worker to get approval from a woman's husband before giving her a family planning method?	Yes ..... 1 No ..... 2 Sometimes.....3 Don't know ..... 8		

	I am going to read you statements about the use of family planning. Please tell me if you agree or disagree with each statement.	Agree	Disagree	Sometimes		
26	(a) It is good to have many children so they can provide for you when you are older.	1	2	3		
	(b) Women who use family planning have multiple sexual partners.	1	2	3		
	(c) Couples who use family planning have more time to do revenue-generating activities.	1	2	3		
	(d) The family planning methods available in this village have many negative side effects.	1	2	3		
	(e) Couples who practice family planning and have fewer children are better able to provide for their family.	1	2	3		
	(f) Using family planning is good for a woman's health.	1	2	3		
	(g) Only God can decide the number and timing of children a couple has.	1	2	3		
	(h) Family planning methods are difficult to obtain because they are not available, they cost too much, or because services are too far.	1	2	3		
	(i) In this village, it is acceptable to discuss family planning in public	1	2	3		
	(j) Men whose wives use family planning lack authority.	1	2	3		
	(k) It is shameful to be associated with a woman who is known to use family planning.	1	2	3		
	(l) It is appropriate for a husband and wife to talk about child spacing and methods to delay or avoid pregnancy.	1	2	3		
	(m) You should defend someone if they are being teased or criticized for using family planning.	1	2	3		
	(n) Child spacing is good for children's health.	1	2	3		
27	Do you think a woman who is breastfeeding can become pregnant?	Yes ..... 1 No ..... 2 Sometimes.....3 Don't know ..... 8				
28	Do you think a woman can become pregnant before her menstrual period returns, after she had a baby?	Yes ..... 1 No ..... 2 Sometimes.....3 Don't know ..... 8				
29	Please tell me if you agree or disagree with each of the following.  If you used family planning, would you feel comfortable telling your:	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	

	(a) Mother-in-law	1	2	3	4
	(b) Aunt	1	2	3	4
	(c) Members of your tontine or other social group in which you participate	1	2	3	4
	(d) Someone older than you	1	2	3	4
	(e) A man other than your husband	1	2	3	4
30	From what you have seen in this community, if you used family planning and people found out, do you think you would be teased or criticized?	Yes ..... 1 No ..... 2 Don't know ..... 8			
31	From what you have seen in this community, if you used family planning and people found out, do you think you would be excluded by member of the community?	Yes ..... 1 No ..... 2 Don't know ..... 8			
32	From what you have seen in this community, if you used family planning and your husband found out, do you think he would beat you?	Yes ..... 1 No ..... 2 Don't know ..... 8			
<b>COUPLE COMMUNICATION AND GENDER NORMS</b>					
33	Please tell me if you agree, somewhat agree, or disagree with the following statements:	<b>Agree</b>	<b>Somewhat Agree</b>	<b>Disagree</b>	
	(a) A woman's role is to maintain harmony in the home.	1	2	3	
	(b) In the home, a man must have the final word in decision-making.	1	2	3	
	(c) Men who have many children are more respected than those who have few.	1	2	3	
	(d) A woman must always obey her husband.	1	2	3	
	(e) It's a woman's responsibility to bring up the topic of family planning for discussion with her husband.	1	2	3	
	(f) Having many children gives value to a woman.	1	2	3	
	(g) The most important role of a woman is to take care of her house and her family.	1	2	3	
	(h) In family disputes, a man should be on his wife's side.	1	2	3	
	(i) Women who have many children are more appreciated by their in-laws.	1	2	3	
34	Do you know how many children your husband would like to have?	Yes ..... 1 No ..... 2			
35	Do you know how often your husband would like to have children?	Yes ..... 1 No ..... 2			
36	Do you feel comfortable talking with your partner about the use of family planning methods?	Very comfortable ..... 1 Comfortable ..... 2 Somewhat uncomfortable..... 3 Not at all comfortable..... 4			

37	Do you believe your husband approves of using a method to delay or avoid getting pregnant?	Definitely approves ..... 1 Might approve ..... 2 Might not approve ..... 3 Definitely does not approve ..... 4	
38	In the past 12 months, have you discussed your opinion about having children with your husband?	Yes ..... 1 No ..... 2	
39	In the past 12 months, have you ever discussed with your husband which method you would like to use to delay or avoid pregnancy, if you wanted to use one?	Yes ..... 1 No ..... 2	
40	In the past 12 months, have you ever discussed with your husband how you would obtain a method to delay or avoid pregnancy, if you wanted to use one (for example, who pays, where to get it, etc.)?	Yes ..... 1 No ..... 2	

		Agree	Somewhat Agree	Disagree
41	Please tell me if you agree, somewhat agree, or disagree with each of the following statements:			
	(a) It is the responsibility of both the woman and her husband to avoid pregnancy.	1	2	3
	(b) The husband should decide how many children to have, since he is the one who has to support them.	1	2	3
	(c) It is man's responsibility to make sure his wife will not get pregnant if the couple do not want a child at this time.	1	2	3
	(d) The woman can decide to use contraceptives because she is the one who will get pregnant.	1	2	3
	(e) It is the woman who should decide how many children to have, since she is the one who has to care for them.	1	2	3
	(f) The woman can decide what type of contraceptive to use because she is the one who will use it.	1	2	3
	(g) If a couple does not want to get pregnant and the wife is not using contraceptives, her husband should do so.	1	2	3
	(h) A couple should decide together how many children they want and when to have them.	1	2	3
	(i) The man should be the one to decide what type of contraceptive to use.	1	2	3
(j) A woman and her husband should decide together what type of contraceptive to use.	1	2	3	

**INTERVENTION**

42	In the past 3 months, did you attend a meeting of a social group, such as a tontine, micro-credit association, agricultural cooperative, etc?	Yes .....1 No .....2	1 2	→ Q. 44
43	At these meetings, were any of the following topics discussed:		Oui Non	
		(a) child spacing	1 2	
		(b) family planning	1 2	
		(c) couple communication	1 2	
		(d) characteristics of an ideal woman or man	1 2	
	(e) who should make decisions within a couple	1 2		
44	In the past 3 months, were you visited by a <i>relais</i> or other health care provider, either individually or in any social group in which you participate (such as a tontine, <i>grin</i> , micro-credit association, religious group, etc.)??	Yes .....1 No .....2	1 2	→ Q. 46
45	When you were visited with the <i>relais</i> or other health care provider, did s/he talk about methods to delay or avoid pregnancy?	Yes .....1 No .....2	1 2	

46	In the past 3 months, have you heard any radio broadcasts where any of the following topics were discussed:		Oui	Non	
		(a) child spacing	1	2	
		(b) family planning	1	2	
		(c) couple communication	1	2	
		(d) characteristics of an ideal woman or man	1	2	
47	In the past 3 months, have you heard any village or religious leaders discuss any of the following topics:		Oui	Non	
		(a) child spacing	1	2	
		(b) family planning	1	2	
		(c) couple communication	1	2	
		(d) characteristics of an ideal woman or man	1	2	
48	In the past 3 months, have you heard any village or religious leaders discuss gender equity within married couples in decision-making around birth spacing?	Yes .....	1		
		No .....	2		
49	In the past 3 months, have you participated in some kind of religious group or activity (such as church/Friday prayers at the mosque, a Bible/koranic study group, or prayer group)?	Yes .....	1		Q. 51
		No .....	2		
50	At these religious groups/activities, were any of the following topics were discussed:		Oui	Non	
		(a) child spacing	1	2	
		(b) family planning	1	2	
		(c) couple communication	1	2	
		(d) characteristics of an ideal woman or man	1	2	
51	In the past 3 months, have you <u>asked</u> any of friends or family members about their experiences with family planning?	Yes .....	1		
		No .....	2		
52	In the past 3 months, have you <u>shared</u> your knowledge or any positive experiences with family planning with a friend or family member?	Yes .....	1		
		No .....	2		
53	In the past 3 months, have you corrected someone if you heard them saying something incorrect or untrue about family planning?	Yes .....	1		
		No .....	2		

## Calendar Instructions

- In the month column, write the current month and year in the top row, then the past 11 months. For example, if the current month is February 2013, write that in the first line and then January 2013 on the second line, and December 2012 on the next line, etc.
- For each month, move from left to right across the columns and ask:

COLUMN (a): **Were you pregnant during this month? (Interviewer, check Q8)**

- Yes → Mark P. Then mark an X in columns (b) – (g)
- No → Mark X. Then continue to column (b).

COLUMN (b): **Did you want to become pregnant during this month?**

- Yes → Mark 1. Then mark an X in columns (c) – (g)
- No → Mark 2. Then continue to column (c).

COLUMN (c): **Did you do something or use a method to avoid or delay a pregnancy during this month?**

- Yes → Mark 1. Then continue to column (d).
- No → Mark 2. In column (d), mark X. Then continue to column (e).

COLUMN (d): **What method did you use during this month?**

- Write the letter corresponding to the code of the method she used. If she mentions several methods, write all of them.
- Write an X in columns (e) – (g).

Female sterilization.....	A	Lactational Amenorrhea Method .....	J
Male sterilization .....	B	Periodic abstinence .....	K
Pill.....	C	Withdrawal.....	L
IUD.....	D	Herbal tisane (drink) .....	M
Injectables.....	E	Traditional ring .....	N
Implants .....	F	Traditional belt.....	O
Condom .....	G	None.....	X
Diaphragm/foam/jelly.....	H	Other .....	Z
Standard Days Method/CycleBeads .....	I		

COLUMN (e): **Was it possible to become pregnant during this month?**

- Yes → Mark 1. Then mark an X in column (f). Then continue to column (g).
- No → Mark 2. Then continue to column (f).

COLUMN (f): **Why do you say that?**

- Mark the letter that best corresponds to her response.
- Write an X in column (g).

Infrequent/not having sex .....	A
Can't get pregnant .....	B
Post-partum amenorrhea .....	C
Breastfeeding .....	D
Don't know .....	E
God's will/fatalist .....	F

COLUMN (g): **You said that you did not want to become pregnant this year, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method?**

### REASONS RELATED TO FERTILITY

Infrequent/not having sex .....	A
Can't get pregnant .....	B
Not menstruated since last birth .....	C
Breastfeeding .....	D
Wants more children before using FP.....	E
Up to God/fatalistic .....	F

### OPPOSITION TO USE

Respondent opposed .....	G
Husband opposed .....	H
Others opposed .....	I
Religious prohibition .....	J

### LACK OF KNOWLEDGE

Knows no method .....	K
Knows no source .....	L

### REASONS RELATED TO METHO

Side effects/health concerns.....	M
Health concerns (child) .....	N
Lack of access/too far .....	O
Costs too much .....	P
Preferred method not available .....	Q
No method available .....	R
Inconvenient to use .....	S
Other .....	X
Don't know .....	Z



## Instructions and questions for completing network grid

1. Read “Now we are going to talk about the people in your network – people who you interact with, people you receive support from, people you consider to be part of your world. People you mention can live in this village or elsewhere.
2. **Material network grid**  
  
Ask “Think of the people who provide you **material assistance**. For example, someone who loans you money, someone who buys things for you in the market, or someone who gives you food or clothes. Please tell me the names of all the people that you go to for this type of support”.  
  
For each person named, write ONLY the FIRST NAME in the Name column. Then ask “Who else do you go to for this type of support?”  
  
Write all names mentioned by the respondent. If you run out of space on the page, use a supplemental page.
3. **Practical network grid**  
  
Ask “Think of the people who provide you **practical assistance**. For example, they help you take care of your children, or they can help with household chores, or they can help you with trading or agriculture.” Please tell me the names of all the people that you go to for this type of support”.  
  
For each person named, write ONLY the FIRST NAME in the Name column. Then ask “Who else do you go to for this type of support?”  
  
Write all names mentioned by the respondent. If you run out of space on the page, use a supplemental page
5. Go through all the names on the two grids. For each person, ask the questions that follow and then write the codes that correspond:

## Coding for questions in network grid

Column (a): Relationship(s) of nominated person to the respondent

**Ask:** “What is your relationship with (first name of the person)? You can mention more than one kind of relationship. For example, this person can be your aunt and your health provider at the same time.”

101	Husband	200	Co-wife
102	Son	201	Wife
103	Father	202	Daughter
104	Brother	203	Mother
105	Uncle	204	Sister
106	Nephew	205	Aunt
107	Male cousin	206	Niece
108	Son of co-spouse	207	Female cousin
109	Grandfather	208	Daughter of co-spouse
110	Father-in-law	209	Grandmother
111	Son-in-law	210	Mother-in-law
112	Other male relative	211	Daughter-in-law
121	Male friend	212	Other female relative
122	Male colleague	221	Female friend
123	Male servant	222	Female colleague
124	Male neighbor	223	Female servant
131	Male health provider	224	Female neighbor
132	Male traditional healer	231	Female health provider
133	Male religious leader	232	Female traditional healer
134	Brother-in-law	233	Female religious leader or wife of male leader
999	Other	234	Sister-in-law

Column (b): Place of Residence:

**Ask:** “Is (first name of the person) a member of your household? If s/he is not, does this person live elsewhere?”

**If the answer is “elsewhere,” ask the following question:** “What town does (the first name of the person) live?”

1. Same household
2. This village
3. Another village in Benin
4. Cotonou
5. Another city in Benin
6. Another African country
7. Other (specify)

Column (c): FP Communication

**Ask:** “In the last three months, have you spoken with this person about birth spacing or a method that would allow you to delay or avoid pregnancy?”

1. Yes
2. No
8. I don’t know

Column (d): Approves FP

**Ask:** “In your opinion, would you say that (first name of person) approves of people who use a method of family planning to spaces their births?”

1. Yes
2. No
8. I don’t know



# TJ Project: Baseline Household Survey

## Men's Form

Interviewer code                        

Date      /      /       
           Day     Month     Year

Respondent code                              

Wife code (if wife is interviewed)                              

**Let's start with some questions about you:**

No.	Questions and filters	Coding categories	Skip to
1	How old are you? <i>(If he does not know his age: "Can you tell me in what year were you born?" AGE TO BE CALCULATED AFTER INTERVIEW.)</i>	Age ..... <input style="width: 40px; height: 20px;" type="text"/> Year born ..... <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	
2	What is the highest level of education you have attained?	None ..... 1 Primary ..... 2 Secondary 1 ..... 3 Secondary 2 ..... 4 Post-secondary ..... 5	
3	How many wives do you have?	Number of wives ..... <input style="width: 40px; height: 20px;" type="text"/>	
4	How many children have your wives given birth to, who are alive?	Number of living children ..... <input style="width: 40px; height: 20px;" type="text"/>	
5	What is your religion?	Catholic ..... 1 Protestant ..... 2 Other Christian ..... 3 Traditional/Voodooism ..... 4 Muslim ..... 5 Animist/None ..... 6 Other _____ 9 <div style="text-align: center;">(specify)</div>	
6	What is your ethnicity?	Adja (or related) ..... 1 Fon (or related) ..... 2 Yoruba (or related) ..... 3 Other _____ 9 <div style="text-align: center;">(specify)</div>	

**Now I would like to talk about family planning – the ways or methods that a couple can use to delay or avoid a pregnancy**

No.	Questions and filters	Coding categories	Skip to
<b>FAMILY PLANNING – MONOGAMOUS / FIRST WIFE</b>			
7a	Do you know how many children your first wife wants to have?	Yes ..... 1 No ..... 2	
8a	Do you know how often your first wife wants to have children?	Yes ..... 1 No ..... 2	

No.	Questions and filters	Coding categories	Skip to
9a	Do you feel comfortable talking with your first wife about the use of family planning?	Very comfortable ..... 1 Comfortable ..... 2 Somewhat uncomfortable..... 3 Not at all comfortable..... 4	
10a	Do you believe your first wife approves of using a method to delay or avoid getting pregnant?	Definitely approves ..... 1 Might approve ..... 2 Might not approve ..... 3 Definitely does not approve ..... 4	
11a	In the last 12 months, have you discussed your opinion about having children with your first wife?	Oui..... 1 Non..... 2	
12a	In the past 12 months, have you ever discussed with your first wife which method you would like to use to delay or avoid pregnancy, if you wanted to use one?	Oui..... 1 Non..... 2	
13a	In the past 12 months, have you ever discussed with your first wife how you would obtain a method to delay or avoid pregnancy, if you wanted to use one (for example, who pays, where to get it, etc.)?	Oui..... 1 Non..... 2	
14a	Is your first wife pregnant, or thinks she is pregnant?	Yes ..... 1 No ..... 2 Not sure ..... 8	→ Q.16a
15a	After the birth of your child, how long would you like to wait before having another child?  If the response to <b>Q 14</b> is “ <b>not sure</b> ” say “ <b>if she were pregnant</b> ” and then ask the question.	Months ..... 1 <input type="text"/> <input type="text"/> Years ..... 2 <input type="text"/> <input type="text"/> Now/soon ..... 3 Doesn't want more children ..... 4 Don't know ..... 8	Go to Q. 21a
16a	Would you like your (first) wife to become pregnant within the next 12 months?	Yes ..... 1 No ..... 2 Says wife can't get pregnant ..... 3 If God wills it ..... 4 Don't know ..... 8	→ Q. 21a → Q. 7b (if there is another wife; if not, go to Q.22)
17a	How long would you like to wait before having another child?	Months ..... 1 <input type="text"/> <input type="text"/> Years ..... 2 <input type="text"/> <input type="text"/> Now/soon ..... 3 Says wife can't get pregnant ..... 4 Doesn't want more children ..... 5 Don't know ..... 8	
18a	Are you or your (first) wife currently doing something or using any method to delay or avoid getting pregnant?	Yes ..... 1 No ..... 2	→ Q 20a

No.	Questions and filters	Coding categories	Skip to
19a	<p>Which method are you or your (first) wife using?</p> <p>MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.</p>	<p>Female sterilization ..... A  Male sterilization.....B  Pill.....C  IUD .....D  Injectables .....E  Implants.....F  Condom.....G  Diaphragm/foam/jelly .....H  Standard Days Method/CycleBeads.....I  Lactational Amenorrhea Method .....J  Periodic abstinence.....K  Withdrawal.....L  Herbal tisane (drink) .....M  Traditional ring .....N  Traditional belt.....O  Other .....X  (specify)</p>	Go to Q. 21a
20a	<p>You have said that you do not want your (first) wife to become pregnant in the next 12 months, but you are not using any method to avoid pregnancy.</p> <p>Could you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.</p>	<p><b>FERTILITY-RELATED REASONS</b>  Infrequent/not having sex ..... A  Wife can't get pregnant .....B  Wife has not menstruated since last birth .....C  Wife breastfeeding .....D  Want more children before using FP.....E  Up to God/fatalistic .....F</p> <p><b>OPPOSITION TO USE</b>  Respondent opposed ..... G  Wife opposed ..... H  Others opposed .....I  Religious prohibition .....J</p> <p><b>LACK OF KNOWLEDGE</b>  Knows no method ..... K  Knows no source .....L</p> <p><b>METHOD-RELATED REASONS</b>  Side effects/health concerns .....M  Health concerns (child) .....N  Lack of access/too far .....O  Costs too much .....P  Preferred method not available .....Q  No method available .....R  Inconvenient to use .....S  Other .....X  (specify)  Don't know.....Z</p>	
21a	<p>Do you think you or your (first) wife will use family planning to delay or avoid getting pregnant at any time in the future?</p>	<p>Yes ..... 1  No ..... 2  Don't know ..... 8</p>	If no other spouses, go to p.9 Q.22
<b>FAMILY PLANNING – SECOND WIFE</b>			
7b	<p>Do you know how many children your second wife wants to have?</p>	<p>Yes ..... 1  No ..... 2</p>	
8b	<p>Do you know how often your second wife wants to have children?</p>	<p>Yes ..... 1  No ..... 2</p>	

No.	Questions and filters	Coding categories	Skip to
9b	Do you feel comfortable talking with your second wife about the use of family planning?	Very comfortable ..... 1 Comfortable ..... 2 Somewhat uncomfortable..... 3 Not at all comfortable..... 4	
10b	Do you believe your second wife approves of using a method to delay or avoid getting pregnant?	Definitely approves ..... 1 Might approve ..... 2 Might not approve ..... 3 Definitely does not approve ..... 4	
11b	In the last 12 months, have you discussed your opinion about having children with your second wife?	Oui..... 1 Non..... 2	
12b	In the past 12 months, have you ever discussed with your second wife which method you would like to use to delay or avoid pregnancy, if you wanted to use one?	Oui..... 1 Non..... 2	
13b	In the past 12 months, have you ever discussed with your second wife how you would obtain a method to delay or avoid pregnancy, if you wanted to use one (for example, who pays, where to get it, etc.)?	Oui..... 1 Non..... 2	
14b	Is your second wife pregnant, or thinks she is pregnant?	Yes ..... 1 No ..... 2 Not sure ..... 8	→ Q.16b
15b	After the birth of your child, how long would you like to wait before having another child?  If the response to Q 14 is “not sure” say “if she were pregnant” and then ask the question.	Months ..... 1 <input type="text"/> <input type="text"/> Years ..... 2 <input type="text"/> <input type="text"/> Now/soon ..... 3 Doesn't want more children ..... 4 Don't know ..... 8	Go to Q. 21b
16b	Would you like your second wife to become pregnant within the next 12 months?	Yes ..... 1 No ..... 2 Says wife can't get pregnant ..... 3 If God wills it ..... 4 Don't know ..... 8	→ Q. 21b → Q. 7c (if there is another wife; if not, go to Q.22)
17b	How long would you like to wait before having another child?	Months ..... 1 <input type="text"/> <input type="text"/> Years ..... 2 <input type="text"/> <input type="text"/> Now/soon ..... 3 Says wife can't get pregnant ..... 4 Doesn't want more children ..... 5 Don't know ..... 8	
18b	Are you or your second wife currently doing something or using any method to delay or avoid getting pregnant?	Yes ..... 1 No ..... 2	→ Q 20b

19b	<p>Which method are you or your second wife using?</p> <p>MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.</p>	<p>Female sterilization ..... A  Male sterilization.....B  Pill .....C  IUD ..... D  Injectables .....E  Implants.....F  Condom.....G  Diaphragm/foam/jelly ..... H  Standard Days Method/CycleBeads.....I  Lactational Amenorrhea Method .....J  Periodic abstinence..... K  Withdrawal.....L  Herbal tisane (drink) .....M  Traditional ring ..... N  Traditional belt..... O  Other _____ X  (specify)</p>	Go to Q. 21b
20b	<p>You have said that you do not want your second wife to become pregnant in the next 12 months, but you are not using any method to avoid pregnancy.</p> <p>Could you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.</p>	<p><b>FERTILITY-RELATED REASONS</b>  Infrequent/not having sex ..... A  Wife can't get pregnant .....B  Wife has not menstruated since last birth .....C  Wife breastfeeding ..... D  Want more children before using FP.....E  Up to God/fatalistic ..... F</p> <p><b>OPPOSITION TO USE</b>  Respondent opposed ..... G  Wife opposed ..... H  Others opposed .....I  Religious prohibition .....J</p> <p><b>LACK OF KNOWLEDGE</b>  Knows no method ..... K  Knows no source .....L</p> <p><b>METHOD-RELATED REASONS</b>  Side effects/health concerns .....M  Health concerns (child) ..... N  Lack of access/too far ..... O  Costs too much ..... P  Preferred method not available ..... Q  No method available .....R  Inconvenient to use ..... S  Other _____ X  (specify)  Don't know.....Z</p>	
21b	<p>Do you think you or your second wife will use family planning to delay or avoid getting pregnant at any time in the future?</p>	<p>Yes ..... 1  No ..... 2  Don't know ..... 8</p>	If no other spouses, go to p.9, Q.22
<b>FAMILY PLANNING – THIRD WIFE</b>			
7c	<p>Do you know how many children your third wife wants to have?</p>	<p>Yes ..... 1  No ..... 2</p>	

8c	Do you know how often your third wife wants to have children?	Yes ..... 1 No ..... 2	
9c	Do you feel comfortable talking with your third wife about the use of family planning?	Very comfortable ..... 1 Comfortable ..... 2 Somewhat uncomfortable..... 3 Not at all comfortable..... 4	
10c	Do you believe your third wife approves of using a method to delay or avoid getting pregnant?	Definitely approves ..... 1 Might approve ..... 2 Might not approve ..... 3 Definitely does not approve ..... 4	
11c	In the last 12 months, have you discussed your opinion about having children with your third wife?	Oui..... 1 Non..... 2	
12c	In the past 12 months, have you ever discussed with your third wife which method you would like to use to delay or avoid pregnancy, if you wanted to use one?	Oui..... 1 Non..... 2	
13c	In the past 12 months, have you ever discussed with your third wife how you would obtain a method to delay or avoid pregnancy, if you wanted to use one (for example, who pays, where to get it, etc.)?	Oui..... 1 Non..... 2	
14c	Is your third wife pregnant, or thinks she is pregnant?	Yes ..... 1 No ..... 2 Not sure ..... 8	→ Q.16c
15c	After the birth of your child, how long would you like to wait before having another child?  If the response to Q 14 is “not sure” say “if she were pregnant” and then ask the question.	Months ..... 1 <input type="text"/> <input type="text"/> Years ..... 2 <input type="text"/> <input type="text"/> Now/soon ..... 3 Doesn't want more children ..... 4 Don't know ..... 8	Go to Q. 21c
16c	Would you like your third wife to become pregnant within the next 12 months?	Yes ..... 1 No ..... 2 Says wife can't get pregnant ..... 3 If God wills it ..... 4 Don't know ..... 8	→ Q. 21c → Q. 7d (if there is another wife; if not, go to Q.22)
17c	How long would you like to wait before having another child?	Months ..... 1 <input type="text"/> <input type="text"/> Years ..... 2 <input type="text"/> <input type="text"/> Now/soon ..... 3 Says wife can't get pregnant..... 4 Doesn't want more children ..... 5 Don't know ..... 8	
18c	Are you or your third wife currently doing something or using any method to delay or avoid getting pregnant?	Yes ..... 1 No ..... 2	→ Q 20c

19c	<p>Which method are you or your third wife using?</p> <p>MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.</p>	<p>Female sterilization ..... A  Male sterilization.....B  Pill .....C  IUD ..... D  Injectables .....E  Implants.....F  Condom.....G  Diaphragm/foam/jelly ..... H  Standard Days Method/CycleBeads.....I  Lactational Amenorrhea Method .....J  Periodic abstinence..... K  Withdrawal.....L  Herbal tisane (drink) .....M  Traditional ring ..... N  Traditional belt.....O  Other _____ X  (specify)</p>	Go to Q. 21c
20c	<p>You have said that you do not want your third wife to become pregnant in the next 12 months, but you are not using any method to avoid pregnancy.</p> <p>Could you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.</p>	<p>FERTILITY-RELATED REASONS  Infrequent/not having sex ..... A  Wife can't get pregnant .....B  Wife has not menstruated since last birth .....C  Wife breastfeeding ..... D  Want more children before using FP.....E  Up to God/fatalistic ..... F</p> <p>OPPOSITION TO USE  Respondent opposed ..... G  Wife opposed ..... H  Others opposed .....I  Religious prohibition .....J</p> <p>LACK OF KNOWLEDGE  Knows no method ..... K  Knows no source .....L</p> <p>METHOD-RELATED REASONS  Side effects/health concerns .....M  Health concerns (child) ..... N  Lack of access/too far ..... O  Costs too much ..... P  Preferred method not available ..... Q  No method available .....R  Inconvenient to use .....S  Other _____ X  (specify)  Don't know .....Z</p>	
21c	<p>Do you think you or your third wife will use family planning to delay or avoid getting pregnant at any time in the future?</p>	<p>Yes ..... 1  No ..... 2  Don't know ..... 8</p>	If no other spouses, go to p.9, Q.22
<b>FAMILY PLANNING – FOURTH WIFE</b>			
7d	<p>Do you know how many children your fourth wife wants to have?</p>	<p>Yes ..... 1  No ..... 2</p>	
8d	<p>Do you know how often your fourth wife wants to have children?</p>	<p>Yes ..... 1  No ..... 2</p>	
9d	<p>Do you feel comfortable talking with your fourth wife about the use of family planning?</p>	<p>Very comfortable ..... 1  Comfortable ..... 2  Somewhat uncomfortable..... 3  Not at all comfortable..... 4</p>	

10d	Do you believe your fourth wife approves of using a method to delay or avoid getting pregnant?	Definitely approves ..... 1 Might approve ..... 2 Might not approve ..... 3 Definitely does not approve ..... 4	
11d	In the last 12 months, have you discussed your opinion about having children with your fourth wife?	Oui ..... 1 Non ..... 2	
12d	In the past 12 months, have you ever discussed with your fourth wife which method you would like to use to delay or avoid pregnancy, if you wanted to use one?	Oui ..... 1 Non ..... 2	
13d	In the past 12 months, have you ever discussed with your fourth wife how you would obtain a method to delay or avoid pregnancy, if you wanted to use one (for example, who pays, where to get it, etc.)?	Oui ..... 1 Non ..... 2	
14d	Is your fourth wife pregnant, or thinks she is pregnant?	Yes ..... 1 No ..... 2 Not sure ..... 8	→ Q.16d
15d	After the birth of your child, how long would you like to wait before having another child?  If the response to Q 14 is “not sure” say “if she were pregnant” and then ask the question.	Months ..... 1 <input type="text"/> <input type="text"/> Years ..... 2 <input type="text"/> <input type="text"/> Now/soon ..... 3 Doesn't want more children ..... 4 Don't know ..... 8	Go to Q. 21d
16d	Would you like your fourth wife to become pregnant within the next 12 months?	Yes ..... 1 No ..... 2 Says wife can't get pregnant ..... 3 If God wills it ..... 4 Don't know ..... 8	→ Q. 21d → Q.22
17d	How long would you like to wait before having another child?	Months ..... 1 <input type="text"/> <input type="text"/> Years ..... 2 <input type="text"/> <input type="text"/> Now/soon ..... 3 Says wife can't get pregnant ..... 4 Doesn't want more children ..... 5 Don't know ..... 8	
18d	Are you or your fourth wife currently doing something or using any method to delay or avoid getting pregnant?	Yes ..... 1 No ..... 2	→ Q 20d
19d	Which method are you or your fourth wife using?  MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	Female sterilization ..... A Male sterilization ..... B Pill ..... C IUD ..... D Injectables ..... E Implants ..... F Condom ..... G Diaphragm/foam/jelly ..... H Standard Days Method/CycleBeads ..... I Lactational Amenorrhea Method ..... J Periodic abstinence ..... K Withdrawal ..... L Herbal tisane (drink) ..... M Traditional ring ..... N Traditional belt ..... O  Other _____ X (specify)	Go to Q. 21d

20d	<p>You have said that you do not want your fourth wife to become pregnant in the next 12 months, but you are not using any method to avoid pregnancy.</p> <p>Could you tell me why you are not using a method?</p> <p>Any other reason?</p> <p><b>MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.</b></p>	<b>FERTILITY-RELATED REASONS</b> Infrequent/not having sex ..... A Wife can't get pregnant .....B Wife has not menstruated since last birth .....C Wife breastfeeding ..... D Want more children before using FP.....E Up to God/fatalistic ..... F	
		<b>OPPOSITION TO USE</b> Respondent opposed ..... G Wife opposed ..... H Others opposed .....I Religious prohibition .....J	
		<b>LACK OF KNOWLEDGE</b> Knows no method ..... K Knows no source .....L	
		<b>METHOD-RELATED REASONS</b> Side effects/health concerns .....M Health concerns (child) ..... N Lack of access/too far .....O Costs too much ..... P Preferred method not available ..... Q No method available .....R Inconvenient to use ..... S Other _____ X (specify) Don't know .....Z	
21d	Do you think you or your fourth wife will use family planning to delay or avoid getting pregnant at any time in the future?	Yes ..... 1 No ..... 2 Don't know ..... 8	

**FAMILY PLANNING – ATTITUDES & SELF-EFFICACY**

Please tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements::		<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
22	(a) If I wanted to use a family planning method I am confident I could use a method correctly all the time to delay or avoid pregnancy.	1	2	3	4
	(b) If I wanted to use a family planning method I am confident I could use a method correctly all the time to delay or avoid pregnancy, even if my wife disagrees.	1	2	3	4
	(c) My family would support my decision to use a method to delay or avoid pregnancy.	1	2	3	4
	(d) My entourage would support my decision to use a method to delay or avoid pregnancy.	1	2	3	4

23	Please tell me if you agree or disagree with each statement:	<b>Agree</b>	<b>Disagree</b>	
	(a) I have the information I need to make a decision about whether to use family planning, if I wanted to delay or avoid pregnancy.	1	2	
	(b) I know where to obtain a method to delay or avoid getting pregnant.	1	2	
	(c) I am able to reach this place without too much difficulty.	1	2	
	(d) If I wanted to obtain a method, I have the means to purchase one.	1	2	
24	In the past 12 months, have you asked a health worker or <i>relais</i> for information about methods to delay or avoid pregnancy?	Yes ..... 1 No ..... 2		
25	In the past 12 months, have you visited a health facility to obtain a method for you or your spouse to delay or avoid pregnancy?	Yes ..... 1 No ..... 2		→ Q. 27
26	When you visited the health center to obtain a method to delay or avoid pregnancy, did you go with your wife?	Yes ..... 1 No ..... 2		
27	In your opinion, at the village clinic, is it necessary for the health worker to get approval from a woman's husband before giving her a family planning method?	Yes ..... 1 No ..... 2 Don't know/sometimes ..... 8		
28	I am going to read you statements about the use of family planning. Please tell me if you agree or disagree with each statement.	<b>Agree</b>	<b>Disagree</b>	<b>Sometimes</b>
	(a) It is good to have many children so they can provide for you when you are older.	1	2	3
	(b) Women who use family planning have multiple sexual partners.	1	2	3
	(c) Couples who use family planning have more time to do revenue-generating activities.	1	2	3
	(d) The family planning methods available in this village have many negative side effects.	1	2	3
	(e) Couples who practice family planning and have fewer children are better able to provide for their family.	1	2	3
	(f) Using family planning is good for a woman's health.	1	2	3
	(g) Only God can decide the number and timing of children a couple has.	1	2	3
	(h) Family planning methods are difficult to obtain because they are not available, they cost too much, or because services are too far.	1	2	3
	(i) In this village, it is acceptable to discuss family planning in public	1	2	3
	(j) Men whose wives use family planning lack authority.	1	2	3
	(k) It is shameful to be associated with a woman who is known to use family planning.	1	2	3
(l) It is appropriate for a husband and wife to talk about child spacing and family planning methods.	1	2	3	

	(m) You should defend someone if they are being teased or criticized for using family planning.	1	2	3	
	(n) Child spacing is good for children's health.	1	2	3	
29	Do you think a woman who is breastfeeding can become pregnant?	Yes ..... 1 No ..... 2 Sometimes.....3 Don't know ..... 8			
30	Do you think a woman can become pregnant before her menstrual period returns, after she had a baby?	Yes ..... 1 No ..... 2 Sometimes.....3 Don't know ..... 8			
31	Please tell me if you agree or disagree with each of the following.  If you or your spouse used family planning, would you feel comfortable telling your:	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
	(a) Your father	1	2	3	4
	(b) Your uncle	1	2	3	4
	(c) Members of your tontine or other social group in which you participate	1	2	3	4
	(d) Someone older than you	1	2	3	4
	(e) A woman other than your wife	1	2	3	4
32	From what you have seen in this community, if you or your wife used family planning and people found out, do you think you would be teased or criticized?	Yes ..... 1 No ..... 2 Don't know ..... 8			
33	From what you have seen in this community, if you or your wife used family planning and people found out, do you think you would be excluded by members of the community?	Yes ..... 1 No ..... 2 Don't know ..... 8			
34	From what you have seen in this community, if a man finds out his wife is using family planning, would beat her?	Yes ..... 1 No ..... 2 Don't know ..... 8			
<b>COUPLE COMMUNICATION AND GENDER NORMS</b>					
35	Please tell me if you agree, somewhat agree, or disagree with the following statements:	<b>Agree</b>	<b>Somewhat Agree</b>	<b>Disagree</b>	
	(a) A woman's role is to maintain harmony in the home.	1	2	3	
	(b) In the home, a man must have the final word in decision-making.	1	2	3	
	(c) Men who have many children are more respected than those who have few.	1	2	3	
	(d) A woman must always obey her husband.	1	2	3	
	(e) It's a woman's responsibility to bring up the topic of family planning for discussion with her husband.	1	2	3	
	(f) Having many children gives value to a woman.	1	2	3	
	(g) The most important role of a woman is to take care of her house and her family.	1	2	3	

	(h) In family disputes, a man should be on his wife's side.	1	2	3	
	(i) Women who have many children are more appreciated by their in-laws.	1	2	3	
	Please tell me if you agree, somewhat agree, or disagree with each of the following statements:	<b>Agree</b>	<b>Somewhat Agree</b>	<b>Disagree</b>	
36	(a) It is the responsibility of both the woman and her husband to avoid pregnancy.	1	2	3	
	(b) The husband should decide how many children to have, since he is the one who has to support them.	1	2	3	
	(c) It is man's responsibility to make sure his wife will not get pregnant if the couple do not want a child at this time.	1	2	3	
	(d) The woman can decide to use contraceptives because she is the one who will get pregnant.	1	2	3	
	(e) It is the woman who should decide how many children to have, since she is the one who has to care for them.	1	2	3	
	(f) The woman can decide what type of contraceptive to use because she is the one who will use it.	1	2	3	
	(g) If a couple does not want to get pregnant and the wife is not using contraceptives, her husband should do so.	1	2	3	
	(h) A couple should decide together how many children they want and when to have them.	1	2	3	
	(i) The man should be the one to decide what type of contraceptive to use.	1	2	3	
	(j) A woman and her husband should decide together what type of contraceptive to use.	1	2	3	
<b>INTERVENTION</b>					
37	In the past 3 months, did you attend a meeting of a social group (such as a tontine, micro-credit association, agricultural cooperative, etc)?	Yes ..... 1 No ..... 2			→ Q. 39
38	At these meetings, were any of the following topics discussed:	<b>Yes</b>	<b>No</b>		
	a) Birth spacing	1	2		
	b) Family planning	1	2		
	c) Couple communication	1	2		
	d) Characteristics of an ideal man or woman	1	2		
	e) Who should make decisions within a couple	1	2		
39	In the past 3 months, have you been visited by a <i>relais</i> or other health care provider, either individually or in any social group in which you participate (such as a tontine, <i>grin</i> , micro-credit association, religious group, etc.)??	Yes ..... 1 No ..... 2			→ Q. 41
40	When you were visited by the <i>relais</i> or other health care provider, did s/he talk about methods to delay or avoid pregnancy?	Yes ..... 1 No ..... 2			

41	In the past 3 months, have you heard any radio broadcasts where any of the following topics were discussed:	Yes	No	
	a) Birth spacing	1	2	
	b) Family planning	1	2	
	c) Couple communication	1	2	
	d) Characteristics of an ideal man or woman	1	2	
	e) Who should make decisions within a couple	1	2	
42	In the past 3 months, have you heard any village or religious leaders discuss any of the following topics:	Yes	No	
	a) Birth spacing	1	2	
	b) Family planning	1	2	
	c) Couple communication	1	2	
	d) Characteristics of an ideal man or woman	1	2	
	e) Who should make decisions within a couple	1	2	
43	In the past 3 months, have you heard any village or religious leaders discuss gender equity within married couples in decision-making around birth spacing?	Yes ..... 1 No ..... 2		
44	In the past 3 months, have you participated in some kind of religious group or activity (such as church/Friday prayers at the mosque, a Bible/koranic study group, or prayer group)?	Yes ..... 1 No ..... 2		→ Q. 46
45	At these religious groups/activities, were any of the following topics were discussed:	Yes	No	
	a) Birth spacing	1	2	
	b) Family planning	1	2	
	c) Couple communication	1	2	
	d) Characteristics of an ideal man or woman	1	2	
	e) Who should make decisions within a couple	1	2	
46	In the past 3 months, have you <u>asked</u> any friends or family members about their experiences with family planning?	Yes ..... 1 No ..... 2		
47	In the past 3 months, have you <u>shared</u> your knowledge or any positive experiences with family planning with a friend or family member?	Yes ..... 1 No ..... 2		
48	In the past 3 months, have you corrected someone if you heard them saying something incorrect or untrue about family planning?	Yes ..... 1 No ..... 2		

## Instructions and questions for completing network grid

1. Read “Now we are going to talk about the people in your network – people who you interact with, people you receive support from, people you consider to be part of your world. People you mention can live in this village or elsewhere.

2. **Material network grid**

Ask “Think of the people who provide you **material assistance**. For example, someone who loans you money, someone who buys things for you in the market, or someone who gives you food or clothes. Please tell me the names of all the people that you go to for this type of support”.

For each person named, write **ONLY** the **FIRST NAME** in the Name column. Then ask “Who else do you go to for this type of support?”

Write all names mentioned by the respondent. If you run out of space on the page, use a supplemental page.

3. **Practical network grid**

Ask “Think of the people who provide you **practical assistance**. For example, they help you take care of your children, or they can help with household chores, or they can help you with trading or agriculture.” Please tell me the names of all the people that you go to for this type of support”.

For each person named, write **ONLY** the **FIRST NAME** in the Name column. Then ask “Who else do you go to for this type of support?”

Write all names mentioned by the respondent. If you run out of space on the page, use a supplemental page

4. Go through all the names on the two grids. For each person, ask the questions that follow and then write the codes that correspond:

## Coding for questions in network grid

Column (a): Relationship(s) of nominated person to the respondent

**Ask:** “What is your relationship with (first name of the person)? You can mention more than one kind of relationship. For example, this person can be your aunt and your health provider at the same time.”

101	Husband	200	Co-wife
102	Son	201	Wife
103	Father	202	Daughter
104	Brother	203	Mother
105	Uncle	204	Sister
106	Nephew	205	Aunt
107	Male cousin	206	Niece
108	Son of spouse	207	Female cousin
109	Grandfather	208	Daughter of spouse
110	Father in law	209	Grandmother
111	Son in law	210	Mother in law
112	Other male relative	211	Daughter in law
121	Male friend	212	Other female relative
122	Male colleague	221	Female friend
123	Male servant	222	Female colleague
124	Male neighbor	223	Female servant
131	Male health provider	224	Female neighbor
132	Male traditional healer	231	Female health provider
133	Male religious leader	232	Female traditional healer
999	Other	233	Female religious leader or wife of male leader
		234	Sister-in-law

Column (b): Place of Residence:

**Ask:** “Is (first name of the person) a member of your household? If s/he is not, does this person live elsewhere?”

**If the answer is “elsewhere,” ask the following question:** “What town does (the first name of the person) live?”

1. Same household
2. This village
3. Another village in Benin
4. Cotonou
5. Another city in Benin
6. Another African country
7. Other (specify)

Column (c): FP Communication

**Ask:** “In the last three months, have you spoken with anyone about birth spacing or a method that would allow you to delay or avoid pregnancy?”

1. Yes
2. No
8. I don’t know

Column (d): Approves FP

**Ask:** “In your opinion, would you say that (first name of person) approves of people who use a method of family planning to spaces their births?”

1. Yes
2. No
8. I don’t know



## APPENDIX C : CURRENT CONTRACEPTIVE PREVALENCE BY RELIGIOUS AFFILIATION

Women (%)	Intervention				Control			
	No use	Traditional	Modern	Sample size (n)	No use	Traditional	Modern	Sample size (n)
Catholic	60.6	21.3	18.1	94	68.3	12.0	19.7	183
Protestant	47.9	17.7	34.3	96	67.0	11.0	22.0	100
Other Christian	71.1	15.5	13.4	343	68.9	12.3	18.8	537
Traditional/Voodoo	67.6	21.7	10.7	457	82.7	11.5	5.8	52
Muslim	33.3	66.7	0.0	3	72.2	7.7	20.1	169
Animist/none	82.8	11.5	5.7	87	76.9	10.3	12.8	39

**APPENDIX D:**

**Tékponon Jikuagou Brief: Overcoming Social Barriers**



Tékponon Jikuagou is a USAID-funded five-year project that aims to reduce unmet need for family planning in Benin through social network interventions.

## Overcoming social barriers to family planning use: Harnessing community networks to address unmet need

### THE CHALLENGE



In Sub-Saharan Africa, significant resources have been allocated for family planning (FP) programs, ranging from service improvement to policy advocacy activities, from mass media campaigns to peer education, and from strengthening contraceptive supply chains to expanding contraceptive choice. Yet, unmet need for FP remains high and sustained FP use remains elusive. In Benin, the situation is similar: modern FP uptake is low (9%) and unmet need for FP hovers at around 33%,<sup>1</sup> despite

multiple government and non-governmental efforts to increase access to information and services. Clearly other factors are at play, particularly social factors and norms that create barriers to FP use. While broad-based community mobilization could lead to community actions to address social issues, most tend to focus on communicating FP facts rather than engaging communities in reflective dialogue on the social and structural barriers related to unmet need for FP. In addition, most current initiatives are not scalable; they are either too complex or too expensive to achieve widespread impact.



Women's and men's perceptions of pregnancy risk, whether accurate or not, shape decisions related to FP use. These perceptions influence unmet need for FP—that is women and men who wish to avoid pregnancy but are not using a FP method.

The results of a baseline survey conducted in 2013 by Tekponon Jikuagou in the Mono-Couffo Department of Benin reveal the importance of social barriers to FP use. In fact, 36% of women reported that it is not acceptable to talk about family planning in public. Gender norms often underlie negative attitudes towards FP; for example 8% of women and 17% of men believe that women who use FP are promiscuous. According to the baseline findings, 11% of women reported discussing FP with their husbands in the last year and only 10% reported that they had taken action to obtain FP (e.g. talking with a health agent) during the last year.



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The baseline results suggest the importance of understanding family planning decisions from the point of individual women and men, as well as the perspective of the FP program. According to the baseline, only 13% of women believe they need a family planning method (and therefore would seek FP services). However, if we take a closer look at the data, parsing the results by *perceived* (by the woman herself) and *actual* (biological risk of pregnancy) unmet need, the data tell a different story. This view of the data suggests that over half of women (53.3%) may need FP.

This nuanced understanding of unmet need can guide the design of interventions to meet the needs of women, including those who erroneously believe they are unlikely to become pregnant and therefore are not seeking FP services or information.

To address these barriers, Tékponon Jikuagou is intervening through social networks, applying network theory and analysis to move beyond a view of women and men as individuals, to an understanding of them as members of formal and informal social networks. An approach with proven results, social network analysis (SNA) has been used to design effective HIV prevention interventions<sup>2</sup>, anti-smoking campaigns for youth<sup>3</sup>, and substance abuse reduction initiatives<sup>4</sup>. Tékponon Jikuagou represents one of the first applications of SNA in the field of FP.


 According to baseline survey results:  
**13%** *Perceived Need* v. **53%** *Actual Need*

The *actual need* percentage includes women who:

- are not using a method and realize they are at risk of pregnancy (11.1%),
- are using methods that do a poor job of preventing pregnancy (such as withdrawal or charms) (18.6%);
- believe they cannot get pregnant but may be wrong (because they are breastfeeding or postpartum, have infrequent sex, or are believe they are infertile) (23.6%).

## EVIDENCE-BASED DESIGN: THE TÉKPONON JIKUAGOU INTERVENTION PACKAGE

Findings generated by Tékponon Jikuagou have informed the development of a package of social network activities designed to catalyze strategically-selected community groups and individuals to address gender and other social factors that silence discussion of FP use. Public

discussion of these issues has the potential to diminish barriers to considering, seeking, or using FP. Radio broadcasts of Tékponon Jikuagou stories and influential leaders who discuss issues underlying FP use, such as gender roles and cultural norms about fertility, provide support and grant permission for community members to talk and act. Creating linkages between providers, community groups, and individuals should lead to greater trust in FP services since most providers are not well-known to influential groups. These activities help build an enabling environment for social change. Tékponon Jikuagou is also incorporating a social diffusion campaign, ‘Each One Invites Three’, which has been shown to lead to significant FP uptake in Madagascar and Rwanda. The ‘Each One Invites Three’ campaign involves members of influential groups and service providers giving invitation cards to their friends not yet using FP, encouraging discussions about FP between trusted friends, and inviting them to seek information and services. If proven effective, Tékponon Jikuagou’s scalable approaches and materials will be ready to be expanded to reach more women and men in new areas through partnerships with other organizations.

### SOCIAL NETWORK INTERVENTION PACKAGE

- 1

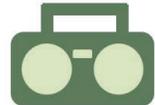

**ENGAGE COMMUNITIES IN SOCIAL MAPPING**

Supporting Material: *Community Social Mapping Guide*
- 2


**SUPPORT INFLUENTIAL GROUPS IN REFLECTIVE DIALOGUE**

Supporting Material: *Catalyzer Orientation Plan, Coaching Guide, Reflective Dialogue Stories & Activity Cards*
- 3


**ENCOURAGE INFLUENTIAL INDIVIDUALS TO ACT**

Supporting Material: *Facilitator Orientation Packet*
- 4


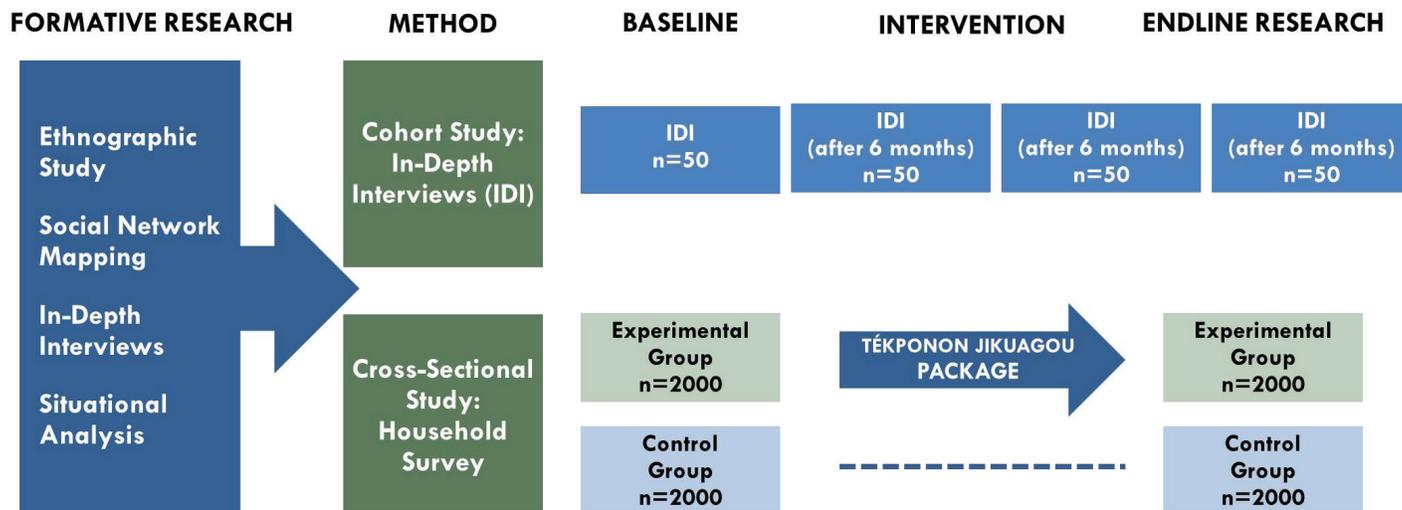
**USE RADIO TO CREATE AN ENABLING ENVIRONMENT**

Supporting Material: *Pre-recorded Stories, Community Discussions, Leader Talk Shows*
- 5


**LINK FP PROVIDERS WITH INFLUENTIAL GROUPS**

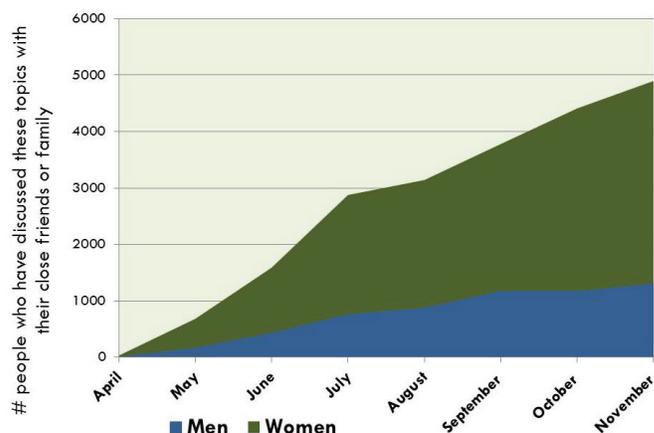
Supporting Material: *FP Invitation Cards, Campaign Orientation Guide*

# TÉKPONON JIKUAGOU RESEARCH AND EVALUATION



*Research Design.* Target Group: Married women of reproductive age and men married to women of reproductive age.

The effectiveness of the Tékpnonon Jikuagou package of social network interventions will be evaluated using a quasi-experimental design. An embedded study will determine the cost of offering the full package, important information for scale-up. A second key objective of the Tékpnonon Jikuagou research agenda is to enhance understanding of unmet need by using social network analysis and qualitative techniques to explore the dynamic nature of unmet need from the perspective of women and men rather than service delivery organizations. To this end, a group of women and men, purposefully selected to represent men and women with met and unmet need, and those who are well-connected within their networks and those who are isolated, will be followed during the pilot phase and interviewed every six months.



Graph of diffusion effect by women and men in groups to their larger social networks. *Source: Project monitoring data*



A group of women and men participates in a community social mapping activity in Couffo.

## RESULTS TO DATE

Since April 2013, 192 group catalyzers in 63 villages have been leading reflective dialogue activities with selected groups of women and men. Guided discussions with all Tékpnonon Jikuagou staff in September 2013 indicate that community social mapping has led to identification of influential groups and that most selected groups are actively engaged in discussing stories and activities that inspire reflective dialogue. Project monitoring data from March – June 2013 also indicate that social diffusion of ideas embodied in group discussions and debates are beginning to diffuse to the larger community (see graph). A key challenge is increasing men's involvement in Tékpnonon Jikuagou activities. Monitoring data shows that diffusion is less frequent among men, perhaps because they do not yet see their role in addressing unmet need for FP.

## ANTICIPATED ACHIEVEMENTS BY 2016

Assuming the social network approach leads to significant reduction in social barriers to unmet need, the Tékponon Jikuagou package will be expanded to new sites.

By the end of 2016, we expect the following outcomes in areas where Tékponon Jikuagou is operating: (1) decreased gender and other social barriers to acting on unmet need, and (2) significantly more women and men with unmet need seeking FP information and services. At the social network level, women and men will perceive there is greater community approval of discussion and use of FP. At the individual level, there should be greater numbers of women and men who talk about, approve of, believe their spouse approves of, and intend to use FP.

In addition to an increased understanding of the underlying reasons for unmet need for family planning, we anticipate new evidence on: (1) the effectiveness of applying a social network approach to address unmet need, and (2) the feasibility of scaling up the Tékponon Jikuagou package to achieve significant population impact.

Furthermore, we foresee that the Tékponon Jikuagou experience will provide an evidence-based approach to community mobilization based on social networks that is less resource intensive than other approaches, and will contribute to greater efforts in developing programs that are grounded in people's realities and perceptions, and thus, are ultimately more effective.



<sup>1</sup> Ministère du Développement, de l'Analyse Économique et de la Prospective Institut National de la Statistique et de l'Analyse Économique (INSAE). 2013. *Benin 2011-2012 Demographic and Health Survey (DHS) Final Report*. ICF International.

<sup>2</sup> Broadhead, R., Heckathorn, D., Weakliem, D., Anthony, D., Madray, H, Mills, R, Hughes, J. 1998. Harnessing Peer Networks as an Instrument for AIDS Prevention: Results from a Peer-Driven Intervention. *Public Health Reports*. Vol. 113, Supplement 1:42-56.

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<sup>3</sup> Valente, T. 2003. Social Network Influences on Adolescent Substance Use: An Introduction. *Connections* 25(2): 11-16.

<sup>4</sup> Latkin, C., Sherman, S., and Knowlton, A. 2003. HIV prevention among drug users: Outcome of a network-oriented peer outreach intervention. *Health Psychology*. Vol 22(4): 332-339.

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