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TRIP REPORT:

MALI

Technical Assistance Visit  
for  
Group Interviews of Health Personnel  
and General Population

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## EXECUTIVE SUMMARY

Judith E. Brown, Ph.D., consultant for the Johns Hopkins University/Population Communication Services (JHU/PCS), travelled to Bamako, Mali, and several outlying towns and large villages between 17 February and 5 March 1986. Dr. Brown, a social anthropologist, has lived in Africa for 12 years and is currently based in Zaire. Her previous work has included reviewing all family planning research in Zaire (JHU/PCS, 1984), conducting group interviews in Somalia to develop family health messages [United States Agency for International Development (USAID), 1984-1985], and analyzing contraceptive acceptor characteristics in Zambia (Population Council, 1985-86).

The first objective of the Mali visit was to conduct group discussions with health workers to determine appropriate content and format for family planning IEC materials for their use. The second objective (time permitting) was to begin urban-rural audience research to draw up message guidelines for IEC materials development. The process was to include informal training of AMPPF and Ministry of Health personnel in research methods of group interviews.

Dr. Brown spent 14 days working with a research team of six Malians: one from the Association Malienne pour la Protection et la Promotion de la Famille (AMPPF), plus two from the Family Health Division, and three from the Health Education Section of the Ministry of Health. The team conducted 15 group interviews with a total of 108 health workers, as well as 23 group interviews with a total of 250 men and women of all ages.

A summary of the research results and recommendations was presented to supervisory personnel of AMPPF, Ministry of Health, and USAID on 5 March. A 40-page French report, containing detailed findings and recommendations, was produced in Bamako.

### Major findings of the study

#### Medical and social personnel

- \* Attitudes were very positive toward family planning, birth spacing, and modern contraceptives, but negative toward limiting the number of births and toward permanent sterilization.
- \* Most of the personnel had already used contraceptives themselves.

- \* Nurses, auxiliaries, and social workers had not had formal training in family planning and did not feel capable of communicating information.
- \* The personnel thought that three types of material would make them active, confident communicators:
  - a simple and interesting booklet to read
  - a pocket packet containing samples of the five common contraceptive methods
  - a flip-chart for group lessons

#### The general population

- \* Knowledge varied widely on family planning and contraceptives.
- \* Attitudes were positive toward birth spacing, but negative toward birth limitation, induced abortion, and permanent sterilization. The negative attitudes were usually justified on the basis of the Moslem religion.
- \* The large majority of respondents favored sex and family planning education in the schools and in radio broadcasts (the most surprising finding of the study).
- \* The majority of respondents did not seem to listen to the radio frequently.

#### Major recommendations to JHU/PCS and AMPPF for the present IEC project

1. Provide to each family planning clinic [in Maternal and Child Health Centers (PMIs) and hospitals] three signs and at least one flip-chart.
2. Provide to each person who works in a PMI or a family planning clinic a booklet or manual on family planning and a pocket packet of contraceptive samples.
3. Find a family planning emblem that is simple, understood by illiterates, and easily described on the radio.
4. Base all communications materials on the key messages (see Appendix B).
5. In view of traditional Malian discretion and modesty about sexual matters, be sure all communications help people avoid shame and embarrassment.
6. Do systematic pretests during the development stage of all materials.
7. Conduct detailed research on radio listening habits.

LIST OF ABBREVIATIONS

AMPPF	Association Malienne pour la Protection et la Promotion de la Famille (Malian Association for the Protection and Promotion of the Family)
DSF	Division de la Santé Familiale, MSPAS (Division of Family Health, MSPAS)
FP	Family planning
IEC	Information, education, and communication
JHU/PCS	Johns Hopkins University/ Population Communication Services
MSPAS	Ministère de la Santé Publique et des Affaires Sociales (Ministry of Public Health and Social Affairs)
FMI	Centre pour la Protection Maternelle et Infantile (Maternal and Child Health Center)
USAID	United States Agency for International Development

## INTRODUCTION

Judith E. Brown, Ph.D., a social anthropologist, visited Mali during the period 17 February--5 March 1986. As consultant for the Johns Hopkins University/Population Communication Services (JHU/PCS), her assignment was to provide technical assistance to the AMPPF and specifically to:

1. Conduct group discussions or use other audience research methods to determine content/format for FP IEC materials for clinic personnel.
2. If time permits, begin work on conducting urban/rural audience research to draw up message guide lines for IEC materials development.
3. Provide orientation and present research findings to JHU/PCS consultant Benedict Tisa who will be assisting AMPPF in designing media and print materials.
4. Provide informal training to the AMPPF and health education personnel of the MSPAS in group work and other methods for determining content and orienting the development of IEC materials.
5. Debrief with the USAID/Bamako Mission.

All the above objectives were accomplished during the visit, except for the planned meetings with Mr. Tisa. His visit was postponed, and he did not arrive in Mali before Dr. Brown left. A copy of the full report of research findings and recommendations (in French), as well as a personal letter, were left in Bamako to be given to Mr. Tisa upon his arrival.

## GROUP INTERVIEW RESEARCH

### Research methods

The AMPPF organized a research team of six Malians to work with the consultant for 14 days. The team members included one man from AMPPF, plus two women from the Family Health Division and three women from the Health Education Section of the Ministry of Health. The team included a research specialist, a midwife, a nurse, a home economics teacher, and two community development technicians. All had had experience with family planning training and communication.

The method suggested for this study was "focus group research." That method, in its strictest sense, requires a series of interviews with carefully selected, homogeneous groups of 6-12 persons. The group members (who are not supposed to know each other) must be randomly chosen from the target population, visited, and invited to gather at a central point to discuss matters of common interest.

*difficult in African villages*

The time period planned for this study was not adequate for the precise selection and careful preparation of focus groups. Furthermore, the budget did not provide for transportation for people from various neighborhoods or villages (nor for the stipends expected by health personnel when they leave their normal place of work). Therefore we used a modified research plan for small group interviews.

The research team travelled to offices, neighborhoods, villages, and health centers in the national capital (Bamako) and in four smaller towns and villages within 260 kilometers (Fana, Segou, Markala, and Ouéléssébougou). All these places had family planning services in a PMI center or a hospital, so all residents had access to FP services. With the help of medical and community leaders, the team organized small groups (6-12 persons) of the same sex, and of approximately the same age and level of schooling.

One research team member guided each group interview according to a list of questions prepared in advance. The discussions were planned to elicit the experiences, attitudes, and needs of the group members in the domain of family planning. The questions dealt broadly with these topics:

- experiences in family planning communication and contraceptive use
- opinions on family planning, sex education, contraceptives for unmarried people, religion
- common rumors and questions
- ideas and opinions of family planning emblems and signs
- ideas on different educational materials

The interviewers were trained to facilitate the participation of all group members and to encourage lively exchanges, but not to offer opinions of their own. Six interviews were held in French; the others were in Bambara. Some interviews were recorded on cassettes and transcribed later. In other cases, the interviewer took notes during the interview. Often a second team member was present to take notes during the interview. Each interview lasted about one hour.

During a two week period, the research team conducted 15 group interviews with a total of 108 health and social workers. In addition, they held 23 interviews with a total of 250 men and women of all ages.

#### Major findings from medical and social personnel

1. The attitudes of the personnel were very positive towards family planning, birth spacing, and modern contraceptives.
2. The majority were in favor of contraceptives being available to unmarried persons 18 years old or more. A large number wanted to see contraceptives made available also to persons under 18.
3. They were not generally in favor of limiting the number of births or permanent sterilization.
4. Most of the personnel had already used contraceptives themselves.
5. Most midwives had been trained in family planning services and communication.
6. Other personnel had been informally trained on-the-job, or not at all. Persons without formal training did not feel capable of giving information or answering questions about family planning. They requested both training courses and reading materials.
7. The personnel thought that three types of material would make them active, confident communicators of family planning:
  - a simple and interesting booklet to read
  - a pocket packet containing samples of the five common contraceptives (pill, IUD, foaming tablet, condom, and drawing of injectable)
  - a flip-chart for group lessons

Major findings from the general population

1. Knowledge of family planning varied considerably among groups. For example, the residents of rural Ouéléssébougou said they knew nothing at all on the subject. A group of women schoolteachers at Markala, on the other hand, could explain a whole range of contraceptives, traditional and modern. And a group of young "intellectual" men in Bamako discussed heatedly (for over two hours) demography, development, and family planning.
2. People who knew some details about modern contraceptives tended to approve of their use for spacing births.
3. The large majority were opposed to induced abortion and permanent sterilization.
4. Most respondents were totally opposed to limiting the number of births, saying that it was contrary to the will of God and to economic development. In the course of the discussions, however, people often expressed opinions against an excessive number of children, in view of present economic problems.
5. Most respondents said that religion condemns all types of family planning and contraception.
6. Sex education is rarely given to young people by their own parents because of traditions of respect and shame.
7. The majority of respondents of every age were in favor of sex education (including family planning) in secondary schools.
8. Most people encouraged radio broadcasts on these subjects in several vernacular languages. They cautioned about avoiding shocking words and phrases, in particular, sexual anatomy.
9. The majority of the respondents (188 of 232) had not listened to the radio either the day of the interview or the day before.

## CONCLUSIONS AND RECOMMENDATIONS

### Recommendations from the research team

1. Provide to each family planning clinic in PMIs and hospitals:
  - three signs (to indicate the location and time of services)
  - a flipchart (to use in group lessons)
2. Provide to each person who works in a PMI or a family planning clinic:
  - a pocket packet containing samples of contraceptives (to introduce conversations with individuals)
  - a booklet or manual on family planning (to enable the reader to answer the questions most often asked by the population)
3. Find an emblem for family planning in Mali that is:
  - simple
  - understood by illiterate people, rural and urban
  - easily described on the radio
  - noticeable and recognizable at a distance
4. Base all materials (posters, flip-charts, radio broadcasts, films, videos) on key messages (see Appendix B). These are the messages that can:
  - answer the questions people most often ask
  - reassure people about rumors and false information they have heard
5. Remember that Malian culture requires discretion and modesty in sexual matters. All communication and education about family planning should help people avoid shame and embarrassment. In particular,
  - People hesitate to ask questions in public. Thus private individual conversations are very important.
  - People prefer to obtain contraceptives quietly, without telling their relatives, without asking directions to the clinic, and without having to answer a lot of questions. Thus family planning clinics must have signs showing when and where services are available. Also the enrollment procedure in the clinics must be reduced to the essential elements.

6. Do systematic pretests during the development stage of all materials. Get reactions of members of all target groups. If possible, ask them their preferences among several possible posters, emblems, booklets, or whatever.
7. Conduct detailed research on radio listening habits. Given the low percentage of people who seem to listen regularly, it will be important to choose carefully the times, languages, and types of program that will reach the different target groups.

Additional recommendations to JHU/FCS from the consultant

1. Signs: The current project calls for 2 signs for each of 55 FMI centers. That will not be enough. First, many active FP clinics are in hospitals, not FMIs, so the number of clinics is greater than 55. Second, personnel recommended at least 3 signs per clinic : on the door of the clinic room, outside the clinic building, and at the outer street gate of the hospital or FMI.
2. Flipcharts and posters: The project calls for both. Perhaps only one will be needed. We did not research this point, but I would suggest pretests of posters as a medium in Mali--whether people notice and study them, etc. If not, stick with flipcharts, a medium that has oral as well as visual impact.
3. Booklets: One or two booklets per clinic will not be enough to allow everyone to read and refer to them. The ideal would be for everyone to have something appropriate to his/her level of education and needs. With such a range of materials already available in French, with African illustrations, it will probably not be worthwhile to write new things for Mali. Even Bambara translations are of questionable value for health workers. Nearly all of them read French. Few have been "alphabétisé" (have learned to read the Bambara alphabet). They find reading Bambara a chore.
4. Pocket packet: This item was not in the plan, but it really caught the interest of health personnel and research team alike.
5. Distribution of materials: JHU/FCS must not assume that materials sent to AMFPF or the ministries will be distributed to the field. Many valuable supplies and materials never get sent out, due to a lack of instructions, a system, a person assigned to the job, transportation, or money. Be sure to plan well for this stage. (This point was made by USAID staff.)

6. Pretesting: Our research team is, I think, convinced of the value of pretesting materials and emblems. I'm not sure everyone else is. One group that has had recent experience is the Atelier Unit of the Health Education Section; they have been working with a PRITECH consultant pretesting diarrhea materials all over the country. Their experience and findings would probably be helpful to this project, if they can somehow be involved.
7. Further research
  - a) KAP study to be carried out by the Sahel Institute. I talked at some length with Mr. Traore and Mr. Ouaidou, particularly about additional questions on radio listening habits. They promised to include some questions in the pretest stage set for March 1986. JHU/PCS needs to keep in touch with them. When the KAP study is completed, AMPPF could probably use some help in studying and using the results that have implications for IEC.
  - b) Radio audience research is really essential. Health education people say, "Everyone listens to the radio all the time." But we found only a small percentage had listened during the 24-36 hours preceding the interview.
  - c) More small group research may or may not be needed during this project. I do not think more is needed from health personnel, given the unanimity we found on most questions. As for the general population, every new town and village taught us a lot that was new. Perhaps other regions should also be studied. If so, our six team members are capable of planning, organizing, and carrying out such research, and compiling the results. (I was the one who actually wrote the summaries in the French report, but I think that with that as a model, the other team members would certainly be able to produce a report on future research.)

8. Planning workshop: The INTRAH/Santa Cruz group is sponsoring a workshop 17-22 March 1986. The agencies involved in maternal and child health and family planning will outline their programs in line with the National Primary Health Care 5-year Plan (1986-1990). All the groups involved in the JHU/PCS project will participate in the workshop. They will emerge with, among other things, IEC plans for 5 years. JHU/PCS will wish to study these plans to see how the present project is viewed and how future activities can be directed.

Jean de Malvinsky from Santa Cruz (see list of contacts) will be a leader of the workshop. He is interested in coordinating INTRAH/Santa Cruz activities in IEC with those of JHU/PCS, so someone should contact him in California at the end of March.

9. Resource people

Barbara Hoffman, as you know, is an anthropologist with extensive knowledge and contacts among the griot groups in Mali (the traditional singers and dancers). She is willing and eager to help enlist their services in family planning IEC, particularly for radio, television, films, and video. She is in Bamako on a Fulbright Scholarship and can be contacted at B.P. 2284 or phone 223/22-24-70 or through Mr. Issa Traoré at USIS.

Mary Jo Arnoldi has written a thesis on Malian puppet theater, a traditional art form in some areas. Again this might be an excellent form for TV and films (to replace the deadly dull interview format often used). Ms. Arnoldi is currently Associate Curator of African Ethnology at the Smithsonian Museum of Natural History in Washington. (Barbara Hoffman knows her.)

Phillipe Dauchez is a professor at the Institut National pour les Arts (INA) in Bamako. He has special interest in drama and traditional puppetry. (Carol Hart at USAID/GDO knows him.)

Anieke ? is a film maker in Bamako as a Belgian cooperant. (Carol Hart, USAID/GDO knows her.)

Thierry Bellot, a French cooperant, recently arrived in Mali to work with the Health Education Section of the Ministry of Health. He is considering doing some radio audience research.

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APPENDIX A

LIST OF CONTACTS

(\*\*) indicates member of IEC Research Team for small group interviews

USAID

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APPENDIX BKEY MESSAGESKey messages for medical and social personnel

1. In your conversations and group talks, emphasize the advantages of family planning (rather than the disadvantages of certain contraceptives).
2. It's not enough to talk to women who are sick or poor. Everyone needs family planning.
3. Be careful how you use words. People often say "planning" and "to plan", when they really mean one of these:
  - avoid a pregnancy
  - space births
  - limit births (stop having babies)
  - take contraceptive pills

When you talk to people, don't say "planning". Use the more exact phrases.

4. Emphasize the 13 key messages for the general population.
5. Make every communicator a contraceptive user.  
Make every contraceptive user a communicator.

*do not use  
"Population  
control"*

Key messages for the general population

1. Family planning means having the number of children that you want.
2. Family planning means having each child at the time you want it.
3. Family planning also means treating sterility.
4. There are 5 temporary contraceptive methods: pill, IUD, injection, condom, and vaginal foam.
5. When you stop using a contraceptive method, you will conceive in a few months, and you will have a perfectly normal baby.
6. Every couple can choose a method that suits them.
7. Thousands of Malians already use modern contraceptives.
8. Most users who follow the directions do not have any unpleasant side effects.
9. Contraceptives do not cause cancer or sterility.
10. The IUD cannot get lost in the uterus and it cannot travel to the intestines.
11. Pregnancies and abortions are much more dangerous than pills and IUDs.
12. The Moslem religion says: ....(to be completed)....
13. You can find family planning clinics in PMIs and in some hospitals and health centers. Go where you see the ....(emblem)....