PN-ABZ-948

COMMUNICATION METHODOLOGY FOR PROGRAM MANAGERS NINTH ANNUAL REGIONAL WORKSHOP FOR PVOS IN WEST AFRICA AND HAITI

June 22-July 2, 1996

Nancy Keith

BASICS Technical Directive: 000 HT 54 013
USAID Contract Number: HRN-6006-C-00-3031-00

TABLE OF CONTENTS

ACRONYMS

EXECUTIVE SUMMARY 1

I. BACKGROUND 5

II. SCOPE OF WORK 5

III. TRIP ACTIVITIES AND FINDINGS 6
- A. Workshop Program on Communication Methodology for Family Planning 6
  - Participants and Presenters 6
  - Goals and Objectives of the Workshop 6
  - Objectives Of The Communication Component 7
  - Activities of the Communication Component of the Workshop 7
- B. Findings of the Qualitative Research 9
  - The Situation and Limitations of the Research 9
  - Reporting and Analysis of Findings 10
  - Communication Issues: Where People Get Family Planning Information and What They Would Like to Know 15

IV. RECOMMENDATIONS FROM THE RESEARCH 17

V. FOLLOW-UP SUGGESTIONS FOR COLLABORATION BETWEEN BASICS AND PVOS 20

REFERENCES 22

B

APPENDICES

A. Workshop Goals and Objectives
B. Workshop Program
C. Participants Of The 9th Regional Workshop
D. Pretest
E. Objectives of the Communication Component
F. Assignment to Teams
G. Interview Guide for Focus Groups on Family Planning
H. Guide for Reporters
I. Guide for Observers
J. Guide for Analysis of Findings
K. Reports of Findings of Focus Groups of Young Married Women Aged 15-30
L. Reports of Findings of Focus Groups of Married Women Aged 30-45
M. Reports of Findings of Focus Groups of Married Men
N. Reports of Observations of Focus Groups

ACRONYMS

BASICS	Basic Support for Institutionalizing Child Survival
CBC	Communication/Behavior Change
CSSP	Child Survival Support Project
FP	Family Planning
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ICC	Integrated Child Care
IEC	Information, Education, and Communication
IMCI	Integrated Management of Childhood Illness
JHU	Johns Hopkins University
NGO	Non-governmental Organization
ORS	Oral Rehydration Solution
PF	Planification Familiale
PVO	Private Voluntary Organization
SEATS	Family Planning Service Extension and Technical Support
USA	United States of America
USAID	United States Agency for International Development

d

EXECUTIVE SUMMARY

The Basic Support for Institutionalizing Child Survival Project (BASICS) provides technical support to PVOs thorough its Small Grants Program. In collaboration with JHU/CSSP, BASICS furnished technical assistance in the area of communication methodology. Dr. Nancy Keith, BASICS Technical Officer for Communication/Behavior Change, provided technical support in the areas of communication and behavior change to the regional PVO workshop which was held at the Hotel Savana Koumba in Mbour, Senegal, from June 24 to 28, 1996, hosted by World Vision/Senegal.

Twenty-two participants from 12 projects funded by USAID/Washington attended the workshop, including CARE, Africare, Save the Children, Helen Keller International, PLAN, ICC, and Project HOPE. Participants represented Cameroon, Burkina Faso, Mali, Niger, Senegal, Haiti, and the United States (USA).

This report focuses on the communication and behavior change activities of this workshop and the implications for the Senegal World Vision Child Survival Project, and discusses briefly the possibilities for follow-up collaboration between BASICS and the PVO community. The main workshop activities are described, namely facilitation of the process of managers learning how to plan and manage the entire communication process, from initiation of the project to the development of strategies and messages. Then the findings of the practice qualitative research are presented and discussed.

Keith designed and conducted a participative and experiential overview of communications methodology and worked individually with the participants on communications aspects of their programs. She used her experience in this area in West Africa to provide practical tools and approaches that participants could put to use immediately in their projects and gave managers the insights necessary to effectively make management decisions about the communication components of their programs. Communication objectives for the workshop follow.

Participants will be able to manage qualitative research in their programs by learning how to do the following

- Chose the most appropriate type of research
- Identify the target audiences
- Identify the target behaviors for each audience
- Develop research questions
- Develop and ask open-ended questions
- Write questions for focus group guides and in-depth questionnaires
- Practice the role of moderator, reporter, and observer
- Collect and record the data without losing the rich details
- Analyze the data using a simplified process to distill the main ideas
- Write a report that focuses on the main ideas while keeping the flavor

- Identify the most important themes of the data to be used in projects
- Find clues in people's words that convey the idea clearly to the public
- Design messages and strategies to accomplish project goals

Participants went through a series of experiential and participative activities to provide an overview of the steps in planning a communication program. These included conducting focus groups in villages, analyzing the data, and working the data through to the selection of the most appropriate message.

A detailed report on the entire workshop, including the action plans prepared by participants, will be prepared by Martha Holley Newsome of World Vision/Washington.

The PVO participants developed work plans for the integration of family planning into their child survival projects. In many of those work plans, communication plays a major role. BASICS was specifically named by Africare/Mali, and Save the Children/Cameroon in their work plans to provide further technical assistance in communication.

Many conversations and work sessions were held with participants. A number of needs for technical assistance were mentioned, including the following:

- study to identify family planning program needs
- how to develop educational messages aimed at husbands and married women
- establishing a system of cost recovery
- how to implement community based distribution
- community approaches to health promotion
- planning and managing family planning programs
- monitoring and evaluation
- developing materials for IEC
- writing questionnaires
- introduction of IMCI

In many of these areas, participants indicated that they would like to have training and/or consultant technical assistance.

Many PVOs have people skilled in various areas of management and health or other specific content areas, but many express a need for technical assistance in all areas of communication/behavior change. The need expressed is for simplified tools and techniques that district-level project managers can pick up and use successfully to plan and implement their projects.

PVOs are interested in getting involved in the introduction of IMCI and need simple, rapid tools that simplify the implementation of the new algorithm.

PVOs generally have the budget to hire a consultant for three points during the life of the project: at the beginning for the baseline, in the middle for the midterm, and at the end for the final evaluation. In between these points, projects often so not have sufficient budgets to cover technical assistance. Furthermore, large agencies like CARE are cutting the number of regional technical advisors available to field projects. PVOs are aware of BASICS, but do not know how to access BASICS' services. In general, PVO program managers do not know who would pay for, or how they could pay for any technical assistance that BASICS might be able to provide. Perhaps this could be addressed in the future.

I. BACKGROUND

Since 1985 The United States Agency for International Development (USAID) has supported child survival programs with the goal of improving the lives of mothers and children, and ultimately, communities, around the world. USAID has helped private and voluntary organizations (PVOs) to develop and implement these projects over the past 11 years, testing various interventions to improve maternal and child health. USAID has also funded the Johns Hopkins University's Child Survival Support Project (JHU/CSSP) to provide technical support, enhancing the technical capacity of PVOs in the implementation of child survival projects. Regional workshops are a key component of JHU's technical support to field office national staff, and many regional workshops have been completed with JHU/CSSP working in collaboration with a host PVO, including eight workshops in Africa. The 9th Annual Regional Workshop for PVOs in Francophone West African countries and Haiti which was held at the Hotel Savana Koumba in Mbour, Senegal, from June 24 to 28, 1996, and hosted by World Vision/Senegal.

The Basic Support for Institutionalizing Child Survival Projects (BASICS) provides technical support to PVOs thorough its Small Grant Program. In collaboration with JHU/CSSP, BASICS furnished technical assistance in the area of communication methodology. Dr. Nancy Keith, BASICS Technical Officer for Communication/Behavior Change, provided technical support to the workshop.

This report focuses on the communication and behavior change activities of this workshop and the implications for the Senegal World Vision Child Survival Project and discusses briefly the possibilities for follow up collaboration between BASICS and the PVO community. The main workshop activities are described, namely facilitation of the process of managers learning how to plan and manage the entire communication process from initiation of the project to the development of strategies and messages. Then the findings of the practice qualitative research are presented and discussed. Finally some possible areas of collaboration between BASICS and PVO's are suggested.

Martha Holley Newsome, of World Vision/Washington, is compiling a comprehensive report for the workshop which will include highlights from this report as well as input from other presenters and organizers.

II. SCOPE OF WORK

Nancy Keith, a Communication and Behavior Change specialist from the BASICS project, designed and conducted a participative and experiential overview of communications methodology and worked individually with the participants on communications aspects of their programs. Keith used her experience in this area in West Africa to provide practical tools and approaches that participants could put to use immediately in their projects, and gave managers the insights necessary to effectively make management decisions about the communication

Previous Page Blank

components of their programs. Martha Holley Newsome of World Vision also assisted with the qualitative research sessions.

III. TRIP ACTIVITIES AND FINDINGS

A. Workshop Program on Communication Methodology for Family Planning

The workshop had several objectives besides that of communication (Appendix A), including the examination of the national family planning policy and the role to be played by the projects, a discussion of the applicability of various modern methods of family planning in each participant's project, sharing experiences of the integration of family planning into the child survival projects, the development of action plans for the integration of family planning into on-going child survival projects, and finally, the discussion of national and regional networks between projects for the purpose of mutual support and the sharing of experiences.

Participants and Presenters (Appendix C).

Twenty-two participants from 12 projects funded by USAID Washington attended the workshop, including CARE, Africare, Save the Children, Helen Keller International, PLAN, ICC, and Project HOPE. Participants represented Cameroon, Burkina Faso, Mali, Niger, Senegal, Haiti, and the United States (USA). Prior to the planning meeting, a needs assessment survey was mailed to all the projects invited to the workshop: Haitian and West African child survival projects (CSVIII, VIV, X, XI.) The results of the survey were used to design the agenda for the workshop.

Presenters for the workshop included Cynthia Carter and Pierre Marie Metangmo from JHU/CSSP;, Banda Ndiaye from World Vision/Senegal Child Survival Project; Martha Holley Newsome from World Vision Relief and Development, Inc.; and Mbaye Saye, from SEATS/ Senegal, who served as the facilitator for the workshop.

Goals and Objectives of the Workshop

Over the past few years emphasis has been given to the integration of family planning within varying packages of child survival interventions consisting of immunization, management of diarrheal diseases, nutritional improvements, maternal health, malaria, acute respiratory infections, vitamin A deficiency, and HIV/AIDS prevention. For many PVOs, family planning is a new intervention and various approaches are being developed and tried. Consequently, the CSSP identified the integration of family planning activities within child survival projects as a pertinent theme for this workshop. These workshops strive to provide practical and relevant information and training, while child survival staff learn from one another and develop country networks to assist them in their work when they return to their respective countries.

A needs assessment identified the following as needs in the area of communications

- Identifying and addressing cultural and religious barriers
- Mobilizing the community, especially men, to adopt family planning
- How to plan, conduct, and analyze qualitative research
- Planning and managing the communication component of the project

Objectives Of The Communication Component

The program for the communication component of the workshop had been fixed before Keith had been identified as the consultant, and the time allowed for the accomplishment of in-depth training in designing, conducting and analyzing focus groups was inadequate. After reviewing the participants's needs assessment, it was decided to conduct an overview of methodology with mastery of enough skills to be able to manage the communication components of the participants' projects. The following objectives were adopted.

Participants will be able to manage qualitative research in their programs by learning how to do the following

- Chose the most appropriate type of research
- Identify the target audiences
- Identify the target behaviors for each audience
- Develop research questions
- Develop and ask open-ended questions
- Write questions for focus group guides and in-depth questionnaires
- Practice the role of moderator, reporter, observer
- Collect and record the data without losing the rich details
- Analyze the data using a simplified process to distill the main ideas
- Write a report that focuses on the main ideas while keeping the flavor
- Identify the most important themes of the data to be used in projects
- Find clues in people's words that convey the idea clearly to the public
- Design messages and strategies to accomplish project goals

Activities of the Communication Component of the Workshop

Keith began the communication work with a case study exercise to provide experience in thinking through the steps to take and the development of the research questions.

> Case Study - *You Are the Program Manager of the Country, "Sahel" and You Have Just Received USAID Funding to Integrate Family Planning into Your Child Survival Program;* What Do You Need to Know?

First, participants identified target audiences and the key desired behaviors for each target audience; then they came up with a list of steps they would take. After talking about where to look for relevant data in a document search, they developed research questions that would guide them in a qualitative study designed to fill in gaps in information. A discussion was led addressing the question of when to use qualitative as opposed to quantitative research, how to know when no research is needed, and how to decide when it's appropriate to do a "quick and dirty" study to gather only a few focused missing pieces of information to form the development of communication strategies.

Types of questions were reviewed and participants went through an exercise of composing and posing open-ended questions to their neighbors and recording the responses. This permitted a discussion of what kind of information could be obtained by the use of various key question words. Next, participants talked through the format of a focus group guide and designed and assigned certain types of questions to each section of the guide.

A model focus group was conducted by a participant using the draft guide, and participants practiced and discussed moderating, reporting, observing, and how to improve one's performance in each of these areas.

Six focus groups had been arranged in two villages where World Vision/Senegal has child survival activities; these had been arranged before Keith was contacted for the assignment. In each village there were three groups:

- Young Married Women Aged 15-30 Years
- Married Women Aged 30-45 Years
- Married Men
-

Participants were assigned to different roles (Appendix F) in research teams and trained to use guides: the moderator's guide, the reporter's guide, and the observer's guide (Appendices H, I, and J). Focus groups were conducted using variations on the guide (Appendix G). Following data collection, participants worked in teams to write reports of the results (Appendices K, L, M, and N).

The next day, using the data collected with the main themes identified, participant research teams were asked to identify three key findings from their data and support these themes using their data, explaining why they thought these were the key elements, in a brief presentation to the workshop. These points were the following

- Knowledge about family planning on the part of the members of the various focus groups
- Current practice, as reported by the focus group members
- Attitudes of the community, separated into these two main groups
    - Constraints: those factors that keep the target population from changing their behavior to the desired behavior

- Factors that could motivate the target audience to change their behavior to the desired behavior.

From this presentation, workshop participants did an exercise in which they used the above analysis to practice the process of strategy and message development. They selected one target behavior and went through the process of analyzing the data and eventually designing possible messages and strategies, and then prioritizing those messages and strategies using appropriate criteria. Participants discussed the problems of how to address conservative religious interpretations of the Koran on family planning; communication between husbands and wives; the sheer lack of accurate information at all levels; the differences between younger and older women; differences between the concepts of "spacing" and "limiting" births; the appropriateness of using women's health concerns, children's health concerns, economic concerns, and Koranic verses, and other pertinent issues for program managers.

B. Findings of the Qualitative Research (Appendices K, L, M, and N)

Every qualitative research report should report honestly any situations which may have affected the data in any way so that the reader can evaluate the data in the light of this information. This study was primarily a practice session. Therefore, a number of procedures were not followed with the same care they would have been had the primary goal been the gathering of unbiased data.

The data collected, however, served the purpose of providing a learning experience upon which to base the skill building exercises and provided a good start in the formulation of family planning strategies in these two villages. After the presentation of the data, this report will discuss the implications of the findings and make some specific recommendations to the World Vision/Senegal project.

The following section describes the factors which might have affected this data.

The Situation and Limitations of the Research

The sites at which the data were collected were not randomly selected, but were sites where World Vision has been working. World Vision staff members were called upon to assist in arranging the focus groups, to act as translators, and to introduce the teams to the villagers. This probably biased the data collected, particularly during the "warm up question" in which focus group members were asked if and how their ability to take care of their children might have changed over the years. The villagers' response was to praise the work of World Vision, citing all of the services that the villages now have in comparison to before the arrival of World Vision. All of the groups required a few minutes to clarify the purpose of the focus groups, as the villagers apparently assumed that we were there to ask what they wanted in the way of new services or funding.

In four of the six groups the moderator did not speak Wolof, the language of the villagers. The staff of World Vision/Senegal served as translators and translated each response into French for the reporters and observers. In some cases the translator did not completely understand the intent of the question, and this interfered with the collection of good data.

The goal of conducting the practice focus groups in the World Vision villages in order to inform the introduction of family planning was coupled with the goal of having the NGO representatives from other countries visit the Senegal World Vision sites. This added to the satisfaction of workshop participants, but was not the ideal situation for conducting research, as the villagers may have viewed us as guests whom they should try to please.

Because the time was short and this was considered a practice session, only one question guide was prepared, and the questions changed only to the extent that the moderators sensed the need to slightly modify the wording of the questions for different audiences. As a result, some questions were less appropriate than others. For example, the younger women had very little to say in the areas concerning hopes for the future or experience with the past.

A great deal more could have been learned from these villagers had there been time. The first time a moderator uses a question guide, the interview usually takes several times as long as it does after the moderator becomes used to the questions. Again, because of the practice nature of this exercise, the number of questions on the question guide was limited to make sure the focus groups did not last so long that they wore out the respondents. This resulted in many important questions not being asked. Some moderators finished the question guide and were able to ask their own questions at the end of the official interview. This data has been included in this report.

Many of the younger men in the two villages were, at the time of the data collection, in Dakar or other distant places to earn money for their families. So although the men's focus group was intended to interview younger married men, older men, some who claimed they were no longer of reproductive age, made up a large part of the respondents in one group. Although this may represent to some extent the general knowledge and attitudes of the men, the responses might have been different had there been younger men in the focus group(s).

In the groups of younger women, several had no children or were pregnant with their first child. These individuals were, for most part, embarrassed by the subject and contributed very little to the discussion.

Reporting and Analysis of Findings

The next sections present and discuss the findings by theme.

Health in the Villages

Every group was first asked how they saw the health of the village and how they saw their ability to assure the future of their children. All groups first praised the activities of World Vision in

initiating immunization, promoting ORS for diarrhea treatment, instituting the village "health hut" which stocks essential drugs, health education activities of the "promoters," and other child survival interventions. They credited World Vision with the fact that many women now go regularly for prenatal consultations and the well child clinic.

Families' Ability to Raise Their Children

The older women thought, in general, that it was their responsibility to watch over the well-being of their children. One suggested that "education" should take place at school. The father, according to these women, is responsible to provide the money to feed the family.

Some older women pointed out that in the past the children were forced to leave the village for months at a time in order to be "educated" by Muslim priests. This meant that the children were forced to beg for their meals, a practice which allows children to live with their Muslim teacher while they complete their studies. This practice puts children in the situation of begging several hours per day, and often being hungry. The older women were relieved that this practice had decreased and that their children could now live at home while getting their "education."

Younger women, in general, found it difficult to talk about either the past or the future. Some younger women said that people have fewer children now so that the women can assume the responsibility for the children themselves. Younger women also expressed a wish that their children would not grow up to be worthless—they were especially concerned that their children should not become drug users.

Most men thought that ideally the father was the principal person in the family responsible for the moral education of the children, and that the well-being of the children is a shared responsibility of both parents, but that the mother plays the primary role in the day-to-day raising of the children. Some men clarified that the responsibility depends on the sex and age of the child, presumably because the father at some point assumes more responsibility for the sons and the mother assumes more responsibility for the daughters. This point was not explored further by the moderators.

Most of the young men are absent for months at a time while they seek employment in Dakar or else where. This leaves the entire responsibility for raising the children to the mother, with the exception that the father may be able to send money for the financial support of the family. The men particularly mentioned the precarious situation of the economy as a problem that makes it difficult for families to raise their children and assure their welfare.

Discussion

Generally, the villagers feel that they have more access to health services and health education than only a few years ago. Diarrhea episodes still concern women, as do machines that would lighten their work load. Some asked for a mill to save them from pounding grain; others asked for a motor pump at the well and faucets with running water in every concession.

In this practice session, the men did not go into an in-depth discussion of how and why socio-economic changes have taken place. But it is clear that their land is not providing a living for its people, as many are forced to leave between harvest and the next planting season to seek employment in the big cities. This "exodus," as it is called in some places, puts a strain on families, leaving women on their own to feed and care for the children. Whereas the "moral education"' of the children, especially the boys, was traditionally more the responsibility of the men in the family, this pattern is being strained by the absence of the father for months at a time.

Knowledge of Family Planning

None of the groups interviewed knew much about family planning. Most had heard something on the radio or from a contact at the health post nearby. None of the respondents, however, had used modern family planning methods.

When asked what family planning meant to them, all the women's groups associated family planning with the preservation of women and children's health, and as a consequence, the health of the whole family. This information seems to have come from the health post and was amazingly consistent among the different respondents of the women's groups. The older women said that family planning can help with "spacing," sterility, and preserving the health of women. The younger women made a clear statement of their understanding, that family planning is for the following people

- Women who have births too close together. (Lack of birth spacing was perceived as an illness, treatable by family planning.)
- Women who are sterile. (Women had no understanding of what this entailed, but saw family planning as a treatment for sterility.)
- Women who have not been able to conceive in many years.

When asked to talk more about these concepts, the young women volunteered that family planning in not necessary for them because they are neither "sick" with inability to space their births, nor are they sterile. Therefore, in their view, they will not be needing family planning as long as they remain in good health.

Some young women said that they really did not know the advantages or disadvantages of family planning and would like to have health talks to give them more information.

Most members of the men's group in Keur Ousman Kane said they had never heard of nor seen a modern method of family planning. Some members said they had heard of it, but only had very vague ideas of what "family planning" meant. Respondents said they did not use modern methods and did not know anyone who did. Later, a few men admitted they had tried a method. The men in Thienema associated family planning with limiting the number of births, but knew little about it.

Women's Attitudes Towards Family Planning

When asked what they thought of women who use family planning, all women interviewed thought that those who use family planning have "better health." This reflects their association of good health with family planning, not actual knowledge of anyone who has used modern methods. The older women had a better understanding of what family planning could mean in terms of women's health. One expressed it as, "A child every year takes a real toll on a woman's health." They felt that women who use family planning are in better health and that family planning permits people to bring their children up better. They thought that for this reason, family planning is very important for Senegal.

Older women were generally supportive of family planning, but felt that their husbands were against it. Some older women said they were "struggling to convince them (their husbands)."

One women in the older women's group in Thienema said that family planning affects the economic well-being of the family. One thought that a man with four wives should use family planning to avoid having all four wives give birth at the same time, thus incurring large expenses in the family. Although the subject of economics was brought up as a way to convince men to consider family planning, it was clearly controversial and each time it was mentioned, someone else rebutted it, citing religious rationale and Koranic verses.

When asked why they thought women might not even try family planning, older women said that their husbands will not allow it. When asked why women might start family planning and then stop, younger women responded that these women "wanted to have more children."

Motivators of Husbands, According to the Women

When asked what their husbands thought about family planning, the economic issue caused some debate between older women. Some older women thought that men might be motivated to accept family planning because of the high cost of baptisms. In contrast, some women thought the economic reason was a wrong one, since only God gives children, and every child "comes with his chance."

Younger women thought that men might be open to family planning because of the high cost of baptisms and of medical prescriptions. Others said their husbands would not agree to family planning because they view it as "limitation" of births. Some younger women said that their husbands knew nothing about family planning and therefore could not say anything about their husbands' opinions.

Motivators of Mothers-in-Law

Assuming that mothers-in-law might have some influence on the womens' decision, we asked what women thought their mother-in-laws would think of family planning. Older women thought mothers-in-law might find family planning a good idea because it would help to space children. This would make life easier for mothers-in-law because mothers-in-law care for sick children while the mothers are working. Family planning would make the children more healthy, the

respondents reasoned, and healthier children would free up the mother-in-law to carry out small commerce and other interests. Another said that her mother-in-law would agree because "it would save her son a lot of money."

Some younger women thought the mothers-in-law would be agreeable to family planning because, "I could take better care of her (the mother-in-law)." Some disagreed, "We are not of the same generation, so she cannot understand the advantages of family planning as I can."

Some older women said that their mothers-in-law were too old to be concerned about planning family or that they had already died. Others suggested that mothers-in-law be included in educational sessions.

Number of Children Wanted

When asked how many children they wanted to have, young women said they wanted eight to ten children. But when they were asked how much time was the ideal for spacing between each child, the answer was four to five years. This suggests a certain amount of naivete on the part of these young women, since they seem not to have calculated how long it would take to have eight to ten children, four to five years apart.

Older women, when asked how many children they wanted, said they wanted said four to five children each, suggesting that once they had a certain number of children, women may be willing to consider family planning.

Men's Attitudes Towards Family Planning

The men in Keur Ousman Kane claimed to be open about learning about family planning, with one condition, that it should "not have any inconvenience or cause harm to one's health." They had apparently heard through the nearest health post that family planning modern methods are for the purpose of preserving the health of the mother by allowing her to space her children. Other than this information, they had very little idea of what family planning is about.

Although most men in Keur Ousman Kane seemed to know very little, one said, "Family planning is a group of methods that permit the pregnant woman to be carefully monitored after childbirth and to space her childbirths." (The response may have been embellished by the translator.) Apparently up to now, this village does not have a negative opinion about family planning.

Some men expressed the belief that only God (Allah) has the ability to control when a woman will conceive, and by way of illustration, stated that whereas some become pregnant after only two months, others may not become pregnant for a long time.

The men of Thienema, in contrast to what was heard in Keur Ousman Kane, had negative ideas about family planning, although they too had almost no information on family planning and modern methods. They clearly viewed family planning as designed to limit the size of the family,

something they do not agree with. Some Thienema men said very strongly that 'it is not the domain of Man to decide whether or not one will have children; it is only God who must decide the future of each child." One person added that, "the child is a gift of God." This group went further to say that. "The religion forbids it (family planning)."

When asked about modern methods, the men in Thienema had misinformation about modern methods. Some said that a woman who uses family planning can no longer have children. "If she ever loses her children," one man continued, "she will no longer have anyone to take care of her in her old age,"

One person added that no women in the village practice family planning, and if they did, they would be doing it illegally. Another suspected that some women practice family planning without the knowledge or agreement of their husbands.

Communication Issues: Where People Get Family Planning Information and What They Would Like to Know

When asked where they get information on family planning, all groups mentioned that they had heard some information from the health post. Several groups mentioned that the World Vision health promoters have been providing information on family planning to villagers. The older women in Thienema were specific: "The promoters showed us a picture of a large family in which everyone in the family is sick. A second picture showed a family with only three children and they were in very good health." Unfortunately, the moderator did not probe this lead to obtain people's reactions to the images or lessons.

The young women in Keur Ousman Kane said that the "Arabic teacher" has also provided some information. But these young women felt that none of the information furnished so far was sufficient. The young women also made the request that the health agents be trained so that they could provide "sufficient and detailed information so that they could inform women well enough so that they could make a better choice." They felt that health talks on family planning should be conducted for both men and women. The older women even suggested that they be trained themselves in family planning.

The men in Keur Ousman Kane seemed positive about the information they had heard on the radio and a poster they had seen, and suggested that "women are the people who should hear these messages as they had been addressed to women." The women, however, felt that the men should be targeted in education on family planning with information.

Although the men in Thienema were largely negative about family planning as a limitation of children, and therefore against their religion, two-thirds of them were never-the-less open to learning more about family planning. Some men were very specific about how they should receive information; they said that female health promoters would not suffice. There should be

others who are not from the village, but who have experience with family planning, to provide information to the men.

The younger women said that they would like to hear information on the radio at noon time when they return from the fields.

Discussion

The fact that family planning is already associated with the good health of women and children is a big plus, even if there is little understanding of what this means.

There is a need for accurate and detailed information for all groups: men, women of all ages, and older women and mother-in-laws who advise the younger women.

The men are in need of accurate information on how the different methods work and in which circumstances they may be recommended as most appropriate. Men need to know that most methods do not render women permanently infertile. Men are very concerned about not violating the tenants of their religion. A careful review of what has worked in other countries and of Koranic verses supporting various aspects of family planning could help Senegal programmers to develop a strategy that would meet their needs. Care must be taken, however, not to assume that because something worked in Tunisia or Egypt, it will work at the beginning of the program in Senegal. Perhaps the case could be presented that the Koran recommends that children be breastfed for two years to allow the child to get a good start and preserve the health of the woman. Family planning permits the responsible father to fulfill the requirements of the Koran.

Strategies aimed at men should probably focus on the men's sense of responsibility for the feeding and well-being of his wives and children, that family planning assists the head of household in protecting the health of his family by allowing women to have adequate spacing between children. This allows the woman to restore her strength between children and allows the child to get through the difficult period when many children get sick and weak as opposed to unhealthy children who are too close together. A separate study conducted by World Vision in the Thies area (World Vision, no date) found that men are well aware of how rapidly women age when pregnancies are too close together and of the difficulties women experience in child birth. The other study, which was able to ask more questions than the current study, found that men are concerned that when there are too many children, they cannot raise them and care for them correctly.

West African cultures often have a profound fear of the pregnancy that comes before the preceding child has been weaned. Experience shows that the child who is followed closely by another sibling has a very poor chance of survival. Women who have already had a number of children tend to be aware of the toll it has taken on their bodies and their physical strength. This wish to see the child get a good start and for the woman to be strong and healthy can be used in messages. Strategies aimed at women should focus on them getting enough of a rest between

births so that they can maintain their strength and health in order to fulfill their role as nurturers for the small child, as well as for the entire family.

The image of the small healthy family and the big sick family may be doing more harm than good at this point, since the message is clearly (at least to those who saw it), that one should limit one's family to have a healthy family. Perhaps the project would do well to stick to images of well-spaced families that are healthy, with both families having a moderate number of children (three to four).

Although this study did not address them, the religious leaders should be brought into any programming and informed as to its benefits for the health of the people. They could be reassured that the aim is not to stop people from having children, but to improve the health of women and children and the welfare of the family.

Perhaps one of the most interesting suggestions was the request by the older women that they be trained in family planning as well, so that they could become peer counselors in family planning.

IV. RECOMMENDATIONS FROM THE RESEARCH

Some issues that need to be addressed by a program embarking on a program in family planning are the following

- Who should be the primary and secondary target audiences?
- What behavior do we want each of these target audiences to adopt?
- Should the program focus on limiting the number of children or on spacing between births?
- Should strategies appeal to women's need to maintain the health of herself and her family, or should it appeal to women's reproductive rights or someplace else along the spectrum?
- What barriers in terms of current knowledge, attitudes, and behavior exist and how could they be addressed in the most effective manner?
- What possible motivations exist for adoption of the new behavior by the target audience?
- How can messages aimed at the target audience be formulated to be the most effective?
- Of all the possible messages, which have the greatest likelihood of being heeded?
- Which strategies should be developed, and how should they be implemented?

A project will first want to examine carefully the national family planning policy, and clarify what role is the most appropriate for the NGO and which strategies will be followed in terms of target population. A country may decide to focus only on the younger women of reproductive age, or to focus (during the first three years of the project) on the women who already have two children, for example.

The following are some possibilities suggested by the data in this Senegal study:

Audiences and Desired Behavior

The primary audiences could be the young women of reproductive age, or the women who have already had two to three children, or both these groups. In this case, the group with the fewest barriers to adoption may be women who already have two or three children. The desired behavior for both of these target audiences would be *"to adopt family planning methods for the purpose of spacing their children."*.

The secondary audiences might be the mothers-in-law and the husbands. The desired behavior for both of these groups would probably be *"to give permission and support to the woman of reproductive age to use family planning methods for the purpose of spacing children."*

Strategy: Limiting or Spacing?

In Senegal, for the time being, the data suggests that *spacing* has the potential for being acceptable; *limiting* does not. The focus groups with women suggested very strongly that the idea of assuring proper spacing between children was a concept acceptable and important to all respondents. In the men's groups, some had heard that family planning was to space children and thus assure the health of women and children. Others clearly saw family planning as *limiting* births, a concept they said , verbally and publicly at least, was unacceptable to religion and to them. It seems clear at the moment, that spacing must be the central strategy; otherwise the project could be jeopardized and held back because of the immediate rejection by those who cannot agree with playing the role of Allah by limiting births.

Which Approach to Women?

In Senegal, the appeal to women's rights would, at this point, create antagonism toward family planning that might take years to undo. The appeal should be on spacing for the health of the woman and the child, and the welfare of the whole family.

Barriers and Motivational Factors

The largest barrier to all groups is the lack of information and the lack of access to services.

Younger women see family planning as a treatment for various reproductive "illnesses," such as births too close together or sterility. On the other hand, the fact that they associate family planning with health of child and mother forms a good basis for further information. An approach to them might be that spacing is important for everyone and assures the right start for every child.

Older women seem ready to try family planning if it is available and if the hurdle of their husbands can be overcome. An appeal to taking care of their own health, that of the nursing child, and that of their families would be most effective with this group. Also, as the terms and methods become more common place, women will be free to utilize them more. As long as they

remain out of reach and people remain uninformed, women will not be free to seriously consider adopting the new behaviors.

Mothers-in-law and older women who advise younger women will appreciate both the appeal for a healthier family and less waste of family resources on those who are not in good health.

Men present a special problem; they feel responsible for maintaining the moral fibre of the community and some see family planning as potentially destructive to this moral foundation. Appealing to their sense of responsibility for the correct upbringing and feeding of the children would make sense to them. Men also feel the economic pinch, although a way would need to be found to imply the subject of economics without stating it as such. Men are well aware that a wife who is not in good health is a great liability, and children who are sick put a strain on family resources. But when these appeals are not worded carefully, they offend many who believe that Allah takes care of all that are given life.

Some Strategies Suggested by the Research

Educational talks should be held for various groups in the villages, beginning with the men and village leadership.

World Vision might consider trying out a peer education approach in which older women are trained in family planning counseling and referral and can serve as a resource to their peers in the village.

Other Findings of Possible Interest

Night blindness was mentioned as a health problem by some of the men. This might be worth exploring further, especially within the context of partnerships with other agencies working in child survival in Senegal. According to some reports there is no vitamin A deficiency problem in Senegal. BASICS consultant, Jay Ross, when assisting Senegal staff to prepare a presentation of Profiles (a computer program to support nutrition advocacy), found there was insufficient data on vitamin A in Senegal for the nutritionists to be able to make a statement about the situation.

If the local people are talking about night blindness, however, there is probably a problem. Farmers in the Sahel, in the experience of this writer, are aware of night blindness in their animals and in pregnant woman, particularly near the end of the dry season, or at the time of this study. Farmers in other Sahelian countries have described to this writer the symptoms and explained their view of the cause of night blindness in their pregnant animals, as well as in humans. Vitamin A capsules have been distributed successfully in many Sahelian countries through the technical support of Helen Keller International. If the local health workers are not aware of this problem or how to improve the situation, it would probably be a good idea to contact and collaborate with other child survival projects in Senegal.

Recommendations for Future Workshops

The evaluations written by the participants rated the workshop overall as very useful. They also would have liked more in-depth information and more time spent on several of the topics covered by the workshop, including communication, monitoring and evaluation, and the methods review. At the closing meeting of the workshop presenters, the recommendation was made by the presenters that planning begin earlier and that technical resource persons become involved in the planning several months before the workshop so that adequate time for each topic and appropriate technical experts would be assured.

V. FOLLOW-UP SUGGESTIONS FOR COLLABORATION BETWEEN BASICS AND PVOS

The PVO participants developed work plans for the integration of family planning into their child survival projects. In many of those work plans communication plays a major role. BASICS was specifically named by Africare/Mali, and Save the Children/Cameroon in their work plans to provide further technical assistance in communication.

Many conversations and work sessions were held with participants. A number of needs for technical assistance were mentioned, including the following

- a study to identify family planning program needs
- how to develop educational messages aimed at husbands and married women
- establishing a system of cost recovery
- how to implement community based distribution
- community approaches to health promotion
- planning and managing family planning programs
- monitoring and evaluation
- developing materials for IEC
- writing questionnaires
- introducing IMCI
-

In many of these areas, they would like to have training and/or consultant technical assistance.

Many PVOs have people skilled in various areas of management and health or other specific content areas, but many express a need for technical assistance in all areas of communication/behavior change. The need expressed is for simplified tools and techniques that district-level project managers can pick up and use successfully to plan and implement their projects. BASICS is developing a number of tools that could be used to train and upgrade the skills of PVO managers and communication people. These include tools for an assessment of the quality of case management, planning for the communication component of the project, the Tool Box (being translated into French), guides being developed for community approaches, and other tools in progress.

PVOs are interested in getting involved in the introduction of IMCI. Most are working as technical support to health managers at the district level and need to understand IMCI and its implications for communication, health workers' performance of case management, etc. PVOs need simple, rapid tools that simplify the implementation of the new algorithm.

PVOs generally have the budget to hire a consultant for three points during the life of the project: at the beginning for the baseline, in the middle for the midterm, and at the end for the final evaluation. In between these points, projects often do not have sufficient budgets to cover technical assistance. Furthermore, large agencies like CARE are cutting the number of regional technical advisors available to field projects. PVOs are aware of BASICS, but do not know how to access BASICS' services. In general, PVO program managers do not know who would pay for, or how they could pay for any technical assistance that BASICS might be able to provide. Perhaps further discussions could address this issue.

REFERENCES

World Vision International, Thies, Senegal. Rapport de Recherche Qualitative sur Les MST/SIDA et La Plannification Familiale (no date). World Vision: Senegal.

APPENDICES

APPENDIX A

BUT AND OBJECTIFS DE L'ATELIER

Le principal but pour l'atelier était renforcer l'intégration des activités de planification familiale dans les projets des OINGS de Survie de l'Enfant.

Pour objectifs, les participants seront capables de:

1. Echanger leurs expériences en matière d'intégration des activités de PF dans les projets de Survie de l'Enfant;

2. Discuter la place de leurs projets dans le contexte des Politiques Nationales de PF;

3. Décrire les différentes méthodes de contraception et discuter leur applicabilité dans leurs projets;

4. Préparer, exécuter et analyser les méthodes de recherche qualitatives;

5. Explorer et discuter la possibilité de mettre en place des réseaux Nationaux et Régionaux;

6. Développer des plans d'action d'intégration de la PF dans les activités de Survie de l'Enfant de chaque projet.

APPENDIX B

PROGRAMME

Jour	Heure	Contenu	Ressources
Dimanche	A.M.	Bienvenue Distribution des matériaux Collecte de matériaux pour la salle de ressources	Mbaye & Cynthia
Dimanche	P.M	Briser la glace &Présentation des participants Introduction au programme Buts, objectifs, normes de travaille	Mbaye & Cynthia
Lundi	A.M	Ouverture officielle Pre-test Présentation des résultats sur l'évaluation des besoins Attentes	USAID, WV Sénégal, Mbaye Mbaye Pierre Marie Mbaye
Lundi	P.M.	Mise en oeuvre des programmes de P.F. Recommandations/synthèse	Mbaye
Mardi	A.M.	Technologie contraceptive	Martin
Mardi	P.M.	La recherche qualitative Questions de recherche Elaboration des questionnaires Rôles des modérateurs, rapporteurs, observateurs	Nancy & Martha
Mercredi	A.M.	Collecte des données sur le terrain	Banda, Nancy & Martha
Mercredi	P.M.	Analyse des données Ecrire de rapport	Nancy
Jeudi	A.M.	Présentations des données Elaboration des messages et stratégies Des leçons apprises. Monitoring et évaluation de PF dans les programmes de survie de l'enfants(SE) Comment intégrer de PF dans leurs programmes	Nancy Pierre Marie & Martin
Jeudi	P.M.	Elaboration des réseaux par chaque pays Elaboration des plans d'intégration des la PF dans les actions de S.E. Soirée culturelle	Cynthia Mbaye Banda
Vendredi	A.M.	Présentations des plans d'action et des réseaux Synthèse recommandation Post-test Évaluation Clôture	Mbaye
Vendredi	P.M.	Visite a Dakar	Banda

APPENDIX C

Save the Children/Cameroon Dr. Atsatito Mathias	(237) 29-28-59
Save the Children/Burkina Faso Jean Pierre Bembamba Yobi	(226) 30-64-38
Save the Children/Haiti Dr. Ludzen Duchene Sylvestre Dr. Elsie LaForce	(509) 45-4606 or 5153
Save the Children/Mali Fatimata Kane Dr. Abdoulaye Bagayoko	(203) 22-61-34
Africare/Burkina Faso Hamidou Diallo Aminata Rabo	(226) 30-60-60
Africare/Mali Yaya Coulibaly	(223) 22-37-03
CARE/Haiti Mireille Sylvain Paula Brunache	(509) 57-5358
CARE/Niger Boubacar Seriba Coulibaly Illou Amadou	(227) 74-02-13
ICC/Haiti Dr. Blaise Severe Dr. Patrick Paul	(509) 46-4104
Project HOPE Angelina Laine	(540) 837-2100 (USA)
HKI/Niger Hahou Kalla Dr. Brah Ferdows	(227) 75-33-14-15

APPENDIX D

PRETEST

Merci de répondre à ce questionnaire qui se veut dans l'anonymat. Cependant, pour vous permettre d'apprécier le progrès que vous aurez realisé durant cet atelier, veuillez choisir un code personnel pouvant être un signe, un nombre ou une lettre pour vous identifier.

Question 1: ***Cochez la bonne réponse:***
Pour les enfants dont la naissance suit de trop près l'accouchement précédent, le risque de décès est plus élevé que pour ceux qui sont nés à un intervalle de deux ans ou davantage:
1. Presque d'une fois
2. Presque de deux fois
3. Presque de trois fois
4. Presque de quatre fois

Question 2: ***Cochez la bonne réeponse:***
Les programmes de distribution à base communautaire peuvent être utiles dans la promotion des méthodes modernes de contraceptions suivantes:
1. Condoms, et spermicides
2. Pilulles, condoms, et spermicides
3. Condoms, spermicides, pilules, norplant, et injectables
4. Condoms, spermicides, pilules, DIU, norplant, injectables, stérilisation féminine et masculine.

Question 3:
Citez deux méthodes d'études qualitatives que vous connaissez

1.

2.

Question 4:
Citez deux méthodes d'études quantitatives que vous connaissez

1.

2.

Question 5:
Citez trois avantages de l'intégration de la PF dans les activités de la Survie de l'Enfant

1.

2.

3.

APPENDIX E

OBJECTIVES De La PARTIE COMMUNICATION

Les participants seront capables de gérer une recherche qualitative, en faisant:

1. Choisir le type de recherche approprie

2. Poser les questions ouvertes

3. Identifier les sections d'un questionnaire

4. Identifier les questions de recherche

5. Identifier les audiences

6. Identifier les comportements souhaites de chaque audience

7. Elaborer quelque questions

8. Jouer un rôle comme rechercher: modérateur, rapporteur, observateur

9. Analyser les data

10. Elaborer des messages et stratégies

APPENDIX F

Les equipes pour mercredi - 26 Juin

Les jeunes femmes marriees (moins de 25 ans)	Le transport
Premiereequipe- Moderator: AminataRabo reporter: Yobi JeanPierreBembamba reporter: AngelinaLaine observateur: PaulaSimeonBrunache observateur: NancyKeith	voiture1
Deuxiemeequipe: Moderator: FatimataKane rep: HamidouDiallo rep: Aissa MamadoulThibou obs: JaneBlaxland* voiture3 obs: MarthaHolleyNewsome* voiture3	voiture1

Les femmes marriees (25 ans - 45 ans)

Premiereequipe: Moderator:AngelinaLaine rep: Illou Adadou rep: Brah Ferdows obs: CynthiaCarter	voiture2
Deuxiemegroupe: Moderator:FatouNiang rep: BagayokoAbdoulaye rep: MireilleSylvain obs: CathyBowes	voiture3

Les hommes marries

Premiereequipe: Moderator: MathiesAtsatito rep: AquibouCoulibaly rep: Yaya Coulibaly obs: BoubacarSeribaCoulibaly obs: MbayeSeye	voiture4
Deuxiemeequipe-Moderator: BandaNdiaye rep: BlaiseSevere rep: Paul Patrick obs: LudzenDucheneSylvestre obs: PierreMarieMetangmo	voiture4

APPENDIX G

Guide Pour Focus Groupes Des Hommes

Introduction
Salutation d'usage
Présentation
Introduction: on va parler de la santé des mères et des enfants
Magnétophone
Anonymat
Les Normes

La Mise En Train

1. Est-ce que vous pouvez me dire comment vous voyez la santé des enfants dans ce village?

   Questions approfondies::
   Quels sortes de problèmes de la santé des mères ou enfants est-ce que vous avez vu tout récemment dans ce village?
   Pourquoi?
   Comment est-ce que la situation est différent que dans le passe?

   Qui dans votre famille est responsable pour la bienêtre de vos enfants?
   Qui dans votre famille est responsable pour l'éducation de vos enfants?
   Est-ce que c'est différent maintenant qu'avant? Comment?
   Quels sont les contraintes?

   Comment compter-vous assurer l'avenir de vos enfants?

Contenu de la Discussion Approfondie et Focalisée

2. Quand je mentionne le terme "planning familial", quel est la première chose que cela vous dit?

   Questions approfondies:
   Pouvez-vous expliquer cela?
   Quel est votre opinion de cela?

   Quel est l'opinion de votre mari (femme) de cela?
   Quel est l'opinion de vos belle- mère (belle - père) de cela?
   Comment?
   Pourquoi?

3. Qu'est-ce que vous pensez des femmes qui utilisent les méthodes modernes de Planning Familial? Pourquoi?

Questions approfondies:
Est-ce que vous avez deja essaye une méthode moderne du planning familial?

Expliquez-moi.

Quelles sont les raisons selon vous pour lesquelles les femmes de votre age n'utilisent pas les méthodes modernes?

A votre avis quelles sont les raisons pour lesquelles les femmes de votre age arrêtent l'utilisation des méthodes modernes?

A votre avis, comment on peut améliorer la situation?

4. De qui recevez-vous actuellement les informations sur la Planning Familial?

Questions approfondies:

Pensez-vous que les informations que vous avez sur la planification familiale sont suffisantes?

Pourquoi?

Comment peut-on améliorer la situation?

Clôture du Groupe

APPENDIX H

Guide Pour les Rapporteurs

1. Etudiez le questionnaire avant de commencer: il y a 5 sujets abordes.

    1. La sante des meres et enfants dans le village

    2. Les problems de gerer la bien etre de la famille.

    3. Les perception du Planning Familial, l'avis de leur mari (femme), belle-parents, etc.
    Cela peut nous donner une idee de la communication dans la famille sur le sujet.

    4. La connaissance et attitudes envers les methodes modernes.

    5. La communication - d'ou ils veulent recevoir l'information sur le PlanniUtilisez un block note. Prenez des notes aussi vite que possible. Ecrivez chaque mot se possible.

2. Numerautez vos reponses comme le questionnaire. Comme ca, vous n'auriez pas besoin d'ecrire les mots du moderateur. Example:

    Questions No. 1:

- ***C'est annee nous avons eu beaucoup de meningite.***

- ***Et la rougeole.***

3. Essayez de capter les phrases ou quotations qui sont des expressions interessantes, des proverbes, des phrases pleines d'emotion etc., qui exprime l'idee d'une facon clair. Example:

- ***"Dieu donne a manger a chaque person qu'il a cree. "***

- ***"C'est Allah qui decide".***

4. Laissez une colonne a gauche pour les remarques.

5. N'oubliez pas de mettre la date, le cite , votre nom, et le nom du moderateur .

APPENDIX I

Date :

Nom du moderateur :

Sujet :

	OUI	PAS ASSEZ
1. a garde le contact		
2. a faire participer tout le monde		
3. il ne s'est pas ecarte du sujet		
4. a pose des questions ouvertes		
5. a ecoute activement		
6. a pose clairement des questions		
7. n'a pas repondu aux questions lui-meme		

APPENDIX J

Guide Pour L'Analyse des Donnees

1. Travailler en equipe. Discuter dans la voiture les themes ou grands lignes sous chaque question. Le rapporteur peut ecrire dans la colonne a gauche a mot qui donne l'idee.

Example:

- ***"Dieu donne a manger a chaque person qu'il a cree. "***

Allah decide, pas - nous

"C'est Allah qui decide".

2. Pour chaque question lister les grands lignes. Parfois on aura quelque themes positifs et quelque themes negatifs.

3. Pour chaque theme donner une quotation qui demontrer ce theme.

AUDIENCE	COMPORTEMENT SOUHAITE	COMPORTEMENT ACTUEL	BARRIERS	MOTIVATEURS	MESSAGES POSSIBLES	MESSAGES PRIORITIZEES
La mere	Ne donne que du lait maternelle jusqu'a l'age de 6 mois	Les meres donne de l'eau et du lait maternelle				

APPENDIX K

Focus Groupe des Jeunes Femmes Mariées - Thienema

Mercredi le 26 juin 1996
Equipe 1
Modératrice - Aminata Rabo
Rapporteurs - Yobi Jean Pierre Bembambo
Elsie Laforce
Observateurs - Paula Siméon Brunache
Nancy Keith
Groupe cible - jeunes femmes mariées (moins de 30 ans)
Nombre - 8 femmes
Village -Thienema

Questions 1:
Pour la plupart des femmes les enfants se portent bien. Seulement il faut un appui en médicaments Par contre certaines (une minorité) ont dit qu'il y a le paludisme, les diarrhées, les rhumatismes et les maladies respiratoires, surtout en saison pluvieuse avec les travaux champêtres.

L'éducation et le bien être des enfants sont assurés par les mères, surtout maintenant que les maris sont parti chercher du travail.

Question 2:

- La majorité des femmes ont dit que la Planification Familiale (PF) est destinée aux:
  -femmes malades ayant des accouchements rapprochés
  -femmes stériles
  -Femmes ayant des grands enfants et désirent en avoir d'autres.

- Une femme a dit que la PF vise a améliorer la santé de la mère et de l'enfant.

- Une minorité a des connaissances vagues sur la PF, acquises au centre de santé.

- Le groupe n'avait pas l'opinion des maris et des belles mères.

- Elles pensent que ce sont les femmes malades ou stériles qui utilisent les méthodes modernes de PF.

- Elles sont en bonne santé, de ce fait ne pratiquent pas la PF, mais une minorité dit qu'elle ne connaît pas les avantages et les inconvénients de la PF.

- Pour améliorer leur situation, la majorité souhaiterait avoir des causeries

éducatives et des images et pense que World Vision doit envoyer quelqun pour cela.

Question 4:

- Informations vagues et insuffisantes reçues au centre de santé.
- Pour améliorer la situation, les femmes souhaitent avoir des séances de causerie et des images.

Questions Complémentaires:

A. Est-ce que vous écoutez la radio et a quel moment écoutez-vous la radio?
La majorité a dit a midi de retour des champs. Une femme a même un poste téléviseur.

B. Combien d'enfants souhaiteriez-vous avoir?
Toutes les femmes souhaitent avoir beaucoup d'enfants (6-8). Une seule voulait jusqu'a 10 enfants.

C. Quel sera l'espacement idéal?
4-5 ans entre les grossesses.

D. Combien d'enfants avez-vous présentement?
La majorité a 1-2 enfants, toutefois une seule n'a pas d'enfant et une autre porte une grossesse.

GROUPE DES JEUNES FEMMES MARIÉES DE MOINS DE 30 ANS

Village: Keur Ousmane Kane
Modératrice: Fatimata Kane
Rapporteurs: Aissa M. et Hamidou D.
Observateurs: Cathy J. B. Et Jane B.
Nombre de Personnes: 10

RÉPONSES:

Question # 1 sur la Santé:
Il n'y a plus de problème de santé grâce a World Vision. Avant il y avait beaucoup de diarrhée, de paludisme, rougeole, et des problèmes d'accouchement.

La plupart des femmes ne participaient pas parce qu'elles n'ont pas d'enfants.

Sur la Responsabilité dans la famille:
La Majorité des femmes disent qu'elles assurent la responsabilité car les hommes avaient beaucoup de charges, c'est a dire, trop d'enfants, travaux champêtres, ménagers etc. Les enfants sont moins nombreux maintenant et les femmes peuvent s'en occuper.

Sur l'avenir:
Pour assurer l'avenir de leurs enfants, elles voudraient les protéger et veuillez a leur éducation afin qu'ils ne sombrent pas dans la déchéance, notamment la drogue.

Sur le Planning Familial:
Pour toutes les femmes, la PF signifie espacement des naissances. A leur avis, la PF aide la mère et l'enfant pour leur santé. "C'est mieux de prévenir que de guérir".

Sur l'opinion de leur mari:
Ca les décharge de nombreux baptêmes et des ordonnances a payer. Ils ne sont pas d'accord car ils pensent que c'est la limitation des naissances.

Sur l'opinion de la belle-mère:
"Elle est d'accord pour que je m'occupe mieux d'elle".
"Nous ne sommes pas de la même génération, donc elle ne peut pas comprendre l'intérêt de la PF comme moi.
"Elle est d'accord car ca évite a son fils de nombreuses dépenses."

Sur les méthodes modernes:
-La majorité pense que les femmes qui utilisent les méthodes modernes ont une meilleure santé.
-Elles préfèrent répondre individuellement aux questions de PF.
-Aucune des femmes n'a essaye une méthode moderne de PF.

-Les femmes qui arrêtent les méthodes modernes veulent avoir d'autres enfants.
-Pour améliorer la situation il faudra organiser des causeries pour les hommes et les sensibiliser sur la PF.

L'information sur la PF:
-Les promoteurs de World Vision donnent des informations sur la PF.
-Le maître d'Arabe aussi donne des informations sur la PF.
-Elles sont insuffisantes car elles ne donnent pas des détails sur les différentes méthodes.
-Pour améliorer la situation, il faut plus de causeries et de sensibilisations pour les hommes et les femmes.

Sur les observations:
-Le Groupe était trop passif a cause du jeune age des participantes et de la sensibilité du thème.
-La Modératrice avait des difficultés avec la traductrice.
-La traductrice avait tendance a répondre a la place des femmes.

Des Recommandations:
Que World Vision assure la formation en PF des agents de santé qui interviennent dans la zone du projet afin qu'ils puissent donner des informations suffisantes et détaillées et qu'ils puissent faire mieux connaître aux femmes les différentes méthodes modernes pour un meilleur choix.

Considérer les hommes comme groupe cible primaire et incontournable. Sensibiliser le hommes sur la PF.

APPENDIX L

RAPPORT FOCUS GROUPE
VILLAGE KEUR OUSMANE
10 Femmes 30 - 45 ans

Réalise par :

Mireille Sylvain	Haiti (Rapporteur)
Abdoulaye Bagayoko	Mali (Rapporteur)
Fatou Niang	Sénégal (Modératrice)
Martha Newsome	(Observatrice)

Ce groupe de femmes fait partie d'un village de 414 habitants. Le thème discuté portait sur la santé maternelle et infantile, particulièrement sur la planification familiale.

Les résultats ci-dessous reflètent leurs réflexions en la matière.

A la question 1:
Les femmes repondent en majorité que depuis le World Vision fournit des services de santé, il n'y a pas de grands problèmes de santé. Les problèmes de paludisme, de rougeole et conjonctivite avaient diminué.

Mais selon la minorité, il y a encore des problèmes de conjonctivite et diarrhée.

D'une manière générale, les femmes pensent que c'est de leur devoir de s'occuper du bien-être de leurs enfants. Une pense que l'éducation des enfants doit se faire a l'école. Et que le devoir du père consiste a amener les ressources pour nourrir la famille.

Question 2:
En ce qui concerne le mot "PLANNING FAMILIAL", la majorité pense aux grossesses rapprochées. Une d'entre eux évoque le problème de stérilité et une minorité dit penser a l'espacement des naissances. Pour l'une d'elles dans le village, il y a beaucoup de grossesses et que cela peut nuire a la santé des femmes.

Selon les femmes interviewées, l'acceptation du Planning Familial par les maris dépendent:

- Du facteur économique tel que les dépenses occasionnées par les baptêmes et cela peut motiver le mari a accepter le planning familial.

- Santé de la femme, deux pensent que leurs maris accepteront le Planning

52

- Deux pensent évoquer le facteur age pour limiter les naissances.

Cependant une femme pense que le Planning Familial peut être pratiqué pour préserver la santé de la femme mais pas pour des raisons économiques car dit-elle : "C'est Dieu qui donne les enfants et chaque enfant vient avec sa chance".

En ce qui concerne l'opinion des belles-mères, 3 pensent que l'espacement des naissances serait recueilli favorablement par les belles-mères, ce qui leur allégerait la charge car se sont elles qui se chargent de la garde des enfants malades a la maison. Si l'enfant est bien portant la belle-mère peut vaquer a ses occupations (commerce etc.).

A la question qu'elle est la taille idéale désirée d'une famille, la majorité a répondu 4 a 5 enfants et c'est vraiment une chance.

Pour la question 3:
Les femmes avaient deja répondu qu'elles ne connaissent de femmes qui utilisent une méthode moderne de Planning Familial.

Les femmes ne connaissent pas les méthodes mais voudraient avoir de plus amples informations car elles n'ont reçu les informations qu'a travers la radio et dans les causeries avec les promotrices de World Vision.

Pour améliorer la situation, elles aimeraient avoir plus d'explications sur les méthodes modernes avant de pouvoir commencer.

Conclusion:

- **Connaissances** = très limitées en Planning Familial.

- **Pratiques** n'utilisent aucune méthode moderne de Planning Familial.

- **Attitude** : aimeraient avoir les services de Planning Familial.

- **Contraintes** : inaccessibilité des services au niveau du village

- **Motivation** : ce qui important pour elles, c'est la santé des enfants et des femmes et avoir plus de temps pour s'occuper des enfants et de leurs maris et vaquer a leurs occupations.

SYNTHÈSE DE TRAVAIL DE GROUPE

FOCUS - GROUP

VILLAGE DE THIENEMA

Femmes age de 30 a 45 ans

Angélina - Modératrice
Brah, Ferdows - Rapporteur
Ilou Adamou - Rapporteur

Question . 1

Toutes les femmes admettent que la santé des enfants dans le village est améliorée depuis l'arrivée de World Vision.

Question 1.1.

Les problèmes de santé que rencontre les mères et les enfants recensement dans le village

- Elle ne perçoivent pas de problème depuis que les enfants ont commencé a être vaccinés, et que l'assainissement du village est assurée grâce a l'éducation qu'elles reçoivent des promotrices de santé.

- Une femme affirme que les enfants sont lavés a l'eau et au savon chaque matin et que la propreté agit sur la santé des enfants. Cette femme a ete appuyée par une deuxième.

Question 1.2.

Comment est-ce que la situation est différente dans le passe ?

- 2 femmes repondent qu'il y avait des difficultés dans le passer car elles ne faisaient pas de prévention pour leurs enfants et que les moyens de transport au centre médical faisait défaut. Actuellement, le problème est résolu, car le village dispose de médicaments pour paludisme dans les cases de santé.

- Une autre femme dit qu'elle remercie d'abord le bon dieu, ensuite elle remercie la Vision Mondiale car avant leur arrivée, les villageois ignorent beaucoup de choses mais

54

maintenant nous partons faire les consultations prénatales et les consultations des nourrissons mais nous souhaitons avoir des robinets dans les maisons.

Question 1.3.

Qui s'occupe du bien être des enfants dans la famille ?
Toutes les femmes ont affirmé que ce sont elles qui s'occupent du bien être des enfants.

Question 1.4.

Qui s'occupe de l'éducation des enfants?

- une a répondu que c'est le plus age dans la famille.
- une autre dit que c'est tout le monde dans la maison
- une dit que c'est elle qui s'occupe de l'éducation de son enfant
- 2 femmes affirment qu'elles s'occupent de la nourriture et de la propreté des enfants et les pères s'occupent de leur éducation.

Question 1.5.

Qu'est ce qui est différent maintenant qu'avant, quelles sont les contraintes ?

- Toutes les femmes disent qu'avant c'était les marabouts qui assuraient l'éducation de leurs enfants hors du village pendant 5 a 6 mois. Ces enfants étaient alors obliges de mendier et de manger n'importe quoi. Actuellement les enfants restent dans leur famille et leur éducation est assurée par nous et les enseignants des écoles.

Question . 2.

Qu'est-ce que c'est que la planification familiale?

Toutes les femmes disent que c'est l'espacement des naissances, c'est la santé de la famille, la santé des femmes, des hommes et des enfants.

Une seule femme a dit que l'avantage du planning familial est qu'elle agit sur l'économie de la famille.

Question 2.2.

Quel est votre opinion ?

- Une femme pense que le planning familial est très important au Sénégal. Les femmes sont en forme et éduquent bien leurs enfants.

- Une autre ajoute que les hommes qui ont quatre femmes doivent pratiquer le planning familial car elles risquent toutes d'accoucher la même année ; ce qui agit

55

sans doute sur l'économie de la famille.

Question 2.3.

Quel est l'opinion de leurs maris ?

Toutes les femmes ont dit que leurs maris sont contre le planning familial et elles luttent pour les convaincre. Elles ont même sollicite notre appui pour les aider a convaincre leurs maris.

Question 2.4.

Quel est l'opinion de la belle mère ?

Certaines belles mères sont décédées par contre celles qui vivent sont trop age (120 ans), mais souhaitent avoir beaucoup de petits fils.

Nous souhaitons qu'elles soient invitées lors des séances de sensibilisation.

Question 2.5.

Qu'est ce que vous pensez des femmes qui utilisent les méthodes modernes d'espacement de naissance ?

- Une femme a dit qu'elle pense que les femmes qui utilisent le planning familial sont en bonne santé et elles s'occupent bien de leurs enfants.

- Une autre a dit que c'est une bonne chose, elles est en bonne santé car faire un enfant chaque année cela agit sur la santé de la mère.

Question . 3.

Avez-vous deja essaye une méthode moderne de planning familial ?

Aucune femme du village n'a pratiqué le planning familial.

Question 3.1.

Pourquoi ?

Toutes les femmes sont pour le planning familial mais leurs maris s'opposent.

Question 3.2.

Quelles sont les raisons pour lesquelles les femmes de votre age ne pratiquent pas le planning familial ?

Parce que les maris ne sont pas d'accord.

Question 3.3.

Comment peut on améliorer la situation ?

- Nous allons sensibiliser nos maris, nous souhaitons aussi votre appui pour les convaincre.

- Une femme a dit que c'est la responsabilité de la femme de s'occuper de sa santé

Question 3.4.

De qui recevez-vous les informations sur le planning familial ?

- Toutes affirment des promotrices de santé a l'aide des boites a image.

- Une femme a expliqué que les promotrices leur ont montre une image avec une famille nombreuse ou tout le monde est malade et une autre famille avec 3 enfants ou tout le monde est en bonne santé.

Question 3.5.

Pensez-vous que les informations que vous avez reçues sur le planning familial sont suffisantes ?

- 4 femmes ont répondu qu'elles veulent en connaître d'avantage.
- 2 ont dit qu'il faut renforcer la connaissance des promotrices pour qu'elles puissent leur donner plus d'informations

Question . 5.

Comment peut-on améliorer la situation.

Autres les promotrices, nous voulons aussi être formées.

Question 5.1.

Avez-vous quelque chose a ajouter ?

- Une dit qu'elles sont très contentes.
- Une autre a dit qu'elles sollicitent d'avantage des aides.
- Une femme sollicite un moteur pour tirer l'eau des forages pour redistribuer dans les maisons car cela soulagerait les fatigues des femmes.

- Une autre sollicite l'aide de moulin, de fournitures scolaires.

APPENDIX M

Résultats de Focus Groupes des Hommes

Date:	26 Juin 1996
Lieu:	Village Thienema dans la Région de Thies
Rapporteur:	1er Blaise Sévère
	2eme Patrick Paul
Modérateur:	Banda
Observateurs:	Ludzene Sylvestre
	Pierre Marie Metangno

L'objet de la visite était de rencontrer un groupe d'hommes mariés au sujet de la planification familiale principalement.

Neuf (9) hommes préalablement choisis ont participé a la rencontre.

Le modérateur, Banda qui était aussi l'interprète du groupe facilita les présentations d'usage. Les visiteurs ont ete satisfaits de l'accueil qu'ils avaient reçu. En outre il annonça que la discussion devra porter sur la santé des mères et des enfants. Pierre Marie expliqua aux participants la nécessité d'utiliser un magnétophone pour mieux analyser les données recueillies fil des discussions. Les participants acquiescèrent a cette démarche. On leur fit remarquer que les données resteront confidentielles.

La discussion fut ensuite engagée sur la santé enfants dans le village.

Voici les réponses fournies aux différentes questions figurant dans le questionnaire lequel est annexé au rapport.

Question 1:

A) Les enfants jouissent d'une meilleure santé depuis l'introduction de la vaccination, la construction de Case de Santé. L'éducation l'assainissement et les Canaris a Robinet.

B) Les enfants ont connu des épisodes de diarrhées et de vomissements qui heureusement ont ete traités par la rehydration orale.

S'agissant des femmes les problèmes surviennent dans les cas de grossesse lorsqu'il s'avère nécessaire de les referer a un Centre Spécialisé. Elles souffrent également de la cécité nocturne.

C) Pour la diarrhée: "C'est Dieu qui la voulu." Les participants ont avancé également comme causes: le paludisme, une mauvaise hygiène alimentaire, la

pullulation des mouches.

Pour la cécité nocturne: c'est un phénomène fréquent *le bempenn*.

D) La rougeole a disparu, les enfants ne sont plus faibles grâce a l'allaitement maternel. Si les diarrhées restent encore le principal problème, les antibiotiques ne sont plus utilises comme traitement.

E) 8 participants sur 9:la mère
2 participants: le couple
les autres : surtout la femme parce que les hommes sont souvent absents pour rechercher de quoi nourrir la famille.

F) Avant tout le monde restait au village. Maintenant les hommes doivent souvent se déplacer pour aller en ville. L'éducation des enfants devient très difficile.

G) En les envoyant a l'école, les éduquant sur la croyance en Dieu, en les stimulant au travail.

Remarques et observations:

- L'accès des enfants aux soins de santé a améliore l'état de santé des enfants.
- La connaissance de la thérapie par la rehydratation orale a évité les décès dus a la diarrhée at a la déshydratation.
- La volonté divine est l'explication donnée a certains problèmes de santé.
- Les parents s'intéressent au suivi de la santé de leurs enfants et adoptent des mesures correctes apprises pour la protéger.
- La mère occupe une place prépondérante dans l'éducation et le bien-être des enfants.
- La précarité des conditions socio-économiques économiques empêche aux hommes de participer de façon active a l'éducation des enfants.

Question 2:

A) 2 participants: Cela ne veut rien dire
1 participant: limitation des naissances
Le reste: la religion l'interdit

"C'est Dieu qui décide de l'avenir de chaque enfant."

B) "C'est la même chose. L'enfant est un don de Dieu."

Certaines femmes en ville pratiquent sans l'avis de leurs maris.

"Il n'est pas du domaine de l'Homme de décider si on doit avoir on ne pas avoir d'enfants. C'est Dieu qui doit décider de l'avenir."

Remarques et observations:

- Dans une certaine mesure le planning familial est ignore si une minorité le perçoit comme l'imitation des naissances.
- La plupart avance que la religion l'interdit.
- La totalité des participants pensent que c'est Dieu qui décide de l'avenir de chaque enfant: "L'enfant est un don de Dieu".

Question 3:

A) Une femme qui utilise une méthode de planning familial ne pourra plus enfanter. Si jamais elle venait a perdre ses enfants elle n'aura plus tard personne pour l'aider. Dans le village personne ne pratique. Dans le cas certaine elle serait dans l'illégalité.

Remarques et observations:

- La planification familiale est perçue comme limitation des naissances désobéissance a la religion et la perte d'une certaine garantie sur le plan socio-économiques: "Les enfants sont la venir des vieux".

Question 4:

A) Radio, Télévision, World Vision

B) 3 participants: "Cela est suffisant"
"Cela ne nous intéresse pas, c'est contraire a notre religion"

Les autres participants (6): Oui on voudrait un peu plus d'informations. Cela nous permettrait de mieux comprendre le planning. Et en tirer ce qui nous est profitable et conforme a notre religion.

Apres la discussion formelle nous avons poursuivi l'entretien avec les participants. Cela nous a permis de constater que le nombre moyen d'enfants de chaque participant était de 10 pour 2 femmes.

Remarques et observations:

- Même quand les gens pensent que leur religion leur interdit de limiter ou d'espacer les naissances de leurs enfants ils restent ouverts aux informations sur la planification familiale.

62

Groupe d'Hommes Keur Ousman Kane

Groupe cibles - Hommes mariés

Sommaire

I. Connaissances:
Les hommes manquent de connaissances par rapport a la PF.

II. Pratiques:
Aucun membre des participants, n'a jamais utilisé une méthode moderne de PF.

III. Attitudes:
Dans l'ensemble les hommes sont favorables a la PF a condition d'être informer et d'être assurer de l'innocuité des méthodes modernes.

Contraintes:
-manque de conviction sur la pertinence du PF
-contraintes culturelles lies a la communications entre promotrices et les hommes sur le PF

Motivations:
-Amélioration de la santé des enfants et des femmes
-la diminution des dépenses du foyer.

Rapport:

Les hommes disponibles étaient des vieux entre 55-70 ans, environs. Deux étaient plus jeunes (42 ans environs).Cet aspect doit être pris en compte pour l'appréciation des résultats et des recommandations.

Nombre de participants au groupe de discussion dirigée:
11 hommes, dont le chef de village.

Nom dur village: Keur Ousman Kane

Synthèse des constats:

Question 1:
Il est évident que la présence de World Vision dans le village a eu une influence certaine et positive sur l'état de santé des mères et des enfants. La plupart des participants ont expliquer la différence de avant et avec W.V.. En insistant sur les services de santé qui leurs sont offert présentement par le projet. Ils ont cité le

63

paludisme, la diarrhée, l'anémie des femmes enceintes et la conjonctivite comme les maladies les plus courantes dans leur village.

Les Citations suivantes confirment ce constat:
Un homme a dit: "Depuis 2 ans que WV est dans notre village la vaccination des enfants et des femmes est assurer, l'hygiène et l'assainissement dans le village est assurer, et surtout nous avons beaucoup d'informations sur la santé".

Un autre a dit: "Les maladies qu'on rencontre le plus dans notre village sont; le palu, la diarrhée, l'anémie des femmes enceintes et la conjonctivite."

Constat: La plupart des participants pensent que la santé et l'éducation de l'enfant est assurer par le père et la mère. Dans cette responsabilité, les roles sont repartis entre eux. De sorte que la mère s'occupe plus et entièrement de l'enfant jusqu'au sevrage et après si c'est un garçon , le père s'en occupe mais si c'est une fille la mer s'en charge, les frais sont assurer par le père.

Un homme a dit, "La mer constate l'état de sandre de l'enfant et rend compte au père, qui prend en charge l'achat des médicaments".

Un Autre a dit: ' L'éducation de l'enfant est assurer par la mère jusqu'au sevrage et après c'est le père qui assure l'éducation, mais si c'est une fille c'est la mère qui s'en occupe le plus et lui enseigne les travaux domestiques".

Question 2:

Constat:
Il est évident, que les hommes de Keur Ousman Kane manquent de connaissance au sujet de la planification familiale. La plupart des participants affirme n'avoir jamais entendu ni vu de méthode de planning familial, mais ils se sont montres favorables au planning familial si toute fois il n'est pas d'inconvénient néfaste pour la sandre.

Les citations suivantes illustrent ce constat:
Un homme a dit: "Je ne sais pas ce que la planification signifie, je n'ai jamais entendu ni vu une méthode moderne."

Constat:
Cependant quelques participants ont entendu parle du PF mais n'ont véritablement qu'une idée vague du PF.

Citations:
"Le PF est un ensemble de moyen permettant a la femme enceinte d'être bien suivi puis après son accouchement d'espacer ses naissances."

64

Constat:
Bien que les hommes du villages manquent d'informations sur le PF, ils sont favorables a la PF. S'il n'a pas de conséquence néfaste sur la santé.

Citation:
"S'il n'y a pas d'inconvénient au PF, nous sommes prêt a l'utiliser toutes les méthodes que WV nous proposent."

Constat:
Selon les participants, personne du village n'utilise une méthode moderne de contraception.

Citation:
"Personne n'a vu une méthode a plus forte raison l'utiliser."

Constat:
Les hommes de village d'une façon général n'ont pas accès a l'information sur la PF. Cependant un homme a citer la radio et les affiches des promotrices comme sources d'informations.

Citation:
"J'ai entendu les information sur le PF a la radio et aussi j'ai vu des méthodes de PF sur les affiches des promotrices, je pense que toutes les femmes doivent savoir ces messages, car ils s'adressent aux femmes."

Constat:

Les hommes veulent avoir les informations sur le PF, par les hommes parce qu'ils présent que culturellement les promotrices ne peuvent pas parler aux hommes sur le PF.

Citation:

"Il faut utiliser les canaux de communication du village pour informer les gens".

"La mère constate l'état de santé de l'enfant, elle rend compte au père, qui a eu charge l'achat des médicaments."

Le groupe de participants pensent que l'éducation de l'enfant est assurer et par la mère et par le père, l'importance du rôle de chacun selon les périodes de l'age de l'enfant et son sexe.

65

"L'éducation de l'enfant est assurer par la mère jusqu'au sevrage et après c'est le père qui assure l'éducation mais si c'est une fille c'est surtout la mère qui lui enseigne les travaux domestiques."

"Le problème c'est d'abord, la connaissance. On ne peut utiliser quelque chose qu'on ne connaît pas".

Cependant il y avait quelques participants qui pensent que la PF n'est pas un problème par ce que les grossesses rapprochées n'existent pas dans le village.

"Les hommes virils du village partent en exode pendant plusieurs mois, et les hommes vieux qui restent ne font plus d'enfants."

On constate chez les hommes du village, un fatalisme par rapport a l'espacement de naissance. "L'espacement des naissance dépend de Dieu, la femme peut au bout de deux mois tomber enceinte ou ne pas l'être pendant longtemps."

"Les promotrices seules ne suffisent pour l'information des gens, il faut d'autres personnes experimentees extérieures au village".

"Il est souhaitable d'avoir aussi des promoteurs en plus des promotrices?

"Culturellement il est difficile que les promotrices parlent de la PF aux hommes.

APPENDIX N

Village - Keur Ousman 26/6/96
Observateur - Martha

1. Question #1:
Les femmes a Keur Ousmane pensent que la santé des enfants est mieux maintenant que World Vision (WV) travaille dans leur village.

Le questionnaire: Les femmes ont répondu comme si elles pensaient qu'il y avait une réponse correcte. Peut-être elle pensaient que nous sommes avec World Vision; donc il fallait donner la réponse qui allait nous plaire. Je pense qu' une autre question auraient donné un meilleur résultat.

La modérateur: Elle a bien posé des questions a chaque femme. Elle a écouté activement, a gardé le contact, a très bien suivi tous les critères listé par notre quide d'évaluation du modérateur. Elle a suivi le guide de focus groupe exactement. Je pense que elle ne s'est pas senti libre de poser d'autres questions. C'était surtout difficile de penser d'autres questions quand c'était elle qui faisait la traduction au même temps.

Les femmes a Keur Ousmane disaient que le père et la mère sont tous les deux responsable pour les enfants. Mais ce sont les mères qui s'occuper des enfants maintenant parce que les pères sont parti pour le travail a Dakar. Donc les femmes doivent être responsables.

Elles n'ont pas parlé beaucoup sur le sujet de cette première question. Je ne sais pas exactement pourquoi Elle n'ont pas parlé sur l'avenir de leurs enfant non plus.

La questionnaire: Peut-être les questions n'étaient pas bonnes. Peut-être les femmes ne voulaient pas parler au commencement de la discussion a cause de leur timidite.

Les participants: Je pense qu'elle ne sont pas très intéressées au sujet. Ou elles voulaient encourager WV a continuer le travail dans leurs village. C'est une possibilité mais nous ne savons pas la raison.

Modérateur: C'est la première fois que la modérateur a dirigé un focus group. Elle a très bien mené la discussion! Elle savait bien comment inclure tous les participants. Elle a eu de la difficulté a encourager les femmes dans une discussion entre elles

2. Question # 2:
"La plannification familiale" Les femmes ont aimé bien cette question. Elles ont commencé a rire et parler beaucoup sur le sujet. Est-ce qu'elles ont rit parce que la plannification familiale est un nouveau sujet? Elles se sont très intéressées a apprendre plus d'information en P.F. Elles ont dit que le P.F. n'était pas disponible.

Les participants: Les femmes avec plus de huit enfants sont vraiment prêtes a utiliser ou parler sur le P.F. Le groupe les a laissé parler. Et presque chaque participant a parlé.

Autre observations

Une femme a dit que Dieu donne les enfants. Donc a la fin de la discussion j'ai posé une question: "Est-ce que Dieu est d'accord avec la P.F.? Les femmes ont tombé très silencieuse et leur visages devenaient très sérieux. Une seule femme a dit que Dieu est d'accord avec la PF pour l'espacement. Est-ce qu'elles ont accepté cette croyance mais c'est un peu difficile d'accepter quand même? Ou bien elles ont tombé silencieuse parce que la question était trop directe?

Peut-être il y a une sorte de norme culturelle: si tu a deja plus que sept ou huit enfants, tu peux utiliser les P.F. pour limiter ta famille. Mais si tu n'as pas eu assez des enfants (moins de six ou cinq) la plannification familiale doit être pour raison de l'espacement et la santé seulement. Il y avait une femme qui avait trois enfants. Tout le groupe pensait qu'elle voulait plus d'enfants et que la stérilité est triste pour elle. Un autre femme disait, "Je peux utiliser le P.F. pour limiter parce j'ai neuf enfants mais les autres femmes n'ont pas assez des enfants" (mois de six.)

Je pense que nous n'avons pas découvert toutes les vrai raisons pour leurs résistances au planning. Deux femmes disaient qu'elles voulaient que leurs maris utilisent les P.F. Les femmes avec 7 a 8 enfants ont dit que leurs maris vont accepter le PF mais les autres femmes n'ont rien dit. Peut-être elles n'ont pas voulu dire que c'est leur mari qui veut 5 or 6 enfants?

Pour moi, c'était difficile de fermer la bouche et de ne pas poser des questions moi-même. Aussi il était difficile de pas donner de l'éducation. Mais a mon avis l'éducation peut être donner a la fin d'un groupe.

Je pense que les femmes ont aimé cette expérience beaucoup. Je pense que la discussion dirigée sert comme une sorte de mobilisation pour la P.F. dans le village aussi.

Rapport de l'Observatrice du Groupe de Jeunes Femmes
Thienema

Nous avons rencontre les jeunes femmes mariées de moins de 30 ans qui nous ont reçu timidement. Nous nous sommes présentés
et elles se sont présentées. Notre premières impressions était la suivante: Qu'elles avaient mal compris le but de notre visite. Elle pensaient que nous étions venues leur apporter du secour. Donc elles en ont profitee pour exposer leurs problèmes de tout genre: santé agriculture, école et même une d'autre voulait une machine a coudre. Notre modératrice a vite compris et a ramené la question selon le but de notre visite.

Quand on voulait savoir qui s'occupait des enfants, nous avons compris que nous avez éveille en elles le sentiment qu'elles étaient seules a en prendre soins et que leurs maris se trouvaient a Dakar ou ailleurs chercher du travail, ce sont elle qui s'occupaient des enfants. Elles ont aussi signale quand le mari est la il prend soins des enfants de s'engager et surtout leurs mari doivent etre informes.

Elles ont dit qu'elles voulaient avoir entre 8-10 enfants avec 4-5 ans d'intervalles et en fin de compte il y avait une qui disait que c'était seulement un souhait ce qui prouve qui'elles sont assez naïves.

La modératrice a ferme la séance avec des mots de gentillesses, les femmes se montraient assez satisfaites. Une d'entre elles nous a remerciee d'être venues de très loin pour leur parler et nous souhaite bon voyage et bon courage.

Nous pensions que les femmes étaient très jeunes donc elles n'ont pas répondu spontanément a la question de PF. Notre modératrice était une experte. Elle a réussi a faire parler chacune d'elles.

Question 1:
-Elles pensaient:

- que la PF était pour améliorer la santé de la mère et de l'enfant
- que la PF était aussi pour permettre a celles qui n'ont pas d'enfants la chance d'eu avoir
- que la femme qui a un grand enfant et n'a pas encore eu d'autre la PF peut l'aider a avoir un ou une autre
- que leur mari n'avait aucune idée de la PF donc elles ne connaissent pas leurs opinions.
- Personne ici ne fait la PF.
- Elles ne connaissent pas grand chose sur la PF.

70

Question 2:

- Elles en ont entendu parlee a la clinique brièvement par l'agent de santee.

Question 3:

Les femmes qui utilisent la PF sont elles des femmes malades et la PF les ont beaucoup aider pour améliorer leur santé.

Personne n'utilise la PF parce qu'elles sont eu bonne santé elles ne vont pas l'utiliser tant qu'elles resteront en bonne santee.

Peut-être qu'elles ne refuseront pas de faire la planning mais elles ne savent rien a propos. Nous avons l'impression que le sujet était un peu gênant pour le groupe qui est tres jeune et que les autres jeunes qui venaient écouter a eu peu troubler la situation.

Question 4:

Elles pensent que World Vision devrait envoyer quelqun pour leur donner des informations sur la PF par des causeries et des images qu'elles puissent voir. Elles aimeraient connaître les avantages et les inconvénients.

71