

Working with women's associations to increase acceptability and use of family planning in Mali

The social network approach suggests that social interaction among friends and within community groups can accelerate the pace of diffusion by providing opportunities for social comparison, support and influence. In this case, the study hypothesis was that introducing family planning concepts to women's groups by trusted leaders would lead to diffusion of positive attitudes towards family planning passed between leaders, their groups, and ultimately, the larger community (see Figure 1). More positive attitudes, correct knowledge, and a supportive environment would lead to family planning uptake.

COFEMALI & their Social Network

IRH partnered with COFEMALI, a coalition of women's savings and loans associations recognized by the Malian government.

Each of the 654 associations organized nationwide under COFEMALI is comprised of between 50 - 80 members who regularly meet and exchange information about income-generation, credit and savings.

They also take the opportunity during their meetings to discuss issues related to health and their daily lives.

Under the USAID-funded Fertility Awareness-Based Methods (FAM) Project, Georgetown University's Institute for Reproductive Health (IRH) collaborates with partner organizations to reduce unmet need and increase use of family planning in Mali by integrating and scaling-up the Standard Days Method® (SDM) into family planning services. SDM, with its visual tool CycleBeads®, was a relatively new method in Mali when the project began in 2007. After several years of laying the groundwork—training providers and helping to institutionalize SDM into training and other health systems—a 2009 assessment suggest-

A women's saving and loans group meets to talk about family planning in Mali.





COFEMALI, a coalition of women's organizations in Mali, has over 33,000 members nationwide.

ed that it was time to focus on raising awareness among potential users and other key audiences.ⁱ IRH prioritized a social diffusion strategy, facilitated by women's associations, to generate demand for SDM as well as other family planning methods.

The Social Diffusion Intervention: Working with COFEMALI

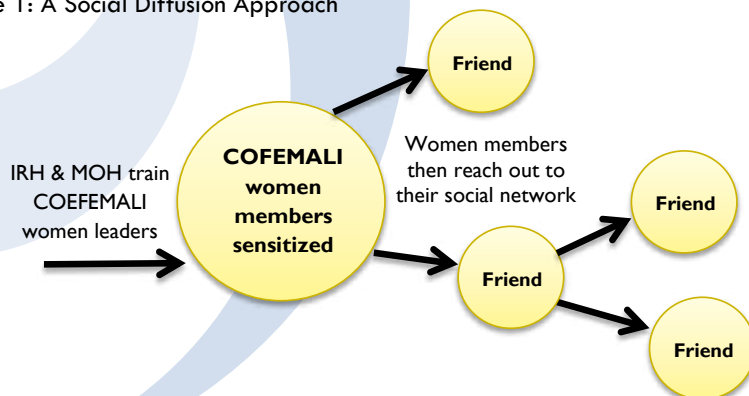
The intervention with COFEMALI included two primary activities:

- **Training association leaders as peer educators:** IRH and MOH providers trained 170 association leaders on the advantages of family planning, discussing different contraceptive methods, including SDM, in June 2010.ⁱⁱ Women were equipped with posters and flyers that provided information about family planning, including who can use the SDM and how to use it. Following the training, each association leader conducted peer education sessions on family planning with her local women's association members and other community members.
- **Community distribution of CycleBeads and referrals for other methods:** Leaders received a supply of CycleBeads to offer to women who were interested in and eligible to use SDM. Over 850 CycleBeads were distributed within their communities over a three-month period. Women who expressed interest in learning more about SDM or wished to use other family planning methods were referred to their local health facility.

Monitoring & Evaluation

To understand the effectiveness of using a social diffusion approach to family planning and the feasibility of this approach for scale-up, regular supervision visits and a simple monitoring and evaluation system were put into place. A team of trained association leaders, MOH providers, and IRH Mali staff made periodic supervision visits to participating clinics and women's associations to monitor quality of SDM service and to gather information about new family planning users, referrals to health centers for family planning counseling, and sensitization activities conducted by association leaders. Data were collected during a three month period between July 1st and September 30th, 2010.

Figure 1: A Social Diffusion Approach



Results

As Table 1 reflects, the social diffusion approach led to 3,798 interpersonal contacts between women about family planning, facilitated by trusted community leaders and women-to-women dialogues. Many association leaders were very active within their communities, with over 2,000 home visits taking place in a period of three months.

Table 1: Reported outreach activities by 170 women's association leaders (July – Sept. 2010)

District	Number of Leaders Trained	Number of Sensitization Sessions	Number of Home Visits Made
Kati	57	150	250
Koutiala	60	1250	1750
San	53	180	218
Total	170	1580	2218

Post-training supervision visits revealed that all trained leaders who had received CycleBeads had distributed over half of their supply within the first two months after training. Over the three-month period, records indicated that 750 new SDM users received CycleBeads from association leaders, and over 3,440 women interested in using family planning had been referred to their local health facility.

The large number of awareness-raising activities completed by the women's associations demonstrates the interest in and importance of these social and community structures in the rapid diffusion of family planning information, which can facilitate a more favorable attitude towards family planning. Although we cannot say that the new approach was solely responsible for the increase in family planning uptake, MOH health services reports show that some communities saw as much as a 49% increase in family planning use after three months of implementing the social diffusion approach (Table 2).

Table 2: Comparison of new family planning users in association membership communities – three months prior to and three months after initiation of social diffusion activities

District	Number of New FP Users (April - June)	Number of New FP Users (July - Sept.)	Pre- to Post-Intervention Increase
Kati	2326	2469	6.1%
Koutiala	1099	1642	49.4%
San	700	957	36.7%
Total	4125	5068	22.9%

Sources: Family planning user data collected from Kati health centers (CSREF, 40 CSCOM and women leaders records of SDM distribution), Koutiala health centers (CSREF, 41 CSCOM and women leaders records of SDM distribution), and San health centers (CSREF, 29 CSCOM and women leaders records of SDM distribution).



Woman leader demonstrates how to use CycleBeads® to association members.

Conclusion

The participatory, social diffusion approach for providing family planning education and services through women's associations led to positive outcomes in all three districts. Issues related to lack of access and unmet need for family planning were addressed, as women leaders in the community were able to counsel potential clients on SDM, distribute CycleBeads, and refer women for other methods of family planning. Thousands of women who desired to space or limit their births were able to learn about and receive a family planning method, some for the first time in their lives. This was achieved through a community-focused approach which created a comfortable environment in which women felt safe to discuss family planning with someone familiar to them and whom they trusted.

While a more comprehensive long-term monitoring and evaluation plan is needed to determine the impact of such social diffusion campaigns, results from this experience are very encouraging. IRH and its partners plan to replicate this social diffusion strategy, working with other association networks and monitoring their effect. Social diffusion can be an important strategy to improving family planning awareness and decreasing unmet need in Mali.

ⁱ The assessment was completed by IRH and CAREF in the first two regions of the FAM Project's intervention, Segou and Koulikoro. Results demonstrated that the quality of SDM provider counseling and knowledge of SDM was good among the general population, but awareness of the method still lagged behind other family planning methods.

ⁱⁱ The women's associations organized under COFEMALI were already sensitized to many health issues since CARE's Keneya Ciwara II Project provided training previously.

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The Institute for Reproductive Health at Georgetown University contributes to a range of health initiatives and is dedicated to helping women and men make informed choices about family planning and providing them with simple and effective natural options. For more information about the Institute, please see www.irh.org.

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