

# Projet Terikunda Jékulu

## Using Network Analysis to Address Unmet Need in Mali

Women's Social Networks, Family Planning Use and Unmet Need: Formative Research Findings from Terikunda Jékulu

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May 2011

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*This assessment is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of Cooperative Agreement No. AID-OAA-A-10\_00066. The contents are the responsibility of the Project and do not necessarily reflect the views of USAID or the United States Government.*



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## I. EXECUTIVE SUMMARY

Qualitative fieldwork was carried out in two contrasting settings of low and high family planning use and low and high unmet need. The aim of the research was to address the role of women's social networks in facilitating or hindering family planning acquisition and use. In both villages, women using family planning perceived that it helped them avoid short birth intervals which were damaging to the health of both the mother and child. By contrast, men placed greater emphasis on the economic benefits for the household. They thought spaced children were likely to be healthier and, unlike children born after short birth intervals, would not require regular and costly medical treatment. In the Dogon village of Bougouba which has low contraceptive prevalence and low unmet need, the large, dense networks of the women with unmet need served to reinforce negative messages, misinformation and rumours. These were repeated by like-minded network members who all knew each other. The users in Bougouba had small, less dense networks which enabled them to use secretly as there were fewer people from which they needed to hide their use. Many women using family planning in this village had both modern and traditional health care providers in their networks and interacted with them socially. This was not the case for those with unmet need, nor for both groups of women in the village of Koloni, where contraceptive use was more open.

Women in Bougouba were less likely to discuss family planning with their husbands even if they suspected his attitude would be favourable. Contraception was simply not a topic that was discussed. If women did talk about it, it was in the fields or in the bush where they were out of earshot. The pervasive view with regard to family planning in Bougouba was highly negative and had created a climate of suspicion whereby, if a woman's contraceptive use was divulged, she risked being denounced as immoral, being beaten or even divorced. As such, women told very few people of their use, usually just close friends but seldom relatives. Many used contraception having told no one about their decision to do so.

By contrast, in the village of Koloni (which has higher contraceptive prevalence and high unmet need) both users and non-users' networks were small and dense. For users, these served to catalyse and sustain their use, particularly as their networks frequently comprised their mothers-in-law and co-wives. These female marital kin sometimes helped them overcome spousal disapproval by enabling users to hide the fact that they were using family planning from their husbands. Alternatively, mothers-in-law sometimes acted as intermediaries on behalf of their daughters-in-laws to sensitize their sons as to the benefits of family planning. In Koloni, the non-users had networks of a similar size but did not include these key allies for open, or indeed, covert use. In general, unmet need in Doucoubo can be explained by the intense circulation of rumours and misinformation fuelled, in part, by the existence of an active Islamic association which strongly disapproves of family planning for religious reasons. In Koloni, non-use seemed to be more related to a lack of information and, above all, access. Nevertheless, women in Koloni talked more openly about family planning and sometimes discussed it at saving clubs where the aim of their gathering and topics discussed could be 'disguised' from men.

Women in Bougouba who, when they were unmarried, had been on labour migration to Bamako or other 'higher prevalence' areas seemed to be more likely to use family planning than those who had never been on migration. Not only had they heard family planning messages whilst away but were often actively encouraged to use contraception by their

former employers. Method switching appeared to highly relate to unfounded fears of side-effects which were discussed and reiterated the large, dense networks of those with unmet need. Mapping exercises in Bougouba showed that in many public settings (wells, millet pounding areas etc.) both accurate and inaccurate information about family planning was transmitted. The users took home the former and the non-users the latter from the same locations. It is hypothesised that women's social networks serve to sift conflicting information, appropriating that in which the network is already inclined to believe. In this way, positive messages are reinforced among users and the negative attitudes of those with unmet need are also consolidated.

## II. BACKGROUND

‘Terikunda Jékulu’ which translates as ‘A Group of Friends Together’ is the Bambara name given to a project jointly coordinated by the institute of Reproductive Health at Georgetown University, Care Mali and a local Malian Non-Governmental Organisation, ASDAP. The project is funded by USAID-Washington and receives considerable support from USAID-Mali as well as the Malian Ministry of Health.

Terikunda Jékulu’ responds to low rates of family planning uptake in Mali which exist despite multiple efforts to increase information and access. In particular, it seeks to address the concept of unmet need among women who want to limit or space their births but who are not using a form of contraception. The project uses social network analysis to assess the influence of men’s and women’s networks on fertility beliefs, attitudes, desires, intentions and behaviours relating to family planning. It will develop interventions which will work with key actors in individuals’ social networks in order to reduce the negative factors which act as barriers to contraceptive use and to strengthen the positive influences with regard to the benefits of family planning (IRH Consortium 2010).

## III. FORMATIVE RESEARCH

In order to inform the project interventions which are to be established in six areas of Mali (yet to be confirmed), formative research was carried out in two sites to look at the dynamics between network size, function, composition and density and the diffusion of ideas about family planning and fertility generally. The two areas chosen for the formative research are shown in Table 1 below<sup>1</sup> and comprise different levels of unmet need and contraceptive prevalence. Both villages are characterised by subsistence agriculture, high levels of illiteracy and polygamous marriage. Bougouba’s inhabitants belong to the patrilineal Dogon ethnic group who live in extremely large, patrilocal, hierarchical households. Koloni is comprised of the Minianka ethnic group who are patrilocal but matrilineal. Both Dogon men and unmarried women tend to undertake seasonal and long term labour migration, often to areas as far away as Côte d’Ivoire, Gabon and or even to Europe. This may expose them to family planning messages in higher prevalence settings which, as shown below, seem to have some bearing on their reproductive behaviour once they return. Neither men nor women in Koloni regularly migrate but instead practice commercial cotton cultivation.

**Table 1 Characteristics of the villages involved in the formative research**

	<b>Bougouba village, Mopti Region</b>	<b>Koloni village, Sikasso region</b>
	Lower unmet need	Higher unmet need
Unmet need	24.8%	33.2%
Contraceptive prevalence	3.1%	10.7%
Population	2133	2038

In Bougouba there was a health centre under construction but not fully staffed. However, it was used by outreach workers when they visited the village. Villagers requiring health

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<sup>1</sup> The names of both villages have been changed for reasons of confidentiality

services generally went to the health centre in Bandiagara or consulted the three trained outreach workers in the village, including one who was a traditional birth attendant. In Koloni there was no health centre nor outreach workers, but there was a traditional healer. Villagers from Koloni used the health centre in Koutiala five kilometres away.

Appendix 1 shows the qualitative research activities which took place in Bougouba and Koloni. In summary, in each village, they consisted of:

1. A community checklist of associations and groups
2. Six Focus Group Discussions (FGDs) with married men and women of reproductive age on normative fertility attitudes and behaviours and family planning use in relation to social networks
3. Thirty-two In-Depth Interviews (IDI) with users, women with unmet need and men to ascertain material, practical, cognitive and emotional networks and their relationship to family planning use
4. Group exercises with users and women with unmet need to map out locations where positive and negative family planning information is transmitted as well as areas of family planning provision.
5. Visualisation and documentation of women's social networks (size, composition and density) and the transmission of family planning information through them.
6. It should be noted that activities 3, 4 and 5 were carried out with the same women in order to get a full picture of their lives and family planning decision-making.

Relevant ethical review board requirements were followed and ethical approval obtained in both the United States and in Mali and closely adhered to in the field. The interviewees were chosen by a team of eight experienced interviewers using a screening mechanism which ascertained their family planning use or unmet need. Women who were not using contraception but who did not wish to space or limit their births were excluded from the study. All interviews were carried out in local languages and transcribed into French. Confidentiality and anonymity was ensured and participants told they could drop out of the study at any time. The interviews were analysed using The Ethnograph software.

Appendix 2 shows the characteristics of all the women interviewed for the in-depth interviews, mapping and network exercises. The tables indicate, interestingly, that in Bougouba, more women with unmet need were housewives as opposed to traders. It may be that contraceptive use enables women to integrate networks which diffuse information and support for family planning use and/or enables them to space their children so that they can carry out economic activities effectively. By contrast, those who remain housewives may be in limited networks and be unable to engage in productive activities as they are encumbered by children. The majority of women in both sites were in polygamous marriages and most wanted to space rather than limit their childbearing.

## IV. QUALITATIVE RESEARCH FINDINGS FROM THE IN-DEPTH INTERVIEWS AND FOCUS GROUP DISCUSSIONS

### REASONS FOR FAMILY PLANNING USE

As described above, most women in both settings wanted to use family planning to space their births. It should be noted that Mali's national family planning programme reinforces this message which is at the basis of most public family planning campaigns, for example on the radio and television. These emphasise the benefits of contraceptive use for maternal and child health as summarised by this respondent.

*I want to space my births – I use injectables and I have two living children. My first children were too closely spaced. So I asked my husband if I could use family planning but he didn't accept the idea and the first child died. I said I don't want the same thing to happen again and so then he accepted that I used injectables. I have had no problem with injectables since I started using them but beforehand if I got pregnant, the preceding child would die – it was like that around my second and third births ...*

Koloni, User (Injectables), 22 years old, No education, Charcoal seller

Only two women were using family planning to stop childbearing all together as they had serious health problems associated with repeated pregnancies.

*I was aware that my life would be in danger if I got pregnant again because the last time I was in labour they took me unconscious to the health centre. My husband and I decided to stop having children and they suggested a surgical operation ... I chose an implant as it lasts five years...we didn't have enough money to 'knock out' the uterus. I don't want any more children as if I have another s/he won't even be able to breastfeed as I will die and the other children will be orphans and will turn out badly. My husband was fine about having no more children. He himself took me to the health centre.*

Koloni, User (Implant), 35 years old, literacy programme participant, wood seller

However, many men who were in favour of family planning did not emphasise the direct health benefits to women. Rather, they noted that it had a positive effect on household well-being by decreasing expenses associated with the health problems of children born after short birth intervals.

*Generally if one chats with the husband of a user he will tell you he has less household expenses since he has started using family planning as everyone is in good health. (If you hear this) when you go back home you can copy your friend's experience so that peace reigns in your household. If a child is always ill then you are always at the health centre and that can be a source of conflict in the house and can lead to you getting your whip out or push you to divorce... because the husband will think that it is his wife's fault when in fact they are both at fault.*



Koloni, 24 year old male, primary schooling, gardener

*Family planning saves us from enormous expenditures related to looking after the children and spares the children from becoming sick. Family planning helps the woman be at ease.*

Bougouba, 27 year old man, Primary schooling, farmer

Women also noted the socio-economic advantages of family planning in reducing health care expenses, enabling them to bring up their children in healthy, sanitary conditions. For one woman, her Pill use had made her able to continue her schooling in a setting where many girls drop out because they are pregnant. These socio-economic benefits cannot be underestimated and maybe key to convincing men or reticent women as to the advantages of family planning in addition to emphasising its positive impact on maternal and child health.

*The last person I talked to in a positive way about family planning was my sister-in-law. She has used family planning for years. Our last chat was about the advantages family planning can bring to a family. Using the Pill reduces your expenses she said. She is not going around paying for prescriptions night and day like the other women in the village. She looks great and resembles a young girl whereas her peers look like old women of forty (laughs). She and her children are so clean that men, especially those who have been abroad, congratulate her. When she had finished talking about the advantages of family planning I told her that it is thanks to the Pill that I managed to get to grade nine in primary school. We talked about nothing but the advantages of family planning.*

Bougouba, User (Pill), 26 years old, primary schooling, Textile dyer

*To convince someone to use family planning it is very simple. I show him or her concrete examples of families who have a lot of children and those who have few. The person will understand that family planning use helps the family advance in life. I tell them as well that sharing out inheritance is easier in a family with fewer children than in families where there are many.*

Bougouba, 42 Year old man, Secondary schooling, Advisor to the Mayor

However, women with unmet need who had never used family planning were often unaware of either the health or socio-economic benefits. It will be shown below that those with unmet need did not have such open or far-reaching discussions about family planning as users. They did not tend to question the information they received (which, as discussed below, is often erroneous) nor did they pro-actively go out and inform themselves about the benefits, impact and availability of contraception.

*I have never used a family planning method and I don't know why women use them. That's why I have never used it. I don't know if family planning is good or bad.*

Bougouba, Unmet need, 28 Years old, No education, Unemployed

## NETWORK COMPOSITION

The composition of women's networks which furnished material, practical, cognitive and emotional support did not vary greatly between the two villages although as shown in Section 4.1 below, the size and density did differ considerably. In addition, the members of the networks with whom women discussed family planning did vary between the high and low prevalence settings. Women in both settings generally received material support from their husbands and brothers-in-law, practical support from their sisters-in-law and co-wives and cognitive support from their mothers-in-law. Emotional support came in some cases from their husbands but also frequently from their own mothers or friends.

*My mother-in-law lends me money when I need it and I reimburse her afterwards*

**Interviewer: and who else provides you with material support?**

*My co-wife.*

**Interviewer: and what does she give you?**

*She gives me powdered baobab leaves and potash for the preparation of 'to'.*

**Interviewer: is this reciprocal?**

*Yes we help each other all the time*

**Interviewer: and who else?**

*My husband and my father-in-law.*

**Interviewer: how does your father-in-law help you?**

*After the cotton harvest he buys me clothes*

**Interviewer: and who else?**

*My mother – she buys me soap when she goes to the market....*

*My sister-in-law helps me pound the millet to make to.*

**Interviewer: Do you discuss family planning with her?**

*No just with my co-wife.*

**Interviewer: why not?**

*Because people don't see things the same way...and I can't talk to her about it if she is not in favour of it... she could say I am trying to put her on a bad 'path' – that's why I keep this information to myself and only share it with my co-wife and my husband.*

*We are the same kind of people.*

Koloni, User (Pill), 20 years old, No education, Wood seller

Users in Koloni were more able to talk to their husbands, co-wives and sisters-in-law- about practical issues as well as family planning.

*My husband provides me with economic support. I joke with him that unless he pays for my family planning I will run away!*

Koloni, User (Injectables), 22 years old, No education, Charcoal seller

*My co-wife knows everyone in my networks – we are all in the same village and we do our agricultural activity together.*

Koloni, User (Pill), 30 years old, No education, Wood seller

*My younger sister, my brother-in-law and my sisters-in-law give me practical support. They often help me with my petty trading and with cultivating my field. I have discussed family planning with all of them. We talk about how you use Pills and the disadvantages of closely spaced births.*

Koloni, User (Implant), 35 years old, No education, Charcoal seller

Those with unmet need were less able to approach their husbands directly for their material needs and often used their mothers-in-law as intermediaries.

*I am afraid to ask my husband if I have a financial problem but I can talk to my mother-in-law. I know they talk about me – I can tell what they are saying. My mother-in-law will sometimes go and ask my husband for me.*

Koloni, Unmet need, 30 years old, No education, Charcoal seller

In Doucombo, women's networks, particularly those of women with unmet need, were large, geographically spread out and appeared to be less likely to include their husbands. However, although the relatives who were network members enabled them to cover their material, practical, cognitive and emotional needs, both users and non-users rarely spoke to them about family planning. It will be shown below that they relied on friends or individuals to whom they were not related to discuss family planning but for the most part, women in Bougouba did not really discuss family planning at all.

*I have an aunt who lives here and she gives me food all the time and I buy her fish when I go to the market in Bandiagara. I have a sister who gives me clothes from time to time. My mother also gives me clothes as well as food and from time to time I send her fish and meat. My father gives me shoes and clothes several times a year and I give him millet and peanuts after the harvest. I have a younger brother in Bamako who sends me shoes and clothes and, if he visits, each morning I bring him water and greet him. My grandfather gives me money quite often and each morning I say hello to him.*

**Interviewer: Do you discuss family planning with any of these people?**

*I don't discuss family planning with anyone because it is subject I am ashamed about.*

Bougouba, User (Pill), 30 years old, primary schooling, Market trader

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

Bougouba, User (Pill), 20 years old, primary schooling, Wrap-around seller

In this setting, where many women were using secretly, women often just confided in the health care provider and not in their network members, particularly relatives, who could breach their confidentiality and disclose their use to their husbands.

*It is the outreach worker from whom I buy my Pills who orientates me on family planning. He is the first person to tell me to use family planning and he is my confidante. He explains the method to me and sells it to me. That's why I don't need other people with whom to share my secret. He is an inhabitant of the village and knows all the members of my networks.*

Bougouba, User (Pill), 28 years old, No education, Condiment seller

It should be noted that family planning use may have an effect on network size and composition as well as vice versa. The testimony below indicates that the respondent feels that she does not need a big network. As a family planning user, she is able to carry out most of her household chores herself as she is not encumbered by small children and thus does not have to call on relatives and neighbours for support. She also appears to have a husband who is prepared to carry out what are normally considered to be female tasks, indicating that her spouse may be somewhat 'progressive' and open to better communication.

*I don't have a lot of work because my births are well spaced so I don't need a lot of practical support like other women who have closely spaced births. The latter can't carry out their domestic work alone. The traditional birth attendant washes my babies until they are 10 days old. When she stops, my mother-in-law washes them for two months. During the ten days after I give birth, my mother's little sister helps me with household tasks. When my husband comes back from Bamako, he helps me look after the child and fetches water.*

Bougouba, User (Pill), 24 years old, No education, No working

Thus, as family planning use increases, women's practical and material networks may actually reduce in size as users become more self-sufficient.

### **SPOUSAL COMMUNICATION AROUND FAMILY PLANNING**

As described, the data indicate that a considerable number of women had not discussed their family planning use with their husbands but preferred to use in secret. Many assumed that their husbands were either pro-natalist or that they associated family planning with loose moral behaviour among women, or both.

*I have never discussed family planning with my husband and I take my Pills in secret.*  
**Interviewer: Why have you never talked to your husband about your family planning use?**

*He is very ambitious with regard to the numbers of children he wants and I am afraid that he will start an argument. We are three co-wives here and if I try to convince him, he will say that I want to cheat or to stray from the 'right path'.*

Koloni, User (Pill), 30 years old, No education, Charcoal seller

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

*I haven't talked to my husband about family planning even though I am really keen on it*

**Interviewer: Do you think he'll accept?**

*I don't know. If not, I am ready to use it behind his back. Do you not see how thin I am now? - If I start to use family planning I will get my body back. I will talk to him but he really isn't very clear about it.*

**Interviewer: How will you go about using secretly?**

*Generally people don't do that here - but if it is Pills I can take them when he goes out. He can't know all my hiding places!*

Koloni, Unmet need, 30 years old, No education, Charcoal seller

In addition, many women in Bougouba, particularly those with unmet need who felt their husbands were ambivalent or even positive about family planning, had not discussed the subject with them.

*In reality I don't know my husband's opinion about family planning because I have never really spoken to him about it. I went to an awareness-raising session and upon my return home he asked me what the meeting had been about. I told him everything the group had said regarding family planning and I emphasised the advantages. When I finished he didn't say anything - he hasn't said anything to this day - he has never said whether he thinks it is good or bad.*

Bougouba, Unmet need, 32 Years old, No education, Fish seller

*Like I said, I have never discussed family planning with my husband but I have the impression he thinks it is a good thing.*

Bougouba, Unmet need, 28 Years old, No education, Unemployed

Although some women seemed open to discussing family planning with their spouses, by contrast, many men in Bougouba thought the subject was inappropriate to talk about. As these are patriarchal settings, it usually requires the man to first broach the subject. It therefore seems unlikely that, within such couples, the woman will do so knowing (or at least feeling) that her husband disapproves of the topic.

*I don't know what my wife thinks about family planning because we have never talked about it. In our culture men and women should not talk about these kinds of things- this is the reason I have never discussed family planning with my wife.*

Bougouba, 44 year old man, No education, farmer

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

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

Koloni, 43 year old man, No education, trader

For those women in Bougouba who had discussed family planning with their husbands, sometimes their spouse was the only person to know of their use. There was an immense fear of gossip and rumours and a religiously-rooted climate of opposition which is discussed in more detail below.

*Here we hide our use from people because as soon as someone hears s/he will go and tell everyone and I hate that so I haven't told anyone in the village apart from my husband.*

Bougouba, User (Implant), 30 years old, No education, market trader

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

*It is educated people who sit down and have discussions with their husbands about family planning. We don't sit around and talk about this with our husbands. It is people who have been to school who discuss family planning with their spouses.*

Bougouba, 34 year old male, no education, unemployed

*My husband and I share the same point of view. It was him who advised me because he is aware of the advantages. He is educated. Our entourage does not criticise us with regard to family planning.*

Bougouba, User (Pill) 24 years old, Primary schooling, Yam seller

## **SPOUSAL DISAPPROVAL**

During the men's discussions in Bougouba, participants recognised that the general climate was not supportive of family planning and that this opposition is largely created and perpetuated by men. This necessitates messages directed at men that perhaps emphasise the economic benefits of family planning described above.

*First of all it is important to know that you need mutual consent within a couple with regard to family planning use. If the man seems reticent, the woman has all kinds of ways she can bring him round. But in the worst case scenario she can take the responsibility herself and use secretly. In reality, the problem is not reticence on the part of women but it is above all men who need sensitising as they have no idea what a woman endures throughout a pregnancy.*

Bougouba, 40 Year old man, Primary schooling, Farmer

Men's negative perceptions then appear to be transmitted along their spouses' social networks reinforcing the barriers to use among women with unmet need. It is shown below that these women had particularly dense networks so the negative information is probably reiterated and repeated by numerous network members.

*It is my husband who gives me negative information about family planning - he says only badly brought up women use it. He also says that in the towns it is only prostitutes who use condoms and Pills – my husband knows everyone in my networks.*

Bougouba, Unmet need, 25 Years old, No education, Trader

*There is not one single person in any of my networks who can give me positive information on family planning – they are all against it.*

Bougouba, Unmet need, 32 Years old, No education, Farmer

In Koloni, where family planning use was more widespread and accepted, some women with unmet need had husbands who viewed family planning negatively for religious reasons. This appeared to be one of the factors blocking their use in Koloni but religious opposition was more influential in Bougouba.

*My husband says you have to accept whatever spacing God provides and not use family planning – he says it is not good to use any method whatsoever .If you do use certain people will say you are a criminal. People say that you have spoilt 'God's field'. He likes the idea of spacing but he is against the use of Pills or injectables as he says you have spoilt God's field. You need to respect the spacing God decides for you.*

Koloni, Unmet need, 25 years old, No education, Wood seller

The wrath of spouses who disapprove did not just extend to the woman herself but also to her female entourage. As these women may rely on the man in question for material support, incurring his displeasure could have severe consequences in terms of the help they could subsequently expect to receive.

***Interviewer: what would you do if you found one of your sisters or your female friends pushing your wife to use family planning?***

*If it was my sister I would yell at them – I would say you shouldn't lead my wife down that path behind my back. You should have spoken to me first.*

Koloni, 43 year old man, No education, Trader

## **CLANDESTINE USE**

Both men and women agreed that the discovery of a woman's clandestine contraceptive use in the face of spousal opposition could have dire consequences, such as physical violence or divorce.

*The consequences of clandestine use can be severe when the husband realises what is going on. He can yell at his wife and even hit her. Socially people will think that the woman is stubborn.*

Bougouba, 31 year old man, No education, Farmer

*My co-wife uses family planning because her children were too closely spaced. We realised she was using family planning because when we went to the field she asked if she could visit the health centre in Koutiala even though we all knew she was not ill.*

***Interviewer: and if your husband finds out you are using family planning behind his back, how would he react?***

*He could insult me or hit me or send me back to my father. I know that I would not be in the right with regard to this. For certain women the whole thing could end in divorce.*

Koloni, Unmet need, 30 years old, No education, Charcoal seller

For many women it was preferable to tell absolutely no one that they were using contraception as not even their friends or confidants could be trusted to keep their use secret. It is discussed below how confidentially on the part of family planning vendors is a primary requirement for most women.

*Certain married women and young single women can use family planning in secret...but some other men will denounce these women to their husbands – these could be people in front of whom she has taken Pills because when you use in secret you always have to have a confidante. Even those who sell the family planning can disclose their secret.*

Koloni, 29 Year old man, literacy training, Animal trader

*The friends of users can't keep their friend's use secret – when they have a row they can't hold their tongue*

Bougouba, 29 Year old man, literacy training, Farmer

Men's overriding fear was that family planning would allow their wives to be unfaithful or even somehow make them so. As such, other men were viewed as potential lovers who would encourage and cover up their wives contraceptive use.

*It is women whose husbands are away who use family planning so that they can have sex without getting pregnant and without the husband knowing. If the husband's friends catch them doing this, they can tell him... those who can help the woman use in secret are her lovers so that she doesn't get pregnant.*

Koloni, 22 year old man, literacy training, Mechanic



The fear of secret use was so great that some men arranged to have their wives followed so they did not use behind their backs.

*In some cases, a woman can ask her husband if she can use family planning and after thinking about it he can accept. But in other cases he can refuse her suggestion and he can make sure she is followed so that she does not use secretly. This can cause a problem.*

Koloni, 24 Year old man, Primary schooling, Gardener

### **WITHIN-HOUSEHOLD SOCIAL SUPPORT FAMILY PLANNING USE**

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

*Even if my first co-wife discovered my secret (use) she wouldn't tell anyone.*

**Interviewer: Why would she help you hide it?**

*Because she helps me bring up my children and if I had a closely spaced pregnancy, it would be her who would have to look after the child.*

Koloni, User (Implant), 35 years old, No education, Charcoal seller

*My co-wife said that using family planning really helps - she had closely spaced births but now she uses family planning and the children are spaced and she feels free. We talked about it under the shady area in our compound. I like family planning but the fact that my co-wife uses it really encouraged me to do the same.*

Koloni, User (Injectable), 22 years old, No education, Charcoal seller

Shared child rearing is a feature of many Malian societies. In previous studies on social networks in Mali, it was shown that the higher proportion of network members living in the household, the lower the probability of a child death (Adams, Madhavan and Simon 2002).

In one case, a user's co-wife gave her accurate information about side effects, which, had she not been informed, could have led to her stopping using family planning. Thus, these close female marital relatives appear to be important for women's continuing as well as initiating contraceptive use.

*I discussed family planning with my husband and my co-wife. It was my co-wife who said that my periods would continue for a week after the injection.*

Koloni, User (Pill), 27 years old, No education, Charcoal seller

Similarly, sisters-in-laws also seemed to support each others' contraceptive use, particularly in Koloni. In other studies in Mali, they have been shown to cover for each others' clandestine use, for example lying when one of them has to go to the clinic or hiding their Pill packets from husbands' prying eyes (Castle et al 1999).

*It is my sister-in-law who orientated me towards family planning. We live together in the same family. She really encouraged me to use it during our conversations in the household... I, in turn try, and sensitise my co-wife and my other sisters-in-law about the benefits of family planning.*

Koloni, User (Implant), 35 years old, No education, Market trader

*Everyone I am close to has orientated me to family planning in a positive way. Above all the first wife of the family – that is to say the wife of my husband's older brother has given me sound advice about family planning.*

Bougouba, User (Pill), 20 years old, No education, Wrap-around seller

*I talk about family planning with my sisters-in-law. We often chat after dinner. Not one of us is a user but we all speak of its advantages. In one of our chats one sister-in-law said 'let's all take the Pill so we can have sex without fear!!' (of pregnancy). According to her you can have sex every night without getting pregnant. We women eat alone so we are not embarrassed to talk like that.*

Bougouba, Unmet need, 34 Years old, No education, Unemployed

However, one pioneering woman in Bougouba had chosen to speak to her daughter about family planning and wanted to encourage her sisters-in-law to overtly confirm their use.

*I talk about family planning to everyone including my daughter because one day she will become an adult. For example, my sisters-in-law throw their empty pill packets down the latrine. I ask them to throw them away with the garbage so that others can see them and realise that it is not something to be hidden.*

Bougouba, User (Pill), 30 years old, No education, Market trader

Perhaps the greatest surprise, at least in Koloni, was the positive role of mothers-in-law in supporting their daughter-in-law's family planning use.

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

Koloni, User (Pill), 20 years old, No education, Wood seller

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

*I have never talked to my brother-in-law about family planning but I am going to talk to my mother-in-law about it soon because if I get pregnant and the child falls sick, if my brother-in-law does not have any money, it is she who will pay for the treatment costs... with regard to our economic activities, my mother-in-law buys wood and my sister in-law and I make it into charcoal.*

Koloni, Unmet need, 24 years old, No education, Charcoal seller

*When I first used family planning my mother-in-law encouraged me - she said that the Pills were effective and that she herself had used them and that it did her good and that it would do me good.*

Koloni, User (Pill), 27 years old, No education, Peanut seller

In Koloni, the mother-in-law was considered an important intermediary to plead the case for family planning for women with unmet need who often seemed not to be able to ask their husbands directly.

***Interviewer: Who can you count on to change your husband's opinion?***

*I am counting on his elder brother but it is not sure that he will be able to change his decisions – maybe if his mother speaks to him about family planning he will change his mind.*

***Interviewer: have you spoken to his mother?***

*No*

Koloni, Unmet need, 25 years old, No education, Wood seller

Interestingly, in Koloni, men appeared to think that the mothers-in-law played a negative role and discouraged family planning use. In reality, it seems the situation is more complex and support was structured around gender affiliations rather than blood ties. Many mothers-in-law appear to subtly and discreetly act as advocates for family planning use by their daughters-in-law sometimes even behind their sons' backs.

*The mothers-in-law and the wives of the husbands' uncles don't like family planning because they say that you (the newly married woman) came and found their family like this and if they didn't space their pregnancies then what gives you the right to do so ?*

***Interviewer: and how can one get around this difficulty?***

*The couple needs to hide their family planning use.*

Koloni, 22 Year old man, literacy training, Farmer

In Bougouba, however, where family planning is less widely accepted, mothers-in-law were not seen as advocates on their daughter-in-laws' behalf. Indeed, it is shown below how the vast majority of both users and women with unmet need had never spoken to them about contraception.

*My mother-in-law helps me with my child – I talk about family planning with the other wives in the family but I don't talk to my mother-in-law about it because I am ashamed to talk about this subject – she is like an aunt to me.*

Bougouba, User (Pill), 20 years old, No education, Wrap-around seller

Even health care workers considered, possibly rightly, that older women in this village where family planning use is relatively recent and often secret, would not know anything about modern contraception even in the unlikely case they were asked about it.

*It is women aged 30-35 who know the most about family planning – much more than older people who don't know anything about contraception. These people have no information about family planning but who, paradoxically, think they know everything!*

Bougouba, 28 Year old, primary schooling, Male outreach worker

## **NATAL KIN**

Users in both settings seemed to find more support from their natal kin, particularly their own mothers, than non-users. Again this was because, in some cases, their biological mothers would end up spending money caring for additional children they may have. Thus, as with the mothers-in-law, it was in their interest to support their daughters' family planning use.

*The radio says that you can use contraceptive methods which help the mother and child. I became pregnant with my second child very quickly after my first – when he was very small. One day in the market my mother said to me you must find a way to space your births because I can't financially support you having all these children – that's what really encouraged me to use – I hadn't taken the radio messages seriously before. After that I went to see my sister in Koutiala – she told me she herself uses injectables and to come back when I had CFA500.*

Koloni, User (Injectable), 28 years old, literacy training, Charcoal seller

Even some users in Bandiagara were supported by their mothers who were concerned about the toll repeated childbearing was taking on their daughters' health and advised them on method choice.

*I am always hearing my mother saying that I am tired out by giving birth each year and that I should try and find something that will stop this...*

Bougouba, User (Implant), 30 years old, No education, Market trader

*My mother and I talk about family planning – she advised me to use the Pill but I said that my husband and I prefer the condom.*

Bougouba, User (Pill), 24 years old, No education, Yam seller

Women with unmet need were less likely to talk to, and therefore be supported by their mothers or other natal kin. These women relied more on friends from their age set as their confidantes.

*I cannot discuss family planning with my mother as I am ashamed but I hide nothing from my friend. We talk about how even one sexual encounter could leave you pregnant. If I go to her house and if her husband is out we talk about everything to do with family planning. But for the moment I don't use and neither does she!*

Bougouba, Unmet need, 20 years old, No education, Petty trader

Even some users in Bougouba were embarrassed to talk to natal family members, especially their younger sisters about family planning because of shame generated by age hierarchies. These dictate that younger women cannot bring up the topic with older women, even those to whom they are related.

*When my sisters come and visit they bring me things – clothes, money etc. One is in Côte d'Ivoire – she lives there, one is in Nioro and one in Kita and they sometimes come and visit. We never talk about family planning because I am the oldest- we don't have this type of conversation.*

Bougouba, User (Implant), 30 years old, No education, Market trader

One woman had got round this 'shame' of open discussion with her older sisters by discreetly listening to them talking about family planning when she was young and being sent by them to the health centre to pick up their contraception.

*The first time I heard about family planning it was from my older sisters because they used to talk about it all the time. At that time I was little, but I used to listen to what they had to say with interest. Sometimes they even sent me to the pharmacy to buy their Pills. So after I got married I asked a health worker to help me to use family planning behind my husband's back. I used it because closely spaced births tire a woman out.*

Bougouba, User (Pill), 31 years old, primary schooling, Flour seller

The indirect transmission of information about family planning is likely to be very important in settings where so many verbal taboos exist which affect its direct promotion. These women expected people to notice their long birth intervals and discreetly ask them how they had achieved them.

*Nobody has asked me about my family planning use yet*

**Interviewer: Why not?**

*I don't know why. In fact I am surprised that no one has noticed that my children are well spaced and come to ask me why this is.*

Koloni, User (Pill), 30 years old, No education, Charcoal seller

*Lots of women come to me for advice about family planning because they see that my births are well spaced. So they come and ask me how I was able to achieve this.*

Koloni, User (Implant), 35 years old, No education, Charcoal seller

## **MALE NETWORKS AND FAMILY PLANNING**

Men who looked upon family planning favourably were also able to communicate about this topic to their network members and close kin. In some cases, older network members, including their own fathers and other older natal kin, had spoken to them about it.

*The first time anyone talked to me about family planning it was my father - he spoke of the advantages of family planning.*

**Interviewer: what did he say about the different methods?**

*He didn't talk about the actual methods – we just chatted at home.*

Koloni, 26 year old man, literacy training, Factory worker

*I listen to my grandmother talking about family planning and some of my friends who have been convinced that it is a good thing. They went to find out more about it and found out it was true....I have never asked anyone else because I just believed what my grandmother told me.*

Koloni, 25 year old man, literacy training, Factory worker

As shown in the two quotations above and in further analysis presented below, discussions can generally be initiated by older people who bring the subject up with younger individuals. The reverse (younger individuals initiating the discussions with older people) is socially taboo. For men, even discussions with their friends in the same age-set were difficult even though for women these were often their main source of information and support.

*I have two good friends who give me material support but I don't talk about family planning to them as there are certain things you just can't talk to friends about. I do discuss family planning with my two younger brothers because we know each other's' problems.*

**Interviewer: Are your brothers married?**

*No, they are not but I chat to them. I also have a cousin - she is the daughter of the sister of my father. She lives in Koutiala but she comes here two or three times a year. She says that if my children are spaced my wife and I will be better off. These chats happen at my house.*

Koloni, 43 year old man, No education, Trader

*I don't discuss family planning with those who give me practical support because in our village the age-sets are separated during working hours and anyway I have only been married for less than a year.*

Koloni, 43 year old man, No education, Trader

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

*I am a member of the Association for cotton production and of my 'grin' we often talk about fertility – we say to certain individuals that they have had a lot of children and it is time to stop. They reply by saying that each child should be given a chance to be born*

**Interviewer: and what is the opinion of your friends?**

*They think that having lots of children is very beneficial... so you can have help in your fields. They talk about this in the 'grin' while we are drinking tea.*

Bougouba, 44 year old man, No education, Farmer

In Bougouba, discussions under the "Toguna" (older men's shady area) were said to be awkward, presumably if younger men brought up the subject with their elders in this intergenerational setting. This is confirmed by maps drawn by women with unmet need presented in Section 5.0 below.

*We talk about family planning with great difficulty at the Toguna. We talk about it more easily in our 'grin' or at my house.*

Bougouba, 31 year old man, No education, Farmer

In addition, in Bougouba people are generally inter-related. The close proximity of relatives and their watchful eyes means that very little behaviour, reproductive or otherwise, goes unnoticed.

*You have to understand that we are all living in this little village and we are all bound by very narrow kinship ties – in other words we are all cousins. In this case if you go and buy condoms everyone will tease you in the way of 'joking cousins'<sup>2</sup> and say 'what do you want to do with the condom you have just bought'?!'*

Bougouba, 35 Year old man, No education, Trader

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

*My paternal cousin does not share my point of view about family planning. He is older than me and is a herder. We talk about family planning all the time after work and at*

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<sup>2</sup> Joking cousins ally certain families in a playful rivalry (see Jones 2007). However, joking between these paired family names can also be used to diffuse tense situations and to talk about sensitive topics, such as in this case fertility.

*his house when we drink tea. He is not in favour of family planning as he has someone else to take care of his household expenses.*

Bougouba, 32 year old man, Primary schooling, Mason

### **LABOUR MIGRATION AMONG DOGON WOMEN OF BOUGOUBA**

As described above, many of the Dogon women in Bougouba had been on labour migration before marriage. This often led them to spend many months or even years in areas of higher contraceptive prevalence, such as Bamako or Côte d'Ivoire. This exposure together with contact with users seems to influence their behaviour once they return to their villages. In some cases, whilst they were on labour migration, their employers actively encouraged them to use contraception use.

*When I worked in Bamako my (female) boss talked to me all the time about family planning. There were her sisters too and each time we got dressed up and we wanted to go out they said to us 'now you're going out – you know about condoms right? Don't forget to use them!' and we'd repeat that to make ourselves laugh...no one really encouraged me and my husband to use the condom. We just remembered what my boss had said and also watched informational spots about condoms on TV. In addition, some health workers from Sebare came and projected a film about the condom. In addition I have my friend here who is my confidante and she also uses the condom.*

Bougouba, User (Pill), 24 years old, No education, Yam seller

*People from our village go to work in Bamako, Segou, Niono, Abidjan, Koutiala, Spain, Gabon and even France. In Bamako certain, employers refuse to take on a woman who is pregnant, and they don't like it if she has children so the employer will tell her to use family planning to space her births.*

Bougouba, User (Pill) 20 years old, no education, Unemployed

Even the men had noticed that women who had worked elsewhere were more likely to be family planning users when they returned and married.

*There are women who use in secret but, in general, it is women who have spent time in urban areas during labour migration. Women who have never been on labour migration don't use family planning – they don't even know about its advantages.*

Bougouba, 29 year old man, Primary schooling, Farmer

Women who have been exposed to family planning messages elsewhere seemed to be more likely to use contraception if the information initially gained outside the village was supported by other multiple sources from inside the village, such as a friend or a savings club member. By contrast, women with unmet need usually had just one source of information, and this may have been someone who was negative about the idea of contraception or who spread rumours.



*When I worked in Bamako, the daughter of my boss asked me if I had boyfriends and she suggested I used the Pill so as not to have unwanted pregnancies. She succeeded in convincing me and I used the Pill in Bamako for one year... but when I came back to the village I stopped until the time my friend persuaded me of the Pill's advantages one time when we were looking for wood in the bush .*

Bougouba, User (Pill), 24 years old, No education, Unemployed

The more viable information about family planning seemed to come from those who were native to the big cities. Village women who had moved there, even for a considerable time, were still the source of rumours and inaccuracies despite their urban residence.

*I have a friend who is in Bamako – she gives out false information about family planning. It was her who told me that one of our friends in Bamako couldn't have children because she had used family planning. She calls me on the phone a lot – we have known each other a long time. She is from here.*

Bougouba, User (Pill), 20 years old, primary schooling, Wrap-around seller

These testimonies underscore the point that networks are not geographically bounded and that prior network membership can influence current contraceptive behaviour. In addition, the very nature of labour migration which involves planning, predicting, saving and negotiating all kinds of networks and bureaucracies may equip women with the psychosocial skills to enable them to acquire and use family planning when they return. It may also be that there is a self-selection of women who are risk takers and prepared to 'dare' to go on labour migration and who 'dare' to use contraception when they come back to a setting where disapproval is widespread.

## **REASONS FOR UNMET NEED**

The various reasons for non-use of contraception varied between the two settings with contrasting rates of contraceptive prevalence and indeed of unmet need. Among many women in Koloni, and some in Bougouba, non-use was associated with a lack of means to buy contraceptive methods or with a lack of information about the cost.

*I would like to use a modern method but I haven't got any money at the moment and my husband says that I have to buy family planning myself.*

Koloni, Unmet need, 20 years old, No education, Charcoal seller

*Before I didn't know how much it cost. I thought the price was very high and that I'd never be able to afford it. Sadly, I have never been able to ask the doctor the price of injectables. I heard about family planning after the vaccination of my last child. It is because of the cost that I haven't used it up to now.*

Bougouba, Unmet need, 32 Years old, No education, Fish seller

Other women in Koloni could not find time to leave their economic activities to go to the health centre in Koutiala and get a method. Getting there required a reliable means of transport which, this respondent sadly did not have.

*I really want to use family planning due to the problems I had during pregnancy. Last year we went to the health centre but the child died. On our return the motorbike broke down – the child's body was in my arms – everyone knows about my problems. Afterwards, I went to the health centre to get information and the health workers told me injectables cost CFA800 (c. \$1.30). I wanted to go back during the rainy season but getting around is tricky – we are hard at work in the fields and we can't do our petty trading*

Koloni, Unmet need, 27 years old, No education, Charcoal seller

Some women with unmet need in Koloni simply had no one to orientate them to family planning provision locations. As has been shown above, most women in this setting were either accompanied to the clinic or provider or helped by someone in the network to find the location of a vendor.

*I don't know how to go ahead and I haven't got anyone to help me.*

**Interviewer: so you don't know where to do to get family planning?**

*No*

Koloni, Unmet need, 26 years old, No education, Wood seller

In Bougouba, a considerable number of women did not use family planning because of spousal opposition and the consequences this might bring.

*The reason I don't use is that my husband discovered my Pill packet in my sack of millet. He asked me if I was taking the Pill and I said no. One day when I was in my natal family he went into my room and rummaged through everything. Unfortunately he saw the Pill packet in the millet sack. He put it in front of the door to show me he had seen it. When I came back, I saw the Pill packet but as he hadn't said anything to me I didn't say anything to him. But I stopped taking the Pill at that moment. You can't hide Pills easily!*

Bougouba, Unmet need, 32 Years old, No education, Farmer

Spousal disapproval, coupled with lack of access and information, created multiple barriers to use for some women.

*I don't know where to get family planning*

**Interviewer: Why not?**

*I have only heard what they say on the radio- we don't really believe them. I have never been able to talk to a health care worker so s/he could explain to me about family planning*

**Interviewer: Why did you never try to find out where you could get a method?**

*I just left it up to God because when I spoke to my husband he did not react favourably – I myself don't know where to get a method and I can't ask a health worker.*

**Interviewer: Why not?**

*Because if your husband is not in agreement you can't do that.*

**Interviewer: Have you tried to talk to him about it?**

*Yes but he replied that he was afraid of what people were saying about family planning*

Koloni, Unmet need, 30 years old, No education, Charcoal seller

In both settings, although most women said they wanted to space, there was a highly prevalent notion that one could only start to space *after* one had had a certain number of children, no matter what the birth interval was between them.

*I think that a woman has to wait for a particular moment before starting to use family planning... there are times when a woman suffers a lot because of repeated pregnancies - that's what could push her to use family planning.*

Koloni, Unmet need, 36 years old, No education, Charcoal seller

*I gave birth not long back.*

**Interviewer: and what do you count on doing now?**

*When this child reaches three years of age I will seek a solution.*

Koloni, Unmet need, 34 years old, No education, Charcoal seller

*I was really young when I started having children .Now I am old and my strength has diminished. An older woman runs more risk of having problems with regard to child birth than a younger woman. As I am getting older I should start to space my children but I don't want to stop having children altogether ...*

Bougouba, Unmet need, 32 Years old, No education, Fish seller

*When I got divorced I didn't get remarried very quickly. With my current husband I have just one child. My wish is to use family planning after having had four children with him. At this point my body will be old and tired. .. I will try and convince my husband of the advantages of family planning – I will beg him to let me use it. But if in spite of this he doesn't agree I will use it in secret.*

Bougouba, Unmet need, 25 Years old, Primary schooling, Trader

It is described in Section 3.14 below how Bougouba is home to a very conservative Muslim association called Amsardine. The views of the association, which is opposed to the use of family planning, appear to permeate village life and even influence non-members. This is despite, as described below, the fact the representative interviewed used family planning herself in secret but denied she knew about contraception in public. The views of Amsardine

influenced one woman interviewed who had unmet need not to seek family planning or to discuss it with network members who are also members of the association.

*Regarding emotional support I have a female friend who is a militant member of the Amsardine association and she gives me this kind of support. At one point in my marriage I wanted to divorce but thanks to her I am still married. I have no one else I tell no one if I am happy or sad. I prefer to cry and find a solution alone. I have never discussed family planning with my friend who is a member of Amsardine as I am afraid she will disapprove.*

Bougouba, Unmet need, 32 Years old, No education, Fish seller

Another interesting, and perhaps related phenomenon in Bougouba was that because of the overall negative climate with regard to family planning and the proclivity for secret use, many women *pretended* they did not use contraception when in fact they did. These users either claimed to believe in rumours they knew to be unfounded or not to know anything at all about family planning.

*I have a cousin – the daughter of my father's brother who said that family planning is not good and that it makes you sterile. However, I just learnt recently through someone else that she uses family planning in secret – so when we were chatting with our group I said that in front of everyone. I said she didn't want everyone else to be happy because she goes around saying don't use injectables and she's using them herself in secret. She denied it and asked me to give the name of the person who had 'lied' about her. I refused. She was in Bamako for three years and she never got pregnant – now she is here and she still hasn't had a child.*

Bougouba, User (Pill), 28 years old, no education, Condiment seller

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

Bougouba, User (Pill), 26 years old, no education, Textile dyer

*Even if you speak of family planning with a user she will say she has never seen or heard of family planning. She will swear on God's name that she doesn't know about family planning. If I wasn't in this discussion now I wouldn't tell anyone I take the Pill. If people learn that you use family planning they will say you are a bad Muslim, a prostitute, and assassin – everything terrible that one could imagine in life. Instead of being called these names, if your husband is in agreement, you hide your use from everyone – if he is against it the woman hides from absolutely everyone.*

Bougouba, User (Pill) 28 years old, no education, Condiment seller

## RUMOURS AND MISINFORMATION ABOUT FAMILY PLANNING

In Bougouba in particular, rumours about the supposed health consequences of family planning and its effect on future fertility were a major cause of non-use among those with unmet need. This phenomenon has been found in previous research in Mali among young unmarried women who did not use hormonal methods of family planning whilst single for fear that it would make them sterile once they got married (Castle 2003).

*I would like to use family planning but I am afraid because of what people say, I am really afraid of falling ill due to using family planning....I am afraid of the side effects and apparently you can fall ill because of the Pill and implants so I'd prefer to use cycle beads. They have a lot of advantages for the woman, her children and even for the husband by helping space births. This way the woman is always glowing and clean.*

Bougouba, Unmet need, 24 Years old, No education, Unemployed

*My husband and I do not have many children and if I start to use injectables I am afraid that I will become sterile. When I have a lot of children I will use injectables and even if they make me sterile then it's not a problem – I will already have children.*

Bougouba, Unmet need, 25 Years old, No education, Trader

An additional rumour in both sites was that if you took the Pill but missed a dose or stopped it all together you would subsequently have twins.

*My aunt talks to me about family planning*

***Interviewer: What does she tell you?***

*She is for family planning because her children are too closely spaced. She told me to take Pills but afterwards I heard that if you forget to take a Pill you can end up having twins – so I stopped taking the Pill.*

***Interviewer: and where did you discuss this information?***

*We were at the well doing our washing.*

Koloni, User (Injectable), 22 years old, No education, Charcoal seller

Other women in Koloni had heard other erroneous messages regarding the Pill which related to their health or social reputation.

*People here say that if you take the Pill the following child won't be able to walk easily ...*

Koloni, Unmet need, 27 years old, no education, Charcoal seller

*A lot of men think that family planning makes the woman unfaithful and others say that it makes the woman sterile.*

Koloni, User (Pill), 20 Years old, literacy training, Wood seller

Some men saw contraception as a 'western plot' to curb demographic growth on the continent. Parallels can be drawn with condom promotion in Mali which has also been perceived to be a means by which the West seeks to curb births in Africa (Castle 2003).

*Some husbands refuse to let their wives use family planning – they say that white people brought over these products in order to stop Africans giving birth.*

Bougouba, 22 year old man, no education, Trader

Rumours and misinformation appeared to be primarily responsible for method change amongst women who used family planning.

*In one of the markets, where they sell kola nuts, women say that if you take the Pill, the pills will stack up in your stomach and the woman will become sterile- that's why I stopped using the Pill. Then I started using injectables and I haven't had any problems with them.*

Bougouba, User (Pill), 31 years old, no education, Condiment seller

#### **PLACES PEOPLE GATHER TO DISCUSS FAMILY PLANNING**

In Koloni, people preferred to discuss family planning in groups that ostensibly had another purpose, for example, savings clubs. This perhaps helps them hide their contraceptive use and makes their group more acceptable to men.

*We have a savings club – we save CFA50 per week and then those who want credit can come and take it*

***Interviewer: and do you talk about family planning in this group?***

*Yes we talk about family planning in all kinds of groups, savings clubs and even at baptisms*

Koloni, Unmet need, 26 years old, No education, Wood seller

However, one member of a savings club, which did not discuss family planning, said it was precisely because men would not find it acceptable.

*If we introduce family planning messages into this group, it will break up as the men will say that the group is no longer there to work but to change women's ideas and to put them on the 'bad path'.*

Koloni, 33 year old man, no education, Market gardener

Other groups did not discuss family planning as they felt the subject lay in the domain of health workers.

*I am in a savings club and we contribute CFA500 (c \$1) each week. We are 11 women in the group. We don't discuss family planning because the village is different from*

*the big town and if you address this subject in public people will criticise you and say that you think you are a health care worker.*

Bougouba, User (Pill), 31 years old, No education, Condiment seller

The savings clubs meet in the village but there were also cultivation groups in which women worked together in their fields. Several women mentioned that walking to and from the field provide an opportunity to discuss family planning, especially as pregnant women could not work but were in charge of leading the donkey. They continued their chats in the evening and during the day in the space where they pounded millet.

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

Koloni, User (Implant), 35 Years old, No education, Charcoal seller

In both villages, women talked about family planning at weddings and baptisms. During these ceremonies, and indeed during the savings club meetings, it was noticeable that they often using teasing and jokes to catalyse discussion.

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

Koloni, User (Pill), 28 Years old, literacy training, Charcoal seller

*We have a savings club that just started – we tease each other. For example, we tease those who have closely spaced births saying it is as if they have twins. And thus a debate about family planning takes place and we talk about the benefits of spacing and the different contraceptive methods. For example, we say that you have less risk of really having twins if you use injectables.*

Bougouba, User (Pill), 20 years old, primary schooling, Wrap-around seller

However, in general in Bougouba, there was far less discussion in such groups. Conversations about family planning were limited to inside people's houses, as discussed above, or to places outside the village, out of earshot of people who may potentially disapprove and destroy women's reputations or even marriages.

*During our savings club meetings ('ton Yacouba Tangara') we never discuss family planning because there are older people among us. It is the same thing at baptisms and weddings. It is only on the road to Bandiagara that women talk about family planning. There are different opinions -some say it is good and some say it is bad.*

Bougouba, Unmet need, 24 years Old, No education, Market gardener

Similarly, men in Bougouba did not tend to discuss in formalised groups but rather in family settings or in their grins.

*We talk about family planning when we get together but only in small groups. It is not like we put it on the agenda for our discussions. One or two people may start to talk about it spontaneously. It is with our relatives (cousins, brothers) that I talk about family planning at these times. Usually it is my brother who brings the subject up.*

Bougouba, 25 year old male, primary schooling, miner

### **PERSPECTIVES OF HEALTH CARE WORKERS**

As described above, villagers requiring health services usually went to the health centre in Bandiagara or consulted the three trained outreach workers in the village. Similarly, people from Koloni used the health centre in Koutiala five kilometres away or consulted a traditional healer in the village. Sometimes outreach workers from the health centre in Koutiala came to talk to the villagers but did not seem talk about family planning to women with unmet need.

*When we chat with the health workers they usually talk about childhood illnesses - how to prevent them and how to treat them.*

***Interviewer: is there a health centre at Wotoroso? (Neighbouring village)***

*No these health workers come from Koutiala*

***Interviewer: and what else do you do with them socially?***

*Apart from talk about vaccination? Nothing.*

Koloni, Unmet need, 35 years old, No education, Charcoal seller

Even when the health workers came from Koutiala there seemed to be some confusion among the villages as to their role and who they represented and that the outreach workers were connected to them.

*I would prefer it if the health care workers (from Koutiala health center) came to explain to the people here so that they (the villagers) know that we are working on their behalf.*

Koloni, 34 years old, literacy training, Male outreach worker

In Bougouba, one of the outreach workers was discouraged by the effect that the rumours about family planning had on his work.

*It is poor quality information put about by people with bad intentions which devalues my work – for example, the fact that they say that only immoral women use family planning or that contraceptive methods can make you sterile.*

Bougouba, 28 Years old, primary schooling, Male outreach worker



In Koloni the same problem was rife and comprised a barrier to family planning use.

*We get all the women together to explain about family planning but there are certain ones among them who do not understand because they think that if you use family planning and you forget to take a Pill you will become pregnant with twins. All the rumours which abound originate with the women not with the men!*

Koloni, 42 years old, literacy training, Male outreach worker

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

*A woman does not have the right to use family planning behind her husband's back. When a woman does use family planning without her husband's knowledge there can be a lot of risks that can emerge such as disputes whereas the couple should be trying to reach a consensus*

**Interviewer: Would you be ready to help a woman who wants to use in secret?**

*Well I could intervene in the hope that they would come to an agreement.*

**Interviewer: and if the husband insists?**

*I think that without the husband's permission the woman does not have the right to use family planning and I would tell her to stop.*

Koloni, 34 year old man, literacy training, Male outreach worker

In Bougouba, the outreach worker preferred to use one or several intermediaries to convince husbands who were opposed to family planning. However, this could potentially backfire revealing a woman's wish to use to all and sundry and may explain women's preference to get family planning from private female vendors.

*Generally, we call the husbands in to sensitizer them about the advantages of family planning. But if, despite our efforts, he doesn't change his ideas then we go through an intermediary – that is to say someone he respects. This could be his uncle, older brother, a health care worker....*

Bougouba, 28 Year old man, primary schooling, Male outreach worker

The involvement of other individuals as advocates even if well intentioned, may explain the reticence of women coming to him for family planning provision.

*The other day the other outreach worker said to me that he had the same family planning stock since 2002 and it hasn't run out because the women refuse to come and get it from him*

Bougouba, 40 Year old man, primary schooling, Male outreach worker

This second outreach worker in Bougouba had a more appropriate channel of distribution by having women go through his second wife for their family planning needs. Formal health care workers would be unable to do this.

*I pay attention to my clients' entourage and networks when I transmit information about family planning. Certain women need to use family planning but they are ashamed so they get in touch with me via my second wife. To provide them with methods I too go via my second wife. In addition, I tell the women not to be ashamed to come and see me when it concerns family planning because it is a health issue.*

Bougouba, 40 Year old man, primary schooling, Male outreach worker

Like the women interviewed, the health worker from Koutiala confirmed that in Koloni, mothers-in-law tended to have a positive view of family planning and in some cases helped their daughters-in-law to acquire it, even if their son disapproves.

*The attitudes (of mothers-in-law) are not a problem here. I brought up this question in front of a number of women and it was an old lady who was the first to say that she was interested by the subject because her daughter-in-law had closely spaced births. So in this case, even if her son is not willing, she will help her daughter-in-law use family planning.*

Koloni, 42 year old man, literacy training, Male outreach worker

In Koloni, the discussions about family planning appeared to take place in the literacy centre but may be better suited to some of the more informal get-togethers such as the savings clubs described above.

*Every Friday they get together in the literacy centre and I go with samples of each method and explain them to them – afterwards they come to me in secret to buy them.*

Koloni, 42 year old man, literacy training, Male outreach worker

Unlike the villagers in Bougouba, those in Koloni had no interactions with the health workers outside those they met for medical purposes.

*We don't speak to the health workers – we have nothing in common.*

Koloni, 35 year old man, No Education, Farmer

*There are no social or economic relations between me and the traditional healer as we live long way away from each other.*

Koloni, Unmet need, 25 years old, No education, Wood seller

Due to the fact that the Bougouba outreach workers were from the village where they operated, they were able to be integrated into people's social networks and participated in all aspect of village life.

*Last time I did awareness raising about family planning it was at a baptism- one of our older brothers brought up the subject by teasing the father of the newborn by saying he should limit the number of children he had because he had enough- I joined in saying it was in his interest to use family planning which he hears about on the radio and the TV all day long.*

Bougouba, 28 Year old man, primary schooling, male outreach worker

## **PERSPECTIVES OF COMMUNITY LEADERS**

In Koloni, the male and female community leaders interviewed, including the village chief, all appeared to be in favour of family planning creating a positive climate for distribution and use. In line with the interviewees' testimonies above, the female leaders emphasised the health benefits for the mother and child but also chimed with the male leaders who underscored the economic advantages.

*When births are closely spaced the mother suffers – the first child is not walking and the mother is pregnant again. The child shits everywhere whilst the mother is preparing food. When the father arrives home he will ask the mother what she has been doing as the child is filthy. If a child is puny he won't be loved by anyone but if you put two or three years between births the child is loved by everyone. (If the births are not spaced) the father will have problems because he will have to pay for prescriptions all the time whereas he could use the money for something else. When there is more than two years between births the father can save his money...- even when I am travelling I go to a lot of local markets and people ask me questions about family planning. I reply and advise them correctly. You need to see the uterus of a woman as bring like a calabash – if you wash it every day eventually it will wear out. A calabash which is not washed every day will last.*

Koloni, 60 Years old, No education, Female president of a village association

*Family planning is very important because it puts the woman at ease. For example, if the first child is not yet two and the mother falls pregnant she will be embarrassed, as will the father, especially if the latter does not have the means to cover all the expenses he'll face.*

Koloni, 45 year old man, No education, Advisor to village chief

Like the women interviewed, the leaders talked about family planning during their work in the fields but made little mention of the savings clubs.

*When we are working in the fields we talk about family planning during our breaks. The men say I am trying to cause women to rebel against them .I say no it is for their wellbeing as well.*

Koloni, 60 Years old, No education, Female president of a village association

*There are lots of places to talk about family planning – sometimes at my house, or at my brother-in-law's house – even in the field during the time we cultivate and during baptisms*

Koloni, 37 Years old, No education, Female president of a village association

The male leader, like other men of the village, spoke of family planning in his 'grin'.

*In my 'grin' we talk about family planning... we talk about spacing, that's with my friends.*

Koloni, 45 year old man, No education, Advisor to village chief

Regarding husbands who did not want their wives to use contraception, one female leader interviewed appeared to be in favour of trying diplomacy with other family members. However, one of the male leaders said she should respect her husband's opinion.

***Interviewer: If a husband is against family planning, who can a woman turn to convince him?***

*A male friend of his or his older brother or sister.*

Koloni, 37 Year old man, No education, President of village association

*If the husband is not in favour of family planning, the woman should accept her husband's opinion. What I could do is to talk to the husband to get him to accept that his wife would benefit from using family panning but I can't help her use it behind her husband's back.*

Koloni, 45 year old man, No education, Advisor to village chief

However, the second male leader interviewed said that in fact he was himself experiencing a situation where a male relative was refusing to let his wife use family planning. Despite his intervention, the young husband was still against his wife's use and the leader seemed resigned to the husband's opinion, even though the woman's life was in danger. It is noteworthy that the interviewee received practical support from the man in question.

*The wife I have currently has just one daughter who is not mine but the girl treats me as if I am her biological father. Every time this young woman gives birth it ends up with her having surgery – the foetus stays inside her. Her mother and I agree that she should have no more children but her husband doesn't agree. I said that from a religious point of view it is true we are the woman's parents but the man is her husband – we have to fall into place behind him. Each year he provides me with manure for my field. I told him to find a solution to this problem – a delivery is only worth it when you get to keep the child but if this is not to be then you must find a way of saving the life of the mother. But he is not in agreement and I just left him with his ideas.*

Koloni, 61 Year old man, No education, Imam of Mosque,

In Bougouba, the male leader interviewed occupied political positions and had some contact with the outreach workers and the traditional birth attendant. However the mayor of the village had never been invited to look at the health centre which was currently under construction in his village.

*I go and visit the outreach workers in their places of work- when I go there I am warmly welcomed. But I have never been to the health centre as I have never been invited ... in the mosque we never speak of family planning.*

Bougouba, 63 year old man, No education, Advisor to village chief

*The midwife is in my network! I give her loans and even gifts if she needs them. But it is not a reciprocal relationship – we talk about family planning. I talk to all the health care workers about family planning.*

Bougouba, 42 Year old man, Secondary schooling, Mayor's Advisor

In Bougouba, as alluded to above, some of the reticence to do with family planning uptake could be due to the presence of a fairly fundamentalist Islamic association 'Amsardine' which had its origins in Tijanniya doctrine. Although it did not have many adherents in the village (Team leader Mamadou Faramba Camara, personal communication, May 2011), it is possible that it had a pervasive influence in portraying family planning negatively. What is most astounding is that the female representative of Amsardine who was interviewed used family planning herself due to problems during previous childbirths. Paradoxically, she advised other women not to use contraception for religious reasons. What is even more extraordinary is that she is married to the outreach workers described above who distributes family planning using his second wife as an intermediary. Thus, the three members of her marital unit all see the positive benefits of family planning and seek to help users but, presumably due to her position in the association, publicly denies her own use and refuses to acknowledge the benefits it can bring for women.

*After I had a difficult pregnancy and birth I became pregnant again – this labour was difficult and I was taken to Bandiagara. Here, they tried to help me as I still couldn't give birth but just as they were about to evacuate me to the CSREF in an ambulance, a woman from the CSCOM tried again and this time it worked and I gave birth.. But the child did not survive and I nearly died. The health care workers said that I had to use contraception and I got an injection but then one year later I became pregnant again – I gave birth at the health centre without problem but then eighteen months later I fell pregnant again and this birth also nearly cost me my life – so at this point my husband said I should use family planning rather than take a risk with each pregnancy. At this time, a health worker was in the village promoting implants and I went to the health centre and got one ..... but I don't talk about family planning to anyone, ever. People are embarrassed to bring it up – they think it is shameful. They come to discuss religious training or to think of ways we can expand the association. In my view, it is shameful to discuss family planning! I have never invited the health workers here to discuss family planning as I don't think it is compatible with the*

*spiritual norms of our brotherhood. I would never do this without the authorisation of my spiritual leader.*

Bougouba, 30 Year old woman, No education, Islamic Association President  
However, the other female leader had arguments to counter those put forward by Amsardine. Nevertheless, as shown in Section 3.10 above, their views appear to influence women with unmet need and act as a barrier preventing them from seeking family planning.

*In Doucombo a lot of men and women are members of the Amsardine association which is an Islamic organisation. That is why most people have a negative point of view about family planning in this village. But if someone says to me that Muslims are against family planning, I have arguments to convince them. I say I am not against Islamic law but Islam is not against family planning. God does not like women and children to suffer ... if a woman puts only six months between two births the first one will die and then the second after the woman becomes pregnant again. So she will have had lots of pregnancies but only two surviving children. If that happened to all Muslim women the number of Muslims would never increase. In addition, the parents have sinned because all their children are dead because they didn't feed or look after them properly. Such examples can change people's ideas but most women here think that using family planning is a sin.*

Bougouba, 52 Year old woman, No education, president of Village association

## V. NETWORK CHARACTERISTICS

As part of the network exercise, women were asked to list those who helped them with material support (i.e. who could lend them cash or food if necessary), practical support (such as looking after their children), informational support (such as providing information about illness treatment) and emotional support (such as comforting them after a death or a row with their spouse). Subsequently, each network member's identifier was written on a coloured 'post-it' note and placed by the interviewee on an A3 piece of paper. The proximity of the person in terms of their importance and influence in the interviewee's life was noted. In addition, it was ascertained if, and with whom the interviewee had exchanged positively and negatively about family planning or if they had not talked about family planning at all with the network members. Lastly, all the individuals in the network were listed and asked if they knew each other in order to ascertain network density.

### NETWORK SIZE AND DENSITY

**Table 2 The size and density of women's networks in Bougouba and Koloni**

<b>Bougouba</b>														
	<b>Users</b>							<b>Women with unmet need</b>						
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>Average</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	<b>L</b>	<b>Average</b>
<b>Size</b>	15	16	20	10	10	9	<b>13.3</b>	21	8	13	15	14	26	<b>16.2</b>
<b>Density</b>	0.98	1.00	0.99	0.25	0.52	0.79	<b>0.75</b>	0.97	0.55	0.69	0.88	1.00	0.98	<b>0.84</b>
<b>Koloni</b>														
	<b>Users</b>							<b>Women with unmet need</b>						
	<b>M</b>	<b>N</b>	<b>O</b>	<b>P</b>	<b>Q</b>	<b>R</b>		<b>S</b>	<b>T</b>	<b>U</b>	<b>V</b>	<b>W</b>	<b>X</b>	
<b>Size</b>	7	10	11	8	5	9	<b>7.2</b>	20	10	5	11	11	12	<b>11.5</b>
<b>Density</b>	1.0	1.0	1.0	1.0	1.0	1.0	<b>1.0</b>	0.9	1.0	1.0	1.0	1.0	1.0	<b>0.98</b>

The table above shows that, in both villages, the networks of users were smaller than those of women with unmet need. In Bougouba (which had lower unmet need and lower contraceptive prevalence) users had an average of 13.3 network members (range 9-20) and those with unmet need had 16.2 (range 8-21). In Koloni, users averaged 7.2 members (range 5-11) and those with unmet need averaged 11.5 people (range 5-20). In Bougouba, the density of the users' networks was considerably less than that of those with unmet need – in other words, fewer of the users' network members knew each other. By contrast, most of the members of networks of those with unmet need knew each other. This implies that the information affecting those with unmet need (which may constitute disapproval or rumours) enters the network, circulates and is reinforced by network members. By contrast, information (for example on the advantages of family planning) may enter the users' networks from external sources, and not be circulated nor confirmed by the majority of network members as many do not know each other. This may lead to more independent decision-making by the users. The smaller, less dense networks of users are also, of course, amenable to clandestine use as not so many people have to be kept unaware. In Koloni, the network density was almost always 1.0 – that is to say everyone in the network knew each other. In this setting where family planning is more widespread and favourably regarded, this may help propagate use and provide support for users to access family planning. In areas of low prevalence, such as Bougouba,

dense networks may have the opposite effect in the sense that they may act as barriers to use (particularly to first time use) as the views and movements of individuals are more controlled and watched over.

Figures 1 and 2 show two typical networks for Bougouba. The green and blue coloured squares represent people who know each other. The red squares indicate that the network member works in the formal or informal health sector.

**Figure 1 Network of family planning user, Bougouba**

	1	2	3	4	5	6	7	8	9	10
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

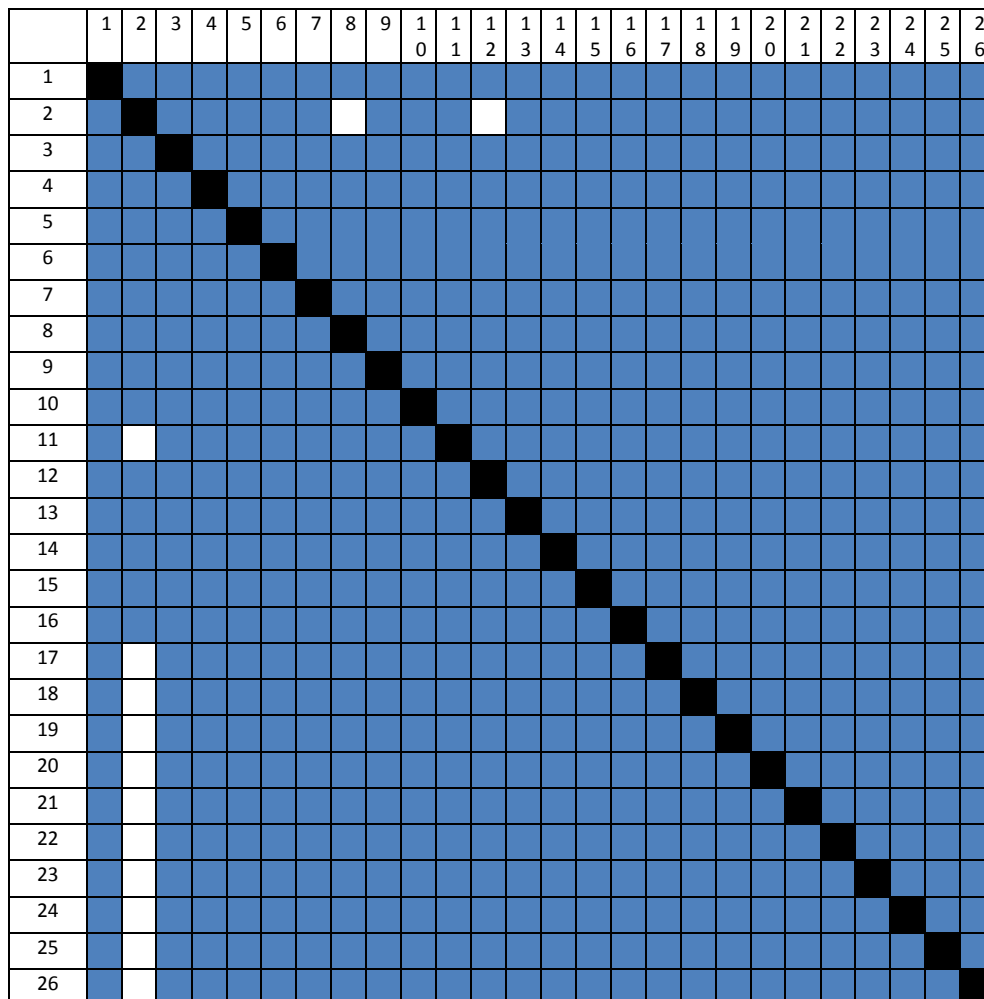
7=Health worker at health centre  
10=Traditional birth attendant

8=Nurse  
Density=0.52

As can be seen from Figures 1 and 2 the networks of a typical user and typical women with unmet need in Bougouba are strikingly different. The user has a much smaller network which includes different kinds of traditional and modern health care providers. Importantly, further analysis revealed that these individuals are not just in her health network but also give her practical and material support. These network members, especially the traditional birth attendant, are also in the networks of most of the other users thus linking them with each other and presumably facilitating the transmission of positive information about family planning.

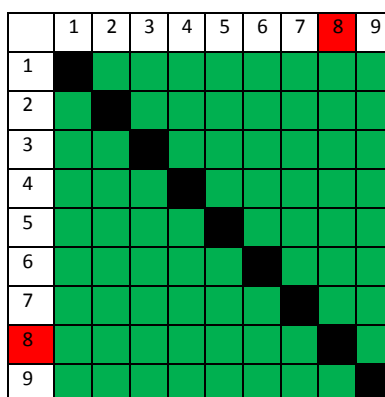


**Figure 2 Network of woman with unmet need, Bougouba**



No health care providers in the network, Density=0.98

**Figure 3 Network of family planning user, Koloni**

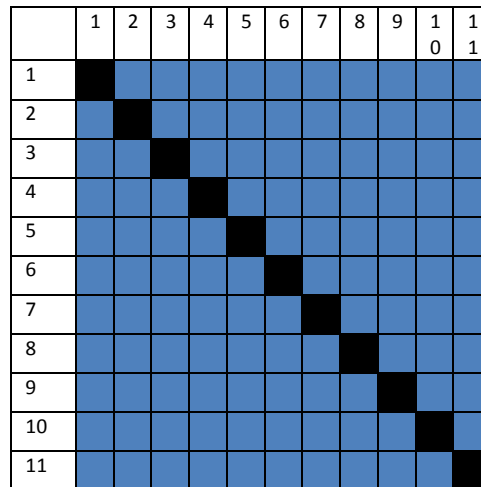


8=Traditional healer

Density=1.00

By contrast, those with unmet need are unconnected to these providers and thus probably unconnected to users by these ‘nodal’ individuals. Previous research elsewhere has shown that ‘inward connectivity’ between the same types of assistance users was important for health-related behaviour (Gayen and Raeside 2007).

**Figure 4 Network of woman with unmet need, Koloni**



No health care providers in the network

Density=1.00

The figures above show the networks of users and those with unmet need in Koloni. The networks are of a similar size and density. However the network of the users contains the traditional healer, who unlike the health care providers in the Bougouba users’ networks, is known by everyone but is only consulted about medical matters. In Bougouba, the health care providers were not known by all users’ network members thereby possibly providing a reassurance of confidentiality. They were also consulted about non-medical matters. The fact that the users in Koloni have dense networks probably helps their use in that the overall climate is more favourable to family planning. By contrast, as described, dense networks in Bougouba are a hindrance to use, as negative information is reinforced by most of the individual’s contacts. Network density thus appears to have a different function according to the overall consensus on family planning and prevalence of use. In low prevalence, hostile settings such as Bougouba, low density networks facilitate use, especially clandestine use. By contrast, in higher prevalence settings, such as Koloni, dense networks may constitute supportive environments for accessing and maintain family planning use.

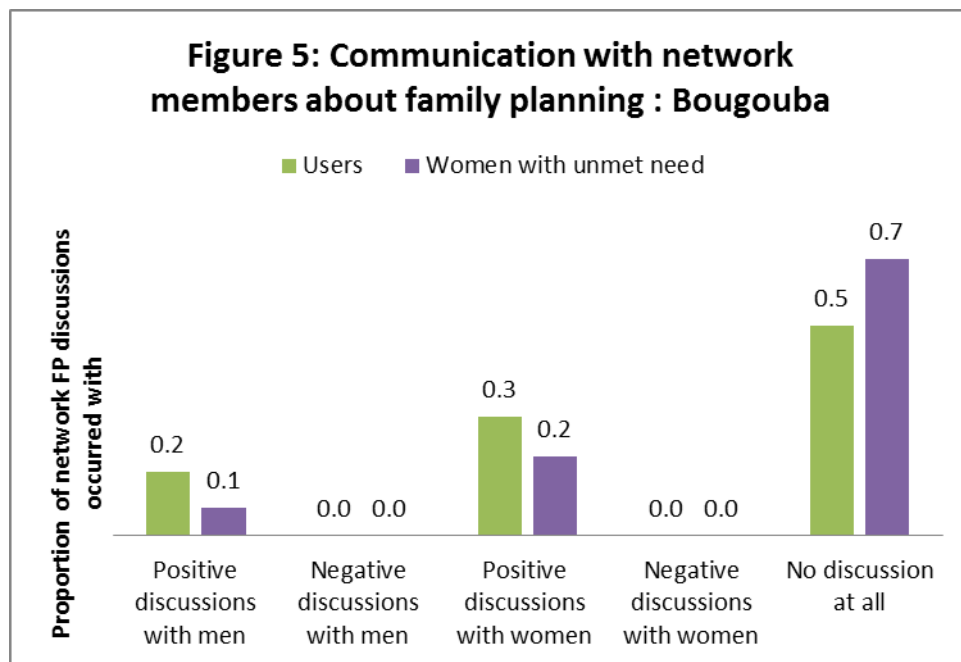
## NETWORK MEMBERSHIP AND COMMUNICATION AROUND FAMILY PLANNING

**Table 3 Network size and proportion of female members**

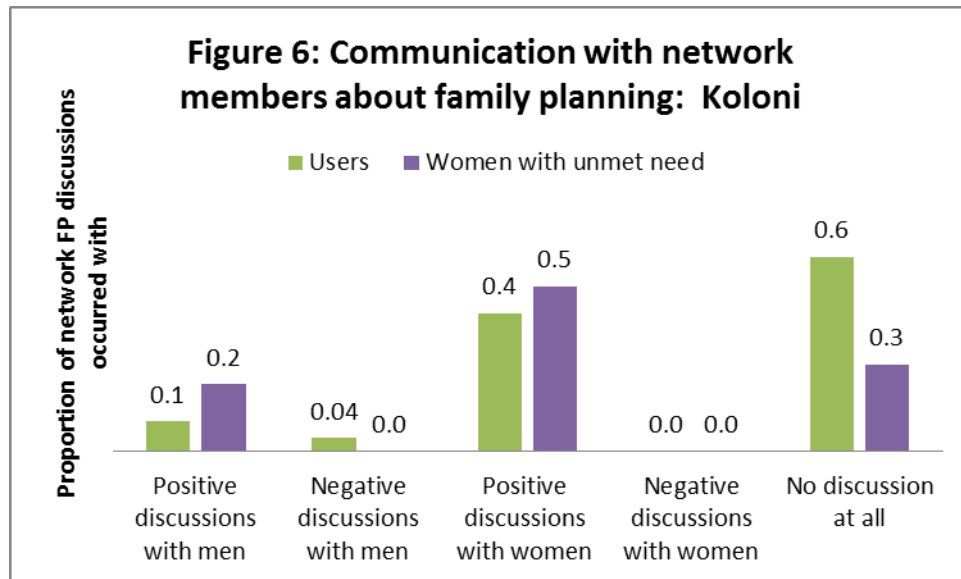
	Bougouba		Koloni	
	Users	Women with unmet need	Users	Women with unmet need
<b>Total network size</b>	13.3	16.2	7.2	11.5
<b>Number of women in network</b>	8.5	10.0	5.8	8.3
<b>Proportion of women in network</b>	0.63	0.61	0.8	0.7

The table above indicates that users in both villages had slightly lower numbers of women in their networks than those with unmet need. However, total proportions of women were virtually the same in Bougouba and Koloni. It will be shown below that communication, even between women, is fairly limited, especially in Bougouba and so the number of women in a network in settings experiencing the early stages of contraceptive use seems to have little bearing on users' behaviour.

**Figure 5 Communication with network members about FP: Bougouba**



**Figure 6 Communication with network members about FP: Koloni**



The figures above indicate that significant number of users (and indeed those with unmet need in Bougouba) had not discussed family planning with any of their network members. In Bougouba, only small numbers had had positive discussions with men and none had had negative discussions about family planning with male network members. Around one third of users had had positive discussions with women but, most importantly, half had not discussed their use with anyone. In Koloni, where use is more widespread, two thirds of users had not discussed their family planning use with any of their network members. A slightly higher proportion of those with unmet need had had positive discussions with women compared with users. This may indicate that a lack of information is not the key barrier to use but rather the prevailing negative social attitudes which may discourage women from acquiring methods and discussing family planning with both male and female network members.

**Table 4 Opinions of women's husbands and mothers-in-law with regard to family planning**

	Bougouba		Koloni	
	Users (N=6)	Women with unmet need (N=6)	Users (N=6)	Women with unmet need (N=6)
<b>Number whose husbands view FP positively</b>	5	2	4	4
<b>Number whose husbands view FP negatively</b>	-	4	2	-
<b>Number never having discussed FP with husband</b>	1	-	-	2
<b>Number whose mothers-in-law view FP positively</b>	1	1	3	5
<b>Number whose mothers-in-law view FP negatively</b>	-	-		
<b>Number never having discussed FP with mother-in-law</b>	5	5	3 (NB did not have mothers in law )	1

Table 4 above shows that, in Bougouba, five out of the six users had husbands who viewed family planning use positively compared with just two with unmet need. Two thirds of both users and women with unmet need in Koloni had husbands who viewed family planning positively. In Bougouba, two thirds of those with unmet need had husbands who viewed family planning negatively indicating that spousal disapproval may be a significant barrier to use. Most interestingly, in Bougouba, the vast majority of all women had never discussed family planning with their mothers-in-laws compared with half the women users in Koloni. This may be due to a fear of disapproval and also age hierarchies that forbid such exchanges with older women. In Koloni, among those with unmet need, most had mothers-in-law and indeed husbands who approved of family planning indicating that a lack of access or information may be behind their non-use rather than social factors. Three users in Koloni did not have mothers-in-law at all.

Table 5 below shows that, except for the practical network, women with unmet need in Bougouba had slightly larger networks than the users. In general, they had more household members in their networks but also a tendency to have more natal kin as well. The users' husbands featured more strongly in their material, practical and cognitive networks when compared with the networks of women with unmet need. However, unlike women with unmet need, they relied on other sources of emotional support, for example, from unrelated friends. Users had more members in Bamako in their cognitive network than those with unmet need which may be a useful source of information about family planning. By contrast, a greater proportion of those with unmet need relied on cognitive support from their mothers-in-law. With regard to health personal (including traditional providers) a greater number of women with unmet need had them in their practical network but more of the users cited them in their cognitive network.

**Table 5 Characteristics of women's networks in Bougouba**

	<b>Users</b>	<b>Women with unmet need</b>
<b>MATERIAL NETWORK</b>		
Number of people in network	5.0	6.6
Proportion with husband in network	1.0	1.0
Proportion with mother-in-law in network	0.16	0.33
Average number of marital kin	1.0	1.5
Average number of natal kin	2.6	4.0
Average number of members in Bamako	0.5	0.8
Average number of members abroad	0.33	1.83
Average number of health personnel	0.16	0
Number of members in same household	1.66	1.83
<b>PRACTICAL NETWORK</b>		
Number of people in network	5.33	5.0
Proportion with husband in network	0.66	0.33
Proportion with mother-in-law in network	0.83	0.66
Average number of marital kin	1.83	2.0
Average number of natal kin	2.0	2.0
Average number of members in Bamako	0	0
Average number of members abroad	0	0
Average number of health personnel	0.33	0.66
Number of members in same household	4.5	3.0
<b>COGNATIVE NETWORK</b>		
Number of people in network	4.5	5.0
Proportion with husband in network	0.83	0.66
Proportion with mother-in-law in network	0.33	0.66
Average number of marital kin	1.33	2.16
Average number of natal kin	0.66	1.66
Average number of members in Bamako	0.83	0.33
Average number of members abroad	0.33	0
Average number of health personnel	0.66	0.5
Number of members in same household	1.5	1.83
<b>EMOTIONAL NETWORK</b>		
Number of people in network	3.5	5.0
Proportion with husband in network	0.16	0.83
Proportion with mother-in-law in network	0.5	0
Average number of marital kin	1.16	1.16
Average number of natal kin	1.0	2.33
Average number of members in Bamako	0	0.5
Average number of members abroad	0	0
Average number of health personnel	0	0
Number of members in same household	1.16	1.83

**Table 6 Characteristics of women's networks in Koloni**

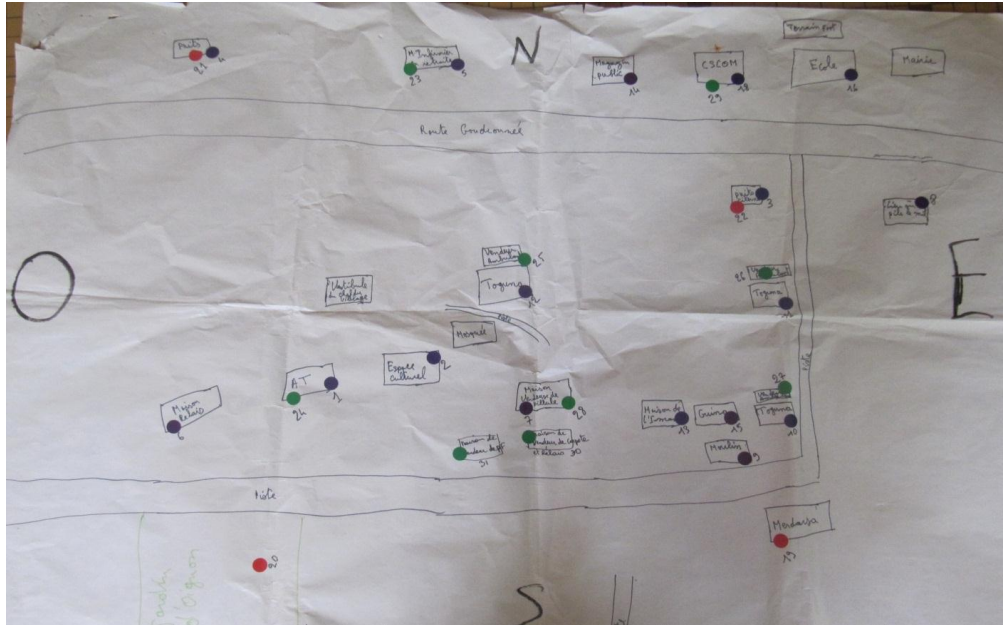
	Users	Women with unmet need
<b>MATERIAL NETWORK</b>		
Number of people in network	3.6	4.6
Proportion with husband in network	1.0	0.83
Proportion with mother-in-law in network	0.5	0.83
Average number of marital kin	1.5	3.1
Average number of natal kin	1.16	0.66
Average number of members in Bamako	0	0.16
Average number of members abroad	0	0
Average number of health personnel	0	0
Number of members in same household	2.16	3.5
<b>PRACTICAL NETWORK</b>		
Number of people in network	4.16	5.33
Proportion with husband in network	0.16	0
Proportion with mother-in-law in network	0.5	0.5
Average number of marital kin	2.66	4.83
Average number of natal kin	1.16	0.5
Average number of members in Bamako	0	0
Average number of members abroad	0	0
Average number of health personnel	0	0
Number of members in same household	2.83	3.83
<b>COGNATIVE NETWORK</b>		
Number of people in network	3.5	5.33
Proportion with husband in network	0.5	0.33
Proportion with mother-in-law in network	0.33	0.5
Average number of marital kin	2.0	3.5
Average number of natal kin	0.66	0.33
Average number of members in Bamako	0	0
Average number of members abroad	0	0
Average number of health personnel	0.33	0
Number of members in same household	2.16	3.66
<b>EMOTIONAL NETWORK</b>		
Number of people in network	2.66	3.5
Proportion with husband in network	0	0
Proportion with mother-in-law in network	0.16	1.0
Average number of marital kin	1.5	2.66
Average number of natal kin	1.0	0.5
Average number of members in Bamako	0	0
Average number of members abroad	0	0
Average number of health personnel	0	0
Number of members in same household	1.33	2.33

In Koloni, Table 6 shows that the women with unmet need also had slightly larger networks in all four domains than the users. Perhaps the most interesting finding was with regard to emotional support. None of the users, nor those with unmet need, claimed to get emotional support from their husbands. By contrast, all those with unmet need felt emotionally supported by their mothers-in-law (but with whom they did not discuss family planning – see above) and they had a larger number of people from within their households providing all kinds of support when compared with the users. This indicates that the ‘world views’ of those with unmet need may be shaped by relations with their marital kin and especially by their mothers-in-law who, in Koloni appear to be fairly supportive of family planning use. However, the women with unmet need might not know this as they appear not to talk to them about it. Users had more emotional support from people outside their household. For example, all of them cited natal kin as featuring in their emotional networks. Unlike in Bougouba, the health care provider (in this case a traditional healer) featured only in the cognitive networks of the users and did not provide material, practical or emotional support. Those with unmet need also relied heavily on their mothers-in-law for material support, possibly, because, as shown in Appendix 2, many of them were not working. Neither group in Koloni appeared to have influential network members who lived in Bamako or abroad indicating that family planning information was likely to be locally generated or diffused and sourced from mass media campaigns.



## VI. THE MAPPING EXERCISE

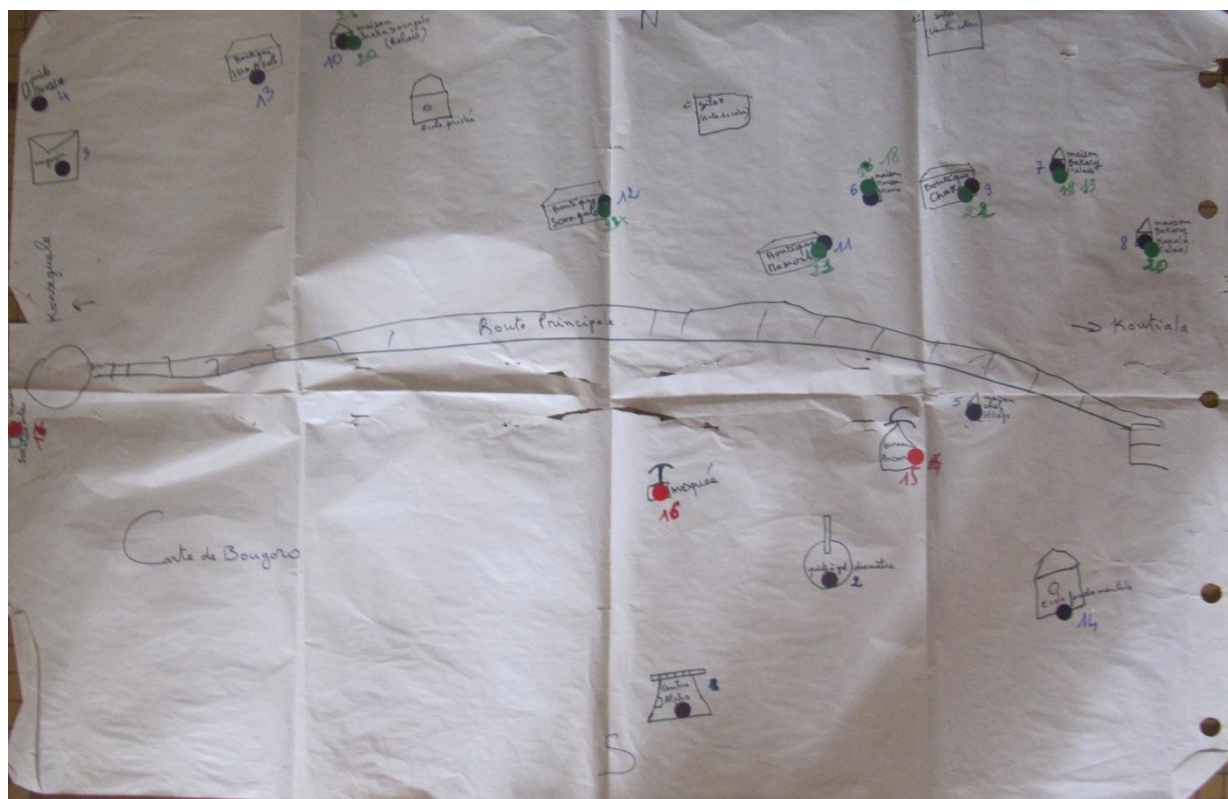
The mapping exercise involved one group of six to eight users and one group of six to eight women with unmet need in each village. With the help of the interviewers, they drew a map of their village. On the map they placed a blue sticker in locations where positive information about family planning was given out, a red sticker in locations where negative information was given out and a green sticker on places where family planning methods were available. Figures 7 and 8 below show the maps for Bougouba and some interesting differences between those drawn by users and women with unmet need are evident.



**Figure 7 Map drawn by family planning users, Bougouba**

Figure 7 and Appendix 3 show that family planning users in Bougouba were able to name eighteen places in their village where people talked positively about family planning compared with fourteen cited by women with unmet need. Four of these include spaces occupied by formal or informal health care providers (for example, the traditional birth attendant's house and the health centre which is under construction) compared with three such spaces cited by those with unmet need. Interestingly, the users cited spaces usually occupied by men (three Togunas) who would usually be seen to be opposed to family planning. However, the users said that in their view they talked positively about it. The same spaces (Togonas 1 and 2) were cited by those with unmet need as being areas where negative opinions were expressed. In addition, the users cited the house of the Imam as, surprisingly, being an area where positive information was given out. This was because they knew that the Imam's wife talked enthusiastically about family planning and even gave women visitors money to go and buy it. This may indicate that the users had a more in-depth knowledge of village institutions and knew of ways that conventional opinion (for example, the conservative views of religious leaders) could be side-stepped with the help of other women in their networks, (such as the Imam's wife) who support their family planning use.

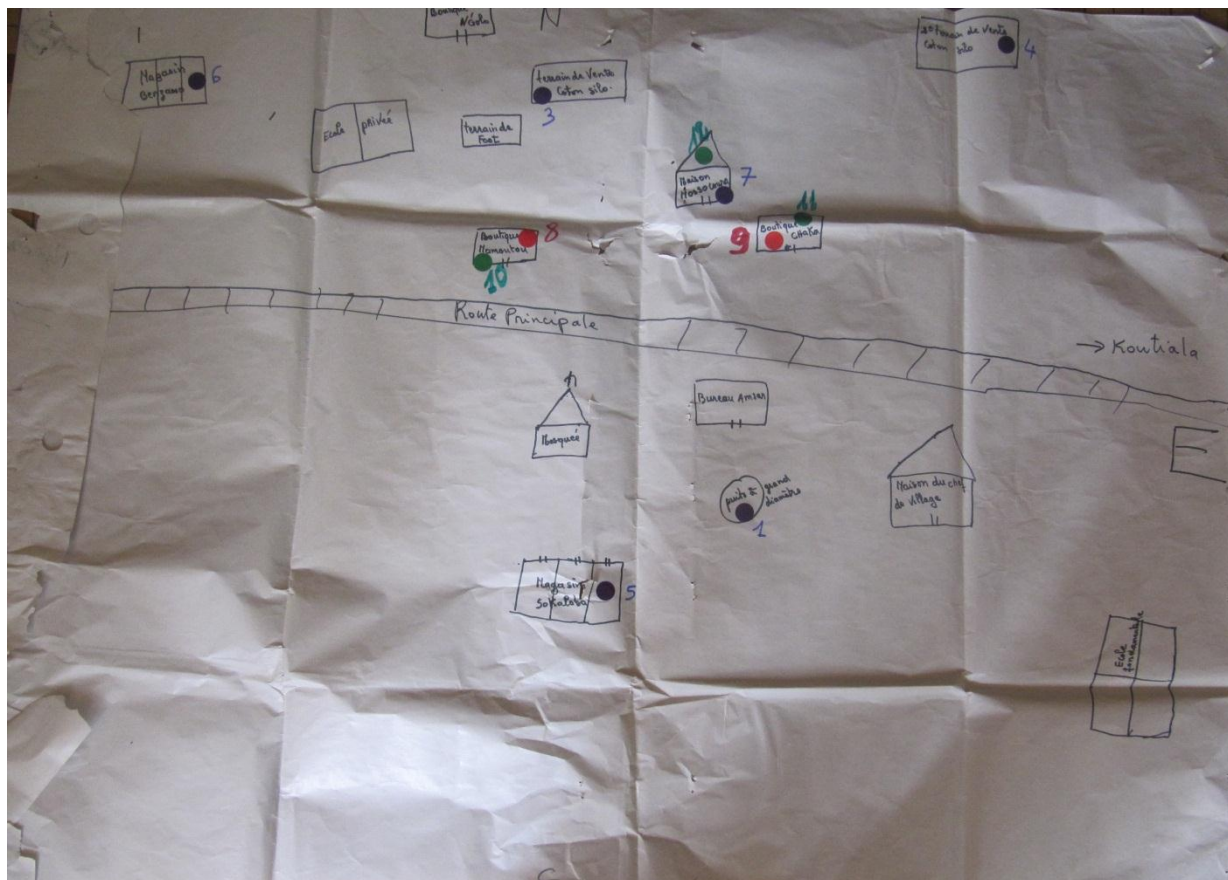




**Figure 9 Map drawn by family planning users, Koloni**

In Koloni, the users cited fourteen places where they heard positive information about family planning. The notable difference compared with Bougouba was that they cited many more village shops as both sources of positive information and suppliers of family planning. In addition, in Koloni, the village chief's house was a source of positive information whereas in Bougouba it was a negative space indicating that support from community leaders may be crucial to mainstreaming information diffusion and family planning use. Importantly, nearly half of the sources of positive information in Koloni actually had methods available, namely the local shops which sold Pills. Furthermore, the content of the positive discussions in public places seemed to be more detailed than in Bougouba. For example around 'Moussa's well' the women talked about the benefits family planning brought to women's health, how it improved children's nutritional status and reduced health expenditure. The areas where family planning was discussed negatively numbered only three and were all places associated with Islamic points of view (a religious association, the Mosque and the house of a particularly Muslim individual). Presumably these places can be avoided by women wishing to use family planning. By contrast, in Bougouba, the negative places were more mainstream and included for example millet pounding areas which women have to visit every day and of course the Amsardine association described above. In Koloni there were no places where women (users or those with unmet need) received both positive and negative information compared with Bougouba where there were three (two wells and the garden). In Bougouba users had nine outlets from which to source family planning and these were mainly health-related venues. By contrast in Koloni users had a smaller number of outlets (N=7) but they were all private residences or shops which presumably increased access and discretion to facilitate use. They were also places which provided users with positive information although those with unmet need said the same spaces provided negative information.





**Figure 10 Map drawn by women with unmet need, Koloni**

Those with unmet need cited more public places (wells and silos) as sources of positive information but interestingly saw the village shops, cited by the users as positive venues, as providing negative points of view about family planning. The women with unmet need said that the shops were the sources of rumours such as ‘Pills make you sterile’. The same shops were seen by these women as sources of Pills, along with a private residence, but they felt that they were hindered from going to them by feelings of shame and by the problem of frequent stockouts. It is telling that the women with unmet need knew only of three sources of family planning in their village compared with the users who cited seven.

## VII. CONCLUSIONS

The formative research found that, for women using contraception, family planning use helped them avoid short birth intervals which were damaging to the health of both the mother and child. By contrast, men placed greater emphasis on the economic benefits for the household in that spaced children tended to be healthier and they would not incur so many medical expenses. The data shows that similar kinds of networks have different roles in different contexts. In Bougouba the large, dense network of the women with unmet need served to reinforce negative messages, and consolidate rumours and misinformation. By contrast, in Koloni, the dense networks of users served to catalyse and sustain their use, particularly as they frequently involved mothers-in-law and co-wives. These female marital kin sometimes helped them overcome spousal disapproval by supporting secret use. In Koloni, the non-users had networks of a similar size but did not include these key allies for open or indeed covert use. The surprising support from the mothers-in-law and co-wives (who in some senses are rivals for the husband's attention) is explained by the fact that they often look after the children and therefore any extra births would encumber them. It was therefore in their interest to advocate for family planning even if it meant going behind their sons' backs.

The users in Bougouba had small, less dense networks which enabled them to use secretly as there were fewer people from which to keep the use truly secret. Women in Bougouba were less likely to discuss family planning with their husbands even if they suspected his attitude would be favourable. The pervasive view with regard to family planning in Bougouba was highly negative and had created a climate of suspicion whereby, if a woman's contraceptive use was divulged, she risked being denounced as immoral, being beaten or even divorced. As such, women told very few people of their use, usually just close friends but not relatives. Many women in this village had both modern and traditional health care providers in their networks and interacted with them socially. This was not the case for those with unmet need nor for the women of Koloni, where contraceptive use was more open.

Women in Bougouba who, when they were unmarried, had been on labour migration to Bamako or other 'higher prevalence' areas seemed to be more likely to use family planning than those who had never been on migration. Not only had they heard family planning messages whilst away but often actively encouraged to use contraception by their former employers. It may also be that there is a self-selection of particularly innovative women who go on labour migration and who use the same psychological skills to become innovative family planning users in a climate of general disapproval. It is important that, in these cases, former network composition, for example, including previous employers, appears to influence current contraceptive use.

In both settings, but particularly in Bougouba, rumours and misinformation abound. Many believed that family planning use will make you ill or sterile and that Pill use can lead to the birth of twins. Method switching appeared to highly relate to fears of these side-effects which were discussed and reiterated in the large, dense networks of those with unmet need.

In Koloni, discussion about family planning, and even its acquisition, often took place at saving clubs although there was a fear that if the men thought the groups had been hijacked for family planning purposes they would not find this acceptable. In Bougouba, women talked in

their homes or out of earshot in the fields or on the road to Bandiagara. They preferred to buy from private vendors who sold out of their homes rather than be publicly seen acquiring family planning at the health centre. The more successful outreach worker used his second wife as an intermediary for women seeking contraception so they did not have to deal with him directly, which was considered shameful. Men discussed contraception in their 'grins' – informal tea drinking clubs. For both men and women, age hierarchies directed the flow of information with young people being unable to bring up the subject of family planning, or indeed any sensitive topic, with their elders. It was, however, noticeable that both men and women used jokes and teasing to make important points about contraception and fertility and this seemed socially acceptable, even at public ceremonies like weddings and baptisms. The joking cousins' phenomenon was important in this context.

It was significant that in the higher prevalence setting that the village chief was pro-family planning. In Bougouba which had lower contraceptive prevalence, a climate of fear and suspicion existed which was, in part, fanned by an Islamic association which was very hostile to the idea of contraceptive use. Ironically, the female representative of the association was herself a user but she denied this vehemently public. Indeed, many users appear to deny any knowledge of family planning when asked by other women, such was the fear of social reprisals.

The mapping exercise revealed that users were able to name far more places in their villages where positive information was given out about family planning, and these included more public spaces than women with unmet need cited. The women with unmet need cited more places where both positive and negative information was given out, even though these women seemed to take away the negative messages. It may be that women's social networks serve to filter conflicting information, appropriating that in which their network is already inclined to believe. In this way, positive messages are reinforced among users and the negative attitudes of those with unmet need are also consolidated. For example, in Bougouba, the users cited several shops as both a source of methods and positive information. Those with unmet need saw these same places as negative as they were where rumours abounded such as 'The Pill makes you sterile'. The users in Bougouba tellingly cited the Imam's house as a place of positive information as his wife discreetly counselled women on family planning and even helped them procure it. By contrast, those with unmet need saw the location only as a source of negative information indicating that they had neither the networks nor the psychosocial skills needed to side-step conventional views which may be barriers to use.

## VIII. PROGRAMMATIC IMPLICATIONS

1. In low prevalence settings (with low unmet need) users benefit from small, open networks where many network members do not know each other. In these contexts, it is not useful to increase network size but rather to strategically place key individuals within women's networks who can facilitate the transition of accurate information and use.
2. In low prevalence settings (with low unmet need) users benefit from having both traditional and modern health care personnel in their networks and interacting with them socially. Health worker training may benefit from encouraging social interactions among health personnel and their clients.
3. In low prevalence settings (with low unmet need) users appear to start using family planning without much discussion with anyone, particularly their husbands and mothers-in-law. Therefore, promoting 'couple communication' may be detrimental in those environments. Rather, respecting confidentiality and supporting clandestine use will better help those wishing to use family planning, especially those using for the first time in the face of spousal disapproval.
4. In low prevalence settings (with low unmet need) the fact that many users categorically deny their family planning use making both the network response and its evaluation complex.
5. Rumours and inaccurate information pose enormous barriers to use and could be countered by testimonies of successful users willing to speak out.
6. Returned migrants may be useful sources of accurate information and role models for use.
7. In higher prevalence settings, mothers-in-law and co-wives appear to be supportive of family planning use and could be targeted with accurate information.
8. Women seem to prefer to acquire family planning from discreet, home-based locations and from female providers. It may be useful to train the wives of male outreach workers and/or give them their own stock of contraception.
9. Saving clubs appear to be useful venues for discussion and 'mask' the true purpose of the debates on fertility and family planning making them acceptable to men.
10. In many cases, serious messages about family planning were transmitted via joking and teasing to make them socially acceptable. The joking cousins' phenomenon may be useful in this context.
11. With regard to the next step of the project comprising the detailed mapping of network in the same two villages, it is recommended that Doumcoumbo is dropped and replaced by a village that has fewer sensitivities and less hostility with regard to family planning. Bougouba is not typical, even of low prevalence settings in Mali and the population is extremely reticent to talk about family planning. If results from this village are applied more widely to the future Teriknda Jékulu intervention, it could jeopardise the feasibility of the wider project.

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