



Summary of Social Networks and Family Planning Use in Mali: Ethnographic Research Findings from “Terikunda Jékulu”

PRINCIPAL INVESTIGATOR: Rebecka Lundgren, MPH

CO-INVESTIGATORS: Ben Moulaye Idriss Sidi Mohamed, MD; Mariam Diakité; Heather Buessler, MPH

This publication was 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.

This summary was adapted from the publication Social Networks and Family Planning Use in Mali: Ethnographic Research Findings from ‘Terikunda Jékulu’ which was written by Sarah Castle for IRH.



TABLE OF CONTENTS

BACKGROUND	3
STUDY OBJECTIVE	3
METHODS	3
RESULTS: IN-DEPTH INTERVIEWS AND FOCUS GROUPS	4
REASONS FOR FP USE.....	4
BARRIERS TO FP USE.....	5
SECRET USE	6
MIGRATION	6
COMMUNICATION AND FP	6
RESULTS: CHARACTERISTICS OF SOCIAL NETWORKS.....	8
RESULTS: SOCIAL NETWORK MAPPING.....	9
WHERE DO NETWORK MEMBERS CONGREGATE?	9
WHERE DO MEN AND WOMEN DISCUSS FP?.....	9
PROGRAMMATIC IMPLICATIONS.....	10

SUMMARY OF SOCIAL NETWORKS & FAMILY PLANNING USE IN MALI: ETHNOGRAPHIC RESEARCH FINDINGS FROM “TERIKUNDA JÉKULU”

BACKGROUND

Georgetown University’s Institute for Reproductive Health (IRH), along with the Cooperative for Assistance and Relief Everywhere (CARE), the Centre for Development and Population Activities (CEDPA), and their local Mali affiliate, Association pour le Soutien du Développement des Activités de Population (ASDAP), is conducting a five-year, two-phase research project funded by the United States Agency for International Development (USAID). The Terikunda Jékulu Project (meaning “friends connecting with friends through social networks” in Bambara, a local Malian language) will address unmet need for family planning (FP) in Mali. Women with unmet need for family planning are fecund, sexually active women who wish to space or prevent another birth, but are not currently using any FP method. Phase 1 of the project involves conducting formative research, consisting of ethnography, social network mapping, and in-depth interviews, to better understand the influence of men and women’s social networks on their attitudes, beliefs, desires, intentions and behaviors regarding fertility and reproductive health, and how men and women communicate about family planning with their family, friends and the community in general. Based on this research, IRH and its partners will design network-based interventions to reduce negative and strengthen positive influences on attitudes and behaviors. In Phase 2, the project will implement the interventions in six districts of Mali (Bla, Selingue, Dire, Marcaba, Bankass, and Goundham) and evaluate their effectiveness in addressing unmet need and in applying social network theory using a case-control study design.

STUDY OBJECTIVE

The objective of the ethnographic research was to look at the spread of influence and family planning information through social networks in order to evaluate the role of social networks in facilitating or hindering family planning acquisition and use. The results of the ethnographic research also served to guide the development of data collection tools that were appropriate in the Malian context for the social network mapping, the second part of the formative research.

METHODS

Ethnographic research was carried out in two contrasting settings of low and high family planning (FP) use and low and high unmet need to look at network dynamics and the diffusion of ideas about FP and fertility. The two areas chosen for the ethnographic research were Bougouba and Koloni¹. The interviewees were chosen by a team of experienced interviewers using a screening mechanism which ascertained their unmet need status. Women who were

¹ The names of both villages have been changed for confidentiality.

not using contraception but who did not wish to space or limit their births were excluded from the study.

Most of Bougouba village inhabitants belong to the patrilineal Dogon ethnic group who live in extremely large, patrilocal, hierarchical households. The village of Koloni is generally comprised of the Minianka ethnic group who are patrilocal but matrilineal. Both villages are characterized by subsistence agriculture, high levels of illiteracy and polygamous marriage. In order to understand the role of men and women’s social networks in facilitating or hindering FP acquisition and use, the following qualitative research activities were carried out in both villages:

Table 1 Characteristics of the villages involved in the formative research

Activity	Description
Community checklist	Background information, mapping of village and list of community associations gathered from village chiefs and elders.
Focus Group Discussions	6 FGDs with married men and women of reproductive age on normative fertility attitudes and behaviors, FP use and social influence.
In-Depth Interviews with Men & Women	32 interviews with users, women with unmet need and men to ascertain material, practical, cognitive and emotional networks and their relationship to FP use.
In-Depth Interviews with Community/Religious Leaders & Health Providers	6 interviews with leaders and health providers to understand attitudes with regard to fertility, FP and unmet need, and assess role in social support of FP.
Social mapping	Group exercises with users and women with unmet need to map out locations where positive and negative FP information is transmitted as well as areas of FP provision.
Network analysis through pile sorting	Visualization and documentation of women’s social networks (size, composition and density) and the transmission of FP information through them.

RESULTS

REASONS FOR FP USE

In both villages, most women wanted to use FP to space their births. Very few women wanted to limit the size of their family. Women using FP perceived that it helped them avoid short birth intervals which were damaging to the health of both the mother and child.

I want to space my births – I use injectables and I have two living children. My first children were too closely spaced...I have had no problem with injectables since I started using them but beforehand if I got pregnant, the preceding child would die...

Koloni, FP user (Injectables), Age: 22, No education, Charcoal seller

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.

BARRIERS TO FP USE

Women cited several barriers to family planning use, including misinformation about physical and social effects of FP, religious opposition, and lack of access to contraceptive methods, but the most commonly cited barrier was spousal and community disapproval of family planning.

DISAPPROVAL OF FAMILY PLANNING

Spousal Disapproval

The data indicate that a considerable number of women had never discussed FP use with their husbands and assumed that their husbands were either pro-natalist or that they associated FP with loose moral behavior among women, or both.

He is very ambitious with regard to the number of children he wants and I am afraid that he will start an argument... I try to convince him, the will say that I want to cheat or to stray from the 'right path'.

Koloni, User (Pill), Age: 30, No education, Charcoal seller

Community Disapproval

The pervasive view with regard to FP 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.

RUMORS AND MISINFORMATION ABOUT FP

In Bougouba in particular, rumors about the supposed health consequences of FP and its effect on future fertility were a major cause of non-use among those with unmet need.

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), Age: 20, Primary schooling, Wrap-around seller

This phenomenon has been found in previous research in Mali among young unmarried women who did not use hormonal methods of FP while single for fear that it would make them sterile once they got married (Castle 2003). In both Bougouba and Koloni, outreach workers mentioned the effect of rumors about family planning on their work.

LACK OF ACCESS TO FP

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. Other women in Koloni could not find time to leave their economic activities to go to the health center in Koutiala and get a method or did not have a reliable means of transport. Some women with unmet need in Koloni simply had no one to orientate them to FP provision locations.

RELIGIOUS OPPOSITION

Bougouba is home to a very conservative Muslim association called Ansaarou Diine². The views of the association, which is opposed to the use of FP, appear to permeate village life and even influence non-members. This is despite the fact the representative interviewed used FP herself in secret but denied she knew about contraception in public. The views of Ansaarou Diine influenced one woman interviewed who had unmet need not to seek FP or to discuss it with network members who are also members of the association.

I have a female friend who is a militant member of the Ansaarou Diine association and she gives me [emotional] support... I have never discussed family planning with my friend who is a member of Ansaarou Diine as I am afraid she will disapprove.

Bougouba, Unmet need, Age: 32, No education, Fish seller

In Koloni, however, the male and female community leaders interviewed, including the village chief, all appeared to be in favor of family planning, creating a positive climate for distribution and use. The female leaders emphasized the health benefits for the mother and child but also chimed with the male leaders who underscored the economic advantages.

SECRET USE

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.

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 too, 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), Age: 26, No education, Textile dyer

Confidentially on the part of FP vendors is a primary requirement for most women. 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.

In Koloni, some 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.

MIGRATION

Women in Bougouba who, when they were unmarried, had been on labor migration to Bamako or other 'higher prevalence' areas seemed to be more likely to use FP than those who had never been on migration. Not only had they heard FP messages, but were often actively encouraged to use contraception by their former employers. Neither men nor women in Koloni regularly migrate but instead practice commercial cotton cultivation.

COMMUNICATION AND FP

SPOUSAL COMMUNICATION

Women in Bougouba were less likely to discuss FP with their husbands even if they suspected his attitude would be favorable. Contraception was simply not a topic that was discussed.

² The name of the association has been changed for confidentiality.

“I went to an awareness-raising session and ...I told him everything the group had said regarding FP and I emphasized the advantages. When I finished he didn’t say anything –he hasn’t said anything to this day- he has never said whether it is good or bad.”

Bougouba, Unmet need, Age: 32, No education, Fish seller

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

If it is Pills I can take them when he goes out. He can’t know all my hiding places!

Koloni, Unmet need, Age: 30, No education, Charcoal seller

In some cases, among the few couples who had actually talked about FP, 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, Age: 43, No education, Trader

For some respondents, spousal communication about FP and desired family size was considered 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.

FP DISCUSSIONS IN FEMALE SOCIAL NETWORKS

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

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...

Koloni, User (Pill), Age: 20, No education, Wood seller

In many cases, the positive attitudes of co-wives and mothers-in-law to FP were 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 FP use so they themselves would not be overburdened by child care responsibilities.

In Bougouba, however, where FP is less widely accepted, mothers-in-law were not seen as FP advocates. Indeed, the vast majority of both users and women with unmet need had never spoken to them about contraception. Even health care workers considered, possibly rightly, that older women in this village where FP use is relatively recent and often secret, would not know anything about modern contraception in the unlikely case they were asked about it.

FP DISCUSSIONS IN MALE SOCIAL NETWORKS

In both villages, discussions about FP among men can generally be initiated only by older people. For men, even discussions with their friends in the same age-set were difficult although for women these were often their main source of information and support. However,

men who looked upon FP favorably were able to communicate about this topic to their network members and close kin.

Even in men's networks, motivation to support women's FP 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 FP as the latter does not support the costs of rearing additional children himself.

"My paternal cousin does not share my view about FP. He is older than me and is a herder. We talk about FP all the time after work and at his house when we drink tea."

Bougouba, Age: 32, Primary schooling, Mason

The physical (and thereby social space) in which men discuss FP 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 more at ease discussing FP and fertility in these settings, even if their perspectives were negative.

RESULTS: CHARACTERISTICS OF SOCIAL NETWORKS

The composition of women's networks did not vary greatly between the two villages although the size and density did differ considerably. 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. In some cases, emotional support came from their husbands, but also frequently from their own mothers or friends.

The data show that similar kinds of networks have different roles in different contexts. In the predominantly 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 rumors. 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 FP 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.

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 catalyze 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 FP 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 FP. In Koloni, the non-users had networks of a similar size but did not include these key allies for open, or indeed, covert use.

RESULTS: SOCIAL NETWORK MAPPING

WHERE DO NETWORK MEMBERS CONGREGATE?

At home or community	Doing chores	Institutional places	Health system	Events
<ul style="list-style-type: none"> • In their homes • Shady area in compound • “Toguna” (older men’s shady area) 	<ul style="list-style-type: none"> • Walking to fields • At wells doing washing • Looking for wood in bush 	<ul style="list-style-type: none"> • Madrassa • Chief’s house • Mosque • Literacy center 	<ul style="list-style-type: none"> • TBA’s house • Retired nurse • Outreach worker • Health system • Village shops 	<ul style="list-style-type: none"> • Parties • Baptisms • Weddings

WHERE DO MEN AND WOMEN DISCUSS FP?

In Koloni, women’s discussions about FP, 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 FP 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.

We have a cultivation group – the two heads are present here...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), Age: 35, No education, Charcoal seller

For both men and women, age hierarchies directed the flow of information with young people being unable to bring up the subject of FP, 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.

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!...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), Age: 28, Literacy training, Charcoal seller

The mapping exercise revealed that users were able to name far more places in their villages where positive information was given out about FP than places where FP was negatively discussed, and these included more public spaces than those cited by women with unmet need. 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.

PROGRAMMATIC IMPLICATIONS

- Women seem to prefer to acquire FP 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.
- Some users appear to start using FP without much discussion with anyone, particularly their husbands and mothers-in-law. Therefore, in certain settings, respecting confidentiality will better help those wishing to use FP, especially those using FP for the first time in the face of spousal disapproval.
- Rumors and inaccurate information pose enormous barriers to use and could be countered by testimonies of successful users willing to speak out.
- In many cases, serious messages about FP were transmitted via joking and teasing to make them socially acceptable. The joking cousins' phenomenon may be useful in this context.
- In some settings, mothers-in-law and co-wives appear to be supportive of FP use and could be targeted with accurate information.
- Returned migrants may be useful sources of accurate information and role models for use.
- 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, strategically placed key individuals within women's networks can facilitate the transmission of accurate information and use of FP.
- 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.