



Projet Terikunda Jékulu

Using Network Analysis to Address Unmet Need in Mali

Executive Summary: Engaging Social Networks in Family Planning Programming: Lessons from Research and Interventions

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EXECUTIVE SUMMARY

Ethnographic research and situational analysis, conducted in Mali as part of the *Terikunda Jékulu* project, indicates that any attempt at addressing unmet need for family planning in Mali is likely to encounter significant resistance. Religious opposition to contraception and the premium placed on high fertility are entrenched social norms in the rural communities of the country. Broaching topics that could be perceived as birth limiting are strictly taboo. Furthermore, challenging gender dynamics that may reduce the power that men have over their families' procreation and lineage may be perceived as threatening. This report examines family planning (FP) literature and interventions to understand how social network ideas are used to overcome many of these barriers. Particular attention is given to the individuals and groups who play key roles in decisions regarding fertility and FP. The approaches examined focus on demand creation as both a practical and socially transformative means to addressing unmet need. The conclusion lists specific recommendations learned from various social network approaches and the implications for the *Terikunda Jékulu* project.

The persistence of unmet need for FP in Mali has prompted countless interventions designed to increase supply and access to contraceptive technologies. Despite decades of implementing these interventions, unmet need for FP remains high. Current research suggests that the focus on "supply side" issues has not addressed unmet need or facilitated FP uptake for the women and men of Mali who continue to report unmet need. Most interventions have targeted women without taking into account the ecological context in which these women live. Even when supply issues are not the primary concern, social, cultural, economic, and gender constraints act as barriers that inhibit both women and men from meeting their FP needs. These constraints can also give rise to misinformation that improperly informs FP decision making and impedes the success of awareness raising and education interventions. The problem of quantifying these barriers limits our ability to understand their importance and interaction.

Multiple studies indicate that the attributes of women's social networks, such as number of linkages in the network and the criteria for the selection of discussion partners, exert more influence on fertility and other health decisions than previously thought, even suggesting that social networks have more substantial and significant sway over health decisions than individual attributes like economic status or education attainment. Kinship, credit partners, and other peer constructed social networks (SN) have demonstrated clusters of low fertility, suggesting that these links exert a powerful influence on FP decision making. The influence of gender norms and women's relative lack of power vis-à-vis men have shown a strong correlation to the dominance of FP discussion partners who are spouses and older relatives. Some women in Mali, unable to negotiate FP with their partners, engage in clandestine FP because of differing opinions with spouses, and their relative lack of power in comparison to their husbands. These women are likely to confide only in other clandestine users.

Women also fear the social consequences of menstruation cessation and disruption that can result from using some FP methods. Such changes in menstruation can lead to accusations of infidelity or infertility. Because traditional gender norms place such high value on women's fidelity and fertility, these social consequences have a strong influence over women's FP attitudes. Discussions of FP took on gendered themes in the sex-separate networks. Women

come to the spousal discussion table armed with the knowledge of experiences they learned directly or indirectly from other women, whereas men's attitudes often reflect the approval or disapproval of family planning by their peers.

While social network-based interventions are an innovative development in the field of FP, programs have long used social network principles to diffuse innovation and promote FP uptake. Valente's 2010 monograph *Social Networks and Health* describes six approaches to implementing network-based interventions. While these programs did not approach social networking with the terminology or analytical approach found in the literature, the review reveals that most programs with demand generation components can still be classified into Valente's six categories of social network interventions.

These approaches are:

1. Formal opinion leaders

Social influence is perhaps the most commonly engaged construct from social network theory, and is frequently used in interventions that work through opinion leaders. Working through the links of any social network, social influence builds as individuals independently or collectively begin to exert power over the decisions of others in the network. This power can be based on religion, culture, kinship, wealth, or any number of attributes. By working through formal opinion leaders from various aspects of society, some programs have been able to utilize the existing networks of influence to promote the use of FP.

2. Snowball effect

Commonly used as a sampling technique, a snowball or respondent-driven approach to interventions tasks participants with recruiting new individuals to participate in a given program. Social network theory understands that these individuals will tend to recruit from their own social networks, which typically share some common attributes with the recruiter. This strategy is often used to reach hidden populations like sex workers and drug users, but the idea that individuals are well suited to engage those people with whom they share attributes is a common principle in FP/RH programming. In interventions, recruiters often take the role of a peer educator who is typically responsible for conducting trainings, distributing information, promoting FP knowledge, and sometimes distributing commodities. These educators find their audiences through their own social networks where they tend to connect with people of their own age. Peers are often youth, although their principle function can be performed by anyone.

3. Leaders of groups

Some individuals assume leadership positions based on the nature of the role they occupy. These leaders tend to include those who head formally organized networks like organizations, governments, and religious institutions. Many leaders, however, do not occupy these positions. Existing social networks and the groups therein all have individuals who occupy leadership roles without formal titles or office. These leaders can exert influence over the other members of their group explicitly through established hierarchies and experience, or implicitly as the result of being highly respected for a certain skill set, or having the ability to communicate exceptionally well

with others. These types of leaders can exist in groups of farm laborers, groups of women collecting water, groups of individuals of certain standing within the community, *grains*, or any group of people who form a unit together based on some shared attribute.

4. Strategically targeted groups

In every social network there are groups of people uniquely placed who have linkages and influence, and are defined by common attributes they share. The interventions discussed thus far have either leveraged social influence through key opinion leaders, such as religious figures, or attempted to maximize social learning by allowing people to learn from peers, or those who are members or resemble members of their individual social networks. Engaging both constructs of social network theory is more difficult. It means identifying a messenger for the intervention that has both power to exert influence on others, and is a trusted member of the community member's more intimate discussion groups. The combination is ideal because it allows people to adopt behavior change through a learning process that is participatory and promotes sustained change, rather than influence only which promotes change through social power. While removal of that power may lead to relapse, and the abandonment of the desired behavior change, the power an opinion leader exerts does create the space for learning by adding legitimacy and authority to new ideas. This is particularly salient to FP, where new ideas are often seen as oppositional to traditional norms and the traditional leaders who steward such norms.

5. Bridges and connectors

Some individuals are well poised to diffuse information through networks simply based on how the network is constructed around them. These individuals tend to form bridges between different networks and act as intermediaries between other individuals or networks. Targeting these network bridges may help disseminate ideas to multiple disparate groups, or move an idea that has diffused within one group through the bridge and onto another group. While social network analysis reveals the links between individuals and which ones constitute bridges, some individuals are bridges based on attributes of their position in the network.

6. Rewiring linkages and ties

Much has been accomplished in Mali through the rewiring and creation of new networks to affect policy change. The ultimate goal of this process, however, is to affect change at the local level, a necessary though sometimes lofty goal in a low resource setting such as Mali. Social mobilization is the reverse process of policy reform, a bottom up approach, as opposed to top down. Social mobilization approaches engage communities in participatory problem solving to develop new ideas and new solutions that the community can act upon. This process brings new individuals and networks together that may not have interacted previously. Like policy change, social mobilization involves actors from every segment of society. From politician and bureaucrat, to the local NGO volunteer and her fellow citizens, the goal of social mobilization is to create networks of cooperation that can affect change.

Examining these approaches in practice yields key lessons for future FP programming seeking to utilize the power of social networks to achieve desired outcomes. The following

recommendations include lessons learned from past interventions, as well as suggestions on how to apply these lessons to the *Terikunda Jékulu* project in Mali.

I. Engaging formal opinion leaders

What works:

- Generating approval for FP among religious leaders can encourage FP users to talk more freely about their decisions and methods.
- Religious leaders can dispel FP myths.
- High-ranking religious officials can clarify, both for their congregations and for other clerics, that religious teachings do not oppose FP.
- Networks of religious leaders can work together to clarify that religious teachings do not oppose FP.

What doesn't work:

- Many local religious leaders do not have much education, or an in-depth understanding of the Qur'an. Consequently, they may insist that FP is forbidden by Islamic teachings.
- Engaging religious leaders without understanding their spheres of influence may be unsuccessful because communities may align themselves more closely with religious leaders of different ranks. This is especially true in Islam where multiple hierarchies exist.
- Working with traditional leaders that occupy positions of cultural significance, but no longer hold power or control few resources has proved unsuccessful in previous interventions.

Implications for *Terikunda Jékulu*:

- Religious leaders occupy key positions with considerable social influence. The social influence an opinion leader exerts does create the space for social learning by adding legitimacy and authority to new or taboo ideas like modern contraception.
- These leaders should be sensitized to the idea that “birth spacing” leads to healthy and prosperous families—an idea in accordance with the Muslim faith.
- It is important that religious leaders reach consensus on issues related to “birth spacing”, and speak with one voice. Otherwise, their congregations may be confused and become skeptical due to competing messages on FP.

II. The Snowball Effect through Peer Education

What works:

- Peer educators can be used as effective models of positive deviant behavior.
- Using peer education promotes interpersonal communication. People tend to trust and confide in their peers, facilitating discussion of taboo subjects like FP.
- People tend to confide in their peers over other groups. Evidence from research and interventions indicates men are likely to talk about FP with other men, youth prefer to talk with other youth regarding RH issues, and women will tend to engage in FP discussions with other women that they feel share their views.

- Peer educators can serve as behavior models. They may exhibit positive deviant behavior pre-dating the intervention, or they may have adopted the desired behavior change through training or contact with another peer educator. In either circumstance, the peer educator approach provides opportunities for observation, testing, and social learning in a safe environment.
- Peer educators reach informal discussion networks, but are more effective when the networks in question are supported and reinforced with other activities that promote participation and interpersonal communication, as well as consistent messaging through mass media.
- Peer educators are effective when they are motivated, enthusiastic, and have the correct perceptions of the training objectives.

What doesn't work:

- Interventions have not been as successful when follow-up training, clearly defined curricula, and operational support were not provided to peer educators.
- Unstructured peer education models have been too loosely defined to achieve results.
- Programs in which the peer educators have not been incentivized in some way have been less successful. Incentives are not necessarily monetary in nature, but can be materials that bring recognition to the individual and the program and elevate status in the community, such as merit certificates, tote bags, or articles of clothing. They can also include other factors such as personal dedication, heightened esteem in the peer group, and supplementary education.
- The time requirements placed on peer educators cannot be so much that it discourages them from continuing in their roles.

Implications for *Terikunda Jékulu*:

- Peer educators should be carefully chosen to ensure that they are committed to reducing unmet need for FP. They should also be selected based on their interpersonal communication skills or their individual capacity to improve these skills.
- The peer education approach should extend beyond youth and incorporate adult men and women of reproductive age, and perhaps even other individuals not of reproductive age, such as mothers-in-law.
- Early identified positive deviants in Mali are likely to be clandestine users. Engaging covert positive deviants may expose them to backlash or harm. Covert users should be approached with caution and care if the program is seeking to recruit these positive deviants into any peer educator role.
- Peer educators must receive follow-up trainings and support from program staff in Mali, where the vast rural nature of the region is likely to isolate peer educators in their respective remote areas, and perhaps discourage them from continuing in their roles.
- Interpersonal communication of the peer educator approach will work best if combined with multiple community approaches -- Discussion groups, community awareness campaigns, radio programs, organized community interaction programs, and performance events working together to dispel FP myths and misinformation and de-stigmatize the use of FP.

III. Leaders of Established Groups

What works:

- Identifying individual leaders of non-formal groups is an effective way to diffuse information through informal networks. These natural leaders operate in more intimate and socially supportive environments that can facilitate the discussion of difficult subjects like FP. It has also been observed that these leaders often have more frequent contact and opportunities for interpersonal communication with their group members; this may be because these groups are often smaller than larger formal groups.
- Leaders are more successful when they are trained in interpersonal communication with an emphasis on being frank and factual.
- The approach is more successful when it is participatory:
 - Group members should identify their leader and this can be confirmed through SNA.
 - Sessions they conduct with group members produce better results when they are participatory and interactive. This is because although the leaders may exert influence over group members and add legitimacy to the discussion, group members must also participate in order for social learning to occur. Participation through social learning will promote sustained change, whereas change stemming from the power an opinion leader exerts may not sustain itself in the absence of that leader.

What doesn't work:

- Group leaders who have been engaged to educate their respective groups on FP should not oversee groups of more than 10-15 members.
- Leaders should not be morphed into community health workers. Their strength lies in the informal and intimate dialogues they foster with group members. Removing leaders from that environment for extensive training, or overburdening them with clients undermines their core strengths as leaders of informal groups.

Implications for *Terikunda Jékulu*:

- Working through the leaders of informal groups is a potent tool for disseminating information through discussion networks. The success of this approach depends on how the leaders are identified and to what degree they are incorporated into the project.
- Results of SNA may indicate certain natural leaders within informal networks. These individuals should be approached with careful consideration. The selection of individuals to participate in formal leadership roles within a project could have negative consequences. Other group members could interpret the leader's elevation to a formal position as unwarranted, threatening, or offensive. For this reason, it is best for groups to select their own leaders through a participatory process to increase buy-in and incorporate the feedback of all group members.

IV. Strategically Targeted Groups

MEN

What works:

- Successful male engagement relies on treating men as partners of women, clients or beneficiaries of FP, and agents of change.
- Men are typically more receptive to messaging emphasizing the financial benefits of FP.
- Men can be reached by embedding FP messages and activities in interventions typically perceived to be in the domain of men—projects that may, in practice, exclude women. This approach also provides an atmosphere where men can begin to understand the benefits of FP by comparing it to ideas men are familiar with, such as protecting natural resources for future use is akin to protecting your wife’s health now to support your entire family’s future health.
 - This approach also opens the door for women to be incorporated into men’s projects. Cooperation between the sexes in this realm may transfer to cooperative decision making regarding FP.
- Supporting positive images of masculinity, such as the caring father and loving partner, that can help transform gender norms and make it easier for men to support family planning. This may also include promoting images and perspectives on masculinity that are more gender equitable and non-violent.
- Programs with male engagement can be gender transformative by having men reflect on gender norms and their negative consequences. This helps men understand the importance of sharing decision making with their spouse.
- Cognitive dissonance activities like having men examine pictures of GBV, authoritarian husbands, or negative outcomes of high fertility is effective in prompting men to understand the negative effects of gender norms, including their dominance over FP decision making.
- Using men to counsel other men through a peer or mentoring approach is one of the most effective means of reaching men. Male motivators or peer educators ideally should be current contraceptive users.
- Motivators or peer educators should be selected that can reach men in the evenings, in places where they gather and at their places of work.

What doesn’t work:

- Exposure to mass communications did lead to incremental improvements in men’s knowledge of and attitudes towards FP, but a considerable gap remains between high knowledge and low practice.
- Single message campaigns targeting men may reinforce gender stereotypes and gender power disparities by assuming that men will retain the majority of the decision making power.
- Emphasizing the financial benefits of FP helps to reach men and can be persuasive, but continues to frame FP in the male context and under male authority.

Implications for *Terikunda Jékulu*:

- Gender transformative programs hold the most potential for affecting sustainable changes in gender norms that will promote shared decision making and cooperation on the use of FP between partners. However, this approach may not be scalable in Mali because it is time intensive (some programs include 70 modules for participants), involves highly trained facilitators, one-on-one counseling sessions, and is expensive.
- Research in Mali and West Africa indicates that men discuss FP with friends and tend to be influenced on the issue most by this group. A male motivator or male peer educator approach may be most effective for reaching Malians and closing the gap between knowledge and practice.

TRADITIONAL BIRTH ATTENDANTS**What works:**

- Working with TBAs affords an intervention the benefits of a trusted figure who exerts both social influence and promotes social learning in interpersonal communication and discussion networks.
- TBAs are able to reach women in purdah, and are typically trusted by husbands and mothers-in-law.
- Training TBAs to disseminate FP information, methods, and technologies will make them an effective arm of an intervention.

What doesn't work:

- While TBAs are not necessarily professional health workers, they may be more effective than CHEWS who are not necessarily influential figures in the social networks of poor rural women.

Implications for *Terikunda Jékulu*:

- TBAs should be selected on the basis of careful criteria that will enhance their effectiveness as well as program outcomes. These criteria should include being pro-FP (which can be determined through a simple survey), as well as being of reproductive age so that they may more easily reach women on a peer level. It is unlikely that all potential TBA volunteers can be FP users; however, all TBAs should be trained on all modern and natural methods and should not be opposed to sharing any method with a potential FP user to ensure informed choice.
- TBAs may need to be incentivized. This incentive could be increasing their training, providing health kits, transport stipends, identification cards, or uniforms when desired.
- Training TBAs to conduct eligible couple mapping that introduces data collection on referrals and FP uptake may reveal clusters of couples who have adopted FP. This would also serve as a useful monitoring tool to see which TBAs are having better outcomes. This information could then be used to identify less effective TBAs and provide them more training, such as interpersonal communication skills, and assistance in the course of their activities. This may not be possible, however, if TBAs are illiterate.

COUPLES

What works:

- There is a positive correlation between spousal communication and use of a modern contraceptive. Targeting spouses in a way that prompts a reevaluation of gender disparities is likely to lead to more open communication and joint decision making.
- Pairing male motivators with TBAs has proved useful in reaching couples by giving both the husband and wife a same-sex confidant to ask questions of with fewer reservations.

What doesn't work:

- Programs that target a single sex, male or female, have a poor track record of fostering couples communication.
- Programs that work with couples have the potential to expose current clandestine users. These women could be endangered should their husbands become aware of their covert use of FP. All staff and facilitators should follow clear protocols to ensure any private information of a wife will not be revealed to her husband.

Implications for *Terikunda Jékulu*:

- Considering gender power disparities in Mali, couple's engagement is not an ideal point of entry for an FP intervention. Activities between couples should be reserved until men become sensitized to the idea of FP and the need for joint decision making. Women's communication skills should also be addressed to help build needed confidence in discussing difficult subjects like FP with their husbands.

GRIOTS

What works:

- Griots are potential allies in spreading pro-FP messages. They have been used in interventions to spread messaging through their traditional mediums specific to Malian culture.
- There may be considerable untapped potential with this group, as they are respected individuals with a distinct place in Malian society that allows them to voice their opinion on certain taboo issues where most remain reticent.

What doesn't work:

- There has been no systematic evaluation of the incorporation of griots into interventions. While they have been engaged as "gatekeepers" (those with influence over cultural institutions), their effectiveness remains unclear.

Implications for *Terikunda Jékulu*:

- The influence griots have over individual attitudes and behavior has yet to be understood. SNA may not reveal the influence of griots, who are revered figures, but whose role in society is often peripheral and relegated to key functions performed in rituals and ceremonies. In these capacities, griots may not be frequent discussant partners with many individuals and couples of reproductive age.

MARGINALIZED GROUPS

What works:

- Positive deviants and early adopters are important individuals to target for diffusing FP ideas and information through marginalized groups, which are less likely to have linkages with the social networks of dominant groups.

What doesn't work:

- Marginalized groups are ill-suited to diffuse information through broad networks because they lack ties to those outside of their group.

Implications for *Terikunda Jékulu*:

- Malian society includes many marginalized groups, including slave populations. Program objectives to reduce unmet need will need to be reconciled with calls for social inclusion. Addressing unmet need in marginalized groups may have a limited impact on overall unmet need from a social networks perspective, and may encounter resistance from local dominant groups. Still, social inclusion is a core objective and development goal of USAID, and should be considered.

V. Bridges and Connectors – Finding Potential Links Between Individuals and Networks

What works:

- Positive deviants will not always be leaders. Often, they will be average group members who have found a way to practice FP or meet their unmet need that the majority of the group has not. These people can be used to link and connect other individuals. Positive deviant inquiry (PDI) can be used to identify the environments that enable them to adopt behaviours outside the norm of their community.
- Mothers-in-law are powerful figures that have been engaged in the past because they hold sway over both their sons and their daughters-in-law.
- Community-based distribution networks can link contraceptive clients and potential clients to clinics.

What doesn't work:

- Some findings suggest that a communication divide exists between young mothers and their mothers-in-law. This divide is especially strong on issues such as FP, where most young mothers perceive that their mothers-in-law are against FP.
- Programs that do not address the underlying perceptions that young mothers have regarding their mothers-in-law's beliefs on FP are less likely to be successful.

Implications for *Terikunda Jékulu*:

- Possible PDs should be identified through focus groups, rather than asking others to identify people, to protect privacy.
- Findings from PDI may not be generalizable in the Malian setting where significant differences exist between communities and their resources across the vast rural nation.

- Ethnographic research in selected Malian villages has found that mothers-in-law tended to approve of FP, and that they may be more willing to sensitize their sons to the benefits of FP than their daughters-in-law believe they are.
- Exchange meetings between community-based distributors and clinic staff can help facilitate dialogue, promote cross learning and build stronger linkages across the referral network. This could be important in rural Mali where clinical services are so spread out. Strengthening relationships between CBDs and clinic staff trickles down to individual clients who may not have easy access to facilities. Clients will benefit from recognizing their CBD's increased confidence in clinic staff, which in turn promotes clinic referral.

VI. Rewiring Networks: Creating Linkages through Social Mobilization

What works:

- Working with high level religious leaders and government officials has helped in developing pro-FP/RH policies at the national level. This effect, however, has not trickled down into Malian villages. Therefore, it is necessary to work through a social mobilization approach that engages communities in participatory problem solving to develop new ideas and new solutions that the community can act upon. The process of mobilizing human resources as agents and facilitators of sustained behavior change can rewire networks to diffuse positive FP messages.
- Social mobilization benefits from complimentary processes, like training community members as safe motherhood volunteers (SMVs) and safe motherhood advocates (SMAs), thus filling a programmatic need and engaging the community as participants.
- Recruiting advocates from within the community who feel passionately about the benefits of FP will help ideas diffuse more rapidly.
- Social clubs, like mothers and fathers clubs, are the ideal setting for social learning to take place amongst peers.
- Contraceptives should be socially marketed and distributed by individuals that potential users feel comfortable approaching.
- Community members should be included in the development of multiple modes of communication including individual outreach, community dialogues, posters and pamphlets, rallies, television and radio.
- The community should be part of a participatory process to design an intervention to address identified challenges in meeting unmet need.
- Community dialogues should be held between positive deviants and influential leaders to sensitize leaders and develop strategies for reaching the community with messaging.

What doesn't work:

- While demand creation is a key factor of social mobilization, the inability to meet the demand for contraceptives that a program creates can undermine program objectives and tarnish a program's reputation.
- Social marketers should not be representative of only one age group or class of people. They should represent different facets of the entire community in order to reach the most beneficiaries possible.

Implications for *Terikunda Jékulu*:

- For clandestine users, social marketers may need to be in anonymous settings, i.e. where clients can come to purchase something other than FP as a cover for actual FP purchases.
- More information is needed on appropriate ways to engage informal discussion groups like the *grains de thé*. If catalyzed, these existing groups could be a powerful network for diffusion of ideas, as well as vehicles for social mobilization that would benefit from the groups cultural legitimacy.

Themes to Keep in Mind

Regardless of the approach chosen or actors engaged to participate in the intervention, several key principals will help *Terikunda Jékulu* maximize the power of social networks to address unmet need.

- Formal and informal networks both hold significant potential and can work in tandem with each other to promote attitude and behavior change.
- Engage existing networks, but don't be afraid to create new ones that can serve a defined purpose.
- Identify points of entry into existing networks at various levels, including working with religious leaders of various levels, as well as female figures such as TBAs and other traditional healers.
- Utilize social influence through opinion leaders, but promote activities that foster social learning.
- Connect opinion leaders and positive deviants to each other – form “champion” coalitions – amass social influence by organizing key actors to catalyze change at the local and national levels.
- Constructive male engagement is critical to success. While all not male engagement approaches seek to transform gender norms, challenging men to re-evaluate the consequences of their dominant role in the FP decision making process is an essential first step in creating the space for women to assume a more active role in their own fertility decisions.
- Participation is a key feature across all successful programs, helping to create buy-in and ownership amongst the community. This is particularly important in FP programs where there may be significant opposition to the ideas, attitudes, or methods the program is seeking to promote.