



# Summary: Situational Analysis for Projet Terikunda Jekulu

## Dire and Selengue Districts

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## **DIRE AND SELENGUE DISTRICTS, MAY 8 – 12, 2011**

A social analysis was carried out from May 8 – 21, 2011 as part of the formative work laying the foundation for a family planning intervention that will focus on social networks as a channel for changing social attitudes and practices around family planning use. The objective of the social analysis was to provide an understanding of the social context, potential players, and existing groups or networks in Dire and Selengue Districts – the two districts targeted for the initial intervention phase. Both districts have a very low contraceptive prevalence rate (1.07 and 4.08 respectively) but Selengue indicates there is an unmet need of 33.2% while that of Dire is only 16.6%. Dire District is bigger than Selengue with populations of 118,793 and 89,457 respectively.

The situational analysis used a mixture of qualitative methods including focus group discussions and key informant interviews. Picture codes and skits were used to portray social issues that were then discussed to probe people's social and cultural attitudes and beliefs around family planning.

### **DIRE DISTRICT**

Dire seems to be a particularly conservative district with respect to family planning. People attribute their conservatism to the belief that family planning is against Islam, although the religious leaders indicated they could be open to family planning. Mothers-in-law were frequently cited as barriers to women using family planning, as were husbands. Secret practice seems relatively common despite potentially severe consequences (violence and divorce) if found out. Discussion of reproduction, fertility, and family planning is generally taboo, and even though there are a plethora of associations and groups that could potentially provide a platform for family planning support, they do not currently see it as part of their interest or agenda. This general lack of interest or thinking about family planning probably explains the low unmet need prevalence despite the extremely low contraceptive prevalence rate.

### **SELENGUE DISTRICT**

The level of awareness, interest in, and involvement with family planning activities seems to be significantly higher in Selengue. This is enhanced by ongoing family planning activities carried out by ASDAP including support for community based distribution and development of women's associations as platforms for information and product dissemination. While religion also seems to be a significant factor in this district, there is more recognition of the economic and work load benefits to limiting family size, and mothers-in-law and co-wives were cited as advocates who could support a wife in using family planning if her husband needed convincing. The religious leaders were somewhat more hesitant to commit their collaboration.

## **COMMON FINDINGS AND ISSUES**

### **FAMILY PLANNING INTERVENTIONS**

Stock outs of Pillplan were a significant problem in both districts. In addition, while both districts have non-formal distribution networks and social marketing of pills has been developed in Mali, there is no mechanism for these sales to be reported in the national reporting system. As such, the estimated use rates might be lower than the actual use. Supplies from these informal networks cost more, but they provide a back-up source for contraceptives when they are not available at the health center. Rumors and misinformation are widespread and likely enhanced through formal and informal networks, although further work is needed to discern how rumors might reflect the predisposed interest or not in family planning. Where clandestine use occurs, both the cost and the confidentiality of the health services also become an issue. There were also examples of poor storage and inconsistent use due to hiding the pills and needing to take them in secret. The formal health system at the community level through the Relais is hampered by poor motivation and supervision.

### **MALE INVOLVEMENT**

Despite some effort at the national level to recognize the importance of male involvement, the situational analysis found little indication that men were included in any of the discussion or activities. They had very little information, and were concerned about rumors and side effects. Husbands were cited by everybody as a significant barrier to family planning use and people acknowledged the taboo around talking about sex and fertility. There was some confusion over whether national policy allows women to use family planning without their husbands' approval. This would seem to be an area where there would be significant room for improvement through this project.

### **RELIGION**

Religion seems to have a significant influence in both districts, although Selengue was more open to the economic influences. Religious leaders in both districts were open to supporting family planning use within the parameters of the Koran – within marriage and for health rather than for limiting fertility: God wills children and will provide for them. There was some suspicion of partnerships with NGOs since they felt their collaboration had been abused in the past, with partners portraying them as supporting messages they hadn't bought into.

## **PARTNERSHIP AND NETWORK OPPORTUNITIES**

The analysis found a range of possible associations and groups in both districts that could potentially support family planning use. These include women's associations, networks of associations, village savings and loans (MJT – CARE Dire), local NGOs, farmers' groups, and grins (which tend to be social groupings). The most active groups have strong leadership and may be active in the community (representatives are an alternate in addition to the traditional leaders in the community), although the ethnographic study found that associations have the tendency to either positively or negatively support use depending on their prior inclination. The associations and some of the other groups tend to have an economic platform. Group members who have been in town tend to be more open and may have more influence in their groups.

Particularly in Selengue, but possibly in Dire as well, there seems to be increasing openness towards family planning which can be capitalized upon. People who have lived outside the village have the potential to be positive deviants and/or positive influences for more open thinking and exploration. Grins may be a possible platform for reaching men and younger people (both men and women). At this point, there is limited interaction between the formal health system and any of these groups, but this is another link that could be developed. The Ministry of Health and the Ministry for Social and Economic Development are willing partners, as would likely be the ASACOs (the health center management committees). The situational analysis indicated that male involvement, couple communications, influencing elders (such as mothers-in-law), and the use of wives of influential leaders for positive family planning influence would likely be possible strategies. Involvement of religious leaders is important, but probably also problematic in that they may not be supportive of all the changes (smaller families and use by youth) the project might be interested in promoting. The situational analysis did not identify any networks of elders that could be tapped into, although they highlighted the importance of starting with more detailed network mapping when beginning implementation.