



ADDRESSING UNMET NEED FOR FAMILY PLANNING THROUGH SOCIAL NETWORKS IN BENIN



Photo Credit: Sarah Burgess, IRH

Why does Tékponon Jikuagou matter?

Unmet need for family planning continues to grow in West Africa, despite investments in service improvement, policy advocacy, and demand creation. In Benin, unmet need is around 33%, despite multiple government and non-governmental efforts to increase access to information and services.

Many social factors—including community beliefs, social and gender norms, and family planning stigma—pose serious barriers to family planning uptake and use. Fertility decisions are rarely individual, but are influenced by advice from and beliefs about what family, friends, and community leaders approve of and do.

Consequently, we need new approaches—such as social network approaches—that recognize these realities and needs.

What is Tékponon Jikuagou?

Tékponon Jikuagou aims to develop and test a scalable package of social network activities to engage men and women in discussion and reflection about unmet need for family planning. The package of activities works with and through influential and connected network actors who may be more effective in diffusing new ideas and mobilizing public dialogue than formal leaders or health workers alone. The intervention aims to increase acceptability of discussions concerning family size and family planning use. It also aims to create an enabling environment for family planning use by increasing the perception that social network members approve of family planning use.



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The Tékpouon Jikuagou intervention package consists of five interlinking components.

ENGAGE COMMUNITIES IN SOCIAL MAPPING



Engage communities in social network mapping using a participatory process that allows communities to identify the most influential and connected village groups and individuals.

SUPPORT INFLUENTIAL GROUPS IN REFLECTIVE DIALOGUE



Groups identified in Step 1 discuss, reflect, and diffuse ideas. Story and activity cards address themes related to social and gender barriers to unmet need. Open-ended questions guide reflective dialogue. Group members share (diffuse) new ideas with family and peers.

ENCOURAGE INFLUENTIAL INDIVIDUALS TO ACT



“Influentials” identified in Step 1 engage their constituencies on issues related to unmet need. They may share infographics that illustrate social barriers, such as, ‘Why do women and men who want to space births choose not to talk about family planning or seek services?’ These trusted influentials break down taboos related to discussing these issues.

USE RADIO TO CREATE AN ENABLING ENVIRONMENT



By broadcasting stories and group discussions, radio extends the reach of new ideas.

LINK FP PROVIDERS WITH INFLUENTIAL GROUPS



Face-to-face meetings and the ‘Each One Invites 3’ Campaign link family planning providers with influential groups. Meetings allow correct information to flow through influential networks, combating misinformation circulating about modern family planning. The Campaign asks network actors to reach out to family and peers not using family planning, talk about (diffuse) their experiences, and offer a Family Planning Invitation Card to encourage them to seek information and services.

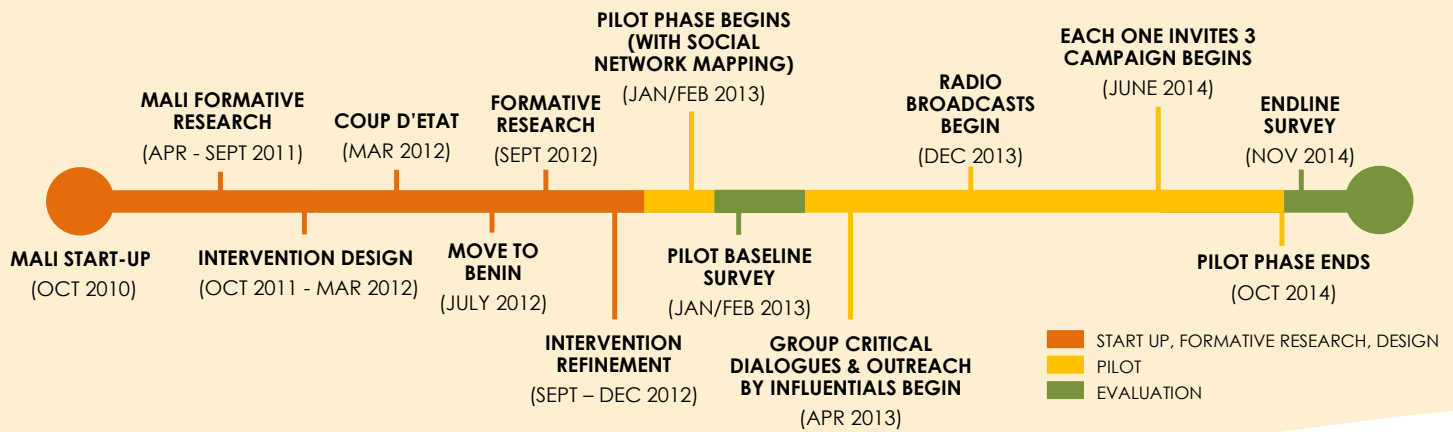
Between April 2013 and October 2014, the Institute for Reproductive Health at Georgetown University, CARE-Benin and Plan International pilot-tested the Tékpouon Jikuagou network package in 90 villages in Couffo Department in southwestern Benin. Over 18 months, 294 community groups and 459 Influentials used the package. Directly and indirectly, new ideas reached an estimated 36% and 51% of adult men and women with new ideas, respectively, in the villages sampled at endline.



A Social Network Intervention by Design

On the surface, social network interventions may appear similar to conventional family planning approaches that work through community structures to provide information and services. Tékpouon Jikuagou, however, differs in some key ways.

- 1. Addresses unmet need, not only access to family planning.** The program is designed to reach women and men who wish to space or limit births but for a variety of reasons do not act on this desire. Activities catalyze exploration of this paradox.
- 2. Employs social networks for effective diffusion.** Instead of working with community health workers and peer educators, it strategically engages a small set of socially-influential network actors to rapidly diffuse ideas.
- 3. Applies communication for social change approaches.** Reflective dialogue goes beyond simple information sharing, and fosters reflection and comparison, leading to new ways of understanding and acting on unmet need.
- 4. Equal focus on women and men.** Given the gender and power dynamics at play, intervention materials - story and activity cards and infographics - consider the unique needs and potential engagement of both men and women and encourage discussion about gender roles. The social network mapping process selects equal numbers of male and female groups.
- 5. Scalable intervention.** The intervention package is designed to be a simple, low-cost, low-technology approach requiring ‘light’ implementation. That is, although it is community-based, training and supervision are minimal and the intervention is short-term. These qualities allow the social network package to be replicated at scale.



How Much is Enough?

As an intervention based on diffusing new ideas through networks to effect change, we reviewed results of mathematical modeling and social network initiatives and determined that 25% to 50% exposure to the intervention should lead to shifts in community norms (Jackson & Yariv, 2006. Kim et al, 2015).

The package was designed to engage three groups (men, women, and mixed-sex) and five influentials per village, hypothesizing this would be sufficient to diffuse new ideas to about half the adult population over one year, reaching a tipping point of normative change. By the end of the pilot, though, we learned that these numbers needed to be adjusted upward, especially for larger villages, to reach a 50% diffusion level. Thus, larger villages now engage five influential groups (two women, two men, and one mix-sexed group).

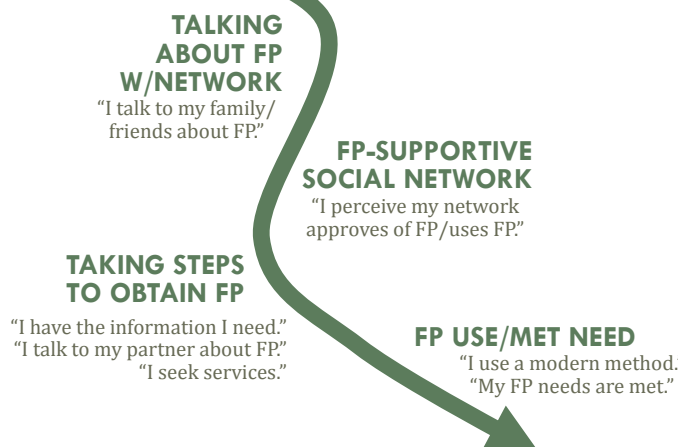
What Did We Learn?

We designed the network package to reduce social barriers that prevent women and men from acting on their unmet need, such as reluctance to discuss family planning or fear of criticism or sanctions for family planning use.



We hypothesized that the package would lead to changes in: 1) individual behaviors (e.g. discussion about family planning); and 2) social norms (perceptions about what network members believe and do, such as use family planning). This, in turn, would lead to women and men taking steps to obtain information and services, resulting in increased family planning use and met need (image below). A key question was whether a more-supportive network would, by itself, facilitate family planning use and met need.

TÉKPONON JIKUAGOU PACKAGE



This brief presents results of a cross-sectional survey conducted with women (1,080) and men (1,080) in union interviewed prior to and 18 months after the pilot intervention began. Statistical tests – means testing and odds ratios from logistics regressions - determined whether the changes were statistically significant after controlling for potentially confounding factors including age, education, religion, number of children, and number of co-wives.

Effectiveness of the Social Network Approach

The “light touch” social network package—low-technology, short duration, limited set of network actors—was effective in motivating women and men to act on their desires to space births, leading to increased family planning use and met need.

Women and men reached by the intervention were 1.5 times more likely to use modern contraception and have met their need for modern contraception. Increases were statistically significant for women but not men.

The package was effective in reducing social barriers that prevent women and men from acting on their desires to space births.

The intervention led to statistically significant increases in women and men talking about and acting upon their desire to space or limit births. Those who were exposed to the intervention had increased odds of discussing fertility desires and family planning use with spouses and peers. Exposure also encouraged significantly more women and men to take steps to obtain a method.

The perception that one’s social network approves of family planning makes a difference. Women and men who reported that their network approves of family planning were significantly more likely to discuss method use with their partner and seek services.

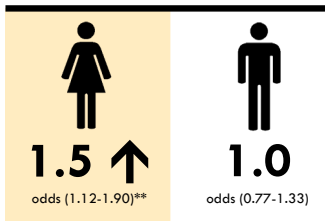
Results show that women who broke communication taboos like talking with someone in their network about family planning are more than five times as likely to talk with their partner about obtaining a method as those who do not. Similarly, men who believe their network approves of family planning are 3.5 times more likely to visit the health center to obtain family planning.

Perceptions that one’s networks support family planning were positively and significantly linked to increased use of contraception and met need.

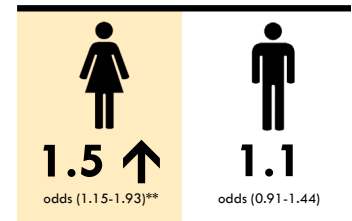
Results show that a supportive environment is significantly associated with modern family planning use. This affirms the importance of using a social-network approach that supports diffusion of new ideas through the most influential and connected network actors.

Those exposed to Group Discussions and Influentials were more likely to...

Use a Method



Actual Met Need



Those exposed to Group Discussions and Influentials were more likely to...

	Women	Men
Discuss FP Methods with Partner	2.5 ↑ odds (2.00-3.16)***	1.8 ↑ odds (1.47-2.20)***
Talk with Partner How to Obtain Method	2.7 ↑ odds (2.17-3.46)***	1.9 ↑ odds (1.56-2.37)***
Ask Health Worker about FP	2.7 ↑ odds (2.06-3.44)***	3.0 ↑ odds (2.35-3.86)***
Visit Health Center to Obtain a Method	2.5 ↑ odds (1.92-3.36)***	2.8 ↑ odds (2.10-3.71)***

If I have talked to at least one person in my network about FP, I am more likely to...

	Women	Men
Talk with Partner How to Obtain Method	5.4 ↑ odds (4.05-7.13)***	2.5 ↑ odds (2.03-3.08)***
Visit Health Center to Obtain a Method	4.5 ↑ odds (3.22-4.34)***	1.9 ↑ odds (1.43-2.60)***

If I believe at least one person in my network approves of FP, I am more likely to...

	Women	Men
Talk with Partner How to Obtain Method	5.3 ↑ odds (3.96-7.00)***	4.0 ↑ odds (3.15-5.05)***
Visit Health Center to Obtain a Method	3.6 ↑ odds (2.58-4.94)***	3.5 ↑ odds (2.41-5.00)***

If I believe at least one person in my network... ..the odds that I will use FP increase greatly.

	Women	Men
Discusses FP	2.7 ↑ odds (2.05-3.50)***	1.3 ↑ odds (1.00-1.65)*
Approves of FP	3.4 ↑ odds (2.54-4.45)***	2.0 ↑ odds (1.51-2.53)***
Uses FP	4.0 ↑ odds (3.04-5.13)***	2.5 ↑ odds (1.91-3.26)***

Adjusted for age, education, religion, number of children, number of co-wives; P-values: * p<.05; ** p<.01; *** p<.001

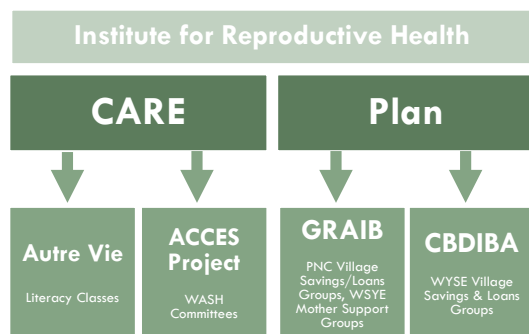
Strategies to Equalize Diffusion via Women's & Men's Networks

The intervention was designed to diffuse similar ideas through women and men's networks to foster more equitable gender dynamics, decreasing social barriers in the process. The reach of Tékonon Jikuagou varied by component. More women than men were exposed to the package (any component), but men were primarily reached by radio broadcasts while women participated in group discussions. A multi-component intervention package provided different channels and effectively engaged both sexes.



Photo Credit: Sarah Burgess, IRH

Developing Scalable Social Change Interventions



The package was designed simply to ensure costs remained modest, a requisite for scalability. A costing exercise undertaken during the pilot phase indicated that the cost per village of implementing the social network package is approximately USD 4,100, assuming implementation in 125 villages over a one-year period. This includes direct and indirect costs.

Tékonon Jikuagou began first-wave expansion in early 2015. Staff involved in the pilot phase helped four new organizations integrate the package into ongoing multi-sectoral projects. This year-long scale-up experiment will reach an additional 88 villages in Couffo and Ouémé, and explore the capacity of organizations without family planning experience to offer the package with minimal assistance. It will also shed light on how to adapt the intervention during expansion, while maintaining fidelity to core concepts. Minimal assistance has been needed: three days of training, a user's guide to implementation, and limited technical assistance from pilot project staff in CARE and Plan.

In Summary

The pilot findings demonstrate the important influence of social networks on individual behavior. A social network package with multiple, interlinked components addresses the challenge of effectively reaching both women and men. This promising social-network approach challenges us to think differently about the demand side of family planning programs, calling into question a commonly held belief about social change interventions; the success of Tékonon Jikuagou demonstrates that *it is possible* to design effective community-based, social-change interventions simple enough to be scaled.

What Can You Do?

Technical Experts, Policy Makers & Program Managers:



Build evidence on social network approaches to address unmet need for family planning. Include social network interventions and related research and evaluation in work plans and budgets.



Prioritize programs that reach both women and men to address unmet need and family planning.



Document and share lessons learned about social network interventions, diffusion, and social norm change to strengthen capacity to implement social change programs for family planning.



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