

# Effects of a Social Network Diffusion Intervention on Key Family Planning Indicators, Unmet Need and Use of Modern Contraception

Household Survey Report on the Effectiveness of the Tékponon Jikuagou Intervention





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# **EXECUTIVE SUMMARY**

In order to reduce social barriers in Benin that impede individuals from seeking and using family planning services, the Tékponon Jikuagou social network intervention uses social mapping to identify and engage influential community actors — groups and individuals, or influentials - in examining such barriers. Serving as entrees into social networks, these network actors, in turn, will encourage community dialogue about unmet need and family planning and catalyze the spread of new ideas and attitudes. Community diffusion is complemented by radio broadcasts of group dialogues and explicit linkages of influential groups to family planning providers. A "lean" intervention package was designed to facilitate scale-up and integration, providing limited training and coaching to community facilitators and limiting NGO inputs.

A costing exercise during the pilot phase indicated that the cost per village of implementing the Tékponon Jikuagou social network package is approximately USD 4,100, assuming implementation in 125 villages over a one-year period. This figure includes both direct and indirect costs. Exposure to each component of the Tékponon Jikuagou intervention package (influentials, influential community groups, service linkages, and radio broadcasts) was measured in the last 3 months of the 18-month intervention period. Benin's Couffo Department was selected as the study area. A sample of 2,160 women and 2,160 men were recruited for a baseline survey in February 2013 and the same number of women and men were recruited to provide end line survey data in December 2014.

Overall exposure to the Tékponon Jikuagou intervention package in the study area was low. At end line, about 15% of women and 12% of men had listened to Tékponon Jikuagou radio broadcasts in the 3 months prior to the survey. A total of 24% of women and 18% of men had heard a community leader talk about family planning in the 3 months prior to the survey, and only about 10% and 6%, respectively, had been exposed to intervention activities through participation in influential community group meeting during that time. Those women and men who were exposed to intervention activities (reflective dialogues) during a group meeting, however, were 2.8 times more likely to ask a health worker about family planning information than those who had not been exposed to this component. The social network intervention also had a significant positive effect on couple communication, with men exposed to Tékponon Jikuagou radio content 2.5 times as likely as unexposed men to report discussing fertility and family planning methods with their spouses. Men and women who were exposed to at least one component of the Tékponon Jikuagou package were more than 3 times as likely to perceive that at least one person in their social network approved of family planning use. Study participants who perceived that family planning was approved of within their community were up to 4.5 times more likely to take steps toward obtaining family planning information or services or talk with their spouse about family planning, and between 2 and 3 times more likely to use a modern family planning method and report met need for family planning.

# **INTRODUCTION**

In Sub-Saharan Africa, significant resources have been allocated to family planning programs, including efforts to improve services, advocate for policy change, organize peer education outreach, strengthen contraceptive supply chains and broaden contraceptive options. Nonetheless, rates of unmet need – that is, the number of sexually active women and men who do not want a pregnancy but are not using family planning – remain low, and sustained use remains elusive.

Benin is no exception, where use of family planning methods is relatively uncommon. Recent data from women in union (co-habitating) aged 15 to 49 show little change in the prevalence of modern family planning method use; from 5% in 2001, to 6% in 2006, to 8% in 2012. According to the most recent data, only 14% of all sexually active women aged 15 to 49 use any method of contraception (Benin DHS, 2012). Yet data also indicates that unmet need for modern family planning is around 33% of the child-bearing population.

Family planning interventions have traditionally focused on individual level behavior change to increase family planning use. Fertility decisions, however, are rarely solitary ones. They are strongly affected by advice from family and friends, as well as perceptions of which options these confidants and community leaders condone. Recognizing the importance of these community influences, social network theory (Kohler et al 2000) emerged during the 1990s as a new methodological paradigm for promoting family planning.

Research indicates, for example, that partner disapproval (real or perceived) contributes to women's inability to use family planning successfully and that improved couple communication increases family planning use (Klomegah, 2006; Kaggwa, et al., 2008). Other important social influences on women's health choices, however, such as opinions of family members (e.g., mother in law), friends, and community opinion leaders, have been given less attention. Literature on unmet need further underscores the necessity of acknowledging social networks and cultural contexts when addressing unmet need, in particular power relations and gender norms as influencers of reproductive health behavior (Gayen 2007, Bongaarts 1995, Greene & Biddlecom 2000).

Contemporary efforts to increase uptake of family planning methods must recognize and work within these interpersonal realities. Social network theory posits that once a family planning method has been adopted by a subgroup within a larger community, social interaction can accelerate the pace of diffusion through social comparison, support, and influence. This is particularly important because for many, the decision to initiate or use family planning is not made during a single counseling session, nor is it a once-and-for-all commitment. Women and men may discontinue family planning use or switch among methods repeatedly during a single year. The development of a robust social system that supports the use of family planning methods can help ensure that more couples realize their reproductive intentions.

# SOCIAL NETWORK INTERVENTION PACKAGE

The Tékponon Jikuagou intervention was designed based on five main principles: 1) rooting the intervention design in formative research to understand social networks, social norms, and values; 2) systematically applying research and social network principals; 3) ensuring scalability by using a low cost and minimal training and supervision intervention strategy; 4) using gender-synchronized approaches to women's and men's networks equally; and 5) using data throughout the pilot phase to refine the intervention package to refine the intervention package.

At its core, the Tékponon Jikuagou intervention package was designed to increase the acceptability of discussions of family size and family planning use — by women, men, and couples in union and in their social network— thereby increasing acceptance of family planning method use in the community at large. Based on social-network theory and evidence-based practice, the social network intervention package was designed to engage three groups (men, women, and mixed-sex) and five influential community members (influential) 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.<sup>1</sup>

# Key features of this paradigm were:

- Support a small number of strategically-selected network actors individuals and community
  groups judged most socially-influential by their communities to catalyze diffusion of new
  attitudes and ideas through their networks;
- 2. Use communication for social change approaches to encourage reflection and dialog about social paradoxes (rather than provide information on methods) and then asking network actors to share (diffuse) these ideas to family and peers;
- 3. Combine interpersonal communication with radio to reach more people and reinforce circulation of new attitudes and ideas;
- 4. Create linkages that did not exist (network reconfiguration in social network terminology) between FP providers and influential groups to diffuse correct family planning information and strengthen inter-personal relationships between community and services.

Influential groups that became involved with the project were engaged in activities such as village savings and loan, religious work, and folkloric entertainment. Likewise, engaged influential individuals included famers, merchants, as well as people in more formal positions. The Tékponon Jikuagou intervention package includes five interlinked components, shown in the diagram at right. The first step involves social network mapping, a participatory process for communities to identify existing community groups and individuals and to rank their influence and connectivity in terms of community health and wellbeing. The most socially-influential were invited to join with and be supported by the project. Groups that became involved included village savings and loan groups, religious groups, and folkloric groups. Likewise, engaged influential individuals included famers, merchants, as well as people in more formal positions.

# INTERVENTION COMPONENTS

ENGAGE COMMUNITIES IN SOCIAL MAPPING



SUPPORT INFLUENTIAL GROUPS IN REFLECTIVE DIALOGUE



ENCOURAGE INFLUENTIAL INDIVIDUALS TO ACT



USE RADIO TO CREATE AN ENABLING ENVIRONMENT



LINK FP PROVIDERS WITH INFLUENTIAL GROUPS



**Groups:** Community-identified influential groups provided entrée to networks. Discussion leaders selected by their group were provided resources (story and activity cards) for facilitating critical

<sup>&</sup>lt;sup>1</sup> We reviewed results of mathematical modeling and social network initiatives and determined that 25% to 50% exposure of a village population to the intervention should lead to shifts in community norms (Jackson & Yariv, 2006. Kim et al, 2015).

reflection in groups and for outreach. Tékponon Jikuagou materials included themes relating to fertility, family planning, and gender and communication norms related to family planning. Story and activity cards included several questions to provoke discussion and debate.

**Influential individuals:** Dubbed "influentials," these women and men were oriented on issues of unmet need for family planning in their communities and asked to engage with others in their social groups and networks in discussions about unmet need. Influentials were provided infographs that displayed conflicting data, such as women's intentions to use family planning methods and proportions who ever sought family planning services.

**Radio:** Group discussions, and stories, were recorded and broadcast on community radio shows, reaching women and men in the broader community with similar concepts. Health providers were encouraged to attend group meetings to help diffuse accurate information about family planning.

Links to family planning providers: To more closely link community members to health services, members of influential groups and influentials often met local providers during their orientation. They also participated in a family planning campaign using social diffusion concepts called "Each One Invites 3." Tékponon Jikuagou network actors talked with family members and peers who were not using methods about their experiences and positive opinions about family planning. At the end of these discussions, non-users received family planning invitation cards, which invited them to visit health centers to learn more about family planning methods and services.

# **MEASURES OF UNMET NEED**

In our study, women were assigned a single family planning need status (met need, no need, unmet need) based on their self-reported fertility desires, current family planning use, or other conditions related to need status. Due to the prevalence of polygamy in the study location, men could be assigned multiple need status, one for each wife. In polygamous situations, results of analysis of the survey data reported here are in reference to the husband's first wife.

Various definitions exist of unmet need for family planning. We used a definition that was more useful for programming, which included five types of unmet need, categorized as follows for the project's overall study:

- 1. Real (actual) met need: Women who say they do not want to become pregnant in the next 12 months and are currently using a modern method of family planning.
- 2. Perceived met need: Women who say they do not want to become pregnant in the next 12 months and are currently using a traditional method.
- Real (actual) no need: Women who are currently pregnant or desire a child in the next 12
  months, as well as women who are not sexually active, and women who had a hysterectomy
  or are menopausal.
- 4. Perceived no need: Women who think they are not fecund, when they are (we have no way to know this in the survey).
- 5. Perceived unmet need: Women who do not fall into any of the above categories

We call attention to the variety of definitions of family planning met need for prospective assessments, i.e., any comparisons of the Tékponon Jikuagou household survey data with either prior

or future studies must take into account which definitions are used when evaluating outcomes. For purposes of evaluating the effectiveness of the social network package and to allow comparison with other studies, we used real (actual) met need (number 1 above) as the primary outcome variable.

# **OBJECTIVES**

The main objectives of the Tékponon Jikuagou project were to develop and test a scalable social network diffusion intervention to promote discussion about unmet need for family planning, acceptance of discussions about family planning, and increase support within social networks for family planning use. Specific research questions included:

- 1. How does exposure to the intervention affect attitudes, access, self-efficacy and knowledge related to family planning?
- 2. How does exposure to the intervention change communication and perceptions within social networks about family planning?
- 3. What is the effect of changes in communication and perceptions within social networks on use of family planning services and contraceptive methods (modern methods), and ultimately on unmet need for family planning?

# **METHODOLOGY**

# STUDY DESIGN

Effectiveness of the Tékponon Jikuagou package was assessed using a community-based randomized controlled design. Both quantitative and qualitative methods were employed, including a household survey and in-depth interviews occurring every six months among a cohort of 50 individuals (25 women, 25 men) who participated in the survey, as well as a costing study to estimate the cost to implement the package. A baseline survey was conducted before the intervention, followed by an 18 month intervention period and an end line survey. Exposure to the five components of the Tékponon Jikuagou intervention within the last three months of the intervention was measured. Primary outcomes covered in the household survey included (1) use of a modern method of family planning, and (2) met need for family planning. Secondary outcomes included (1) couple communication, (2) access to family planning, (3) taking steps to obtain a family planning method, and (4) perceptions of family planning approval within social networks.

Couffo was selected as the intervention area due to ongoing activities of our in-country partners in these areas, as well as the interest of local policy makers. The availability of a similar level of family planning services was also considered in choosing a control area; the periodic Campaign to Accelerate the Reduction of Maternal Mortality in Africa (CARMMA) is present in all three control communes in Plateau, as well as in the six intervention communes in Couffo, which ensured free distribution of contraceptive methods in both areas.

Between April 2013 and October 2014, the Institute for Reproductive Health at Georgetown University, CARE-Benin, and Plan International pilot-tested the Tékponon Jikuagou network package in 90 villages across all of the 6 communes of Couffo Department (intervention area). A household survey was implemented in two phases — a baseline study and endline study — to evaluate the impact of the package. This survey took place in 45 of the 90 villages participating in the intervention, and in 45 villages across 3 of the 5 communes of Plateau Department (control area) in Benin. A total sample of 4,320 men and women (2160 each) were recruited into the study. Equal numbers of women and men were recruited across the two departments at baseline (2160) in

February 2013 and at end line (2160) in December 2014. Only women aged 18 to 44, and men who had female spouses aged 18-44, who were current residents of the selected communities were included in the study sample.

#### **SAMPLING**

A representative sample of households in the intervention and control areas was obtained through a two-stage stratified cluster sample of households. In the first stage, a sample of 45 villages was drawn with probability proportional to size among the 45 villages targeted for the intervention area and among the 45 villages of the control area. The total sample size was determined based on projections of the population recorded in 2002. Within each of these clusters, a sample of households was then selected at random. One married woman of reproductive age and one man were interviewed in each selected household, if they agreed to participate in the study. Researchers selected 2,732 households in the 90 neighborhoods for the sample. Among these households, 2,592 men and women agreed to participate in the study, yielding a response rate of 94.9%. Within surveyed households, 2,184 eligible women were selected, of which 2,160 were successfully interviewed for a response rate of 98.9%. Of the 2,175 eligible men identified, 2,160 were successfully interviewed, a 99.3% response rate. During the course of the study, 294 community groups and 459 influentials used the Tékponon Jikuagou package.

#### **ETHICAL CONSIDERATIONS**

Ethical approval was granted in 2012 by the Institutional Review Board of Georgetown University and the Research Ethics Committee of the Institute of Applied Biomedical Science in Benin. Protocols for conducting research with human subjects were closely followed in the field to ensure respondents' rights and their safety. Participation was voluntary, and informed consent was obtained from each study participant prior to their interview. Research instruments were written in French and orally translated to the local languages at the time of data collection. Interviewer training included exhaustive translation and back-translation exercises, to ensure that verbal translation was done as accurately as possible. Key concepts and phrases in the survey tools were translated into Adja and Yoruba in small groups during the training, and subsequently validated in a plenary session. This was done so that interviewers could provide standardized verbal translations of the French questionnaires to respondents in local languages.

Simulated interviews between interviewers provided practical experience in administering the questionnaire before teams of one man and one woman each were sent to four neighborhoods in Cotonou's sixth arrondissement—Gbedjromede 1, Ayidjedo 1, Ayidjedo 2 and Ayidjedo3—to conduct a second pre-test of the tool. Following the pre-test, a final meeting was held to discuss and resolve challenges encountered and a final group of 60 interviewers were selected from the group of 70 who participated in the pre-test, based on their performance and quality of data they collected. The full English language version of the men's (Appendix A) and women's (Appendix B) baseline and end line questionnaires and consent forms are attached as separate appendices to this report.

Interviewers were introduced to the study purpose, objectives, and methodology for data collection. Particular attention was given to proper completion of the different tools, including the coded list of participants, consent forms, and men's and women's questionnaires. In addition, interviewers participated in an informational session on family planning methods, and a session on ethical research practices for working with human subjects, which focused on the importance of confidentiality during data collection.

#### **CONSENT FORMS**

All respondents who agreed to participate in the study consented before they were interviewed. They were consented in front of a witness, such as a village resident, teacher, or visiting relative who was fluent and literate in French, to ensure that all aspects of the informed consent were understood by the participants. A script was written in French, which was orally translated to the local language in front of the respondent and the witness. Both the research participant and the witness signed a written consent document, and a card was given to participants with information about who to contact in case of questions about their rights as research participants. To ensure confidentiality, the witness did not observe the interview itself.

#### **DATA QUALITY ASSURANCE**

After households were randomly selected, interviewers visited each selected household to determine participant eligibility: women of childbearing age (18-44) and men married to women of childbearing age. If eligible participants resided in the household, interviewers described the study to them, and asked them to participate. If more than one eligible woman resided in the household, interviewers randomly selected one to interview. If this woman did not consent to participate, the interviewer moved to the next eligible woman in the household. After completing the interview with the wife, or if no wives consented to participate, the interviewer asked the husband to participate.

During community survey interviews, wives and husbands at each household were interviewed independently of each other and responses were kept confidential from each other. The need for this was explained to respondents during the informed consent procedures. Male interviewers interviewed male respondents, and female interviewers interviewed female respondents. Data collection efforts were closely supervised. Four supervision teams were used, two each in the control and intervention areas, to coordinate data collection and address any challenges encountered in the field. Supervisors observed the data collection teams, ensured correct implementation of the survey methodology, and identified any incorrectly completed questionnaires. In some cases, interviewers returned to select households to collect missing data on incomplete forms.

Completed questionnaires were transported by field supervisors to Centre de Recherche et d'Appuiconseils au Développement's office in Calavi for data entry. All research instruments were kept in a secured, centralized location to ensure data were not lost or compromised, and to the protect participants' confidentiality. Data were entered using CS Pro 5.0. Two teams of six data assistants worked simultaneously to input data; the first group entering data in the morning and the second group re-entering the same data in the afternoon. This method minimized the risk of errors due to fatigue or attention loss. Both sets of data were edited and validated, after which they were cleaned to ensure internal coherence of responses. Multivariate analysis techniques such as ordinary least squares (OLS) were used to put together homogenous peer groups (beneficiaries and non-beneficiaries) based on their socio-demographic and cultural characteristics, and matched according to variables that appear to have affected intervention results. Results tables were created using SPSS.

#### **ANALYSIS**

In post intervention analyses of data, the control site participants were significantly different on background and cultural characteristics that influenced family planning behavior. Some of these characteristics include polygamy, which was more prevalent in the intervention (45% of women) versus the control areas (27% of women); respondents in the control group had significantly fewer children than respondents in the intervention area; 90% of respondents in the intervention area were

Adja ethnicity and about 75% in the control group were Yoruba and 25% Fon. There were also significant differences in the proportion of women who reported using contraceptives, with half of women in the intervention areas reporting ever using contraception versus 75% of women in the control areas. The proportion of women who reported currently using a traditional method of family planning was significantly higher in the intervention areas (13.8%) as compared to the control areas (6.6%). For purposes of this report, and in order to use the full sample, comparisons are drawn between those exposed to those unexposed to the Tékponon Jikuagou package.

Bivariate and multivariate tests of association using logistic regression with end line data were calculated to assess the effectiveness of the intervention on key family planning outcomes including access to family planning services, taking steps to obtain a method of family planning, couple communication, use of modern methods, and unmet need for family planning. Means testing and odds ratios were used to determine whether the changes were statistically significant after controlling for potentially confounding factors such as age, education, religion and number of children.

# **RESULTS**

The social and demographic characteristics of the Tékponon Jikuagou pilot study's respondents are presented in Table 1. The median age of baseline male respondents was 35, while for females the age was 29. Looking at baseline and end line group data, approximately 75% of women and 50% of men had no formal education. Roughly 24% of women and 44% of men reported having between 5 and 11 living children. The majority listed Christianity as their religious affiliation, and reported ethnicity was approximately 46% Adja, 36% Yoruba and 19% Fon or other. Approximately 40% of the respondents were in a union that involved a co-wife.

Table 1: Sample Population Characteristics						
	Female			Male		
Characteristics	Baseline (n=2160) %n	End line (n=2160) %n	p-value	Baseline (n=2160) %n	End line (n=2160) %n	p-value
Age						
Median	29			35		
18-24	23.3 (504)	24.5 (528)	0.57	5.4 (116)	7.0 (150)	0.02
25-34	49.3 (1065)	49.2 (1064)	0.57	36.0 (777)	38.0 (815)	0.02
35-44	26.8 (27.4)	26.2 (565)		58.7 (1267)	55.0 (815)	
Education						
No education	75.3 (1627)	67.9 (1461)		48.3 (1043)	41.7 (895)	
Primary	17.8 (384)	21.5 (462)	<0.001	32.2 (695)	34.5 (740)	< 0.001
Secondary and above	6.9 (149)	10.6 (228)		19.5 (422)	23.8 (511)	
Religion						
Christian	62.6 (1353)	61.9 (1335)		53.2 (1148)	55.1 (1184)	
Traditional	23.6 (509)	17.2 (370)	<0.001	31.6 (682)	31.0 (667	0.38
Muslim	7.9 (172)	8.6 (186)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	8.4 (181)	8.1 (174)	0.36
None/other <sup>2</sup>	5.8 (126)	12.3 (265)		6.9 (149)	5.8 (124)	
Ethnicity						
Adja	46.2 (998)	45.7 (985)		47.6 (1029)	46.7 (1003)	
Yoruba	34.0 (734)	35.0 (754)	0.77	36.2 (781)	35.1 (754)	0.22
Fon and other <sup>3</sup>	19.8 (428)	19.3 (416)		16.2 (350)	18.2 (391)	
Number of Living Child	ren					
Median/Mean: 3			0.001			0.22

<sup>&</sup>lt;sup>2</sup> Very few reported "other" and thus was collapsed

<sup>&</sup>lt;sup>3</sup> Very few reported other and thus was collapsed

None	5.1 (109)	5.4 (117)		4.2 (90)	4.9 (106)	
1	15.2 (328)	19.3 (417)		11.5 (249)	13.8 (295)	
2	17.9 (386)	19.3 (417)		12.8 (276)	12.7 (272)	
3	17.5 (378)	14.7 (318)		11.9 (257)	11.7 (250)	
4	19.1 (412)	1 <i>7</i> .1 (369)		13.9 (301)	13.2 (284)	
5-11	25.3 (547)	24.0 (518)		45.7 (987)	43.8 (939)	
Co-Wife						
No co-wife	58.9 (1273)	58.9 (1271)	0.99	63.2 (1365)	63.7 (1371)	0.71
Had co-wife	41.1 (887)	41.1 (886)	0.99	36.8 (795)	36.3 (780)	0.71
*Cell n's might not add up to total due to missing values						

# CHANGES IN KEY FAMILY PLANNING OUTCOMES OVER TIME

#### CONTRACEPTIVE USE AND MET NEED

Table 2 shows baseline to end line levels of contraceptive use among women and men in the intervention and control areas. Current use of a modern contraceptive method increased significantly from baseline to end line for women from 23% to 28%, and for men, from 58% to 64%. The percentage of the survey population reporting met need for family planning also registered a strong improvement for women, 24% to 28%, and men, 43% to 47%. The percentage of women and men who wanted to have no children in the next 12 months did not change significantly over time.

Table 2: Contraceptive Use and Met Need Rate in Communities						
		Female		Male		
	Baseline % (N)	End line % (N)	p-value	Baseline % (N)	End line % (N)	p- value
Ever used a methods to prevent pregnancy	38.0 (820)	29.2 (630)	<0.001	n/a		
Currently use any method to prevent pregnancy (N=2707 for women, and N=2341 for men)	45.2 (622)	44.7 (595)	0.82	58.3 (687)	64.2 (747)	0.003
Currently use a modern method to prevent pregnancy N=2707 for women	23.8 (328)	28.0 (372)	0.01	58.3 (687)	64.2 (747)	0.003
Currently pregnant	18.0 (389)	19.9 (429)	0.26	16.3 (351)	18.1 (388)	0.12
Do not want to become pregnant (both husband and wife) in the next 12 months (N=3503 for women, N=3543 for men)	76.6 (1358)	77.2 (1336)	0.70	76.6 (1375)	75.2 (1309)	
Actual met need for FP (N=2716 for women, N=3204 for men)	23.9 (328)	27.6 (372)	0.03	43.0 (687)	46.7 (747)	0.04

#### **EXPOSURE TO THE SOCIAL NETWORK INTERVENTION PACKAGE**

Table 3 presents response data on participant exposure to and participation in the Tékponon Jikuagou radio program, Tékponon Jikuagou group meetings and exposure to influential people in the community at end line. Exposure rates to the Tékponon Jikuagou package were generally low, e.g., only 10% to 15% of participants had been exposed to the radio element of the Tékponon Jikuagou package in the preceding 3 months. Fewer than 10% of the end line respondents were members of a Tékponon Jikuagou group. Similarly, only about 10% had been exposed to any written or infographic Tékponon Jikuagou material during that time period, though 23.5% of women and 17.6% of men had heard leaders talking about family planning. For men, these leaders tended to be religious figures or local authorities, with some interaction with health workers or midwives. For women, the numbers were almost a mirror image, with health workers and midwives most frequently-cited as community leaders, and some cited interactions with religious leaders and local authorities. The exact content relayed by these different groups of leaders is unknown.

Table 3: Intervention Exposure						
	Female	Male				
	(n=2160)	(n=2160)				
	%n	%n				
Radio Component						
Listened to Tékponon Jikuagou message on radio (past 3 months)	Listened to Tékponon Jikuagou message on radio (past 3 months)	Listened to Tékponon Jikuagou message on radio (past 3 months)				
Frequencies among those who listened to Tékponon Jikuagou on radio	Frequencies among those who listened to Tékponon Jikuagou on radio	Frequencies among those who listened to Tékponon Jikuagou on radio				
Influential Groups Component	1					
Membership of a Tékponon Jikuagou group	9.6 (207)	5.5 (119)				
Frequencies of meeting at Tékponon Jikuagou group	Median: 2; Mean: 2; Range: 1-9 (207)	n/a				
Exposed to story card	7.4 (159)	2.9 (63)				
Exposed to activity card	6.9 (148)	2.6 (57)				
Exposed to group membership, story card, or activity card	10.8 (233)	6.4 (139)				
Influential Individuals Component						
Exposed to influential or infograph	3.4 (633)	25 (541)				
Exposed to group, influential, cards, FP invitation cards (considered interpersonal communication).	32.2 (696)	28.2 (608)				

Influentials Listened to (n=466 for Women, n=333 for Men)							
Heard leaders talking about FP past 3 months	23.5 (508)	17.6 (379)					
Heard leaders talking about FP past 12 months	25.7 (554)	21.8 (470)					
Religious leaders	34.1 (159)	45.2 (149)					
Local authority	32.2 (150)	37.0 (122)					
Social/community catalyzers	21.2 (99)	19.7 (65)					
Health workers/midwives	47.0 (219)	30.0 (99)					
NGO/community service leaders	16.3 (76)	13.9 (46)					

#### RADIO COMPONENT

Multivariate logistic regression models were used to test the association between exposure to Tékponon Jikuagou radio broadcasts and key family planning outcomes. These results are shown in Table 4 below. Men who were exposed to the Tékponon Jikuagou radio broadcasts, versus men who were not, had significantly increased odds of asking a health worker about information regarding a method (aOR 1.6, Cl: 1.11, 2.23, p<.05) and of visiting a health facility to obtain a method (aOR 1.6, Cl: 1.11, 2.240, p<.05). There were no significant increases for women in these outcomes. Women and men who were exposed to Tékponon Jikuagou radio shows, versus unexposed women and men, had significant increases in couple communication. Women who heard Tékponon Jikuagou radio had 1.5 times the odds of other women in talking with their spouse about the number of children they should have, and 1.6 times increase in the odds of talking about which family planning method to use. The effect of Tékponon Jikuagou radio on men and couple communication was even stronger, with exposed men 2.5 times more likely to talk with their spouse about what method to use and how to obtain the method, than unexposed men. Where men who had heard the Tékponon Jikuagou radio broadcasts were twice as likely as unexposed men to report an intention to use a modern family planning method, women who heard Tékponon Jikuagou broadcasts were significantly less likely than other women (aOR 0.7, CI: 0.57, 0.91, p<.01) to do so. Exposure to the Tékponon Jikuagou radio show had no significant effect on self-efficacy (access) measures for women or men.

Table 4: Relationship Between Exposure to Tékponon Jikuagou Discussions on the Radio and Key Family Planning Outcomes*							
	Female (n=2160) Male (n=2160)						
	Exposed to radio (aOR)	95% CI	Exposed to radio (aOR)	95% CI			
Taking Steps in Obtaining Family Planning							
Asked a health worker about information regarding family planning method (past 12 months)	1.1	0.79-1.59	1.6	1.11-2.23*			
Visited a health facility to obtain a family planning method	1.1	0.72-1.55	1.6	1.11-2.40*			
With spouse, visited a health facility to obtain a method (n=431, among women visited facilities; n=241 among	1.5	0.73-3.07	1.9	0.80-4.50			

1.1	0.86-1.44	1.0	0.75-1.32
0.8	0.60-1.00	0.8	0.57-1.02
1.5	1.16- 1.99**	1.7	1.28- 2.24***
1.6	1.17- 2.09**	2.5	1.87- 3.28***
1.4	1.06- 1.92*	2.5	1.91- 3.40***
0.7	0.56, 0.91**	2.3	1.60, 3.33***
0.8	0.6-1.19	1.5	1.01-2.37*
0.9	0.62-1.25	1.3	0.97-1.85
	1.5 1.6 1.4 0.7 0.8 0.9	1.5	1.5

#### GROUP DISCUSSIONS COMPONENT

Table 5 displays results of multivariate models assessing relationships between exposure to participation in Tékponon Jikuagou group discussions and the likelihood of a respondent taking a variety of proactive steps to access family planning method. Women who had been exposed to the Tékponon Jikuagou intervention in community groups, versus those who had not, were nearly 3 times more likely to ask a health worker about family planning (aOR 2.7, Cl: 1.89, 3.76, p<.001), twice as likely to visit a health facility (aOR 2.1, Cl: 1.47, 3.10, p<.001), and almost 2.5 times more likely to discuss family planning methods with their husband or partner (aOR 2.5, Cl. 1.82, 3.40, p<.001). Similarly men exposed to Tékponon Jikuagou groups, compared to those who were not, were nearly 3 times as likely to ask a health worker about family planning (aOR 2.8, Cl: 1.90, 4.18, p<.001) and twice as likely to visit a health facility to obtain a method (aOR 2.1, Cl: 1.32, 3.25, p<.01). Women exposed to Tékponon Jikuagou groups were significantly more likely to report improved self-efficacy (access) than other women. Men who were exposed, however, did not have greater odds for improved self-efficacy.

Table 5: Relationships Between Exposure to Tékponon Jikuagou Messages in Groups, Story Cards or Activity Cards and Key Family Planning Outcomes\* Female (n=2160) Male (n=2160) **Exposed to** Exposed to Groups, Groups, Story Story Cards or 95% CI 95% CI Cards or Activity Activity Cards (aOR) Cards (aOR) Taking Steps in Obtaining Family Planning Asked a health worker about 2.7 1.89-3.76\*\*\* 2.8 1.90, 4.18\*\*\* information regarding family planning method (past 12 months) Visited a health facility to obtain a 2.1 1.47-3.10\*\*\* 2.1 1.32, 3.25\*\* family planning method With spouse, visited a health facility to obtain a method (n=431, among 1.8 0.89-3.82 1.6 0.64, 4.22 women visited facilities; n=241 among men) Access I have the information I need to make 1.6 1.2-2.22\*\* 1.3 0.93, 1.95 decision on family planning use

method

1.2

0.83-1.78

1.0

0.76, 1.60

Actual met need for family planning

1.2

0.83-1.82

0.9

0.62, 1.45

\*Adjusted for age, education, religion, # of living children, number of co-wives; \*: sig at p< 0.05; \*\*Sig at

1.9

1.9

2.5

2.5

1.0

1.33-2.62\*\*\*

1.39-2.55\*\*\*

1.82-3.40\*\*\*

1.84-3.46\*\*\*

0.76, 1.35

1.5

1.9

1.6

1.9

2.1

0.98, 2.25

1.35, 2.81\*\*\*

1.08, 2.22\*

1.35, 2.79\*\*\*

1.29, 3.36\*\*

# INFLUENTIAL INDIVIDUAL'S COMPONENT

I know where to obtain a family

Discussed with spouse about having

Discussed with spouse about which

method to use to prevent pregnancy Discussed with spouse about how to obtain a family planning method if

Will use a method to delay or avoid pregnancy in the future (intention to

Currently use a family planning

p<0.01, and \*\*\*: sig at p<0.001

**Couple Communications** 

children (past 12 months)

use a modern method)

planning method

wanted to use
Family Planning Use

Next, Table 6 below presents adjusted odds ratios (aOR) for the relationship between exposure to Tékponon Jikuagou information and materials via influentials and infographs, and the likelihood that a respondent would take proactive steps to access family planning method. The data indicate that women and men were almost 3 times as likely to visit a health facility or ask a health worker about a family planning method if they had been exposed to Tékponon Jikuagou ideas through an influential person in their community. In contrast, such exposure appeared to have no effect on men in having necessary family planning information or knowing where to obtain family planning methods. For women, exposure to influentials and infographs increased their odds of discussing family planning with their spouse, including which method to use (aOR 2.6, Cl: 2.03, 3.22, p<.001). Similarly, exposure to influentials increased men's odds of discussing family planning with their spouse, including which method to use (aOR 1.8 Cl: 1.44, 2.19, p<.001). Interestingly, exposure to an influential person significantly increased women's odds of use of a modern method and met need, but not for men.

Table 6 : Relationship Between Exposure to Influential's Messages or Infograph and Key Family Planning Outcomes*						
	Female	(n=2160)	Male (n=2160)			
	Exposed to influential/ infograph (aOR)	95% CI	Exposed to influential/ infograph (aOR)	95% CI		
Taking Steps in Obtaining Family Planning						
Asked a health worker about information regarding family planning method (past 12 months)	2.7	2.11-3.54***	3.1	2.43, 4.05***		
Visited a health facility to obtain a family planning method	2.6	1.99-3.48***	3.0	2.23, 3.99***		
With spouse, visited a health facility to obtain a method (n=431, among women visited facilities; n=241 among men)	1.7	0.96-2.87	0.43	0.23, 0.76**		
Access						
I have the information I need to make decision on family planning use	1.4	1.11-1.65**	1.1	0.89, 1.34		
I know where to obtain a family planning method	1.3	1.09-1.66**	1.2	0.95, 1.49		
Couple Communications						
Discussed with spouse about having children (past 12 months)	1.8	1.45-2.21***	1.8	1.50, 2.26***		
Discussed with spouse about which method to use to prevent pregnancy	2.6	2.03-3.22***	1.8	1.44, 2.19***		
Discussed with spouse about how to obtain a family planning method if wanted to use	2.8	2.20-3.51***	1.8	1.48, 2.28***		
Family Planning Use						
Will use a method to delay or avoid pregnancy in the future (intention to use a modern method)	0.94	0.78, 1.14	0.90	0.72, 1.13		
Currently use a family planning method	1.4	1.08-1.84*	1.0	0.73, 1.29		
Actual met need for family planning	1.4	1.11-1.89**	1.1	0.87, 1.39		

p<0.01, and \*\*\*: sig at p<0.001

#### **EXPOSURE TO THE SOCIAL NETWORK PACKAGE AND NETWORK CHANGES**

The next series of tables (7 through 14) display results of multivariate regression models assessing the associations between exposure to the Tékponon Jikuagou intervention components and social network outcomes (in other words, changes in the family planning -enabling environment). Specifically, Tables 7 through 10 look at how exposure to the Tékponon Jikuagou package components affected individuals' likelihood of talking about family planning within their network and their perceptions of how their social network views family planning methods. These data points display several strong positive associations between exposure to Tékponon Jikuagou package components and increased communication concerning family planning methods, as well as increased perception of approval of family planning method within the social network.

#### EXPOSURE TO RADIO PROGRAMMING AND ACTUAL AND PERCEIVED NETWORK CHANGES

Table 7 shows data that indicates that men and women were approximately twice as likely to communicate about family planning with at least one of their social network contacts if they had been exposed to Tékponon Jikuagou radio programming. And notably, men were 4.5 times more likely to believe that at least one of their social network contacts uses family planning, if they had been exposed to Tékponon Jikuagou radio program content.

Table 7: Exposure to Tékponon Jikuagou Radio and Changes in Communication about Family Planning within Networks, Perception of Network Approval of Family Planning, Perception of Network Use of Family Planning\*

	Female (n=	=2160)	Male (n	=2160)
	Exposed to Tékponon Jikuagou Radio (aOR)	95% CI	Exposed to Tékponon Jikuagou Radio (aOR)	95% CI
Communication with at least 1 network contact about family planning	2.2	1.67, 2.81***	2.0	1.58, 2.85***
Perceives at least one network contact approves of family planning	1.7	1.28, 2.13***	3.2	2.27, 4.55***
Believes that at least one network contact uses family planning	0.9	0.71, 1.21	4.5	2.99, 6.63***

<sup>\*</sup>Adjusted for age, education, religion, # of living children, number of co-wives; \*: sig at p< 0.05; \*\*Sig at p<0.01, and \*\*\*: sig at p<0.001

# EXPOSURE TO GROUP ACTIVITIES AND ACTUAL AND PERCEIVED NETWORK CHANGES

Still looking at changes in communication and network perception of family planning, but this time as affected by exposure to Tékponon Jikuagou group discussions, activity cards, etc., the AORs presented in Table 8 were even more positive on the whole than the exposure to Tékponon Jikuagou radio content measured in Table 7. Exposure to the Tékponon Jikuagou community groups or story/activity cards lead both women and men to be more than 3 times more likely to perceive that at least one person in their social network approved of family planning use. Women were almost 3 times more likely to talk about family planning with someone in their network, and men were 4 times more likely to believe that at least one person in their network was using a family planning method – substantial increases in perceived use and approval of family planning methods.

Table 8: Exposure to Groups, Story or Activity Cards and Changes in Communication About Family Planning within Networks, Perception of Network Approval of Family Planning, and Perception of Network Use of Family Planning\*

	Female (n=2	(160)	Male (n=2160)	
	Exposed to Group, Story or Activity Card	95% CI	Exposed to Group, Story or Activity Card	95% CI
Communication with at least 1 network contact about family planning	2.9	2.09, 3.93***	1.7	1.18, 2.49**
Perceives at least one network contact approves of family planning	3.2	2.32, 4.46***	3.7	2.26, 5.90***
Believes that at least one network contact uses family planning	1.5	1.23, 2.00**	4.1	2.39, 7.06***

\*Adjusted for age, education, religion, # of living children, number of co-wives; \*: sig at p< 0.05; \*\*Sig at p<0.01, and \*\*\*: sig at p<0.001

#### EXPOSURE TO INFLUENTIALS AND ACTUAL AND PERCEIVED NETWORK CHANGES

Table 9 indicates that individuals exposed to a Tékponon Jikuagou-trained influential person within the community were approximately twice as likely to perceive that at least one contact in her or his social network approved of family planning use. The data also indicates that exposure to an influential is associated with significantly increased odds with a man being almost twice as likely – and a woman three times as likely – to communicate about family planning with at least one person in their social network.

Table 9: Exposure to Influential or Infograph and Changes in Communication About Family Planning Within Networks, Perception of Network Approval of Family Planning, Perception of Network Use of Family Planning

	Female (n=)	2160)	Male (n=2160)	
	Exposed to Influential or Infograph	95% CI	Exposed to Influential or Infograph	95% CI
Communication with at least 1 network contact about family planning	2.8	2.26, 3.37***	1.8	1.42, 2.16***
Perceives at least one network contact approves of family planning	2.3	1.88, 2.79***	1.8	1.46, 2.27***
Believes that at least one network contact uses family planning	1.8	1.50, 2.23***	2.0	1.57, 2.47***

\*Adjusted for age, education, religion, # of living children, number of co-wives; \*: sig at p< 0.05; \*\*Sig at p<0.01, and \*\*\*: sig at p<0.001

#### EXPOSURE TO ANY OR ALL COMPONENTS AND ACTUAL AND PERCEIVED NETWORK CHANGES

Table 10 shows how exposure to any or all of the Tékponon Jikuagou package components affects the likelihood of increased discussion of family planning, and the perception of social network approval of family planning method. Again, the increases in the adjusted odds ratio were significant; women and men were more than 3 times as likely to perceive that their network approves of family planning with exposure to the Tékponon Jikuagou intervention package, between 1.5 and 4.4 times more likely to believe that others in their network use family planning methods, and almost 2 to 3 times as likely to discuss family planning with others in their social network.

Table 10: Exposure to Any IPC (Group, Story, or Activity Cards, Influential or Infographs) and Changes in Communication about Family Planning within Networks, Perception of Network Approval of Family Planning, Perception of Network Use of Family Planning\*

	Female		Male	
	Exposed to Any IPC	95% CI	Exposed to Any IPC	95% CI
Communication with at least 1 network contact about family planning	2.9	2.09, 3.93***	1.7	1.84, 2.49***
Perceives at least one network contact approves of family planning	3.2	2.32, 4.46***	3.7	2.26, 5.90***
Believes that at least one network contact uses family planning	1.5	1.12, 2.00**	4.4	2.56, 7.49***

\*Adjusted for age, education, religion, # of living children, number of co-wives; \*: sig at p< 0.05; \*\*Sig at p<0.01, and \*\*\*: sig at p<0.001

#### INFLUENCE OF NETWORK DISCUSSIONS ON FAMILY PLANNING BEHAVIORS

Tables 7 through 10 show results of exposure to Tékponon Jikuagou components and the likelihood of communication about family planning, and respondents' perceptions of family planning approval and use among social network contacts. Tables 11 through 14 then suggest how likely these changes in communication and perception – changes in the social network – are to lead to changes in family planning method behavior. Thus, the multivariate analyses in the Table 7 series analyze the fundamental objective of the Tékponon Jikuagou program household survey, i.e., can social network diffusion programs effectively promote increased discussion, endorsement and use of family planning method within communities.

Table 11 indicates that social network communication is significantly associated with an increased likelihood of engaging in a number of proactive, family planning-enabling behaviors. Particularly notable, participants who communicated about family planning in their social network were more likely to ask a health worker or visiting a health facility about family planning methods (approximately 2 to 4 times as likely) and to discuss which family planning method to use and how to obtain it with their spouse (2.5 to 6 times more likely). Women were more than 2.5 times more likely to report family planning met need and use of modern family planning method when they reported engaging in these types of social network communication.

Table 11 : Association Between Communication in Network About Family Planning and Family Planning Outcomes*					
	Female (	n=2160)	Male (n=2	2160)	
	Discuss Family Planning in Networks (aOR)	95% CI	Discuss Family Planning in Networks (aOR)	95% CI	
Taking Steps in Obtaining Family Pla	ınning				
Asked a health worker about information regarding family planning method (past 12 months)	4.09	3.02, 5.54***	2.7	2.05, 3.52***	
Visited a health facility to obtain a family planning method	4.5	3.22, 6.34***	1.9	1.43, 2.61***	
With spouse, visited a health facility to obtain a method (n=431, among women visited facilities; n=241 among men)	2.4	1.11, 5.02*	0.9	0.49, 1.67	
Access					
I have the information I need to make decision on family planning use	3.2	2.63, 3.82***	1.3	1.10, 1.57**	
l know where to obtain a family planning method	3.3	2.66, 3.98***	1.3	1.07, 1.56**	
Couple Communications					
Discussed with spouse about having children (past 12 months)	3.7	2.93, 4.59***	2.6	2.20, 3.16***	
Discussed with spouse about which method to use to prevent pregnancy	6.0	4.55, 8.04***	2.7	2.23, 3.31***	
Discussed with spouse about how to obtain a family planning method if wanted to use	5.4	4.06, 7.14***	2.5	2.04, 3.08***	
Family Planning Use					
Will use a method to delay or avoid pregnancy in the future (intention to use a modern method)	2.3	1.88, 2.71***	2.3	1.86, 2.75***	
Currently use a modern family planning method	2.7	2.05, 3.50***	1.3	1.00, 1.65*	
Actual met need for family planning	2.6	1.98, 3.37***	1.4	1.11, 1.67**	

p<0.01, and \*\*\*: sig at p<0.001

# INFLUENCE OF PERCEIVED FAMILY PLANNING USE WITHIN NETWORKS ON FAMILY PLANNING **BEHAVIORS**

Results of the effects of communication in social networks on family planning behaviors are presented in Table 12. These results of multivariate regression models test the relationship between a participant's perceptions of family planning use within their social network and the likelihood they will take steps to obtain family planning or engage in increased couple communication about family planning method. The results indicate significant increases in odds for many of the measured behaviors, e.g., men and women are roughly 2 to 4 times more likely to talk with health workers or visit a health facility in search of family planning information or method if they perceive that family planning is being used in their community. Men who perceived family planning approval in their social networks were roughly 4 to 6 times more likely to talk with their spouse about family planning methods than men who did not perceive approval. Also noteworthy are the increased odds for two primary study outcomes, with women between 3.7 and 4 times as likely to use of modern family

planning method and report met need for family planning if they perceive it to be used by network contacts.

Table 12: Association Between Perceived Family Planning Use in Networks and Family Planning Outcomes*					
	Female (n=	=2160)	Male (n=	2160)	
	Perceived Family Planning Use in Networks (aOR)	95%CI	Perceived Family Planning Use in Networks (aOR)	95% CI	
Taking Steps in Obtaining Family Pla	ınning				
Asked a health worker about information regarding family planning method (past 12 months)	2.9	2.22, 3.73***	4.4	3.13, 6.25***	
Visited a health facility to obtain a family planning method	2.7	2.01, 3.52***	3.8	2.55, 5.67***	
With spouse, visited a health facility to obtain a method (n=431, among women visited facilities; n=229 among men)	1.6	0.90, 2.69	1.6	0.71, 3.5	
Access		•		•	
I have the information I need to make decision on family planning use	2.6	2.09, 3.19***	2.2	1.80, 2.62***	
I know where to obtain a family planning method	3.4	2.67, 4.37***	2.7	2.18, 3.22***	
Couple Communications		•			
Discussed with spouse about having children (past 12 months)	1.8	1.47, 2.24***	4.3	3.49, 5.21***	
Discussed with spouse about which method to use to prevent pregnancy	2.8	2.22, 3.53***	4.5	3.57, 5.70***	
Discussed with spouse about how to obtain a family planning method if wanted to use	3.0	2.39, 3.83***	4.8	3.69, 6.20***	
Family Planning Use					
Will use a method to delay or avoid pregnancy in the future (intention to use a modern method)	3.0	2.40, 3.84***	5.9	4.73, 7.25***	
Currently use a modern family planning method	4.0	3.04, 5.14***	2.5	1.91, 3.27***	
Actual met need for family planning	3.7	2.88, 4.85***	2.4	1.93, 3.04***	
*Adjusted for age, education, religion, # of living children, number of co-wives; *: sig at p< 0.05; **Sig at p<0.01, and ***: sig at p<0.001					

INFLUENCE OF PERCEIVED FAMILY PLANNING APPROVAL WITHIN NETWORKS ON FAMILY PLANNING BEHAVIORS

The results in Table 13 show the relationships between key family planning outcomes and perception of family planning approval by social networks. Here again, participants were far more likely to take steps to obtain family planning (e.g., 3.6 to 3.9 times more likely to ask a health worker for family planning information) and to discuss family planning as a couple (e.g., women were 5.3 times more likely to discuss family planning methods with their husbands) when they perceived approval of family planning within their network. Similarly, the likelihood that women and men reported family planning met need and use of a modern family planning method ranged from 2 to 3.4 times higher when they perceived approval of family planning within their social contacts.

Table 13: Association Between Perceived Approval of Family Planning in Networks and Family Planning Outcomes*					
	Fei	nale	Male		
	Perceived Approval in Networks (aOR)	95% CI	Perceived Approval in Networks (aOR)	95% CI	
Taking Steps in Obtaining Family Planni	ng				
Asked a health worker about information regarding family planning method (past 12 months)	3.6	2.69, 4.90***	3.9	2.85, 5.30***	
Visited a health facility to obtain a family planning method	3.6	2.58, 4.94***	3.5	2.42, 5.00***	
With spouse, visited a health facility to obtain a method (n=431, among women visited facilities; n=241 among men)	1.6	0.82, 3.23	1.1	0.51, 2.22	
Access					
I have the information I need to make decision on family planning use	3.5	2.87, 4.18***	2.2	1.87, 2.70***	
I know where to obtain a family planning method	4.0	3.22, 4.86***	2.4	2.02, 2.96***	
Couple Communications					
Discussed with spouse about having children (past 12 months)	2.8	2.28, 3.45***	5.2	4.26, 6.34***	
Discussed with spouse about which method to use to prevent pregnancy	5.3	4.06, 7.11***	4.4	3.55, 5.52***	
Discussed with spouse about how to obtain a family planning method if wanted to use	5.3	3.96, 7.00***	4.0	3.16, 5.06***	
Family Planning Use					
Will use a method to delay or avoid pregnancy in the future (intention to use a modern method)	3.7	3.08, 4.50***	4.7	3.83, 5.81***	
Currently use a modern family planning method	3.4	2.55, 4.45***	2.0	1.51, 2.53***	
Actual met need for family planning	3.1	2.38, 4.15***	2.0	1.63, 2.51***	

\*Adjusted for age, education, religion, # of living children, number of co-wives; \*: sig at p< 0.05; \*\*Sig at p<0.01, and \*\*\*: sig at p<0.001

# SUMMARY OF NETWORK INFLUENCES ON CONTRACEPTIVE USE

Table 14 below summarizes data from multivariate analyses of the relationship between changes in the social network regarding family planning methods (communication about family planning, perceived social network use of family planning and social network approval of family planning) and the likelihood of participants' own use of family planning methods. Women who perceived network contacts to be using family planning were 4 times as likely to use family planning themselves than other women (aOR 4.0 Cl: 3.03, 5.13, p<.001). Men who perceived network contacts used family planning were 2.5 times as likely as other men to use family planning themselves (aOR 2.5, Cl: 1.91, 3.26, p<.001). Perceived approval of family planning among network contacts was also significantly associate with higher odds of using family planning for both women (aOR 3.4, Cl: 2.54,

4.45, p<.001) and men (aOR 2.9, Cl: 1.51, 2.53, p<.001). Engaging in discussions of family planning use with network contacts was associated with higher odds for using family planning for both women and men, but more significantly among women.

Table 14 : Change in Social Networks and Family Planning Use*					
Women (n=2160) Men (n=2160)					
	Use of Family Planning (aOR)	95% CI	Use of Family Planning (aOR)	95% CI	
Perceived family planning use	4.0	3.03, 5.13***	2.5	1.91, 3.26***	
Perceived family planning approval	3.4	2.54, 4.45***	2.0	1.51, 2.53***	
Discussing family planning	2.7	2.05, 3.50***	1.3	1.00, 1.65*	

\*Adjusted for age, education, religion, # of living children, number of co-wives; \*: sig at p< 0.05; \*\*Sig at p<0.01, and \*\*\*: sig at p<0.001

#### DISCUSSION

At its core, the Tékponon Jikuagou project sought to create positive behavioral change by increasing discussion and debate of social paradoxes related to unmet need for family planning, increasing individual and network approval, and ultimately use of modern family planning methods, through direct exposure to the Tékponon Jikuagou intervention package. Such changes can be challenging where commonly-held opinions or taboos make open enquiry and discussion socially problematic. The intervention was also designed to indirectly expose (diffuse) new family planning ideas and possibilities through women's and men's social networks. All components were designed to develop more equitable gender dynamics and decrease social barriers to family planning method in the process. The intervention was designed to require relatively low cost materials and minimal change agent training and external support in order to facilitate future expansion.

The project measured the effectiveness of this intervention via its baseline/end line household survey and collected information from a cohort of women and men on factors influencing unmet need status and cost data to inform discussions of efficiency and scalability. The household survey results are the focus of this report, as they provide quantitative evidence of the performance and potential of this social network intervention approach.

The reach of the Tékponon Jikuagou pilot study varied by component. More women than men were exposed to the Tékponon Jikuagou package (any component). 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. Directly and indirectly, an estimated 36% and 51% of adult men and women were reached with new ideas, respectively, in the villages sampled at end line. As reflected in end line survey results, overall exposure in the community to the Tékponon Jikuagou package components was low, i.e., typically only 10% to 20% of participants reported being exposed to any component in the 3 months prior to the end line survey. Nonetheless, much of the data – particularly the multivariate analyses – strongly suggest that the Tékponon Jikuagou program was remarkably effective in achieving its goals.

The influence of networks, that is, of peoples' perceptions of what their network believes and does, was important. Men and women were 2 to 4 times more likely to communicate about family planning method or perceive that it was discussed or approved in their network if they had heard Tékponon Jikuagou radio content. While exposure to influentials in the community brought similarly

positive results, it was exposure to community groups and activity cards that appeared to achieve the largest aggregate adjusted odds ratio (aOR) increases in communication about family planning method, and the perception that others in the participants' social networks were using or approved of family planning. This data suggests that perhaps a combination of radio content, mediated community groups, and influential individuals is an especially effective method of increasing family planning method acceptance and use.

These observed increases in communication about family planning methods and perceptions that the social network used or approved of family planning method was also significantly associated with individuals' change in behavior, i.e., an increase in proactive steps to obtain family planning and report met family planning need. Again, our multivariate analyses in Tables 11 through 14 show significant associations between social network perceptions and participants' own actions, e.g., individuals were 2 to 4 times more likely to engage in couple communication about family planning, take steps to obtain family planning method and report met family planning need when they perceived social network support for family planning method. Particularly in light of the low penetration levels of the program content, these are extraordinarily positive findings.

#### **CAVEATS AND LESSONS LEARNED**

Designing interventions based on direct exposure and indirect diffusion aims. At the outset of the Tékponon Jikuagou pilot study, we had hypothesized that a 25% to 50% exposure level to the Tékponon Jikuagou intervention should lead to shifts in community norms. This was to be accomplished by engaging three groups (men, women, and mixed-sex) and five influential community members (influential) per village. By the end of the pilot study, however, we learned that these numbers needed to be adjusted upward, especially for larger villages, to reach a 50% diffusion level.

Our analysis suggests that certain lines of inquiry within the survey instrument could be revisited to refine measures of gender norms and of diffusion. Such edits could improve understanding of the social network and family planning method use changes taking place during the implementation of the Tékponon Jikuagou package. A big challenge in measuring diffusion was that Tékponon Jikuagou was not a household name and had no brand identity — its 'quiet' demand creation approach made use of intangible social networks as its main communication channels. In a sense, its deliberate emphasis on a community-owned process — discussion and reflection, rather than promotion and exhortation — may have contributed to Tékponon Jikuagou's relatively low recognition profile, making diffusion measurement a challenge.

A multi-component intervention ensures reach to both women's and men's networks, critical in gender-synchronization approaches. The intervention was designed to reach women's and men's networks so that both sexes would be exposed to similar ideas. The results show that while women and men were exposed differently to the package components, ultimately both sexes were influenced by the Tékponon Jikuagou intervention program. This reinforces the importance of an intervention package with multiple components designed to ensure equal access by women and men to family planning method concepts.

### CONCLUSION

The results from the Tékponon Jikuagou project pilot study strongly indicate that its social network diffusion paradigm is highly effective in catalyzing community changes that create increased awareness, acceptance, and use of modern family planning methods. The primary outcomes measured for the Tékponon Jikuagou study were use of a modern family planning method and

reduction in unmet need for family planning. Multivariate analysis of the participants' baseline and end line data reveals strong positive changes in family planning method use linked to exposure to the Tékponon Jikuagou package. It also reveals a significant association between the participants' perception that their social network accepts and uses family planning methods, and their own use of a modern family planning method and expression of family planning met need. The fact that changes in social network perceptions during the Tékponon Jikuagou pilot study commonly lead to two- to four-fold increases in the likelihood of increased family planning method awareness and use – especially in light of the relatively low Tékponon Jikuagou package exposure levels (24% of women, 18% of men) – make these outcomes particularly encouraging.

Many social factors—including community beliefs, gender, communication, and other social norms, and stigma if publicly discussing and acknowledging use of family planning—pose serious barriers to family planning use. The Tékponon Jikuagou pilot study findings illustrate the important influence that social network interactions such as these can have on individual behavior. An effective response requires an intervention package with multiple, interlinked components that can effectively address the challenge of reaching both women and men.

Tékponon Jikuagou's promising social network approach challenges us to think differently about the demand side of family planning programs. Currently in a first wave of scale up by new organizations in Couffo and Ouémé departments, there are early indications that a light-but-steady approach to personal behavioral change via changing community norms can achieve widespread use and be a primary family planning programming option. Indeed, the success of Tékponon Jikuagou in Benin demonstrates that it is possible to design effective community-based, social change interventions that are simple enough to be effectively scaled and widely adopted.

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# APPENDIX A: SURVEY INSTRUMENT—MEN'S FORM

# Tékponon Jikuagou Project: End line Household Survey

Men's Form					
lr 	nterviewer code				
Date/					
Day Month Year					
Respondent code IIII					
Wife code (if wife is interviewed) IIII					

# Let's start with some questions about you:

No.	Questions and filters	Coding categories	Skip to
1	How old are you?  (If he does not know his age: "Can you tell me in what year were you born?" AGE TO BE CALCULATED AFTER INTERVIEW.)	Age	
2	What is the highest level of education you have attained?	None       1         Primary       2         Secondary 1       3         Secondary 2       4         Post-secondary       5	
3	How many wives do you have?	Number of wives	
4	How many children have your wives given birth to, who are alive?	Number of living children	

No.	Questions and filters	Coding categories	Skip to
5	What is your religion?	Catholic       1         Protestant       2         Other Christian       3         Traditional/Voodoism       4         Muslim       5         Animist/None       6         Other       9         (specify)	
6	What is your ethnicity?	Adja (or related)	

# Now I would like to talk about family planning — the ways or methods that a couple can use to delay or avoid a pregnancy

No.	Questions and filters	Coding categories	Skip to				
l.	FAMILY PLANNING – MONOGAMOUS / FIRST WIFE						
7a	Do you know how many children your first wife wants to have?	Yes					
8a	Do you know how often your first wife wants to have children?	Yes					
9a	Do you feel comfortable talking with your first wife about the use of family planning?	Very comfortable					

10a	Do you believe your first wife approves of using a method to delay or avoid getting pregnant?	Definitely approves	
11a	In the last 12 months, have you discussed your opinion about having children with your first wife?	Oui	
12a	In the past 12 months, have you ever discussed with your first wife which method you would like to use to delay or avoid pregnancy, if you wanted to use one?	Oui	
13a	In the past 12 months, have you ever discussed with your first wife how you would obtain a method to delay or avoid pregnancy, if you wanted to use one (for example, who pays, where to get it, etc.)?	Oui	
14a	Is your first wife pregnant, or thinks she is pregnant?	Yes	Q.16a
15α	After the birth of your child, how long would you like to wait before having another child?  If the response to <b>Q 14 is "not sure"</b> say " <b>if she were pregnant</b> " and then ask the question.	Months       1         Years       2         Now/soon       3         Doesn't want more children       4         Don't know       8	Go to Q. 21a
16α	Would you like your (first) wife to become pregnant within the next 12 months?	Yes       1 –         No       2         Says wife can't get pregnant       3 –         If God wills it       4         Don't know       8	Q. 21a  Q. 7b (if there is another wife; if not, go to Q.22)

17a	How long would you like to wait before having another child?	Months       1         Years       2         Now/soon       3         Says wife can't get pregnant       4         Doesn't want more children       5         Don't know       8	
18a	Are you or your (first) wife currently doing something or using any method to delay or avoid getting pregnant?	Yes1 No2 -	→ Q 20a
19a	Which method are you or your (first) wife using?  MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	Female sterilization         A           Male sterilization         B           Pill C         IUD         D           Injectables         E           Implants         F           Condom         G           Diaphragm/foam/jelly         H           Standard Days Method/CycleBeads         I           Lactational Amenorrhea Method         J           Periodic abstinence         K           Withdrawal         L           Herbal tisane (drink)         M           Traditional ring         N           Traditional belt         O           Other         X           (specify)	Go to Q. 21a

		FERTILITY-RELATED REASONS
		Infrequent/not having sexA
		Wife can't get pregnantB
		Wife has not menstruated since last birth C
		Wife breastfeedingD
		Want more children before using FPE
		Up to God/fatalisticF
		OPPOSITION TO USE
		Respondent opposedG
	You have said that you do not want your (first) wife to become pregnant in the next 12 months, but you are not using any method to avoid pregnancy.	Wife opposedH
		Others opposedI
		Religious prohibition
20a	Could you tell me why you are not using a method?	LACK OF KNOWLEDGE
		Knows no methodK
	Any other reason?	Knows no sourceL
	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	METHOD-RELATED REASONS
		Side effects/health concernsM
		Health concerns (child)N
		Lack of access/too farO
		Costs too muchP
		Preferred method not availableQ
		No method availableR
		Inconvenient to useS
		Other X
		(specify)
		Don't knowZ

20ai 21a	If a modern method were available to you to use with your (first) wife, would you want to use it?  Do you think you or your (first) wife will use family planning to delay or avoid getting pregnant at any time in the future?	Yes       1         No       2         Don't know       8         Yes       1         No       2         Don't know       8	If no other spouses, go to p.9 Q.22			
	FAMILY PLANNING – SECOND WIFE					
7b	Do you know how many children your second wife wants to have?	Yes				
8b	Do you know how often your second wife wants to have children?	Yes				
9b	Do you feel comfortable talking with your second wife about the use of family planning?	Very comfortable				
10b	Do you believe your second wife approves of using a method to delay or avoid getting pregnant?	Definitely approves				
11b	In the last 12 months, have you discussed your opinion about having children with your second wife?	Oui				
12b	In the past 12 months, have you ever discussed with your second wife which method you would like to use to delay or avoid pregnancy, if you wanted to use one?	Oui				
13b	In the past 12 months, have you ever discussed with your second wife how you would obtain a method to delay or avoid pregnancy, if you wanted to use one (for example, who pays, where to get it, etc.)?	Oui				

14b	Is your second wife pregnant, or thinks she is pregnant?	Yes	Q.16b
1 <i>5</i> b	After the birth of your child, how long would you like to wait before having another child?  If the response to <b>Q 14 is "not sure"</b> say " <b>if she were pregnant</b> " and then ask the question.	Months       1         Years       2         Now/soon       3         Doesn't want more children       4         Don't know       8	Go to Q. 21b
16b	Would you like your second wife to become pregnant within the next 12 months?	Yes       1 -         No       2         Says wife can't get pregnant       3 -         If God wills it       4         Don't know       8	Q. 21b  Q. 7c (if there is another wife; if not, go to Q.22)
17b	How long would you like to wait before having another child?	Months       1         Years       2         Now/soon       3         Says wife can't get pregnant       4         Doesn't want more children       5         Don't know       8	
18b	Are you or your second wife currently doing something or using any method to delay or avoid getting pregnant?	Yes1 No2 -	→ Q 20b

		Female sterilizationA	
		Male sterilizationB	
		Pill C	
		IUD	
		InjectablesE	
		ImplantsF	
		CondomG	
	Which method(s) are you or your second wife using?	Diaphragm/foam/jellyH	
1.01	, , ,	Standard Days Method/CycleBeadsI	Go to
19b	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE	Lactational Amenorrhea Method J	Q. 21b
	LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	Periodic abstinenceK	
		WithdrawalL	
		Herbal tisane (drink)M	
		Traditional ringN	
		Traditional beltO	
		OtherX	
		(specify)	
		FERTILITY-RELATED REASONS	
	You have said that you do not want your second wife to become pregnant in the next 12 months, but you are not	Infrequent/not having sexA	
	using any method to avoid pregnancy.	Wife can't get pregnantB	
20b		Wife has not menstruated since last birth	
	Could you tell me why you are not using a method?	Wife breastfeedingD	
		Want more children before using FPE	
	Any other reason?	Up to God/fatalisticF	

		OPPOSITION TO USE	
	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE	Respondent opposedG	
	LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	Wife opposedH	
		Others opposedI	
		Religious prohibition	
		LACK OF KNOWLEDGE	
		Knows no methodK	
		Knows no sourceL	
		METHOD-RELATED REASONS	
		Side effects/health concernsM	
		Health concerns (child)N	
		Lack of access/too farO	
		Costs too muchP	
		Preferred method not availableQ	
		No method availableR	
		Inconvenient to useS	
		Other X	
		(specify)	
		Don't knowZ	
		Yes1	
20b. i	If a modern method were available to you to use with your (second) wife, would you want to use it?	No2	
		Don't know8	
	Do you think you or your second wife will use family	Yes1	If no other spouses,
21b	planning to delay or avoid getting pregnant at any time	No2	go to p.9, Q.22
	in the future?	Don't know8	
	FAMILY PLANNIN	NG – THIRD WIFE	

7c	Do you know how many children your third wife wants to have?	Yes	
8c	Do you know how often your third wife wants to have children?	Yes1 No	
9c	Do you feel comfortable talking with your third wife about the use of family planning?	Very comfortable	
10c	Do you believe your third wife approves of using a method to delay or avoid getting pregnant?	Definitely approves	
11c	In the last 12 months, have you discussed your opinion about having children with your third wife?	Oui	
12c	In the past 12 months, have you ever discussed with your third wife which method you would like to use to delay or avoid pregnancy, if you wanted to use one?	Oui	
13c	In the past 12 months, have you ever discussed with your third wife how you would obtain a method to delay or avoid pregnancy, if you wanted to use one (for example, who pays, where to get it, etc.)?	Oui	
14c	Is your third wife pregnant, or thinks she is pregnant?	Yes	Q.16c

15c	After the birth of your child, how long would you like to wait before having another child?  If the response to Q 14 is "not sure" say "if she were pregnant" and then ask the question.	Months       1         Years       2         Now/soon       3         Doesn't want more children       4         Don't know       8	Go to Q. 21c
16c	Would you like your third wife to become pregnant within the next 12 months?	Yes       1 -         No       2         Says wife can't get pregnant       3 -         If God wills it       4         Don't know       8	
1 <i>7</i> c	How long would you like to wait before having another child?	Months       1         Years       2         Now/soon       3         Says wife can't get pregnant      4         Doesn't want more children      5         Don't know      8	
18c	Are you or your third wife currently doing something or using any method to delay or avoid getting pregnant?	Yes1 No2 -	Q 20c

		Female sterilizationA	
		Male sterilizationB	
		Pill C	
		IUDD	
		InjectablesE	
		ImplantsF	
		CondomG	
	Which method(s) are you or your third wife using?	Diaphragm/foam/jellyH	
19c		Standard Days Method/CycleBeadsI	Go to Q. 21c
	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	Lactational Amenorrhea Method J	
	EION. GINGLE THE LETTER FOR EXCHANGING THE	Periodic abstinenceK	
		WithdrawalL	
		Herbal tisane (drink)M	
		Traditional ringN	
		Traditional beltO	
		OtherX	
		(specify)	
		FERTILITY-RELATED REASONS	
	You have said that you do not want your third wife to become pregnant in the next 12 months, but you are not	Infrequent/not having sexA	
	using any method to avoid pregnancy.	Wife can't get pregnantB	
20c		Wife has not menstruated since last birthC	
	Could you tell me why you are not using a method?	Wife breastfeedingD	
		Want more children before using FPE	
	Any other reason?	Up to God/fatalisticF	

	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE	OPPOSITION TO USE  Respondent opposedG	
	LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	Wife opposedH	
		Others opposed	
		Religious prohibition	
		LACK OF KNOWLEDGE	
		Knows no methodK	
		Knows no sourceL	
		METHOD-RELATED REASONS	
		Side effects/health concernsM	
		Health concerns (child)N	
		Lack of access/too farO	
		Costs too muchP	
		Preferred method not availableQ	
		No method availableR	
		Inconvenient to useS	
		Other X	
		(specify)	
		Don't knowZ	
		Yes1	
20ci	If a modern method were available to you to use with your (third) wife, would you want to use it?	No2	
		Don't know8	
	Do you think you or your third wife will use family	Yes1	If no other spouses,
21c	planning to delay or avoid getting pregnant at any time	No2	go to p.9, Q.22
	in the future?	Don't know8	
	FAMILY PLANNING	G – FOURTH WIFE	1

7d	Do you know how many children your fourth wife wants to have?	Yes	
8d	Do you know how often your fourth wife wants to have children?	Yes	
9d	Do you feel comfortable talking with your fourth wife about the use of family planning?	Very comfortable	
10d	Do you believe your fourth wife approves of using a method to delay or avoid getting pregnant?	Definitely approves	
11d	In the last 12 months, have you discussed your opinion about having children with your fourth wife?	Oui	
12d	In the past 12 months, have you ever discussed with your fourth wife which method you would like to use to delay or avoid pregnancy, if you wanted to use one?	Oui1 Non2	
13d	In the past 12 months, have you ever discussed with your fourth wife how you would obtain a method to delay or avoid pregnancy, if you wanted to use one (for example, who pays, where to get it, etc.)?	Oui1 Non2	
14d	Is your fourth wife pregnant, or thinks she is pregnant?	Yes	16d

1 <i>5</i> d	After the birth of your child, how long would you like to wait before having another child?  If the response to Q 14 is "not sure" say "if she were pregnant" and then ask the question.	Months       1         Years       2         Now/soon       3         Doesn't want more children       4         Don't know       8	Go to Q. 21d
16d	Would you like your fourth wife to become pregnant within the next 12 months?	Yes       1 -         No       2         Says wife can't get pregnant       3 -         If God wills it       4         Don't know       8	
1 <i>7</i> d	How long would you like to wait before having another child?	Months       1         Years       2         Now/soon       3         Says wife can't get pregnant       4         Doesn't want more children       5         Don't know       8	
18d	Are you or your fourth wife currently doing something or using any method to delay or avoid getting pregnant?	Yes1 No2 -	Q 20d

		Female sterilizationA	
		Male sterilizationB	
		Pill C	
		IUD	
		InjectablesE	
		ImplantsF	
		CondomG	
	Which method(s) are you or your fourth wife using?	Diaphragm/foam/jellyH	
		Standard Days Method/CycleBeadsI	Go to
19d	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE	Lactational Amenorrhea Method J	Q. 21d
	LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	Periodic abstinenceK	
		WithdrawalL	
		Herbal tisane (drink)M	
		Traditional ringN	
		Traditional beltO	
		OtherX	
		(specify)	
		FERTILITY-RELATED REASONS	
	You have said that you do not want your fourth wife to become pregnant in the next 12 months, but you are not		
	using any method to avoid pregnancy.	Infrequent/not having sex	
20.1			
20d	Could you tell me why you are not using a method?	Wife has not menstruated since last birthC	
		Wife breastfeedingD	
	Any other reason?	Want more children before using FPE	
		Up to God/fatalisticF	

	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	OPPOSITION TO USE  Respondent opposed	
		LACK OF KNOWLEDGE  Knows no methodK  Knows no sourceL	
		METHOD-RELATED REASONS  Side effects/health concerns	
		Health concerns (child)N  Lack of access/too far	
		Costs too muchP  Preferred method not availableQ	
		No method availableR  Inconvenient to useS	
		Other X (specify) Don't knowZ	
20di	If a modern method were available to you to use with your (fourth) wife, would you want to use it?	Yes	
21d	Do you think you or your fourth wife will use family planning to delay or avoid getting pregnant at any time in the future?	Yes	
	FAMILY PLANNING – ATT	TITUDES & SELF-EFFICACY	

	Please tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements::	Strongly Agree	Agree	Disagree	Strongly Disagree	
	(a) If I wanted to use a family planning method I am confident I could use a method correctly all the time to delay or avoid pregnancy.	1	2	3	4	
22	(b) If I wanted to use a family planning method I am confident I could use a method correctly all the time to delay or avoid pregnancy, even if my wife disagrees.	1	2	3	4	
	(c) My family would support my decision to use a method to delay or avoid pregnancy.	1	2	3	4	
	(d) My entourage would support my decision to use a method to delay or avoid pregnancy.	1	2	3	4	

	Please tell me if you agree or disagree with each statement:	Agree		Disagree	
	(a) I have the information I need to make a decision about whether to use family planning, if I wanted to delay or avoid pregnancy.	1		2	
23	(b) I know where to obtain a method to delay or avoid getting pregnant.	1		2	
	(c) I am able to reach this place without too much difficulty.	1		2	
	(d) If I wanted to obtain a method, I have the means to purchase one.	1		2	
24	In the past 12 months, have you asked a health worker or relais for information about methods to delay or avoid pregnancy?	Yes			
25	In the past 12 months, have you visited a health facility to obtain a method for you or your spouse to delay or avoid pregnancy?	Yes			→ Q. 27
26	When you visited the health center to obtain a method to delay or avoid pregnancy, did you go with your wife?	Yes 1 No 2			
27	In your opinion, at the village clinic, is it necessary for the health worker to get approval from a woman's husband before giving her a family planning method?	Yes       1         No       2         Don't know/sometimes       8			
	I am going to read you statements about the use of family planning. Please tell me if you agree or disagree with each statement.	Agree	Disagree	Sometimes	
28	(a) It is good to have many children so they can provide for you when you are older.	1	2	3	
	(b) Women who use family planning have multiple sexual partners.	1	2	3	
	(c) Couples who use family planning have more time to do revenue-generating activities.	1	2	3	

	(d) The family planning methods available in this village have many negative side effects.	1	2	3	
	(e) Couples who practice family planning and have fewer children are better able to provide for their family.	1	2	3	
	(f) Using family planning is good for a woman's health.	1	2	3	
	(g) Only God can decide the number and timing of children a couple has.	1	2	3	
	(h) Family planning methods are difficult to obtain because they are not available, they cost too much, or because services are too far.	1	2	3	
	(i)  n this village, it is acceptable to discuss family planning in public	1	2	3	
	(j) Men whose wives use family planning lack authority.	1	2	3	
	(k) It is shameful to be associated with a woman who is known to use family planning.	1	2	3	
	(I) It is appropriate for a husband and wife to talk about child spacing and family planning methods.	1	2	3	
	(m) You should defend someone if they are being teased or criticized for using family planning.	1	2	3	
	(n) Child spacing is good for children's health.	1	2	3	
29	Do you think a woman who is breastfeeding can become pregnant?	No		3	
30	Do you think a woman can become pregnant before her menstrual period returns, after she had a baby?	No		2	

	Please tell me if you agree or disagree with each of the following.  If you or your spouse used family planning, would you feel comfortable telling your:	Strongly Agree	Agree	Disagree	Strongly Disagree	
	(a) our father	1	2	3	4	
31	(b) our uncle	1	2	3	4	
	(c) embers of your tontine or other social group in which you participate	1	2	3	4	
	(d) omeone older than you	1	2	3	4	
	(e) woman other than your wife	1	2	3	4	
32	From what you have seen in this community, if you or your wife used family planning and people found out, do you think you would be teased or criticized?	No			2	
33	From what you have seen in this community, if you or your wife used family planning and people found out, do you think you would be excluded by members of the community?	No			2	
34	From what you have seen in this community, if a man finds out his wife is using family planning, would beat her?	No			2	
	COUPLE COMMUNICATION AN	ID GENDER I	NORMS			
35	Please tell me if you agree, somewhat agree, or disagree with the following statements:	Agree		newhat Agree	Disagree	
	(a) woman's role is to maintain harmony in the home.	1		2	3	

	(b) n the home, a man must have the final word in decision-making.	1	2	3	
	(c) en who have many children are more respected than those who have few.	1	2	3	
	(d) woman must always obey her husband.	1	2	3	
	(e) t's a woman's responsibility to bring up the topic of family planning for discussion with her husband.	1	2	3	
	(f) aving many children gives value to a woman.	1	2	3	
	(g)  he most important role of a woman is to take care of her house and her family.	1	2	3	
	(h) n family disputes, a man should be on his wife's side.	1	2	3	
	(i) omen who have many children are more appreciated by their in-laws.	1	2	3	
	Please tell me if you agree, somewhat agree, or disagree with each of the following statements:	Agree	Somewhat Agree	Disagree	
	(a) t is the responsibility of both the woman and her husband to avoid pregnancy.	1	2	3	
36	(b)  he husband should decide how many children to have, since he is the one who has to support them.	1	2	3	
	(c) t is man's responsibility to make sure his wife will not get pregnant if the couple do not want a child at this time.	1	2	3	
	(d)  he woman can decide to use contraceptives because she is the one who will get pregnant.	1	2	3	

	(e) t is the woman who should decide how many children to have, since she is the one who has to care for them.	1	2	3	
	(f) he woman can decide what type of contraceptive to use because she is the one who will use it.	1	2	3	
	(g)  f a couple does not want to get pregnant and the wife is not using contraceptives, her husband should do so.	1	2	3	
	(h)  couple should decide together how many children they want and when to have them.	1	2	3	
	(i) The man should be the one to decide what type of contraceptive to use.	1	2	3	
	(i) A woman and her husband should decide together what type of contraceptive to use.	1	2	3	
	INTERVENTIO	N			
	(a)  n the past 3 months, did you attend a meeting of a social group (such as a micro-credit association, agricultural cooperative, etc)?	Yes			
37	(b)  n the past 3 months, did you attend a meeting of an informal social group (such as a less structured men's group, a folk group, or a group of domino players, or sports group, etc)?	Yes			
	IF THE RESPONSE TO 37a is "Yes" MARK "Yes" AND SKIP THIS QUESTION	Yes			
	(c)				

	IF THE RESPONSE TO 37b is "Yes" MARK "Yes" AND SKIP THIS QUESTION  (d)  n the past 12 months, did you attend a meeting of an informal social group (such as a less structured men's group, a folk group, or a group of domino players, or sports group, etc)?	Yes		IF NO to 37a, 37b, 37c, AND 37d, go to Q39
	At these meetings, were any of the following topics discussed:	Yes	No	
	a) irth spacing	1	2	
	b) amily planning	1	2	
38	c) ouple communication	1	2	
	d) haracteristics of an ideal man or woman	1	2	
	e) ho should make decisions within a couple	1	2	
	In the past 3 months, have you been visited by a <i>relais</i> or other health care provider, either individually or in any social group in which you participate (such as a micro-credit association, religious group, etc.)?	Yes		
39	IF THE RESPONSE TO 39a is "Yes" MARK "Yes" AND SKIP THIS QUESTION			
	In the past 12 months, have you been visited by a <i>relais</i> or other health care provider, either individually or in any social group in which you participate (such as a micro-credit association, religious group, etc.)?	Yes	_	IF NO to 39a AND 39b, go to Q41
40	When you were visited by the <i>relais</i> or other health care provider, did s/he talk about methods to delay or avoid pregnancy?	Yes		

	(a)  n the past 3 months, have you heard any radio broadcasts where any of the following topics were discussed:	Yes	No	
	(i) irth spacing	1	2	
	(ii) amily planning	1	2	
	(iii) ouple communication	1	2	
	(iv) haracteristics of an ideal man or woman	1	2	
	(v) ho should make decisions within a couple	1	2	
41	(b)  n the past 12 months, have you heard any radio broadcasts where any of the following topics were discussed:	Yes	No	
	IF RESPONDANT ALREADY SAID "YES" IN ANY PART OF 41a, DO NOT REPEAT. MARK "YES" AND SKIP.			
	(i) irth spacing	1	2	
	(ii) amily planning	1	2	
	(iii) ouple communication	1	2	
	(iv) haracteristics of an ideal man or woman	1	2	
	(v) ho should make decisions within a couple	1	2	

	(a) n the past 3 months, have you heard any village or religious leaders discuss any of the following topics:	Yes	No	
	(i) irth spacing	1	2	
	(ii) amily planning	1	2	
	(iii) ouple communication	1	2	
	(iv) haracteristics of an ideal man or woman	1	2	
	(v) ho should make decisions within a couple	1	2	
42	(b)  n the past 12 months, have you heard any village or religious leaders discuss any of the following topics:	Yes	No	
	IF RESPONDANT ALREADY SAID "YES" IN ANY PART OF 42a, DO NOT REPEAT. MARK "YES" AND SKIP.			
	(i) irth spacing	1	2	
	(ii) amily planning	1	2	
	(iii) ouple communication	1	2	
	(iv) haracteristics of an ideal man or woman	1	2	
	(v) ho should make decisions within a couple	1	2	
43	(a)  n the past 3 months, have you heard any village or religious leaders discuss gender equity within married couples in decision-making around birth spacing?	Yes		

	IF RESPONSE TO 43a IS "YES" MARK "YES" AND SKIP THIS QUESTION.			
	(b)	Yes		
	n the past 12 months, have you heard any village or religious leaders discuss gender equity within married couples in decision-making around birth spacing?			
	(a)  n the past 3 months, have you participated in some kind of religious group or activity (such as church/Friday prayers at the mosque, a Bible/koranic study group, or prayer group)?	Yes		
44	IF RESPONSE TO $44\alpha$ IS "YES" MARK "YES" AND SKIP THIS QUESTION.			
	(b)  n the past 12 months, have you participated in some kind of religious group or activity (such as church/Friday prayers at the mosque, a Bible/koranic study group, or prayer group)?	Yes		IF NO to 44a AND 44b, go to Q46
	At these religious groups/activities, were any of the following topics were discussed:	Yes	No	
	a) irth spacing	1	2	
45	b) amily planning	1	2	
	c) ouple communication	1	2	
	d) haracteristics of an ideal man or woman	1	2	
	e) ho should make decisions within a couple	1	2	
46	(a)  n the past 3 months, have you <u>asked</u> any friends or family members about their experiences with family planning?	Yes		

	IF RESPONSE TO 46a IS "YES" MARK "YES" AND SKIP THIS QUESTION.		
	(b)  n the past 12 months, have you <u>asked</u> any friends or family members about their experiences with family planning?	Yes	
	(a)  n the past 3 months, have you <u>shared</u> your knowledge or any positive experiences with family planning with a friend or family member?	Yes	
47	IF RESPONSE TO 47a IS "YES" MARK "YES" AND SKIP THIS QUESTION.		
	(b)  n the past 12 months, have you <u>shared</u> your knowledge or any positive experiences with family planning with a friend or family member?	Yes	
	n the past 3 months, have you corrected someone if you heard them saying something incorrect or untrue about family planning?	Yes	
48	IF RESPONSE TO 48a IS "YES" MARK "YES" AND SKIP THIS QUESTION.		
	(b)  n the past 12 months, have you corrected someone if you heard them saying something incorrect or untrue about family planning?	Yes	
EXPOSU	RE QUESTIONS		
49	IF PARTICIPANT SAID "YES" TO 41 aii or 41 bii, REVIEW THE RESPONSE AND CIRCLE "YES" HERE.	Yes	Q. 58
	IF NO, SKIP TO Q58		

50	You said that you had heard radio broadcasts where family planning was discussed. What was the name of the program?  MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	TEKPONON JIKUAGOU (Tékponon	<b>▶</b> Q. 52
51	Have you ever listened to a radio program called Tékponon Jikuagou (Tékponon Jikuagou)?  In this radio program, a listener may hear Tékponon Jikuagou stories and also recorded Tékponon Jikuagou group discussions.	Yes	Q.58
52	On what radio station did you hear Tékponon Jikuagou?  MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	RADIO KOUFFO (ADIAHOME) (107.4)A RADIO MONO (VOIX DE LOKASSA) (106.7)B OTHER (SPECIFY)X	
53	In the last twelve months, how often have you heard Tékponon Jikuagou (Tékponon Jikuagou) program?  READ OPTIONS FOR THE PARTICIPANT.	MORE THAN ONCE PER WEEK	

		NEVER MISS ITA
		TIME OF BROADCAST IS NOT CONVINIENTB
		I FORGET TO LISTENC
	On the occasions when you don't listen to	OTHER PEOPLE DECIDE ON RADIO USE
	Tékponon Jikuagou, what is the main reason that prevents you from listening?	DON'T HAVE OWN RADIOE
54	reason mar prevents you from issening?	NO BATTERIESF
34	MULTIPLE RESPONSES POSSIBLE. DO	RADIO DOES NOT WORKG
	NOT READ THE LIST. CIRCLE THE LETTER	NOT INTERESTEDH
	FOR EACH MENTIONED.	CONFLICTS WITH ANOTHER SHOW I PREFER
		AT WORK/NOT AT HOME
		RADIO NOT ONK
		OTHER (SPECIFY)X
		BIRTH SPACINGA
		FAMILY PLANNINGB
	What were the main topics discussed on this radio program?	COUPLE COMMUNICATIONC
	inis radio programi	CHARACTERISTICS OF AN IDEAL MAN/WOMAND
55		DECISION-MAKING WITHIN THE COUPLE
	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER	TALKING TO FRIENDS/FAMILY (OUTSIDE THE COUPLE) F
	FOR EACH MENTIONED.	TEKPONON JIKUAGOU PROJECTG
		ENCOURAGEMENT TO GO TO THE HEALTH CENTERH
		OTHER (SPECIFY)X
	Have you talked to others about these	YesA
56	topics that you heard on the radio program?	No
	Programi	Q.58

		MOTHERA	
		FATHERB	
		SIBLINGSC	
		SPOUSED	
	With whom did you discuss these topics?	CO-WIVESE	
		MOTHER-IN-LAWF	
57	ALL HEIDLE DESDONAGES DOSSIDLE DO	FATHER-IN-LAWG	
	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER	OTHER FAMILY MEMBERSH	
	FOR EACH MENTIONED.	NEIGHBORI	
		FRIENDJ	
		GROUP MEMBERSK	
		HEALTH PROVIDERL	
		OTHER (SPECIFY)X	
	Have you heard the Tékponon Jikuagou	Yes	
58	stories, either on the radio, or in	No	Q.62a
	social/community groups?		
		AKOUVI1	
		AKOUVI	
		NADÈGE2	
		NADÈGE	
	Which character is most like you?	NADÈGE	
	Which character is most like you?	NADÈGE	
59	Which character is most like you?	NADÈGE	
59	READ OPTIONS FOR THE PARTICIPANT.	NADÈGE	
59	·	NADÈGE	
59	READ OPTIONS FOR THE PARTICIPANT.	NADÈGE	
59	READ OPTIONS FOR THE PARTICIPANT.	NADÈGE	
59	READ OPTIONS FOR THE PARTICIPANT.	NADÈGE	
59	READ OPTIONS FOR THE PARTICIPANT.	NADÈGE	

		AKOUVI1	
		NADÈGE2	
	Which character do you most admire?	NANOUBA3	
		YUWA4	
		GRACE5	
		KOUÈCHI6	
		GOSSOU7	
60		THIERRY8	
	READ OPTIONS FOR THE PARTICIPANT. ONLY ONE RESPONSE POSSIBLE.	CHARLES9	
	ONLY ONE RESPONSE POSSIBLE.	AMI10	
		AKUGBE11	
		ELIAS12	
		COMLAN13	
		NO RESPONSE14	
		OTHER (SPECIFY)99	
		AKOUVI1	
		NADÈGE2	
		NANOUBA3	
		YUWA4	
	Which character do you most dislike?	GRACE5	
		KOUÈCHI6	
		GOSSOU7	
61		THIERRY8	
	READ OPTIONS FOR THE PARTICIPANT.	CHARLES9	
	ONLY ONE RESPONSE POSSIBLE.	AMI10	
		AKUGBE11	
		ELIAS12	
		COMLAN13	
		NO RESPONSE14	
		OTHER (SPECIFY)99	
	1		

	IF ANSWERED "YES" TO Q37a, 37b, 37c or 37d, CONTINUE TO Q62. IF NO → Q 80			
		TYPES OF MEETING	s	
	Earlier you said that you have been to a meeting of an informal or formal social	TONTINEA		
		MICRO-CREDIT ASSOCIATIONB		
62a	group. (REVIEW WHAT PARTICIPANT SAID in Q37a, 37b, 37c or 37d.)	AGRICULTURAL CO	OPERATIVE	
	Thinking back on the meetings you	CULTURAL/FOLK G	ROUPD	
	attended, can you tell me more about the kinds of meetings you have	RELIGIOUS ORGAN	IZATIONE	
	attended? If you belong to more than	SCHOOL/YOUTH C	LUBF	
	one group, you can describe them all.	SPORT OR GAME G	ROUPG	
		OTHER (SPECIFY)	X	
	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.			
62b	In your groups, have you had discussions or done activities from Tekponon Jikuagou, a program about family planning?		1	
	INTERVIEWER, IF ONLY ONE GROUP, GO	TO Q64, BUT TAKE		
	A MOMENT TO CIRCLE THE TYPE OF GRO	OUP HERE.	TYPES OF MEETINGS	
			TONTINE1	
	Let's talk about the group in which you disc	cussed Tékponon	MICRO-CREDIT ASSOCIATION2	
	Jikuagou (Tékponon Jikuagou). If you did r		AGRICULTURAL COOPERATIVE3	
63	Tékponon Jikuagou Project in a group, tell me about the group that you attend most often. Which of the groups is that?		CULTURAL GROUP4	
			RELIGIOUS ORGANIZATION5	
			SCHOOL/YOUTH CLUB6	
	ONLY ONE RESPONSE POSSIBLE. DO NO	T READ THE LIST.	SPORT OR GAME GROUP7	
			OTHER (SPECIFY)9	

64	I'm now going to ask you questions about your participation in that group.  In the past 12 months, how often have you attended the group?  READ OPTIONS FOR PARTICIPANT.	ONCE A WEEK OR MORE	
65	Would you say that most other people in your group approve of family planning methods?	Yes       1         No       2         Don't know       8	
66	(SHOW STORY CARDS) If the Tékponon Jikuagou stories were used in your group, someone in the group would have had several cards like this. They would have read the back of these cards out loud. Each card has a different part of a story. There are characters like Nadège, Kouéchi, et others.	Yes	<b>Q</b> 71
	In the past 12 months, were you in a meeting/gathering where story cards like these were used?		
67	In the past 12 months, how often did participate in a meeting where the Tékponon Jikuagou stories were read?	ONCE A WEEK OR MORE	
	READ OPTIONS FOR PARTICIPANT.	LESS THAN ONCE A MONTH	
68	What were the stories about?  MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST.  CIRCLE THE LETTER FOR EACH MENTIONED.	BIRTH SPACING	

		STORIES ARE LIKE LIFEA	
		STORIES ARE FUN/INTERESTING TO LISTEN TOB	
	What did you like about the stories?	STORIES ARE INTERESTING TO DISCUSS WITH OTHERSC	
	·	STORIES ARE EASY TO UNDERSTAND	
69		D	
	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	STOIRES GAVE IDEAS, ADVICE OR INFORMATIONE	
		BEHAVIOR OF CHARACTERSF	
		NOTHINGG	
		OTHER (SPECIFY)X	
		STORIES ARE NOT REALISTICA	
		STORIES ARE INTERESTING OR FUN TO LISTEN TOB	
	What did you dislike about the stories?	STORIES ARE HARD TO DISCUSS WITH OTHERSC	
70	, and the second	STORIES ARE DIFFICULT TO  UNDERSTANDD	
	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	DOES NOT LIKE MESSAGES /INFORMATIONE	
		BEHAVIOR OF CHARACTERSF	
		NOTHINGG	
		OTHER (SPECIFY)X	
	(SHOW ACTIVITY CARDS)	Yes 1	
		No 2 –	<b>→</b>
71	The activity cards look like the story cards, and they also have pictures on one side. But, instead of stories, they guide group members in discussions and games. For example, the activity cards guide small group discussions, or discussion about whether you agree or disagree with certain statements. Certain activity cards ask people to talk with others in the community about family planning.		Q 76
	In the past 12 months, were you in a meeting/gathering where activity cards like this were used?		

		ONCE A WEEK OR MORE1
	In the past twelve months, how often did people in your group	
	use the activity cards?	EVERY TWO WEEKS2
72		ONCE A MONTH3
	READ OPTIONS FOR PARTICIPANT.	LESS THAN ONCE A MONTH4
		OTHER (SPECIFY)9
		BIRTH SPACINGA
		FAMILY PLANNINGB
		COUPLE COMMUNICATIONC
	What topics did the group talk about while doing the activities?	CHARACTERISTICS OF AN IDEAL MAN/WOMAND
73	delivines:	DECISION-MAKING WITHIN THE COUPLEE
	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	TALKING TO FRIENDS/FAMILY (OUTSIDE THE COUPLE)F
		TEKPONON JIKUAGOU PROJECTG
		ENCOURAGEMENT TO GO TO THE HEALTH CENTERH
		OTHER (SPECIFY)X
		ACTIVITIES ARE FUN TO DOA
		ACTIVITIES ARE
		SOCIAL/INTERACTIVEB
		ACTIVITIES ARE EASY TO UNDERSTANDC
	What did you like about the activities?	ACTIVITIES GAVE IDEAS AND INFORMATIOND
74	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST.	ACTIVITIES ARE INNOVATIVE AND INTERESTINGE
	CIRCLE THE LETTER FOR EACH MENTIONED.	PICTURESF
		TRUE/FALSE AND AGREE/DISAGREE
		GAMESG
		NOTHING)H
		OTHER (SPECIFY)X

			ACTIVITIES ARE NOT FUNA	
			DIFFICULT TO DISCUSS WITH OTHERS  AFTERB	
			ACTIVITIES ARE DIFFICULT TO UNDERSTANDC	
			IDEAS, ADVICE, INFORMATIOND	
	What did you dislike about the activities?		TOO LONG/	
	·		TOO MANY RULES/REPETIVEE	
75	MULTIPLE RESPONSES POSSIBLE. DO NOT		NOT ENOUGH DISCUSSION OF SIDE EFFECTSF	
	CIRCLE THE LETTER FOR EACH MENTIONED	).	NO MIDWIFE/CATALYZER COULD NOT ANSWER QUESTIONSG	
			COULD NOT FIND FP PRODUCTS DISCUSSEDH	
			PICTURES	
			NOTHINGJ	
			OTHER (SPECIFY)X	
COM	PLETE 76-79 ONLY IF PARTICIPANT HA	AS HEARD STORIES	S OR PARTICIPATED IN ACTIVITIES IF NOT	GO TO
COM				
COM		Q80.	OKTAKIIGII ATED IIV ACIIVIIIES. II NOT	
COM		Q80.		I
COM	Interviewer: Verify if Q=66 and/or Q71	<b>Q80.</b> YES	1	If 2, go to Q80.
COM	Interviewer: Verify if Q=66 and/or Q71	<b>Q80.</b> YES		If 2, go
COM	Interviewer: Verify if Q=66 and/or Q71 =1  After doing the activities or story cards,	<b>Q80.</b> YES	1	If 2, go
76	Interviewer: Verify if Q=66 and/or Q71 =1	Q80.           YES	1	If 2, go to Q80.
	Interviewer: Verify if Q=66 and/or Q71 =1  After doing the activities or story cards, would you say that most other people in	YES	2	If 2, go to Q80.
	Interviewer: Verify if Q=66 and/or Q71 =1  After doing the activities or story cards, would you say that most other people in your group changed their opinions or attitudes about modern family planning?  After doing the stories or activity cards,	YES	2	If 2, go to Q80. If 2 or 8, go to
	Interviewer: Verify if Q=66 and/or Q71 =1  After doing the activities or story cards, would you say that most other people in your group changed their opinions or attitudes about modern family planning?	YES NO YES NO DOES NOT KNOW		If 2, go to Q80. If 2 or 8, go to
	Interviewer: Verify if Q=66 and/or Q71 =1  After doing the activities or story cards, would you say that most other people in your group changed their opinions or attitudes about modern family planning?  After doing the stories or activity cards, would you say that these people in your group became more favorable or less favorable about modern family planning	YES		If 2, go to Q80. If 2 or 8, go to
76	Interviewer: Verify if Q=66 and/or Q71 =1  After doing the activities or story cards, would you say that most other people in your group changed their opinions or attitudes about modern family planning?  After doing the stories or activity cards, would you say that these people in your group became more favorable or less	YES NO  YES  NO  DOES NOT KNOW  MORE FAVORABLE		If 2, go to Q80. If 2 or 8, go to
76	Interviewer: Verify if Q=66 and/or Q71 =1  After doing the activities or story cards, would you say that most other people in your group changed their opinions or attitudes about modern family planning?  After doing the stories or activity cards, would you say that these people in your group became more favorable or less favorable about modern family planning methods?	YES NO  YES  NO  DOES NOT KNOW  MORE FAVORABLE		If 2, go to Q80. If 2 or 8, go to
76	Interviewer: Verify if Q=66 and/or Q71 =1  After doing the activities or story cards, would you say that most other people in your group changed their opinions or attitudes about modern family planning?  After doing the stories or activity cards, would you say that these people in your group became more favorable or less favorable about modern family planning	YES NO  YES  NO  DOES NOT KNOW  MORE FAVORABLE		If 2, go to Q80. If 2 or 8, go to
76	Interviewer: Verify if Q=66 and/or Q71 =1  After doing the activities or story cards, would you say that most other people in your group changed their opinions or attitudes about modern family planning?  After doing the stories or activity cards, would you say that these people in your group became more favorable or less favorable about modern family planning methods?  READ OPTIONS FOR PARTICIPANT  After doing activities or listening to	YES NO  YES  NO  DOES NOT KNOW.  MORE FAVORABLE  LESS FAVORABLE  DOES NOT KNOW.		If 2, go to Q80. If 2 or 8, go to
76	Interviewer: Verify if Q=66 and/or Q71 =1  After doing the activities or story cards, would you say that most other people in your group changed their opinions or attitudes about modern family planning?  After doing the stories or activity cards, would you say that these people in your group became more favorable or less favorable about modern family planning methods?  READ OPTIONS FOR PARTICIPANT	YES NO YES NO DOES NOT KNOW.  MORE FAVORABLE LESS FAVORABLE DOES NOT KNOW.		If 2, go to Q80. If 2 or 8, go to

79	With whom did you discuss these topics?	MOTHER	
		FRIENDJ  GROUP MEMBERSK  HEALTH PROVIDERL  OTHER (SPECIFY)X	
80	IF THE PARTICIPANT SAID YES TO 42ai, 42aii, 42bi, OR 42bii, REVIEW THEIR RESPONSE AND CIRCLE "YES" HERE.	YES	
	IF NO, go to Q82.		Q. 82
	Before, you said that you've heard a leader speak about family planning or birth spacing.	RELIGIOUS/TRADITIONAL LEADERA  LOCAL AUTHORITYB	
81	What kind of leader(s)?	SOCIAL/COMMUNITY GROUP LEADER OR CATALYSEUR	
	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	TRADITIONAL HEALER/ TRADITIONAL BIRTH ATTENDENTE  NGO OR COMMMUNITY SERVICE LEADERF  OTHER (SPECIFY)X	
	(SHOW INFOGRAPHS)	Yes	0.84
82	In the past 12 months, did anyone show you cards that look like this?		Q.84

		religious/traditional leader		
	Who showed it to you?	LOCAL AUTHORITYB		
	•	SOCIAL/COMMUNITY GROUP LEADER OR		
		CATALYSEURC		
83	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER	HEALTH WORKER OR MID WIFE		
	FOR EACH MENTIONED.	TRADITIONAL HEALER/ TRADITIONAL BIRTH		
		NGO OR COMMMUNITY SERVICE LEADERF		
		OTHER (SPECIFY)X		
	In the past 6 months, did you receive an	Yes1		
	invitation card (Each One Invites 3) that looks like this card?	No2 —	<b>&gt;</b>	
84				
0.	SHOW PERSON PENT AND EVALUATE OF		Go to the	
	SHOW RESPONDENT AN EXAMPLE OF THE EACH ONE INVITES THREE		grid	
	INVITATION CARD			
		RELIGIOUS/TRADITIONAL LEADERA		
		LOCAL AUTHORITYB		
		SOCIAL/COMMUNITY GROUP LEADER OR CATALYSEURC		
		HEALTH WORKER OR MID WIFE		
		TRADITIONAL HEALER/ TRADITIONAL BIRTH		
		ATTENDENTE		
	What is your relationship with the	NGO OR COMMMUNITY SERVICE LEADERF		
	person who gave you the Each One	MOTHERG		
	Invites Three card?	FATHERH		
85		SIBLINGS		
	ALLITIBLE DECRONICES DOCCIDE DO	SPOUSEJ		
	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER	CO-WIVESK		
	FOR EACH MENTIONED.	MOTHER-IN-LAWL		
		FATHER-IN-LAWM		
		OTHER FAMILY MEMBERSN		
		NEIGHBORO		
		FRIENDP		
		GROUP MEMBERSQ		
		OTHER (SPECIFY)X		

86	Did you share the invitation card with anyone else?	Yes	Go to Q88
87	Who did you share the invitation card with?  MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	MOTHER	
88	After receiving the card, did you go to any health facility for family planning services or information?	Yes	Go to the
89	At the health facility, did you get a modern family planning method?	Yes	Go to the grid

		PRODUCT NOT AVAILABLEA
		TOO EXPENSIVEB
		DID NOT WANTC
		NOT ABLE TO ACCESS WITHOUT PRESENCE OR PERMISSION OF SPOUSED
	For what reasons did you not get a modern method at the health center?	HEALTH WORKER SAID NOT ELIGIBLE B/C OF BREASTFEEDINGE
90	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	HEALTH WORKER SAID NOT ELIGIBLE B/C OF RECENT BIRTHF
		HEALTH WORKER SAID NOT ELIGIBLE FOR ANOTHER REASONG
		WAS PREGNANT AT VISITH
		UNAVAILABILITY OF HEALTH WORKER
		HEALTH WORKER NOT QUALIFIED TO DISTRIBUTE FPJ
		FEAR OF SIDE EFFECTSK
		OTHER (SPECIFY)X

## Instructions and questions for completing network grid

1. Read "Now we are going to talk about the people in your network – people who you interact with, people you receive support from, people you consider to be part of your world. People you mention can live in this village or elsewhere.

# 2. Material network grid

Ask "Think of the people who provide you **material assistance**. For example, someone who loans you money, someone who buys things for you in the market, or someone who gives you food or clothes. Please tell me the names of all the people that you go to for this type of support".

For each person named, write ONLY the FIRST NAME in the Name column. Then ask "Who else do you go to for this type of support?"

Write all names mentioned by the respondent. If you run out of space on the page, use a supplemental page.

#### 3. Practical network grid

Ask "Think of the people who provide you **practical assistance**. For example, they help you take care of your children, or they can help with household chores, or they can help you with trading or agriculture." Please tell me the names of all the people that you go to for this type of support".

For each person named, write ONLY the FIRST NAME in the Name column. Then ask "Who else do you go to for this type of support?"

Write all names mentioned by the respondent. If you run out of space on the page, use a supplemental page

#### 4. Emotional network grid

Ask, "Think of the people who provide you **advice or moral/emotional support.** For example, you can talk to them if you are feeling worried or sad. Please tell me the names of all the people that you go to for this type of support.

For each person named, write ONLY the FIRST NAME in the Name column. Then ask, "who else do you go to for this type of support?"

Write all names mentioned by the respondent. If you run out of space on the page, you a supplemental page.

5. Go through all the names on the two grids. For each person, ask the questions that follow and then write the codes that correspond:

# Coding for questions in network grid

## Column (a): Relationship(s) of nominated person to the respondent

**Ask:** "What is your relationship with (first name of the person)? You can mention more than one kind of relationship. For example, this person can be your aunt and your health provider at the same time."

	, , , , , , , , , , , , , , , , , , , ,		
		200	Co-wife
101	Husband	201	Wife
102	Son	202	Daughter
103	Father	203	Mother
104	Brother	204	Sister
105	Uncle	205	Aunt
106	Nephew	206	Niece
107	Male cousin	207	Female cousin
108	Son of co-spouse	208	Daughter of co-spouse
109	Grandfather	209	Grandmother
110	Father-in-law	210	Mother-in-law
111	Son-in-law	211	Daughter-in-law
112	Other male relative	212	Other female relative
121	Male friend	221	Female friend
122	Male colleague	222	Female colleague
123	Male servant	223	Female servant
124	Male neighbor	224	Female neighbor
131	Male health provider	231	Female health provider
132	Male traditional healer	232	Female traditional healer
133 leadei	Male religious leader	233	Female religious leader or wife of male
134	Brother-in-law	234	Sister-in-law
135 136 137 999	Male government leader Male Social/Community group leader Male Chief or Traditional Leader Other	235 236 237	Female government leader Female Social/Community Group Leader Female Chief or Community Group Leader

#### Column (b): Place of Residence:

A ck.	"Is Ifirst name	of the norsen)	a member of your	household? If a	/ha is not	door this norson	live alsowbore?"
ASK:	is (tirst name	or me person)	a member of your	nousenoids it s	/ ne is not,	aoes mis person	iive eisewneres

If the answer is "elsewhere," ask the following question: "What town does (the first name of the person) live?"

- 1. Same household
- 2. This village
- 3. Another village in Benin
- 4. Cotonou
- 5. Another city in Benin
- 6. Another African country
- 7. Other (specify)

#### Column (c): FP Communication

**Ask:** "In the last three months, have you spoken with this person about birth spacing or a method that would allow you to delay or avoid pregnancy?"

- 1. Yes
- 2. No
- 8. I don't know

#### Column (d): Approves FP

**Ask:** "In your opinion, would you say that (first name of person) approves of people who use a method of family planning to spaces their births?"

- 1. Yes
- 2. No
- 8. I don't know

#### Column (e): Uses FP

Ask: As far as you know, do you think that (first name of person) uses a modern method of family planning?

- 1. Yes
- 2. No
- 8. I don't know

#### **Material Network Grid**

Name	Re	lations	nip	Residence	FP communication	Approves of PF	Uses FP (e)
	(a)			(b)	(c)	(d)	(6)

#### **Practical Network Grid**

Name	Relations	hip	Residence	FP communication	Approves of PF	Uses FP
	(a)		(b)	(c)	(d)	(e)

#### **Emotional Network Grid**

Name	Re	lationsl	nip	Residence	FP communication	Approves of PF	Uses FP
		(a)		(b)	(c)	(d)	(e)

Thank you for participating in this study!

### APPENDIX B: SURVEY INSTRUMENT—WOMEN'S FORM

# Tékponon Jikuagou Project: End line Household Survey

# Women's Form

I <u> </u>	Interviewer code
Date/	
Day Month Year	
Respondent code IIII	
Husband code (if husband is interviewed) IIII	

#### Let's start with some questions about you:

No.	Questions and filters	Coding categories	Skip to
1	How old are you?  (If she does not know her age: "Can you tell me in what year were you born?" AGE TO BE CALCULATED AFTER INTERVIEW.)	Age	
2	What is the highest level of education you have attained?	None       1         Primary       2         Secondary 1       3         Secondary 2       4         Post-secondary       5	
3	How many co-wives do you have?	Number of co-wives	→If 00, go to Q.5

5	Are you the first, second,, wife?  If response is 'I don't know': Do you know your rank?  If 'Yes': Are you the first, second,, wife?  How many children have you given birth to who are alive?	Rank	
6	What is your religion?	Catholic       1         Protestant       2         Other Christian       3         Traditional/Animist       4         Muslim       5         Animist/None       6         Other       9         (specify)	
7	What is your ethnicity?	Adja (or related)	

Now I would like to talk about family planning — the ways or methods that a couple can use to delay or avoid a pregnancy

No.	Questions and filters	Coding categories	Skip to
8	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	Yes	Q.10

		Female sterilizationA	
		Male sterilizationB	
		Pill C	
		IUD	
		InjectablesE	
		ImplantsF	
		CondomG	
		Diaphragm/foam/jellyH	
9		Standard Days Method/CycleBeads	
,		Lactational Amenorrhea Method	
		Periodic abstinenceK	
		WithdrawalL	
Which met	Which method(s) have you used in the past?	Herbal tisane (drink)M	
		Traditional ringN	
		Traditional beltO	
	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	Other X	
	ELITER FOR EACH MENTIONED.	,	
		(specify)	
		V	
		Yes1	
10	Are you pregnant now?	No2	Q.13
		Don't know8	<b>→</b>
	How many months pregnant are you?		
		Months pregnant	
	If the response to Q10 is "not sure", ask "if you were	Don't know8 -	<b>→</b>
11	pregnant" and then as the question below.		
			0.12
	In column (a) of the calendar, write a P for each		Q.13
	month of pregnancy.		
		Months 1	
	After the birth of the child you are expecting now, how	Years 2	
12	long would you like to wait before the birth of another child?	Soon/Now3	Go to
	dilid:	3001/110W	Q.19
		Does not want more children4	
		Don't know8	

13	How long would you like to wait from now before the birth of (a/another) child?	Months       1         Years       2         Soon/Now       3         Says she can't get pregnant       4         Does not want more children       5         Don't know       8	
14	Would your husband like you to become pregnant within the next 12 months?	Yes	
15	Would you like to become pregnant within the next 12 months?	Yes       1         No       2         Says she can't get pregnant       3         If God wills it       4         Don't know       8	
16	Are you currently doing something or using any method to delay or avoid getting pregnant?	Yes	Q.18

		Female sterilizationA	
		Male sterilizationB	
		Pill C	
		IUD	
		InjectablesE	
		ImplantsF	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	CondomG	
	Which method (s) are you using?	Diaphragm/foam/jellyH	
1 <i>7</i>		Standard Days Method/CycleBeadsI	Go to
	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE	Lactational Amenorrhea Method J	Q.19
	LETTER FOR EACH MENTIONED.	Periodic abstinenceK	
		WithdrawalL	
		Herbal tisane (drink)M	
		Traditional ringN	
		Traditional beltO	
		OtherX	
		(specify)	

	FERTILITY-RELATED REASONS
	Infrequent/not having sexA
	Can't get pregnantB
	Not menstruated since last birthC
	BreastfeedingD
	Want more children before using FPE
	Up to God/fatalisticF
	OPPOSITION TO USE
	Respondent opposedG
You have said that you do not want to become pregnant n the next year, but you are not using any method to	Husband opposedH
avoid pregnancy.	Others opposed
	Religious prohibition
Could you tell me why you are not using a method?	LACK OF KNOWLEDGE
	Knows no methodK
Any other reason?	Knows no sourceL
MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE	METHOD-RELATED REASONS
IST. CIRCLE THE LETTER FOR EACH MENTIONED.	Side effects/health concernsM
	Health concerns (child)N
	Lack of access/too farO
	Costs too muchP
	Preferred method not availableQ
	No method availableR
	Inconvenient to useS
	Other X
	Other X (specify)

18a	If a modern method were available to you, would you want to use it?	Yes	
19	Do you think you will use a method to delay or avoid getting pregnant at any time in the future?	Yes	

#### FAMILY PLANNING - ATTITUDES AND AUTO-EFFICACY

Please tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

	If I wanted to use a family planning method:	Strongly Agree	Agree	Disagree	Strongly Disagree
	(a) I am confident I could use a method correctly all the time to delay or avoid pregnancy.	1	2	3	4
20	(b) I am confident I could use a method correctly all the time to delay or avoid pregnancy, even if my husband disagrees.	1	2	3	4
	(c) My birth family would support my decision to use a method to delay or avoid pregnancy.	1	2	3	4
	(d) My family-in-law would support my decision to use a method to delay or avoid pregnancy.	1	2	3	4
	(e) My entourage would support my decision to use a method to delay or avoid pregnancy.	1	2	3	4
	Please tell me if you agree or disagree with each statement:	Ag	ree	Disa	gree
21	(a) I have the information I need to make a decision about whether to use family planning, if I wanted to delay or avoid pregnancy.	1	1	2	2
	(b) I know where to obtain a method to delay or avoid pregnancy.	1	1	2	2

	(c) I am able to reach this place without too much difficulty.	1	2	
	(d) If I wanted to obtain a method, I have the means to purchase one.	1	2	
22	In the past 12 months, have you asked a health worker or relais for information about methods to delay or avoid pregnancy?	Yes		
23	In the past 12 months, have you visited a health facility to obtain a method to delay or avoid pregnancy?	Yes	2 -	Q. 25
24	When you visited the health center to obtain a method to delay or avoid pregnancy, did your husband go with you?	No		
25	In your opinion, at the village clinic, is it necessary for the health worker to get approval from a woman's husband before giving her a family planning method?	Yes	3	

	fam	n going to read you statements about the use of ily planning. Please tell me if you agree or disagree each statement.	Agree	Disagree	Sometimes	
	(a)	It is good to have many children so they can provide for you when you are older.	1	2	3	
	(b)	Women who use family planning have multiple sexual partners.	1	2	3	
	(c)	Couples who use family planning have more time to do revenue-generating activities.	1	2	3	
	(d)	The family planning methods available in this village have many negative side effects.	1	2	3	
	(e)	Couples who practice family planning and have fewer children are better able to provide for their family.	1	2	3	
26	(f)	Using family planning is good for a woman's health.	1	2	3	
	(g)	Only God can decide the number and timing of children a couple has.	1	2	3	
	(h)	Family planning methods are difficult to obtain because they are not available, they cost too much, or because services are too far.	1	2	3	
	(ii)	n this village, it is acceptable to discuss family planning in public	1	2	3	
	(j)	Men whose wives use family planning lack authority.	1	2	3	
	(k)	It is shameful to be associated with a woman who is known to use family planning.	1	2	3	
	(1)	It is appropriate for a husband and wife to talk about child spacing and methods to delay of avoid pregnancy.	1	2	3	

	(m) You should defend someone if they are being teased or criticized for using family planning.	1		2	3	
	(n) Child spacing is good for children's health.	1		2	3	
27	Do you think a woman who is breastfeeding can become pregnant?	No			2 3 8	
28	Do you think a woman can become pregnant before her menstrual period returns, after she had a baby?	No			3	
	Please tell me if you agree or disagree with each of the following.  If you used family planning, would you feel comfortable telling your:	Strongly Agree	Agree	Disagr	Strongly Disagree	
	(f) other-in-law	1	2	3	4	
29	(g) unt	1	2	3	4	
	(h) embers of your tontine or other social group in which you participate	1	2	3	4	
	(i) omeone older than you	1	2	3	4	
	(i) man other than your husband	1	2	3	4	
30	From what you have seen in this community, if you used family planning and people found out, do you think you would be teased or criticized?	No			2	

31	From what you have seen in this community, if you used family planning and people found out, do you think you would be excluded by member of the community?	Yes			
32	From what you have seen in this community, if you used family planning and your husband found out, do you think he would beat you?	Yes			
	COURSE COMMUNICATION AND OFNIRED MODALS				

	Please tell me if you agree, somewhat agree, or disagree with the following statements:	Agree	Somewhat Agree	Disagree
(	(i) woman's role is to maintain harmony in the home.	1	2	3
(	n the home, a man must have the final word in decision-making.	1	2	3
(	en who have many children are more respected than those who have few.	1	2	3
	(m) woman must always obey her husband.	1	2	3
33 (	(n)  t's a woman's responsibility to bring up the topic of family planning for discussion with her husband.	1	2	3
(	(o) aving many children gives value to a woman.	1	2	3
(	(p)  he most important role of a woman is to take care of her house and her family.	1	2	3
(	n family disputes, a man should be on his wife's side.	1	2	3
(	omen who have many children are more appreciated by their in-laws.	1	2	3

3	34	Do you know how many children your husband would like to have?	Yes
3	5	Do you know how often your husband would like to have children?	Yes
3	86	Do you feel comfortable talking with your partner about the use of family planning methods?	Very comfortable

37	Do you believe your husband approves of using a method to delay or avoid getting pregnant?	Definitely approves
38	In the past 12 months, have you discussed your opinion about having children with your husband?	Yes
39	In the past 12 months, have you ever discussed with your husband which method you would like to use to delay or avoid pregnancy, if you wanted to use one?	Yes
40	In the past 12 months, have you ever discussed with your husband how you would obtain a method to delay or avoid pregnancy, if you wanted to use one (for example, who pays, where to get it, etc.)?	Yes

	Please tell me if you agree, somewhat agree, or disagree with each of the following statements:	Agree	Somewhat Agree	Disagree	
	(k) t is the responsibility of both the woman and her husband to avoid pregnancy.	1	2	3	
	(I)  he husband should decide how many children to have, since he is the one who has to support them.	1	2	3	
	(m) t is man's responsibility to make sure his wife will not get pregnant if the couple do not want a child at this time.	1	2	3	
	(n)  he woman can decide to use contraceptives because she is the one who will get pregnant.	1	2	3	
41	t is the woman who should decide how many children to have, since she is the one who has to care for them.	1	2	3	
	(p) he woman can decide what type of contraceptive to use because she is the one who will use it.	1	2	3	
	(q) f a couple does not want to get pregnant and the wife is not using contraceptives, her husband should do so.	1	2	3	
	(r) couple should decide together how many children they want and when to have them.	1	2	3	
	(s) The man should be the one to decide what type of contraceptive to use.	1	2	3	
	(t) A woman and her husband should decide together what type of contraceptive to use.	1	2	3	
	INTERVE	NTION			

	n the past 3 months, did you attend a meeting of a social group (such as a tontine, micro-credit association, agricultural cooperative, etc?)		2	
42	(b)  n the past 3 months, did you attend a meeting of an informal social group (such as a less structured women's group, a folk group, or a group of domino or sports group?)		2	
	IF THE RESPONSE TO 42a is "Yes" MARK " SKIP THIS QUESTION	Yes" AND	Yes1 No	
	(c)			

	IF THE RESPONSE TO 42b is "Yes" MARK "Yes" AND SKIP THIS QUESTION		No		If No to 42a, 42b, 42c, AND 42d, go to Q.44	
	(d)  n the past 12 months, did you attend a	meeting				
				Oui	No	
	At these meetings, were any of the	(a)		1	2	
43	following topics discussed:	(b)		1	2	
		(c)		1	2	
		(d)		1	2	
		(e) who s	should make decisions within a couple	1	2	
44	(a)  n the past 3 months, were you visited by a relais or other health care provider, either individually or in any social group in which you participate (such as a tontine, microcredit association, religious group, etc.)?  (b)  n the past 12 months, were you visited by a relais or other health care provider, either individually or in any social group in which you participate (such as a tontine, microcredit association, religious group, etc.)?	No			2	If "No" to 44a AND 44b, go to Q.46
45	When you were visited with the <i>relais</i> or other health care provider, did s/he talk about methods to delay or avoid pregnancy?	Yes No			1	
	(a)			Yes	No	
	n the past 3 months, have you heard	(a)		1	2	
	any radio broadcasts where any of the following topics were discussed:	(b)		1	2	
46	me ronowing topics were discussed:	(c)		1	2	
		(d)		1	2	
		(e) who s	should make decisions within a couple	1	2	
	(b)			Yes	No	
	n the past 12 months, have you	(a)	c	1	2	

	heard any radio broadcasts where	(b) f	1	2	
	any of the following topics were	(c)c	1	2	
	discussed:	(d)c	1	2	
		(e)w	1	2	
			Yes	No	
	(a)	(a)c	1	2	
	n the past 3 months, have you heard	(b) f	1	2	
	any village or religious leaders discuss any of the following topics:	(c)c	1	2	
		(d)c	1	2	
47		(e)w	1	2	
	(b)		Yes	No	
	n the past 12 months, have you heard any village or religious	(a)	1	2	
	leaders discuss any of the following	(b)	1	2	
	topics:	(c)	1	2	
		(d)	1	2	
		(e) who should make decisions within a couple	1	2	
	(a)  n the past 3 months, have you heard any village or religious leaders discuss gender equity within married couples in decision-making around birth spacing?	Yes			
48	IF THE RESPONSE TO 48a IS "YES"  MARK "YES" AND SKIP THIS QUESTION				
	(b)  n the past 12 months, have you heard any village or religious leaders discuss gender equity within married couples in decision-making around birth spacing?	Yes			
49	(a)  n the past 3 months, have you participated in some kind of religious group or activity (such as church/Friday prayers at the mosque, a Bible/koranic study group, or prayer group)?	Yes			

	(b)  n the past 12 months, have you participated in some kind of religious group or activity (such as	Yes			If "No" to 49a AND 49b, go
			Yes	No	
	At these religious groups/activities, were	(a)	1	2	
50	any of the following topics were	(b)	1	2	
	discussed:	(c)	1	2	
		(d)	1	2	
		(e) who should make decisions within a couple	1	2	
	n the past 3 months, have you <u>asked</u> any of friends or family members about their experiences with family planning?	Yes			
51	(b)  n the past 12 months, have you asked any of friends or family members about their experiences with family planning?	Yes			
52	(a) n the past 3 months, have you shared your knowledge or any positive experiences with family planning with a friend or family member?	Yes			

	IF THE RESPONSE TO 52a IS "YES"  MARK "YES" AND SKIP THIS QUESTION.  (b)  n the past 12 months, have you shared your knowledge or any positive experiences with family planning with a friend or family member?	Yes	
	n the past 3 months, have you corrected someone if you heard them saying something incorrect or untrue about family planning?	Yes	
53	(b)  n the past 12 months, have you corrected someone if you heard them saying something incorrect or untrue about family planning?	Yes2	
		Exposure Questions	
54	IF THE PARTICIPANT SAID YES TO 46aii OR 46bii, REMIND THEM OF THE RESPONSE AND CIRLE "YES" HERE.  IF NOT, GO TO QUESTION 63.	Yes	Q. 63
55	You said that you have heard radio broadcasts where family planning was discussed. What was the name of the program?	JikuagouA           GREEN LINEB           FAMILY PLANNING/FP	→ Q. 57
	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH RESPONSE CITED.	DO NOT REMEMBERE  OTHERX	

	I	I.,	
	Have you ever listened to a radio program called Tékponon Jikuagou (Tékponon Jikuagou)?	Yes	<b>→</b>
56			
	In this radio program, a listener may hear Tékponon Jikuagou stories and also recorded Tékponon Jikuagou group discussions.		Q.63
	On what radio station did you hear Tékponon Jikuagou?		
	respondi sistagou	RADIO KOUFFO (ADIAHOME) (107.4)	
57		RADIO MONO (VOIX DE LOKASSA) (106.7)B	
	MULTIPLE RESPONSES POSSIBLE. DO	OTHER (SPECIFY)X	
	NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.		
	In the last 12 months, how often have you heard the Tékponon Jikuagou (Tékponon Jikuagou) program?	MORE THAN ONCE PER WEEK	
		ONCE A WEEK2	
58		MOST WEEKS (1-2 TIMES/MONTH)3	
		OCCASIONNALLY4	
	READ OPTIONS FOR THE PARTICIPANT.	RARLEY/ONLY ONCE5	
l		NEVER MISS ITA	
		TIME OF BROADCAST IS NOT CONVINIENTB	
		I FORGET TO LISTEN	
	On the occasions when you don't listen to	OTHER PEOPLE DECIDE ON RADIO USED	
	Tékponon Jikuagou, what is the main	DON'T HAVE OWN RADIOE	
59	reason that prevents you from listening?	NO BATTERIESF	
34	MULTIPLE RESPONSES POSSIBLE. DO	RADIO DOES NOT WORKG	
	NOT READ THE LIST. CIRCLE THE LETTER	NOT INTERESTEDH	
	FOR EACH MENTIONED.	CONFLICTS WITH ANOTHER SHOW I PREFER	
		AT WORK/NOT AT HOME	
		RADIO NOT ONK	
		OTHER (SPECIFY)X	

	Г	T	
		BIRTH SPACINGA	
	NA/han ann dha ann in taoin dian ann dha	FAMILY PLANNINGB	
	What were the main topics discussed on this radio program?	COUPLE COMMUNICATIONC	
	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST, CIRCLE THE LETTER	CHARACTERISTICS OF AN IDEAL MAN/WOMAND	
60		DECISION-MAKING WITHIN THE COUPLE	
		TALKING TO FRIENDS/FAMILY (OUTSIDE THE COUPLE) F	
	FOR EACH MENTIONED.	TEKPONON JIKUAGOU PROJECTG	
		ENCOURAGEMENT TO GO TO THE HEALTH CENTERH	
		OTHER (SPECIFY)X	
		YesA	
61	61 Have you talked to others about these topics that you heard on the radio program?		
01		NoB	Q.63
		MOTHERA	
		FATHERB	
		SIBLINGSC	
		SPOUSED	
	With whom did you discuss these topics?	CO-WIVESE	
		MOTHER-IN-LAWF	
62		FATHER-IN-LAWG	
	MULTIPLE RESPONSES POSSIBLE. DO  NOT READ THE LIST. CIRCLE THE LETTER	OTHER FAMILY MEMBERSH	
	FOR EACH MENTIONED.	NEIGHBOR	
		FRIENDJ	
		GROUP MEMBERSK	
		HEALTH PROVIDERL	
		OTHER (SPECIFY)X	
	Have you heard the Tékponon Jikuagou	Yes1	
63	stories, either on the radio, or in	No2	Q .67a
	social/community groups?		

		AKOUVI1	
		NADÈGE2	
		NANOUBA3	
		YUWA4	
	Which character is most like you?	GRACE5	
		KOUÈCHI6	
	Which character is most like you.	GOSSOU7	
64		THIERRY8	
	READ OPTIONS FOR THE PARTICIPANT.	CHARLES9	
	ONLY ONE RESPONSE POSSIBLE.	AMI10	
		AKUGBE11	
		ELIAS12	
		COMLAN13	
		NO RESPONSE14	
		OTHER (SPECIFY)99	
		AKOUVI1	
		NADÈGE2	
		NANOUBA3	
		YUWA	
	Which character do you most admire?	YUWA4	
	Which character do you most admire?	YUWA	
65	Which character do you most admire?	YUWA	
65	READ OPTIONS FOR THE PARTICIPANT.	YUWA	
65		YUWA	
65	READ OPTIONS FOR THE PARTICIPANT.	YUWA	
65	READ OPTIONS FOR THE PARTICIPANT.	YUWA	
65	READ OPTIONS FOR THE PARTICIPANT.	YUWA	
65	READ OPTIONS FOR THE PARTICIPANT.	YUWA       .4         GRACE       .5         KOUÈCHI       .6         GOSSOU       .7         THIERRY       .8         CHARLES       .9         AMI       .10         AKUGBE       .11         ELIAS       .12	
65	READ OPTIONS FOR THE PARTICIPANT.	YUWA       .4         GRACE       .5         KOUÈCHI       .6         GOSSOU       .7         THIERRY       .8         CHARLES       .9         AMI       .10         AKUGBE       .11         ELIAS       .12         COMLAN       .13	

		AKOUVI1	
		NADÈGE2	
		NANOUBA3	
		YUWA4	
	Which character do you most dislike?	GRACE5	
		KOUÈCHI6	
		GOSSOU7	
66		THIERRY8	
	READ OPTIONS FOR THE PARTICIPANT. ONLY ONE RESPONSE POSSIBLE.	CHARLES9	
	ONLY OINE RESPONSE POSSIBLE.	AMI10	
		AKUGBE11	
		ELIAS12	
		COMLAN13	
		NO RESPONSE14	
		OTHER (SPECIFY)99	
	IF ANSWERED "YES" TO Q42a, 42b, 42c or 42d, CONTINUE TO Q67. IF NO		
	→ Q 85		
	→ Q 85	TYPES OF MEETINGS	
		TYPES OF MEETINGS TONTINEA	
	Earlier you said that you have been to a meeting of an informal or formal social		
67a	Earlier you said that you have been to a meeting of an informal or formal social group. (REVIEW WHAT PARTICIPANT	TONTINEA	
67a	Earlier you said that you have been to a meeting of an informal or formal social group. (REVIEW WHAT PARTICIPANT SAID in Q42a, 42b, 42c or 42d.) Thinking back on the meetings you	TONTINEA MICRO-CREDIT ASSOCIATIONB	
67a	Earlier you said that you have been to a meeting of an informal or formal social group. (REVIEW WHAT PARTICIPANT SAID in Q42a, 42b, 42c or 42d.) Thinking back on the meetings you attended, can you tell me more about	TONTINE	
67a	Earlier you said that you have been to a meeting of an informal or formal social group. (REVIEW WHAT PARTICIPANT SAID in Q42a, 42b, 42c or 42d.) Thinking back on the meetings you attended, can you tell me more about the kinds of meetings you have attended? If you belong to more than	TONTINE	
67a	Earlier you said that you have been to a meeting of an informal or formal social group. (REVIEW WHAT PARTICIPANT SAID in Q42a, 42b, 42c or 42d.) Thinking back on the meetings you attended, can you tell me more about the kinds of meetings you have	TONTINE	
67a	Earlier you said that you have been to a meeting of an informal or formal social group. (REVIEW WHAT PARTICIPANT SAID in Q42a, 42b, 42c or 42d.) Thinking back on the meetings you attended, can you tell me more about the kinds of meetings you have attended? If you belong to more than	TONTINE	
67a	Earlier you said that you have been to a meeting of an informal or formal social group. (REVIEW WHAT PARTICIPANT SAID in Q42a, 42b, 42c or 42d.) Thinking back on the meetings you attended, can you tell me more about the kinds of meetings you have attended? If you belong to more than	TONTINE	
67a	Earlier you said that you have been to a meeting of an informal or formal social group. (REVIEW WHAT PARTICIPANT SAID in Q42a, 42b, 42c or 42d.) Thinking back on the meetings you attended, can you tell me more about the kinds of meetings you have attended? If you belong to more than one group, you can describe them all.  MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	TONTINE	
67a	Earlier you said that you have been to a meeting of an informal or formal social group. (REVIEW WHAT PARTICIPANT SAID in Q42a, 42b, 42c or 42d.) Thinking back on the meetings you attended, can you tell me more about the kinds of meetings you have attended? If you belong to more than one group, you can describe them all.  MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	TONTINE	

68	INTERVIEWER, IF ONLY ONE GROUP, GO TO Q69, BUT FIRST CIRCLE THE TYPE OF GROUP HERE.  Let's talk about the group in which you discussed Tekponon Jikuagou. If you didn't hear about Tekponon Jikuagou Project in a group, tell me about the group you attend most often. Which type of group is it?  ONLY ONE RESPONSE POSSIBLE. DO NOT READ THE LIST.	TYPES OF MEETINGS  TONTINE	
	I'm now going to ask you questions about your participation in that group.	ONCE A WEEK OR MORE1	
69	In the past 12 months, how often have you attended the group?  READ OPTIONS FOR PARTICIPANT.	EVERY TWO WEEKS	
70	Would you say that most other people in your group approve of family planning methods?	Yes	
71	(SHOW STORY CARDS) If the Tekponon Jikuagou stories were used in your group, someone in the group would have had several cards like this. They would have read the back of these cards out loud. Each card has a different part of a story. There are characters like Nadège, Kouéchi, et others.	Yes	<b>*</b>
	In the past 12 months, were you in a meeting/gathering where story cards like these were used?		Q .76

	In the past 12 months, how often did you	ONCE A WEEK OR MORE1
	participate in a meeting where the Tekponon Jikuagou stories were read?	EVERY TWO WEEKS
72	Tokponon sindagoo siones were read.	ONCE A MONTH3
		LESS THAN ONCE A MONTH
	READ OPTIONS FOR PARTICIPANT.	OTHER (SPECIFY)9
		BIRTH SPACINGA
		FAMILY PLANNINGB
		COUPLE COMMUNICATIONC
		CHARACTERISTICS OF AN IDEAL MAN/WOMAND
73		DECISION-MAKING WITHIN THE COUPLEE
	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER	TALKING TO FRIENDS/FAMILY (OUTSIDE THE COUPLE) F
	FOR EACH MENTIONED.	TEKPONON JIKUAGOUG
		ENCOURAGEMENT TO GO TO THE HEALTH CENTERH
		OTHER (SPECIFY)X
l		STORIES ARE LIKE LIFEA
		STORIES ARE FUN/INTERESTING TO LISTEN TOB
	What did you like about the story cards?	STORIES ARE INTERESTING TO DISCUSS WITH
		OTHERSC
74	MULTIPLE RESPONSES POSSIBLE. DO	STORIES ARE EASY TO UNDERSTANDD
	NOT READ THE LIST. CIRCLE THE LETTER	STOIRES GAVE IDEAS, ADVICE OR INFORMATIONE
	FOR EACH MENTIONED.	BEHAVIOR OF CHARACTERSF
		NOTHINGG
		OTHER (SPECIFY)X
		STORIES ARE NOT REALISTICA
	2 المنابع المن	STORIES ARE INTERESTING AND FUN TO LISTEN TOB
	What did you dislike about the stories?	STORIES ARE HARD TO DISCUSS WITH OTHERS
75		STORIES ARE DIFFICULT TO UNDERSTAND
, 3	MULTIPLE RESPONSES POSSIBLE. DO	DOES NOT LIKE MESSAGES/INFORMATIONE
	NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	BEHAVIOR OF CHARACTERSF
		PARTICIPANT ONLY LIKES STORIES/NO CRITIQUEG
		OTHER (SPECIFY)X

	(SHOW ACTIVITY CARDS)	YesA	
		NoB -	<b>→</b>
76	The activity cards look like the story cards, and they also have pictures on one side. But, instead of stories, they guide group members in discussions and games. For example, the activity cards guide small group discussions, or discussion about whether you agree or disagree with certain statements. Certain activity cards ask people to talk with others in the community about family planning.  In the past 12 months, were you in a meeting/gathering where activity cards like this were used?		Q.81
77	In the past 12 months, how often did people in your group use the Tékponon Jikuagou activity cards?  READ OPTIONS FOR PARTICIPANT.	ONCE A WEEK OR MORE	
78	What topics did the group talk about while doing the activities?  MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	BIRTH SPACING	

		ACTIVITIES ARE FUN TO DOA	
		ACTIVITIES ARE SOCIAL/INTERACTIVEB	
	What did you like about the activities?	ACTIVITIES ARE EASY TO UNDERSTANDC	
		ACTIVITIES GAVE IDEAS AND INFORMATIOND	
79	ALLITIBLE DESDONISES DOSSIBLE DO	ACTIVITIES ARE INNOVATIVE AND INTERESTINGE	
	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER	PICTURESF	
	FOR EACH MENTIONED.	TRUE/FALSE AND AGREE/DISAGREE GAMESG	
		NOTHINGH	
		OTHER (SPECIFY)X	
		ACTIVITIES ARE NOT FUNA	
		DIFFICULT TO DISCUSS WITH OTHERS AFTERB	
		ACTIVITIES ARE DIFFICULT TO UNDERSTANDC	
	What did you dislike about the		
	activities?	TOO LONG/TOO MANY RULES/REPETITIVE	
80	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	NOT ENOUGH DISCUSSION OF SIDE EFFECTSF	
		NO MIDWIFE/CATALYZER COULD NOT ANSWER  QUESTIONSG	
		COULD NOT FIND FP PRODUCTS DISCUSSEDH	
		PICTURESI	
		NOTHINGJ	
		OTHER (SPECIFY)X	
	COMPLETE Q81-84 ONLY IF PARTICIP	PANT HAS HEARD STORIES OR ACTIVITIES. IF NOT, GO TO Q8	35.
	Interviewer: Verify if Q71 and/or Q76	YES1	If 2, go to
	=1	NO2	Q85a
	After doing the activities or story cards,	YES1	
81	would you say that most other people in your group changed their opinions or	NO2	If 2 or 8,
	attitudes about modern family planning?	DOES NOT KNOW8	go to Q83

82	After doing the stories or activity cards, would you say that these people in your group became more favorable or less favorable toward modern family planning?  READ OPTIONS FOR PARTICIPANT	MORE FAVORABLE	
83	After doing activities or listening to stories, did you discuss the ideas from them with others?	YES	Q85
84	With whom did you discuss these topics?  MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	MOTHER	
85	IF THE PARTICIPANT SAID YES TO 47ai, 47aii, 47bi, OR 47bii, REVIEW THEIR RESPONSE AND CIRCLE "YES" HERE.  IF NO, go to Q87.	YES	Q87

86	Before, you said that you've heard a leader speak about family planning or birth spacing.  What kind of leaders?  MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	RELIGIOUS/TRADITIONAL LEADER	
87	(SHOW INFOGRAPHS)  In the past 12 months, did anyone show you cards that look like this?	Yes	Q89
88	Who showed it to you?  MULTIPLE RESPONSES POSSIBLE. DO  NOT READ THE LIST. CIRCLE THE LETTER  FOR EACH MENTIONED.	RELIGIOUS/TRADITIONAL LEADER	
89	In the past 6 months, did you receive an invitation card (Each One Invites Three) that looks like this?  SHOW RESPONDENT AN EXAMPLE OF THE E113 INVITATION CARD	Yes	Go to calendar

		RELIGIOUS/TRADITIONAL LEADERA	
		LOCAL AUTHORITYB	
		SOCIAL/COMMUNITY GROUP LEADER	
		HEALTH WORKER/MIDWIFED	
		TRADITIONAL HEALTER/BIRTH ATTENDENTE	
		NGO OR COMMMUNITY SERVICE LEADERF	
	What is your relationship with the person who gave you the Each One Invites Three card?	MOTHERG	
		FATHERH	
	cara.	SIBLINGS	
90		SPOUSEJ	
	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER	CO-WIVESK	
	FOR EACH MENTIONED.	MOTHER-IN-LAWL	
		FATHER-IN-LAWM	
		OTHER FAMILY MEMBERSN	
		NEIGHBORO	
		FRIENDP	
		GROUP MEMBERSQ	
		OTHER (SPECIFY)X	
		OTTER (SECTION)	
	Did you share the invitation card with	Yes1	
91	anyone else?	No2 →	
			Q93
		MOTHERA	
		FATHERB	
		SIBLINGSC	
		SPOUSED	
	Who did you share the invitation card	SPOUSED CO-WIVESE	
	Who did you share the invitation card with?	CO-WIVESE	
92	-	CO-WIVESE  MOTHER-IN-LAWF	
92	-	CO-WIVESE  MOTHER-IN-LAWF  FATHER-IN-LAWG	
92	with?  MULTIPLE RESPONSES POSSIBLE. DO  NOT READ THE LIST. CIRCLE THE LETTER	CO-WIVES	
92	with?  MULTIPLE RESPONSES POSSIBLE. DO	CO-WIVES	
92	with?  MULTIPLE RESPONSES POSSIBLE. DO  NOT READ THE LIST. CIRCLE THE LETTER	CO-WIVES	
92	with?  MULTIPLE RESPONSES POSSIBLE. DO  NOT READ THE LIST. CIRCLE THE LETTER	CO-WIVES	
92	with?  MULTIPLE RESPONSES POSSIBLE. DO  NOT READ THE LIST. CIRCLE THE LETTER	CO-WIVES	

93	After receiving the card, did you go to any health facility for family planning services or information?	Yes	Go to calendar
94	At the health facility, did you get a modern family planning method?	Yes	Go to calendar
		PRODUCT NOT AVAILABLEA	
		TOO EXPENSIVEB	
		DID NOT WANTC	
		NOT ABLE TO ACCESS WITHOUT PRESENCE OR PERMISSION OF SPOUSE	
	For what reasons did you not get a modern method at the health center?	HEALTH WORKER SAID NOT ELIGIBLE B/C OF BREASTFEEDINGE	
95	MULTIPLE RESPONSES POSSIBLE. DO NOT READ THE LIST. CIRCLE THE LETTER FOR EACH MENTIONED.	HEALTH WORKER SAID NOT ELIGIBLE B/C OF RECENT BIRTHF	
		HEALTH WORKER SAID NOT ELIGIBLE FOR ANOTHER REASON	
		WAS PREGNANT AT VISITH	
		UNAVAILABILITY OF HEALTH WORKER	
		HEALTH WORKER NOT QUALIFIED TO DISTRIBUTE FPJ	
		FEAR OF SIDE EFFECTSK	
		OTHER (SPECIFY)X	

#### Calendar Instructions

1.	In the month column, write the current month and year in the top row, then the past 11 months. For example, if the current month is February 2013, write that in the first line and then January 2013 on the second line, and
	December 2012 on the next line, etc.

- 2. For each month, move from left to right across the columns and ask:
  - COLUMN (a): Were you pregnant during this month? (Interviewer, check Q8)
    - Yes  $\rightarrow$  Mark **P**. Then mark an X in columns (b) (g)
    - No  $\rightarrow$  Mark X. Then continue to column (b).
  - COLUMN (b): Did you want to become pregnant during this month?
    - Yes  $\rightarrow$  Mark 1. Then mark an X in columns (c) (g)
    - No  $\rightarrow$  Mark 2. Then continue to column (c).
  - COLUMN (c): Did you do something or use a method to avoid or delay a pregnancy during this month?
    - Yes  $\rightarrow$  Mark 1. Then continue to column (d).
    - No → Mark 2. In column (d), mark X. Then continue to column (e).
  - COLUMN (d): What method did you use during this month?
    - Write the letter corresponding to the code of the method she used. If she mentions several methods, write all of them.
    - Write an X in columns (e) (g).

Female sterilization A	Lactational Amenorrhea MethodJ
Male sterilization B	Periodic abstinenceK
Pill	WithdrawalL
IUD D	Herbal tisane (drink)M
Injectables E	Traditional ringN
Implants F	Traditional beltO
CondomG	NoneX
Diaphragm/foam/jellyH	OtherZ
Standard Days Method/CycleBeads I	

#### COLUMN (e): Was it possible to become pregnant during this month?

- Yes  $\rightarrow$  Mark 1. Then mark an X in column (f). Then continue to column (g).
- No  $\rightarrow$  Mark 2. Then continue to column (f).
- COLUMN (f): Why do you say that?
  - Mark the letter that best corresponds to her response.
  - Write an X in column (g).

Infrequent/not having sex ......A

Can't get pregnant ......B

Post-partum amenorrhea	C
Breastfeeding	D
Don't know	E
God's will/fatalist	F

# COLUMN (g): You said that you did not want to become pregnant this year, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method?

REASONS RELATED TO FERTILITY	OPPOSITION TO USE	REASONS RELATED TO METHO
Infrequent/not having sexA	Respondent opposedG	Side effects/health concernsM
Can't get pregnantB	Husband opposedH	Health concerns (child)N
Not menstruated since last birthC	Others opposed	Lack of access/too farO
BreastfeedingD	Religious prohibitionJ	Costs too muchP
Wants more children before using FPE		Preferred method not availableQ
Up to God/fatalisticF	LACK OF KNOWLEDGE	No method availableR
	Knows no methodK	Inconvenient to use
	Knows no sourceL	OtherX
		Don't knowZ

#### Calendar

Month/Year	(a) Pregnant	(b) Pregnancy desire	(c) FP use	(d) FP method	(e) Pregnancy risk	(f) No risk explanation	(g) Cause of unmet need

#### Instructions and questions for completing network grid

1. Read "Now we are going to talk about the people in your network – people who you interact with, people you receive support from, people you consider to be part of your world. People you mention can live in this village or elsewhere.

#### 2. Material network grid

Ask "Think of the people who provide you **material assistance**. For example, someone who loans you money, someone who buys things for you in the market, or someone who gives you food or clothes. Please tell me the names of all the people that you go to for this type of support".

For each person named, write ONLY the FIRST NAME in the Name column. Then ask "Who else do you go to for this type of support?"

Write all names mentioned by the respondent. If you run out of space on the page, use a supplemental page.

#### 3. Practical network grid

Ask "Think of the people who provide you **practical assistance**. For example, they help you take care of your children, or they can help with household chores, or they can help you with trading or agriculture." Please tell me the names of all the people that you go to for this type of support".

For each person named, write ONLY the FIRST NAME in the Name column. Then ask "Who else do you go to for this type of support?"

Write all names mentioned by the respondent. If you run out of space on the page, use a supplemental page

#### 5. Emotional network grid

Ask, "Think of the people who provide you **advice or moral/emotional support.** For example, you can talk to them if you are feeling worried or sad. Please tell me the names of all the people that you go to for this type of support.

For each person named, write ONLY the FIRST NAME in the Name column. Then ask, "who else do you go to for this type of support?"

Write all names mentioned by the respondent. If you run out of space on the page, you a supplemental page.

5. Go through all the names on the two grids. For each person, ask the questions that follow and then write the codes that correspond:

#### Coding for questions in network grid

Column (a): Relationship(s) of nominated person to the respondent

**Ask:** "What is your relationship with (first name of the person)? You can mention more than one kind of relationship. For example, this person can be your aunt and your health provider at the same time."

		200	Co-wife
101	Husband	201	Wife
102	Son	202	Daughter
103	Father	203	Mother
104	Brother	204	Sister
105	Uncle	205	Aunt
106	Nephew	206	Niece
107	Male cousin	207	Female cousin
108	Son of co-spouse	208	Daughter of co-spouse
109	Grandfather	209	Grandmother
110	Father-in-law	210	Mother-in-law
111	Son-in-law	211	Daughter-in-law
112	Other male relative	212	Other female relative
121	Male friend	221	Female friend
122	Male colleague	222	Female colleague
123	Male servant	223	Female servant
124	Male neighbor	224	Female neighbor
131	Male health provider	231	Female health provider
132	Male traditional healer	232	Female traditional healer
133 leader	Male religious leader	233	Female religious leader or wife of male
134	Brother-in-law	234	Sister-in-law
135 136 137 999	Male government leader Male Social/Community group leader Male Chief or Traditional Leader Other	235 236 237	Female government leader Female Social/Community Group Leader Female Chief or Community Group Leader

#### Column (b): Place of Residence:

Ask: "Is (first name of the person) a member of your household? If s/he is not, does this person live elsewhere?"

If the answer is "elsewhere," ask the following question: "What town does (the first name of the person) live?"

- 9. Same household10. This village11. Another village in Benin
  - 13. Another city in Benin
  - 14. Another African country
  - 15. Other (specify)

12. Cotonou

#### Column (c): FP Communication

**Ask:** "In the last three months, have you spoken with this person about birth spacing or a method that would allow you to delay or avoid pregnancy?"

- 3. Yes
- 4. No
- 16. I don't know

#### Column (d): Approves FP

**Ask:** "In your opinion, would you say that (first name of person) approves of people who use a method of family planning to spaces their births?"

- 1. Yes
- 2. No
- 8. I don't know

#### Column (e): Uses FP

Ask: As far as you know, do you think that (first name of person) uses a modern method of family planning?

- 1. Yes
- 2. No
- 8. I don't know

#### **Material Network Grid**

Name	Relationship	Residence	FP communication	Approves of PF	Uses FP
					(e)
	(a)	(b)	(c)	(d)	

			_

### **Practical Network Grid**

Name	Relationship			Residence	FP communication	Approves of PF	Uses FP (e)
	(a)			(b)	(c)	(d)	(6)

# **Emotional Network Grid**

Name	Re	Relationship (a)		Relationship Residence	Residence	FP communication	Approves of PF	Uses FP (e)
				(b)	(c)	(d)	(6)	

Thank you for participating in this study!

#### APPENDIX C: TEKPONON JIKUAGOU RESEARCH DESIGN

