



Social and Behavior Change for Better Reproductive Health

SOCIAL NETWORK APPROACHES FOSTERING SOCIAL NORM CHANGE ABOUT FAMILY PLANNING IN BENIN AND MALI

KEY MESSAGE: Social and behavior change projects can use social network approaches both to identify female and male influencers and to facilitate the spread of new ideas and behaviors.



Photo credit: Ismael Simbala Diawara, BINAIS

A TJ influencer in Fana, Mali, leading a community dialogue session.

INTRODUCTION

In 2018, Daouda’s spouse, family, and neighbors nominated him to represent their quartier of Korokoro, Mali, as a trained “Terikunda Jekulu” (TJ) influencer. Influencers are charged with influencing health behaviors in the community. In this role, Daouda works to break barriers to talking in public about family planning (FP) through a process which promotes positive social norms that “lead to new ideas, attitudes, and behaviors that support family planning use.”¹

Daouda, a full-time subsistence farmer in his 60s, was nominated because he has close relationships with many people in his community, and his

¹ Tékpnonon Jikuagou. (2017). Taking a social change intervention to scale: Learnings from Tékpnonon Jikuagou in Benin [brief]. Institute for Reproductive Health, Georgetown University. <https://irh.org/resource-library/brief-taking-a-social-change-intervention-to-scale/>

community respects him a great deal. Outside of farming and time with family, Daouda meets with men and other community members in leisure and religious activities. At these encounters, he brings up issues about why people who want to space births don’t act or seek services.

THE TRANSFORMATION

Prior to the arrival of the TJ project, many women, men, and couples would hide their use of family planning (FP) from their spouses, family, and neighbors because they feared stigmatization. Misconceptions about side effects of contraceptives, such as a common belief that they cause irreversible infertility, stopped women and couples from seeking FP. However, the work of influencers like Daouda has led to an increase in the demand for FP services at the local health facility. Over the last two years, Daouda has observed a shift in his neighbors’ attitudes and behaviors. Husbands and wives are having open conversations about planning their family size and spacing births, men are accompanying their wives to the clinic, and people are starting to ignore the misinformation spread by community members about FP and reproductive health (RH). Daouda is one of many social network influencers in communities throughout Mali and Benin. TJ influencers can be individuals, like Daouda, or influential community social groups such as youth clubs and men’s afternoon get-togethers.

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Influencers may have roles as formal leaders, Imams, community health workers, farmers, and market vendors, but they are also known as being influential with peers regardless of occupation. Some influencers use their personal experiences and testimonies to affirm the safety of FP. Daouda tells us the story of his Imam, whose wife had unspaced pregnancies and was frequently ill. Through a men's group TJ health dialogue session, the Imam learned more about FP, discussed these ideas with his wife, and the couple decided to start using an FP method.

“Nowadays when there are disputes within a couple about the use of FP; our imam intervenes [with] this couple by sensitizing them to agree on the use of FP and he (the imam) takes the example of himself...when the imam himself tells you that he is doing FP, no one can say that religion is against FP.”

~ Daouda

CONCLUSION

By understanding social networks, the TJ project was able to select groups and individuals as influencers, like Daouda, who work to slowly shift perceptions about FP/RH through reflective dialogs in public and private spaces. Over time, these activities have normalized conversations between spouses, parents, peers, and adolescents about the importance of using FP and spacing births.



A group of women and men participating in a community social network mapping activity in Couffo, Benin.

Photo credit: Institute for Reproductive Health

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Public health problem: Unmet FP needs

Audience: Women, men, and couples with unmet needs for FP; community leaders; religious leaders

Barriers: Social and cultural norms; myths and misinformation.

Activities: Community social network mapping; engaging influential groups in guided reflection activities; engaging influential people to open discussions with their constituents; using radio to amplify messages discussed in TJ groups; linking health providers with groups to provide a trusted pathway to services.

Results: Increased interpersonal communication about FP; improved uptake of FP; approval by social networks of modern contraception usage; public discussion.

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Funder: USAID