

Gagarabadau: Creating community family planning champions to challenge social norms and engage men in Northern Nigeria

Insights from the evaluation of the project pilot

December 2022

PROJECT CONTEXT

FP2030 estimates Nigeria's national modern contraceptive prevalence rate (mCPR) among married women at 13.4%, with uptake lowest in the north. While knowledge of contraceptive methods is high, uptake is low and male support for their use remains a significant barrier.

MSI Nigeria first opened its clinics in 2009 providing high-quality contraceptive services, and soon became one of Nigeria's leading provider of long-acting and permanent contraception. Since then, MSI Nigeria has grown to be the country's leading sexual and reproductive healthcare provider - over 1 in 4 women in Nigeria using contraception received their method of choice from MSI Nigeria or MSI Nigeria supported services.

OUR APPROACH

In 2019, in collaboration with design agency ThinkPlace, the MSI Nigeria team kicked off a human centred design (HCD) project to identify opportunities and solutions to improve access to family planning services for women in Northern Nigeria.

Design research insights revealed various barriers to family planning uptake. Underpinning many of these were social norms related to perceptions of what drives a man's status in a community and the role of women in family decision-making and income generation. The subsequent pilot intervention focused on two of these:

- 1 To be regarded as successful and be respected in their community, men should have a large family**
- 2 A woman's worth is linked principally to her ability to bear and bring up children; women who use contraception are trying to avoid having children**

OUR INTERVENTION

In 2021, MSION piloted an approach to address these norms and encourage positive community discussions about birth spacing and improved service uptake. The pilot took place in selected communities in Bauchi, Kano and Jigawa and lasted nine months. It comprised three strategies. The first sought to create FP champions among local business owners by training tea vendors and their wives. The training focused on how to initiate conversations with customers about birth spacing and how to improve spousal communication whilst strengthening business practices for increased profit by involving wives.

The community discussions led by tea vendors and their wives were complemented by targeted peer-to-peer conversations led by MSI Nigeria social and behaviour change communication officers, who employed the support of another male FP advocate to facilitate constructive small group dialogue with men. By removing men from large group discussions and the negative norms that easily accompany such debate, space is created to encourage open conversation.

Diffusing all activities with an existing Hausa term – 'Gagarabadau' – sought to create a link between its already understood meaning of a respected man with wealth and status in the community, with the use of contraception to space births to achieve this. This clear and already accepted shorthand for what a man ought to aspire to, was a powerful way to re-enforce the intervention objectives.





A Gagarabadau pilot tea vendor and client chatting outside his tea stall

EVALUATING THE PILOT

A mixed method evaluation was used to explore the following evaluation questions:

1. In what ways have the different pilot activities been able to impact the number of men openly supporting child spacing among their male peer groups?
2. In what ways has increased male support for childbirth spacing been able to improve access to FP services for women and girls in pilot communities?
3. Which aspects of the pilot activities worked well, which worked less well?

The evaluation drew on data from three sources:

Analysis of pilot monitoring data was used to understand participation in the different pilot activities, the number and profile of service referrals, redemption of the referrals and uptake of services in the areas where activities took place.

Qualitative discussions with pilot participants (total sample 41) were used with a range of study populations involved in the pilot to explore perceptions of the social norms being addressed, individual attitudes towards child-spacing and family planning uptake as well as participants' experience of the pilot activities.

CARE's SNAP (social norms analysis plot) methodology was used to break down the social norms the intervention was seeking to address to inform simple vignettes used during the qualitative interviews to explore perspectives on social norms.

Observation of activities explored the content and tone of tea vendor activities; themes and information covered and the engagement of customers.

Qualitative data was analysed thematically using Dedoose software. A coding framework was derived both from the original evaluation questions and inductively through transcript review and coding.

FINDINGS

Creating and mobilising community-based family planning champions

The training effectively equipped tea vendors to facilitate positive conversations with their clients about birth spacing

Evaluation insights from the tea vendors, their clients and from the observations of the tea vendor discussions, indicate that it is relatively easy for the tea vendors to introduce the topic of family planning and birth spacing into the discussions taking place at their stall.

They do this either by linking birth spacing to other common themes, marriage, family life and responsibilities, the economy etc., or by introducing the FP referral cards during discussions. This also means that tea vendors are able to link the benefits of birth spacing with themes which resonate with their clients. For example, mother and child well-being and a husband's responsibility to provide for his family.

Tea vendor clients appear comfortable to discuss birth spacing in this context. Many are already positive about the topic. For those already open to the idea, practical concerns can be discussed and addressed (service availability, price etc.). These discussions lend themselves easily to opportunities for the tea vendors to offer referral cards.

For those less positive towards the issue, being part of these discussions with their peers helps generate the dynamic required to shift perceptions of the social norms being targeted.

The peer-to-peer conversations were able to complement the messaging delivered by the tea vendor activities

The activities led by MSI Nigeria mobilisers delivered similar information to those of the tea vendors and helped re-enforce these efforts.

“Some accepted it with good understanding, but some view it as a new idea. So, their acceptance is following a gradual process... Unlike before, their [his clients'] current response towards family planning is seriously encouraging. Before, people didn't normally listen, but now they are the ones asking for more information about the service.”

Tea vendor

Involving the tea vendor's wives in the training delivers dual benefits, creating female family planning champions as well as empowering them to play a greater role in generating income for their family

Following the training, and many adopting a contraceptive method themselves, the tea vendor wives are also acting as family planning champions. They are targeting other women in the community during events like weddings/ naming ceremonies to have conversations about birth spacing and generate referrals to services.

As well as encouraging conversations between the tea vendor and his wife(ves) about family planning the training also successfully encouraged husband and wife to discuss the woman's role in any family business, triggering positive inter-couple dialogue. This was observed by both the tea vendors and their wives during the evaluation.

These discussions helped many of the wives to start or strengthen their income generation activities, often using the support provided as part of that training package. This results in the tea vendor's wives being able to role model both a stronger status in family decision-making and the ways in which women can contribute to the family's economic status.

Demonstrating the ways that women can contribute to the economic welfare of the family empowers individuals and counters the social norm related to women being valued solely for childbearing

The evaluation indicates that the social norm regarding woman's primary responsibility being to bear and rear children is still widespread. Family decision-making is also widely considered to lie mainly with the male household head. Increasingly however, husbands choosing to involve their wives in family decision-making are praised.

Both male and female evaluation participants noted that if a woman was thought to be making decisions without the permission of her husband (therefore threatening his status) there remains the perception that she could be sanctioned by the community (i.e., thought a bad wife).

Involving the tea vendor and their wife(ves) in the pilot activities from the outset, with focus on collaboration throughout was a successful way to overcome the above as a potential challenge.

Activities were also able to leverage the fact that, due to the current economic situation, it has



A Gagarabadau Tea Vendor and his family from Bauchi state

become more acceptable for women to become involved in income generation activities for their family.

The pilot turned this into a positive for the women involved, showing how this can deliver not only economic benefits but also the chance to play a greater role in family decisions and a stronger relationship with their husbands.

This, coupled with the fact that the tea vendors wives were also speaking positively about the benefits of contraception and birth spacing openly in their communities, made them powerful role models with the potential to counter negative social norms.

“Of course, there is the empowerment that was given to us, and when your husband did not bring [money], you can depend on your own. The business improved and that strengthen our relationship with them. We are happy about that.”

Tea Vendor's Wife

Leveraging existing norms and narratives to overcome negatives

The diffusion of the term “Gagarabadau” worked extremely well to address a complex social norm in an incredibly simple and contextually appropriate way

The Hausa term is widely understood. The understanding of the term as a responsible man who takes care of his family and business pre-dates the pilot, but pilot activities were able to successfully make the link between the term and birth spacing as a way that a husband can take care of his family. The positive connotations of being called a Gagarabadau made for a simple way to re-enforce positive attitudes and behaviours linked to birth spacing. The multiple ways the term was diffused, for example on posters and materials, as well as through use by pilot participants, likely played a key role in the effectiveness of the term.

Insights suggest activities are able to sufficiently overcome negative social norms regarding family size to engage men with the benefits of birth spacing and encourage them to speak with their peers and wives, and refer their wives for FP services

When asked how people in their community would respond to the situation described in the vignette used during the qualitative interviews - where a man is encouraging his wives to use FP to birth space - most felt that the majority (between 50-90%) would be accepting of his decision and that he would be considered a role model.

Most also noted that while there are still some people who would disapprove of this behaviour (i.e., be against family planning use), this would not be enough for the man to feel the need to change his behaviour. They felt that it was acceptable for a man to behave this way because it demonstrates that he is prioritising the well-being of his wives and children. This indicates that the exception *'It is important to space births, for the sake of the health and economic security of my family'* is increasingly acknowledged as an acceptable way to break the previous norm i.e., a large family = status in the community.

Participants generally agreed there had been a shift in the acceptance of birth spacing. They described a range of things which have contributed to this shift. These included broader factors like education and economic challenges. Some also linked the changes directly with the pilot activities

Activities were able to leverage broader shifts in the existing social norms regarding what makes a man respected, to introduce new links to birth spacing as a means to achieve status in the community

Participants generally agreed that in their community what currently makes a man respected is the ability to take care of his family and business, this means having well-behaved and well-presented wives and children and a successful business. About two-thirds of participants felt that there had been changes in community perceptions of what makes a man respected.

rather than wealth being demonstrated by family size, participants also described how a man with too many children is unlikely to be able to care for them all regardless of how wealthy he is. Further, a woman who has had too many children, too close together will not be healthy or desirable. Some noted broader contextual changes driving these shifts (education, the economy) but some also linked these changes to the pilot activities.

Expanding FP access where it matters

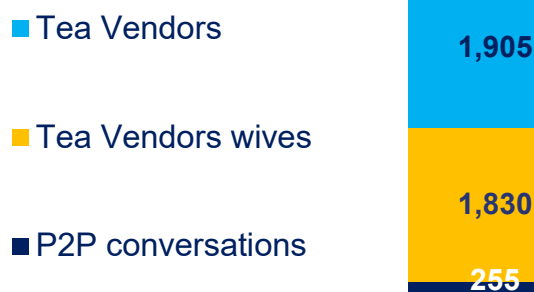
The pilot activities supported women to access family planning in multiple ways. They triggered conversations between couples and spread the message between male and female peers that family planning is about birth spacing for mother and child well-being, and not limiting

Participants felt that family planning was generally accepted in their communities, and widely used by many women. Key messages felt by participants to encourage uptake included: Contraception helps space births, rather than limit the number of children you have; contraception can help a woman rest between births and helps ensure both she and the children stay healthy.

The nine months of pilot activities resulted in 1,885 successful referrals for FP services, with almost 4,000 referral cards distributed

As many referral card were distributed by the tea vendors' wives, as by the tea vendors themselves, again pointing to the importance of involving the wives to the pilot's success.

Referral cards distributed during the pilot project Source: Pilot monitoring data



“This [the pilot activities] has really made it easy for women to access family planning services. In fact, majority of women including myself have accessed the services. As I said earlier the activities of Marie Stopes in this community has made even our husbands to initiate conversations on family planning.”

Tea Vendor's Wife

SUMMARY AND IMPLICATIONS

The evaluation suggested that pilot activities were able to start to successfully challenge and overcome significant social norms undermining women's access to family planning. They did this through the creation of community-based family planning champions.

Several factors were key to this success, including leveraging established and trusted community actors (the tea vendors) and the inclusion of the tea vendors wife(ves) in the activities which was culturally sensitive.

The provision of ongoing support and communication with the tea vendors and their wives during the pilot, and the use of referral cards for nearby service delivery options helped encourage an action-oriented outcome to the positive discussions on birth spacing.

It was essential during the design of the intervention that the cultural context and social norms in the northern Nigeria setting were fully explored and understood to effectively identify opportunities. This enabled the identification of such norms to increase acceptance of the exception to the social norms that resonated in the pilot communities, and a means by which the prevalent norm might be challenged.

The use of human-centred design (HCD) to identify opportunities and prototype and test approaches alongside the CARE's SNAP tool were key to providing the insights necessary to shape the pilot interventions and to understand, if, once piloted, they were working as intended.

The project was further strengthened by tackling two related social norms at the same time, the issue of male status alongside women's involvement in income generation and decision-making. Although empowering the tea vendors' wives was initially a secondary outcome sought by activities, it proved to be a powerful driver of change.

“We really discussed this family planning. He said I should try my best in sensitizing the women while he will be doing his best from the angle of his tea business and people will understand.”

Tea Vendor's Wife



A Gagarabadau pilot project tea vendor in action

“Well, yes, I am learning to become the person described by the term Gagarabadau.”

P2P conversation participant

NEXT STEPS

The MSI Nigeria team have used the learnings from the pilot evaluation to refine and iterate on the approach. This has included: adding further community engagement activities at the outset, to secure additional support and engagement from local leaders; looking at further additional ways to diffuse the term Gagarabadau and re-enforce the messaging in the core activities, for example through radio and the promotion of the MSI Nigeria contact centre to provide free access to more expert non-judgmental advice on child spacing.

We are now exploring the expansion of the approach to other Nigerian states. Any expansion of the approach will include steps to ensure that the interventions are adapted to new contexts. MSI is using the learning to inform how we develop and evaluate our social norms interventions.

MSI Reproductive Choices

1 Conway Street
Fitzroy Square
London
W1T 6LP
United Kingdom

Telephone: + 44 (0)20 7636 6200
Email: info@msichoices.orgwww.msichoices.org
Registered charity number: 265543
Company number: 1102208