



Projet l'Espoir pour la Santé des Mères et Nouveaux Nés Addressing social norms to improve Maternal health behaviors in Mali

About Projet Espoir

Keywords: maternal health, social norms, cultural norms, male involvement, couples counseling

OBJECTIVE

Projet l'Espoir pour la Santé des Mères et Nouveaux Nés (Projet Espoir, or Project Hope) was implemented in two districts in north-Central Mali from 2010-2013. Projet Espoir aimed to improve maternal health, with a specific focus on safe delivery practices, through improved quality of care at local health centers and challenging social, gender and cultural norms that inhibit women's access to essential health services before, during and after childbirth. The goal of the project was to strengthen maternal health service delivery at both the community and primary care levels and improve the referral system in two districts of Mali (Bankass and Bandiagara).

Project Espoir also sought to measure the added value of social change interventions to enhance maternal and newborn health behaviors through operations research. The interventions in the Bankass district utilized **Social Analysis and Action (SAA)** as a framework for challenging social norms and values that contribute to social barriers. Qualitative interviews with six family triads (recently-delivered woman, husband and mother-in-law) and quantitative surveys of randomly sampled households in both districts were used to assess the impact of interventions.

Social Analysis and Action (SAA) is a facilitated process through which individuals and communities explore and challenge the social norms, beliefs and practices that shape their lives and health. The goal of SAA is to catalyze a community-led change process through which community members challenge restrictive norms and act together to create more equitable gender norms as well as community support for sexual, reproductive and maternal health and rights.

INTERVENTION FOCUS

Health Service Strengthening (both districts)

- Provided essential equipment and supplies for normal deliveries and minimum first-aid response for emergency referrals
- Trained community health center staff in the use of partographs, diagnosis, early management and immediate referral of complications, and active management of the third stage of labor
- Reinforced management systems, including the use of information systems for monitoring and decision making, and the tracking and management of equipment
- Reinforced the referral system, including community generation and management of funding

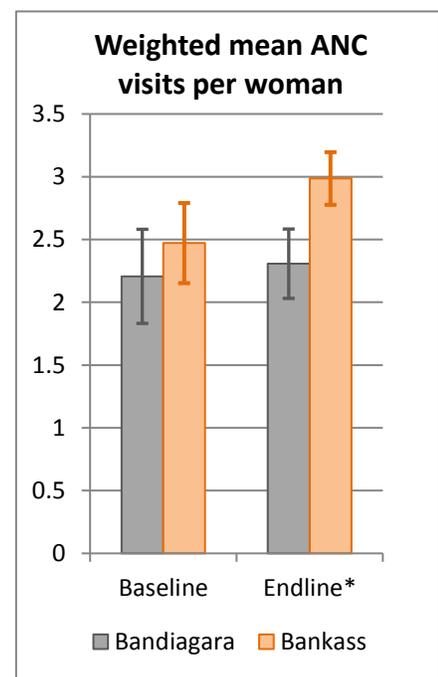
Program Name: Projet Espoir
Program Country: Mali
Timeframe: Dec 2010- Sep 2013
Donors: Tides Foundation; Google

Quantifiable results:

Beneficiaries (from 2013):

578 Health Workers
21,543 Household visits
3,590 Couples counseling sessions
140 Community Discussions

Statistical significant differences were observed between the districts in ANC service utilization and in birth planning, both of which were explicitly addressed in the couples counseling and extended family dialogue sessions



INTERVENTION FOCUS (cont'd)

Strategies for Social Change (intervention district only)

- Couple counseling - Encouraged husband involvement in pregnancy and childbirth
- Male friendly pre-natal and delivery services, establishing couple support groups associated with pre-natal care and developing pregnant couple activities at the community level
- Birth planning - Involving the extended family in birth planning
- Establishing community committees that support pregnancy surveillance and help catalyze accountability for each pregnancy
- Community dialogue around norms for supporting pregnant women including increased communication about her concerns and needs

RESULTS

Quantitative

At endline, significant differences* between the districts were observed in:

- The timing of ANC visits: Visits were half a month earlier in Bankass than Bandiagara (control district);
- The number of ANC visits: Women in Bankass made 1.38 times as many visits as women in Bandiagara (control district);
- Safe birth planning: The odds of women in Bankass having a safe birth plan were 3.3 times that of women in Bandiagara (control district).

*No such differences had been observed at baseline

Qualitative

- Families report more harmony, mutual understanding, and collective decisions Shifts in communication and household dynamics. Women originally felt like strangers in their husbands' families, but the dialogues helped them feel part of the family. Day to day decisions turned over to women including use of resources for her care, her mobility, and her nutrition
- Husbands more involved in childcare and pregnancy care, even with social pressure against husbands beginning to influence their peers
- Provider communication is more open, detailed and respectful and husbands appreciate participating in health conversations and learning about maternal health

CONCLUSION

The social change approach achieved changes in gender and social norms around pregnancy. As a result, there is significant interest to increase both husband and extended family participation in pregnancy, which can have a positive impact on healthy maternal health behaviors. Multiple maternal health benefits were observed from addressing social norms around pregnancy in addition to health-system strengthening efforts. Future projects should follow the example of addressing both health systems challenges, gender and social barriers for successful interventions.

RESOURCES

More information here :

<http://familyplanning.care2share.wikispaces.net/Project+Espoir>