ISSUE BRIEF

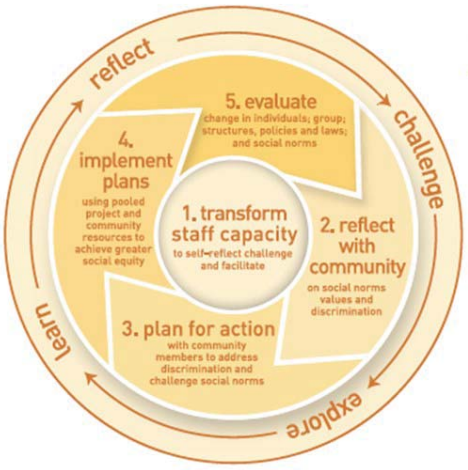
Multiplying Impact Through Social Analysis and Action

OVERVIEW *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 for participants to reflect on and challenge restrictive norms in their communities and to act together to create more equitable structures and to build support for sexual, reproductive, and maternal health and rights. Is it effective? Should you integrate SAA into your project or program? This brief aims to answer these questions by highlighting the ways in which SAA addresses underlying causes of social injustice and poverty, increases agency, changes relations, and transforms structures (the key pillars of CARE's Gender Equality & Women's Voice framework).*

SAA's Impact

INCREASING AGENCY

CARE defines agency as the awareness and skills necessary to create change. SAA builds individual and group agency through a process of critical self-reflection that allows participants to surface, challenge, and work to change values and norms that hinder wellbeing. For some, this starts with a discussion about gender, sexuality, and other issues that are considered taboo.



THE SAA PROCESS

In Madagascar, the SantéNet2 program used SAA to improve communication between parents and their adolescent daughters around the "distasteful" topics of sex, sexuality, and contraceptive use in the Maitinandry commune. Results from the program indicated that Santenet2 effectively built self-efficacy and communication skills among participants, leading to a three-fold increase in family planning use, and a decrease in pregnancy-related school dropouts in the community.[1] An evaluation of CARE's Towards Improved Economic and Sexual Reproductive Health Outcomes For Adolescent Girls (TESFA) project in Ethiopia found that girls in communities that had gone through the SAA process had significant improvements in financial skills and productive use of savings when compared to communities without SAA.[2]

CHANGING RELATIONS

Evidence has shown that a woman's decision-making power, mobility, and experience with gender-based violence (GBV), are intensely related to the strength and nature of their relationships within and outside of their households, and SAA has achieved some positive results in this regard. Both Projet Espoir in Mali and TESFA in Ethiopia demonstrated that SAA participation increased and enhanced the quality of participants' communication with spouses on sexual and reproductive health issues.[2,3] In the case of TESFA, increased communication between couples translated to a 15% increase in the use of modern contraceptives among married adolescent girls. SAA was also integrated into the Graduation with Resilience to Achieve Sustainable Development (GRAD) program with married couples, leading to a decrease in conflict and inter-partner violence and an increase in feelings of collaboration and respect.[4]

Communication skills can also improve non-spousal relations within households. In intervention areas of the SantéNet2 project, community-based contraceptive distributors saw an increase in parents bringing daughters to seek advice on sexual health and family planning.[1] In Mali, mutual collaboration and supportive relationships developed between pregnant wives and their mothers-in-law after participating in SAA dialogues.[3] As a result, mothers-in-law became facilitators instead of barriers to positive behaviors, and many women benefited from their mother-in-law's emotional and economic support for nutritional needs.

TRANSFORMING STRUCTURES

SAA engages power-holders (service providers, male community members, traditional leaders, etc.) and brings them alongside marginalized groups (poor women, minorities, married adolescent girls, etc.) to raise awareness of social inequities, challenge restrictive and discriminatory norms, and build their capacity for collective action. Patriarchal social norms help to maintain existing power structures, and dismantling them requires the participation of individuals at various points along the power continuum.

Staff of CARE's Tékponon Jikuagou project in Benin facilitated SAA discussions about family planning and sexual and reproductive health and rights among community members before influential leaders engaged fellow community members on the subject. After reflective dialogue, the leaders became local change agents and helped create significant increases in communication about family planning and use of modern contraception.[5] Women and men were more than twice as likely to visit a health center to obtain a method after these dialogues, even where service provision was weak.

SAA has been used to transform government structures both directly and indirectly. In Bangladesh, health clinic staff in the NGO Health Service Delivery Project (NHSDP) program engaged in regular, critical reflection and dialogue, resulting in individual and institutional changes. Clinic staff provided better quality, patient-centered care and improved their counseling capacity around adolescent sexual health, family planning, and gender based violence. According to respondents – particularly counselors and paramedics – SAA helped them realize that adolescents and unmarried women also have a right to sexual and reproductive health and family planning. This led many clinics to open adolescent corners and hold open-hours in the afternoon.[6]

In Madagascar, SantéNet2 staff noticed that community health committees in areas that participated in SAA demonstrated greater leadership and were more effective than health committees in non-SAA communes.[1] For example, committees that included SAA change agents were quicker to repair or build new health center infrastructure or access roads.

TACKLING GENDER-BASED VIOLENCE (GBV)

GBV is rooted in power imbalances, unhealthy relationships, and structures and institutions that tolerate it and refuse to hold perpetrators accountable. As shown above, SAA works in each of these interconnected domains to directly and indirectly address causes of GBV. In communities that integrated SAA into the Village Economic & Social Associations platform in Ethiopia, the number of girls experiencing female genital mutilation dropped to fewer than five girls per year.[4]

Before using SAA, one participating clinic in NHSDP in Bangladesh reported conducting zero GBV screenings. With the skills to unpack the situation and confidence and awareness heightened by critical reflective dialogue, one clinic saw a dramatic increase in screening and referrals for GBV by staff trained in SAA. SAA dialogues with counselors also facilitated reflection on the importance of these issues for the whole family, encouraging husbands to come with their wives to discuss family planning options, son preference, and a baby's sex determination.[6]

As the evidence demonstrates, SAA helps participants to build critical analysis skills that form the basis for tackling root causes of injustice. This process empowers community groups to own and lead the change process well beyond the scope and time frame of any CARE project, leading to lasting transformation and multiplying our impact.

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