

Tailoring MNCH/FP/RH Interventions based on Evidence from a Social Norms Assessment in South Sudan

MOMENTUM Integrated Health Resilience

September 21, 2022

9:00-10:30 (DC) | 15:00-16:30 (Juba)

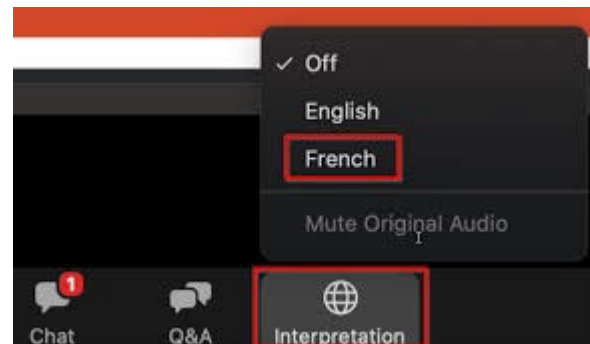


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Housekeeping

- Webinar will be recorded.
- Slides and recording will be made available on the MOMENTUM website.
- Use the chat function to ask questions throughout. Plenty of time for Q&A at the end.
- French interpretation is available / Interprétation française disponible.



Webinar Roadmap

SECTION 01

South Sudan Overview

Alexander Dimiti, Deputy Chief of Party, MOMENTUM Integrated Health Resilience, South Sudan

SECTION 02

Methods, with a focus on vignettes

Paul Bukuluki and Moses Okwii, DevCom

SECTION 03

Findings, focusing on implications for:

- reproductive health
- family planning,
- menstrual hygiene management, and
- health seeking behavior

Martha Awet, Senior MEL Advisor, MOMENTUM Integrated Health Resilience, South Sudan

SECTION 04

Use of findings for programming and to develop county-level action plans

Male Herbert, SBC Advisor, MOMENTUM Integrated Health Resilience, South Sudan



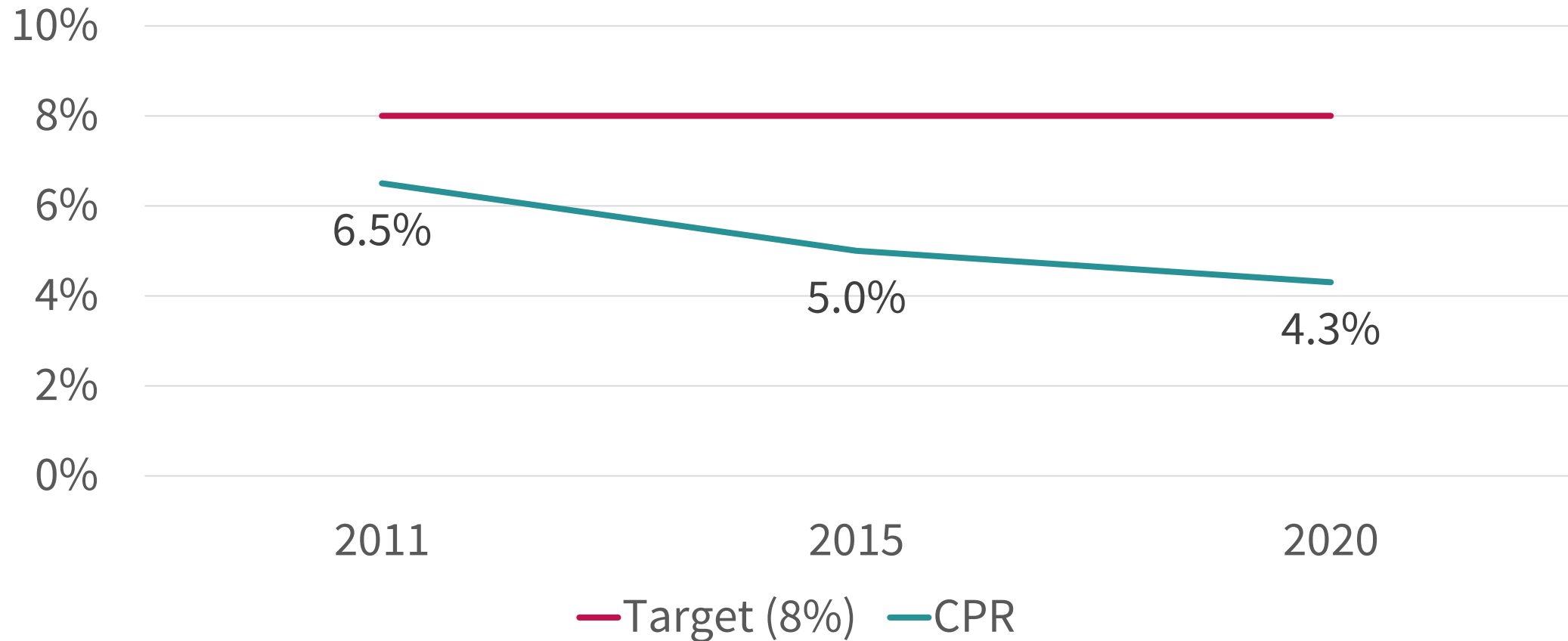
Overview



South Sudan: FP Background

	Estimated Rates
Total Fertility Rate (births per woman)	4.6
Maternal mortality rate	789/100,000
Percent of adolescent (10-19) population	23%
Adolescent (15-19 years) birth rate	158/1000

South Sudan data: Decreasing use of modern contraceptives



Trend of Women 15-49 Years Using or Whose Partner is Using a Modern Family Planning Method
National Household Health Survey, 2020

Study Purpose

Provide information on social norms related to:

- Reproductive Health (e.g., menstrual hygiene management, antenatal care)
- Family Planning
- Gender-Based Violence
- Health-Seeking Behavior

Findings have informed MIHR and Breakthrough ACTION SBC activities
in South Sudan



Section 1

Methods: Using Vignettes to Understand Social Norms

Paul Bukuluki and Moses Okwii

Methods

- Study Design
- Stakeholder consultations
- Informant interviews (KIIs)
- In-depth interviews (IDIs) – FP providers, key influencers, community interviews
- **Interviews using vignettes (Life course) and ask respondents' views on scenario**

Study sites

1. Bor - Jonglei State
2. Wau – Western Bahr el Ghazal State
3. Yambio – Western Equatoria State
4. Leer – Unity State
5. Budi - Eastern Equatoria State

Study Population and Size

Category	Sample size		Total
	Female	Male	
Community <ul style="list-style-type: none">• Women and men, ages 15-24 years and 25-49 years, who are married and unmarried• Key influencers, such as religious and traditional leaders and elders	130	104	234
Primary health care and FP/RH care providers	16	18	34

Themes

- Knowledge, attitudes, and perceptions that influence FP/RH, GBV, and health-seeking behaviors and practices
- Social norms (injunctive and descriptive) that influence individuals' and couples' attitudes and intentions around FP/RH, GBV, and health-seeking behaviors
- Identification of the key influencers, including religious leaders, traditional leaders/elders, and health care providers

Vignettes



Guided story-telling
methodology



Qualitative or
quantitative



Survey versions
should be simple,
relatable and
precise



Can minimize
response bias

Main elements of a VIGNETTE

Behavior: A situation about the behavior/absence of a behavior of interest.

Context: An introduction to the context; be specific but simple.

Characters: Relatable target population and reference group characters

Consequences: A situation where a social norm is challenged or broken (and sanctions).

Questions: Open-ended questions to engage with the story about norms.

Main elements of a VIGNETTE following Social Norms Framework

Descriptive Norms

What people perceive to be common behavior in their community or reference group.

Injunctive Norms

What people perceive to be appropriate behavior in their community or group.

Reference Groups

Groups that influence an individual's likelihood of complying with norms through modeling and enforcement.

Sanctions or rewards

- If you don't comply with norms, you face negative sanctions or punishment
- If you do comply with social norms, you receive some positive reward

Process

- Stakeholder consultations conducted prior to data collection to review, validate, and adapt vignettes to ensure they aligned with the context
- A purposive sample of married and unmarried women and men aged 15-24 and 25-49 years, FP/RH health care providers, and key influencers were selected across the study sites
- Vignettes were translated into the respective local languages by the South Sudan team
- Vignettes were pretested to further adapt them to context

Process, continued

- Vignettes followed a life course approach starting from puberty (MHM, sexual debut, early marriage and transitioning to adulthood to facilitate diagnosis of social norms that affect access and utilization of modern FP, as well as GBV related to seeking FP by women and girls, and negative sanctions.
- Life course approach spanning from adolescence to adulthood created a platform for participants to reflect on the social and gender norms that related to FP/RH, MHM (and its links to WASH) and GBV.
- It also helped the research team to learn about the needs at the different life stages and the norms MHM, FP/RH, GBV and health seeking

Examples of Vignettes following Life Cycle Approach

Vignettes investigating norms regulating menstruation, sexual debut, early marriage, decision to use FP, decision-making regarding health care seeking, and GBV

- **Vignette 1: Rose – menstruation**

- Rose, a 13-year-old girl, lives with her parents and younger brothers in a hut near a village in [Juba or county center]. Every morning, she wakes up and helps her mother fetch water, cook, and clean. Today, Rose realizes she has started her menses.

- **Vignette 2: Rose and Joe – a young couple, sexual debut**

- Rose, now 14 years old, has a boyfriend, Joe, who is 19 years old. They are not ready for marriage, pregnancy, or having kids, but Rose and Joe are attracted to each other, and often meet in private places

- **Vignette 3: Theresa – early marriage**

- Rose and Joe are now married. Rose is visiting her cousin, Theresa, and her family. Theresa is a couple years younger than Rose. During Rose's visit they talk about when Theresa should get married.

Examples of Vignettes following Life Cycle Approach

Vignettes investigating norms regulating menstruation, sexual debut, early marriage, decision to use FP, decision-making regarding health care seeking, and GBV

- **Vignette 4: Rose – decision to use FP and GBV**
 - Rose and Joe now have two children. Rose now wants to have some child spacing for at least for a few years. Joe has always wanted a large family.
- **Vignette 5: Rose – decision-making regarding health care seeking and GBV**
 - Rose's son is due for his next immunization, so she decides to take him to the clinic, but she does not discuss this with Joe first. She also decides when she is there, she will get contraception, as she does not want more children. When she gets back from the clinic Joe is home and is upset that she went to the clinic.

Vignette 1: Rose – Menstruation

Rose, a 13-year-old girl, lives with her parents and younger brothers in a hut near a village in [Juba or county center]. Every morning, she wakes up and helps her mother fetch water, cook, and clean. Today, Rose realizes she has started her menses.

- At this point, what would she do? How does Rose manage her menses? Probe: what would she use to contain the blood (cloth, pads, or nothing)? Why does she choose these materials and where does she get them from?
- Rose attends school. What does she do during menstruation? Probe: Would she go to school? What are her concerns? Would there be activities that she would not be able to participate in?
- In Rose's community, would she be treated differently if people knew she was on her menses? Why is that? Probe: community attitudes/beliefs about menstrual blood.

Examples of Vignettes

Vignette #2: Rose – Decision to use FP and GBV

Rose and Joe now have two children. Rose now wants to have some child spacing for at least for a few years. Joe has always wanted a large family.

- Since Rose does not want more children now, what did she do and why?
- Does Joe know Rose does not want any more children, at least for a while? If yes, what does he do? If no, what do you think he would do if he knew? [*couples communication*]

After talking with her friends, Rose went to a clinic and got an injectable contraceptive, without telling Joe. When she did not get pregnant Joe became suspicious that Rose was doing something so to keep her from getting pregnant.

- Do you agree with what Rose did? If so, why? If not, what do you think Rose should have done?
- What did Joe do when he learned that Rose was using contraception?
- What do you think her friends thought about Rose using a contraceptive to delay pregnancy?
- What do you think her family thought about Rose using a contraceptive to delay pregnancy?
- What do you think her neighbors thought about Rose using a contraceptive to delay pregnancy?

Examples of Vignettes

Vignette #3: Mary – Health Provider for FP Client

A woman, Mary, 26 years old, has come to see you. She came by herself. She tells you that she is married and lives with her husband. She just had her second child one year ago and would not like to have another child so soon. She has never used contraception before and has talked to her friends about methods they have used but is not sure what is best for her.

- What would you want to know about Mary to help her?
- What would you tell her about contraception options, especially given her concerns? What do your peers tell women, like Mary, with these questions in this situation?
- What do you think your peers should tell young women with these questions in this situation?
- Are there other people whose opinion on this matter may make you or another health provider change his/her approach to Mary, or someone like her? Who and why?

Results/Lessons Learned

- Vignettes must be co-designed, validated, translated to local languages, and pretested
- **Refining and adapting** the hypothetical scenarios in the vignettes to make them relatable and meaningful to the study participants.
- Facilitated understanding social norms in **less abstract ways** including perspectives on injunctive and descriptive social norms, reference groups, and social sanctions related to behaviors of interest.
- Vignettes provide safe space because people are reacting to a story and not necessarily being put on task to share own experiences directly.
- Results from vignettes are **very constructive in co-creation** of the SBCC strategies and materials.

Programming Implications

- The more we co-create simple tools that our study participants can relate to and identify with, the **more they are likely to express themselves** by sharing their experiences, feelings and everyday struggles that we need to take into account, while designing SBCC strategies.
- Vignettes aid the process of **simplifying and demystifying data collection** by using stories onto which participants can **project their experiences and feelings**.
- Vignettes **demystify the concepts** in the social norms theoretical framework by representing this in a guided storytelling rather than the abstraction that may be embedded in broad complex questions in an interview guide.



Section 2

Findings from Social Norms Assessment in South Sudan

Martha Awet

Family Planning & Reproductive Health (FP/RH)

- Bride price assumes **payment to produce** many children
- Married women are expected to fulfill their **biological role of child-bearing**
- **Not appropriate or acceptable** for women (of any age) to use modern contraceptives
- **Men** make reproductive health decisions (norm) -
 - Reproductive health choices are **controlled by men**
 - FP providers emphasized the **importance of men's consent** for modern contraceptive use

“His family will be upset... this is because they have taken cows from her husband with the hope that she will produce kids for him”

Female key influencer, Bor

“He should go to her family and reclaim the cows that he paid as dowry because in our culture a man marries to produce children.”

Male key influencer, Leer

FP/RH Supportive Social Norms

- In Wau, Bor, and Budi, it is typical of **married couples to abstain from sex for two to three years** after birth of the child

“One has to abstain from sex for 2-3 years after birth of child –as soon as the wife delivers, the couple abstains from sex until the child is 2 years and above. Communally, a man is not allowed to have sex with his wife during this period, for those who tempt to have sex before 2 years elapsed, they are mocked, undermined and discouraged by the society through community talks and locally composed songs that humiliate and shame those men.”

Female Leader - Budi

Validation workshop participants noted women abstain, but men take another wife or sexual partner

FP/RH Supportive Social Norms

- Some **FP providers encourage uptake** of modern contraceptives among students – particularly those that are sexually active or intend to initiate sexual relations.
- Some urban married men noted that **married women who secure men’s approval** can use modern contraceptives.
- **Some men said that contraceptive use is the right thing** to do if one starts to have sex.
- Some women reported that their **partners encourage them** to use contraceptives.

“The woman is not supposed to do anything at home without the man’s consent, if he finally agrees, then she can right away run to get the contraceptive method.”

Man, Wau

Social Norms – Menstrual Hygiene

- Inappropriate for men to be told about, talk about, and/or support girls that are menstruating
- Appropriate for young girls that are menstruating to **stay in private places**
 - In Yambio, to protect girls from the harsh treatment of their brothers thinking that she lost her virginity
- In Leer and Bor, **menstruating girls may be prohibited from certain practices** – e.g., drinking milk from cows, collecting cow dung, use of cow dung ash to brush teeth, and serving food to elders.
- Milking a cow while menstruating may result in fewer cattle as the bride price

“Girls in menses only take milk from the goats and sheep NOT cows - It is a taboo for a girl to take milk from a cow during her menses - she will be married with few cows”

Leer community member

Early Marriage

- Girls get **married once they start menstruating**
- Girls **gain social status** as a woman once they have their first period
- **Fathers ultimately decide** on when to marry off their daughters

“The fathers decide on when this shall happen, and no one can object to their decisions.”

Male key influencer, Bor County

Emerging Supportive Social Norms – Delaying Marriage

- Some observed that it is better to **marry when one completes their education**
- Women, mainly urban, argued that having the **first period never signifies readiness for marriage**
- In some families there is recognition that **girls below 18 are young and not ready for family responsibilities**
- Influencers in Budi reported that **women worry about having their daughters marry early** since they have firsthand experience of the challenges that this brings about.

“Most times mothers are more concerned about the age for marrying off their daughters...mothers got married when they were young, and they faced a lot of challenges. On the other hand, fathers care less about their daughter’s age for marriage as they focus more on wealth.”

Influencer, Budi

Gender-Based Violence

- It is **acceptable to punish a woman** who is perceived to disrespect her husband
- Most community members believe that **contraceptives should not be used**, and some have publicly condemned those who do
- A girl's brother may assume when she **begins menses that she has lost her virginity**, and may beat her for this (but not in all communities)
- Some local chiefs, mainly rural, noted that they **punish women** (and their FP providers) that seek services without male consent

“Producing children is God’s plan and if the mother of this woman had decided to take contraceptives, the woman herself would have not been produced, so I am obliged to punish that woman... usually six months of labor at my home, and also the service provider provides 3 months of labor at my home.”

Local chief, Yambio

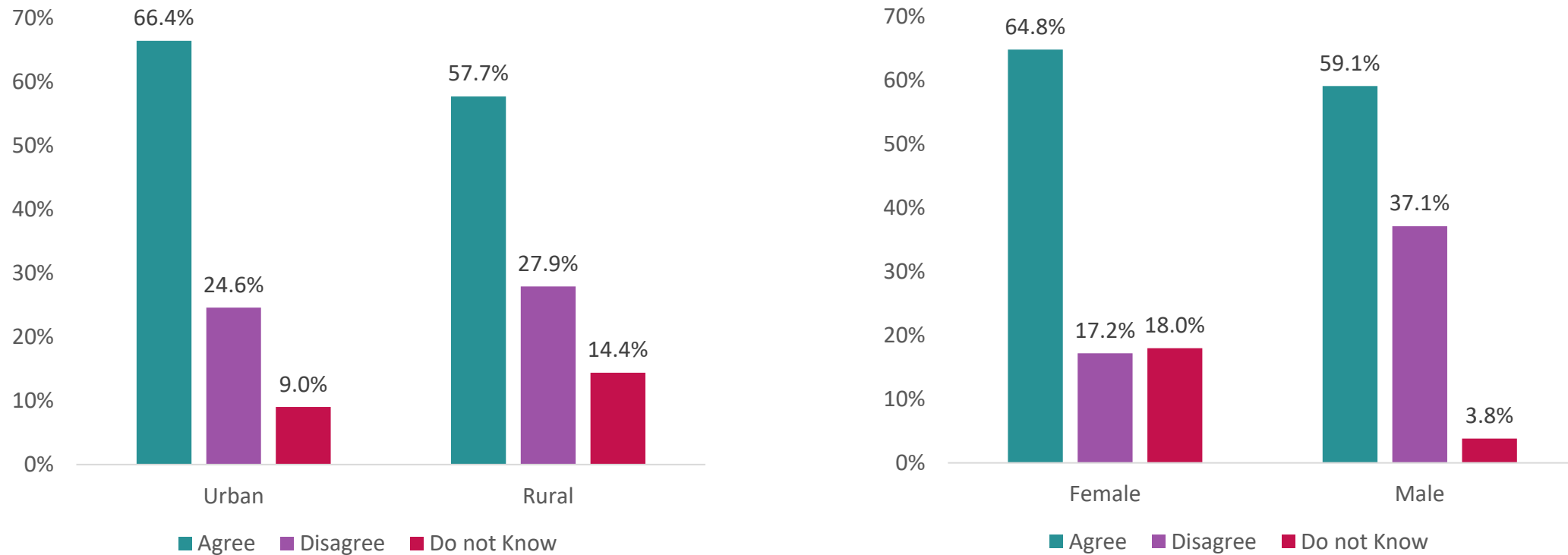
Seeking Health Services

- Provision of FP services for married women requires **consent of the spouse**
- **Young unmarried women should not access/use contraceptives** (norm); may be denied access
- FP providers are sometimes **attacked by spouses/community** for providing FP services without spouse's consent
- Women and girls **seek family planning services in secrecy**
- Unmarried young girls that use contraceptives are **identified as prostitutes**

“If a woman want to take contraceptives; she has to discuss and agree with her husband; otherwise, she will be beaten, divorced or the man gets another wife; the men believe that contraceptives cause barrenness.”

Married Man, Wau

Community Perspective: Rose can initiate conversations about using contraception with her health care providers



Over a quarter of respondents are uncomfortable with women initiating conversations with providers about contraception – men (37.1%) more so than women (17.2%)

Patient Provider Communication – Provider Perspectives

Provider Likert Scale Statement	Gender		Overall % (N)
	Female % (n)	Male % (n)	
Women can initiate conversations about using contraception with their health care			
Agree	100% (15)	82% (14)	90.6% (29)
Women can share their opinions about using contraception with their health care			
Agree	100% (15)	100% (17)	100% (32)
When discussing contraception with her health care provider, he/she pays attention			
Agree	100% (15)	94% (16)	96.8% (31)

Some male providers are uncomfortable about women initiating conversations about contraception.



Section 3

Application: Social Norms Assessment in SBC Co-Creation Workshops and Implementation

Male Herbert

SBC Co-Creation Workshops at County levels

- Whole System in a Room Workshop – with key stakeholders at all levels in County (e.g., Village Chiefs, HF staff, County MOH, Religious Leaders, partners, Peer groups, etc.)
- Main objectives include:
 - Review and consider findings from social norms assessment
 - Get involved and generate consensus from key stakeholders through participatory engagement in the development of County SBC Action Plans (SAPs)
 - Discuss how to use data for decision making, monitor and evaluate SBC interventions
 - Meaningful collaboration with Breakthrough ACTION (BA) and other key partners to match existing groups/tools with key behavioral determinants in SAPs

Co-Creation Workshops - Process

- Rapport establishment, values clarification, icebreakers to set the stage for participation
- Presentation and validation of findings from the social norms assessment
- Overview of existing activities/tools from BA and MIHR:
 - male engagement boardgame,
 - community dialogues,
 - PDQ/CAC,
 - provider behavior diagnostic and programmatic tools,
 - male engagement for safe motherhood
 - menstrual hygiene management board game prototype



Examples of Key Tools to Adapt and Implement linked to the Social Norms Assessment and Root Cause Analyses

- MIHR and BA worked hand in hand to review findings, recommendations, and SBC-specific recommendations from the assessment to co-design and prototype SBC activities
- MIHR will adapt for local context, implement, and monitor for adaptive management along with key stakeholders and local implementing partners and influencing groups
- “Big Tent” Value Proposition: Build it Together/Hand in Hand

- Community Dialogues
- Partnership Defined Quality/Community Action Cycles
- Male Engagement for Family Planning Boardgame
- Male Support for MNCH/Antenatal Care
- Provider Behavior Change Package
- Support for Menstrual Health Management Boardgame
- Radio Drama Series and Community Theater



Big Tent Value Proposition: Build it Together/Hand in Hand

- Resulted from community concerns with the term *family planning*.
- Unpack the meaning of “family planning” among key audiences to determine what would be a meaningful value proposition that could be more acceptable.
- Focus on a value proposition that people can relate to instead, based on other SBC evidence-based campaigns.
- Messages emphasized the family benefits, positive values, and perceptions related to children and child well-being that resonate with communities.

Co-Creation Workshops – Next Steps

- Quick startup on small doable actions in each County such as Community dialogues, establishment of supportive community groups, awareness, stakeholder engagement
- Consolidate documents and produce draft SBC Action Plan
- Socialization of SBC County Action Plans
- Ongoing participatory monitoring for adaptative management
- Mapped key SBC structures in supported Counties for scale up of activities





Supported Local CBOs to implement contextual SBC package

- Sub-awarded 2 local CBOs for SBC innovative interventions
- Co-created solutions with community gatekeepers who prioritized their own problems and solutions, linked to existing MIHR and BA tools where possible
- Organization capacity assessment and capacity development action planning for local organizations
- TA for organization capacity development

Scale-up of SBC Tools

Scale up PDQ in three new Counties, PDQ-Y in two new counties and CAC in 5 additional Counties utilizing lessons learned from pilot sites

Adapted five SBC tools for male engagement for FP, MHM board game, male engagement for safe motherhood, PBC, PDQ and CAC





Q&A/Discussion
