Demographics and Demand

The power of social and behavior change for family planning in francophone West Africa

Roughly 25% of married women ages 15–49 in West Africa would like to space or limit births but are not using modern contraceptive methods. In the Francophone countries, modern contraceptive prevalence rates range between 6.2 and 24.7, which are strikingly lower than the FP2020 country average of 45.7. To promote family planning (FP) and combat maternal mortality, nine countries in francophone West Africa—Benin, Burkina Faso, Côte d’Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo—pledged to reach 2.2 million additional FP users by 2020 through the Ouagadougou Partnership. As Ouagadougou Partnership countries embark on their shared vision for beyond 2020, investment in high-impact social norm shifting and other demand-side interventions is needed to fully meet FP needs. Evidence indicates service delivery models integrated with a range of demand creation approaches, improved counseling approaches, and youth engagement through tailored activities can increase contraceptive adoption and consistent contraceptive use.
KEY FINDINGS

Men in Senegal who were exposed to a religious leader speaking favorably about FP in their sermons and through a radio series were more likely to report using FP and discussing FP with their spouses.¹

The Gold Circle campaign and community mobilization activities in Burkina Faso gave community members a sense of ownership and helped empower them to demand clinic improvements be maintained. High campaign exposure was associated with an adjusted increase of 21.8 percentage points in the proportion of women currently using modern contraceptive methods.²

The Lomé youth center offered counseling, contraceptives, clinical prevention services, treatment, and referrals alongside recreational and educational activities to youth in Togo. An evaluation indicated youth center use was significantly associated with contraceptive adoption and consistent contraceptive use over the follow-up period. Peer educator contact also appeared important for promoting visits to the youth center as well as encouraging contraceptive use.³

Involving men as supportive partners in maternity care through couples counseling and male-only group discussions in Burkina Faso was associated with reduction in unmet need for contraception, higher rates of effective modern contraception use, and a positive effect on the use of long-acting contraception eight months postpartum.⁴

Summaries of the articles referenced here as well as additional studies on the impact of social and behavior change (SBC) on FP outcomes in Francophone West Africa are accessible through the SBC for Family Planning Evidence Database. The six SBC Evidence Databases, which together host over 600 articles, compile and highlight key SBC successes spanning over 20 years.


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