



Healthy Savings for Better Reproductive Health in Bénin Client Outcomes Study Baseline Report

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APHEDD

Association pour la Promotion de l'Homme, la Protection de l'Environnement pour un Développement Durable (APHEDD)

APHEDD is a non-governmental organization formed by a group of men and women concerned about the living conditions and livelihoods of grassroots communities and the political, economic and social development of Africa in general and Bénin in particular. Its mission is to help raise the living standards of grassroots communities by providing access to information, education, training and research thereby empowering action for self-promotion by 2025. Initiatives are focused on and include literacy, education, health, food security, access to financial services, land and housing.

Femmes Actrices de Développement Communautaire (FADeC)

FADeC is a non-governmental organization formed by a group of women concerned about women's contribution to poverty reduction and grassroots development. While working for EDUCOM (Education and Community), this group of women created FADeC with support from UNICEF. FADeC's mission is to support communities in solving their development problems, with particular emphasis on children's education, specifically access and retention of girls in school and completing their education. Other areas of focus include women's rights, health and environment.

Grameen Foundation

Grameen Foundation is a global nonprofit organization that helps the world's poorest people achieve their full potential by providing access to essential financial services and information on health and agriculture that can transform their lives. In 2016, Grameen Foundation and the global non-profit Freedom from Hunger decided to join forces under the banner of Grameen Foundation. The integration of the two organizations brings together Grameen Foundation's expertise in digital innovation to end poverty and Freedom from Hunger's focus on providing the world's poorest women with self-help tools to reduce hunger and poverty. Grameen Foundation is headquartered in Washington, D.C., with offices in the U.S., Asia, Africa, and Latin America. For more information, please visit www.grameenfoundation.org or follow us on Twitter: @GrameenFdn.



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Acronyms

APHEDD	Association pour la Promotion de l’Homme, la Protection de l’Environnement pour un Développement Durable
CA	Community Agent
FCFA	West African Franc
FADeC	Femmes Actrices de Développement Communautaire
FSP	Financial Service Provider
IPL	International Poverty Line
IUD	Intrauterine Device
NGO	Non-governmental organization
NPL	National Poverty Line
PLC	Pictorial Learning Conversation
PPI	Poverty Probability Index
SG	Savings Group
SIS	Social Indicator System

Introduction

Unmet demand for family planning in Bénin is acute. At least one out of every three married or in-union women in Bénin is not using any form of contraception, even though she reports that she wants to delay or avoid pregnancy.¹ In contrast, one in five women across Africa, and more than one in ten women across the world have an unmet need for family planning.² The use of modern methods of birth control is very low in Bénin: as of 2012, only seven percent of married women and 25 percent of unmarried sexually active women use modern methods of birth control.³ The unmet demand for contraception and lack of use of modern contraception expose an opportunity to better align intentions with behavior for Béninese women and couples.

Closely spaced and ill-timed pregnancies and births pose serious health risks for mothers and children—and risks associated with childbirth in Bénin are high. One out of every five pregnancies in Bénin is unplanned, the median birth interval is 36 months and the median age at first childbearing is 20.7 years.⁴ The average fertility rate in Bénin is 4.77 children, with maternal mortality rate of 405 per 100,000 live births compared to 216 deaths per 100,000 live births globally.⁵ Infant mortality is 64 per 1,000 live births in Bénin compared to 30.5 per 1000 live births globally.⁶ These statistics are common across the region in sub-Saharan Africa where two thirds of world's maternal deaths occur.⁷ Early marriage and pregnancy contribute to these high mortality rates where across the region, seven percent of girls are married by the age of 15, and 26 percent by the age of 18 with 20 percent of women aged 20-24 giving birth before the age of 18.⁸

Significant efforts have been made to address the unmet demand for family planning by the Bénin government and in governments in neighboring countries. In fact, the Bénin government set a goal in 2013 to increase the use of modern contraceptive methods for women ages 15-49 from 13 percent to 20 percent by 2018. While there is commitment at the national level, additional support is needed at the community level in order to create demand, improve access and knowledge of available contraceptive options as well as address challenges and socio-cultural barriers within the family and community.

Healthy savings

Since 2013, Freedom from Hunger, now Grameen Foundation, has been privileged to work in partnership with two local non-governmental organization (NGO) partners in Bénin—APHEDD (Association pour la Promotion de l'Homme, la Protection de l'Environnement pour un Développement Durable and FADeC (Femmes Actrices de Développement Communautaire)—in the development of their **Healthy Savings** program. The objective of this program initially was to introduce and train partners on Grameen's savings group (SG) methodology, and then subsequently to plan, develop and pilot a health intervention package that improves access to health services for 3,000 SG members and families. The health intervention package was designed to improve preventative and care-seeking behaviors and included access to health education, dedicated health financing, and linkages with health providers. Today, as a result of the intervention, over 15,000 SG members have access to health through negotiated benefits with 43 public and private health providers.

Women's savings groups for better reproductive health in Bénin

With renewed confidence and empowered by their SGs, the women who participated in the **Healthy Savings** program reported interest in seeking information about family planning products and services. In response to this request and the enormous unmet need for family

planning in the region, Grameen Foundation has worked closely with APHEDD and FADeC to integrate a family planning lens to the existing SG program. This new project called **Women's Savings Groups for Better Reproductive Health in Bénin** seeks to both complement and strengthen Bénin's national family planning strategy and contribute to achieving the longer term goal of increasing the contraceptive prevalence rate among women.

Specifically, the goal of the project is to advance opportunities for 12,000 rural women and their husbands to make choices about their sexual and reproductive health that best fit their individual needs and those of their families. Two objectives support the aforementioned goal:

1. Build a supportive environment for recommended family planning practices within 10 communities, and
2. Influence knowledge, attitudes, intentions and behaviors related to family planning for 12,000 couples.

Through family planning education, linkages with health providers and gender dialogues, the project addresses the demand-side of family planning and has the potential to help women and couples achieve their desired family size, allow more Béninese the opportunity to live healthier and more productive lives, improve survival and well-being among their children, and contribute to economic and social development.

Planning Your Family: It's Your Decision

The family planning education component of the **Women's Savings Groups for Better Reproductive Health in Bénin** project involved the design and delivery of six dialogue-based education sessions called *Planning Your Family: It's Your Decision*. These education sessions were designed to be delivered through pictures called pictorial learning conversations (PLCs). Each PLC consists of 15-20 minute sessions delivered consecutively, typically one per week, during the women's self-help groups' regularly planned meetings and engage women and community members in participatory dialogue.

The PLC methodology is designed to be delivered by community agents (CA) who are illiterate or have minimal literacy. CAs are trained members of *Saving for Change*^a SGs who form other SGs in their own community or in nearby communities to provide education to members on relevant health and other topics.

Each session focuses on a key concept and consists of 4 steps to engage the learners in the session topic: 1) participants are encouraged to share what they know about the session topic; 2) participants receive new information; 3) participants ask questions about the new information; 4) participants apply the new information.

The *Planning Your Family: It's Your Decision* PLC was designed after extensive desk research, a landscape analysis and community sensitization meetings which complemented experience

^a*Saving for Change* is a methodology jointly developed by Freedom from Hunger, Oxfam America and Strømme Foundation for self-managed savings and lending groups integrated with simple trainings in health, business and money management.

and understanding of family planning within the local context. The initial draft then went through a field-testing process which included focus group discussions (FGDs) and individual interviews with partner NGO staff, CAs and women's SGs. A Trainer's Guide and a Facilitator's Guide were also developed which enable cascade training and encourages replication, quality of delivery, and scale of the PLC.

The specific objectives of the PLCs were to enable the SG members to:

1. Identify reasons why planning for their family and future is advantageous for household health and economics.
2. Describe products and tools, including locally available contraceptives and health loans that allow women and their husbands to plan for their family and future.
3. Discuss challenges related to take-up of family planning practices and behaviors, including side effects, community stigma and marital relationships.

A pre-test assessment was conducted in November 2017 with FADeC and APHEDD members to establish a baseline of existing knowledge, attitudes and behaviors related to family planning and reproductive health that were in place before the delivery of the PLCs (the delivery of the PLCs began in December 2017). This baseline report of the project's client outcomes study presents the results of the indicators collected during the pre-test assessment.

Methods

Sampling, data collection and analysis

The client outcomes study includes a simple pre- and post-test methodology capturing knowledge, attitude and behavior change prior to program implementation and after implementation. A quantitative survey was designed by Grameen Foundation, consisting of approximately 76 questions, divided into five sections: 1) respondent information; 2) savings indicators; 3) health services and family planning indicators; 4) household indicators (including poverty level indicators); and 5) food security.

The survey was implemented using Grameen's Social Indicator System (SIS), which includes a monitoring system managed by NGO or financial service provider (FSP) staff that emphasizes the collection of socially-oriented indicators of SG members (in contrast to group financial indicators typically collected by the MIS), while building the capacity of NGO or FSP staff in monitoring and evaluation. Grameen Foundation staff trained facilitators at APHEDD and FADeC in October 2017 to collect the data using a digital survey tool called SurveyToGo and Grameen conducted analysis of the data.

As a way to ease the burden of cost, time and effort of data collection on NGO staff, the client outcomes study follows the SIS sampling strategy: all facilitators interview one randomly selected SG member from the first group formed by each CA that they manage at the time of the pre-test. Facilitators use "drawing the short stick" or similar method at a group meeting to publicly and randomly select a participant for surveying. Women are not required to participate, and data is kept confidential.

A total of 204 SG members participated in the baseline survey which included 104 women among FADeC's members and 100 women among APHEDD's members. The pre-test survey

occurred in November 2017 prior to the delivery of the *Planning Your Family: It's Your Decision* education sessions. The end line data will be collected in November of 2018.

This evaluation method does not produce a rigorous or scientific representation of all the groups but the sample size is seen as providing an adequate example of the groups.

Results

The following section summarizes and interprets the client outcomes from the pre-test survey. The results are organized according to the main topics of the survey and follow the order that the questions were administered. For all the specific results summarized in this section, please see the table in the annex at the end of this report.

Respondent information and location

All but two of the women who participated in the baseline survey reported that they live in rural communities. The remaining two women reported living in periurban communities and were members of FADeC SGs. The average age of the women was 31 years old, but over half of FADeC's members did not report their age. More than half (51 percent) of the women reported that they live in a monogamous marriage while 42 percent reported living in a polygamous marriage. The average number of children living at home is 4.32.

Almost 100 percent of the women (95 percent) reported being a member of a SG for two to six years, and just one woman reported membership for seven years or more (FADeC). The majority of the women reported that their SG distributed funds between three and four times (55 percent).

Who is the average survey participant?

- She lives in a rural area
- She is 31 years old
- She lives in a monogamous marriage
- She is raising more than 4 children.
- She has been a member of a savings group for 2-6 years
- Her savings group has distributed funds between 3 and 4 times
- She lives on less than \$2.50 per day
- She is food insecure

Food security

Food security was measured by asking the respondent to reflect on the prior twelve months, and choose among four statements that would best describe her household which were then categorized into food security categories as depicted in table 1.

Table 1: Food Security Measures and Classifications

Statement	Food Security Category
...have enough food and of the kinds of nutritious foods we want to eat	Food secure
...have enough food but not always nutritious food	Food insecure without hunger
...sometimes not enough food to eat and was sometimes hungry	Food insecure with moderate hunger
...often not enough food to eat, was often hungry	Food insecure with severe hunger

For analysis purposes, group members were described as either food secure or food insecure. Food secure households were those who answered “had enough food and of the kinds of nutritious foods we want to eat.” Food insecure households were those who answered any of the following: “food insecure without hunger,” food insecure with moderate hunger,” or “food insecure with severe hunger.”

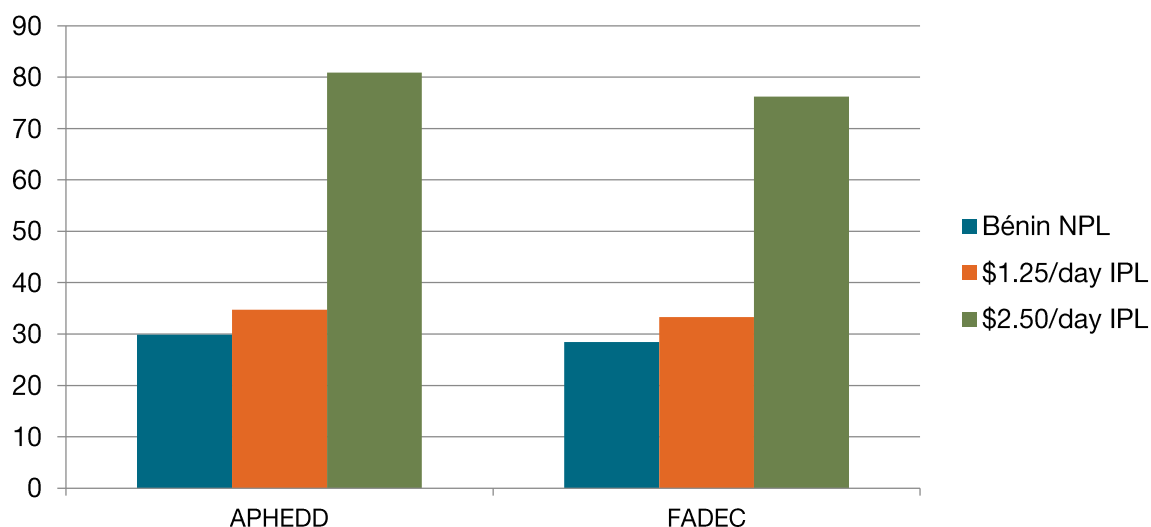
Approximately 78 percent of the women qualified as food insecure. This includes 47 percent that were food insecure without hunger and 30 percent that were food insecure with moderate hunger.

PPI indicators

Using the Poverty Probability Index (PPI®),^b figure 1 below shows that FADeC and APHEDD outreach is very similar to each other. On average, 78 percent of the SG members interviewed at baseline live below the \$2.50/day international poverty line (IPL) (estimated at FCFA 794 in 2012); 34 percent live below the \$1.25/per day IPL (estimated at FCFA 397 in 2012); and 29 percent below the Bénin national poverty line (NPL – estimated at FCFA 369 in 2012).⁹

The SG outreach of FADeC and APHEDD is quite similar to the national-level average for the \$2.50/day IPL, where 76 percent of the Bénin population lives below the \$2.50/day IPL. The SGs reach fewer households living under the \$1.25/day IPL line and the NPL compared to the national level averages, at 53% and 36%, respectively. This dynamic is similar to the outreach of a prior assessment completed in Bénin aiming to link SG members to formal savings accounts.¹⁰ This suggests that the SGs primarily reach households living under the \$2.50/person/day IPL but above the \$1.25 and NPL.

Figure 1. Bénin PPI Poverty Rates



^b The national poverty line (NPL) for *Bénin*, the International Poverty Line (IPL) \$1.25/day and the IPL \$2.50/day indices were constructed in 2012 using 2010 values from the *Bénin Poverty Probability Index (PPI): Scorecard*. Raw values were generated based on responses, summed, and then matched with probability ranges using PPI documentation.

Savings

Across both organizations, the majority of the women (69 percent) reported that coming up with FCFA 50,000 (West African Francs; equivalent to USD 88¹¹) during the next month for an emergency was “absolutely possible.” Fifteen percent felt it was at least fairly possible.

Roughly 28 percent of the FADeC members reported that coming up with the money would “not really be possible” or would “not be possible at all.” APHEDD members were more confident than the FADeC members, with only 4 percent “not really possible” or “not possible at all” and 25 percent reported that it would be “fairly possible.”

According to the World Bank Global Findex database, when a similar question was administered at a national level in 2017, only 35 percent of women in Bénin felt that coming up with FCFA 50,000 was possible.¹² This is in stark contrast to the women participating in APHEDD and FADeC’s SGs.

Across both organizations, the majority of the women reported that the FCFA 50,000 emergency funds would come from money earned while working, followed by their savings groups and family in friends.

Looking at each organization separately, some significant differences arise in where these emergency funds would come from:

- Over half of the APHEDD members (66 percent) reported that the main source to get this money would be from earned income. Family or friends was the second most common response at 29 percent, followed by personal savings at just 3 percent. Only 1 percent of the APHEED members reported their SGs as a primary source of emergency money. It should be noted that 11 percent did not know or refused to answer.
- FADeC members, on the other hand, reported most often that their SG would be the first source of funds (41 percent) followed by earned income (31 percent) and lastly personal savings (3 percent). It should be noted that 24 percent did not know, refused to answer or reported “other.”

What is the savings behavior of the average survey participant?

- She is confident that she can come up with FCFA 50,000 (USD 88) in the next month from earned income for an emergency.
- She saves between FCFA 501 and FCFA 1000 per week in her savings group fund (USD 1.30).
- She reports she can obtain a loan from her group at an interest rate of 3 percent.
- She has taken a loan from her savings group during the last year.

When the average data across both organizations is compared with the World Bank Global Findex¹³ data for Bénin, the order of prioritized use is somewhat similar. Nationally, 38 percent indicated they would use money earned while working, followed by 22 percent who reported they would use personal savings, and lastly, friends and family. While the national survey did not ask about SGs, this answer option was provided for APHEDD and FADeC members given the relevance of the answer option to the SG members. While this study showed very little use of personal savings, 22 percent reported using money from their SG (which could have also been indicative of their use of loans within those groups).

The most common amount of weekly savings deposited into the general SG funds was reported to be between FCFA 501 and FCFA 1,000, roughly USD 1.30 (46 percent) followed by more than FCFA 1,000, roughly USD 1.75 (36 percent).

The vast majority of the women (94 percent) reported that they have taken a group loan from their SG during the last year and the majority (73 percent) reported an interest rate on the group loan of 3 percent.

Health savings

All of the survey participants reported that they have access to a health savings fund within their SG and most (71 percent) reported that they save between FCFA 25 and FCFA 100 per week (roughly USD .10 cents). When the women were asked why they were saving for health, the results differed by organization:

- A large majority of the APHEDD members said it was because “it is important to be prepared” (84 percent), followed by “because my group decided to do it” (11 percent) and “it gives me peace of mind” (4 percent).
- The most common answer from the FADeC members was that because “there is often at least one sick family member” (49 percent), followed by “it is important to be prepared” (37 percent), “it gives me peace of mind” (11 percent) and “because my group decided to do it” (4 percent).

Most of the women (67 percent) reported that the interest rate for a health loan was 1 percent and that the groups have distributed health funds between three and four times. The majority

How does the average survey respondent manage health care and costs?

- She reports that her overall health is good.
- She feels very confident that she can cover the health needs of her family.
- She is aware of health provider services promoted through her savings group but has not ever used these services.
- She has access to a health savings fund within her SG and saves between FCFA 25 and FCFA 100 weekly (USD 0.10) because she believes it is important to be prepared.
- She reports she can take a health loan at a 1 percent interest rate.
- She *has not* taken a health loan from her SG.
- She reports that she used the distributed health funds for household goods.

of the women (54 percent) reported that they used the health funds upon distribution for household goods.

While almost all (94 percent) of the women reported that they took out a group loan from their general SG fund in the past year, slightly more than half (55 percent) of APHEDD members reported that they took out a health loan during the past year while less than half (39 percent) of FADeC's members reported that they took out a health loan in the past year.

For those that did take out a health loan the average amount was between FCFA 5,000 (USD 9) and FCFA 10,000 (USD 18) which for the majority of the women (59 percent) covered all of their health costs.

In cases where the health loan did not pay for all of the health expenses:

- 53 percent of APHEDD members did not specify how they covered the remaining costs using “other” as an answer but 40 percent reported that their spouse covered the remaining costs. The remaining answers included the following in equal frequency: SG funds (2 percent), personal savings (2 percent), loan of a tontine (2 percent), and earned income (2 percent).
- In the case of FADeC, 41 percent did not give an answer of how they covered the gap followed by 17 percent who reported that they used earned income, 15 percent reported that they used money from personal savings, and 10 percent reported that their spouse covered the remaining costs. The remaining 4 percent reported using funds from their SG (2 percent) and other family members (2 percent).

Over half of the women from both organizations (56 percent) reported that the most common reason that a health loan was taken out was for a fever followed by vomiting (18 percent), no answer (8 percent) and hypertension (5 percent). When asked who in the household was sick, 40 percent responded that it was a child 5 years old or younger, followed by the respondent herself (35 percent) and for a child 6 years old or older (19 percent).

The vast majority of the women (87 percent) reported that they felt “very confident” that they are able to cover the health needs of their family and *all* would recommend that other people join a SG and have a health fund.

How does the average survey respondent manage family planning?

- She has never talked to a health provider, health professional or even her own husband or partner about family planning methods.
- She has never talked with her husband about how many children to have or how to space them.
- She believes that deciding how many children to have and what form of contraception to use is a joint decision between herself and her husband or partner.
- She is not currently using any family planning method and has not used any method in the past.
- She has not used family planning methods because she is scared of the side effects.

The majority do not have an account with a formal financial institution (59 percent) and do not have a mobile money account for personal use (76 percent).

Health services

The women were asked if they were aware of which health providers have agreed to partner with FADeC and APHEDD to provide special health services to their SG. The results differed by organization as follows:

- Almost all (92 percent) of APHEDD members reported that they were aware of these services.
- Just over half of FADeC members (55 percent) reported that they were aware of these services.

Most of APHEDD and FADeC members (an average of 77 percent) reported that they have not ever used any of these health services but of those that have, slightly less than half were very satisfied (49 percent), 23 percent were somewhat satisfied and 29 percent were not satisfied at all.

When the women were asked to describe their overall state of health lately:

- 70 percent of FADeC members reported that their health was “very good” or “good.”
- 93 percent of APHEDD members reported that their health was “very good” or “good.”

Family planning

The women were asked what family planning methods were most readily available at their local health center. The most common response across both organizations was “implants” (38 percent) followed by “intrauterine device” (IUD) (37 percent) and “injections” (10 percent). It should be noted that:

- 29 percent of FADeC’s members answered “I don’t know.”

The majority of the women (70 percent) reported that they *have not ever* talked to a health provider or health professional about family planning methods and even more (92 percent) *have not* talked with a health provider/professional in the last six months. More than half (62 percent) also reported that they *have not ever* talked to their husband or partner about how many children to have.

When asked who has the last word on how many children to have, the results differed by organization:

- 91 percent of APHEDD members reported that it is a joint decision between husband and wife or partners.
- 32 percent of FADeC’s members reported that it is the husband or partner, followed by the respondent (30 percent) followed by a joint decision (25 percent).

The majority of the women reported that they *have not* discussed child spacing (51 percent) or family planning methods (61 percent) with their partner or spouse but that they believe that the use of contraception is a joint decision (61 percent).

When the women were asked if they were doing anything to delay or avoid pregnancy, the answers differed by organization:

- Almost all of the APHEDD members, 96 percent, said that they were not using any family planning method.
- Just less than half of FADeC members, 48 percent, replied that they were not using any family planning method followed by 30 percent answering “not applicable” and 22 percent answering that they *were* using a method.

When the women were asked what family planning method they currently use to delay or avoid pregnancy, the majority of the women reported “no method” (77 percent), followed by “no answer” (7 percent), “implants” (4 percent), “injections” (4 percent), “the pill” (2 percent), “other” (2 percent) and “withdrawal” (1 percent).

Answers were similar when the women were asked about what family planning methods they have used in the past. The majority (83 percent) reported “nothing” followed by “not applicable” (4 percent), implants (3 percent), injections (3 percent), “the pill” (2 percent), “withdrawal” (2 percent) and “IUD” (1 percent).

When asked what the reason was for not ever using a family planning method to delay or avoid pregnancy:

- The most common answer for FADeC’s members was “other or not applicable” (41 percent) followed “I do not know/do not understand the methods” (32 percent), followed by “I am scared of the side effects” (19 percent), “I have never discussed it with my husband” (6 percent) and “it is God who decides” (2 percent).
- APHEDD’s members most commonly answered “I am scared of the side effects (47 percent). This was followed by “other” (19 percent), “I have never discussed it with my husband” (18 percent), “I do not know/do not understand the methods” (13 percent), “It is God who decides (2 percent) and “I am ashamed” (1 percent).

Almost all of the women (99 percent) reported that they have never used a health loan to pay for family planning methods.

Most women (78 percent) report that they have gone to a health facility in the last 12 months to receive care for herself or for her children. Just under half (49 percent) of the women reported that they *did* want to be pregnant when they were pregnant with their youngest child. A large majority of the women (87 percent) reported that the benefits of child spacing is for the mother’s health.

Almost all of the women (98 percent) report that it is never justified for a husband to beat his wife but 67 percent of the women report that during the last 12 months they have sometimes

or most of the time been afraid of their husband or partner. The majority of the women (87 percent) report that they are happy.

Discussion and Conclusion

The aim of the **Healthy Savings for Better Reproductive Health in Bénin** project is to advance opportunities for rural women and their husbands to make informed choices about their sexual and reproductive health. The results presented in this report of the client outcomes study summarize indicators collected during the pre-test assessment conducted prior to the delivery of six dialogue-based education sessions called *Planning Your Family: It's Your Decision*. The specific objectives of the PLCs were to enable the SG members to:

1. Identify reasons why planning for their family and future is advantageous for household health and economics.
2. Describe products and tools, including locally available contraceptives and health loans that allow women and their husbands to plan for their family and future.
3. Discuss challenges related to take-up of family planning practices and behaviors, including side effects, community stigma and marital relationships.

The results of the baseline indicators are discussed below within the context of these three objectives in order to better understand the knowledge, attitude and behaviors that were in place prior to program implementation, give shape to possible program improvements and gain insight in order to include additional questions for the end line survey.

Reasons to plan for family and future

At baseline, the women as a whole qualified as food insecure and were living below the \$2.50/day IPL. The vast majority of the women reported that they were happy and were in good health. The women reported that they have been members of their SG for two to six years on average with three to four distributions of SG funds. Almost all have taken a regular savings loan during the last year at a rate of 1-5 percent. They reported that they save between FCFA 501 and FCFA 1,000 (USD 1.30) per week but many save over FCFA 1,000 per week (USD 1.75). All of the women would recommend that others join a SG.

The women overall were very confident in their ability to come up with FCFA 50,000 (USD 88) during the next month for an emergency. Over half of the APHEDD members reported that the main source of this money would come from money earned while working followed by family or friends, followed by personal savings. The FADeC members reported that their SG would be the first source of funds followed by earned income and lastly personal savings.

The fact that the women reported earned income as a potential source of emergency funds warrants attention. First, it is important to explore what the women consider to be “earned income.” Is this earned income from herself, her spouse or other? This may be an opportunity to explore the advantages and disadvantages of relying on future earnings as opposed to savings or group loans for future emergencies and health costs. Second, it would be helpful to understand if the women keep personal savings at home, or set aside emergency funds some other way. Perhaps another way of setting money aside relates to how women consider “money earned while working.” This is particularly important given the sharp difference in the

results of this client outcome study compared with the World Bank Findex data which found a far lower sense of confidence nationally in coming up with emergency funds.

All of the women reported that they have a health savings fund as part of their SG, and save on average FCFA 25 to FCFA 100 per week (USD 0.10). APHEDD members reported that they save for health in order to be prepared while FADeC members said it because there is often at least one sick family member.

Far less women have taken a health loan compared to a regular group loan, however, the majority of the women expressed strong confidence that they can provide for the health needs of their family. For the women who reported that they have taken a health loan, most reported that the loan covered *all* of the incurred costs and averaged between FCFA 5,000 and FCFA 10,000 (USD 13). Health loans were most commonly used to treat a child younger than 5 years old suffering from a fever.

In cases where the health loan did not pay for all of the health expenses, over half of the women from both organizations did not report how they covered the remaining costs. Of those that did specify how they covered the remaining costs, the most common answer from APHEDD members was that money would come from their spouse while the most common answer from FADeC members was that the money would come from earned income.

Awareness of products and tools available to plan for family and future

The survey results suggest that the women who participated in the survey are generally experienced SG members who understand, use and enjoy the benefits of their SG membership. The confidence that the women expressed in their ability to obtain emergency funds could be a result of their SG membership and the “feeling of security” that regular saving provides. However, unlike FADeC members, APHEDD members reported that their SG would not be their first source of emergency funds, in fact they reported that it would be their *last* choice.

This is an opportunity to better understand how group loans or savings instruments could better meet the needs of APHEDD members – particularly in an emergency - if not for the first source of funds, at least as an option to consider. In addition, it would be helpful to know what the average group loan is for the women, what it is used for and if the women feel that the funds are adequate to meet their needs.

The women also reported high confidence in covering the health costs of their families despite less than half of the women taking out a health loan in the last year. Understanding how the women are actually covering both large and small health costs, particularly in the case of an emergency, and why they are not using the health loan more frequently may have important implications in shaping the health savings or health loans to better support the women in preparing and planning for future health costs.

The women reported that they use the funds distributed from the health fund at the end of the cycle for household goods and have never used a health loan for a family planning method or associated costs. This suggests that finances may not be a barrier for the provision of family planning methods and warrants deeper understanding of the priorities around health and household needs of the women as well as the actual costs a woman incurs to use different family planning methods. This is particularly important in light of the level of food insecurity that the majority of these women face.

One of the key findings of the baseline survey is that almost all of the women reported that while they are aware of health providers that provide special health services to their SG, they have never used these services. Of the women who did use the services, most said that they were somewhat satisfied or even very satisfied, with roughly one third reporting that they were *not satisfied at all*. The majority of the women reported that they *have* gone to a health facility in the last year to receive care for herself or her children. It would be helpful to have a better understanding of what care the women can access from the providers who are linked to their SG versus what they can access at other health facilities and why they frequent some facilities more than others. Understanding what is preventing the women from seeking care from the partner health providers is crucial in improving uptake of their promoted services.

Challenges related to take-up of family planning practices and behaviors

The majority of the women were able to identify what family planning methods were most readily available at their local health center (the two most common answers were implants and IUDs) but it should be noted that 29 percent of FADeC's members answered "I don't know." This is in contrast to the seemingly complete lack of dialogue between the women and their partner/spouse and even health care providers on family planning methods, how many children to have or even child spacing. This is despite the majority of the women reporting that they believe that benefits of child spacing is for the mother's health and that family planning (contraception and number of children to have) is mainly a joint decision between husband and wife or partner. It should be noted that in the case of who decides on how many children to have, the FADeC members answered almost equally between "the partner decides", the respondent decides," and "it is a joint decision."

Slightly less than half of the women reported that they wanted to be pregnant with their youngest child yet the majority of the women reported that they are not currently doing anything to delay or avoid pregnancy nor have they used any family planning method in the past. Of the small percentage that reported that they are currently using or have used, contraceptives in the past, implants and injections were mentioned with equal frequency.

When asked what the reason was for not ever using a family planning method:

- FADeC's members most commonly answered "I do not know/do not understand the methods."
- APHEDD's members most commonly answered "I am scared of the side effects."

The overall results of the survey's family planning indicators not only align with national data, but also with the landscape analysis that was conducted at the beginning of the project to inform project design. The landscape analysis found that fear of side effects from contraceptives was fairly wide-ranging - consistent with the reports of the majority of APHEDD's members. While the majority of women were able to report what family planning methods were locally available, the majority of FADeC's members reported that they did not understand them. As found in the landscape analysis, it appears that access to actual contraceptives is not a primary challenge. The obstacles found in the landscape analysis that also seemed to have surfaced in the baseline data, are primarily social and gender barriers.

Almost all of the women reported that it is never justified for a husband to beat his wife but over half of the women reported that during the last 12 months they have sometimes or most

of the time been afraid of their husband or partner. This has important implications in understanding and influencing family planning dialogue between couples.

In many settings in West Africa, family planning is considered a personal, sensitive and even controversial topic. Decisions are often deeply rooted in social factors, religious beliefs, social support, cultural traditions, myths and rumors, creating many challenges for family planning programs. Some of the greatest challenges to the uptake of family planning and contraceptive services relate to overcoming socio-cultural and gender barriers.

Addressing the socio-cultural and gender barriers that are at play in the lack of dialogue between the women, their health care providers and their husbands/partners, in addition to the lack of understanding of the family planning methods themselves are key factors of successfully meeting the objectives of the project. The family planning education delivered through the PLCs is a door opener to further conversations and is meant to provide a basic foundation of information. Many of the social and gender norms that do not support family planning run much deeper and must be addressed in-depth with a skilled, literate facilitator. Therefore a series of gender dialogues are being implemented with the SG women and their husbands/partners. These dialogues will consist of sketches and stories (based on the Bénin context, but not personal and non-threatening) and discussion questions. Women from the SG, their husbands, community leaders, religious leaders, and are invited to participate.

Annex

Question Number	Survey Questions	FADeC Baseline	APHEDD Baseline	Total
Respondent Information and Location				
2	What organization are you a member of?	104	100	204
11	What type of community do you live in?			
	Rural	102	100	202
	Periurban	2	0	2
	Total	104	100	204
15	What is your age?	Average age is 31.37 years		
	20-29	15%	33%	24%
	30-39	12%	39%	25%
	40-49	5%	5%	5%
	50-59	1%	0%	0%
	60-69	1%	0%	0%
	No answer	66%	23%	45%
	Total	100%	100%	100%
16	What is your marital status?			
	Polygamous -1st wife	22%	22%	22%
	Polygamous -2nd wife	21%	20%	21%
	Monogamous	44%	58%	51%
	Divorced or separated	1%	0%	0%
	Widow	12%	0%	6%
	Total	100%	100%	100%
17	How many sons live at home?			
	0-2	71%	63%	67%
	3-5	25%	34%	29%
	6-8	4%	3%	3%
	Total	100%	100%	100%
	Average number of children	4.32 children		
18	How many daughters live at home?			
	0-2	66%	64%	65%
	3-6	34%	36%	35%
	Total	100%	100%	100%
19	How many years have you been a member of your savings group?			
	2-6	89%	100%	95%
	7-11	1%	0%	0%
	No answer	10%	0%	5%
	Total	100%	100%	100%

Question Number	Survey Questions	FADeC Baseline	APHEDD Baseline	Total
20	How many times has your savings group distributed funds?			
	Less than once	1%	2%	1%
	2-3 times	16%	20%	18%
	3-4 times	49%	62%	55%
	5-6 times	34%	16%	25%
	Total	100%	100%	100%
Savings Questions				
21	What is the degree of possibility that you can obtain 50,000 FCFA during the next month?			
	Absolutely possible	66%	71%	69%
	Fairly possible	5%	25%	15%
	Not really possible	18%	4%	11%
	Not at all possible	10%	0%	5%
	Refused/do not know	1%	0%	0%
	Total	100%	100%	100%
22	What would be the main source of money to get 50,000 FCFA in the next month?			
	Personal savings	3%	3%	3%
	Family or friends	0%	29%	14%
	Money earned while working	31%	66%	48%
	Loan from financial institution	1%	0%	0%
	Savings group	41%	1%	22%
	Other	1%	1%	1%
	Don't know	1%	0%	0%
	Refused	22%	0%	11%
	Total	100%	100%	100%
23	How much do you save each week in your savings group?			
	FCA 0-99	0%	0%	0%
	FCA 100-500	13%	23%	18%
	FCA 501-1000	44%	47%	46%
	More than FCA 1,000	42%	30%	36%
	Total	100%	100%	100%
24	In your savings group, what is the interest rate for conventional loans?			
	0%	n/a	n/a	n/a
	1%	11%	44%	27%
	2%	88%	56%	73%
	10%	1%	0%	0%
	15%	n/a	n/a	n/a
	20%	n/a	n/a	n/a
	Other	n/a	n/a	n/a
	Total	100%	100%	100%

Question Number	Survey Questions	FADeC Baseline	APHEDD Baseline	Total
25	Does your group also have a health savings fund?			
	Yes	100%	100%	100%
	No	0%	0%	0%
26	How much money do you contribute each week for health savings?			
	FCA 0-25	1%	0%	0%
	FCA 25-100	84%	58%	71%
	FCA 125-200	14%	39%	26%
	FCA 225-500	0%	3%	1%
	More than 500 FCA	1%	0%	0%
	Total	100%	100%	100%
27	Why are you saving for health?			
	Because my group decided to do it	4%	11%	7%
	It is important to be prepared	37%	84%	60%
	It gives me peace of mind	11%	4%	7%
	It is another way to save money	0%	0%	0%
	There is often at least one sick family member	49%	0%	25%
	I like the distribution at the end of the cycle	0%	0%	0%
	Other	0%	1%	0%
	Total	100%	100%	100%
28	What is the interest rate for health loans?			
	0%	7%	0%	3%
	1%	70%	63%	67%
	5%	13%	37%	25%
	10%	0%	0%	0%
	15%	0%	0%	0%
	20%	6%	0%	3%
	Other	5%	0%	2%
	Total	100%	100%	100%
29	How many times has your group distributed their funds from the health fund?			
	0 times	1%	4%	2%
	1-2 times	21%	27%	24%
	3-4 times	73%	63%	68%
	5-6 times	5%	6%	5%
	7 or more times	0%	0%	0%
	Total	100%	100%	100%
30	Have you taken a loan from your savings group in the past year?			
	Yes	91%	97%	94%
	No	9%	3.00%	5.88%
	Total	100%	100%	100%

Question Number	Survey Questions	FADeC Baseline	APHEDD Baseline	Total
31	Have you taken a loan from your group's health fund in the past year?			
	Yes	39%	55%	47%
	No	61%	45%	53%
	Total	100%	100%	100%
32	What was the amount of your health loan?			
	< FCA 5,000	20%	0%	8%
	FCA 5,000-10,000	76%	60%	67%
	FCA 15,000-20,000	5%	29%	19%
	FCA 30,000-50,000	0%	11%	6%
	Total	100%	100%	100%
33	What portion of all the costs incurred did your health loan cover?			
	All	51%	65%	59%
	More than half	7%	9%	8%
	Half	17%	25%	22%
	Less than half	24%	0%	10%
	Total	100%	100%	100%
34	How did you pay for the rest of the expenses?			
	My personal savings	15%	2%	7%
	My savings group members	2%	2%	2%
	My spouse	10%	40%	27%
	Other family members	2%	0%	1%
	Friends/Neighbors	0%	0%	0%
	Loan from another community lender	0%	0%	0%
	Loan of a tontine	0%	2%	1%
	Savings account with another provider of financial services	0%	0%	0%
	Commercial loan from another financial services provider	0%	0%	0%
	Money from activity	17%	2%	8%
	Other	12%	53%	35%
	Do not know	0%	0%	0%
	No answer	41%	0%	18%
	Total	100%	100%	100%

Question Number	Survey Questions	FADeC Baseline	APHEDD Baseline	Total
35	For what health reason did you apply for a health loan from your savings group?			
	Seizures	0%	0%	0%
	Lethargy	0%	0%	0%
	Vomiting	7%	25%	18%
	Unable to suck	0%	0%	0%
	Fever	59%	55%	56%
	Cough	2%	0%	1%
	Difficulty breathing	0%	0%	0%
	Diarrhea	0%	0%	0%
	Malaria	2%	9%	6%
	Typhoid	0%	0%	0%
	Heart problems	0%	0%	0%
	Abdominal pain	2%	0%	1%
	Backache	0%	2%	1%
	Sore kidneys	0%	2%	1%
	Meningitis	0%	0%	0%
	Tooth ache	0%	0%	0%
	Foot problems	2%	0%	1%
	Sexually transmitted disease	0%	0%	0%
	HIV / AIDS	0%	0%	0%
	Dermatological problem	0%	0%	0%
	Chest pain	0%	0%	0%
	Hypertension	12%	0%	5%
	Accident	0%	0%	0%
	Vaccinations	0%	0%	0%
	General medical	0%	2%	1%
	Examination/hypertension test	0%	0%	0%
	Prenatal visit /postnatal visit	0%	0%	0%
	Diabetes test	0%	0%	0%
	Visit to the dentist	0%	0%	0%
	Other	0%	0%	0%
	Do not know	0%	0%	0%
	No answer	12%	5%	8%
	Total	100%	100%	100%

Question Number	Survey Questions	FADeC Baseline	APHEDD Baseline	Total
36	Who in your family had this medical problem/illness?			
	Respondent	61%	16%	35%
	Spouse	0%	5%	3%
	Children (5 years or months)	27%	49%	40%
	Children (6 years or more)	7%	27%	19%
	Mother	0%	0%	0%
	Father	2%	0%	1%
	Stepmother	0%	0%	0%
	Stepfather	0%	0%	0%
	Sister	0%	0%	0%
	Brother	0%	0%	0%
	Other	0%	0%	0%
	No Answer	2%	2%	2%
	Total	100%	100%	100%
37	At the last distribution of the funds of the health fund of your group, how did you use your health savings?			
	Persistent health problem	24%	5%	14%
	Invested back into the health fund at the new cycle	0%	0%	0%
	Preventive health services (a check-up)	0%	0%	0%
	Savings at home	5%	4%	4%
	Purchase of livestock	12%	0%	5%
	Household goods	27%	75%	54%
	Other	32%	16%	23%
	Total	100%	100%	100%
38	How confident are you of your ability to cover the health cost of your family?			
	Very confident	88%	87%	87%
	Somewhat	11%	11%	11%
	Very little	2%	1%	1%
	Not at all	0%	1%	0%
	Total	100%	100%	100%
39	Would you recommend other people join a savings group and have a health fund?			
	Yes	100%	100%	100%
	No	0%	0%	0%
	Total	100%	100%	100%
40	Do you currently have a loan or an account with a formal financial institution for personal use or for you or your family, such as the village banks of CLCAM, ALIDe or others?			
	Yes	43%	38%	41%
	No	57%	62%	59%
	Total	100%	100%	100%

Question Number	Survey Questions	FADeC Baseline	APHEDD Baseline	Total
41	Do you have an individual mobile money account for your personal use (for you and your family)?			
	Yes	28%	20%	24%
	No	72%	80%	76%
	Total	100%	100%	100%
Health Services and Family Planning				
42	Are you aware of which health providers have agreed to partner with FADeC/APHEDD to provide special health services to SG like yours?			
	Yes	55%	92%	73%
	No	45%	8%	27%
	Total	100%	100%	100%
43	Have you ever used any of the health services offered by this provider?			
	Yes	26%	22%	23%
	No	74%	78%	77%
	Total	100%	100%	100%
44	How satisfied are you with the services you receive from this provider?			
	Very satisfied	53%	45%	49%
	Somewhat satisfied	13%	30%	23%
	Not at all satisfied	33%	25%	29%
	Total	100%	100%	100%
45	How would you generally describe your state of health lately?			
	Very well	55%	5%	30%
	Good	15%	88%	51%
	Fairly	3%	6%	4%
	Bad	27%	0%	14%
	Do not know	0%	0%	0%
	No answer	0%	0%	0%
	Not concerned	0%	1%	0%
	Total	100%	100%	100%

Question Number	Survey Questions	FADeC Baseline	APHEDD Baseline	Total
46	What family planning methods (contraceptives) are most readily available at your local health center?			
	Intrauterine device (IUD)	28%	47%	37%
	Implants	32%	44%	38%
	Injections	11%	9%	10%
	Pills	0%	0%	0%
	Condom	1%	0%	0%
	Sterilization (vasectomy / tubal ligation)	0%	0%	0%
	Overnight pill	0%	0%	0%
	Other (please specify)	0%	0%	0%
	Do not know	29%	0%	15%
	Total	100%	100%	100%
47	Have you ever talked to a health provider or health professional about family planning methods?			
	Yes	43%	16%	30%
	No	57%	84%	70%
	Total	100%	100%	100%
48	Have you talked with a health provider or health professional about family planning methods in the last 6 months?			
	Yes	13%	4%	8%
	No	88%	96%	92%
	Total	100%	100%	100%
49	Have you ever talked to your husband/partner about how many children you would like to have?			
	Yes	18%	39%	28%
	No	63%	61%	62%
	Not applicable/no husband/partner	19%	0%	10%
	Total	100%	100%	100%
50	Who in your household has the last word on the number of children you will have?			
	Respondent	30%	2%	16%
	Partner	32%	6%	19%
	Joint decision	25%	91%	57%
	Someone else	1%	0%	0%
	God decides	13%	1%	7%
	Total	100%	100%	100%

Question Number	Survey Questions	FADeC Baseline	APHEDD Baseline	Total
51	Have you ever talked with your husband/partner about how much time you want between the birth of one child and another?			
	Yes	25%	50%	37%
	No	53%	50%	51%
	Not applicable/no husband/partner	22%	0%	11%
	Total	100%	100%	100%
52	Have you ever talked with your husband/partner about family planning methods?			
	Yes	25%	31%	28%
	No	53%	69%	61%
	Not applicable/no husband/partner	22%	0%	11%
	Total	100%	100%	100%
53	Would you say that the use of contraception is mainly your decision, mainly that of your husband/partner) or is it a joint decision you made together?			
	Respondent	19%	1%	10%
	Partner	23%	2%	13%
	Joint decision	26%	97%	61%
	Someone else	0%	0%	0%
	God decides	13%	0%	6%
	Not applicable/no husband or partner	19%	0%	10%
	Total	100%	100%	100%
54	Are you or your partner currently doing anything or are you currently using a method to delay or avoid pregnancy?			
	Yes	22%	4%	13%
	No	48%	96%	72%
	Not applicable/no husband/partner	30%	0%	15%
	Total	100%	100%	100%

Question Number	Survey Questions	FADeC Baseline	APHEDD Baseline	Total
55	What methods do you use now?			
	Intrauterine Device (IUD)	0%	1%	0%
	Implants	7%	2%	4%
	Injections	6%	2%	4%
	Pill	4%	1%	2%
	Condom	0%	0%	0%
	Sterilization (vasectomy, tubal ligation)	0%	0%	0%
	Next day pill	0%	0%	0%
	Collar method of schedule	0%	0%	0%
	Method of schedule	0%	0%	0%
	Breastfeeding method	1%	0%	0%
	Withdrawal	3%	0%	1%
	Other	4%	1%	2%
	Currently pregnant	0%	0%	0%
	Not applicable (no partner / husband)	0%	0%	0%
	Not applicable (other reason)	0%	0%	0%
	No method	63%	93%	77%
	No answer	13%	0%	7%
	Total	100%	100%	100%
56	What methods have you used in the past?			
	Intrauterine device (IUD)	3%	0%	1%
	Implants	4%	2%	3%
	Injections	5%	2%	3%
	Pill	3%	2%	2%
	Condom	0%	0%	0%
	Sterilization (vasectomy, tubal ligation)	0%	0%	0%
	Next day pill	0%	0%	0%
	Method of the cycle collar	0%	0%	0%
	Method of the calendar	0%	0%	0%
	Breastfeeding method	1%	0%	0%
	Withdrawal	4%	0%	2%
	Others (please specify)	0%	0%	0%
	Nothing	72%	94%	83%
	Not applicable (currently pregnant)	2%	0%	1%
	Not applicable (no partner / husband)	1%	0%	0%
	Not applicable (other reason)	6%	0%	3%
	Total	100%	100%	100%

Question Number	Survey Questions	FADeC Baseline	APHEDD Baseline	Total
57	Why have you never used a method to delay or avoid pregnancy?			
	I have never discussed it with my husband	6%	18%	12%
	I do not know / do not understand the methods	32%	13%	23%
	I'm scared of the side effects	19%	47%	33%
	I'm ashamed / afraid of the eyes of others	0%	1%	0%
	It's God who decides	2%	2%	2%
	Other	18%	19%	19%
	Not applicable (no partner, other reason)	23%	0%	12%
	Total	100%	100%	100%
58	Have you ever taken a health loan to pay for a family planning method or for the associated costs?			
	Yes	0%	2%	1%
	No	100%	98%	99%
	Total	100%	100%	100%
59	In the past 12 months, did you go to a health facility to receive care for yourself or for your children?			
	Yes	69%	87%	78%
	No	31%	13%	22%
	Total	100%	100%	100%
60	When you became pregnant with the youngest child, did you want to be pregnant at that time?			
	Yes	43%	54%	49%
	No	46%	46%	46%
	Not applicable/no husband/partner	11%	0%	5%
	Total	100%	100%	100%
61	What do you think are the benefits of spacing your children and limiting the number you want to have?			
	No benefit	1%	0%	0%
	Mothers in better health	75%	100%	87%
	Healthier babies	14%	0%	7%
	Ability to support the future of the child	0%	0%	0%
	Increase in household assets	8%	0%	4%
	Other (specify)	0%	0%	0%
	Do not know	2%	0%	1%
	Total	100%	100%	100%
62	In your opinion, is it justified for a husband to beat his wife?			
	Yes	4%	0%	2%
	No	96%	100%	98%
	Total	100%	100%	100%

Question Number	Survey Questions	FADeC Baseline	APHEDD Baseline	Total
63	In the past 12 months, how often have you ever been afraid of your husband/partner?			
	Most of the time	20%	15%	18%
	Sometimes	23%	76%	49%
	Never	47%	9%	28%
	Not applicable	10%	0%	5%
	Total	100%	100%	100%
64	Considering everything, would you say that you are overall...			
	Very happy	54%	15%	35%
	Pretty happy	25%	82%	53%
	Not very happy	15%	3%	9%
	Not at all happy	6%	0%	3%
	Do not know	0%	0%	0%
	No answer	0%	0%	0%
	Not concerned	0%	0%	0%
	Total	100%	100%	100%
Food Security				
75	Which of the following describes the food consumed in your household in the past year? (Choose four)			
	Food secure	33%	11%	22%
	Food insecure without hunger	62%	32%	47%
	Food insecure with moderate hunger	6%	56%	30%
	Food insecure with severe hunger	0%	1%	0%
	Total	100%	100%	100%

References

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