



REGIONAL STRATEGY FOR SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION (SBCC)

2017-2019

SAHEL WOMEN' EMPOWERMENT AND
DIVIDEND DEMOGRAPHIC (SWEDD)



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EXECUTIVE SUMMARY

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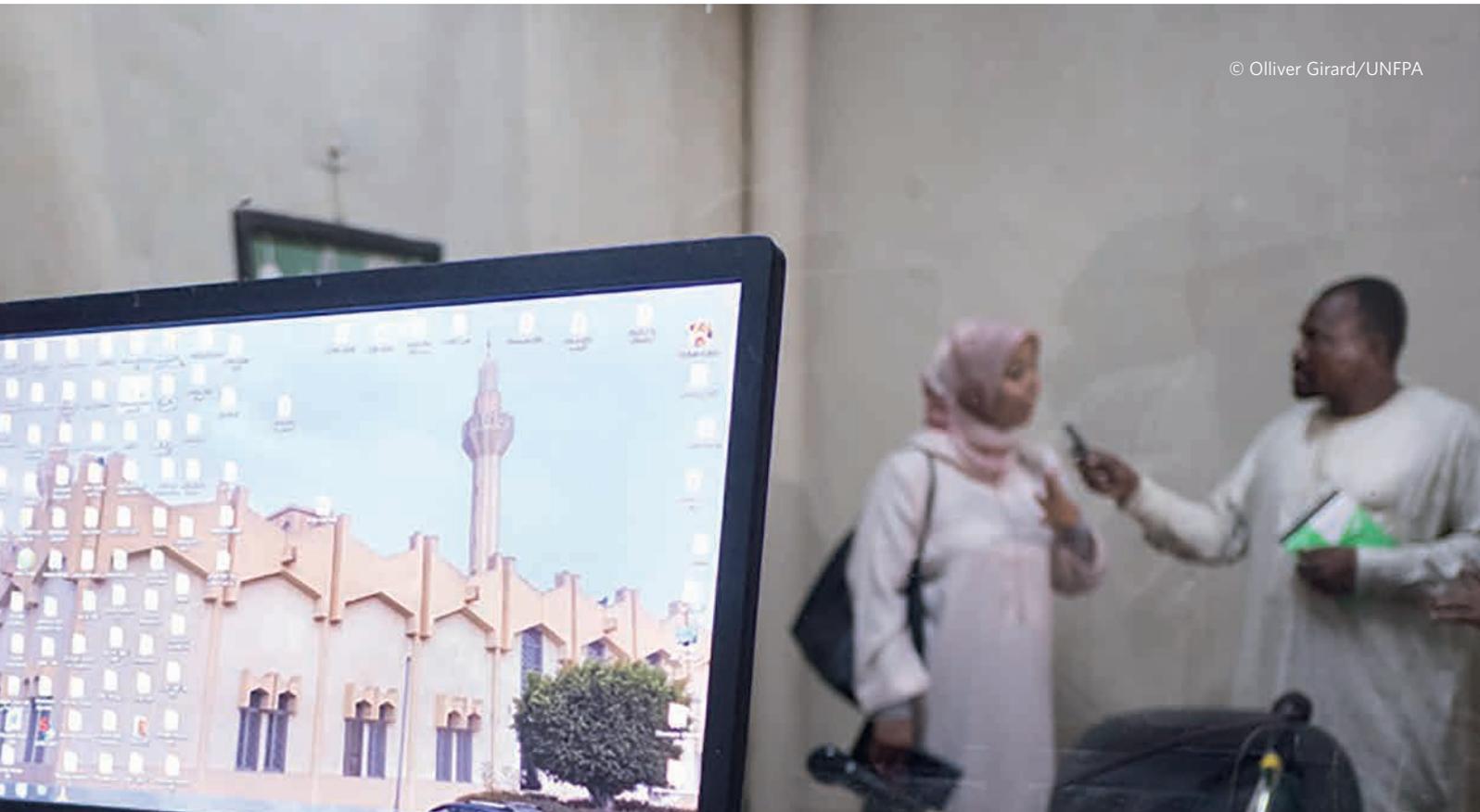
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ACRONYMS AND ABBREVIATIONS

AU	African Union
CAF	Confederation of African Football
CAN	Africa Cup of Nations
CSO	Civil Society Organisation
CSR	Corporate Social Responsibility
DD	Demographic dividend
DHS	Demographic and Health Survey
FP	Family Planning
GBV	Gender-based Violence
ID	International Day
IPC	Interpersonal Communication
ITC	Information and Communication Technologies
MCM	Modern Contraceptive Methods
MoU	Memorandum of Understanding
NGO	Non-governmental Organisation
Oped	Opposite the editorial page
PAD	Project Appraisal Document
PMU	Project Management Unit
RH	Reproductive Health
RMNCHN	Reproductive, Maternal, Neonatal and Child Health, and Nutrition
SBCC	Social and Behavior Change Communication
SRMNIN	Santé Reproductive, Maternelle, Néonatale, Infantile et Nutritionnelle
SWEDD	Sahel Women's Empowerment and Demographic Dividend
UNDP	United Nations Development Program
UNFPA	United Nations Fund for Population Activities
WAHO	West African Health Organisation
WB	World Bank
YRH	Youth Reproductive Health





ACKNOWLEDGMENTS

We would like to extend our heartfelt gratitude to the following people and organisations:

- The Government of the Republic of Mali
- The Regional Steering Committee
- The ministries leading the project in the member countries (Burkina Faso, Côte d'Ivoire, Mali, Mauritania, Niger, Chad)
- The SBCC subcommittee and members of the SBCC subcommittees in the project member countries
- PMUs
- Technical and financial partners, including the World Bank, UNFPA West and Central Africa Regional Office, West African Health Organisation
- UNFPA offices in project member countries
- Civil Society Organisations and National Networks (youth, women, parliamentarians, journalists, etc.) and Faith-based Organisations in SWEDD member countries
- Consultants who contributed to the development of the regional strategy and to national strategies

FOREWORD

The former Executive Director Dr. Babatunde Osotimehin rightly pointed out that “adolescent girls, as a group, could be a tremendous force to create a better world; they have the power and potential to change families, communities, nations and the world”. But such an objective requires investment to reduce the high population growth and build capacities of girls and women to take care of themselves. The Sahel Women’s Empowerment and Demographic Dividend (SWEDD) regional project is part of this approach, as it aims to accelerate the demographic transition in order to trigger a demographic dividend and reduce gender inequalities.

SWEDD interventions are organised around three components. Component 1 seeks to generate demand for reproductive, maternal, neonatal and child health, and nutrition commodities and services by promoting social and behavioural change and the empowerment of women and adolescent girls. Component 2 seeks to reinforce the regional availability of Reproductive, Maternal, Neonatal and Child Health and Nutrition commodities and health workers. The objective of component 3 is to reinforce advocacy and dialogue at high levels and promote policy development and the project implementation.

One of the major strategies to help achieve the project objectives is Social and Behaviour Change Communication (SBCC), which is considered an essential component of social

mobilisation and advocacy that should involve all key project stakeholders, especially religious and traditional leaders. This SBCC regional strategy document is the result of much work that has mobilised specialists from the 6 SWEDD countries, the project stakeholders: the World Bank, West African Health Organisation (WAHO), UNFPA and Communication experts.

The regional strategy suggests a consistent set of awareness-raising, advocacy, capacity-building, social mobilisation, ICT-related studies and support activities that are built around national strategy activities to strengthen and extend them. The ultimate goal of the strategy interventions is to contribute to the elimination of social and cultural constraints for responsible and controlled fertility and gender relations based on equality and social justice.

The challenge is huge. For this reason, the SBCC regional strategy pays particular attention to girls and women, but also to opinion leader targets including religious, traditional and community leaders, men, civil society organisations, women and men working in the media and private sector actors. The size of the challenge calls for all SWEDD stakeholders’ commitment to ensure women’s empowerment and the demographic dividend.

Mabingue Ngom

*UNFPA Regional Director,
West and Central Africa Regional Office*





INTRODUCTION

The “Sahel Women’s Empowerment and Demographic Dividend (SWEDD)” regional project is a regional initiative that aims to accelerate the demographic transition in order to create the conditions for a demographic dividend that promotes growth and the reduction of gender inequalities between men and women in the Sahel region. Implemented in Burkina Faso, Côte d’Ivoire, Mali, Mauritania, Niger and Chad, the project aims specifically to strengthen the empowerment level of women and adolescent girls in some regions of the countries involved, to help them access to quality reproductive, child and maternal health services, improve knowledge production and sharing, and finally, strengthen regional coordination capacities. Thus, the primary beneficiaries of the SWEDD project are women and adolescent girls living in the 6 Sahel countries. The secondary beneficiaries are children, men, health workers, government officials, members of civil society, with community and religious leaders.

This Social and Behaviour Change Communication (SBCC) Regional Strategy document adopted at the validation workshop held in Bamako from 19 to 29 April 2017 complements and strengthens national strategies and sectoral projects SBCC activities. This strategy is based on the analysis of the Sahel sub region overall con-

text, focusing on health, social and economic and demographic indicators. It also covers the status of women and girls as well as the communication environment. The regional strategy presents the strategic lines, the targets, and the content of key messages, the communication methods and actions to be implemented to reach the set targets. Finally, it proposes a coordination framework and a monitoring and evaluation mechanism.

The validation of the regional strategy mobilised more than one hundred actors and actresses from the six SWEDD countries; religious and traditional leaders; representatives of women and youth organisations, parliamentarians networks; technical and financial partners: the West African Health Organisation (WAHO), the World Bank and UNFPA; and communication experts. This strong representation enabled to reach a broad consensus on the objectives, the communication methods and initiatives, the content of messages, the launch of the strategy activities and the strategy roadmap.

For this reason, the regional secretariat coordinator, Dr. Justin Koffi sa expressed his satisfaction with the results achieved by the workshop in Bamako, which reinforced the central place of communication in the SWEDD project.

BACKGROUND AND SITUATION IN THE SAHEL

The sub-region including Burkina Faso, Côte d'Ivoire, Mali, Mauritania, Niger and Chad has a population which was estimated at 93 million in 2015, 45% of which are young people under 45 years of age. The sub-region is still facing poverty, social and economic inequalities, unemployment, and all types of conflicts and crises although it has experienced fairly substantial growth rates in recent years. The high rate of the population growth also translates into a population age structure with a dependency ratio and a high ratio of dependent children, which slows down the transition, i.e. transition

from a system where fertility and mortality are high, in a relatively balanced way, to a system in which the birth and mortality rates are low, and which in this case, are equally balanced.

The sub-region is very poorly rated in the UNDP Human Development Index. The first country ranked in the sub-region is among the last 30, and three countries rank at the end of the list. This accounts for the extent of the challenges to face and the urgent need to put in place major actions to break the cycle of poverty, malnutrition, high mortality, exclusions and inequalities.



HEALTH AND SEXUAL AND REPRODUCTIVE RIGHTS



SOURCE: UNFPA - EDS-MICS 2014 Chad, 2014-2015.

TABLE 1. A few health, nutrition and demographic indicators

	Composite Fertility Index (CFI)	Maternal mortality rate	Mortality rate of children under five	Prevalence of malnutrition: stunted growth	Dependent children ratio
BURKINA FASO	5.8	300	108	35	89
CÔTE D'IVOIRE	5.0	614	108	30	88
MALI	6.9	540	133	39	94
MAURITANIA	4.8	510	87	23	72
NIGER	7.6	590	120	55	105
CHAD	6.4	860	133	40	104

SOURCE: PAD - EDS-MICS Chad, 2014-2015.

The situation in the Sahel sub-region is also marked by the low level of girls' education and women illiteracy; malnutrition and recurrent health threats; high prevalence of child marriage and early pregnancy.

The high incidence of child marriage in the region is a serious concern, as it contributes to high total fertility rates, not to mention the disastrous consequences of early pregnancy on their health and development, with the risk of causing deaths related to pregnancy complications, and the occurrence of obstetric fistula.

The low status of women is another challenge faced by Sahelian countries. Their status is marked by poverty, discrimination related to resources access and control, education and training, access to

decision-making with the predominance of a culture and norms that disempower women and restrict them to their wives and procreators roles.

The Gender Inequality Index is very high in all the countries of the Sahel sub region. For example, it is around 133 for Burkina Faso and 151 for Niger. Therefore, the tremendous potentialities of women as economic and wealth-generating actors remain very poorly used.

In countries of the Sahel region, there is a low level of education (especially among girls), while education is a key component in building human capital and a determining factor in the demand for contraception. The youth literacy rate is low in the Sahel and in all countries of the region, average figures hide gender disparities.



GENDER EQUALITY AND SOCIAL PROTECTION

	 Age of the first marriage	 Age of mothers at first maternity	 Gender Inequality Index 2014 (152 countries)
BURKINA FASO	17.8	19.4	133
CÔTE D'IVOIRE	19.7	19.6	143
MALI	16.6	18.9	148
MAURITANIA	17.1	20.7	142
NIGER	15.7	18.6	151
CHAD	16.4	18.2	150

- Early and forced marriages
- Early pregnancies
- Strong evidence of gender inequality: discrimination, prejudice, exclusion, illiteracy

SOURCE: UNFPA - EDS-MICS Chad, 2014-2015.

TABLE 2. A few RH/FP indicators in the Sahel region

	Age at 1 st marriage	Age of mothers at 1 st pregnancy	Adolescents fertility rate	Modern contraceptive prevalence rate	Unmet need for FP	Density of midwives
BURKINA FASO	17.8	19.5	115	15	24.5	1.5
CÔTE D'IVOIRE	19.7	19.6	130	13	27.0	2.3
MALI	16.6	18.9	176	7	27.6	0.9
MAURITANIA	17.1	20.7	73	5	32.0	1.6
NIGER	15.7	18.6	205	12	16.1	1.3
CHAD	16.4	16.2	179	5	23	4.7

SOURCE: PAD - EDS-MICS Chad, 2014-2015 - DSIS/MSP.



EDUCATION OF GIRLS AND EMPOWERMENT OF WOMEN

	 Rates for girls 'enrollment	 Rates of literacy among girls (15-24 years)	 Rates of literacy among boys (15-24 years)
BURKINA FASO	16%	33%	47%
CÔTE D'IVOIRE	25%	44%	67%
MALI	36%	39%	56%
MAURITANIE	n/a	66%	72%
NIGER	14%	23%	52%
TCHAD	13%	42%	54%

- Low level of education of girls
- Low involvement in formal and political economic activity
- Low participation in decision making

SOURCE: UNFPA - EDS-MICS Chad, 2014-2015.

TABLE 3. A few education Indicators

	Net enrollment rate in primary school (boys)	Net enrollment rate in primary school (girls)	Net enrollment rate in secondary school (boys)	Net enrollment rate in secondary school (girls)	Rates of literacy among young people (boys)	Rates of literacy among young people (girls)
BURKINA FASO	65	61	19	16	47	33
CÔTE D'IVOIRE	72	64	33	25	67	44
MALI	72	63	36	25	56	39
MAURITANIA	73	77	-	-	72	66
NIGER	70	57	14	10	52	23
CHAD	71	55	40	13	54	42

SOURCE: PAD - EDS-MICS Chad, 2014-2015.



SIGNES DE DANGER CHEZ LA FEMME ENCEINTE

Lorsque vous sentez ces signes, faites-vous consulter
rapidement dans un centre de santé



Les signes de danger sont : Saignement, maux de tête, maux de ventre, fièvre, et



OPPORTUNITIES

The sub-region countries have various assets to accelerate the demographic transition and thus be able to benefit from the demographic dividend. These assets include:



>45%

A considerable youth population, more than 45% of the total population, who would like to find work, and is desperately trying to succeed, at the cost of their lives to the point of braving the ocean and the desert.



50%

A high female population (about 50% of the population in all countries), active, enterprising and resilient.



An open, pluralistic media environment, marked by the rise of community radio stations now present in the most remote areas of all the countries of the sub-region, as well as the social networks emergence that is increasingly mobilising young people



SRMNIN

A presence of traditional religious leaders in favour of RMNCHN.



An enabling institutional environment marked by the commitment of political decision-makers to the demographic dividend with, for example, legislation prohibiting child marriage, as it is the case in Chad; and the adoption of policies in favour of RMNCHN and the population.

SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION (SBCC)

Social and Behaviour Change Communication (SBCC) is defined as the systematic application of interactive, theory based, and research driven communication processes and strategies to address tipping points for change at three levels: individual, community, and social. SBCC focuses on the relationship between the individual, the community and society, a combination in which each element interacts with the other.

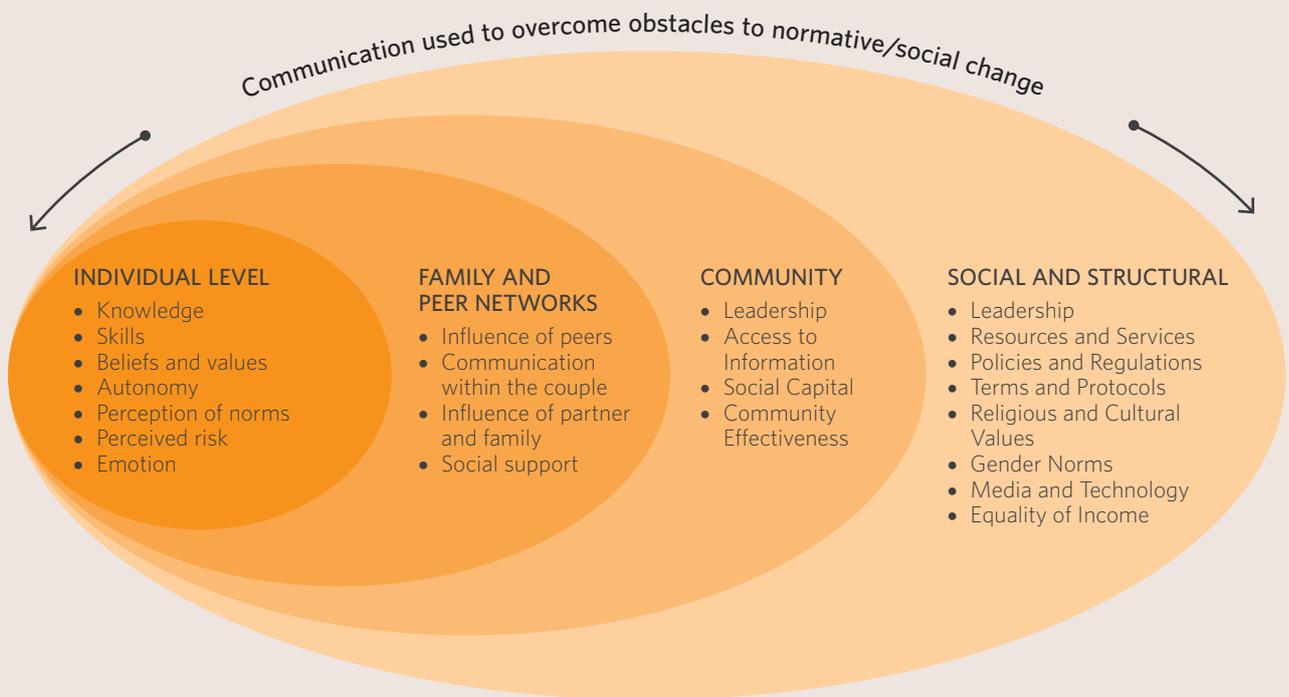
The SBCC, which theoretical basis is the individual and social change, places the person at the heart of the changes to be promoted. To this end, the person gets involved in communication processes and initiatives in order to be able to analyse their own situation to mobilise knowledge and means in order to find out solutions and to make the necessary changes. Participation is therefore a key concept of SBCC, since it enables the person

and all actors (family, community, state and non-state) to be able to discuss, have talks, share and exchange knowledge, raise doubts, overcome oppositions, get motivated and decide to adopt new norms and change behaviours.

The Social Ecological model offers the advantage of covering the complexity of SWEDD interventions at three interconnected levels: the community level with sectoral projects, the national level with country SBCC strategies, and finally the regional level with the regional SBCC campaigns. National strategies and the regional strategy consolidate, expand and reinforce the initiatives aimed at opinion leader targets, in order to improve the impact of the national SBCC programmes. The model ensures that the project primary targets, women and girls, are taken into account, along with the secondary targets and opinion leader targets.



Diagram of the Social Ecological model of change



SOURCE: Health Communication Capacity Collaborative. Johns Hopkins University, 2014.

The advantage of this model is that it provides a systematic framework taking into account:

- the person with their influencing factors that are the knowledge, attitudes, self-image, skills, beliefs and norms, desires;
- the family and social networks with influencing factors such as spouses, parents, friends, peers who can negatively or positively influence behaviours and attitudes;
- the community with the influencing factors of the living environment, who are community, religious and traditional leaders who provide roles for support, power relationship management, control and preservation of the status quo, or impetus to change;
- society and institutions with influencing factors such as political parties, trade unions, culture, media, and information and communication technologies that can be instrumental in promoting norms and values for social and behavioural change.

THE REGIONAL STRATEGY

SWEDD's regional SBCC strategy has been developed in a participatory manner and supports SBCC interventions of sectoral projects as well as national strategies of SWEDD countries (Burkina Faso, Côte d'Ivoire, Mali, Mauritania, Niger and Chad). The validation workshop of the strategy brought together all SWEDD stakeholders: ministry officials, religious and traditional leaders; representatives of women's and youth organisations, networks of parliamentarians; technical and financial partners: the West African Health Organisation (WAHO), the World Bank and UN-FPA; and communication experts. This process resulted in a consensus document reflecting the major concerns of the 6 countries.

THE OVERALL OBJECTIVES OF THE SBCC STRATEGY

- Increase demand for the use of quality RMNCHN services, based on a voluntary, non-coercive approach
- Improve knowledge, attitudes and practices in terms of RMNCHN
- Reduce child marriage and early pregnancy
- Strengthen the empowerment of women and girls, social networks and participation to support informed decision-making
- Enhance girls education and help them complete the secondary cycle
- Strengthen advocacy for the demographic dividend

VISION

- Women, girls and adolescents live in an environment where their RMNCHN rights are recognised and protected.
- Political, community, religious and traditional leaders are aware of the consequences of harmful practices in RMNCHN and are committed to support initiatives fighting against such practices.

TARGETS

- Women
- Adolescent girls aged between 15 and 19 living in project intervention areas
- Girls aged between 10 to 14 living in the project intervention areas

INFLUENCE TARGETS

- Children and adolescents
- Spouses, men
- Religious, traditional and community leaders
- Reproductive health providers
- Community civil society organisations, NGOs
- Media
- Policy makers



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APPROACHES

- Mass media including community media
- ICT, social networks
- Social mobilisation
- Communication campaign
- Advocacy

COMMUNICATION CHANNELS AND MEDIA

The regional strategy will use most of the available media and channels.

- National, African and international public radio and television channels
- Private commercial and community radio stations
- Newspapers: national newspapers, private national, African and international newspapers
- Online press - Internet
- Mobile digital cinema
- Social media: Facebook, Twitter, Instagram, Snapchat, etc.
- Awareness, promotional and visibility media: kake-monos, posters, banners, caps, clothes and scarves, flyers, pens, information pads, note pads, brochures, policy briefs, t-shirts, etc..
- Popular theater
- National, African and international sporting events
- National, African and international musical events
- Celebrities of the world of sport music, and culture in general



COMMUNICATION OBJECTIVES

- By 2019, contribute to the improving knowledge in RMNCHN by more than half of women and girls
- By 2019, contribute to increasing the number of women and girls using modern contraceptive services and methods
- By 2019, contribute to increasing the number of women and girls who improve their economic situation and participate in decision-making
- By 2019, contribute to reducing the number of child marriages
- By 2019, contribute to increasing the number of girls completing secondary school
- By 2019, contribute to promoting stakeholder engagement in favor of the demographic dividend

STRATEGIC INTERVENTION AREAS

Achieving objectives of the regional strategy requires the development of several activities that can be grouped into eight major areas. Each intervention area includes activities that contribute to changing attitudes and behaviour with promoting structural change.

AWARENESS AND SOCIAL MOBILISATION

- Awarenessraising campaigns on RMNCHN, MCM, women's empowerment and participation in decision-making, child marriage, girls' education and retention at school, and the demographic dividend
- Interventions during national or regional festivities / events: weddings, baptisms, communion ceremonies, sports tournaments, music festival or other significant ceremonies for populations
- Support for the production of programmes on RMNCHN, MCM, women's empowerment and participation in decision-making, child marriage, girls' education and retention at school, and the dividend demographic

CAPACITY BUILDING

- Training in SBCC, transformational leadership, ICT and social networks of the project's main targets
- Design of SBCC training modules for men and women working in media
- Organisation of a training workshop for trainers

- Support for training of men and women working in media on RMNCHN, MCM, women's empowerment and participation in decision-making, child marriage, girls' education and retention in school, and the demographic dividend
- Establishment of the network of women communicators in SBCC and DD with support for this network
- Training of project beneficiaries in SBCC, ICT and social networks
- Support the organisation of meetings with leaders to benefit from their commitment to FP and MCM
- Support for the organisation of inter-country exchanges

PRODUCTION OF COMMUNICATION AND ADVOCACY MATERIALS

- Production and dissemination of awareness-raising materials in written, visual, audiovisual and digital media
- Development of applications accessible via telephone and the Internet for the information of women and girls in national and French languages
- Development of an information platform and the creation of accounts and WebPages on social networks
- Production of advocacy kits

- Production and dissemination of the tool “Engage”
- Development of Policy Briefs on Women’s Empowerment and DD

ADVOCACY

- Advocacy for the development of community services for rural populations; User-friendly services for young people; Creating and endowing budget line for the purchase of DD products; Women’s access to resources; The adoption of laws prohibiting marriage before 18 years; The application of ratified texts on the rights of children
- Preparation of files for the establishment of an International DD Day and a DD Decade Celebration
- Organisation meetings with leaders to get their commitment to DD and MCM and the statement of DD Declarations
- Support for the launch of the DD roadmap
- Organisation of seminars with decision-makers from the government, the Parliament, the Economic and Social Council, and local elected representatives
- Seminars on the demographic dividend and the empowerment of women with religious and traditional leaders, women’s organisations, youth organisations; The private sector
- Support for communication activities from networks of religious and traditional leaders
- Organisation of roundtables for the mobilisation of resources.

STUDIES

- Studies on modern contraception means
- Studies on child marriage

- Studies on girls’ education, early pregnancy and GBV at school
- Studies on women’s Empowerment

CAPITALISING ON EXPERIENCES AND BEST PRACTICES

- Organisation of regional fora to share participants’ experiences and best practices on: 1) MCM; (2) Empowerment of women and girls; (3) Eradication of child marriage; (4) Girls’ education and their retention at school
- Organisation of a Regional Symposium on Child Marriage
- Capitalisation of best practices on the involvement of religious leaders in the promotion of FP and DD

THE PROVISION OF ICT EQUIPMENT TO KEY PROJECT TARGETS

- Provision of Smartphones
- Provision of computers and Internet connection

MONITORING AND EVALUATION

- Organisation of a regional workshop on the harmonisation of the methodology for evaluation
- Conducting national evaluations at the mid-term and at the end of activities in each country
- Organisation of national restitution workshops for each evaluation
- Preparation of the final report related to country evaluation

COORDINATION, MONITORING AND EVALUATION

The SWEDD Regional Technical Secretariat based at the UNFPA Regional Office for West and Central Africa provides technical coordination for the implementation of the regional strategy. As for the coordination, monitoring and evaluation, the RTS will build on different bodies already in place, including:

- The National Steering Committee with the full involvement of sectoral ministries
- The Technical monitoring Committee
- The Project Management Unit

In each country, the National Directorate of the Ministry in charge of SWEDD leads the implementation of the SBCC. Several other actors such as sectoral ministries, NGOs and CSOs will participate in the implementation of the SBCC through the setting up of a consultation framework focusing on the SBCC. The monitoring and evaluation will be carried out through field missions, evaluation studies followed by restitution workshops.

In practice, the following system could be implemented:

1. The identification and contracting of independent consultants or consulting firms for each country to ensure that the socio-cultural context and realities are taken into account in the frame of the strategy.
2. The organisation of a harmonisation workshop bringing together all the consultants to define together the methodology, indicators, and collection tools.
3. The conduct of national evaluations at the mid-term and at the end of the campaign in each country.
4. The organisation of national restitution workshops for each evaluation.
5. The identification and contracting of a consultant or consulting firms that will be responsible for drafting the final report summarising the results of the country evaluations.

BOX

The demographic dividend¹ represents the potential for economic growth resulting from the evolution of the population age pyramid of a country, characterised by an increase in the share of the working-age population (aged 15-64) which eventually exceeds the share of the population below the working age (under 14 and over 65). The demographic dividend is realised:

- when young people are healthy, educated and able to harness the opportunities within their reach;
- when more resources are available for productive investment;
- when per capita income and quality of life increase;
- when poverty decreases.

Empowerment can have several meanings. Generally, empowerment gives people the means to better understand and control the different personal, social, economic and political issues and thus allows them to act individually and collectively and to choose who they want to be and as such how they wish to act, in their best interests, in order to improve their own living conditions².

Empowerment is the growth of the assets and capacities of the poor in order to enable them to participate more effectively, negotiate, influence, control and empower institutions having an impact on their lives.³

Social and Behaviour Change Communication (SBCC) is an interactive process with communities to develop appropriate messages and approaches, using a variety of communication channels to create positive behaviours, promote and sustain behaviour change at the individual, community and societal level, and to maintain appropriate behaviours.

Social mobilisation is a process of bringing together all possible inter-sectoral social partners and actors in order to identify the needs identified, raise awareness of a particular development objective and increase the demand for them.

Advocacy is a process (or set of actions) usually carried out by a group of individuals or organisations to gain support or commitment to an idea, cause, programme or institution, of a problem from individuals, groups or institutions with decision-making, facilitation or harmful capacity. Thus, it influences the process of developing and

¹ UNFPA. State of World Population 2016, p. 60-61.

² PNUD. <https://www.un.org/press/fr/2013/SOC4800.doc.htm>

³ Narayan, Deepa. Autonomisation et réduction de la pauvreté. World Bank, 2004.

applying decisions in a given field, creating the conditions for the introduction, change or repeal of a policy, text, a custom, a programme.

Knowledge is a set of information available to the individual about any subject. It is a prerequisite for any change in individual behaviour. This is the first step in the awareness of a phenomenon.

Perception is the process by which an individual chooses, organises and interprets external information elements to construct a coherent image of the world around him.

A belief is the adherence of a person to a statement, a set of utterances, a symbolic entity (e.g., a divinity). It may be more or less strong, more or less stable. The transmission of beliefs takes place in the family, at school, in the media, in the community / society or by a combination of all these elements. Beliefs may relate to religion, morals, politics, society, etc.

Attitudes mean a coherent set of individual behaviours and representations that can be identified through direct observation or through opinions. Attitudes are linked to value systems. Therefore it is a direction that is given to an object, an idea, a practice, and this direction is more or less diffused depending on time and societies.

Norm is a behaviour or practice to which a person is required to conform to determine his or her behaviour or practice. It serves as a reference. In the broad sense a norm is distinct from

legal norms, for example, which are binding rules laid down by law within a society. A norm can be family, local or global. A norm is transmitted through socialisation and they influence behaviours.

Gender is a sociological concept dealing with social relationships between men and women, which are based on values and norms related to femininity and masculinity that are acquired by culture. These relations are constantly changing according to time and place. Gender does not mean "women". Gender does not exclude men. Gender is inclusive and supports both men and women.

Gender equality means that men and women are free to develop their skills and make choices that are free from limits due to gender stereotypes, prejudices and roles. Gender equality implies that women and men have the same opportunities in life, including the responsibility to participate in public life. The rights, responsibilities and opportunities of women and men cannot depend on whether they are born "man" or "woman".

Gender equity means that men and women have the same opportunities to succeed in their lives based on their needs and interests. Equity, which is more related to justice, it means a fair treatment for each and every one according to his or her peculiarities. Equity requires specific measures to compensate for existing imbalances to the detriment of women. The ultimate goal of equity is equality.



SWEDD

AUTONOMISATION
DES FEMMES ET
DIVIDENDE
DEMOGRAPHIQUE
AU SAHEL

SAHEL WOMEN'S
EMPOWERMENT
AND
DEMOGRAPHIC
DIVIDEND