



Mali: Analysis of CMC Focus Groups

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BACKGROUND

Tostan's 2016-2022 Strategic Engagement Plan (SEP) sets out a clear vision to bring human rights-based education and community-based approaches to new levels of depth, quality and scale for positive social change and increased well-being among rural resource-poor populations in West Africa. The Breakthrough Generation (BG) Initiative was a central part of this effort. Through the BG, Tostan implemented its flagship Community Empowerment Program (CEP) in 148 villages in four West African countries: 30 in Gambia, 40 in Guinea, 38 in Guinea-Bissau, and 40 in Mali from October 2017 to September 2020.

Tostan undertook the evaluation of the BG using mixed methods. It sampled 20% of the villages in each country and undertook baseline and endline studies using standardized questionnaires, interviews and focus groups. The quantitative data informed a set of indicators on governance, education, health, the environment, and economic empowerment, with specific attention to changes in social norms relating to harmful practices, including female genital cutting (FGC) and child marriage. Analysis to date of the quantitative data examined the results especially among class participants and among adopted learners with whom class participants share their classroom experiences as part of the CEP strategy of “organized diffusion”.

The analysis of qualitative data was critical for triangulating and interpreting the quantitative data. It was also essential for gaining additional understanding into how the well-being results were reached by the communities as a result of the program. Importantly, it also provides more systematic evidence than was previously available indicating that the communities of all four program countries follow the same pathway to reach the results of improved well-being. This is of critical importance for sharing the model with other organizations and development actors interested in adopting essential elements of the Tostan model to strengthen their capacity to promote community well-being.

A team of external experts, working in collaboration with Tostan’s Monitoring, Evaluation, Learning and Research staff,¹ analyzed the qualitative data (110 focus group and/or interview transcripts). A primary objective of the analysis was to assess the effectiveness of the Community Management Committees (CMCs)². These are elected and trained bodies of 17 representatives from the communities, of which at least nine are women, that are established at the onset of the Tostan Program. The CMCs consult regularly with participants in the Tostan classes and frequently, some members overlap. Given Tostan’s community-led approach and its participatory methodology, the CMC is a lynchpin for leading, nurturing and supporting the activities and changes that the class members set in motion during their participation in the class. It is also the structure that is left in place when the program ends. It ensures the continuation and sustainability of well-being initiatives undertaken or planned.

The analysis provided evidence well beyond the role and effectiveness of the CMCs. In exploring the validity of the claims CMC members made regarding the well-being results they helped to generate, major evidence emerged regarding the perceptions and opinions of community members as well as leaders and officials regarding what well-being results were reached and – importantly – regarding the ways in which they were reached.

The team prepared a separate report for each of the four countries. Each country report details the themes that emerged from CMC and Tostan class participant descriptions of their activities during the three-year implementation of the CEP and from individuals not directly involved with the classes or the CMC, including local leaders, public officials and service providers.³ The reports also confirm the findings of surveys that collected quantitative data in these same communities at the end of the CEP.⁴

At the onset of the Tostan program, the community elects a Community Management Committee (CMC), a group of 17 people, including at least 9 women. This committee, which Tostan trains:

- communicates with the Tostan class and various groups and leaders within the community and its neighboring communities;
- coordinates class activities with local and regional officials as well as various organizational leaders who support community activities;
- works with class members as they identify their vision for the future;
- helps build on community strengths and finds solutions to problems identified by the class;

¹ Diane Gillespie, PhD, Tostan volunteer, assisted by Kyla Korvne and Tilly Ruback conducted the analysis, and they co-authored the country reports. Disclosure: Diane Gillespie is a sibling of Molly Melching, Creative Director, Tostan; she received no monetary compensation for this project.

² A description of Community Management Committees can be found in each of the reports and at Tostan.org.

³ Country reports are available upon request.

⁴ The summary results can be found here <https://tostan.org/resources/evaluations-research/>

- establishes fora for community activities meant to spread the class experience to the rest of the community;
- organizes activities aimed at improving well-being, such as village cleaning; and
- helps resolve conflicts or situations that are at odds with decisions reached, including those relating to ending violence and harmful practices.

Given Tostan’s community-led approach and participatory methodology, the CMC is a lynchpin for leading, nurturing and supporting the changes that communities set in motion. It is also the structure that is left in place when the program ends and that is responsible for supporting the continuation and sustainability of the initiatives undertaken. During the program, when possible, they reach out to neighboring communities to share what they are learning. [These communities are called “adopted communities”.]

Tostan’s Monitoring, Evaluation, Research and Learning (MERL) staff administered surveys and conducted focus groups/individual interviews in a representative sample of communities at the end of the Community Empowerment Program.

The purpose of the qualitative component of the evaluation with members of the CMCs was to:

- provide a space and opportunity for the CMC members to reflect on their Tostan education and make meaning of their experiences;
- check the descriptions of CMC members by analyzing the descriptions of those working with the CMC (class participants and community leaders/officials) and those affected indirectly by CMC activities (nonparticipants in class or adopted learners);
- elicit descriptive data about their experiences so that Tostan can learn about program effectiveness;
- provide an explanatory context for the quantitative data that was being collected at the same time;
- and increase staff capacity in conducting qualitative inquiry.

METHOD

MERL used a structured interview protocol for the CMC focus groups. Interviewers were Tostan supervisors who spoke the same language as interviewees, but were not from or working in the communities being interviewed. Interviewers asked the CMC groups:

- what their favorite activity was;
- how they engaged people in their activities;
- how they engaged local authorities in their activities;

- what had surprised them in the encounters with people inside/outside their communities;
- whether they had faced resistance and what strategies they had used to manage it;
- what changes in their own communities they found most important;
- and what changes they found most important in their adopted communities.

Through the interviews, community leaders were asked about changes that they witnessed in their communities and about their own participation in CMC activities. Through the focus groups, conducted separately with men and women CMC members, participants were asked about Tostan and their understanding of Tostan's work and/or about their participation in any CMC activities. They were also presented three scenarios on corporal punishment, child marriage, and Female Genital Cutting (FGC). Each scenario concerned someone in the community considering whether to carry out the practice: a mother hitting a child to discipline the child for disrespecting her grandmother, a father considering marrying his 14 year old daughter and a mother considering cutting her daughter. In each scenario, members are asked what they think, what members of their community would think and what they would do, if anything.

Interviewers were instructed to encourage participants to expand answers for details and rationale related to new beliefs and/or practices and to encourage all members to participate. At no time did any interviewers contradict or intervene when participants spoke.

In Mali, CMC focus groups were held in eight communities. In all eight of those communities, three additional focus groups were conducted: two with members of the community who did not participate directly in Tostan's CEP, one with men and one with women, and one with CEP participants. School officials were interviewed in seven of the communities, and in one a teacher was interviewed as well. Individual interviews were conducted with a community health worker in three communities and with a midwife in four. In two communities, village chiefs were interviewed, in a third a deputy mayor was interviewed and in a fourth the mayor of the nearest town was interviewed.

Using NVivo, a qualitative data analysis software program, we analyzed 32 of the 33 focus groups and 11 of the 20 individual interviews, at which point we reached saturation; no new thematic details were arising, only repetition of what we had found in previous descriptions. The remaining transcripts of one focus group and nine interviews were checked to ensure that there was indeed no significant departure from what we found in the previous 43 transcripts.

We found more divergence in Mali in terms of focus group participants' opinions on the abandonment of FGC, particularly in groups of community members who did not participate directly in the CEP, than we did in Gambia, Guinea Bissau or Guinea. However, the sheer quantity of data from Mali as compared to the other countries could explain this. With up to four times as many communities and community members

interviewed or involved in focus groups, it is not surprising to find greater divergence in views.

As in other countries, because members of the adopted communities were not interviewed, it was impossible to assess the activities carried out in those communities. More than in other countries, however, interviewees and focus group members talked about the experiences working with adopted communities and reported witnessing changes, especially in hygiene.

The three researchers analyzing the data collected by Tostan staff are familiar with Tostan but are not staff members. A Senegalese Tostan MERL staff member provided the cultural context when uncertainties arose in the descriptions. Our aim was to privilege the voices of those participating in the evaluation.

We anonymized the data for this report. We identify the source of the quotations by M (Mali), community abbreviation (e.g., Tou), and Community Management Committee (CMC), participant focus group (PFG), non participant focus group (NFG), or type of leader/official interviewed (e.g., school official). Tostan's questions were designed to evaluate the effectiveness of CMCs given social norms theory, which is also embedded in Tostan's Theory of Change.

A SENSITIZING CONCEPT: SOCIAL NORM THEORY

Data from the baseline study undertaken by Tostan prior to implementing the CEP in Mali indicated the presence of harmful practices. Given its history with working in communities since 1991, its current Theory of Change and research on the program, Tostan recognizes that corporal punishment of children and female genital cutting (FGC) can be practices governed by social norms with corresponding collective beliefs about what community members expect of each other (see [here](#)). Under certain conditions, the practice of child marriage can also be so upheld. Social norms theory helps to guide Tostan's work in the field even as what happens in the field informs the application of the theory. Researchers crafted an interview questionnaire with social norms theory in mind; specifically, Tostan asked CMC members about their experiences with efforts to raise awareness with community members beyond the class on the harmful consequences of child marriage, FGC, and physical punishment of children.

Social norms frequently operate invisibly. They are implicit rules of behavior based on beliefs held by most members in a community. If they are to change, they need to be made visible to the community at large and evaluated in a neutral way through provision of accurate⁵ information and a space for values deliberation—both of which Tostan provides and integrates into its educational curriculum and pedagogy. As the class deliberates and decides to change past practices, the CMC, having benefited from training from Tostan, sets up activities that help to inform the community at large and

⁵ In this report by the term *accurate* we mean in line with the information taught in the Tostan classes.

their neighboring or closely connected communities in a process called organized diffusion. CMC members share new information and any new actions that participants in the Tostan program decide (on their own) to undertake to align their new understandings about health and wellbeing with their existing practices.

At all stages, those participating in the organized diffusion activities must be able to reach decisions autonomously as they are presented with factual information about physical punishment, child marriage and FGC and given time to discuss that information with their classmates and people in their communities. In addition, they hear the stories that emerge, often for the first time, from within the community of harms caused by past practices. What was invisible becomes more visible during discussions, both in classes and in community meetings held by the CMC. What also becomes visible is that a portion of the community that is committed to ending the harmful practices. For participants to take actions to end harmful practices, a significant portion of a community and of its intra-marrying communities must decide to abandon these practices; otherwise, individuals who stop the practice will be perceived by others to be, for example, “bad” or “incompetent” parents and in some cases, will be attacked and/or scorned by their communities. Because social norms are embedded in everyday/ordinary experience, people need time to consider new information. Tostan’s educational program begins with visioning exercises, followed by information about democracy and human rights and responsibilities, which are discussed in-depth in classes three times a week over a five-month period. Given a commitment to a democratic process, coercing people to change is not an option for the CMCs.

Tostan believes that enhanced relational capabilities, acquired during the CEP, provide the basis for the process of respectful discussion and increasing coalescence of a group committed to abandoning harmful practices. Specifically, collaborative endeavors, respectful engagement with others, neighborliness, mutual understanding, and sharing of information in a non-judgmental fashion are critical for undertaking the collective action that increases community well-being. Without such social cohesion, sustainable social change is not possible.

The improved relationships are characterized by new-found respect. Respect for traditional authority of men and older community members remains and is not usurped, while respect extends to women and youth in unprecedented ways. Women and youth participate in mixed gender community meetings for the first time. They take on new roles in the community and on the CMC and participate in and influence decisions. Violence, especially against women and children, decreases.

The CMC’s role becomes key for the abandonment of harmful practices and the promotion of well-being if communities are to create sustainable change over time. The program lasts for 30 months, after which the CMC must take the lead in continuing to promote social change.

EVIDENCE OF THE EFFECTIVENESS OF TOSTAN’S THEORY OF CHANGE IN FOCUS GROUP DESCRIPTIONS

Tostan's theory of change assumes that the implementation of the program will take place in resource-poor communities. The descriptions in Mali's s transcriptions indicate that such conditions existed in the communities (e.g., poor roads, inaccessible and ineffective health centers and public schools, unhealthy environmental conditions).

Although the interviews did not ask focus group participants to articulate a view of how community change takes place, many did. The fact that participants spontaneously articulated their understanding of how change occurred, in alignment with Tostan's Theory of Change, provides a certain kind of evidence for the effectiveness of their CMC education/training. For example, several participants said that their community had conducted cleanings. Linking that change to better health, which several participants did, would be a learning outcome, but linking it to strengthening the community and its well-being and development, which participants also did, indicates that they understand themselves as engaged in a longer-term process of change.

The CMC's role is to engage both class and community members who are not in the class in deliberations and dialogues and to provide opportunities for communities to imagine and practice actions that will better align new understandings, say about health, with their behaviors. As noted above, given their shared commitment to democratic values, resistance cannot be met through coercive means; rather it must be met with further dialogue. Several stated directly that they approached resistance through patience, communication and information sharing in a process they call sensitization⁶ or awareness raising.

The quotations below illustrate what changes occurred and the bold type shows how those changes occurred. [M=Mali; community, CMC=community management committee].

In order to call people and involve them in our activities, **we raise awareness through images and words**. The rights of people are rights from birth to death. We **take a lot of time to explain the rights** based on the images and **many understand and are delighted**. (M, Tou, CMC)

We ... **educated people with the talking pictures** [the pictures of the human rights taught during the CEP]. We explain all the pictures, picture by picture. It was the rights of the people that we showed them that **made people change their opinions**. (M, Bel, CMC)

We know that these are **important changes** because when you go to a friend's house and you find him and **his well-dressed wife exchanging and when spouses get along, it's happiness in the family**. Before, it was difficult to go there because they were **fighting so much**. (M, Dji, CMC)

⁶ *Sensitization* is the term used by translators from national languages into French and then into English. Difficult to translate into English, it is a term that describes the approach that class participants and CMC members take to inform others about what they have learned in their classes. It means reaching out to people, providing information respectfully, sharing personal experiences, and explaining why their own behavior has changed. It does not include coercion or forcefulness.

In Tostan's activities, nothing can be done without consultation, **consultation is one of the keys to our activities and it is together that everything is decided.** (M, Tou, CMC)

The money donated has been **put to good use.** Every Monday we would go to the bank to deposit a sum of money until **it was paid back.** After that, the money was **redistributed among us again,** so **the bank was happy to work with us. We didn't know that the bank existed, it was thanks to Tostan that we found out.** (M, Sam, CMC)

The **rights of women and men are known by all,** and cohabitation has become easy. Equity between men and women is respected, **women speak freely in the presence of men.** (M, Tou, CMC)

Another change is the fact that **women are taking the lead,** that **they can go and speak with the mayors or other authorities without being accompanied by men. Women freely go to the authorities for any need. Women could not sit next to a group of men before, but now they do.** (M, Sam, CMC)

The important changes I have observed **start with cleanliness.** Cleanliness keeps us away from disease and **health is the foundation of being human. Understanding, peace and social cohesion come next.** The **houses are clean and there is less disease,** there are **no more quarrels.** (M, Beg, CMC)

When we went to other villages for our activities, as soon as we said the word "excision", we [left the villages] at 120 miles an hour, and they didn't even say goodbye to us or even to the family. **One of our villages, after having done this, called us to tell us that they had understood and that they were willing to do our activities.** The difficulties were only during the first year. The subject of early marriage was quickly understood, but **the subject of excision took time. Some people even refused my dishes under the pretext that I speak about excision and that I am a miscreant [unbeliever]. Change takes time and a lot of courage.** (M, Sam, CMC)

When the men wanted to give our daughters in marriage and we told them that the girls were not old enough, they told us that it was the ideal age to marry a girl. Today, thanks to the courses of the literacy center and the **sensitizations that we made to the men, they became aware that the girls should not be married if they did not reach the required age.** (M, Sam, CMC)

The following are themes that emerged from our analysis of the interview and focus group transcripts. Themes are clusters of common ideas or topics that emerge during close reading of the texts. We begin each thematic section with a brief description of the claims made by the CMCs and then provide evidence from individual interviews with leaders/officials and nonparticipant focus group members about the trustworthiness of the claims.

1. Theme 1: Community Engagement

CMC participants actively engaged with their communities and their adopted neighboring communities as agents and facilitators of positive change for improved well-being. They described their approaches as inclusive.

To understand the dimensions of the engagement, we note the CMCs claims: “[We] take care of the health center by donating soap, renovating the center and repairing the pump” (M, Kat, CMC). Many did “collective sweeping”(e.g.,M, Beg, CMC). “Our women used to take the water out of the well and throw the basins on the ground, now they hang them on the stake” (M, Dji, CMC). They also said that they created and managed a community bank, initiated income generating activities, improved wells, roads, and stoves, removed garbage, created gardes, constructed or improved latrines and followed up on maternal health.

The non-participant focus groups and the interviews with community leaders confirmed the scope and effectiveness of the CMC’s activities. One non-participant explained, “Even if we don't attend classes, we help them by going to cut wood for the sheds, the improved fireplaces” (M, Tol, FNP). A midwife confirmed that fireplaces had been improved in her community: “All the families have improved fireplaces. I don't think that traditional fireplaces are still used here” (M, Kat, Health Official). Many interviewees and focus group participants echoed this man’s observation regarding pestles: “The women use stakes to put the pestles where before they were thrown on the ground” (M, Beg, MNP). Many mentioned sweeping: “People really like their work. They sweep our village, the market and wash our health center” (M, Dji, MNP).

The CMCs described a range of methods that were designed to ensure that activities were inclusive of everyone. The most common method was to spread information by word of mouth. Typically, CMC members would go door to door or make announcements in public spaces and community events: “We are getting the information out door to door” (M, Beg, CMC). A member of one CMC summed up their approach, “We go to people's homes to educate them and tell them what we want to do and together we do the meetings” (M, Dji, CMC).

Another method was to assign a single member from the CMC, referred to as the ‘town crier’ or ‘mobiliser’ to inform the community about activities. “We hold a meeting and ask the mobilizers to go out and alert the community; they do the mobilization to involve the population” (M, Bel, CMC). In some communities, CMCs involved existing town criers in their work: “In our village, there is a person in charge of notifying the villagers if there are meetings. This person goes around the village to give the meeting places” (M, Kat, CMC).

The non-participant focus group members and the interviewees all confirmed this flow of communication and felt included. One woman explained, “The [CMC] members explain to the heads of households who explain to us” (M, Dya, FNP).

[The CMC members] are the ones who pass on to us what comes from the top; they make us aware. They meet to discuss what needs to be done before doing awareness in the community. When the [CMC] tells us that there is an activity to do, together we carry out the activity, so I attend the Tostan meetings. (M, Sam, FNP)

Leaders confirmed their inclusive engagement:

I approached the members of the office who went from door to door to raise awareness. Some parents said that they did not know that the birth certificate was important, and two days later I had 80 birth certificates. (M, Sam, School Official)

All non-participating focus group members and interviewees had only positive things to say about the CMCs. One man said, "What I understood about Tostan's work is their seriousness; they do everything they plan to do. In my opinion, no development project has developed our community as much as Tostan has" (M, Tol, MNP). In several communities, non-participants described refusing to take part in the program on its arrival and later regretting this choice once they observed the work of the CMC in action. As one man explained, "At first we didn't want it, but now we all want to be part of it" (M, Tou, MNP).

2. Theme 2: Partnership with Local Leaders and Public Officials

All CMCs reported informing and/or working closely with and consulting local leaders, such as the mayor or village chief, about their plans and requested professionals, such as health workers and teachers, to take part.

CMCs reported considerable involvement of leaders and professionals in helping them reach out to their community members and to their adopted communities.

We take our minutes to the town hall, so the mayor is informed of our activities, and we ourselves inform the village chief of our activities. The health workers and teachers work closely with us and we see each other as much as necessary or even every month. (M, Beg, CMC)

In Tostan's activities, nothing can be done without consultation; consultation is one of the keys to our activities and it is together that everything is decided. We go through the doctors, the veterinarians, the commanders and the mayors; all are aware of our activities. They also get involved. We sweep the town hall, the village, all the places where the events are held. (M, Tou, CMC)

CMC members said that they felt involving local leaders and professionals enhanced the credibility of their messaging and motivated community members to commit to change.

The health workers, the mayor and the teachers helped us a lot so that the inhabitants could abandon these practices. They followed us to our intervention sites. They intervened by telling them to give up and that sooner or later the practice will be abandoned. (M, Beg, CMC)

In individual interviews, leaders, in turn, reported feeling supported and assisted in their missions by the CMC as well. One mayor said that the CMC's work had "taken a thorn out of [his] side" (M, Tou, Local Official).

School officials discussed collaborations with the CMC: "The teachers and the parents of the students are working together and this has been possible thanks to the members of the CMC" (M, Sam, School Official). "The CMC members come to check on the children at school and on the fees (M, Bel, School Official).

Before [Tostan], the people of the village did not consider it important to enroll their children in school; but now, as soon as the children come back from school, the parents ask them what they have done and this allows the child to concentrate on what is being done in class because he will know that the school has many advantages and that his parents like him to be in school. Many children come to school regularly. (M, Kat, School Official)

Health officials also supported the CMCs' claims.

Tostan has made our jobs much easier, especially the health component with sensitizations and sweeping with the community. They help us by sensitizing the community on children's vaccination as well...They have made our work much easier with vaccination, cleanliness, hygiene; their efforts have reduced the cases of diarrhea because dirt has been replaced by cleanliness. They helped us with the porridge for the moderately malnourished, and [taught parents] how to take care of the children. (M, Dya, Health Official)

3. Theme 3: Newfound and Strengthened Community Solidarity

CMCs and participants stated that their communities were more cohesive and peaceful as a result of the Tostan program and there was decreased violence within households. All non-participating focus group members and interviewees linked the activities carried out by the CMC and class participants to strengthened collaboration among community members.

This statement by a CMC member typifies the claims made by all the CMCs: "Tostan was able to bring the inhabitants together when this was not possible before" (M, Beg, CMC).

The participant focus groups all attested to repaired and improved relationships created by class members and the CMCs. One class participant said, "Tostan brought the village together. Before our houses were far apart and everyone stayed at home;

today although the houses are far apart, we meet and work as a group and do everything together” (M, Bel, Participant). Another said,

Before, my husband didn't consult anyone in the family. He would give tasks to do and, whether we wanted to or not, we did it. With what I learned during the courses, I passed it on to him and he finally understood and does nothing without consulting the children. He was also agitated but today he manages to control his temper. (M, Kat, Participant)

Many non-participants and individuals linked the collaborative activities to enhanced social cohesion among community members:

Tostan has had a lot of impact on [my ability to] collaborate with the community. We worked together in my field [health] starting with cleanliness in the village: sweeping the courtyard of the health center, the alleys, the courtyard of the school and the town hall with the group of office members and my group from the health center. (M, Sam, Health Official)

At their meetings they talk about their work and share their experiences in front of my fire; many of their meetings are held at my home. The talks are about understanding, peace and their income generating activities and I know that these are meetings that aim at development. (M, Bel, MNP)

The CMCs and class participants actively encouraged this collaboration. For example, one female class participant said, “I made [women not participating in the class] aware of the fact that it is together that we can do great things and afterwards they became friends and did everything together” (M, Tou, Participant). One female class non-participant confirmed the emphasis on group work: “We swept the village together, they told us...not to stay alone, to be in a group and to do everything together” (M, FNP, Sam). Another non-participating man said, “The CMC does not do anything without the population” (M, Kat, MNP).

CMC members stated that peace and understanding had been brought to their community.⁷ Peace was spoken about in terms of conflict reduction. CMC members observed that quarrels among the community had stopped, especially among family members. They explained that there was greater respect, politeness, and temper management among spouses, which consequently makes cohabitation better. All non-participants and individuals confirmed this: “Tostan has brought many changes in our community, starting with cleanliness, then peace and understanding in the community, especially among women” (M, Ben, Local Leader). “Tostan has brought understanding and peace among the people, understanding between spouses, improving the way of expression of couples who now understand each other better” (M, Beg, MNP). “Peace

⁷ Using Nvivo, we did a word count of terms that stood out to us as occurring frequently. Across all documents, the term *peace* was mentioned 127 times, the term *respect*, 77 times and the term *understanding*, 209 times—all occurring in contexts of what they liked about the activities of the class and CMC.

and understanding has been established among the people of the community and they have become close to each other (M, Sam, MNP).

Non-participants and community leaders supported the claims made by CMC members and participants about increased cohesion in families. One man said, “Especially in the home, women and men have understood each other better; women respect their husbands much more” (M, Beg, MNP). Another said, “Really, peace and understanding are in our families. Every time quarrels used to break out but nowadays we don't hear any shouting or raising of voices” (M, Beg, MNP). A community health worker said, “Many couples had problems and Tostan brought understanding between them” (M, Dya, Health Official).

Many women said that they had more say in family decision-making and frequently linked this increased cohesion at home with improved communication and greater respect, such as these two women who were not participants: “Before, our husbands and us, we didn't talk much; now we do it without any problem” (M, Kat, FNP). “I didn't respect my husband before, but the Tostan classes taught me to respect him” (M, Bel, FNP).

4. Theme 4: Women's Empowerment – Increased Voice and Agency

Female CMC members said that they had a voice not just in the family but also in more public venues, such as community meetings. They discussed conducting awareness raising activities and working visibly as leaders to advance well-being in the community.

After Tostan's program, women in the CMCs reported feeling that they had a voice in the family and in public, such as at community meetings. One female CMC member said, “Tostan's arrival...gave us the courage to stand up in public and express ourselves. I liked that” (M, Dya, CMC). Speaking publicly in front of men and being included in decision making was described as a big change by many women. Take, for example, what this female CMC member said, “It's the respect of both genders: women are free to speak in front of men and their opinion is taken into account. Women couldn't do that before” (M, Beg, CMC). Women also reported conducting awareness raising activities and working visibly as leaders to advance well-being in the community.

Participating in classes also allowed women to expand their skill set. A CMC member explained, “Many women can read and write their name, their first name, the name of their village before they could not” (M, Bel, CMC).

The class also opened one female participant's eyes to capabilities she did not think she had, even if they weren't necessarily covered in the curriculum.

The right to equality in work was a beautiful thing for me. I didn't know that I could beat the iron that our husbands beat. I pounded the hot iron as the men did with the hammer to make dabas and spikes. (M, Sam, Participant)

A female CMC member gave a more detailed example of women's new economic activities:

The creation of women's groups that made [a microcredit fund] [is used] every month; we take out loans. We have done the trade of soap and many other things. We didn't know that this was possible. (M, Beg, CMC)

Mali's non-participants and interviewees had little to say regarding the CMCs' claims of women's increased voice and agency. A few mentioned their phone and writing skills: "The last three years of Tostan have enabled women to handle the telephone well which they could not do; they did not know how to write their name and surname" (M, Tou, MNP). "Many old women have come out of the shadows thanks to the literacy center; they can read and write their names" (M, Sam, FNP). They did mention cleaning activities done in the community, activities which were done mostly by women. This visibility of doing work on behalf of the community (instead of in the home, for the family) linked their activities to an agency more public in nature.

A few female and male non-participants reported increased female agency with their microcredit projects: "The women have learned a lot; they contribute and take out loans; they do petty trade and other income generating activities" (M, Dya, FNP). "The women have learned to do IGAs and they are doing very well" (M, Tou, MNP).

5. Theme 5: Significantly Improved Health and Hygiene

Respondents in all focus groups demonstrated their ability to take new actions based on accurate knowledge about health and hygiene. The improved health effects were visible and valued by all.⁸ CMC members and non-participants alike gave examples and made the connection between cleanliness and health.

5.1. Cleanliness

The following typify the importance all members in the communities placed on cleanliness: "Cleanliness in the village has brought us many benefits; if the village is not clean it is dirty and it is sickness; cleanliness keeps us away from sickness" (M, Sam, CMC).

"The big change for me is the fact that children no longer defecate in the open air, but in special pots that we pour into the septic tanks, which is a sign of cleanliness" (M, Beg, CMC).

Some CMC members and participants made the explicit connection between the right to health and community cleaning efforts. "The knowledge of these rights, especially the right to health, has allowed us to dig pits for our toilets and sweep away dirt" (M, Beg, CMC).

⁸ As in other countries, cleanliness was the most frequently and often first cited change that Tostan brought to the community - the words "clean", "cleanliness", "cleaned" and other derivations came up over 350 times across all 51 documents from Mali.

Non-participants also made the connection between cleanliness and health and demonstrated accurate knowledge of concepts, such as germs: “We have experienced changes with cleanliness that keeps us away from diseases” (M, Sam, MNP). “Before cooking you have to wash your hands with soap. When you come out of the toilet, you have to wash your hands too; what we know from the CMC is cleanliness” (M, Dji, FNP). “Thanks to Tostan we have learned about hygiene and cleanliness. Everyone knows how to wash their hands now” (M, Tou, FNP). “In the last 3 years, the village has become clean; [we use] the stakes [to hang containers] for the wells, which is something we didn't know before to avoid dirt [getting in well water]. We didn't know that dirt could make you sick, so this is a change” (M, Kat, FNP).

For community members who did not participate directly in the classes, the cleaning of the village and other activities related to health and cleanliness were generally the first changes that they observed in their communities as a result of the program. One woman explained, “We have observed that our village has become clean. There are cesspools for waste water, toilets, and we have improved homes” (M, Tou, FNP). A man from another village said, “The major change I observed was the cleanliness of the village. Every week the village is swept from top to bottom” (M, Kat, MNP). Another man from the same village said, “The women of the Tostan program go around the village every morning and clean the dirty places; now all the women clean the village” (M, Kat, MNP).

Participants and CMC members also discussed their awareness raising activities on subjects related to health and hygiene in adopted communities. This participant explains their approach: “When we raise awareness about handwashing, we emphasize soap because with soap, germs cannot survive, so there is less risk of getting sick” (M, Bel, Participant). Many said that the cleanliness and health actions were popular in their adopted communities.

These are important changes because, when we went to talk to [our adopted community] about cleanliness and the disadvantages of open defecation of children, they adopted this behavior. When we left, everything was clean; the children were not defecating in the open. (M, Dji, CMC)

In all of our [adopted] villages, the people especially liked the cleanliness because they did not know that dirt could make you sick. I told them about the health consequences and since then they say that they are healthy. (M, Kat, Participant)

5.2. Health

Beyond hygiene and cleanliness, CMC members also stated that their activities had brought about changes in maternal health, vaccination rates/uptake and general use of the health centers, especially but not exclusively by expectant mothers.

Community health workers and midwives confirmed CMC claims regarding health activities such as vaccinations and maternal care, as demonstrated in the quotations

below. Even a school official observed that “the attendance of the health center has increased a lot” (M, Kat, School Official).

For the vaccination, the community is sensitized. The vaccinations are done every 6 months and the day before I pass the information to the community with the members of the CMC. The vaccinators come and find all the children in place. (M, Dya, Health Official)

There has been a big change because they tell people to come to the health center and how to do hygiene, cleanliness. They tell pregnant women to come for prenatal consultations, because, before, women did not follow them regularly. Vaccinations are also done at the health center. When the vaccinations and prenatal consultations approach, they go out into the village to alert women and pregnant women. (M, Tol, Health Official)

Non-participants confirmed the CMCs’ claims on health. Many mentioned that they liked “everything that is done at the health center” (M, Tou, MNP) and that “many diseases were avoided” (M, Sam, MNP) thanks to the program. One woman explained the change she had observed: “Thanks to the sensitizations, we go to the health center at the first sign of illness” (M, Beg, FNP). Another mentioned that she had learned, “in case of diarrhea, how to prepare oral rehydration solution” (M, Tol, FNP).

Maternal health and family planning came up especially frequently during non-participant focus groups. A man said,

During these 3 years, we have observed a lot of important changes, the first one is women's family planning. Really, we have seen its benefits on women because they are more fulfilled before the next pregnancy. (M, Dji, MNP)

A woman from another community mentioned the well-being of the mother in relation to family planning: “If the children are not spaced, the children and the mother will not thrive” (M, Kat, FNP). One non-participating man explained how he had gotten involved in maternal health: “I always ask the pregnant women returning from the health center if they have taken their medication” (M, Kat, MNP).

Although their claims cannot be validated with interviews from members of their adopted communities, CMC members did claim that these communities had changed: “In our adopted villages, pregnant women are now going for prenatal and postnatal consultations following our sensitizations” (M, Bel, CMC); “People in these villages use family planning methods” (M, Bel, CMC);

In our villages, women go for prenatal consultations regularly now. The maternal and infant mortality rate, as well as the sensitization, have allowed this change in behavior. Many pregnant women regularly attend the health center. A good follow-up of the pregnancy prevents the woman from having problems during the pregnancy and the delivery. (M, Tou, CMC)

6. Theme 6: Decreased Cases of and Intent to Abandon Harmful Practices

All CMCs claimed that FGC, child marriage and corporal punishment had been abandoned and most stated that there had been some or a great deal of resistance to the abandonment of these practices. There was, however, significant evidence in some individual interviews and non-participant focus groups that FGC had not been fully abandoned and resistance remained strong in several communities. The CMCs' claims were more universally supported for the other two practices: very few respondents supported corporal punishment and although some expressed concern about the dangers of promiscuity that might result if a girl isn't married early, no one explicitly stated that child marriage was advantageous to the well-being of the girl. In the following discussion, we show the CMCs' claims, evidence that supports those claims and the statements that indicate resistance for each harmful practice. We then take up the nature of reasoning for and against each harmful practice.

6.1. FGC

CMC claims of abandonment can only be fully supported in three of the eight communities, where all focus group participants and individual interviewees, including non-participants, were in agreement that FGC should be and had been abandoned. In two communities, a small minority of non-participant focus group participants said that Penda should cut her daughter (in the scenario provided) but all other members of the group spoke in favor of abandonment and cited accurate reasoning for doing so. Two other communities were much more divided: in one, all of the men in the male non-participant focus group were in favor of continuing the practice while the women in the female non-participant group were all in favor of abandonment and in the other community, the opposite was true. In both communities, local leaders said the practice had decreased. Finally, in the last community, both the female and male non-participant groups spoke in favor of continuing the practice. In this community, the village chief was interviewed and also appeared to favor continuation, while the health worker and school official in the same community claimed that the practice had been abandoned.

6.1.1. Support for abandonment

CMC claims on FGC abandonment are supported by at least half, generally more, of the individual interviewees and focus group participants in all communities except one. Statements such as the following were common: "Many have understood the message because excision has been abandoned" (M, Beg, MNP). Many non-participants and individuals who were interviewed cited the sensitization work of the CMC and class participants as the reason for abandonment.

Well, I can say that excision was abandoned here because from the beginning the community agreed that the practice should be abandoned. The disadvantages were explained with pictures to support it and everyone was unanimous on the fact that it should be abandoned. That's what I know. (M, Sam, Health Official)

Several non-participants made statements that reflected an understanding of the CMC's non-violent, non-coercive approach.

We cannot force Penda to abandon FGC, but we must sensitize her in such a way that she understands the disadvantages and Penda will become aware and stop FGC on her own. (M, Kat, MNP)

When sensitizing community members on FGC abandonment, CMC members stated that they explained the disadvantages of the practice, focusing primarily on the negative health consequences. The success of these sensitizations is evident in the accurate knowledge of the health consequences from the non-participant focus groups. Many focus group participants cited specific health problems that could result from FGC, such as this woman: "We are going to tell Penda not to cut her daughter because there are many harmful effects, she can have hemorrhages, problems at the time of delivery and also have a fistula" (M, Tou, FNP).

We can tell Penda not to cut Kady because for a long time we have been hearing that cutting is not a good thing and that it should be abandoned. It is the cause of many health problems for women and can also lead to death (M, Sam, FNP)

In the scenario given to the non-participants, Penda, the woman thinking about cutting her second daughter, has already cut her first daughter. Many focus group participants said that she must have done this because she did not yet know the disadvantages of the practice: "At the time of cutting the first girl the disadvantages were not known to people but now everyone hears about it; she should not do it" (M, Dya, MNP). "Excision has many disadvantages. Before we didn't know, but now we know the harmful effects, namely difficulties in childbirth and sexual relations" (M, Sam, FNP).

There were several instances where it seemed to be that FGC was in decline, rather than fully abandoned.

[About] excision in our community—there is a small problem. Tostan has done sensitizations [awareness raising]. Even if it is not finished, it has decreased because we were born and found that our parents did it. There has been a lot of sensitization but the practice has not been abandoned. (M, Dya, Health Official)

Since the arrival of Tostan, a lot of sensitization on the disadvantages of excision has been done and this has allowed us to reduce the practice of excision in our country. And if some do it, it is in secret. (M, Ben, Local Leader)

6.1.2. Resistance to abandonment of FGC

All the CMCs gave several examples of initial resistance to their sensitizations on the negative consequences of FGC. However, as the descriptions below illustrate, they also claim that after sensitization, their messages were accepted (a common

occurrence in responses). Both of the quotations below are from the community in which all non-participant men and women were in favor of continuation of the practice.

I had problems with excision. When we talked about abandoning excision, the people in the village said that the police would come and get us if we didn't stop talking about abandoning excision. We did some sensitization and the people understood. (M, Sam, CMC)

Recall, from the theory of change quotations in an earlier section, the CMC member from the same community who said, "Change takes time and a lot of courage. (M, Sam, CMC)

The most common obstacle the CMC faced during FGC sensitizations was that community members argued that the people encouraging abandonment were cut themselves.

People were saying that we are not talking about anything other than abandoning FGC and FGC cannot be abandoned as we are saying to abandon FGC that we ourselves had been cut. We did sensitizations until they understood (M, Bel, CMC)

Other common arguments against abandonment were related to the practice being a long-running custom or tradition, beliefs that Islam required FGC and perceptions of femininity (for example, that being cut is a sign of femininity or that uncut women are "frivolous" or "sexually vagrant").

The communities in which CMCs said there was a great deal of resistance were generally the same communities in which non-participants were either divided or spoke in favor of continuation. In these communities, evidence that FGC was not fully abandoned was present in descriptions from the focus groups and individual interview transcripts. In one community, all participants in the male and female non-participant focus groups were unanimously in favor of continuing the practice, making statements such as "Those who don't have their daughters cut don't mind; we don't want to hear that it has to be abandoned. I don't think that excision will be abandoned here" (M, Sam, MNP). Their views were reflected in their responses to the scenario as well: "People in the community will say that Penda violated their tradition by not cutting her daughter" (M, Sam, MNP). "She has to cut her" (M, Sam, FNP).

Even in communities where the majority spoke in favor of abandonment and said they would tell Penda not to cut her daughter, some non-participants spoke openly against FGC abandonment and in favor of continuing the practice: "She needs to be cut" (M, Kat, FNP). "She has to cut her because it is not a new thing; cutting should not be abandoned" (M, Bel, MNP). "People in the community will say that excision has been done since the grandfathers and that no one has had any problems and that it is our custom" (M, Tou, MNP).

Some responses were indifferent, stating that there were mixed opinions among the community. In such cases, it was often unclear what the speakers believed themselves. One man said, “Not everyone in the village will criticize Penda for having Kady circumcised because some will be satisfied. In an ever-changing world, everyone has an opinion that may be different from the others” (M, Tou, MNP). Another woman’s personal stance was clearer: “Everyone has their own opinion so she can decide on her own because excision is one of our customs” (M, Beg, FNP).

The reasoning provided by non-participants for resistance to abandonment were similar to those explained by CMCs. Custom and tradition were commonly cited: “People in the community will tell her to cut her daughter because it is the custom” (M, Kat, FNP). “Some people will say that your daughter must be cut, that excision has been going on for a long time and cannot be abandoned, and that it will not do anything to her” (M, Tou, FNP).

FGC was believed by some to be a religious obligation: “We have heard that the classes are not good, that they are classes where they only talk about FGC, that it goes against Islam” (M, Kat, FNP). The issue of femininity was also mentioned, “She has to cut it off because it is a sign of femininity” (M, Bel, MNP).

Non-participant focus groups also revealed additional reasons why FGC abandonment was being resisted. The most frequent was that if the first daughter was cut and faced no harm then the second daughter should be cut. One man said, “In the same way that she excised Fatou and had no problems, she can cut Kadi in the same way” (M, Beg, MNP). Some women also echoed this sentiment, “I really don’t have any other opinion; if she excised the first one, she must excise the second one” (M, Bel, FNP). “They will say that if Penda excised her first daughter and if she wants to cut the second one, it is because the first one did not have any problems” (M, Sam, FNP).

Another reason was related to marriageability. A woman explained, “Here, whether you are a girl or a boy, excision is necessary because, in the long run, the inhabitants will refuse to marry people who are not excised” (M, Kat, FNP). Another woman said, “Some will say that Kady will stay with her mother without a husband because no one will want her as a wife for their son” (M, Tou, FNP).

6.2. Child Marriage

All CMCs claimed child marriage was abandoned or that cases had steeply declined in their communities. Communities in which non-participants still showed resistance to abandonment of FGC by the time of the focus groups did not necessarily show the same type of resistance to child marriage. In one community, the CMC explained that community members had quickly understood and abandoned child marriage, but were more resistant to abandoning FGC.

6.2.1. Support for abandonment

The CMCs explained that they sensitized their communities on the disadvantages of child marriage and people understood.

In non-participant focus groups, support for the abandonment of child marriage was almost universal. Many focus group participants made statements similar to this one: “Early marriage has stopped; our girls don't get married early anymore, they get married when they are old enough to get married” (M, Dya, FNP).

During the non-participant focus group responses to the scenario questions about a father marrying his young daughter, members frequently gave accurate reasons for why child marriage should be abandoned; namely, the importance of schooling, the negative impact on girls’ futures, and being emotionally and physically immature.

The following reasoning about the importance of schooling was typical:

The important change in the last three years that I have seen in the community is [that] girls and boys go to school equally. Before, girls were not enrolled in school as they are today. The schooling of girls is more important because an educated girl is like an educated family, like an educated village and like an educated country. (M, Dya, MNP)

When an educated girl comes to her home, if her child gets sick, she can read the instructions and give the medicine to her child; whereas, if you are not educated you have to go through a third party. (M, Kat, FNP)

Many other non-participant focus group members echoed this sentiment: “Under no circumstances should he take his daughter out of school to give her in marriage. He must do everything to help her in her studies and not be a hindrance to her studies” (M, Dji, MNP). When asked if a father should take his 14-year old daughter out of school to marry her, a man said, “I would tell the father to let his daughter finish her studies so that she can have the benefits. When the girl finishes her studies, she will find a husband” (M, Tou, MNP). “Taking a girl out of school to marry her is harmful for her and for the whole country because educating a girl is educating a whole nation” (M, Sam, School Official).

Many focus group members said that the father “confiscates” a girl’s future by marrying her too early: “I think that if Seydou takes his daughter out of school to marry her, it is not advantageous; he is confiscating her future. She can get married thanks to her studies” (M, Beg, MNP). “Seydou should not take his daughter out of school because it is her future and early marriage is full of harmful effects; her future will be confiscated” (M, Dya, FNP). Another man explained how this argument could be used to sensitize Seydou in the hypothetical scenario given:

The people in the community and the parents that Seydou listens to will sensitize him so that he agrees to let his daughter continue her studies, telling him that a child's future lies in her studies and depriving her of it is confiscating her future. (M, Tou, MNP)

Another common reason given for the abandonment of child marriage was the immaturity of the girls. This was often linked with their health and the risks of childbirth: “I would tell Seydou ... that early marriage harms the health of girls” (M, Tou, MNP). “What Seydou is about to do is very wrong because Fatou is not old enough to get married and she will face many physical and moral problems” (M, Tou, MNP). “He must let her continue and when she has acquired knowledge, he can take her out to marry her. At 14 she knows nothing about the burdens of marriage” (M, Beg, FNP). “The burdens of marriage can be too much for her and she can have problems in procreation. These are the disadvantages” (M, Dji, FNP).

Some also cited the fact that child marriage is illegal: “Seydou should not give his daughter in marriage at 14 years old, the law forbids marriage at this age” (M, Dji, MNP). “All marriages here are done according to the law. When you go outside the law, you reap with your daughter the disadvantages of early marriage.” (M, Sam, Health Official)

6.2.2. Resistance to abandonment of child marriage

Initially, the CMCs faced resistance when sensitizing the community on child marriage abandonment. However, their statements suggest that over time and through sensitizations, people came to understand their message. Many CMC members made statements, such as this: “When you talk about early marriage, expect insults. That day, there were insults but afterwards they understood” (M, Bel, CMC).

Evidence from other interviews suggests that child marriage has not been universally abandoned by everyone in the community: “Our children are married at 14, 15 years old; few are those who reach 16 years old without being married” (M, Sam, Local Leader). “This happened in my school: girls who were supposed to do 6th grade were given in marriage and could not finish the class to go to 7th grade” (M, Kat, School Official).

Several individual interviewees did report that child marriage was in decline, but not fully abandoned:

Child marriage has also decreased. I attended a sensitization session in Community Y with a woman who explained how early marriage had harmed her daughter's health. Upon my return to the village, I shared the lady's example with the community, and we all realized that girls must be of the right age to marry; otherwise, the disadvantages are many, her development is delayed. [As a result of] the sensitization, the practice decreased a lot. (M, Sam, School Official)

According to what I have observed, the arrival of Tostan has contributed to the decrease of early marriage through sensitization and the broadcasting of skits. When I say early marriage, I mean the early marriage of girls, because that is what was common here. (M, Kat, School Official)

Thanks to Tostan's sensitizations and talks, people have started to understand the importance of girls' schooling and this has contributed to the reduction of early marriage and the exodus of girls from school (M, Bel, School Official)

Non-participant responses indicated that attitudes towards child marriage continue to be mixed between abandonment and continuation:

Participant 1: Some people will say that he did the right thing by taking his daughter out to marry her.

Participant 4: Others will say that if a girl reaches the age of 15 it is the duty of her parents to give her in marriage.

Participant 6: Some people will say that he is right because young girls today prefer to hang out with boys. (M, Tou, FNP)

Here too, people will be divided. Some will say that she should be given in marriage and others will say that she should not. Taking a girl out of school to marry her [is not good] unless the girl does not want to study. (M, Dji, MNP)

The most frequent reason cited for the continued support of child marriage was the risk of unmarried pregnancy and the potential shame that might bring on the family: "Some people will say that if she stays in school, she will be a vagrant" (M, Beg, FNP). "They will say: 'Seydou, marry your daughter, it is better than the shame'" (M, Bel, FNP). "Seydou wants to take his daughter out of school to get her married. Maybe he saw bad behavior in his daughter and that is why he wants to marry her" (M, Tol, FNP).

6.3. Corporal Punishment

All CMCs and many participants stated that corporal punishment had decreased or had been abandoned: "We don't hit children any more" (M, Bel, Participant). Most explained that corporal punishment of children had been replaced with advice giving or talking: "I used to use corporal punishment to correct my children, but now I talk with them" (M, Beg, Participant).

6.3.1. Support for abandonment of corporal punishment

Interviews with non-participants and individuals generally confirmed that corporal punishment had stopped.

Children are not beaten here. Sensitization has enabled parents to ban corporal punishment for both children and women. They have been told a lot about the harmful effects and this has borne fruit. When a child or a woman is a victim of corporal punishment, he or she comes first to the health center and the person in charge is summoned to go to the mayor's office before the patient is taken care of because of this. (M, Sam, Health Official)

Corporal punishment has decreased a lot because before many children came to school with a tight face and, when asked, they said they were beaten or bullied. Now, many students come to school without being beaten because there are no more problems at home. Parents raise their children with a lot of seriousness, less corporal punishment. (M, Kat, School Official)

Non-participants made observations both regarding changes in their own behavior and in their community in general: “Corporal punishment has been abandoned” (M, Beg, FNP). “I learned a lot from the Tostan classes. I was abusing children; the classes let me know that it was not good so I stopped” (M, Bel, FNP).

The CMC stated that they gave sensitizations on the disadvantages of corporal punishment. Their sensitization efforts clearly impacted even non-participating community members in their responses about the negative consequences of corporal punishment. Men talked about the risk of injuring or traumatizing the child: “If you hit her, she may be traumatized and won't be able to understand anything you say” (M, Beg MNP). “If you start hitting the child at the first mistake, they can be traumatized or hurt” (M, Tou, MNP).

Male respondents also demonstrated an awareness of alternatives for disciplining children. One man explained,

Before Penda hits Fatou, her mother should teach her good manners, namely respect. If a child does something wrong, you should talk to him first so that he understands before anything else. ... You should never start educating a child with corporal punishment but start with dialogue and awareness. (M, Tou, MNP)

Female non-participants also made similar statements regarding replacing hitting with talking or advising: “Penda should not hit Fatou. She should advise her not to insult her friend anymore because it is wrong to insult grown-ups” (M, Beg, FNP). “She was supposed to talk to her, not hit her” (M, Dji, FNP). “People in the community should call Penda and tell her that her daughter has done wrong but that she should talk to her and reproach her” (M, Dya, FNP).

6.3.2. Resistance to abandonment

In a few cases, CMCs described instances of facing resistance against corporal punishment. There appeared to be far less resistance to the abandonment of corporal punishment than there was to FGC or child marriage. Interestingly, the only CMC that described resistance to abandonment of corporal punishment in detail was that of the same community in which all non-participant focus group members spoke unanimously in favor of continuing the practice of FGC.

We have had many problems. All the villages in our commune were concerned but some villages chased the teachers away from their literacy center because they had talked about abandoning corporal punishment. We have done a lot of sensitization but when there are people who put obstacles in your way, it is

difficult to get satisfaction but in the long run and by dint of persevering, we end up winning the case. (M, Sam, CMC)

The initial resistance described by some CMCs was confirmed in some individual interviews:

I can say that it was said not to hit the children. At the beginning there were difficulties but during sensitizations ... in the village and in the school, people understood that one can educate a child without corporal punishment. (M, Kat, School Official)

Non-participant respondents occasionally remarked that attitudes towards corporal punishment are still mixed. Many participants merely stated the various positions that community members might take on the issue, leaving it unclear what their personal position was.

People in the community will be divided. Some will say that she did the right thing by not hitting her and others will say she should have hit her. Those who say she should have hit her will outnumber those who say she should have educated her. (M, Dji, MNP)

There were also contradictory statements that appeared to simultaneously support and oppose corporal punishment.

The people in the community will tell her not to hit her but rather to give her advice that will be beneficial to her, but if she does it again, the Penda can hit her because what she did was wrong. (M, Beg, MNP)

Penda should not hit her daughter in front of her friend but after her friend leaves, so you can sensitize a child without hitting him much. After her friend left, she could explain good manners to her daughter and the second time she could do the same thing, but the third time she could cut her hair to scare her, but only a little, so as not to hurt her and create other problems. Nowadays the whip educates, but when the child is used to the whip, he will not be afraid of his mother anymore. (M, Dji, MNP)

Penda should talk with her daughter, let her know that she did wrong by insulting her friend and use corporal punishment next time. You should never start hitting a child to educate them. Dialogue should always be emphasized. (M, Tou, MNP)

Some non-participants supported the continuation of corporal punishment outright, with the reasoning that it works to stop the child from repeating bad behaviours: "Penda hit her daughter so she would not do it again" (M, Dji, MNP). "She did the right thing by hitting her because she did the wrong thing, she should consider her mother's friend as her mother" (M, Beg, FNP). "She showed her that her friend is a person she should respect. That's why she hit her; it's well done" (M, Bel, FNP). "Your mother's friend is your mother even if it was me I would hit her" (M, Dya, FNP).

One man said, “People in the community will say that they are happy that Fatou was hit because it is a way to educate the child. What Fatou did is wrong and she deserves this” (M, Tou, MNP). Another man in the same community agreed,

Penda was right to hit Fatou because she deserved it. She insulted her friend who is like the mother of her daughter. When a child does something wrong, she should be corrected on the spot so that she knows what to expect if she does it again. Those who say you should talk to her are right, but I think you should have hit her the moment she insulted her mother's friend. (M, Tou, MNP)

7. Theme 7: Resistance Strategies: Awareness Raising and Dialogue

All CMCs reported some resistance to change at the beginning of the program and said they used dialogue to persuade and convince (but not coerce) community members who resist. To encourage non-participating community members to engage in the class content, CMC members frequently reported on processes of sensitization and awareness raising. The CMC members’ description of sensitization centered on reaching out to people, talking to them, explaining and raising awareness about an issue that community members are unaware of until it is understood. CMC members also served as examples for other community members.

The CMCs said they utilized various methods of communication to overcome resistance to the abandonment of harmful practices, including using and discussing Tostan’s human rights images, first-hand testimony and skits. Individuals and non-participant focus group members recall these communication strategies as well. Individual interviews noted their approach. For example, one school official recalled, “The advantages when a girl is educated and the disadvantages when she is illiterate were highlighted in the skit” (M, Kat, School Official).

Non-participants also explained how they would sensitize others to abandon harmful practices: “What I can tell Penda is not to cut Kady because cutting can cause a lot of harm to the girl” (M, Tou, MNP). “We need to tell Penda that we were told not to cut girls anymore” (M, Beg, FNP). “You have to tell Seydou to let her study again because he should not rush to ruin her studies” (M, Dya, FNP). “The people of the community will sensitize him to give up his idea but if he refuses he will be banned” (M, Kat, FNP). “People in the community will get together and come to sensitize Penda not to hit her daughter anymore because it can affect her mind” (M, Kat, FNP).

If Seydou says that he wants to marry his daughter quickly, you sit him down with everyone to sensitize him to let his daughter study because the advantages of school are enormous and marriage can wait. When she reaches the age, she can get married; otherwise her life will be ruined. (M, Kat, FNP)

The CMC also reported intervening if disagreements arose during dialogue. This is supported by community members: “The members of the CMC have been the

supporters of understanding and peace in our community. When someone has a problem, they tell you to get closer to the others so that you don't have bad ideas” (M, Sam, FNP).

8. Strengths and Limitations of this study

The number of interviews and focus groups in Mali provided the richest data set, to date, from any country. As a result, we included many of the dimensions in the reasoning of the study's informants, especially about harmful practices. The fact that there were mixed responses demonstrates the trustworthiness of the data; interviewees and non-participating focus group members felt it was safe to answer honestly lessens social desirability bias; i.e, that participants were not responding with what they thought the interviewer wanted them to. The interviewers who conducted the focus groups and interviews remained neutral throughout. We saw no evidence of approval or disapproval of respondents' answers in the transcripts.

There were, however, several limitations to the data. The questions asked did not generate responses about women's increased agency and voice from non-participants and leaders/officials, thus it was hard to support claims made by CMC members. Moreover, by collecting data from participating communities only, it was not possible to cross-check the CMC's claims about the effects of their efforts in the adopted communities. The questions asked by the interviewers were not included in the transcriptions, and the interviewers frequently did not take the opportunities to explore answers further. Such shorten answers would be more efficiently collected through a survey.

9. Qualitative Insights for Understanding Quantitative Data

In Mali, 22% of respondents said that family members would approve or be indifferent towards them practicing FGC (the highest in all countries evaluated) after Tostan's intervention. The resistance evident in non-participating focus group data helps explain this figure. However, prior to the CEP, 88% of respondents indicated that their family members would approve of them practicing FGC, so 22% does represent a significant decrease. The qualitative data confirms this change in the CMC's statements that they did succeed in sensitizing most community members. On all other quantitative measures, the qualitative data supports the significance of the changes that occurred from baseline through endline.