

Examine male and female family planning attitudes and behaviors in Niger





## Contents

- Context
- 2 Key family planning themes
- 3 Specific couple dynamics related to family planning
- 4 Implications

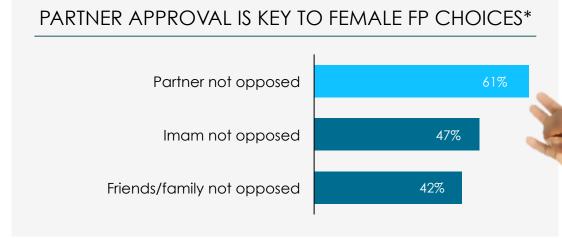
# Context & origins of analysis

- Niger has one of the highest fertility rates in the world, rising to 7.6 children per woman in 2012.
   At current rates, Niger's population is set to more than triple to 68M by 2050, placing significant strain on limited resource. Niger's Family Planning Action Plan (2012-2020) seeks to boost demand for, and provision of, FP services with the ambitious objective of increasing the CPR from 12% to 50% by 2020.
- This analysis contains insights and recommendations to improve contraceptive prevalence in Niger, by factoring common and distinct drivers/barriers to FP among men and women into future couples programming.
- It is rooted in Camber's prior work on FP attitudes and behaviors in Niger, which includes:
  - 10-month national demand analysis for FP focused on women, based on a nationally representative sample of 2,000 women and girls of reproductive age (age 15-49) in 2014
  - 6-month in-depth analysis of male FP outlooks and actions, based on a sample of 1,000 men and boys from Zinder, Maradi and Tillabéri regions (age 15-54) in 2017





# Importance of engaging men in Niger (1/2)



# ALMOST ALL WOMEN IN NIGER ARE IN PARTNERSHIPS Married or cohabiting Single, never married Separated or widowed







# Importance of engaging men in Niger (2/2)

• There is widespread consensus on the powerful impact of couple alignment and male-sensitive programming on FP awareness, consideration and use. If astute, male engagement can also bolster gender-transformative approaches in Niger's domestic context. This analysis contains insights and recommendations to improve contraceptive prevalence in Niger, by factoring common and distinct drivers/barriers to FP among men and women into future couples programming.

# "Programs involving men can enhance spousal communication, improve gender equitable attitudes and increase family planning use"

- The potential for impact on these metrics is particularly pronounced in Niger. When couples make FP decisions together, women are:
  - 2X more likely to have tried a modern method of contraception
  - 2.5X more likely to have recently used a modern method of contraception





## Questions this analysis aims to solve

- What are the insights we can learn by looking at the **outlooks**, **behaviors**, **drivers**, **and barriers** to FP use among men and women?
- How can we engage couples in ways that better address the dominant attitudes, needs and aspirations?
- What broader recommendations can be made to improve couple communications, beyond the Nigerien context and its associated segments?



# Contents

- Context
- 2 Key insights
- 3 Implications

# Overview of findings (1/2)

Demographic trends

**Women** experience their first sexual encounter and first marriage at a significantly younger age than **men** 

Religion

**Men** are 2.5X more likely to identify as very religious than **women**, yet are less likely to consider FP to be a sin, however, religion does not seem to dictate FP behaviors among both **men** and **women** 

Salience of FP

**Women** are more than 3X more likely than **men** to consider it a big problem if they were to learn they were pregnant today

Acceptance of FP

**Women** are more likely to believe birth spacing and the use of MM are acceptable practices, however they perceive their partner to be far less accepting





# Overview of findings (2/2)

Perception of FP social acceptability

**Men** and **women** seem to have similar perceptions of FP use in their communities, and those who believe there peers are using MM are significantly more likely to have trialed and used MM

Couple decision making

**Men** seem to think that **women** are more involved in FP decision making than **women** do, and in relationships where **women** are involved in decision making, more **men** and **women** report having trialed and used MM

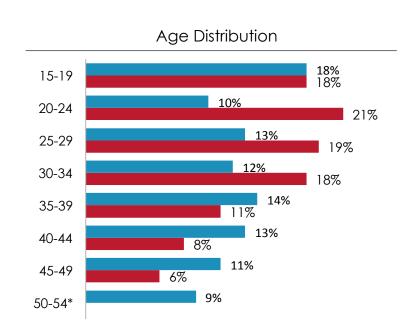
Desire to learn more

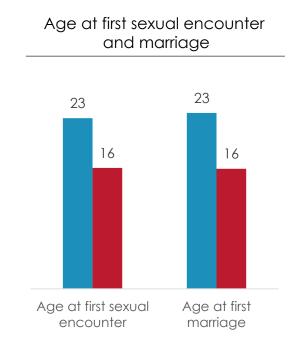
Both **men** and **women** indicate their partners are the most trusted source of FP information, however **women** are far more likely to express a desire to learn more about FP than **men** 

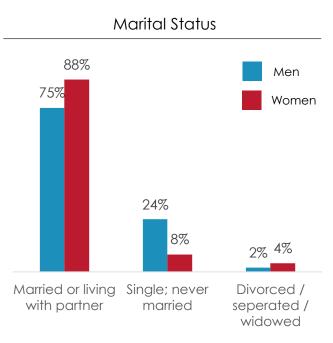


## Demographic trends

Each study focused on the most relevant age groups for reproductive health and FP decisions for men and women. Both samples were consistent across a number of demographic indicators compared to the most recent DHS study.





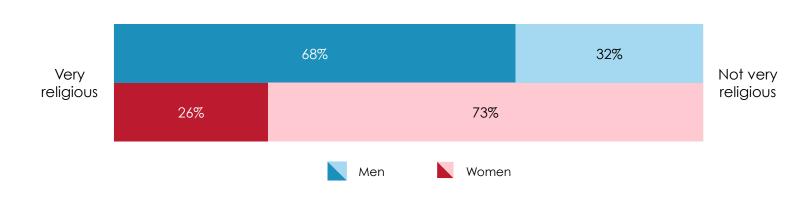


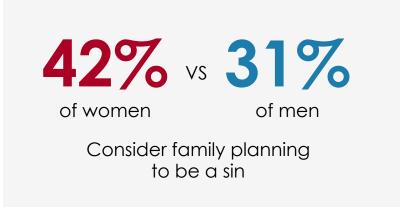
On average, **men** have their first sexual encounter and marry later than **women**. On average, **men's** first sexual encounter happens before marriage, for **women** it is the opposite. Despite a slightly older sample, many more **men** in the sample report being unmarried compared to the **female** sample.





# Religion



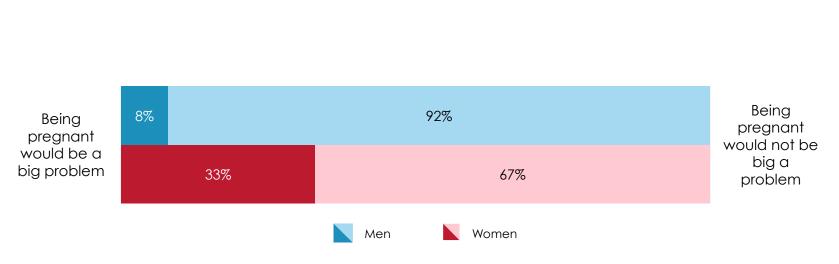


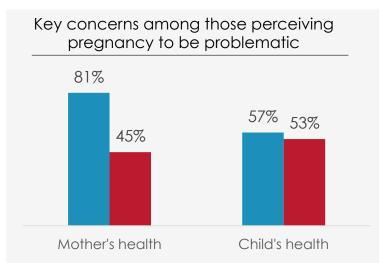
- Men are 2.5X more likely to identify as very religious than women, yet are less likely to consider FP to be a sin
- Women are much less likely than men to believe imams accept spacing, limiting, or MM use, in particular ~5X less likely to believe imams accept MM use
- Men self-identifying as very religious are more likely to have tried MM than men identifying as not very religious
- Among women, those that consider themselves very religious are less likely to have considered
   MM, but just as likely to have tried or be currently using MM compared to not very religious women





## Salience of FP use





**Women** are more than 3X as likely than **men** to consider it a "big problem" if they were to learn they were pregnant

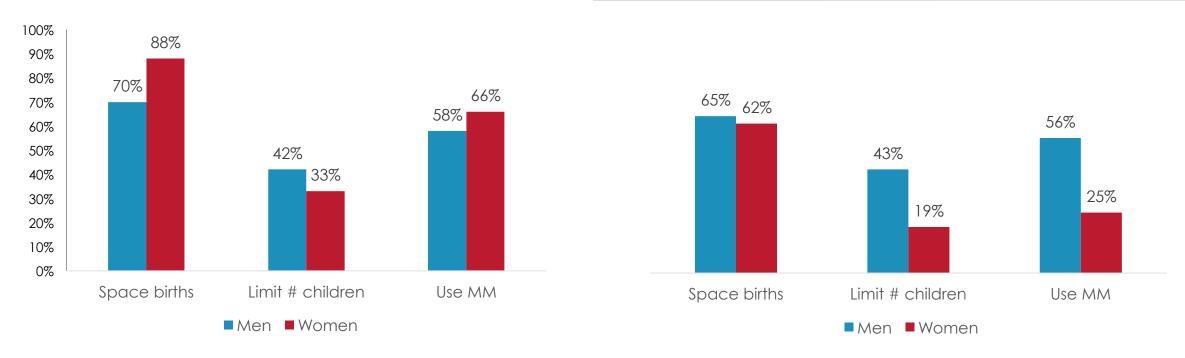
Among those considering pregnancy problematic, **men** seem to be slightly more concerned with the health of the mother compared to **women** 





# Acceptance of family planning and contraception

Respondent's answer: Belief it is acceptable for couples to... Perception of partner's answer: Belief it is acceptable for couples to...



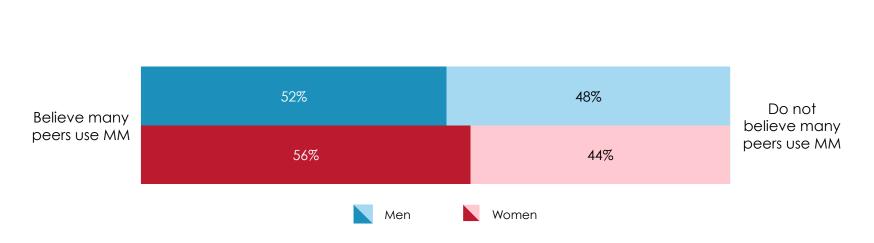
**Women** are **more likely** than **men** to accept birth spacing and use of MM, but **less likely** to accept limiting

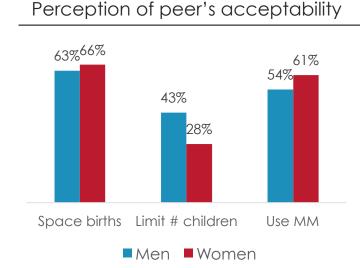
Women are much less likely to believe that their partner accepts limiting and MM use





## Perception of FP social acceptability



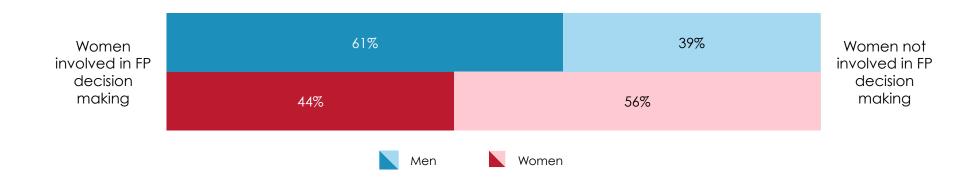


Men and women have roughly the same perception of other men / women in their community's acceptance of spacing and use of MM, but men are more likely to believe that their peers accept limiting

**Men** and **women** who perceive MM use as a social norm are far more likely to have tried and continue to use FP:

- Men are 2X more likely to have tried MM if they believe peers are using MM
- Women who perceive MM use as a norm are more than 3X as likely to have tried, and 4X as likely
  to be currently using MM than those who do not

# Couple decision making



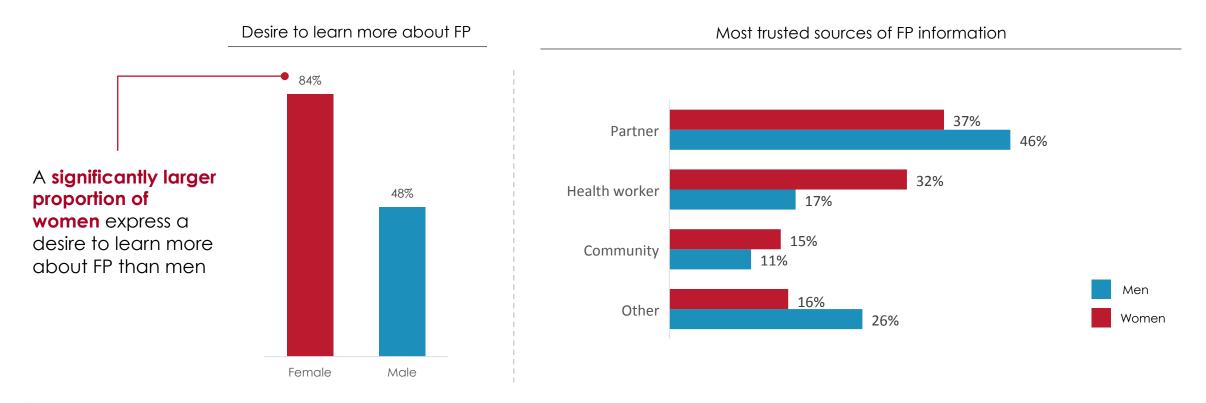
## Men are more likely to cite that their partners are involved in FP decision making

Among those reporting women's involvement in FP decision making, FP is much more likely to have been trialed and currently used:

- Men who involve their partners in FP decision making are ~2.5X more likely to have considered using, and 3X more likely to have tried MM
- Women who are in relationships where they are involved in FP decision making are more than 2X more likely to have tried, and more than 3X more likely to be currently using MM



## Desire to learn more



Both men and women have high levels of awareness of FP, and both visit health centers at similar rates

**Women** are much more interested in learning about FP compared to **men** 

Both men and women indicate their partners are the most trusted source of FP information, followed by healthcare workers, although women are ~2X more likely to state HCW as a trusted source of info compared to men





# Contents

- Context
- 2 Key insights
- 3 Implications

# Key Recommendations for couples communication outreach

## **RECOMMENDATIONS**

**RATIONALE** 

A Encourage clear articulation of FP acceptance

Women and men are more aligned regarding MM use than they think they are, and have similar perceptions of use of MM by their peers in the community

B Encourage open conversation on FP health risks, especially for health of women

Men don't feel the same level of salience / urgency to avoid pregnancy, and women either don't feel or are reluctant to voice concerns over their own health

C Demonstrate and discuss example of healthy couple engagement in FP decision making

Men believe that women are more involved in FP decision making than women perceive to be; 'involvement' may mean different things to men and women

Foster discussion of interpretation of religious teachings

Men and women don't have the same understanding of religious permissivity of FP





# Niger male and female segments

Very low autonomy in

22% 18% 10% 9% 25% 16% MALE NOVICE **IRREVERENT CONSERVATIVE** CURIOUS DISSATISFIED **PIOUS** SEGMENTS YOUTH TRADITIONALISTS **MODERNISTS SCEPTICS** PATRIARCHS **PROGRESSIVES** "I have different wants and "I trust my judgments, and "Men were intended "I prefer not to stray from the "Islam and my wife's "Islam is important to me. values to my parents, but I'm my life and outlooks are very to care for many wives and norms I know, but I do feel wellbeina are crucial – I'm and FP is no sin. My wife and not very sexually active so I different to my peers' – I lead large families - even if under-informed about family keen to avoid too many I are ahead of the times, haven't felt the need to don't know much about children and know a bit and by learning more we'll sometimes we planning – and generally consider family planning family planning, but don't do lose a child, I see no listen to those who know about family planning, but build our big family together benefit in changing that." at the right pace." yet." trust health advice anyway." more than me." abstinence and condoms are both poor options." V large, key segment Low current use High wish to learn FP • Small segment Small segment Low current use Grow into other seas. Most already using Low intention to use Low intention to use High trust of advice Some already using • Discuss FP w/ partner • Pro fem. empower. Low trust in advice Men make decisions • Dislike condoms/ab Want big families Can change mind Low desire to learn Anti fem. empower. Some starting to use • V. pro fem. empow. Intend use (spacing) 10% 18% 28% 26% 16% FEMALE TRADITIONAL **CONSERVATIVE HEALTHY** SHELTERED SKEPTICS MODERN FLITES SEGMENTS **AUTONOMISTS PASSIVES PROACTIVES** "I want a good life for myself "I'm not too familiar with "What my husband and I "It's important to me that Family Planning methods, decide is our business, and others do not oppose my FP and my children, and that but I don't trust them" starts with good family for now we think traditional choices" methods are better" planning" Very low acceptance and Most likely to say a • High acceptance and use use of FP FP decisions decided with of MM pregnancy would be a big Tends to be younger husband, his permission problem currently · More likely to consider

Low proactivity for info

seekina

herself 'very religious'

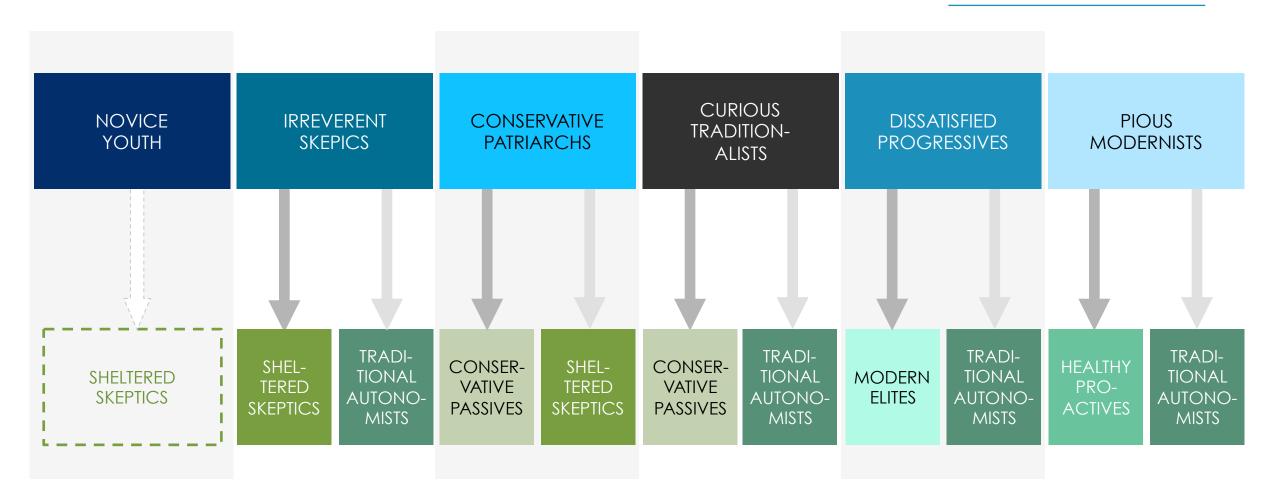
More educated, wealthy





# Mapping of male and female Niger segments

QUALITATIVE ASSESSMENT











# Mapping of recommendations

Α

Articulation of FP acceptance

c

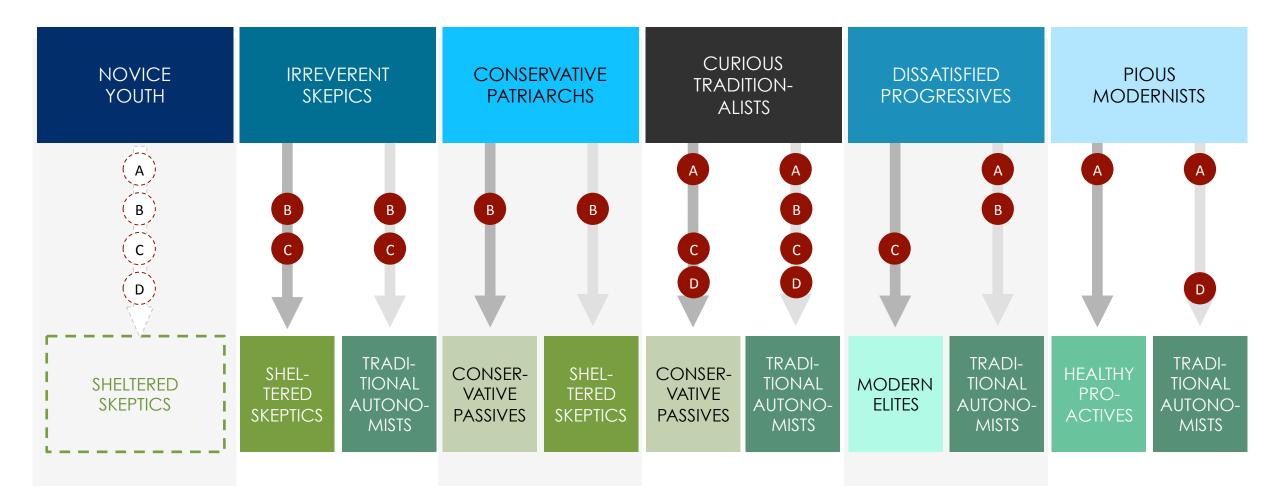
Demonstrate healthy couple engagement in FP

В

Open conversation on FP health risks

D

Discussion of interpretation of religious teachings





Primary partner segment



Secondary partner segment





# Appendix

## Novice Youth

Open conversation on FP health risks

Articulation of FP acceptance



Demonstrate healthy couple engagement in FP

Discussion of interpretation of religious teachings



- Novice Youth are young (average age 21) and currently unmarried, and we can assume that **some men** from this segment will eventually form partnerships with women from each of the five female segments
- However, their current cohort is the Sheltered Skeptics for the following reasons:
  - Like Novice Youth, Sheltered Skeptics are the youngest segment and most likely to be single. This leads us to think that these two segments are most likely to have similar mindsets and aspirations.
  - With 72% of Sheltered Skeptics considering their (future) husband's support for using contraceptives as important, these women are likely to value the fact that 62% of Novice Youth support female empowerment
  - Novice Youth are less religious than their peers, but still twice as likely to describe themselves as very religious than Sheltered Skeptics (61% vs. 30%). However, Sheltered Skeptics are more likely to see contraception as a  $\sin (49\% \text{ vs. } 27\%)$ .





# Irreverent Skeptics

Articulation of FP acceptance

c

Demonstrate healthy couple engagement in FP

Open conversation on FP health risks

D

Discussion of interpretation of religious teachings

#### **IRREVERENT SKEPTICS**

1

### SHELTERED SKEPTICS

- Irreverent Skeptics have the highe
- Irreverent Skeptics have the highest education levels amongst men (63% have primary or secondary education), while Sheltered Skeptics have the lowest amongst women (31%). Given their contrarian and opinionated nature, some Irreverent Skeptics may prefer partnerships with less educated women.
- Irreverent Skeptics and Sheltered Skeptics are likely to value each others' skepticism, which extends towards FP. Irreverent Skeptics are the least likely to have ever used FP (21%), and Sheltered Skeptics are the least likely to accept use of Modern Methods (18%).
- In line with their skeptic natures, both segments are not very religious. Irreverent Skeptics are the least religious segment amongst men (48% consider themselves very religious), while Sheltered Skeptics are moderately religious compared to peers (30%).

## traditional autonomists

- In contrast to Sheltered Skeptics, Traditional Autonomists are the most educated female segment (48% have primary or secondary education). Some Irreverent Skeptics may prefer partnerships with strong willed, educated, and autonomous women.
- Few Irreverent Skeptics have used FP (21%), but they most also don't think it's a sin to use contraceptives (82%), and therefore may tolerate when Traditional Autonomists use MM (65% accept use). Traditional Autonomists are also less likely than other female segments to require their husband's permission to use FP (30%).
- Both segments are not very religious. Irreverent Skeptics are the least religious segment amongst men (48% consider themselves very religious), and Traditional Autonomists are significantly less religious (20%).

## Conservative Patriarchs

Articulation of FP acceptance



Demonstrate healthy couple engagement in FP

Open conversation on FP health risks

Discussion of interpretation of religious teachings

#### CONSERVATIVE PATRIARCHS



- CONSERVATIVE PASSIVES
- Both Conservative Patriarchs (25% with primary or secondary education) and Conservative Passives (38%) are fairly uneducated
- Both segments are not favorable towards FP. Conservative Patriarchs are unlikely to have used FP (30%), and a majority of Conservative Passives do not accept the use of Modern Methods (56%). In addition, 53% of respondents in both segments think FP is a sin. Conservative Patriarchs are also least likely to support female empowerment (37%).
- Conservative Patriarchs and Passives are more likely to align on their conservative views on FP than religion. This is because Conservative Passives are surprisingly unreligious (only 28% describe themselves as very religious).

#### SHELTERED SKEPTICS

- Conservative Patriarchs (25% with primary or secondary education) and Sheltered Skeptics (31%) are among the least educated segments
- These couples are unlikely to use Family **Planning.** Conservative Patriarchs are unlikely to have used FP (30%), but Sheltered Skeptics are most likely to think husband permission for FP use is important (28%). In addition, a sizeable portion of both segments (53% CP and 49% SS) consider contraception a sin.
- In comparison with other female segments, **Sheltered Skeptics** are more religious. However, they are less than half as likely to describe themselves as very religious than Conservative **Patriarchs** (30% vs. 63%).





## Curious Traditionalists

Articulation of FP acceptance



Demonstrate healthy couple engagement in FP

Open conversation on FP health risks

Discussion of interpretation of religious teachings

## **CURIOUS TRADITIONALISTS**



#### CONSERVATIVE PASSIVES



- **Curious Traditionalists and Conservative Passives** are equally likely to live in rural areas (83%), and have similar low education levels (33% of Curious Traditionalists have a primary or secondary degree versus 38% of Conservative Passives)
- With only 44% of Conservative Passives accepting modern methods, these women tend to stick to social norms. Conservative Passives could therefore be encouraged to learn more about FP by their Curious Traditionalist husbands (50% of CTs have used FP).
- While Curious Traditionalists are significantly more religious than Conservative Passives, **both segments** are the most likely to see contraception as a sin (54% of Curious Traditionalists and 53% of Conservative Passives)



#### TRADITIONAL AUTONOMISTS



Curious Traditionalists are less educated (33% vs. 48% have primary or secondary education) and slightly less likely to be from rural areas (83% vs. 89%) than traditional autonomists

- While 65% of Traditional Autonomists accept the use of FP, the majority of these women only accept and use traditional methods. Because 70% of these women perceive their husband's permission for FP as important, Curious Traditionalists may be able to help promote acceptance of modern methods.
- The fact that Curious traditionalists and traditional autonomists strongly disagree over whether contraception is a sin (54% CT vs. 27% TA), is likely to be linked to their different degrees of religiosity: 74% of CT's consider themselves very religious, whereas only 20% of TAs do so,





# Dissatisfied Progressives

Α

Articulation of FP acceptance



Demonstrate healthy couple engagement in FP

Open conversation on FP health risks

D

Discussion of interpretation of religious teachings

## DISSATISFIED PROGRESSIVES

P

## **MODERN ELITES**

A

## TRADITIONAL AUTONOMISTS

- Both Dissatisfied Progressives (25%) and Modern Elites (34%) are most likely to live in urban areas, but Dissatisfied Progressives are almost half as likely to have a primary or secondary education than Modern Elites (23% vs. 45%).
- These couples are very likely to use Family Planning, seeing as 70% of Dissatisfied Progressives have done so in the past and 79% of Modern Elites accept use of modern methods. In addition, Dissatisfied Progressives are most likely to support female empowerment (95%), and Modern Elites are least likely to think their husband's permission for contraception is important.
- Both Dissatisfied Progressives (100%) and Modern Elites (38%) are most likely to describe themselves as very religious, but Dissatisfied Progressives are much significantly more religious in absolute terms.

- В
- Dissatisfied Progressives (25%) are more than twice as likely than Traditional Autonomists (11%) to live in urban areas, but less educated (only 23% of Dissatisfied Progressives have a primary or secondary education vs. 48% of Traditional Autonomists)
- At 70%, most Dissatisfied Progressives have used FP methods to date. And with 65% of Traditional Autonomists accepting the use of Modern Methods, it is possible that these couples currently use FP.
- Dissatisfied Progressives are five times as likely to describe themselves as very religious than Traditional Autonomists (100% vs. 20%). However, both Dissatisfied Progressives (13%) and Sheltered Skeptics (27%) are unlikely to see contraception as a sin.





## Pious Modernists

Α

Articulation of FP acceptance



Demonstrate healthy couple engagement in FP

Open conversation on FP health risks

D

Discussion of interpretation of religious teachings

#### PIOUS MODERNISTS

1

## HEALTHY PROACTIVES

- Pious Modernizers are more likely to live in rural areas (87%) than Healthy Proactives (78%), and are slightly less educated (46% with primary or secondary education vs. 41%)
- These couples are highly likely to use Family Planning: Pious Modernists are the most likely to have used FP to date, and Healthy Proactives are the most likely to accept Modern Methods. In addition, Pious Modernizers are likely to support female empowerment (75%).
- Pious Modernists and Healthy Proactives feel differently about religion. 86% of PMs describe themselves as very religious, whereas this figure is only 17% for Healthy Proactives. However, despite being considerably more religious, Pious Modernists are more than five time less likely to consider contraceptive as a sin than Healthy Proactives (6% vs. 32%).

#### TRADITIONAL AUTONOMISTS

2



- Pious Modernizers and Traditional Autonomists are equally likely to live in rural areas (87% vs. 89%), but Pious Modernizers are less educated (36% with primary or secondary education vs. 48%)
- With Pious Modernizers being most likely amongst men to have tried FP in the past, and a majority (65%) of Traditional Autonomists accepting modern contraceptive methods, these couples are likely to use family planning
- While Conservative Pious are much more religious than Traditional Autonomists (86% vs. 20%), both segments are least likely to view contraception as a sin amongst their peers (only 6% of Pious Modernizers and 27% of Traditional Autonomists).



