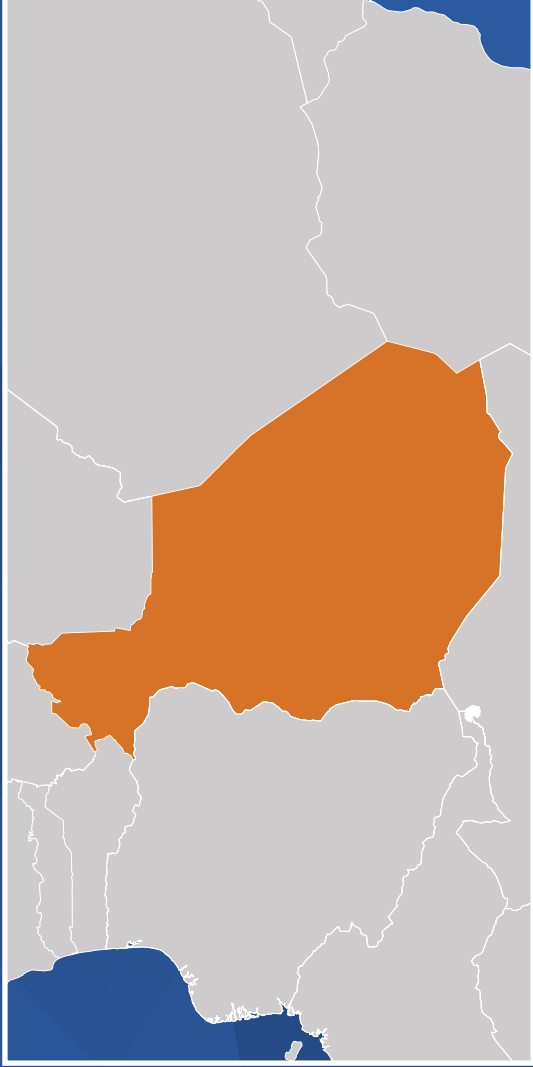


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ANALYSIS OF GENDER POLICIES AND STRATEGIES FOR MALE ENGAGEMENT IN FAMILY PLANNING AND REPRODUCTIVE HEALTH IN NIGER



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Introduction

In a conservative country like Niger, which has one of the highest fertility and child marriage rates in the world (INS and ICF International, 2013), it is important to find innovative strategies, like male engagement, that stimulate family planning while respecting community values. Men play a key role in reproductive health—as individuals, family members, community decisionmakers, primary financial supporters, and national leaders. Reaching men is essential for meeting their reproductive health needs, for creating more equitable gender relations and ensuring safe motherhood, and for better promoting the use of family planning services by women and couples.

Most healthcare in the country, however, focuses on women. Civil society, nongovernmental organizations, and public sector representatives consistently state that there is little or no significant political opposition to involving men in reproductive health. In fact, a reproductive health law was passed in early 2006 stating that everyone has the right to access family planning/reproductive health (FP/RH) services.¹ Despite this progress, translating the law to action has been slow. In addition, social and cultural norms discourage women from accessing family planning on their own. Efforts to prioritize male engagement in family planning must closely examine the barriers at the policy level and identify key advocacy actions to strengthen support for and facilitate the engagement of men and adolescents (15–24 years of age) as users of family planning services and as supportive partners for family planning.

Purpose and Objectives of the Study

The purpose of this study is to strengthen policies and strategies for engaging men and adolescent boys (15–24 years of age) in family planning. The Health Policy Plus (HP+) project, funded by the U.S. Agency for International Development (USAID), adopted the USAID framework for male engagement, which recognizes the three overlapping male roles in family planning: as clients or users of reproductive health, as supportive partners, and as agents of change for gender equality in the family and community (USAID, 2018).

Efforts to prioritize male engagement in family planning to change norms and more fully enact reproductive health laws must include an understanding of current barriers that have slowed progress. This study examines barriers at the policy level and identifies key advocacy actions to strengthen support for, and facilitate the engagement of, men and male adolescents. In line with the aim of the study, this report:

- Identifies the major policy barriers to engaging men and boys in FP/RH.
- Describes key stakeholders' perceptions of men's and boys' involvement in supporting maternal and child well-being.
- Provides guidance for revisiting policies and strategies for engaging men and boys in FP/RH.

¹ Law No. 2006–16, June 26, 2006, available at:

<http://www.ilo.org/dyn/natlex/docs/ELECTRONIC/111881/139600/F-1840327221/NER-111881.pdf>.

Methods

HP+ conducted 29 in-depth interviews from April 27 to May 6, 2022, with 13 participants from the city of Maradi and 16 from Zinder. Among the 13 respondents in Maradi, six were women and seven were men; in Zinder, HP+ interviewed eight men and eight women. The cities were selected due to the slow progress being made in increasing the contraceptive prevalence rate. A non-probability sample of key informants, government officials, health service providers, members of civil society, women’s and men’s groups, gender equality groups, and technical and financial partners were selected in these regions using a combination of purposive sampling and snowballing methods. Field data collection was conducted by two research assistants hired under the supervision of the gender specialist.

After the data were collected, they were fully transcribed in French before undergoing a pre-analysis of content to identify emerging themes. The data were then analyzed by content and by theme to describe and analyze policy-related barriers to men’s engagement in family planning in Niger. All quotations used in this report were translated from French.

Results

Young Men’s Involvement in the Policy Formulation Processes

A staff member at the Regional Directorate of Public Health confirmed that young men were involved in the formulation of national health policies—their input gathered through validation consultations organized by the Ministry of Public Health, Population and Social Affairs. The consultations involved group and individual interviews and forums in which a diversity of actors participated, including young people, who constitute the largest segment of the Nigerien population. In Niger, more than two-thirds of the population are under 25 years of age. Population growth is high at 3.9 percent annually and economic growth is comparatively low at 3.2 percent (International Federation of Red Cross and Red Crescent Societies, 2018).

However, it should be noted that youth participation in the development of national policies and strategies is more *pro forma* than substantive. In most cases, members of city youth associations are invited to meetings without consulting other youth. More often than not, youth participants are not informed about the issues surrounding the introduction of a policy. They lack capacity in leadership and advocacy to be able to advocate for their opinions and lack information on the specific needs of youth on relevant socio-economic issues. There have been capacity building sessions for some youth associations, particularly on using a tool (TARP) to evaluate the inclusion of youth in national budget plans and on leadership and advocacy. However, much remains to be done to achieve fair and equitable participation of youth in national policy making.

“When a document is generally drawn up, there are several diagnoses to be made through participatory forums, and young people are often appointed.

The youth are consulted in the surveys and focus groups to collect the needs of the youth.”

—Head of the Regional Directorate of Public Health, Zinder

Men, an Overlooked Group in Health Policies, Strategies, and Services

Men as Clients

A strong policy environment for male engagement is important to ensure health services adequately respond to men's FP/RH needs. As part of this study, interview respondents reviewed Niger policies, such as the Family Planning Operational Plan of 2018, the 2017 Gender National Policy, and documents on religious perspectives on family planning. After reviewing these policies, interview respondents reported that the specific needs of men and boys as clients of FP/RH services are not explicitly addressed in policy documents and strategies in Niger. They observed that because health facilities are considered a "woman's place," men are reluctant to visit them for their reproductive health needs. In addition, respondents reported that the layout of health facilities—where a common waiting area means that men are noticed—discourages men from seeking family planning services. Thus, there is a need to strengthen policies that support male-friendly health services and programs in Niger as a way to better meet the FP/RH needs of men and adolescent boys of reproductive age.

The 2017 Gender National Policy states that "a demographic transition cannot take place in the absence of an enabling environment for gender equity that would allow couples to space births and encourage women to be part of the active population and to contribute more to the economic well-being of their family." The policy states that "today, the participatory challenge is that of strengthening the access of women in decision making but, above all, that of bringing men and women to be able to manage and control the decision as complete partners" (MPF/PE, 2017, p. 28, translated from French). Although this gender policy recognizes the importance of both men and women to make joint decisions for the family, it does not specify that it is important for men to make their own FP/RH decisions. More efforts are needed to strengthen the capacity of health providers to deliver quality health services to men.

Men as Supportive Partners

Social norms and unequal power dynamics in Nigerien societies restrict women's mobility and decision making about their own reproductive health choices. However, key informants reported that while health policy documents and strategies are focused on improving women's access to services, the policies do not consider or address the personal relationships, community, and societal factors that influence their behaviors and decisions—

"We must first create structures, because young people and men in FP/RH have different needs from the usual structures. So, we need to create these structures. If we leave everyone on the same boulevard, the same circuit, it goes without saying that men or young people will not feel affiliated by the health structures."

—Staff member of a nongovernmental organization in Zinder

"It's not really encouraging. The men are really a little frustrated with the location of the service. Because there are women, they feel embarrassed to go to the health service in any case, even if they have needs ..."

—Centre de santé intégré (CSI) (integrated health center) focal point, Zinder

"Sometimes they [men] are ashamed. They fear that others will talk about them, look at them differently. But some come."

—CSI dispensary manager, Zinder

including men's roles in supporting or hindering women's FP/RH decisions. As an executive staff member of the Regional Directorate of Public Health of Zinder stated:

“You know we shouldn't make the women's issue a women's issue. If we do, we'll fail because we should not need to draw the woman out of the group.... We now realize that we have to consider her as part of the family and part of her community. Thus, women should not be a separate entity, but rather an individual surrounded by other individuals such as men, children, and her community, which can easily influence her.”

There are many socio-cultural stereotypes that discourage men from accompanying women and children for health services. Reproductive and child health services are perceived in Nigerien communities as being the prerogative of women. Men are frowned upon for performing domestic tasks intended for women and for accompanying women for FP/RH services. It is important that national strategies emphasize interventions to remove barriers to male participation and involvement in family planning.

This is a need that women expressed in various meetings with development project agents. For example, a midwife from an international organization said that women need the freedom to make their own choice about a family planning method but that they feel they must try to persuade their husband to accept their choice. If he doesn't approve, they will listen to him rather than ask for what they want.

Men as Agents of Change

The formulation of health policies and strategies should be based on clear evidence from a variety of sources, including routine data, demographic and statistical surveys, and evaluations. There is increasing evidence that strategies for engaging men as agents of change—such as husband school approaches and husband-to-be clubs—are effective in improving health and gender outcomes. Despite this growing evidence, these approaches are not being institutionalized in policies and systematically scaled up; and those efforts underway do not have a mechanism for being sustained after the implementing project leaves. More advocacy is needed for health policies and strategies to engage men as agents of change and to increase the reach and sustainability of those policies and strategies. Respondents noted that the Ministry of Public Health's research division and the good practice scale-up unit need more human and material resources to better coordinate the multitude of FP/RH interventions in Niger.

“The husband schools were the real strategy ... that can really get men fully involved.”

—Regional Directorate of Public Health focal point, Zinder

“In the past, Niger was strong on this [husband schools] because it is an innovation that was born in Niger. And just because of lack of motivation, some [members] have left to go about their business; but there are still husband schools that are functional.”

—UNFPA executive, Zinder

“I think that today there are good practices that are documented. There are lessons that are really drawn from the experiences of our projects and according to which indeed some projects have gone to scale. This was the case of the husband schools [in a program] run by UNFPA. So, these are programs that have shown really concrete results on the ground and that are documented through surveys, through studies.”

—UNFPA executive, Zinder

The Persistence of Taboos

The persistence of taboos regarding men's sexuality and prejudices about modern contraceptive methods influence the attitudes of decisionmakers, community leaders, and traditional leaders and are a barrier for men and young boys to use family planning methods. As leaders consider family planning to be a female practice, men and young boys don't consider themselves as family planning users, which affects providers who are reluctant to openly engage men and young boys in FP/RH.

Although there is a network of champions and leaders and national and international organizations committed to family planning, much work remains to create an environment in Niger that is conducive to promoting male engagement.

Adolescent and Youth Services

As part of the promotion of adolescent and youth reproductive health, the government in Niger has established youth-friendly centers that offer sexual and reproductive health services adapted to youth and adolescents. There are four types of youth-friendly centers in Niger:

- Youth-friendly listening centers that are branches of the youth promotion centers managed by the Ministry of Youth and Sports. Their activities are socio-educational activities, cultural and sports activities, and preventive and promotional activities in FP/RH.
- The Ministry of Public Health has two types of youth-friendly integrated health centers, called centre de santé intégré or CSIs (CSI type 1 is without a maternity unit and type 2 has a maternity unit). Their package of activities include education, and health promotion, prevention, and treatment.
- Integrated youth-friendly centers are models that integrate all high-impact interventions on adolescent and youth sexual and reproductive health. They are the centers of the Nigerien Association for Family Welfare and the Boukoki National Youth Center of the Ministry of Youth and Sports. The minimum package of activities in these centers are socio-educational activities, cultural and sports activities, and preventive and curative activities.
- The infirmaries of secondary and higher education establishments are managed by the ministry in charge of secondary education and the ministry in charge of higher education. They carry out socio-educational activities (interpersonal communication, talk shows, film screenings, etc.) and curative and preventive activities.

One of the limitations of these youth-friendly centers is that they have not taken into account the heterogeneity of youth; that is that youth include a diversity of categories (girls, boys, single and married persons, mothers, etc.) each of whom have specific needs. The programs at these centers are specifically geared toward unmarried urban girls and boys. Other categories of youth are not only excluded, but are also reluctant to attend other public health centers because of ill-timed hours of operation and the judgmental behavior of health workers, who may use their own personal standards to judge the youth they see. As stated by a health agent in Andoumé CSI in Maradi:

“They don't even come—it has to get bad, when there is a pregnancy, clandestine abortions, that's when we see them.... In general, young people are not seen well if

you come for family planning.... If you come, there is your mother's neighbor here, there is your aunt, etc. And sometimes agents tend to be judgmental.”

Recommendations

For the Ministry of Youth and Sports

- Increase youth and youth association participation in public health policy development to better address their needs and the policy barriers to male engagement on FP/RH.
- Strengthen youth-friendly programs to address the unique needs of young men and young women from diverse backgrounds.
- Continue to advocate with decisionmakers, including parliamentarians, on the importance of engaging men and young boys in FP/RH.

For the Ministry of Public Health, Population and Social Affairs

- Update policies and plans to include strategies, activities, and indicators that specifically support men's and boys' three roles in family planning.
- Provide funding to scale up husband schools to strengthen men's roles as supportive partners and agents of change.
- Strengthen health providers' knowledge of adolescent and youth health policies and programs.
- Provide more training for health providers and public health staff to reduce gender biases and provide gender-responsive services to men, women, and adolescent boys and girls who seek FP/RH services. Religious leaders should be included in the training so they are able to show the community the harms of stereotypical judgments about a person.
- Involve the life and earth sciences and home economics supervisors in high schools and colleges in training on adolescent and youth sexual and reproductive health.

Conclusion

This analysis adapted a male engagement framework to examine the policy environment for male engagement in family planning in Niger. The analysis explored policy barriers and identified priority policy actions to strengthen a supportive environment for engaging boys and young men in family planning programs and services. Strengthening the policy environment for engaging men and boys will ensure women and men can access and use family planning and will contribute to improved gender equality. Men's and boys' engagement improves not only women's and girls' health and well-being, but also that of men and their children.

References

Institut National de la Statistique (INS) and ICF International. 2013. *Enquête Démographique et de Santé et à Indicateurs Multiples (EDSN-MICS IV)*. Niamey and Calverton, MD: INS and ICF International. Available at: <https://dhsprogram.com/pubs/pdf/fr277/fr277.pdf>.

International Federation of Red Cross and Red Crescent Societies. 2018. *Niger Plan 2020*. Available at: <https://ifrcgo.org/africa/img/covid19/Niger%202020%20Plan.pdf>.

Ministère de la Promotion de la Femme et de la Protection de l'Enfant (MPF/PE). 2017. *Politique Nationale du Genre*. Available at: <http://www.promotionfemme.gouv.ne/uploads/documents/5c79193989b63.pdf>.

U.S. Agency for International Development (USAID). 2018. *Essential Considerations for Engaging Men and Boys for Improved Family Planning Outcomes*. Washington, DC: Office of Population and Reproductive Health, Bureau for Global Health. Available at: <https://www.usaid.gov/sites/default/files/documents/1864/Engaging-men-boys-family-planning-508.pdf>.

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