

EXECUTIVE SUMMARY

Child Marriage, Fertility, and Family Planning in Niger

Results From a Study Inspired by the International Men
and Gender Equality Survey (IMAGES)



About This Study

This mixed-methods study in Niger – inspired by the International Men and Gender Equality Survey (IMAGES) – offers critical insight into the motivations, attitudes, and behaviors of married adolescent girls and their husbands related to sexual and reproductive health and rights. Promundo-US produced this study in collaboration with The OASIS Initiative, a project of University of California at Berkeley and Venture Strategies for Health and Development, and the Center on Gender Equity and Health at the University of California, San Diego.

About the International Men and Gender Equality Survey (IMAGES)

The International Men and Gender Equality Survey (IMAGES) is a comprehensive, multi-country study on men's and women's realities, practices, and attitudes with regard to gender norms, gender-equality policies, household dynamics, caregiving and fatherhood, domestic violence, sexual diversity, health, and economic stress, among other topics. Promundo and the International Center for Research on Women created IMAGES in 2008. As of 2018, IMAGES and IMAGES-inspired studies have been carried out in more than 40 countries, with more studies planned or underway. IMAGES is generally carried out together with qualitative research to map masculinities, contextualize survey results, and provide detailed life histories that illuminate quantitative findings. The questionnaire is adapted to country and regional contexts, with approximately two-thirds of the questions being standard across settings. For more information, see: www.promundoglobal.org/images.

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The OASIS Initiative
ORGANISING URBAN SCALABLE SOLUTIONS IN THE SAHIL
ORGANISERRE AVANCEMENT DES SOLUTIONS AU SAHIL



UC San Diego
SCHOOL of MEDICINE



Background

Niger is known for having the highest rate of child marriage – a marriage or union in which at least one spouse is under 18 years old – and adolescent fertility in the world. In Niger, 76 percent of girls will be married before age 18, while 28 percent will be married before age 15 (Institut National de la Statistique [INS] & ICF International [ICF], 2013). While men typically marry much later (at a median age of 24), a small proportion of boys – 6 percent – will also marry before age 18 (INS & ICF, 2013). Childbearing during adolescence is common: about half of women have at least one birth before age 20 in Niger (MacQuarrie, Mallick, & Allen, 2017).

At the time of this report's writing, the average 16-year-old girl in Niger is already married. Now considered an adult in Nigerien society, she will quickly begin childbearing and will bear at least 7 children in her lifetime (INS & ICF, 2013). Accordingly, children are valuable assets in Nigerien society: while the average 16-year-old girl will eventually have 7 children, both she and her husband desire even more (9 and 11 total children, respectively, per INS & ICF, 2013).

Researchers and practitioners are increasingly aware of the negative consequences of child marriage. Women who enter into child marriage are more likely to be illiterate, be younger at the birth of their first child, and give birth to more children in their lifetime; less likely to use a method of contraception; and more likely to die during childbirth (Walker, 2013; Greene, Perlson, Taylor, & Lauro, 2015). In addition to child marriage being a human-rights issue, recent research also points to the practice's costly macro-economic impacts to societies overall (Wodon et al., 2017). Despite this research, in Niger little is known about the motivations, attitudes, and social norms driving girls into marriage by age 15; the consequences in terms of sexual and reproductive health (SRH) outcomes; and the factors driving men into marrying younger, adolescent girls.

Building on the growing evidence base about child marriage and responding to multiple calls for more evidence on younger and older adolescent SRH needs (United Nations Population Fund, 2016; Igras, Macieira, Murphy, & Lundgren, 2014), this study – inspired by the International Men and Gender Equality Survey (IMAGES)¹ – offers critical insight into the SRH motivations, attitudes, and behaviors of married adolescent girls and their husbands in Niger, providing findings, lessons, and recommendations for future policy and programming.

1 IMAGES was created in 2008 by Promundo and the International Center for Research on Women and has become a comprehensive, multi-country effort to build the evidence base around gender relations between men and women, and their relationship with health, development, and gender-equality issues. Ten years after its inception, IMAGES and IMAGES-inspired studies have been carried out in more than 40 countries.

Study Design and Methodology

This IMAGES-inspired study consisted of mixed-methods quantitative and qualitative research components. Quantitative methods included the integration of IMAGES measures into the baseline survey of a cluster randomized impact evaluation for Pathfinder's Reaching Married Adolescents (RMA) program, conducted by the Center on Gender Equity and Health at the University of California, San Diego in Niger's Dosso region. Separate from this evaluation, The OASIS Initiative (Organizing to Advance Solutions in the Sahel) at the University of California, Berkeley carried out a qualitative ethnographic study to better understand influences and mechanisms behind young men's and women's marriage formation experiences in the neighboring Maradi region of Niger.

The broader impact evaluation design of the RMA intervention was a three-armed randomized controlled trial in 48 villages clustered within three districts (16 villages per district) in Niger's Dosso region. At baseline, 2,400 married adolescent girls aged 13 to 19 (n=1,200) and their husbands aged 15 to 53 (n=1,200) were selected to participate in the study across the three districts (total n=1,200 dyads). The baseline quantitative survey included domains on SRH (specific to contraceptive knowledge, attitudes, social norms, and behaviors); marital relations and parenting; healthcare access; and gender attitudes and norms. IMAGES-inspired questions were integrated into the baseline survey to better understand participants' gender-normative attitudes and behaviors, in particular related to gender roles, household relations, caregiving, mental health and quality of life, and violence. This report presents descriptive statistics, as well as results from bivariate and multiple regression analyses from this baseline data.

The qualitative ethnographic research was conducted in rural Hausa villages in the Dagura and Yanwa communities of Niger's south-central Maradi region. The purpose of the qualitative study component was to explore in greater depth the mechanisms behind marriage formation, expectations, and experienced realities among young men and women in the Sahel. The ethnographic approach was employed – including use of participant observation, in-depth interviewing, informal discussions, and archival research – in collaboration with rural young men, their parents, their girlfriends and wives, and community leaders. Five research assistants lived in two research communities in the Maradi region over six weeks. The research assistants participated in the daily life of these communities, bringing together what people said (the content of interviews) and what they did (daily observations in the form of field notes). The qualitative research team analyzed the data through ongoing and iterative thematic qualitative analysis beginning early in the data-collection process and continuing after completion. More details on the qualitative methodology and results can be found in the report *Young Men's Transition to Adulthood: Relationship Formation and Marriage in Maradi, Niger*.

Results

The results show that over half of the adolescent girls in the quantitative study were married during the early adolescent ages of 10 to 14, a much greater proportion than in nationally representative Demographic and Health Survey data collected among currently married women of reproductive age in Niger. At the same time, 29 percent of the husbands in the study were married between the ages of 12 and 19, pointing to the need for targeted programming for both early and later adolescent age groups to delay marriage initiation in Niger.

Marriage formation at a migratory crossroad. The qualitative findings suggest that marriage socialization and decision-making processes in the Maradi region may be shifting as a result of men's economic migration and increasing financial independence. As young men are becoming more financially autonomous from their parents, they have gained increased bargaining power in choosing whom and when they will marry – although parental opinion still appears to be considered in the marriage decision-making process. Despite this transition, the findings suggest that strong social norms and expectations around fertility desires and age at first marriage have not changed; this is reflected in young men's and community members' shared perceptions – found through the ethnographic research – that girls should be married by age 14. Accordingly, both age and fertility were often cited throughout the ethnographic research as important qualities in a prospective wife. Younger girls were believed to be more fertile – a critical attribute in contexts like Niger, where a man's social status is tied to virility and ability to have children.

Marriage roles, gender attitudes, and norms. In the quantitative research, the attitudinal Gender Equitable Men (GEM) Scale scores highlight a number of inequitable and gender-reinforcing norms related to household roles, violence, and SRH.² Across a number of attitudinal and normative domains, adolescent wives consistently reported more inequitable attitudes and personal beliefs than their husbands did. For example, 97 percent of adolescent wives, as compared to 82 percent of husbands, agreed that “a woman should never question her husband's decisions even if she disagrees with them.” The difference between adolescent wives' and husbands' self-reports of inequitable beliefs and socio-normative expectations may also reflect the adolescent girls' lower age and educational background relative to their husbands'. Both the qualitative and quantitative findings strongly point to the importance of “obedience” as a marker of a woman's marriage potential. This trait sticks throughout the course of the relationship, from courtship to eventual marriage, during which both husbands and adolescent wives assert that wives should never question their husbands' decisions.

2 The GEM Scale was originally developed by the Population Council and Promundo with young men aged 15 to 24 (Pulerwitz & Barker, 2008). The original scale includes 17 attitudinal statements about different dimensions of men's gender-inequitable attitudes; the scale is typically adapted to specific country contexts.

SRH, contraception, and fertility. Overall, the quantitative results confirm a strong desire for large families among both adolescent wives and their husbands. Three in five adolescent wives already had a child at the time of the study, with a median age of 16 years at their reported last birth. About two in five surveyed younger husbands (aged 15 to 24) reported having had a child during the adolescent years of 12 to 19. These findings suggest that childbearing may start early for both adolescent girls and boys in Niger. Of the adolescent wives sampled, approximately one in 10 reported currently using a modern method of family planning. Despite strong support and social expectations for child spacing, the desire for children and religious/fatalistic motivations were key reasons for not wanting to use a family-planning method (e.g., “It is up to God”). Overall, the results show very low awareness of family-planning methods and where to get them, especially among adolescent girls: only half of the adolescent girls surveyed knew of a place where they could obtain family-planning methods.

Use of health services and mental health. Adolescent wives were twice as likely as husbands to receive health services over the past year. The findings indicate a gap between adolescent wives’ and husbands’ interactions with family-planning information and services, suggesting a missed health-service opportunity given men’s central decision-making role in choosing and using family planning. The results also suggest a high prevalence of work-related stress and depression-related symptoms among husbands. Strikingly, over one in four husbands who participated in the quantitative survey reported that, in the last week, they had thought that they would be better off dead. Additionally, experiences of physical violence as a child were significantly associated with experiencing poor mental health and depression-related symptoms among husbands in Niger’s Dosso region.

Playtime, caregiving, and the use of harsh child punishment. Overall, the study finds that husbands are more likely to participate in caring for children than in other household tasks. This finding is consistent with other IMAGES studies and literature highlighting caregiving and playtime activities as common father-child interactions. The quantitative study shows that young fathers are less likely to participate in caregiving activities compared to older fathers, although this difference may be explained by the age differential between their children (that is, playtime and caregiving become more frequent as children become older). The study also finds that husbands with better mental health outcomes are significantly more likely to participate in caregiving activities. While husbands appear to participate less in specific childcare activities relative to adolescent wives, they are motivated by the desire to spend more time with their children. For instance, 93 percent of interviewed husbands wished to spend more time with their children. The study finds low reporting of harsh child punishment among participating husbands, with only 16 percent of husbands reporting using any physical harsh child punishment in the past month. However, this finding may be due to the younger ages of children among participating couples.

Intimate partner violence. To the best of the authors’ knowledge, this IMAGES-inspired study generated the first large-scale quantitative data on experiences of intimate partner violence as reported by adolescent wives in Niger. This is a key contribution given that Niger’s latest Demographic and Health Survey collected no violence-related data from currently married women, let alone from adolescent girls. The results show only 12 percent of adolescent girls self-reporting experiences of intimate partner violence. At the same time, however, a high percentage of husbands reported having witnessed or heard

of male friends engaging in spousal physical violence. Despite low reporting of sexual intimate partner violence in the quantitative study, men mentioned sexual satisfaction and coercion in the qualitative study as both a marital expectation and an obligation. Given the socio-normative belief that a wife should be “obedient” to her husband, certain items around sexual violence may have been perceived by adolescent wives as part of normal sexual and marital relations, rather than forced sexual violence. Similar to other global studies on intimate partner violence, under-reporting may have also contributed to the low proportions of adolescent wives reporting experiences of spousal violence.

Recommendations

The findings suggest a number of potential opportunities to delay child marriage and to improve SRH outcomes for adolescent girls – and their families and communities – in Niger. Based on these study findings, key recommendations include:

- Focus programming and policy efforts related to child marriage to **target adolescent girls and potential husbands concurrently – and in gender-synchronized ways – during the premarital courtship period**, while also engaging key reference groups and norms holders in the community.
- **Work with boys and girls from an early age** to challenge and transform harmful gender norms and related constructions of sexuality that contribute to child marriage through gender-transformative programming that effectively questions gendered power dynamics.
- **Segment programming for and targeting of girls and boys in early adolescence** (ages 10 to 14) given that half of participating girls in this study were married by 14 and that adolescence is a key age at which to engage both girls and boys in light of their increasing opportunities to reflect on and reinforce or question inequitable gender norms.
- **Invest in continuing adolescent girls’ education** prior to and during marriage, as well as in related economic empowerment initiatives, while working with institutions and policymakers to enforce and promote continuing-education initiatives for adolescent girls.
- **Target interventions to fathers** of adolescent girls and boys, helping raise aspirations of fatherhood beyond their roles as providers and decision-makers to promote their engagement as gender-equitable and nonviolent caregivers.

- **Work with migrating young men** – either pre- or post-migration – to delay marriage courtship and formation upon returning from labor migration, using this demographic transition to catalyze changes in attitudes and normative expectations around age at marriage, fertility, and family size.
- **Increase resources on and investment in young men’s mental health issues** and needs through the provision of psychosocial support for both adolescent girls and their husbands, particularly given the associations between mental health and other SRH outcomes.
- Given the general low awareness of family-planning services and methods, **conduct targeted SRH and health-education activities community wide**, among both adolescent girls and their husbands, to increase awareness and information about family-planning methods.

Building on the study results, as well as prior research and work in Niger on child marriage and SRH, these recommendations provide initial guidance for future programming and research to improve the SRH and well-being of adolescents, their families, and their communities. This report aims to serve as gateway evidence for future investment, research, and programming in this area, with the hope that all girls and boys in Niger can grow up to live healthy and happy lives.

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