

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. For more information, see: www.promundoglobal.org/images

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About the organizations

Promundo

Founded in Brazil in 1997, Promundo works to promote gender equality and create a world free from violence by engaging men and boys in partnership with women and girls. Promundo is a global consortium with members in the United States, Brazil, Portugal, and Democratic Republic of the Congo that collaborate to achieve this mission by conducting cutting-edge research that builds the knowledge base on masculinities and gender equality; developing, evaluating, and scaling up high-impact gender-transformative interventions and programs; and carrying out national and international campaigns and advocacy initiatives to prevent violence and promote gender justice. For more information, see: www.promundoglobal.org

Center on Gender Equity and Health

The mission of the Center on Gender Equity and Health (GEH) at the University of California, San Diego is to improve population health and development by elevating the status, opportunities, and safety of women and girls globally. GEH takes a leadership role in conducting innovative global public health research, providing medical and academic training for next-generation scholars, and supporting development and evaluation of evidence-based policies and practices related to gender inequities, gender-based violence, and health. GEH strives to bridge the gap between research and implementation, taking into account on-the-ground challenges and the lived experiences of women and girls, and their communities, worldwide. For more information, see: <http://gph.ucsd.edu/cgeh/Pages/default.aspx>

The OASIS Initiative

The OASIS Initiative (Organizing to Advance Solutions in the Sahel) a project of University of California, Berkeley and Venture Strategies for Health and Development, is building the evidence base and local leadership necessary to overcome the most serious development challenges in the Sahel region of Africa. The OASIS Initiative is focused on three strategies critical for the region: 1) educating and empowering adolescent girls and women, 2) expanding access to voluntary family planning, and 3) adapting agriculture to climate change, in order to improve the well-being of families in the Sahel region. For more information, see: <http://oasisinitiative.berkeley.edu/>

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Acronyms

| | |
|------------------|--|
| AOR | adjusted odds ratio |
| DHS | Demographic and Health Survey |
| GEH | Center on Gender Equity and Health |
| GEM Scale | Gender Equitable Men Scale |
| ICF | ICF International |
| IMAGES | International Men and Gender Equality Survey |
| INS | Institut National de la Statistique |
| IUD | intrauterine device |
| LAM | lactational amenorrhea method |
| OASIS | Organizing to Advance Solutions in the Sahel |
| RMA | Reaching Married Adolescents |
| SRH | sexual and reproductive health |
| UCSD | University of California, San Diego |

Executive Summary

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 the age of 20 (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) intervention, 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.

Sexual and reproductive health, 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

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.

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.



Chapter 1

Introduction

1.1 Background

Niger is known for having the highest rate of child marriage 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 is also common during adolescence: about half of women have at least one birth before the age of 20 (MacQuarrie, Mallick, & Allen, 2017).

At the time of this report's writing, the average 16-year-old girl in Niger will already be married and have begun childbearing during a period of key adolescent transition and socio-biological development. Now considered an adult in Nigerien society, she will quickly begin childbearing and will have at least seven children in her lifetime (INS & ICF, 2013). Children are valuable assets in Nigerien society: while the average 16-year-old girl will eventually have seven children in her lifetime, both she and her husband will desire even more (9 and 11 total children, respectively, per INS & ICF, 2013).

Adolescent girls' early initiation into family formation and procreation is closely bound to Niger's socioeconomic structures. As of 2015, Niger ranked 187 of 188 countries on the Human Development Index, and second to last on the Gender Equality Index (United Nations Development Programme, 2016). Nationally representative data show that approximately 70 percent of very young adolescent girls and 56 percent of very young adolescent boys (aged 10 to 14) are currently not in school (Saul et al., 2017). Given Niger's limited economic opportunities, the country also experiences high levels of malnutrition, further exacerbated by the country's environmental conditions: only 12 percent of Niger's land receives enough rain to sustain agriculture. In 2010, 12 million Nigeriens experienced food shortages (Potts, Campbell, & Zureick, 2011).

Given this socio-economic context, marriage and childbearing can be financial resources to ensure eventual societal and economic mobility in Nigerien life. This is consistent with other global evidence suggesting that marrying early may be rationally advantageous and an economic incentive for families, girls, and their husbands (Greene, Perlson, Taylor, & Lauro, 2015). For parents, "marrying off" a daughter early may relieve the economic burden of feeding and providing for another child; for the adolescent girl, marrying may represent a pivotal transition from her childhood family to autonomous adulthood. Finally, for a prospective male suitor, marrying a young girl can maximize the potential for bearing more children within a lifetime, considered an important resource to ensure upward mobility and social status within a given community (Greene et al., 2015).

Globally, there exists consistent evidence showing the negative consequences of child marriage. Women who enter into child marriage are more likely to be illiterate, to be younger at the birth of their first child, and to give birth to more children in their lifetime; less likely to use a method of contraception; and more likely to die during childbirth (Greene et al., 2015; Walker, 2013). In addition to the human rights

implications of child marriage, recent research also points to the practice's costly macro-economic impacts to societies overall (Wodon et al., 2017). Still, in Niger, little is known about the motivations, attitudes, and social norms driving girls into marriage by age 15, about the consequences in terms of sexual and reproductive health (SRH) outcomes, and less still about what drives men into marrying younger, adolescent girls. Building on existing evidence 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 SRH-focused study—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 in Niger, providing findings, lessons, and recommendations for future policy and programming.

1.2 About IMAGES

IMAGES was created in 2008 by Promundo and the International Center for Research on Women, and it 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.

IMAGES is administered as a questionnaire for both men and women, and it includes both a core set of questions and new questions adapted for each country or region to include key and emerging context-specific issues around gender equality, gender relations, and women's empowerment. The IMAGES questionnaire was designed to include questions addressing the major issues relevant to gender relations, with an emphasis on men and women in heterosexual-partnered relations, as well as the gendered vulnerabilities of men and women.³

The conceptual or theoretical framework for IMAGES is based on the social constructionist approach to gender and gender relations. This approach posits that norms, attitudes, and practices related to gender are reinforced by families, social institutions, the media, and national laws and policies, and are internalized by girls and boys, women and men. IMAGES is also informed by a life-cycle approach, the idea that gender norms, in part, are internalized from childhood experiences and evolve over the course of a lifetime through interactions with key social institutions and relationships. Accordingly, the IMAGES conceptual framework is constructed to assess the relationships and associations between attitudes, childhood experiences, and relationship factors on the one hand and current relationship practices and life outcomes on the other.

3 While the IMAGES questionnaire is primarily designed to assess partner relations among men and women who are in heterosexual intimate partnerships, it also asks about same-sex relationships when local contexts permit and asks about attitudes toward sexual minorities, understanding homophobia as a key component of how masculinities are socially constructed. In some settings, separate qualitative or "nested" studies have been included to focus on the realities of sexual minorities.

1.3 Study Collaboration

For this IMAGES-inspired study in Niger, Promundo collaborated with the University of California San Diego Center on Gender Equity and Health (UCSD GEH) and The OASIS Initiative (Organizing to Advance Solutions in the Sahel) at the University of California, Berkeley School of Public Health. The purpose was to better understand attitudes, norms, and behaviors related to gender and SRH outcomes among married adolescent girls, husbands, and newlyweds in Niger's Dosso and Maradi regions. As of this report's writing, UCSD GEH – in partnership with Pathfinder – is evaluating the efficacy of the RMA intervention to increase modern contraception use and birth spacing among married adolescent girls aged 13 to 19 in three rural districts of the Dosso region. An opportunity was identified to integrate IMAGES-inspired questions into the RMA evaluation baseline survey with participating adolescent couples. Independent of the ongoing UCSD GEH evaluation, The OASIS Initiative carried out a qualitative ethnographic research component in Niger's Maradi region to supplement the quantitative data described in this report. Specifically, this ethnographic study investigated in greater depth the motivations behind marriage formation, expectations, and realities among young men and adolescent girls in the Maradi region.

Relative to other IMAGES studies, this IMAGES-inspired study delves more deeply into both marriage formation and the SRH experiences of adolescent girls and their husbands concurrently. Its overall “value-add” includes producing and sharing critical data on adolescent girls concurrently undergoing two critical life transitions, adolescence and marriage formation; on husbands' motivations, desires, and experiences in marrying adolescent girls aged 10 to 19; and on married dyads, including adolescent girls and their husbands. Finally, this study aims to disseminate data on an understudied adolescent population in Niger, with the hope of informing policy and programming to improve the SRH outcomes of these adolescent girls, their husbands, and their future children.

Box 1

Defining Report Terminology

Definitions of age stages – childhood, adolescence, and adulthood, as well as relative terms like “older” and “younger” – vary across cultures and across studies. This study used the following definitions, developed from United Nations (UN) guidance and study context:

- **Adolescent wives:** Female study respondents aged 13 to 19.
- **Husbands:** Male study respondents aged 15 to 53 who are husbands of the adolescent wives participating in the study.
- **Young husbands:** Respondent husbands aged 15 to 24.
- **Young men:** Male respondents aged 15 to 24 and not yet married (typically participating in the qualitative study).
- **Older husbands:** Respondent husbands aged 25 and older.
- **Very young adolescent:** Male and female respondents aged 10 to 14.
- **Adolescent boys and girls:** Male and female respondents aged 10 to 19.
- **Child marriage:** Formal marriage or informal union occurring before the age of 18 for either boys or girls.



Chapter 2

Study Design and Methodology

This IMAGES-inspired study consisted of mixed-methods quantitative and qualitative research components. Quantitative methods included integrating IMAGES survey measures into the baseline survey of an ongoing cluster randomized impact evaluation of Pathfinder’s Reaching Married Adolescents (RMA) program conducted by UCSD GEH in Niger’s Dosso region. Separate from this evaluation, The OASIS Initiative conducted a qualitative ethnographic study to better understand influences and mechanisms behind young men and women’s marriage formation in Niger’s Maradi region. This section presents the quantitative methodology for the RMA baseline survey into which IMAGES measures were incorporated, followed by the design and methods for the qualitative ethnographic research.

Study locations. The qualitative and quantitative arms of this study were conducted in Niger’s Maradi and Dosso regions, respectively. Maradi has some of the world’s highest rates of maternal mortality, child marriage, and infant mortality. The region is predominately Hausa, an ethnic group of more than 50 million people found in Niger, Nigeria, Côte d’Ivoire, and other West African countries. Southern Maradi is classified as Sahel,⁴ and is one of the Niger’s most important producers of millet, sorghum, peanuts, and livestock. The Dosso Department, the site of the study’s quantitative research, is more prosperous than Maradi, and its rates of maternal mortality, child marriage, and infant mortality are somewhat lower. The majority of the population in Dosso is Zarma, an ethnic group whose people inhabit the westernmost regions of Niger and the adjacent areas of Burkina Faso and Nigeria. They grow millet, sorghum, rice, and maize for subsistence, and tobacco, cotton, and groundnuts as cash crops. Zarma and Hausa cultures are both deeply rooted in Islam, and marriage between the two ethnic groups is common. However, Zarma gender structures are a bit less constraining than those found in Hausa communities. Labor migration for both ethnic groups is important, with Hausa men frequently going to Niamey and abroad to Nigeria, Libya, and Algeria; Zarma men are more likely to migrate to countries on the West African coast, especially Ghana.

2.1 Quantitative Methodology

Evaluation design. The broader evaluation design for the UCSD GEH 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. Participating study areas included Hausa and Zarma communities within the districts of Loga, Doutchi, and Dosso. Within each district, 16 comparable villages (i.e., rural, Hausa- or Zarma-speaking, at least 1,000 inhabitants, similar wealth distribution profile, and located within the specified distance from health facilities providing effective contraception) were selected to sample participants for the RMA study.⁵

4 The Sahel is a semi-arid region in north-central Africa, located between the Sahara (north) and the savannas (south). The region extends west to east from Senegal to North Sudan. The region experiences cyclical droughts due to increasing desertification.

5 Details on the design and methodology of the Reaching Married Adolescents (RMA) intervention and impact evaluation can be found at clinicaltrials.gov.

Sample size and recruitment. Adolescent girls were the primary unit of analysis, and therefore the sample size needed for the study was determined based on the sample of married adolescent girls. At baseline, 2,400 married adolescent girls aged 13 to 19 (n=1,200) and their husbands (n=1,200) were selected to participate in the study across the three districts (total n=1,200 dyads). Participants were selected via randomized sampling from a list provided by the village chief of all eligible adolescent girls. Eligibility criteria for female respondents included being: aged 13 to 19; married; fluent in Hausa or Zarma; residing in the village where recruitment was taking place with no plans to move away in the next 18 months or plans to travel for more than six months during that period; not currently sterilized (to enable measurement of contraception use over time); and provision of informed consent. Eligibility criteria for male respondents included being married to an adolescent girl who met the selection criteria above, regardless of their age. As a result, adolescent boys, young men, and adult men were all eligible to participate in the study (with the resulting age range being 15 to 53).

Survey description. Survey domains and items were constructed to reflect the target population's experiences, meanings, and language, based on UCSD formative research findings and existing reliable and validated instruments for men and women in low-resource settings, including the Demographic and Health Survey (DHS). Closed-ended items were used throughout the survey. UCSD GEH developed the survey items in English, after which they were translated into French, back-translated into English for a content-reliability check, programmed in French, and verbally administered in Hausa or Zarma depending on the participant's native language.

The quantitative survey included domains on SRH (contraceptive knowledge, attitudes, social norms, and behaviors); relationships and parenting; healthcare access; and gender attitudes and norms. While the baseline survey questionnaire largely focused on SRH- and family-planning-related attitudinal, normative, and behavioral measures, IMAGES-inspired domains integrated into the questionnaire included:

- Attitudes about gender, gender-related policies, SRH, and gender-based violence;
- Social norms about violence, SRH, and gender-equitable division of care work;
- Health and health-related practices, including SRH;
- Household decision-making and division of labor;
- Relationship satisfaction and quality;
- Happiness and quality of life;
- Men's participation in caregiving and as fathers;
- Childhood experiences of violence; and
- Use and experience of harsh physical child punishment.

Data collection. Baseline data collection was conducted by a regional research implementation partner, the Centre de Promotion de la Démocratie et du Développement (CEPRODE), in collaboration with UCSD GEH from April to June 2016 by a team of 24 enumerators, four supervisors, two trainers, and one director. Enumerators were individuals from the Dosso region who fluently read and spoke

French, and fluently spoke Hausa and Zarma. The research assistants received six days of intensive training, including on mobile data-collection procedures, techniques for collecting sensitive data from adolescents, review and translation of the survey instrument for oral delivery in Zarma and Hausa, and skills for administering noncoercive informed oral consent.

A female interviewer conducted surveys with female participants, and a male interviewer conducted surveys of husbands. All surveys were administered in a private location in the village, and in either the Hausa or Zarma language (depending on the participant's native language). Survey administration took approximately 45 to 60 minutes. All survey data were collected using a smartphone programmed with the survey instrument using Open Data Kit-based survey data-collection software. All data were encrypted for storage using the same software and were labeled with a unique case number that did not include names or other personal identifiers.

Analysis. The quantitative section of this report presents descriptive statistics, as well as results from bivariate and multivariable analyses. Data were entered and analyzed using Stata 15. Composite variables and scales were constructed as appropriate and are explained in the relevant sections of the report. Statistical tests utilized include t-tests, analyses of variance, tests of association using chi-square, and linear and/or logistic regression models, as appropriate. An alpha level of 0.05 (i.e., 95 percent confidence intervals) was considered the threshold for statistical significance in all analyses. Detailed multiple analysis result tables are available from the authors upon request.

All analyses were conducted separately for male and female respondents; data are presented throughout this report for adolescent wives aged 13 to 19 and for their husbands, aged 15 to 53. When applicable, disaggregated data are also presented separately for young husbands (15 to 24 years old) and older husbands (25 to 53 years old).

2.2 Qualitative Methodology

Ethnographic study design. The qualitative ethnographic research was conducted in rural Hausa communities in the Dagura and Yanwa districts of Niger's south-central Maradi region. The qualitative study component aimed to explore in greater depth the experiences and mechanisms behind marriage formation, expectations, and realities among young men and women within the Sahel, with the ultimate goal of informing potential future programming. Specifically, the study aimed to:

- Develop a more nuanced understanding of the decision-making processes and norms influencing young men's marriage formation; and
- Explore the aspirations and subjective understandings of young men as they relate to relationship formation and marriage.

The ethnographic approach – including the use of participant observation, in-depth interviewing, informal discussions, and archival research – was employed in collaboration with rural young men, their parents, their girlfriends and wives, and community leaders. The five research assistants lived in the two research communities in rural Maradi region over six weeks.

Sampling and recruitment. Sampling was purposive to seek adequate representation of important sub-populations (e.g., men about to be married, young married men and their wives, men who had participated in labor migration and men who had not, men and women influential in the lives of these young men, religious and political leaders, and community members). The goal was to continue interviewing each key category of people in the study communities until reaching “saturation” or until the information and descriptions being provided no longer generated new information.

The research team held meetings with community leaders and local officials before research began to inform them of the study’s objectives and methods and to receive their permission to carry out the research in their communities. The OASIS team then worked closely with them to identify and invite interview participants to join the study. These initial referrals led to secondary and tertiary referrals, and contacts were made while conducting participant observation (e.g., spending time where young men gather, living with host families, and helping women with their daily tasks in the case of the female researcher).

Table 2.2.a Qualitative ethnographic methods by participant group

| Group | Methods | Number |
|--|--------------------------------------|-----------|
| Young men who are preparing for marriage or who are recently married (<27 years old) | In-depth interviews | 11 |
| | Courtship and marital life histories | 8 |
| Women who are engaged to or married to these young men | In-depth interviews | 5 |
| Influential men in lives of these young men | In-depth interviews | 6 |
| Influential women in lives of these young men | In-depth interviews | 2 |
| Community, religious, and political leaders | Key respondent interviews | 6 |
| Members of the community | Informal conversations | 9 |
| Total | | 47 |

Data collection. Field data collection was carried out between February and May 2018 by The OASIS Initiative’s Center of Excellence in Women’s Health and Empowerment at Université Abdou Moumouni in Niamey. The data-collection study team consisted of five native Hausa-speaking research associates

(four men and one woman) who had participated in OASIS's previous ethnographic research in Maradi, Niger, and lived in collaborating communities during this period. Their training consisted of the presentation and demonstration of the essentials of qualitative data collection (participant observation, in-depth interviews, key informant interviews, and informal group discussions and interviews) and fortnightly group analysis meetings emphasizing their reflections and discussion of their observations, interviews, and insights gained.

A team leader supported and supervised data collection. The research assistants participated in the daily life of the communities and wrote field notes on their observations every evening. This participant observation brought together what people said (the content of interviews) and what they did (daily observations in the form of field notes).

Topics of investigation. Research associates focused on six guiding questions during their field observations and conversations in the communities:

- What do young men look for in a woman they marry?
- What do young men want/need to have or be in order to get married?
- What drives marriage for young adult men?
- What do young men expect their relationships to be like?
- How do these expectations match or clash with reality? That is, what are young men's marital relationships actually like? What is the range of patterns of communication and relationship dynamics found in these communities?
- Have marital norms and expectations changed over time (e.g., what do older men and women think of relationship formation patterns and processes for young people)?

In the field, the study team began by asking open-ended questions and encouraging participants to respond in their own words and in greater detail than is typically the case with quantitative methods. When a participant brought up something the research assistant found valuable or insightful, she or he could tailor subsequent questions to explore this new information.

Data analysis. Data were analyzed through thematic qualitative analysis, beginning early in the data-collection process and continuing after its completion.

Specifically, the team leader met with the research assistants as a group every seven to 10 days for ongoing, iterative qualitative analysis. The group analysis meetings began with a two-hour session starting with an open-ended question such as, "What did you learn that surprised you these last four days?" These open-ended questions facilitated the discovery of new themes and their inclusion into the research. Afterward, research assistants were divided into groups according to the community they were working in and asked what they had learned about each of the six guiding questions. The groups then discussed whether these new observations and insights confirmed or contradicted what they had previously learned, potential reasons for these contradictions, and if follow-up interviews were needed to clarify any issues raised.

These periodic analysis meetings were tape-recorded, transcribed, analyzed, and coded by the lead investigator and a team of four University of California, Berkeley students, along with the interview transcripts and field notes. The preliminary codes were then shared with the team leader for discussion at the next analysis meeting in Maradi. As the process continued, preliminary categories and insights were then tested against data from new interviews, observations, and analysis meetings. This led to the refinement, abandonment, or redevelopment of themes and research questions and to the next series of interviews. During each round of data collection, the interviews became increasingly structured and focused. The study team continued this process until the key conceptual findings appeared to remain stable with additional data.

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*.

2.3 Ethical Considerations

For both the quantitative and qualitative study components, the trained research assistants obtained informed consent before any survey administration, interviews, focus groups, or ethnographic observations. Participants were notified of the study purpose, what their participation entailed, risks and benefits of participating in the study, and that participation was voluntary and consent could be withdrawn at any time during the study without consequence. Given that many of the participants were likely to be illiterate, the consent form was read to them and consent obtained orally. All quantitative and qualitative data collected was anonymous to protect confidentiality.

Although female and male participants aged 13 to 17 (i.e., minors) were included in the quantitative study, parental consent for their participation was not obtained, as all of these participants were married and thus recognized as emancipated and able to provide consent in the Nigerian context.

For the qualitative study, the study team respected local cultural norms and were aware that many times, permission to interview women needed to be sought from the husband, even prior to the consent of the woman. In the case of young men and women below age 16 who were not yet married, the research associates approached the household's parents to ask permission to enroll their son or daughter in the research. It is customary in Hausa society to meet with the senior man in the family first; however, if the minor's mother was the only parent at home, and if she felt comfortable making the consent decision, her consent was deemed sufficient. If the minor lived with only one parent or guardian, one parent or guardian's consent, plus the minor's consent, was deemed sufficient.

To maintain safety and reduce stigmatization for participants in the quantitative portion of the study, descriptions of the study for the broader household stressed that it is research on family health. Only during the private consent process were more details about the content of the survey (e.g., experiences of partner violence and contraception use) provided to female participants; this is consistent with World Health Organization guidelines for conducting research on sensitive topics, including partner violence (Ellsberg & Heise, 2005).

For both the quantitative and qualitative studies, all interviewers were carefully trained not to apply pressure and to recognize if a participant was being pressured by their partner or another family member to participate against their will. Interviewers were trained to approach questions on SRH, intimate partner violence, and women's autonomy with sensitivity, to pause and ensure privacy before each of these sections, and to remind participants they could decline to answer any question or terminate the interview at any time.

For female participants who reported intimate partner violence during the quantitative survey, private, confidential support and assistance were offered from Pathfinder's program director, a trained counselor with expertise in intimate partner violence. Male survey respondents were not asked questions related to intimate partner violence to reduce any potential risks of further violence in the couple dyad.

2.4 Limitations

Given Niger's rural context, a number of measures and items typically collected as part of IMAGES were not included in the baseline survey to reduce any risks of further harm and violence. The baseline survey did not collect information on sex and sexuality, including sexual debut, number of sexual relationships, and condom use, in addition to alcohol use, among other items. The qualitative study attempted to gather more sensitive data around sex and sexuality, but unsurprisingly, the team experienced challenges in opening such topics and conversations even within the context of an ethnographic study. In the case of intimate partner violence-related domains in the quantitative survey, these data were collected only from married adolescent girls to reduce further risk of violence. As a result, the research team was unable to compare wives' and husbands' potential (in)congruence in reported intimate partner violence perpetration and experiences. These limitations, however, are far outweighed by the potential contribution of this study's robust focus on SRH reports collected from couple dyads simultaneously.

The quantitative and qualitative study components were carried out in two different regions of Niger due to budgetary constraints. Dosso Department is more prosperous than Maradi, and its rates of maternal mortality, child marriage, and infant mortality are somewhat lower. The effect is that while qualitative participants in the Maradi region were 100 percent from Hausa ethnic communities, approximately 32 percent of quantitative respondents in the Dosso region were of Hausa ethnicity while the other 68 percent were of Zarma ethnicity. However, there are similarities between the two regions that make both quantitative and qualitative studies comparable: both Zarma and Hausa communities are deeply rooted in Islam, and marriage between the two ethnic groups is common. However, Zarma gender structures are a bit less constraining than those found in Hausa communities. Where possible, the report also highlights these qualitative data to explain quantitative differences between the two ethnic groups.

For the quantitative study, low literacy and education levels among study participants were a key limitation. The local languages (Hausa and Zarma) are rarely written, and even the most educated populations in Niger do not learn to read or write these languages. In response, research assistants were trained to troubleshoot any confusion or misunderstanding of survey and/or interview questions. Finally, finding a private location for interview was often more challenging than expected. As a result, a number of interviews (97) had to be redone due to poor data quality.



Chapter 3

Findings

3.1 Quantitative Sample Characteristics

The final sample participating in the quantitative surveys included 1,110 female respondents and 1,106 male respondents from Niger’s Dosso region, referred to as “adolescent wives” and “husbands” throughout the remainder of the report. Overall, 1,069 dyads participated in the baseline survey (during which both the adolescent wife and her husband participated in separate survey interviews).⁶

Household characteristics. Participating households were approximately evenly divided among the Dosso, Doutchi, and Loga regions. As shown in Table 3.1.a, 67 percent of interviewed households self-identified as having a Zarma ethnic background compared to 32 percent identifying as Hausa. The vast majority of households owned a mobile phone (86 percent), followed by an animal-drawn cart (54 percent) and a watch (40 percent). A small minority owned transportation-related assets such as motorbikes or motor scooters (15 percent), bicycles (10 percent), or cars (1 percent). The vast majority of interviewed dyads reported the presence of one wife in the household (87 percent), followed by two wives (12 percent); a very small number reported three to four wives (1 percent). Finally, 82 percent of participating couples reported that husband’s parents slept in the same compound.

Table 3.1.a Household characteristics of interviewed couples

| | Households | |
|-------------------|------------|-----|
| Ethnic background | % | n |
| Zarma | 67.1 | 758 |
| Hausa | 32.3 | 365 |
| Fula | 0.4 | 5 |
| Arab | 0.2 | 2 |
| District | | |
| Dosso | 32.4 | 368 |
| Doutchi | 34.2 | 389 |
| Loga | 33.4 | 379 |

6 A total of 31 adolescent wives participated in the study without their husband, while 37 husbands participated in the study when their adolescent wife did not.

| Wealth assets | % | n |
|----------------------|----------|----------|
| Mobile phone | 85.8 | 943 |
| Animal-drawn cart | 53.7 | 590 |
| Watch | 39.5 | 434 |
| Motorbike or scooter | 14.9 | 164 |
| Bicycle | 10.2 | 112 |
| Car or truck | 1.4 | 15 |

Number of wives in family

| | | |
|----|------|-----|
| 1 | 86.5 | 954 |
| 2+ | 13.5 | 149 |

Husband's parents sleep in the compound

| | | |
|-----|------|-----|
| Yes | 82.0 | 927 |
| No | 17.8 | 201 |

Note: Values for ethnicity, district and wealth asset variables are from household registry data collected prior to dyad interviews, with unit of analysis at the household level; 'Don't know' and/or 'No response' values not shown.

Demographics characteristics of adolescent wives and husbands. As shown in Figure 3.1.b, adolescent wives' ages ranged from 13 to 19, with a median age of 18 at the time of the baseline survey. Husband's ages varied from 15 to 53, with a median age of 25. A small proportion of husbands were also adolescents, with 5 percent being between 15 and 19.

Figure 3.1.a Age distribution of husbands

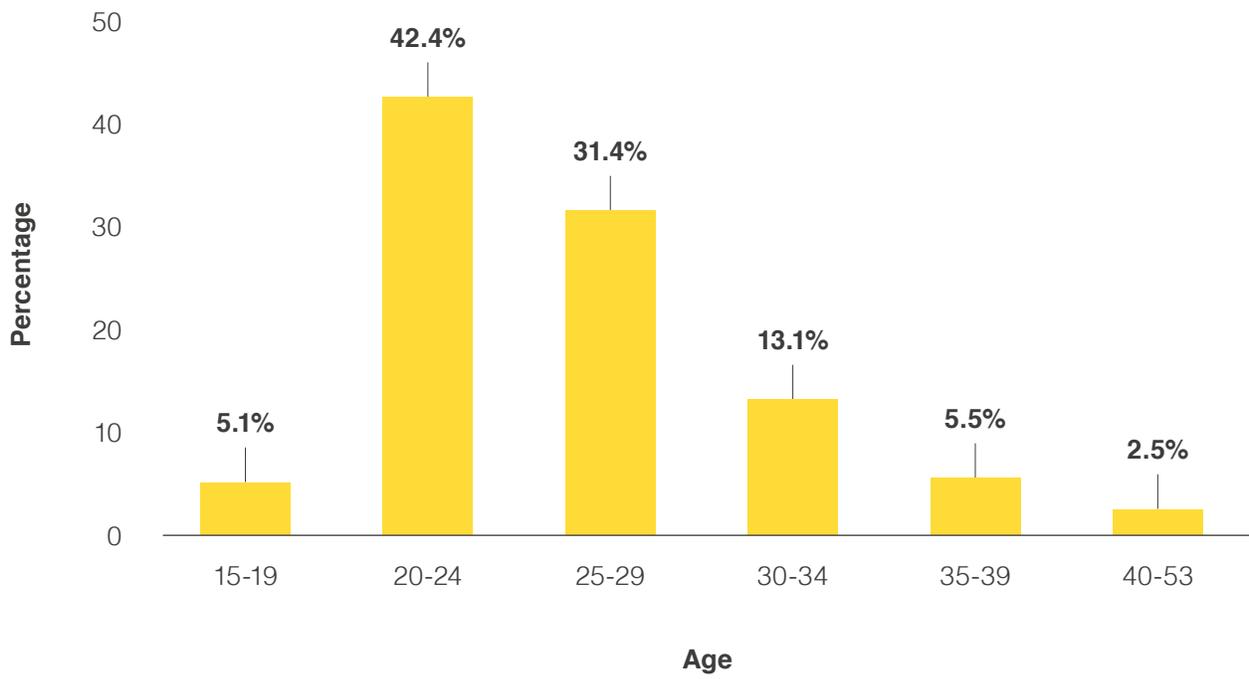
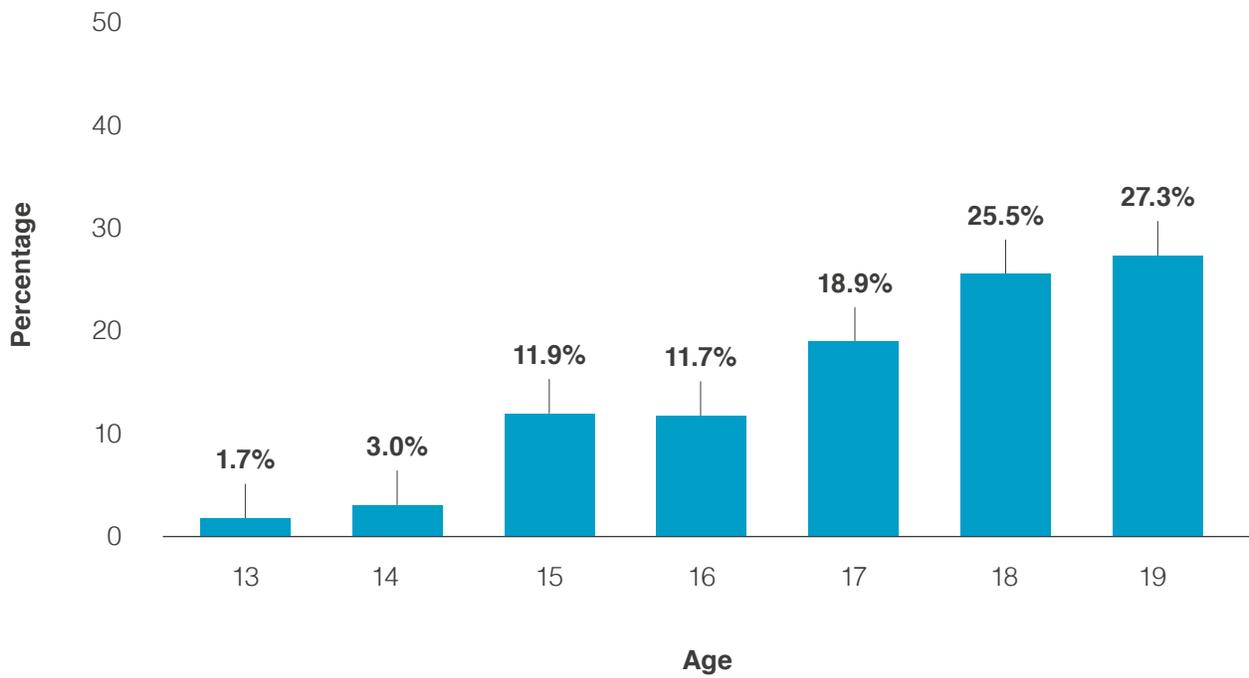


Figure 3.1.b Age of adolescent wives



Age-specific data suggest age differences between participating adolescent wives and their husbands. Husbands were approximately seven years older than their adolescent wives on average, with a maximum age difference of 36 years (a 53-year-old husband married to a 17-year-old adolescent girl). One-quarter of adolescent girls were married to a husband at least 11 years older, while one in five were married to a partner of the same age to four years older (see Figure 3.1.c). These data are consistent with nationally representative DHS data showing an average seven-year age difference at first marriage in Niger, much higher than the average four-year age difference in other regions of the world (MacQuarrie et al., 2017).

As seen in Table 3.1.c, close to half of adolescent wives (49 percent) never attended school, compared to almost one-third of husbands (31 percent). A larger proportion of adolescent wives and husbands attended government schooling (35 percent and 48 percent, respectively) compared to Quranic school (17 percent and 21 percent, respectively). Nine percent of adolescent wives and 12 percent of husbands who attended government school reported completed primary schooling. Of the 604 adolescent wives who reported going to either government or Quranic school, about 10 percent reported still being in school (63 adolescent girls).

For the 540 adolescent girls who were no longer attending school, approximately 7 percent provided her marriage as a reason for stopping (data not shown). Other reasons for ending school attendance included the need to perform domestic work (32 percent), failing exams and grade completion (20 percent), no longer wanting to attend school (7 percent), not enough money to pay school costs (7 percent), and needing to work (5 percent), among other reported reasons.

Figure 3.1.c Age difference between adolescent wives and their husbands

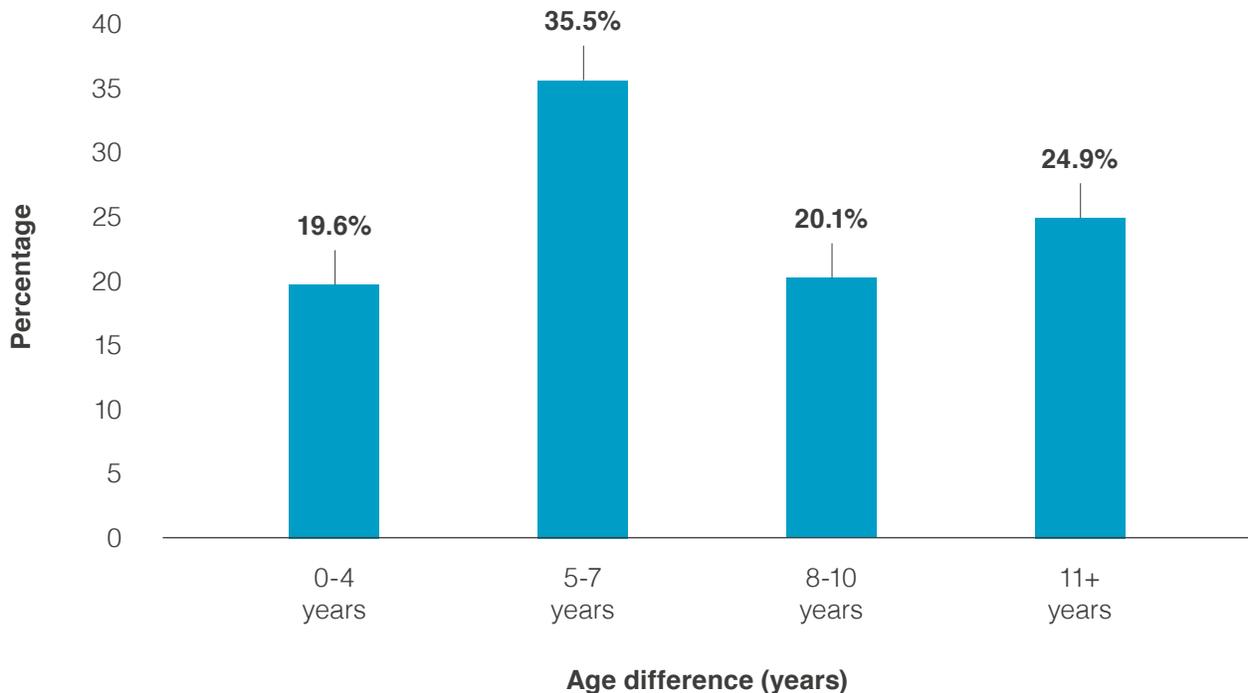


Table 3.1.b Demographic characteristics of adolescent wives and husbands

| | Adolescent wives | | Husbands | |
|---|------------------|----------|----------|----------|
| | % | n | % | n |
| Type of school attended | | | | |
| No formal schooling | 48.7 | 530 | 30.9 | 339 |
| Attended government school | 34.6 | 376 | 48.4 | 531 |
| Attended Quranic school | 16.7 | 182 | 20.7 | 227 |
| Highest level of schooling completed (if attended government school) | | | | |
| Incomplete primary | 21.7 | 180 | 31.9 | 238 |
| Completed primary | 9.0 | 75 | 11.9 | 89 |
| More than primary | 5.5 | 46 | 10.8 | 81 |
| Adolescent wife still in school (if attended either government or Quranic school) | 10.4 | 63 | – | – |
| Has children | 60.2 | 660 | 65.4 | 721 |
| Worked in last 12 months | 42.3 | 461 | 86.9 | 955 |
| Paid in cash for work | 4.1 | 19 | 40.6 | 388 |
| Occupation (multiple responses permitted) | % | n | % | n |
| Farming | 93.7 | 429 | 73.2 | 699 |
| Selling | 2.4 | 11 | 26.0 | 248 |
| Livestock | 6.3 | 29 | 6.8 | 65 |
| Construction | 0.0 | 0 | 1.5 | 14 |
| Domestic work | 36.5 | 167 | 0.0 | 0 |
| Hawking | 0.0 | 0 | 0.2 | 2 |
| Other | 1.3 | 6 | 27.3 | 261 |
| Spent more than 3 months away from village in last year | 5.9 | 64 | 69.2 | 760 |

As Table 3.1.b shows, 60 percent of adolescent wives reported having children, as did 65 percent of husbands. The slightly higher proportion among husbands can be attributed to husbands' children with other female partners. The vast majority of interviewed husbands reported working in the last year (87 percent). However, reflective of Niger's limited economic opportunities, only 41 percent of those employed were paid in cash or good for the work conducted. Forty-two percent of adolescent wives reported working in the last year, with the vast majority reporting farming and domestic work as the sources of employment. The majority of adolescent girls, however, reported this work was unpaid, with only 4 percent receiving cash for their work. Lastly, 69 percent of husbands spent more than three months away from their village in the last year. This is consistent with the qualitative ethnographic research conducted with Hausa communities in the Maradi region showing increased labor migration among young men – especially to Niamey and abroad to Nigeria, Libya, and Algeria. With changing economic circumstances, labor migration – typically referred to as “exodus” – is becoming the most widespread income-generating activity for young Nigerien men.

3.2 Marriage Formation During Adolescence

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Evidence suggests that poverty and lack of economic opportunities are the driving factors behind child marriage globally (Walker, 2013). In rural southern Niger, children are seen as an expression of wealth and the “surest measure of success” in a marriage. The qualitative research conducted in Niger's Maradi region suggests the desire for a large number of children may be a key motivation for marrying early. Marrying a younger girl is seen as an opportunity to have more children, thereby increasing a family's wealth and social status. This is consistent with other global data suggesting men tend to prefer younger women, as they will be able to produce the greatest number of children in their lifetimes (Greene et al., 2015). Building on the existing data, the quantitative portion of this study further explored decision-making processes around marriage formation; this subsection discusses those results.

Age at marriage. On average, adolescent wives in the Dosso region were 14 years old at the time of marriage (see Table 3.2.a). On average, husbands reported marrying at age 21, with a maximum age of 53. At the time of the baseline interview, couples had been married for a median of three years, with close to one-quarter having been married in the last year.

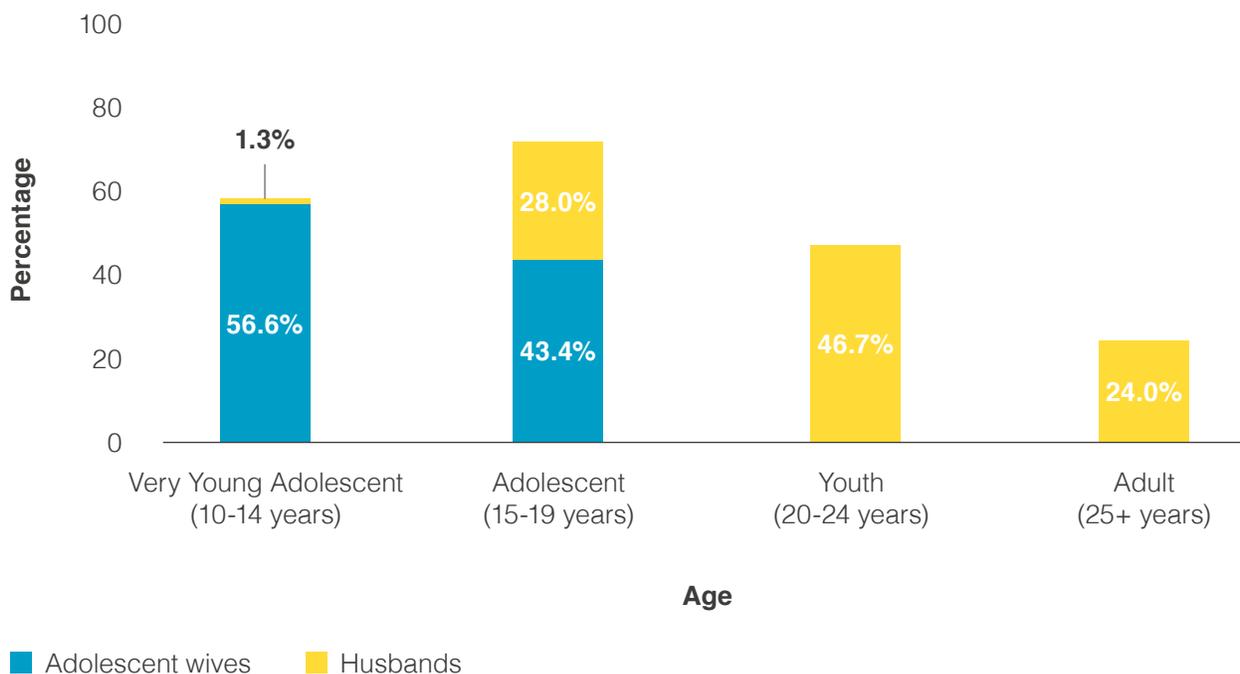
Table 3.2.a Age at marriage and years married for adolescent wives and husbands

| | Adolescent wives | | Husbands | |
|------------------------|------------------|------------|-------------|------------|
| | Median (SD) | Min., Max. | Median (SD) | Min., Max. |
| Age at marriage | 14 (1.8) | 10, 19 | 21 (5.0) | 12, 53 |
| Dyad | | | | |
| | Median (SD) | | Min., Max. | |
| Years married | 3 (2.1) | | 0, 10 | |
| | % | | n | |
| 1 or less | 24.3 | | 265 | |
| 2-3 | 33.7 | | 367 | |
| 4-5 | 26.5 | | 289 | |
| 6-7 | 13.3 | | 145 | |
| 8-10 | 2.1 | | 23 | |

Note: 'Don't know' and/or 'No response' values not shown.

Figure 3.2.a shows adolescent wives and husbands' age at marriage across different age cohorts. The majority of adolescent wives – 57 percent – were married as very young adolescents (aged 10 to 14). While the proportion of husbands who married as very young adolescents was comparatively small (1 percent), a substantial proportion of husbands – 28 percent – also married during adolescence (ages 15 to 19). The results have two important implications: First, it suggests that a sizeable proportion of adolescent girls are marrying during early adolescence in the Dosso region, while a significant portion of husbands are also marrying during (later) adolescence. Second, it suggests the need for increased research and program investments targeting girls during very early adolescence, as well as boys' later adolescence (ages 15 to 19).

Figure 3.2.a Age at marriage, from adolescence to adulthood

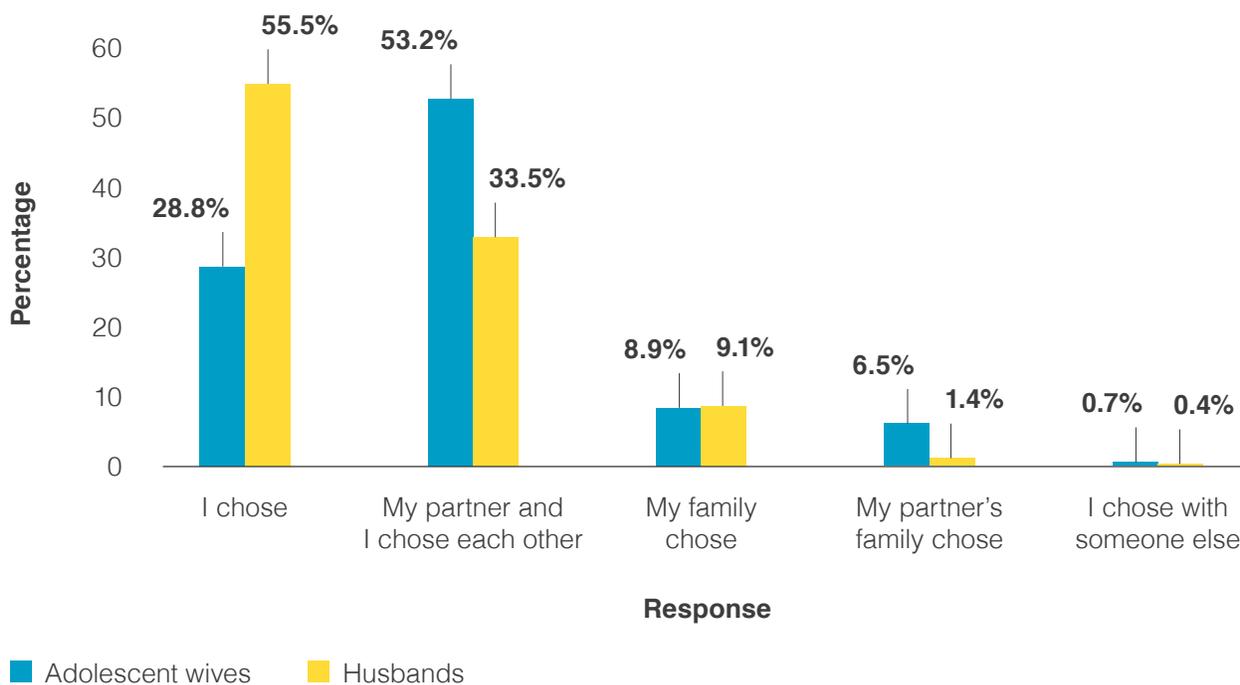


Marrying early and (dis)continuing education. Qualitative study results from the Maradi region reinforce the presence of strong social norms and expectations around girl's age at marriage. Not only did young men believe 14 is the ideal age for a girl to be married in their communities, some (albeit not all) expressed the desire for an "out-of-school girl" – someone who had attended school and was literate but who did not continue her education past 14, considered the ideal marriage age in their communities.

However, other men from the Maradi region also mentioned that out-of-school girls – or girls who were not in school - were more demanding and focused on money and gifts. A number of men, young and old, denounced "some girls' love of material goods," believing that such greed is linked to a lack of education and that such "disrespectful" and "poor" behavior increases the likelihood she will leave the man for another providing more money and gifts.

Deciding to marry. Adolescent wives and husbands were asked separately about who in their life had the greatest say in arranging their marriage. Husbands were more likely to report they had the greatest say in arranging their marriage (56 percent, compared to 29 percent of adolescent wives reporting they had the greatest say). Interestingly, the results show wives and husbands had different perceptions of whether this decision was made jointly: 53 percent of adolescent wives reported joint decision-making compared to only 34 percent of husbands. Surprisingly, while the majority of husbands shared they had the greatest say in their marriage arrangement, eight in 10 later reported their wife had some type of say or involvement in the decision to get married (data not shown here).

Figure 3.2.b Adolescent wives' and husbands' reports of who had the greatest say in their marriage arrangement



Note: 'Don't know' and/or 'No response' values not shown

Social normative expectations: A girl's choice in marriage. Both adolescent wives and husbands were also asked whether they agreed or disagreed with a number of social norms and expectations around their marriage and current relationship. The quantitative results show that respondents, and in particular adolescent wives, perceived positive social norms within their community in terms of girls' decision-making. Specifically, 89 percent of adolescent girls and 75 percent of husbands agreed people in their village expected girls to decide when and whom to marry.

Overall, these results suggest that from the couples' perspective, decision to get married was primarily made either by the couple together or by one of the partners (typically male). Interestingly, only 9 percent of both adolescent wives and husbands reported their respective families had the greatest say in the decision to get married.

"If you love the girl and she loves you as well, despite bad perceptions of her family, you can marry her. This is because nowadays more parents refrain from deciding who their children can marry."

Young groom, Maradi region

Qualitative ethnographic research conducted with Hausa communities in the Maradi region supports this shift in marital decision-making power. Results show that while parents' opinions are still valued, decision-making power over marriage has shifted from parents to young men seeking marriage as a result of economic, societal, and migratory transitions.

While parental say in marital decision-making may be waning in importance, the qualitative results suggest that family reputation remains an important indicator of a wife's potential. The reputation of a girl's father appears to be particularly important; men look for a girl whose father is widely respected in the village and who "keeps his word." This is equally important for the future groom's family. There were several cases in which a young man wanted to marry a girl but was forbidden by his parents because of her family's "notoriety" or because her family origin was considered unscrupulous. However, while family reputation was brought up often, many young men indicated most marriages in recent years did not take this into account as much as in the past due to economic migration and changes in the region.

3.3 Ethnographic Spotlight on Marriage Formation in Niger's Maradi Region

This section explores the topic of marriage formation more deeply, placing a "spotlight" on the experiences of young men, women, and community members from Hausa ethnic communities in the Maradi region. This section explores men and women's experiences with marriage formation, their relationship dreams as newlyweds, and their later realities as a married couple. It uses results from the qualitative ethnographic approach – participant observation, in-depth interviews, and informal group discussions – to explore localized male perspectives on a range of marriage-related topics (see study methods section for study design and methodology).

3.3.1 Relationship and Marriage Formation in the Maradi Region

What do young men look for in a woman they marry?

The key factors that influence a man's selection of a wife include familial pressures, social norms, and his personal and family financial situation. As one of the fieldworkers aptly summarized:

"The choice of a mate is conditioned by the girl's beauty, character, and her family lineage."

Beauty

“The only thing that interests young men in most cases in a girl is her beauty.”

Mother, Yanwa community

Beauty was the trait most mentioned by young men in what they look for in a potential wife. The beauty of a woman, *kan huska*, was brought up in almost all of the interviews, with young men saying it is the first thing that attracts them – especially “the beauty of her face.” The young men also spoke of the importance of a girl’s charm, style of dress, makeup, and cleanliness; the combination of some or all of these qualities appears to be what makes a girl beautiful. Physical attractiveness was cited as the reason for first speaking to a girl at a wedding, the market, a celebration, or a public space – described by one young man as “the gateway that will allow you to want to approach a girl or not.”

Older residents of the study communities said beauty blinds boys from recognizing a girl’s true nature; after marriage, “the mask will fall” and the young man will become aware of her negative qualities such as disobedience, rudeness, laziness, or a family that is not respected. “She puts on her makeup, and they don’t try to see what’s underneath,” said one father. “Women that are too attractive arouse the greed of the village. If her husband leaves to find work abroad, she will give in to temptation and fall into adultery.” Several older men and women said a beautiful wife would be “fragile” or “more prone to sickness.”

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Obedient behavior

“While it is the physical beauty of the girl that dominates at first, what makes a marriage work is the character of the girl and how she acts.”

Owner of a small village store, Maradi region

The second criterion young men mentioned most is the young woman’s attitude and behavior. They described “good behavior” as a combination of obedience, respect, and politeness – recognizable by how a girl greets others and carries herself.

The young men said they require obedience, first to themselves and then to their friends and family. “Respect in marriage is obedience,” said one. “She must respect her husband’s orders and never say no to him in whatever he asks.” Many men spoke about how the wife they were seeking must talk to him politely in front of their friends. A group of young married and unmarried men in the market insisted that one should look for “a submissive and obedient girl who is modest and will not dare raise the tone of her voice before men” and that this is the only kind of girl that can be trusted for a successful marriage.

Education

Among the young men, education was the most debated quality of a future wife. They were split between desiring an educated girl and adamantly opposing marrying one. These differences related to formal “Western” education; Quranic school, by contrast, was widely viewed as positive. Those seeking an educated wife saw educated women as “cleaner,” referring to both the girl’s hygiene and her ability to keep her family compound clean; both educated and non-educated men shared this opinion. As one said, “Schoolgirls are clean because from kindergarten, they teach cleanliness. Just looking at a girl, you can know if she is in school or not.” Especially important was an educated wife’s ability to tutor her children.

“Schoolgirls are clean because from kindergarten they teach cleanliness. Just looking at a girl you can know if she is in school or not.”

Young man, Maradi region

Men who had gone to school consistently said they desired an educated wife. They believed educated girls know how to better care for children and were more thoughtful and respectful in their marriage. They often expressed the sentiment that, “If you studied and she studied, you can easily understand each other.” Men who had not been to school but showed interest in educated girls described them as “madams,” and the phrase, “madam or nothing” was brought up often. Many of these non-educated men had migrated for work to other parts of Niger or abroad, and they considered a girl who has received an education to be more respectful and of proper character, as taught in school. A number of these young men explained this often-used phrase as meaning the girls were “superior”; like the educated men, they said they would only marry a girl who had been to school. **However, it should be noted that many of these same men adamantly opposed the girl continuing her education after marriage because they believed it would conflict with her marital duties.**

Virtually all of those viewing a girl's education as negative were men who had not gone to school. They argued that educated girls are "hard to understand" and would not do anything they are told or asked. There was also a general consensus that girls who have been to school believe they are superior and, as one young man stated, "are too proud. They will not respect you, and you cannot impose proper behavior on them." A girl smarter than her husband will be deceitful and will lie to you. Even in your own home, she will lie." Another issue raised was the interference of the school administration. These men complained many schools prevent girls from getting married by saying she would have to withdraw if she did. They said the policy made courting too difficult. In short, these men believe an educated girl "will not submit to you and will not be obedient," describing them as trouble.

An interesting subset of men said they wanted an "out-of-school" girl – someone who had attended some school and is literate but who did not continue her education past 14, the age these men thought a girl should be married. They saw this as the best of both worlds – she could better educate her children and manage the household but without the perceived negative behaviors of girls with further schooling. For these men, a girl's education should be to develop a viable candidate for marriage and instilling traits to aid household management and child-rearing – not to expose her to the wider world or for her intellectual development.

Many girls in these rural communities attend small Quranic schools in their villages. The men view Islam as the guide to both their spiritual and day-to-day life, and they saw Quranic school as instilling many of the traits they value in a wife, including obedience, respect, and acceptance of co-wives. "A girl who has gone to a Quranic school will obey everything her husband says to her and will respect his parents," said one young man. "You boast if your girlfriend attends the Quranic school. You are proud because you know that she will be a good wife and mother." A field ethnographer wrote that this belief was "almost unanimously shared by young men seeking a wife."

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Openness to polygamy

Another commonly desired trait in a wife was the willingness to accept a co-wife once married or willingness to marry a man who already has other wives. As one young man said "practically all the girls of this village are taught since they are young that once they have a household of their own, they should expect to have a partner in the house. So sharing a husband with another woman should be part of her upbringing." They were seeking a wife that does not have a "jealous nature" and who demonstrates enthusiasm and openness about living with a co-wife.

What do young men want/need to have or be in order to get married?

Before a young man can propose and marry, he is expected to meet a diverse array of economic, material, social, and familial prerequisites. Marriage is a core foundation of Hausa men's and women's lives. As such, much of a young man's life is dedicated to preparing for marriage.

Financial preconditions and economic migration

“Economic success will ensure success with girls and is the determining factor in the success of the marriage.”

Young man, Dagura community

Accumulating capital and acquiring land and material goods are essential prerequisites to marriage. During courtship, a man is expected to give a series of gifts to the girl. The young man and his family then need to fund the *Cin Goro* (a gift of money and goods to the girl's family as part of the proposal and engagement process), to raise the bridewealth, to contribute to the wedding costs, and ultimately to provide for a household. His friends contribute knowing that “when they marry, they will then receive money too,” wrote one of the field ethnographers. If the family can't access the necessary funds, the young man often becomes a migrant worker in other regions within Niger or in surrounding countries. Labor migration is rapidly becoming the norm in Hausa communities in southern Niger and a rite of passage. The money earned enables a young man to successfully court, propose to, and marry a woman.

Economic capital is also essential if the man desires greater selectivity and more than one wife.

44 Young boys and men participate in a range of money-making ventures to save for marriage. In these rural agricultural communities, men gain the majority of their subsistence from farming and/or raising livestock and the costs required for the first marriage are primarily financed by the parents. However, as labor migration becomes more and more common, young men increasingly find themselves with the financial means to pay for the marriage process. Marriage to a second or third wife is “mainly conditioned by the young man's wealth.”

With changing economic circumstances, labor migration, typically referred to as “exodus,” is becoming the most widespread income-generating activity for young men in this region. Young men migrate to “gold sites” in Nigeria or to larger cities for trade, construction, and other income-generating activities. This allows men to save money to bring back and use for financing a wedding, business, and eventually a family. “The income that comes out of the gold sites has allowed almost all young people who are married to have at least two wives.” Labor migration also transforms how young men are seen in the community. They gain status and are more respected. When they come back, “their parents feel that they have become responsible and feel that it's time to talk to them about marriage,” said a married man.

Motorcycles and cell phones

“A man with a motorcycle can get the girl of his choice.”

Young man, Maradi region

Several young men said they feel pressure to “dress expensive like the DJs and actors from the movies” to court a woman. However, the two most important personal items in courtship are a motorcycle and a cell phone. When a man has a motorcycle, one young man shared, “he attracts young ladies. They feel honored to be with a young man on a motorcycle.” Cell phones now play an important role in communication, socializing, and arranging meetings with girls. Young men shared that giving a girlfriend or fiancée a phone was a way “to have easy contact with them.” Smartphones are also an effective way to attract girls, as shown by one young man who shared, “my friend and I were watching a video on the phone at the market and were soon surrounded by girls.”

Gift-giving

Gift-giving is an integral part of courtship, and one of the primary benefits of migration is additional income to purchase material goods to send to the girls they are pursuing while away. They also bring back gifts for girls and their families when they return. While the majority of men complained about girls who are only interested in presents, virtually all spoke of how important the gift-giving process is in keeping a girl while away and convincing her to marry upon return.

Many of the unmarried men spoke of the fear of losing a girlfriend to others giving her money and gifts. This points to the importance of material goods as prerequisites to marriage because they help in wooing and keeping a prospective wife. Gifts typically include jewelry, pagne (clothing), cell phones, money for clothes or for activities. For the parents of the girl being courted, these are viewed as “signs of love and affection for their child” and can lead to the couple’s families meeting to set plans for the union. Several men also spoke of the importance of bringing gifts for the girl’s parents. “If you bring gifts to the parents, it shows you are truly committed,” said a young man from Dagura village, “a gift shows that you intend to marry the girl and your feelings are real. The parents are pleased by this and help you get their daughter to marry you.”

Gift-giving continues after the migrant workers return. When girls go to the market to sell food their mothers have prepared, it is common for them to receive gifts and small amounts of money from men. Men who have money use such gifts and tips to keep the girls coming to see them. With the increased interactions between youth at markets, dances, and ceremonies, gift-giving has expanded to include exchanges for sex. As one community member stated, “[Young men] are interested in sexual pleasure, not marriage, and the girls don’t care because they are interested in the gifts.”



“[Young men] are interested in sexual pleasure, not marriage, and the girls don’t care because they are interested in the gifts.”

Acquisition of land

The acquisition of land is facilitated by labor migration, and it establishes a responsible, financially independent persona and demonstrates that a young man is ready for marriage and capable of providing for a wife. It also allows a young man to farm independently, build a house, and accumulate wealth. Many of the men interviewed said they planned to purchase, or had purchased land after returning from migration.

Social interaction in public spaces

The young men said that to have a greater say in choosing their wives, they need opportunities to meet them. A number of public spaces exist in the study communities in which young men and women interact socially. Local shops in which mobile phone batteries can be charged and laptop stores are run by young people and are popular spots for young people to gather. For those attending school, “that is the meeting place and training for all kinds of premarital friendships away from the eyes of their parents,” said one mother. Other meeting places noted include tailor shops, video clubs, and nighttime markets.

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Parental support

Parents’ support for a child’s marriage is essential in communal cultures like the Hausa. They feel a moral obligation to organize the first marriage of their child, and when they support their son’s choice of wife, they are more likely to agree to funding the marriage and the couple in the future. However, with increased labor migration from these communities, this financial support is becoming less significant.

What drives marriage for adolescent girls and young women?

Independence, respect, and avoiding shameful pregnancies

Many girls said they wanted to get married to avoid the shame and severe repercussions of premarital pregnancy and – as an 18-year-old young woman explained – to “preserve her dignity.” Other girls viewed marriage as an outlet to becoming more autonomous and responsible. They looked forward to having their own room and caring for just their husbands, making household decisions (such as what to cook), and no longer having to go out hawking. Girls seeking this relative autonomy will push their boyfriends towards marriage. However, girls often encounter a less attractive reality once wed. Mobility during the first year of marriage is more restricted than at any other period in their lives; they serve their mothers-in-law and older co-wives, and they are at the bottom of the household hierarchy.

What drives marriage for young adult men?

“The factor that most motivates young men to marry is the search for satisfaction of sexual desire.”

Excerpt from one researcher’s field notes

Many young men openly said they got married “to discover a woman.” The idea of being able to “know what being with a woman is like” and openly explore their sexuality was a primary and enticing incentive for men to get married. “Almost all of the boys in Yanwa community experience their first sex before marriage,” said a married man, and marriage is the way to “protect oneself ‘from fornication’ and satisfy sexual needs according to Islam.” He went on to say, “Nowadays, young boys marry essentially to have permanent sexual satisfaction in a responsible and lawful way.” This “fear of fornication” is a common concern among young unmarried men. They described it as a “trap of debauchery,” saying they need to marry because they do not feel they are able to abstain from sex.

Avoiding pregnancy out of wedlock

Consistent with young girls’ motivations for marrying early, young adult men also shared that marriage can prevent pregnancy out of wedlock, which is a major fear. One young man said, “if by chance I agree to sleep with a girl and she gets pregnant, my father will blame me. I’m afraid of committing a sin as a Muslim, and I’m afraid of my father’s reaction.” Parents also fear their sons won’t be able to “control themselves” and pressure their sons to marry to avoid the heavy social consequences of premarital pregnancy for the son, the girl, and their families.

Social norms and peer pressure to marry

Return from labor migration marks the point at which a man either wants to get married and has the resources to do so or a time when his family pressures him into marriage. Parents see these men as mature and pressure them to “find a girl and get married.” Several parents said that if their son remains unmarried, “when he returns from exodus, he will be unable to control his spending and his savings will be wasted.” As a result, they push him to marry to ensure that he is “responsible” and “organized.”

In the past, it was the parents’ responsibility to finance their son’s first marriage, and thus the parents had enormous influence on when and to whom their son wed. The first marriage of a young boy was typically organized by the father. The father and his brothers chose the bride and cared for the couple in their compound. According to one young man, his parents forced him to marry because his younger brother needed to get married; the young man said, “as long as the older brother is single, it is almost forbidden for the younger brothers to get married.”

Despite the shift in the decision-making power over marriage from parents to young men, the mother retains considerable influence over her son's marriage and choice of wife. One 19-year-old man said his mother rushed his marriage because "she knows that I am able to feed [financially support] a woman, as I have returned from Nigeria." Mothers tend to pressure their sons to marry at younger ages because "as soon as they see someone younger getting married, they will start saying that their son, too, must do so." A woman involved in leading a non-governmental organization project in the village reflected, "As soon as a mother's friend's son is married, that mother gets in a hurry to marry off her son." She can also force him to divorce a wife she does not like and pressure him to wed a second wife, according to the young men interviewed. According to one researcher, "Even if the son loves his wife, he is obliged to comply with his mother's demands"; when discussing the idea of divorce, "it is the mothers who lead the discussion even when their husbands are present."

Peer pressure is another key driver of marriage in these communities. When girls are with their close friends, they mostly talk about boyfriends, suitors, and which of them will marry first. Young men are also influenced by their peers. "All my friends and almost everyone my age in the village is married," one young man said. "My friends tease me because I'm the last to have a wife." Young men also marry to protect themselves and their families from more serious gossip – "if all your comrades get married before you, people talk about the poverty, your parents, or a lack of understanding in your family."

"All my friends and almost everyone my age in the village is married. My friends tease me because I'm the last to have a wife."

24-year-old young man, Maradi region

Competition

A girl can potentially have several young men giving her gifts even if one considers her his girlfriend. "A young man told me that he isn't alone in dating his girlfriend," one researcher wrote in her field notes. "If he doesn't rush to make the engagement official, someone else will do it and he will lose her. To avoid this, he's obliged to rush to inform his parents and introduce his girlfriend officially." Men who migrate for work send their girlfriends clothing, cash gifts, and phone cards to keep their ties strong in fear that she will sleep with another man. A village elder explained that:

"When a boy has a girlfriend he needs to move quickly to formalize the engagement. It's the race against the clock. The more he delays, the more likely it is that someone can take away his girlfriend."

Status and respect

“Marriage elevates a young man’s social status. This new status consecrates not only the transition to adulthood but also and above all a certain responsibility and dignity in the community and in the family. This implies the delegation of responsibility by the father, involvement in decision-making in the family, and participation in ceremonies.”

Excerpt from one researcher’s field notes

The desire for respect and responsibility is another key motivation for marriage. Marriage is a symbol of stability and adulthood, and a man’s number of wives indicates his financial success. With marriage comes children and thus a man’s legacy. Children help their mother in the home and their father on the farm and facilitate prosperity. “Even a donkey is proud to give birth,” said a village elder. “The young donkey will relieve the heavy burden carried by his father.” Greater autonomy from parents and influence in the family is another driver. “A young boy who’s married or recently married is more likely to be involved in family decision-making,” said one father.

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The appeal of increased status plays a particularly important role for returning migrants. “Someone who returns after several years and is still unmarried is considered a young man who has failed and his migration has not borne fruit,” said a former migrant worker. “Marriage promotes him in the community and boosts his image.” This sentiment came up often in casual conversations and in-depth interviews. Finally, it appears some young men marry after migration simply because they have the money and there are no restrictions on their ability to do so.

3.3.2 Relationship Expectations, Aspirations, and Realities in the Maradi Region

What do young men expect their relationships to be like?

The research team spoke with unmarried young men about their expectations of marriage and their future relationships with their wife (or wives). The research team also talked with married young men about the reality of their marriage(s). The interviews, participant observations, and casual conversations revealed both disparities and similarities between men’s conceptions of marriage and their reality.

Obedience and respect

“If a girl loves you, she will respect you and all those who are members of your family, especially your parents,”

Married young man, Yanwa community

The most common expectation young men cited was that their wives would be obedient and respectful – key traits they looked for in a wife and expected during marriage. Obedience and respect appear to be interdependent characteristics that allow a man to maintain power and authority in the household and in society. A woman is expected to put her husband's bidding above her own needs. **“Obedience is marriage,” said one young man. “When you have a girl who does what you tell her to do, and drops whatever you tell her not to do, she is the best wife.”** Furthermore, men said they expect their wives to show respect to their parents, especially their mothers; this respect is often seen as evidence of respect for the husband as well. Obedience and respect are seen as expressions of the wife's love.

“Obedience is marriage.”

Young man, Maradi region

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Sexual satisfaction

Another commonly cited expectation of marriage was ongoing sexual relations. A man is not said to truly “know” a woman until he has had sex, according to the young men, and the physical consummation of the marriage is thus a primary expectation of marriage. **Several young men said that one of the appeals of a wife is that “she cannot say no to you sexually. It is her duty.”** The idea of not having to pursue sex, instead viewing it as an expected part of marriage, appealed to many young men.

Subsequent marriages

Not every man has more than one wife (as allowed by Islamic law), but the practice is so common that men often expect it to be a part of marriage. They believe that as long as they have the financial means to provide for the larger family – as required by Islam – they can have up to four wives. Because of the link between wealth and marriage, having multiple wives can elevate a man's social status. One researcher wrote in his field notes that often men believe having more wives is important for the women as well: “For the husband to get the money to remarry is a pride for their wives because to speak in a spiritual way it demonstrates that they carry ‘wealth stars.’” Women's perspectives on the subject are more nuanced and complex and are influenced by education, opportunity, household situation, rural or urban origin, and other factors. Additionally, though a first marriage often involves considerable parental intervention and influence, the process of marrying subsequent wives is typically more directly under the future husband's control. Polygamy is so accepted that women can be shamed for not having co-wives. One researcher said that women who do not have co-wives “will be criticized, by saying, ‘she is alone with her husband.’”

Solidarity between husband and wife

Solidarity between a husband and wife was another common expectation in marriage, though the young men did not discuss it as often as obedience and respect. Solidarity was presented primarily in terms of a woman's support for her husband in financial matters and other family necessities. Several men explained that if a man is struggling financially, his wife is expected to contribute to the family from her own savings. **Several men said that a good wife would “bear the poverty and keep the secrets of her husband.”** If he were to migrate in search of work, she would be expected to take on some of his responsibilities.

How do the marital expectations match or clash with marital reality?

Young men's reports of the realities of marriage both match and clash with their expectations and appear to be contingent on the economic status of the man and his household, among a number of factors. **Several young men said if they had understood the difficulties and complexities of marriage, they would not have gotten married so soon.**

Financial realities

The most commonly discussed disparity between expectation and reality was the financial burden of having a family. In these communities, women may give birth once every year or two until menopause, leading to an increasingly large family. Men said they were surprised by the heavy economic responsibilities that came with providing for the family's shelter, food, clothing, and education, required by Islamic custom. In times of economic downturns, disappointing crop yields, lower agricultural commodity prices, drought, or other difficulties, many men said they feel pressured by their wives to continue adequately supporting the family. Given the realities of southern Niger, these periods of crisis are all too common. Men said they fear divorce if they are unable to adequately provide for their families; this is accepted as a reason for divorce in Islam as practiced in the region.

Reduced freedom

Several men mentioned a lack of freedom after getting married: single men can go out as they choose and associate with whom they want, but they must conform to certain norms after marriage and do not have the same mobility. This surprised many of the men.

Family planning

Conversations about fertility and family planning – though still not common – are a newfound reality among younger married couples. Though significant numbers of women seek contraception without their husband's knowledge or approval, the ethnographic data collection found that couples are increasingly accessing family-planning services together. Some of the men said this was not something they had previously considered.

Obedience and respect

The participant observation, casual conversations, and in-depth interviews suggest the young married men were generally satisfied with their marriages. They described having a connection with their wives and working as a team – though, for them, teamwork meant the men focused on providing and the women focused on caring. In casual conversations, the researchers often heard the phrase, “There is understanding between us,” with the men pleased with this due to the belief that a successful marriage is based on a lack of disagreement or fighting. Men who said their wives are respectful and obedient credited that their wife “comes from a respectable household so she is well educated on how to behave.” Men who had unsuccessful marriages claimed they failed because of the woman’s disobedience or family background. They said conflicts with in-laws often resulted from the in-laws expecting continued support after the initial payment of bridewealth. In addition, some husbands attribute a wife’s obedience and respect to her having attended lessons with a local Quranic teacher.

3.3.3 Normative Changes in Marriage Formation and Socialization in the Maradi Region

Have marital norms and expectations changed over time?

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“We are facing a kind of mutation in marriage. Young people today do not have the same conception of marriage as their parents. Most of these young people marry to free themselves from parental guardianship at the expense of the extended family. Before, it was the parents who decided on the timing of the marriage and the choice of the spouse for their child. Now young people marry as a sign of success in their work abroad. ”

Researcher’s comment during an analysis meeting

Increased socializing between young men and women

The most commonly discussed generational change was increased interaction between young men and women. Several factors appear to underlie this change: labor migration, the creation of new locations conducive to social interaction, nocturnal events (e.g., night markets, evening ceremonies), and increased of means of transport and communication.

In previous generations, one of the only public spaces in which young people could interact was the village center. “These days when you go to the village center, you only find old ladies selling peanuts,” said the father of a recently returned migrant worker. New meeting spaces allow young people to interact in casual and unmonitored settings. Nighttime marketplaces now serve as public spaces in which young people can socialize. It appears that parents are not as concerned with their daughters staying out late to attend marketplace festivities compared to the previous generation. Day markets, wrestling matches, phone shops, and battery-charging kiosks have become key locations for young men and girls to “rub shoulders.” Community gardens are also popular spots as girls irrigate the plants at night to save water. Girls have also begun to “sit with boys during the day for tea,” marking a departure from past norms.

One village elder complained that young people at market festivals behave “as if they were alone. Young men pass with their young girl arm in arm!” Such public displays of affection are a dramatic change from previous generations. They peak at night dances with hired DJs. According to the young men that host and frequent these events, the parties can go as late as 4 or 5 a.m. and are a good place to meet and “stroke girls.” This is widely considered inappropriate by the larger community yet was discussed openly by young men.

Additionally, increased cell phone use has dramatically enhanced young people’s ability to communicate, flirt, and set up meetings without the knowledge of their parents and extended family.

Increased financial independence

“In the past, parents had the power to choose wives for their sons because they took on all the expenses. Now it is quite the opposite. Young people choose their wives and pay for almost all the costs of the marriage.”

Village elder, Maradi region

It has long been the norm in Hausa society for the parents to select a bride for their son. This has changed with the money young men make as migrant workers. “How can you tell a son who makes more than you what to do? You cannot!” said one father. Another change is how parents are informed about the marriage. One mother commented, “since it’s the young people who finance everything, they only come to inform us or give us money to do this or that,” the mother continued. “You used to have to wait for everything from the father.”

Rejection of forced marriage

“One day, the Prophet (Peace Be Upon Him) was going to the savannah and found the frame of a girl. He asked the corpse what caused her death. The girl told the Prophet (PBUH) that her parents wanted to force her into a marriage, so she fled and she died in the savannah. The Prophet (PBUH) proposed to bring her back to life but said she must return to her family. She said she preferred death to being with a husband she did not want. After his return from the savannah, the Prophet (PBUH) asked the Islamic Ummah to let each girl and boy choose the one they want to marry.”

Imam of the Great Mosque in Makada

54 The researchers heard a number of stories about both boys and girls who refused to enter arranged marriages. **In one instance, a girl refused to marry the man her father chose despite his threats to leave the village if she did not obey.** In general, “girls now do not easily accept forced marriage. And if they accept, they divorce in just a few months,” said one elder. The imam of the Great Mosque in Makada said he can intervene in a forced marriage if appealed to, but he “cannot even count the number of times” he has settled in favor of the girl who does not want to be married to her parents’ choice: “As a religious leader, I cannot support this coercion.” Accordingly, **divorce is not uncommon in Hausa communities and is not generally stigmatized. Many older women in the study communities had been married three or four times.** Usually, after divorce, the woman returns to her father’s house until she marries again.

3.3.4 Key Findings on Marriage Formation in the Maradi Region

Marriage is an essential milestone in Hausa men’s and women’s lives. Marriage shapes a man’s identity and reputation and helps define his masculinity. This ethnographic study highlights the motivations, processes, and experiences of young men in Maradi, who have spent much of their life preparing for marriage.

One of this study’s most important findings is the degree to which young men’s labor migration has influenced the courting and marriage process. Agriculture has been the primary means of creating wealth. However, a rapidly increasing population, drought, economic shocks, climate change, and a host of other factors have led to the division and “degradation of land and...the weakening and at times the

collapse of the economic base of households and families” (Idrissa, 2015). Though labor migration in the region goes back centuries, the dramatic increase in male labor migration has become an indispensable survival strategy. Labor migration helps vulnerable families manage the harsh daily reality of insecure livelihoods and can diminish “the logic of social cohesion and communal redistribution” by facilitating “a mindset inspired by modes of accumulation imported from elsewhere” (Diarra & Monimart, 2005). Additionally, migration can “open the minds” of young men (Masquelier, 2016); their travels often expose them to differing gender norms and practices, such as on birth spacing.

Courtship and marriage depend on the financial resources available to a man. Greater wealth (and the accompanying material goods and land) is a prerequisite for a valued marriage and the masculine, esteemed persona and Islamic respectability that so many of these young men desire. Gift-giving during courtship can be costly, as are the bridewealth and wedding.⁷ Consequent married and family life are also expensive. Necessities like shelter, food, and clothing are seen as a man’s responsibility, and if wives do not feel provided for, they may lawfully divorce their husband.

The increased financial independence through labor migration and the subsequent accumulation of wealth has granted young men greater autonomy in decision-making around different life choices and transitions. This increased independence is one of the most dramatic generational shifts related to marriage. Though family preference remains highly important, young men increasingly find themselves with the financial resources to dictate the terms of their marriage.

3.4 Relationship and Household Dynamics

While the previous section explored the socioeconomic and normative motivations behind early marriage in the Maradi region, the quantitative results below focus on adolescent wives’ and husbands’ experiences within their current marriage, including their perceived relationship quality, responsibility-sharing, and household decision-making power.

Relationship quality. To better understand how adolescent wives and husbands felt about their relationship, they were asked whether they agreed or disagreed with a range of positive and difficult aspects of their relationship. As Table 3.4.a shows, the vast majority of adolescent wives and husbands agreed with positive statements about their relationship. Specifically, 94 percent of both adolescent

7 Bridewealth is often referred to as the “brideprice” in the literature. This ethnographic research suggests this term is unfortunate and misleading. The bridewealth is spent on purchases for the bride and to offset wedding costs. The ethnographic research found no evidence in this or previous studies that parents arrange the marriage of their daughters for the bridewealth, even during times of economic stress.

wives and husbands said they often talk to each other about problems in life; 97 percent of wives and 94 percent of husbands agreed their spouse shows love and affection; and 96 percent of wives and 93 percent of husbands agreed they felt appreciated by their spouse. Interestingly, a lower proportion of husbands –73 percent – agreed they felt respected even if the couple disagreed.

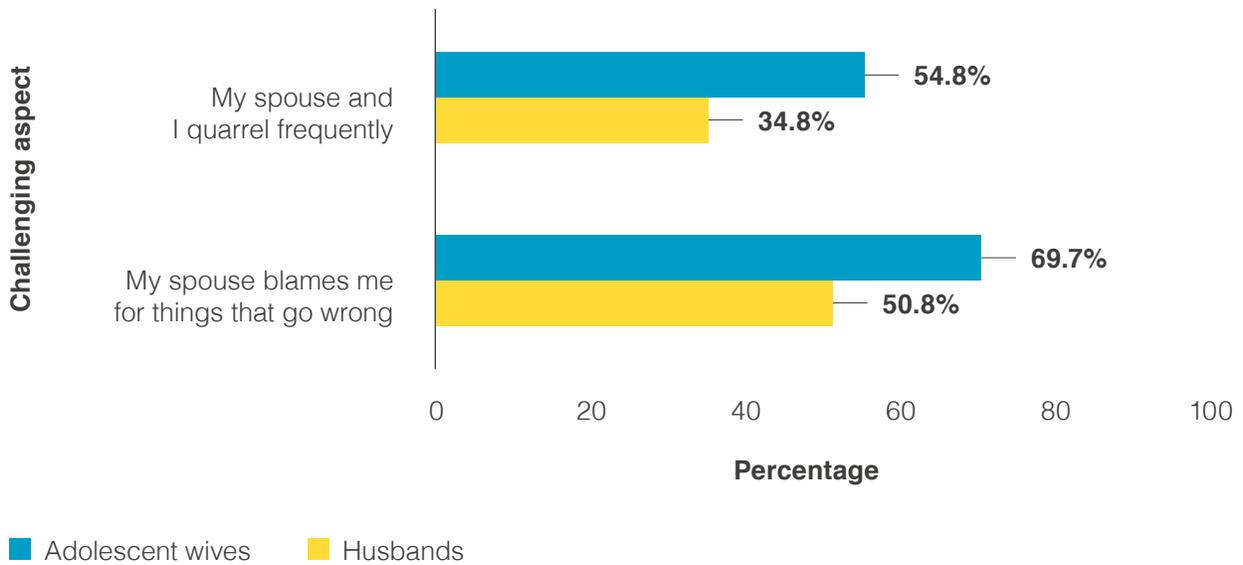
Table 3.4.a Proportion of adolescent wives' and husbands' agreement with positive statements about their relationship

| Positive relationship aspects | Adolescent wives | | Husbands | |
|--|------------------|-------|----------|-------|
| | % | n | % | n |
| My spouse and I talk often about problems we are facing in life. | 94.3 | 1,036 | 94.4 | 1,043 |
| My spouse shows love and affection for me. | 97.0 | 1,066 | 94.0 | 1,039 |
| I feel appreciated by my spouse. | 96.1 | 1,056 | 92.6 | 1,023 |
| When I have problems, my spouse listens to me. | – | – | 93.8 | 1,036 |
| We are good at resolving our differences. | – | – | 92.7 | 1,024 |
| I feel respected even if we disagree. | – | – | 73.0 | 807 |

Note: 'Don't know' and/or 'No response' values not shown; "–" signifies respondent was not asked the corresponding question or statement.

Interestingly, adolescent wives were proportionally more likely to agree with statements related to challenging aspects of their relationship. As Figure 3.4.a shows, 70 percent of wives agreed their spouse blames them for things that go wrong in the relationship compared to 51 percent of husbands; 55 percent of wives agreed they quarrel frequently with their spouse compared to 35 percent of husbands.

Figure 3.4.a Adolescent wives' and husbands' agreement with statements on challenging relationship aspects



Husband’s attitudes and beliefs about the wife’s role in their marriage. Husbands were asked whether they agreed or disagreed with personal attitudinal statements about men’s and women’s roles and relationships within the household. While 61 percent of husbands agreed a woman should have the right to end marriage through a divorce, 94 percent agreed a woman should obey her husband in all things. The results are consistent with the qualitative ethnographic study results in the Maradi region suggesting young men typically look for obedience and respectfulness in a prospective wife.

“It is good conduct that maintains a marriage. If the bride does not behave responsibly, you will see that it will always cause problems, which eventually can lead to divorce. That’s why before the wedding, you have to see if the girl’s behavior is exemplary.”

Village elder, Maradi region

Household decision-making power. Adolescent wives and husbands were both asked who in the family 'usually' made decisions on a number of household activities. Table 3.4.b shows both adolescent wives and husbands reported the husband is typically the key decision-maker on how money will be used (76 percent of wives and 86 percent of husbands), whether the wife should work (93 percent of both wives and husbands), seeking healthcare for the family (87 percent of wives and 91 percent of husbands), making large household purchases (81 percent of both wives and husbands) and visits to family and relatives (92 percent of both wives and husbands). A small proportion pointed to the husband's father as the key decision-maker for different household activities. Across all household decisions, a larger proportion of wives than husbands reported their husbands' father as the typical decision-maker.

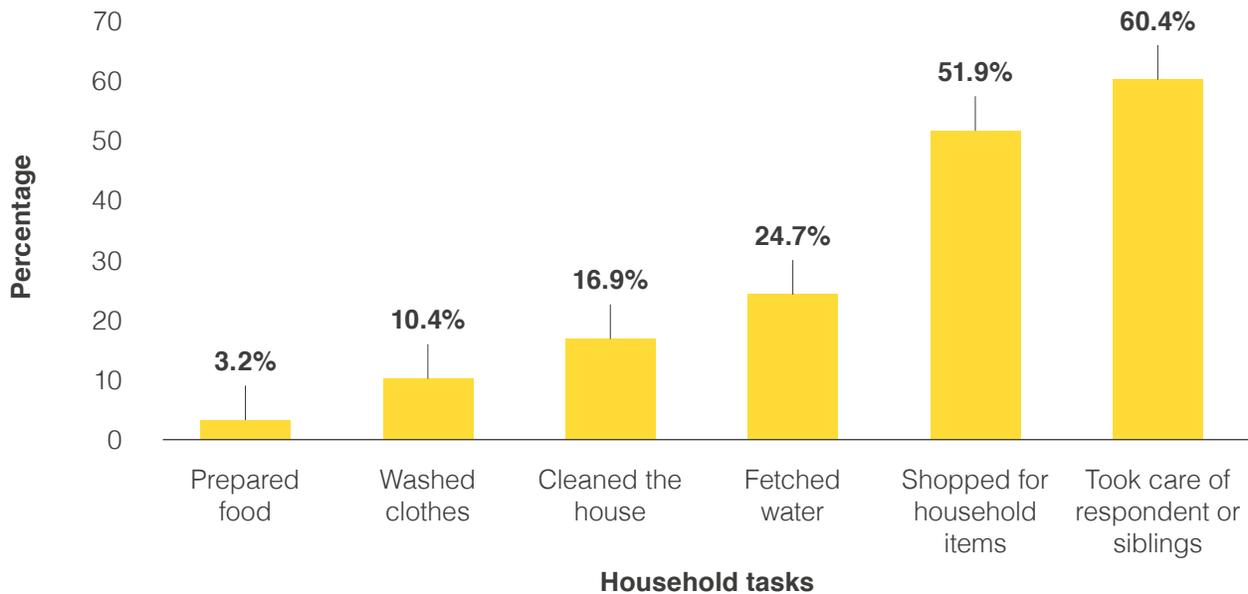
Table 3.4.b Typical decision-maker for different household activities, as reported by adolescent wives and husbands

| | | Person(s) who usually makes decisions about household activities | | | | |
|---|------------------|--|---------|------|--------------------------|------------------|
| | | Respondent | Husband | Wife | Husband and wife jointly | Husband's father |
| How money earned will be used | Adolescent wives | 75.8 | 3.1 | 4.0 | 13.9 | |
| | Husbands | 85.7 | 0.4 | 4.0 | 8.6 | |
| Whether wife should work to earn money | Adolescent wives | 92.5 | 0.7 | 0.9 | 4.5 | |
| | Husbands | 92.6 | 0.3 | 4 | 2.3 | |
| Seeking healthcare for the family | Adolescent wives | 87.4 | 0.9 | 0.8 | 9.1 | |
| | Husbands | 91.0 | 0.2 | 4.3 | 2.9 | |
| Making major household purchases | Adolescent wives | 81.1 | 0.4 | 1.4 | 13.6 | |
| | Husbands | 81.3 | 0.9 | 4.4 | 11.9 | |
| Visits to relatives outside the village | Adolescent wives | 91.7 | 0.4 | 0.5 | 6.3 | |
| | Husbands | 91.5 | 0.6 | 4.3 | 1.8 | |

Note: 'Don't know' and/or 'No response' values not shown

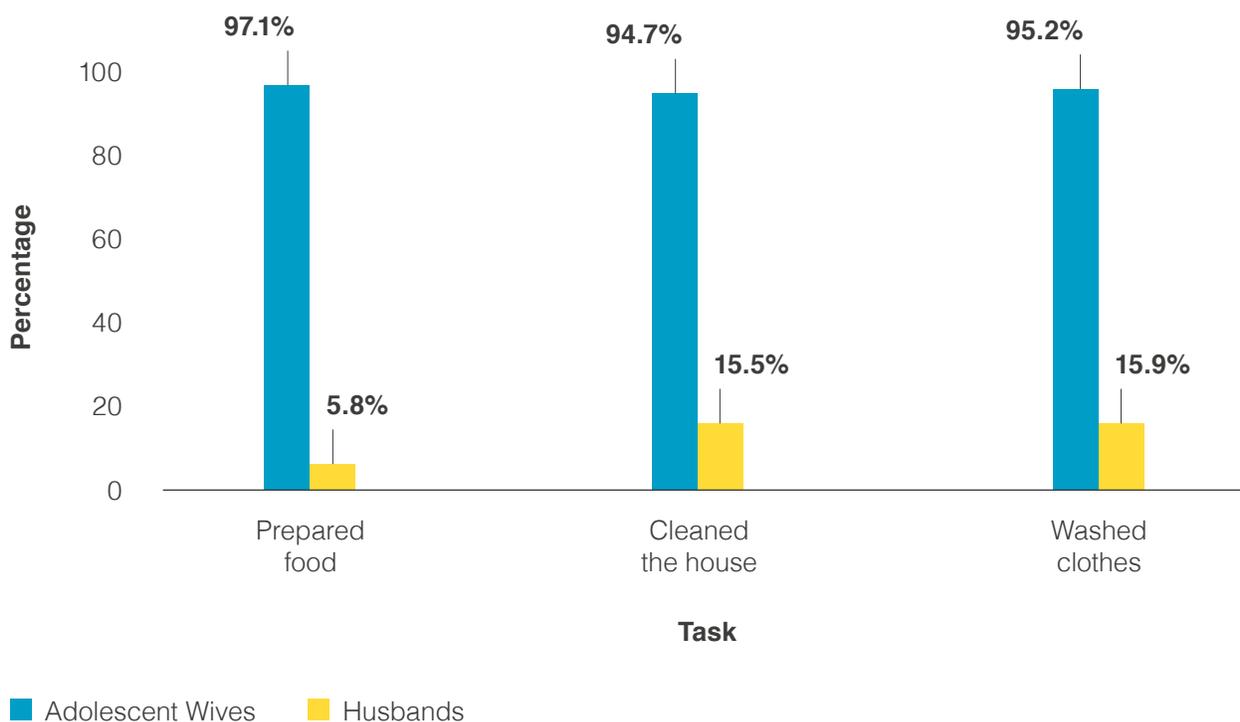
Husband’s father’s participation in household tasks. Prior IMAGES studies have shown the father’s participation in household tasks can be significantly associated with the male child’s adulthood participation in household tasks. Approximately 23 percent of husbands said their father had ever participated in at least one of three domestic chores (preparing food, cleaning, or washing clothes) during their childhood. Interestingly, as Figure 3.4.b shows, a higher proportion of fathers were involved in childcare (60 percent) relative to other household tasks. Fifty-two percent of respondents reported their fathers shopped for household items, consistent with other secondary study data (not presented here) showing that 85 percent of fathers were the primary decision-makers around major household purchases.

Figure 3.4.b Husbands reporting their father ever participated in household tasks during childhood (either sometimes or often)



Husband’s participation in household chores in current marriage. Consistent with other IMAGES studies, this study shows a wide gap between adolescent wives’ and husbands’ participation in household chores. Adolescent wives almost universally reported participating in domestic tasks such as preparing food, cleaning the house, and washing clothes in the last month – 98 percent compared to 23 percent of husbands reporting participation in these same tasks (data not shown). Adolescent wives were also asked to share whether their husbands recently participated in household tasks, with 22 percent reporting their husband’s participation in the past week. Figure 3.4.c shows the gender gap for household tasks in the month preceding the survey. Only 6 percent of husbands reported ever preparing food in the last month versus 97 percent of wives; 16 percent of husbands reported ever washing clothes in the last month compared to 95 percent of wives.

Figure 3.4.c Adolescent wives and husbands reporting ever participating in household tasks in last month



The gap between adolescent wives' and husbands' share of household chores is unsurprising. Qualitative findings from the Maradi region revealed that expectations of a future wife's obedience, respect, and politeness extended to domesticity and chores (including cleaning, cooking, and living with other women in the compound). Additionally, the interviewed men insisted a girl must be respectful and obedient to his parents, especially his mother, to whom she must never be "insolent or shout." This included doing chores for his parents whenever told.

Factors related to husbands' participation in household tasks. Despite the low prevalence of husbands' self-reported participation in household tasks in the last month, bivariate associations point to a number of significant associations between a husband's household task participation and different demographic characteristics and predictors. Factors demonstrating a significant relationship with higher prevalence of husband participation in household tasks include:

- **District location:** 32 percent of husbands in Doutchi district, compared to 25 percent in Dosso district and 13 percent in Loga district, reported ever participating in household tasks ($p < 0.0001$).
- **Ethnic community:** 33 percent of husbands from Hausa communities reported participation in household tasks compared to 19 percent of those from Zarma communities ($p < 0.0001$).
- **Employment:** 40 percent of husbands not working in the last 12 months, compared to 21 percent of husbands working in this same period, reported participation in household tasks ($p < 0.0001$).

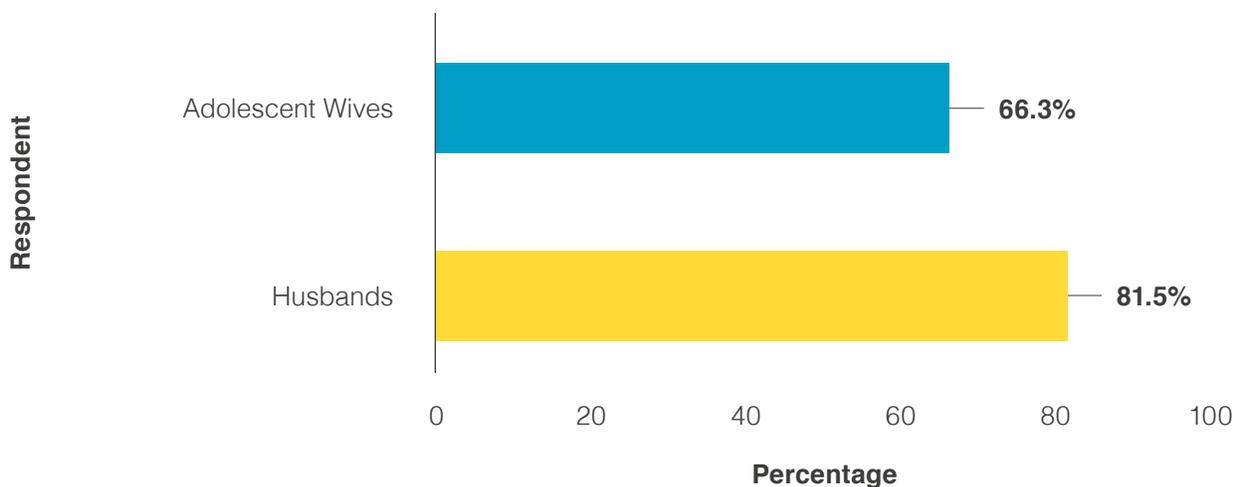
- **Father's participation in household tasks:** 49 percent of husbands who said their father ever participated in household tasks in their childhood said they also participated in household tasks in their current marriage, compared to 16 percent of husbands whose father did not ($p < 0.0001$).
- **GEM score:** Husbands with higher – that is, more equitable – GEM scores were more likely to participate in household tasks in the last month (28 percent compared to 15 percent of those with a low score; $p < 0.0001$)

Factors not significantly associated with husband participation in household tasks included husband's age, dyad age difference, educational background, and having children, among others.

Attitudes versus social norms about gender roles in household tasks. Study participants were read attitudinal and socio-normative statements about men's and women's roles within the household. Approximately 84 percent of husbands agreed with the belief that if a man cooks or cleans, it is shameful for his wife. Similarly, Figure 3.4.d shows the majority of husbands perceived similar social sanctions and shaming if participating in household chores: 82 percent of men agreed that "people in my village think that if a man cooks or cleans, it is shameful for his wife" compared to 66 percent of adolescent wives.

Lastly, 62 percent of husbands agreed people in their community would think they are weak if they helped their wife with household chores or caregiving for children. Overall, these findings suggest personal beliefs and community norms around men's involvement – or lack thereof – in household tasks may be mutually reinforcing. Similar to other IMAGES studies, men's absence from household participation is reinforced by gender and social norms around what is "normal" and "expected" of male and female roles in the private domestic sphere.

Figure 3.4.d Adolescent wives' and husbands' agreement that people in their village think that a man cooking or cleaning is shameful for his wife



3.5 Attitudes and Norms Related to Gender Roles

Attitudes about gender – that is, ideas about what is appropriate for men or women in society – strongly influence men and women’s worldviews and actions in their married and family life, including SRH and family violence behaviors (Pulerwitz & Barker, 2008; Barker et al., 2011; Levitov, Barker, Contreras-Urbina, Heilman, & Verma, 2014; Fleming et al., 2015). Looking beyond personal attitudes and norms, there is also increasing recognition that social norms and expectations – that is, the unwritten rules of behaviors within a given society – can also influence a number of societal and health behaviors (Bicchieri, 2006; Heise & Manji, 2016; Vaitla, Taylor, Van Horn, & Cislighi, 2017). This section highlights adolescent wives’ and husbands’ personal attitudes on gender roles in terms of household tasks, caregiving, and SRH behaviors (traditionally measured under the GEM Scale), while also exploring participants’ perceived socio-normative expectations of these same behaviors in their community.

Attitudes on gender roles. Both adolescent wives and husbands were asked separately about whether they agreed or disagreed with GEM Scale inequitable statements related to decision-making power (three items), gender roles in household tasks and caregiving (three items), and justification of physical intimate partner violence (one item). As Figure 3.5.a shows, the vast majority of respondents – 98 percent of adolescent wives and 94 percent of husbands – agreed “a man should have the final word about decisions in the home.” For almost all items, a larger proportion of adolescent wives agreed with inequitable statements; for example, 97 percent of adolescent wives agreed a woman should never question her husband’s decisions even if she disagrees compared to 82 percent of husbands. One notable exception was intimate partner violence, with husbands more likely to agree there are times when a woman deserves to be beaten (58 percent versus 52 percent of adolescent wives). Finally, while most respondents agreed typical household chores and caregiving duties are a woman’s responsibility, a much smaller proportion agreed it would be shameful for husbands to engage in caregiving and domestic work at home (63 percent of adolescent wives and 58 percent of husbands).

Social normative expectations about gender roles in Nigerien communities. Adolescent wives and husbands were also asked whether they agreed or disagreed with six social normative expectations about gender roles in their communities. These social norms measures were adapted from six of the GEM-related attitudinal items in Figure 3.5.a to represent respondent (dis)agreement with empirical social normative expectations – how respondents believe others in the community expect or think men and women should behave – on gender roles and behaviors (e.g., “People in my village think that...a woman’s most important role is to take care of the home and cook for the family”).

Figure 3.5.b shows both adolescent wives and husbands perceived strong social norms and expectations on gender-reinforcing roles and decision-making behaviors within the household. Similar to their personal beliefs and attitudes on these statements, adolescent wives were more likely to perceive strong social expectations in their community that a woman’s most important role is to take care of the home (93 percent of wives versus 89 percent of husbands) and that a woman should never question her husband’s decisions even if she disagrees (91 percent of wives versus 73 percent of husbands).

Figure 3.5.a Adolescent wives' and husbands' agreement with inequitable gender roles and relations

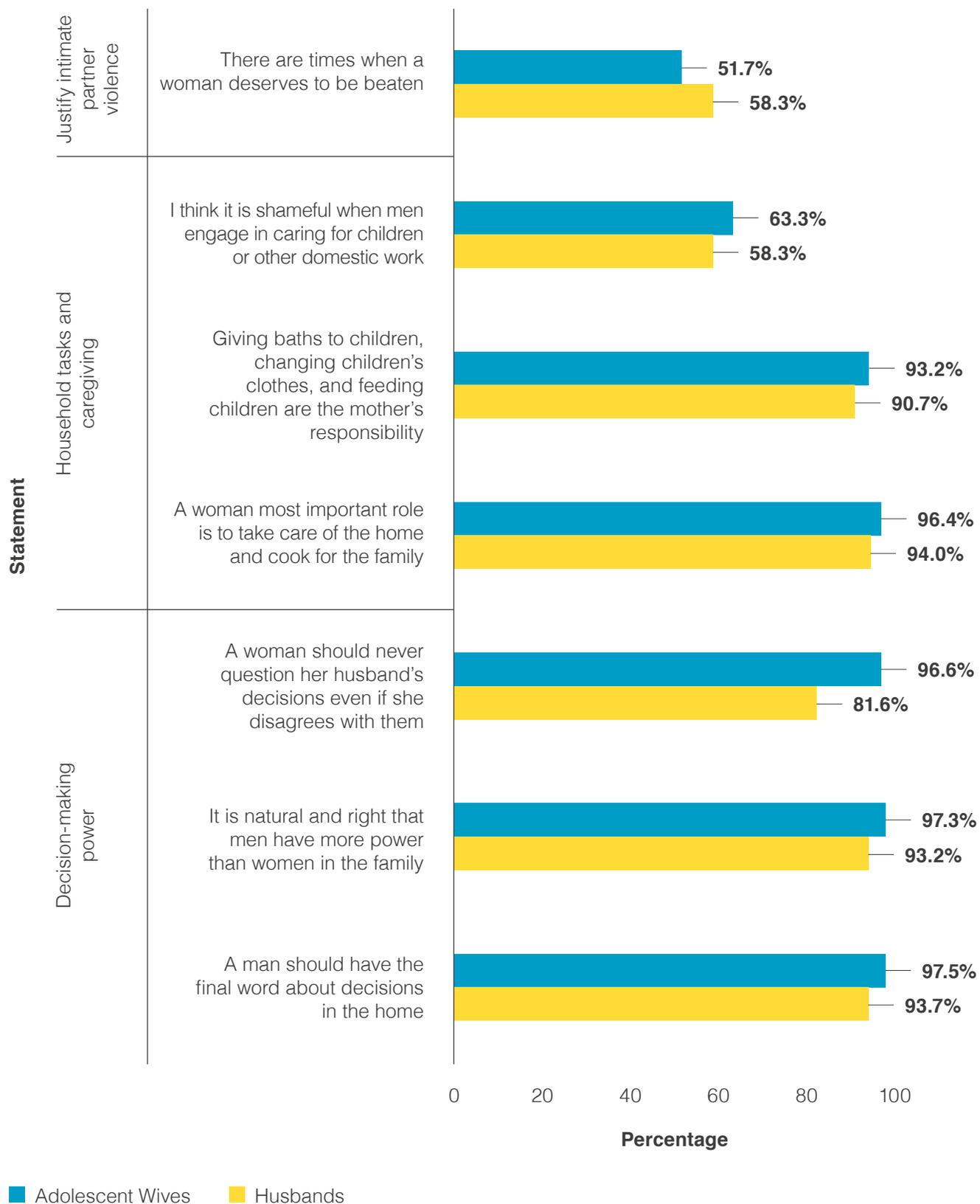
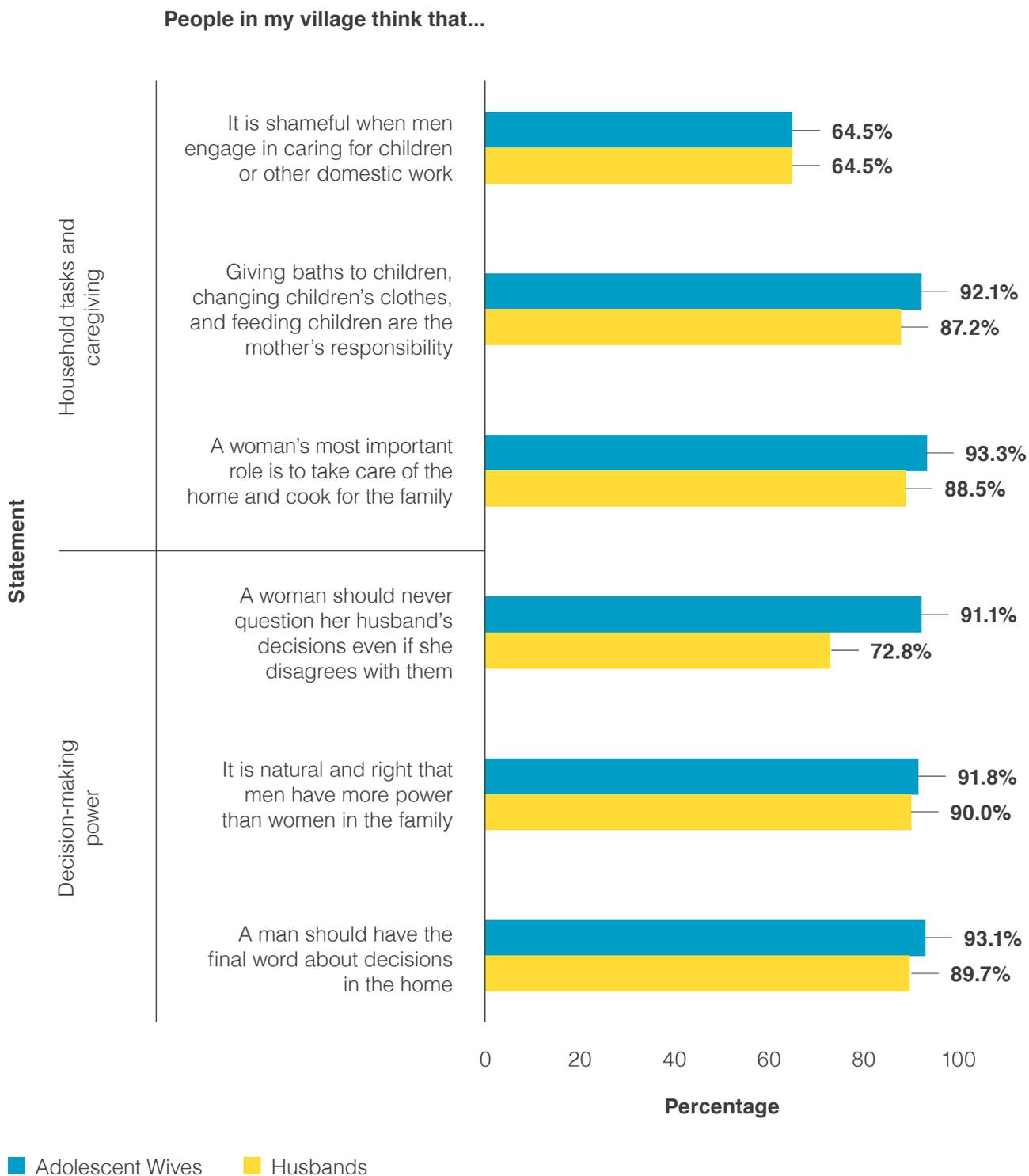
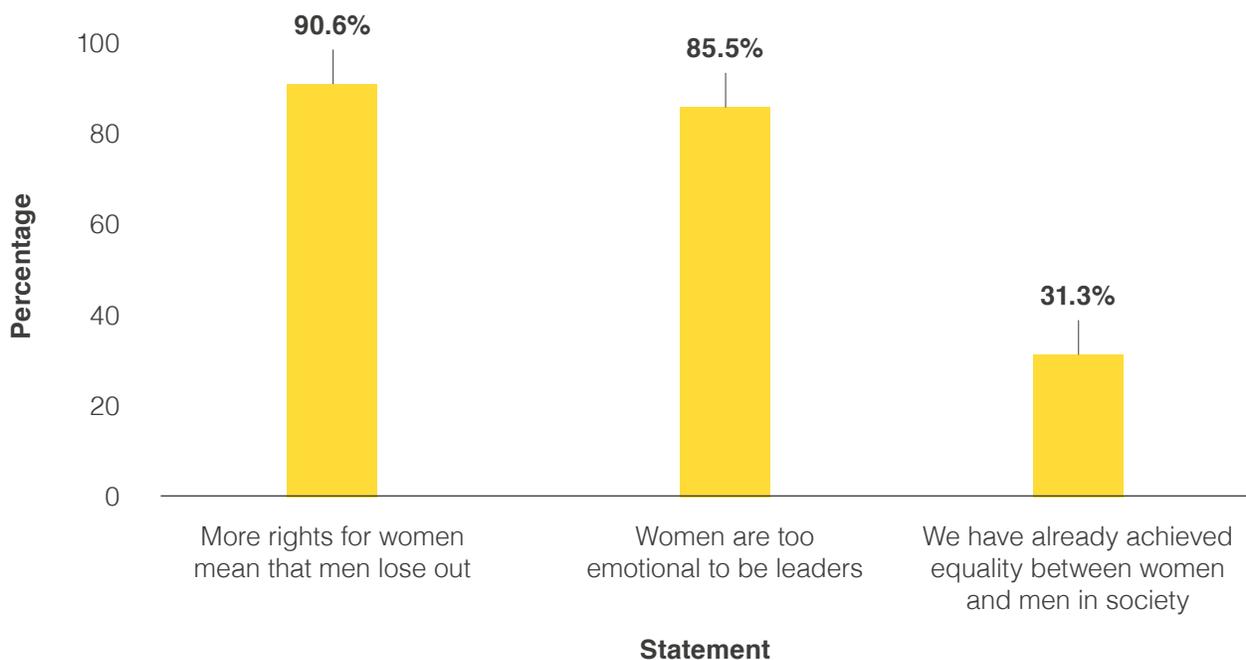


Figure 3.5.b Adolescent wives and husbands who perceive social expectations about inequitable gender roles



Husbands’ attitudes on gender equality and women’s rights. Husbands were also asked about their beliefs related to women’s rights and gender equality in Nigerien society. As Figure 3.5.c shows, a small proportion of husbands agreed gender equality has been achieved in their society (31 percent). At the same time, almost all husbands – 91 percent – agreed giving more rights to women meant men could lose out, and 86 percent agreed women are too emotional to be leaders. This stark contrast suggests that while husbands may recognize the existence of gender inequalities in their society, they may perceive personal consequences to making these rights more equal between men and women.

Figure 3.5.c Husbands’ agreement with inequitable statements about gender equality



GEM scores. A composite overall GEM score was constructed separately for adolescent wives and husbands based on the seven items presented in Figure 3.6.a. GEM scores ranged from 0 to 3, with a higher score indicating more gender-equitable attitudes (alpha men’s GEM score=0.89; alpha women’s GEM score=0.96).⁸ Given the skewed distribution of both male and female data toward agreement with inequitable statements, a second GEM categorical variable was constructed using the interquartile range distribution of female scores as the cut-off for low, moderate, and high scores.

⁸ 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 GEM Scale is typically adapted to specific country contexts. Items are modified to the scale for cultural specificity, and items that show limited variation and limited contribution to the overall scale in that setting are not included. For this study, only GEM-related items that both adolescent wives and husbands were asked were included in the final scale. While the survey included a number of other GEM-related attitudinal items, only husbands were asked these additional items. As a result, the GEM score was constructed using the seven items for both husbands and adolescent wives to present comparable attitudinal results. Other GEM attitudinal-related items for husbands are presented in other sections of this report.

Table 3.5.a shows the GEM score distributions for adolescent wives and husbands. The continuous GEM scores show adolescent wives had a slightly lower – and therefore less equitable – score than husbands (0.41 versus 0.45), although this difference was not significant ($p=0.0598$). Comparable to other IMAGES studies, the overall GEM scores for both adolescent wives and husbands are particularly low and thus inequitable. To put these scores into perspective, results from an IMAGES study conducted in Tanzania around the same time show much more gender equitable GEM scores – 1.69 and 1.62 for Tanzanian women and men, respectively (Levtov, Vlahovicova, Lugano, & Stiefvater, 2018).

When segmenting GEM scores into high, moderate, and low scores, a larger proportion of husbands had higher, more equitable scores relative to wives (28 percent versus 23 percent), while women's GEM scores were more likely to fall within the moderate range (42 percent versus 33 percent of husbands).

Table 3.5.a Adolescent wives' and husbands' GEM scores

| | Adolescent wives | | Husbands | |
|--------------------------------|------------------|------------|-------------|------------|
| | Mean (SD) | Min., Max. | Mean (SD) | Min., Max. |
| | % | n | % | n |
| GEM Score (continuous) | 0.41 (0.42) | 0, 3 | 0.45 (0.50) | 0, 3 |
| GEM Score (categorical) | | | | |
| Low (least equitable) | 35.6 | 381 | 38.8 | 372 |
| Moderate | 41.6 | 445 | 33.3 | 319 |
| High (most equitable) | 22.8 | 244 | 28.0 | 268 |

Relationship between GEM scores and other factors. Evidence confirms that men and women's personal beliefs and attitudes around gender roles are heavily influenced by their personal background, childhood, and socialization experiences (Levtov et al., 2014). Building on this research, multivariable linear regression models were created separately for adolescent wives' and husbands' GEM scores to better understand which factors influenced the low continuous GEM scores. For husbands, factors found to be significantly related to a lower GEM score when controlling for other variables included being from Dosso district ($p=0.003$); being of Hausa ethnicity ($p=0.005$); having the husband's parents living in the same compound ($p=0.002$); and having experienced physical violence at home during childhood ($p<0.0001$). Interestingly, none of these factors were found to be significantly predictive of adolescent wives' lower GEM scores in separate modeling.

For adolescent wives, respondents who were working in the last 12 months ($p=0.005$) and married for two to three years ($p=0.005$) were more likely to have a lower GEM score. Further testing of difference in means suggests that age at marriage may significantly affect adolescent wives' GEM scores: wives who married as very young adolescents had lower GEM scores (0.42 for ages 10 to 12 and 0.37 for ages 13 to 14) relative to wives who married as adolescents (GEM scores of 0.44 for ages 15 to 16 and 0.47 for ages 17 to 19; $p=0.0229$). Factors not significantly associated with lower GEM scores included length of marriage, dyad age difference, educational background, and having children.

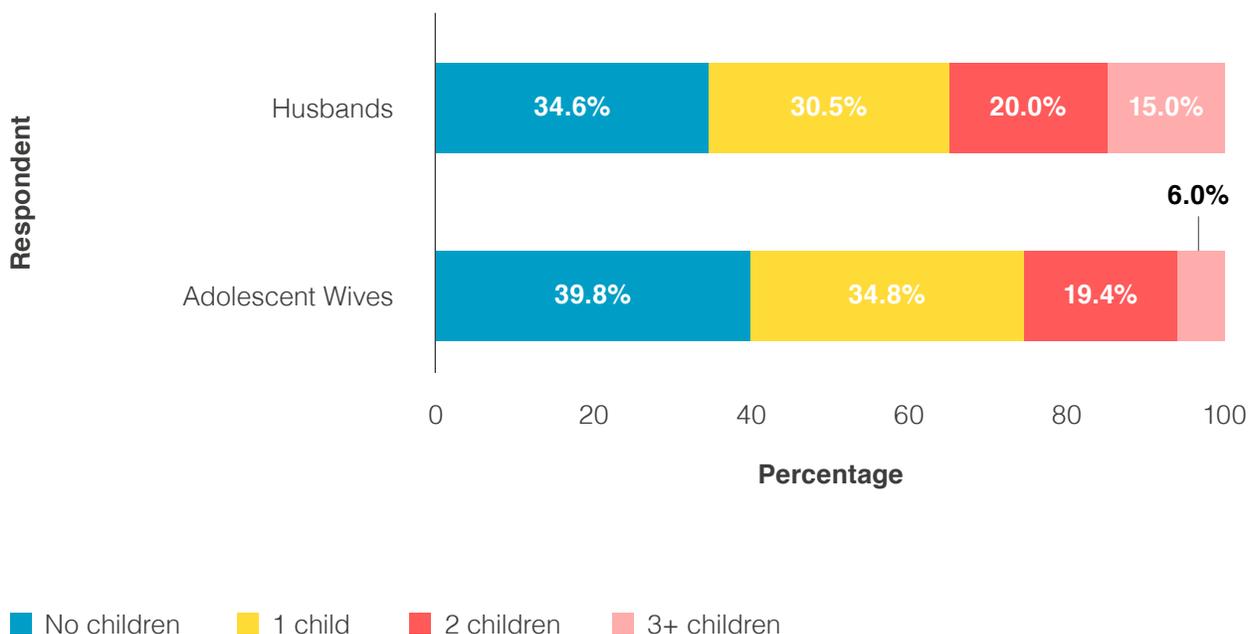
3.6 Sexual and Reproductive Health

Given Niger's high rates of adult and adolescent fertility and low use of modern family planning, this study aimed to more comprehensively understand adolescent wives' and husbands' knowledge, attitudes, and practices on SRH, including family-planning methods. This section shares adolescent wives' self-reported fertility history, awareness of family-planning methods, attitudes, and perception of social norms on family-planning use and current use of family-planning methods.

Age at last childbirth. Niger has one of the highest rates of adolescent fertility worldwide. A recent worldwide DHS analysis of SRH in early and later adolescence shows adolescent fertility in Niger begins to increase rapidly between 14 and 15 and into later adolescence (16 to 17), but begins to level out between ages 18 and 19 (MacQuarrie et al., 2017). For this study, adolescent wives reported being 16 years old at their most recent birth (min=10; max=19), while husbands reported being 23 years old when their first child was born with the interviewed adolescent wife (min=12; max=44).

As Figure 3.6.a shows, 40 percent of adolescent wives who participated in the quantitative survey reported not having any children, 35 percent having one child, and 25 percent having two or more children (with a maximum number of five children). A larger proportion of husbands reported at least one child with the interviewed adolescent wife and/or other wives. At the time of the survey, 12 percent of interviewed adolescent girls also reported being pregnant (not shown here).

Figure 3.6.a Number of children reported by adolescent wives and husbands

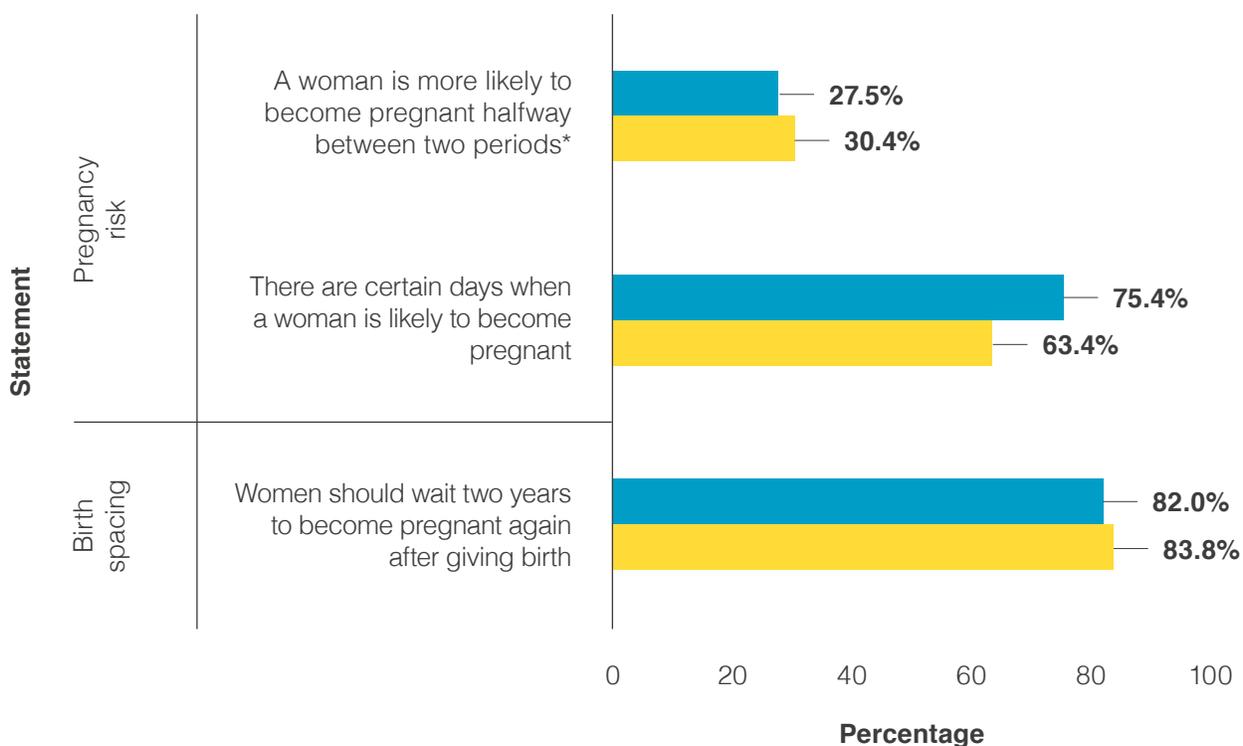


Desired number of children. The number of children that adolescent wives and husbands desired in their lifetime was substantially higher than their current number of children. On average, adolescent wives desired approximately eight children in their lifetime (min=0; max=25) while husbands desired nine (min=0; max=30); on average, husbands wanted at least five boys in their lifetime (min=1; max=25). This is slightly lower than nationally representative DHS data showing the desired number to be about nine for Nigerian women and 11 children for men (INS & ICF, 2013).

Knowledge about birth spacing and pregnancy risk. Evidence suggests a lack of knowledge about pregnancy risk can be significantly associated with non-use of family-planning methods and unmet need for family planning in a variety of contexts (Institute for Reproductive Health, 2013). For this survey, both adolescent wives and husbands were asked a range of questions about their knowledge of birth spacing and pregnancy risk, such as, “How much time should a woman wait between giving birth and trying to become pregnant again?” and, “Are there certain days when a woman is more likely to become pregnant?”

Figure 3.6.b shows a large proportion of adolescent wives and husbands could identify the recommended two-year spacing between a birth and the next pregnancy (82 percent of wives and 84 percent of husbands). Additionally, three-quarters of adolescent wives acknowledged they are at higher risk of pregnancy during certain days of their menstrual cycle; however, of the adolescent wives who answered this question correctly, only 28 percent could identify the days halfway between their two periods as the fertile window.

Figure 3.6.b Proportion of adolescent wives and husbands answering birth-spacing and pregnancy-risk questions correctly

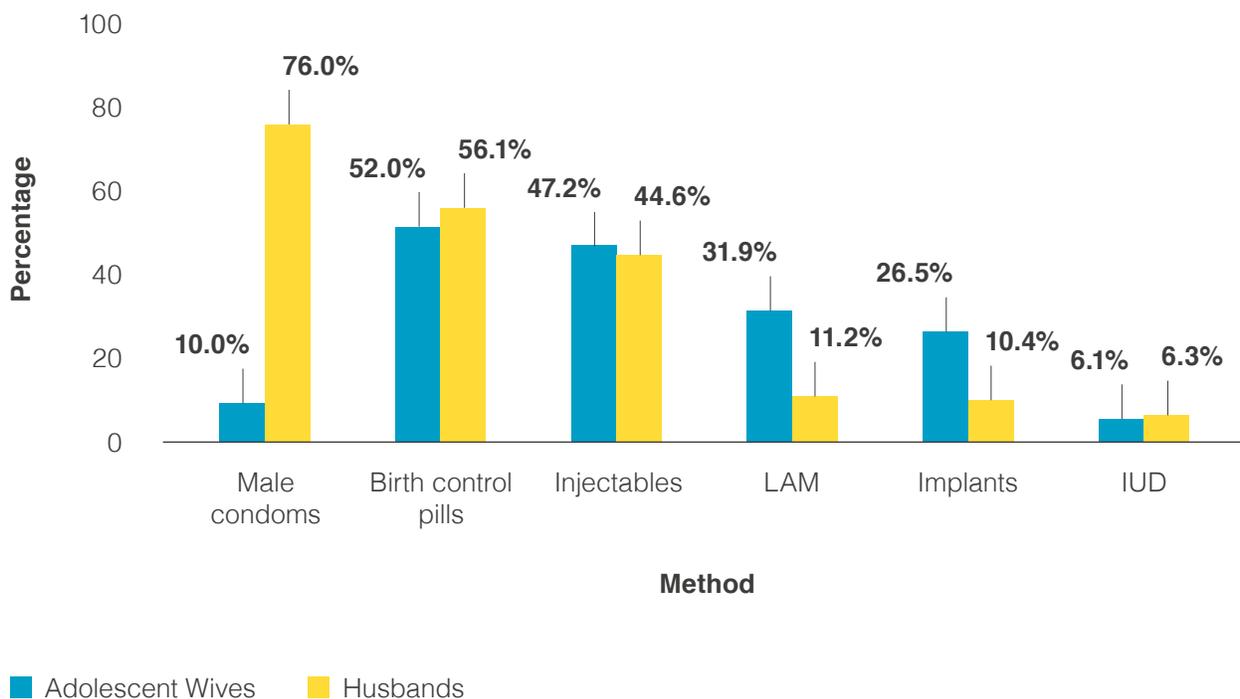


■ Adolescent Wives ■ Husbands

*Note: For knowledge of fertile window, denominator only includes respondents who answered 'yes' to, 'There are certain days when a woman is likely to become pregnant'.

Awareness of family-planning methods. Overall, the results suggest very low awareness of family-planning methods among adolescent wives and husbands. About 47 percent of adolescent wives and 60 percent of husbands – said there are certain things women could do to space or delay a pregnancy (data not shown here). Figure 3.6.c demonstrates adolescent wives' and husbands' awareness of family-planning methods. While the majority of husbands had heard of male condoms (76 percent), only one in 10 adolescent wives had heard of the same method (10 percent). Approximately half the sample – 52 percent of adolescent wives and 56 percent of husbands – were aware of birth control pills, followed by injectables (47 percent of adolescent wives and 45 percent of husbands). A larger proportion of adolescent girls were aware of the lactational amenorrhea method (LAM, 32 percent) and implants (27 percent), relative to husbands (11 percent and 10 percent, respectively). About 6 percent of adolescent wives and husbands had heard of the intrauterine device (IUD).

Figure 3.6.c Adolescent wives' and husbands' awareness of family-planning methods



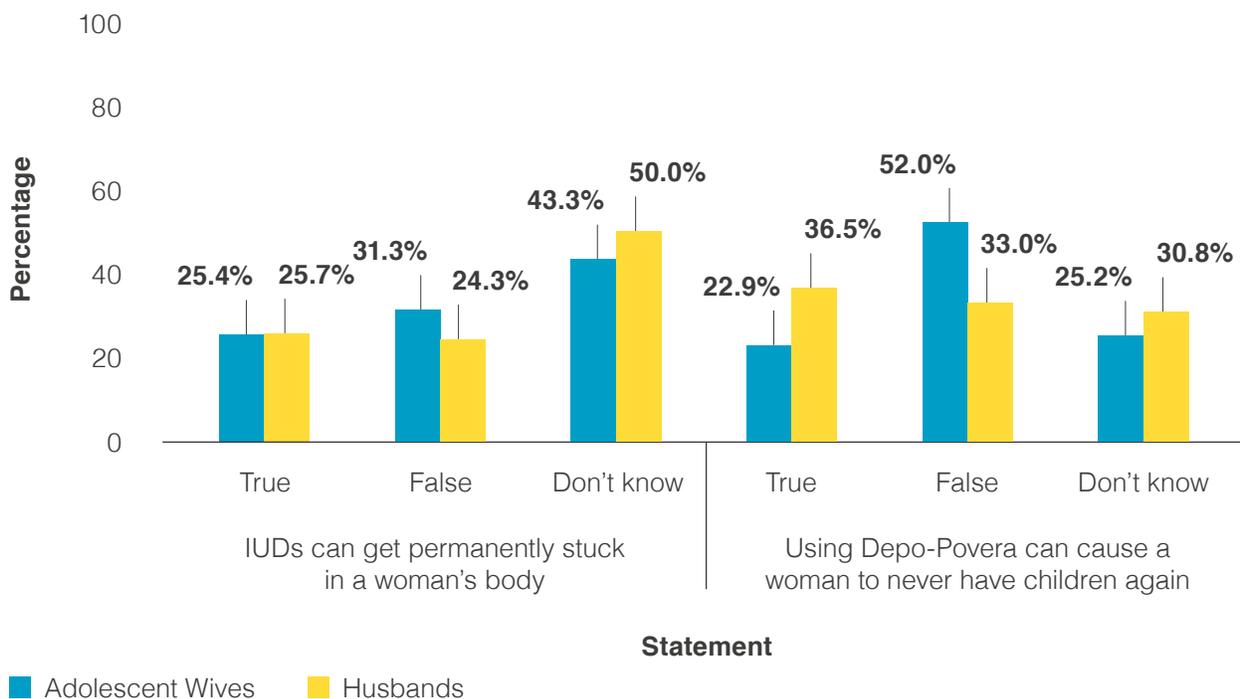
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Among husbands who were aware of selected family-planning methods, eighty percent of husbands said they approved of their wife using LAM, followed by injectables (58 percent), birth control pills (57 percent), implants (46 percent), the IUD (43 percent), and male condoms (35 percent; data not shown here).

Finally, the results suggest that adolescent wives and husbands were equally unaware of where to access family-planning methods: only 50 percent of adolescent wives and 55 percent of husbands reported knowing of a place to obtain a method of contraception (data not shown here).

Myths and misconceptions about contraceptive methods. For each contraceptive method they were aware of, adolescent wives and husbands were read different facts and myths statements about the methods, and asked to respond with “true,” “false,” or “don’t know.” As Figure 3.6.d shows, a larger proportion of adolescent wives reported not believing IUD or Depo-Provera-related myths. For example, 52 percent of adolescent wives did not believe that using Depo-Provera can cause a woman to never have children again compared to only 33 percent of husbands.

Figure 3.6.d Adolescent wives' and husbands' beliefs about contraceptive side effects



Use of family-planning methods. A global review of unmet need for family planning shows that in Niger, the desire for large families has resulted in a low unmet need for family planning, and consequently low use of modern family-planning methods (Sedgh, Ashford, & Hussain, 2016). Accordingly, the latest DHS survey data show that approximately 12 percent of currently married women in Niger were using a modern method of family planning as of 2012. For this study, both adolescent wives and husbands were asked about their past and current use of contraceptive methods. Eighteen percent of adolescent wives and 15 percent of husbands reported ever using any method of family planning (modern or traditional). Of those who had ever used a method of family planning, both adolescent wives and husbands reported having at least one child at the time of their first method use, suggesting that most Nigerien couples waited at least for their first child to start using contraception.

As Table 3.6.a shows, 10 percent of adolescent wives and 5 percent of husbands reported currently using a modern family-planning method, with the majority of adolescent wives reporting use of birth control pills (40 percent), followed by injectables (34 percent) and implants (11 percent). Approximately 18 percent of the 83 husbands reporting current use of family planning reported using male condoms.

Table 3.6.a Adolescent wives' and husbands' reports of family-planning use and methods

| | Adolescent wives | | Husbands | |
|--|------------------|----------|----------|----------|
| | % | n | % | n |
| Past and/or current use of any family-planning method (includes modern and traditional) | 18.4 | 202 | 15.0 | 166 |
| Current use of any family-planning method | 11.8 | 129 | 7.5 | 83 |
| Current use of modern family-planning method | 10.4 | 114 | 5.4 | 60 |
| Type of method currently used (multiple responses permitted) | % | n | % | n |
| IUD | 0.8 | 1 | 1.2 | 1 |
| Injectables | 33.6 | 43 | 24.1 | 20 |
| Implants | 10.9 | 14 | 7.2 | 6 |
| Pills | 39.8 | 51 | 33.7 | 28 |
| Male condoms | 1.6 | 2 | 18.1 | 15 |
| Female condoms | 0.8 | 1 | 3.6 | 3 |
| Emergency contraception | 0.0 | 0 | 1.2 | 1 |
| LAM | 2.3 | 3 | 4.8 | 4 |
| Other traditional method | 6.3 | 8 | 2.4 | 2 |
| Abstinence | 0.8 | 1 | 2.4 | 2 |
| Don't know | 3.1 | 4 | 4.8 | 4 |

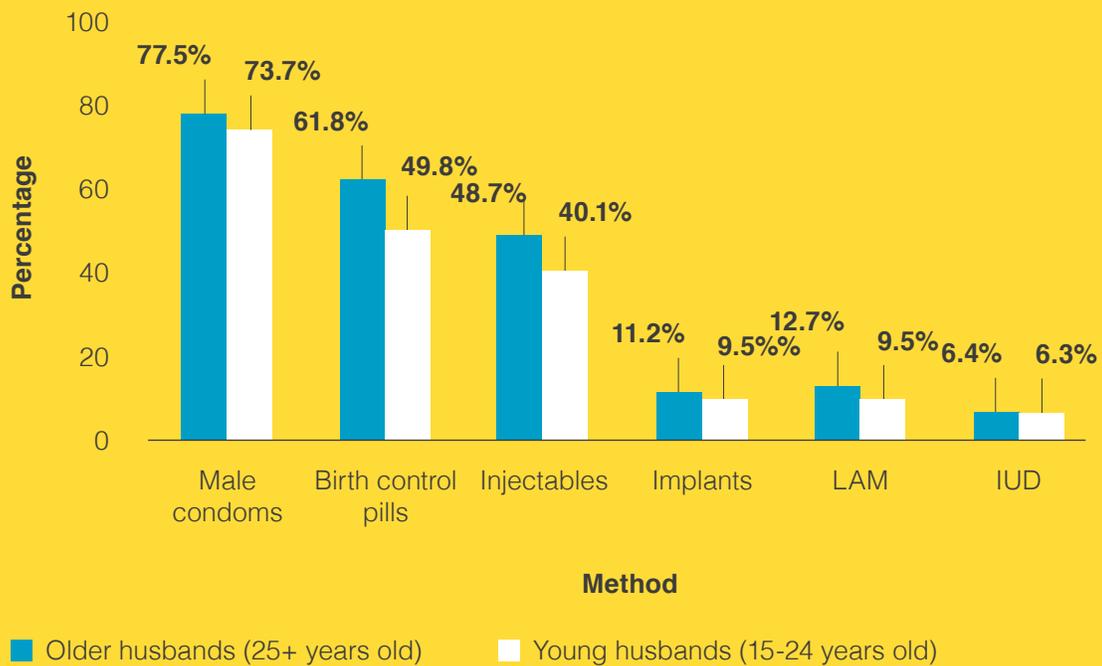
Zeroing In: Young Husbands' Family-Planning Awareness and Use

This analysis further examines young husbands' fertility history, as well as their awareness of family-planning methods and use. Overall, the results presented here suggest a significant portion of young husbands had children during adolescence and, relative to older husbands, had less-accurate knowledge and awareness of family-planning methods.

Young husbands' fertility history and desires. Forty-eight percent of the 524 young husbands (aged 15 to 24) reported having children at the time of the interview. On average, young husbands had their first child at age 20 (min=12; max=24); 38 percent had their first child during adolescence, specifically between the ages of 12 and 19. On average, young husbands desired about nine children in their lifetime (min=0; max=30), consistent with the older husbands interviewed.

Awareness and myths about family-planning methods. Relative to older husbands, young husbands were less aware of family-planning methods. As Figure 3.6.e shows, 50 percent of young husbands had heard of birth control pills compared to 62 percent of husbands aged 25 and older. Additionally, about 40 percent of young husbands were aware of injectables as a method of contraception compared to 49 percent of older husbands.

Figure 3.6.e. Percentage of husbands who have heard of selected family-planning methods, by age



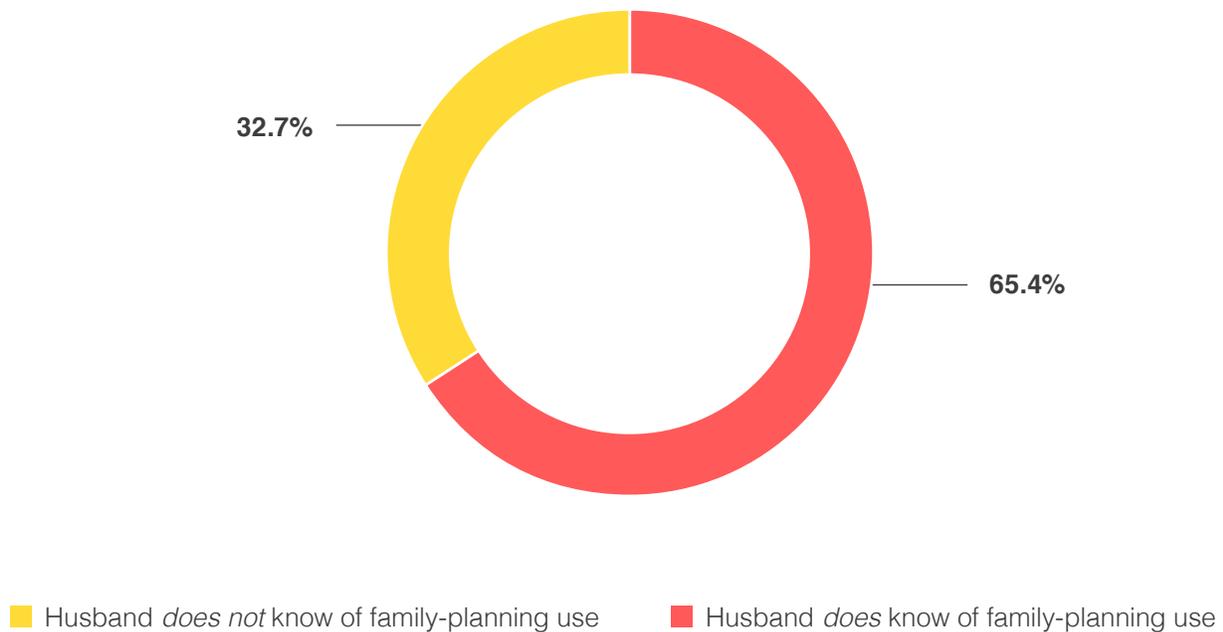
When young husbands were asked about family-planning-method misconceptions, they were also more likely to agree with certain myths: for instance, 41 percent of young husbands agreed that using Depo-Provera can cause a woman to never have children again compared to 33 percent of older husbands.

Contraceptive use. Young and older husbands' self-reports of modern family-planning use were similarly low (5 percent of young husbands versus 6 percent of older husbands). However, the interviewed adolescent wives of young husbands were less likely to report current modern family-planning use: approximately 8 percent of adolescent wives married to young husbands were currently using a modern method of family planning compared to 13 percent of adolescent wives married to husbands 25 and older.

These results suggest several potential areas for further research and programming. First, a significant proportion of young husbands had their first child during adolescence, suggesting a potential need to work with both women and men around adolescent parenting prevention and support. Second, the data suggest a need to reach young husbands with needed information about family-planning information and methods both through family-planning health services and outside the health system directly in communities where young Nigerian men may be.

Husbands' knowledge and support of family planning. Consistent with the differences between adolescent wives' and husbands' reported use of family-planning methods, data suggest potential covert use of family-planning methods by some adolescent wives participating in the quantitative survey. Specifically, of the 202 adolescent girls reporting ever having used family-planning methods, approximately 65 percent reported their husband is aware that they have ever used contraception; 33 percent reported their husband was not aware of prior or current contraception use (see Figure 3.6.f). As well, about 69 percent of adolescent girls who ever used a method of contraception reported their husbands approved of them doing something to delay or avoid pregnancy (data not shown here).

Figure 3.6.f Percentage of adolescent wives reporting that husband is aware that they have ever used a family-planning method



Husbands’ reasons for not currently using a family-planning method. Consistent with other data in this study, the results show the desire for children and fertility is a key driver for not currently using a family-planning method. When asked why they were not using a method of contraception, 28 percent of husbands said because they wanted children, followed by the reasoning that having children was up to God (27 percent), religious opposition (21 percent), and that the wife was either currently breastfeeding (10 percent) or currently pregnant (3 percent). Perceived lack of fertility and/or frequency of sex were also provided as reasons for not using a family-planning method (14 percent), including that the wife was unable to get pregnant (6 percent) or that the couple was having infrequent sex (5 percent) or no sex (4 percent). Approximately 12 percent of husbands provided some type of opposition as a reason for not using a method of family planning, either by the respondent himself (7 percent), someone else (4 percent), or his wife (2 percent). To a lesser extent, some husbands stated concerns over side effects (7 percent) or limited accessibility (6 percent).

When further asked about reasons why a husband might not allow his wife to use family planning, most husbands cited the desire for children (63 percent) and religious beliefs (20 percent) as primary reasons. Yet, data suggest that religious opposition may be to contraceptive methods specifically rather than to birth and pregnancy spacing. For instance, while a high proportion of respondents agreed their religion supported the healthy spacing of births (80 percent of adolescent girls and 84 percent of husbands), 59 percent of husbands agreed that Islam does not approve family-planning methods (19 percent disagreed while another 20 percent did not know).

Relationship between current modern family-planning use and other factors. Bivariate and multivariable logistic regression models were conducted to better understand factors influencing current modern family-planning use among adolescent wives and husbands. Table 3.6.b highlights factors demonstrating a significant relationship with current use of a modern family-planning method.

Table 3.6.b Factors significantly associated with current modern family-planning use

| Dependent variable | Significantly associated factors |
|---|--|
| Adolescent wives currently using a modern family-planning method | <ul style="list-style-type: none"> • Having children: Wives with children were 10 times more likely than those with none to use a modern family-planning method when adjusting for other variables (adjusted odds ratio [aOR]=9.9; probability, $p < 0.0001$).⁹ • Speaking to health center staff about family planning: Wives who reported ever speaking to health center staff about family planning were five times more likely to use modern family planning compared to those who had not (aOR=5.3; $p < 0.0001$). • Newly married: When adjusting for speaking to health center staff about family planning into the model, wives married within the last year were three times more likely to report current modern family-planning use versus wives married at least two years (aOR=3.3; $p = 0.025$). |
| Husbands currently using a modern family-planning method | <ul style="list-style-type: none"> • Education: Husbands who attended government school were twice as likely to use modern family planning relative to those who had never attended school (aOR=2.3; $p = 0.029$), although this relationship became insignificant when adjusting for more variables into the model (e.g. GEM score; experiencing violence as a child). • District: Husbands from Douthi district were more likely to use family-planning methods than those in Dosso district (aOR=4.3; $p = 0.019$). • Experiencing depression: Husbands who experienced at least one depression-related symptom in the last week were significantly less likely to report current modern family-planning use (aOR=0.4; $p = 0.016$), although this relationship became insignificant when adding family-planning communication and access variables into subsequent analyses. • Perpetration of intimate partner violence: Husbands whose wives reported experiencing any form of intimate partner violence in their current marriage were three times as likely to report current modern family-planning use compared to those whose wives did not (aOR=3.4; $p < 0.0001$). |

⁹ An 'adjusted' odds ratio is the odds ratio produced by a regression model which has been modified or 'adjusted' to take into account other variables in the model.

| Dependent variable | Significantly associated factors |
|--------------------|--|
| | <ul style="list-style-type: none"> • Couple communication about family planning: Husbands who reported having ever communicated with their wife about doing something to delay or space their pregnancy were about nine times as likely to report current modern family-planning use as those who had not (aOR=8.9; p<0.0001). • Speaking to health center staff about family planning: Similar to adolescent wives, husbands who reported ever speaking to health center staff about family planning were three times more likely to use modern family planning as those who had not spoken to health center staff (aOR=3.4; p=0.009). |

The multivariable regression analyses point to several key implications: First, and perhaps unsurprisingly, accessing a health center or speaking to health center staff about family planning was significantly associated with family-planning use. Adolescent wives with at least one child were also more likely to use family planning. Consistent with other literature pointing to couple communication as a key predictor of family-planning use (Shattuck et al., 2011), husbands who reported couple communication on family planning were more likely to report current modern family-planning use, although this association was not found for adolescent wives' use of family planning. Finally, wives' reports and experiences of intimate partner violence were significantly associated with husbands' reports of current modern family-planning use, consistent with existing literature showing significant associations between family-planning use and spousal violence (Gilles, 2015).

Couple communication and decision-making on family planning. Adolescent wives and husbands were asked who in their family has the most influence in deciding how many children to have and in the use of family-planning methods. Data show that for the most part, husbands were the key decision-maker: 97 percent of adolescent wives and 92 percent of husbands cited the husband as the primary decision-maker on the number of children to have, and 95 percent of adolescent wives and 91 percent of husbands reported the husband as the key decision-maker on whether to use family-planning methods. A small proportion of husbands cited their father as the key decision-maker about number of children and use of family planning (4 percent; data not shown here).

Consistent with these results on decision-making power, just 21 percent of husbands reported ever having a conversation with their wife about doing something to space or delay their pregnancy. Of the 230 husbands reporting ever communicating on the topic, 69 percent reported discussing birth spacing in the last 12 months; of those 159 husbands, 80 percent reported discussing family-planning method use specifically. Over half of husbands who reported communicating about spacing in the last 12 months decided to use a family-planning method. Finally, approximately 80 percent of husbands who discussed birth spacing with their wife in the last 12 months stated their wife expressed the desire to use a family-planning method (data not shown here).

As Table 3.6.c shows, husbands aged 25 and older were slightly more likely to have ever had a conversation about spacing or delaying pregnancy (23 percent versus 18 percent of young husbands). However, a slightly larger proportion of young husbands (aged 15 to 24) decided to use a family-planning method after their conversation (61 percent versus 59 percent of older husbands).

Table 3.6.c Young and older husbands reporting communication with adolescent wife about family planning and birth spacing

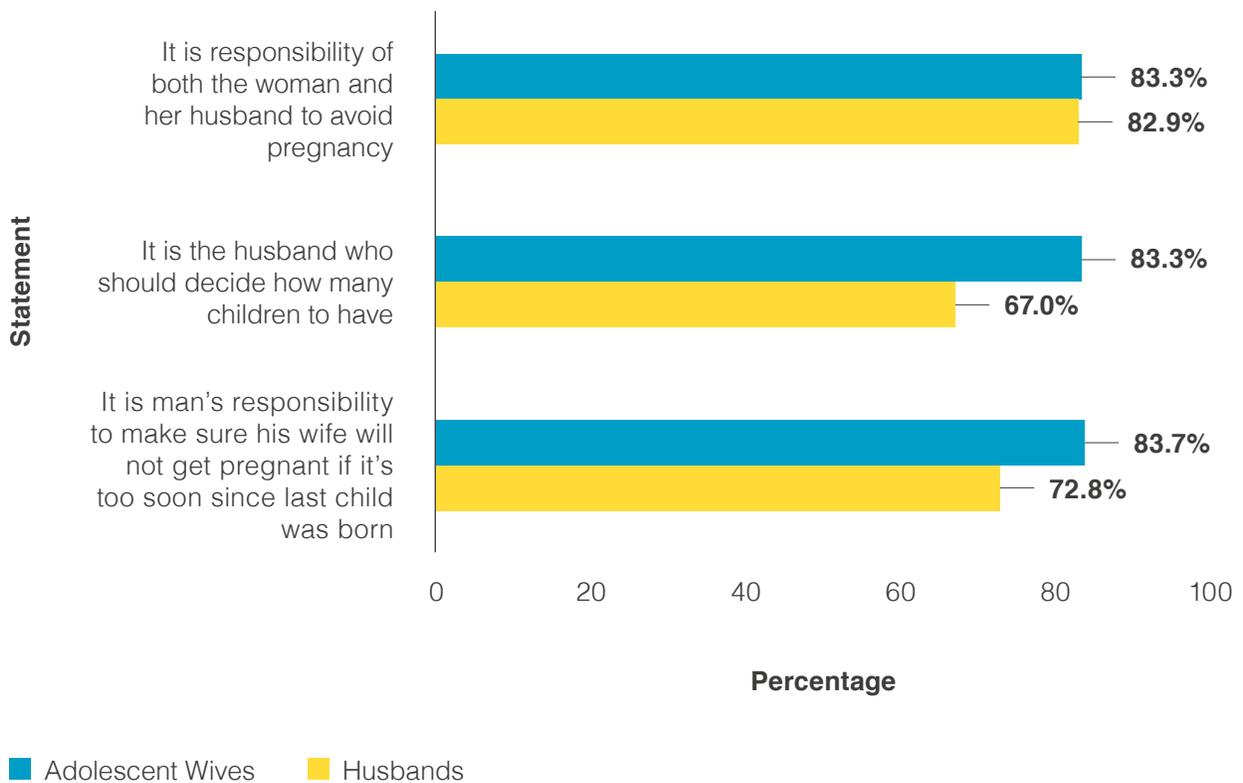
| | Young husbands (aged 15-24) | | Older husbands (aged 25+) | |
|--|--------------------------------|----|------------------------------|-----|
| | % | n | % | n |
| Ever had a conversation with wife about doing something to space/delay pregnancy | 18.1 | 95 | 23.2 | 135 |
| If ever, had a conversation in past 12 months about how much time to wait between births | 67.4 | 64 | 70.4 | 95 |
| If discussed spacing, had a conversation in past 12 months about using family-planning method | 84.4 | 54 | 76.8 | 73 |
| After conversation, decided that they would like to use family planning | 61.1 | 58 | 59.3 | 80 |
| During conversation, wife shared her wishes about using family planning to space births | | | | |
| Yes, she said she wants to use family planning | 81.5 | 44 | 79.5 | 58 |
| Yes, she said she doesn't want to use family planning | 3.7 | 2 | 4.1 | 3 |
| No, she did not share her wishes | 13.0 | 7 | 15.1 | 11 |

Note: 'Don't know' and/or 'No response' values not shown

Qualitative findings with Hausa communities in the Maradi region show that conversations about fertility and family planning – though still not common – are a newfound reality among younger married couples. Though significant numbers of women seek contraception without their husband's knowledge or approval, the qualitative findings suggest couples are increasingly accessing family-planning services together. Some of the young men shared this was a new behavior they had not previously considered.

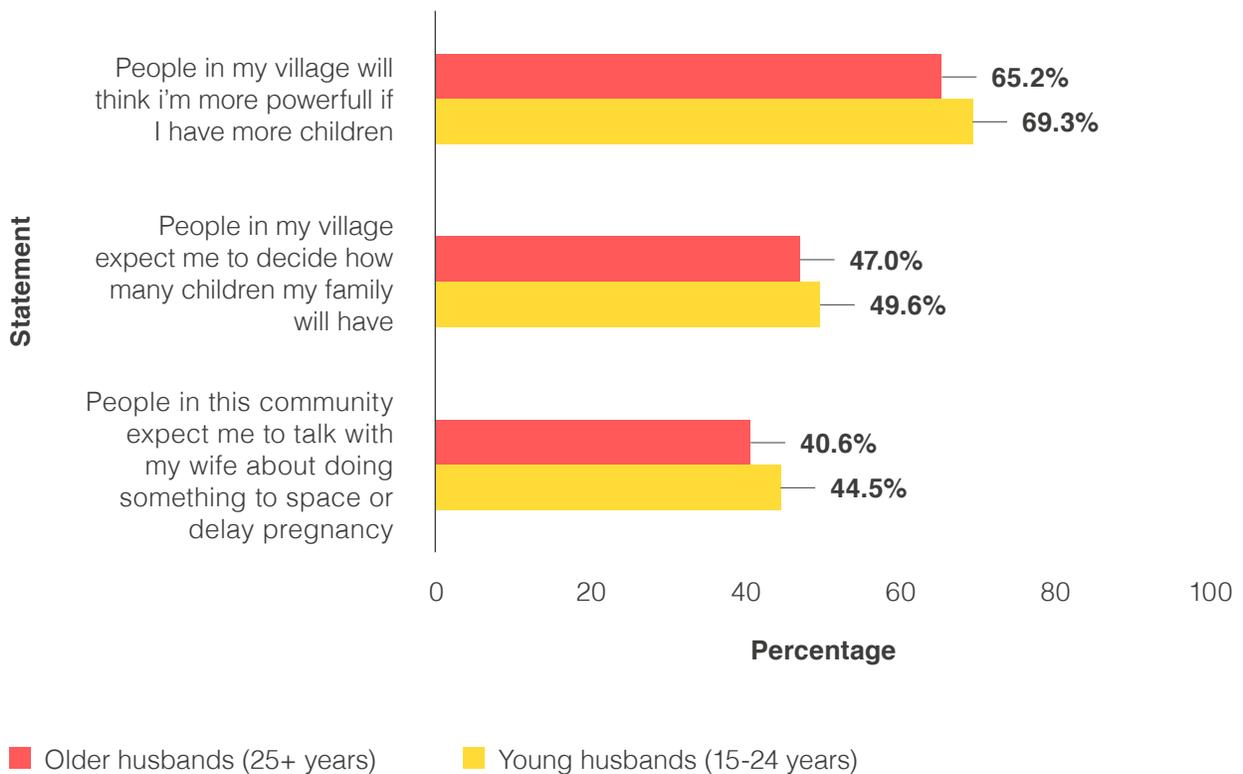
Attitudes about family-planning decision-making. Adolescent wives and husbands were asked whether they agree or disagree with a range of statements about their contraception beliefs, including on decision-making about family planning. While the vast majority of adolescent wives and husbands agreed it was the responsibility of both the husband and wife to avoid pregnancy (83 percent), the vast majority of adolescent girls (83 percent) – and to a lesser extent husbands (67 percent) – agreed it was the husband’s responsibility to decide how many children to have. These data suggest that while husbands are the key decision-makers on family planning decisions, as shown earlier, adolescent wives may have stronger expectations of their husband’s role as the sole decision-maker on issues related to family planning in their relationship.

Figure 3.6.g Adolescent wives’ and husbands’ agreement with statements about family-planning decision-making



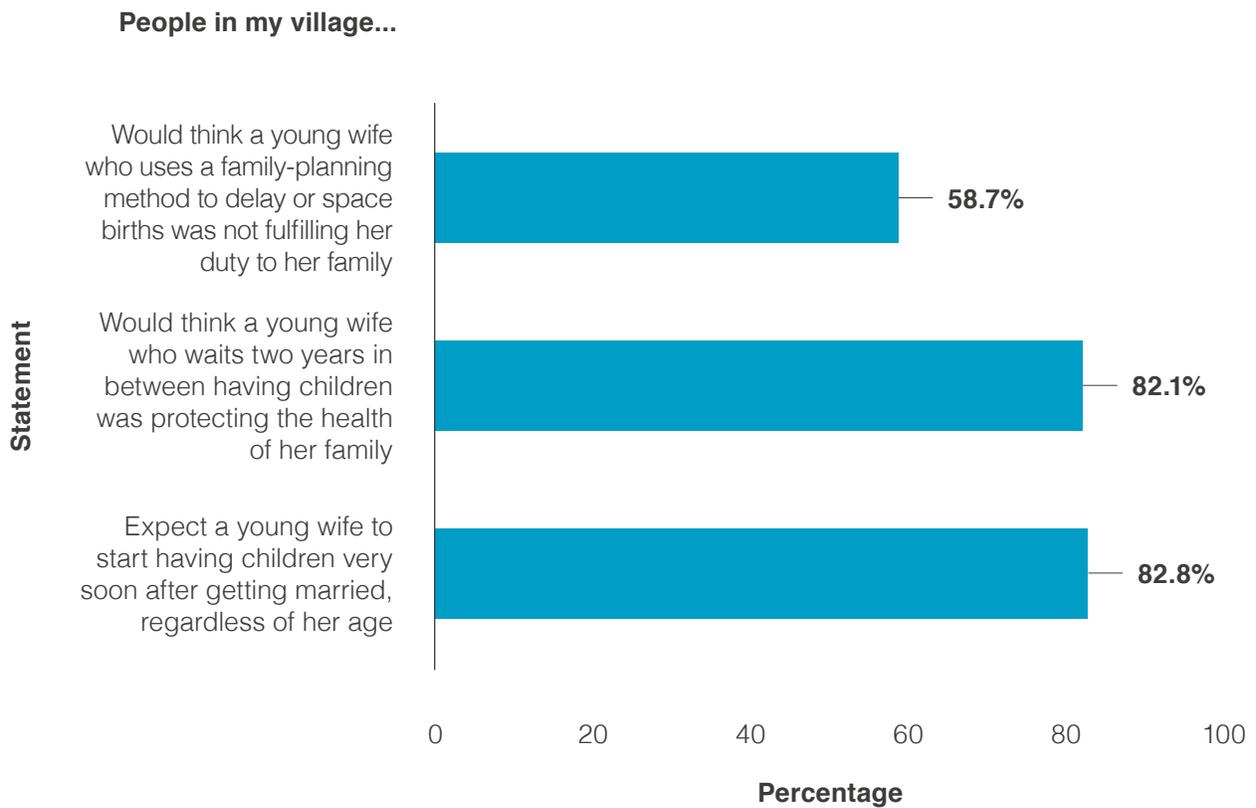
Social normative expectations about fertility and family planning. Husbands were asked about their community’s social expectations around decision-making on children and family size. Most husbands perceived strong social norms on the importance of having children for status recognition: about 69 percent of young husbands (aged 15 to 24) and 65 percent of older husbands (aged 25 and older) agreed that people in their village would perceive them as more powerful if they have more children. While husbands often perceived themselves to be the key decision-makers on family-planning use, only 48 percent reported others in their community expected them to decide how many children to have (50 percent of young husbands versus 47 percent of older husbands). A smaller proportion of husbands perceived an expectation in their community that couples should communicate about doing something to delay or space pregnancy (45 percent of young husbands and 41 percent of older husbands).

Figure 3.6.h Young and older husbands’ perceptions on social expectations around children and family-planning decision-making



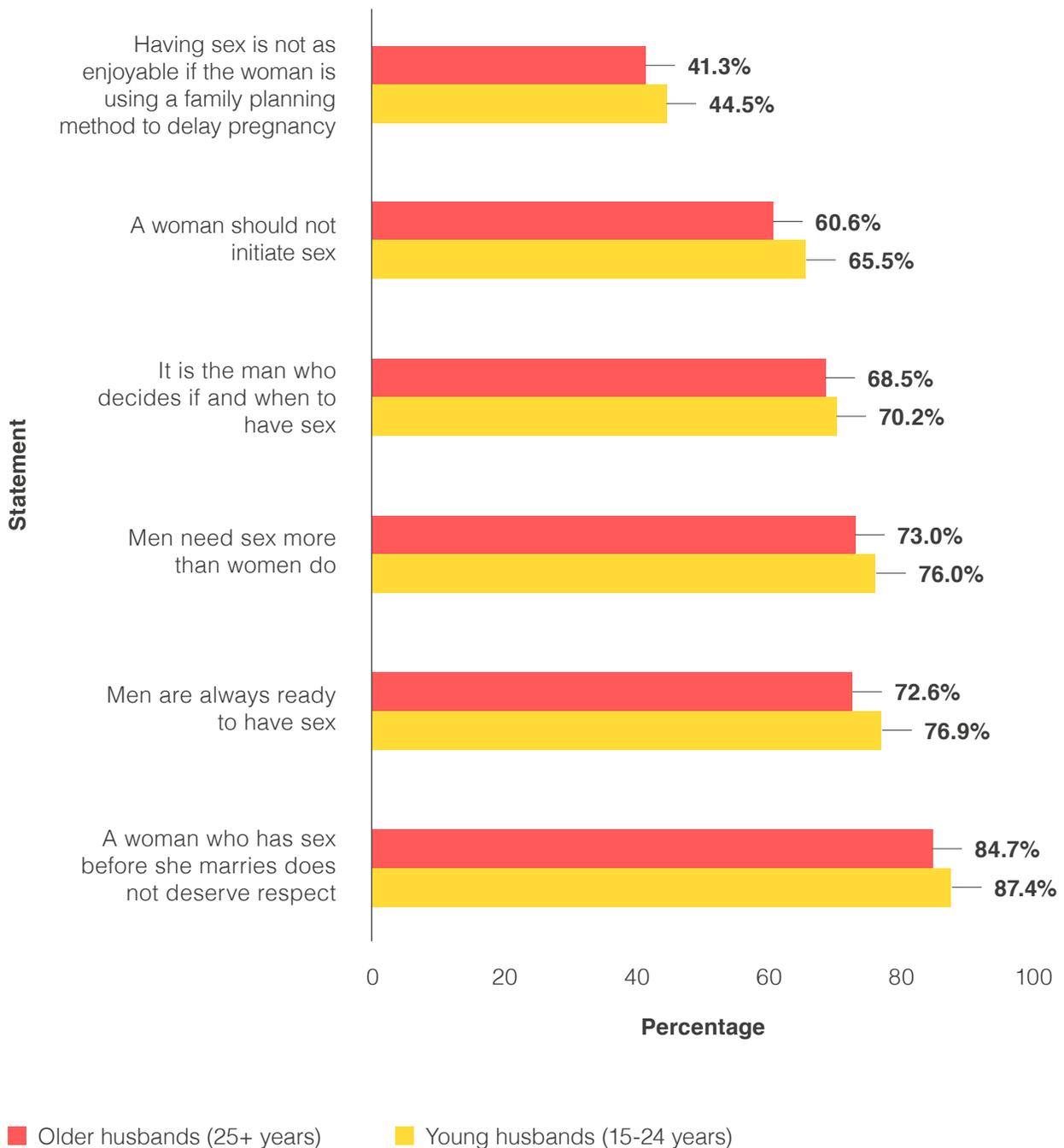
Adolescent wives' perceptions of social norms on contraception. Adolescent wives were asked separate questions about social expectations and norms in their community on the use of family planning among young wives. While wives stated strong social expectations and support for spacing children (82 percent), they also perceived strong social norms for having children immediately after marriage (83 percent). As well, 59 percent of adolescent wives agreed that people in their village would think a young wife who uses family planning would not be fulfilling her duty to her family.

Figure 3.6.i Adolescent wives' perceptions on social expectations about family planning



Personal attitudes about sex. Similar to the results on social norms around fertility, attitudinal data suggest young husbands, relative to older husbands, tended to agree more with inequitable gender norms on sex, sexual desire, and sexual rights. Figure 3.6.j shows young and older husbands' level of agreement with personal beliefs about sex. Eighty-seven percent of young husbands (aged 15 to 24) and 85 percent of older husbands (aged 25 or older) believe a woman who has sex before marrying does not deserve respect, while 66 percent of young husbands and 61 percent of older husbands believe a woman should not initiate sex. Seventy-six percent of young husbands and 73 percent of older husbands agreed men need sex more than women, while 45 percent of young husbands and 41 percent of older husbands believed having sex is not as enjoyable when using a family-planning method with their partner.

Figure 3.6.j Young and older husbands' agreement with inequitable statements about sex



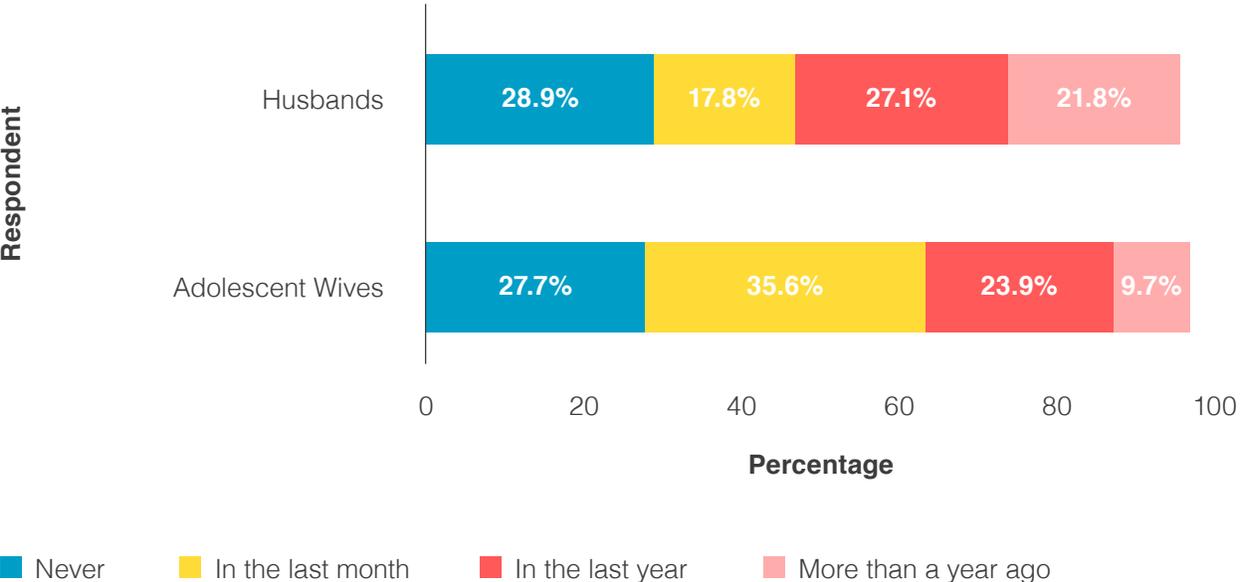
3.7 Use of Health Services and Mental Health

Health and well-being – as well as access to health services – are closely linked to norms about masculinity and femininity. Specifically, rigid notions of masculinity encouraging men to project a sense of strength, invulnerability, and risk-taking serve as barriers to health- and help-seeking behavior, may place men in occupations or activities that carry particular health risks, and may encourage some men to engage in practices detrimental to their own health and that of their families (Stern, 2015; Courtenay, 2000). This section explores and compares husbands’ and adolescent wives’ health service use, as well as provides unique insight into husbands’ experiences with mental health and depression in Niger.

General health services use. Figure 3.7.a shows different patterns of health service use between adolescent wives and husbands participating in the quantitative survey. While a similar proportion of adolescent wives and husbands reported never having visited a health center (28 percent and 29 percent, respectively), a larger proportion of adolescent wives had received health services more recently – 36 percent in the last month, compared to 18 percent of husbands; 10 percent of wives had received health service more than one year prior versus 22 percent of husbands.

When asked what type of health facilities husbands typically visited, about half cited a community-based health post (*case de santé*) or a community health worker (51 percent), followed by a health center (*centre de santé intégré [CSI]*, 43 percent).

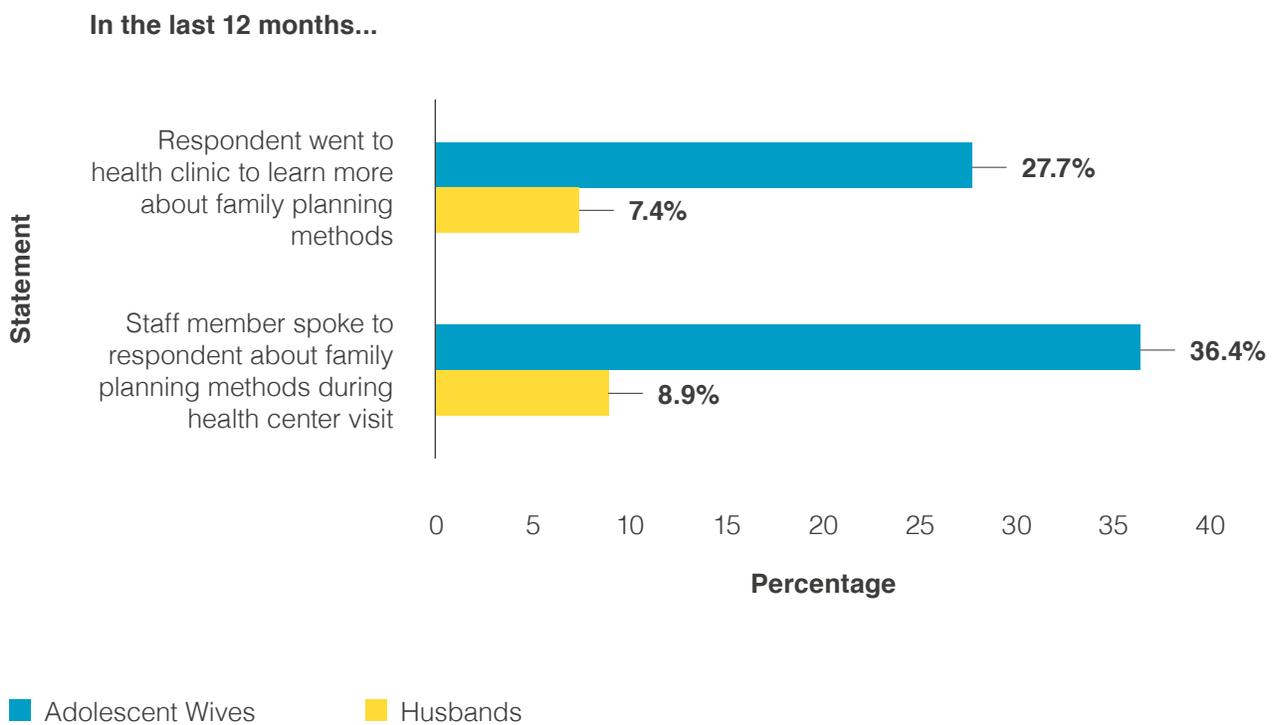
Figure 3.7.a Adolescent wives’ and husbands’ last visit to health services for any type of healthcare



Use of family-planning services in the last 12 months. While earlier results strongly suggest husbands are the primary decision-makers around family-planning use, service-related data show that less than one in 10 husbands are accessing family-planning services. Figure 3.7.b shows that 36 percent of adolescent wives who had ever visited a health center reported speaking to a health worker about family-planning methods compared to only 9 percent of husbands.

The gap between adolescent wives' and husbands' access to and interaction with family-planning services is consistent with other literature pointing to a widening "men's health gap" (Hawkes & Buse, 2013). Given that husbands are the primary decision-makers around family-planning use, these results suggest services may need to engage men specifically on family-planning information, education, and services.

Figure 3.7.b Adolescent wives' and husbands' family planning service interaction in last 12 months



Use of antenatal services. Both adolescent wives' and husbands' use of and/or accompaniment to antenatal services was higher than their use of family-planning services. Of women who had ever visited a health facility, 52 percent had ever received antenatal care. As Table 3.7.a shows, 37 percent of interviewed husbands reported accompanying the mother of their most recent or youngest child to an antenatal healthcare visit. During the visit(s), the majority of husbands reported sitting in the waiting room (58 percent); 34 percent reported waiting outside, and a small portion – 8 percent – said they joined her for the visit with the health provider.

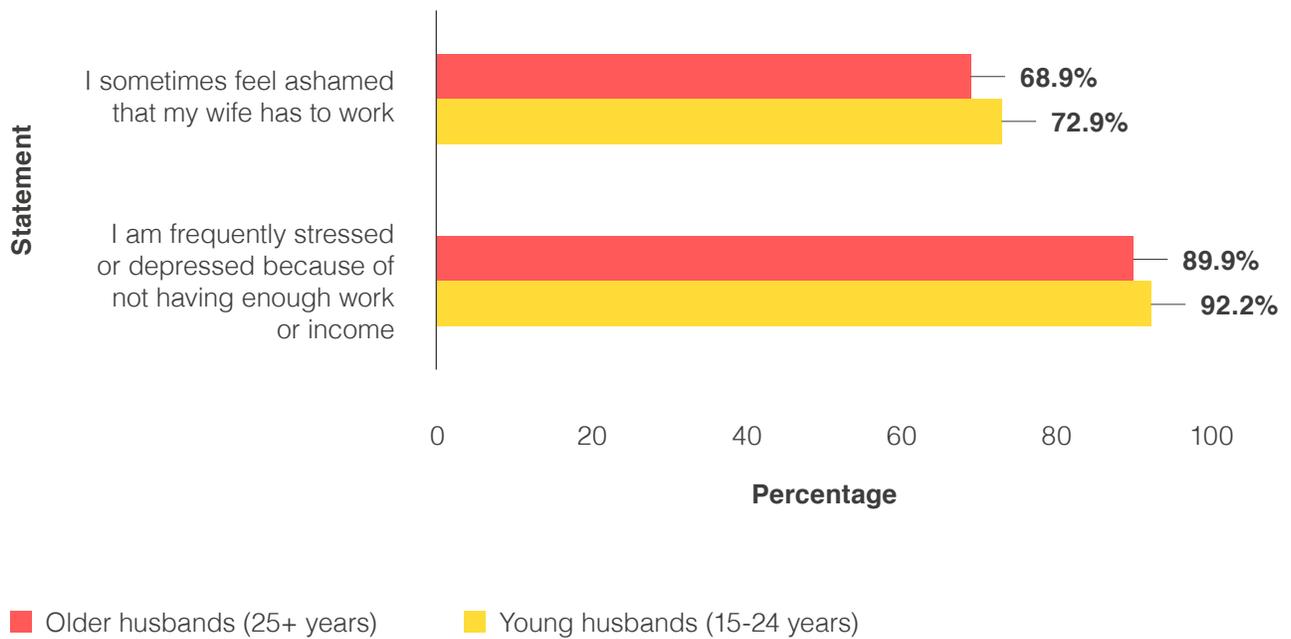
Table 3.7.a Husbands' participation in antenatal healthcare services

| | Husbands | |
|---|----------|----------|
| | % | n |
| Husband accompanied mother of most recent/youngest child to antenatal healthcare visit | 36.8 | 266 |
| When accompanied the mother of his child to antenatal visits, husband participated in following way: | % | n |
| Sat in the waiting room | 57.5 | 153 |
| Dropped her off at the entrance or waited outside | 33.8 | 90 |
| Joined her for some or all of the visit with health provider | 7.9 | 21 |
| Other | 0.8 | 2 |

Note: 'Don't know' and/or 'No response' values not shown

Work-related stress. Young men's transitions to adulthood in Niger are profoundly influenced by the crisis in agriculture and the ensuing weakening and instability of rural household economies. Given this context, husbands were asked a range of mental health- and stress-related questions about their work and life. The remainder of this subsection provides results disaggregated by age: young husbands (aged 15 to 24) and older husbands (aged 25 to 53). Approximately nine in 10 husbands (young and older) reported being frequently stressed about not having work or income, and about seven in 10 reported feeling ashamed that their wife has to work. In both cases, young husbands were slightly more likely to report work or finances-related stressors.

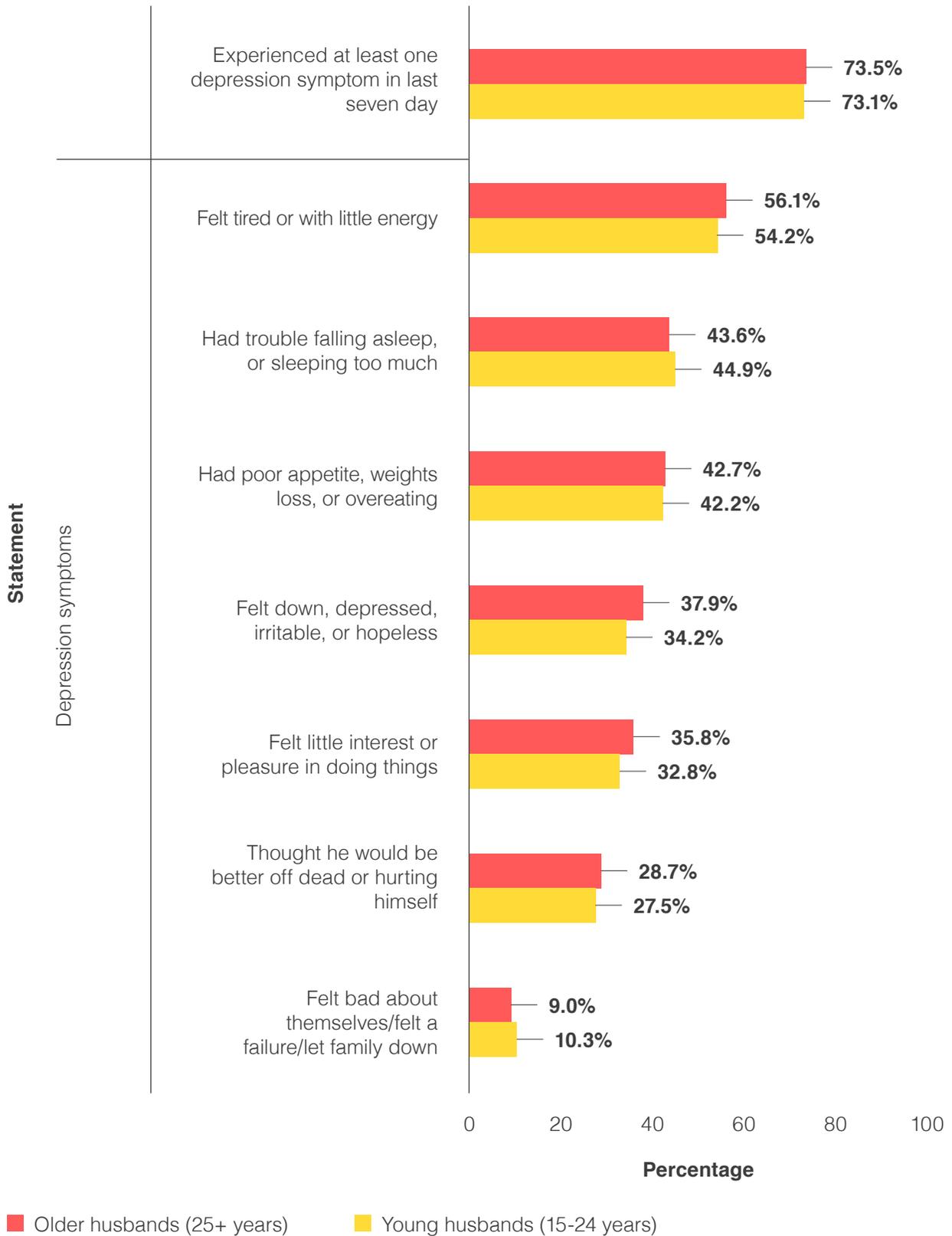
Figure 3.7.c Young and older husbands' agreement with work-related stress statements



During the ethnographic qualitative study in the Maradi region, men discussed the brutal reality and financial burden of maintaining and nurturing a family. Men from Hausa communities in Maradi shared they were surprised by the heavy economic responsibilities that came with providing their family's shelter, food, clothing, and education, all of which is required by Islamic custom. At times of economic downturns, disappointing crop yields, lower agricultural commodity prices, drought, or other common difficulties in southern Niger, many men said they feel pressured by their wives to continue supporting the family at an adequate level.

Mental health- and depression-related symptoms. When asked further mental health-related questions, a surprising number of husbands shared they had experienced at least one depression-related symptom in the last week. During the quantitative survey, husbands were read seven statements representative of depression-related symptoms and asked to respond how often they had experienced these symptoms in the last seven days ("not at all," "some days," or "nearly every day"). Figure 3.7.d shows that **34 percent of younger husbands and 38 percent of older husbands felt down or depressed in the previous week, while 28 percent and 29 percent, respectively, thought they would be better off dead or wanted to hurt themselves.** About three-quarters of interviewed husbands had experienced at least one of the seven depression-related symptoms in the last week.

Figure 3.7.d Young and older husbands who reported experiencing a depression-related symptom in the last seven days (either some days or nearly every day)



Overall, these data suggest the majority of husbands – both young and old – experienced some type of depression-related symptom in the last week, with more than one in four thinking they would be better off dead or of hurting themselves. These alarming statistics strongly suggest the need for greater attention to mental health services and needs of married men in the Dosso region. While this study did not collect data related to adolescent wives' mental health experiences, recent research in Niger suggests women who married early in adolescence were significantly more likely to also experience reduced mental health and well-being (International Center for Research on Women, 2018).

Factors associated with husbands' experiences of depression. Multivariable logistic regression models were conducted to better understand factors influencing the experience of at least one depression-related symptoms among husbands. Factors that had a significant relationship with experiencing at least one depression symptom include:

- **Ethnic community and district:** Relative to husbands in Hausa communities, those from Zarma communities were significantly less likely to experience at least one depression-related symptom in the last week (aOR=0.4; p=0.017). Similarly, those from Doutchi district were significantly less likely to experience a symptom relative to husbands in Dosso district (aOR=0.4; p=0.014).
- **Employment status:** Consistent with other IMAGES studies, husbands who worked in the last 12 months were twice as likely to experience a depression-related symptom than those who did not work (aOR=2.4; p<0.0001).
- **Childhood experience of physical violence:** Husbands who experienced some type of physical violence at home before getting married were close to six times more likely to report some type of depression-related symptom in the last week as those who did not experience violence (aOR=5.9; p<0.0001).
- **GEM score:** Interestingly, husbands with a higher GEM score –that is, more gender-equitable attitudes – were significantly more likely to report experiencing a depression symptom than those with less-equitable attitudes (aOR=1.4; p<0.0001).
- **Visited health center:** Relative to husbands who had never visited a health center, husbands who had in the last year were twice as likely to experience a depression-related symptom in the last week (aOR=2.2; p=0.001).
- **Husband's and his father's participation in domestic tasks:** The husband's participation in domestic tasks – in addition to his father's participation during the husband's childhood – were significantly associated with a lower likelihood of experiencing depression symptoms in the last week (aOR=0.5, p=0.002 and aOR=0.79, p=0.009, respectively).

Factors not significantly associated with experiencing depression-related symptoms in the last week included husband's age, education, years married, and number of children. Overall, the regression results show several interesting associations: notably, husbands who experienced violence as a child were more likely to suffer from depression-related symptoms later in life.

Hope and life aspirations. While husbands shared depression-related symptom and experiences in their immediate past, they also shared – in large numbers – their excitement and hopes for their future. In general, young husbands appeared slightly more optimistic about their future, with 94 percent (versus 90 percent of older husbands) agreeing they trust their future will turn out well (see Table 3.7.b). Additionally, a large proportion of husbands reported being excited about their future (87 percent and 84 percent of young and older husbands, respectively).

Table 3.7.b Young and older husbands’ agreement with statements about their future

| | Young husbands (aged 15-24) | | Older husbands (aged 25+) | |
|---------------------------------------|--------------------------------|-----|------------------------------|-----|
| | % | n | % | n |
| I expect good things to happen to me. | 94.5 | 494 | 91.7 | 533 |
| I am excited about my future. | 87.4 | 458 | 83.8 | 487 |
| I trust my future will turn out well. | 94.3 | 495 | 89.7 | 521 |

3.8 Caregiving and Harsh Child Punishment

Evidence has shown that women, children, and men – and society at large – benefit from men’s increased participation in caring for children. The benefits include improved children’s physical, cognitive, emotional, and social development, as well as greater opportunities for women’s economic participation and greater gender equality for children (Heilman, Levto, Van der Gaag, Hassink, & Barker, 2017). This section explores adolescent wives’ and husbands’ participation in caregiving for and use of discipline with children among those who had at least one child at the time of the survey. On average, adolescent wives and husbands in the sample had approximately one child, with about 65 percent of adolescent wives already having one or more children at the time of the interview.

Participation in childcare. When broadly examining day-to-day childcare, the majority of respondents perceived the husband participated equally to or more than their wife in daily care duties (70 percent of husbands and 67 percent of adolescent wives). As Table 3.8.a shows, 57 percent of adolescent wives perceived that the daily childcare was shared equally between parents compared to 42 percent of husbands. A larger proportion of husbands said they typically performed daily care for their child(ren) – 28 percent, compared to 11 percent of adolescent wives said their husbands usually performed this care.

Table 3.8.a Adolescent wives' and husbands' reports of who typically performs daily childcare

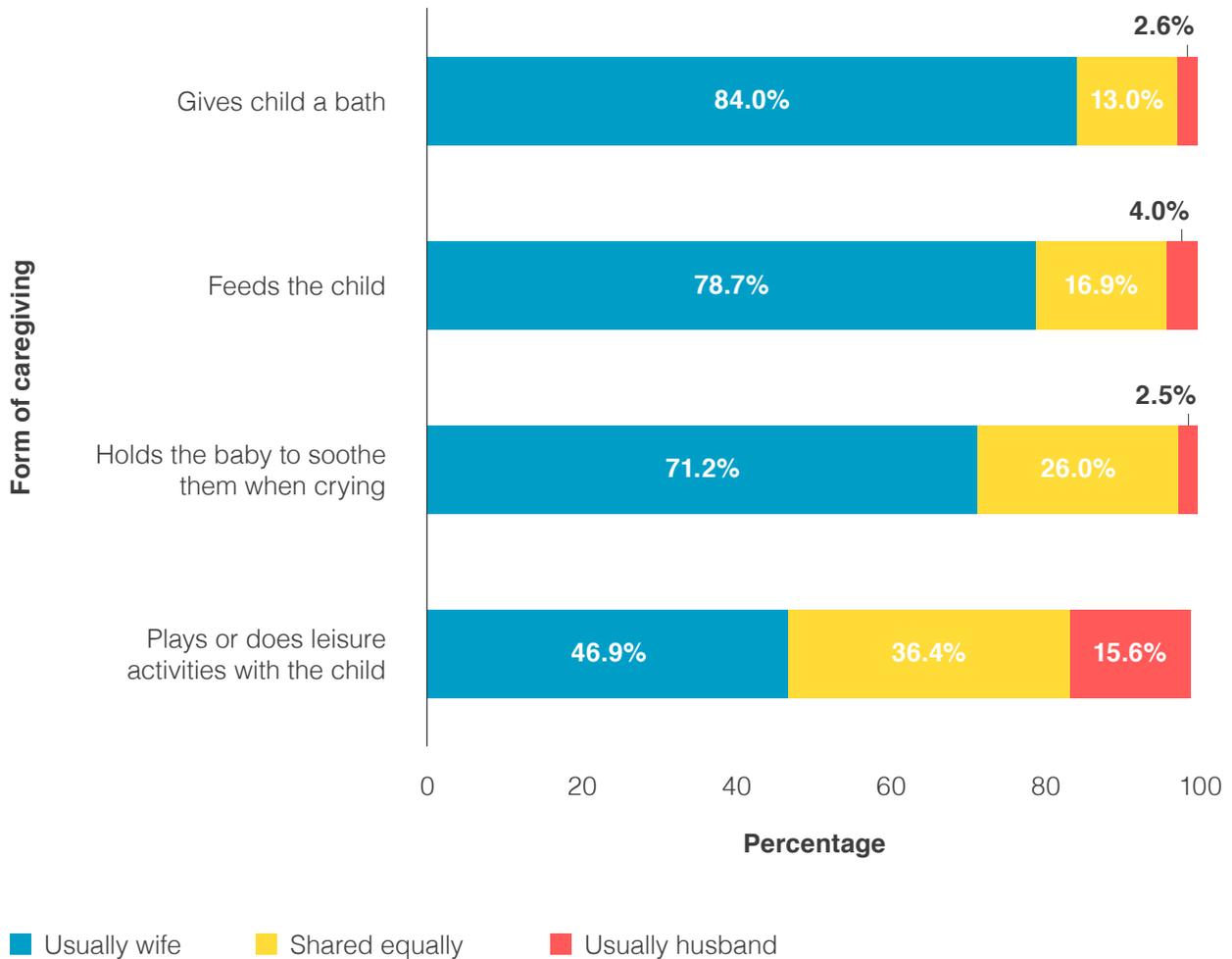
| | Adolescent wives | | Husbands | |
|--|------------------|------------|-------------|------------|
| | % | n | % | n |
| Usually wife | 30.7 | 203 | 30.2 | 218 |
| Shared equally | 56.6 | 374 | 41.6 | 301 |
| Usually husband | 10.6 | 70 | 27.9 | 202 |
| Other | 1.8 | 12 | 0.1 | 1 |
| Husband participated equally or more often in daily care of child | 67.2 | 444 | 69.6 | 503 |

Note: 'Don't know' and/or 'No response' values not shown

Husbands were asked about specific childcare tasks to better understand equitable caregiving across a range of activities. In contrast with the overall perception that day-to-day childcare was typically equal among the couple, data reported by husbands suggests wives were more likely to participate in specific tasks (see Figure 3.8.a). For example, most husbands shared their wife was usually the one to give a child a bath (84 percent), while only 3 percent said they were the ones to typically bathe the child. Husbands were more likely to report they typically participated in leisure activities with the child (16 percent), while another 36 percent said this activity was typically shared equally between husband and wife.

While husbands appear to participate less in specific childcare activities, they are motivated by the desire to spend more time with their children. Nearly all of the interviewed husbands – 93 percent – wished they spent more time with their children (data not shown here).

Figure 3.8.a Husbands' reports of who typically performs daily childcare tasks

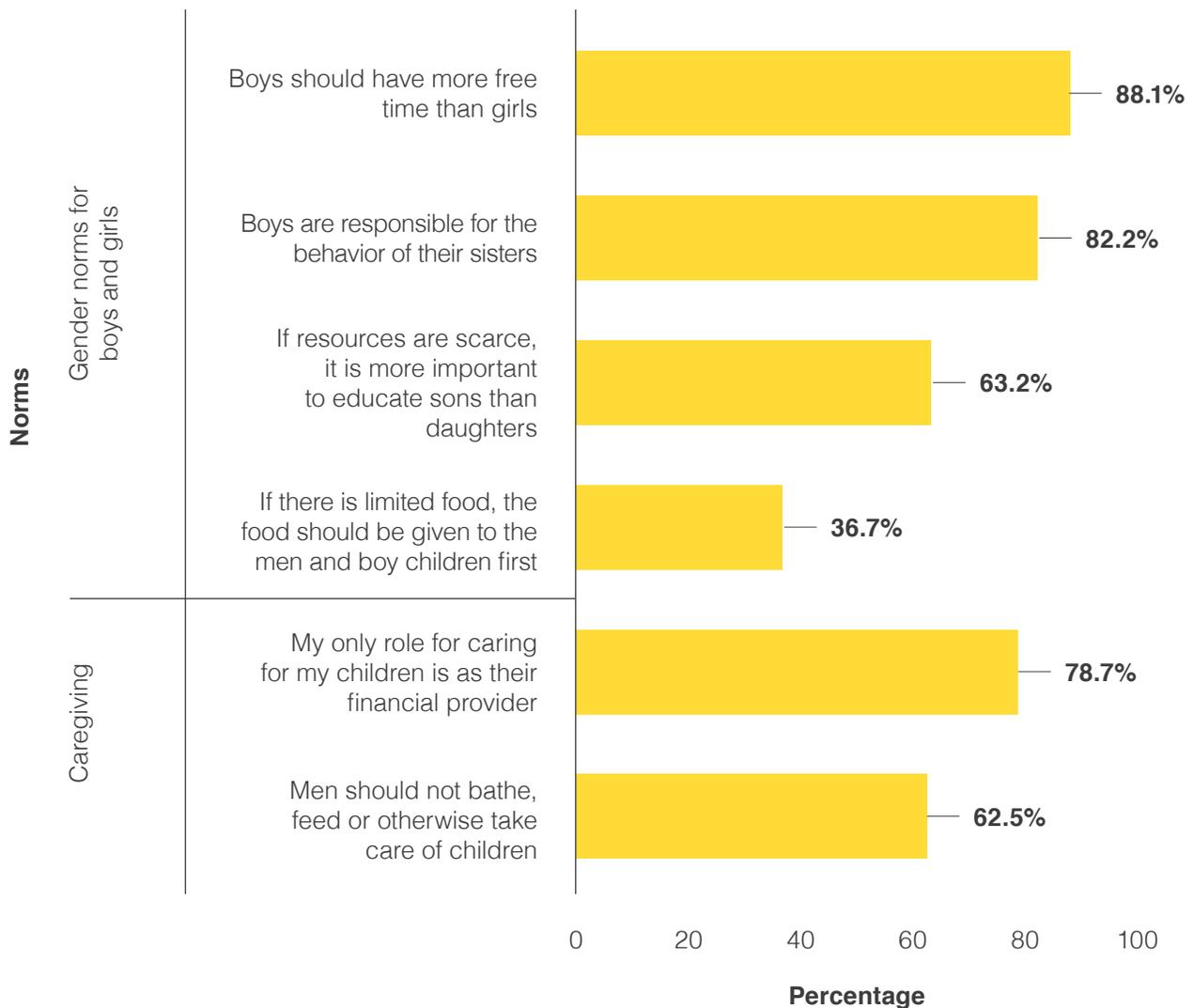


Factors related to husband's participation in childcare activities. Bivariate associations were conducted to better assess potential factors associated with a husband's involvement in caregiving activities, defined as a husband's self-report of having participated equally or more in the daily care of their child. Results show that both the husband's age and his age at marriage were significantly associated with equal participation in childcare duties. Husbands between the ages of 30 to 39 were more likely to participate in caregiving activities compared to husbands younger than 30, particularly husbands between 15 and 19 (53 percent of husbands aged 15 to 19 participated in caregiving compared to 83 percent of those aged 35 to 39; $p=0.012$). Additionally, 80 percent of husbands who had not worked in the last 12 months reported participating in caregiving duties compared to 68 percent of husbands who had worked ($p=0.018$). Husbands who had not experienced a depression-related symptom in the last week were also more likely to participate in childcare duties (78 percent compared to 67 percent of husbands reporting symptoms; $p=0.004$).

Attitudes about gender roles around caregiving. Husbands were asked whether they agreed or disagreed with gender-inequitable statements about caregiving roles and gender norms on raising boys and girls. Figure 3.8.b shows that 79 percent of husbands agreed their only role in caregiving was to be the financial provider of their household, while 63 percent agreed that husbands should not participate in caregiving tasks such as bathing or feeding their child. Additionally, the vast majority of husbands agreed with gender-reinforcing beliefs about how boys and girls should be raised: 88 percent agreed boys should have more free time than girls, while 82 percent agreed boys are responsible for the behavior of their sisters. Lastly, three in five husbands agreed when resources are scarce, it is more important to educate sons than daughters.

Overall, the attitudinal items suggest a husband's beliefs about his role as the financial provider may inevitably relate to how he raises and socializes his children, as shown by many husbands' expectation that boys should be responsible for their sisters' behaviors.

Figure 3.8.b Husbands' agreement with inequitable statements on caregiving roles and gender norms



Use of harsh physical child punishment. Evidence suggests a number of associations between physical punishment and children’s negative cognitive and social development outcomes (Durrant & Ensom, 2012). However, to date, little data exists specifically on the use of harsh physical child punishment in Niger. Since 2011, the Nigerien government has implemented recommendations of the Committee on the Rights of the Child on prohibiting corporal punishment in schools, but no legal frameworks exist in preventing the use of physical child punishment within the home or other settings.

To bridge this information gap, data were collected on husbands’ use of harsh child punishment in the past month. Table 3.8.b shows that a small proportion of husbands reported spanking or slapping their child on any part of their body in the last month (14 percent), while 8 percent reported hitting their child with an instrument such as a belt or a stick. Overall, 16 percent of husbands reported using either or both types of harsh punishment against their child in the past month.

Table 3.8.b Husbands reporting using harsh physical child punishment in the past month

| In the past month, husband... | Husbands | |
|---|-------------|------------|
| | % | n |
| ...Spanked/slapped his child on any part of their body | 14.0 | 101 |
| ...Hit child with something like a belt/stick | 7.8 | 56 |
| Use of any harsh punishment against child in the past month (either spanking/slapping or hitting, or both) | 15.9 | 114 |

Husbands’ reports of using harsh child punishment were notably lower than what husbands reported experiencing during their childhood. For example, 24 percent of husbands reported being spanked or slapped as a child, and 14 percent reported being beaten with a belt or stick. Both husbands’ experiences with harsh punishment as a child and husbands’ use of this type of punishment later in life with their own children are relatively low compared to IMAGES studies conducted elsewhere.

Factors associated with husbands' use of harsh physical child punishment. Bivariate and multivariable logistic modeling were conducted to better understand what factors predict use of harsh physical child punishment. Associations included the following:

- **District:** Husbands from Doutchi district were twice as likely to use harsh child punishment as those from Dosso district, and this relationship was even stronger and more significant when including other factors such as husband's participation in household tasks and caregiving into the model (aOR=5.4; p=0.023).
- **Dyad age difference:** Husbands married to an adolescent girl eight to 10 years younger than them were close to three times as likely to use harsh child punishment (aOR=2.7; p=0.044) compared to husbands with a smaller age difference with their wife (same age to four years older).
- **Number of children:** Husbands with three or more children were twice more likely to use harsh child punishment compared to those with just one child (aOR=2.3; p=0.01).
- **Husband's participation in domestic tasks and child caregiving:** Interestingly, husbands' increased participation in domestic tasks and in caregiving in the last month were both significantly predictive of the use of harsh child punishment in the last month (participation in domestic tasks: aOR=2.2, p=0.007; participation in childcare: aOR=2.6, p=0.002).

Variables not predictive of the use of harsh child punishment included husband's age, education, employment, and whether the couple was newly married. Overall, the bivariate and multivariable modeling suggest the use of harsh child punishment in Niger may be predicted by the number of children a couple already has, suggesting the use of child punishment may become more prevalent as children age and the number of children increases. The association between increased participation in childcare and the use of harsh child punishment may also be due to the increasing number of children among interviewed couples. As children age and more siblings are born, husbands may inevitably become more active in childcare, but at the same time, may be more likely to use harsh punishment as a disciplining method with their children.

3.9 Experiences of Violence

There is robust global evidence supporting the idea that violence is intergenerational: specifically, individuals exposed to violence as a child – either through witnessing or experiencing it – are more likely to either perpetuate or experience violence in adulthood (Fleming et al., 2015; Hindin, Kishor, & Ansara, 2008). Similar to data on violence against children, little data exists on the prevalence of spousal violence – let alone other forms of violence – in Niger. To date, neither DHS nor other nationally representative demographic surveys has collected data on child or spousal violence. To help bridge this gap, this section examines husbands' exposure to violence before marriage while also assessing their adolescent partners' reports of intimate partner violence in their current marriage. It also explores other forms of violence and control, including experiences of reproductive coercion, household maltreatment, and public sexual harassment.

Witnessing violence as a child. In this study, both adolescent wives and husbands were asked if they had ever witnessed violence at home before they were married. As Table 3.9.a shows, a very small proportion of respondents reported ever witnessing physical violence at home prior to marriage (about 1.1 percent and 1.7 percent of adolescent wives and husbands, respectively). In contrast, almost all of the respondents reported they had never seen or heard their mother being beaten by their father or another male relative (92 percent of adolescent wives and 94 percent of husbands).

Table 3.9.a Proportion of adolescent wives and husbands reporting witnessing their mother being beaten by their father or another male relative before marriage

| | Adolescent wives | | Husbands | |
|-----------------|------------------|-------|----------|-------|
| | % | n | % | n |
| Never | 92.0 | 1,011 | 93.7 | 1,035 |
| Only once | 0.5 | 5 | 1.1 | 12 |
| Two to 10 times | 0.2 | 2 | 0.4 | 4 |
| Often | 0.4 | 4 | 0.2 | 2 |
| Don't know | 3.8 | 42 | 2.3 | 25 |
| No response | 3.2 | 35 | 2.4 | 27 |

Husbands' experiences of violence as a child. Husbands were asked further questions about their experiences of physical and sexual violence at home and school prior to marriage.¹⁰ As shown in Table 3.9.b, approximately one in four interviewed husbands reported experiencing any type of harsh physical punishment at home prior to marriage (26 percent). Specifically, 24 percent of husbands reported ever being spanked or slapped by his parents at home, while 14 percent reported being beaten at home with a belt, stick, whip, or other object (data not shown here). A smaller proportion reported experiencing any type of sexual violence (4 percent). Close to 20 percent of husbands reported receiving physical punishment at school by a teacher.

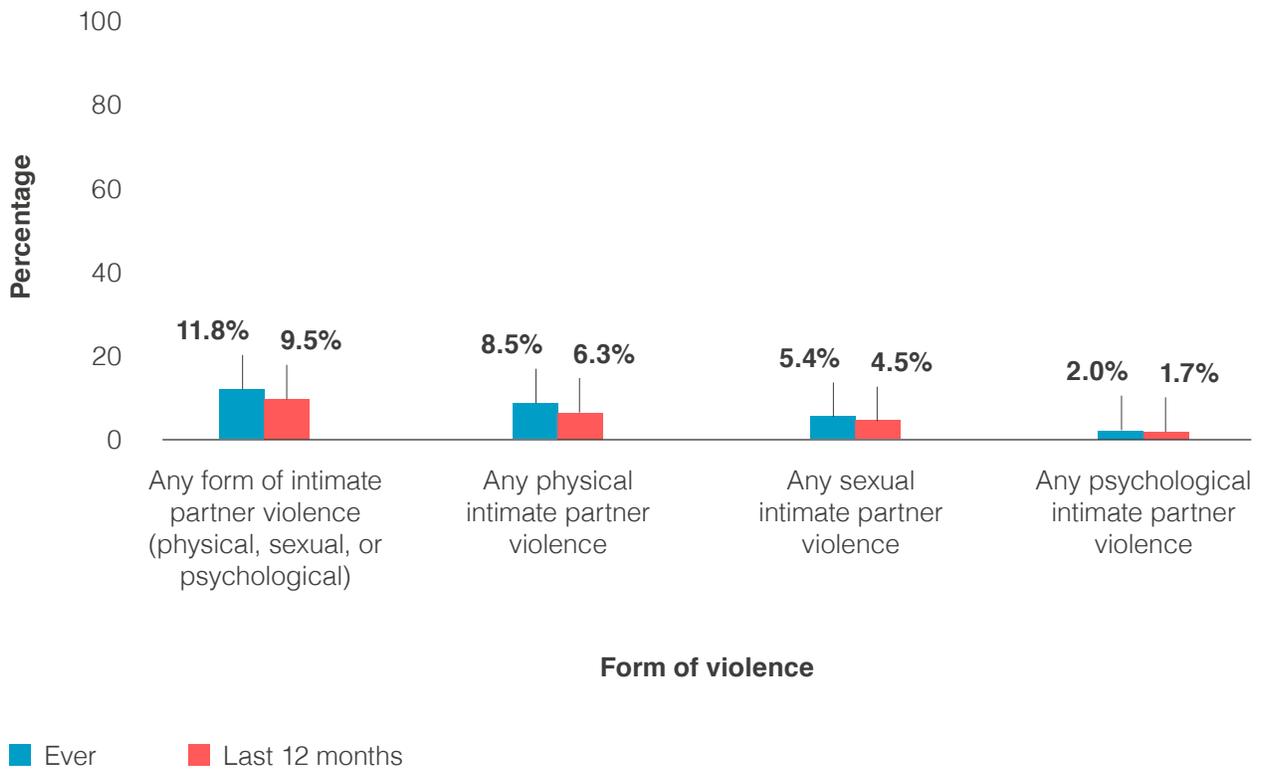
¹⁰ Adolescent wives were not asked about violence-related experiences prior to marriage. Instead, they were asked about their experiences of violence in their current marriage (while their husbands were not asked questions about current intimate partner violence).

Table 3.9.b Proportion of husbands reporting ever experiencing physical and/or sexual violence before marriage

| | Husbands | |
|--|----------|-----|
| | % | n |
| Violence at home | | |
| Experience of any physical violence/harsh punishment against male respondent in childhood (either spanking/slapping or hitting, or both) | 25.5 | 282 |
| Experience of any sexual violence against male respondent in childhood (touched intimate parts, had forced sex, or both) | 3.8 | 42 |
| Violence at school | | |
| Experience of physical punishment at school by a teacher | 19.6 | 217 |

Adolescent wives’ experiences of intimate partner violence in current marriage. While adolescent wives were not asked about their experiences of violence at home prior to marriage, they were asked about their current experiences of intimate partner violence – including physical, sexual, and psychological violence – in their current marriage. Adolescent wives were asked a series of violence-related items; they could answer “yes,” “no,” or “don’t know” if they had ever experienced that form of violence. If they answered “yes,” adolescent girls were then asked if they had experienced this form of violence in the last 12 months. Husbands were not asked questions related to intimate partner violence to minimize any risk of violence among couples as a result of participating in the study. Figure 3.9.a shows the prevalence of ever experiencing different forms of intimate partner violence among adolescent wives, in addition to experiences of intimate partner violence in the last 12 months. One in 10 adolescent wives reported experiencing any form of intimate partner violence (12 percent ever and 10 percent in the last 12 months). A slightly greater proportion of adolescent wives reported experiencing physical intimate partner violence (9 percent ever and 6 percent in the last 12 months) than sexual intimate partner violence (5 percent ever and in the last 12 months) and psychological violence (2 percent ever and in the last 12 months).

Figure 3.9.a Adolescent wives' experiences of different forms of intimate partner violence, ever and in last 12 months



Globally, one in three women will have ever experienced either physical or sexual violence in her lifetime (World Health Organization, 2013). Compared to these global statistics, adolescent wives' reports of intimate partner violence in this study are staggeringly lower than other contexts. Compared to global adolescent rates, Nigerien married adolescent reports of physical intimate partner violence (9 percent) are just above the lowest cut-off of global prevalence data on adolescent experiences of physical intimate partner violence, which range from 6 percent in the Kyrgyz Republic to 53 percent in Uganda (MacQuarrie et al., 2017).

Table 3.9.c shows the different types of violence experienced by adolescent wives. About 6 percent of adolescent wives reported ever being slapped by her husband, while close to none reported ever being choked or burned (0.3 percent). About 2 percent of adolescent wives reported being physically hurt by her husband during their most recent pregnancy. Approximately 4 percent of adolescent wives reported ever being forced to have sexual intercourse with her husband or perform any other sexual act, while 2 percent reported being humiliated by her husband in front of others.

Table 3.9.c Adolescent wives' experiences of different violence-related items, ever and in the last 12 months

| Ever experienced any of the following perpetuated by husband | Adolescent wives | | | |
|--|------------------|------------|----------------------|------------|
| | Ever experienced | | If yes, in last year | |
| | % | n | % | n |
| Physical violence | | | | |
| Ever pushed you, shook you, or threw something at you | 2.9 | 32 | 81.3 | 26 |
| Ever slapped you | 5.8 | 64 | 75.0 | 48 |
| Ever twisted your arm or pulled your hair | 2.3 | 25 | 80.0 | 20 |
| Ever hit you with his fist or with something that could hurt you | 1.6 | 18 | 83.3 | 15 |
| Ever kicked you, dragged you, or beat you up | 0.9 | 10 | 90.0 | 9 |
| Ever tried to choke you or burn you | 0.3 | 3 | 100.0 | 3 |
| Ever hurt you physically during your most recent pregnancy* | 1.6 | 18 | – | – |
| Any physical intimate partner violence | 8.5 | 93 | 6.3 | 69 |
| Sexual violence | | | | |
| Ever physically forced you to have sexual intercourse with him | 4.3 | 47 | 85.1 | 40 |
| Ever physically forced you to perform any other sexual acts | 3.8 | 42 | 85.7 | 36 |
| Any sexual intimate partner violence | 5.4 | 59 | 4.5 | 49 |
| Psychological violence | | | | |
| Ever said or done something to humiliate you in front of others | 1.6 | 17 | 88.2 | 15 |
| Ever threatened you or someone close to you with harm | 1.1 | 12 | 91.7 | 11 |
| Any psychological intimate partner violence | 2.0 | 22 | 1.7 | 19 |
| Composite: Any form of physical, sexual, or psychological intimate partner violence | 11.8 | 129 | 9.5 | 103 |

*Violence during pregnancy item not included in physical intimate partner violence indicator construction

Given the want of existing research on violence in Niger, the relatively low reports of physical and sexual violence may be due in part to adolescent wives' under-reporting of their personal experiences. As presented in greater detail later in this section, a vast majority of adolescent wives agreed that spousal violence between partners is a private matter and should not be discussed openly with others in the community. Given this, adolescent wives may have been reluctant to share any personal experiences of violence with data collectors.

As well, the low reporting of sexual violence contrasts with the ethnographic qualitative study conducted with Hausa communities in the Maradi region. Specifically, the ethnographic research points to sexual satisfaction as one driver for men to marry. The idea of not having to pursue sex – instead viewing it as an expected part of marriage (regardless of whether their wife desires it) – appealed to many young men. Several noted that one appeal of having a wife was that, as one young man said, “She cannot say no to you sexually. It is her duty.” Given the socio-normative beliefs that a wife should obey her husband, certain survey items around sexual violence may have been perceived by adolescent wives as part of normal sexual and marital relations rather than the study team’s definition of sexual violence.

“[Your wife] cannot say no to you sexually. It is her duty.”

Young man, Maradi region

Factors associated with adolescent wives’ experiences of intimate partner violence. Given prior research showing strong links between experiencing violence as a child and perpetuating violence later in life, this study explored the connections between husbands’ experiences with childhood violence and their wives’ reports of any form of intimate partner violence in their current marriage (physical, sexual, or psychological). The analysis explored potential predictive factors through a series of bivariate tests of association and multivariable logistic regression models. Table 3.9.d provides factors associated with intimate partner violence.

Table 3.9.d Protective and risk factors associated with adolescent wives' lifetime experience of any form of intimate partner violence

| | |
|----------------------------------|--|
| <p>Protective factors</p> | <ul style="list-style-type: none"> • Education: Adolescent wives who attended a government primary school were close to half less likely to report ever experiencing any form of intimate partner violence compared to those who attended no primary school (aOR=0.6; p=0.029). • Employment: Adolescent wives who worked in the last year were significantly less likely to report experiencing any intimate partner violence compared to those who did not (aOR=0.6; p=0.017). • Newly married: Adolescent wives who had been married in the last year were half as likely to experience any intimate partner violence compared to wives who had been married two or more years (aOR=0.5; p=0.032). |
| <p>Risk factors</p> | <ul style="list-style-type: none"> • Husband experienced physical violence during childhood: Adolescent wives of husbands who experienced physical violence at home as a child were twice as likely to experience any form of intimate partner violence compared to wives whose husbands did not (aOR=2.3; p=0.001). • Ethnic community: Adolescent wives from Zarma ethnic communities were over three times as likely to ever experience intimate partner violence as wives from Hausa communities (aOR=3.6; p=0.011). • District: Compared to adolescent wives in Dosso district, those residing in Douchi district were significantly more likely to experience any intimate partner violence (aOR=3.4; p=0.017), while those in Loga district were significantly less likely to ever report intimate partner violence experiences (aOR=0.4; p<0.0001). |

Overall, the bivariate and multivariable analyses suggest multiple protective and risk factors may influence adolescent wives' risk of experiencing different forms of intimate partner violence. First, education of adolescent wives matters in reducing their potential risk of spousal violence, suggesting the need to increase policy efforts to boost continuing education programming for adolescent girls in Niger. Interestingly, being newly married was also associated with a lower risk of intimate partner violence, suggesting a potential entry for programs and policies to work with couples to prevent violence later in the relationship. The associations between ethnic community and likelihood of experiencing intimate partner violence should be interpreted with caution. These results do not imply that one ethnic community may be more violent than another, rather the differing associations may be due to regional / contextual risk factors, as seen by the stratified district-level significant associations.

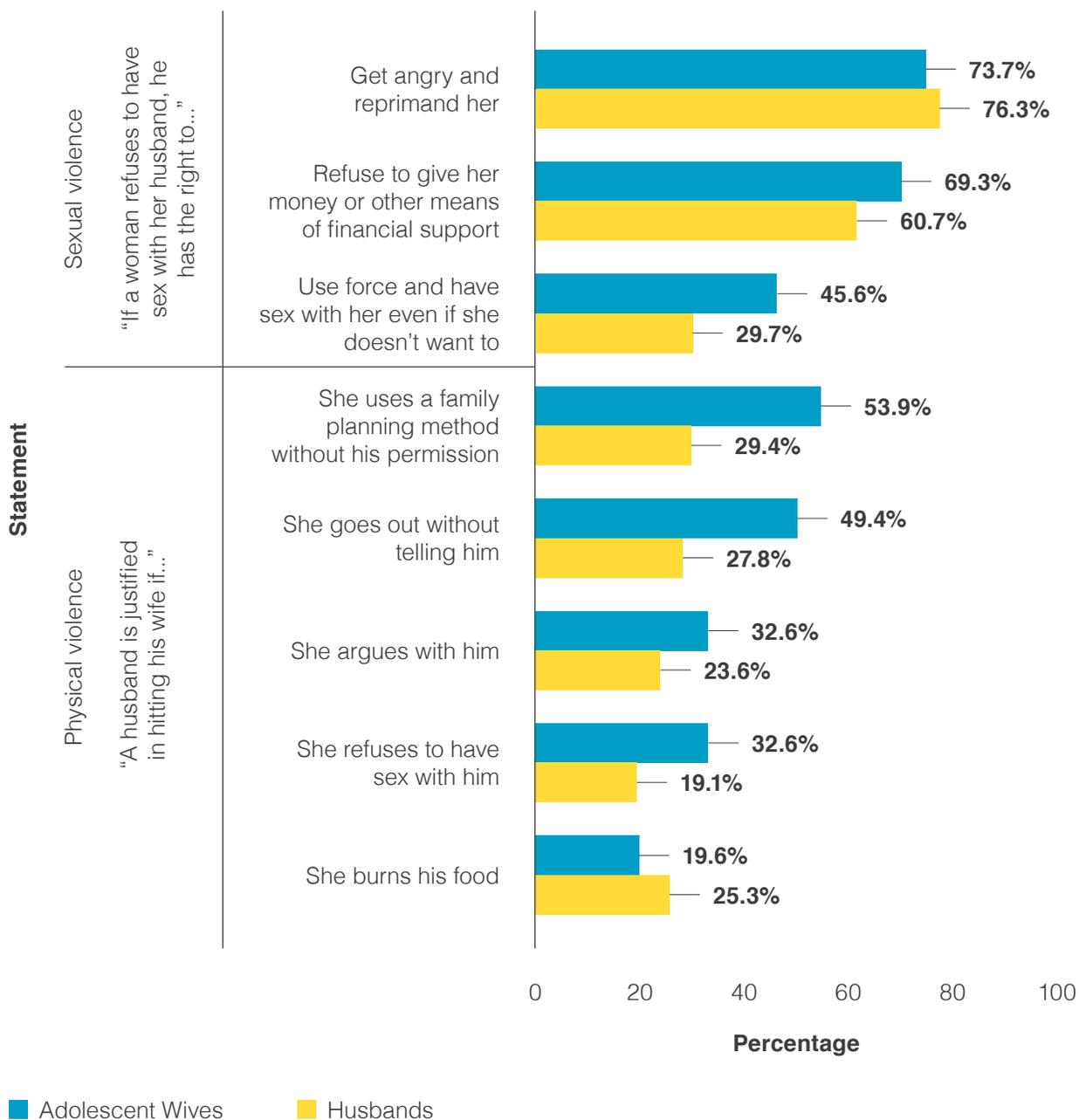
Consistent with other global evidence, the study also confirms the existence of an intergenerational pattern of violence among Nigerien husbands, as husbands who experienced physical violence as a child were more likely to perpetuate intimate partner violence in their current marriage to an adolescent wife. On the other hand, given the high proportion of husbands who responded they had never witnessed physical violence against their mother as a child, no significant associations were found between witnessing violence as a child and perpetrating violence during marriage.

Associations between current family-planning use and adolescent wives' experience of intimate partner violence. To date, evidence suggests multiple associations between intimate partner violence and family planning – including family-planning use, reproductive coercion, and unintended pregnancy – but the direction and causes of these relationships are still unclear (Gilles, 2015). For this analysis, associations were tested between family-planning-related variables and adolescent wives' experiences of intimate partner violence. Significant bivariate associations with adolescent wives' reports of any form of intimate partner violence – albeit no longer significant in subsequent multiple regression results – included both couple communication about family planning and current use of modern family-planning methods. Specifically, approximately 18 percent of adolescent wives who reported currently using a modern family-planning method reported experiencing some type of intimate partner violence compared to 11 percent of adolescent wives not using one ($p=0.021$). As well, adolescent wives who reported couple communication about family planning were more likely to experience a form of intimate partner violence relative to those who did not (17 percent versus 11 percent; $p=0.015$).

Adolescent wives' and husbands' justifications for spousal violence. Perpetration of intimate partner violence is reinforced in part by personal beliefs that violence is justified or “deserved” if a person – in most cases, a woman – does not behave or act as they are expected in their community and/or marriage. Both adolescent wives and husbands were asked if they agreed or disagreed with statements on justifications for physical and sexual violence to better understand underlying justifications for the use of violence.

Figure 3.9.b shows that overall, adolescent wives and husbands were more likely to justify the use of sexual violence relative to physical violence. In particular, three-quarters of respondents agreed that if a woman refuses to have sex with her husband, he has the right to get angry and reprimand her. Forty-six percent of adolescent wives agreed that in this same scenario, the husband has the right to use force and have sex with her compared to 30 percent of husbands. Over half of adolescent wives also justified the use of physical violence if she uses a method of contraception without her husband's permission compared to 30 percent of husbands.

Figure 3.9.b Adolescent wives' and husbands' agreement with statements justifying sexual and physical intimate partner violence



Overall, a larger proportion of adolescent wives typically agreed with justifications for both sexual and physical violence. Similarly, when asked whether women should tolerate violence, a slightly larger proportion of adolescent wives agreed she should to keep her family together (94 percent versus 90 percent of husbands; data not presented). These results are consistent with other attitudinally related results in this study showing adolescent girls – rather than husbands – were more likely to agree with inequitable gender norms around caregiving and household decision-making.

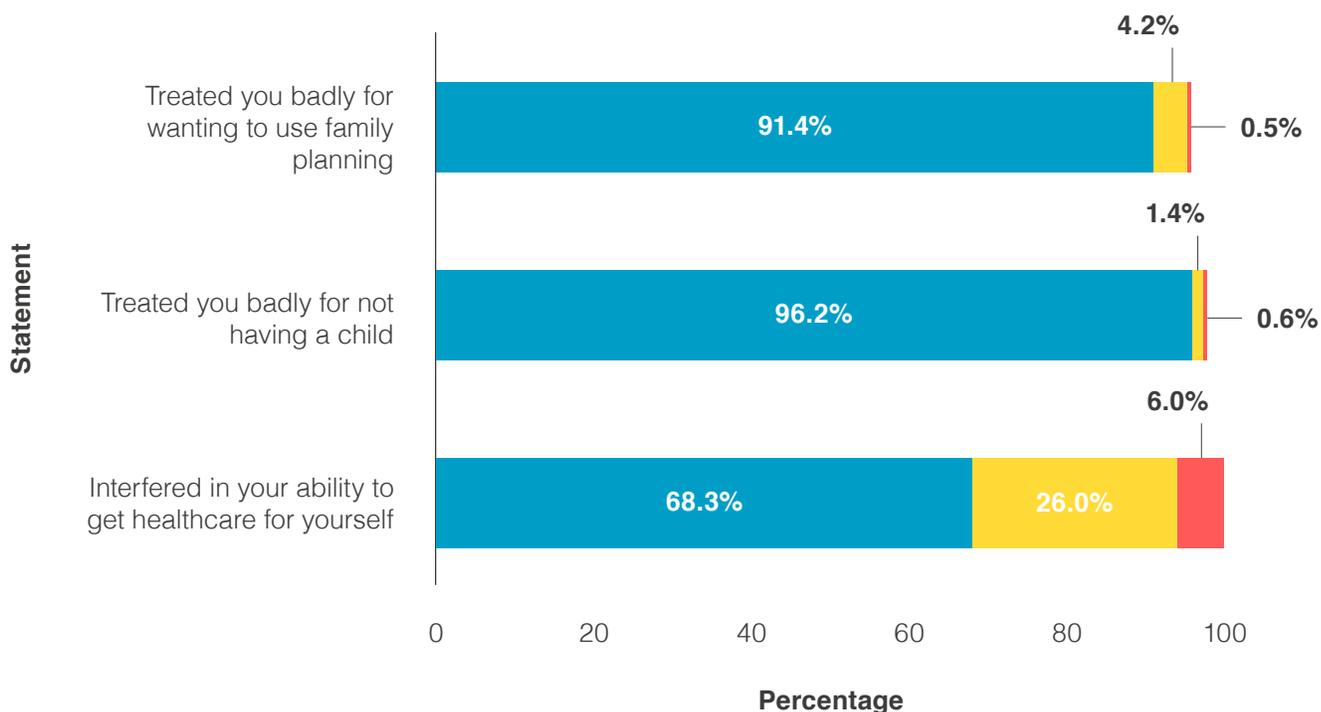
Adolescent wives’ experiences of reproductive coercion. The act of reproductive coercion is defined as “behaviors that directly interfere with contraception and pregnancy” and reduce female reproductive autonomy by coercing a female partner into or out of a pregnancy through contraception sabotage or other forms of control (Silverman & Raj, 2014). To better understand the existence of reproductive coercion in Niger, adolescent wives were asked reproductive coercion-related questions and asked to answer “yes” or “no.” The results show a very small proportion of adolescent wives had ever experienced different forms of reproductive coercion. Only 4 percent reported that her husband had ever kept her from going to a health clinic to get family-planning methods, while only 1 percent reported her husband threatened to leave her if she could not get pregnant (see Table 3.9.e). However, similar to the intimate partner violence-related data, these data may have also been under-reported by participating adolescent girls.

Table 3.9.e Adolescent girls reporting experiencing different forms of reproductive coercion

| Husband... | % | n |
|---|-----|----|
| Ever kept you from going to the clinic to get family planning | 3.7 | 41 |
| Ever tried to force or pressure you to become pregnant | 3.2 | 35 |
| Ever taken your family planning (like pills) away from you | 2.2 | 24 |
| Ever hurt you physically because you did not get pregnant | 1.3 | 14 |
| Ever said he would leave you if you didn't get pregnant | 1.0 | 11 |

Adolescent wives’ experiences of household maltreatment. Adolescent wives were asked about any other violence they may have experienced in the last 12 months, including maltreatment from household members or experiences of sexual harassment outside the home. Figure 3.9.c shows that while almost all adolescent wives reported they were never treated badly for wanting to use family planning (92 percent) or for not having a child (96 percent), 26 percent reported their husband had interfered in her ability to get some type of healthcare.

Figure 3.9.c Adolescent wives who experienced household maltreatment in last 12 months



104 ■ Never ■ Yes, husband ■ Yes, in-laws

Note: 'Don't know' and/or 'No response' values not shown

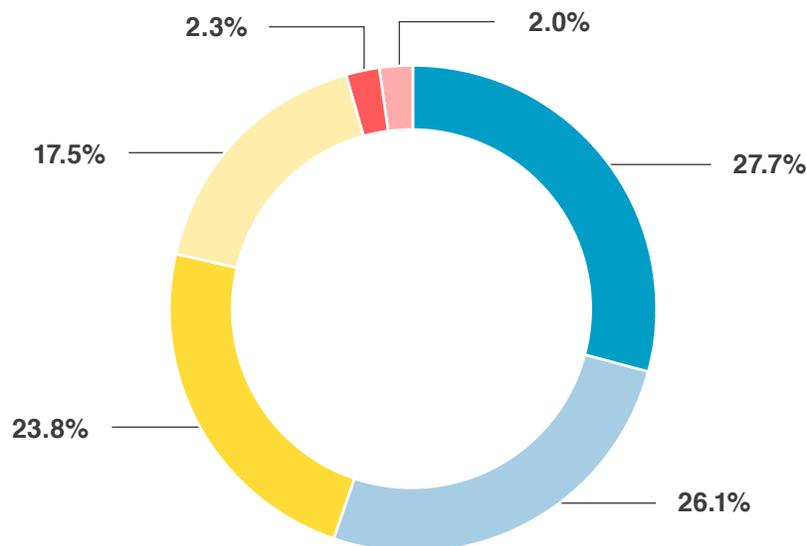
Adolescent wives' experiences of sexual harassment. When asked about their experiences of sexual harassment outside the home, only 5 percent of adolescent wives reported being afraid of going places because they worried about being sexually touched, harassed, or hurt. Less than 1 percent reported that someone had touched, grabbed, or pinched them in an unwanted sexual way. Of the 52 adolescent girls who reported some type of sexual harassment, 25 percent reported this occurred in the market, 25 percent in another neighborhood, 21 percent in her neighborhood, 14 percent inside her home, and 11 percent another location such as the fields and/or when searching for wood. About 4 percent of adolescent girls reported experiencing sexual harassment in a health clinic, and another 4 percent in schools (multiple response options).

Spousal violence norms in the community. Adolescent wives and husbands were asked about intimate partner violence-related norms in their community. Data suggest that spousal violence is primarily seen as a private matter that should not be discussed publicly. Almost all adolescent girls – 94 percent – agreed a man using violence against his wife is a private matter that should not be discussed with others outside of the couple. Husbands were also asked about their reaction the last time they saw, heard, witnessed, or otherwise knew that a male friend was using physical violence against his spouse. Figure

3.9.d shows that of all husbands interviewed, 28 percent reported never hearing, witnessing, or knowing of a friend using physical violence against his wife. Another 26 percent said they intervened – either with the man or through the man’s family – in cases of spousal violence they were aware of, while 24 percent reported doing nothing. About 18 percent reported going to a community, religious, or informal leader. Finally, 2 percent reported contacting the police about the incident.

These results suggest a large proportion of husbands reported seeing, hearing, knowing or witnessing some type of physical intimate partner violence in the community. This points to a large gap between adolescent wives’ low self-reports of intimate partner violence (12 percent) and husband’s reports of ever witnessing, hearing or knowing about spousal physical violence in their community (72 percent).

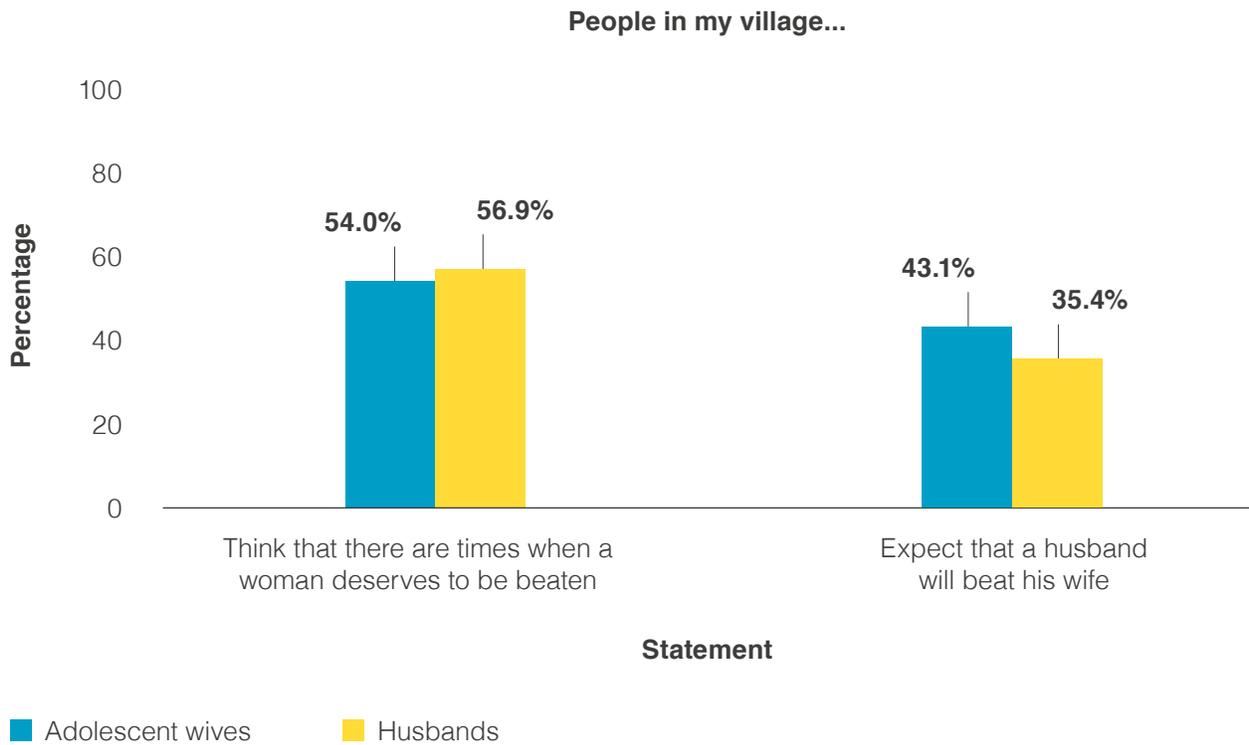
Figure 3.9.d Actions taken by husbands the last time they heard, witnessed, or knew that a male friend was using physical violence against a spouse



- Never had this experience
- Intervened or asked man's family to intervene
- Did nothing
- Contacted community, religious, or informal leader
- Contacted police
- Other

Social norms and expectations about physical intimate partner violence. Just over half of respondents reported perceiving social expectations justifying the use of physical violence against women: 54 percent of adolescent wives and 57 percent of husbands felt that people in their village think there are times when a woman deserves to be beaten. A lower proportion of respondents perceived community expectations that a husband will beat his wife (43 percent of adolescent wives and 35 percent of husbands).

Figure 3.9.e Adolescent wives' and husbands' agreement with social norms on intimate partner violence



Husbands were also asked whether they perceived community sanctions for men who use violence against their wives. Seventy percent of women believed there are consequences in their community for men who are violent toward their spouse (data not presented here).



Chapter 4

Discussion and Recommendations

This IMAGES-inspired study makes several significant contributions to the child marriage and SRH evidence bases. First, it provides a comprehensive yet intimate look into adolescent girls' and husbands' marriage formation, and their aspirations and realities later in their marriage. Second, the study provides key insights into attitudes, norms, and behaviors related to the SRH of adolescent girls and their husbands, and in many cases at the onset of their marriage. To the best of the authors' knowledge, data on a number of the study themes have not previously been systematically collected in the studied regions of Niger, including data on not just marriage formation but also the prevalence and use of family violence, mental-health issues, and use of services among married men. In presenting these results, the authors hope to inform future policy, programming, and investment in Niger, with the ultimate goal of promoting gender equality by shifting norms around child marriage in the region while also improving SRH outcomes for girls, boys, and communities.

4.1 Key Takeaways

Relative to IMAGES studies conducted elsewhere, these findings suggest low use of health services – including SRH services – and more inequitable attitudes and gender roles around caregiving, household roles, and SRH behaviors. Overall, the findings also show significant district variation in attitudes and behaviors among husbands, which should be further researched. In particular, husbands from Dosso district are less likely to participate in household tasks or to report current use of modern family planning, while they are also more likely to report having experienced a depression-related symptom in the previous week. Findings across the survey domains suggest that while key reference groups such as mothers and fathers may still influence certain household decisions, for the vast majority of couples, husbands are the primary decision-makers on not only marriage formation but also on household activities and decisions later in marriage, such as the number of children and use of family-planning methods.

Marriage formation at a migratory crossroads. The findings show that half of adolescent girls in the study were married during the early adolescent ages of 10 to 14, a much greater proportion than in nationally representative DHS data collected among currently married women of reproductive age in Niger. At the same time, close to three in 10 husbands were married during their adolescent years, pointing to the need for targeted programming for both early and later adolescent age groups to delay marriage formation in the Sahel region of Niger.

The rich qualitative study undertaken in the Maradi region found a notable generational shift in the way marriage is viewed and negotiated. Identified contributing factors include:

- **Increased socialization** – The most commonly discussed change was the increased interaction between young men and women. This socialization is facilitated by nocturnal events (night markets, ceremonies in the evenings, and increased means of transport and communication) and increased access to technologies (cell phones).

- **Increased migration and mobility** – Young men’s labor migration has become an indispensable survival strategy, and the remittances young men send home are a critical source of income for many rural households. The acquisition of land is facilitated by labor migration and establishes a responsible, financially independent persona and demonstrates that a young man is ready for marriage and capable of providing for a wife.
- **Increased financial independence** – It has long been the norm in Hausa society for the parents to select a bride for their son, and this has changed as young men become more financially independent due to their incomes as laborers. As one father asked, “How can you tell a son who makes more than you what to do?”

The qualitative findings suggest the marriage decision-making and socialization process in the Maradi region may be shifting as a result of men’s economic migration and increased financial autonomy. However, despite this transition, the findings suggest that strong social norms and expectations around fertility desires and age at first marriage have not changed, as reflected by young men’s and community members’ shared perceptions that girls should be married by age 14. Accordingly, both age and fertility were often cited throughout the ethnographic qualitative research as important qualities in a prospective wife. Younger girls are believed to be more fertile – a critical trait when a man’s social status is linked to his family size.

“Marriage is obedience.” Marriage roles, gender attitudes, and norms. As with other IMAGES studies, the attitudinal GEM scores highlight a number of inequitable and gender-reinforcing norms around household roles, violence, and SRH. Across a number of attitudinal and normative domains, adolescent wives almost consistently reported more inequitable attitudes and personal beliefs than husbands (e.g., that the husband should have the decision-making power on household activities and that the husband is justified in using physical and/or sexual violence). The difference between adolescent wives’ and husbands’ self-reports of inequitable beliefs and social normative expectations may also reflect the 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 to the relationship from courtship to eventual marriage, during which both adolescent wives and husbands – but particularly adolescent wives – believe that wives may never question their husband’s decisions. The finding that adolescent wives may have more inequitable attitudes and beliefs may reflect their low personal agency and reproductive empowerment. As these adolescent wives often quickly become mothers to other young girls, this finding points to the importance of working with both adolescent girls and young men in challenging socially constructed and inequitable norms around marriage.

SRH and the importance of children. Overall, the findings highlight a strong desire for large families among both adolescent wives and husbands. The findings suggest childbearing and parenting starts early for both adolescent wives and husbands. Three in five adolescent wives already had a child at the time of the study, while two in five younger husbands (aged 15 to 24) reported having a child during their adolescent years. These findings suggest that childbearing may start early for both adolescent girls and boys in Niger. Despite strong support and social expectations for child spacing, the desire for children and religious or fatalistic motivations (e.g., “it is up to God”) were key reasons for not wanting to use a family-planning method.

The findings also show very low awareness of family-planning methods and where to get them, especially among adolescent girls. The study team explored differences in family-planning awareness and use among younger (ages 15 to 24) and older husbands (ages 25 and older). Small but noteworthy differences included that: older men appeared more aware of different family-planning methods and where to get them (especially pills), as well as less likely to believe myths about family-planning methods and their side effects; younger men not using family planning were slightly more likely to report not using a method due to their desire to have children compared to older men; and younger men had slightly more inequitable attitudes about sex and reproduction and perceived stronger social norms and expectations around the importance of fertility and having children. The findings suggest that adolescent girls and younger husbands are less aware of different family-planning methods, indicating the need for increased efforts to target such young men and adolescent girls in SRH health outreach and education services.

Use of health services and mental health. The findings show a similar proportion of adolescent girls and husbands have accessed health services in their lifetime. However, adolescent girls were more likely than husbands to receive health services over the past year. The findings suggest a wide gap between adolescent girls' and husbands' interactions with family-planning information and services, suggesting a missed health service opportunity given men's decision-making role in choosing and using health services such as family planning.

The findings suggest a high prevalence of work-related stress and depression-related symptoms among husbands. Strikingly, one in four husbands who participated in the quantitative survey reported that, in the past week, they had thought that they would be better off dead. This finding contrasts with the optimism that many husbands shared about their hopes and aspirations; nearly all expected good things to happen to them in the near future. 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. Overall, these findings suggest the need for increased attention to men's mental health needs, in particular as they relate to work-related stress, and a lack of job market access, in addition to the shift in economic migration and labor mobility.

Playtime, caregiving, and use of harsh child punishment. 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 findings show that younger fathers are less likely to participate in caregiving activities compared to older fathers, although this difference may be explained by the age differential of 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.

The study finds low reports of harsh child punishment among participating husbands. However, this finding may be due to the younger ages of children among participating couples. Interestingly, a significant relationship was found between greater participation in childcare and the likelihood of using harsh child punishment. The association between increased participation in childcare and use of harsh child punishment may also be due to the larger number of children among certain dyads. As children

age and more siblings are born, husbands may inevitably become more active in household duties and childcare, but at the same time, they may become more likely to use harsh punishment with their children.

Prevalence, risks, and protectors for spousal violence. This IMAGES-inspired study generated the first large-scale quantitative data on experiences of intimate partner violence among adolescent girls in Niger. This is an important step given the latest DHS Niger collected no violence-related data among currently married women, let alone among adolescent girls. The results show a very low percentage of adolescent girls self-reporting experiences of intimate partner violence, but a high percentage of their husbands reporting having seen, heard, or known of male friends engaging in spousal violence. This points to adolescent girls' potential under-reporting of violence. Additionally, despite low reporting of sexual intimate partner violence, men mentioned sexual satisfaction and coercion in the qualitative study in the Maradi region as a marital expectation and obligation.

Both protective and risk factors were explored to better understand predictors of intimate partner violence. Among adolescent girls, having more education, being employed, and being newly married were all associated with a reduced risk of violence. The study team also learned that in the Dosso region, current use of modern family planning and couple communication about family planning may be positively associated with adolescent wives' experiences of any intimate partner violence (although this was not confirmed in further multiple modeling). Finally, while self-reports of reproductive coercion among adolescent girls were low, approximately one in four shared that her husband had interfered with her ability to seek general healthcare services.

4.2 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 investment in shifting norms related to the desire for large families** and a greater number of children among husbands, adolescent girls, family members, and influential community members.
- **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.
- **Conduct additional exploratory research on young men's experiences** with adolescent marriage in Niger, especially since a sizeable portion of men in this study were also married during adolescence.
- **Identify opportunities for further research on sensitive topics** such as premarital sexual activity, alcohol use, and constructions of sexuality – none of which could be comprehensively collected as part of this study.

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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