

Gender Synchronization for Family Planning in Niger

BACKGROUND

With a fertility rate of 7.6 children per woman, Niger has one of the highest fertility rates in the world. At current rates, Niger's population is set to more than triple to 68m by 2050, placing significant strain on limited resources. With both men and women expressing desire for large family size and in a context where strong patriarchal norms limit women's ability to access reproductive health services, Social and Behavior Change Interventions targeting men and women are critical to achieve the government's ambitious family planning goals of reaching a 50% modern contraceptive prevalence rate (mCPR) by the end of 2020.

Although globally the majority of family planning interventions focus on outreach to women, the importance of involving men in family planning programming and fostering shared decision making among couples is widely recognized. However, there is limited evidence and examples of best practices on how to best integrate male and female focused interventions to promote women's agency and foster open communication and truly collaborative decision making among couples to increase uptake of family planning methods.

This fact sheet outlines recommendations for policy makers and implementers interested in adopting a gender synchronized approach to their interventions. These recommendations were drawn from an analysis of two nationally representative cross-sectional surveys of women¹ and men², a literature review and key informant interviews in Niger led by Camber Collective for Breakthrough ACTION.

DEFINITION

Gender synchronization is defined as an approach that works "with men and women, boys and girls, in an intentional and mutually reinforcing way, to challenge restrictive gender norms, catalyze the achievement of gender equality, and improve health."³

Programs that are **gender synchronized**:

- Recognize the need to intentionally reach out to men and women to promote mutual understanding.
- Seek to address gender imbalances between those with more power and those with less power.
- Recognize how both men and women reinforce notions of masculinity and femininity, and that therefore both need to be mutually engaged in reconstructing these roles and creating shared values.

In practice, this means synchronizing approaches towards both men and women and considering gender imbalances when designing family planning programs and interventions, acknowledging that men and women have a role to play in making joint decisions about whether to have children, when, and with whom.

Gender synchronized approaches include couple counseling sessions, engaging men and women in separate discussions and then bringing them together, village group discussions, as well as other approaches that work concurrently with men and women.

Benefits of gender synchronized interventions

- **A holistic approach to family planning** that acknowledges the fact that women's ability to access services and make decisions are affected by their community and their husband.
- **Empower women and couples** by addressing the underlying causes of gender imbalances, consequently resulting in a wide range of improved outcomes.
- **Foster long-term sustainability** through the involvement of men and women, or those with more power and less power.

Challenges to the implementation of gender synchronized interventions

- Perception that family planning is a women's health issue reflecting a tension between women's rights to bodily autonomy and the potential benefits of joint decision making on family planning.
- Limited funding due to limited understanding and buy-in from policy makers and implementers.
- Programmatic challenges linked to unintended consequences (see recommendations).
- Limited evidence on the impact and cost effectiveness of gender synchronized programming versus non gender synchronized interventions and a lack of consensus on indicators, tools, and methodologies to measure shifts in norms.

KEY LEARNINGS FROM CAMBER GENDER SYNCHRONISATION CROSS-SECTIONAL SURVEYS^{1,2}

1 Decision making

Men seem to have conflicting views on decision making at the household level. In theory they believe women have more power than previous generations and support women making decisions on matters regarding their own bodies. But they also cite the ability to make decisions as the most popular indicator of success and see themselves as being responsible for most decisions in the household, including those that concern women's health.

2 Family planning decision making

For most couples, family planning decision making involves men and women. Men generally perceive themselves to be more involved in family planning decision making than women think they are.

3 Fertility desire

Both men and women express a shared desire for a large family size. Yet 33% of women would consider it to be problematic if they were to learn that they are pregnant right now, compared to 8% of men.

4 Family planning uptake

Less than a quarter of men and women report having ever used a modern method of contraception. However perceived use in the community is much higher with more than 50% of men and women believing that their peers are using a modern method of family planning.

5 Acceptance of family planning

Intra-couple perceptions in regards to family planning are different. The perception held by most women of the extent to which their partner may accept family planning vastly under-estimates the reality (i.e. men are more accepting than otherwise presumed).

6 Awareness of family planning

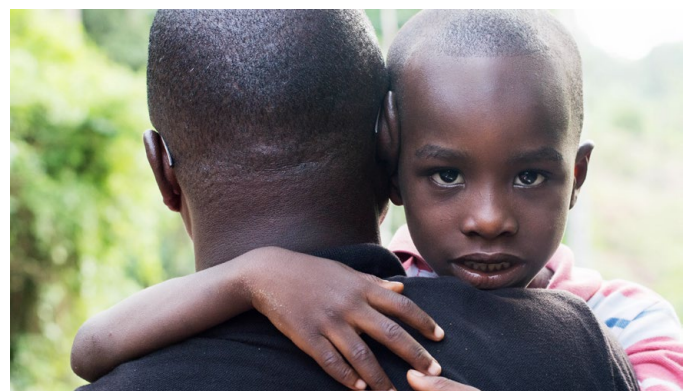
Both men and women report high levels of awareness of family planning, though women are much more interested in learning about family planning compared to men.

7 Sources of family planning information and influencers

Both men and women indicate that their partners are the most trusted source of family planning information followed by healthcare workers, and community. Mothers and mothers in law play a small role in influencing family planning or health care decision making according to both men and women (11% of women report that mothers or mothers in law are involved in healthcare decision making versus 7% among men).



Camber Collective photo



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GLOBAL GENDER SYNCHRONIZED PROGRAMS

Experts on gender synchronization call out a few exemplars of global gender synchronized programs, mostly in the Gender-Based Violence space:

UNITED STATES

Boys involved in the **Gender Matters** curriculum were more knowledgeable about family planning methods and more supportive of women accessing family planning options.

Outcome: Family planning

UGANDA

The **SASA!** program aiming at preventing HIV and gender based violence by engaging both men and women showed that women were more likely to report having engaged in joint decision making.

Outcome: Gender based violence, HIV

NEPAL

The **FACT Project** works with men and women (19-25) to increase awareness of fertility at the community level, shows changes in knowledge and attitudes.

Outcome: Family planning

NIGER

Reaching married adolescents: engaged adolescent girls and their husbands through village meetings and household visits and led to an increase in family planning uptake among adolescent girls and improved gender perceptions.

Outcome: Family planning

PSI Lahyar Iyali program: engaged with women, men, boys, and girls on sensitization specifically on gender norms and family planning - 93% of surveyed women confirmed having the support of either their husband or family in adopting a family planning method.

Outcome: Family planning

Implemented in tandem, UNFPA **Safe Spaces** and **Future Husbands Clubs** introduce topics related to women's empowerment to adolescent boys and girls.

Outcome: Women empowerment, Gender based violence

RWANDA

The **Bandebereho** initiative incorporated gender synchronized elements in group and dialogue sessions for women and men. Women in the intervention reported lower levels of violence.

Outcome: Gender based violence

The **Indashyikirwa programme** aimed to reduce intimate partner violence (IPV) and shift attitudes, behaviors and norms that support IPV among couples in selected communities in seven districts of Rwanda and reported a decrease in IPV.

Outcome: Gender based violence

KENYA

The **Primary-School Action for Better Health program** in Kenya showed that a gender-synchronized approach can be effective for primary school ages, utilizing in-service teacher training to improve pupils' health knowledge, self-efficacy, and condom use.

Outcome: Family planning, HIV



KEY RECOMMENDATIONS AND CONSIDERATIONS FOR DONORS AND POLICY MAKERS

- Develop a Theory of Change for gender synchronized interventions to better visualize the benefits of this approach as opposed to non-gender synchronized approaches.
- Invest in the evaluation of gender synchronized interventions to build evidence on what works and the cost effectiveness of gender synchronized interventions.
- Establish indicators for monitoring gender synchronized interventions, with specific attention to early detection of possible unintended consequences.
- Assess existing interventions focused on men and women to incorporate a gender synchronized approach. This could apply for instance to the Ecole des Maris (Husband's Schools) program in Niger.
- Elevate the importance of gender synchronization in family planning strategies.

KEY RECOMMENDATIONS AND CONSIDERATIONS FOR IMPLEMENTORS

- Critically consider power dynamics and differences in attitudes toward contraception at the outset of program design. Addressing gender norms can be a difficult topic and is context specific. Gender synchronization approaches should understand and consider gender-related power dynamics in a given community and should not engage men without first considering the ramifications for women (and vice-versa) to limit potential unintended consequences and potential backlash. Power dynamics should also be explored with participants.
- Include outreach at multiple levels (policy and institutional) and involve communities at the inception of any program to foster an enabling environment.
- Recognize the importance of facilitators in the success of programs. Ensure that facilitators are trained to facilitate the discussion of these sensitive topics, and that they are respected in the community. Prioritize discussion and reflective dialogue rather than presentation to involve participants.

- Pay attention to the sequencing of content: start with a conversation on gender dynamics to set a foundation for moving to a topic that is more immediately relevant to the audience and more closely related to family planning.
- Ensure the content of your program fosters a mutual understanding of couples' expectations. Misalignment between couples on topics like ideal family size, acceptance of contraceptive use, and birth spacing can lead to barriers in the use of family planning. Implement couple-oriented activities in your program to promote meaningful communication and conflict resolution between couples to ensure that expectations and perceptions of family planning are known and aligned within the couple.
- Combine different approaches, including group meetings and couple / individual counseling approaches to account for women and men's individual preferences and to mitigate potential harmful consequences of programming. For instance men who adopt supportive behaviors might be criticized by their peers for not acting 'as men', resulting in the participants instead adopting even more conservative behaviors. While role models are critical to demonstrate that alternative ways of behaving and navigating social norms are possible and achievable, implementors should keep in mind the possible unattended consequences of isolating a single person as an exemplar.
- Understand and recognize the contextual practicalities and sensitivities of working with men and women together, especially at a young age. Evidence however shows that programs that work with men and women separately still showed evidence of impact as long as interventions were synchronized.
- Adapt to specific sub-groups. Vary the messaging of the program based on the profile of the man / woman / couple and whether participants are polygamists or non-polygamists.
- Track gender dynamic outcomes throughout the project period to ensure that activities do not undermine women's agency.

1. Camber survey of Nigerien women age 15-49, Hewlett funded, N=2,004

2. Camber survey of Nigerien men age 15-54, Transform PHARE project, N=1,144

3. Margaret Greene and Andrew Levack, *Synchronizing Gender Strategies, A Cooperative Model for Improving Reproductive Health and Transforming Gender Relations*. 2010. <https://www.igwg.org/wp-content/uploads/2017/06/synchronizing-gender-strategies.pdf>