

What Works?

Integrating Gender into Government Health Programmes in Africa, South Asia, and Southeast Asia

CASE STUDY SUMMARY REPORT:

Integrating men into
reproductive health –
The “École des Maris”
programme in Niger



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Regional promising practice project overview

Strengthening health systems in order to improve health and gender-equality outcomes requires robust country leadership and governance. Widespread commitments have been made to integrate gender into health, yet substantial gaps remain in intent, level of investment, and implementation. There is a pressing need for more contextualised, practice-based evidence of the pathways along which gender integration can be institutionalised and sustainably resourced in government health programmes.

The United Nations University International Institute for Global Health (UNU-IIGH), in partnership with the School of Public Health at the University of Western Cape in South Africa, and the Public Health Foundation of India through the Ramalingaswami Centre on Equity and Social Determinants of Health in India, co-led a collaboration to document and analyse six diverse and promising practices of gender integration in government health programmes. The resultant case study series consists of six stand-alone summaries with key findings spanning policy, systems, institutional, and community levels. Detailed case study reports are forthcoming.

Gender based violence service provision in primary health care, Ethiopia (systems level)

Gender integration in medical education in Maharashtra and other states, India (systems level)

Right to safe abortion, Nepal (policy level)

Gender integration in Baguio General Hospital and Medical Center, Philippines (institutional level)

The “Ecole des Maris” programme – bringing men into reproductive health, Niger (community level)

The Gender Guidance Clinics of Tamil Nadu – meeting the healthcare needs of the transgender community, India (institutional level)

Male engagement in reproductive health programmes in Niger

This case study focuses on the *École des Maris* (School for Husbands (EdM)) programme in Niger, where men are actively engaged in a reproductive health programme to promote behaviour change and improve women’s reproductive health. The intervention aims to improve women’s reproductive health on a number of indicators and to change the gendered nature of healthcare decision-making. The programme was selected as a promising practice because of its aims and its expansion, both nationally and regionally, as well as the commitment shown by the government and local communities.

The study was led by Aïssa Diarra, Abdou Moussa Ismaguel, and Souley Djibo Issaou, with support from Issa Sadou, Michelle De Jong and Asha George. Based on in-depth analyses of interviews and published documents, it documents and analyses the contextual factors that gave rise to the EdM programme in Niger, the enabling factors and challenges encountered, and some of the results achieved and lessons learned, including those that might be transferable to other contexts implementing similar male engagement initiatives as well as those that apply to the future of EdM in Niger (see Figure 1).

1. Background

Women’s sexual and reproductive health in Niger

In Niger, the proportion of women birthing in a healthcare facility rose from 30 per cent in 2012 to 45 per cent in 2021 (1). The maternal mortality ratio is estimated at 441 per 100,000 live births (5), and the total fertility rate is also high at 6.9 children per woman, with population growth of 3.9 per cent (2). Despite efforts by the government and its partners to implement high-impact reproductive health measures, access to reproductive health services remains a challenge – in 2022, around 21.1 per cent of married Nigerien women had no access to family planning services (3). Niger is generally a patriarchal country with strong cultural and religious norms, and men exert considerable influence and power over women’s behaviour, including their access to health facilities. Men’s significant decision-

making power, combined for the most part with limited knowledge and negative opinions about reproductive health services, is a major obstacle to women’s access to care (4).

Gender-equality indicators, Niger

Indicator	Score
Proportion of women aged 20–24 years who were married or in a union before age 18 (%) (2012)	76.3 (5)
Mean years of schooling (2021)	Female: 1.7 Male: 2.8 (6)
Proportion of seats held by women in national parliaments (2023)	30.7 (5)
Gender inequality index ranking (2021)	153rd of 170 countries (7)

Setting up the *École des Maris* in Niger

The EdM programme was inspired by an awareness-raising campaign that focused on *Fada* – meeting places that support male social engagement. The main objective of the EdM strategy was to improve women’s use of health services to reduce maternal mortality. The EdM programme addresses the problem of underutilisation of services by taking into account the role played by men in society and using men’s power to facilitate women’s access to health structures. The EdM is a forum for discussion, decision-making, and action, bringing together husbands who meet around twice per month to discuss issues related to reproductive health. Each school is made up of 8 to 12 husbands. In 2007, 11 schools were set up in Mirriah, Zinder, by the United Nations Population Fund (UNFPA) in collaboration with the (now) Ministry of Public Health, Population and Social Affairs (MSPPAS). Initially, there were no membership criteria, but this was later revised such that 30 criteria needed to be met before joining an EdM. After several iterations, these criteria were reduced to nine factors, five of which are mandatory:

- aged at least 25 years;
- have a female partner who uses reproductive health services (any service, including prenatal, delivery, postnatal, and family planning services);
- be accepting of women’s participation in the community;
- are taking care of their families;
- are striving for peace within the family (8).

The strategy is voluntary, and its implementation does not require significant material or financial resources. As shown in EdM’s theory of change (see appendix), husbands considered open to change are trained in the benefits of using reproductive health services for their wives and themselves. They then become model husbands whose mission is to sensitise other husbands and become involved in the activities of the health centre and the community. This supports the dissemination of new ideas on reproductive health and the roles of men and women. Ideally through further amplification and transmission from one group of actors to others, further changes in the relationship between men and reproductive health services, and between men and women in their respective roles in improving reproductive health, are realised.

The success of this programme lies in its ownership by the community. The programme extends reproductive health promotion programmes to men, rather than focusing solely on women. This involvement of men is seen as a catalyst for initiating their critical reflection on issues of reproduction in public and private spaces.

Evaluations reveal an increase in the number of “husband schools” in Niger’s regions. Since the first pilot EdMs were set up in 2007, there are now over 137 EdMs in Zinder and they have been established in other regions of Niger. There are currently 1,225 husband schools across the country, some of which are part of programmes run by other international NGOs such as Save the Children, Plan International, Concern, Action Against Hunger (*Action contre la Faim*) and others. The initiative has also been adapted in other African countries such as Burkina Faso, Mali, Cameroon and Côte d’Ivoire (8).

2. What has been achieved?

Based on interviews and reviews of documents, a number of successful achievements have been identified. These include:

Improvements in reproductive health

- Reproductive health indicators show an improvement in areas where EdMs have been set up. For example, more women now visit health facilities for antenatal and postnatal care and give birth with the help of a skilled health worker (8).

Gender norms

- There is some evidence that gender norms around men's role in reproductive health decision-making have changed. For instance, some model husbands now participate in household chores compared with previously (8).

Based on ten interviews with stakeholders in the Zinder region and a policy dialogue workshop in Niamey, the

following changes in attitudes and perspectives linked to the EdMs were shared:

- greater support for reporting sexual violence;
- higher levels of child immunisation;
- increased use and acceptance of contraception, leading to better birth spacing;
- greater support for the functioning of the health system (often through cleaning, but also by improving communication and commitment between the community and the health system/health workers);
- more vocal opinions against child/early marriage;
- relative strengthening of women's capacity to negotiate fertility management.

3. What contextual factors facilitated the launch and expansion of the EdM programme?

A broad set of contextual factors facilitated the initiation and roll-out of the EdM programme across Niger.

National level

- Worrying indicators of women's health in Niger include low attendance rates of women at health centres, very high maternal mortality and fertility rates, and low use of modern contraceptives. There was also a national discourse on high population growth and the problem of birth spacing.

- Patriarchal culture, in which men make decisions within the household and have considerable influence over women's access to health services.
- Religious resistance to EdMs persists, especially in relation to contraception. Family planning is sometimes seen as going against God's will. This made it important to include religious leaders in the EdM programme as their involvement provided credibility to the schools and enabled community members to accept them more readily.

Precedence from other programs

- Pre-existing public health activities, such as a local information, education and communication campaign (“*Les aventures de Foula*”) broadcast as sketches on radio programmes launched in 2013. These focused on HIV/AIDS awareness, and information on condom use and family planning, among others.
- Evidence from other contexts, including the initiative of a rural obstetrician-gynaecologist in Mauritania in the 1990s. After observing that men were not involved in monitoring their wives’ pregnancies, the obstetrician-gynaecologist

demanded that they be present at prenatal consultations. Any woman not accompanied by her husband risked being sent home. The initiative was considered a success, as it raised the level of maternal health according to a number of indicators (antenatal care, medically assisted deliveries).

Organisational level

- The 2008 global economic crisis led to a sharp drop in funds allocated to development, with donors instituting stringent accounting procedures for the funds that remained. This led to the need for NGOs to raise their level of performance to access global funding.

4. What catalysed the start-up of the EdM programme?

Certain catalysts, including changes in the internal or external context, opened a window of opportunity, which was seized by specific actors. These factors included:

UNFPA examined the evidence on EdM

- A study commissioned by UNFPA and carried out by LASDEL in 2007 provided empirical evidence of the substantial role played by men in determining women’s health, specifically their access to health centres during pregnancy and childbirth. The evidence supported the implementation of a male engagement programme that would address social norms and community knowledge regarding pregnant women’s access to health centres.

A champion within UNFPA led the EdM programme in Niger

- Issa Sadou has played a key role in UNFPA’s strong involvement in EdM. He was involved in all aspects of the design and implementation of EdM and has

negotiated within his institution to secure internal support for the EdM strategy, and he has mobilised a fundraising strategy to finance the initiative.

- These activities are motivated by a combination of his personal investment in promoting gender equality, his belief in the role of local communities in effectively identifying and solving their own problems, and his professional aspirations linked to his position at UNFPA.

NGO partners with capacity and experience were selected

- SongEs was UNFPA’s preferred partner for implementing the EdM programme. This national NGO is at the heart of the adjustments and regulations needed to overcome contextual constraints that challenge implementation. It is a credible partner with the ability to link donors in the North with community NGOs in Niger. It is in close contact with communities, thanks to a solid

network of local actors known as coaches, who are experts in the social norms and local realities surrounding the issues and interests of community stakeholders.

- Through its coaches, SongEs ensures a close presence and encourages EdM members to respect regular meetings and internal operating rules. Straddling the gap between institutional and community players, the NGO positions itself as both a social and technical expert.

5. What actions have enabled the EdM programme to be sustained over time?

Provision of human resources and infrastructure

- Government departments, initially the MSPPAS and later the Promotion of Women and the Protection of Children (MPFME), were involved in providing human resources and infrastructure for the health system. They helped maintain activities when funding became insufficient or interrupted.

Monitoring and evaluation

- UNFPA set up monitoring and evaluation tools, which include an annual action plan, a monthly *Centre de Santé Intégré* (CSI or integrated health centre) indicator monitoring sheet, an EdM activity monitoring sheet and a monitoring notebook. The notebook was designed to facilitate local monitoring and identify and track CSI indicators. This monitoring reinforces the information flow between stakeholders through feedback that starts at the EdM level, providing adequate information on any problems observed. These processes provide evidence on the effectiveness of the EdMs for improving women's health, supporting the continued roll-out and scale-up of the programme, regionally and nationally.

Integration into policies and political priorities

- Husband schools were incorporated into the national gender policy, which was officially adopted in August 2017. This policy includes several strategies, including the husband school and future husbands club, as well as programmes for out-of-school adolescent girls (ages 10–19 years) programme, commonly known as *Illimin*.
- Scaling up the EdM programme is one of the main strategic actions of the Family Planning in Niger: Action Plan 2012–2020, with the number of husband schools created by 2020 as an evaluation indicator (8).

Community ownership and social approval

- Recognition and respect and the social and community valorisation of men who are part of the husband schools include prizes and awards, as well as special treatment (free medicines or easier access to health facilities).
- Social ties between members promotes sustainability.

- The involvement of the canton chiefs is helping to improve sustainability until such time as donor funding comes to an end. Sustainability relies on “remaining actors” (canton chiefs) as opposed to “departing actors”, according to community interlocutors referring to local implementing NGOs.
- The support of certain people of goodwill (wealthy actors) who understand the importance of EdM and who invest a great deal of time and effort in putting their assets at the service of communities.

6. What were the missed opportunities and challenges?

While important strides have been made with respect to the EdM programme, a number of opportunities were missed and challenges remain, including the following:

- **Limited collaboration between government ministries.** Ministerial ownership of the programme has shifted between the MPFME and the then Ministry of Public Health (MSP), later the MSPAS after it merged with the then Ministry of Population. Initially MSP was the lead and the health aspects of the programme were prioritised. However, MPFME took over in 2016 and attempted to focus on the gender aspects. The MPFME has incorporated themes that place greater emphasis on equality between men and women, including topics such as gender-based violence, early marriage, girls’ school enrolment and so on. Collaboration between the two ministries on this programme has been challenging.
- **Tensions remain high between health concerns and gender issues.** The chain of institutional actors implementing the programme is made up mainly of health professionals. There is no organisational link between the ministry’s technical departments responsible for gender issues and the EdMs.
- **Limited integration of gender elements in EdM programmes.** The main areas of intervention for many husband schools seem to be family planning, assisted childbirth and sanitation. Gender norms, power relations, gender-based violence, etc. seem to have received less attention. The various evaluations carried out on the implementation and effects of the initiative have highlighted this limitation, which UNFPA is attempting to address. A new approach, recently adopted, centred on traditional chiefs and the transformation of social norms towards greater equality and the promotion of human rights, with the addition of new elements linked to the fight against gender-based violence, the denial of access to resources and opportunities, as well as emotional and psychological violence, and child marriage.
- **Perpetuation of existing social hierarchies.** Husband schools are often staffed by men who already occupy positions of power in the community and, since the end of donor funding, the involvement of local chiefs in the management of husband schools has reinforced their hierarchical nature. However, analyses (see Georgetown evaluation) have shown that the gender barometer is changing at the household level (8).
- **Sustainability after the withdrawal of donor funding or when monitoring or control is limited.** Some husband schools are inactive, awaiting training or additional resources to implement their

activities, while others continue certain activities on a voluntary basis and with contributions from their members or local chiefs. Still others integrate the programmes of international NGOs, which draw on

the EdM strategy as part of their missions (e.g. Save the Children, Plan International, Concern, Action Against Hunger, SongEs).

7. Conclusions

EdM is a proven strategy for involving men in development programmes aimed at women. In the field of health, the results are undeniable: women's reproductive health have improved significantly in most of the communities where EdM has been implemented. The EdM has achieved its objective of improving women's health and its success in this area has marked and inspired other male engagement programs across the West African subregion. With regards to gender, a UNFPA evaluation stated that "the fact that men are concerned by issues affecting unequal gender relations and feel they are part of the solutions is the most recent and positive development we have witnessed and should be encouraged" (9). The evaluations carried out also show that the initiative has been an opportunity for women to acquire relative gains in freedom (8).

This development should not obscure the context in Niger, where social gender norms remain relatively rigid and the pace of change towards gender equality is very slow. Recent Afrobarometer survey results underlined that "unequal access to education and treatment in the workplace, the lack of women in positions of influence and gender-based violence are the biggest gender-related challenges according to citizens, who approve of government efforts to promote equal opportunities for women but still demand more"¹ (10).

The implementation of EdM takes place within this broader context of extreme gender inequality. The dynamics of interactions between the various players reveal a chain of male power, which has grown stronger and more structured over time. There are two reasons for this unexpected effect:

1. The integration of gender dimensions into the EdM model was limited to the use of men's power to facilitate the use of reproductive health services by their wives, without seeking to balance the power relationship between men and women. This orientation was maintained even when adjustment and adaptation strategies were mobilised during implementation to maintain the level of activities.
2. EdM's initiative does not escape norms relating to the gendered divisions of social activity, where subordination confines women to roles linked to the domestic sphere and where gender diversity is not culturally accepted in the production of public action. In a context where power is defined as masculine, co-education would mean pitting men and women against each other for access to responsibilities, which would be a source of social disorder. There is a continuity of this reality in the action plan of external development promoters, where men and women evolve in distinct spheres (e.g. the numerous women's associations or groups within communities). Very often, when men and women find themselves in the same sphere of action, it is men who determine the terms of the mix.

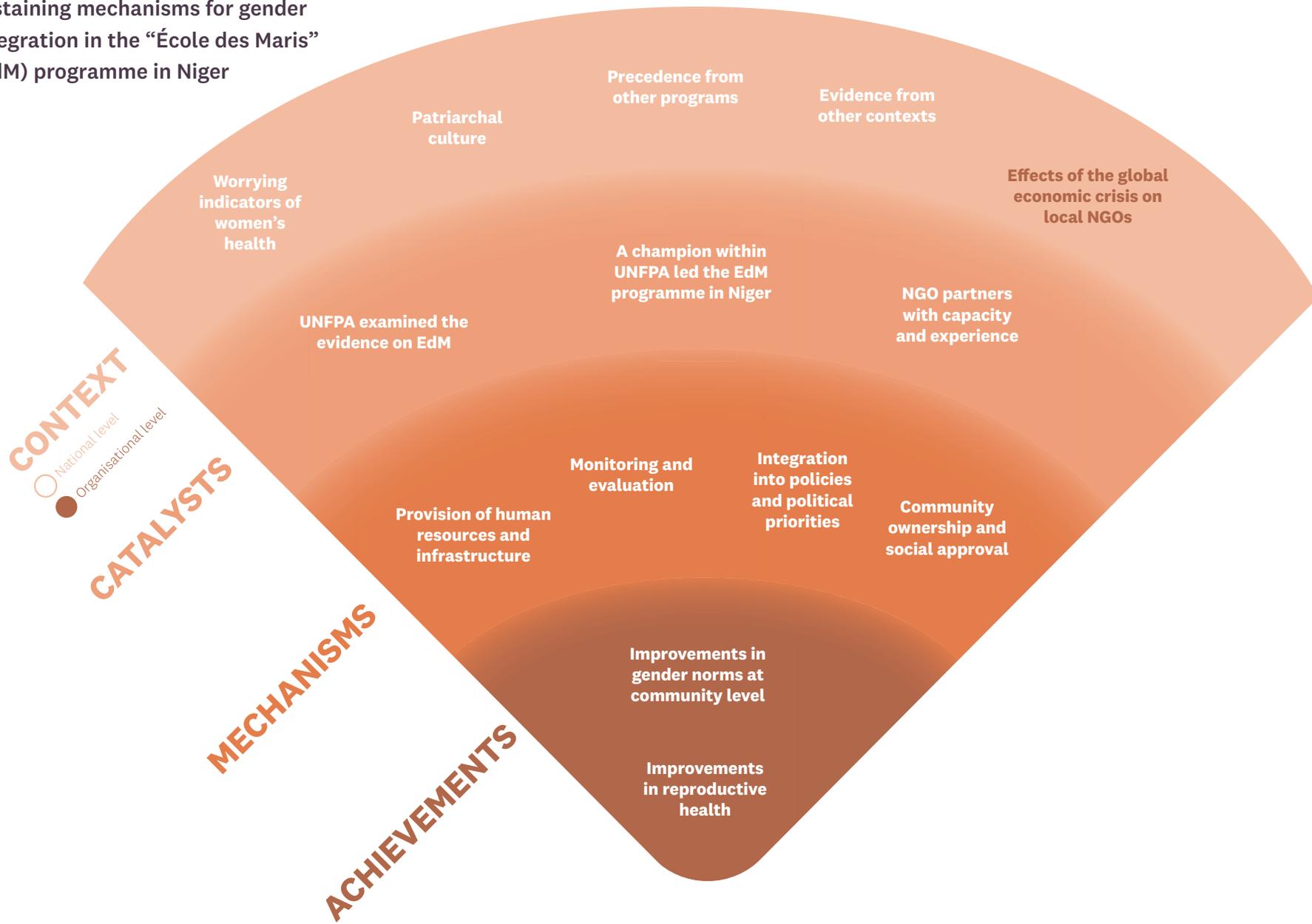
Reorienting the EdM initiative to transform harmful gender norms and power structures will involve addressing both of these challenges. The EdM programme provides rich evidence for others to draw on and learn from, highlighting just how deeply entrenched social power structures are and how easily they can be unintentionally reinforced through programmes that focus solely on health indicators.

¹ Note, the study does not take into account the current situation of the country under military rule.

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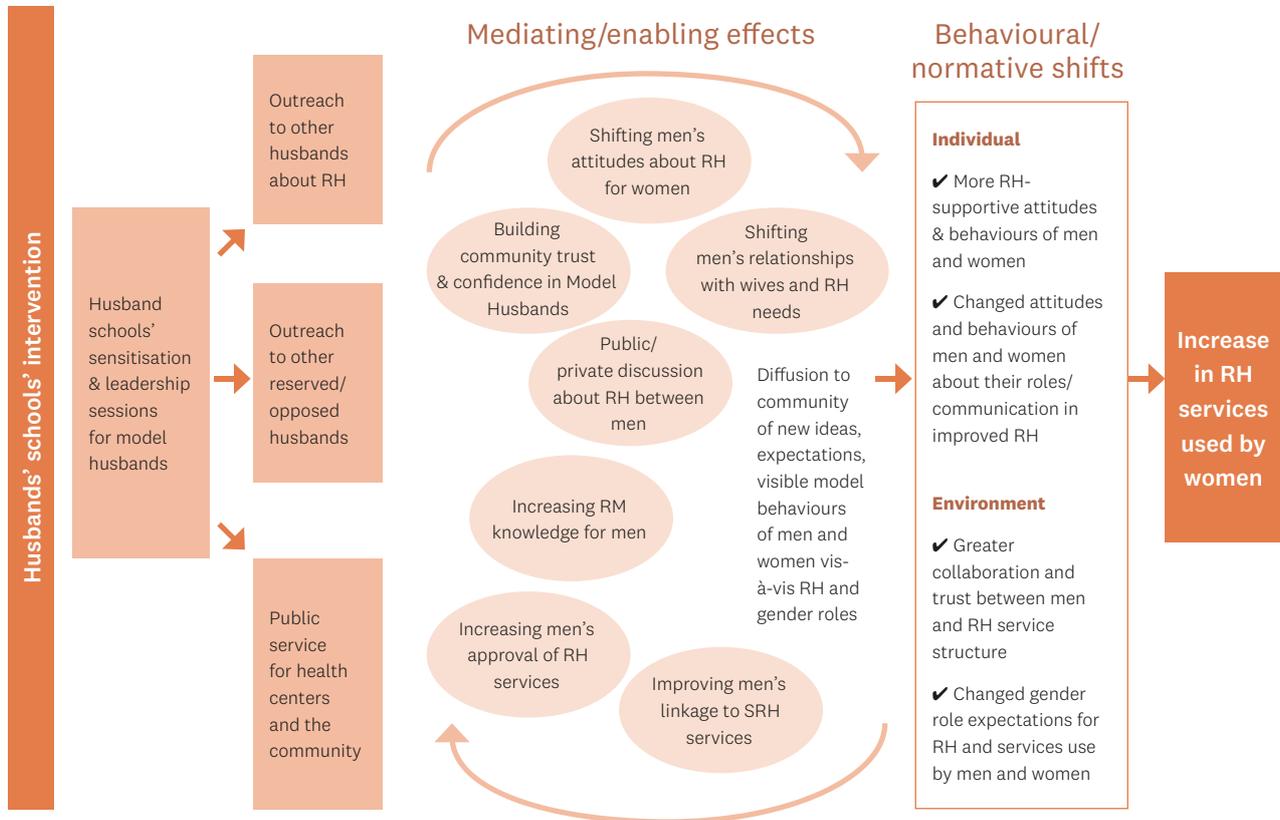
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Figure 1: Key catalysts, contextual enablers and sustaining mechanisms for gender integration in the “École des Maris” (EdM) programme in Niger



Appendix

Programme theory of change – UNFPA Niger’s husband schools



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