

DESIGNING AND IMPLEMENTING A GENDER-TRANSFORMATIVE ADAPTATION OF THE HUSBANDS SCHOOLS IN NIGER

Formative Research Report



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ACRONYMS AND ABBREVIATIONS



ANC	Antenatal care
DHS	Demographic Health Survey
EVIHDAF	Evidence for Sustainable Human Development Systems in Africa
FAD	Femmes, Actions et Développement
FGD	Focus Group Discussion(s)
GBV	Gender-based violence
GEH	Center on Gender Equity and Health
HCD	Human-centered design
IDI	In-depth interview(s)
IRB	Institutional Review Board
IYCF	Infant and young-child feeding
MCPR	Modern contraceptive prevalence rate
RMNCH	Reproductive, maternal, newborn and child health
NGO	Non-governmental organizations
PI	Principal investigator
PNC	Postnatal care
RFSA	Resilience and Food Security Assistance
SRH	Sexual and reproductive health
UCSD	University of California, San Diego
UNFPA	United Nations Population Fund
WASH	Water, sanitation, and hygiene



EXECUTIVE SUMMARY

Study overview

Niger has the highest fertility rate in the world, with women giving birth to an average of 7.3 children, while the modern contraceptive prevalence rate (MCP) among women aged 15–49 is only 10.5%, ranking it among the countries with the lowest use of modern contraceptives. Husbands Schools are a community led initiative to enhance reproductive, maternal, and newborn and child health (RMNCH) in West Africa, first introduced by UNFPA in Niger in 2007. Evidence generated since then has shown that Husbands Schools have improved engagement with prenatal care, assisted deliveries, and family planning. Despite this success and having been widely scaled-up throughout the West African region, there is little evidence that the initiative has successfully challenged deeply entrenched gender norms and power dynamics. What is more, there is increasing concern that Husbands Schools have inadvertently *increased* men’s dominance in domains related to health and nutrition.

A few adaptations of the Husbands Schools, like those implemented by the Sahel Women’s Empowerment and Demographics Project and Pathfinder, have integrated approaches and content to challenge unequal gender norms and attitudes; promote gender-equitable relationships, decision-making, and shared caregiving; and prevent gender-based violence (GBV). However, these iterations vary in content and implementation quality and have yet to be evaluated. Husbands Schools have also been adapted by numerous organizations to address a wider range of topics, including child health, nutrition, and even communicable disease, though past research also has not evaluated the impact of Husbands Schools on maternal nutrition, infant and young-child feeding, (IYCF), or other aspects of childcare. Given these gaps, Agency for All consortium partners, in collaboration with local partners GRADE Africa, Femmes, Actions et Développement (FAD), and Wadata program staff, aim to design, implement, and evaluate a gender-transformative adaptation of the Husbands Schools model within Save the Children’s Wadata project in Zinder, Niger.

As an essential first step toward achieving these aims, formative research was conducted in 2023 in two departments in Zinder: Magaria and Damagaram Takaya. Research questions focused on exploring the meaning of gender equity, agency, and power in the Nigerien context, including the roles of families and communities in influencing gender-equitable norms. In total, 24 in-depth interviews (IDIs) and 40 focus group discussions (FGDs) with men, women, and mothers-in-law were conducted between May and June 2023. Additionally, human-centered design (HCD) processes were also carried out during this time to generate ideas for adaptation (content, intervention activities, and understanding pathways of change). Through 24 HCD “immersion interviews” or semi-structured IDIs, and co-creation sessions with Husbands Schools implementers, participants, wives, and other stakeholders, the study team was able to capture experiences with Husbands Schools and its impact, as well as opportunities and challenges for implementing a gender-transformative version of Husbands Schools in this context.

Key findings

Findings from the formative research, as presented in this report, suggest that within Nigerien couples and families, hierarchical power dynamics are informed by gender and age, with men retaining final decision-making power and authority within the household. We also found the level of influence women have and their level of engagement in decision-making processes varies across households and the type of health-

related decisions to be made. Therefore, taking an intersectional lens to understanding women's sexual and reproductive health (SRH) and nutrition-related agency is essential. Individual, interpersonal, and collective agency are also closely intertwined, and exercising agency is an incentive to achieve shared goals for a good life (e.g., healthy children, families, and communities; having basic needs met and financial stability/well-being; and leading a pious life in alignment with Islamic values and principles). Findings indicate women in particular lack an ability to define their aspirations and goals beyond socially prescribed gender roles—and social and gender norms often hinder women's ability to conceptualize “acting” on their goals and/or making decisions alone.

In terms of Husbands Schools' impact within communities, study participants revealed that more women were accessing prenatal and child health services, influenced by their husbands' supportive attitudes and active involvement. Many also reported improved communication, with men being more receptive to their wives' viewpoints, which facilitated better conflict resolution and joint decision-making. Despite implementing practical and interactive discussions with culturally sensitive messaging, our findings suggest several challenges with the current version of Husbands Schools, including logistical and operational hurdles, various forms of community resistance and misinformation, lack of forward planning with meaningful inclusion of local leadership, and waning member motivation. When participants were invited to co-create a new, gender-transformative adaptation of the Husbands Schools model, both men and women expressed interest in involving women directly; they also expressed that engaging mothers-in-law and community leaders is vital for endorsing change and mitigating resistance.

Programmatic recommendations

Formative research results underscore the need to foster critical discussions to promote healthier forms of masculinity and skills for more balanced and peaceful relationships and improved RMNCH and nutrition. In addition to **content adaptations** that more closely reflect **religion's influence** in Nigerien society, our findings also indicate the need for adaptations in **recruitment processes** and **facilitation techniques**, all of which will require training facilitators in critical consciousness and skills-building to improve communication and balanced decision-making among participating couples.

This formative research study has laid the groundwork for a gender-transformative adaptation of the Husbands Schools model, which will be implemented and evaluated in collaboration with local partners in the coming year.



INTRODUCTION

RMNCH, Nutrition, and Gender Transformation in Niger

Niger ranks near the bottom of both the Human Development Index and the Gender Development Index (1), and nearly half of the population is under 15 (2). Women give birth to an average of 7.3 children throughout their lives, making it the country with the highest fertility rate in the world (1). Furthermore, MCFPRs among women aged 15–49 is 10.5% (12.3% for married), and unmet need is 17.9% (21.1% for married), ranking Niger among countries with the lowest modern contraceptive use, particularly in rural areas (3). According to the 2012 Niger Demographic Health Survey (DHS), only 30% of Nigerien women in unions expressed a need for contraception (4).

While cultural and social norms discourage use of modern contraception and reproductive health services, Niger has made firm political commitments to improve SRH. Niger was one of the countries that signed (2004) and ratified (2018) the Maputo protocol on the rights of women and girls, stating that “States must ensure that women’s rights to health, including SRH, are respected and promoted” (5). In addition, Niger has a Costed National Action Plan for Family Planning (2021–2025) (6) that focuses on improving the quality of family planning services and increasing demand through a three-pronged strategy comprising efforts to increase knowledge of family planning, reduce socio-normative barriers to uptake (including via Husbands Schools), and target outreach to adolescents and youth. In October 2022, Niger signed commitments to the Family Planning 2030 agenda to raise the modern contraceptive prevalence rate to 36.8% in 2030 (3). The government is also currently reviewing and revising its National Strategic Plan for Adolescent and Youth Health (2007–2021). According to the Population Reference Bureau’s Youth Family Planning Policy Scorecard, Niger has made progress in increasing youth-friendly family planning services since 2018 and supports access to family planning services regardless of age (7). Finally, Niger has a 2017 National Gender Policy (8) with two main objectives: 1) establish an institutional, socio-cultural, legal, and economic environment that helps achieve equity and equality in chances and opportunities between men and women and girls and boys in Niger; and 2) ensure the effective integration of gender as a variable in the analysis, planning, implementation, and monitoring and evaluation of development programs.

Alongside these SRH and gender commitments, Niger remains focused on meeting nutrition targets. At the policy level, Niger has the Politique Nationale de Sécurité Nutritionnelle au Niger (2016–2025), which seeks to support efforts to reduce barriers to improved nutrition (9). A guiding principle of the plan includes a focus on gender and equity to create favorable environments to reinforce the power, decision-making, and participation of women in all activities concerning nutrition. Despite this commitment, progress to improve nutrition metrics has been slow and there is a lack of data on the status of nutrition in country today. Recent data suggests that malnutrition remains a major impediment to the overall health and development of women and children. Based on a UNICEF report in 2018, 1.9 million children are chronically malnourished in Niger (9, 10). UNICEF, the World Health Organization (WHO), and the World Bank’s Joint Child Malnutrition Estimates 2021 Key Findings Report indicate that 10% of children suffer from wasting, and 46% of children suffer from stunting (11), ranking Niger as a high-risk country for stunting. While there have been some advances in early initiation of breastfeeding and exclusive breastfeeding during the first six months of life—from 8.5% in 2006 (10) to 25.6% in 2021 (10)—breastfeeding rates remain low.

Approximately 73% of children and 55% of women in Niger suffer from anemia and 27% of babies are born with low birth weight (12). Factors that contribute to the poor state of nutrition in Niger are multifold, but include the impacts of climate change, which has intensified drought conditions and poor harvests in recent years in an agriculturally dependent population; political and economic instability due to the growth and spread of terrorism in the Sahel region; and the cyclic risks of adolescent childbearing and inadequate birth spacing. As factors reinforcing malnutrition persist and high population growth continues, the number of malnourished children is projected to double by 2025 (13).

To increase programmatic impact and thereby effectively respond to national policies and achieve the benchmarks set by the government, RMNCH and nutrition programs should systematically explore and address social and behavioral barriers that prevent men and women from achieving health and nutrition goals. Interventions implemented at the community level that target husbands, wives, families, and the community at large have contributed more to improving SRH results than interventions targeting individual men or women only (14). A systematic review of what works in family planning has shown that approaches focused on interpersonal communication and community dialogue are effective in improving knowledge, attitudes, intentions, and behaviors related to family planning or the use of SRH services. While research suggests that social norms should be addressed to improve reproductive health outcomes, there are knowledge gaps on the impact of men's involvement in SRH decision-making. The same is true for nutrition programming. To improve nutrition outcomes, it is important to know which social norms influence nutrition behaviors. Although there are qualitative studies on male involvement and the importance of gender norms for the promotion of RMNCH and nutrition in West Africa (15) and in Sub-Saharan Africa (16, 17), few existing interventions address social and gender norms and gender equity.

Gender-transformative Approaches

Gender-transformative approaches seek to dismantle harmful and oppressive social and gender norms via the following methods:

- challenging restrictive norms and promoting critical reflection on their impact on relationships, health, and well-being
- supporting the adoption of new norms that promote equitable, non-violent relationships and affirm people of all gender identities and expressions
- redistributing gendered and other intersecting forms of power and privilege (18)

Gender-transformative approaches operate across the socioecological system to promote shifts in the different levels where norms are learned, internalized, and reproduced and where individual attitudes and behavior changes are embedded in larger social, political, and economic structures (15, 19). Gender-transformative approaches also facilitate the human rights principles of participation, empowerment, accountability, transparency, and centering the most affected and the most marginalized people, among others (20). Furthermore, gender-transformative approaches commonly call for promoting positive masculinities as an essential component. Masculinities refer to qualities or attributes regarded as characteristic of men. Positive masculinities, in contrast to harmful masculinities, support healthy and non-discriminatory behaviors and societies that advance gender equality, and the agency and rights of women and girls (21). Fostering positive masculinities requires partnering with men and boys.

Hundreds of published evaluations of health programs have applied gender-transformative approaches across a wide variety of topics, including family planning and reproductive health, GBV prevention and

response, and engaging men and boys (22). High-quality and effective gender-transformative programs share the above-mentioned principles and yet a growing body of evidence also suggests that among evaluated programs, few have addressed broad systems of inequality or strategies for scale-up. In addition, few have addressed gender inequality in health systems—the quality of many program design and evaluation methods has been weak and many programs have missed opportunities to incorporate principles of inclusion and local leadership into program designs (7). Moreover, while there is strong evidence that gender and social norms can act as barriers to the effectiveness of SRH and nutrition-focused programming, **little research has evaluated the impact of gender-transformative programming on those outcomes.**

Husbands Schools: Intervention Overview

In partnership with the Nigerien government and NGO SongES, UNFPA developed and implemented the “Ecoles des Maris” (Husbands Schools) in the Zinder Region in 2007. At that time, the overarching aim of the Husbands Schools was to involve men in supporting women’s use of reproductive health care, thereby fostering a more enabling environment for women to use prenatal, delivery, and family planning services. Husbands Schools are volunteer based and recruit eight to 12 participants using the below criteria for selecting “model husbands” or role models for their communities. Participants must:

- be at least 25 years old
- have a wife who uses reproductive health services
- accept women’s participation in society
- be supportive of their family
- be available to volunteer
- strive for peace in the household

Members receive basic training in leadership, group dynamics and teamwork, and techniques in coaching, communication, advocacy, and negotiation. They also receive education on health and nutrition topics including prenatal and postnatal care, family planning, infant and young child feeding (IYCF), malaria prevention, vaccinations, WASH, and other related topics, depending on program context and aims.

A 2014 program evaluation (23) provided evidence that Husbands Schools were successful in increasing use of prenatal, delivery, and family planning services. Following this positive evaluation, numerous multi-lateral- and bilateral-funded projects adopted the approach, and thousands of Husbands Schools were subsequently formed across Niger. At the same time, projects expanded the thematic focus of Husbands Schools to suit their program goals and activities; many in Niger and West Africa leveraged the approach to address key elements of RMNCH, nutrition, and WASH. Currently, Husbands Schools are present in all regions of Niger, except for urban Niamey. The strategy has also been replicated in several countries in the West Africa region, including Côte d’Ivoire, Burkina Faso, Mali, and Cameroon. Given the sheer scale of the Husbands Schools, there is also variety in the scope of topics that their activities cover. As they’re established and monitored, the schools prioritize problems facing *their community* (referred to as cases) based on 1) urgency of the problem, 2) importance to the community and 3) feasibility of appropriate mitigation via Husbands Schools.

While program evaluation findings suggest that the Husbands Schools intervention has been successful in influencing SRH and MNCH outcomes, there is little evidence that they have successfully challenged deeply entrenched gender norms and power dynamics surrounding these outcomes. For example, in 2017, the

[USAID Passages Project](#) set out to conduct a realist evaluation in Niger to understand how the intervention works, for whom, and under what circumstances (24). Findings indicated that gender role-shifting and power-sharing were prominent in visited sites, yet these effects were manifested differently at different levels of decision-making. At one level, patriarchy and the view of men’s social position did not seem to be changing. Men retained ultimate decision-making power on services, though they prioritized the importance of reproductive health service use—a marked departure from earlier times when men did not understand, trust, or allow their wives to use services. Widespread changes were seen in how women and men view each other and interact as couples; likewise, women expressed newfound freedoms and actions to seek and use services independently and to engage with their husbands in discussions on reproductive health. Despite these nuanced findings, and while a male engagement strategy is used in the Husbands Schools, as it stands, existing evidence on the effectiveness of the Husbands Schools suggests **limited evidence (if any) that the program was effective in shifting social norms and power dynamics related to RMNCH.**

Study Rationale

To address the above-mentioned gaps, and to transform underlying gender inequalities by addressing agency and the social norms that influence RMNCH and nutrition outcomes, **Agency for All aims to design, test, and evaluate a gender-transformative adaptation of the Husbands Schools model in Niger.**

With this focus in mind, we conducted formative research not only to inform program design and implementation processes, but also to help guide the development of indicators to measure the impact of this gender-transformative programming on development outcomes beyond health. Through formative research, we sought to explore:

1. The meaning of gender equity, agency, and power in the Nigerien context;
2. The roles of families and communities in enforcing gender norms, as well as barriers and leverage points to support the agency of individuals, groups and communities to achieve their vision of gender equity, particularly in relation to RMNCH and nutrition;
3. How to build on the strengths and successes of the existing Husbands Schools in Niger, and bring principles of inclusion and local leadership into program design.



STUDY CONTEXT

Implementation Partnership

Wadata, meaning “prosperity” in Hausa, is a seven-year (2018–2025) resilience and food security assistance (RFSA) project led by Save the Children in the Zinder region of Niger. Wadata aims to improve food and nutrition security and resilience among extremely poor and chronically vulnerable households and communities by enhancing collective action to address food, nutrition, and water security shocks; increasing capacity and agency for improved access to adequate and diverse foods; and improving nutrition, health, hygiene, and sanitation for pregnant and lactating women, adolescents, children under 5 years of age, and their families. Wadata’s multi-sectoral approach includes a diversity of community-based strategies to strengthen awareness and collective action for improved health and nutrition. Husbands Schools form an important part of this approach.

Wadata is currently implementing Husbands Schools in 238 communities across two departments of Zinder, the most populous region of Niger (**Figure 1**). These groups contribute to the project’s overall goals of increasing access to and use of health and nutrition services, and improving communities’ well-being and resilience through their learning and community-wide sensitization on maternal and reproductive health, family planning, nutrition and hygiene. Key topics addressed in Wadata-implemented Husbands Schools curriculum include pregnancy and postpartum nutrition, safe delivery, healthy timing and spacing of pregnancies, family planning, IYCF, household hygiene, malaria prevention, signs of serious illness in infants and young children, and seeking nutrition consultations or other health services. Male engagement in nutrition and feeding and other gendered aspects of health and nutrition are also emphasized.



Figure 1: Map of Niger, and the departments of Magaria and Damagaram Takaya in the Zinder region

Given Wadata was interested in strengthening the gender focus of its work, this was an ideal moment for Agency for All to work in partnership with Wadata to conduct formative research, and ultimately, integrate the gender-transformative adaptation of the Husbands Schools model into existing programming.

Study Population and Site Selection

Niger is a country with a rich and varied cultural heritage, populated by diverse ethnic groups and a predominantly Muslim society. Zinder is the most populous region of Niger and exhibits ethnolinguistic diversity, with major groups including Arab, Fulani, Hausa, Kanuri, Dazaga, Toubou, and Tuareg (25, 26). While these ethnic groups essentially share the same cultural values, there are habits and customs specific

to each group that reinforced by Islam and social norms, including relationships and responsibilities within the family and the community, and the social, legal, and political status of women.

In Zinder, various socio-economic factors have converged to create challenging circumstances and comparatively high poverty rates in many communities. Over 52% of adult women experience their first pregnancy by age 19. The region also has one of the lowest schooling rates in the country, which combined with its high population growth, results in high unemployment for a significant number of young adults and teenagers (27). Child marriage, specifically women married before 18 years of age (ages 20–24 years and 30–34 years), is more prevalent in rural regions compared to urban regions (4). In Zinder, the rate is 87% and women have an average of 8.5 children compared to the national average of 7.6 children per woman (28).

Formative research took place in two departments of Zinder: Magaria and Damagaram Takaya. The department of **Magaria** to the south of Zinder city toward the border with Nigeria, and the department of **Damagaram Takaya** located to the northeast of Zinder city toward the region of Agadez, have marked socio-cultural differences (linguistic, ethnic, educational, urban/rural, etc.) that the study team predicted to have an important influence on social norms, gender roles, and gender equity. The Magaria department is subdivided into seven communes/localities (Bande, Dantchiao, Kwaya, Magaria, Sassoumbroum, Wacha, and Yekoua) with a total 2019 population of 741,281 inhabitants, while Damagaram Takaya is subdivided into five communes/localities (Albarkaram, Damagaram Takaya, Guidimouni, Mazamni, and Wamé), with a total population of 241,169 inhabitants.¹¹

Given the presence of Wadata in these two departments, and other RFSAs in neighboring departments, many communities have benefitted from food security, livelihoods and health programming, including Husbands Schools. Zinder is also home to the original Husbands School formed by UNFPA prior to 2010. Though most of these original schools are no longer operational, many community members are familiar with the Husbands School approach and topics, even if they have not participated directly. In the 238 communities throughout Magaria and Damagaram Takaya where Wadata is implementing Husbands Schools, many have been meeting bi-monthly for over a year. Thus, previous exposure to the Husbands Schools concept and related knowledge (e.g., importance of prenatal care, assisted delivery, FP use, child nutrition, etc.) was high among the study population.



METHODS

Objectives and Research Questions

The **overarching objective** of the formative research was to deeply explore contextual realities specific to gender equity and agency to ensure the development and implementation of the gender-transformative adaptation of the Husbands Schools model aligns with the needs and priorities of local communities.

To do this, the study team used FGDs and IDIs to explore perceptions of gender equity, gender roles, and social norms in this context, and how they influence agency, decision-making, and aspirations in relation to RMNCH and nutrition. In addition, immersion interviews¹ were also carried out to explore participants' experiences with perceived benefits and relevance of, as well as challenges and barriers to, participation in the Husbands Schools. Taken together, the following research questions guided this body of work:

1. **What does gender equity mean in relation to RMNCH and nutrition in Zinder, Niger?**
 - a. How do women and men conceptualize gender equity in this context? Does it differ between them? How so?
 - b. Do people perceive gender equity as playing a role in RMNCH and nutrition outcomes in this context?
2. **What does agency mean in relation to RMNCH and nutrition in Zinder, Niger?**
 - a. What is the role of agency in RMNCH and nutrition health outcomes in Zinder, Niger?
 - b. How do women and men conceptualize agency? What is the relationship between women's and men's agency for RMNCH and nutrition health outcomes (e.g., are women's and men's agency in opposition)?
 - c. How does agency influence access to and utilization of RMNCH and nutrition services and nutrition practices?
3. **How do social norms impact the relationship between gender equity and agency in relation to RMNCH and nutrition in Zinder, Niger?**
 - a. What are the social normative barriers and leverage points for promoting gender equity and agency in relation to RMNCH and nutrition in Niger?
4. **What are the aspirations of a good life for people in Zinder, Niger?**
 - a. How can aspirations for a good life be leveraged to promote positive RMNCH and nutrition outcomes?
 - b. How can an understanding of these aspirations inform the design of a gender-transformative adaptation of Husbands Schools?
5. **What are the experiences of men and women who participate in the Husbands Schools? How has the intervention impacted their lives?**
6. **What are the opportunities and challenges for a gender-transformative adaptation of the Husbands Schools intervention that focuses on synergistically improving gender equity and agency in tandem with improving RMNCH and nutrition outcomes?**

¹ Immersions are the name of semi-structured interviews in HCD design processes that allow for the ability to probe further and question outside of the guide to elicit responses that arise from the participant.

Data Collection Instruments

In alignment with the above research questions, the study team developed semi-structured FGD guides with vignettes and illustrations (see **Figure 2**) that captured perceptions of gender roles and social norms, women's and men's agency and decision-making, and gender equity as related to family and couples' relationships and SRH ([Appendix A](#)). Additionally, semi-structured IDI guides were developed to elicit patterns across social networks, including types of participants, demographics of social contacts, and whether social contacts are decision makers, influencers or both on key RMNCH and nutrition outcomes ([Appendix B](#)). Finally, immersion interview guides were structured to explore respondent's experiences with Husbands Schools, and how the Husbands Schools can be improved to be more effective at achieving gender transformation through various intervention modalities ([Appendix C](#)).



Figure 2: Artwork created by GRADE Africa for the vignettes within the FGD interview guides.

All interview guides were first developed in English, then translated to French. Before beginning data collection, a one-week, in-person training was convened. During this time, data collection teams received training on ethical principles of research and data collection procedures (e.g., how to use the guides and prompt participants for deeper insights; processes for audio recording interviews and expectations for notetaking and completing interview debriefs). Adjustments were also made to interview guides to align with feedback from in-country teams, and survey questions and consent forms were translated to Hausa. Additional information about data collector training and pre-testing of data collection instruments can be found in [Appendix D](#).

Participant Recruitment

To enable the comparison of different communities, as well as opportunities for data triangulation, one commune was selected from the Department of Magaria, and one commune was selected from the Department of Damagaram Takaya for all data collection activities. From there, three villages (Gawounawa, Mallamawa, Kankarawa) were selected in Magaria, and an additional three villages (Guéza, Mainarichika, Madaka Yachi) were selected in Damagaram Takaya. Initial contact with these communities was made by team members from GRADE Africa and Wadata who informed local officials of the study, as well as administrative and customary authorities. Thereafter, participant recruitment and interviews were carried out by a mixed-gender and linguistically diverse team. For IDIs and FGDs, participant recruitment was led by GRADE Africa, Wadata and community leaders (village or neighborhood chiefs); for immersion interviews, Matchboxology and Equimundo, and in-country teams GRADE Africa and FAD, in collaboration with Husbands Schools coaches and community leaders, took a “village assembly approach” to recruit participants.

Data Collection

FGDs were collected using a factorial design divided by department, gender, and age, wherein 16 FGDs were conducted with men broken down in two groups (men 24–35 years, and men 36-60 years); 16 FGDs

were conducted with women broken down in two groups (women 18–24 years, and women 25–35 years); and eight FGDs were conducted with mothers-in-law. Participants were eligible to participate in these FGDs if they were married and had experience with/exposure to Husbands Schools. Meanwhile, 12 men and women, referred to as primary participants, were selected to participate in IDIs if they were married and had not participated in the FGDs. Following these initial IDIs, the study team interviewed one secondary participant per primary respondent. In total, the team conducted 40 FGDs and 24 IDIs.

The sampling frame for immersion interviews was informed by ecosystem mapping of various stakeholders involved in Husbands Schools, and was ultimately composed of six categories of participants: 1) community leaders (including religious and political leaders), 2) Wadata staff, 3) Husbands School coaches/mentors, 4) men who participate in Husbands Schools, 5) wives of men who participate in Husbands Schools, and 6) men and women who participate in Husbands Schools couples’ sessions piloted by Wadata. Participants were eligible to participate in these interviews if they had been active in Husbands Schools programming within the last two months. In total, 24 immersion interviews were conducted.

Table 1 below summarizes the type and number of interviews conducted, stratified by respondent group and department.

Table 1: Total interviews conducted

INTERVIEW TYPE		GROUP	MAGARIA	DAMAGARAM TAKAYA
IDIs	Married women (primary participants/Egos)		3	3
	Married men (primary participants/Egos)		3	3
	Secondary participants (Alters)		6	6
TOTAL IDIs			12	12
FGDs	Married women 18–24 years		4	4
	Married women 26–35 years		4	4
	Married men 24–35 years		4	4
	Married men 36–60 years		4	4
	Mothers-in-law 36–60 years		4	4
Total FGDs			20	20
Immersion	Community leaders		2	2
	Wadata staff			4
	Husbands Schools coaches/mentors		2	2
	Husbands Schools participants (men)		2	4
	Wives of Husbands Schools participants		2	4
Total Immersion			8	16

Data Analysis

All interviews were conducted between May 30 and June 15, 2023. Interviews were audio-recorded in either Hausa or French, then transcribed to French. Immersion interviews were translated from French to English, whereas FGDs and IDI transcripts remained in French. Prior to beginning data analysis, all transcripts were reviewed for quality and accuracy.

All FGD transcripts were coded using the qualitative analysis software NVivo. Preliminary codebooks were developed deductively, then expanded through open coding and identification of data-driven codes. During

consensus coding, discrepancies in code application were resolved through discussion with the larger analysis team, until final codebooks and coding strategies were agreed upon. Thereafter, the remaining transcripts were coded. Salient themes were identified by generating and reviewing queries of codes and comparing findings across the following analytical groupings: gender, site, and age.

A mixed-method approach was carried out for analyzing IDI data. To conduct quantitative social network analyses, participant social network data was first transferred to an Excel spreadsheet, with one row per observation. Each row included demographics of the primary and secondary participants, all of the participants' social network nominations and demographic data, and scores for decision making and influence. Subsequently, the team conducted analyses using R software to quantitatively summarize patterns across social networks. A qualitative, comparative case analysis (with each primary/secondary respondent pair of transcripts a unit of analysis) was then carried out to complement the quantitative analysis.

Finally, a thematic analysis based on Braun and Clark's six-step process (29) was conducted for the immersion interviews, wherein team members independently generated and applied codes to transcripts using an "open coding" technique, starting with interviews for men, women, and couples, followed by transcripts for community leaders and Wadata staff. From there, the larger analysis team met to review the codes and develop a list of themes and sub-themes derived from these codes. This list was used to create the structure of a thematic matrix using Miro board, which enabled the team to chart findings from each transcript and compare them within and across participant groups.

Following data analysis for FGDs, IDIs, and immersion interviews, members of the Agency for All team undertook a modified co-creation process. In the immediate post-coup environment, a typical in-person co-creation workshop was not feasible, so the team organized a series of individual co-creation sessions with key groups: men, women, community leaders, and Wadata staff. Facilitator guides featuring participatory and projective HCD techniques were developed for each session ([Appendix E](#)). Wadata team members familiar with the study led these sessions in Hausa and Kanuri. Sessions were recorded and transcribed directly into French, and the transcripts were subsequently translated into English for the analysis team composed of US and Niger-based staff from Equipundo, Matchboxology, Save the Children, and GEH. Transcripts were analyzed in Dedoose using a preliminary codebook developed deductively and then expanded through open coding. Results were organized by theme in an Excel matrix and then transferred to a thematic matrix on Miro board. After full thematic analysis was complete, a smaller sub-team convened via virtual working sessions to further validate and explore emerging themes. Session facilitators shared insights from co-creation sessions with participants and encouraged open discussion on what worked, what did not, and why. These findings were summarized and documented within four broad categories meant to provide practical recommendations for intervention design: participants/recruitment, curriculum/materials, facilitation, and community engagement. Based on thematic and participatory analyses, Matchboxology developed seven preliminary "prototypes" or proposed adaptations to the current Husbands School model. These were ranked by members of the analysis team and shared with Equipundo with commentary to support program design.

Ethical Approval

Study protocols and all data collection instruments were prepared and submitted to the National Ethics Committee for Health Research in Niger (Comité National d'Ethique pour la Recherche en Santé—CNER) in addition to the UCSD Institutional Review Board (IRB) (IRB Determination #807324).



RESULTS

Figure 3 displays Agency for All’s working framework on agency. Agency—and the measurement thereof—cannot be considered in the absence of its place in the empowerment process, nor similarly in the absence of broader contextual forces that inform that process. Agency sits at the center of the empowerment process, serving as the engine that moves an individual or a collective toward a self-determined goal. Setting a self-determined goal requires awareness that a choice could be made (critical consciousness), and the desire to achieve a particular outcome (aspirations). Agency operates at multiple levels, including individual, relational, and collective, and is informed by a range of internal and external contextual factors that influence all aspects of this non-linear process, from the awareness of choice through to the achievement (or not) of a self-determined goal.

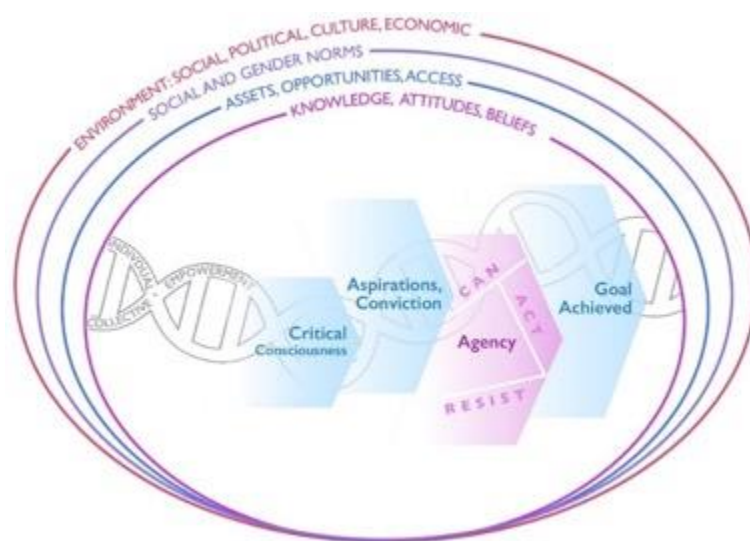


Figure 3. Agency for All working framework on Agency

With this framing in mind, in **Chapter 1**, we begin by presenting additional information regarding the socio-cultural, religious, and economic context within which study participants reside, as well as their perspectives on what it means to be a “good” Nigerien woman and man, and how these ideals and expectations shape life aspirations and health-related goals for themselves and their families. In **Chapter 2**, we delve more deeply into gender roles and social norms, including localized conceptions of gender equity, as well as reference groups that develop, transmit and enforce social norms. Thereafter, in **Chapter 3**, we share how these dynamics inform and reinforce patterns in agentic actions, particularly in terms of decision-making, couple communication, provision of social support, and behaviors related to birth spacing, infant and child feeding, and maternal and child health. In **Chapter 4**, we explore how insights captured in Chapters 1–3 contextualize challenges and opportunities for program design and implementation.

CHAPTER 1

Gender Norms

Findings presented here are the result of a mixed-method approach representing a range of perspectives: IDIs with social network elicitation and FGDs with women, men, and mothers-in-law. A mix of direct and projective techniques using images and vignettes were used together with the quantitative social network data to provide insights into what it means to be a “good” Nigerien woman and man in participating communities as well as gender roles within the household.

WHAT IT MEANS TO BE A “GOOD” NIGERIEN WOMAN AND MAN

All participants were asked to share their perceptions of what being a ‘good’ woman or man means in their communities. Below we share those insights, along with any differences in the way groups perceived them.

A good woman is someone who...

- Is married
- Embodies Islamic values and practices
 - Practices good personal hygiene
 - Is reserved and modest
 - Is discreet in her words and actions (avoids gossip)
 - Earns the respect of her family, neighbors, and community
- Shows deference to her husband, in-laws, and elder family members
 - Spends most of her time in the marital home
 - Shows respect to in-laws
 - Is submissive and obedient to her husband’s will
 - Lives in “harmony” (not cause or contribute to conflict)
- Takes care of her family
 - Ensures the well-being, nutrition, and education of her children
 - Completes household chores
 - Supports her husband financially and emotionally, as needed

“A good woman must have a job such as petty trading, animal husbandry, or that she does at home in order to take good care of her family when needed.” —Mother-in-law, FGD, Damagaram Takaya

“She has to start menstruating, give birth, have experiences about married life.” —Man, 25–35 years, Damagaram Takaya

Across sites and participants, **disrespecting her husband and in-laws, going out of the house without her husband’s permission, failing to keep the household clean, and neglecting to take care of her children’s well-being** were considered the most reprehensible actions that a woman should avoid. In addition, many men also expressed that a “good” woman has children, and many mothers-in-law expressed that a “good” woman should also engage in income-generating activities, such as owning a small business, to help take care of her family. Indeed, for most participants, a woman must look after her children’s education, health and nutrition, cleanliness and feeding, and must be her children’s model for social integration. To do this, she must teach them the practices, norms, and prohibitions of the community.

“If the children are married, she shows them how to be good parents and if they are not married, she shows them how to behave to be good people. She follows their relationship

with their friends and others. And everyone knows that she is good and equally wanted to put her children in good condition.” —Mother-in-law, FGD, Magaria

Beyond the confines of her household, a good wife must look after her in-laws and perform certain tasks for them such as sweeping the yard and preparing or bringing them food and drink. Likewise, participants described a “good” mother-in-law as one who takes care of her daughter-in-law, especially when she is pregnant, looking after her safety, health and well-being. The mother-in-law is also considered the guarantor of her daughter-in-law’s good behavior, with the responsibility of a mother-in-law to support the happy life of her son’s household. If there is any disagreement, the mother-in-law must try to reconcile and give advice to the couple so that they are happy and at peace and that her grandchildren have a good upbringing.

“We mothers-in-law give all kinds of gifts to our daughters-in-law from time to time. Their presence by our side is of great importance because they have made life easier for us by doing many of the tasks we do before they arrive.” —Mother-in-law, FGD, Magaria

“We mothers-in-law keep a close eye on our children’s wives to make sure they behave well, but if they don’t, we order our sons to set them free (divorce them) because no one wants a daughter-in-law who behaves badly.” —Mother-in-law, FGD, Damagaram Takaya

A good man is someone who...

- Is married
- Is honest and respectful when engaging with family and community members
- Embodies Islamic values and practices
- Takes on the title as head of the family, and upholds the following:
 - Acts as a primary decision-maker in all household matters
 - Provides financially for his family’s needs
 - Is kind and generous to his wife and children
 - Ensures his children’s education and upbringing (e.g., pay for school fees)
 - Ensures the well-being of his parents

Women and men shared a common view that a man should not be ‘lazy’, rather he needs to proactively take care of his family and work to provide for his family’s needs. Many participants also expressed that as the head of the family, **a man will not be respected by his wife, extended family or community, if he does not fulfill these duties.** In addition, study participants reported what a good, respectable man should not do in their community, which included: consuming alcohol or narcotics, and engaging in sexual relations outside of marriage.

“He takes care of his family by providing them with education and health, and by looking after their daily interactions with other members of the community...A good man must consider all the members of his family, boys and girls alike. He must try to provide them with comfortable accommodation and healthy food. He must look after the health of his family, and that of his wives.” —Man, 25–35 years, FGD, Damagaram Takaya

A minority of male participants emphasised that a “good” man should be as discreet as possible, be fair in matters of gender (e.g., do not make any differences between girls and boys in terms of household expenditures), and make joint decisions with his family. While this was not discussed among men, women of all age groups – including mothers-in-law—expressed that violence is a behavior that communities should condemn. As many women explained, a good man should **not be violent, nor mistreat his wife**, as

this behavior would have harmful consequences for his marriage as well as the well-being of his wife and children.

“The qualities of a good man are ... the one who shares his opinions with his family, that’s a good man, the one who thinks, shares his opinions with his family, who tells them, ‘Come and sit down, we’re all looking together for a way forward for the family, because you know that this way forward, we have to sit down and discuss it.’” —Man, 35+ years, FGD, Damagaram Takaya

“He shouldn’t treat her [the wife] badly, like harassing her, hitting her, or insulting her. Because this behavior will be poorly regarded by neighbors and people in the community. This violence may cause his wife to leave home. Then she abandons her children, who will be exposed to all possible dangers such as insufficient food and delinquency, because if the wife is not there, the husband may not fulfil his responsibilities toward his children.” —Woman, 25–35 years, FGD, Magaria

Showing love and affection for one’s spouse:

For the majority of both male and female participants, the welcome and care given to the husband, the sexual satisfaction of the man, and the respect and obedience of the wife are proof of the love and care that the wife has for her husband.

“They spread out the mat for their husbands when they arrive, and bring fresh water for ablutions, to quench their thirst and for meals. They tease and make people laugh; they welcome their husband’s guests. A woman who lacks nothing always has a smile on her face and will make her husband proud and happy.” —Man, 35+ years, FGD, Magaria

“When my husband comes home, I come to welcome him and accompany him with all sorts of childish things to make him happy. Sometimes I use the traditional fan, a body massage until he falls asleep. I also use gentle, charming words.” —Woman, 26–35 years, FGD, Magaria

“She has to be with him all the time, satisfying his needs wherever and whenever he wants (...) She has to accompany him out of the house. She does the same thing on his return, taking his bag and laughing.” —Woman, FGD, Damagaram Takaya

However, some participants (men, mothers-in-law, and women) also said that a wife’s financial support for her husband was proof of her love for him.

“A wife shows love to her husband by supporting them financially, if the man needs something and she has what to give him, she gives her money to go and satisfy his needs, if she doesn’t, she would also say to take her property to go and sell.” —Man, 35+ years, FGD, Damagaram Takaya

For most men, the attributes of love or care that a man has for his wife include providing for the family, building a house, dressing his wife in fine clothes and defending her dignity.

“If you see a beautiful dress with a woman, you must make an effort to buy the same dress for your wife by showing her love. When you see another woman in a beautiful house, you must try to build a beautiful house for your wife. And you must always show her love by protecting her dignity, by preventing people from insulting her.” —Man, 25–35 years, FGD, Magaria

For the majority of female participants, men often showed their love by providing financial means to meet the family’s needs, helping their wives with household chores, and providing food and care for their wives and children. Some men shared that helping their wives with daily chores was what “good” men do and this mutual support and collaboration in daily tasks are ways that men and women show love and affection to

each other. These same men recommended that their peers give their wives a hand by taking on certain tasks in the household.

“What’s going on here is a man who has realized that his wife does a lot of chores at home, and he has decided to help her by feeding the children. That’s what every good man should do at home. We can’t all be bad at the same time. We have men who take very good care of their family by making sure that if the wife has too much to do, to give her a helping hand. That’s what all men should do.” —Man, 25–35 years, FGD, Damagaram Takaya

By sharing responsibilities, men not only lighten the load but also demonstrate their care and appreciation for their wives. For many, these acts of service are as significant as verbal affirmations of love. Additionally, study participants reported that expressing their love for their children through active involvement in their lives, such as spending quality time together, providing emotional support, and ensuring their well-being are gestures, whether big or small, that weave a fabric of familial love and strengthen the bonds within the household.

In other households, these supportive dynamics extend beyond daily chores to more significant aspects of family life, such as healthcare during pregnancy. When husbands are away on seasonal migration, they often ensure that their wives are well taken care of in their absence. This responsibility and decision-making authority is usually delegated to the mother-in-law or a trusted family member or friend—according to participants, such arrangements reflect the husband’s love and concern for his wife’s well-being.

Obstacles to being the mothers/wives and fathers/husbands they wish to be:

When asked to reflect on the biggest challenges Nigerien women face in being the kind of mothers and wives they would like to be, common responses included **raising children, being married too early or young (and not knowing how to act properly), navigating relationships with in-laws, and increasing household responsibilities in the absence of their husbands** who are away for several months of the year for seasonal work. Most participants also described poverty and lack of local employment opportunities as primary factors that lead men to engage in **seasonal migration, which in turn, often bring about challenges related to managing household affairs, substance use, and extramarital relations**. When asked, mothers-in-law also said having too many household chores and having husbands away for prolonged periods of time posed recurring obstacles.

“Having problems at home with brothers-in-law who live in the same plot and putting up with his problems and having children who behave badly.” —Woman, 25–35 years, FGD, Magaria

“First of all, it’s having a lazy husband, and then after that, having a carefree husband, no matter how hard a woman tries, she’ll burn out from one day to the next. Not consulting her husband when making decisions is another challenge.” —Man, 35+ years, FGD, Damagaram Takaya

“There’s the question of how to live with a man. Her mind is too young. For this reason, there is even the girl who cannot agree to sleep with her husband after marriage, because she does not know how life is done in marriage. The worst thing is when she gets pregnant, it becomes very complicated for her. She doesn’t know how to deal with the pregnancy, and she doesn’t know how to give birth either.” —Woman, 25–35 Years, FGD, Magaria

“Taking care of a family (in-laws) that she didn’t do before. Domestic chores (going to the field and coming home to do the housework). It’s also the fact of satisfying the husband while a conflict arises between her and her husband.” —Woman, 25 years, FGD, Magaria

Men agreed that challenges with in-laws can cause conflict with their wives, and also added that raising (too) many children can sometimes be an obstacle. Additionally, men perceived that the biggest barrier to being ideal husbands and fathers was lack of stable work or reliable employment, which could lead to seasonal employment and increased stress while managing the family's welfare.

"The biggest challenge is the lack of jobs. For example, I can't stay at home for four months in a year without looking for seasonal work. Almost the whole village, not just me."

—Man, 35+ years, FGD, Damagaram Takaya

"There's also the fact of taking responsibility for one's children and the family in general. A good father must impose good behavior on his children and his family."

—Man, 25–35 years, FGD, Magaria

"The biggest challenges are delinquency (running after women), drug use are obstacles that prevent men from being the fathers they want [to be]."

—Woman, -25 years, FGD, Damagaram Takaya

"First of all, laziness can prevent a man from being what he wants to be, because he always expects someone to come and provide to him, leaving his wife in charge of his children."

—Mother-in-law, FGD, Magaria

"But a bad man is one who doesn't consider his wife, they're always fighting and leave her with her children. Running after bad women, being a delinquent, using drugs."

—Mother-in-law, FGD, Magaria

GENDER ROLES WITHIN THE HOUSEHOLD

Study participants agreed that within the household, women are responsible for household chores (e.g., fetching water and firewood, preparing meals, feeding the family, raising and caring for children, and caring for their husbands and extended [especially elderly] family members). Men, however, are seen as the primary breadwinners, responsible for physically demanding work to provide for their families and for ensuring that the family practices their faith and that children attend school and receive a good upbringing (Table 2).

"He [husband/father] must always perform his prayers on time, the Maghrib prayer, ... including the complementary prayers. He must also ensure that his family performs their prayers on time. To provide advice on the importance of praying on time. To say that if we behave this way, our children will follow the example too." —Man, 25–35 years, FGD, Damagaram Takaya

"A man ... provides everything for his family. He protects his wife and children. He respects them. He fulfills his responsibilities to his family. We're going to hear people say such women are satisfied with everything, their husbands have assured them of everything." —Woman, 25 years, FGD, Damagaram Takaya

Study participants' experiences and perspectives reflected a **clear division of tasks and a hierarchy** within the couple. Many participants—both women and men—placed more value on men's work than women's work. For example, several men thought that household chores assigned to women were not onerous compared to the arduous workload of men. As such, participants expressed that most household chores were tasks exclusively for women and completing them was part of fulfilling the obligations of marriage. When working long hours or challenges arise in completing household tasks, most participants reflected that women must remain patient and should feel satisfied at the end of each day because they are successfully fulfilling and honoring their roles/responsibilities defined by their communities.

"At the end of each day she [the wife] feels happy, she implores God that ... the husband comes home in good health and that he comes home with what his children are going to eat. In terms of her life, she is a woman who takes care of her home and everything that concerns the education of her children and a relationship with her husband for a life as a couple." —Man, 25–35 years, FGD, Damagaram Takaya

There was also broad consensus among participants that these gendered roles informed established social norms such as *"Women in this community are responsible for household chores;" "Men in this community are responsible for paid work;"* and *"If a woman doesn't fulfill her household responsibilities she will be considered a bad wife."* Indeed, if husbands were to interfere or take on more domestic tasks, it would be regarded as atypical within the community. As such, it was generally considered unacceptable for a husband to take on domestic tasks that are the wife's responsibility, and men who do so would likely face various reactions or consequences from either their own family or community members, including **verbal insults or broader social stigmatization**. Some participants felt that a man doing household chores on a regular basis was a **sign of weakness** or perhaps worse, that his wife was exerting dominance over him, which in both cases, would be the subject of **mockery or disapproval by family and community members**. Many male participants explained this can take the form of man being called a *"good-for-nothing,"* and he can be regarded as a man without authority. Likewise, women also shared perceptions that it was "abnormal" for a man to regularly do housework, and for him to do so was an indication that he had been dominated by his wife. Not only would a man be negatively viewed in his family and community, but the woman would also be considered a "bad" wife, one that does not assume her responsibilities.

"They'll say it's all over for the husband, he's become mijin hadjia, a husband dominated by his wife. She's shirked her duties, so she's a bad wife. If the husband does the housework, then he's screwed. If he does the housework, then who's going to fetch them food?" —Woman, 25 years, FGD, Magaria

"If she can't do her chores and hands them over to ... the husband, life becomes more and more something else, which means that he's not going to go to work, and anyone who has to go out to get something is asked to stay at home, so nothing will be normal in this house anymore. So, asking her husband for help is out of the question. Can a woman ask her husband for such a thing? The wife can't make her husband work, it's up to him to see that she needs help and then he gives her a hand with the tasks that suit him." —Mother-in-law, FGD, Damagaram Takaya

In fact, most participants thought that a man's desire to take on more household chores could predispose his wife to mockery, negatively impact their physical well-being, and possibly lead the husband to divorce the wife or take on more wives (if in a polygamous union). What's more, participants felt that having men engaged formally in housework would lead to larger household disorder because it would mean that men could not then perform their expected responsibilities. As a result, some participants thought this would also bring about significant financial challenges:

“The husband may wonder why his wife’s behavior has changed; he may also think that his wife does not see the effort he is making. She’s not the woman she used to be because she’s asking for a change.” —Man, 25–35 years, Damagaram Takaya

“She can suggest to her husband that he look for someone to help her [laughs], like a co-wife or a maid (a cleaning lady).” —Man, 35+ years, FGD, Damagaram Takaya

“There will be disorder and famine in the household, because he will not have enough to feed his family.” —Woman, 25 years, FGD, Magaria

Despite these divisions, some participants expressed that certain tasks performed by women are strenuous and ought to be done by men. There were also a few instances where couples transgressed these gender roles and social norms. For example, if a woman is unable to carry out household chores due to illness, her husband and other family members may help complete her tasks (e.g., cleaning, cooking, housekeeping and childcare). Some participants explained that there are some tasks that husbands should never do, however, including washing the dishes or sweeping the house.

“No, men don’t do that here. It’s the women who do the housework. Men don’t do it. They ask little girls to do it for them.” —Woman, 35+ years, FGD, Damagaram Takaya

“For me, this clearly shows the wife’s bad behavior, because if she is generous, she should not let the husband do the housework, prepare, sweep, wash, etc., knowing that when it comes to bringing water or wood, it’s acceptable, but for other households, it’s the wife’s fault.” —Woman, 35+ years, FGD, Damagaram Takaya

Further, and as noted above, some participants shared that men may help their wives with household chores out of love and affection. For example, most participants explained that although housework is not a man’s responsibility, if a wife displays “good behavior” (e.g., is submissive and obedient) or there is an abundance of love and sympathy between the couple, it may motivate her husband to be more involved in household chores. In these circumstances, men may receive positive reactions from their family members and peers and would be considered a “good example” for other men in the community.

Finally, some participants also suggested that if a man does not adequately provide for his family’s needs, such as purchasing enough food, it is up to his wife to use her own resources to fill these gaps. This was shared in the context of some women who run small businesses. Those who do should be contributing to the home financially.

“It’s peace, and he even has to give money to someone to help him if he can’t, because they’re at peace and she respects him and he doesn’t want to make a mess of their relationship and she respects him too.” —Mother-in-law, FGD, Magaria

“She will feel healthy as her proposal (help from her husband with household chores) has been accepted and the local population will appreciate this new way of doing things that her husband has adopted. —Woman, 26–35 years, FGD, Magaria

“She has to ask by negotiating with him, because if she asks him by imposition, he’ll never do it. Also, there will be a misunderstanding between them. If the woman is obedient and asks him with an open face, he will be able to help her. On the other hand, if she’s not obedient and respectful, he’ll never be able to help her.” —Woman, 25 years, FGD, Magaria

Table 2: Social norms related to household gender roles and responsibilities, reference groups, sanctions and exceptions

	Description	Illustrative Quotes
<p>Example Social Norms</p>	<ul style="list-style-type: none"> • Cleaning, cooking, housekeeping, and childcare are the woman’s responsibility. • Men are the head of the household and financially responsible for the family. • Men make decisions about the house for the family. • Women need authorization from their husbands to make household decisions. • If men help their wives with household chores, they may be ridiculed and perceived as “dominated” by their wives. • If the husband is away, wives must obey decisions made by their mothers-in-law. 	<p>“Even here, we do not share the same activities with our husbands. The husband has his activities, his wife has hers.” —Woman, -25 years, FGD, Magaria</p> <p>“Around here, it’s almost impossible. God forbid that a man should take an interest in housework. ... It’s really rare in the whole community” —Woman, 25 years, FGD, Damagaram Takaya</p> <p>“We wake up early, make breakfast, and serve the children and their dad. Apart from his productive work, he just washes up and eats the meal.” —Woman, 25 years, FGD, Magaria</p> <p>“With us, if the husband goes away on a migration, the daughter-in-law will be entrusted to her mother-in-law.” —Woman, 35 years, IDI, Damagaram Takaya</p> <p>“Here it is up to the man to go and get the money to look after his family, and the woman’s place is to stay at home; that is all. Our greatest goal is to assume the responsibilities of our families. ... From the moment we say that it’s the woman who runs the household, that’s the beginning of the problem.” —Man, 50 years, IDI Magaria</p>
<p>Reference Groups</p>	<p>Other men in the community; other women in the community; mothers-in-law; community elders</p>	<p>“Patience [is needed]; if it is a friend, we reject openly, but when it is the elders, we pretend.” —Woman, 35 years, IDI, Damagaram Takaya</p> <p>“As far as decisions concerning child nutrition are concerned, ... when I am away or sick, she [sister] takes care of my children by taking them to the health center or checking their food. In our village, the elders have authority over their brother. That is why I always accept her decision, even if I disagree with it.” —Man, 35 years, Magaria</p> <p>“My father is the person who has authority over my decision. He can ask me, ‘Who is sick?’ He suggests that I always go with one of my brothers in this kind of situation. As for the pregnancy situation, we will go to the hospital with my stepmother or my sister. The eldest [brother] has almost the same power as the father.” —Man, 35+ years, Magaria</p>
<p>Sanctions</p>	<p>Apart from exceptions in rare circumstances, if the gender roles and social norms are not upheld, men may be ridiculed, perceived as weak, insulted, and seen as dominated by his wife/wives within the community. Women may be seen as not fulfilling</p>	<p>“If people noticed that ... the husband did more of the women’s household chores he would be considered a talasulu, a man who does not do work that will benefit him.” —Man, 25–35 years, FGD, Damagaram Takaya</p>

	Description	Illustrative Quotes
	<p>their duties, reprimanded, or punished by their husbands or family, and may be threatened with divorce. Indeed, many mothers-in-law suggested they would encourage their sons to divorce a wife who did not fulfill her regular duties.</p>	<p><i>“Here, anyone who does that to his wife is called a dantatché (a man who obeys everything his wife tells him to do).” —Man, 35+ years, Damagaram Takaya</i></p>
Exceptions	<p>A husband can do household chores when:</p> <ul style="list-style-type: none"> • His wife is sick or has recently given birth • He wants to show his love/appreciation for his wife or express sympathy 	<p><i>“She will feel healthy as her proposal (help from her husband with household chores) has been accepted and the local population will appreciate this new way of doing things that her husband has adopted.” —Woman, 26–35 years, FGD, Magaria</i></p>

Chapter 2: Gender and Social Norms Related to RMNCH and Nutrition

In this chapter we delve more deeply into social and gender norms related to maternal and child health, birth spacing, and infant and child feeding behaviors, including patterns around decision-making, couple communication and the provision of social support for accessing health and nutrition services.

SOCIAL AND GENDER NORMS ACROSS HEALTH DOMAINS

MATERNAL AND CHILD HEALTH

The results as presented below and in **Table 3** highlight norms and sanctions related to maternal and child health.

Accessing Health Services

Seeking care during pregnancy. Most study participants expressed that pregnancy is a special time for the woman and the members of her family, and that it is also a period of vulnerability for the woman, so she must be supported in her care. As such, members of the community were aware of the importance and life-saving nature of prenatal and postpartum care for women, and there was strong consensus among them that couples should adhere to health care providers' advice and recommended consultations.

“Here at home in the village, I don’t know what happens in town, if a woman becomes pregnant and it is the first pregnancy, if the husband’s family does not support her, it is considered a shame in the village. It’s a shame in terms of safeguarding the health of children and women, that’s how it’s been happening for a long time. This is not something recent, it has lasted a very long time, and it has become a habit for the entire community.” —Man, 25–35 years, FGD, Magaria

“[Women] have to go for [prenatal] consultations at all costs. Because health is the lifeblood of the human body, Lafiya ouwar jiki in Hausa.” —Man, 25–35 years, FGD, Damagaram Takaya

According to older men in Damagaram Takaya, it is quite common for men to accompany their wives for antenatal care, as they feel husbands need to be sufficiently informed to make the right decisions and ensure a successful pregnancy for their wives. Indeed, for the majority of men in Magaria, advances in reproductive health and awareness-raising have also led men to become more involved in and supporting their wives during pregnancy.

“But if we go together, I will have enough information about her health to be able to take precautions beforehand to find the right solution.” —Man, 35+ years, FGD, Damagaram Takaya

“There have been awareness campaigns. And there are also people who usually do everything together with their wives. For some, it’s an effort to guarantee women’s rights, and for others, it’s a sign of love.” —Man, 25–35 years, FGD, Magaria

“During birth, doctors can alert him to get to the hospital as quickly as possible. So, at this point the woman needs to inform her husband to help her during childbirth.”
—Woman, 26–35 years, FGD, Magaria

For a minority of women, especially those under the age of 25 in Damagaram Takaya, these perspectives were shared. According to them, the presence of a husband at his wife’s prenatal visits indicates a good relationship and respect for the obligations of marriage. This reflects a husband’s understanding and support for his wife, as well as harmony within the couple, they said. A good man gives importance, true love, trust, respect, understanding, peace, and support to his wife and looks after his family—during pregnancy and throughout their marriage.

“All men should do it if they know the responsibilities of marriage.” —Woman, 25 years, FGD, Damagaram Takaya

The majority of women, however, did not share these same ideas, expressing that those husbands who do accompany their wives for care before childbirth are the exception, not the norm. For the majority of mothers-in-law, husbands may accompany their wives to antenatal visits if their wives refuse to go.

“If you see a man with his wife at the health center here, it’s really at childbirth, so that he’s aware of his wife’s situation, but otherwise he doesn’t leave [to accompany her].” —Woman, 26–35 years, FGD, Magaria

Fathers bringing their children to health centers.

The majority of female participants said women are primarily responsible for their children’s healthcare visits; however, men may become more involved in specific circumstances, either out of necessity or to address perceived shortcomings in their wives’ ability to fulfil their roles. For example, husbands are generally expected to help provide transportation for their wife/children to access health services, but they do not typically attend these appointments without their wives--unless their wives are not in good health or considered neglectful:

*“If a child is ill, it is preferable for it to be accompanied by its parents. It’s not normal for a man to bring his child alone for postpartum visits. They have to go together after the consultation; she carries her child on her back and then they go home.”
—Mother-in-law, FGD, Damagaram Takaya*

*“That’s because it’s not our custom. No, really, it’s not happening, you’re [the mother], the only one who’s going to hospital with your child. The man isn’t always there.”
—Woman, 26–35 years, FGD, Magaria*

*“The home is in a quandary, it could be that the child’s mother was in a poor state of health or pregnant, which led the father to take his child to a health center himself as the mother was unable to get there.”
—Woman, 25 years, FGD, Damagaram Takaya*

“Also, if the woman is too busy with other domestic chores, the man takes the child to the health center. —Man, 35+ years, Damagaram Takaya

“If you see a man bringing his child to the [health clinic] alone, it’s because his wife is neglecting the children, which forces him to assume her responsibilities by bringing them to the center himself.” —Man, 35+ years, Magaria

Male Decision-Making and Authority

According to most female participants, **husbands** are the **principal decision-makers** for all maternal and child health-related matters in the household; such decisions and behaviors include care during pregnancy (i.e. what to eat; if, when, and where to seek healthcare), as well as health-related decisions for the

husband, children, and the family in general. Similarly, the power to go outside the household belongs to the head of household. Indeed, the husband remains at the forefront of decision-making power, followed by the parents-in-law—in their husbands’ absence, women are often called upon to seek permission, follow guidance, and meet all requests from their in-laws and elder family members. Most participants also explained that informing the husband was an important way to show respect for the foundations of marriage, which puts the husband at the center of these decisions. For many, the husband was also the first person to contact in the event of a family emergency.

“Yes, of course. Her husband alone has the final say over his wife’s pregnancy. He is the owner of the pregnancy in particular and his wife in general. He must be made aware of this and let the wife decide for herself.” —Mother-in-law, FGD, Damagaram Takaya

“I am the one who has to tell her to go. If she refuses to go, I oblige and accompany her. Yes, it is me, only I can make this decision. She goes for prenatal care from time to time. And if she does not go, I will force her to go.” —Man, FGD, Damagaram Takaya

For all participants, if a wife does not listen to her husband’s advice, she risks the community considering her a “bad” wife. The husband may stop speaking to her, reproach her, or even repudiate her.

“In this community, any woman who refuses to listen to her husband will be frowned upon by society. And in the event of divorce, no one will be interested in her when they are informed of this behavior. So, the peace of the couple lies in the fact that the wife respects her husband’s word.” —Man, FGD, Magaria

“The only person she needs permission from is her husband. Because it’s on him that her rights rest, she’s only there for his cause, and he’s the one who’s supposed to take care of her.” —Man, 25–35 years, FGD, Damagaram Takaya

Exceptions for women to make their own decisions.

For both men and women, there were several situations where it was considered appropriate for a woman to go for prenatal visits without asking for anyone’s opinion or permission. Some of the reasons included the husband’s absence.

“She can make decisions for her own well-being as her husband isn’t here at the moment, so she takes care not to fall ill.” —Man, 25–35 years, FGD, Damagaram Takaya

In other instances, some women, especially those who had gone to school or those with leadership roles within the community, were said to take more of an active and/or leading role in making decisions, especially if they were older or had more experience (i.e. if they had already given birth or experienced previous pregnancies).

“How can I make a decision without informing her (the wife)? I have to let her know. If she advises me, I can listen. If it is good advice, I accept it and implement it; otherwise, I ignore her advice.” —Man, 65 years, FGD, Damagaram Takaya

“To answer this question, my wives play a decisive role. No, I do not decide anything without consulting my family (wives and children) on these issues. We consult each other (couple) every time.” —Man, 90 years, FGD, Damagaram Takaya

“She can decide for herself without asking anyone’s permission.” —Woman, 25 years, FGD, Damagaram Takaya

“If she has her own transport costs, she can go and come back without anyone realizing that she’s gone for a consultation.” – Mother-in-law, FGD, Damagaram Takaya

Table 3: Social norms related to maternal and child health, Reference Groups, Sanctions and Exceptions

Content	Illustrative Quotes
<p>Example Social Norms</p> <ul style="list-style-type: none"> To go for ANC visits, a wife should have her husband or in-laws’ authorization. In case of seasonal migration and the husband is absent, the wife asks permission from her in-laws to go for ANC. It is rare in the community for a man to accompany his wife for ANC and considered unacceptable in the community; if he does, it may be the result of discord or misunderstanding within the couple. Mothers-in-law take care of young wives when they are pregnant, even if the husband is present, and usually determine when they seek prenatal services. The woman has the obligation to go to a health center for ANC visits. 	<p><i>“You’re the only one who’s going to hospital with your child. The man isn’t always there.” — Woman, 26–35 years, FGD, Magaria</i></p> <p><i>“No! None of us can accept that. It’s a sign of misunderstanding between husband and wife, we’d like to send someone from our family even if we’re ill, or the child can be carried on horseback if the mother has difficulty carrying it, then she follows on foot. On arrival the mother must collect it and take it to the health workers.” — Woman, -25 years, Damagaram Takaya</i></p> <p><i>“If she can afford it, there’s really nothing to worry about. In our community, it’s when she refuses to go for a consultation that people will talk.” — Woman, 25 years, FGD, Magaria</i></p>
<p>Reference Groups</p> <ul style="list-style-type: none"> Other men in the community; other women in the community; mothers-in-law; health workers 	<p><i>“Between neighbors, if you live in harmony, if they see that we need support or information, they do it. That’s why, when the neighbor noticed her pregnancy, she told her to go for prenatal consultations to make sure everything was going well. ... She always has to ask her husband first, especially about health issues. — Mother-in-law, FGD, Damagaram Takaya</i></p> <p><i>“Yes, it’s normal that she received advice from her neighbor. You see, if it wasn’t for her neighbor’s advice, she probably wouldn’t go for a consultation.” — Woman, 35+ years, FGD, Damagaram Takaya</i></p>
<p>Sanctions</p> <ul style="list-style-type: none"> Going to ANC visits without informing her husband is considered a mistake and a sign of clumsiness on the part of the woman and will create discord within the couple. The woman will be criticized in the community if she does not go to a health center 	<p><i>“The woman will be criticized in the community if she does not go to a health center. If she can afford it, there’s really nothing to worry about. In our community, it’s when she refuses to go for a consultation that people will talk.” — Woman, -25 years, FGD Magaria</i></p> <p><i>“If he finds out that she went for a prenatal consultation without asking anyone, he’ll say that she didn’t respect him because her parents are there and she didn’t inform them or any of her family members. The husband will say that she made a bad decision; she could get into trouble.” — Mother-in-law, FGD, Damagaram Takaya</i></p>

<p>Exceptions</p>	<ul style="list-style-type: none"> • Men must accompany their wives to the hospital during childbirth. • There is a difference between first pregnancy and subsequent ones: a woman can make decisions more independently if she has more experience (i.e. if it is not her first pregnancy). • It is common for a pregnant woman to go for prenatal consultations alone, especially if her husband is on seasonal migration. • The husband can take his children to the health center only due to the wife's negligence or illness. 	<p><i>"If you see a man with his wife at the health center here, it's really childbirth, so that he's aware of his wife's situation, but otherwise he doesn't leave [to accompany her]."</i> —Woman, 26–35 years, FGD, Magaria</p> <p><i>"She considers the pregnant woman young, so she doesn't know anything. She, as her neighbor, should advise her. It would have been a second or even third pregnancy, no one would have spoken."</i> —Woman, 26–35 years, FGD, Damagaram Takaya</p> <p><i>"Because her husband isn't there, she can make the decision on her own. If he's a good man, she can even take out a loan and when he arrives, he can pay it back."</i> —Man, 35+ years, FGD, Damagaram Takaya</p>
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FAMILY PLANNING

Social and gender norms defined by cultural and religious values played a decisive role in sexual and reproductive health behavior and the use of family planning in these communities. The results presented below and in **Table 4** highlight norms and sanctions related to birth spacing and contraceptive use.

Acceptability of Contraceptive Use to Space Births

The use of modern contraception was accepted by many participants as a means to avoid health risks associated with experiencing closely spaced births and other adverse health outcomes such as malnutrition. However, “planning” the ideal number of children couples would like to have was not reflective of cultural and religious norms in these communities.

Many husbands in our study supported their wives’ use of contraception given the perceived health benefits, which included meeting infant developmental and health milestones, having longer periods of time for breastfeeding, and spacing births in two- to three-year intervals, which reduced maternal and child illnesses and reduced financial burden/costs associated with infant feeding (i.e. breast milk substitutes). Family planning was also considered compatible with Islamic values by many participants because it allowed families to have only the children they could adequately care for:

"Islam accepts family planning, but not too far apart. Even the marabouts know that having too many children quickly makes a woman old. Islam says to bring children into the world whom you can educate and take good care of. Making children and putting them at the mercy of the street is intolerable by the Muslim religion." **—Man, 35+ years, IDI, Damagaram Takaya**

Couple Communication and Decision-making

Birth spacing and contraceptive use were largely considered decisions between a husband and wife—other members of the family and community could certainly influence those decisions, but most didn’t actively participate in decision-making. In fact, when it came to communication and decision-making around the use of modern contraception, **the husband’s permission to use contraception** was the injunctive norm most cited by the participants in the various sites where IDIs and FGDs were conducted. Couple discussions

about family planning could be initiated by the wife or husband; however, the husband's permission was necessary before contraceptive use. Most participants also expressed that men could order their wives to start or stop using a contraceptive, especially when birth spacing was longer than three years.

"When [my husband] sees that I've gone a long way apart [between births], he orders me to stop and get pregnant. But if it's only one or two years, he says nothing. This means that he wants me to continue using these products. For example, now that my child is over 3 years old ... my husband insists on stopping the use of contraceptive products."

—Woman, 35 years, IDI, Damagaram Takaya

"Where men discourage their wives is when they are unaware of the advantages of this practice. If not, he himself will advise her to use contraceptives to rest and ensure the best health for her child. This rest allows the woman to have good reproductive health."

—Woman, 35 years, IDI, Damagaram Takaya

"If your wife tells you what needs to be done to space out the births, you don't have to refuse, because you yourself, the head of the family, will feel better if the work is lightened. Otherwise, if you refuse, you'll reap the rewards in the event of difficulty. For example, just looking for formula in the event of milk deficiency is quite a job. But as soon as you accept her opinion to accept family planning, you're saved." —**Man, 32 years, IDI, Magaria**

Healthcare providers were also regarded as individuals who sometimes reinforced this male authority in decision-making, as this participant explained:

"When a woman comes to the health center, the health worker starts by asking her if she consulted her husband before coming. If so, he explains all the methods of contraception, and it's up to her to choose which one she wants—the pill, IUD, or other. If she says she hasn't consulted her husband, the health workers refuse to give her the contraceptive products for fear that something will happen to her, and we hold them responsible."

—Man, 25–35 years, FGD, Magaria

For men who do not approve of modern contraceptive use, women described taking on the role of relaying to their husbands the health benefits of family planning; however, even in these cases, a man's title and role as head of the household often meant that he still had the "final say" in these matters.

"As you know, I am under his guardianship; he takes charge of me, so he can make any decision he wants about me." —**Woman, 25–35 years, IDI, Magaria**

This view was shared by mothers-in-law in the two localities—that the wife must do her utmost to convince the husband of the benefits of family planning, striking a balancing between these two factors: first, that it is the family that suffers most in the event of a close pregnancy; and second, the husband's desire to have many children. These discussions called for good communication approaches over time, before finding common ground—at the end of which, the wife could sometimes successfully convince the husband to understand what is at stake.

"Yes, husbands can change their minds. Because he knows that if his wife or child is ill, he will be responsible for looking after them. Even if, on the other hand, it is she who is suffering, but he has to get something out of his own pocket for their hospitalization."

—Mother-in-law, FGD, Damagaram Takaya

"If the husband is not aware, clarify things until he understands and tell him to go and do it." —**Mother-in-law, FGD, Magaria**

According to some participants, husbands may not refuse their wife's decision to use family planning if they have two closely spaced births. In other cases, the husband's friends and male family members when consulted, may support the wife's wishes to use contraception.

"Women are the ones who make their own decision to use contraceptive methods to space births, but myself, we did that once. As I speak, my wife, when she gave birth to my last son, it's now been almost four years since there's been any sign of pregnancy, and I'm really proud of that decision." —Man, 32 years, IDI, Magaria

"They (husband's friends and family) are going to tell him to be patient with his wife because she suffered a lot during childbirth and that is why she is using FP." —Man, 35+ years, FGD, Magaria

Other participants explained that some couples opt for "natural methods" and Islamic remedies provided by marabouts to space births, rather than modern methods. Even in these cases, the husband still decides when the wife could adopt these natural methods and when she must stop using them.

Engagement in Community-based Advocacy

In the Department of Damagaram Takaya, most women and men believed that their community would largely support women taking on a more active role in the community and engaging in community-based advocacy efforts for family planning use. For example, three men, including a village chief and an imam, shared that their wives were already involved in such advocacy efforts, and that they had supported their wives in doing so. In the Department of Magaria, women's responses to these questions varied. Some believed that everyone in their social network would support their involvement, while others believed there would be mixed support or strong opposition from key individuals in their networks. Similarly, men's responses regarding whether those in their social networks would support them or their wives becoming involved in advocacy work were wide-ranging—some suggested that they would receive full support, while others were more ambivalent. For example, a village chief who actively participated in campaigns to raise awareness about family planning and reproductive health said that people in his social network and broader community would support the continuation of his participation, given it is in the public's general interest (i.e. birth spacing for the health and well-being of their wives and children).

"When our family plays a role in helping the community on the use of FP, that would be perfect. People will really appreciate it, especially as I'm the village chief, and people will certainly listen to me. We have the same vision with these people on the map. They're obviously going to encourage us. ... They're all going to support us." —Man, 32 years, IDI, Magaria

As in the quotes below, many men continued to underscore the fact that their wives must seek their permission before making any decisions, and that the use of family planning has not been accepted by everyone in their communities.

"Well, you know the woman is naturally imperfect, otherwise she can't commit an act without my knowledge, unless she does it on the sly. I analyze the situation first to see if it's important, then I can authorize her to go. [How would the people on this card react?] Anyway, my wife is my wife, as long as what she's going to do reassures me and it's a good thing, they only have the right to advise me, if their idea is good all the better, otherwise I clarify things for them with convincing evidence." —Man, 34 years, IDI, Magaria

“Whatever your wife does, she has to have your agreement to go. If you refuse, she won’t go anywhere. And if she insists, there’ll be a problem. When she contradicts you, you can’t be at peace. So, [it seems] you can’t tell her what to do, but she’s the one who tells you what to do, you see? And that’s not normal.” —**Man, 50 years, IDI, Magaria**

“It will be frowned upon, since we use the natural method. How can we, who don’t use the modern method, advise others to use it? You see, there’s a contradiction. ... For those who haven’t had a natural gift (children), talking to them about spacing births can be perceived ... as an insult.” —**Man, 35 years, IDI, Damagaram Takaya**

Table 4: Social norms related to use of modern contraception/seeking SRH services, reference groups, sanctions and exceptions

Content	Illustrative Quotes
<p>Example Social Norms</p> <ul style="list-style-type: none"> Counting or “planning” the specific number of children a couple will have is not reflective of the culture. Nigerien communities accept the number of children they have because it is considered God’s/Allah’s will. The use of family planning is accepted by many with the aim of spacing and avoiding risks associated with childbirth and malnutrition. Men do not accompany their wives to the health center to pick up contraceptives. A woman must have her husband’s consent before considering using SRH/FP services. Otherwise, it is “<i>haram</i>” (committing a sin) and the husband, his family members and the community may condemn it. In the absence of the husband, the wife should inform her in-laws that she is going to the health center to take contraceptives in order to avoid problems that may arise in the household. 	<p>“A child is a gift of nature. It is nature that can decide how many children we can have and when to have them.” —Man, 21 years, IDI, Magaria</p> <p>“We use contraceptives to space out births. We give birth every year. But now, thank God, if we go to the health center for prenatal consultations and the midwives see that the woman has a small child, they tell the women how useful family planning is.” —Woman, 26–35 years, FGD, Damagaram Takaya</p> <p>“People in the community will say that the woman made a big mistake with the health workers because all she should do is to inform her husband in the first place.” —Man, 35+ years, FGD, Damagaram Takaya</p>
<p>Sanctions</p> <ul style="list-style-type: none"> Fury and criticism if a husband discovers his wife is using family planning without his consent. Call to order and reprimand by reference groups for women who disobey their husbands. Divorce 	<p>“The wife has to tell her husband, it’s compulsory really, otherwise he won’t like what happens afterwards, she’ll ruin her place (In the household as a good wife) and it could lead to divorce.” —Woman, 25Years, FGD, Damagaram Takaya</p>
<p>Sensitivity to sanctions</p> <ul style="list-style-type: none"> Following disapproval or criticism from the community, the woman is in a position of guilt which may lead her to change her attitude and behavior. 	<p>“Yes, I can regret it because I can feel embarrassed.” —Woman, 35 years, IDI, Damagaram Takaya</p>
<p>Exceptions</p> <ul style="list-style-type: none"> The risk of closely spaced pregnancies motivate some woman to use contraception without their husband’s consent. 	<p>“When faced with a situation of close pregnancy, the woman can take her medication without her husband’s advice because it is in the context of preventing her health.” —Woman, 25 years, FGD, Damagaram Takaya</p> <p>“If she doesn’t talk to her husband about it, it’s because she thinks he won’t accept it. Because it’s a practice that not all men accept. If the wife knows that her husband will not accept, she may not tell him. It’s not something that can be easily discovered.” —Man, 25–35 years, FGD, Magaria</p>

NUTRITION

The results as presented below and in **Table 5** highlight norms and sanctions related to young infant feeding and nutrition.

Couple Communication and Decision-Making

Husbands provide for their family's nutrition to uphold familial and religious responsibilities. This gendered role includes paying for and/or growing food to meet the family's nutritional needs. Women are responsible for preparing the food and feeding the children.

Most participants believed that any decision related to nutrition still requires the prior consent or agreement of the husband. Only some participants expressed that the wife can decide without the husband's consent because the care and nutrition of the children are tasks dedicated to women.

Women's involvement in nutrition-related decisions ranged from being **excluded** (e.g., the man made all the decisions without consulting his wife) and mothers-in-law or the husband's elder brother made decisions in his absence, being **consulted** (e.g., the wife was consulted by her husband, who alone made decisions), to **participating** (the wife actively proposed ideas, and the couple decided together), and being the **primary decision-maker** (e.g., the husband was absent and the wife decided, or she simply made decisions alone). In instances where **women were excluded from decision-making** on infant and child nutrition, some ascribed their husbands' primary decision-making to men's power over their wives and to their husbands' better knowledge about what constituted good nutrition for children.

"That is my monopoly too, and if it is a question of breastfeeding too, after six months I decide that we can introduce water and other solid foods. ... Ah yes, it is up to me to take charge of my family's decision." —Male, 65 years, IDI, Damagaram Takaya

"My husband, because he is the one who knows nutritious food for children. And even if a woman does know, it is her husband who tells her [what to do]. He advises me by saying such-and-such a food is not good for children and to give them such-and-such a type of food." —Woman, 35 years, IDI, Damagaram Takaya

"One person cannot decide on the issue of child nutrition for the other. ... So it's me who buys the things I like, the things I can pay for, although often even if I do not like such a thing, if I know my wife needs it, I can buy it for her, so that I can fulfill my duties toward her." —Man, 33 years, IDI, Magaria

Similarly:

"Often if I tell her to prepare such-and-such a thing, she can suggest something else, and I accept." —Man, 33 years, IDI, Magaria

Other participants described scenarios portraying **women's full participation in nutrition-related decisions**:

"My wife talks to me about the decision regarding child nutrition. She met with the doctors to discuss the issue. So, once she is home, she reports back to pay for certain nutritious foods for her or the baby. Plus, she's always learning something new about child nutrition." —Man, 32 years, IDI, Magaria

However, only a few men regarded their **wives as the sole decision-makers on child nutrition**, because "the question of child nutrition is something that only concerns women" and "mothers decide, even about weaning" (man, 50 years, IDI, Damagaram Takaya). Other reasons why women were reported to be the

main decision-makers on family and child nutrition included: women take better care of the children, they are more knowledgeable about nutrition issues because they were educated on nutrition matters, and the husband is absent or has gone on seasonal migration for work.

“My wives take better care of the children than I do.” —Man, 90 years, IDI, Damagaram Takaya

“I decide on my own because I have received training in these matters, and I raise awareness among the other women. ... I understand the benefits of this practice.” —Female trader and community health worker

“Yes, I decide for myself when my husband goes on work migration. I give them porridge, and if they refuse, I start giving them solid foods like rice and macaroni.” —Woman, 35 years, IDI, Damagaram Takaya

At the same time, many participants shared that making a decision without the husband’s knowledge or approval may result in **verbal reprimand**:

“Well, normally she should not make firm decisions without informing me. And if she did, I would draw her attention to it so she would not repeat it.” —Man, 45 years, IDI, Damagaram Takaya

Furthermore, taking a more active role in decision-making by the wife would also result in **couple discord**: *“We are not going to get along.” —Man, 50 years, IDI, Magaria*

When the husband is away on labor migration, as often happened in our study sites, some siblings and mothers-in-law provide direct care and oversight of family and child nutrition. Participants explained that in such situations, decisions by these relatives must be respected because they are older:

“As an older brother, he often makes decisions for me. In our village, the elder brother has almost the same power as the father.” — Man, 32 years, IDI, Magaria

“As far as decisions concerning child nutrition are concerned ... when I am away or sick, she (sister) takes care of my children by taking them to the health center or checking their food. In our village, the elders have authority over their brother. That is why I always accept her decision, even if I disagree with it.” —Man, 35 years, IDI, Magaria

Where opinions differed on child nutrition, husbands often sided with their mothers, because *“The mother is the mother [and] ... as long as it is something that does not harm the child’s health, it is not even up for discussion—I do not support my wife.”* (Man, 32 years, IDI, Magaria). Husbands were also seen to mediate between their wives and mothers:

“In this situation, I will just play a mediator between them especially by explaining clearly to my wife that my mother always wants my happiness and that of the family.” —Man, 35 years, IDI, Damagaram Takaya

“You know that older people are traditional, so I’d go over to her house to negotiate, saying that now your generation is not the same as those of today. What we eat now is not the same as those of previous years.” —Man, 45 years, IDI, Damagaram Takaya

This mediation role could involve determining and siding with the party who was right (mother-in-law or wife), while at the same time ensuring the mother-in-law did not become frustrated.

“If my mother’s decision is based on something good for the family, I will explain to my wife to accept her decision. But if it is my mom who’s wrong, we will explain clearly what is the benefit, so that she reconsiders her decision. We will come to her with a methodical approach to avoid frustrating her.” —Man, 35 years, IDI, Damagaram Takaya

“I go between her to understand who is right and who is wrong, to mediate between them. I suggested to my wife to work with the advice of the health worker she had during her prenatal and other consultations. And I would make it clear to my mother that practices have changed. I will also tell my wife to say ‘yes’ to all my mother’s proposals so as not to frustrate her, but we’ll go home and respect the doctor’s instructions.” —Man, 32 years, IDI, Magaria

However, some men, especially educated participants, felt that their mothers should not be involved in their family nutrition decisions:

“The question of my children’s diet, if you ask my mother, she will not even be able to tell you what we have been cooking at home for the past two months, because she does not meddle in our affairs on this question.” —Man, 32 years, IDI, Magaria

Men Feeding and Taking Care of Children

Participants were asked how their families, friends, and others in their social networks would react if men took a more active role in feeding children at home. Reactions were mixed, ranging from **acceptance** (“There will not be any problems at our place; if I go out he can even wash his child and feed him” — Woman, 32 years, IDI, Damagaram Takaya) to **disapproval** (“His role is to go out and look for food for the family. After that, he comes back to do domestic chores. It is really frowned upon, unless the wife is ill” — Man, 35 years, IDI, Mainarichika, Damagaram Takaya). **Social sanctions** against deviations from gendered roles included ridicule and being viewed as **dominated** by the wife:

“Back home, people will say that he was dominated by his wife. Fingers will be pointed at him that he washes his children because this care is not his responsibility.” —Man, 35 years, IDI, Damagaram Takaya

Community members would also **question the husband’s mental state**, even though such assistance by husbands in the home was not forbidden by Islam:

“They will wonder if such and such is well. They will say he has a mental illness. Religiously, this is not forbidden. But traditionally people misinterpret it” —Man, 35 years, IDI, Damagaram Takaya

“I have a cousin...if she got pregnant, it was her husband who did all the domestic chores: fetching water to fill the tank and doing her laundry...When she told us, we laughed until we were tired. People from the village would go and watch it through the fence of their house.” —Woman, 35 years, IDI, Damagaram Takaya

Other family members, including older siblings and aunts were said to influence nutrition decisions through the advice they provided to the couple.

“She [aunt] tells me to breastfeed my child regularly, because if I do not, the milk coagulates. This coagulation causes diarrhea in children.” —Woman, 24 years, IDI, Magaria

Friends and neighbors, especially those with health-related knowledge, such as community health workers, also influenced participants’ nutrition decisions.

“[They] talk to us about what to feed our children, foods that have vitamins like moringa, meat, fish, eggs—which everyone can buy.” —Man, 45 years, IDI, Magaria

Table 5: Social norms related to nutrition, reference groups, sanctions and exceptions

	Content	Illustrative Quotes
Example Social Norms	<ul style="list-style-type: none"> • Women (young women especially) cannot decide on their own when it comes to breastfeeding. • Feeding children is a task for women. A man’s role is limited to providing food. • It is rare to see mothers-in law oppose the choice of their daughters-in-law when the latter decide to practice exclusive breastfeeding. 	<p><i>“It is the husband who has the last word on whether or not to do this practice [breastfeeding].” — Woman, -25 years, FGD, Damagaram Takaya</i></p> <p><i>“Thank God it’s been a long time since there was a contradiction between a woman and her mother-in-law on the subject of exclusive breastfeeding. We always encourage women to give their babies breast milk exclusively until they are 6 months old, and women make a lot of effort in this area.” — Man, 25–35 years, FGD, Magaria</i></p>
	<ul style="list-style-type: none"> • The man should not feed the child in place of the woman. • It is forbidden to publicly disagree with a mother-in-law’s nutritional decisions for her grandchildren. 	<p><i>“The men here are responsible for providing food for the family to avoid health problems. The rest is up to the women. Why is a man going to do tasks reserved for women when his wife is at home? If he does, there’s bound to be a problem at home.” — Mother-in-law, FGD, Damagaram Takaya</i></p> <p><i>“What my mother decides about my children’s diet, my wife accepts.” — Man, 32 years, IDI, Magaria</i></p>
Sanctions	<ul style="list-style-type: none"> • Criticism and repudiation of the woman if she does not respect the choice of her husband and mother-in-law. If a wife does not listen to her husband’s advice, the community will not consider her a good wife. • Problems will arise at home (the husband may no longer speak to his wife, reproach her or, even more seriously, repudiate her) if the wife lets the husband feed the child. • Risk of being divorced or publicly blamed in the community. 	<p><i>“In any case, in this community, any woman who refuses to listen to her husband will be frowned upon by society. And in the event of divorce, no one will be interested in her when he is informed of this behavior. So, the peace of the couple lies in the fact that the wife respects her husband’s word.” — Man, 25–35 years, FGD, Magaria</i></p>
Sensitivity to sanctions	<ul style="list-style-type: none"> • Women often adopt the feeding option requested by their mothers-in-law to avoid problems that could arise in the family. 	<p><i>“Seriously, if she refuses to take her mother-in-law’s advice, her mother-in-law is going to take offense. She’ll withdraw from anything to do with managing her grandson. What’s more, if a problem arises, she may even rejoice by inveighing and blaming [the woman] for her management.” — Woman, 25 years, FGD, Magaria</i></p>
Exceptions	<ul style="list-style-type: none"> • Women who can make the decision to breastfeed on their own are generally those who have already given birth and are therefore experienced. • In the community, although feeding a child is considered a feminine act, fathers sometimes feed their children; in most cases, this is when the mother is busy or when she has recently given birth. 	<p><i>“Mothers-in-law intervene most often when it comes to young people. If, for example, you live in peace with your wife, you’ll hear the mother-in-law say, I’ll tell you what I want your wife to do, even though it’s her responsibility, it’s up to the man to decide for his family, but she intervenes by asking how the baby should be breastfed.” — Man, 35+ years, Magaria</i></p> <p><i>“We have men who take very good care of their family by making sure that if the wife has too much to do, to give her a helping hand. That’s what all men should do.” — Man, 35+ years, IDI, Magaria</i></p>

REFERENCE GROUPS THAT DEVELOP, TRANSMIT & ENFORCE SOCIAL NORMS

To complement qualitative findings from the IDIs and FGDs, the study team conducted quantitative social network analyses to get a detailed understanding of who influences decisions related to RMNCH and nutrition behaviors.

The social network data was collected during the IDIs, as shown in Table 1 above. This involved interviewing three men and three women in Magaria, as well as three men and three women in Damagaram Takaya—these participants are termed “Egos” or primary participants. During these interviews, we asked participants detailed questions about their social network, people to whom they turned for various types of support (that we call “Alters”). This list of people was then narrowed down to identify two categories of people: 1) those involved in decision-making, and 2) those who do not participate in, but influence decision-making related to RMNCH and nutrition. The study team then interviewed one Alter (a secondary respondent) identified by each primary respondent as having the highest level of authority in RMNCH and nutrition decision-making. We asked them a similar set of questions, including who they also thought makes and influences key decisions on RMNCH and nutrition. This data was used to provide descriptive characteristics of primary and secondary participants, the size and composition of network members nominated (Alters), and levels of influence broken down by Alter’s relationship to the respondent, and demographic differences between key influencers and decision-makers.

Table 6 provides an overview of the primary and secondary participants we interviewed. The average age of Egos was 36.1 years, while the mean age of the interviewed Alters was 46.4 years. The Egos were found to have shorter average union durations (14.8 years), and fewer children (5.5) compared to the interviewed Alters (23.6 years and 7.1 children, respectively). About one-third (37.5%) of all male and female participants were in polygamous unions and most participants lived alone with their spouses and children (71%). The majority (81%) of male participants had no formal education, while seven out of eight women interviewed had at least a primary school education.

Table 6: Socio-demographic characteristics of primary (Egos) and secondary (Alters) participants

Respondent Characteristics	Total (N=24)	Type		Gender	
		Ego (N=12)	Alter (N=12)	Male (N=16)	Female (N=8)
Type					
Ego	12 (50.0%)	NA	NA	6 (37.5%)	6 (75.0%)
Alter	12 (50.0%)	NA	NA	10 (62.5%)	2 (25.0%)
Sex					
Male	16 (66.7%)	6 (50.0%)	10 (83.3%)	NA	NA
Female	8 (33.3%)	6 (50.0%)	2 (16.7%)	NA	NA
Age (years)					
Mean	41.2	36.1	46.4	46.2	31.2
Median [Min, Max]	35.0 [21.0, 90.0]	33.5 [21.0, 65.0]	42.0 [32.0, 90.0]	44.5 [32.0, 90.0]	34.0 [21.0, 35.0]
Education					
No schooling	13 (54.2%)	5 (41.7%)	8 (66.7%)	13 (81.2%)	0 (0.0%)
Koranic school	1 (4.2%)	1 (8.3%)	0 (0.0%)	0 (0.0%)	1 (12.5%)
Primary school	6 (25.0%)	4 (33.3%)	2 (16.7%)	1 (6.2%)	5 (62.5%)
Secondary school	4 (16.7%)	2 (16.7%)	2 (16.7%)	2 (12.5%)	2 (25.0%)
Polygamous union					
No	15 (62.5%)	9 (75.0%)	6 (50.0%)	10 (62.5%)	5 (62.5%)
Yes	9 (37.5%)	3 (25.0%)	6 (50.0%)	6 (37.5%)	3 (37.5%)

Duration of union (years)					
Mean	19.2	14.8	23.6	20.9	15.8
Median [Min, Max]	17.0 [4.0, 60.0]	16.5 [4.0, 27.0]	22.5 [5.0, 60.0]	17.0 [4.0, 60.0]	18.5 [5.0, 23.0]
Living situation					
Couple alone	17 (70.8%)	10 (83.3%)	7 (58.3%)	11 (68.8%)	6 (75.0%)
With extended family	7 (29.2%)	2 (16.7%)	5 (41.7%)	5 (31.2%)	2 (25.0%)
Occupation					
Farmer	8 (33.3%)	3 (25.0%)	5 (41.7%)	8 (50.0%)	0 (0.0%)
Retailer	12 (50.0%)	7 (58.3%)	5 (41.7%)	5 (31.2%)	7 (87.5%)
Craftsman	4 (16.7%)	2 (16.7%)	2 (16.7%)	3 (18.8%)	1 (12.5%)
Leadership Role					
Village chief	3 (12.5%)	3 (25.0%)	0 (0.0%)	3 (18.8%)	0 (0.0%)
Religious leader	2 (8.3%)	0 (0.0%)	2 (16.7%)	2 (12.5%)	0 (0.0%)
Community Health Worker	2 (8.3%)	2 (16.7%)	0 (0.0%)	0 (0.0%)	2 (25.0%)
None	17 (70.8%)	7 (58.3%)	10 (83.3%)	11 (68.8%)	6 (75.0%)
Ethnicity					
Fulani	1 (4.2%)	1 (8.3%)	0 (0.0%)	0 (0.0%)	1 (12.5%)
Hausas	16 (66.7%)	7 (58.3%)	9 (75.0%)	11 (68.8%)	5 (62.5%)
Kanuri	6 (25.0%)	4 (33.3%)	2 (16.7%)	4 (25.0%)	2 (25.0%)
Tuareg	1 (4.2%)	0 (0.0%)	1 (8.3%)	1 (6.2%)	0 (0.0%)
Number of children					
Mean	6.3	5.5	7.1	6.8	5.2
Median [Min, Max]	6.0 [1.0, 13.0]	5.5 [1.0, 12.0]	7.5 [2.0, 13.0]	7.0 [1.0, 13.0]	5.5 [2.0, 10.0]

Social Network Composition

Our data show that nearly one-third of all male and female participants' total social network consisted of siblings, and one-quarter of all named Alters were friends (see **Table 7**). Spouses, siblings, other relatives (aunts, cousins) and friends also featured prominently. In-laws (mother-in-law, sister-in-law, and brother-in-law) played an important role for female participants, accounting for nearly 19% of all Alters named. In contrast, in-laws made up only 1% of men's social networks. As might be expected, men tended to nominate men in their network, and women, except for their husbands, tended to nominate women (sisters, sisters-in-law, aunts).

Table 7: Percentage of nominated Alters in total network size, by relationship to respondent and by gender of respondent

	Male participants n (%)	Female participants n (%)
Relationship of all Alters to respondent		
Spouse	9 (6.2%)	8 (11.4%)
Natal Family	60 (41.2%)	16 (21.5%)
Mother/Stepmother	3 (2.1%)	2 (2.9%)
Father	2 (1.4%)	1 (1.4%)
Sister	7 (4.8%)	9 (12.9%)
Brother	48 (32.9%)	4 (5.7%)
Conjugal Family	2 (1.4%)	13 (18.6%)
In-laws (Mother-in-law)	1 (0.7%)	3 (4.3%)
Sister-in-law	0	6 (8.6%)

Brother-in-law	1 (0.7%)	4 (5.7%)
Extended Family	27 (18.5)	11 (15.7%)
Aunt	2 (1.4%)	9 (12.9%)
Uncle	4 (2.7%)	1 (1.4%)
Cousin (male)	11 (7.5%)	0 (0.0%)
Cousin (female)	1 (0.7%)	0 (0.0%)
Other relative	9 (6.2%)	1 (1.4%)
Other Social Network	48 (32.9%)	22 (31.4%)
Friend	43 (29.5%)	13 (18.6%)
Health Worker	0 (0.0%)	5 (7.1%)
Others	5 (3.4%)	4 (5.7%)
N (total Alters)	146 (100.0%)	70 (100.0%)

Decision-makers and influencers for RMNCH and Nutrition

The social network size, composed of all persons whom participants mentioned as being important in various social situations in their lives (i.e. Alters), was similar for both men and women at 9.1 and 8.8 persons, respectively (**Table 8**). The average number of *decision-makers* per respondent, defined as network members who had power/authority over RMNCH+N decisions was similar for men and women (4.1 and 3.9, respectively). The number of network *influencers*, whose opinions mattered but did not necessarily have authority over decisions, was larger at 7.4 and 7.0 for men and women, respectively.

Table 8: Composition and size of core network members influencing or involved in RMNCH+N decision making

	Male (n=16)	Female (n=8)
# Alters	9.1 [6, 10]	8.8 [7, 10]
# Decision makers	4.1 [2, 7]	3.9 [2, 7]
# Influencers	7.4 [4, 10]	7.0 [4, 10]
# Decision makers and Influencers	2.6 [1, 5]	2.2 [1, 4]

Decision-makers for RMNCH and Nutrition

Consistent with the qualitative findings, nearly all participants reflected that the husband, as the head of the household, was the main decision maker on IYCF, including whether and when to introduce water and supplementary foods. Husbands were also said to be highly involved in decisions related to birth spacing and contraceptive use and maternal and child health care (e.g., pre/post-natal consultations, seeking care when children were ill). In addition to being highly involved in these decisions, husbands were also expected to provide the financial resources necessary for their wives and/or children to access health services. When fathers are absent (e.g., when they are away working seasonal jobs), in-laws would come to the forefront as authority figures, as they were often entrusted with ensuring the health and well-being of their daughter-in-law and grandchildren.

In addition to mothers-in-law, male family members (e.g., elder brothers, cousins, uncles) and friends were also commonly noted as core decision-makers and influencers in matters related to RMNCH and nutrition—and they were also regarded as people who could make decisions in the husband’s absence.

Our analyses also show the involvement of Alters in *any* participants’ RMNCH+N decision or behavior ranged between 6.5% – 31.4% (**Table 9**). Alters had the most involvement (31.4%) in women’s decisions about pursuing important life goals. Conversely, Alters had the least involvement in participants’ decisions or behavior related to family planning and having children (11.9 % and 6.5% in Damagaram and Magaria;

and 6.8% and 14.3% for males and females, respectively)—as these were decisions largely considered to take place between a husband and wife.

For details related to key decision-makers related to maternal/child health, family planning, and nutrition respectively [see tables 10–12 in the Appendix](#).

Table 9: Involvement of social network members in RMNCH+N decision-making

	Total participants	Male participants	Female participants
Alters are involved in participants' decisions related to nutrition			
Yes	44 (20.4%)	28 (19.2%)	16 (22.9%)
No	171 (79.2%)	117 (80.1%)	54 (77.1%)
Missing	1 (0.5%)	1 (0.7%)	0 (0%)
Alters are involved in participants' decisions related to family health and pregnancy			
Yes	47 (21.8%)	31 (21.2%)	16 (22.9%)
No	163 (75.5%)	109 (74.7%)	54 (77.1%)
Missing	6 (2.8%)	6 (4.1%)	0 (0%)
Alters are involved in participants' decisions related to family planning and having children			
Yes	20 (9.3%)	10 (6.8%)	10 (14.3%)
No	190 (88.0%)	132 (90.4%)	58 (82.9%)
Missing	6 (2.8%)	4 (2.7%)	2 (2.9%)
Alters have authority over decisions about pursuing important goals			
Yes	41 (19.0%)	19 (13.0%)	22 (31.4%)
No	175 (81.0%)	127 (87.0%)	48 (68.6%)
N (total of alters)	216 (100.0%)	146 (100.0%)	70 (100.0%)

Influencers

During collection processes, IDI participants were also asked to identify the most influential decision-makers in their social networks by ranking their level of influence on a scale of one to five for decisions related to maternal and child health, family planning, and nutrition (1= less influence, 5= more influence).

As shown in Table 13, parents (father or mother) and spouses had the strongest influence on RMNCH+N issues. For women, other highly influential network members included friends, siblings and healthcare workers. In comparison, friends and siblings were the next highly influential on RMNCH+N decisions for men. However, healthcare workers and parents-in-law were considered to have little to no influence on men's RMNCH+N decisions.

Table 13: Average influence scores of RMNCH+N decision-makers

Relationship of all Alters to participant	N	Participants' Gender					
		Male			Female		
		n	Mean	StD	n	Mean	StD
Spouse	9	2	5.0	0.000	7	4.7	0.488
Mother/Stepmother	2	1	5.0	NA	1	4.0	NA
Father	2	1	5.0	NA	1	5.0	NA
Sister	5	3	3.3	0.577	2	4.0	0.000
Brother	22	21	3.5	1.094	1	4.0	NA
In-laws (Mother-in-law, Sister-in-law, Brother-in-law)	5	0	.	.	5	4.2	0.707
Aunt	3	0	.	.	3	3.0	1.000
Uncle	0	0	.	.	0	.	.
Cousin (male)	7	7	3.7	1.380	0	.	.
Cousin (female)	0	0	.	.	0	.	.
Other relative	3	3	2.0	1.732	0	.	.
Friend	28	22	3.8	0.813	6	4.2	0.408

Health Worker	4	0	.	.	4	3.8	0.500
Other	3	3	3.3	1.528	0	.	.
All	93	63	3.6	1.116	30	4.1	0.715

***Note:** All Alters were not scored. Only Alters who were decision makers were scored, and participants could only rank up to 5 decision-makers. These analyses should be interpreted with caution, as there were inconsistencies in data collection procedures for this activity.

Other Sources of Influence

Finally, we asked study participants where they received advice and information related to nutrition, birth spacing and maternal and child health. Healthcare providers and community workers were seen as a source of information and social influence on health issues. Many men and women also reported that they received information about sexual and reproductive health from radio campaigns and **Husbands Schools** leaders and participants.

“I get most of the information from two brothers...But I often listen to the community radio during their RH awareness campaign sponsored by an NGO. My wife also goes to the health center for more information.” —**Man, 35 years, IDI, Damagaram Takaya**

“The village has benefited from a number of actions in connection with this issue, including the Husbands Schools, Madoubi. Project beneficiaries raise awareness among their wives. But my husband wasn’t a beneficiary...The organizer of the Husbands Schools is also my husband’s brother. He makes us very aware of these issues...This awareness also influences me...Wadata intervenes in the village, and their agents also raise our awareness.”
—**Woman, 35 years, IDI, Damagaram Takaya**

Chapter 3: Local Conceptualizations of Women and Men's Agency

Chapter 3 focuses on women's and men's agency related to life aspirations and health-related goals associated with infant/young child feeding and breastfeeding, maternal and child health, and family planning. As in the **Figure 3** above, the following agentic constructs provide structure to our results presented below:

- **Critical consciousness** includes situational awareness (i.e., awareness of the current state and a potential for change) and self-awareness (i.e., understanding/presence of personal goals, desire to change). Critical consciousness is the precursor to can/act/resist.
- **Can/Self-efficacy** in this model includes a range of values, beliefs and perceptions that lead a person to feel they are well-equipped for achieving their goals because they have the skills, resources, and support they need to succeed and feel capable of mobilizing those resources to pursue desired goals.
- **Conviction of choice** connotes being determined, motivated, and focused.
- **Act** refers to engaging in the behaviors necessary to achieve the desired outcomes. Behaviors span different levels of complexity/difficulty; for example, proactively seeking relevant information, communicating personal desires with a spouse, engaging in self-advocacy, and pursuing external resources such as health clinics.
- **Resist** involves exercising self-control (e.g., being disciplined), social control (e.g., ability to navigate social norms and social pressures), and initiative (e.g., creativity and the ability to envision and pursue alternatives). This resistance or control may be exercised at all levels of agency to ensure that the pursuit of personal goals is not negatively affected by internal or external pressures.

WOMEN'S LIFE ASPIRATIONS AND HEALTH-RELATED GOALS

Critical Consciousness

Women in particular lacked an ability to define life aspirations and health-related goals beyond performing their gender roles and upholding social norms related to these roles. A good life for a woman in these communities was characterized by the satisfaction of her family's needs, showing deference and respect for her husband, fertility (given that having children guarantees her respect and that she will be taken care of by her children in the future), being modest, spending most of her time at home, maintaining her dignity and protecting that of her family in the eyes of the community. Moreover, women's life aspirations and health-related goals were conceptualized as those that contribute to the collective health, well-being, and harmony of the family and community. For example, in light of perceptions around what it means to be a "good" Nigerien woman, women's life aspirations centered around the **desire to be married, bear children, care for their families** and to **live peacefully** with their spouse, extended family, and community members.

"[A young woman's] goal really is to live comfortably with her husband and children, if she has children." —Woman, 25+ years, FGD, Damagaram Takaya

“Health cannot be guaranteed without a good education. After education and health, in third place the person gets married. And that’s already good in life.” —Woman, 25+ years, FGD, Magaria

These life aspirations were closely linked to the qualities women admired in other community members, which included women who have **an education** (described as the ability to read) which enabled them to become representatives for community projects, **economic independence** (described as having a personal income and material assets to better care for their families), and are of **good character and respected by the broader community** (described as being kind and generous to family and community members). According to some women, achieving their life aspirations and health-related goals should be carried out discreetly, and with modesty and humility:

“Her aim is to have an arranged life in which the self of her life will be taken, that she will have a peaceful life with her husband in the household, and that her life will blossom in total and absolute secrecy.” —Woman, 26–35 years, FGD, Magaria

In terms of goals related to health and well-being, specifically, both women and men aimed to be in good or “perfect” health and wished the same for their children. Consequently, some women who had already given birth aimed to space births by using modern contraception to ensure their own health and their children’s. Other women aspired to improve their capacity to cater to their family’s food, clothing and health needs by having access to and preparing nutritious foods and engaging in income-generating activities.

“The aim will be to reproduce, to bring children into the world.” —Woman, 25 years, FGD, Magaria

“She would like to be in perfect health with healthy food.” —Man, 25–35 years, FGD, Magaria

For both women and men, having sufficient financial resources was both a means to and a goal in itself—to have a good life and be in perfect health. Faith also played a central role, and leading a pious life was closely associated with the journey toward realizing a good and fulfilling life.

“Their [a young couple’s] objective is that each person should have a source of income, and that marriage should not be a hindrance to their activity.” —Woman, 25–35 years, FGD, Damagaram Takaya

“They are going to ask God to give them a long life, the strength to go and enjoy their time, and the husband wanted that if he went on exodus, to have enough to feed his family and meet all their needs.” —Mother-in-Law, FGD, Magaria

Other factors that were perceived to promote good health and well-being included avoiding conflict and effectively managing stress and daily worries.

“It’s about reducing strenuous activities, avoiding certain difficult jobs, eating vitamin-rich foods, if possible reducing worries by not thinking too much because all this can cause illness.” —Mother-in-law, FGD, Damagaram Takaya

“Illness or a lack of peace of mind between her and her husband can be an obstacle. The lack of peace of mind will mean that she won’t be able to achieve anything productive in her life. You can see that this is also an obstacle. Or she’s in conflict with the people in the village, but if she has peace of mind, nothing will stop her from achieving her goal.” —Woman, 25 years, FGD, Damagaram Takaya

Self-efficacy

Knowledge and education.

Study participants expressed that having an education enables women to become community representatives for projects, pursue economic opportunities and better provide for their families. Equally if not more importantly, some said that women with an education and who engage in health-related trainings (such as community health workers), have the knowledge and skills necessary to make informed decisions about their health. In contrast, women who do not have a formal education or exposure to such trainings often rely on the advice of healthcare providers or elder female family members and friends who have this knowledge, to inform their perspectives, desires, and goals.

“I advise myself because I have received several [health] training courses on these issues. I feel that the knowledge I have acquired should help me to take care of myself.” —Woman, 35 years, trader, Damagaram Takaya

*“But [a woman] can make her own decisions, if they are in line with the doctor’s prescriptions. There is no problem. However, if they do not, her actions will be reprehensible. She will be in the wrong since she has not had any schooling or studied health or nutrition. So, all her decisions in these areas will be wrong.”
—Farmer, 51 years, Damagaram Takaya*

*“Health cannot be guaranteed without a good education. After education and health, in third place the person gets married. And that’s already good in life.”
—Woman, 25 years; FGD, Magaria*

Accessing information, advice, and resources within the household and community.

Social support for RMNCH and nutrition encompasses financial, psychosocial, material, and informational support. In general, there was a strong sense of solidarity within these communities, with extended family members, neighbors, and shopkeepers willing to provide advice and material and financial support to women when needed.

“If there’s an emergency health need, we consult our male and female shopkeepers in the village, even at midnight, for loans, and the parents-in-law manage to pay back the money afterwards.” —Woman, 25 years, FGD, Damagaram Takaya

“Yes, she can ask her husband or other members of her family such as her brothers-in-law, her parents-in-law, her husband’s friends, her close relatives, morally or financially, and if she does not have enough to go (to the health center), members of the community will contribute [money] so that she can go.” —Man, 35+ years, FGD, Damagaram Takaya

In-laws and elder women in the family, as well as healthcare providers, represented influential reference group members who often provided information and advice across RMNCH and nutrition-related decisions and practices. In many cases, women actively sought the advice of their in-laws and healthcare providers to avoid being reprimanded:

“She can have big problems. If problems arise during childbirth, [the in-laws] are going to throw the fact that she didn’t seek their advice in her face. If there are any problems, [the in-laws] are going to throw it in her face that she didn’t seek their advice.” —Woman, 25 years, FGD, Magaria

“And if a woman doesn’t go for prenatal consultations, when the delivery comes with complications, the health workers will say it’s her fault.” —Mother-in-law, FGD, Magaria

Social constraints.

We found that women’s self-efficacy to make decisions and take action are both informed and influenced by social, gender, and religious norms, as well as structural constraints and inequities. Most women did not feel confident they would be able to reach their goals unless their husbands authorized their decisions and actions, and actively supported them in doing so. Men, on the other hand, were described as being more independent actors, who had more power and self-efficacy to make decisions without the influence or consent of others.

Across both IDIs and FGDs, the role of husbands stood out as integral in women’s decision-making processes, as they remained the central figure in women’s lives. In the absence of their husband’s authorization, many participants expressed that women were not capable of realizing their goals.

“If it is good for me [her family] they encourage me; otherwise, they will not support me, they will even try to prevent me from doing it.” —Woman trader, 35 years, Magaria

“Well, normally she should not make firm decisions without informing me. And if she did, I would draw her attention to it so she would not repeat it.” - Man, +35Years, FGD, Damagaram Takaya

“I admire women who farm, but my husband doesn’t allow me to do it. [If I did, he is going to ask me to return to my parents [divorce].” —Woman trader, 35 years, Damagaram Takaya

“He (the husband) is the first decision-maker because he has to give me his authorization to start. My husband encourages me by giving me instructions, he tells me to do this business. He made all these efforts because he wanted me to have a source of income.” —Woman trader, 35 years, Damagaram Takaya

As noted above, women also underscored that close family, friends, and community members played an important role in shaping and pursuing their aspirations. Women said that these groups can either propel women to achieve their goals through their support or become an obstacle to achieving them. This was particularly important as women are often entrusted in the mother-in-law’s care when their husbands migrate for work. What is more, disagreements with mothers-in-law could have direct consequences for women, including divorce.

“Anyone who dares to disagree with my mother proves that she does not wish to continue living quietly in her home. Because in the end, she will be divorced and replaced by someone else.” —Man, 62 years, IDI, Magari

“My husband will say I behaved badly toward his mother. With us (in our community), if the husband goes away on a migration, the daughter-in-law will be entrusted to her mother-in-law.” —Woman, 32 years, IDI, Damagaram Takaya

Structural constraints.

The extent to which study participants perceived poverty as a barrier to achieving their life- and health-related goals varied. For some women, a lack of financial resources was not only related to an inability to access nutritious foods and fulfill dietary goals for themselves and their families, it was also a barrier for accessing health services and education. Several women also shared that their health and well-being was highly dependent on their husband’s financial status and that of his family. Some women voiced their wish to find work to support their families; however, they were sometimes unable to do so, as they were expected to complete household work and not spend prolonged periods of time outside of their homes, or they simply felt they didn’t have the resources and skills to become employed or start their own business.

“The greatest difficulty of being a wife is the lack of financial means of her husband. When the husband has nothing, his wife will suffer more. A woman’s strength lies in her husband’s ability to look after his family.” —Mother-in-law, FGD, Damagaran Takaya

“All these foods are available in the village except meat.” —Woman, 25–35 years, FGD, Damagaram Takaya

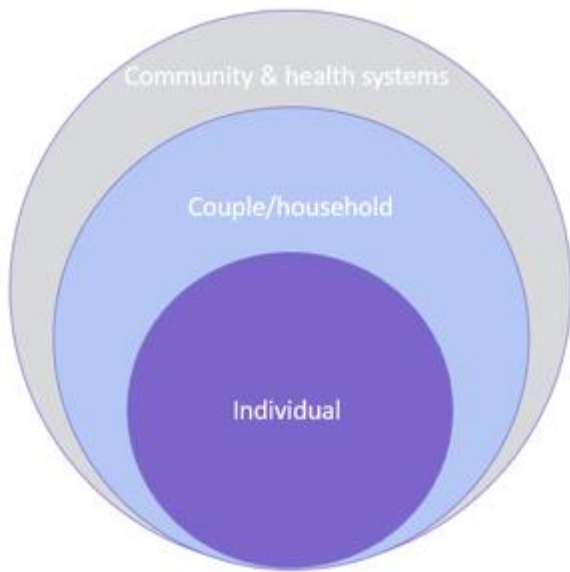
“The biggest obstacle is starting a business when you don’t have the experience. There’s also the question of resources. For example, we’re living in an era where agriculture is a good way to get high yields. So, it can happen that you don’t have the means to do it. Or they may not have the qualifications required for a job. —Mother-in-law, FGD, Magaria

Other structural factors facilitating or constraining women’s aspirations were food availability and seasonality, which dictated what women were able to cook/prepare for their families.

Action

Our analysis revealed that across the domains of maternal and child health, family planning, and nutrition, men exercised more agency, while women’s agency in these areas manifested in exceptional situations. From our social network analyses, we found husbands were most often noted as primary decision-makers in households, and only in ~10% (9.7%) of instances were wives said to have full authority over family healthcare decisions (see [Table 10](#) in Appendix). Men had dominance and authority in matters related to pregnancy and if, when, and where to seek healthcare for himself and his family.

Despite these patterns, we found that women demonstrated greater levels of agency and decision-making power when they had an education or had been involved in health campaigns within their communities, held a higher ranking or stature within their polygamous unions, had a strong sense of harmony or agreement within their couple, had prior pregnancy history, had a husband who migrated for work and/or regularly engaged in income-generating activities (see **Figure 4** below).



Community level: community-wide SRH campaigns, endorsement of SRH/FP among community and religious leaders

Inter-personal level: ranking in polygamous households, harmony or agreement within the couple, seasonal migration of husbands, level of influence from mothers-in-law/other elders within the household

Individual level: age, pregnancy history, past experience with health complications linked to closely spaced births, engagement in income-generating activities, and level of education and SRH/MNCH knowledge

Figure 4: Factors influencing women’s ability to take a stronger leading role in decision-making and action across health domains

For example, most women said that a pregnant woman cannot attend ANC visits without obtaining permission from her husband and in-laws; however, a few participants believed if the woman is mature and this is not her first pregnancy, has a husband on seasonal migration, or has a higher stature or ranking in her (polygamous) household, she would be able to decide on her own when to attend these visits—and could even pay for her transport or other financial needs without others’ approval or influence.

“Yes, she can decide on her own, it’s her and her husband who discuss how to feed their children without taking into account what the family is going to say, because they’re the only ones who know their situation.”
—Woman, 25–35Years, FGD, Magaria

“...as long as it is the first pregnancy, the woman must inform at least her parents or parents-in-law [in addition to her husband]. And after her first visit for the consultation, appointments will be given to her on such a date.” —Man, 35 years, FGD, Magaria

“If she decides of her own free will, I cannot stop her. I am the one who told her that in case of illness they [wo-wives] can consult each other and make a decision, so I do not think I can be against. It was a consensus that they made. They (the other wives) are the ones who gave their agreement.”
—Man, 62 years, IDI, Magaria

AGENTIVE ACTIONS	DESCRIPTION	QUOTE(S)
CAN	Some women believe they can (and should) make decisions more independently (i.e. attend ANC visits without	<i>“She has the right to go for a consultation without asking permission because health is the essence of the body and when she refuses to go, she will reap the consequences. She must then decide to leave to</i>

	<p>requesting authorization), because it concerns their health and well-being and that of their children.</p> <p>Some women believe they can (and should) attend prenatal care—even without permission—to avoid social backlash or stigma from healthcare providers.</p> <p>For a minority of mothers-in-law, it was thought that if a woman has the means of transport, she can go to the hospital without necessarily obtaining permission from her husband or anyone else.</p>	<p><i>prevent her health from deteriorating but also so as not to be unwelcome on future visits.” —Woman, 25 years, FGD, Damagaram Takaya</i></p> <p><i>“If she has her own transport costs, she can go and come back without anyone realizing that she’s gone for a consultation.” —Mother-in-law, FGD, Damagaram Takaya</i></p>
ACT	<p>Some women have more freedom to make their own decisions when their husbands are away on seasonal migration.</p>	<p><i>“Because her husband isn’t there, she can make the decision on her own, if he’s a good man, she can even take out a loan and when he arrives, he can pay it back.” —Man, 35+ years, FGD, Damagaram Takaya</i></p> <p><i>“Yes, I decide for myself when my husband goes on work migration. I give them porridge, and if they refuse, I start giving them solid foods like rice and macaroni.” —Man, 35 years, IDI, Damagaram Takaya</i></p>

Resistance: Women’s Covert Use of Modern Contraception

Though women in our study may have had agency to choose the kinds of contraception they used, it was often their husbands who had the power and authority to make decisions if, when, and for how long their wives used contraception. Religious leaders within the community, and those who had a high level of Islamic knowledge, could also have strong views about what women could or could not do regarding contraception.

“It’s my husband. He’s the one who can decide, if and when I will have children, and whether or not I will use modern contraceptives.” —Woman, 21 years, IDI, Damagaram Takaya

Findings across IDIs and FGDs suggest that **women who use contraception can only be sanctioned if they do so without their husband’s knowledge**. But if he is informed and has given his permission, no one in the community will publicly disapprove of the couple’s decision. For many in the Zinder region, a woman must have her husband’s consent before using SRH/FP services; otherwise, it is considered “haram” (committing a sin). Additionally, using contraception without a husband’s permission could cause major tensions in the marriage: a man could “hate” his wife if he found out that she went against his wishes, and

it may also provoke financial and other interpersonal backlash from the husband. Mothers-in-law also strongly asserted that the men would be furious if they were to discover their wives were using family planning without their consent.

“My husband has a great deal of authority in this matter. If I refuse, he can ask me to go and do it, but he’ll not be responsible for ... the consequences. One day, a woman in the village was taking the injectable contraceptive, but she didn’t follow the protocol (renewing the dose). This negligence caused her to bleed repeatedly. ... My husband told me that if it was his wife and she died, he wouldn’t attend her funeral. You can see how my husband exercises his authority. He used to say that even when it came to going to the health center, he wouldn’t pay for any products.” —**Woman, 35 years, IDI, Damagaram Takaya**

“The wife must inform her husband, it’s obligatory, otherwise he won’t like it, and it will result in a divorce.” —**Woman, 18–24 years, FGD, Damagaram Takaya**

“Some men say that if their wives take the birth-spacing drug it is a sin. And if a problem arises, it is the woman who suffers; that is why women use it in secret.” —**Mother-in-law, FGD, Damagaram Takaya**

As a result of these potential sanctions, most men of all ages and mothers-in-law reported that it is preferable for wives to inform their husbands in advance to avoid any possible problems. In addition, if a woman informs her husband of her desire to use contraception in advance, he will feel more considered and accept his wife’s wishes.

Despite the potential for harsh interpersonal and social backlash, some women reported in both IDIs and FGDs that they decided to use contraceptive methods covertly, without informing their husbands.

“In the case of closely spaced pregnancies, women suffer more than men, their role and responsibility are limited to slaughtering the sheep on the day of baptism. The care of children falls to the woman. In this village, most of women take the contraceptive at their own discretion.” —**Woman, 26 years, FGD, Damagaram Takaya**

These women felt that they could—and should—take matters into their own hands and use modern contraception, because they are directly concerned in preserving their health and that of their children’s health, and that God/Allah would forgive them for not seeking their husband’s authorization. As several other men suggested, some women also felt they needed to take them covertly because they feared their husbands would not approve.

“Women already know about family planning, because sometimes a husband doesn’t know when his wife is going to the clinic to take the medicine. In other words, it’s an easy thing to do in this community, and any woman you give this kind of [FP] advice to will readily accept.” —**Man, 45 years, IDI, Damagaram Takaya**

“If she doesn’t talk to her husband about it, it’s because she thinks he won’t accept it. Because it’s a practice that not all men accept. And it’s also part of a woman’s secret. If the wife knows that her husband will not accept, she may not tell him. She prefers to do it without him knowing, especially as it’s not something that can be easily discovered. If the wife is using contraception, it’s not easy to find out.” —**Man, 25–35 years, FGD, Magaria**

“You know, until now there are men who are not enlightened, who do not know the importance of contraception. ... When the wife thinks that her husband is not awake, she bypasses him to use contraceptive methods because she thinks that informing him could create problems. Because there are children who are 5 to 6 years old but who are too thin. This

is due to the fact that they have not been weaned when they already have little brothers.” — Man, 35+ years, FGD, Magaria

AGENTIVE ACTIONS	DESCRIPTION	QUOTE(S)
CAN	Some women believe modern contraception can be used discreetly, that they can ask for God’s forgiveness, and that their actions would be justified in order to protect the health of themselves and their children.	<p><i>“[If he refuses, I take it secretly. I put it in my luggage to take discreetly.” —Woman, 32 years, IDI, Damagaram Takaya</i></p> <p><i>“I go and take in secret and do astagfari. God will forgive me.” —Woman, 35 years, IDI, Damagaram Takaya</i></p> <p><i>“When faced with a situation of close pregnancy, the woman can take her medication (contraception) without her husband’s advice because it is in the context of preventing her health. The woman can space her births discreetly and give birth up to four times without her husband knowing if he refuses.” —Woman, 25 years, FGD, Damagaram Takaya</i></p> <p><i>“It really happens. Sometimes, the woman realizes that it is she who bears the burden of caring for the children, so she decides without warning anyone to do family planning.” —Woman, 25 years, FGD, Magaria</i></p>
ACT/RESIST	Some women use contraception covertly out of fear their husbands would disapprove; women continue to use contraception even after acknowledging possible sanctions.	<p><i>“The only reason she hasn’t told him is because she thinks he won’t accept her using family planning. That’s why she’s doing it in secret.” —Mother-in-law, FGD, Damagaram Takaya</i></p>

MEN’S LIFE ASPIRATIONS AND HEALTH-RELATED GOALS

Critical Consciousness

As noted for women, men’s life aspirations were framed within the context of contributing to shared wealth, health, and well-being of the household and broader community. For example, according to male participants, a good life for a man is characterized by his ability to exercise a profession that enables him to marry and have children, be faithful to the practices of the Muslim religion, fully satisfy the needs of his family, educate his children, and have the charisma to manage problems that arise in his family and community.

“He is also responsible for educating his children, and even his wife, and making them aware of the importance of living together.” —Man, 35+ years, FGD, Damagaram Takaya

“Yes, it’s true, my goal is to harvest a crop, earn a lot of money, and build a house.” —Man, 50 years, IDI, Magaria

“He desires to experience good things like an education, labor migration, being a trader, having a good villa (house), and to have all he needs for the future.” —Mother-in-law, FGD, Magaria

“The newlyweds, who have been married for two or three years, their main objective is to live happily ever after and have lots of children.”—Man, 25–35 years, FGD, Magaria

“You know everything is already mapped out by Allah. It’s he who makes the person what he wants. ... So, I lead my life as it is mapped out by Allah. Otherwise, I don’t aspire to be like anyone. All I want every day is for Allah to make my life easier, and that’s all ... because you know, we’re talibés (followers of Allah). Our life is different from that of others, because those who are always in search of the religious sciences must not seek to enjoy a life of luxury. Otherwise, their studies will always be disrupted.” —Man, 34 years, IDI, Magaria

According to female participants, a good life for a man is reflected in his ability to have a job and meet or exceed his family’s basic needs for food, clothing, housing and other necessities. Most women also believe that having a strong faith and avoiding adultery are signs of a man living a good life. Likewise, for mothers-in-law, a good life for a man is characterized by fidelity and good behavior, familial harmony, obedience to his parents, and having a job that allows him to support himself and his family.

“A good life for a man in this community is that he doesn’t care about other women outside (unmarried girls), he doesn’t have to be with delinquents, he is always with his parents and also respects their order. As soon as he wakes up, he goes off to do the things he needs to do and he just looks for what he can do to be at peace with his parents.” —Mother-in-law, FGD, Magaria

Men’s life aspirations, therefore, included being **educated, generating income** and owning assets, and **leading a pious life**. These aspirations were also closely linked to the **qualities admired in family and community members, which included sincerity and generosity, industry and hard work, and having a high level of Islamic knowledge**.

“He won me over through his self-sacrifice and generosity. Just recently, we saw people bringing sand to our mosque. We asked them who commissioned them. They told us that he wanted to rebuild the mosque. ... He really helps out financially. I learned generosity from him.” —Man, IDI, Magaria

“I lead the people in this community. But from among them, there are serious and exemplary people that I want to be like one day, because they have good behavior, they give advice, and they also take advice from others.” —Man, 45 years, Damagaram Takaya

Marabouts, in particular, were highly revered role models by male study participants, because they possessed in-depth religious knowledge, and were able to teach others and have a positive influence on the community:

“I don’t have a role model in this village. The person I’d like to be like isn’t rich. He’s just a scholar with religious knowledge. He inspired me through his good behavior, his way of teaching the Koran and his fear of God. In fact, he influenced me through his religious

knowledge. I'm determined to learn more of the Koran. I've even imitated his way of reciting the Koran." —**Man, 51 years, IDI, Damagaram Takaya**

"You know us Koranic school students, if you see someone who has all the luxuries —fields, women, money, good clothing, and on top of that you're told he's a Marabout, you know that you must aspire to be like him, although often it's not to everyone that Allah bestows this grace. ... If possible, I would like to live like him. His life pleases me very much. ... Any Muslim worthy of his name to whom Allah has given faith, must aspire to be like him even if it's not possible to reach that level." —**Man, 32 years, IDI, Magaria**

Discretion in sharing life goals. Similar to some women, some male participants also described the importance of working toward their goals while maintaining a sense of humility and discretion—both of which are Islamic values. For some men, this meant sharing personal aspirations with only a small number of people (e.g., close family members) until they have almost achieved them:

"I'm too discreet. I won't say, for example, that I want to build a house or anything. So, you see, it's very difficult to recognize my goal. ... I also talk to my friends about goals in the last square of accomplishing that goal. It should be noted that my father is the only person who has authority over the ability to pursue my goals." —**Man, 39 years, IDI, Magaria**

"The human being is a being of nine months' Hausa proverb. Who knows the true intention of a person but himself." —**Man, 32 years, IDI, Magaria**

In contrast to women, most male participants said they made decisions related to their life aspirations alone; however, some mentioned that other male family members (e.g., brothers, fathers, nephews, and cousins) and friends influenced their goals and aspirations. Only a few participants mentioned that their sisters, wives, or other female family members were directly involved in decision-making in the pursuit of their goals.

"My wife is the only person on this list who has authority over my objective"
—**Man, 33 years, IDI, Magaria**

"My friends there, whenever I talk to them about my life goals, they dictate the path to follow. Often it's by way of advice and often it's like an order. In any case, even if it has an impact on my goals, it's not much." —**Man, 34 years, IDI, Magaria**

"My big brothers, anything they see that goes against my goals they bring me back on track, they tell me to do so and so. And if it's outside the house, my friend there..., he calls me to order. ... You see my friend there, we've been together since childhood. I swear, if he makes a decision about me, I don't disagree. After him, there's also my big brother there. He too, if he says so and so, it's over, I don't have the right to refuse. And I'm always proud of their decision." —**Man, 32 years, IDI, Magaria**

"Only God is the guarantor of the fulfillment of a human being's objective. ... Human beings have many objectives, some of which will not be satisfied until they die. Thus, my two brothers have authority over my ability to pursue important objectives in the sense that they are always at my side for advice or even often decisions on the management of my day-to-day activities." —**Man, 35 years, IDI, Damagaram Takaya**

As noted above, health-related goals for men were described as obtaining "perfect health" and being healthy enough to live a long life so that they can see their children grow up healthy, well-educated, and

prosperous. For men, being healthy throughout one's life was closely tied to having financial resources and an education.

"His [a young man's] goal is to be in perfect health, to have knowledge too." – **Man, +3 years, FGD, Damagaram**

"She [a young woman] would like to be in perfect health with healthy food." – **Man, +35 years, FGD, Magaria**

"Their goals will be to see their child grow up healthy, provide a good education and good nutrition." – **Man, 35 years, Magaria**

Self-efficacy and Action

Poverty and lack of local employment opportunities were the two most salient barriers impacting men's capacity to achieve their life aspirations and goals, and to ensure peace and harmony at home.

*"The biggest challenge is the lack of jobs. For example, I can't stay at home for four months in a year without looking for seasonal work. Almost the whole village, not just me." —**Man, 35+ years, FGD, Damagaram Takaya***

*"The lack of work is the biggest obstacle, because the lack of work is the source of many ills, to the point where even in your family you can't relax." —**Man, 35+ years, FGD, Damagaram Takaya***

Other interrelated factors preventing men from living a good life included substance use, infidelity, and other acts of "delinquency." It was largely agreed that a good man should not perform acts that tarnish his image in the community; rather, he should set a good example not only within his family but also in society.

*"He should avoid taking drugs and keeping bad company, because they can destroy his education." —**Man, 35+ years, FGD, Damagaram Takaya***

*"But a bad man is one who doesn't consider his wife, they're always fighting and leave her with her children. Running after bad women, being a delinquent, using drugs." —**Mother-in-law, FGD, Magaria***

*"A man must avoid being a quarrelsome man, a hypocrite. If he is found in such practices, he is considered a Rabin Mutun ne (i.e., a half man). He must avoid bad behavior and frequent disagreements with people. —**Man, 25–35 years, FGD, Damagaram Takaya***

*"He must not abandon his family by depriving them of food, he must not abandon his wife emotionally, he must not commit delinquency, he must not take drugs and run after girls, he must not be unfaithful and refuse to dress his family." —**Woman, 25 years, FGD, Magaria***

Chapter 4: Experience of the Husbands Schools to Date, and Opportunities for a Gender-Transformative Adaptation

This chapter draws on data collected during HCD-related activities, including the first wave of “immersion” data and the second wave of “co-creation” data. The co-creation sessions conducted in late 2023 focused on issues of past Husbands Schools design, strengths, and challenges, as well as the possibilities for adapted Husbands Schools in the future. The findings are substantiated by illustrative quotations from past program participants, as well as discussions with women and community leaders. Immersions were organized by geography; thus, quotations are attributed to participants from Damagaram Takaya and Magaria districts within Zinder. Co-creations, however, drew participants from across both districts to a central location based on preferred language, so quotations are likewise attributed to participants from those language groups (Hausa, Kanuri).

This chapter is divided into two sections: 1) “Looking Back,” related to the past successes and challenges of Husbands Schools, and 2) “Looking Forward,” related to the opportunities and considerations for a new alteration of the initiative.

LOOKING BACK: REFLECTIONS ON PAST SUCCESSES AND CHALLENGES OF HUSBANDS SCHOOLS

HCD participants offered tremendous value in identifying the successes and challenges of the Husbands Schools as implemented in the past. Understanding what the community values and critiques in the current model of the intervention will be essential to helping the new adaptation succeed. For this report, we highlight a concise set of **outcomes**, **successful strategies**, and **challenges** with brief explanations below.

Outcomes

1. **Increased utilization of health services:** All participants mentioned that proactive health behaviors increased, with more women accessing prenatal and child health services, influenced by their husbands’ supportive attitudes and active involvement.

One of the most significant outcomes, mentioned by all immersion participants, was a greater involvement of men in the health and well-being of their families, particularly in supporting their wives during pregnancy and childbirth. Several participants noted that before the intervention of the Husbands Schools, men’s participation in such matters was limited:

“Previously it was shameful for a man to accompany his wife to a health center for care services or to help his wife with household chores, but today, thanks to training we had through Husbands Schools there is no shame.” —Husbands School member, 55 years, Immersion, Damagaram Takaya

The increase in prenatal visits and consultations for children is particularly noteworthy. Through the Husbands Schools, men learned about the importance of these health services and the positive impact they could have on the outcomes of pregnancy and the long-term health of their children. This led to a shift in behavior, with more men accompanying their wives to health centers and ensuring their children received necessary medical attention.

“At the beginning of the program you could see that it was just a few women who went for consultations, but over time, through awareness raising, we began to see model husbands who accompanied their wives. They know not only if the woman is pregnant but also and above all what to do as a husband.” —Wadata staff, Co-creation, French

A Husbands School participant in Hausa echoed the following: “In our community, women have reached the level where going to the health center is systematic as soon as there is illness or for prevention, especially for pregnant women.”

The program also addressed broader health practices beyond maternal and child health. By advocating for regular health checkups, vaccinations, family planning, and good nutrition practices for pregnant and postpartum women and infants, the Husbands Schools contributed to more health-conscious communities.

2. Improved Couple Dialogue: Many male and female participants reported increased communication, with men being more receptive to their wives’ viewpoints.

The program provided a space for men to learn about and reflect on the importance of engaging their wives in dialogue, especially on matters concerning women’s health, which was crucial for the well-being of the entire family. Some HCD participants indicated that this subtle shift toward more open communication led to increased mutual respect and understanding in the home environment, as in one Kanuri woman (Co-creation) noted: “The Husbands School has made men more respectful of women today. ... Husbands did not consult their wives on aspects affecting family life. With the Husbands School, this way of doing things has changed.”

Moreover, the program’s focus on dialogue extended to more sensitive topics such as birth spacing and family planning. However, much of what participants said about communication was aspirational or based on prompts, especially among men. For example, one Husbands School participant in Hausa (Co-creation) who was discussing a vignette emphasized the importance of talking with wives, but did not indicate that he had done so with his own spouse. “It’s also important to remember that respectful discussions, even at night when everyone is tired, can lead to better understanding,” he said. “A wife’s advice might often offer valuable perspective or promote patience in difficult situations. By working collaboratively as a team, couples can build a more resilient and harmonious home.”

These narratives reflect participants’ understanding of the potential impact of improved couple dialogue, demonstrating that when both partners are given the tools and the space to communicate effectively, the foundation of the family unit is strengthened. However, a few participants noted that not all community members have adopted these new attitudes:

“Others have not yet understood and still think that consulting his wife and acknowledging a woman’s voice diminishes the husband’s authority and will make her no longer respect

him and encourage her disobedience. That is not true. Those that participate in the Husbands Schools have understood that.” —**Woman, Co-creation, Kanuri**

- 3. Shifting Domestic Roles:** Some participants described a modest increase in men’s participation in domestic duties, starting the process of challenging traditional gender roles and contributing to more balanced household task distribution.

The program challenged the conventional division of labor by encouraging men to take active roles in tasks such as childcare, provision of household resources such as water and wood, and keeping the house clean. About half of HCD participants felt that notable changes in this area had taken place. One Husbands School participant reflected on this:

“The change we’ve had is that before we didn’t help women with household chores. You let the woman do everything while you sat quietly and watched her, because we used to think that this was a task reserved for women and not for men, but thanks to our access to the Husbands School, today we help women and we all feel happy.” —**Man, 36 years, Immersion, Damagaram Takaya**

Women largely agreed, with one wife commenting:

“In the past, the focus was primarily on a husband’s rights within the family. But today with the Husbands Schools husbands understand that they also have duties toward the family. It’s the Husbands Schools that made this change possible.” —**Woman, Co-creation, Kanuri**

Men most frequently mentioned taking on responsibilities for keeping the house clean and hygienic (sweeping, removing trash, etc.), while women were more likely to talk about men’s increased role in seeking household resources or caring for children. One woman’s comment illustrates this:

“Yes, all the neglectful behavior has changed. For example, if a wife is sick, the husband takes care of the children. Today a husband can wash and care for the children, he can fetch water or wood, etcetera. That was not the case before.” —**Woman, Co-creation, Kanuri**

While the majority of participants agreed with these observations, a few indicated that the wider community might still criticize men who embrace new roles:

“Nowadays, if you help your wife with the chores, people will say your wife has indoctrinated you.” —**Man, 65 years, Immersion, Damagaram Takaya**

Nevertheless, the program has slowly been building a new understanding of how household responsibilities can be divided to ensure harmony and family well-being, laying a foundation for more gender-transformative work.

Successful Strategies

- 1. Dialogue-based Sessions and Outreach:** Husbands Schools employed interactive, dialogue-based approaches that reflect local values and organically engage the wider community.

By moving beyond typical lecture-based methods of programming to incorporate inquiry, group reflection and exchange, and collaborative planning, Husbands Schools built on cultural values of dialogue and

collective action. This conversational approach helped break down barriers to learning, making it easier for participants to absorb and retain information. It also encouraged participants to discuss new information, ideas, and behaviors with those in the wider community. Indeed, many Husbands Schools members described organized efforts to share learning or take action. One man recalled: “At the end of each month, we sit under a tree and even those who are not members take part.” —*Man, Co-creation, Hausa*

Another man implied that these efforts were integral to their role as Husbands School members: “What we can do, we will keep doing: raise awareness, make home visits to convince people on certain subjects ... and go to other villages to raise awareness.” —*Man, Co-creation, Hausa*

The practical and interactive nature of the sessions also cultivated a sense of camaraderie among participants. This peer support system was instrumental in sustaining motivation and encouraging the application of new behaviors at home.

2. Culturally Relevant and Sensitive Messaging: Content was tailored to respect and reflect the cultural context, using locally relevant examples and language, which ensured that messages were well-received and readily accepted.

Husbands Schools content was developed to respond to pressing issues in the community, such as high rates of maternal and newborn mortality, anemia, and malnutrition. As such, it seems to have resonated deeply with Immersion participants. Almost all male participants (15/17) felt the curriculum was comprehensive and found it difficult to recommend additions. Women felt similarly, with one notable exception:

“I would like the discussions to focus on family planning.” —Woman, 42 years, Immersion, Damagaram Takaya

Furthermore, much of the content was either grounded in or at least consistent with familiar, culturally relevant examples. A community leader in Hausa reflected: “Even in the Koran this practice [birth spacing] exists, even more so now in our time when it is recommended to take contraceptives in order to rest. The pill, the injections that are taken every three months, or even the implant, there are lots of possibilities. Times have changed.” —*Community leader, Co-creation, Hausa*

By presenting information in a way that was respectful of local traditions and languages, the program encouraged participants to reflect on and question existing practices without feeling defensive or resistant. Highlighting real-life success stories within the community, the Husbands Schools demonstrated the tangible benefits of adopting new behaviors and attitudes, making the program’s goals feel achievable and relevant. This approach not only enhanced the credibility of the program but also inspired participants by showing the positive impact of change on individuals and families they could relate to.

3. Role Models and Success Stories: By showcasing the positive changes in the lives of participating men, the program created role models within the community, demonstrating the tangible benefits of active participation in household and family health responsibilities.

When community members witness their peers—especially those they respect—embodying positive changes such as taking an active role in domestic tasks, supporting their wives’ health decisions, or

engaging in open communication, they are more likely to see these behaviors as both desirable and achievable. One Husbands School member expressed this succinctly: “Even men who have not joined the Husbands Schools want to have the same qualities as us.” —**Husbands School member, 60 years, Immersion, Guidimouni**

More than half (10/17) of male immersion participants spoke of educating or advocating with non-members at social events or in their neighborhood:

“Sometimes we are stopped in the streets to ask for advice on the various subjects that are taught at the Husbands Schools.” —Husbands School member, 60 years, Immersion, Guidimouni

“One experience that moved me deeply and required my intervention involved a Fulani neighbor of mine who adamantly refused to take his wife to the health center. ... We eventually managed to convince him to take her to the health center. This experience served as a powerful reminder, every time something happens, and I give advice, people listen to me.” —Community leader, Co-creation, Hausa

These statements illustrate how the actions and successes of group participants can become a persuasive force for others in the community.

4. Community Partnerships: Husbands Schools have established successful partnerships with health workers, community groups, and women’s organizations to enhance health education and promote gender equality within communities.

According to HCD participants, partnerships with health workers and community cadres established by Wadata, such as Community Influencers (ICs), and Village Development Committees (VDC), are instrumental in guiding their activities. Many Husbands Schools regularly meet with health actors to review trends in disease prevalence, malnutrition, and mortality, and these conversations inform session content and outreach activities.

“The health workers share the information with us. We do our best. As there is the health center meeting every quarter; they show us that in such-and-such a period we had such-and-such indicators for the children; among those who come for family planning we have these indicators. We are following them very closely.” —Community leader, Co-creation, Hausa

Husbands Schools also coordinate with community influencers and Village Development Committees on mass mobilization activities related to sanitation and hygiene, vaccination campaigns, and other health and nutrition-related events. Wadata staff also mentioned some initial efforts to link Husbands Schools with leaders of community-based women’s groups (*Mamans Lumières*) to sensitize adolescent girls in Life Skills Education groups (another Wadata platform) on menstrual hygiene management. These joint efforts, though nascent, demonstrate Husbands Schools’ adaptability and responsiveness to community needs and integration with existing platforms.

Challenges

1. **Community Resistance:** Misinformation and resistance from certain community members, including religious leaders, posed obstacles to the Husbands Schools' acceptance and impact within the community.

A majority (14/22) of Immersion participants expressed concern about community resistance. Of these, half were worried about negative reactions to the teachings and impact of Husbands Schools, and half were worried about community suspicions that they were financially motivated. One community leader explained:

“Every time we meet people of this kind [foreigners], the people of the neighborhood think that we have received money from you. There are those who say that all these steps that we are following are to reduce the birth rate in the world.” —Village chief, 62 years, Immersion, Magaria

Despite these concerns, few participants indicated actually having experienced resistance. The few who did indicate that it often stemmed from a lack of understanding or misinformation about the program's goals and methods, particularly from certain segments of the community, including religious leaders:

“Ignorant religious leaders use false information to denigrate the Husbands School.” —Man, Co-creation, Hausa

Participants explained that these circumstances were limited to a few specific villages where conservative religious leaders were exceptionally active. Nonetheless, they point to the need to overcome preconceived notions and skepticism within the community about the program's intentions and benefits. The success of the Husbands Schools, therefore, depended not only on the effectiveness of its programming but also on its ability to navigate and address these layers of community resistance and misinformation. Strategies such as community engagement, transparent communication, and the involvement of respected community figures in advocacy efforts were crucial in countering misinformation and building broader support for the program's objectives.

2. **Waning Member Motivation:** Member motivation emerged as another significant challenge, with fluctuating attendance and participation levels indicating a need for ongoing encouragement.

HCD participants enumerated several different sources of motivation and expressed a clear preference for practical resources over financial incentives. Around half of male Immersion participants indicated that capacity-building and greater supportive supervision were most important in allowing them to fulfill their roles:

“We really want capacity building for this approach of Husbands Schools, especially on the facilitation we do, on the health of households in particular, and the village in general, on social cohesion and on the accompaniment of women.” —Husbands School member, 60 years, Immersion, Guidimouni

Other members emphasized that a sense of pride motivated them above all:

“People think that members receive something for their participation, but they show people that they participate in the development of their neighborhood, and they fight for it. If now you ask me what we do, I explain, then you realize that it is important, and you will be proud deep down.” —Husbands School member, 49 years, Immersion, Magaria

However, Wadata staff challenged this impression directly:

“At the very beginning, they [Husbands Schools members] were regular with respect to the meetings, but then they slackened because they believed that they were going to be paid despite the fact that we had explained to them from the start that it was voluntary work.” —Wadata staff, Co-creation, French

Several participants also raised an interest in learning about small trades on agriculture and livestock raising. Since economic hardship and poverty are of concern to communities, these suggestions to integrate discussions on income generation into the Husbands Schools could strengthen members’ motivation.

3. Logistic and Operational Hurdles: Operational challenges such as irregular meeting attendance and the need for a dedicated meeting space underscored logistical issues that impacted the program’s effectiveness.

HCD participants highlighted several logistical issues, but none were described as major challenges. The most disruptive of these was the irregularity of meeting attendance, which is primarily attributable to the seasonal migration that is common in Damagaram Takaya, Magaria and other nearby districts:

“Consequently, out of the 12 members barely six or eight are present; the rest are ‘en exode.’” —Wadata staff, Co-creation, French

Another minor issue was the need for more structured meeting spaces. A Wadata staff member reported past meetings being held “anywhere because there is not an exact location, like a shelter...that is built that belong to [Husbands Schools].” (Co-creation, French) This shows the limitations of working without a central hub for members to gather, learn, and plan their community interventions. Other members noted transportation as a challenge:

*“Our only difficulty is the means of transportation ... a motorcycle or a bicycle.”
—Man, Co-creation, Hausa*

However, it is important to note that comments about transportation are relevant only to community sensitization activities in nearby villages, which some Husbands Schools plan voluntarily. All regular Husbands Schools meetings take place in the host village within walking distance for all members. Challenges extended beyond mere physical logistics to include issues of planning and communication within the group. For example, the difficulty in maintaining regular meetings and the reliance on reminders for meeting schedules suggested a need for better organizational structures and communication strategies within the Husbands Schools.

LOOKING AHEAD: OPPORTUNITIES AND CHALLENGES FOR A GENDER-TRANSFORMATIVE ADAPTATION OF THE HUSBANDS SCHOOLS

During co-creation sessions, participants were invited to co-create a new, improved, gender-transformative adaptation of the Husbands Schools. Participants were asked both open-ended and direct questions about various ways the Husbands Schools approach could be adapted. Their responses and ensuing discussion inform the results shared below. While different participant groups (men, women, community leaders, and Wadata staff) offered sometimes divergent ideas, a few key suggestions came through consistently across all participants. These ideas should be considered in adapting the Husbands Schools, as they respond to the desires and constraints of community members. Findings are presented in four categories: facilitation, logistics, content and approach, and the inclusion of women.

Facilitation

While the original Husbands School model introduced by UNFPA relied on “model husbands”—exemplary members of the group—to facilitate sessions under the supervision of project-affiliated coaches, the Wadata Husbands Schools are self-facilitated. All members are trained on content and support materials and take turns leading meetings. They are supported by Wadata staff, who make periodic monitoring and supervision visits, and they coordinate with other community cadres established by the project (community influencers, health workers, etc.).

1. Facilitator Profile

All men and community leaders agreed that facilitators should come from within the Husbands Schools. They saw this as appropriate and beneficial for both the group and wider community, as expressed by one community leader:

“A facilitator coming from a Husbands School is advantageous for both the school and us. Firstly, we proposed the idea and got it approved, which is a win for the school. Secondly, since he comes from us, we trust him, which strengthens the bond between him and the entire school.” —**Community leader, Co-Creation, Hausa**

Other groups, notably Wadata staff, suggested that other community cadres or even external facilitators might be better suited to facilitate or at least support Husbands School members due to their more intensive training and skill sets. One staff member explained:

“I already have community influencers who are people who meet the criteria. They have already received several training courses in Zinder and also in their villages. In addition, some of them are well equipped because they have Islamic knowledge. I think these people are well placed to support awareness raising.” —**Man, Wadata staff, Co-creation, French**

Another participant proposed that health workers co-facilitate with Husbands Schools to ensure that information shared is always accurate.

Participants generally agreed that facilitators should possess a certain level of formal or Koranic education and be literate in local languages or Arabic. Community leaders were most outspoken about educational requirements, as they felt these qualifications would ensure facilitators can effectively communicate program content while also respecting cultural norms. One leader explained:

“There are two key points. Firstly, the individual should have attended modern schooling ... beyond the middle school certificate level. This level of education, in my opinion, allows them to better support the school and gain a deeper understanding before assisting the members. Secondly, if the person possesses an open mind and can transcribe using the Arabic alphabet, they are suitable for the role. Essentially, someone who has attended Koranic school and is intellectually engaged.” —**Community leader, Co-creation, Hausa**

Men also agreed that facilitators’ moral character and their standing in the community are critical for acceptance and effectiveness. Being well-regarded and embodying the values taught in the programs contributes to a facilitator’s credibility and the program’s overall impact:

“The person must be of good moral character and appreciated in their community. Since he comes from us, we trust him, which strengthens the bond between him and the entire school.” —**Community leader, Co-creation, Hausa**

Women spoke very little of their expectations of facilitators, except to specify they wanted influential, older women. One woman also mentioned the merit of engaging “wise people [elders] that everyone respects and listens to. ... For example, the village chief” (Co-creation, Hausa), or wives of community leaders, as facilitators or in support roles to enhance program acceptance and effectiveness.

2. Facilitation Model

When asked if they would prefer a designated lead facilitator instead of the current group facilitation model, opinions among men were mixed. Some agreed this would be advantageous:

“We must have a person who directs the activity or a president as we said to avoid difficulties in identifying ... who should do the other activities each time we come. This is why I proposed to reorganize the group by having a single lead.” —**Man, Co-creation, Hausa**

Others said they preferred the current facilitation model because it builds capacity of all members. However, most who supported the status quo expressed an openness to change:

“For us, [choosing a lead facilitator] is not a problem, but those who are chosen must share the information received with us. And the information they bring us will benefit us all.” —**Man, Co-creation, Hausa**

Logistics

Participants emphasized a well-organized, accessible, and supported learning environment that is mindful of the participants’ daily lives and constraints. That includes:

1. Regular Meeting Times

The organization of meetings considers the agricultural seasons, domestic responsibilities, and the timing of religious activities. This sensitivity to participants’ schedules is crucial for maximizing participation and minimizing conflicts with other obligations. Participants voiced a clear preference for a standard meeting schedule, underscoring the importance of predictability and routine. Most men agreed that the current frequency of twice-monthly meetings was ideal. They also proposed specific times of day that were most convenient, most of which were in the evening and aligning with prayer times:

“The men gather at 4:00 p.m. and the women at 8:00 p.m. after the very last evening prayer [the Isha]. When we gather, the women are doing domestic work.” —Man, Co-creation, Hausa

Weekend days, Sundays in particular, were also mentioned as days with greater free time. Women emphasized their availability and willingness to join sessions, despite the burden of household work. One said they could be available up to three times a week, given the importance of the information they would gain. Women also indicated that arranging childcare in advance was important, since they would not be able to engage actively in learning if their children were with them. Some said their husbands would look after children, while others planned to ask another female household member:

“We will organize ourselves so that we will not have problems with our husbands. We will have someone who will look after the children so there is no problem there.” —Woman, Co-creation, Kanuri

2. Meeting Location and Environment

The physical environment of meetings was also addressed. As with timing, men sought consistency, expressing their desire for a standard, dedicated meeting location:

“We would like a meeting place, that is to say, a specific place where we can meet.” —Man, Co-creation, Kanuri

Both men and women said meeting locations should be quiet, spacious areas that offer a conducive learning atmosphere. Several mentioned shade explicitly, indicating an awareness of the physical comfort of participants during sessions. Among women, discussion again centered on creating a secluded, private space where childcare duties would not distract them:

“We need a place where there is no noise, very far from children.” —Woman, Co-creation, Hausa

A few participants, both men and women, said the only locations that can meet all these criteria are outside the village:

“We really have to leave the village to hear what is being said, but in the village it’s a little difficult in a shed or under a tree.” —Woman, Co-creation, Hausa

At least one co-creation group named a specific area of the village that was ideal for meetings:

“The best place is the ‘Banda gemu’ neighborhood. ... This area is spacious and there is lots of shade.” —Woman, Co-creation, Kanuri

Given that opinions about meeting location and environment were fairly similar across all groups, it seems each Husbands School will be able to collectively identify a suitable location without much difficulty.

Content and Approach

Participants expressed a clear desire for the curriculum to cover health and well-being holistically and to do so through interactive and practical learning methods.

1. Content

Participants generally expressed high satisfaction with current Husbands School content. A majority of participants had no suggestions for curriculum improvement. However, those who responded to prompts expressed a desire to discuss health topics within a broader perspective on self-reliance and entrepreneurship. One male participant explained:

“An example, what we want at the level of the Husbands School, of course it works on the question of attendance at health facilities, but we want it to undertake initiatives to raise awareness among young people regarding entrepreneurship and not waiting for someone to help them, to rely on themselves, preserve their dignity and that of their parents.”

—**Man, Co-creation, Hausa**

Other participants, both men and women, expressed interest in agriculture, animal husbandry, small businesses and other income generating activities. Health issues were often ranked equally or even linked to these practices.

“We want to learn about practicing small trades, especially focusing on agriculture and animal raising (cattle fattening, small ruminants), prenatal consultations, birth spacing, etc.”

—**Woman, Co-creation, Kanuri**

Knowing that it is a focus of Husbands Schools, a few women also requested education on sexual and reproductive health, emphasizing prenatal care, childbirth, birth spacing, and nutrition. Participants from the Wadata team spoke about the need for more nuanced discussions on power dynamics within households, emphasizing the importance of responsibility and limitations in the exercise of power. One stated:

“For me, we need to explain to Husbands Schools that power is a responsibility and to avoid abuse in this responsibility. So, to explain, for me the man certainly has power over his wife, but he also has limits.” —**Man, Wadata staff, Co-creation, French**

2. Interactive and Practical Sessions

Participants shared many ideas for structuring successful sessions, emphasizing that they should be fun, culturally relevant, and practical. Many participants discussed a preference for interactive and participant-centered approaches. Wadata staff noted that facilitation techniques should be adapted for adult learners, confirming that the flip books, or *pagivolts*, used by current Husbands Schools support such dynamic and practical teaching methods. Other co-creation excerpts, including those celebrating Husbands Schools in the past, praised approaches like role-playing, vignettes, and storytelling as effective strategies to engage participants. As one woman put it:

“We must learn with leisure. They [Husbands School sessions] must have leisure and learning.”

—**Woman, Co-creation, Hausa**

At the same time, participants noted the importance of providing concrete and applied “real life” examples of what they are learning: As one former supervisor shared:

“People need to see something concrete with explanations. Regarding [prenatal consultations] for example, Husbands School members or facilitators must clearly explain to the population or

to the community the issues if the woman does not attend her prenatal visits, does not give birth in a health center, does not respect birth spacing, or in cases of poor nutrition. It is better to explain in simple terms with supporting examples, that is to say to refer to people they know in their family who had problems because the woman did not give birth at the health center or she neglected her prenatal visits or the husband neglected his wife and did not bring her to the health center while she was pregnant.” —Wadata staff, Co-creation, French

Some participants also called for structured, follow up actions, suggesting that learning doesn't end with the group session but continues through ongoing coaching and practical application in daily life.

Integrating Women

Participants were asked directly about the desirability and feasibility of engaging wives of Husbands School members during Immersions and co-creation sessions. By a large majority, participants supported women's participation. However, both within and across all groups—Husbands School members (men), women, community leaders, and Wadata staff—opinions diverged about whether it was appropriate for women and men to meet and discuss together.

1. Involving Women in Husbands Schools

Women unanimously shared their enthusiasm for participating in Husbands Schools, which were seen as an important opportunity for learning, self-improvement, and attaining collective goals:

“We will be very motivated because we want to learn. We will take it seriously and attend regularly. If we set about it with courage and volition, we will learn a lot of things. Knowledge is necessary for everyday life.” —Woman, Co-creation, Kanuri

Another woman noted her eagerness to be more independent, rather than waiting to be told or taught what to do by her husband:

*“We are going to have access to the information, get knowledge, do like them [men], also know everything they know. We won't be waiting for them to teach us.”
—Woman, Co-creation, Hausa*

Men and community leaders were also largely supportive, portraying women as crucial bearers of knowledge within participating communities. As such, their education is perceived as a way to enhance family and societal well-being:

*“Our idea is that if the woman receives instruction, it is better than if the man receives it. A single married woman who receives instruction can share it with her neighbors, whether it concerns questions of health, children's education or other topics.”
—Community Leader, Co-creation, Hausa*

However, there were a few notable exceptions among community leaders. One said that women's participation would be dependent on their husband's permission, who could justifiably refuse, while another disagreed with changes to the male-only format, saying:

“From the start, we talked about the Husbands School. We did not say Mixed School; that is to say, men and women together. From the start, it was a question of training ourselves and that we in turn train our wives. It is on this principle that we created it. So, now why again ask us to come with our wives to be taught?” —**Community leader, Co-creation**

2. Preference for Gender-Segregated Education

Despite overwhelming support for women’s participation in Husbands Schools, both men and women confirmed a preference for sex-segregated sessions. For instance, when asked if women and men can participate in the same place, one woman specified,

“Yes, of course, but everyone has their own class. One class for men and another for women. Or we can alternate men coming in the morning and women in the evening.”
—**Woman, Co-creation, Kanuri**

Women’s explanations for this preference were based on a desire for comfort and privacy when discussing sensitive topics in sessions. As one woman explained:

“We are more comfortable when we are alone, it is very easy to express ourselves.”
—**Woman, Co-creation, Kanuri**

Men largely agreed with women, though they offered primarily religious or cultural justifications for separate groups, noting that Islam recommends the division of women and men:

“Women, for their part, must educate their sisters and men their brothers. ... This is what Islam recommends.” —**Man, Co-creation, Hausa**

Another current Husbands School member explained that there are both cultural and practical considerations:

“At the time of meetings, we must separate men and women because for us, in our village, it is unacceptable for us to bring together men and women at the same time. The meetings that are held in our village are men apart from women. And besides, even the times don’t match. The men gather at 4:00 p.m. and the women at 8:00 p.m. after the very last evening prayer [the Isha]. When we gather, the women are doing domestic work.” —**Man, Co-creation, Hausa**

However, a few participants were more open to joint sessions. One emphasized that because the approach focuses on health for the whole family, it would be appropriate for women and men to participate together in large, public learning sessions:

“There is no problem if these men are from the village and if it is in the interest of our families. And if these meetings are public and focus on subjects concerning village life and our households.” —**Man, Co-creation, Kanuri**

Another suggested a combination approach featuring some separate and some joint sessions, which may be a culturally appropriate model.

3. Engaging Polygamous Couples

All participants agreed that determining participation within polygamous couples would be more complex. Women and men made similar comments about the need for organization at the household level but described different processes for decision-making. Women were more likely to describe a collective decision with their co-wives, or an agreement to take turns, as described by one participant:

“In my opinion if we take turns, it is better. If one of them participates in training, the next time it is the other who participates and the other takes care of the house and the children.” —**Woman, Co-creation, Hausa**

Men were more hesitant to propose a definitive model, given the diversity of individual personalities and interpersonal relationships in any given household. As one man explained:

“It all depends on the relationship between the co-wives. In some homes, co-wives are like sisters; they live in perfect symbiosis while in others it is war; they never manage to get along.” —**Man, Co-creation, Kanuri**

Another reinforced this, indicating that men would have to decide which wives participate based on family dynamics:

“It is up to each household to organize itself under the orders of the husband according to the reality of the family. One can attend, and the other stay at home or they can take turns.” —**Man, Co-creation, Kanuri**

Community leaders were also sensitive to these dynamics but held divergent opinions about how to manage them. Some proposed that all wives of polygamous men attend sessions together so that “one will not complain about the fact that the other was chosen over her” whereas others proposed a more transparent approach, with co-wives appointing one wife among themselves:

“We would like the husband to bring the women together to tell them, ‘Listen, among you, choose the one who will take part in the training.’”
—**Community leader, Co-creation, Hausa**

Thus, despite the lack of uniformity in responses, some common elements emerge—most participants support a mutual decision-making process that takes into account individual household dynamics and challenges.



RECOMMENDATIONS

Findings presented in Chapters 1–4 provide rich detail from which to develop programmatic recommendations. These include potential shifts in the intervention content to address gaps identified by community members and align with cultural and religious practices, as well as changes to the approach, to expand reach to women and make activities even more accessible. Small but meaningful changes to systematize the ad hoc community engagement strategy may also accelerate success by improving the supportive environment. Potential adaptations and their roots in the formative research findings are described in more detail in **Table 14** below.

Table 14: Potential adaptations for the gender-transformative approach

Domain	Current Approach	Gender-transformative approach	Rationale
Goal	Increase men’s knowledge and engagement in RMNCH and nutrition to improve service use and health outcomes.	Increase men’s knowledge and engagement in RMNCH and nutrition, healthy masculinities and positive communication to improve gender equity, women’s agency and decision-making and health outcomes related to RMNCH and nutrition.	Improved gender and couple dynamics and power sharing will lead to more sustainable positive health behaviors and outcomes.
Participation	Only men participate in activities.* *Small pilot of “couples’ approach” with a focus on chore-sharing has been implemented in Niger, but only a few sessions have taken place at the time of writing this report	Expand membership to include both men and women in mostly sex-segregated small groups, with limited mixed group activities.	HCD indicates that women’s education is both desired and valued by communities for its ripple effect. However, cultural and religious practice do not endorse co-ed discussions except in special circumstances.
Content	Set of 12 modular cards with health-focused illustrations on one side and key messages on the back (pagivolts), which can be used in any order. Agnostic/no link to religious practices or passages.	Add a more structured, progressive curriculum with content that explores gender, power, agency and equity within the couple relationship and the family/household. Draw on religious concepts and teachings in support of these concepts.	Formative research reveals strictly gender-segregated roles and characteristics and confirms the centrality of male decision-making power. Greater exploration of gender, power and agency are necessary to build on preliminary improvements noted by HCD in role shifting and greater couple communication. Findings emphasize the centrality of religion in structuring everyday life and informing people’s actions.
Facilitation	All Husbands School members are trained as	A limited number of members (1–2) from each	HCD findings described the ideal facilitator as someone

	facilitators; members take turns facilitating sessions.	Husbands School, plus an equal number of female facilitators, should be trained on the curriculum and facilitation techniques. Separate male / female facilitators for men's and women's groups.	who is literate (in local language or Arabic) and respected in the community. Participants were clear that groups should be facilitated by members of the same sex.
Session Structure	Largely unstructured; planned and organized by members in turns, with emphasis on open dialogue.	Provide standardized structure for all sessions with simple, visual guide (to accommodate low literacy facilitators). Consider use of stories, activities or other interactive approaches.	Many HCD participants described the need for ongoing facilitator coaching and support due to the health content. A standard session structure will reduce facilitator burden and increase program quality. Participants also expressed a desire for interactive activities and examples to make learning fun and practical.
Community Engagement	Ad hoc; each Husbands School develops an individualized Action Plan, which includes community sensitization, support for community-based health initiatives and any other activities they choose.	Systematize community engagement by prompting members to discuss each session's topic with community members, especially traditional and religious leaders. Consider community events/celebrations to share learning and positive change.	Formative work makes it clear that traditional and religious leaders are highly respected and influential community members. More consistent and intentional engagement (e.g. organized diffusion) with this and other key reference groups such as mothers-in-law will promote a more supportive environment for couples to make changes in the division of labor and responsibilities.
Sustainability	Train all Husbands School members so they can support one another and continue to function.	Link the Husbands Schools to an existing community structure (i.e. Community Health Committees) or the health system to ensure continuity.	HCD findings describe how Husbands Schools strive to continue holding meetings and continue community outreach without the benefit of consistent supervision or technical updates. Linking them to existing structures or resources, even if small, may provide just enough support to continue their work.

Operationalizing these recommendations will contribute to promoting a supportive environment for both men and women to engage in the adapted version of Husbands Schools and improvements in localized conceptualizations of gender equity and agency.

Developing and Revising a Theory of Change

Emerging formative research and HCD findings contributed to an initial program theory of change (ToC), which was developed by implementation team members from Equipundo, FAD, and Save the Children during the early stages of intervention conceptualization. Findings also informed a Design Workshop with Wadata project staff, during which the ToC was collectively reviewed and refined, and additional design discussions with community members. Important changes to the ToC resulted from these collaborative meetings (see Figure 5). Additional mechanisms of change linked to novel intervention content and session structure are represented in the box labeled “Adapted HS Approach.” These include awareness of concepts like power, equity, and positive communication (increasing knowledge); critical reflection on gender norms in small group settings (safe spaces); practice of gender-equitable behaviors (learning by doing); and weekly commitments that encourage discussion with other community members (organized diffusion). They will compound and accelerate mechanisms leveraged in the current Husbands School design. A structured community engagement approach that systematically engages traditional and religious leaders in discussion on intervention topics is also featured in the ToC, demonstrating a critical pathway for improving the supportive environment for social and behavior change.

Theory of Change for the Gender Transformative Husbands Schools Approach

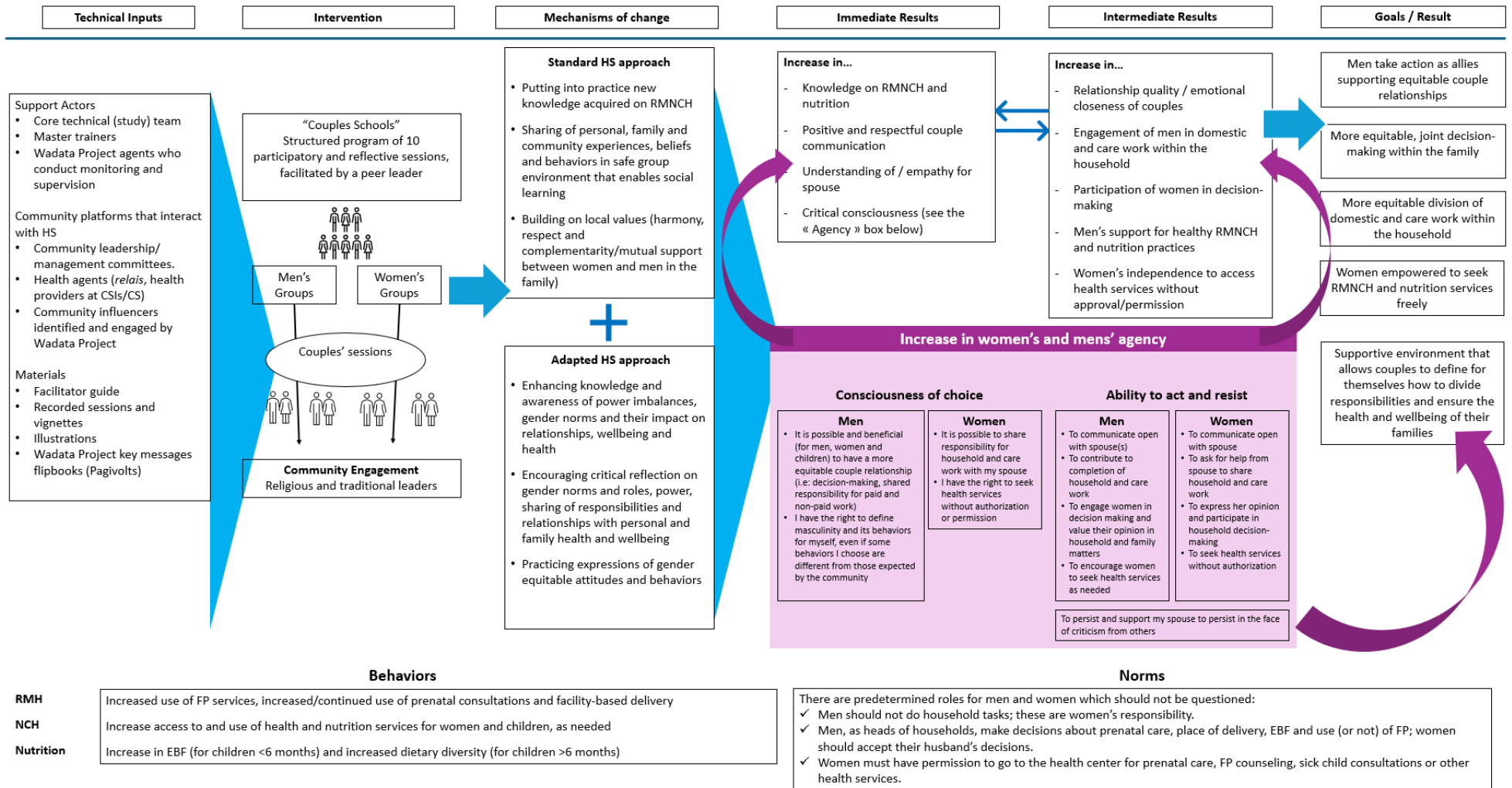


Figure 5: Adapted Theory of Change (ToC)



STUDY LIMITATIONS

This study faced several limitations that may impact its findings. First, the geographical focus on specific regions in Zinder may limit our ability to generalize results to broader populations in Niger or similar settings. Additionally, the recruitment process, which involved local officials and a village assembly approach, may have introduced social desirability bias, and this method may have overlooked less engaged or marginalized individuals. Moreover, in translation from audio to French script, and then to English, some nuanced data might have been lost. However, all translated interviews were carefully checked against the French transcripts, and when unclear, audio transcripts were discussed and checked against the Hausa and Kanuri audio recordings. Finally, the specific focus on married individuals with experience in the Husbands Schools initiative limits the applicability of the findings to other populations and interventions.



CONCLUSION

Our findings are supported by previous research, which has found that many Nigerien women who marry at a very young age, or who are newly married, are navigating and learning from multiple new experiences, such as living with in-laws and their husbands for the first time. At the same time, young women are also navigating hierarchical family structures along the lines of gender and age, which means they may have limited power and influence to make decisions, particularly when compared to their husbands, mothers-in-law, and other elder family members. Further, when men need to migrate for seasonal work, this usually entails living apart from their families for four to five months of the year. During this time, women often face increasing challenges taking care of household responsibilities and looking after their children—including ensuring their education and buying and preparing food, among other tasks. At the same time, we also found that religion is a deep and driving force that shapes harmonious family and community life, guiding roles, responsibilities, and social expectations.

“Religion plays an important role because without it, how is it possible for a man and his wife to live in symbiosis. Indeed, it plays a very important role! Without religion, would we be happy on this earth? Now don’t you see that it is religion which makes the woman first ask permission from her husband if she wants to go out and she attends to religion, her prayers and takes care of the children? Without religion, how would we proceed? Without religion, the world would not be good to live in. It is religion that regulates our life in society. Everyone must play their part. May God arrange our lives and guide us!”
—**Community leader, Immersion, Magaria**

Finally, the study team has reflected on how the findings in the formative research relate to the initial framework proposed by Agency for All (Figure 3 above), which consists of critical consciousness, self-efficacy, conviction of choice, and the ability to act and resist. Each component of the model contributes to the holistic improvement in a person’s capacity to make independent choices and follow through to turn their choices into goals and actions. Our findings from this formative research emphasize both individual and collective agency, which can either enhance or discourage individual agency. We also found that individual and collective agency are closely linked, and that exercising agency is an incentive to achieve shared goals for a good life (e.g., having healthy children, families and communities, having basic needs met and achieving financial stability/well-being, and leading a pious life in alignment with Islamic values and principles).

Our primary take-aways from exploring the importance of gender equity, social norms and agency in the lives of men and women in these communities are that:

- Men retain final decision-making power, in accordance with both traditional and religious practices; however, the level of influence women have and their level of engagement in decision-making processes varies across households and the type of decisions to be made. Therefore, taking an intersectional lens to understanding women’s SRH and nutrition-related agency is essential. For example, the level of women’s agency varied based on factors such

as their education or health knowledge, their status in polygamous households, the harmony within their relationships, their pregnancy and birth spacing history, seasonal migration of husbands, and engagement in income-generating activities.

- Individuals often negotiate between traditional norms and evolving practices. Women's agency is more accepted when it aligns with family and community well-being, such as improving child health and household progress.
- Collective agency (within the family unit) is shaped by culturally prescribed roles and hierarchies, where decisions by husbands and mothers-in-law hold more weight than women's decisions. In this sense, collective agency is a layered and sometimes competing set of individual agencies that entails balancing individual perspectives, desires and needs with expectations of family, peers, and community members.
- While husbands are regarded as the *chef de famille* and have the final say, decisions (health-related and otherwise) are often made collectively and influenced by multiple family members, especially in the husband's absence, with mothers-in-law and extended family members taking on significant roles.
- Reference groups, including in-laws, friends, and community leaders, also play crucial roles in shaping and supporting multiple levels of agency, often reinforcing traditional norms.
- How women exercise agency varies by outcome. For instance, women's agency is comparatively more constrained around decisions related to breastfeeding and family planning use and community-based advocacy. In some cases, women may exercise individual agency without the knowledge of their husbands and in-laws, such as in using a contraceptive method. For behaviors such as breastfeeding and women's nutrition, social norms constrain women to disagree with or oppose the decisions made by their mothers-in-law. The mother-in-law is accepted to be the decision-maker on behaviors that affect her grandchildren.

APPENDICES

Appendix A. Focus Group Discussion Interview Guides

Appendix A.1.1 Focus Group Discussion Guide (**Gender**) **Married Men**

Introduction

Thank you for agreeing to take part in this discussion. We are conducting this discussion to better understand the roles of men and women in your community. In another week or so, we will ask you to join us today to talk about health and your family. Today, we'll discuss how men act or are expected to act, and how women act and are expected to act and what both men and women aspire to in their lives. We will also explore the hopes and dreams you have for yourself and your family members, and the opportunities and resources available to them to fulfill these hopes and dreams. This information will be used to inform the ways that we can best work with your communities.

Section 1

Men and Women in the Community

We'd like to start with a quick activity of your understanding of how people in your community think about what a good man is, and how you can recognize one. I'm going to read new sentences, and I'd like you each complete the sentence for me:

1. The qualities of a good man are ...
Probe: what are his manners, how does he look, what his status is in the community, is he married?
2. The ways a good man behaves are ...
Probe: With his wife, with his children, toward others in the community...
3. A good man cares for his family by providing...
Probe: financial support, emotional support, protection, etc.
4. In this community, a good man or husband spends his time...
Probe: with his family, with his parents, with his friends, out of the home, in the community, etc.

What are some things a good man should not do? Now we would like to get your understanding of how people in your community think about what a good woman is, and how you can recognize one. I'm going to read new sentences, and I'd like you each complete the sentence for me:

5. The qualities of a good woman are ...
Probe: what are her manners, how does she look, what her status is in the community, is she married?
6. The ways a good woman behaves are ...
Probe: with her husband, with her children, toward others in the community
7. A good woman cares for her family by providing...
Probes: financial support, emotional support, etc.
8. In this community, a good woman spends her time...
Probe: with her family, with her parents, with her friends, at the market(s), out of the home, in the community, etc.
9. What are some things a good woman should not do?

Thank you for your contributions on describing men and women in this community. I would like us to now focus on the roles and responsibilities that men and women have. We would like to understand if there are any differences in these roles between men and women, what those differences are, and why that's important. First, we'll ask some general questions, then share a short story. Let's start with some questions about the responsibilities of men and women and the household and in the community...

1. What does a good life look like for a man in your community?
2. For men in this community, what is the best part of being a husband?
3. For men in this community, what is the best part of being a father?
4. What are the most challenging parts of being a husband? Of being a father?
5. What are the biggest challenges men face in being the type of father/husband they would like to be?
6. What does a good life look like for a woman in your community?
7. For women in this community, what is the best part of being a wife?
8. For women in this community, what is the best part of being a mother?
9. What are the biggest challenges women face in being the type of mother/wife they would like to be?
10. In this community, how do husbands show love or care for their wives?
11. In this community, how do wives show love or care for their husbands?
12. How do fathers show their love and care to their children?
13. How do mothers show their love and care to their children?
14. In this community, how does a good son behave?
15. In this community, how does a good daughter behave?

Section 2

Gender roles and responsibilities

Now, we'd like to share a story with you and ask you some questions...

[START OF STORY]

Djamila is 23 years old. Djamila's husband, Issaka works as a carpenter. He leaves the house early and comes back in the evening. Djamila wakes up before him to tidy the house and prepare breakfast for him and their 4 children. Djamila works in the farm every morning, then she returns to

prepare lunch for the children. In the afternoon, she fetches water and firewood and makes sure the house and compound are clean. When her husband comes back from work, she brings him water to wash his hands and serves him food while he rests. In the evening, he may go out and chat with friends while she cleans the dishes, cleans the house and prepare the beds for the whole family. Djamila only goes to sleep after the house is clean and the rest of the family has retired.

[END OF STORY]

1. How common is the division of work between Issaka and Djamila in your community?
2. What is Issaka's role in his household and family besides working as a carpenter? What might he be doing to support Djamila at home?
3. How do you think Djamila feels at the end of every day? How does she feel about her life?
Probe: Happy, satisfied with her life, tired, etc.
4. How do you think Issaka feels at the end of every day? How does he feel about his life?
Probe: Happy, satisfied with his life, tired, etc.
5. What do you think Djamila's mother-in-law thinks about Djamila work throughout the day?
Probe: would she see it as fair and/or reasonable? What would she think about her son's role? Would she think it is fair and reasonable?
6. What would people in this community think about Djamila's work throughout the day?
Probe: Would they see her role as fair and/or reasonable? What would they think about her husband's role? Would they think it is fair and/or reasonable? Would women's feelings on this differ depending on their age or position in life (i.e. young wife vs mother-in-law)
7. If Djamila wanted to talk about changes to her role and work in the home, whom would she approach with her ideas? How do you think these people would react to her?
Probe: Husband, mother-in-law, father-in-law, friends, siblings, religious leader/counselor, etc.?
8. What would happen if Djamila did not fulfill these daily chores and responsibilities in the home? What about over multiple days? Who would support Djamila if she needed support?
9. What would happen if Djamila asks her Issaka to engage in some of the housework – such as fetching wood or water? What would encourage him to help Djamila with some of her housework?
10. Whose opinion or reaction would matter to Djamila if she was seeking to change the sharing of care work with her husband?
11. What would Djamila's father-in-law think or say?
12. Would Djamila's husband's friends or male family members have any opinion on this? What would those opinions be? Whose opinion would be most influential?
13. What would happen if Issaka agreed with Djamila and supported her by doing some of the chores in the home?
14. What would people in the community say if they noticed Issaka doing more of the housework?

Section 3

Life aspirations in the community

Thank you so much for your contributions to our discussion this far. We only have a few final questions. As we finish our discussion, we would like to hear your thoughts on the goals people in this community have for themselves. We're going to show you pictures of people in this community and ask you questions about what goals they might have, and how they should reach these goals.

[Show laminated photographs one by one of: young man; older man; young married couple; older married couple, and ask the following questions for each photo]

1. In 2-5 years', time...what goals do you think they would have for their health and well-being and the health and well-being of their family?
2. What do you think they need to be able to achieve those health and well-being goals?
3. What barriers do you think are in the way of achieving these health and well-being goals?

We have now come to the end of our discussion. We thank you so much for your time and your contributions to the discussion. It has been very insightful, and we leave with a new understanding of gender issues in this community. The information you have provided will be very valuable for our analysis, and the findings will be used only as intended by the study. Thank you!

Appendix A.1.2 Focus Group Discussion Guide (Health) Married Men

Introduction

Thank you for agreeing to take part in this discussion. This discussion is related to our first discussion together [insert the timeframe of FGD 1], but this time, we'd like to better understand the roles of men and women as it relates to their health and well-being, for matters like pregnancies, maternal health, child health, reproductive health, and nutrition. This information will be used to inform the ways that we can best work with your communities.

Section 1

Health Care Roles and Responsibilities

First, we would like to ask you some questions about how husbands and wives share health-related responsibilities in their marriages and in their home. Here we have a set of cards with images of situations. We're going to show you the images, and ask you to describe what you see, what is happening, what might have happened before and what might happen next.

Images will be of: (1) A husband and wife at a clinic together seeking SRH care, (2) A husband attending PNC visits with baby, (2) A husband feeding children and infants within the home, (3) A husband taking his child to a clinic for health care alone; (4) A husband doing domestic chores such as cleaning, cooking, taking care of the home.

Instructions: *[Show the images to the group one by one. For each image ask: What is happening in this picture? Is what's happening typical in this community? If yes, how so? If not, what would be? What might have happened before this picture? What would happen next? How do you feel about what is happening in this image? Does this image reflect a good relationship between this woman and her husband?]*

Section 2

Gender Norms and Agency Regarding Health Care (RMNCH, Nutrition)

Thank you for all the thoughts you have shared about the roles men and women play in the community and in the household, and in making decisions about their family's health. It has helped us to understand how men and women interact in this community. Now we would like to understand how these roles look through a story.

[START OF STORY]

Let's imagine that a woman called Fatouma lives in this community. She is 16 years old and recently married. Now she is pregnant with her first child. Her husband Abdou is gone for seasonal labor so when her neighbor notices that she is pregnant, she suggests that Fatouma should go to the health center for prenatal consultation. Fatouma has only attended one appointment so far – she was selling at the market on the day of the first one and she didn't have any transport money for the second.

1. How would Fatouma decide to go to for prenatal visits? Could Fatouma make the decision on her own to go to the clinic? Why? Why not?
2. How do you think Abdou would react to her making the decision in this way? How would he expect her to handle it?
3. How appropriate was it for Fatouma's neighbor to make this suggestion to her? Do you think there was any problem regarding Fatouma taking advice from the neighbor? Does she need to get permission from someone else? If so from whom? [agency/decision-making]
4. Are there health care decisions regarding Fatouma and her pregnancy that cannot be made by Fatouma alone/by herself? Why? Who would normally make such decisions?
5. How would Fatouma pay for the transport for her second appointment? Would she need to ask someone for money? [If yes, who? If no, why not?]
6. Will people in the community have any opinions about whether or not Fatouma should attend her prenatal consultations? What will they think? [injunctive norms]

[CONTINUATION OF STORY]

Fatouma's baby was born and is now a healthy 4-month-old. Her mother-in-law often instructs her how to care for the baby. Fatouma wanted to breastfeed the baby exclusively like the midwife suggested, but her mother-in-law told her the baby will get sick without additional water and food. Her co-wives agreed, and her husband did not intervene.

1. Is it usual or unusual for senior women in your community to insist that young wives provide their new babies with food or water instead of relying entirely on breastfeeding?
2. What advice would Abdou give Fatouma?

3. To what extent can young mothers like Fatouma make decisions about how to feed their babies on their own, regardless of what others in their families might expect or demand? [agency/decision-making]
4. Is it usual or unusual that Fatouma's husband did not intervene? Are there any circumstances under which he might intervene? [reference groups]
5. Would Fatouma's father-in-law have a role to play in this decision?
6. Would Fatouma's husband's friends or male family members have any opinion on this? What would those opinions be? Whose opinion would be most influential?
7. Do you think Fatouma spoke to Abdou about breastfeeding her baby? Why do you think that might be? What might Abdou have done or said if she did?
8. If Fatouma ignored her co-wives' advice, what might happen? [sanctions]
9. If Fatouma ignored her mother-in-law's advice, what might happen? [sanctions]
10. What about if she ignored Abdou's advice?
11. What do you think would need to happen for Fatouma to follow the midwife's advice?
12. Who else is involved in decision-making about child feeding? Who makes the final decision?

[CONTINUATION OF STORY]

Fatouma's pregnancy and birth were very difficult so she would like to wait another year before becoming pregnant again. Fatouma knows about family planning because her neighbor uses it to space her pregnancies. She encouraged Fatouma to go to the health center for more information. Fatouma has not spoken to her husband about this.

1. Do you think there are many women in your community like Fatouma's neighbor who use family planning? [descriptive norm]
2. Do young women like Fatouma believe they can go to the health center for information on family planning if they want to? Are young women like Fatouma influenced by the opinions or expectations of their family or community members when they consider this choice? How so? [agency/decision-making]
3. What do you think Fatouma's mother-in-law would advise her?
4. What will others in the community believe that Fatouma should do if she wants to use family planning? [injunctive norms]
5. Can you tell me why you think Fatouma might not have spoken to her Abdou about using family planning? What might happen if she did talk to Abdou?
6. What might happen if Fatouma uses family planning without telling Abdou?
7. Are there any circumstances in which it is acceptable for women to use family planning without telling their husbands? [agency/decision-making; injunctive norms]
8. What might people think or say about Fatouma if they learn she is using family planning? What would they think if they learned that she was using family planning without her husband's knowledge or permission? What might happen if they find out? [injunctive norms; sanctions]
9. Does Fatouma's mother-in-law have input into this decision? How so? Who else would be involved? Who makes the final decision?
10. Would Fatouma's father-in-law think or say?

11. Would Fatouma's husband's friends or male family members have any opinion on this? What would those opinions be? Whose opinion would be most influential? What about religious/community leaders?

[CONTINUATION OF STORY]

A mobile clinic came to Fatouma's village, and she brought her baby for a routine check-up and vaccinations. While she was there, the nurse offered to counsel her on family planning, and she accepted. Afterwards, she decided to use birth control pills. She did not discuss her decision with her husband Abdou. When he found the pills a few weeks later, he was very angry and yelled angrily at Fatouma.

[END OF STORY]

1. What might others think or say about Abdou if they learn his wife is using family planning (same)? [sanctions]
2. Would Fatouma's father-in-law think or say?
3. Would Fatouma's husband's friends or male family members have any opinion on this? What would those opinions be? Whose opinion would be most influential? What about religious/community leaders?
- 4.
5. Do you think most husbands would react the same way Abdou did? [descriptive norm]
6. How would the rest of the family or the neighbors respond if they overheard this argument? [sanctions]
7. Do you think Abdou eventually accepted Fatouma's use of FP? If so, how was it that he was able to have a change of mind?

We have now come to the end of our discussion. We thank you so much for your time and your contributions to the discussion. It has been very insightful, and we leave with a new understanding of gender issues in this community. The information you have provided will be very valuable for our analysis, and the findings will be used only as intended by the study. Thank you!

Appendix A.2.1 Focus Group Discussion Guide (Gender) Married Women

Introduction

Thank you for agreeing to take part in this discussion. We are conducting this discussion to better understand the roles of men and women in your community. In another week or so, we will ask you to join us today to talk about health and your family. Today, we'll discuss how men act or are expected to act, and how women act and are expected to act and what both men and women aspire to in their lives. We will also explore the hopes and dreams you have for yourself and your family members, and the opportunities and resources available to them to fulfill these hopes and dreams. This information will be used to inform the ways that we can best work with your communities.

Section 1

Men and Women in the Community

We'd like to start with a quick activity of your understanding of how people in your community think about what a good man and a good son/son in law is, and how you can recognize one. I'm going to read new sentences, and I'd like you each complete the sentence for me:

1. The qualities of a good man are...
Probe: what are his manners, how does he look, what his status is in the community, is he married?
2. The ways a good man behaves are ...
Probe: With his wife, with his children, toward others in the community...
3. A good man cares for his family by providing...
Probe: financial support, emotional support, protection, etc.
4. In this community, a good man or husband spends his time...
Probe: with his family, with his parents, with his friends, out of the home, in the community, etc.
5. What are some things a good man should not do?

What are some things a good man should not do? Now we would like to get your understanding of how people in your community think about what a good woman is, and how you can recognize one. I'm going to read new sentences, and I'd like you each complete the sentence for me:

6. A good woman is ...
Probe: what are her manners, how does she look, what her status is in the community, is she married?
7. The ways a good woman behaves are ...
Probe: with her husband, with her children, toward others in the community
8. A good woman cares for her family by providing...
Probes: financial support, emotional support, etc.
9. In this community, a good woman spends her time...
Probe: with her family, with her parents, with her friends, at the market(s), out of the home, in the community, etc.
10. What are some things a good woman should not do?

Thank you for your contributions on describing men and women in this community. I would like us to now focus on the roles and responsibilities that men and women have. We would like to understand if there are any differences in these roles between men and women, what those differences are, and why that's important. First, we'll ask some general questions, then share a short story. Let's start with some questions about the responsibilities of men and women and the household and in the community...

1. What does a good life look like for a man in your community?
2. For men in this community, what is the best part of being a husband?

3. For men in this community, what is the best part of being a father?
4. What are the biggest challenges men face in being the type of father/husband they would like to be?
5. What does a good life look like for a woman in your community?
6. For women in this community, what is the best part of being a wife?
7. For women in this community, what is the best part of being a mother?
8. What are the most challenging parts of being a wife? Of being a mother?
9. What are the biggest challenges women face in being the type of mother/wife they would like to be?
10. In this community, how do husbands show love or care for their wives?
11. In this community, how do wives show love or care for their husbands?
12. How do fathers show their love and care to their children?
13. How do mothers show their love and care to their children?
14. In this community, how does a good son behave?
15. In this community, how does a good daughter behave?

Section 2

Gender roles and responsibilities

Now, we'd like to share a story with you and ask you some questions....

[START OF STORY]

Djamila is 23 years old. Djamila's husband, Issaka works as a carpenter. He leaves the house early and comes back in the evening. Djamila wakes up before him to tidy the house and prepare breakfast for him and their 4 children. Djamila works in the farm every morning, then she returns to prepare lunch for the children. In the afternoon, she fetches water and firewood and makes sure the house and compound are clean. When her husband comes back from work, she brings him water to wash his hands and serves him food while he rests. In the evening, he may go out and chat with friends while she cleans the dishes, cleans the house and prepare the beds for the whole family. Djamila only goes to sleep after the house is clean and the rest of the family has retired.

[END OF STORY]

1. How common is the division of work between Issaka and Djamila in your community?
2. What is Issaka's role in his household and family besides working as a carpenter? What might he be doing to support Djamila at home?
3. How do you think Djamila feels at the end of every day? How does she feel about her life?
Probe: Happy, satisfied with her life, tired, etc.
4. How do you think Issaka feels at the end of every day? How does he feel about his life?
Probe: Happy, satisfied with his life, tired, etc.
5. What do you think Djamila's mother-in-law thinks about Djamila work throughout the day?
Probe: would she see it as fair and/or reasonable? What would she think about her son's role? Would she think it is fair and reasonable?
6. What would people in this community think about Djamila's work throughout the day?
Probe: Would they see her role as fair and/or reasonable? What would they think about her husband's role? Would they think it is fair and/or reasonable? Would women's feelings on this differ depending on their age or position in life (i.e. young wife vs mother-in-law)

7. If Djamila wanted to talk about changes to her role and work in the home, whom would she approach with her ideas? How do you think these people would react to her?
Probe: Husband, mother-in-law, father-in-law, friends, siblings, religious leader/counselor, etc.?
8. What would happen if Djamila did not fulfill these daily chores and responsibilities in the home? What about over multiple days? Who would support Djamila if she needed support?
9. What would happen if Djamila asks her Issaka to engage in some of the housework – such as fetching wood or water? What would encourage him to help Djamila with some of her housework?
10. Whose opinion or reaction would matter to Djamila if she was seeking to change the sharing of care work with her husband?
11. What would happen if Issaka agreed with Djamila and supported her by doing some of the chores in the home?
12. What would people in the community say if they noticed Issaka doing more of the housework?

Section 3

Life aspirations in the community

Thank you so much for your contributions to our discussion this far. We only have a few final questions. As we finish our discussion, we would like to hear your thoughts on the goals people in this community have for themselves. We're going to show you pictures of people in this community and ask you questions about what goals they might have for the health and well-being of themselves and their families, and how they should reach these goals.

[Show laminated photographs one by one of: young woman; older woman; young married couple; older married couple, and ask the following questions for each photo]

1. In 2-5 years', time...what goals do you think they would have for their health and well-being and the health and well-being of their family?
2. What do you think they needs to be able to achieve those health and well-being goals?
3. What barriers do you think are in the way of achieving these health and well-being goals?

We have now come to the end of our discussion. We thank you so much for your time and your contributions to the discussion. It has been very insightful, and we leave with a new understanding of gender issues in this community. The information you have provided will be very valuable for our analysis, and the findings will be used only as intended by the study. Thank you!

Appendix A.2.2 Focus Group Discussion Guide (Health) Married Women

Introduction

Thank you for agreeing to take part in this discussion. This discussion is related to our first discussion together [insert the timeframe of FGD 1], but this time, we'd like to better understand the roles of men and women as it relates to their health and well-being, for matters like pregnancies, maternal health, child health, reproductive health, and nutrition. This information will be used to inform the ways that we can best work with your communities.

Section 1

Health Care Roles & Responsibilities

First, we would like to ask you a little but more about how husbands and wives share health-related responsibilities in their marriages and in their home. Here we have a set of cards with images of situations. We're going to show you the images, and ask you to describe what you see, what is happening, what might have happened before and what might happen next.

Images will be of: (1) A husband and wife at a clinic together seeking SRH care, (2) A husband attending PNC visits with wife and baby, (2) A husband feeding children and infants within the home, (3) A husband taking his child to clinics for health care alone; (4) Husbands doing domestic chores such as cleaning, cooking, taking care of the home.

Instructions: *[Show the images to the group one by one. For each image ask: What is happening in this picture? Is what's happening typical in this community? If yes, how so? If not, what would be? What might have happened before this picture? What would happen next? How do you feel about what is happening in this image? Does this image reflect a good relationship between this woman and her husband? What would you like/prefer to see happening in this image? Why?]*

Section 2

Social and Gender Norms and Agency Regarding Health Care (RMNCH, nutrition)

Thank you for all the thoughts you have shared about the roles men and women play in the community and in the household, and in making decisions about their family's health. It has helped us to understand how men and women interact in this community. Now we would like to understand how these roles look through a story.

[START OF A STORY]

Let's imagine that a woman called Fatouma lives in this community. She is 16 years old and recently married. Now she is pregnant with her first child. Her husband Abdou is gone for seasonal labor so when her neighbor notices that she is pregnant, she suggests that Fatouma to go to the health center for prenatal consultation. Fatouma has only attended one appointment so far – she was

selling at the market on the day of the first one and she didn't have any transport money for the second.

1. How would Fatouma decide whether or not to go to for prenatal visits? Could Fatouma make the decision on her own whether or not to go to the clinic? Why? Why not? [agency/decision-making]
2. How appropriate was it for Fatouma's neighbor to make this suggestion to her? Do you think there was any problem regarding Fatouma taking advice from the neighbor? Does she need to get permission from someone else? If so from whom? [agency/decision-making]
3. Are there health care decisions regarding Fatouma and her pregnancy that cannot be made by Fatouma alone/by herself? Why? Who would normally make such decisions?
4. How would Fatouma pay for the transport for her second appointment? Would she need to ask someone for money? [If yes, who? If no, why not?]
5. Will people in the community have any opinions about whether or not Fatouma should attend her prenatal consultations? What will they think if she does attend? What will they think if she does not attend? [injunctive norms]

[CONTINUATION OF STORY]

Fatouma's baby was born and is now a healthy 4-month-old. Her mother-in-law often instructs her how to care for the baby. Fatouma wanted to breastfeed the baby exclusively like the midwife suggested, but her mother-in-law told her the baby will get sick without additional water and food. Her co-wives agreed, and her husband did not intervene.

1. Is it usual or unusual for senior women in your community to insist that young wives provide their new babies with food or water instead of relying entirely on breastfeeding?
2. If Fatouma ignored her mother in law's advice, what might happen? [sanctions]
3. What would be the role of Fatouma's co-wives in this decision?
4. If Fatouma ignored her co-wives' advice, what might happen? [sanctions]
5. To what extent can young mothers like Fatouma make their own decisions about how to feed their babies without taking into account the opinions of others in their family? [agency/decision-making]
6. Is it usual or unusual that Fatouma's husband did not intervene? Are there any circumstances under which he might intervene? [reference groups]
7. What do you think would need to happen for Fatouma to follow the midwife's advice?
8. Who else is involved in decision-making about child feeding? Who makes the final decision?

[CONTINUATION OF STORY]

Fatouma's pregnancy and birth were very difficult so she would like to wait another year before becoming pregnant again. Fatouma knows about family planning because her neighbor uses it to space her pregnancies. She encouraged Fatouma to go to the health center for more information. Fatouma has not spoken to her husband about this.

1. Do you think there are many women in your community like Fatouma's neighbor who use family planning? [descriptive norm]

2. Do young women like Fatouma believe they can go to the health center for information on family planning if they want to? Are young women like Fatouma influenced by the opinions or expectations of their family or community members when they consider this choice? How so? [agency/decision-making]
3. What will others in the community believe that Fatouma should do if she wants to use family planning? [injunctive norms]
4. Can you tell me why you think Fatouma might not have spoken to her Abdou about using family planning? What might happen if she did talk to Abdou?
5. Are there any circumstances in which it is acceptable for women to use family planning without telling their husbands? [agency/decision-making; injunctive norms]
6. What might people think or say about Fatouma if they learn she is using family planning? How might people in the community react if they learned that she was using family planning without her husband's knowledge or permission? [injunctive norms; sanctions]
7. Does Fatouma's mother-in-law have input into this decision? How so? Who else would be involved? Who makes the final decision?

[CONTINUATION OF STORY]

A mobile clinic came to Fatouma's village, and she brought her baby for a routine check-up and vaccinations. While she was there, the nurse offered to counsel her on family planning, and she accepted. Afterwards, she decided to use birth control pills. She did not discuss her decision with her husband Abdou. When he found the pills a few weeks later, he was very angry and yelled angrily at Fatouma.

[END OF STORY]

1. What might others think or say about Abdou if they learn his wife is using family planning (same)? [sanctions] What would his family think? His friends?
2. Do you think most husbands would react the same way Abdou did? [descriptive norm]
3. How would the rest of the family or the neighbors respond if they overheard this argument? [sanctions]
4. Do you think Abdou eventually accepted Fatouma's use of FP? If so, how was it that he was able to have a change of mind?

We have now come to the end of our discussion. We thank you so much for your time and your contributions to the discussion. It has been very insightful, and we leave with a new understanding of gender issues in this community. The information you have provided will be very valuable for our analysis, and the findings will be used only as intended by the study. Thank you!

Appendix A.3.1 Focus Group Discussion Guide (Gender) Mothers-in-law

Introduction

Thank you for agreeing to take part in this discussion. We are conducting this discussion to better understand the roles of men and women in your community. In another week or so, we will ask you to join us today to talk about health and your family. Today, we'll discuss how men act or are expected to act, and how women act and are expected to act and what both men and women aspire to in their lives. We will also explore the hopes and dreams you have for yourself and your family members, and the opportunities and resources available to them to fulfill these hopes and dreams. This information will be used to inform the ways that we can best work with your communities.

Section 1

Men and Women in the Community

We'd like to start with a quick activity of your understanding of how people in your community think about what a good man and a good son/son in law is, and how you can recognize one. I'm going to read new sentences, and I'd like you each complete the sentence for me:

1. The qualities of a good man are ...
Probe: what are his manners, how does he look, what his status is in the community, is he married?
2. The ways a good man behaves are ...
Probe: With his wife, with his children, toward others in the community...
3. A good man cares for his family by providing...
Probe: financial support, emotional support, protection, etc.
4. In this community, a good man or husband spends his time...
Probe: with his family, with his parents, with his friends, out of the home, in the community, etc.
5. What are some things a good man should not do?
6. Has your view of what makes a good man changed since becoming a mother-in-law?
7. How does a good son behave? What are the responsibilities of a good son?

Now we would like to get your understanding of how people in your community think about what a good woman and a good daughter/daughter in law is, and how you can recognize one. I'm going to read new sentences, and I'd like you each complete the sentence for me:

1. The qualities of a good woman are...
Probe: what are her manners, how does she look, what her status is in the community, is she married?
2. The ways a good woman behaves are ...
Probe: with her husband, with her children, toward others in the community
3. A good woman cares for her family by providing...
Probes: financial support, emotional support, etc.

4. In this community, a good woman spends her time...
Probe: with her family, with her parents, with her friends, at the market(s), out of the home, in the community, etc.
5. What are some things a good woman should not do?
6. How does a good mother-in-law behave? What are the responsibilities of a good mother-in-law?
7. Has your view of what makes a good woman changed since becoming a mother-in-law?
8. How does a good daughter-in-law behave? What are the responsibilities of a good daughter in law?

Thank you for your contributions on describing men and women, sons and daughters, and your role as a mother-in-law in this community. I would like us to now focus on the roles and responsibilities that men and women have. We would like to understand if there are any differences in these roles between men and women, what those differences are, and why that's important. First, we'll ask some general questions, then share a short story. Let's start with some questions about the responsibilities of men and women and the household and in the community...

1. What does a good life look like for a man in your community?
2. For men in this community, what is the best part of being a husband?
3. For men in this community, what is the best part of being a father?
4. What are the most challenging parts of being a woman? A mother-in-law?
5. What do you think are the biggest challenges men face in being the type of father/husband they would like to be?
6. What does a good life look like for a woman in this community?
7. For women in this community, what is the best part of being a wife?
8. For women in this community, what is the best part of being a mother?
9. What are the biggest challenges women face in being the type of mother/wife they would like to be?
10. In this community, how do husbands show love or care for their wives?
11. In this community, how do wives show love or care for their husbands?
12. How do fathers show their love and care to their children?
13. How do mothers show their love and care to their children?

Now, we'd like to share a story with you and ask you some questions...

Section 2

Gender roles and responsibilities

[START OF STORY]

Djamila is 23 years old. Djamila's husband, Issaka works as a carpenter. He leaves the house early and comes back in the evening. Djamila wakes up before him to tidy the house and prepare breakfast for him and their 4 children. Djamila works in the farm every morning, then she returns to prepare lunch for the children. In the afternoon, she fetches water and firewood and makes sure the house and compound are clean. When her husband comes back from work, she brings him water to wash his hands and serves him food while he rests. In the evening, he may go out and chat with

friends while she cleans the dishes, cleans the house and prepare the beds for the whole family. Djamila only goes to sleep after the house is clean and the rest of the family has retired.

[END OF STORY]

1. How common is the division of work between Issaka and Djamila in your community?
2. What is Issaka's role in his household and family besides working as a carpenter? What might he be doing to support Djamila at home?
3. How do you think Djamila feels at the end of every day? How does she feel about her life?
Probe: Happy, satisfied with her life, tired, etc.
4. How do you think Issaka feels at the end of every day? How does he feel about his life?
Probe: Happy, satisfied with his life, tired, etc.
5. What do you think Djamila's mother-in-law thinks about Djamila work throughout the day?
Probe: would she see it as fair and/or reasonable? What would she think about her son's role? Would she think it is fair and reasonable?
6. What would people in this community think about Djamila's work throughout the day?
Probe: Would they see her role as fair and/or reasonable? What would they think about her husband's role? Would they think it is fair and/or reasonable? Would women's feelings on this differ depending on their age or position in life (i.e. young wife vs mother-in-law)
7. If Djamila wanted to talk about changes to her role and work in the home, whom would she approach with her ideas? How do you think these people would react to her?
Probe: Husband, mother-in-law, father-in-law, friends, siblings, religious leader/counselor, etc.?
8. What would happen if Djamila did not fulfill these daily chores and responsibilities in the home? What about over multiple days? Who would support Djamila if she needed support?
9. What would happen if Djamila asks her Issaka to engage in some of the housework – such as fetching wood or water? What would encourage him to help Djamila with some of her housework?
10. Whose opinion or reaction would matter to Djamila if she was seeking to change the sharing of care work with her husband?
11. What would happen if Issaka agreed with Djamila and supported her by doing some of the chores in the home?
12. What would people in the community say if they noticed Issaka doing more of the housework?

Section 3

Life aspirations in the community

Thank you so much for your contributions to our discussion this far. We only have a few final questions. As we finish our discussion, we would like to hear your thoughts on the goals people in this community have for themselves. We're going to show you pictures of people in this community and ask you questions about what goals they might have, and how they should reach these goals.

[Show laminated photographs one by one of: older woman with daughter-in-law; younger woman; young man; older man; young married couple; older married couple, and ask the following questions for each photo]

1. In 2-5 years', time...what goals do you think they would have for their health and well-being and the health and well-being of their family?
2. What do you think they needs to be able to achieve those health and well-being goals?
3. What barriers do you think are in the way of achieving these health and well-being goals?
4. What about for other members of their family. What would you like for them in their future?
(**Probes:** For your husband? Your daughters? Your sons? Your daughters-in-law?)

We have now come to the end of our discussion. We thank you so much for your time and your contributions to the discussion. It has been very insightful, and we leave with a new understanding of gender issues in this community. The information you have provided will be very valuable for our analysis, and the findings will be used only as intended by the study. Thank you!

Appendix A.3.2 Focus Group Discussion Guide (Health) Mothers-in-law

Introduction

*Thank you for agreeing to take part in this discussion. This discussion is related to our first discussion together [*insert the timeframe of FGD 1*], but this time, we'd like to better understand the roles of men and women as it relates to their health and well-being, for matters like pregnancies, maternal health, child health, reproductive health, and nutrition. This information will be used to inform the ways that we can best work with your communities.*

Section 1

Health Care Roles and Responsibilities

We would like to ask you a little but more about how husbands and wives share health-related responsibilities in their marriages and in their home. Here we have a set of cards with images of situations. We're going to show you the images, and ask you to describe what you see, what is happening, what might have happened before and what might happen next.

Images will be of: (1) A husband and wife at a clinic together seeking SRH care, (2) A husband attending PNC visits with baby, (2) A husband feeding children and infants within the home, (3) A husband taking his child to a clinic for health care alone; (4) A husband doing domestic chores such as cleaning, cooking, taking care of the home.

Instructions: *[Show the images to the group one by one. For each image ask: What is happening in this picture? Is what's happening typical in this community? If yes, how so? If not, what would be? What might have happened before this picture? What would happen next? How do you feel about what is happening in this image? Does this image reflect a good relationship between this woman and her husband?*

Section 2

Gender Norms and Agency Regarding Health Care (RMNCH, nutrition)

Thank you for all the thoughts you have shared about the roles men and women play in the community and in the household, and in making decisions about their family's health. It has helped us to understand how men and women interact in this community. Now we would like to understand how these roles look through a story.

[START OF A STORY]

Let's imagine that a woman called Fatouma lives in this community. She is 16 years old and recently married. Now she is pregnant with her first child. Her husband Abdou is gone for seasonal labor so when her neighbor notices that she is pregnant, she suggests that Fatouma to go to the health center for prenatal consultation. Fatouma has only attended one appointment so far – she was selling at the market on the day of the first one and she didn't have any transport money for the second.

1. How would Fatouma decide whether or not to go to for prenatal visits? Could Fatouma make the decision on her own whether or not to go to the clinic? Why? Why not? [agency/decision-making]
2. How appropriate was it for Fatouma's neighbor to make this suggestion to her? Do you think there was any problem regarding Fatouma taking advice from the neighbor? Does she need to get permission from someone else? If so from whom? [agency/decision-making]
3. Are there health care decisions regarding Fatouma and her pregnancy that cannot be made by Fatouma alone/by herself? Why? Who would normally make such decisions?
4. How would Fatouma pay for the transport for her second appointment? Would she need to ask someone for money? [If yes, who? If no, why not?]
5. Will people in the community have any opinions about whether or not Fatouma should attend her prenatal consultations? What will they think if she does attend? What will they think if she does not attend? [injunctive norms]
6. What would Fatouma's mother-in-law advise her?
7. What would happen if mother-in-law told her not to go, and she went anyways? [agency/decision-making]

[CONTINUATION OF STORY]

Fatouma's baby was born and is now a healthy 4-month-old. Her mother-in-law often instruct her how to care for the baby. Fatouma wanted to breastfeed the baby exclusively like the midwife suggested, but her mother-in-law told her the baby will get sick without additional water and food. Her co-wives agreed her husband did not intervene.

1. Is it usual or unusual for senior women in your community to insist that young wives provide their new babies with food or water instead of relying entirely on breastfeeding?
2. If Fatouma ignored her mother in law's advice, what might happen? [sanctions]
3. What would be the role of Fatouma's co-wives in this decision?
4. If Fatouma ignored her co-wives' advice, what might happen? [sanctions]

5. To what extent can young mothers like Fatouma make their own decisions about how to feed their babies without taking into account the opinions of others in their family? [agency/decision-making]
6. Is it usual or unusual that Fatouma's husband did not intervene? Are there any circumstances under which he might intervene? [reference groups]
7. What do you think would need to happen for Fatouma to follow the midwife's advice?
8. Who else is involved in decision-making about child feeding? Who makes the final decision?

[CONTINUATION OF STORY]

Fatouma's pregnancy and birth were very difficult so she would like to wait another year before becoming pregnant again. Fatouma knows about family planning because her neighbor uses it to space her pregnancies. She encouraged Fatouma to go to the health center for more information. Fatouma has not spoken to her husband about this.

1. Do you think there are many women in your community like Fatouma's neighbor who use family planning? [descriptive norm]
2. Do young women like Fatouma believe they can go to the health center for information on family planning if they want to? Are young women like Fatouma influenced by the opinions or expectations of their family or community members when they consider this choice? How so? [agency/decision-making]
3. What do you think Fatouma's mother-in-law would advise her?
4. What will others in the community believe that Fatouma should do if she wants to use family planning? [injunctive norms]
5. Can you tell me why you think Fatouma might not have spoken to her Abdou about using family planning? What might happen if she did talk to Abdou?
6. Are there any circumstances in which it is acceptable for women to use family planning without telling their husband? [agency/decision-making; injunctive norms]
7. What might Fatouma's mother-in-law think if she learns Fatouma is using family planning? What will others in the community think or say about Fatouma if they learn she is using family planning? What would they think if they learned that she was using family planning without her husband's knowledge or permission? What might happen if they find out? [injunctive norms; sanctions]
8. Does Fatouma's mother-in-law have input into this decision? How so? Who else would be involved? Who makes the final decision?

[CONTINUATION OF STORY]

A mobile clinic came to Fatouma's village, and she brought her baby for a routine check-up and vaccinations. While she was there, the nurse offered to counsel her on family planning, and she accepted. Afterwards, she decided to use birth control pills. She did not discuss her decision with her husband Abdou. When he found the pills a few weeks later, he was very angry and yelled angrily at Fatouma.

[END OF STORY]

1. What might others think or say about Abdou if they learn his wife is using family planning (same)? [sanctions] What would his family think? His friends?
2. Do you think most husbands would react the same way Abdou did? [descriptive norm]
3. How would the rest of the family or the neighbors respond if they overheard this argument? [sanctions]
4. Do you think Abdou eventually accepted Fatouma's use of FP? If so, how was it that he was able to have a change of mind?

We have now come to the end of our discussion. We thank you so much for your time and your contributions to the discussion. It has been very insightful, and we leave with a new understanding of gender issues in this community. The information you have provided will be very valuable for our analysis, and the findings will be used only as intended by the study. Thank you!

Appendix B. In-Depth Interview Guides

Appendix B. In-depth Interview Guide Men or Women

*This Interview Guide is for **men and women** who have been selected for IDI as the primary participants **and** to be used with members of their social networks as the secondary participants.*

Introduction

Interviewer name: _____

Contact information: _____

Hello, my name is _____

I work at _____

Thank you for agreeing to participate in this interview. I would like to speak with you for approximately 60 minutes. I will ask you questions about decision-making in your household and your aspirations in life. Over the next few days, our research team will be speaking with groups of women and men like you about decision-making and life aspirations, to learn as much as possible about your opinions and experiences.

Your participation in this interview is completely voluntary and unpaid. So, if you prefer not to take part in this interview, you are completely free to leave. However, we appreciate everyone's views on the subject and hope that you will stick around and share your opinions. The information we discuss

today will be kept confidential and will only be used for research purposes. They will be stored securely so that no one outside the research team has access to them.

There are no right or wrong answers in this interview. We are just going to discuss your views, opinions and experiences on a range of topics, so feel free to say what you feel honestly. During the discussion we would like to record the conversations. Don't worry, the recording will just help me remember what you said, but it won't be shared.

Are you okay with me recording? YES _____ NO _____

Do you have any questions before we begin?

Start time: _____

Step 1: Respondent Information

Instructions: Start by collecting the following basic demographic information about the respondent.

1. Name of respondent: _____
2. Respondent's sex _____
3. Is respondent an ego or an alter _____
4. Telephone number of respondent: _____
5. Respondent's age: _____
6. Respondent's profession: _____
7. Respondent's religion: _____
8. Respondent's educational level: _____
9. Spouse's age:
 - Husband / first wife _____
 - 2nd wife _____
 - 3rd wife _____
 - 4th wife _____
10. Ethnicity of respondent: _____
11. Ethnicity of spouse: _____
12. Years married: _____
13. Living situation (live alone or with in-laws): _____
14. Number of children: _____
15. List of people who live in the household:

N° order	First	Age	Relationship with head of household	Sex

Step 2: Name Generator Questions

Instructions: The questions below should be used to complete the Network Partner Name Generation Form. For each person listed, obtain their first name and relationship to the respondent. Also note the number of the question that led to the mention of each name. For each question, after the respondent has given a name, ask if there is anyone else. Keep asking until the respondent indicates that there are no more names or until the respondent has named 5 people. The respondent can name the same person in multiple questions. The enumerator should note which questions were used to nominate the individuals named in the “nomination questions” column in the network partner table.

Now let's talk about the people who are important in your life.

1. Who do you trust to talk about something personal and private?
2. Suppose you need to borrow money, who do you go to?
3. Who do you spend your free time with?
4. Who are the people who played an important role in your decision to marry your husband/wife?
5. With whom do you discuss matters relating to you or your family's health? For example, what to do during a pregnancy, what to feed your children or what to do with a sick child?
6. If you have a problem or are upset about something in your family, who will you ask for help or advice?
7. Who did you talk to about deciding to have children with your spouse?
8. If you feel ill or have a health problem, who will you ask for advice?
9. Who do you consider a friend? This may be someone with whom you are related but talk and interact with like a friend.

Network Partner Name Generator Form

Name	Relationship	Nomination Questions	Decision-Maker or Core Influencer?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

14			
15			

Step 3: Identifying Decision Makers on Matters Pertaining to Family Planning, Family Health and Life Aspirations

***Instructions:** Refer to the full list of network partners on the name generator form with the respondent. Ask the respondent to identify the people who make decisions on matters relating to family planning, family health, nutrition, and life aspirations. There is no limit to the number of people who can be named. If the respondent mentions people who have not yet been named, add them to the form, and note that they were identified in step 3. Some respondents may not identify any decision maker other than themselves. That is ok. Use the following questions to identify decision makers.*

Some people in our lives have authority over our decisions or behavior. These are people who can tell us what they expect from us, and we respect their authority. We can consider these people decision makers in our lives.

1. In your life, who are the people on this list who have authority over your decisions related to your children’s nutrition, for instance whether to breastfeed, when to introduce solid foods, what solid foods to offer, etc.
 - a. Can you describe the way in which this/these person(s) are involved in your decision making around your baby or children’s feeding including breastfeeding, when to start and stop breastfeeding, when to introduce solid foods, when to start giving water, the number of meals and different types of food? What if you disagree with what this person is wanting you to do?
 - b. [If spouse is not named above] How is your spouse involved in decisions around what to feed your children? Can you decide on these matters without consulting your spouse? What if you disagree with what your spouse is wanting to do?
 - c. Do you have the ability to make your own decisions regarding care for your children without having to consult with anyone else? If not, who else participates in childrearing and why?
2. In your life, who are the people on this list who have authority over your decisions related to your own health or the health of your spouse, for instance how to take care of yourself or your spouse during pregnancy, what you/she should eat, when and where to get health checkups.
 - a. If you or your spouse are pregnant, who on this list has a say in how they are treated? What if you disagree with what this person is wanting you to do?
 - b. Can you describe the way in which this person is involved in your decision making around seeking care for yourself/your spouse during pregnancy?
 - c. [If spouse is not named above] How is your spouse involved in decisions around seeking health care for yourself/your spouse during pregnancy? Can you decide on these matters without consulting your spouse? What if you disagree with what your spouse is wanting to do?

3. In your life, who are the people on this list who have authority over your decisions related to having children, when to have them, how many to have etc.?
 - a. Can you describe the way in which this person is involved in your decision making around having children, when to have them, how many to have? What if you disagree with what this person is wanting you to do?
 - b. How is your spouse involved in these interactions (if the alter is not the spouse)? Can you decide on these matters without consulting your spouse? What if you disagree with what your spouse is wanting to do?
4. In your life, who are the people on this list that have authority over your ability to pursue important life goals?
 - a. Did these people support you in your goals or prohibit you from pursuing them?
5. Is there a person in your life who you admire or aspire to be like someday?
 - a. Why do you aspire to be like them?
 - b. How has this person influenced your life so far?

Step 4: Identify Key Influential Actors on Family Planning, Family Health and Life Aspirations

Instructions: Refer to the names listed in the name generator list. Mark the name generator list with an "I" next to the most influential people. Allow the interviewee to name up to 5 people. Use the following questions:

Some people in our lives are very influential. By influential we mean a person who we listen to or whose opinions we value, although they may not have the authority to make decisions for us.

1. In addition to the people who are involved in how you make decisions regarding your health and nutrition, who are the people who have the most influence on your own decisions relating to
 - o having children and use of family planning
 - o what to feed your children
 - o care during pregnancy
 - o and larger life goals?
2. Who offers their opinions and advice relating to these matters? When they do, do you listen to them and follow their advice?
3. Are there other people or places where you receive information about reproductive health or nutrition? Tell us about them.
4. Are there people who have strong opinions about the decisions you make in your life and your life goals? How are these opinions expressed to you? Do they impact your decisions?

Step 5: Create the Network Map

Instructions: List all the decision makers on the network diagram on sticky notes. Then list up to 5 most influential people.

Now we are going to do an exercise in the form of games with the sticky notes that you see here with me.

Color code:

Decision Makers = pink

Main influencers = blue

Respondent = green

(Note: There is no problem if the respondent wants to add different decision makers or main influencers on the map. But there can only be 5 main influencers. If they add a 6th influencer, they must remove one. There is no maximum number of decision makers, but the maximum number of main influencers is 5. The map should include the respondent in the center, and the main influencers and decision makers on the periphery. If the interviewee does not identify any decision-makers or influencers, the interviewer can add those identified in the personal and private name generator to the map, using the blue sticky notes, and marking them with a p. You can write the letter "D" on the sticky notes of decision makers and the letter "I" on the sticky notes of influencers. Note that a person can be both a decision maker and an influencer so you must stick two sticky notes side by side (decision maker and influencer) to this person. Write the name of each member of the network on the sticky note).

Step 6: Tower of Influence

Instructions: Stack chips to represent the people who have had the most influence decisions relating to having children, nutrition, family finance, and life aspirations. (1= less influence, 5= more influence. Take a picture of the network map)

(Note: Write the number of tokens on each sticky note of network members)

Step 7: Questions

Now we are going to discuss your family, their health, and life goals further.

(Note: Any questions related to the purpose of the study can be included here. The network map can help frame the questions in terms of social context, possible social influence and opportunities for social learning. The goal of this part of the interview is to engage the respondent in conversations about the people in their networks and how they would respond to certain situations).

1. What if your spouse (you for men) started to take a more active role in caring for children, for example taking them to the clinic or helping to feed them. How would the people on this map respond to that? Would any of them object? Would any of them support that decision?
2. What if you (or your wife) started to make firm decisions about her own care during pregnancy, or the care and feeding of your children. How would the people on this map respond to that? Would any of them object? Would any of them support that decision?
3. What if you (or your spouse) started to work with other people in the community to support women to use family planning and men to engage in care for their children? How would the people on this map respond to that? Would any of them object? Would any of them support that decision?

4. What if you (or your spouse) openly disagreed with something that was decided by your mother (MIL) regarding the feeding of your child? How would the people on this map respond to that? Would any of them object? Would any of them support that decision?

Step 8: Questions about Decision Makers and Key Influencers

Instructions: Complete a Key Decision Makers and Influencers Survey Form for each person on the network map. You must complete a survey for each person, but the questions are directed to the decision-maker.

Respondent Name:	Date:
Interviewer Name:	Village:

1. Name of decision-maker / influencer (Alter):	
2. Decision-maker or core influencer? (copy from network map)	___ Decision-maker ___ Core influencer
3. Age of Alter	___ Years
4. Sex of Alter	___ male ___ female
5. Relationship of respondent to Alter	_____ _____
6. Village where Alter resides	_____
7. Does Alter live in the same household as the respondent?	___ yes ___ no
8. How long as the respondent known the Alter?	
9. When was the last time the respondent spoke with the Alter?	
10. How close does the respondent feel to the alter? Scale 1-10	

Step 9: Ask permission to Talk to the person who has the most important Towers of Influence

Did respondent give permission? Yes _____ No _____

Contact information of secondary respondent:

Note Interview end time: _____

Appendix C. Immersion Interview Guides

Appendix C.1 Immersion Interview Guides Male Husbands School Participants

This Immersion Interview Guide is for men who have participated in the Husband Schools. There are also some questions for men who have served as facilitators of Husband Schools group meetings and participated in the pilot sessions for men and women. It includes questions for men who participated alone and for men who participated together with their wife/wives.

Respondent Information

(to be collected prior to, not during the interview)

1. Respondent's age: _____
2. Respondent's profession: _____
3. Respondent's religion: _____
4. Respondent's educational level: _____
5. Spouse's age:
 - a. 1st wife _____
 - b. 2nd wife _____
 - c. 3rd wife _____
 - d. 4th wife _____
6. Ethnicity of respondent: _____
7. Ethnicity of spouse: _____
8. Living situation (live alone or with in-laws): _____
9. Number of children: _____
10. Age of youngest child: _____
11. Age of oldest child: _____
12. Participated in men's and women's sessions (Y/N)? _____

Introduction

Interviewer name: _____

Contact information: _____

Hello, my name is _____

I work at _____

Thank you for agreeing to participate in this interview. I would like to speak with you for approximately 60-90 minutes. You have been invited to this interview because you have participated in the Husbands Schools (Ecoles de Maris) supported by the WADATA program. I will ask you some questions about your opinions and experiences related to the Husbands Schools. Your participation in

this interview is completely voluntary and unpaid. So, if you prefer not to take part in this interview, you are completely free to leave. However, we appreciate your views on the subject and hope that you will share your opinions. The information we discuss today will be kept confidential and will only be used for research purposes and to guide improvements in the Husbands' Schools. The information will be stored securely so that no one outside the research team has access to it. There are no right or wrong answers in this interview. We are just going to discuss your views, opinions and experiences on a range of topics, so feel free to say what you feel honestly. During the discussion we would like to record the conversations. Don't worry, the recording will just help me remember what you said, but it won't be shared.

Are you okay with me recording? YES _____ NO _____

Do you have any questions before we begin?

Start time: _____

Step 1

Getting to Know the Participant

I'd like to start with getting to know you by asking some questions about you and your wife and your roles.

1. Tell me a little about yourself.
2. Tell me about who you live with and what your household is like?
3. I'm interested to know what you think it means to be a good Nigerian man.
4. What does it mean to be a good Nigerian woman?
5. Do you feel that you and your wife/wives meet those standards? How so? How not?
6. How do Nigerian men usually learn how to be husbands these days?
7. Is this different than the way your father or grandfather learned how to be a husband? (*Probe for examples*)

Step 2

Understanding Your Husbands School Experience

Now I'd like to ask you some questions about the Husbands Schools.

1. Did you initially want to be a part of the *Husbands School*? Why or why not?
(**Probe** for: excitement, expectations, fears?)
2. Why do you think that you were chosen to participate? Do you feel that you have qualities in common with the other men who joined? If so, what are they? If not, how are you different from the other men in the group?
3. Before joining, did you talk to anyone about the *Husbands Schools*? If so, who and what did you discuss?
4. I'm interested to learn more about the *Husbands School* sessions. Could you describe a typical meeting for me?
5. (Facilitator should bring out the flipchart and review the areas of the HS session. They should flip and confirm with the participant each topic, then ask the overall questions below. Note: The

intention is not to report back on each topic but rather to understand what stuck with the participant.

- a. What do you remember about the session(s)?
 - b. What surprised you?
 - c. Did anything concern you about what was discussed?
 - d. Did you use the information from the session in any way?
 - e. Did you discuss the information from the session with anyone else? If so, who?
6. Of all the things you learned in the *Husband's Schools* sessions, is there any one thing that you would want to share with other men in your community? Are there any other topics that were not covered, that you wish were discussed in the *Husbands Schools* sessions? What are they?
 7. Overall, what did you like about participating in the *Husbands School*? What did you not like?
 8. In your experience, do men participating in the *Husbands Schools* ever face any negative reactions from their families or communities? Can you tell me more about that? How do they usually handle that?

Men who participated in sessions with their wife/wives -> Continue to Step 3

Men who participated alone -> Skip to Step 4

Step 3

Men's Experiences for those who Participated in Sessions for Men and Women

Now, I'd like to ask you some questions about participating in the sessions together with your wife/wives.

1. With whom did you attend the sessions? How was that decided? What role did your wife, or wives have in that decision?
(*Probe to understand whether it was one wife or multiple wives*)
2. Were you at all hesitant for your wife/wives to participate in the sessions? Why or why not? If yes, did you change your mind after participating? Why or why not?
3. Did you feel comfortable speaking in a group with your wife/wives present? Why or why not? Can you tell me more about that?
4. Based on your experience, are there any topics that you think should only be discussed with other men?

GO TO STEP 5

Step 4 should be asked to men who have only participated in Husbands School sessions alone (without wives).

Step 4

Men's Perspectives on Potential Sessions for Men and Women

Now, I'd like to speak to you about some potential changes to the Husbands Schools.

1. Recently, some Husbands Schools have started including sessions for men to attend together with their wife or wives. What would you think if your wife was (wives were) invited to participate with you in some of the Husbands School sessions? Would you be interested in attending with your wife/wives? Why or why not?
2. Can you think of any benefits of having group meetings with men and women together? What do you think would be the disadvantages?
(Probe around benefits/disadvantages to the man as a husband, for wife/wives or children, family relationships and harmony, information sharing/learning around health or health-seeking, etc.)
3. How might having women in sessions change the nature of discussions? Would men feel less comfortable or judged by their partners? Do you think that women would feel comfortable discussing these topics in the presence of other men?
4. If meetings were organized for men and women, what topics or themes do you think the meetings should focus on? Which topics should NOT be covered in mixed groups? Why?
(Probe using examples of themes they expressed throughout the interview thus far in their responses.)

Step 5

After the Husband Schools

Now, I'd like to ask you some questions about life after the Husbands Schools.

1. After participating in the Husbands Schools, has your daily life changed in any way? If so, how? Has your relationship with your wife or your children changed in any way? If so, could you describe how?
(Probe around communication, relationship quality, household decisions, women's and children's access to health care, etc.)
2. Has the way you think about the roles and responsibilities of husbands and wives in the family changed in any way since you joined the *Husband's Schools*, or would you say it has mostly stayed the same? Can you tell me more about that?
3. Did you ever facilitate/moderate one of the *Husband's Schools* sessions? Can you tell us more about that experience?

If yes, continue to the next set of questions. If No, skip to Question 7.

-
4. Tell me about your experience of facilitating the sessions. What did you like and what did you not like? What topics did you discuss? Why?
 5. How did serving as a facilitator make you feel?

6. If you had to do it again, is there anything that you feel would improve your experience as a facilitator? Can you tell me more?
-

7. We are soon finished. Before we end, I'd like to know if you have any recommendations for how the *Husband's Schools* could be improved, such as the content, format, or facilitation of the sessions?

(Probe around interactions with and support from WADATA staff, health agents, facilitation by group members, etc.)

8. Is there anything else that you think the *Husbands Schools* could do to support families like yours to achieve their goals?

Thank you so much for taking the time to speak with me today and to share your experiences and opinions. The information you shared will be helpful to us in making improvements to the Husbands Schools.

Appendix C.2 Immersion Interview Guides Wives of Husbands School Participants

*This immersion interview guide is for **women** who are wives of Husbands School participants. Some questions are specific to the experiences of women who have participated in the pilot sessions of Husbands Schools designed for men and women, while others are meant for women whose husband only has participated.*

Steps 2 and 3: for women who have participated in the pilot sessions for men and women only

Steps 4 and 5: for women whose husbands only have participated in Husbands Schools only

Respondent Information

(to be collected prior to, but not during the interview)

1. Respondent's age: _____
2. Respondent's profession: _____
3. Respondent's religion: _____
4. Respondent's educational level: _____
5. Spouse's age: _____
6. Husband: _____
7. Ethnicity of respondent: _____
8. Ethnicity of spouse: _____
9. Years married: _____
10. Living situation (live alone with husband, with co-wives, or with in-laws):

11. Number of children: _____

Introduction

Interviewer name: _____

Contact information: _____

Hello, my name is _____

I work at _____

Thank you for agreeing to participate in this interview. I would like to speak with you for approximately 60 minutes. You have been invited to this interview because your husband participated in the Husbands Schools (Ecoles des Maris) supported by the WADATA program. I will ask you some questions about your opinions and experiences related to the Husbands Schools. Your participation in this interview is completely voluntary and unpaid. So, if you prefer not to take part in this interview, you are completely free to leave. However, we appreciate your views on the subject and hope that you will share your opinions. The information we discuss today will be kept confidential and will only be used for research purposes and to help us improve the Husbands School. The information will be stored securely so that no one outside the research team has access to it. There are no right or wrong answers in this interview. We are just going to discuss your views, opinions and experiences on a range of topics, so feel free to say what you feel honestly. During the discussion we would like to record the conversations. Don't worry, the recording will just help me remember what you said, but it won't be shared.

Are you okay with me recording? YES _____ NO _____

Do you have any questions before we begin?

Start time: _____

Step 1

Getting to know the participant

I'd like to start by getting to know you and your family, and your perceptions of women and men in your community...

1. Tell me a little about yourself. What brings you joy?
2. Who do you live with and what is your household like?
3. I'm interested to know what you think it means to be a good Nigerien woman.
4. Similarly, what does it mean to be a good Nigerien man?
5. Do you feel that you and your husband meet those standards? How so? How not?
6. How do Nigerien women usually learn how to be wives these days?
7. Is this different than the way your mother or grandmother learned how to be a wife?

Women who participated in sessions for men & women -> Continue to Steps 2 & 3

Women whose husbands only have participated -> Skip to Steps 4 & 5

Step 2:

Women's experiences Participating in Pilot Sessions for Men and Women

Now, I'd like to ask you some questions about the *Husbands Schools*, which you participated in together with your husband.

1. When you were first invited to attend the *Husband's Schools*, what did you think it would be like? Did you and your husband discuss it first? How did it meet your expectations? How did it not?
2. I'm interested to learn more about the *Husband's Schools* discussions. Could you describe what the meetings you attended were like?
(Probe for venue, context, comfort, how they go there, did they feel it was a safe space?)
3. (Facilitator should bring out the flipchart and review the contents of the HS session. Flip through and confirm each topic, then ask the questions below. Note: The intention is not to report back on each topic but rather what stuck with the participant. Specifically, what they shared with their husband or others in the session.)
 - a. What do you remember about the session(s)?
 - b. What surprised you?
 - c. Did anything concern you about what was discussed?
 - d. Did you use the information from the session in any way?
 - e. Did you discuss the information from the session with anyone else? If so, etc.)
4. Of all the things you learned in the *Husband's Schools* sessions, is there any one thing that you would want to share with other women in your community?
5. Are there any other topics that were not covered, that you wish were discussed in the Husband's School's sessions? What are they?
6. **[optional if not already covered]** Finally, from your own experience, was there anything that you liked about participating in the Husbands School? Where there things you did not like as much?

Step 3:

After the Husbands Schools

(for women who participated in the men's and women's sessions)

Now, I'd like to ask you a few questions about life after the *Husbands School* sessions.

1. I'd like to start by getting to know what your daily life and your relationship with your husband was like **before** the *Husband's Schools*. Could you describe it for me?
(Probe around relationship with other family members or wives (if relevant), ability to make decisions, access to health care, etc.)
2. Now, **after/since** participating in the *Husband's Schools*, has your daily life changed in any way or has it stayed the same? If it has changed, how? Has your relationship with your husband changed in any way or has it stayed the same? If it has changed, could you describe how?
(Probe around relationship with other family members or wives (if relevant), ability to make decisions, access to health care, etc.)
3. Has the way you think about the roles and responsibilities of husbands and wives in the family changed in any way since you joined the *Husband's Schools* or have they stayed the same? Can you tell me more about that?

4. Can you tell me about any challenges or negative experiences you had after participating in the meetings?
(Probe on with whom the respondent experienced any challenges: husband's, others in the community, in-laws, etc)
5. We are soon finished. Before we end, I'd like to know if you have any recommendations for how the *Husband's School's* could be improved, such as the content or format of the sessions?
(Probe: If respondent mentioned challenges or negative experiences due to the participation in HS, ask what changes could be made to avoid them, increase men's support or ensure women are protected)
6. Is there anything else that the Husbands Schools could do to support families like yours to achieve their goals?

Thank you so much for taking the time to speak with me today and to share your experiences and opinions. The information you shared will be helpful to us in making improvements to the Husbands Schools!

The following two sections should be asked to women whose husbands only have participated in the Husbands School.

Step 4:

Women's Perspectives on their Husband's Participation

(for women who have NOT participated in the sessions)

Now I'd like to ask you some questions about the Husbands Schools.

1. When your husband was first invited to attend the *Husband's Schools*, what did you think? Did your husband discuss it with you?
2. What do you know about what happens at the *Husband's Schools* sessions?
3. Does your husband ever shared with you information that he learned or was discussed at the *Husband's Schools* sessions? If yes, what is that like? Was anyone else involved in the discussion?
4. After your husband participated in the Husbands School, has your daily life changed in any way or has it stayed the same? If it has changed, in what way? Has your relationship with your husband changed in any way or stayed the same? If it has changed, could you describe how?
(Probe around support from husband, ability to make decisions (within the household, or about children), access to health care, relationship with other family members or wives (if relevant), etc.)
5. Can you tell me about any challenges or negative experiences you had after your husband participated in the meetings? What about positive experiences?
(Probe around whether these challenges were with the husband or other wives, or with others in the community)

Step 5:

Women's Perspectives on Men's and Women's Sessions

(for women who have NOT participated in the sessions)

Now, I'd like to ask you some questions about changes to the Husbands Schools.

1. Recently, some *Husbands Schools* have been inviting men’s wives to attend the sessions together with their husbands. What do you think about this? Would you be interested in attending with your husband? Why or why not?
2. How do you think others in your community might feel about women participating in the *Husbands Schools*?
3. If/when your daughter is of age, would you want her to participate? Why or why not?
 - a. Can you think of any benefits of including wives in the *Husbands Schools* sessions? What are they? Can you think of any challenges of including wives in the *Husbands Schools*? What are they?
 - b. If meetings were organized for men and women, what topics or themes do you think the meetings should focus on? What areas should they not focus on? Why?
(Probe: Use a photo of a house, man, woman, children, family and clinic as prompts)
4. We are soon finished. Before we end, I’d like to know if you have any recommendations for how the *Husbands Schools* could be improved to support families like yours to achieve their goals.

Thank you so much for taking the time to speak with me today and to share your experiences and opinions. The information you shared will be helpful to us in making improvements to the *Husbands Schools*.

Appendix C.2 Immersion Interview Guide Wadata Staff

This Immersion Guide is for WADATA staff who have been selected for an interview who have participated in supporting the Husband Schools.

Respondent Information

(to be collected prior to, not during the interview)

1. Respondents name: _____
2. Telephone number of respondent: _____
3. Respondent’s profession/job title: _____
4. Respondent’s role on Husband’s Schools: _____
5. What organization they work for: _____
6. Respondent's age: _____
7. Respondent’s marital status: _____
8. Respondent’s religion: _____
9. Respondent’s educational level: _____
10. Ethnicity of respondent: _____

Introduction

Interviewer name: _____

Contact information: _____

Hello, my name is _____

I work at _____

Thank you for agreeing to participate in this interview. I would like to speak with you for approximately 60 minutes. Over the next few days, our research team will be speaking with WADATA staff, men, women and community leaders who have participated in the program. Your participation in this interview is completely voluntary and unpaid. So, if you prefer not to take part in this interview, you are completely free to leave. However, we appreciate everyone's views on the subject and hope that you will stick around and share your opinions. The information we discuss today will be kept confidential and will only be used for research purposes and to improve the Husbands' Schools going forward. They will be stored securely so that no one outside the research team has access to them. There are no right or wrong answers in this interview. We are just going to discuss your views, opinions and experiences on a range of topics, so feel free to say what you feel honestly. During the discussion we would like to record the conversations. Don't worry, the recording will just help me remember what you said, but it won't be shared.

Are you okay with me recording? YES _____ NO _____

Do you have any questions before we begin?

Start time: _____

Step 1

Initial Reflections on Husband's Schools

1. Tell me a little about yourself. When you are not working, what might we find you doing?
2. What brings you joy?
3. Before we talk about the *Husband's Schools*, we'd love to hear your thoughts on what it means to be a good Nigerian man.
4. What about a good Nigerian woman?
5. Do you feel that you and your wife/wives meet those standards? How so? How not?
6. How did you first hear about the *Husband's Schools*? When you heard this term, what did you think it was?
7. How long have you been involved in supporting the *Husband's Schools* under WADATA?
8. What is your role in the Husbands Schools? What does a typical day supporting *Husband's Schools* activities look like for you?
9. What type of training or support did you receive to support you in this role? Are there ways that could be improved?
10. Can you tell me about the strengths and challenges of the *Husband's Schools*?
11. When you think about the parts of *Husband's Schools* that are working really well, what are the elements that make them successful?

Step 2

Diving Deeper into the Husband School Experience

1. Can you describe what a typical *Husband's Schools* under WADATA looks like? For example, how often does it meet? What topics are discussed, and who is facilitating the meetings? Where do the Husbands Schools normally meet?
2. How are men recruited to the Schools within the WADATA program? As far you know, does this differ from how other *Husband's Schools* operate? Are there ways in which you think this could be improved?
3. How are men in the *Husband's Schools* trained? Are there ways in which you think the trainings could be improved? Are there guiding documents they can use during meetings?
4. How are you capturing monitoring data and learning related to *Husband's Schools*? Is there any additional information you need to understand the success or impact of the approach that you haven't been able to yet capture?
5. Are trained health workers involved in supporting the *Husband's Schools* under WADATA? How so? Do you have any suggestions on how to better engage health workers? How do you see the men from the *Husband's Schools* engaging with health workers?
6. How does the current structure of facilitating the sessions work? Does it work well? What would you change?
(*Probe: Have you heard anything about how facilitating sessions impact men's homelife?*)
7. If you could change anything about *Husband's Schools*, what would that be?
8. In your perspective, do *Husband's Schools* affect the role of Nigerian men or fathers?
9. What types of changes, if any, have you seen among men participating in the *Husband's Schools*? How do you think the *Husband's Schools* contributed to these changes?
10. Do you know if any men have faced backlash or negative reactions from their families, friends or community members because of participating in the *Husband's Schools*? If yes, what kinds of reactions? How do men typically handle this?
11. How could the *Husband's Schools* be improved to better support communities?

Step 3

For the Pilot Husbands Schools with Men and Women

12. WADATA has been piloting some Husbands Schools that include both men and women. Have you heard about this? If no skip below. If yes:
13. Have you worked on the activities involving both men and women, and if yes how so? What are any differences you see in these pilots compared to the other *Husband's Schools*?
14. Do you see any differences in the behavior of men who are participating together with their wives compared to those who attend the men only sessions?
15. Have you seen, or monitored, any differences in the impact or successes of the *Husband's Schools* that engage wives compared to those who do not? How so?
16. How did communities react when the sessions for men and women were announced? What has been the feedback since the sessions with men and women began?
17. Can you think of any benefits of having group meetings with both men and women? What do you think would be the disadvantages?

(Probe around group dynamics, relationships, reaching women with information, comfort of men and women are, polygamous households, topics, etc.)

18. If more *Husband's Schools* were to work with both men and women, what topics or themes do you think the meetings should focus on?

If respondent has not heard of couples-based HS sessions:

1. Can you tell me about your thoughts on a version of Husbands Schools in which wives participate with their husbands?
 - a. ***Probe for:*** What might be the benefits of including women? What might be the disadvantages?
2. In your opinion, what would be the challenges or risks of including women?
3. How do you think your community would react to including wives in the *Husband's Schools*?
4. How might having women in sessions change the nature of discussions? Would men feel less comfortable or judged by their partners? Do you think that women would feel comfortable discussing these topics in the presence of other men?
5. If meetings were organized for men and women, what topics or themes do you think the meetings should focus on? Which topics should NOT be covered in mixed groups? Why?

Thank you for your time today discussing your experiences supporting the Husband's Schools initiative under WADATA. We look forward to continuing to learn from your expertise in this adaptation.

Appendix C.4 Immersion Interview Guide Community Leaders/Other Program Stakeholders

*This Interview Guide is for **community leaders & other stakeholders** to speak to their experiences and perceptions of the husband's school both as it currently is and what it could be in the future.*

Respondent Information

(to be collected prior to, not during the interview)

1. Name of respondent: _____
2. Respondent's sex: _____
3. Telephone number of respondent: _____
4. Respondent's age: _____
5. Respondent's marital status: _____
6. Respondent's role as a community leader/ stakeholder: _____
7. Respondent's religion: _____
8. Respondent's educational level: _____
9. Ethnicity of respondent: _____

Introduction

Interviewer name: _____

Contact information: _____

Hello, my name is _____

I work at _____

Thank you for agreeing to participate in this interview. I would like to speak with you for approximately 60 minutes. I will ask you questions about your experiences, perceptions, and engagement with the Husbands School. Over the next few days, our research team will be speaking with groups of stakeholders like you to learn as much as possible about your opinions and experiences. Your participation in this interview is completely voluntary and unpaid. So, if you prefer not to take part in this interview, you are completely free to leave. However, we appreciate everyone's views on the subject and hope that you will stick around and share your opinions. The information we discuss today will be kept confidential and will only be used for research purposes and to improve the Husbands' Schools going forward. They will be stored securely so that no one outside the research team has access to them. There are no right or wrong answers in this interview. We are just going to discuss your views, opinions and experiences on a range of topics, so feel free to say what you feel honestly. If you don't feel comfortable with a particular question you have the right to not answer. During the discussion we would like to record the conversations. Don't worry, the recording will just help me remember what you said, but it won't be shared.

Are you okay with me recording? YES _____ NO _____

Do you have any questions before we begin?

Start time: _____

Step 1

Getting to know you

1. Tell me a little about yourself. When you are not working, what might we find you doing?
2. What brings you joy?
3. Tell me about who you live with and what your household is like? *(Probe for a visual description, who lives there, number of kids, the space)*
4. Who is the most important person to you? Why?
5. Who knows you the best? Why?
6. What is the role you play in your household?
7. *(Probe how that makes them feel and talk about the dynamics with various households if polygamous and with wives living in separate houses)*
8. What is the role you play in your community(s)? To whom are you accountable? Who is accountable to you?
9. What do you think it means to be a good Nigerien man?
10. What about a good Nigerien woman?
11. Do you feel that you and your wife/wives meet those standards? How so? How not?

Step 2

Perspectives on social norms, gender equity, and agency in their communities

1. As a community leader [or stakeholder], what do you think is the most important part of your role?
2. As a community leader [or stakeholder], what hopes and aspirations do you have for:
 - a. Men in your community?
 - b. Women in your community?
 - c. Children in your community?
3. In your opinion, what are the typical roles and behaviors amongst men and women who are married in your community:
 - a. What do household roles & responsibilities in a marriage:
 - Look like for a man?
 - Look like for a woman?
 - b. How do people who are married behave toward each other:
 - What does this look like for a man?
 - How does a married woman treat her husband?
 - What does this look like for a man look like for a woman?
 - How does a married man treat his wife?
 - c. How are decisions made in a marriage?
 - What decisions does a man make?
 - What decisions does a woman make?
 - Which decisions do they make together?
 - **Probe for:** *marriages with multiple wives.*
4. In your community, how are men viewed compared to how women are viewed? Are they equals? How so? Why or why not? (*Probe: We are trying to unpack issues of dignity and respect in communities and if men and women are treated equally. If you could ask for examples when you probe.*)
5. Do people in your community believe that men and women should be treated as equals? *If so*, are there actions that you and people your community take to support women and men as equals?
6. What does a successful marriage look like in your community?
7. What does failure in home life or in marriage look like? How would that impact someone's life in their community?

Step 3

Perspectives on Husbands School Participation

1. As a [community leader/stakeholder] What have you heard about the *Husband's Schools*? Can you tell us about the program? How it works, and what are its aims? **Probe for examples and interpretation** (*why do you think they are saying those things*).
2. Of the men in your community who have been model husbands or who have participated in the *Husband's Schools*, have you seen any changes in attitudes, beliefs, values and treatment toward women in their lives or their wives or have things mostly stayed the same?
 - a. If no- Ask, why do you think there has been little change amongst these men?
 - b. If yes- Ask, where have you seen the most change in behavior amongst these men?
 - **Probe if they've seen behavior change in men regarding** (*The Facilitator should give appropriate examples to the context*):
 - Changes in quality of relationships between men and women?
 - Changes in how men supporting women in the care of their home and children?
 - Changes in how men engage with women to make household decisions regarding finances?
 - Changes in how men engage with women around decisions in the household overall?
 - Changes in who makes decisions around nutrition, particularly for the children in their household?
 - Changes in the mobility of women through the community and environment to seek health services?
3. When you think about the future impact of husbands' schools on your community, what comes to mind? What, if anything, do you think will be the long-term benefits of the HS for your community? What, if anything, do you think might be long term challenges or negative outcomes? Why or why not? What might you change? What would you want to keep the same?
4. What topics do you believe are most important for the *Husband's Schools* to cover? Which are less important? (**Probe:** *Use a photo of a house, man, woman, children, family and clinic as prompts*)
5. If you could make any other adjustments to the *Husband's Schools* to improve your communities, what ideas come to mind?

Step 4

Perspectives on a Gender Transformative Husbands School

1. Can you tell me about your thoughts on a version of Husbands Schools in which wives participate with their husbands?
 - a. **Probe for:** What might be the benefits of including women? What might be the disadvantages?
2. In your opinion, what would be the challenges or risks of including women?
3. How do you think your community would react to including wives in the *Husband's Schools*?
wives?

4. What actions can you take [as a community leader or stakeholder] to support the *Husband's Schools*?
5. Imagine I come back to visit with you in a year and you tell me the *Husband's Schools* has been successful. What does successful version of the *Husband's Schools* look like to you?

Appendix D. Data Collection Training Report (GRADE Africa)

RAPPORT DE LA FORMATION DES ASSISTANTS DE RECHERCHE

Collecte des données pour l'étude sur la conception et mise en œuvre d'une adaptation transformatrice de Genre dans les écoles des maris au Niger dans la région Zinder (Magaria et Damagaram Takaya)



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INTRODUCTION

La santé de la reproduction est un volet phare dans l'agenda de la politique démographique au Niger. Plusieurs études ont montré que malgré les efforts mobilisés par l'Etat et partenaires techniques et financiers à travers des actions multiples et multiformes, beaucoup reste à faire.

La stratégie Écoles des maris, réalisée à travers la majorité des régions du Niger, a réussi à influencer les comportements des hommes liés à la santé reproductive, maternelle, néonatale et infantile. Mais comme de nombreux programmes similaires, elle n'a jusqu'à présent pas réussi à aborder les normes enracinées liées à l'agence des femmes (par exemple, la mobilité des femmes, la prise de décision conjointe, etc.)

La solution proposée est que EVIHDAF, Matchboxology et Equimundo avec le soutien de Save the Children, Center for Gender Equity and Health de l'Université de Californie à San Diego (USCD/GEH), l'Université de Makerere et le partenariat avec GRADE Africa, développeront et piloteront une adaptation transformatrice de genre des Écoles des maris dans le cadre de l'activité de développement de la sécurité alimentaire (DFSA) de l'USAID WADATA au Niger. Cette étude se déroulera dans la région Zinder (Magaria et Damagaram Takaya).

C'est ainsi que la formation des assistants de recherche pour la collecte des données de l'activité 2 et 3 s'est déroulée à Zinder en présence des différentes structures partenaires (EVIHDAF, Matchboxology, Equimundo, FAD, Save The Children WADATA, SongES). Les autorités régionales (le Secrétaire Général du gouvernement et le Directeur Régional de la Santé Publique) ont aussi pris part à cette formation.

1. PRÉPARATION DE L'ÉTUDE

Cette partie retrace de façon succincte la phase préparatoire de l'étude. La méthodologie de l'étude était clairement définie dans le protocole de recherche élaboré par les différents partenaires de cette étude. Ce protocole a été adapté suivant le canevas du Comité National d'Éthique pour la Recherche en Santé par l'équipe de recherche de GRADE Africa.

En effet, plusieurs réunions hebdomadaires, en ligne, ont été effectuées pour affiner la méthodologie et organiser l'étude. L'adaptation du protocole dans son intégralité a permis de le peaufiner davantage et de préparer la présentation du protocole au Ministère de la Santé Publique pour son approbation par le comité éthique du dudit Ministère.

Après la conception de la méthodologie et des outils de la recherche, une offre d'appel à candidature des enquêteurs a été lancée. Ce qui a permis de sélectionner 10 assistants de recherche expérimentés en collecte des données qualitatives et en transcription.

Ainsi, les outils de la recherche élaborés par les équipes de EVIHDAF, GRADE Africa, Matchboxology et Equimundo, traduits de l'anglais en français par EVIHDAF ont été validés par GRADE Africa. Quant à la traduction en langue locale (haoussa), cela a été fait par les assistants de recherche et les formateurs de GRADE Africa expérimentés pendant la phase de simulation lors de la formation.

2. DÉROULEMENT DE LA FORMATION

2.1. Première journée de la formation : Le lancement officiel de l'étude

Les activités de la formation ont débuté dans la salle de réunion de la RTN/Zinder avec la Fatiha d'ouverture. Cette séance a commencé par les mots de bienvenue du, responsable de l'antenne de GRADE AFRICA de Zinder, du DRSP et du SG du Gouvernorat de Zinder.

Tous ces responsables ont souhaité la bienvenue aux participants, de leur présence pour la tenue de cette étude. Quant à la représentante d'EVIHDAF/Niger, elle a également remercié les autorités administratives pour leur accueil et a rappelé l'importance de cette étude qui permettra d'améliorer ce qui existe déjà et a donné les raisons du choix de Zinder. Le DRP/P/AS de Zinder pour sa part, a surtout interpellé les assistants de recherche à rapporter fidèlement les dires des enquêtés pour une meilleure réussite de la stratégie à mettre en place. Enfin est intervenu le discours de lancement officiel des activités par les autorités régionales notamment, en la personne du SG/Gouvernorat.

Après la pause-café, les autorités se sont retirées et la formation s'est poursuivie avec des présentations suivantes :

- ❖ Le rappel des objectifs et la méthodologie de la collecte et les résultats attendus de la recherche. Les points développés portent sur les techniques de collecte des données, recrutement des participants, lieu de l'étude, population cible, qualités d'un bon chercheur en qualitatif etc.
- ❖ L'immersion sur une approche à travers le "5E" qui signifie évidence, empathy, eureka, execution, évolution, c'est-à-dire comment amener les participants ignorants à prendre conscience de l'importance et l'avantage pour eux et pour toute leur

communauté afin qu'ils puissent collaborer et permettre d'atteindre tous les objectifs assignés à cette recherche.

- ❖ Les concepts du genre (Équité, rôles, normes, interventions transformatrices de genre, autonomisation, agence) et les violences faites aux femmes.
- ❖ L'éthique de recherche en sciences sociales, notamment, comment protéger les droits et la vie privée des enquêtés ; obtenir le consentement éclairé des enquêtés pour qu'enfin collecter les bonnes données dans le respect des principes d'éthique. Cela marque la fin de la première journée et des orientations ont été données pour les prochains jours de la formation.

La formation des assistants de recherche a continué en deux équipes dont l'équipe de l'activité 2 (GRADE assisté par EVIHDAF) et activité 3, MBX et FAD assistés par GRADE) dans deux salles différentes. Chacune des équipes a examiné minutieusement ses outils en français suivi des traductions en Haoussa et simulation.

2.2. Deuxième journée de la formation

➤ Activité 2

Au second jour, les consignes de la journée précédente ont été rappelés et la formation a continué avec le formulaire du consentement éclairé où les participants traduisent sous la supervision de des formateurs. Ensuite, une nouvelle séance s'ensuit avec la lecture, explication et traduction du guide d'entretien approfondi homme/femme structuré en neuf étapes. A ce niveau, la traduction était faite tantôt volontairement, tantôt par la désignation de des formateurs, dans le but de faire participer tous les assistants. Il est à noter ici que des longues discussions ont eu lieu par rapport à la traduction et au sens des concepts « décideurs et influenceurs » des participants. Après cette étape, l'exercice pratique a été fait avec les post-it pour la création de la carte du réseau. A ce niveau, une adaptation de couleur a été nécessaire. La couleur bleue prévue pour les influenceurs dans le guide initial manquait et a été remplacée par la couleur orange. En plus le nombre de lignes pour « les personnes vivant dans le ménage » a été rallongé compte tenu de la réalité de la localité (ménage élargi). Quelques questions ont été posées par les assistants de recherche telles que : Si le répondant ne veut pas se faire enregistrer, quoi faire ? la réponse est de changer de répondant. Si l'alter ne vit pas dans la même localité, que faire ? passez au 2ème alter. Vers la fin de la journée, un autre guide de discussions belles-mères (genre) constituer de trois sections a été entièrement lu, expliqué et traduit en langue Hausa.

✓ Activité 3

Après un bref rappel de la journée précédente, la journée a démarré par la présentation du guide d'entrevue d'immersion Hommes participants à l'école des maris par les formateurs. Ensuite, l'exercice est passé par la lecture du guide par les assistants de recherche suivi d'explication de différentes étapes du guide par le point focal Matchboxology qui apporte des corrections au guide dans la matinée au fur et à mesure. Le soir, le formulaire de consentement (Entretiens Approfondis-IDI) a été étudié. Après la lecture et compréhension, cela a fait suite à la traduction du guide en langue locale de la population cible.

2.3 Troisième journée de la formation

✓ L'activité 2

La journée a débuté par une revue de toutes les sections de guide de discussion de groupe volet genre (belles-mères). Vu que le niveau de compréhension des assistants de recherche n'était pas fixe pour ce guide, les formateurs sont revenus là-dessus pour une meilleure appropriation. A cet effet, prenant en compte les remarques et les suggestions nécessaires pour une compréhension uniforme ont été prises en compte. Et la traduction du guide en langue locale a suivi avec validation commune des termes clés à utiliser. Ensuite, les guides de discussion hommes mariés et femmes mariées ont été parcourus. Vu la similitude de ces guides, les participants ont fait des simulations (en jeu de rôle) afin de déceler d'autres zones d'ombres et faire plus des remarques et suggestions sur ces derniers. Cela a fait l'objet d'un échange fructueux entre les participants sur par exemple la traduction en langue de la question "quel est le meilleur aspect d'être un mari ?" "Quels sont les aspects les plus difficiles d'être un mari ? d'être un père ? Il a fallu à ce niveau faire recours à la version anglaise des guides pour avoir le vrai sens de ces questions. Ceci a permis d'avoir une très bonne compréhension de ces derniers.

✓ L'activité 3

Les travaux de la troisième journée de formation sont constitués par des points suivants :

1. La présentation et l'explication du Guide d'entrevue d'immersion Femmes de maris participants à l'école des maris en français ;
2. La présentation du rapport d'une Étude portant sur l'entretien avec les informatrices clés : exposition des femmes aux messages de campagnes de la planification familiale et de santé reproductive du Programme de Santé Intégré de l'USAID en République Démocratique de Congo ;

3. La lecture et l'explication du Guide d'entrevue d'immersion Hommes Participants à l'école des maris en Hausa.

A titre illustratif, le point focal de Matchboxology a présenté aux participants un rapport d'une étude en République Démocratique de Congo similaire à la présente étude. La présentation de ce rapport a permis aux participants de bien comprendre leur mission une fois sur le terrain.

A la suite de cette présentation, les participants ont entamé la traduction du Guide d'entrevue d'immersion Femmes de maris participants à l'école des maris étape par étape en langue Hausa. Cette traduction a continué jusqu'à la fin de la journée.

2.4 Quatrième journée de la formation

✓ L'activité 2

La journée quatre a été consacrée sur l'étude des différents guides de discussion volet santé. Au fur et à mesure qu'on parcourait les guides, la compréhension devenait facile et les guides volet santé étant un peu similaires, étaient faciles à comprendre et la traduction en Haoussa était fluide pour les assistants de recherche.

✓ L'activité 3

Après un rappel de ce qui a été étudié le jour précédent, la séance a démarré par une présentation et explication en Français du guide d'entrevue d'immersion leaders communautaires/autres intervenants du programme. A la fin de ce guide, la séance a poursuivi avec le guide d'entrevue d'immersion du personnel de Wadata au profil des participants afin de mieux cerner leur mission une fois sur le terrain. Vers la fin de la journée, les assistants de recherche ont entamé la traduction en langue Haoussa étape par étape du guide d'entrevue d'immersion Leaders communautaires/autres du programme.

2.5 Cinquième journée de la formation

Comme nous indique l'image ci-dessous, le cinquième jour, les deux équipes (activité 2 et 3) se sont retrouvés dans la grande salle de réunion pour la suite de la formation. Les formateurs des deux activités se sont focalisés sur l'utilisation du dictaphone et les bonnes manières de réussir les enregistrements et de sécuriser les données.

Source : Images prises le 5eme jour de formation



Après s'en est suivi la répartition en binômes des assistants de recherche pour les jeux de rôle sur les différents outils. Image ci-dessous à titre illustratif.



Source : Images prises le 5eme jour de formation (pendant le jeu de rôle)

Une restitution a été faite dans l'après-midi. Cet exercice a permis aux assistants de recherche d'identifier quelques difficultés quant à l'administration des outils et ensemble cela a été corrigé. Pour l'activité 2, c'était surtout la création de la carte de réseau qui avait causé des problèmes et cet exercice fut repris par les formateurs. Ensuite des consignes du prétest sur le terrain pour le lendemain ont été données.

2.6 Sixième journée de la formation

Consacré uniquement au prétest dans le département de Magaria, commune de Bandé en collaboration avec les écoles des maris de SongES. Ces derniers censés être notre porte d'entrée, n'ont malheureusement pas informé la population de notre arrivée alors qu'ils étaient informés de notre passage deux jours avant. Ceci couplé avec un assemblé général à la mairie ont retardé un peu le début des entretiens. Cependant, le chef de village nous accueillis à bras ouvert, ce qui nous a permis de tenir un assemblé villageois sous sa direction. L'objectif de notre présence, les objectifs de la recherche et la description des différentes cibles ont été expliqués lors de cette assemblée. Cela a beaucoup facilité le recrutement des participants. C'est ainsi que les assistants de recherche ont eu à réaliser des focus groups (belles-mères et hommes mariés) et quelques entretiens individuels.

Source : Images prises le jour du prétest à Bandé



Revenus un peu tard dans la soirée du prétest, la restitution été programmée le lendemain. Chamsi de Equimundo a participé au débriefing. Après cela, vu quelques insuffisances constatées (reformulation des questions en haoussa), et pour mieux s'approprier des outils, un jour a été accordé aux assistants de recherche afin de mieux se préparer pour la collecte proprement dite. Il a été recommandé aux assistants de recherche de :

- Réviser tous les outils pour les maîtriser pour une meilleure appropriation ;
- Traduire en langue haoussa les outils et recopier cela dans un cahier pour faciliter leur administration ;
- Il faut également savoir relancer les questions ;
- Ecrire dans la transcription la question telle qu'elle est posée et non ce qui est écrit dans le guide tout en évitant de déformer le sens de la question ;
- Considérer toujours les moments pour faire les interviews (par exemple les heures de prières).

C. Défis et solutions

3. Défis et solutions

Au cours de la formation, plusieurs défis ont été constatés alors des solutions sont formulées.

3.1 Défis

1. Le principal défis rencontré concerne la traduction de certains guides en langue locale. Tous les support/guide de la formation ont subi dans un premier temps une traduction de l'anglais en français. Les instruments utilisés pour traduire ces documents au départ sont des logiciels qui donnent en général seulement une version approximative des attentes à travers les synonymes des mots. Cette situation n'est pas sans effet puisqu'il altère ou modifie significativement le vrai sens de fond des questions. Enfin pour terminer le processus de la chaine de traduction, la version française obtenue ne facilite pas d'avoir une vraie version attendue en langue locale.

2. Les images pour le focus group volet santé n'ont pas été prévues à temps. Cela a constitué un blocus pendant les simulations et jeux de rôle.

3. L'information à temps du passage des enquêteurs est à considérer

4. La maîtrise de la langue locale par les assistants de recherche constitue un défi majeur pour la réussite de l'activité

4.1 Solutions

1. Jusqu'à un certain niveau de travail en matière d'une collecte des données, la machine devrait rester en marge et laisser place à l'homme pour un exercice optimal. Dans le cadre de cette étude, les formes des solutions utilisées consistaient à un retour au besoin aux sources anglaises des documents pour saisir le vrai sens. Cet exercice peut provoquer un retard mais aussi susceptible de jouer sur efficacité s'il manquait avec la version anglaise. Pour solutionner ce genre de défis, la meilleure alternative envisageable consiste à passer et repasser au peigne fin tous les outils de travail traduits avant même le Jour-J du début de la collecte pour évaluer la conformité et corriger les insuffisances.

2. Pour les images à utiliser lors des focus groupe sante, un designer a été identifié par GRADE Africa pour dessiner les différents profils décrits dans le guide. Ci-dessous un échantillon du dessin :



3. Par le biais des coachs des écoles de maris, l'information sera transmise.

4. L'assurance de la maîtrise de la langue locale est faite par Grade Africa et ce critère faisait partie des critères de choix lors de la sélection des assistants de recherche.

Conclusion

Au terme de la formation et au regard des objectifs assignés, tous les résultats sont atteints. Néanmoins, les acquis et compétences sont à consolider à travers un suivi régulier du terrain.

Appendix E. Co-Creation Discussion Guides

Appendix E.1 Co-Creation Guide- Husband School Participants

NOTE: This is a co-creation guide to understand participants' perspectives on how the Husbands School could be improved. Participants should strictly be **men** who have participated in the Husbands School previously or currently, preferably in the couples' model of the school.

PURPOSE OF THIS FGD GUIDE (FOR FACILITATOR):

- **Use this step-by-step guide to facilitate a small group discussion with men who have previously or currently participated in the Husbands School.**
- **Follow the order of activities and ensure a note-taker is capturing notes, using the note-taking template, as well as the conversation being audio-recorded.**

LOGISTICS

The room should be set up so that 5-6 people can sit comfortably in a circle (the 3 or 4 participants, the facilitator and notetaker).

SUPPLIES NEEDED

- Name tags for Passion Tags in Activity 1
- Blank Flip Chart
- Colored pens
- Colorful Construction Paper

AGENDA

Section 1. Introduction & Ice breakers-- 45 minutes

Section 2. Costs and benefits--1 hour

Section 3. Pick a card, any card--1 hour

Section 4. Reflections--1 hour

Section 5. Wrap up--5 minutes

INTRODUCTION

- Thanks for agreeing to participate in the focus group discussion today. My name is _____. I am here today to have a discussion with you all about your perceptions on the Husbands School.
- This discussion is to better understand your thoughts, perceptions and feelings about the impact of the Husbands School on your life and how can it be more relevant and worthwhile to participate in. We will do our best to make this a space where everyone feels comfortable sharing and supporting each other. We ask that everyone keeps today's discussion private and ask that you do not share anything we discuss today outside of this room.
- By asking you questions about the Husbands School, we hope to learn from you and make improvements to the Husbands School.
- Feel free to speak in the language that you feel most comfortable using. We will record the conversation so we can review answers later on, but everything you say will be anonymous. There will be a notetaker capturing thoughts and photos of today's discussion.
- As a reminder, there are no right or wrong answers to any of these questions, so you should feel free to just explain what is on your mind. If you don't feel comfortable answering certain questions within the group, that is okay.

- I really appreciate that you are all willing to spend this time with this group to share your thoughts and experiences with the Husbands School.
- Do you have any questions or concerns before we begin?

SECTION 1 ICEBREAKERS

[45 minutes]

Objective: *To create a sense of comfort, trust and sharing in the space for the morning together.*

Three separate icebreakers below. Please ensure you do them separately.

- **Passion tags [10 minutes]:** I would like to start by getting to know one another. Please use this name tag, but instead of just writing your name, **please write down or draw something you are passionate about in your life.** This can be anything-- an activity you love to do, a thing you cherish, or a role that you hold. Whatever it is, it should be something you are passionate about! For example, my name is _____ and my passion is _____
 - *(Facilitator can have their own name tag completed as an example). Facilitator should then ask the participants to go around in a circle, **sharing their name and their passion.***
- **Walking in the shoes of others– building trust and empathy [15 minutes]:** Everyone take off your right shoe and hand it to the person to your right to wear or to hold. We're going to go around the circle. I want you to turn to the person wearing your shoe and re-introduce yourself. Tell that person (and the wider group) **about one struggle you have had to overcome recently.** It can be big or small but tell the person about it and how you were able to deal with it.
 - *The facilitator should take off their right shoe and model the behavior of re-introducing themselves to the person to their right and explaining a challenge they have recently faced. Facilitator should then ask the participants to go around in a circle, sharing their name and doing the same.*
- **Aspirations [15 minutes]:** Thank you for sharing more about yourself with the group. We are going to talk and share a great deal today. Let's continue to get to know one another a little bit more. Going around in a circle, let's hear thoughts from everyone.
 - **Question 1:** What is one goal or hope that you currently have for your family? This could be a goal, an aspiration, a hope-- really anything you want to share. (facilitator should stress this is about the family, not the individual)
 - **Question 2:** Can Husbands School as you know it support you in achieving this? Why or why not?

- *One by one, the Facilitator should first ask EACH participant Question 1 and then ask Question 2. If appropriate, have a group discussion along the way.*

ACTIVITY 2. EXPECTATIONS FOR MEN: COSTS AND BENEFITS [1 hour]

Objective: Draw out men’s perceptions of the benefits and costs of meeting the expectations of what it means to be a man in their community, drawing from the research findings.

- The facilitator should take a piece of paper on a flipchart drawing a line down the middle of the paper.
- On one side, the facilitator should draw a large positive (+) sign.
- The facilitator should explain to the participants, **“We heard from our research with Husbands School participants and other members of their families and the community that a good Nigerien man is expected to be:**

- To care for his family
- To earn an income and provide for his family financially
- To protect his wife and children
- To be the head of the household
- To make the decisions for the family
- To be respected and respect others
- To be courageous
- To be strong
- To be patient
- To have authority

- *Note to facilitator: You can allow participants to comment on these expectations (particularly if they disagree), but the purpose is not to gather more information on this, but to understand the benefits and costs of striving to adhere to these expectations.*
- The facilitator should ask the participants, **“What advantages or benefits do men get when they are able to meet these expectations of what it means to be a man? How are men perceived when they act in these ways?”**
- The notetaker/facilitator should go participant by participant, asking them to contribute their thoughts. The benefits could be to men themselves and to their partners and family.
- The note-taker should write down all the responses from the participants on the flipchart.
- The facilitator should encourage further discussion
 - Do you agree/disagree with what has been mentioned? Why/why not?
 - What does this look like in real life? Can you give me a real-life example?
- The facilitator should then draw a (-) sign on the other side of the flipchart and ask the participants, **“As we’ve discussed, there are many expectations for how a good man should behave. What are some of the challenges that men face in trying to meet these expectations? What happens when men are not able to meet these expectations?”**
- The notetaker/facilitator should go participant by participant, asking them to contribute their thoughts.

- The note-taker should write down all the responses from the participants on the flipchart.
- The facilitator should encourage further discussion
 - Do you agree/disagree with what has been mentioned? Why/why not?
 - What does this look like in real life? Can you give me a real-life example?

WHAT ARE THE BENEFITS? +	WHAT ARE THE CHALLENGES/COSTS? -

- Share with the participants: **“It can be challenging to meet the expectations that our communities and families have for us as men, and this pressure can sometimes have negative impacts on ourselves, our partners, and our children. Do you think there are other ways of being a man that could avoid these negative impacts?”**
- Allow the participants to share some ideas.
- Next, tell the group that you are going to share with them a short story.

Ibrahim and his wife Mariama live in a community like this one. They recently welcomed their second child. A few months after the birth, Ibrahim’s parents began pressuring him to have another child. As a man and the head of the household, Ibrahim knew he was expected to have more children and to support them financially. He was worried that they weren’t in a situation to afford another child right now. He decided to speak to Mariama. When he mentioned it to her, she also felt that resources were currently not enough to support a third child. She suggested that they could use family planning until they felt ready for another child. He felt a lot of relief when he spoke with her. Knowing that she felt the same way he did helped to reduce some of the pressure he was feeling. Together, they decided to continue saving money for a third child and to go to the health center for family planning. Now, Ibrahim and Mariama regularly discuss and decide important decisions for the family together, including how they spend money. Ibrahim sees that when they work together in this way it is easier to achieve the future that they want for their children and their family.

After sharing the story, ask the group the following questions:

- What do you think about Ibrahim’s story?
- What do you think about how Ibrahim and Mariama work together to make decisions for their family?

- What would you think if Ibrahim started doing household chores, like cleaning and caring for the children, alongside Mariama?
- What would you think if Ibrahim and Mariama decided that she could also work outside the home to earn income to support the family?
- Can you imagine any positive benefits for Ibrahim and his family from these behaviors? Why or why not?
- Do you think it's possible for a man to define for himself new ways of being a man? Why or why not?

ACTIVITY 3: PICK A CARD, ANY CARD

[1 hour]

Objective: To understand the opportunities for adapting the content and improving the logistics of the Husbands Schools.

Facilitator instructions:

- **In advance of the session**, cut out colorful pieces of paper, creating a deck of cards.
- On the front of the paper, write out one question and its corresponding number from the tables on the following pages – only write out the question in the left-hand column, not the prompts in the right-hand column). The back of the card can be left blank.
- Putting the cards into a pile, ask each participant to pull a card from the pile until all of the cards have been taken (some participants will have more than one card).
- Ask the group who has question 1. Take the card from the participant and read out the question.
- Ask the person who had that card to answer the question first.
- The facilitator should then ask every participant to build/add to the discussion with their point of view. Use the probes on the back of the card.
- After every participant has gone, the facilitator should ask the group to discuss more.
- Do they agree or disagree with one another? Why or why not? The facilitator should probe the participants to go deeper, asking the corresponding questions in the right-hand column of the table.
- Then, ask the group who has question 2 and continue on in this way until the eight questions and their prompts have been asked.

Card # / Question	Prompts/Probing questions
Card 1. What are the most important topics you've learned about in the Husbands School?	<ul style="list-style-type: none"> • What are 1-2 topics you'd wish to learn more about? Why? • What other/new topics would you like to see covered?

<p>Card 2. What do you think about the idea of Husbands Schools working with both men and their wives?</p>	<ul style="list-style-type: none"> • How would you feel if, while you were attending the Husbands School sessions, your wife attended similar sessions with other women? • How would you feel about your wife attending some of the Husbands School sessions together with you (“couples’ sessions”)? • Are there any sessions that you wouldn’t want your wife to participate in with other men/couples? • Do you have any concerns, or see any challenges, or having couples’ sessions? • How would you feel about receiving resources to support you and your wife to discuss the topics covered in the Husbands Schools at home?
<p>Card 3. Do you think there are men in your community who are not currently in the Husbands Schools that could benefit from them?</p>	<ul style="list-style-type: none"> • Who are they are? • Are there men who are willing to, but haven’t had the opportunity? Are there other men? • What about men who migrate for work? • How should we reach these men?
<p>Card 4. If women were to become engaged in a new version of the Husbands School, how would it work for those in polygamous relationships?</p>	<ul style="list-style-type: none"> • Probe about the acceptability/willingness of inclusion of co-wives • Probe about how the process would work: <ul style="list-style-type: none"> ○ Co-wives self-volunteer to participate? ○ Husband selects which wives? ○ Any wife willing to participate can?
<p>Card 5. Knowing that it’s not a paid job, what qualities or characteristics do you think the people who facilitate the Husbands School sessions should have?</p>	<ul style="list-style-type: none"> • Should there be criteria that facilitators must meet? If yes, give some examples. • What would you think about two or three group members getting trained to facilitate the group conversations? • Are there any benefits to that approach? Any challenges? • How would it improve the Husbands Schools?
<p>Card 6. How much time do you have for participating in the Husbands Schools?</p>	<ul style="list-style-type: none"> • You are meeting twice a month at the moment; would you like the meetings to be more often? Less often? • Outside of the regular Husbands School meetings, how much time are you able to devote to other Husbands School-related activities, such as community sensitization?

<p>Card 7. If women were involved, would we need to make any changes to how the Husbands Schools are operating?</p>	<ul style="list-style-type: none"> • Would it be appropriate for women to meet in the current location? Why or why not? • Are there places where women could meet (on their own) or together with their husbands? • If there were sessions with men and their wives together, what time of day (or what days) would they be available to meet outside of the household? • Who could facilitate these sessions?
<p>Card 8. Are there any other changes or things that could be done to improve your experience of the Husbands School?</p>	<ul style="list-style-type: none"> • Probe for tangible recommendations- what would they change if they could?

ACTIVITY 4 REFLECTIONS

[1 hour]

Objective: *This activity works to unpack what is a positive and what is a challenge of the Husbands Schools in an effort to look at client satisfaction with the program and opportunities for improvement.*

Part 1: *how has the HS helped the men navigate scenarios in their life so far.*

Part 2: *what is the biggest challenge they see to the health and well-being of their families and communities? Does the Husbands School recognize this challenge? Yes/no? How could it better support the men in addressing this challenge?*

PART 1:

- Facilitator should hand out colored pens and 2 pieces of paper per participant.
- The facilitator ask participants to take 5 minutes and think about their experiences with the Husband School thus far.
- Reflecting on their life experiences, the facilitator should ask participants to then draw a picture of a time **where the participant felt like the Husbands School played an important role** (a conversation, a scenario, an engagement or interaction that they've had where the Husbands Schools influenced them in that situation)
- The facilitator should encourage participants to be creative, re-emphasizing that it can be any situation where Husbands Schools have played a role.
- When the participants have finished, the facilitator will ask them to share their drawings one by one, explaining the thing they drew and how/why Husbands School played a role in the situation.

- *PROBE 1:* The facilitator should probe each participant for details about the scenario and their reflections on it. What happened in the scenario? Who was present? Where was this?
- *PROBE 2:* Details of the Husbands School in the scenario. How did the Husbands school influence the scenario? Did it change a way of talking/discussing/thinking or interacting? In the moment, how did the Husbands School influence the outcome?
- *PROBE 3:* Do other participants have similar experiences? Can others relate? If so, ask the participants to share their similar experiences, building on the discussion by also asking them the questions in Probe 2 above.

PART 2:

- Next, the Facilitator should ask participants to take another 5 minutes and think about the biggest challenge they see in their family or the community currently.
- The facilitator should ask the participants to draw out the scenario, to the best of their ability
- The facilitator should encourage participants to be creative, re-emphasizing that it can be any situation they see as most pressing or challenging for their families or their community.
- When the participants have finished, the facilitator will ask them to share their drawing one by one, asking them to explain the details of the challenge that they have drawn.
- The facilitator should probe
 - *PROBE 1:* Details of the challenge- How long has this challenge gone on? What does it look like in daily life? How does this challenge make them feel?
 - *PROBE 2:* If the husbands school currently does/does not address the challenge. Does the husband school recognize/acknowledge/influence the challenge they drew?
 - If yes: how does it recognizes/acknowledges/influences the challenge? Would you make any changes to how the Husband School address the challenge?
 - If no: How might the Husbands School make changes to recognize/acknowledge/influence the challenge? What's needed? How should this look? Why is it important that the Husbands School does this?

SECTION 5 WRAP UP

[5 minutes]

- Okay, Thank you all so much for participating in today's discussion. Please remember to keep what we discussed today private and not share it outside of this room.
- Before we wrap up, is there any more discussion on the Husbands School? Any thoughts, constructive criticism, advice, recommendations for improvement?
- Before we wrap up, are there any questions? Thank you again for all the thoughtful contributions today.

Appendix E.2 Co-Creation Guide- Women/Wives Of Male Participants

NOTE: This is a co-creation guide to understand participants' perspectives on how the Husbands School could be improved. Participants should strictly be the **wives of men who have previously or currently** participate in the Husbands School.

PURPOSE OF THIS FGD GUIDE (FOR FACILITATOR):

- Use this step-by-step guide to facilitate a small group discussion with the wives of men who previously or currently participate in the Husbands School.
- Follow the order of activities and ensure a note-taker is capturing notes within the space provided below, and that the conversation is being audio-recorded.

LOGISTICS

The room should be set up so that 5-6 people can sit comfortably in a circle (the 3 or 4 participants, the facilitator and notetaker).

SUPPLIES NEEDED

- Name tags for passion tags
- Blank Flip Chart
- Colored pens
- Colorful Construction Paper
- Blank sheets of paper (10)

AGENDA

Section 1. Introduction & ice breakers--45 minutes

Section 2 Peace and harmony--45 Minutes

Section 3: Pick a card, any card--1 hour

Section 4. Love & care reflections--20 minutes

Section 5. Design a school--1 hour

Section 6. Wrap up--5 minutes

INTRODUCTION

- Thanks for agreeing to participate in the focus group discussion today. My name is _____. I am here today to have a discussion with you all about your perceptions of Husbands School. Today's conversation will take about 4 hours.

- This discussion is to better understand your thoughts, perceptions and feelings about the impact of the Husbands School on your life and how can it be more relevant and worthwhile. We will do our best to make this a space where everyone feels comfortable sharing and supporting each other. We ask that everyone keeps today's discussion private and ask that you do not share anything we discuss today outside of this room.
- By asking you questions about the Husbands School, we hope to learn from you and make improvements to the Husbands School.
- Feel free to speak in the language that you feel most comfortable using. We will record the conversation so we can review answers later on, but everything you say will be anonymous. There will be a notetaker capturing thoughts and photos of today's discussion.
- As a reminder, there are no right or wrong answers to any of these questions, so you should feel free to just explain what is on your mind. If you don't feel comfortable answering certain questions within the group, that is okay.
- I really appreciate that you are all willing to spend this time with this group to share your thoughts and experiences with on your experience with the Husbands School.
- Do you have any questions or concerns before we begin?

SECTION 1 ICEBREAKERS

[45 minutes]

Objective: *To create a sense of comfort, trust, and open sharing in a safe space. There are three separate icebreakers below. Please ensure you do them separately.*

Facilitator script:

- **Passion tags [10 minutes]:** I would like to start by getting to know one another. Please use this name tag, but instead of just writing your name, **please write down or draw something you are passionate about in your life.** This can be anything -- an activity you love to do, a thing you cherish, or a role that you hold. Whatever it is, it should be something you are passionate about! For example, my name is _____ and my passion is _____
 - *(Facilitator can have their own name tag completed as an example). Facilitator should then ask the participants to go around in a circle, **sharing their name and their passion.***
- **Walking in the shoes of others– building trust and empathy [15 minutes]:** Everyone take off your right shoe and hand it to the person to your right to wear or to hold. We're going to go around the circle. I want you to turn to the person wearing your shoe and re-introduce yourself. Tell that person (and the wider group) **about one struggle you have had to overcome recently.** It can be big or small but tell the person about it and how you were able to deal with it.
 - *The facilitator should take off their right shoe and model the behavior of re-introducing themselves to the person to their right and explaining a challenge they have recently faced. Facilitator should then ask the participants to go around in a circle, sharing their name and doing the same.*

- **Aspirations [15 minutes]:** Thank you for sharing more about yourself with the group. We are going to talk and share a great deal today. Let's continue to get to know one another a little bit more. Going around in a circle, let's hear thoughts from everyone.
- **What is your biggest hope, dream, or wish for your family?** *Notes & Reflections on what the individuals share and the discussion:*
- **What might this look like?** *Notes & Reflections on what the individuals share and the discussion:*
- **Why do you want it?** *Notes & Reflections on what the individuals share and the discussion:*

Participant 1 Name:	Participant 2 Name:	Participant 3 Name:	Participant 4 Name:
Passion:	Passion:	Passion:	Passion:
Aspiration:	Aspiration:	Aspiration:	Aspiration:

SECTION 2: PEACE AND HARMONY

[45 minutes]

Objective: *To continue to build off of women’s aspirations and to further unpack and understand what the commonly used phrase “peace and harmony” might actually look like to the female participants.*

Facilitator instructions: *Hand out a piece of paper to each participant and provide colorful pens/markers for them to draw. Because some of the participants may not have any drawing skills, allow them to choose from one of the options.*

Facilitator script:

- Okay, now I am going to ask you to get creative. In our previous conversations with women in this community, they told us they aspired to have a peaceful and harmonious household, we would like to understand what that means to you. You have options:
- 1. Using the pen and markers in front of you, please take 10 minutes to draw a **harmonious and peaceful household**.
 - It can be multiple small drawings, or one bigger drawing, it's completely up to you, but whatever you draw should represent what PEACE and HARMONY is like for you.
 - Remember, put yourself in the drawing
- 2. If you don’t feel comfortable drawing, you can either think this through on your own, discuss with a friend here, or team up with someone who can draw and co-create this together.

[Facilitator should give participants 10 minutes to draw/think]

- Okay, let's come back together to discuss what you all drew. I am going to ask that we go one by one and discuss each drawing, having a conversation along the way.

[Facilitator should choose a participant to start with and should repeat the following process for EACH participant]

- Okay, please explain your drawing or tell us what you were thinking, explaining who is in the picture, what they are doing and how they feel.
- *Notes & Reflections on what the individuals share and the discussion:*

- Why did you draw peace and harmony that way?

Participant Name: 1	Participant 2 Name:	Participant Name: 3	Participant Name: 4
Drawing:	Drawing:	Drawing:	Drawing:
Why:	Why:	Why:	Why:

These next set of questions can be directed to all women; they don't need to answer separately:

1. What are some of the obstacles that prevent this vision of peace and harmony in the household?
2. In your community, what roles do husbands play in achieving this vision of peace and harmony in a household?
 - a. Probe: what are some other ways husbands could contribute as well?
3. Who else plays a role in helping or not to achieve this vision of peace and harmony in the family/household?
 - a. Probe: How about mothers-in-law, religious leaders, co-wives, other family members?
4. What about wives? What's the role of a wife in achieving this vision in the family?
 - a. Probe: How would it change if women were able to make more decisions, have more say in certain areas?
5. Which areas of your life would you like to, or would it be more helpful, to have a greater say?
 - a. Probe: What about
 - b. Women's health (including care seeking)
 - c. Children's health and nutrition (including care seeking)
 - d. Mobility (i.e. leaving the house)
 - e. How to manage household resources (money)
 - f. If and when to have children

6. What would happen if a woman started to make certain decisions about her life, or participate more in decisions in some of areas mentioned? Or is this something she is already doing?
 - a. Probe: What would others in the community think/say/do? Are there any negative consequences for her or her family?

Participant 1 Name:	Participant 2 Name:	Participant 3 Name:	Participant 4 Name:
1. Obstacles?	Obstacles?	Obstacles?	Obstacles?
2. Roles of Husbands?	Roles of Husbands?	Roles of Husbands?	Roles of Husbands?
3. Who else plays a role?	Who else plays a role?	Who else plays a role?	Who else plays a role?
4. Role of Wives?	Role of Wives?	Role of Wives?	Role of Wives?
5. Areas of life?	Areas of life?	Areas of life?	Areas of life?
6. What would happen?	What would happen?	What would happen?	What would happen?

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SECTION 3: PICK A CARD, ANY CARD

[1 hour]

Objective: *To understand women’s perspectives on the Husbands Schools as it currently is, as well as opportunities for improvements, including gauging perspectives on female participation.*

Facilitator instructions:

- **In advance of the session,** cut out colorful pieces of paper, creating many cards. On the front of the paper, write out the following questions (in the left-hand column of the table below). The back of the card can be left blank.
- Putting the cards into a pile, ask each participant to pull a card from the pile.
- The facilitator will then read that question out loud and ask the participant who pulled the card from the deck to answer the question first.
- The facilitator should then ask the other participants to build/add to the discussion with their point of view. Do they agree or disagree with one another? Why or why not?
- After the initial conversation, the facilitator should encourage the participants to go deeper, going one-by-one, asking EACH of the corresponding questions in the right-hand column of the table. There should be AS MUCH DISCUSSION AS POSSIBLE amongst participants before moving onto the next probe.
- Repeat this process for each card.

Questions written on front side of the card	Probes written on front side of the card	1	2	3	4
1. Overall, how has the Husbands School impacted your life?	<ul style="list-style-type: none"> ▪ Probe for in what ways (positive, negative, neutral) ▪ Probe for their feelings, thoughts, perceptions on what impact it’s had on their lives ▪ Probe if it has led to a change in their behavior since husband started attending HS? ▪ probe if there has been a change in the way they and husband communicate? ▪ Probe if husband has consulted them more, or they 				

	have had more say in decisions?				
2. Have you seen any changes in your husband's behavior that you attribute to his participation in the Husbands School?	<ul style="list-style-type: none"> ▪ Probe for in what ways (positive, negative, neutral) ▪ Probe for real life examples to illustrate their points ▪ Probe for what impact these changes have had more widely, on family or community? 				
3. In your opinion, what [if any] are the most obvious benefits of your husband's participation in the Husbands School?	<ul style="list-style-type: none"> ▪ Probe for individual level benefits ▪ Probe for family level benefits ▪ Probe for community level benefits 				
4. Do you think there are men/husbands in your community who are not in the Husbands Schools whose family could benefit by them being included?	<ul style="list-style-type: none"> • Who are they are? • Are there men who are willing but haven't had the opportunity? Are there other men? • What could motivate them to join? 				
5. If women were involved in Husbands School, what changes would need to be made to the way it works?	<ul style="list-style-type: none"> • What do you think about this idea of joint husband and wife Husbands School? • How would you feel about attending sessions with your husband? • How would you feel about attending with other couples? • Are there any topics you would not like to discuss in front of other couples? • Would you prefer sessions where men and women were kept separate, but then came together for some sessions? 				

	<ul style="list-style-type: none"> • Are there any risks to having men and women in joint sessions? • Who would be a good facilitator for conversations with women, and the mixed groups? • How would you feel about being asked to continue sessions at home? 				
6. In your opinion, if women were involved, where would be the most convenient place to meet for Husbands School meetings?	<ul style="list-style-type: none"> • Probe for locations. <ul style="list-style-type: none"> ○ Why are these proposed? • Probe for how long women could be out of the house. 				
7. If women were to become engaged in a new version of the Husbands School, how would it work for those in polygamous relationships?	<ul style="list-style-type: none"> • Probe women for the acceptability/willingness of inclusion of co-wives • Probe women for vision of how the process would work to avoid tension in the home <ul style="list-style-type: none"> ○ Co-wives Self-volunteer to participate? ○ Husband selects which wives? ○ Any wife willing to participate, can? • What are some of the risks, challenges to this? 				

Activity 3: LOVE & CARE

20 minutes

Objective: This activity aims to getting women to reflect and explore how it looks and feels to be cared for, respected, and valued.

Facilitator script:

- I'd like you to go back to your drawing/idea of peace and harmony, use the back of the page to draw, or think, of a time when you felt most loved, cared for, valued, or respected.
- The picture can be of anything or anyone that made you feel that way.
- Facilitator should give participants 5 minutes to draw this.
- *[Facilitator should choose a participant to start with and should repeat the following process for EACH participant]*
 - Explain what you drew and why
 - In the scenario in your drawing, did you feel loved? Respected? Valued? Cared for?
 - How did you feel that way?
 - Do you think you deserve to feel that way more often?
 - Why/why not?

Participant 1 Name:	Participant 2 Name:	Participant 3 Name:	Participant 4 Name:
Drawing:	Drawing:	Drawing:	Drawing:
Why:	Why:	Why:	Why:
Did you feel...	Did you feel...	Did you feel...	Did you feel...
How?	How?	How?	How?
Do you think you deserve ...	Do you think you deserve...	Do you think you deserve...	Do you think you deserve...

Why/Why not?	Why/Why not?	Why/Why not?	Why/Why not?
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Facilitator script: *Thank you for your insightful and heartfelt reflections. I hope you enjoyed that activity.*

ACTIVITY 4: WHO, WHAT, WHEN, WHERE, WHY, HOW-- DESIGN YOUR OWN HUSBANDS SCHOOL
1 hour

Objective: *Taking what participants have said in Activity 2 and their ideas about love, care and respect in Activity 3, this activity aims to get women to be creative AND prioritize their desires through designing a group that would suit them, their needs, their desires, in their way.*

Facilitator script:

- Thank you for the useful insights and discussion so far. As women, you have many good ideas about how things should work. We've talked about this a bit in the previous activity, but I want to go a little deeper into how the Husbands Schools could help you to achieve some of the things you have told us you want in life.
- In this activity I am asking you to DESIGN A NEW Husbands School together. You told us that wives can play an important role in creating a peaceful and harmonious household by playing a more active role in decision making, especially in some areas. You also told us how you want to feel loved, cared for and respected in your family. And that better communication between couples can lead to greater well-being among everyone in the family.
- For this activity, I want to hear all your ideas about how Husbands School can lead to these outcomes. They can be silly or serious or somewhat in between, but I want everyone to get creative and express any idea that may pop into your head.
- We will go step by step and the questions will be simple. You will discuss each one as a group and report back to me what you all decided. I will then ask you some more details, but it can be a discussion.
- I will write down or draw your answers to each question on the flipchart as we go so at the end, we can look at the compilation of your answers!

- **REMEMBER, there are no right or wrong answers-** as a group, this is YOUR group. All of you get to prioritize what's important, who attends, how/where it meets, and why.
- *OKAY! LET'S GET STARTED. The first question I will ask is:*

1. WHY DOES YOUR HUSBANDS SCHOOL EXIST?

- **Facilitator lets women discuss for 5 minutes and then present back**
- *Facilitator then probes:*
 - o *What is the "Why" of the HS?*
 - o *What do you want this "school" to achieve?*
 - o *What gap does this "school" address?*
 - o *What should its biggest impact be, and on whom?*

Participant 1 Name:	Participant 2 Name:	Participant 3 Name:	Participant 4 Name:
Why?	Why?	Why?	Why?
What?	What?	What?	What?
Gap?	Gap?	Gap?	Gap?
What?	What?	What?	What?

2.WHO ATTENDS YOUR SCHOOL?

- **Facilitator lets women discuss for 5 minutes and then present back**

- *Facilitator then probes:*
 - *Why have you included those people to attend?*
 - *Why have you left out certain people (co-wives, husbands, both? Other community members?)*
 - *How are people invited to attend?*
 - *What will motivate them to attend, and keep attending?*

Participant Name: 1	Participant 2 Name:	Participant Name: 3	Participant Name: 4
Who?	Who?	Who?	Who?
Why?	Why?	Why?	Why?
How?	How?	How?	How?
What?	What?	What?	What?

3. WHAT TOPICS ARE DISCUSSED AT YOUR SCHOOL?

- **FACILITATOR LETS WOMEN DISCUSS FOR 5 MINUTES AND THEN PRESENT BACK**
- *Facilitator then probes:*
 - *Why those topics over others?*
 - ***Would there be any opposition to discussing those topics from your husband, other men, community leaders? Why/Why not?***
 - *What activities could be used to discuss these topics? (Different methods such as role play, drawings, song, inviting health worker to talk etc.?)*
 - *What do you hope participants will take away from discussing these topics? Why?*

- *Are there themes or topics you would rather not discuss in front of other community members? What about if it's just women? What about if it's with your husband?*
- *Are there things that would make it difficult to have positive conversations and learn together?*
- *Would you include 'homework' as part of your curriculum? What would that look like?*

Participant Name: 1	Participant 2 Name:	Participant Name: 3	Participant Name: 4
What?	What?	What?	What?
Why?	Why?	Why?	Why?
Opposition?	Opposition?	Opposition?	Opposition?
Are there . . . ?	Are there . . . ?	Are there . . . ?	Are there . . . ?
Are there . . . ?	Are there . . . ?	Are there . . . ?	Are there . . . ?
Homework?	Homework?	Homework?	Homework?

4. WHEN AND WHERE DOES YOUR HUSBANDS SCHOOL MEET?

- **FACILITATOR LETS WOMEN DISCUSS FOR 5 MINUTES AND THEN PRESENT BACK**
- *Facilitator then probes:*

- What is the reason for choosing that day or that many times a month?
- What is the reason for choosing that location?
 - If men and women are meeting together, do men and women meet at the same time, in the same place?
 - Should they meet at the same time, but separate location? Or different time/location all together?
 - **If women and men meet separately, probe:**
 - Where are the husbands while the women are meeting; can women bring their children or can husbands look after the children?
 - How long can women meet for?

Participant 1 Name:	Participant 2 Name:	Participant 3 Name:	Participant 4 Name:
When/where?	When/where?	When/where?	When/where?
What?	What?	What?	What?
What?	What?	What?	What?

5. WHAT IS YOUR SCHOOL'S NAME?

- **FACILITATOR LETS WOMEN DISCUSS FOR 5 MINUTES AND THEN PRESENT BACK**
- *Facilitator then probes:*
 - Why did you choose to call it xxx ?
 - How/what does it represent about their school?

Facilitator script: Great! Thank you for participating in that discussion. There were so many good ideas shared and half the battle of any great idea is figuring out the who, what, when, where and why.

Participant 1 Name:	Participant 2 Name:	Participant 3 Name:	Participant 4 Name:
School name?	School name?	School name?	School name?
Why?	Why?	Why?	Why?
How/What?	How/What?	How/What?	How/What?

SECTION 5 WRAP UP

[5 minutes]

- Okay, Thank you all so much for participating in today’s discussion. Please remember to keep what we discussed today private and not share it outside of this room.
- Before we wrap up, does anyone want to say anything else about Husbands school? Any thoughts, constructive criticism, advice, recommendations for improvement?
- Are there any questions about anything else?
- Thank you again for all the thoughtful contributions today.

Participant 1 Name:	Participant 2 Name:	Participant 3 Name:	Participant 4 Name:

APPENDIX E.3 CO-CREATION GUIDE- COMMUNITY LEADERS

NOTE: This is a co-creation guide to understand participants perspectives on how the Husband School could be improved. Participants should strictly be **community leaders in the communities in which Husbands Schools currently operate.**

PURPOSE OF THIS FGD GUIDE (FOR FACILITATOR):

- Use this step-by-step guide to facilitate a small group discussion with community leaders in communities in which Husbands Schools currently operate.
- Follow the order of activities and ensure a note-taker is capturing notes, using the note taking template, as well as the conversation being recorded.

LOGISTICS

The room should be set up so that 5-7 people can sit comfortably in a circle (the 3-5 participants, the facilitator and notetaker).

SUPPLIES NEEDED

- Name tags for passion tags
- Blank Flip Chart
- Colored pens
- Colorful Construction Paper
-

AGENDA

Section 1. Introduction & Icebreakers--45 minutes

Section 2 Reflections--45 minutes

Section 3: Shared Power in Decision Making--45 minutes

Section 4: Pick a card, any card--1 hour

Section 5 Wrap up--5 minutes

INTRODUCTION

- Thanks for agreeing to participate in the focus group discussion today. My name is _____. I am here today to have a discussion with you all about your perceptions on the Husbands Schools, as well as gender and social norms in your community.

- This discussion is to better understand your thoughts, perceptions and feelings about the impact of the Husbands School on the community in which you work and understand how it can be more relevant and worthwhile in engaging.
- We will do our best to make this a space where everyone feels comfortable sharing and supporting each other. We ask that everyone keeps today's discussion private and ask that you do not share anything we discuss today outside of this room.
- Feel free to speak in the language that you feel most comfortable using. We will record the conversation so we can review answers later on, but everything you say will be anonymous. There will be a notetaker capturing thoughts and photos of today's discussion.
- As a reminder, there are no right or wrong answers to any of these questions, so you should feel free to just explain what is on your mind. If you don't feel comfortable answering certain questions within the group, that is okay.
- I really appreciate that you are all willing to spend this time with this group to share your thoughts and experiences with on your experience with the Husbands School.
- Do you have any questions or concerns before we begin?

SECTION 1 ICEBREAKERS

[45 minutes]

Objective: *To create a sense of comfort, trust, and open sharing in a safe space. There are three separate icebreakers below. Please ensure you do them separately.*

Facilitator script:

- **Passion tags [10 minutes]:** I would like to start by getting to know one another. Please use this name tag, but instead of just writing your name, **please write down or draw something you are passionate about in your life.** This can be anything-- an activity you love to do, a thing you cherish, or a role that you hold. Whatever it is, it should be something you are passionate about! For example, my name is _____ and my passion is _____
- *(Facilitator can have their own name tag completed as an example). Facilitator should then ask the participants to go around in a circle, **sharing their name, whether they are a HS coach or a HS participant and their passion.***
- **Walking in the shoes of others– building trust and empathy [15 minutes]:** Everyone take off your right shoe and hand it to the person to your right to wear or to hold. We're going to go around the circle. I want you to turn to the person wearing your shoe and re-introduce yourself. Tell that person (and the wider group) **about one struggle you have had to overcome recently.** It can be big or small but tell the person about it and how you were able to deal with it.
- *The facilitator should take off their right shoe and model the behavior of re-introducing themselves to the person to their right and explaining a challenge they have recently faced.*

Facilitator should then ask the participants to go around in a circle, sharing their name and doing the same.

- **Reflections [15 minutes]:** Thank you for sharing more about yourself with the group. We are going to talk and share a great deal today. Let's continue to get to know one another a little bit more. Going around in a circle, let's hear thoughts from everyone.
 - **As a leader in your community, what is something you are proud of changing or improving?**
 - Facilitator should give participants 2 minutes to reflect and then ask each participant:
 - what it was,
 - why it mattered
 - how it made them feel

SECTION 2: REFLECTIONS

[45 minutes]

Objective: *To understand and explore Community Leaders perceptions and attitudes on gender, using activities from Equimundo's "Bandeberhe Manual"*

Facilitator instructions: *Prior to conducting the activity, choose an area where there is enough space for people to move around. Tape or place three pieces of paper on the floor close to each other: a green piece of paper, a yellow piece of paper, and a red piece of paper.*

Facilitator script:

- Okay, now I am going to ask you to listen to a series of statements that I am going to read out loud.
 - If you agree with the statement, stand on the green paper.
 - If you disagree with the statement, stand on the red paper.
 - If you are uncertain or neutral about the statement, stand on the yellow paper.
- Remember, this is a safe and honest space. It is okay to be open and honest about your opinions.
- Are there any questions before we begin?

SERIES OF STATEMENTS

(5 min discussion for each statement):

1. In my community, Men should not clean the house or wash dishes.

- Probe each participant for their rationale on where they stand
- [For men who agree] Are there any times when it is ok for men to do this work? How will the community react if they see men doing this work?
- Is there any difference among the younger generations?

2. Men should make the final decisions in the household.

- Probe each participant for their rationale on where they stand.

- Should men make final decision for ALL issues? Or only some decisions? Get participants to be specific:
 - Women’s health (including care seeking)
 - Children’s health and nutrition (including care seeking)
 - Mobility (I.e. leaving the house)
 - How to manage household resources (money)
 - If and when to have children
 - Other topics?
- As a leader, what would you think if women made decisions related to these issues?
- Is there any difference in how younger couples/generations make decisions?
- Probe participants for real life stories that support their beliefs- what have they seen in their own lives?

3. A woman is not a real woman until she has had children.

- Probe each participant for their rationale on where they stand
- How does the community treat women if they choose to wait before having children or stop having children? Why?
- How does the community treat men who have few children? Why?
- Are there any circumstances in which it is acceptable for a couple to wait to have children after marrying? Stop having children?

4. Women should be able to go to the health center, visit family or go to market unaccompanied if they need or decide to do so.

- Probe each participant for their rationale on where they stand.
- Where can women be accompanied versus unaccompanied? Why?
- How would the community react seeing an unaccompanied woman at the health center? At the market?
- Are there any families in your community where women go out unaccompanied?

5. Men should be involved in day-to-day caretaking of children, such as feeding them, bathing them and watching them.

- Probe each participant for their rationale on where they stand.
- Are some of these responsibilities acceptable for men but not others?
- Is a man involved in caring for his child normal in your community? If not, what is?
- Probe participants for real life stories that support their beliefs- what have they seen in their own lives?

6. Someone who has paid work is more valuable to the family than someone who does care and domestic work.

- Probe each participant for their rationale on where they stand.
- Is there a difference in how steady work (a job with salary), migrant/seasonal labor and occasional income-generating activities are valued?

- Is it more important for women to complete all domestic work or to contribute to household resources if she has the opportunity?

7. Religion plays a role in my community's expectation of men and women.

- Probe each participant for their rationale on where they stand.
- Are there any proverbs or *hadiths* that are most important in influencing how men and women act or interact?
- How do your religious beliefs influence your work as community leaders, or not?
- Probe participants for real life stories that support their beliefs- what have they seen in their own lives?

Okay, let's come back together to discuss more and thank you for participating in this activity.

- Which statements did you have the strongest opinions about? Why?
- How did it feel to talk about an opinion that was different from some of the other participants?
- Do you think that individual couples/families should be able to decide what works best for them in terms of how to split responsibilities, or is there a "right" way to do things?
- How do you think these opinions and beliefs we have about men and women influence the way we interact with men and women in our daily lives?

SECTION 3: SHARED POWER IN DECISION-MAKING

Objective: *To understand and explore Community Leaders perceptions, attitudes, and willingness to examine current gender inequalities and acceptability around shifting to more equal gender roles.*

Facilitator script:

- We've just talked about expectations of men and women and how people can have different opinions and different ways of sharing responsibility in the home. Now we are going to look a little deeper into the impact of sharing responsibilities. I will read you a story about a family living in a community in Zinder, Niger. Then we will pause and discuss.
- Any questions?

Family 1: Ibrahim and Fatouma have been married for seven years. They have five young children. Ibrahim is a farmer who works a small plot of land growing millet. Fatouma stays at home with their five children. She also recently joined a women's group organized by an NGO project that is growing peanuts, and she now brings home some small proceeds from selling the peanuts. Her husband does not allow her to keep the money; he demands that she give it to him. Fatouma knows he sometimes uses it to buy things they cannot afford, like a new cell phone, instead of saving it for the family's daily needs. He makes these decisions on his own, without discussing it with her. Yesterday he left for a short trip without telling her when he would return. This morning their youngest child fell ill with diarrhea and Fatouma recognizes the signs of severe dehydration. He needs immediate medical attention, but Fatouma has no money for transportation to the health facility and she is afraid of what people will say if she leaves without her husband's permission. At the same time, she knows her child may die if she does not take action.

Okay let's pause for group discussion [Facilitator should probe participants to discuss each point, one at a time]

- What should Fatouma do?
- What might happen if she leaves for the health center without her husband's permission?
- Could something like this happen in your community?
- Why do you think Ibrahim wants Fatouma to give him the money she earns? Is this typical?
- What are some of the negative impacts on women and children when men are the sole decision-makers in the family?
- Are there negative impacts on men when they are the sole decision-makers in the family?
- Should Ibrahim or Fatouma have acted differently in this story for a better outcome?

Great thank you for that discussion. "Men are often raised to be head of the household and to have the final say in household decisions. As such, men often control access, use and decisions about household finances, resources, and even how family members spend their time. This can have a negative impact on women, children, and men themselves. When men and women discuss and share household decision-making power, it can have many positive benefits.

Equitable household decision-making means men and women discussing and agreeing on decisions together. Not all decisions need to be made in this way. For example, there are important decisions that each person should be able to make for themselves, particularly those regarding their own bodies and their time. However, when men and women decide important decisions affecting the household together, it is easier to achieve the goals that they have for their families.

This is what we hope Husbands Schools can do: support couples to better communicate, share decision-making and resources to improve the health and well-being of their entire family.

SECTION 4: PICK A CARD, ANY CARD

[1 hour]

Objective: *To understand community leaders' perspectives on the Husbands Schools as it currently is, as well as opportunities for improvements, including gauging perspectives on female participation.*

Facilitator instructions:

- **In advance of the session,** cut out colorful pieces of paper, creating a deck of cards.
- On the front of the paper, write out one question and its corresponding number from the tables on the following pages. (Only write out the question in the left-hand column, not the prompts in the right-hand column). The back of the card can be left blank.
- Putting the cards into a pile, ask each participant to pull a card from the pile until all of the cards have been taken. (Some participants will have more than one card).
- Ask the group who has question 1. Ask the person to answer the question first.
- The facilitator should then ask every participant to build/add to the discussion with their point of view.
- After every participant has gone, the facilitator should ask the group to discuss more.

- Do they agree or disagree with one another? Why or why not? The facilitator should probe the participants to go deeper, asking the corresponding questions in the right-hand column of the table.
- Then, ask the group who has question 2 and continue on in this way until the eight questions and their prompts have been asked.

Questions	Probes
Overall, do you like the Husbands School? What are your general impressions of it?	<ul style="list-style-type: none"> ▪ Probe for their feelings, thoughts, perceptions on the Husbands School ▪ Probe for whether or not community leaders think the Husbands School is a worthwhile initiative. Has it improved family health and well-being? Family communication and solidarity? Why or why not? ▪ Does the community WANT a program like the Husbands School? Why or why not? ▪ Does the community NEED a program like the Husbands School? Why or why not?
In your opinion, what [if any] are the most obvious benefits of participation in the Husbands School?	<ul style="list-style-type: none"> ▪ Probe for individual level benefits for men and for women ▪ Probe for family level benefits ▪ Probe for community level benefits
Do you think the Husband School could have more impact on more families?	<ul style="list-style-type: none"> ▪ Probe why/why not? ▪ How might the project involve more men in the Husbands School? What does that process look like? ▪ How could we get men who are seasonal migrants/laborers involved? ▪ Who else might be good to involve? ▪ Probe for how recruitment and selection for participation would work
What would a school that taught men and women (i.e. husbands AND wives) look like?	<ul style="list-style-type: none"> ▪ Probe what it would look like if women were included. How would it be rebranded? ▪ Probe community leaders for acceptability of including women - how do they envision it? <ul style="list-style-type: none"> o Men and women's groups together? o Men and women's groups separate? o Couples' sessions? ▪ Are there any topics that it wouldn't be acceptable for women and men to learn about together? (probe for RH, FP, etc.) ▪ Do you have any concerns, or see any challenges, on having couples' sessions?

<p>If women were to become engaged in a new version of the Husbands School, how would it work for those in polygamous relationships?</p>	<ul style="list-style-type: none"> ▪ Probe about the acceptability/willingness of inclusion of co-wives ▪ Probe about how the process would work: <ul style="list-style-type: none"> ○ Co-wives self-volunteer to participate? ○ Husband selects which wives? ○ Can any wife willing to participate do so?
<p>Knowing that it's not a paid job, what qualities or characteristics do you think the people who facilitate the Husbands School sessions should have?</p>	<ul style="list-style-type: none"> ▪ Should there be criteria that facilitators must meet? If yes, give some examples. ▪ What would you think about two or three group members getting trained to facilitate the group conversations? ▪ Are there any benefits to that approach? Any challenges? ▪ How would it improve the Husbands Schools?

SECTION 5 WRAP UP

[5 minutes]

- Okay, Thank you all so much for participating in today's discussion. Please remember to keep what we discussed today private and not share it outside of this room.
- Before we wrap up, is there any more discussion on the Husbands School? Any thoughts, constructive criticism, advice, recommendations for improvement?
- Before we wrap up, are there any questions? Thank you again for all the thoughtful contributions today.

Appendix E.4: Co-Creation Guide - Wadata Staff

NOTE: This is a co-creation guide to understand participants' perspectives on how the Husbands Schools could be improved. Participants should strictly be **WADATA STAFF who oversee and are involved in the operation of the Husbands Schools currently or recently.**

PURPOSE OF THIS FGD GUIDE (FOR FACILITATOR):

- **Use this step-by-step guide to facilitate a small group discussion with WADATA staff members who oversee and are involved in the operation of the Husbands Schools.**
- **Follow the order of activities and ensure a note-taker is capturing notes, using the note taking template, as well as the conversation being audio-recorded.**

LOGISTICS

The room should be set up so that 5-7 people can sit comfortably in a circle (the 3-5 participants, the facilitator and notetaker).

SUPPLIES NEEDED

- Name tags for passion tags
- Blank Flip Chart
- Colored pens
- Colorful Construction Paper

AGENDA

Section 1: Introduction & Ice breakers--45 minutes

Section 2: The Honesty Hat--1 hour

Section 3: Pick a Card, Any Card--1 hour

Section 4: How might we? Brainstorming solutions--1 hour

Section 5: Wrap up--5 minutes

INTRODUCTION

- Thanks for agreeing to participate in the focus group discussion today. My name is _____. I am here today to have a discussion with you all about your perceptions on the Husband School, and together, brainstorm ways we can potentially improve the Husbands Schools.
- This discussion is to better understand your thoughts, perceptions and feelings about the impact of the Husbands Schools on the community and also understand how it can be more relevant and worthwhile in engaging.

- We will do our best to make this a space where everyone feels comfortable sharing and supporting each other. We ask that everyone keeps today's discussion private and ask that you do not share anything we discuss today outside of this room.
- Feel free to speak in the language that you feel most comfortable using. We will record the conversation so we can review answers later on, but everything you say will be anonymous. There will be a notetaker capturing thoughts and photos of today's discussion.
- As a reminder, there are no right or wrong answers to any of these questions, so you should feel free to just explain what is on your mind. If you don't feel comfortable answering certain questions within the group, that is okay.
- I really appreciate that you are all willing to spend this time with this group to share your thoughts and experiences with on your experience with the Husbands School.
- Do you have any questions or concerns before we begin?

SECTION 1 ICEBREAKERS

[45 minutes]

Objective: *To create a sense of comfort, trust, and open sharing in a safe space. There are three separate icebreakers below. Please ensure you do them separately.*

Facilitator script:

- **Passion tags [10 minutes]:** I would like to start by getting to know one another. Please use this name tag, but instead of just writing your name, **please write down or draw something you are passionate about in your life.** This can be anything-- an activity you love to do, a thing you cherish, or a role that you hold. Whatever it is, it should be something you are passionate about! For example, my name is _____ and my passion is _____
- *(Facilitator can have their own name tag completed as an example). Facilitator should then ask the participants to go around in a circle, **sharing their name, whether they are a HS coach or a HS participant and their passion.***
- **Walking in the shoes of others– building trust and empathy [15 minutes]:** Everyone take off your right shoe and hand it to the person to your right to wear or to hold. We're going to go around the circle. I want you to turn to the person wearing your shoe and re-introduce yourself. Tell that person (and the wider group) **about one struggle you have had to overcome recently.** It can be big or small but tell the person about it and how you were able to deal with it.
- *The facilitator should take off their right shoe and model the behavior of re-introducing themselves to the person to their right and explaining a challenge they have recently faced. Facilitator should then ask the participants to go around in a circle, sharing their name and doing the same.*

- **Aspirations [15 minutes]:** Thank you for sharing more about yourself with the group. We are going to talk and share a great deal today. Let's continue to get to know one another a little bit more. Going around in a circle, let's hear thoughts from everyone.
 - **What is your biggest hope, dream, or wish for your family?**
 - **What might this look like?**
 - **Why do you want it?**

SECTION 2: THE HONESTY HAT

[1 hour]

Objective: To give WADATA staff the opportunity to open up, provide anonymous feedback, and get the discussion about needed improvements to the Husbands School. This activity does assume that WADATA staff are able to write.

Facilitator instructions: In advance of the activity, have three different colored papers cut into sticky note-sized squares (example, red square, blue square, orange square). Hand out one square of each color to each of the participants (they will have 3 squares of paper total) and a pen. Have a hat to put the piece of paper into when they are done.

Facilitator script:

- Thank you so much for being here today and being willing to discuss and brainstorm together. As WADATA staff, you are important to the Husbands Schools and as such, should have the opportunity to provide feedback in a safe and honest way.
- As you'll see in front of you, I've handed each of you a pen and three different colored pieces of paper.
- I am going to ask you to write a certain piece of feedback on each of the pieces of colored paper. Your answer can be whatever you feel is most important and comes to mind. I will give you time to reflect and write down your answer.
- When you are finished, you can fold the square in half and put it in the hat. Your answer will be read out loud but will be anonymous. We will then have a group discussion.
- Any questions? Okay let's get started.

PROMPTS

1. Starting with the **blue square of paper**, please answer the following question. **In your opinion, what is something the Husbands School currently does well and should continue to do?** [Facilitator should give participants 5 minutes to reflect and write down their answer, asking them to fold the paper when finished and put it into the hat]
2. Moving onto the **red square of paper**, please answer the following question. **In your opinion, what is something that you would change about the Husbands School?** [Facilitator should give participants 5 minutes to reflect and write down their answer, asking them to fold the paper when finished and put it into the hat]

3. Finally, the **orange square of paper**, please answer the following question. **In your opinion, have there been any unexpected or negative consequences that emerged from the Husbands School?**
[Facilitator should give participants 5 minutes to reflect and write down their answer, asking them to fold the paper when finished and put it into the hat]

Great! Thank you all so much for participating in that activity. Your feedback is so valuable. Now we will go color by color and have a group discussion.

Facilitator instructions:

- Facilitator should pick one color of paper (orange, red, or blue).
- The facilitator should read each piece of paper of that color out loud.
- The facilitator then should put all the answers unfolded on the table so the participants can see them.
- The group should then go paper by paper and have a discussion on the answer on each piece of paper, exploring:
 - o Level of agreement
 - o Rationales
 - o Thoughts, feelings, perceptions
 - o Details of what the answer looks like in the reality of the Husbands School

SECTION 2: PICK A CARD, ANY CARD

[1 hour]

Objective: *To understand and explore WADATA team perceptions and attitudes on what's working well, what needs improvement or what needs to change in the current model of Husbands School.*

Facilitator instructions:

- **In advance of the session**, cut out colorful pieces of paper, creating a deck of cards.
- On the front of the paper, write out one question and its corresponding number from the tables on the following pages. (Only write out the question in the left-hand column, not the prompts in the right-hand column). The back of the card can be left blank.
- Putting the cards into a pile, ask each participant to pull a card from the pile until all of the cards have been taken. (Some participants will have more than one card).
- Ask the group who has question 1. Ask the person to answer the question first.
- The facilitator should then ask every participant to build/add to the discussion with their point of view.
- After every participant has gone, the facilitator should ask the group to discuss more.
- Do they agree or disagree with one another? Why or why not? The facilitator should probe the participants to go deeper, asking the corresponding questions in the right-hand column of the table.
- Then, ask the group who has question 2 and continue on in this way until the eight questions and their prompts have been asked.

Questions	Probes
<p>How can we make Husbands Schools more inclusive?</p>	<ul style="list-style-type: none"> • Does it reach enough men to have an impact? • If no, how can we get more men involved? • What do you think about the current recruitment and selection process for participants? • Does it allow us to reach men who may most need to participate in the Husbands School (I.e. younger men or those who do not treat their families/communities with respect) • Are the selection criteria appropriate? Do community members really use them in identifying group members?
<p>What would a school that taught men and women (i.e. husbands AND wives) look like?</p>	<ul style="list-style-type: none"> • Probe what it would look like if women were included—how do they envision it? <ul style="list-style-type: none"> ○ Men and women’s groups together? ○ Men and women’s groups separate? ○ Couples sessions? • Probe for how recruitment and selection for participation would work • What would the intervention be called if it included both men and women? • Do you have any concerns, or see any challenges, on having couples’ sessions?
<p>If women were to become engaged in a new version of the Husbands School, how would it work for those in polygamous relationships?</p>	<ul style="list-style-type: none"> • Probe about the acceptability/willingness of inclusion of co-wives • Probe about how the process would work: <ul style="list-style-type: none"> ○ Co-wives self-volunteer to participate? ○ Husband selects which wives? ○ Any wife willing to participate can?
<p>Knowing that it’s not a paid job, what qualities or characteristics do you think the people who facilitate the Husbands School sessions should have?</p>	<ul style="list-style-type: none"> • Should there be criteria that facilitators must meet? If yes, give some examples. • What would you think about two or three group members getting trained to facilitate the group conversations? <ul style="list-style-type: none"> ○ Are there any benefits to that approach? Any challenges? ○ How would it improve the Husbands Schools? • Are there any other people from outside the Husbands Schools we should consider as facilitators? If so, how would we identify and recruit these people?

<p>What training do Husbands Schools facilitators need to be more effective?</p>	<ul style="list-style-type: none"> • How would you describe the skill level of current Husbands School facilitators? • Is the current training sufficient or are there areas where more capacity is needed? (i.e. content/ topics, facilitation, other skills) • What ongoing support or coaching do facilitators need to be effective? • How would these needs change if we recruited facilitators from outside the Husbands Schools groups?
<p>Is the current implementation approach sufficient to achieve the desired impact of the Husbands Schools?</p>	<ul style="list-style-type: none"> • Are meeting places convenient, private and comfortable? • Are meeting times convenient? • Is the cadence of meetings reasonable for participants? Is it frequent enough to create an impact on health and nutrition? • Is there anything you would change about the logistics of implementation (meeting place, meeting time and cadence of meetings)?
<p>Are current monitoring and measurement efforts adequate to capture the impact of the Husbands Schools?</p>	<ul style="list-style-type: none"> • What data are available to assess the impact of Husbands Schools on men’s, women’s and communities’ attitudes and behaviors? • Is data reviewed and used regularly by the team and to make adjustments to improve program performance? • In your opinion, what data/information would be most useful to help assess the effectiveness of the Husbands Schools? • Who should be responsible for monitoring Husbands School activities?

SECTION 3: HOW MIGHT WE? BRAINSTORMING IMPROVEMENTS TOGETHER [1 hour]

Objective: To understand and explore WADATAs perceptions on how to best improve the Husbands Schools facilitation approach and methodology

Facilitator instructions: Prior to conducting the activity, write down each of the “How might we” statements on its own piece of paper on a flip chart. As participants brainstorm ways to address the “How might we” write down their responses on a post it notes and stick it next to the How might we statement, compiling all ideas on the piece of paper. Host a group discussion, talking through the ideas, asking what’s missing, getting participants to think creatively. Then move onto the next “How might we” statement, repeating the process.

Facilitator script:

- Okay, now I am going to ask you a few questions and collectively, I want us to brainstorm the best approaches/solutions.
- I've written each statement on its own piece of paper on a flip chart. I will read a statement, and we will pause and have round robin discussion on each.
- As you brainstorm ideas about how to address the statement, I am going to write down your answers on a post it and stick it next to the statement.
- As WADATA staff members, you have valuable insights and perceptions on how we can make the program better. Please do share your honest thoughts to help improve the program.
- Any questions?

HOW MIGHT WE.... INTEGRATE CREATIVITY TO MAKE THE HUSBANDS SCHOOL A MORE ENJOYABLE EXPERIENCE?

- *ENGAGE IN GROUP DISCUSSION*
- Prompt with following questions:
 - What do you see as simple and enjoyable ways to make the Husbands School more interesting, engaging, and fun? How?
 - What might this look like? Experiential based learning? Plays? Community projects or initiatives? Be creative!

HOW MIGHT WE.... SIGNIFICANTLY AND SUSTAINABLY INCREASE THE TRAINING, SKILL, AND PREPAREDNESS OF HUSBAND SCHOOL FACILITATORS?

- *PAUSE FOR GROUP DISCUSSION:*
- Prompt with following questions:
 - Can we improve the way we train facilitators? How?
 - How do we improve or strengthen facilitators skillsets?
 - How can we expand on the methods facilitators use in teaching?
 - Role playing?
 - Vignette?
 - Drawing?
 - Storytelling
 - How can we set facilitators up to be better prepared and more confident for facilitation a variety of topics?

HOW MIGHT WE... BETTER PROMOTE CRITICAL DISCUSSIONS AROUND GENDER ROLES AND EXPECTATIONS?

- *PAUSE FOR GROUP DISCUSSION:*
- Prompt with following questions:
 - Can we improve the way the Husbands School talks about gender roles and expectations? How?
 - Can we spotlight the perspectives of women and men?

- Can we do this more effectively? More safely?
- Why are/are not changes needed?

HOW MIGHT WE... BETTER PROMOTE CRITICAL DISCUSSIONS AROUND WHO HAS POWER (CONTROL) IN RELATIONSHIPS?

- *PAUSE FOR GROUP DISCUSSION:*
- Prompt with following questions:
 - Can we improve the way the Husbands School promotes shared power and decision-making between men and women in couples? How?
 - Can we better understand what power means to participants?
 - Can we find a way to encourage/ensure Husbands School members ask their wives thoughts and opinions on what is taught in Husbands Schools?
 - Why are/are not changes needed?

SECTION 5 WRAP UP

[5 minutes]

- Okay, thank you all so much for participating in today's discussion. Please remember to keep what we discussed today private and not share it outside of this room.
- Before we wrap up, is there any more discussion on the Husbands School? Any thoughts, constructive criticism, advice, recommendations for improvement?
- Before we wrap up, are there any questions? Thank you again for all the thoughtful contributions today.

Appendix F. Social Network Analyses

Table 10: Core decision makers on family, maternal and child health

	Total participants	Male participants	Female participants
Relationship to respondent			
Spouse	9 (19.1%)	3 (9.7%)	6 (37.5%)
Mother/Stepmother	3 (6.4%)	1 (3.2%)	2 (12.5%)
Father	1 (2.1%)	1 (3.2%)	0 (0.0%)
Sister	0 (0.0%)	0 (0.0%)	0 (0.0%)
Brother	11 (23.4%)	10 (32.3%)	1 (6.2%)
Mother-in-law	1 (2.1%)	1 (3.2%)	0 (0.0%)
Sister-in-law	1 (2.1%)	0 (0.0%)	1 (6.2%)
Brother-in-law	2 (4.3%)	0 (0.0%)	2 (12.5%)
Aunt	1 (2.1%)	1 (3.2%)	0 (0.0%)
Uncle	1 (2.1%)	1 (3.2%)	0 (0.0%)
Cousin (male)	4 (8.5%)	4 (12.9%)	0 (0.0%)
Cousin (female)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Other relative	3 (6.4%)	2 (6.5%)	1 (6.2%)
Friend	7 (14.9%)	7 (22.6%)	0 (0.0%)
Health Worker	3 (6.4%)	0 (0.0%)	3 (18.8%)
Other	0 (0.0%)	0 (0.0%)	0 (0.0%)
All	47 (100.0%)	31 (100.0%)	16 (100.0%)

Table 11: Core decision makers on family planning

	Total participants	Male participants	Female participants
Relationship to respondent			
Spouse	11 (55.0%)	3 (30.0%)	8 (80.0%)
Mother/Stepmother	0 (0.0%)	0 (0.0%)	0 (0.0%)
Father	0 (0.0%)	0 (0.0%)	0 (0.0%)
Sister	1 (5.0%)	0 (0.0%)	1 (10.0%)
Brother	5 (25.0%)	5 (50.0%)	0 (0.0%)
Mother-in-law	0 (0.0%)	0 (0.0%)	0 (0.0%)
Sister-in-law	1 (5.0%)	0 (0.0%)	1 (10.0%)
Brother-in-law	0 (0.0%)	0 (0.0%)	0 (0.0%)
Aunt	0 (0.0%)	0 (0.0%)	0 (0.0%)
Uncle	0 (0.0%)	0 (0.0%)	0 (0.0%)
Cousin (male)	1 (5.0%)	1 (10.0%)	0 (0.0%)
Cousin (female)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Other relative	0 (0.0%)	0 (0.0%)	0 (0.0%)
Friend	1 (5.0%)	1 (10.0%)	0 (0.0%)
Health Worker	0 (0.0%)	0 (0.0%)	0 (0.0%)
Other	0 (0.0%)	0 (0.0%)	0 (0.0%)
All	20 (100.0%)	10 (100.0%)	10 (100.0%)

Table 12: Core decision makers on child nutrition

	Total participants	Male participants	Female participants
Relationship to respondent			
Spouse	12 (27.3%)	7 (25.0%)	5 (31.2%)
Mother/Stepmother	1 (2.3%)	1 (3.6%)	0 (0.0%)
Father	0 (0.0%)	0 (0.0%)	0 (0.0%)
Sister	1 (2.3%)	1 (3.6%)	0 (0.0%)
Brother	13 (29.5%)	12 (42.9%)	1 (6.2%)
Mother-in-law	2 (4.5%)	0 (0.0%)	2 (12.5%)
Sister-in-law	0 (0.0%)	0 (0.0%)	0 (0.0%)
Brother-in-law	1 (2.3%)	0 (0.0%)	1 (6.2%)
Aunt	4 (9.1%)	0 (0.0%)	4 (25.0%)
Uncle	0 (0.0%)	0 (0.0%)	0 (0.0%)
Cousin (male)	3 (6.8%)	3 (10.7%)	0 (0.0%)
Cousine (female)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Other relative	0 (0.0%)	0 (0.0%)	0 (0.0%)
Friend	4 (9.1%)	4 (14.3%)	0 (0.0%)
Health Worker	3 (6.8%)	0 (0.0%)	3 (18.8%)
Other	0 (0.0%)	0 (0.0%)	0 (0.0%)
All alters	44 (100.0%)	28 (100.0%)	16 (100.0%)

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