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Barriers and supports to reducing early child bearing among newly married adolescent girls in Zinder region: A qualitative study

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Executive Summary

Introduction

The Republic of Niger, located in sub-Saharan Africa, is home to a population of 20 million people, half of whom live below the poverty line. Niger has among the worst development indicators of any country in the world, ranking last out of 187 countries on the Human Development Index collated by the United Nations Development Program. Less than half of the population having access to health facilities and nearly two-thirds being illiterate, with much of the poverty concentrated among rural communities (World Bank Group 2016).

Given its economic condition, it stands to follow that Niger has among the poorest sexual and reproductive health outcomes of any country in the world, including the highest fertility rate (7.6 children per woman) and a maternal mortality rate of 590 deaths per 100,000 births (WHO 2012; INS 2013). Adolescent girls are at significant risk, with a median age of first marriage at 15.7 years; in fact, over 70% of adolescents in Niger are married by the age of 19. Adolescent birth rates in Niger are a staggering 207 per 1,000 women ages 15-19 years; and even among the youngest adolescents, 12.8% of girls have already given birth before the age of 15 (UN 2011; Neal 2012). Maternal mortality among adolescents accounts for 34% of all deaths in this group (INS 2013). In Zinder region, which has the poorest outcomes in the country, over 52% of women ages 15-19 have already experienced their had first pregnancy or birth (INS 2013).

In Niger, there are a number of obstacles blocking an adolescent girl's path to improved reproductive health. CARE, with funding from the Bill and Melinda Gates Foundation, seek to create a multi-pronged intervention in Zinder region to improve married/soon-to-be-married adolescent girls' ability to delay childbearing for the first two years of their marriage. The negative effects of early childbirth are myriad for the health and future of both mother and child. Adolescent mothers (largely defined as being under 19 years of age) face an increased risk of mortality and morbidities such as eclampsia, anemia, postpartum hemorrhage and obstetric fistula. The children of adolescents also face substantial risk of preterm birth, low birth weight and neonatal and infant death (de Vienne 2009; Haldre 2007). Moreover, young mothers and their children face social disadvantages such as low educational attainment, low labor participation and perpetuation or deepening of socioeconomic hardship in both the short and long term (Conde-Agudelo 2005; WHO 2011; Goonewardene 2005). The risk of early childbearing is so great, that delaying birth by even 1-2 years is associated with improved socioeconomic and health benefits for mothers and their children (Sonfield 2013).

CARE carried out formative research to understand the underlying gender and social norms, barriers to and facilitators for delaying early child birth among married/soon-to-be-married adolescent girls in Zinder region, from the perspective of multiple gatekeepers in the lives of married/soon-to-be-married adolescent girls.

Methods

Researchers conducted in-depth interviews with a non-probability sample of:

- Adolescent girls (married (n=23/ unmarried n=20)
- Husbands of adolescent girls (n=21)
- Influential adults in adolescent's life (n=15)
- Community leaders (n=15)
- Health providers (n=13)
- Members of community (n=40)
- Positive deviants (n=2)

Interviews were audio-recorded, transcribed and coded in Dedoose software for analysis. A mix of inductive and deductive coding and analysis was conducted using the general program theory of change and respecting emerging themes from the data itself. For adolescent girls we used a card sorting activity as well as vignette techniques to elicit deeper responses on complex topics.

All participants were administered an informed consent, following the ethical specifications of the Ministry of Health of Niger.

Results

Attitudes towards, obstacles to, and support for delaying childbirth

Positive attitudes/ advantages of delaying childbirth

A number of participants felt that delaying birth could be beneficial for a number of reasons, including for the health and development of the adolescent, the well-being of her children and so that she can contribute to the household expenses. However, most participants were more in favor of spacing subsequent births, rather than delaying the first birth. Delaying birth would only be considered acceptable with the support of the husband, and it is typically more acceptable for younger adolescents (who are not physically mature).

Negative attitudes/ disadvantages of delaying childbirth

Due to a strong desire for children in this context, there is considerable stigma from the community around delaying childbirth. The adolescent or her husband may be seen as infertile or going against divine decree if they delay and may face condemnation from community members.

Support necessary to delay

In order for an adolescent to delay her first birth, she must absolutely have the support of her husband. The parents of both bride and groom could also offer critical support, particularly in the face of wider community backlash. From a pragmatic standpoint, adolescents also need better access to contraceptives and support from health providers.

Possibilities, advantages and obstacles to better future for girls

Types of activities possible for a better future

The primary activity that girls are interested in pursuing is education. It was the most commonly mentioned type of better future, following by skills training for income generating activities, such as sewing or soap-making.

Advantages of better future

The primary advantage of pursuing an alternative activity instead of early childbearing (shortened here to better future) was the adolescent's ability to contribute to her husband's earnings, thereby securing the economic outcome of her family and future children. Participants also felt that girls in this scenario could set a good example for others in the community.

Obstacles to better future

Without the husband's approval, it would be nearly impossible for an adolescent girl to pursue a better future. Furthermore, married adolescents who delay birth in order to engage in other activities may be stigmatized, as children are highly valued and are not seen as being necessarily incompatible with economic activity, including by the adolescent girls themselves.

Children's role in better future

Children are a critical part of the structure of these communities, and are seen as divine blessings that bring both joy and prosperity to households. Children are also an important form of insurance for parents, as they can contribute to income-earning activities and care for the couple when they are elderly.

Family planning knowledge, attitudes, access and use

Knowledge/ attitudes of FP methods

Knowledge of modern methods among adolescent girls in this context is high; the most commonly known and preferred methods are injections and implants. Adolescents do not adhere to traditional methods, and see no use for them.

Myths, stigma, misconceptions about FP methods

Misconception that methods could cause infertility and/or future miscarriages are common in these communities and complicate FP use among nulliparous women. Furthermore, women are not advised to use methods until after they have proven fertility with their first birth. A large number of health providers also believe in myths of infertility and think methods are best used after first birth.

Accessing Methods

Adolescents stated that the health center is the place to go for modern contraceptive methods. As for sharing information about or discussing family planning, girls mainly talk to their friends and with providers. They rarely if ever speak with husbands or in-laws about family planning; some unmarried adolescents reported speaking with parents about methods.

The main barriers to accessing methods were distance to and long wait times at health centers, which were the only sources of modern contraceptive methods mentioned by the participants. Stock-outs also contribute to women's inability to access methods. Finally, aforementioned issues of provider stigma, particularly against nulliparous women's use of methods, could create additional obstacles to accessing methods.

Social Support and Girls' Agency

To better understand their decision-making power and agency, girls were asked to list the type of decisions they usually make on their own versus the type of decisions they would have to make with others (Table 3). For the most part, girls have agency only over their household chores such as when to clean, what to cook and when to fetch water. Larger decisions related to their mobility, activities outside of the home and to spending money must be made with the input of others. For married women, the person who most represents a barrier to individual agency is typically the husband, while for unmarried girls this person is one or both of her parents.

Typical activities in a girl's day:

- » Prayer
- » Housekeeping (sweeping, laundry, etc.)
- » Meal preparation (day/night for self, husband, family)
- » Gathering/shopping (wood, water, hay, food, etc.)
- » Caring for livestock
- » Work in the fields (less common)
- » All travel done on foot, often for long distances

Girls' social networks are made of those with whom they spend the majority of their time and to whom they go for help or advice. Unmarried girls report spending the majority of their time with their friends, parents or extended family and neighbors. Married adolescents, on the other hand, spend most of their time with their husbands, immediate family (parents or in-laws), and to a lesser extent, their friends/neighbors.

Married women seek advice from their parents, families or religious leaders, while they rely on husbands and parents for help with problems. Husbands and parents are also whom they would turn to for support in delaying birth. In some cases, married adolescents say they would not turn to anyone for support in delaying birth, as they must not delay their first birth.

For unmarried adolescents, close female relatives and friends are sought for advice, while parents and siblings help them with problems. In hypothetical terms, unmarried adolescents would ask their parents, siblings and husband for support in delaying birth.

Norms/decision-making around birth

Appropriate age/ Timeframe for first birth

The consensus among participants is that first birth should/will happen within the first two years of marriage (i.e., immediately). The appropriate age of first birth is thus tied to the age of the girl at marriage. However, some participants (mainly female) say the ideal age of first birth for women is 17 years or higher, regardless of her age at marriage.

Influence on timing of birth

There are strong norms, propagated by members of the bride and groom's family and social circle, that encourage early childbirth. Health providers are perceived as one of the few groups that support delaying. There are no specific customs around early birth, but religion is very influential (childbirth is seen as God's will).

Recent trends and impacts of migration on childbearing

Migration is very common among younger men (ages 20-40) in these communities, who travel to Nigeria in search of food or money for periods of 3-12 months at a time. Women are often left for long stretches of time to care for the home, children, and extended family on their own and do not usually receive remittances from their migrating husbands. Even in his absence, a woman's mobility may be curtailed and she is left in the supervision of her in-laws or parents. In this context, some women do engage in commerce or trade to supplement their income and the use of contraceptives is generally more acceptable in the context of migration.

Recent trends and impacts of religion on childbearing

Religion plays a critical role in people's childbearing decisions, as pregnancy and birth are seen as due to the divine will. The propagation of Koranic schools may be leading to higher levels of religiosity among younger generations, and the mosque or religious leaders could play a role in changing the community's perception of delaying first birth. There are no specific texts restricting contraceptive use, and the Islamic belief of caring for one's health and family may be leveraged for positive messaging around delaying childbirth.

Existing, potential for and challenges to programming for girls

Some of these communities already have programming around health and family planning, led by other partners (it seems messaging around spacing births has really taken hold), so there is potential for launching a successful program in the region. However, any programming must be careful to work within the current norms and to understand that adolescent girls need consent from their families or husbands for participation. Types of programming that participants preferred included skills training, education, awareness-raising (around health and family planning) and income-generation. Research supports the assumptions of the initial theory of change which posits that delaying childbirth requires a multi-faceted programming approach.

Conclusions/Recommendations

Delaying childbirth is a tough sell, except maybe for health reasons. Overall, delaying childbirth among newly married adolescent girls is seen as undesirable, and is highly stigmatized by members of the communities interviewed in Zinder. People fear the shame of being perceived as infertile or of acting against God's will to have children right after marriage. However, a number of female leaders acknowledge the importance of delaying for reasons of health and physical maturity of the girl.

People acknowledge the dangers of early childbearing. Despite the general disdain for delaying, a number of participants recognized the importance of allowing an adolescent girl to reach physical maturity before she becomes pregnant. Her health and well-being and the health and well-being of her children are cited as the most common reasons one would opt to delay. However, even in this context, few would go so far as to encourage delayed birth or aid an adolescent in using modern contraceptives.

Spacing could be leveraged. A number of participants acknowledged the use and benefits of birth spacing in their communities, citing it as a welcome recent development in the way families manage their fertility. The general acceptance of spacing, which presumably has been a result of programming on this topic, demonstrates that these communities are capable of absorbing positive reproductive health messaging despite perceived obstacles such as divine will or myths about contraceptives.

Better futures may still involve children. Many respondents reported benefits of programming aimed at improving girls' futures, including education, skills training and income-generating activities. However, the participants did not believe that pursuit of education or vocational activities should necessarily supplant childbearing. Although a few participants acknowledged that children could make other pursuits more difficult, no one supported the idea of delaying child birth in order to pursue alternative futures.

Husbands are key. In the context of the marriage, the husband is the decision-maker and his authority supersedes all others in a girl's life. To engage married adolescent girls on any topics related to childbirth or better futures, one must respect the status of the husband in this relationship. Furthermore, having the husband as an ally in delaying childbirth could shield the adolescent girl from pressure to get pregnant right away, as husbands expressed an explicit desire for children and view them as sources of status and wealth.

Positive deviants communicate. The positive deviants reported the same fears of stigma as others, but communicated with their husbands about their decision to delay. They also reported speaking with friends about the idea of delaying, and even with parents and in-laws. Although the decision to delay is ultimately between the positive deviant and her husband, she communicates about delaying with the people close to her.

Early marriage is a fundamental issue. Typically, a woman is expected to bear a child within a two-year window of marriage. Thus, the timing of birth is closely related to a girl's age at marriage. To affect in the former, you may also need to address the latter.

Providers could be a problem for family planning. When it comes to family planning, particularly for unmarried or nulliparous married adolescent girls, healthcare providers may pose the largest obstacle to girls' access. Common myths/misconceptions about modern method use may be propagated by providers themselves, and there is a notable stigma among them against providing methods to women who have not yet had at least one child.

Girls need support. For any big decision like delaying birth, taking contraceptives, or pursuing jobs, girls need the support of husbands and family to succeed. This is true not only due to their lack of agency, but also

because their daily lives are closely entwined with their immediate families, whom they seek for advice and support.

Migration as an entry point. Migration may be seen as an acceptable reason to delay or space births in certain communities and could serve as an entry point for communication/intervention around the topic. Many men in these communities migrate for at least part of the year, for economic reasons, and any program should take these patterns into account.

Religion matters. The current generation of youth are seen by community leaders as being more adherent to faith than previous ones, so religion may be a medium for reaching them. Delaying birth for health reasons is not seen as incompatible with Islamic doctrine, but family planning efforts may face backlash due to general community norms. Religious leaders also concede that there are no religious texts forbidding use of contraceptives.

Programming is possible. Participants seem open to programming on skills training, awareness-raising and education as long as proper precautions are taken to respect local customs. They also recognize the benefits of education and income-generating activities on the lives of adolescent girls and their families. So long as the girls have the permission of their husbands (for married) or parents (for unmarried), they should be able to participate in intervention. However, family planning and reproductive health projects will be more difficult to launch if the sole goal is seen as delaying first birth.

Introduction

The Republic of Niger, located in sub-Saharan Africa, is home to a population of 20 million people, half of whom live below the poverty line. Niger has among the worst development indicators of any country in the world, ranking last out of 187 countries on the Human Development Index collated by the United Nations Development Program. Less than half of the population having access to health facilities and nearly two-thirds being illiterate, with much of the poverty concentrated among rural communities (World Bank Group 2016).

Niger has among the poorest sexual and reproductive health (RH) outcomes of any country in the world, including the highest fertility rate (7.6 children per woman) and a maternal mortality rate of 590 deaths per 100,000 births (WHO 2012; INS 2013). Adolescent girls are at significant risk, with age of first marriage at 15.7 years; in fact, over 70% of adolescents in Niger are married by the age of 19. Adolescent birth rates in Niger are a staggering 207 per 1,000 women ages 15-19 years; and even among the youngest adolescents, 12.8% of girls have already given birth before the age of 15 (UN 2011; Neal 2012). Maternal mortality among adolescents accounts for 34% of all deaths in this group (INS 2013). In Zinder region, which has the poorest outcomes in the country, over 52% of women had their first pregnancy by age 19 (INS 2013).

A host of factors drive early childbirth in this context. Young women receive little instruction from parents or elder adults in their lives about sexuality and its correlates to pregnancy or preventative methods, and tend to rely on peers or media messaging (mainly radio) for their knowledge of contraception. Young married adolescents are further impeded in their attempts to use contraception by partner dynamics which limit their individual decision-making ability and their lack of knowledge about contraceptives (Castle 2003; Hindin 2014; Williamson 2009) (Bankole 1998; Miller 2004). Family, community and entrenched social norms around gender roles also yield powerful influence over young couples' fertility choices, where men dominate family planning decisions (Barnett 1998). Finally, adolescents experience an inordinate number of obstacles when accessing reproductive services within the formal health system, including negative bias of providers towards adolescent contraceptive users, risk of stigma from family members or the community, particularly in rural areas where tight-knit social networks can effectively spread information about adolescents' comings and goings at a health facility, fear of a lack of privacy or confidentiality when accessing formal RH services, and clinic hours and costs of SRH that are prohibitive factors (Wood 2006; Senderowitz 1999; Katz 2002; Mmari 2003; Biddlecom 2007; Warenius 2006).

The negative effects of early childbirth are myriad for the health and future of both mother and child. Adolescent mothers (largely defined as being under 18 years of age) face an increased risk of mortality and morbidities such as eclampsia, anemia, postpartum hemorrhage and obstetric fistula. The children of adolescents also face substantial risk of preterm birth, low birth weight and neonatal and infant death (de Vienne 2009; Haldre 2007). Moreover, young mothers and their children face social disadvantages such as low educational attainment, low labor participation and perpetuation or deepening of socioeconomic hardship in both the short and long term (Conde-Agudelo 2005; WHO 2011; Goonewardene 2005). The risk of early childbearing is so great, that delaying birth by even 1-2 years is associated with improved socioeconomic and health benefits for mothers and their children (Sonfield 2013).

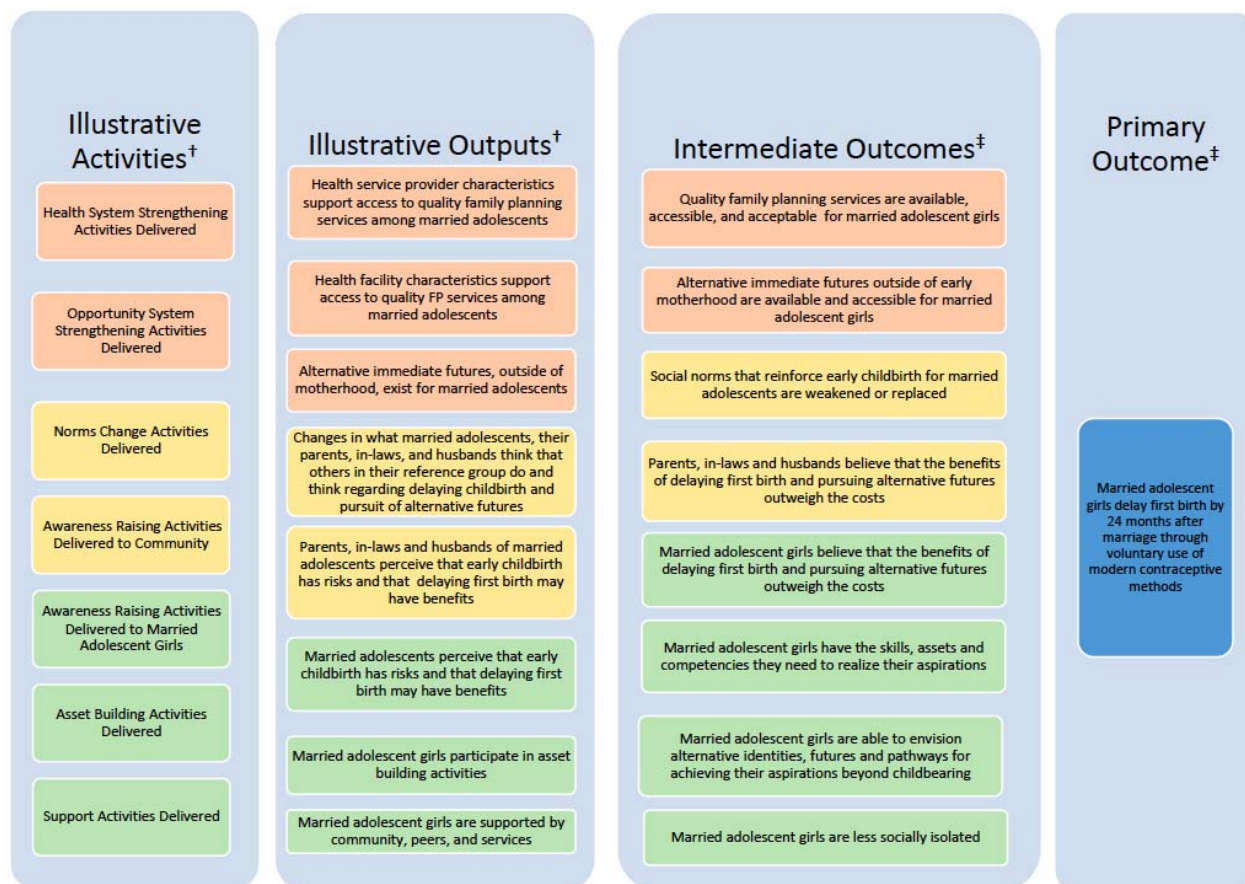
In Niger, there are a number of obstacles blocking an adolescent girl's path to improved reproductive health and choice. CARE, with funding from the Bill and Melinda Gates Foundation, seeks to create a multi-pronged intervention to improve married/soon-to-be-married adolescent girls' ability to delay childbearing for the first two years of their marriage. This program will be concentrated in Zinder region, where rates of poverty, adolescent childbearing and unmet need for contraceptives are high.

In order to design the most appropriate and effective intervention, practitioners need current and accurate information about the context in which the program will take place. To inform their intervention design, CARE carried out formative research in Zinder region to understand the intentions, desires, perspectives, motivators and de-motivators around delaying childbirth for adolescent girls and influential people in their lives.

Figure 1 presents a theory of change framework for the proposed intervention. The theory of change assumes that ensuring married adolescent girls have the agency to make or influence decisions about their own lives is essential to their ability to delay their first birth through voluntary use of contraceptives and pursuit of an alternative future other than early childbearing. This will require building adolescents' assets. Assets may include tangible resources (e.g. education, training, land or money) and hard skills (e.g. ability to perform specific task), but they also include intangible resources, such as knowledge (e.g. knowledge of rights, knowledge of sexual and reproductive health), ideas and aspirations and soft skills, such as leadership, negotiation, communication, and emotional and cognitive competencies. At the same time, adolescents will need the support of key figures and systems in their lives, including partners, parents, health providers and the health system.

While this framework is open to revision on the basis of the formative research findings, it constitutes the basic process by which CARE will build its approach to programming. This framework helped guide the broad areas of investigation for the formative research, and will be adjusted to reflect any new learning derived from the formative research itself.

Figure 1: Proposed Theory of Change for Zinder Intervention



Methods

Study Design

In order to understand the complex drivers of early childbearing, and the potential for adjusting these drivers through targeted intervention, the formative research used a variety of qualitative methods on a non-probability sample of participants. These methods included in-depth interviews (IDIs) and intercept interviews, as well as participatory research methods such as vignettes and card sorting. Each method is described in further detail below.

Study setting

Data collection took place in the Zinder region of Niger. The region was purposively selected based on several factors. At an average of 8.5 births per woman, Zinder region has an even higher fertility rate than Niger as whole (7.6 births per woman). Furthermore, 60% of girls ages 15-19 are married in this region, with

the median age of marriage at just 15.4 years. The ideal average number of children according to women (15-49) in this region is 9.6, suggesting a high degree of pressure to begin childbearing immediately following marriage. Zinder also has the second lowest rate of modern method awareness of all provinces in the country, with only 79% of women report having heard of a modern method. Modern method use in this region is only 16%, (among all women ages 15-49) (INS 2012). These characteristics combined suggest a need for intervention in delaying childbirth in Zinder region.

Data collection took place in three communes of Zinder region: Dogo, Droum and Koleram. These sites were selected in consultation with the CARE team and local stakeholders on the basis of both accessibility and suitability for intervention. The CARE team also targeted areas of Zinder where other partners were not already implementing programs aimed at delaying childbirth among adolescent girls (although other sexual and reproductive health or adolescent programs may exist).

Study sample

A non-probability sample of adolescents, their partners, influential adults in their lives, community members and health service providers were selected for participation using a combination of purposive and snowball sampling methods (Table 1). Within each province, data collectors asked community leaders/elders to assist them in identifying married and unmarried adolescents for participation in interviews. Once these adolescents were located, they were asked to identify their husbands or influential adults in their lives for recruitment. In addition to in-depth interviews, 41 rapid intercept interviews were held with a non-random sample of community members. These intercept interviews were designed to gauge community-level norms about delaying childbirth and providing better futures for adolescent girls. Written/oral informed consent was collected from all participants prior to their interview.

Married adolescent girls: Girls under the age of 18, who live in Zinder region and were married were recruited for participation. Only those who were immediately available and permitted to participate independently in the research were included. Both married adolescents with and without children were interviewed.

Unmarried adolescent girls: Girls ages 12-18 (based on a margin of ± 3 years around average age of marriage), who live in Zinder region and have never been married. Only those who were available and permitted to participate independently in the research were included. Unmarried girls who had already experienced pregnancy or childbirth were excluded.

Husbands of married adolescent girls: Males who live in Zinder region and were newly married (within the past 12-18 months) to an adolescent girl under the age of 19 years.

Influential people in young girls' lives: Women or men identified as influential persons in the girls' lives were recruited and interviewed. These could include friends, immediate family, extended relatives, or any other member of the community nominated by the adolescent herself. Only those who were available for interview within the data collection period were included.

Health service providers: Health service providers from public/private facilities near the study sites were interviewed about their experience and attitudes towards providing family planning to adolescent girls. Providers who work in a department that provides family

planning counseling and methods were included. Non-provider administrative facility staff were excluded.

Positive deviants: Women who reported having intentionally delayed the birth of their first child for the first two years of their marriage were interviewed to understand how they went against local social norms around childbearing. Women ages <25, who lived in Zinder region and were married before the age of 18 were included in this sample.

Local community members: Individuals identified as being part of the local community and over the age of 18 were administered a short intercept interview to understand the general social norms and attitudes around early childbearing and alternatives for adolescent girls.

Community, religious and political leaders: Individuals identified as religious, political or thought leaders in their community were interviewed to understand community norms, supports and barriers around delaying birth. These individuals were also asked about the impact of migration and religion on adolescents' lives.

Table 1: Study participants and sample sizes

Group	Method	Sample Size
Adolescent girls and young women	Unmarried: In-depth interviews, vignettes, card sorting	20
	Married: In-depth interviews vignettes, card sorting	21
Husbands of the adolescent girls/ young women already identified/ interviewed	In-depth interview	21
Influential women/men in adolescents' lives (i.e., mothers, mothers-in-law, father, brothers, etc.)	In-depth interviews	15
Community, religious, and political leaders	In-depth interviews	15
Community members	Intercept interviews	41
Family planning service providers (both community (n=7) and facility level n=7))	In-depth interviews	14
Positive deviants	In-depth interview	2
TOTAL		148

Qualitative approaches

A series of qualitative approaches were used to gather the data necessary to understand the research objectives.

In-depth Interviews: Individual interviews were conducted with adolescent girls (married/unmarried), husbands of adolescent girls, influential adults in girls' lives, community leaders, health providers and positive deviants to garner an in-depth

understanding of these individuals' thoughts and experiences with issues around adolescent childbearing.

Vignettes: In the context of this study, a vignette that describes a hypothetical adolescent married girl who decides to delay childbirth was employed to clarify participants' attitudes, beliefs and norms around this topic. Vignettes were used as part of the individual interview with adolescents, both married and unmarried.

Card-sorting: Illustrated cards were used to elicit the attitudes, values and desires of adolescent girls around early childbirth and alternative futures. The girls were shown cards depicting different scenarios for adolescent (e.g., a girl getting her education, a girl working as a tailor, a girl with multiple children in poverty, a girl with one child looking healthy and happy, etc) and were asked to identify those which represented different ideals for their futures, both possible and imagined. The use of cards aided interviewers in identifying girls' priorities and thoughts on their own futures.

Intercept interviews: Intercept interviews are a rapid form of data collection, often used in marketing, where respondents are approached in high traffic locations such as markets or public squares. Participants were chosen from among passersby and asked a short series of questions related to community norms and attitudes around early childbearing and alternative futures for adolescent girls.

Data collection, Transmission and Storage

All interviews were audio-recorded with the consent of participants. In addition to audio-recording, all interviews involved a second data collector, dedicated to taking notes. At the end of each data collection activity, these recordings and notes were collected by the research team and transported to the CARE Niger office for storage in a locked cabinet. Only relevant members of the research team and program staff had access to these materials throughout the course of the study and subsequent program design phase.

No individual names or identifiers were collected throughout the course of the study.

Data Analysis

Data from the interviews were transcribed and translated from Hausa into French and analyzed for content. Analysis involved coding the data, developing a list of emerging themes, categorizing the themes within a hierarchical framework of main and sub-themes, looking for patterns and associations between the themes, and comparing and contrasting within and between the different groups of participants. A sample of interviews were double-coded for inter-rater reliability and quality assurance purposes. All coding was done using Dedoose software.

Results

Demographic background

We conducted in-depth interviews with 41 adolescent girls, both married (n=21) and unmarried (n=20) and with or without children (Table 2). The average age of unmarried girls was 14 years, while married girls

averaged around 16 years of age (note: there was no difference in average age among married girls with or without children). The average age of girls at time of marriage was 14 years, while average age at first birth for those with children was 15 years. Literacy was very low among this group, with only a quarter (n=10) of the 41 girls reporting being able to read. The literate girls were also the only ones who reported ever attending school, a mix between primary and secondary levels. Nearly half of the adolescents (n=19) reported having access to a mobile phone but only 3 out of the 41 have exclusive access to their messages; all others reported either sharing a phone with another family member or having someone else in their family that read their messages. Less than half of the girls (n=16) have a radio in their own home, and from among those, only 5 reported being the one who decides what to listen to on the radio. None of the adolescents reported being employed income-generating activities nor currently being in school.

The average age of husbands interviewed was 22.5 years, and half (n=11) reported having a child. One third of husbands were literate, 14% reported attending school and nearly half were employed. Typical jobs included commerce, farming and services such as pest control. Of the fifteen influential adult interviews, two-thirds were women, the average age was 38 years and the majority were neither literate nor had a job. Influential adults mainly included mothers and grandmothers, as well as a few in-laws, one father and one grandfather. The community leaders consisted mainly of imams and village elders, with an average age of 45 years. Literacy among leaders was 20% and the same proportion reported being employed. All participants were Muslim. Only one of the sampled villages included Taureg participants (n=24), while the rest were Hausa.

Thirteen providers from local health centers in the target communities were also interviewed. Only those that worked in the family planning unit or with distribution of family planning information were interviewed. Half of the providers (n=7) were female, 7 were community health workers, 6 were nurses and 1 was a physician. Only 6 of the providers reported receiving any type of training in family planning. The majority of providers (all CHWs and 4 nurses) agreed that it is best to wait until after the first birth to give any family planning methods to women.

Table 2: Basic demographic characteristics of participants.

Participant type	Average age (years)	% reporting literacy	% attended any school	% with a job	% Muslim
Adolescent girls (unmarried, n=20)	14	30%	30%	0%	100%
Adolescent girls (married, n=21)	16	20%	20%	0%	100%
Husbands (n=21)	22.5	33%	14%	47%	100%
Influential adults (n=15)	38	7%	7%	27%	100%
Community leaders (n=15)	45	20%	7%	20%	100%
	% with FP training	% Physician	% Nurse	% CHW	% agree FP best after first birth
Providers (n=13)	43% (n=6)	7% (n=1)	43% (n=6)	50% (n=7)	79% (n=11)

Thematic organization of findings

The findings of the research are presented around eight primary themes, each of which represent an area critical to understanding the challenges of program implementation in this context:

1. Attitudes towards, obstacles to and support for delaying childbirth
2. Possibilities, advantages and obstacles to girls' opportunities
3. Knowledge of, attitudes about, access to and use of family planning and RH
4. Social support and girls' agency
5. Norms/ decision-making around childbearing
6. Recent trends and impacts of migration on childbearing
7. Recent trends and impacts of religion on childbearing
8. Existing, potential for and challenges to programming for girls

In addition to these themes, we did additional analysis and exploration of:

- Husbands of adolescent girls
- Positive deviants
- Vignettes used to gauge girls' perceptions of norms around childbirth
- Character Sketches of each participant type

Attitudes towards, obstacles to and support for delaying childbirth

Positive attitudes towards/Advantages of delaying birth

Respondents were asked to share their impressions about potential benefits to delaying childbirth among adolescent girls. A number of participants readily recognized the benefits of delaying childbirth to an adolescent's health and well-being, as well as the well-being of existing or future children. In particular, there was acknowledgment that some adolescents, at the time of marriage, are not physically mature enough to bear children and should delay birth for health reasons. However, even in this context, older adolescents are still expected to give birth.

There are advantages, because if a woman delays her pregnancy she ages less quickly and her children will not be malnourished.

– male community leader

She will have the advantage of good health...the most important is her health.

– married adolescent w/o children

It is necessary to delay pregnancies to avoid problems during childbirth with regard to women. That's why I asked for a delay in pregnancy. This helps to avoid giving birth quickly and if the woman wants to give birth she will stop taking [contraceptives]. Because it is important to avoid falling quickly pregnant. It is important to avoid close pregnancies; if the woman does not soon fall pregnant, you see, she will have fewer pregnancies; and even at childbirth, there will be no health problems. – husband of adolescent with children

Her husband will not have a problem since his wife will not have problems with childbirth. The family members will also have no problems because they will then think that she has become mature. Thus, she will not have problems with childbirth or a vaginal tear. The family will not have to worry about the problems she may have in childbirth or about her future. – female community leader

It has advantages because after birth, if you space, the child will be breastfed and it will grow well.

...Otherwise the woman can die, the child can also die. – husband of adolescent with children

If she is a little girl, it is well to delay the birth until maturity. But if she's a big girl, when she's married there's no problem.

– married adolescent w/ children

When I married her, she was already mature. None of us suffered, she even gave birth at home. But if she was very young, I would tell her to delay by 1 or 2 years. – husband of married adolescent with children

Some respondents, notably the adolescent girls themselves, mentioned the potential income-earning or educational benefits that an adolescent could partake in if she delayed the birth of her first child. These included assisting her family in agricultural production, commercial trade or helping manage household

finances. The participants see these activities as being beneficial to the girl as well as to her husband and parents.

When I'm married I will opt for birth spacing and study during this time. Because children prevent a woman from studying. They cry, urinate...they require a lot of attention. – unmarried adolescent

She can help her husband in the field and put the crops in the silo. She can also help her parents with agricultural production, which is the most important of the advantages.
– married adolescent w/o children

She will do what will be profitable to her, study or trade if God has granted her the capital.
– unmarried adolescent

She can do commercial trade. The man can also do a lot of activities because he has peace of mind. She can also help the husband in taking charge of his expenses – male community leader

A young woman who does not have a child has many advantages, for example, can move freely, go to the field, find cooking wood and even visit people. The parents can benefit from the help of this woman if she does business. The most important benefit is to her husband. – married adolescent with children

Although participants do see the benefits of delaying first birth among adolescents, they also put such action in the context of social norms and familial obedience. Delaying childbirth can be viewed as acceptable so long as the family and husband support it. Moreover, the husband's opinion appears to supercede that of the parents or family elders. These ideas are further explored later in the report.

If [she delays] the girl will be badly perceived...My parents can ask me to divorce her because she has not done what I want and she is not a good wife. But if they know that it was I who gave her permission [to delay] they cannot do anything. – husband of adolescent with children

This is her design, and her husband has allowed her so people do not say anything. They have no right to say anything to her since her husband has authorized her [to delay]. – married adolescent w/o children

If the parents [of the adolescent] learn that she has the permission of her husband, they will support them in their decision. – married adolescent w/o children

Negative attitudes towards/disadvantages of delaying childbirth

Participants reported a number of disadvantages or negative attitudes towards the idea of delaying childbirth among newly married adolescents. The most salient among these is the risk of stigma from members of the community and family. Respondents noted that adolescents who choose to delay birth can be viewed as being infertile or a disobedient wife. The specter of infertility can bring shame upon the girl as well as her family, and she can be rejected or ostracized by the community. The use of modern methods to delay can itself be stigmatizing, leaving little room for acceptance of delayed birth. Modern methods are viewed as inappropriate for adolescents, particularly those who have not yet had a child. This issue is further explored below.

Two years without a child? They will think that she is sick, they will say that she must be treated so that she can get pregnant.

– married adolescent w/o child

[She will have] problems with the parents, the husband's relatives and the stigmatization. If there is too much pressure, the husband can repudiate her. The community has a bad judgment through ignorance, incomprehension. Social rejection. The greatest disadvantage is repudiation. – unmarried adolescent

People will consider her a fool because how a woman can stay up to 2 years without giving birth. Here the brides give birth at the first chance. She may also be considered as a barren woman, a woman who cannot bear a child. The other parents will say they should give birth each year and that their daughter made the exception so we must look for medicines [for her]. The other members of the community will say that she is barren and will laugh at her. – unmarried adolescent

We will insult her mother for letting her daughter take pills so that she does not give birth.

– unmarried adolescent

In some cases, even the support of husband and family is not enough to avoid reproach by the community. The stigma associated with delaying childbirth can reflect poorly on the adolescent's partner and family members, who are seen as being responsible for her behavior. In some cases, community members will put direct pressure or judgment on the family or husband to discourage their support for delaying birth.

The people of the village will have a negative perception of this decision (delay the first birth) and of the girl. For the husband they will say that he does not like children that is why he advocated a delay of two years to his wife instead of having a child during this time. The people of the village will say that the girl's family has abandoned her. Even if by chance the villagers learn that the youngster has had the support of his family they will say that they are not thinking correctly. The in-laws of the girl will also be condemned by the villagers, having let their beautiful daughter adopt the spacing. – unmarried adolescent

The disadvantages are: we will say that the daughter took products to avoid having children. Some will say that the husband did wrong; he will be stigmatized. He will be badly perceived by the members of his family. Which would be the most important. – female community leader

They will say she does not like marriage. If she has the agreement of her husband they will not say that. They may say that it was her husband who let her rest. We will tell her husband that it is not normal here in our

locality. We will also look at their families in the same way. They are also thought to be abnormal – unmarried adolescent

Another key disadvantage of delaying birth is the risk of being seen as going against God's will. In these communities, pregnancy and childbirth are viewed both as part of one's divine duty, as well as an act that is left to God's choice. Interfering with the process of conception and birth can be interpreted as rebuking one's religious duty. This fact puts both the adolescent and her husband at additional risk of stigma for delaying, and also dissuades general support for delaying from other members of the family or community.

They will see [the adolescent] as one who is mad because not following the divine prescriptions. They will see the husband as someone who is mad for not following the divine prescriptions. We will look down on them because they agreed to delay their birth. The parents will be frowned upon because they did not intervene in the face of the couple's decision.

– unmarried adolescent

Among my relatives, no one is going to support me in order to delay the birth because for them it goes against the religious prescriptions – married adolescent with children

It is God who gives births, she must first give birth to her first child to prove her fertility in the eyes of the community, after she can take the drugs to delay births, the family must prevent them from taking the drugs.

– married adolescent with children

You said to support a girl who wants to delay birth, is not it? I do not understand. How I can support delaying pregnancy when it is a thing that depends on God? – influential female

Underlying the general negative perception of delaying childbirth, is a profound desire and pressure for a large number of children in this context. Fertility is seen as a natural process, divined by God, and children are seen as advantageous in the family social and economic structure. As such, to delay birth would be to defer this desirable process, which for several participants is simply not viable for the family and could even lead to marital strife.

No one will support me to delay or space births because people like to have children – married adolescent with children

It is a loss for her, the fact of not having children. A loss of one to two children. For the husband, here in the village, the main thing is to have children. You saw my brother, he has one, two children, he has the means, now he wanted to have other children. If the marriage lasts without having a child, it can lead to divorce – influential male

Yes, having children is very important and having a child right after a wedding is even better. The reason is that for example when we have children early we will have the next generation [having their children] later. In addition, it is a proof of fertility for both men and women – husband with children

For several participants, the concept of spacing births *after* the arrival of the first child has more appeal than deferring the initial pregnancy. Respondents noted that spacing births can benefit the well-being of the

woman, child and family overall. For these individuals, spacing between the first and second birth is seen as more reasonable than delaying the first birth.

People will disapprove because she never gave birth and she tries to delay it. It is after a first pregnancy that one normally tries to delay the following pregnancy – married adolescent without children

For me, it is a girl who had her first pregnancy, now between the first and second she can take two years to get pregnant again. For girls who are not married, I think it depends on the age of the person – health provider

I do not know because I have not done it and I do not think it has any benefits. We delay to rest, but a woman who [has not given birth] why rest? There is no advantage for me. To spacing there are advantages, the woman can rest and the children will be well. – husband with children

Interestingly, nearly half of the community leaders and influential adults said that there were no disadvantages to delaying childbirth. Due to a lack of further probing, it is difficult to ascertain whether they understood disadvantages to mean physical/health related, or if they truly did not see any broader social obstacles to delaying. Given the preponderance of evidence suggesting social stigma related to delaying birth, one could conclude that there are substantial difficulties in delaying childbirth in this community.

Support needed to delay birth

Respondents were asked to explain what types of support a married adolescent girl would need in order to be able to delay birth. Although the interviewers probed on a variety of individual, social and environmental supports, only three main elements surfaced as being essential. The husband was named overwhelmingly as the primary source of support that is needed. In fact, husbands are seen as having ultimate power of decision-making over the adolescent, so without his approval or acceptance, delaying birth would not be an option. With his support, the choice to delay would be considered more acceptable in others' eyes.

Her husband can support her. It is only he who can support it because it is the only one who has power over it. – influential female

It is an agreement between the spouses. The husband concerted his wife and they found an agreement. It's an agreement that we sign. She will confer with her husband, the biggest support is his support. – male community leader

Now if people will learn that she has the support of her husband, her family, they will say she is an obedient woman. – unmarried adolescent

If the parents of [an adolescent girl] learn that she has the permission of her husband, they will support them in their decision. – married adolescent without children

Without the support of the husband, encouragement for delaying birth from other family or community members is more or less useless. And in one case a respondent reported she would demur from supporting the girls' desire to delay if it went against the husband's wishes.

It is my husband who can support me in delaying my first birth in the sense that if he does not agree, the support of others is worthless. – unmarried adolescent

No, I cannot support her because she is not under my authority and I cannot help her have problems. – influential female

The next most important source of support for delaying birth comes from the immediate family of the adolescent girl and her husband's, namely parents and in-laws. Although the support of the family is important, they do not supplant that of the husband.

My parents and my husband, if they support me. I can do whatever I want. Yes, it is only my parents who can support me. They are the ones who solve my worries. –married without children

The support of her husband then that of her own parents and the husband's parents. If she has the support of these, it is enough. – married adolescent without children

Finally, adolescent girls need access to family planning knowledge and services in order to be able to effectively delay birth. This can take the form of information about methods, as well as practical access to contraceptives from health centers or providers. Here, again, you see the supremacy of the husband, as even in the context of the contraceptive methods they are a gatekeeper for the adolescent.

Someone who can make it easier for them to get medicines – male community leader

She will have the support of the health service officer because the health workers want people to delay their birth. – unmarried adolescent

Knowledge about reproductive health because if she has knowledge herself, she can sensitize or encourage her husband. – health care provider

She must first inform her husband. Then they can go together to the health center to look for the necessary medicines. – male community leader

Possibilities, advantages and obstacles to girls' alternative opportunities

Types of activities possible for a better future

Respondents were asked about the types of activities that an adolescent girl could partake in to create a better future if she were able to delay early childbirth. The most commonly mentioned activity was continuing her education.

Education because it is more useful, and even to know a better life and help my parents – married adolescent with child

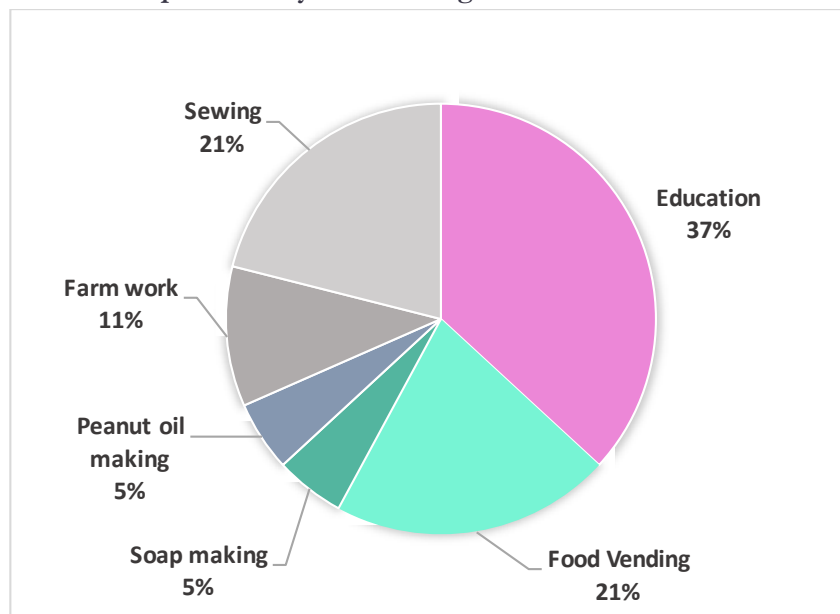
I really prefer she studies than she work or do economic activities, I can let her do that. For me education is good because it allows a girl to make a living but the child is also benefitting. – husband with children

I need to go to school. He attended school because I knew he was working well and that it was good for him. And the school edifies people (my person, my parents and much more). Even being married I can continue my studies if I am allowed. – unmarried adolescent

That of education. Yes, I know people who go to school. I like it because they learn knowledge. I will know that too. The people of the family will also know, when I learn, that they also learn. Yes, I am sure I want to go to school. –unmarried adolescent

After education, skills training in activities such as sewing, soap-making and food commerce were mentioned as desirable possibilities for adolescent girls. Namely, the sale of cookies, donuts and small goods like peanut oil are seen as acceptable. Finally, a few participants mentioned that by delaying birth a girl could assist her family in agricultural work. Figure 2 shows the break-down of preferred alternative futures mentioned by adolescent girls.

Figure 2: Alternative futures preferred by adolescent girls



Advantages of better future

Participants were asked to relay the potential benefits that could stem from an adolescent girl pursuing a better future. By continuing her education or working to earn money, adolescents themselves and those around them (namely, husbands) perceive economic advantages for themselves and their families. Her potential economic assistance is seen as being desirable for the marriage and could be a welcome contribution to the lives of her parents or in-laws. Particularly in a context such as Niger, where wages are hard to come by, the additional boost by an adolescent girls' labor participation could help relieve the economic pressure on the husband.

She would be happy, even the members of her family would be happy. Because she continued her studies to the point of having a job and helping her family members. Instead of getting married too quickly, she realized that if she did not, she would return to the village and be married, which could be a problem.

– husband of adolescent with children

I'll be rich, that's all. Cows, sheep and fields. Plus a motorcycle and grain mounds. My wife can give me all possible supports if she has the means. – husband of adolescent with children

I can delay my first birth so that I can achieve my goals (studies). This will allow me to help my parents depending on what I earn. –unmarried adolescent

She can help her parents, she can help you, her husband, she can help her children. If she knows how to read and write everywhere, she can get out of it, in the city, for example, signs of prohibition, she can avoid them. If you get a message, she can tell you what it is. If she has money, she can give you some for you to trade. If you do not have money and she has money, she can pay for clothes for her child. If, for example, a program comes and you want an educated woman, they will look for your wife. It will edify us. –husband of adolescent with children

Participation in education or income-generating activities could also be a means of increasing adolescent girls' autonomy. Respondents cited a girl's ability to provide for herself and her family as means of being less dependent on the husband, seen as something positive in this case.

With economic activities the earnings will allow her to have an autonomy so that she can have everything she needs without expecting me although I have an obligation to her. And in some measure it can even help me in many things. For her parents or her in-laws, she can help them; for the children she will have in the future, they will have everything they desire. For the community, it can serve as a relief for any needy person.

– husband w/o children

Any economic activity is beneficial. In 1 year or 2 years she finds, she can do her own activities. She can buy livestock for breeding because we will have to breed. The advantage of the husband, by virtue of this activity, she will not frequently ask him for money, and will provide for his wants without the assistance of the husband. Too much request in a couple kills the marriage. She can help her parents too. If a woman works, before the husband satisfies a need for the children, she can do it. –husband with children

Children were also mentioned as potential beneficiaries of an adolescent girl's better future:

The benefits generated by the activity can be used to help children, the husband – married adolescent without children

The advantage is that the woman can earn money. For the husband, it is that he can profit from the income of his wife. For her parents, they can also enjoy as she will give them something. The community can benefit because if it has an income, it can give it to the people. For his children, his mother can give him money so he bought things. – husband of adolescent with children

I will support it because I have seen its importance and that our children can grow up healthy and have what they want. That is, two out of three difficulties can be solved. – husband without children

A few adolescents themselves saw pursuing a better future as a means of uplifting and inspiring the community as well:

The people of the community will approve because she not only took good care of herself and also of her husband; they will say if only we did as they proud of. – married adolescent w/ children

If people see that her activity is working well and she has been able to help her husband to build her own house, they will appreciate it, and some will follow suit. – unmarried adolescent

Obstacles to better future

When asked to name potential obstacles to an adolescent's better future, nearly every respondent mentioned the disapproval of the husband. As with delaying childbirth in general, the husband's consent is essential for a married adolescent girl to be able to pursue a better future through education, skills training or labor participation. Even in cases where the adolescent may have support from her parents or immediate family, the husband still hold sway over her ultimate fate. However, if the husband does support the adolescent in her pursuits, then this approval may override anyone else's condemnation.

The most difficult obstacle for her is her husband because if he says no, even if her parents allow it she cannot do otherwise than to follow the husband's decision. –husband of adolescent with child

I can have problems if my husband forbids me [to work]. Even if my parents encourage me. If he says no, I will obey his orders.– married adolescent w/o children

She just needs the support of her husband. If she has the support of her husband, the others have no choice but to accept. – male community leader

She will have no problems unless her husband is not aware [of her job]. He can prevent it, if he sees that others are always talking with his wife, he will be jealous. But if you are aware, you know that it is because of her skills that we seek her. Her parents are not going to say anything if she has [the husband's] consent.– husband with children

For some participants, delaying birth to pursue work was seen as an inappropriate decision, implying that the adolescent girl's primary duty is to be a mother and wife. Making the choice to better her own life instead of bearing children could leave the adolescent and her husband or family open to criticism and stigma from the community. Furthermore, alternative pursuits are not necessarily viewed as incompatible with childbearing and earning money is not necessarily seen as a good enough reason to go against social and religious norms of immediate childbearing.

No, you don't have to delay the first pregnancy for any reason. Pregnancy is also an opportunity, why pursue other opportunities if we have one right in front of us. It is unimaginable for a young woman to delay her pregnancy for business, it is not done here.

– husband of adolescent with children

The most disturbing [obstacle] is what people will say – unmarried adolescent

[If she delays birth to pursue a better future] the community can make gossip and stigmatize it.

– husband with children

Here women do not trade, even those who do, they do it in their home. They will never say that having a child can prevent them from doing business - they cannot think of it. – influential male

The problem of money yes but for me this is not a reason. Because ceasing to make children is hell. If I say hell I mean a girl who does what God does not want. –husband with children

One practical obstacle named to pursuing a better future was adolescents' poverty or lack of financial resources for starting a small business or trade. In cases where an adolescent girl may be able to overcome social barriers to alternative pursuits, her dire economic reality may pose a significant impediment.

It is poverty that can be an obstacle or if she has many children or if she does not have start-up funds for trade. The biggest hurdle is the lack of start-up funding. – influential male

The obstacles do not come from my family; community or parents. But on the financial side because of lack of financial means and my husband because of wanting children – unmarried adolescent

There is no obstacle as long as the husband agrees at the family level...there may be an economic hurdle associated with funding and of all these barriers the most difficult to overcome is funding – married adolescent with children

Despite the hurdles of stigma and judgment from the community, at least one participant acknowledged that these are extant realities that should not prevent an adolescent girl from pursuing her better future, so long as she has the support of her husband and family.

Everything is done on consultation with her husband, and his parents. So there are no worries. People can talk but they cannot stop people from talking. Even if it is a good thing there are always people who will not support it. –husband with children

FP/RH knowledge, attitudes, access and use

Knowledge/ attitudes around FP methods

Adolescent participants, married and unmarried, were asked about their knowledge of family planning methods. All of the girls displayed knowledge of and were able to name at least one modern method of contraception, unprompted by the interviewer. The most common types of methods known by the girls were

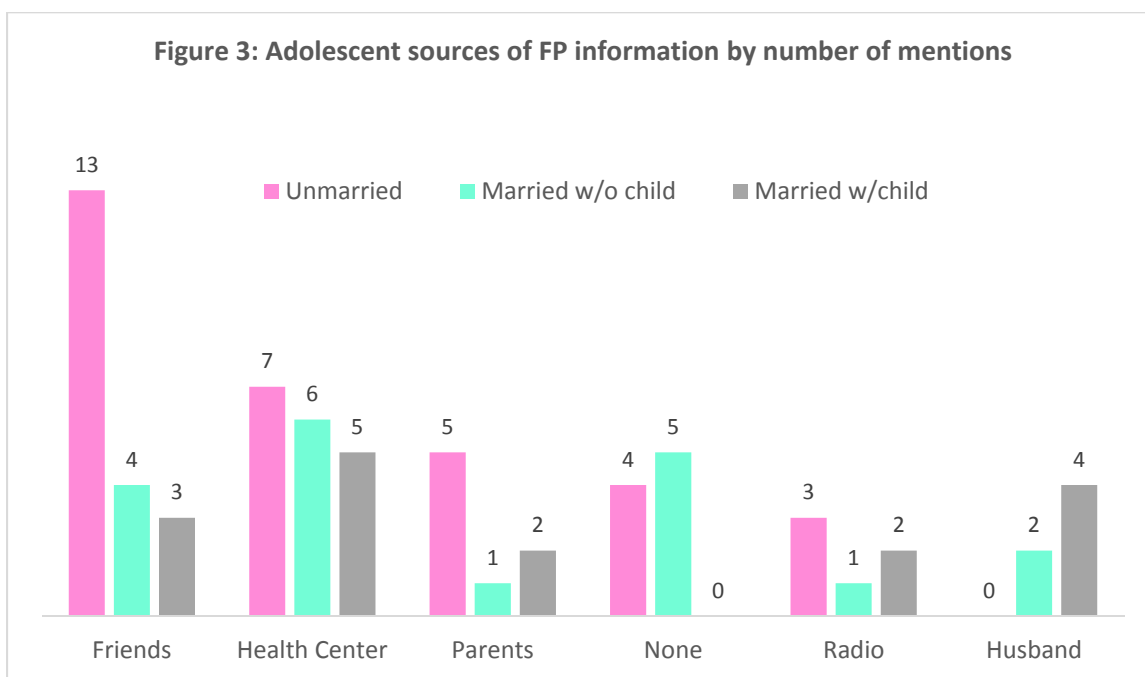
injections, pills and implants. They also displayed a favorable attitude towards the efficacy of modern methods when compared to traditional ones. In fact, their knowledge of traditional methods was low, with only a few mentions of protective amulets. Even those who knew of traditional methods affirmed that they are not effective or preferred compared to modern contraceptives. From among modern methods, injections and implants were named as the preferred method, by adolescents and health care providers, for their convenience and durability.

For the modern methods, some go to the health center for medicines or injections. As for traditional, in the name of God I do not know [of any]. – unmarried adolescent

I know only the injections; I learned with my friends that if the person is interested in methods to prevent pregnancies that the person is going to make the injection. I do not know traditional methods to prevent pregnancy. – unmarried adolescent

Where girls learn about methods

All adolescent girls, both married and unmarried, were asked about where they learn about contraceptive methods. The participants identified a number of sources, among which the most common were friends and health centers. The radio, husbands, and parents were also a source of information, although they were less frequently reported. In a few cases, girls, particularly unmarried or married without children, claimed to have no knowledge of methods and could not cite a source of information. Figure 3 shows a tally of all the sources of information mentioned, by type of participants. Among unmarried adolescent girls, friends and health centers were the most commonly cited source of information, although a small number also mentioned discussing methods with their parents. Among married adolescent girls without children, husbands were the most common source of information, although an almost equal amount reported having no source of FP information. An important point to note is that a number of unmarried adolescent girls reported learning about methods from their married friends, who themselves most frequently learn from health centers and discussion with their husbands.



Stigma and myths/misconceptions about contraceptive methods

There is strong stigma against nulliparous married adolescents using any types of methods to delay their first pregnancy. For many participants, contraceptive methods are seen as a way to space birth, but not to prevent or delay the first birth. Particularly for a newly married adolescent, the idea of using contraceptives as a method to delay is judged negatively by community members and would not be supported by her husband or family members. In essence, her mandate is to prove her fertility within a short timeframe after marriage.

If the community learns that she takes the [contraceptive] products, people can advise her not to take it and she will be looked at badly by the people. – provider

For the teenager, people cannot support her [using family planning]. On the other hand, for those who have already given birth, it can be supported by people if practiced by almost everyone. As for me, I can support it.
– female community leader

This is not normal since she does not know if she is fertile or not? So she has to wait until she starts having children. Even with one child this is not good. The purpose of protection is to space the births and allow the children to grow well. But with one child, why encourage her to protect herself?
– influential male

I think it's not normal for a childless married teenager to use contraceptives. For those with first or second children, they can use them to give their children the chance to grow in the best conditions.
–influential female

People in the community will take you for crazy. Looks like she's sick. Spacing or delay is only allowed after the first pregnancy.
– married adolescent without children

Even health providers are subject to the same community and social norms around use of contraceptive methods, sometimes exhibiting bias against delaying birth or method use among adolescents. Of the health care providers interviewed, several noted that they would not recommend or prescribe contraceptive methods for married adolescent girls who had not yet had their first birth. These providers see family planning as a spacing method, not to be used to delay first birth. As for unmarried adolescents, there is incredible stigma against their use of methods. Unmarried adolescents who request contraceptives could be viewed as sexually promiscuous and thus scolded by the provider. In this case, only unmarried adolescents who have experienced a pregnancy would be prescribed methods by providers.

Yes, she can delay her pregnancy and take contraceptive methods when she has her first child. – physician

No, me I will not give her, how could a teenage girl who is married take products? – community health worker

Providers will advise her to wait until she has her first child before considering contraceptives. If the bride has a child, it is not a problem in that it seeks to space births – nurse

The best thing is to give married women [methods] but we can also give it to girls who have once had pregnancy even if it is out of wedlock. If it is a girl who is not married I will tell her not to take until she is married. Because a girl who takes the products without being married means that they are indulging in bad practices. The health worker will look at her as a perverse girl, he can give her advice. – nurse

Perhaps it is shame that prevents [unmarried adolescents] from asking [for contraceptive methods] because they have no husbands. – physician

In addition to general stigma around contraceptive use, there are some myths and misconceptions about contraceptive products and their secondary effects. Some believe that using contraceptive methods prior to the first birth may cause infertility or future miscarriages. Here, again, we see that health providers believe in and are potentially spreading these very myths and misconceptions themselves. As such, these beliefs further reinforce the notion that an adolescent girl should not use any family planning methods until after she has had her first child.

If she asked me permission I would not let her do it unless she did so without my knowledge, and if she did, I would divorce her. For me, why is she going to take a product that will make her sick, which can make her sterile? Any product that will deprive you of pregnancy for three years will surely prevent her from being pregnant her whole life.

– husband of adolescent w/ children

For me [using contraceptives before first birth] is not good because if you start with contraceptive products it could harm her procreation.

– community health worker

We wait until she has her first child because we do not know whether she can procreate or not, if it happens that she does not procreate, she will link her sterility to contraception. – health provider

To take a contraceptive product it is mostly the woman who takes it on her own. Because today in this village most men are not going to let their women take the contraceptive products. – husband with child

If the woman who has never given birth takes [contraceptives], she can be sterile so she has to at least give birth once before delaying. – community health worker

Accessing FP information and methods

Adolescents were asked where they could access methods and with whom they discuss family planning (Table 3). Every participant stated that the health center is the place to go for modern contraceptive methods. As for sharing information about or discussing family planning, girls mainly talk to their friends and with providers. They rarely if ever speak with husbands or in-laws about family planning; some unmarried adolescents reported speaking with parents about methods.

The main barriers to accessing methods were distance to and long wait times at health centers. Stock-outs also contribute to women's inability to access methods, as well as aforementioned issues of provider stigma.

They really face a lot of problems because they go far to get these products. Often the woman can move but without finding the product. – unmarried adolescent

There is only one obstacle and it is that of the long distance to be covered and there are times when one moves and returns without being served, and also the unavailability of the provider of our village. – married adolescent with children

The problems they face are related to the distance to be traveled and the delay in benefits, health workers scold people in the event of overload. But if there was a health center here, people would not only use it, but the officers would be able to provide the services that people would want. – influential female

Table 3: Accessing FP information and methods

Where to get methods	Who to talk to about methods	Barriers to accessing methods
Health center	Friends Providers	Community/personal barriers: Distance from health center Husband forbids use Health system barriers: Wait times at health center Stock-outs at health center Provider bias against providing methods to nulliparous/ unmarried girls Provider misconceptions around methods (causes infertility, etc.)

Social support and girls' agency

Daily activities

Both married and unmarried girls were asked a series of questions about how they spend their time, what kinds of decisions they make and who they rely on, as a way of understanding their networks of social support and their individual agency.

First, girls were asked about the tasks and activities that they engage in in a typical day. Both married and unmarried girls' time is dedicated mainly to:

- Prayer
- Housekeeping (sweeping, laundry, etc.)
- Meal preparation (day/night for self, husband, family)
- Gathering/shopping (wood, water, hay, food, etc.)
- Caring for livestock

Markets, water wells and sources of wood or hay may be located a distance away from the girls' homes, and all travel is done by foot. As such, a portion of the adolescent girl's day is also spent walking to and from various tasks. None of the adolescent participants, regardless of age, were in school at the time of the interview nor mentioned any educational or income-generating activities as a way that they spend their time.

Decision-making/Agency

To better understand their decision-making power and agency, girls were asked to list the type of decisions they usually make on their own versus the type of decisions they would have to make with others (Table 4). For the most part, girls have agency only over their household chores such as when to clean, what to cook and when to fetch water. Larger decisions related to their mobility, activities outside of the home and to spending money must be made with the input of others. For married women, the person who most represents a barrier to individual agency is typically the husband, while for unmarried girls this person is one or both of her parents.

Table 4: Girls' decision-making and agency

Decisions made by SELF	Decisions made w/ OTHERS	Barriers to agency
What to clean	Trips/long-distance travel	Husbands rule married adolescents' lives
What to cook	Most things outside of house work	Parents rule non-married adolescents' lives
When to feed animals	Spending household money	
When to get water	Non-married also make decisions about recreational things with friends (going to market, buying shoes, etc.)	
How to spend money (less common)		

Girls' social networks/ support

Girls' social networks are made of those with whom they spend the majority of their time and to whom they go for help or advice (Table 5). Unmarried girls report spending the majority of their time with their friends, parents or extended family and neighbors. Married adolescents, on the other hand, spend most of their time with their husbands, immediate family (parents or in-laws), and to a lesser extent, their friends/neighbors.

We asked two different types of questions related to whom married and unmarried adolescent girls rely upon for assistance. On the one hand, we asked girls who they go to for advice. On the other, we asked who they would go to for help solving a problem. Finally, we asked who in their lives they would go to for support in delaying birth. As shown in Table 3, married women seek advice from their parents, families or religious leaders, while they rely on husbands and parents for help with problems. Husbands and parents are also whom they would turn to for support in delaying birth. In some cases, married adolescents say they would not turn to anyone for support in delaying birth, as they must not delay their first birth.

For unmarried adolescents, close female relatives and friends are sought for advice, while parents and siblings help them with problems. In hypothetical terms, unmarried adolescents would ask their parents, siblings and husband for support in delaying birth.

Table 5: Social support for married/unmarried adolescent girls

Who she asks for ADVICE	Who she asks for HELP	Who she would ask for SUPPORT when delaying early birth
<u>Married:</u> Parents (both), extended family, religious leaders <u>Unmarried:</u> Mother, female relatives, friends	<u>Married:</u> Husband, parents (both) <u>Unmarried:</u> Parents (both), siblings	<u>Married:</u> Husband, parents, no one (must not delay), friends <u>Unmarried:</u> Parents, siblings, husband (hypothetical)

Norms/ decision-making around childbearing

Appropriate Age/ Timeframe for 1st birth

Husbands, community leaders and influential adults were asked about the ideal age and timeframe for adolescent girls to give birth after marriage. By and large, girls are expected to have their first child within a window of one to two years after the date of marriage. Though two years is deemed an acceptable timeframe for delaying birth after marriage, some participants acknowledged that certain women delay up to three years or more.

You know most girls have their children before two years. But we can have some who have their children in the first year. – husband of adolescent with children

After marriage, the appropriate age is one year but there are women up to two or three years. – female community leader

Thus, as the norm for first birth is within two years of marriage, the appropriate age at first birth becomes relative to the adolescent girls' age at marriage. As many girls in these communities are married on average by the age of 15, pregnancy occurs among most girls no later than age 17.

There is not an appropriate age for first birth. It is as I told you today that when a girl who is over ten years old has a relationship with a man, it is possible that she becomes pregnant. So in the interval of one year or more after marriage, she has her child. –male community leader

Our first anniversary is when brides give birth. There is no defined age for childbirth but most girls are married at the age of 15 because at this age we judge that the girl is sexually active. –male community leader

Generally young teenagers marry at the age of 14 and a little more for others. When young teenagers get married, some already have their first child on the anniversary of their marriage, that is just a year later. And for some up to 2 years. But usually they give birth [in the] first 2 years after the marriage. –husband without children

Norms notwithstanding, a number of participants (notably, female ones), recognize the importance of delaying birth until the girl has reached physical maturity. This age, according to respondents, is at least 17 or 18 years; only in the case of fertility issues would a girl wait until she was 20 years old. Participants, primarily female community leaders and influential females, cite the physical risks of early childbirth as well as the burden on adolescent girls' social, educational or economic development as reasons for delaying birth for at least two years after marriage.

Some delay for two years. This is really the ideal age to avoid the risks of complications during childbirth. From a health point of view, they mostly face problems during childbirth, some require assistance to give birth and even caesarean delivery for others. If they are study[ing], having a child will hamper their studies. They cannot do anything to make money. – influential female

The appropriate age for first birth is 20 years for [those with fertility issues] and 17 years for those who give birth quickly. The marriage can be done at the age of 14 or 15 but the first pregnancy does not occur until 17 years. The advantage is to be mature before giving birth. Young people can be up to two years before childbirth, but it all depends on the age at which the daughter is married, the younger she is, the longer the pregnancy takes. – female community leader

The appropriate age is just after two years of marriage. So she will be 18 years old before she has a child. Because it will allow her to flourish. The benefits: she will know how to care for her child. It will not be inconvenient. – female community leader

While these participants seem to have an understanding of the risks associated with early pregnancy and advocate for later age at first birth, there is recognition that ultimately the choice is in God's hands. This implies that although delaying first birth is preferable from a pragmatic standpoint, most adolescent girls are not expected to take specific measures to avoid pregnancy.

Here if you get married we'll watch you for 2 to 3 years until you're in good shape [to give birth]. But as it is God who gives, if you immediately had a child, you can do nothing. – female community leader

Who encourages/discourages birth

Participants were also asked to identify specific figures in the community who would encourage or discourage early birth, as a means of understanding where pressure for early birth comes from and who could serve as allies in programs aimed at delaying birth.

Individuals commonly cited as encouraging early birth included elder relatives in the community, parents of the newly married couples or even friends of the bride and groom. Participant perceived that mothers of married adolescent girls were a particular source of pressure for early childbearing. These pressures reinforce the social norm to produce children shortly after marriage, which is seen as a desirable and joyous event.

The parents of the bride and groom put more pressure to see you give birth because they want to see their grandchildren. In my opinion, this idea is based on the fact that here in the village if you wait a year and a few months or two years after your marriage and give birth, it is a joy for all. The greatest wish for all is to see a child after marriage... They want to know that you are healthy.

–husband of adolescent with children

It's the parents who influence the couples. Really this kind of talk is more common among the woman's parents. – husband of adolescent with children

When asked about who among the community would encourage delaying birth, the most common answer was no one. Generally, individuals in the community would not advocate for the newly married couple to delay the birth of their first child and this type of encouragement may be viewed as inappropriate. This corresponds with the overall norms and expectations that adolescent girls will demonstrate their fertility in a short timeframe following marriage. The only people who do encourage delaying birth among newly married adolescents are health providers, who are seen as legitimate advisors on this topic.

Currently, there are no people who support this. A woman who marries recently, you cannot ask her to delay her pregnancy. – female community leader

No there are not these kinds of people here [who encourage delaying birth]. Everyone wants to have their children. We see the importance [of delaying] but very little really. I know where you want to trap me. You see the house is expanding and there is no subsistence, so there is a problem. That's what you want me to say. That's why I say you're gonna get me. – influential male

There are people who support delaying teenage pregnancy. These people are health workers. Communiqués are made in the street, or by word of mouth. Yes, people take their opinion into consideration. –husband of adolescent with children

Finally, participants were asked about specific customs or rituals that may encourage early birth among adolescents. No specific customs were named, and childbirth is mainly seen as due to the will of God (further explored in Section 7, below).

Beliefs, customs [that encourage birth], there are none. It is GOD that gives the child. No one encourages couples to have a child. All comes from GOD. - female community leader

Migration: Recent trends and impacts on childbearing

Characteristics/ Reasons for migration

Interviewers asked the local leaders a series of questions around the phenomenon of migration in their communities, including basic characteristics of who travels, when and where, as well as the perceived reasons for and outcomes of migration. Migrants in these communities are typically comprised of younger men (ages 20-40) who may be married or unmarried. Poverty is the driving force behind their migration, and many of these men leave their home villages in search of basic means of subsistence, including food and income. The typical duration of a migrant's trip is between 3-6 months (during the dry season), but migration may occur several times a year or over the course of many years. Nigeria is a common destination for migrants, as there are more resources or opportunities for earning there than in Niger. However, the net outcome of migration is not always positive. Some do report migrants returning with cash or goods, but remittances are not typically

notable and do not necessarily lead to long-term improvements in the economic status of migrants or their families.

It is poverty that drives people to migration. But most of the time, when young people come back, they waste unnecessarily. Often they return to square one if not worse. —male community leader

Better than nothing! When people leave, they can at least provide for themselves, so there is an economic change. On another level, it is even the lack of [local] wealth that sends young people into migration.
– female community leader

Well, you know, the issue of migration depends on the year. And the overall goal of any migration is to be able to find out what will help the family to maintain its dignity. It is true that people emigrate more than before, but in the past people brought back more than today.
–male community leader

It is not easy to go into migration and to find (the means of subsistence), some find, some don't find. The ones that don't find [subsistence] are more common. Because most of the time, few do trade in exodus. They only work but do not earn much...what you find in exodus, you send a little to your family.
– male community leader

Nothing has changed as I said. What they bring is for daily need. There is not enough to save and do other activities. The benefits of migration only benefit the migrant's family because everyone is looking for [money] here.
– female community leader

Impact of migration on women's lives

We also explored the perceived impact of migration on women in these communities. Women are often left behind by their husbands for long stretches of time, alone to care for the home, children or extended family on their own. In the absence their partners, women receive support from their immediate family (usually parents or in-laws) to handle the household responsibilities. However, some are forced to turn to commerce to earn supplemental income as partners who migrate rarely send remittances. Though the husband may be physically absent during periods of migration, his wife is still expected to be obedient to his wishes. As such, the wife's mobility could be curtailed during these periods, as she may not be able to get the requisite permission from her husband to travel. Migration may also impact the woman's sex life (diminish it) and make her more vulnerable to theft or poverty.

The problem is the burden of the husband added to the woman in his absence. Husbands send little resource during their stay in Nigeria so the woman has to get by. Some women trade.
– female community leader

Impacts include the fact that women will be forced to take care of their children. The woman must trade to meet her needs. She will go get a loan, after having the benefits, she will repay the loan. —male community leader

There are problems, she cannot move without the agreement of her husband, she cannot satisfy her sexual needs, there are many things. It is parents and in-laws who assist women when their husbands are in

migration. If the woman has the means, she can do it although it is not appropriate for women to carry out economic activities.

– male community leader

The negative impacts on women are summarized in the question of care: even water is difficult to have in our village. A husband can go on migration, leave the woman without any means. Women will face robberies. Anyone whose husband leaves her with children will suffer greatly.

– male community leader

Impact of migration on childbearing

Finally, we explored any impacts that migration may have on childbearing practices or attitudes in these communities. Additional children are seen as a burden in the absence of the husband, making the concept of spacing children through use of modern contraceptive methods acceptable during periods of migration (leading up to the husband's absence or following it if he plans to leave again soon). Moreover, the husband's physical distance produces intervals of abstinence that lead to natural child spacing.

Yes, some women are taking contraceptive drugs to avoid additional burdens in the absence of husbands.

– female community leader

It is not easy for a woman to have a child when her husband is not here. The woman can take an injection to delay the birth since everything is changed because of the suffering. An interval often of two to three years often even before the second year you will give birth again. But now the husband is not there you can do up to 4 years before giving birth again; the little one grew up before having another brother..

– female community leader

According to you how How do you think pregnancy will happen in a woman whose husband is absent? His absence will only reduce pregnancies. Now births decline more than before because the husband is absent.

– male community leader

Some women take injections to space births even during the husband's absence because husbands only leave 6 months at most. There is some improvement in the number of births per woman. Before births were too close compared to today. On the use of contraceptive nothing has changed. –female community leader

Religion: recent trends and impacts of religion on childbearing

Trends in religion among adolescents

Community leaders were asked about recent trends in religion among adolescents in their communities. According to these leaders, adherence to Islamic faith is on the rise in newer generations. The propagation of Koranic schools is seen as the main reason for this growth in interest. As more adolescents are educated in the contexts of Islamic teaching, they are indoctrinated more deeply than previous generations. The mosque is a popular gathering location for adolescents in these communities, and the youth are perceived as being

more diligent with their daily prayers. It is important to note that these views were gathered only from community leaders, and we do not have corroborating evidence from the youth themselves (there was insufficient time to explore this topic with the adolescent participants).

For young people today, it's good because what they do for religion, an elder does not do it. They are too anxious about religion. For example, at the call of prayer, you will see at the mosque that there are more young people than old ones. –male community leader

Some young people give a lot of importance to religion. There are young people who neglect prayer itself. But the majority of young people in the village attach importance to religion. We have young people who have memorized the Koran. Young people are more cultured than we are compared to many things, because they have been to school. – male community leader

Young people practice religion and go to the mosque for prayer. Young people practice religion better than before. Now, the young people are sensitized with the advent of the schools, formations of the schools of literacy. – female community leader

Young people attach importance to religion. They practice all rituals. –male community leader

Yes, there is a change since in the past it was rare for a girl to be a practitioner but today, they respect the schedules of the prayers, they fast while before they cannot fast even after the wedding. – female community leader

Impact of religion on FP/birth

The relationship between religion and delaying childbirth is one that is very strong in these communities and can impact people's view and use of family planning. A child is considered a gift from God, so purposefully delaying a birth through use of contraceptives is seen as interfering with religious teachings or fulfilling God's will. However, some participants report that some are willing to go against this ideal in order to improve the health or well-being of population. Furthermore, there were no specific religious teachings that dictate the timing of a first birth. In this context, contraceptive use is not seen as completely incompatible with religion, but social norms that dictate early childbirth may play a larger role in family planning decisions.

Yes, they will support [delaying]. Some will appreciate. Others will criticize because they believe that the couple has not respected religion, but this conception is not necessarily true. Those who appreciate will see that they have agreed to take time. They will see the husband as a support, an accomplice of his wife. The parents-in-law will not say anything because they know that the couple is always precocious and this is not to be condemned. – unmarried adolescent

It is God who gives births, she must first give birth to her first child to prove her fertility in the eyes of the community after she can take the drugs to delay births, The family must prevent them from taking the drugs. –married adolescent with children

Religion does not prevent health, so religion does not influence the use of contraceptives. For us, it is a question of opinion, some adhere to the use of contraceptives, others do not. There are several verses of the Koran, but there are no religious texts or teachings on this issue. But there are ungrateful people who do not take modern products.

– male community leader

No in religion there is no definite time to have the first child. Religious leaders are not for taking or using contraception but in any case people continue to do so.

– female community leader

People do not use contraception because birth belongs to God. It is not good to use contraceptive methods, religion has contraindicated it. The elders advise the married to make children and not to refuse to have it.

–female community leader

Programming for girls: Existing, potential and challenges

Existing and acceptable programs for girls

Participants were asked to describe any existing programs in their communities targeting adolescent girls, either married or unmarried. Most participants were not aware of any, or did not believe there were any programs in their vicinity. For those who had heard of any programs, they were mainly described as awareness-raising efforts around prenatal or family planning services (not aimed exclusively at adolescent girls). There was no mention of targeted youth programs or livelihood programs for girls or young women.

Respondents reported that programming for girls would be acceptable in these communities, as long as they operated within social norms of the communities and respected religious tenets (for example, with husband's permission and that are easily accessible by participants). Participant were asked to list the types of programs they felt were acceptable. The most commonly mentioned potential program for girls was awareness-raising efforts around family planning/reproductive health. Skills training, for things such as soap-making and peanut oil extraction, and education (literacy) programs were also seen as acceptable topics for programming. Figures 4 and 5, below, show the breakdown of responses from participants when they were asked what type of program they would find most useful in their community by participant type and gender, respectively.¹ Respondents may have given more than one answer, so responses are depicted as proportions rather than percentages.

¹ Income-generating activities include things like small business, peanut oil pressing and sewing; access to health centers means having health centers or outreach services closer to the communities; awareness-raising refers mainly to awareness around sexual and reproductive health and the dangers of early child birth; education refers to literacy, Koranic or traditional schools; "health programs" is a literal translation from "programmes de santé", with no additional details; men's programs refer to programs focused on raising awareness among men or providing them economic programs; fighting early marriage refers to programs that raise awareness about the dangers of early marriage.

Figure 4: Types of programs perceived as useful, by participant type

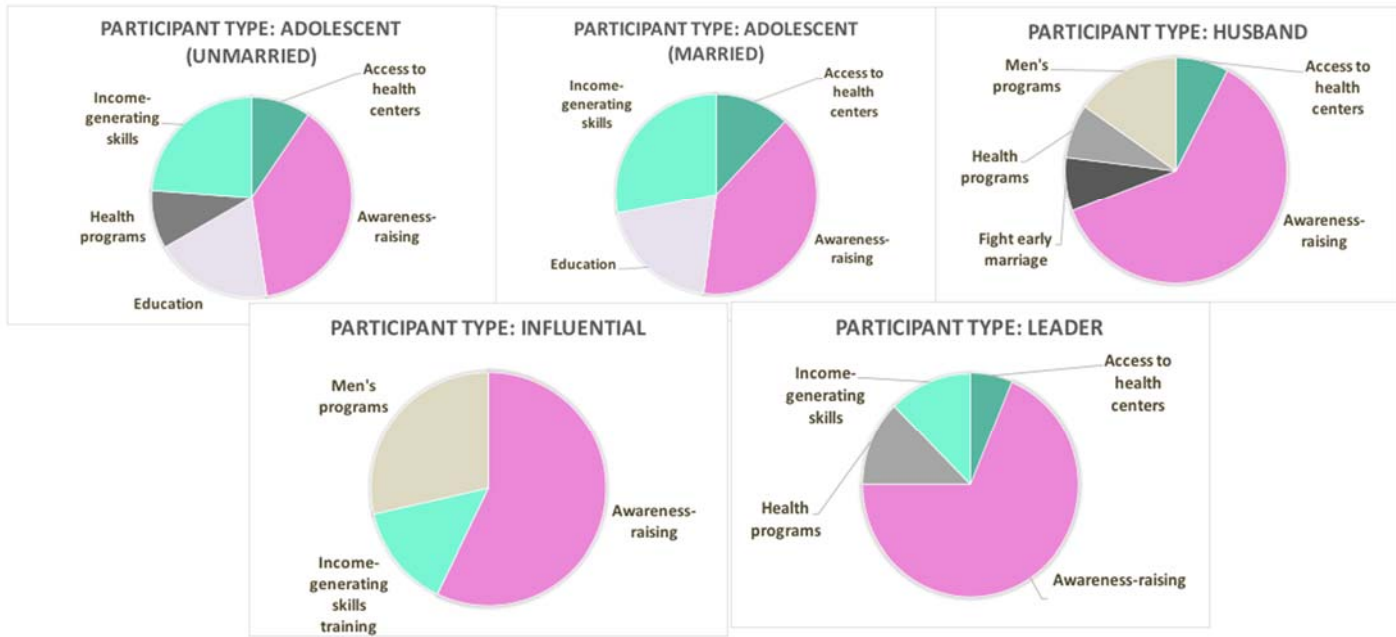
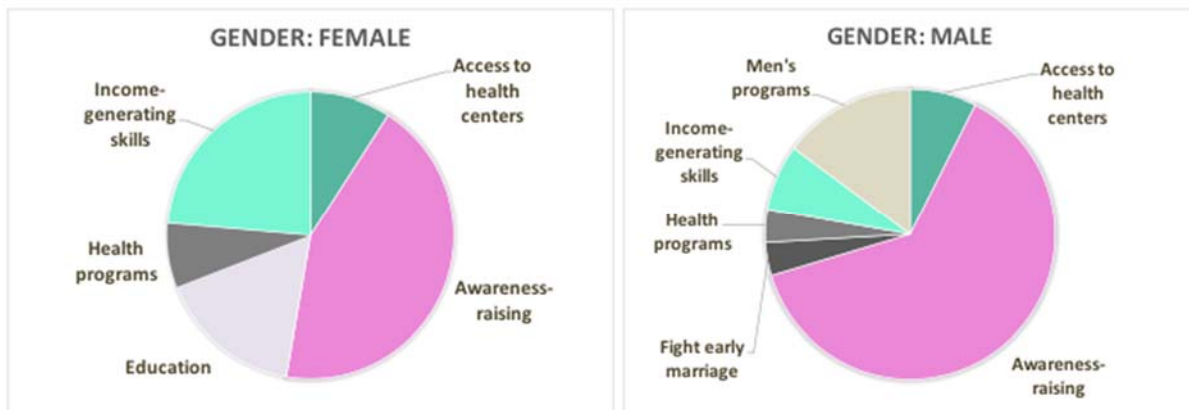


Figure 5: Types of programs perceived as useful, by participant gender



Challenges to programming

The primary challenges to girls' programming is the approval and permission of the husband or parents (depending on whether she is married or unmarried). This is seen as essential to the adolescent's participation in any activities both because of her lack of agency and also as a sign of respecting local norms around decision-making in adolescents' lives.

The problem is on the side of our husbands, if they are sensitized they can let us [participate]. – married adolescent without children

The problems that women may encounter, some will see that this could create problems for them. She can tell herself that if my husband did not give me permission to participate in the program and I'm going, I might have problems with him. So if the husband is warned, I think it can happen. - husband with children

Parents and the elderly may prevent them from practicing or participating in programs; but husbands can not prevent them from participating because they want their wives to benefit from it. – married adolescent w/o children

I do not think she will have problems if the husband and the parents are informed. – unmarried adolescent

As far as content is concerned, programs which focus on family planning to specifically delay birth may encounter some challenges in this context. These could be due both to social norms around early birth and religious objections against family planning in general.

Some people will take the opposite side to denounce things based on their religious inclinations. – husband w/o children

No there is no problem as long as it is for spacing birth and not for delaying birth. – husband with children

There will be problems. If it is with someone from the village that this work has to be done, it will not happen. If you call the people concerned, they will hate you because you think you want to stop them from procreating. – husband with children

Finally, there may be practical limitations to girls' participation in programming due to their heavy burden of household duties. Any intervention must respect their availability and customize timing and application of events around girls' other duties. It is important to note that a number of participants did not foresee any problems with potential programming, so long as husbands or parents were informed and given their approval.

The problems are mainly due to the availability of women. They help us in our rural activities, they seek water, wood and other activities – husband with children

Husbands: A deeper dive

As noted throughout the above sections, husbands of married adolescents play a large role in deciding when and how many children an adolescent girls has. In this section, we delve a bit deeper into their interviews to understand their perspectives on delaying birth, better futures and their own sources of influence.

Husband's perspective on delaying birth

In regards to delaying childbirth, a number of husbands agree that it can be beneficial to an adolescent girl's health and well-being, particularly if she is too young to deliver safely. They recognize the toll that early and closely spaced birth can have on a young woman and cite rapid aging and concomitant health issues as the main problems. Furthermore, they view the prospect of delaying (for some, understood as spacing) as having a potential economic advantage, with fewer children meaning fewer expenses in an already impoverished household. And in some cases, husbands reported that delaying child birth is becoming more acceptable.

When you have too many children, you will face poverty. The woman can get old quickly, since after 5 years, many of our women look like those who are 50 years old. For the woman, the spacing or the delay of the births will allow her to always be in a good state of health. Otherwise, if she does not, she will get tired quickly. For the husband, the advantage lies in the fact that his money will not be depleted. – husband without children

The benefits are first and foremost the woman's health. Woman's health also benefits the husband and his family. The most important benefit is to delay his birth so that she can rest or else she will face a lot of problems health – husband without children

She will have the opportunity to rest, she will breastfeed her child well, he will not be malnourished. And she will be healthy. – husband with children

Giving a child right after marriage is a local attitude of people, often people are worried about seeing the new bride getting pregnant. But really now in our village you can have married people who can take time before having a child. – husband without children

Despite these advantages, husbands still have some notable hesitations around delaying birth, as their preference is generally not to delay. Husbands appear keen to have a large number of children, and either feel pressure from the community/their families or are themselves eager to begin procreating soon after marriage. Ultimately, husbands are susceptible to the same type of pressure and stigma to demonstrate fertility as adolescent girls.

Around here, we [don't delay childbirth]. We tried, it did not work. Me, if it's good I can accept. Otherwise I will not accept. Someone with a one-year-old child can be left to breastfeed their child. We here in the village, if you do such a thing [as delay first birth], people will talk about you and say you did not do well. – husband with children

The criticism of people that's its drawback, people will say that you hate children and it is contradictory with religion. My dream is to have at most 6 children because they represent a wealth. They can help me when they grow up and I will be old. – husband without children

If she is still small, you can accept [delaying]. But if she is big, you can refuse by telling her that you need a child. Because that's what we have to do. – husband with children

In the end, husbands may be amenable to delaying childbirth if it is couched in the greater good of the family, both in terms of health and economic well-being. However, programmers should recognize husband's penchant for childbearing, and as one participant said children are never too numerous if there is something to feed them (husband with children).

Husband's perspective on better futures

Husbands see better futures for adolescents as a potential boon for the family in terms of economic aid, and as such, many husbands are supportive of girls' pursuit of a better future. However, a common view is that childbirth is not necessarily incompatible with a better future. It is also imperative that the adolescent girl have the support of her husband before embarking on a new pursuit. In some cases, husbands think it is inappropriate for adolescent girls to work outside of the house and think it could lead to stigma or gossip among the community which can reflect poorly on the husband.

I will be rich that's all. Cows, sheep and fields. More a motorcycle and grain molds. My wife can give me every possible support if she has the means. – husband with children

She will not have any problems unless her husband is not aware. He can prevent it if he sees that he is still talking to his wife, so he will be jealous. Some may say that you left your wife with people, the day she comes back with something you'll know. But if you're awake, you know it's because of her knowledge that we're looking out for her. – husband with children

The community can gossip and stigmatize [a girl who is pursuing a better future]. – husband without children

Birth does not prevent education and income-generating activities. If the pregnancy is 8 months old, she may not be able to do that. Yes, there can be problems if the girl is small. Because little girls suffer with pregnancy. – husband with children

Husband's conception of an ideal future

Husbands were asked to describe their ideal futures, including what they see for themselves, their wives and families in general. Each participant described wanting a successful future with enough resources to house and feed his family. When asked to specify their ideal number of children, most participants expressed a desire to have around ten or more children in their ideal future. Husbands view children as a source of wealth insofar as they can provide assistance to the parents, particularly when they grow older. However, the ultimate number of children is seen as being in the hands of God.

I want to have 10 children. It all depends on what God decides. 3, 4, or even 9 children all depends on the divine will. And I thank him. – husband with children

My wish is to have children who can help me out of suffering: 6 boys and 4 girls. – husband without children

[I want to] have a family with 8 or 9 children. Because if you start to age (50 or 60 years old) your children will take over, the load of the house and the needs of the parents. – husband without children

If I have enough to assure them what they want, I would like to have twelve (12) among which there will be girls and boys. And even if you do not have anything to give them always, it is possible to manage what God gives you. - husband without children

Husbands were also asked to specify the role they envision for their wife in their ideal future. Men primarily view their wife's role as giving birth to and raising children, caring for the household and being supportive. Some did mention the possibility of the wife working to supplement the family income, but this was not suggested in lieu of motherhood. No husbands reported envisioning their wives pursuing education in their ideal future. Ultimately, husbands do wish their wives to be happy and have their needs met, which in some cases may not be known by the husband and could be defined by the wife herself.

For my wife, her wish is to have a peaceful life with me and that I can satisfy all her basic needs (food, clothing, health, etc.). Even at she has the same wish as regards the number of children, about seven to eight. – husband with children

The only support she can give me is to be able to give birth to the children. However, if she carries out a generating activity in the house like [making donuts], then she can ask her children to go and sell it for her. – husband without children

My wife plays a big role. First, she makes my life happy, and that's what will make me take care of her. And that's how we can achieve those goals. She can also help me by carrying out activities that give her income because in case of my absence she can handle any issues that may be raising in the house. She may only inform me when she returns. – husband with children

She will be happy. I will simply ask him to invoke God in my favor to help me in my endeavors. If she does that, it's good. Yes, I wish her to trade, it's a good thing for the family. – husband without children

I do not know [her ideal future]. She could answer, I do not know what she wants for her future. We did not discuss it. – husband with children

Husband's sources of influence

As alluded to above, husbands feel susceptible to the same pressures and stigma around childbirth that adolescent girls do, making awareness-raising among the community an important element of intervention. As one husband with children said: If in the village everyone agrees to delay, it will be better, you will do it; if it's only you who practices, you are criticized by people.

Husbands reported on several sources of influence in their lives, referring mainly to those with whom they spend their time and to whom they go for advice. Many husbands said they spent their free time (outside of work) with friends or male relatives (brothers) in public spaces (for example, outside of shops, in town centers or outside of the mosque). Village chiefs are also a strong source of influence and support for husbands, and could be leveraged to encourage delaying birth or supporting girls in their pursuit of better futures.

You have to go through the village chief who is heard in the village, he can easily get people together. And everyone will respond to his invitation. – husband with children

For example, we talk to the village chief. If he has enough to solve your problem, he can give you if it's millet: one measure, two measures, and so on. If it's the money you want, he can give you what you can do on your own. For advice, we talk to the marabouts, and they will guide you. Or a brother he can help you too. Otherwise no one can help you like that, if not your brother. – husband without children

Husbands were then specifically asked about whom in their lives influences the timing of child bearing. Participants reported that the decision is often made in consultation between husband and wife, and they may also receive input from family members or friends. In some cases, the husband may be the final decision-maker, as noted above, but adolescent wives may also adhere closely to the counsel of their mothers.

It's the husband who decides. She also consults the religious leader to implore God and bless the pregnancy. – husband with children

It is he who makes the decision; it is the woman who makes this decision quickly and talks about it with her husband. Apart from her husband there are her parents; but he does not make that decision with his parents. Only the woman does it and usually with her mother. - husband without child

One participant highlighted the social pressure from that even husbands can face from community members when they want to delay childbearing.

I talk with my wife and then my friend about it. When I spoke with [my wife] we opted [to wait] three years. What made me choose that I think I'm not old enough to get married. When I got married I was 22 years old and my wife was 16 years old. For me I am too small to have a child. I told [my friend] that I would like to wait more than three years to have a child. But he told me that in his opinion you have to do everything God does that's the best. For me sincerely I will have this first child after three years. – husband without children

Positive Deviants

Only two positive deviants were identified and interviewed. They self-identified as women who had waited two years before having their first child, by choice (rather than due to fertility issues). Interviewers asked them specifically about their decision-making around their first birth and what kind of support or obstacles they experienced.

In both cases, the positive deviant said that she made the decision to delay with her husband alone, and no one else. However, both women did say that they discuss childbearing with others in their lives including friends and immediate family. During the time she did not have a child, one adolescent said she would have liked to work in the market or learn to sew or make soap, but she did not have the means to do so.

Both positive deviants learned about methods from a community health worker, and went to the district health center to obtain their methods (injections). They did not report any challenges in obtaining methods.

Both positive deviants recognize the difficulties that an adolescent may face in trying to delay, particularly stigma from the community. One of the positive deviants reported that people in her community judged her for her contraceptive use. The other, though she did not face stigma herself, would advise other girls not to delay more than two years, for fear of judgment.

I will advise her to delay but not more than two years because if she exceeds her 2 years the community will talk a lot about the couple – positive deviant 1

People said that I did the injection so I wouldn't have a child, so they did not judge me well and I could not do anything about it. – positive deviant 2

The positive deviants are supportive of programming in their community, and think health providers can be a good source of technical support for delaying birth. They believe other young married girls should follow their example and delay birth, if possible. One of the positive deviants even helped convince a friend to continue on a modern method, after the friend expressed concerns about myths around infertility.

Yes, I had a discussion with one of my friends, since we were both using methods. She was worried and asked me the following question: I'm afraid that when I'm married I will not have children? And my answer was that I want to do 1 year before considering a pregnancy, I had reassured her and advised her to continue without fear. At the moment she has a boy who grew up very well. – positive deviant 2

However, they each stated that the husband ultimately decides when to have children, and may also control contraceptive use regardless of the age of the adolescent wife.

[She needs] the support of her husband because it is he who decides the number of his children. - positive deviant 1

It's the husband who decides [about contraceptive use], there is no age difference in taking contraceptive products, we are all treated the same way – positive deviant 2

VIGNETTES

As described in the methods section above, the adolescent girls were presented with a vignette² about a hypothetical girl (named Samira) in their community who decided to delay pregnancy and pursue a better future. Girls were asked to imagine how members of the community may react to some of the decisions that Samira made and to comment on the difficulties she may face in wanting to delay. Many of their responses have been incorporated into the above sections, but in this section we have analyzed their reaction to 4 specific questions, outlined below. Each question seeks to better understand adolescent girls' perceptions of community bias and extant norms that would challenge their ability to delay birth in lieu of other pursuits.

What would members of your community say about Samira's decision to delay child birth for the first two years of marriage?

² Vignette: Samira is a 16-year-old girl who has just gotten married. She lives with her husband and his family, where she helps them with farming work. Samira's two sisters got married at age 15 and each had their first baby by age 16. However, Samira and her husband discussed their future together and have decided to delay having their first child for the first two years. Since deciding to delay birth, Samira has taken a training course on making soap. She now works earning \$10 a week. She is saving to help build a new house with her husband before they have their first child. Until then, she is using the contraceptive pill to prevent pregnancy.

Girls were initially asked to imagine what members of the community would think if they learned that Samira had decided to delay her first birth. The majority of adolescent girls felt that she would face judgment from other community members for opting to delay her first birth. The most common sources of stigma that adolescent girls reported comes in the form of perceived infertility and repudiation of God's will. Judgment may also extend to Samira's husband and her family, who may be viewed as poor stewards of the adolescent who either themselves do not like children or who refuse to get Samira the proper treatment she needs to become pregnant.

The community people will think that she and her husband do not want to have children. The community will blame the family 'Why do your children not want to have children?' – unmarried adolescent

People will say that Samira and her husband are infertile. For her family, people will say she is sick, but her family refuses to treat her illness so she can get pregnant. – unmarried adolescent

They will take it as a girl is not normal because she distorted the divine law. - married adolescent without children

They'll say she's weird. They will say that she does not like marriage. If she has her husband's agreement they will not say that. Maybe they'll say it's her husband who let her rest. We will send them some vexing remarks. We will tell her husband that he is not normal here in our community. We will also look at their families in the same way. We also find them abnormal. – married adolescent with children

However, a small number of respondents reported that the community might realize that Samira is making a good decision for her health and that they may be more accepting if they know it was the husband's decision to delay (explored further below).

People will think they are enlightened³ because they agreed to delay their first birth. – unmarried adolescent

What would people think if they knew Samira's husband and family support her decision to delay child birth?

Adolescent participants were next asked to reconsider the reaction of the community in light of the knowledge that Samira's husband and family stood behind her decision to delay. Respondents expected more positive attitudes from the community members than if Samira's family did not support her choice. An adolescent girl in this scenario may be viewed as obedient and adhering to the wishes of her husband. Others may also be more apt to realize that the decision was made for the good of the girl's health and well-being of the family overall. Moreover, in-laws—who may themselves have been a source of judgment – would be tempered by the fact that delaying childbirth was a mutual decision between the husband and wife. In some cases, her family may even be praised for allowing Samira to reach an age of physical maturity before giving birth.

People will support them because the decision was made by mutual agreement between the husband and his wife People will say that the husband knows and agrees. The natal family will say that the husband is consenting

³ This is translated from the French word for awakened, which means being aware and having knowledge.

The in-laws will say that she is consenting with the couple's decision – married without children

Yes, they will support. Some will appreciate. Others will criticize because they believe that the couple did not respect the religion but this conception is not necessarily true. Those who will appreciate will see that they have agreed to take time. They will see the husband as a support, an accomplice of his wife. The parents-in-law will say nothing because they know that the couple is always [most important] and it is not wrong. – unmarried adolescent

Her family will be well seen too because community members will say it's better that she delivers as a mature woman than a married teenager. – unmarried adolescent

Despite the more positive feedback to this hypothetical scenario, a few adolescent girls did still feel that Samira and her family may receive backlash from the community, regardless of their unified decision to delay birth. This reaction is attributed to the reality that in any situation, there will always be naysayers who will contradict others' decisions regardless of the merits.

People will not say anything [bad] because it's good for your health [to delay]. As for the points of view there are two types of them: the first ones are those who do not [delay] so they will view it badly; as for the second, like me, they will appreciate this initiative. It is always good to support your wife in the best situations especially if it is maternity. There will always be people who are for and people who are against you cannot do anything about it – married with children

One participant made an interesting connection between the community's negative reaction to delayed childbirth and the realities of early marriage. In her view, the community may perceive the problem of delaying child birth as stemming from the family's choice to marry Samira too early, at a time when she was not mature enough to give birth. This line of thinking suggests a symbiotic link between the causes of delaying child birth and early marriage.

Her family will also be seen as people who have lost their reason because they let them [delay]. They will think that they have just delayed the pregnancy for a moment but for the people of the community they will see as if they have committed an act of perversion. All the fault is attributed to the parents who give them in marriage because if you give children in marriage when they are not old enough it is normal that problems arise. – unmarried adolescent

If she faced negative reactions from community members, should Samira change her decision?

Participants were then asked to decide if Samira should change her decision to delay childbirth in the face of negative community feedback. Surprisingly, nearly every participant said that Samira should keep to her choice to delay regardless of the community's judgment. Adolescents couched their reasoning in terms of respect and fidelity to the husband's decision to delay, and felt that his support for delaying supersedes any pressure a girl may face from the community. The added support of Samira's family could make her will to delay all the stronger.

As she has the agreement of her family and her husband she should not have changed her decision – married with children

If she faced negative reactions, they may change as they may not, especially if their parents agree with the decision she made with her husband. She would not come back on this decision because it was decided with her husband. – unmarried adolescent

No other person can change her mind because she has her husband's consent. People always have something to say. If we follow people we may even panic. The love and respect she has for her husband does not allow her to change her mind. – unmarried adolescent

She must not change her mind as long as the husband has supported her despite the community's refusal. – unmarried adolescent

The opinion of the village people will have no impact on the decision made between husband and wife in relation to delaying the birth. The wife and the husband agreed to agree. Here if you[r marriage is] two years old or older without having children, people will not say it comes from God, they will just say that you took an injection or pills for not having children. If people learn that the girl has the support of her family, they will not love but they have no choice but to accept and in any case, there are people who will be for and others against in any situation. People want to have a child at the first [anniversary] because it's like that. – married adolescent with children

What would people in your community think about Samira pursuing a new opportunity instead of having a child right away?

Finally, adolescent participants were asked to imagine the reaction of community members if Samira pursued a new economic opportunity in lieu of having a child right after marriage. Participants thought the act of pursuing an alternative future, in and of itself, would be positively received by community members. Girls relayed that Samira would be seen as a successful person who helps her husband by contributing to the household earnings. She may also serve as an example to other women in her community and could inspire others to follow her lead.

The people of the village will be happy for her because she is doing business to help her husband. – married with children

They will see that she has helped her husband. She will have the support of people in the community. Because she is going to help her husband to make a new future. – unmarried adolescent

Samira's example will be followed by other women in the village because she is successful. – married with children

They will say if she had a child, he would have disrupted her activity. But now she can do her business normally. Someone can even say, I too should have done that. They will approve it because she had an income generating activity, so they lead a happy life. – married without children

Despite the expectation of support from the community for Samira's alternative future, a number of adolescent respondents felt that her success may be complicated by the fact that she delayed her first birth to achieve it. Even if individuals in the community support an adolescent girl's economic contributions to her husband, they may still harbor negative views of her choice to delay childbirth to do so.

People will disapprove because she never gave birth and she tries to delay it. It is after a first pregnancy that we normally try to delay the next pregnancy. – married without children

They will see as if she does not want to have a child. But they will appreciate because she can make money and solve her problems. – married without children

The people of the village will appreciate but not everyone. They will appreciate because she helped her husband and condemn her because she delays giving birth. – married with children

By exploring the hypothetical case of Samira through the vignette activity, adolescent girls were able to explore the complexities and contradictions of delaying childbirth within the context of perceived community norms. In general, adolescents believe that delaying birth will be negatively perceived by those in their current context. However, the blow of stigma and judgment may be lessened if it is clear that the choice to delay was made with the consent and support of the adolescent's husband. Support from the couple's family may provide further cover from community stigma, although in some cases the husband and family themselves may be judged poorly. Despite any threat of negative community feedback, the majority of adolescents believed that a girl should remain steadfast in her choice to delay, particularly as it relates to respecting the decision of her husband. Furthermore, by pursuing an alternative future in lieu of early childbirth, an adolescent girl can become a positive example of someone who has helped her family prosper, which may help change perceptions of delaying childbirth among the community.

Character Sketch

Unmarried adolescents

The unmarried adolescent is around 14 years old and lives with her parents and siblings at home. She does not attend school and spends her days helping with household chores and praying at the mosque. She and her friends do their chores together, and often spend time with each other walking long distances to collect water and firewood. She has to ask permission from her parents before doing anything other than basic household duties, including traveling outside of the home for things other than chores. The unmarried adolescent has heard about modern contraceptive methods, mainly from her friends, including *married* adolescents. She likes the idea of getting an education and hopes to pursue a better life as a tailor or small business owner so she can help her family financially. Although she's in favor of delaying birth, she's worried about what others in her community might think about her if she does. However, she knows that if her parents and future husband support her decision to delay birth and pursue a better life, she will be able to do it.

Married adolescents (without children)

The married adolescent without children is 15 years old and has just moved into her marital home. She spends her time in her husband's family's home, looking after the livestock and helping her mother-in-law with the household duties. She discusses having children with her husband, but will not use contraceptives without his approval. Her own family is an important part of her life and she still relies on them, particularly her mother and her sister, for advice. She would prefer to delay childbearing to be able to pursue her studies, but she feels a lot of pressure to conceive. If she waits too long to get pregnant, people in her community may gossip and think she is infertile. Her husband and parents are also eager to see her give birth right away,

and her in-laws may encourage her husband to leave her if she doesn't give them a grandchild. The adolescent agrees that bearing children is up to God, but she knows that with her husband's support, she can delay a little while to allow her to learn a new skill and help contribute economically to her family. She also sees value in literacy.

Married adolescents with children

The married adolescent with children is 17 years old and had her first child just before she turned 16. She would have preferred to delay the birth of her first child until she was a bit older, but, not using any methods of prevention, she became pregnant 6 months after marrying her husband. She never had a chance to go to school, and spends the majority of her day taking care of her child and her daily chores. She is more isolated than her unmarried friends or married friends without children, and feels more confined to the home. After the birth of her first child, her provider at the health center spoke to her about contraceptives. The idea of birth spacing has become more acceptable in her community in recent years, so she and her husband have decided to space their next child by two years in order to allow her to rest and care properly for the first child. She has chosen injectable method as her preferred contraceptive .

Husband

The husband of an adolescent girl is 23 years old. He never attended school, but is literate and works in the village as a small-time merchant. He spends his free time with his friends in the public square or at the mosque after prayers. He married his wife when she was only 14 and understood that it was best for her to wait until she was more physically mature to have their first child. However, he wants at least 10 children so he did not allow his wife to use any contraceptives and she became pregnant within a year of their marriage. He sees children as a source of pride and as wealth in his later years. He thinks it is a good idea for his wife to learn how to press peanut oil so she can sell the oil and help earn money; but he prefers that she stay in or near the home to do so, and doesn't see her motherhood as being incompatible with this pursuit. He supports her joining a community program to learn new skills, but is worried that it will interfere with her household duties.

Leader

The leader is a spiritual elder in the community who leads prayers at the mosque and who counsels community members. Although he does not agree with delaying birth right after marriage, he does recognize that it is suitable to do so in the case of a girl's health, for example if she is not yet physically mature or to space births safely. In fact, he feels that Islam prescribes taking care of your health and claims there are no religious texts that explicitly forbid the use of contraceptives. His opinion is respected and he believes that girls in his community can benefit from programming that increases their literacy and educates them, teaches them income-generating skills or increases their knowledge about health and well-being.

Influential adult

The influential adult is the mother of the adolescent girl. She is 40 years old, has never attended school and is illiterate. She understands the benefit of younger adolescents waiting until they are more physically mature to give birth, as she knows how difficult and dangerous pregnancy and childbirth can be. However, she does not think contraceptives are appropriate for a nulliparous adolescent. She likes the idea of her daughter pursuing a better education or learning a vocational skill and would support her in doing so, so long as it is not contrary

to the desires of the adolescent's husband. She worries that too much autonomy might be harmful to her daughter's marriage, because in her community it is the husband who controls important decisions such as when to have children.

Provider

The provider is a community health worker who works in the village providing information and support for antenatal care and child nutrition and immunization. She has not received formal training in family planning provision, although members of the community rely on her for reproductive health counseling. She believes the best time to speak to a woman about contraceptives is after her first birth and does not think it is appropriate to give contraceptives to unmarried girls or married adolescents who have not yet had a child. In her opinion, it is important to sensitize husbands to contraceptive use as a means of increasing acceptance among women. She would also appreciate more specialized training on reproductive health.

Positive Deviants

The positive deviant is 18 years old. She was married at age 14, and after discussing pros and cons with her husband, they both decided to delay pregnancy for two years. They realized that she was not physically mature enough to have a child right away, but also did not want to delay more than two years for fear that community members would judge them negatively. During those two years she used injectable contraceptives, which she got from her district health center. She faced some negative comments from people in her community, but it did not deter her. In fact, she even encourages other women in her social network to not be fearful of modern method myths and use contraceptives. The positive deviant did not pursue any alternative opportunities prior to pregnancy, but she would have liked to learn to make soap or sew. She supports programs that will encourage other adolescent women to delay birth and would even like to serve as a positive example in her community.

Conclusions/Recommendations

Delaying childbirth is a tough sell, except maybe for health reasons. Overall, delaying childbirth among newly married adolescent girls is seen as undesirable, and is highly stigmatized by members of the communities interviewed in Zinder. People fear the shame of being perceived as infertile or of acting against God's will to have children right after marriage. However, a number of female leaders acknowledge the importance of delaying for reasons of health and physical maturity of the girl.

People acknowledge the dangers of early childbearing. Despite the general disdain for delaying, a number of participants recognized the importance of allowing an adolescent girl to reach physical maturity before she becomes pregnant. Her health and well-being and the health and well-being of her children are cited as the most common reasons one would opt to delay. However, even in this context, few would go so far as to encourage delayed birth or aid an adolescent in using modern contraceptives.

Spacing could be leveraged. A number of participants acknowledged the use and benefits of birth spacing in their communities, citing it as a welcome recent development in the way families manage their fertility. The general acceptance of spacing, which presumably has been a result of programming on this topic, demonstrates that these communities are capable of absorbing positive reproductive health messaging despite perceived obstacles such as divine will or myths about contraceptives.

Better futures may still involve children. Many respondents reported benefits of programming aimed at improving girls' futures, including education, skills training and income-generating activities. However, the participants did not believe that pursuit of education or vocational activities should necessarily supplant childbearing. Although a few participants acknowledged that children could make other pursuits more difficult, no one supported the idea of delaying child birth in order to pursue alternative futures.

Husbands are key. In the context of the marriage, the husband is the decision-maker and his authority supersedes all others in a girl's life. To engage married adolescent girls on any topics related to childbirth or better futures, one must respect the status of the husband in this relationship. Furthermore, having the husband as an ally in delaying childbirth could shield the adolescent girl from pressure to get pregnant right away, as husbands expressed an explicit desire for children and view them as sources of status and wealth.

Positive deviants communicate. The positive deviants reported the same fears of stigma as others, but communicated with their husbands about their decision to delay. They also reported speaking with friends about the idea of delaying, and even with parents and in-laws. Although the decision to delay is ultimately between the positive deviant and her husband, she communicates about delaying with the people close to her.

Early marriage is a fundamental issue. Typically, a woman is expected to bear a child within a two-year window of marriage. Thus, the timing of birth is closely related to a girl's age at marriage. To affect in the former, you may also need to address the latter.

Providers could be a problem for family planning. When it comes to family planning, particularly for unmarried or nulliparous married adolescent girls, healthcare providers may pose the largest obstacle to girls' access. Common myths/misconceptions about modern method use may be propagated by providers themselves, and there is a notable stigma among them against providing methods to women who have not yet had at least one child.

Girls need support. For any big decision like delaying birth, taking contraceptives, or pursuing jobs, girls need the support of husbands and family to succeed. This is true not only due to their lack of agency, but also because their daily lives are closely entwined with their immediate families, whom they seek for advice and support.

Migration as an entry point. Migration may be seen as an acceptable reason to delay or space births in certain communities and could serve as an entry point for communication/intervention around the topic. Many men in these communities migrate for at least part of the year, for economic reasons, and any program should take these patterns into account.

Religion matters. The current generation of youth are seen by adults as being more adherent to faith than previous ones, so religion may be a medium for reaching them. Delaying birth for health reasons is not seen as incompatible with Islamic doctrine, but family planning efforts may face backlash due to general

community norms. Religious leaders also concede that there are no religious texts forbidding use of contraceptives.

Programming is possible. Participants seem open to programming on skills training, awareness-raising and education as long as proper precautions are taken to respect local customs. They also recognize the benefits of education and income-generating activities on the lives of adolescent girls and their families. So long as the girls have the permission of their husbands (for married) or parents (for unmarried), they should be able to participate in intervention. However, family planning and reproductive health projects will be more difficult to launch if the sole goal is seen as delaying first birth.