Introduction

In Niger, the low use of modern contraceptive methods is partly attributable to a lack of communication between spouses. This limited communication is supported by the gender role attributed to men in society. Numerous studies have demonstrated that discussion of family planning increases use (Asa et al., 2018; Zalalem et al., 2021), but this discussion is influenced by cultural taboos (Ibrahimet al., 2018; Zalalem et al., 2022), especially male stereotypes such as force and traditional masculinity sexual script (Masters et al., 2017). The aim of this study is to analyze the influence of male stereotypes on the frequency of contraception discussions among couples in the Maradi and Zinder regions.

Theoretical orientation

Discussions on contraception among heterosexual couples are strongly influenced by gender stereotypes, particularly male stereotypes. Several theories offer complementary and sometimes contrasting perspectives for understanding this phenomenon. Eagly's gender role theory (1987) and Bandura's social cognitive theory (1989) both emphasize the importance of social constructs in shaping gender behaviors. However, while gender role theory focuses on societal expectations and normative pressures, social cognitive theory emphasizes the process of observation and imitation throught which these roles are acquired. These two approaches converge in explaining how men perceive contraception as a predominantly female responsibility, thus limiting their involvement in contraceptive discussions and decisions. In parallel, Ajzen's (1991) theory of planned behavior offers a more structured framework for analyzing behavioral intentions, considering attitudes, subjective norms, and perceived behavioral control. This approach enables us to examine in greater detail the mechanisms by which male stereotypes influence contraceptive decisions, highlighting the psychological and social barriers to men's commitment.

Connell's (1995) concept of hegemonic masculinity adds a critical dimension by examining the power relations between the sexes. This perspective enables us to understand how traditional masculine norms can lead to resistance against a possible exchange on contraception, perceived as a potential threat to men's authority or masculinity. Finally, Courtenay's (2000) constructionist theory of masculinity offers a more dynamic and evolving view of masculinity, suggesting that masculine stereotypes are not fixed but can be challenged and modified over

time. This approach provides interesting perspectives for interventions aimed at promoting more active participation by men in contraception discussions.

Methods

Methodological approach

In this study, the dependent variable (Frequency of discussion on family planning) comprises the modalities : Never, Rarely and Regularly. The model adapted to this ordered nature of the modalities is the ordered Probit model which is defined as follows:

Here, let the latent variable y_i^* which is defined by

$$y_i^* = x_i'\beta + \mu_i \quad (1) \qquad\qquad \text{with} \quad E(u_i) = 0 \text{ and } V(u_i) = \sigma_u^2$$

As each y_i^* crosses a series of increasing unknown thresholds, we progress in the order of alternatives. u_i , represents the error term, assumed to follow a logistic distribution, with mean 0 and variance 1. The probability that a woman i will discuss s frequency of family planning (FP), $\forall s = 0, 1, 2$ is defined by :

$$y_i = \begin{cases} 0 \text{ if the woman never discusses FP with her husband} \\ 1 \text{ if the woman rarely discusses FP with her husband} \\ 2 \text{ if the woman regularly discusses FP with her husband} \end{cases}$$

The likelihood function is expressed as follows:

$$L(y, \beta, \alpha) = \prod_{i=1}^{n} . \prod_{k=1}^{m} \left[prob(y_i = k) \right]$$

$$L(y, \beta, \alpha) = \prod_{i=1}^{n} \prod_{k=1}^{m} \left[F(\alpha_k - X_i\beta) - F(\alpha_{k-1} - X_i\beta) \right] \qquad\qquad (2)$$

The log likelihood function is as follows:

$$LogL(y, \beta, \alpha) = \sum_{i=1}^{n} . \sum_{k=1}^{m} \log \left[F(\alpha_k - X_i\beta) - F(\alpha_{k-1} - X_i\beta) \right] \qquad\qquad (3)$$

Data

This study uses primary data collected in the Maradi and Zinder regions from 600 women of childbearing age who had at least one birth in the last 24 months and their social referents.

These data were obtened from the baseline evaluation of an intervention aimed at involving men (Mazan Daga[1]) in the creation of a framework conducive to the exercise of sexual and reproductive health rights for women in Niger. Conducted by a team from GRADE Africa, the main aim of the evaluation was to explore the best mechanisms for combining group pre- and postnatal consultations with community consultations to achieve a gender-transformative intervention geared toward promoting sexual and reproductive health rights.

A total of 30 villages attached to 30 Integrated Health Centers (IHCs) were randomly selected from among the project's IHCs. The surveyors counted all households in each village in the field. From the list of selected households, 24 households were randomly selected. Eligible women were interviewed within each household. Of the 720 women planned, 600 were successfully interviewed, representing a coverage rate of 83.33%.

Key concepts

Masculine stereotypes are preconceived ideas assigned to men by society. The table below provides an overview of the meanings and measurements used to define the concepts and terminologies used to define male stereotypes in this study.

Concepts	Definitions	Measurement variables
Difference between men's and women's needs for sex	Men need sex more than women do	Sexual need
Sexual availability in men compared with women	Men are always ready to have sex	Sexual availability
Lack of sexual communication with women	Men don't need to talk about sex, they just do it!	Sexual communication
Men's trust in other men	It's important for men to have male friends with whom they can talk about their problems.	Male confidence
Men have tough attitudes	To be a man, you must be tough.	Hardness
Dominance in decision-making with regard to women	A man should have the final say on decisions made at home.	Decision-making dominance

Results

Analysis of the table below shows that the frequency of exchanges between spouses on family planning in Niger depends on several socio-demographic and cultural factors. The chief concerns are sexual need and male confidence. Indeed, the higher sexual need of men compared to women increases the likelihood of dialogue on contraception within a couple, whereas the trust that men place in their peers has the opposite effect.

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[1] Mazan Daga = Bold men in Hausa language.

Table: Results of the estimation of the influence of male stereotypes on the frequency of family planning discussions (Never, Rarely and Regularly)

Variables	Terms and conditions	discussion on the FP		Marginal discussion effects on FP = Rarely		Marginal discussion effects on FP = Regularly	
		Coefficient	Standard deviation	dy/dx	Standard deviation	dy/dx	Standard deviation
Sexual need	yes	0.438**	0.197	0.059	0.034	0.101	0.038
	No (ref)						
Sexual availability	yes	0.192	0.200	0.021	0.026	0.048	0.047
	No (ref)						
Sexual communication	Yes	0.065	0.126	0.006	0.012	0.017	0.033
	No (ref)						
Male confidence	Yes	-0.595***	0.206	-0.007	0.016	-0.188	0.072
	No (ref)						
Hardness	Yes	0.082	0.109	0.007	0.100	0.021	0.028
	No (ref)						
Decision-making dominance	Yes	-0.195	0.468	-0.012	0.016	-0.055	0.142
	No (ref)						
Age	25-29 years	0.344**	0.165	0.032	0.020	0.092	0.043
	30-34 years	0.253	0.204	0.027	0.023	0.066	0.052
	35-49 years	0.127	0.227	0.015	0.028	0.031	0.056
	15-24 years (ref)						
Marital status	Monogamous bride	-0.050	0.106	-0.004	0.009	-0.013	0.029
	Polygamous bride (ref)						
Education level	Primary	0.253**	0.126	0.023	0.010	0.067	0.035
	Secondary/superior	0.538***	0.142	0.028	0.008	0.157	0.044
	No level (ref)						
Main activity	Small trade/manual work	0.344**	0.146	0.037	0.018	0.088	0.036
	Domestic work	0.251*	0.139	0.030	0.018	0.062	0.033
	Agriculture/livestock (ref)						
Number of pregnancies	3-4 pregnancies	0.303	0.352	0.030	0.043	0.08	0.089
	More than 4 pregnancies	0.209	0.377	0.023	0.048	0.053	0.093
	1-2 pregnancies (ref)						
Age at first pregnancy	After 18 years	0.025	0.100	0.002	0.009	0.006	0.027
	Before age 18 (ref)						
Number of children	3-5 children	0.282	0.349	0.033	0.047	0.071	0.084
	More than 5 children	0.364	0.379	0.038	0.047	0.094	0.095
	1-2 children (ref)						

No. of observations	573
LR chi2(19)	74.50
Prob>chi2	0.000
Log likelihood	-571.91257
R2 username	0.0611

* significant at 10%, ** significant at 5%, *** significant at 1%.

Source: Estimation of ordered probit model