

# SEXUAL REPRODUCTIVE HEALTH AND RIGHTS AT A GLANCE

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**NIGER**

**FACT SHEET**

**AUGUST 2022**

## Overview of SRHR in Niger

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In Niger, adolescents, and youth face substantial social, physical, and economic barriers to meeting their sexual and reproductive health and rights (SRHR) potential. The country has the highest fertility rate in the region and the world with an average of 6.82 births per woman, as well as lowest age for marriage and childbearing. Protecting and empowering women and girls will put Niger and many other African countries on a path of social and economic transformation. This process is long-term, and it requires coordination of all partners and building coalitions that catalyse broad-based support. While government commitment is the key driver of reforms, other stakeholders such as civil society organizations, local women's groups, and the private sector are also strong advocates for change.

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### SRHR Legal and Policy Framework

- In 2019, the government of Niger, embarked on a series of reforms – including the establishment of child protection committees – to accelerate the demographic transition and promote gender equality and economic growth.<sup>1</sup>
- the government of Niger reformed its legal framework to allow married adolescent girls access family planning services without being accompanied by a parent or husband.
- More recently, to reduce unintended pregnancies, secondary school girls are now allowed to access school health clubs to receive comprehensive reproductive health classes offering objective information and scientific knowledge about adolescent reproductive health.
- through country stakeholder platforms supported by the GFF, women, youth networks and CSOs in Niger are already engaging with communities on health promotion, and national gender experts are integrating in-depth knowledge on social norms and barriers into country investment cases for women, children, and adolescents.
- Protecting the right to health and education of adolescent girls now is more important than ever. Niger's leadership can serve as an inspiration for other countries in their efforts to recover fast from the crisis and build more resilient and equitable economies.
- However, with the COVID-19 pandemic still disrupting health and education systems and bringing further financial hardship on communities, the incidence of child marriage is likely to increase.

### Maternal Health

- Niger has one of the highest fertility rates in the world with an average of 6.82 births per woman. <sup>2</sup>
- Niger has seen a reduction in maternal mortality in recent years (509 deaths per 100 000 live-births in 2017), neonatal mortality (24 per 1 000 live-births in 2019), infant mortality (47 per 1 000 live-births in 2019), and under-five mortality (80 per 1,000 live-births in 2019 compared to 94 per 1 000 live-births in 2015)
- In Niger, progress is slowed because less than half of all children and mothers live close to a health facility. Only 25 per cent of babies are breastfed in the first six months of life and a mere 20 per cent of young children sleep under an insecticide-treated bed net to prevent malaria.

- In 2020, WHO also contributed to improving the quality of care for nearly 5 000 pregnant women requiring caesarean sections and 5 910 new-borns by equipping the Issaka Gazoby Maternity Hospital, a third-level referral maternity hospital in the capital, with four multi-parameter dynamaps, two mobile ultrasound scanners, a mobile labour monitor, two neonatal resuscitation tables, an electric Hoover, two paediatric Hoovers and two oxygen concentrators.
- Despite the risk of COVID-19, health workers did not stop working and services did not close in 2020. This has strengthened trust and links with communities and represents a strategic opportunity to continue to improve maternal, new-born and child health and to move towards universal health coverage in Niger.
- Less than one fifth of basic emergency maternal and neonatal care needs are covered, denying countless women and babies' life-saving services.

### **Menstrual Health**

- According to UNICEF-supported research, In Niger, only 30% of girls have heard about menstruation before their first period
- In Niger, gender inequality, discriminatory social norms, cultural taboos, poverty, and lack of basic services often cause girls' and women's menstrual health, and hygiene needs to go unmet.
- For many adolescent girls in Niger, menstruation is a source of stress, shame, embarrassment, confusion, and fear and in a country where barely half of the people have access to clean water and nearly seven million children live in poverty, menstrual hygiene can be ever more challenging.<sup>3</sup>
- As in many other countries within the region, there is a long tradition of viewing menstruation as 'impure'.
- To tackle these challenges, UNICEF is implementing a Menstrual Hygiene Management (MHM) pilot programme to break the silence and bring change in beliefs and attitudes towards menstruation. It aims to support girls across the country to overcome the barriers that prohibit them from managing menstruation with dignity.<sup>4</sup>

### **HIV and AIDS**

- The prevalence of HIV in adults aged 15-49 in Niger is low at 0.2%
- Support efforts towards prevention of mother-to-child transmission of HIV (PMTCT) and treatment of paediatric HIV, to maintain and reduce the already low prevalence of HIV/AIDS
- There are less than 1000 Deaths due to AIDS among adults aged 15 and over
- This is a 52% decline in AIDS-related deaths since 2010
- The Coverage of adults and children receiving Antiretroviral therapy is 68% which is about 21330 people living with HIV.<sup>5</sup>

### **Gender Based Violence**

- According to a Niger Demographic and Health Survey, violence against women and girls is often normalized. Six in ten Nigerien women (59.6%) find it justified for a man to beat his wife

- In Niger's penal code, domestic violence is classified and treated as assault and battery rather than as a specific offense. As a result, marriage is often perceived as a mitigating factor in cases of abuse<sup>10</sup>
- Niger is one of eight African countries that are benefiting from the Spotlight Initiative to support the Government in eliminating all forms of violence against women and girls, with a focus on ending sexual violence and harmful practices that have a negative impact on women's sexual and reproductive health.
- This includes the provision of materials and equipment to 10 police stations in the city of Niamey and 100 police stations in the regions of Maradi, Zinder, Tahoua and Tillabéri.
- Moreover, the Initiative continues to provide laptops, tablets, and motorbikes to assist in the management of the violence cases.

### **Access to Safe Abortion**

- In Niger, the voluntary termination of pregnancy is legal when the pregnancy is the consequence of rape or an incestuous relationship. It is also permitted when the continuation of the pregnancy endangers the life and health of the pregnant.
- The West African nation has one of the highest fertility rates in the world and a population that is expected to triple by 2050.
- the maternal mortality rate related to unsafe abortions is 10% in Niger
- Abortion pills are available in Niger but are strictly monitored
- The share of unintended pregnancies ending in abortion rose from 21% to 31% between 1990–1994 and 2015–2019

### **Harmful Practices**

- 76% of the women aged 20-24 were married or in a union before the age of 18
- 48 % of women 20-24 years have given birth by age 18
- 28% of women 20-24 years were married or in union before age 15
- Combating child marriage and empowering girls can reduce unintended pregnancies and school dropout rates which could increase GDP per capita by more than one-fifth by 2030
- Moreover, other harmful practises like Female genital mutilation are banned and the prevalence is very low at less than 2 %.

### **Sexual Diversity**

- LGBT is legal within Niger on a technicality; it is not mentioned within the country's criminal statutes because most authorities do not believe the concept exists.
- although no legislation in Niger prohibits same-sex sexual relations, such relations are highly stigmatized
- Same-sex marriage in Niger is unrecognized.
- The country does not have any anti-discrimination laws and there is no clear "queer community"

- Niger law allows only legally married couples to adopt a child - as same-sex marriage is prohibited, this also disallows same-sex adoption.

### **Adolescents and SRHR**

- Thousands of girls across Niger are still forced into early marriage, especially in rural areas with higher poverty rates and lower education levels.
- Combating child marriage and empowering girls can reduce unintended pregnancies and school dropout rates which could increase GDP per capita by more than one-fifth by 2030
- Only 12.2% of women of reproductive age uses a modern method and figures for married women of reproductive age are even lower.
- Only 0.5% use long term or permanent methods, and condom use is close to non-existent.
- Early marriage and childbearing have been identified as key contributors to high fertility and maternal mortality in the region.
- In Niger, adolescents, and youth face substantial physical, social, and economic barriers to meeting their sexual and reproductive health and rights (SRHR) potential.

### **Disability and SRHR**

- People with intellectual and psychosocial disabilities, especially women in Niger, are particularly likely to experience exclusion, discrimination, and violence, including female genital mutilation
- According to the RGPH (2012) in Niger, disabled people represent 4.2% of the total resident population, or 715,497 people with disabilities, of which 361,938 men (2.11%) and 353,559 women (2.06%)
- In Niger, the prevalence of HIV infection among people with disabilities was estimated at 0.66%
- Disabled people generally have limited access to water and electricity in relation to their living conditions, especially in rural areas. 83.8% live in rural areas compared to 16.2% in urban areas.
- According to a study, there is no difference between HIV prevalence and type of disabilities or socio-demographic characteristics. Hence, there is a need to consider people with disabilities in the development and implementation of an effective HIV strategy.<sup>2</sup>
- The negative perceptions and attitudes of disabled people families and the community in general still constitute one of the most important barriers to a true social inclusion of disabled people.

## SRHR Indicators Table

SRHR Area	Indicators	Status 2022
Sexual and reproductive health	Existence of SRHR policies/guidelines	2009 Policy
	Existence of laws and policies that allow adolescents to access SRH services without third party authorisation	2016 -2020 Policy
	Provision of free menstrual ware	No
	Removal of Value Added Tax (VAT) on menstrual ware	No
	Basic drinking water status (%)	47
	Access to basic sanitation (%)	15
	Contraceptive prevalence rate amongst women aged 15-49 (%)	11
	Unmet need for contraception amongst women aged 15-49 (%)	15
	Females involved in decision-making for contraceptive use amongst women aged 15-49 (%)	7
	Age of access to contraception	16
	Maternal Mortality Ratio (per 100,000)	509
	Antenatal Care Visits (At least one visit) %	95
	Antenatal Care Visits (At least four visits) %	51
	Skilled attendance at birth (per 100)	39
	Post natal care coverage %	42
	Neonatal mortality (per 1 000)	24
	Nursing and midwifery personnel per 10 000 of the population	0.2
	Universal Health Coverage	37
Health expenditure as proportion of GDP	5.67	
Health expenditure as proportion of total government expenditure	5.67	
Adolescent SRHR	CSE curriculum that reflects international standards	Yes
	Age of access to contraceptives	13
	Legal age to consent to sex (M)	13
	Legal age to consent to sex (F)	13
	Adolescent fertility rate (births per 1000 women, 15–19 years of age).	177
Safe unrestricted abortion	Legal status of abortion	Restricted
	Post abortion national guidelines	Yes
	Contraception included in post abortion care	Yes

SRHR Area	Indicators	Status 2022
HIV and AIDS	Overall prevalence (%)	0.2
	Women who are HIV positive as a % of total	0.2
	Women aged 15 to 49 HIV prevalence rate	0.2
	Men aged 15 to 49 HIV prevalence rate	0.1
	HIV prevalence among young women (15-24)	<0.1
	HIV prevalence among young men (15-24)	<0.1
	Sex workers - HIV prevalence (%)	9.5
	Sex workers - Condom use (%)	92.7
	MSM - HIV prevalence (%)	6.4
	MSM - Condom use (%)	89.6
	Women age 15+ who know their HIV status	78
	Men age 15+ who know their HIV status	62
	Condom use at last high risk sex – women	35.1
	Condom use at last high risk sex – men	64.3
	Coverage of pregnant women who receive ARV for PMTCT (%)	36
	Mother to child transmission rate	27.38
	Comprehensive knowledge of HIV and AIDS	21.5
	Knowledge about HIV prevention among young women aged 15-24	15.8
	Knowledge about HIV prevention among young men aged 15-24	25.5
	% of those living with AIDS who are on ARV treatment	68
Women aged 15 and over receiving ART	81	
Men aged 15 and over receiving ART	59	
Children aged 0 to 14 receiving ART	35	
GBV	Proportion (%) of women and girls aged 15–49 who experienced intimate partner violence (IPV) in the previous 12 months (2016)	--
	Proportion (%) of ever-partnered women aged 15-49 years experiencing intimate partner physical and/or sexual violence at least once in their lifetime (2013)	31
	Proportion (%) of women and girls aged 15 years and older subjected to physical and sexual violence by a partner in the previous 12 months (2013)	14
	Proportion (%) of women aged 15-49 years experiencing physical and/ sexual violence perpetrated by someone other than an intimate partner at least once in their lifetime (1995–2013)	2
	Laws on domestic violence in 15 countries	Yes

SRHR Area	Indicators	Status 2022
	Laws on sexual assault in 15 countries	Yes
	Human trafficking laws in 16 countries	Yes
	Sexual harassment laws in 16 countries	Yes
	Integrated approaches: national action plans in 16 countries	Yes
	Accessible, affordable and specialised services, including legal aid, to survivors of GBV in 16 countries	Yes
	Specialised facilities, including places of shelter and safety, in 16 countries	Yes
	Comprehensive treatment, including post-exposure prophylaxis (PEP) in 16 countries	Yes
Harmful Practices	Minimum legal age of consent to marriage for women	15
	Minimum legal age of consent to marriage for men	18
	Exceptions for women	None
	Exceptions for men	None
	Female Genital Mutilation Prevalence	25%
	Percentage young women married by Age 18	76
	Percentage young women married by Age 15	28
Sexual diversity	Consensual same-sex acts decriminalised	Yes
	Protection from discrimination - Specific constitutional provisions	No
	Protection from discrimination - Broad protections	No
	Protection from discrimination - Employment	No
	Hate crimes/ aggravated circumstances	No
	Incitement to hatred/ violence	No
	Ban on conversion therapy	No
	Same sex marriages	No
	Civil unions	No
	Joint adoption of children	No
	Second parent adoption of children	No
	Changing sex/ gender markers	Nominally possible
	Name change	Nominally possible
	LGBTI organisations able to register	No
LGBTI organisations able to operate freely	No	



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