ANGLOPHONE WEST AFRICA
SOCIAL NORMS & AGENCY
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Deep Dive: A Country-Specific Exploration of Evidence on Programming for Adolescent Girls and Young Women in Nigeria

Deep Dive Report on Social Norms Evidence Review (Nigeria)

May 2025

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Attributions Statement

Acknowledgements

Table of Contents

Detail of Interventions

Intervention Name	Implementing Organization	Location of Intervention	Duration of Intervention	Year of Publication
Albishirin ku! / Jide Ka I Ji!	BreakthroughACTION Nigeria	**Northern Nigeria**: Bauch, FCT, Sokoto, Kebbi **Southern Nigeria**: Ebonyi	8 years	2024
Collective Action for Adolescent Girls Initiative	Christian Aid	**Northern Nigeria**: Kaduna	2 years	2018
Congregational Health Empowerment and Social Safety (CHESS) Advocates initiative	Christian Aid UK and Nigeria Network of Religious Leaders Living with or Personally Affected by HIV/AIDS	**Northern Nigeria**: Benue, Kaduna	1 year	2019
Connecting Voices Against Child Marriage in Nigeria	Women's Right Advancement and Protection Alternative (WRAPA)	**Northern Nigeria**: Katsina	7 months	2023
Creating a Network of Gender Justice Champions in Nigeria	Clinton Health Access Initiative (CHAI)	**Northern Nigeria**: Kano, Katsina, Kaduna **Southern Nigeria**: Cross River	1 year	2021
Engaging Religious and Traditional Leaders for Gender Equality	Voices for Change (V4C)	**Northern Nigeria**: Kano, Kaduna **Southern Nigeria**: Lagos, Enugu	4 years	2017
"Gender Equality"	Education as a Vaccine (Eva)	**Northern Nigeria**: FCT, Nasarawa	3+ years	2022
Girls Connect IVR Service	Girl Effect	**Northern Nigeria**: Kano, Edo **Southern Nigeria**: Oyo	9 months	2018
Global Affairs Canada Funded Sexual and Reproductive Health Project	Clinton Health Access Initiative (CHAI)	**Northern Nigeria**: Kano, Kaduna, Katsina	1 year	2020
Masculinities, Faith and Peace (MFP)	Tearfund	**Northern Nigeria**: Plateau	3 years	2020

Intervention Name	Implementing Organization	Location of Intervention	Duration of Intervention	Year of Publication
MTV Shuga Naija	MTV Staying Alive Foundation	**Northern Nigeria**: Kano, FCT, Kaduna, Benue **Southern Nigeria**: Lagos, Ogun, Akwa-Ibom	10+ years	2024
National Head Girl Project	Women in Leadership and Advancement Network (WiLAN)- Promoting Female Leadership	**Southern Nigeria**: Lagos	2+ years	2024
Nigerian Urban Reproductive Health Initiative (NURHI)	Johns Hopkins Center for Communications Programs	**Northern Nigeria**: FCT, Kaduna **Southern Nigeria**: Kwara, Lagos, Oyo	5 years	2018
Silent Voices with Nanji Nandang	Nanji Nandang (Private owned)	**Northern Nigeria**: Jos	7+ years	2022
Social Behaviour Change Advocacy Core Group (SBC-ACG)	Breakthrough ACTION Nigeria	**Northern Nigeria**: Bauchi, FCT, Sokoto, Kebbi **Southern Nigeria**: Ebonyi	8 years	2023
#Stoptheblame Media Campaign	Project Alert	Unspecified	7+ years	2017
Strengthening Health Outcomes for Women and Children (SHOW) Project	Plan International, Canada	**Northern Nigeria**: Sokoto	4 years	2020
The Purple Brand	Voices for Change (V4C)	**Northern Nigeria**: Kaduna, Kano **Southern Nigeria**: Lagos, Enugu	5 years	2020
The Strengthening Capacities of Local Women's Rights Organizations to Address Violence Against Women and Girls (SLOC-VAWG) Project	Action Aid Nigeria	**Northern Nigeria**: Gombe, FCT **Southern Nigeria**: Imo	3 years	2023
Traditional Leaders and Wives for Family Health	Adolescent Health and Information Projects (AHIP)	**Northern Nigeria**: Jigawa, Katsina, Bauchi	Unspecified	2017
What Was She Wearing?	Education as a Vaccine (Eva)	**Northern Nigeria**: Benue, Kaduna	1 year	2020

Executive Summary

This report presents findings from a country specific deep dive conducted by the Solina Centre for International Development and Research in collaboration with the Center on Gender Equity and Health at the University of California San Diego, in support of the learning objectives of the Gates Foundation's Adolescent and Youth Learning Agenda team. This deep dive builds on a global evidence review that revealed a significant lack of literature documenting norms-shifting interventions in the Nigerian context, despite increased interest in such approaches globally. It explores norms shifts and behavioural changes, focusing on the impact of norms-shifting interventions that leverage entertainment media and faith and cultural champions. It examines how these interventions influence the health and well-being of adolescent girls and young women aged 10 to 24 years across key outcomes related to women's economic empowerment, child, early, and forced marriage, gender-based violence, and sexual and reproductive health in Nigeria.

To synthesize evidence on norms-shifting interventions, we conducted a desk review, engaged social norms implementers to gather insights and address identified gaps, and convened a stakeholder consultation with social norms experts and practitioners to contextualize findings and refine the social norms research agenda. Insights from the sensemaking workshop reinforced the need to systematically investigate the effectiveness, feasibility and scalability of norms-shifting interventions engaging entertainment media and faith and cultural champions. We identified publications describing 21 interventions of this type implemented in Nigeria, targeting four outcomes of interest.

Our analysis revealed valuable insights from entertainment media interventions, many of which utilized at least one contemporary entertainment media approach, signalling a shift from traditional platforms like radio and theatre to digital and mobile technologies. These approaches proved effective in reaching broad audiences and often had a longer duration than faith and cultural champion interventions. Evidence shows that media characters, especially those who challenge traditional gender roles, can have a profound impact on attitudes toward gender-based violence, sexual and reproductive health, and gender equity. Faith and cultural leaders hold substantial influence within their communities, highlighting the value of leveraging their authority to promote positive social change. However, while the impact of faith and cultural champion interventions varied, a lack of longitudinal data limits our ability to assess normative change.

Ultimately, the deep dive revealed that while faith and cultural champion interventions show strong potential for long-term, community-embedded change, entertainment media offer scalable pathways for broad reach and resonance. To maximize their combined potential, clearer articulation of normative goals, robust measurement strategies, and systemic integration are essential. To strengthen future programming and build a more robust evidence base, we recommend the following:

- Encourage implementers to document and publish their interventions to enhance visibility and support replication.
- Include sustainability strategies, such as building the long-term capacity of faith and cultural champions.
- Strengthen monitoring and evaluation systems to better track intervention outcomes and improve effectiveness.
- Tailor interventions to local religious and cultural contexts to enhance relevance and acceptance.
- Leverage culturally resonant media platforms to expand reach and deepen engagement.
- Invest in research and documentation to close knowledge gaps and elevate the visibility and impact of entertainment media and faith and cultural champion approaches in Nigeria.

Introduction

Background

Adolescent girls and young women face significant barriers that impact their health, economic opportunities, and safety (Yotebieng, 2021). Social norms are defined as unwritten rules that define acceptable, appropriate, and obligatory actions within a given group or community, and influence what people do and/or are expected to do, often maintained by positive and negative social sanctions (Bicchieri, 2016). These challenges stem from socio-cultural, economic, and demographic factors, particularly in patriarchal societies where men are often socialized into behaviours that disadvantage girls and women (Yakubu et al., 2024).

In Nigeria, social norms strongly influence nearly every aspect of the lives of young people, especially girls, from their mobility and access to education to their reproductive health choices. Addressing these deeply ingrained norms is critical to advancing gender equity and improving outcomes in key areas such as women's economic empowerment, child, early, and forced marriage, gender-based violence, and sexual and reproductive health (UNICEF, 2023). These outcomes reflect and reinforce social norms that dictate roles, rights, and behaviours for women and girls, often limiting their opportunities and autonomy. Targeted interventions that address these harmful norms can foster more equitable attitudes and practices within households and communities (UNICEF, 2018; WHO, 2021).

A norms-shifting intervention is purposefully designed to transform shared beliefs and behaviours by addressing misunderstandings about what others think or do. Another goal is to strengthen the perception that a positive behaviour is typical or gaining momentum within the community (Learning Collaborative to Advance Normative Change, 2017). While they may take a variety of formats, these interventions aim to shift collective norms and behaviours by targeting the underlying social expectations that shape how people act within their communities. Often, they employ multiple implementation strategies such as diffusion of ideas, catalysing group reflection and dialogue, peer modelling and engagement, using mass media for change, and more. Notably, norms-shifting interventions that engage faith and cultural champions and/or those that utilize entertainment media approaches are gaining attention. For example, faith and cultural champions, such as religious leaders, traditional leaders, and community influencers, often serve as custodians of moral and cultural values, guiding communities by reinforcing or challenging existing norms. It is suggested that their influence is deeply rooted in trust and respect, making them pivotal in driving social change (Beyers, 2021). Likewise, entertainment media reaches diverse audiences through TV, movies, music, and social media. A powerful force reflecting and shaping society, it mirrors cultural realities and aspirations while influencing attitudes and behaviours (Ashar, 2024). For instance, certain TV shows in Nigeria, like **Albishirin ku!** actively promote gender equality and family planning.

Rationale

Norms-shifting interventions can transform young lives, helping adolescents make healthier choices and break free from limiting social expectations. However, without strong evidence to show what truly works, there is a risk of funders investing in interventions that may not create real, lasting change. The Global Evidence Review conducted by the Center on Gender Equity and Health at the University of California San Diego revealed a growing international focus on social norms-shifting interventions, particularly those involving entertainment media and faith and cultural champions. However, it also highlighted a significant gap in both the depth and breadth of the literature from Nigeria, despite the country's dynamic cultural landscape and the increasing implementation of such approaches. This deep dive further investigates how faith leaders, cultural influencers, and entertainment media can effectively shift harmful social norms affecting adolescent girls and young women in Nigeria. While past initiatives have engaged faith and cultural leaders, the lack of documentation on their effectiveness, scalability, and long-term sustainability has hindered replication and scale-up. By analysing existing evidence and convening experts, this deep dive generates actionable strategies to strengthen intervention design and ensure lasting impact.

Snapshot of the Global Evidence Review

The Global Evidence Review conducted by the Center on Gender Equity and Health used a scoping approach to identify interventions aiming to shift social norms to improve outcomes for adolescent girls and young women in the areas of women's economic empowerment, gender-based violence, child, early, and forced marriage, and sexual and reproductive health in Sub-Saharan Africa and South Asia.

The review involved a systematic search of both peer-reviewed and grey literature. Interventions were included in the analysis if they self-identified as social norms interventions and measured attitudes, behaviours, or norms.

Only six interventions were identified in Nigeria—three focused on entertainment media and three on faith and cultural champions—indicating that a more targeted country-level search might reveal additional evidence.

Deep Dive Objectives

The objectives of this deep dive include:
- Identifying unpublished literature on entertainment media and faith and cultural champion approaches to norms shifting
- Locating and analysing resources such as reports, toolkits, or evaluations held by implementing organizations that document norms-shifting interventions
- Engaging social norms experts and program implementers to generate additional insights and address gaps identified during the desk review
- Disseminating insights from the deep dive to local implementation teams – especially Gates Foundation grantees

Guiding Questions

- What new or emerging approaches in entertainment media have been used to influence social norms (positively or negatively) in Nigeria?
- How have faith and cultural champions been engaged to drive social norms change in the face of associated risks?
- What cultural barriers and regional variations exist within Nigeria, and how have organizations adapted their strategies accordingly to achieve their stated objectives?
- How have interventions discussed sustainability of their work, and sustainability of norms change?
- Despite their often-limited duration, have norms-shifting interventions demonstrated sustained impact?

Methodology

Sensemaking Workshop

Collaborators convened a sensemaking workshop to contextualize findings from the Global Evidence Review and adapt it to the Nigerian context, identifying critical gaps and highlighting areas of additional inquiry to inform the deep dive.

The workshop generated the following key insights:

- **Understanding how social norms vary across regions in Nigeria, and how to effectively adapt interventions based on these differences, is critical.** This includes understanding the nuanced challenges of engaging men in discussions about gender-based violence in large gatherings which may pose challenges in positioning them as champions or advocates for gender-based violence campaigns. Participants emphasized that the same norms-shifting intervention can produce different outcomes depending on the region. This raised questions about how implementation strategies can be adapted to account for these variations.

- **The deep dive provides an opportunity to expand the research repository.** Many local interventions – especially those that leverage entertainment media and faith and cultural champions – are not often documented as published peer-reviewed articles. Participants identified a wide array of past and ongoing projects with grey literature and/or articles published in less globally accessible platforms, that can enrich the insights from the Global Evidence Review.

- **Geographic disparities need to be addressed.** Given that most norms-shifting interventions are implemented in Northern Nigeria, participants called for addressing disparities in intervention reach and ensuring more equitable support across the country.

- **Closing gaps in measurement and ensuring intervention sustainability is essential.** Participants stressed the need for clear frameworks to define and measure the effectiveness of norms-shifting interventions. They also highlighted the importance of identifying strategies for sustaining interventions beyond donor funding.

Search Strategy

Desk Review

The deep dive involved a desk review to systematically examine secondary data sources relevant to faith and cultural champions and entertainment media interventions in Nigeria. This process consisted of reviewing institutional repositories, government reports, non-governmental organization reports, conference papers, and media articles. A targeted search strategy was employed to identify relevant literature, ensuring a comprehensive understanding of existing norms-shifting interventions.

This literature review was conducted between October 2024 – January, 2025 using the search terms shown in **Table 1** and the following parameters:

- **Timeframe**: Limited literature published since January 2014 – January 2025
- **Search Engines/Literature Databases**: Google, Beilefeld Academic Search Engine, TROVE, PubMed, organizational websites
- **Geography**: Limited to articles naming Nigeria as a study location

Table 1: *Search Terms Used in Database Search*

Focus Area	Social Norms Theme	Intervention Strategy	Boolean Operators
Child, Early, and Forced Marriage	*"social norms", "normative change", "gender norms"*	*"faith leaders", "cultural champions", "entertainment-education", "edutainment", "media intervention"*	*AND, OR, NOT*
Women's Economic Empowerment	*"gender norms", "social norms", "attitude change", "cultural norms"*	*"faith-based intervention", "community influencers", "media campaigns", "edutainment"*	
Sexual and Reproductive Health (Family Planning)	*"reproductive norms", "social norms", "attitude change", "health behaviour"*	*"faith leaders", "edutainment", "mass media", "religious influence"*	
Gender-based Violence	*"gender norms", "violence norms", "social norms", "harmful practices"*	*"faith and cultural leaders", "entertainment-education", "mass media", "community engagement"*	
Region: Nigeria, Northern Nigeria, Southern Nigeria			

Data Sources

The deep dive drew on multiple data sources to ensure a robust analysis, including:
- Internal reports from organizations involved in norms-shifting interventions
- Conference abstracts and other grey literature such as: case studies, published reports, conference abstracts.
- Meeting notes from consultations with key stakeholders
- Media articles, including social media discussions on faith and cultural champions and entertainment media interventions

Inclusion and Exclusion Criteria

A breakdown of the inclusion and exclusion criteria is provided in **Table 2**.

Table 2: *Inclusion and Exclusion Criteria*

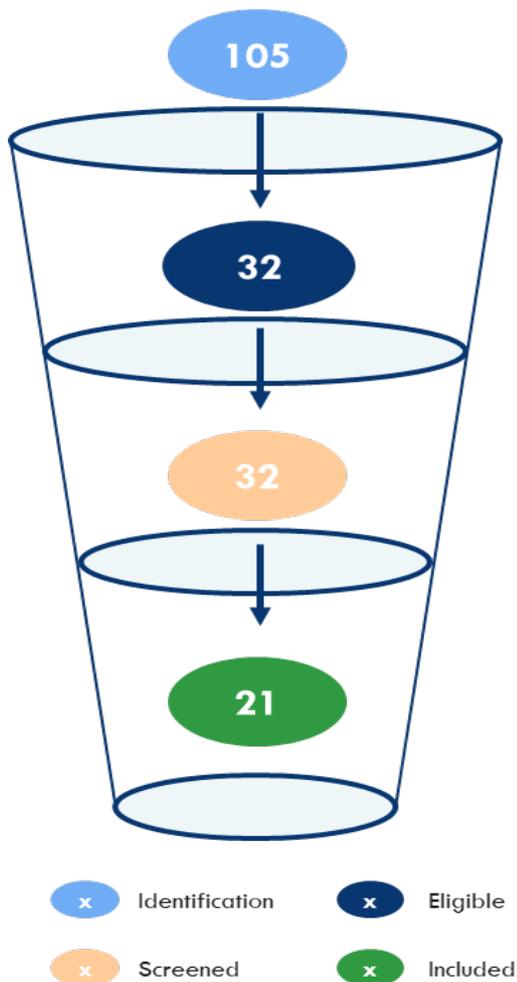| Inclusion Criteria	Exclusion Criteria
● Studies and reports focused on norms-shifting interventions within Nigeria ● Documents detailing the role of faith and cultural champions and entertainment media in addressing child, early, and forced marriage, sexual and reproductive health, women's economic empowerment, and gender-based violence ● Materials published within the last ten years to ensure relevance	● Studies with limited relevance to Nigeria's social and cultural context ● Reports lacking sufficient detail ● Documents published before 2014 unless they provided foundational insights.

Data Extraction and Analysis

Through a systematic literature search, using defined search terms and Boolean operators (see **Table 1**), alongside stakeholder referrals, we identified a total of 105 interventions. After removing duplicates, a review process was conducted to ensure relevance, leading to the exclusion of 73 interventions that did not align with the deep dive objectives. An additional screening of the remaining 32 publications based on predefined inclusion and exclusion criteria resulted in the removal of 11 interventions, ultimately leaving 21 for full-text review and thematic analysis (see **Figure 1**). To maintain consistency and minimize bias, each document was independently analysed by at least two team members.

During this process, interventions were systematically tagged to indicate which priority outcome areas they addressed. To facilitate analysis, data relevant to the research questions, including the primary outcomes of interest, intervention names, implementation durations, and responses to our guiding questions, were extracted and organized using an Excel spreadsheet. Most of the reviewed documents notably covered more than one priority outcome area, showing the interconnected nature of the interventions and their impact. Documents were also thoroughly examined to extract relevant information on intervention strategies, effectiveness, and other implementation data. A thematic approach was then employed to synthesize qualitative insights, identifying recurring themes across interventions.

Figure 1: Infographic Showing the Document Selection Process

Expert Input

To complement the desk review, informal consultations were conducted with key organizations, stakeholders, faith-based organizations, and entertainment media implementers. Some of these engagements occurred prior to the review, particularly with individuals and groups referred during the sensemaking workshop, while others took place during the review process to gain additional insights into questions that remained unanswered. These engagements offered a deeper understanding of implementation strategies used in norms-shifting interventions, challenges encountered, and success stories. Discussions were semi-structured, allowing for flexibility in exploring diverse perspectives while maintaining a focus on the study's objectives.

Findings

Overview of Interventions

This section presents the key findings from the review of interventions in Nigeria. It explores the roles, regional variations, and impact of interventions that engage faith and cultural champions in shifting social norms, particularly in relation to the outcomes of interest. It also examines emerging approaches in entertainment media, their cultural adaptations, and the sustainability of their impact. Lastly, this section highlights the cultural and regional barriers affecting these interventions and the strategies used to navigate them.
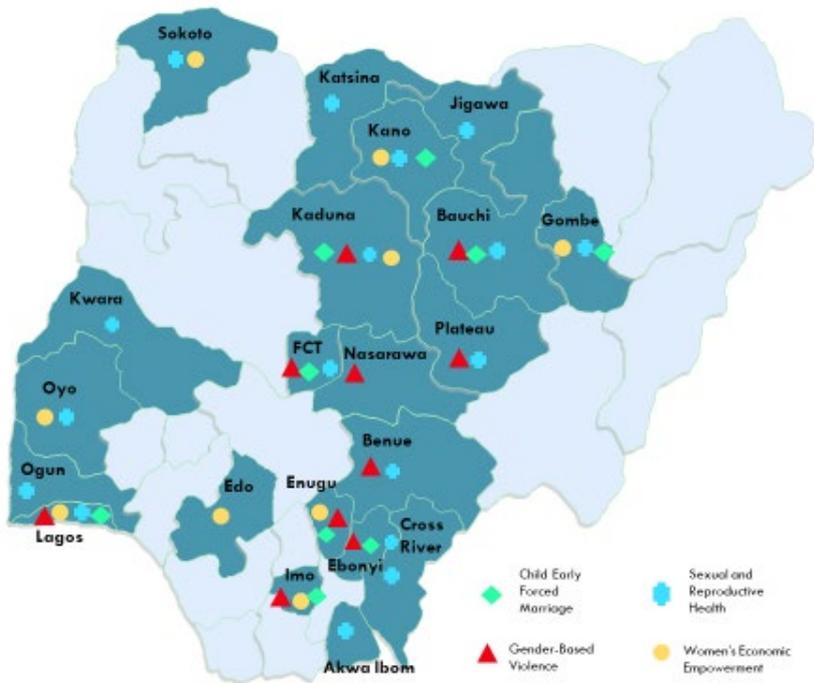
We identified 21 articles showcasing one intervention each (see **Annex 1**), published between 2013 and 2024, that met our review criteria; of these, 48% (n=10) of the interventions were implemented in Northern Nigeria, 4% (n=1) in Southern Nigeria, and 43% (n=9) were conducted in both regions. One intervention did not specify region (see **Figure 2**).

Figure 2: States in Nigeria Where Interventions Were Implemented by Outcome of Focus

Evidence from this review suggests that entertainment media interventions are increasingly embracing digital storytelling and interactive formats to engage audiences and shift social norms. All 21 interventions utilized at least one contemporary entertainment media approach, signaling a shift from traditional platforms, such as radio and theatre, to digital and mobile technologies. For example, the combination of visual storytelling and advocacy has been shown to create emotional connections that challenge harmful norms like victim-blaming and child marriage. In the literature reviewed, culturally resonant approaches made difficult topics more relatable. Faith and cultural leaders were also central to shifting norms, often through training to deliver health and gender-related messages that used language aligned with local values, such as "child spacing" instead of "family planning." Contextualizing messages through trusted community figures increased acceptance and uptake of norm-shifting messages. In many cases, faith and cultural leaders took on active roles as mentors, educators, and advocates.
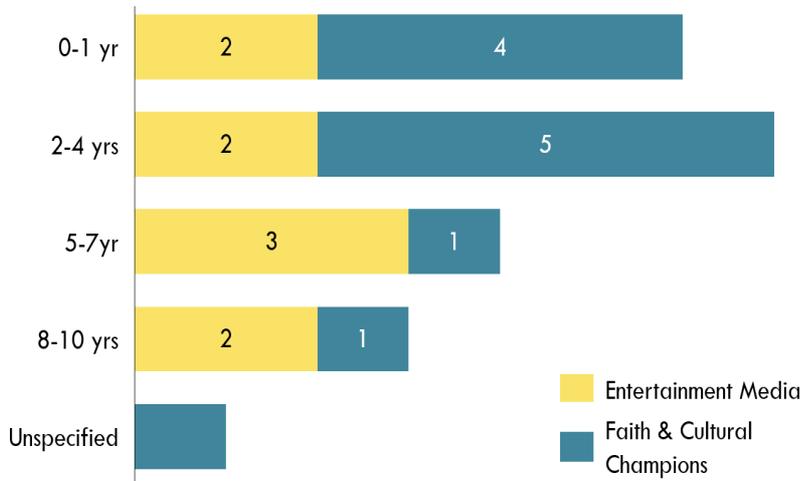
Figure 3: Interventions by Duration

Despite the implementation of some interventions in both Northern and Southern Nigeria, as seen in **Figure 2**, strategies employed differed due to regional and cultural differences. Interventions were adapted in response to regional variations by tailoring strategies to local religious and cultural contexts. For instance, the **Social Behaviour Change Advocacy Core Group** model in Kaduna saw religious leaders leading messaging efforts, while in Ebonyi, community leaders took precedence. Interventions such as the **Nigerian Urban Reproductive Health Initiative** and the **Congregational Health Empowerment and Social Safety Advocates** used locally relevant language and platforms, such as churches in Benue or mosque networks in Kaduna, to boost credibility and uptake. These examples demonstrate that a one-size-fits-all model is ineffective; instead, locally tailored strategies are essential to ensure resonance and effectiveness.

Intervention Duration

Although there is a general lack of information about entertainment media interventions, many included in this review were implemented for longer durations compared to those engaging faith and cultural champions (see **Figure 3**). Specifically, three entertainment media interventions (**Purple Brand, #StopTheBlame media campaign, Silent voices with Nanji Nandang**) lasted between five to seven years, and two entertainment media interventions (**Albishirin ku!, MTV Shuga**) extended even further, spanning eight to ten years. In contrast, only one faith and cultural champion intervention, the **Nigerian Urban Reproductive Health Initiative**, reached the five-to-seven-year range, and just one, the **Social Behaviour Change Advocacy Core Group**, extended to eight to ten years. The majority of faith and cultural champion interventions were implemented for two to four years, suggesting that while these approaches are often community-embedded, they tend to be implemented for shorter periods in practice.

Interventions Across Outcome Areas

This section outlines the impact of the analysed interventions on key outcomes related to sexual and reproductive health, gender-based violence, child, early, and forced marriage, and women's economic empowerment. As illustrated in **Figure 4**, 43% of the interventions (n=9) targeted multiple outcomes, while the remaining 57% focused on specific outcomes (n=12). Sexual and reproductive health and gender-based violence were the most frequently addressed outcomes (n=5 each), whereas women's economic empowerment was the least commonly targeted (n=2). No intervention identified in the review targeted child, early, and forced marriage as a standalone outcome; rather,
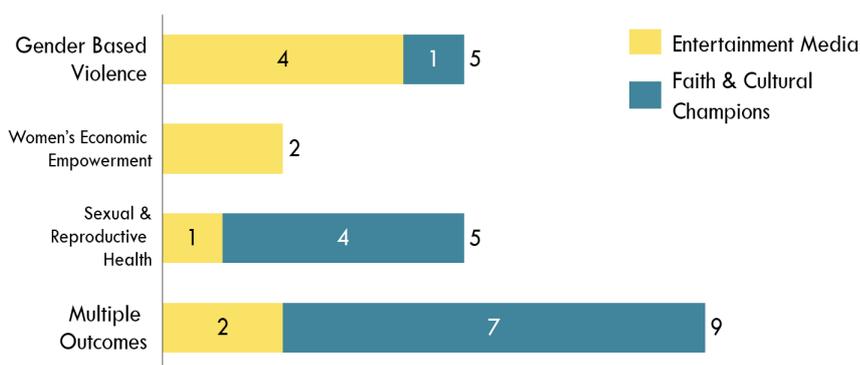
Figure 4: Total Number of Interventions by Outcomes of Interest and Intervention Approach

it was addressed concurrently with other outcomes. The norms addressed in these interventions spanned across multiple outcomes and sub-domains, including intimate partner violence, harmful traditional practices, women's agency and decision making, economic empowerment, and sexual and reproductive health. **Table 3** presents a summary of a subset of interventions targeting an array of norms and behaviours across these outcomes.

Table 3: *Summary of the Interventions Targeting Several Norms and Behaviours Across Outcomes of Interest*

Outcome of Interest	Outcome/sub-domains	Example Norms	Intervention names
Gender-based Violence	Gender-based Violence	Domestic violence, intimate partner violence, controlling behaviours, emotional abuse, nondisclosure of sexual violence, stigma, victim-blaming attitudes, and beliefs that blame victims	Collective Action for Adolescent Girls Initiative Congregational Health Empowerment and Social Safety Advocates Initiative, Strengthening Capacities of Local Women's Rights Organizations to Address Violence Against Women and Girls, What She Wore, #stoptheblame campaign, Silent Voices with Nanji Nandang
	Gender-Based Exploitation	Denial of resources, Barema (child labour on farms), Chirani (husbands absent for long periods)	Strengthening Capacities of Local Women's Rights Organizations to Address Violence Against Women and Girls
	Harmful Traditional Practices	Female genital mutilation/cutting, breast ironing, incest	Strengthening Capacities of Local Women's Rights Organizations to Address Violence Against Women and Girls
Sexual and Reproductive Health	Barriers to Access	Sociocultural norms limiting women's sexual and reproductive health choices, stigma, and unequal power relations	SBC-ACG Strengthening Health Outcomes for Women and Children
	Family Planning	Religious and cultural norms restricting family planning and contraceptive use	Nigerian Urban Reproductive Health Initiative; Breakthrough ACTION
	Gender-responsive Health Services	Improving family-based maternal, newborn, and child health, and sexual and reproductive health services for women and adolescent girls	Nigerian Urban Reproductive Health Initiative
Women's Economic Empowerment	Women's Economic Empowerment	Addressing rigid gender barriers, improving financial independence, advocacy for women's rights, increasing participation in decision-making	National Head Girl Project; Engaging religious and traditional leaders for gender equality; Collective Action for Adolescent Girls Initiative
	Women's Voice and Leadership		
Child, Early, and Forced Marriage	Social and Cultural Norms	The practice of child marriage, and the practice of forced marriage of young girls	Social Behaviour Change Advocacy Core Group; Connecting Voices Against Child Marriage in Nigeria

Gender-based Violence

Several interventions had significant effects on reducing gender-based violence and shifting harmful social norms. One of these is the **Strengthening Capacities of Local Women's Rights Organizations to Address Violence Against Women and Girls** intervention, which engaged traditional leaders in Imo state to rewrite community by-laws to prohibit harmful practices like gender-based violence, female genital mutilation/cutting, and the Osu caste system, with public declarations legitimizing these changes. Similarly, the **Purple brand by Voices for Change** intervention achieved significant attitudinal shifts among young people in the target states. The evidence indicates that 89% of young people, amounting to 2.4 million people, showed positive behaviour changes in attitudes related to gender-based violence, as well as a 10% increase in men rejecting violence against women and a 12% increase in women rejecting violence against men.

Sexual and Reproductive Health

The **Congregational Health Empowerment and Social Safety Advocates** intervention significantly enhanced community participation in healthcare and improved the utilization of essential services. The program led to increased engagement in maternal and child health services, particularly in antenatal care, HIV testing, and immunization compliance. Additionally, community members actively participated in tele-counselling sessions, made use of hotline services, and responded to radio follow-ups. The **Nigerian Urban Reproductive Health Initiative** also yielded notable achievements, showing a positive association between exposure to family planning messages from religious leaders (religious leader advocacy) and modern contraceptive uptake among women of reproductive age.

Child, Early and Forced Marriage

Interventions targeting the reduction of child, early, and forced marriage recorded promising outcomes, especially the **Collective Action for Adolescent Girls Initiative and the Strengthening Capacities of Local Women's Rights Organizations to Address Violence Against Women and Girls**. Both initiatives strategically engaged faith and cultural leaders to promote positive messaging related to the value of educating and empowering adolescent girls. Although success was primarily demonstrated through anecdotal evidence and personal testimonies, many adolescent girls who participated shared success stories that reflected a reduction in child, early, and forced marriage practices within their communities.

Women's Economic Empowerment

Interventions promoting women's economic empowerment often engaged faith and cultural leaders to indirectly support gender equity through advocacy and male engagement. In the pilot phase of the **Girls Connect IVR service** intervention, notable behavioural changes were observed. Adolescent girls began applying lessons learned from interactive storytelling sessions and conversations with female role models. These changes included opening bank accounts and enrolling in apprenticeships which are important steps toward financial independence and entrepreneurship. Similarly, in the **Strengthening Health Outcomes for Women and Children** intervention, the development of the "Islamic Perspectives on Maternal, Newborn and Child Health Issues" manual was a key milestone. Co-created with religious leaders, the manual demonstrated the alignment of **Strengthening Health Outcomes for Women and Children's** gender equity messages with Islamic teachings. It referenced Quranic verses to affirm women's rights and roles, covering themes such as women's status before Islam, the value of consulting women in family decision-making, and the prohibition of harmful practices that violate women's rights.

Findings from Faith and Cultural Champion Interventions

Leveraging Faith and Cultural Champions

In some interventions, such as the **Social Behaviour Change Advocacy Core Group**, the **Strengthening Capacities of Local Women's Rights Organizations to Address Violence Against Women and Girls**, and the **Collective Action for Adolescent Girls Initiative**, faith and cultural leaders were engaged through a multi-faceted and strategic approach to drive social norms change while navigating associated risks. A key element of this engagement was capacity strengthening, which enhanced leaders' understanding of pressing health challenges and equipped them with effective communication skills. This ensured they could convey crucial health messages in ways that resonated with their communities. To encourage acceptance, culturally sensitive messaging was employed in some interventions. Instead of using terms such as "contraception" or "family planning," more culturally acceptable phrases such as "child spacing" (for example, **Breakthrough ACTION's Social Behaviour Change Advocacy Core Group**) were introduced. This approach helped reduce resistance and aligned messaging with community values. Another approach involved engaging knowledgeable and widely respected religious and traditional leaders, who played a pivotal role in influencing their peers. By framing health and gender justice issues as aligned with religious injunctions, they reassured fellow leaders and community members of the legitimacy of the interventions.

Stakeholder Input

Religious and cultural backlash was identified as a potential risk, especially when interventions touch on sensitive topics like sexual and reproductive health. Programs accounted for that by co-creating messages with community leaders and ensuring language is contextually acceptable. Interventions also mitigated risks through strategic framing of messages, such as anchoring discussions in shared values (like protecting girls) rather than rights-based language that may trigger resistance. Also using terms like "child spacing" rather than the controversial "family planning" to convey messages on sexual and reproductive health.

One stakeholder adds that *"The formation of a crisis group has proven useful in the diffusion of a possible resistance among religious leaders attending the meeting for the first time. Fellow religious leaders attend to the situation without interference from the program team"*.

During the implementation of **Plan International's Strengthening Health Outcomes for Women and Children Project**, faith leaders served not only as spokespersons but also mentors and facilitators, taking an active role in shaping discussions on social norms, sexual reproductive health, and maternal health education. They were trained as community-based champions and first responders to gender-based violence cases, ensuring immediate intervention and support for survivors. Women were also central to this effort, as wives of religious leaders engaged their fellow women, creating safe spaces for discussions that may have otherwise been inaccessible.

On the other hand, the **Strengthening Capacities of Local Women's Rights Organizations to Address Violence Against Women and Girls** intervention took a more structural approach by partnering with traditional leaders to review and rewrite community by-laws to prohibit harmful sociocultural norms. Leaders were then tasked with publicly announcing these laws, ensuring widespread awareness and legitimization. Positioning faith and cultural leaders as gender justice champions and role models, these initiatives leveraged their influence to initiate long-term change.

Collectively, these strategies demonstrate that shifting deeply rooted social norms is not just about delivering new messages; it is about empowering trusted community figures to lead change from within, ensuring that transformations are both authentic and enduring.

Adaptation of Interventions in Response to Socio-Cultural Barriers

Interventions oftentimes encounter sociocultural barriers that require context-specific strategies. For example, during the implementation of the Nigerian Urban Reproductive Health Initiative, a significant barrier was the diverse beliefs and misconceptions surrounding family planning. Many religious leaders opposed modern contraceptive methods, interpreting religious teachings as prohibiting the use of contraception. To overcome this challenge, implementers carefully tailored their messages to be both culturally and religiously sensitive, ensuring alignment with community values. For instance, as previously shared, sensitive subjects such as "family planning" were communicated as "child spacing." Messages also emphasized the health benefits of family planning, helping to shift perceptions and encourage more supportive attitudes among religious leaders and their communities.

The Social Behaviour Change Advocacy Core Group intervention adapted its approach based on the unique social and cultural dynamics of each region. In Kaduna, faith champions were primarily engaged by implementers through capacity strengthening in the delivery of culturally and religiously sensitive sermons and messaging, to navigate deeply rooted religious and cultural norms; whereas in Ebonyi, community leaders played a more central role in the intervention, as they were perceived to have greater influence than religious leaders.

Stakeholder Input

Despite deliberate efforts by some interventions to promote sustainability, several barriers undermined their long-term impact. One such barrier was the over-reliance on financial incentives for engaging champions and frontline advocates. As one stakeholder noted, "*programs should avoid depending on paying champions or frontline advocates in cash as this weakens long-term ownership.*" Instead, greater emphasis should be placed on equipping and supporting community members to recognize the intrinsic value of the intervention and maintain engagement without continuous external motivation. A critical limitation among many interventions was the absence of sustainability planning during the intervention design stage. As such, stakeholders underscored the importance of integrating sustainability considerations early on, particularly through meaningful community engagement and local capacity strengthening.

One stakeholder emphasized that "*developing outputs that can be maintained without recurring funding, such as educational videos and series, is one way to ensure that entertainment media interventions do not die off completely*." Discussions with program implementers highlighted several strategies for extending the life of entertainment media interventions. These included building self-sufficient communities of influencers, establishing long-term partnerships with organizations that can carry forward the work beyond funding cycles, and ensuring free community access to content hubs.

The Congregational Health Empowerment and Social Safety Advocates initiative was implemented in Kaduna and Benue States, each presenting distinct religious and cultural landscapes that influenced implementation. Northern Kaduna, a predominantly Muslim area of the state, posed challenges related to gender norms and religious sensitivities, while Benue, a largely Christian state, required strategies that aligned with church-based community structures. To navigate these barriers, the intervention was contextually adapted to align with the religious, cultural, and social dynamics of each state. In Kaduna, where traditional gender roles and religion strongly influence social norms related to program outcomes, trusted female advocates were engaged to reach women while male religious leaders endorsed and promoted key messages, ensuring wider acceptance within the community. In contrast, in Benue, the intervention capitalized on the church's central role in community life, using faith-based platforms to mobilize and educate members. Integrating religious teachings with public health messages was how the initiative encouraged a knowledge-driven approach.

A significant challenge arose in Northern Nigeria during the implementation of the **Traditional Leaders and Wives for Family Health** intervention, as many male leaders resisted allowing their wives to participate in training, reflecting a traditional belief that women's mobility should remain confined to their homes and immediate communities. However, after the first day of training, the leaders saw the value of the knowledge being imparted and recognized how it would benefit their families and the wider community. This shift in perspective underscored that the restriction of women's participation and mobility was itself a harmful norm, and that it can be challenged through education and dialogue.

Sustainability of Faith and Cultural Champion Interventions

Sustainability in norms-shifting interventions refers to the ability of these interventions to achieve long-term, lasting changes in social norms and behaviours (Flüe & Vogt, 2024). This involves not only the initial success of the intervention but also its capacity to endure over time, adapt to changing contexts, and be replicated or scaled up effectively. Sustainability in this context is multifaceted, encompassing social, cultural, and institutional dimensions. While no evidence was found that the interventions or results discussed in this report were sustained over time, qualitative insights relevant to sustainability were gleaned on a number of programs.

The **Social Behaviour Change Advocacy Core Group** model was carefully crafted to ensure its long-term sustainability by embedding essential structures and promoting lasting community ownership. A central aspect of this plan was capacity strengthening, where faith and traditional leaders were trained and provided with the tools and knowledge to advocate for and support priority health behaviours in their communities. By empowering these key figures, the program ensured that vital health messages would continue to be communicated even after external support concluded. To strengthen these efforts, the program forged partnerships with important stakeholders, including government agencies and media organizations. These collaborations helped integrate advocacy into existing frameworks, enhancing the program's credibility and ensuring the continued relevance and broad dissemination of health messages. Ongoing advocacy played a critical role in institutionalizing the intervention's work. Faith and cultural leaders were designated as key resources in their states and local government areas, reinforcing their authority and influence in promoting positive health behaviours. The program also emphasized mentorship, encouraging trained leaders to guide and support other religious figures in advocating for the same health behaviours. Ultimately, the sustainability of the **Social Behaviour Change Advocacy Core Group** model relied on the understanding that once religious and traditional leaders fully adopt its principles, they would naturally incorporate these messages into their sermons and community interactions. This person-to-person communication ensures that the impact of the intervention extends far beyond the initial intervention duration, driving enduring social and behavioural change across generations.

In addition to collaboration with government officials to ensure that project activities were incorporated into annual operational plan development, the **Global Affairs Canada Funded Sexual and Reproductive Health Project** also engaged with the Sharia commission as a means to build capacity of religious leaders prior to the project closes out.

The sustainability of the **Congregational Health Empowerment and Social Safety Advocates** intervention hinged on the empowerment of faith communities, the integration of the intervention into existing structures and practices, and the mobilization of community resources and networks. These elements ensured it continued to thrive and expand, addressing maternal and child health challenges and promoting gender justice, even after external support ended.

Impact Evaluation, Measuring Success and Norms Shifting

The evidence review revealed a clear gap in the rigorous measurement of norms-shifting interventions, with few having measured social norms or providing evidence on pathways to normative change. This section highlights insights from those interventions that did, showcasing reported outcomes and demonstrating impact. The selected examples illustrate the range of measurement approaches used in social norms programming in Nigeria.

Primarily Quantitative Methods

Several projects (**Global Affairs Canada Funded Sexual and Reproductive Health Project**, **Engaging Religious and Traditional Leaders for Gender Equality**, and **Strengthening Health Outcomes for Women and Children**) began with a baseline assessment to measure knowledge, attitudes, and behaviours, followed by endline evaluations to evaluate change over time. These primarily provided evidence of behaviour change.

Stakeholder Input

There was broad consensus among stakeholders on the limited availability and use of robust evaluation methods, including standardized Key Performance Indicators for measuring the impact of norms-shifting interventions. A key concern raised was the issue of resources, many implementers questioned how long-term impact can be meaningfully assessed in the absence of sustained funding for monitoring and evaluation. Implementers also expressed difficulty determining whether observed shifts in behaviour, attitudes, or social norms could be directly linked to their specific intervention, especially in contexts where multiple programs and initiatives are operating simultaneously.

As one participant reflected, "*How do I know that the current change in behaviour, attitude, or norms that I'm observing is a result of my own intervention, given the number of other interventions happening at the same time?*"

At the outset of the **Global Affairs Canada Funded Sexual and Reproductive Health Project**, a baseline household survey was conducted at the community level to track the uptake of sexual and reproductive health services. These indicators were then measured at endline, providing a clear picture of the changes in health behaviour and service access over time. In addition, the knowledge and attitudes of religious and traditional leaders were captured both before and after capacity strengthening sessions, offering valuable insight into how leaders were empowered to advocate for sexual and reproductive health issues within their communities. To measure the broader impact of the program, the attitudes of community members regarding family planning were also assessed.

In the **Nigerian Urban Reproductive Health Initiative**, a cross-sectional survey targeting women ages 15 to 49 in five implementing states revealed a significant association between exposure to family planning messages from religious leaders and increased use of modern contraceptives. This emphasized the effectiveness of the intervention in shifting attitudes and behaviour toward family planning.

In the **Engaging Religious and Traditional Leaders for Gender Equality** intervention, an endline assessment was carried out on a representative sample of 432 religious and traditional leaders nine months after the sensitization workshops to evaluate changes in their knowledge, attitudes, and behaviours regarding gender norms, as well as their understanding of sexual, reproductive, maternal, and newborn health information and services. The findings revealed a 23% increase in knowledge of family planning methods compared to the baseline, a 19% improvement in positive attitudes toward gender-responsive, adolescent-friendly sexual and reproductive health services, and a 12% rise in favourable attitudes toward shared decision-making for child spacing.

Mixed Methods

The **Social Behaviour Change Advocacy Core Group** intervention conducted a qualitative and quantitative assessment to examine the operation and potential effectiveness of their model. Taken together, the combination of surveys, qualitative assessments, and anecdotal evidence provided a comprehensive view of the intervention's impact. The results highlighted the success of the **Social Behaviour Change Advocacy Core Group** model in achieving behavioural changes, encouraging community engagement, and empowering religious and traditional leaders to advocate for gender equality and health improvements.

The success of the **Congregational Health Empowerment and Social Safety Advocates** intervention was assessed via both quantitative and qualitative data. Monthly project reports detailed the reach and service utilization of the intervention, highlighting the number of pregnant women, nursing mothers, and children who participated in maternal and child health services such as antenatal care, immunization, and HIV testing. In addition, qualitative assessments, including key informant interviews, focus group discussions, and in-depth interviews, were conducted to gain a deeper understanding of the impact on knowledge, attitudes, and community engagement. These qualitative data offered rich insights into the intervention's influence on community members and religious leaders.

Primarily Qualitative Methods

The **Strengthening Health Outcomes for Women and Children** intervention measured success through interviews with religious leaders, which revealed an increase in their knowledge, shifts in attitudes, and enhanced ability to advocate effectively for maternal and newborn child health, sexual and reproductive health, and gender equality. Community leaders also provided observations and reports that indicated a positive shift in community attitudes and behaviours, particularly in the acceptance of child spacing.

Regional Variations in Outcomes and Strategies

Regional dynamics across Nigeria, shaped by religious, cultural, and social differences, have a profound impact on both implementation strategies and the outcomes of norms-shifting interventions. In the **Nigerian Urban Reproductive Health Initiative** programmers encountered deep-seated religious barriers in the North, largely stemming from misconceptions about modern contraceptive methods. Many religious leaders spoke openly against family planning, citing religious teachings. To overcome this, implementers carefully tailored their messages to be both culturally and religiously sensitive, emphasizing the health benefits of family planning rather than framing it as a purely rights-based issue. This strategic reframing helped shift perceptions and foster gradual acceptance within communities.

In the **Strengthening the Capacities of Local Woman's Right Organization to Combat Violence against Women and Girls** project, women's rights organizations were strengthened through capacity building across gender-based violence case response, men's engagement and community engagement in all locations, however, the North East (Gombe) relied heavily on community-level male peer educator groups and involvement of religious and traditional leaders to challenge patriarchal norms while in the South East (Imo), intensive awareness campaigns to confront harmful practices, drive behavioural change, and mobilize female-led community groups to push for the abolition of exploitative norms were prioritized.

The **Masculinities, Faith and Peace** intervention similarly revealed important regional lessons. The target audience, primarily English and Hausa speakers, required translation of all intervention materials into Hausa to facilitate inclusive community dialogue. During baseline surveys, implementers found that the term "family planning" triggered negative reactions among participants. In response, they adopted the culturally neutral language of "child spacing" and emphasized healthy timing and spacing of pregnancies, facilitating conversations on family well-being rather than personal choice alone. Religious leaders' engagement levels

varied significantly across congregations, requiring additional groundwork: the team conducted pre-engagement visits and held internal discussions with congregation leaders to clarify the intervention's purpose and build trust before implementation.

In summary, across community-based interventions, three dominant implementation strategies emerged: champion network building, engagement of authority systems, and policy advocacy. A few interventions, including the **Collective Action for Adolescent Girls Initiative**, **Creating a Network of Gender Justice Champions in Nigeria**, and **Masculinities, Faith and Peace**, invested in building localized leadership structures to sustain change beyond the project lifecycle. These interventions focused on embedding social norms change into existing community systems, ensuring continued momentum even after project completion.

Findings from Entertainment Media Interventions

Change Mechanisms

Evidence from this deep dive revealed that interventions are increasingly leveraging entertainment media to expand their reach and deepen audience engagement in Nigeria. While traditional platforms such as television, radio, newspapers, and theatre remain relevant, all interventions found in this review employed at least one form of digital entertainment media, signalling a sector-wide shift towards newer storytelling and interactive formats.

For instance, the **Connecting Voices Against Child Marriage in Nigeria** intervention made use of social media advocacy and influencers to amplify messages and encourage dialogue on critical social issues. Interventions have strategically engaged influencers to challenge harmful norms and promote positive behaviours. A unique intervention, the **What Was She Wearing?** campaign, used a gallery display combined with compelling storytelling to sensitize community members about the dangers of victim-shaming rape survivors, creating a powerful visual and emotional impact. Using real clothing and personal narratives to confront harmful myths, the campaign challenged deep-seated societal norms in a way that was both culturally resonant and deeply humanizing, making it a standout model for shifting mindsets around sexual violence.

Another innovative approach, employed by Breakthrough ACTION is the use of interactive mobile games called "Kacici kacicin" designed for the **Albishirin ku!** Radio program which allowed users to either share their personal experiences or listen to the stories of others. It was primarily designed to engage users in conversations around social norms and behaviour change.

Digital safe spaces, such as those created by **The Purple Brand**, have also emerged as effective platforms for encouraging secure, inclusive, and supportive environments, particularly for marginalized groups. These online communities are hosted on branded websites, enable young people to engage, interact, and address gender inequality in a judgment-free space. **Girl's Connect IVR** used another innovation, Interactive Voice Response technology, deployed as a mobile service designed to empower adolescent girls. This system allowed users to listen to pre-recorded stories on relevant social issues via their mobile phones before being connected to specially trained role models who provided guidance and responded to their concerns. Together, these interventions illustrate how digital platforms are being used not only for mass communication but also for cultivating interactive, community driven discussions on deeply rooted social norms.

Adaptation in Response to Sociocultural Barriers

Sociocultural barriers often hindered the implementation of entertainment media interventions. The **Albishirin ku!** radio programs aired in Northern Nigeria experienced a significant barrier to implementing their broadcasts on social norms: it was perceived that the broadcasts were attacking cultural heritage and

religious beliefs. Resistance made it challenging to introduce narratives that promoted social change without triggering backlash from the community. To overcome this challenge and encourage acceptance, the intervention prioritized community involvement at every stage of its design and implementation. Pilot recordings were created and shared off-air with small groups from the target audience within the community. Their feedback was then incorporated to refine the content, ensuring that the series remained culturally and religiously resonant. To enhance authenticity and local ownership, community members were also included as part of the cast. This approach not only improved relatability but also reinforced the message that the program was designed to support, rather than undermine, existing cultural and religious values while promoting positive social change.

Entertainment Media Interventions and Sustainability

The strategy for sustainability adopted by **Voices for Change's Purple Brand** involved empowering religious and traditional leaders to integrate gender justice issues into their outreach, such as sermons and community engagements. This approach empowers leaders to drive meaningful change within their congregations and communities, creating a ripple effect that endures beyond the intervention and is sustained without external support. To further strengthen this impact, the **Purple Brand** facilitated platforms for religious and traditional leaders to gather periodically, providing opportunities to share their personal journeys of transformation. These gatherings also allowed leaders to develop both individual and collective action plans to promote gender justice from a religious standpoint, contributing to a broader social movement for gender justice. Safe spaces were designed and structured to operate over a 12-week period, during which participants were guided through a curriculum designed to equip them with essential life, leadership and facilitation skills that would enable them to conduct their own training and influence their peers. To ensure the continued success and impact of the safe space component of the program, a network of trained individuals who could continue to lead and inspire positive change after the intervention ends was created. These sessions were conducted in accordance with the guidelines set out in the safe space manuals.

Impact Evaluation, Measuring Success and Norms Change

Albishirin ku!, a radio-based intervention, documented a reach of 76% in northern Nigeria, with 18% of those who listened discussing the program with others. Airtel NG also reported a total of about 24 million minutes of calls to listen to the program. Surveys showed that women exposed to the intervention were significantly more likely to adopt health behaviours, such as family planning and immunization, reinforcing the effectiveness of this medium in influencing behaviour change.

The radio show "**Silent voices with Nanji Nandang**" collaborated with the International Federation of Women Lawyers to provide legal assistance to sexual abuse victims. Success stories and cases won were broadcasted to encourage more victims to seek justice, though there was no broader quantitative data available for this component.

Regional Variations in Outcomes and Implementation Strategies

Entertainment media interventions had to adapt significantly across regions. For example, **MTV Shuga Naija** varied its programming depending on the cultural sensitivities of its audience. In Lagos, a more liberal environment allowed the show to tackle issues such as sexual violence, sexuality education, and broader reproductive health topics. However, in northern states like Kaduna and Kano, programming deliberately excluded explicit sexual violence content, focusing instead on reproductive health within the context of marriage to respect stricter cultural norms.

Interventions included in this review also displayed a distinct trend toward storytelling-based formats. All interventions that incorporated entertainment media used traditional outlets like radio and television, while 33%, including the **Girls Connect IVR Service**, **The Purple Brand**, and **Albishirin Ku!**, infused interactive

technologies to strengthen audience engagement beyond passive consumption. This marks a notable innovation aimed at deepening the impact of media-based efforts.

Building on these implementation strategies, sustainability emerged as a central pillar across both faith and cultural champion and entertainment media interventions. All interventions rooted sustainability efforts in local structures, whether through champion groups, traditional leaders, or grassroots media partnerships. However, while sustainability on front of mind, adaptive feedback mechanisms were underdeveloped. Only 30% of interventions, including The **Purple Brand** with their real time data dashboard and text messaging-based feedback, **Social and Behaviour Change-Advocacy Core Group's** ongoing community dialogue and WhatsApp groups, **MTV Shuga Naija**, **Nigerian Urban Reproductive Health Initiative**, **Albishirin ku!**, and **Masculinities, Faith and Peace**, systematically built processes to revise programming in response to real-time feedback. Moreover, longitudinal outcome tracking was rare, highlighting a continuing need for greater investment in adaptive learning systems and longer-term evaluation frameworks to fully assess the durability of norm change efforts.

Final Takeaways

The deep dive revealed additional interventions not captured in the broader global evidence review. It resulted in the identification of 21 entertainment media and faith and cultural champion interventions implemented in the country, targeting the four outcomes of interest. Both approaches seemed to be popular for norms-shifting to improve adolescent girl and young women's health and livelihood outcomes in Nigeria. Here we summarize our limitations, lessons learned, and recommendations for implementers.

Limitations

The comprehensiveness of the findings was limited by the scarcity of unpublished documented evidence, restricting access to potentially valuable insights. Regional disparities in available documentation also posed a challenge, as Northern Nigeria had more recorded interventions than other regions, which may have introduced bias. Input from stakeholders through informal engagements may have been influenced by their experience level and willingness to provide detailed insights.

Lessons Learned

1. Tailoring interventions to regional, cultural, and religious contexts emerged as a critical success factor, as did the proactive engagement of women, youth, and traditional leaders.
2. Faith and cultural champions are trusted messengers and can effectively drive behaviour change when engaged in ways that align with community values. Interventions that aligned messaging with community values and actively involved these stakeholders were more successful in shifting attitudes and sustaining change.
3. Entertainment media is an underutilized but powerful tool for shifting norms, particularly among younger populations. At the same time, while innovative digital tools—such as mobile games, podcasts, and social media—are opening new avenues for engagement, limited access in rural areas underscores the enduring relevance of traditional media platforms like radio.
4. Sustainability planning was evident across most interventions, although adaptive feedback loops and monitoring sustained change remain underdeveloped. Additionally, the lack of long-term funding limits the ability to assess sustainability of norms-shifting interventions.
5. Measuring social norms change remains challenging due to the lack of feasible, adaptable measurement frameworks. Many interventions prioritized measuring immediate behaviour change or engagement metrics, often at the expense of capturing deeper shifts in social norms.

6. Co-creation of solutions with communities encourages greater buy-in and adaptation. Stakeholder alignment (religious leaders, and policy makers) enhances legitimacy and acceptance.
7. Encouraging communities to see the value in interventions, rather than incentivizing participation supports sustained acceptance and potentially enhances impact.
8. Mixed-method evaluations enhance learning by combining insights from quantitative and qualitative approaches, capturing both tangible behaviour change and more subtle, relational shifts in social norms, offering a more comprehensive picture of intervention impact. Encouragingly, a growing number of interventions are adopting mixed-method evaluation strategies.

Recommendations for Implementers

The following insights offer practical guidance for implementers seeking to design, adapt, and scale norms-shifting interventions that are contextually grounded and sustainable:

1. **Design with intention:** Interventions can be more effective when they are co-created with communities and grounded in local realities. Faith and cultural champions should be involved from the outset, not as add-ons, so they can shape and legitimize interventions. Media-based efforts should also be embedded within community dialogues to amplify messages across channels. In addition, participatory design approaches that involve youth in co-creating content and delivery methods should be employed.

2. **Strengthen measurement and adaptive learning:** Implementers should use mixed-methods approaches, combining quantitative and qualitative data, to capture shifts in social norms over time and better understand the "how" and "why" behind changes. Developing standardized indicators for norms-shifting interventions can also enhance comparability across interventions and strengthen the evidence base. Implementers should also leverage existing learning collaboratives to exchange lessons, best practices, and challenges in real-time.

3. **Scale-up what works and prioritize sustainably:** To ensure the continuity of norms-shifting interventions beyond the pilot phase, implementers must identify long-term funding sources from the outset. Sustaining these efforts also requires building strong partnerships with policymakers who can help institutionalize proven strategies within national and sub-national policy frameworks. At the same time, investing in the capacity of local organizations and youth networks is essential, as it equips them to take ownership of these initiatives and drive change from within their communities.

4. **Close evidence gaps and drive innovation:** Addressing persistent knowledge gaps in norms-shifting interventions requires deliberate investment in operational research to better understand what works, for whom, and under what conditions. Alongside this, implementers should prioritize systematic documentation of interventions and their outcomes to build a repository of locally relevant case studies that others can learn from.

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Annex

Annex 1. Intervention Spotlight: Exploring Intervention Approaches One at a Time

Clinton Health Access Initiative – Global Affairs Canada Funded Sexual and Reproductive Health Project

Kaduna
Kano
Katsina

What was it?

A 1-year project that trained religious leaders in an intervention to address access to and utilization of sexual and reproductive health services, especially family planning.

Where was it?

The intervention was implemented in three states in Northern Nigeria: Kano, Kaduna and Katsina.

How were leaders effectively engaged despite associated risks?

Religious and traditional leaders were effectively engaged as gender justice champions and role models through a culturally respectful and interactive approach. They were also leveraged as facilitators to test and lead social norms and health education approaches, ensuring acceptability and appropriateness with cultural norms and religious beliefs.

What cultural or regional variations did they encounter?

This intervention only took place in Northern Nigeria. There were no cultural or regional variations documented.

How did they plan for sustainability?

The program worked with the government to make sure they included the activities in their annual operational plan development. Some government officials also facilitated trainings during capacity building of the religious and traditional leaders.

The program also engaged institutions such as Sharia commission such that they could continue to build capacity of the religious leaders even after project close out.

How was success measured?

The intervention conducted baseline and endline household surveys at the community level. This measured the uptake of sexual and reproductive health services.

They also measured knowledge and attitudes of religious and traditional leaders before and after capacity building. The knowledge and attitudes of community members on the benefit of family planning was also measured in a bid to understand changes in attitudes over time.

Voices for Change – Engaging Religious and Traditional Leaders

**Kano
Lagos
Enugu
Kaduna**

What was it?

This was a 4-year project that used a multisectoral approach to address issues around women's voice and leadership, as well as violence against women and girls.

Where was it?

The intervention was implemented in four states: Kano, Kaduna, Lagos and Enugu.

How were leaders effectively engaged despite associated risks?

The intervention prioritized giving trainings to religious and traditional leaders lower down the chain (due to their availability) and their prowess for social activism. Despite initial defensiveness and suspicion, a transformative approach that was adopted for training enabled personal growth, breaking down barriers, and promoting authenticity and openness early in the workshops.

What cultural or regional variations did they encounter?

Actions taken by religious and traditional leaders across the four states differed in relation to cultural contexts. For example, Kano religious and traditional leaders were more likely to take action in their place of worship, or use radio, than take action on social media platforms; whereas Lagos religious and traditional leaders were comfortable taking action both in their place of worship, on TV and on social media platforms like Twitter and Facebook.

How did they plan for sustainability?

The integration of gender justice issues into the outreach practices of religious and traditional leaders allowed them to inspire sustainable, community-driven change. To reinforce this impact, the project provided platforms for these leaders to periodically share their experiences, exchange insights, and develop individual and collective action plans. This approach positioned them as key advocates for gender justice within a broader social movement, ensuring long-term influence beyond external support.

How was success measured?

This intervention employed both qualitative and quantitative approaches that indicated 89% of Nigerian youth showed positive behavioural or attitudinal changes in at least one of their three focus areas.

Qualitative sources showed changes in particular dimensions of gender-based violence: better understanding of different types of violence; more willingness and ability to speak out to assert women's rights; and more willingness and confidence to report it.

BreakThrough ACTION Nigeria - Social Behaviour Change Advocacy Core Group

FCT
Bauchi
Kebbi
Ebonyi
Sokoto

What was it?
An 8-year project aimed at addressing child, early and forced marriage, restricted mobility for women, intimate partner violence, and limited access to sexual and reproductive health services.

Where was it?
The intervention was implemented in five states: Bauchi, FCT, Sokoto, Kebbi and Ebonyi.

How were leaders effectively engaged despite associated risks?
Leaders were trained to not only champion the advocacy campaign through capacity building but also claim ownership of the intervention as a way to sustain the campaign.

The intervention used Adalci'da Kyautatawa (in Hausa) and Egbe bere Ugo Ebere (in Igbo), which is a concept of fairness and justice to bridge the perceived gap between health messages and religious teachings.

They also invited the wives of the leaders to speak to their fellow women as a way of encouraging acceptance.

This intervention encountered pushback on the adoption of family planning from the Catholic communities in Ebonyi. This was addressed by leveraging traditional leaders (who are more respected) with support from the religious leaders.

What cultural or regional variations did they encounter?
The intervention leveraged faith champions in Northern Nigeria while the key players in Southern Nigeria (Ebonyi) were community leaders. as they are perceived to have more influence than religious leaders. The religious leaders, however, supported the community leaders.

How did they plan for sustainability?
The Social Behaviour Change Advocacy Core Group model was designed for long-term sustainability by training faith and traditional leaders to advocate for key health behaviours, creating partnerships with government bodies and media to institutionalize advocacy, and positioning these leaders as ongoing resource persons in local communities. The model also included continuous mentorship, enabling trained leaders to pass on their knowledge to other religious leaders. This approach ensured that once the leaders fully embraced the teachings, they could continue to promote and share the message for years to come.

How was success measured?
They employed a mixed-methods assessment to examine the operation and effectiveness of the Social Behaviour Change Advocacy Core Group model.

They reported changes in behaviour of community members around the uptake of sexual and reproductive health services.

ChristianAid – Collective Action for Adolescent Girls Initiative

Kaduna

What was it?
A 4-year long project addressing issues around gender inequality and exclusion of adolescent girls. The approach employed was to leverage faith leaders in the community through advocacy and mentorship.

Where was it?
The intervention was implemented in Kaduna state only.

How were leaders effectively engaged despite associated risks?
The promotion of positive messages and practices, such as the importance of educating and empowering adolescent girls, preventing child, early and forced marriage, lead to broader acceptance and implementation of these norms. By using religious teachings to support these changes, the intervention made the messages more relatable and acceptable to the community.

The intervention made efforts to minimize risks by ensuring that the changes were culturally and religiously sensitive, thus reducing resistance and enabling community buy-in.

What cultural or regional variations did they encounter?
The intervention only happened in Kaduna state, a Northern Nigerian state. There were no regional or cultural variations recorded.

How did they plan for sustainability?
A tool kit for the faith leaders was created as a source of long-term reference. To ensure its suitability to the local needs, the Faith Leaders Toolkit was translated into Hausa, which is the local language spoken by the majority of community Faith Actors, which they can read and have better understanding of the messaging and can communicate it better to their congregations and social groups.

How was success measured?
The project did not have any published evaluation reports.

ActionAid – Strengthening Capacities of Local Women's Right Organizations to Address Violence Against Women and Girls

FCT
Imo
Gombe

What was it?

The project spanned three years while addressing pressing social norms across Northern and Southern Nigeria. These included breast ironing, denial of resources, Barema (the custom of sending children, including girls, to the farm to earn stipends for the family), Chirani (the custom of the husband being away for most of the year during the dry season, leaving the wife and children without support), female genital cutting/mutilation, the Osu caste system and labelling, child trafficking and lastly, incest.

Where was it?

The intervention was implemented in three states: Gombe, FCT and Imo.

How were leaders effectively engaged despite associated risks?

They partnered with traditional leaders to review and re-write community bye-laws to prohibit negative socio-cultural norms (four in FCT, seven in Gombe and eight in Imo). These bye-laws changed in Northern Nigeria revolved around punishment for gender-based violence, access to education and inheritance for the girl child; whereas in Imo state, the new bye-laws protected widows, abolished the Osu caste system, incest and female genital cutting/mutilation.

The new bye-laws were announced by the traditional leaders in a public declaration, which raised awareness and legitimized them.

What cultural or regional variations did they encounter?

While the announcement of the new bye-laws was only done by the leaders of individual communities in Northern Nigeria, Imo State, southern Nigeria celebrated the widespread acceptance and freedom for women, further raising awareness of violence against women and girls at community festivals (e.g., Opi festival, Egwuowa)

How did they plan for sustainability?

To ensure sustainability, several key measures were put in place. Communities took steps to legalize existing structures, providing a formal foundation for continued advocacy and support. The institutionalization of Girl Clubs ensured that young girls had a structured platform for mentorship, education, and empowerment. Women were actively encouraged to participate in decision-making processes, encouraging greater gender inclusivity and representation. Traditional leaders played a pivotal role by taking the lead in championing these initiatives, reinforcing their legitimacy and acceptance within the community. Efforts were also made to address economic vulnerabilities, ensuring that individuals, particularly women and girls, had the financial stability needed to sustain these positive changes over time.

How was success measured?

The project conducted baseline and endline surveys that measured attitudes and behaviours of community members with respect to gender-based violence, access to education and inheritance for the girl child, and other outcomes of interest. Revision of community bye-laws was their first step to a possibly long-term norms shift.

ChristianAid UK, Nigeria –
The Congregational Health Empowerment and Social Safety Advocates

Benue
Kaduna

What was it?
The Congregational Health Empowerment and Social Safety Advocates intervention was a ten-month project that aimed at mitigating maternal and child health and gender injustices in religiously pluralistic societies using the framework of community-based interventions.

Where was it?
The intervention was implemented in two northern states: Benue and Kaduna.

How were leaders effectively engaged despite associated risks?
Faith leaders were engaged as trusted voices within the communities. Through capacity building, they were trained to advocate for better health practices, equipping them with skills in health communication, positive masculinity, demand creation, and advocacy.

The project also leveraged their authority to challenge harmful norms and practices, promoting gender equality and maternal and child health justice.

What cultural or regional variations did the they encounter?
The study, conducted in Kaduna (predominantly Muslim) and Benue (predominantly Christian), adapted its intervention to each state's religious, cultural, and social dynamics.

In Kaduna, strategies addressed gender and cultural barriers through trusted female advocates and male religious leaders, while in Benue, the church's central role in community life was leveraged to mobilize and educate members, allowing for a knowledge-driven health intervention.

How did they plan for sustainability?
The sustainability of the intervention hinged on the empowerment of faith communities, integration into existing structures and practices, and the mobilization of community resources and networks. These elements ensure that the initiative continued to thrive and expand, addressing maternal and child health challenges and promoting gender justice, even after external support ended.

How was success measured?
The success of the intervention was measured through a combination of quantitative (pre- and post-intervention surveys; health facility data reviews) and qualitative data (individual interviews and focus group discussions).

These approaches measured changes in health seeking behaviour, community awareness and behaviour change, religious leaders' engagement in health advocacy, and access to health services, assessing for changes in attitudes and behaviours of community members.

PLAN International – Strengthening Health Outcomes for Women and Children Project

Sokoto

What was it?

For four years, this project engaged religious leaders to address maternal and child mortality as well as gender inequality. They empowered women and girls as well as improved the gender responsiveness and adolescent friendliness of facility-based maternal, newborn, and child health services, as well as sexual and reproductive health services.

Where was it?

The intervention was implemented in Sokoto.

How were leaders effectively engaged despite associated risks?

Religious leaders were engaged as "Champions of Change" through training, community engagement, and collaboration. They participated in sensitization workshops, co-creating resources like the Islamic Perspectives on MNCH Issues Manual to align health messages with religious teachings. They actively disseminated these messages through sermons, radio shows, and community events, promoting behaviours such as child spacing.

To strengthen their impact, they collaborated with government and civil society stakeholders to align messages with local norms and address resistance. Potential pushback was mitigated by ensuring alignment with cultural and religious beliefs, linking messages to religious texts, and involving respected figures like the Sheikh of Sokoto to mediate disputes.

Sensitive topics were reframed, such as presenting "family planning" as "child spacing." This intervention directly influenced sexual and reproductive health outcomes by increasing awareness and acceptance of child spacing as a practice supported by religious teachings.

What cultural or regional variations did they encounter?

The intervention only happened in Kaduna state, a Northern Nigerian state. There were no regional or cultural variations recorded.

How did they plan for sustainability?

Sustainability was ensured through the institutionalization of religious leader engagement and the co-creation of the advocacy manual, encouraging continuous advocacy. The intervention's human-centered design promoted community ownership, encouraging leaders to champion intervention goals. Collaboration with government and civil society further embedded the initiative into existing structures. By strengthening social cohesion, the intervention united leaders from different Islamic sects, promoting collaboration and advocacy for practices like child spacing within their communities.

How was success measured?

Intervention success was measured through interviews with religious leaders which revealed increased knowledge, positive attitude shifts and improved advocacy. Observations and reports from community leaders indicated a greater acceptance of child spacing.

Adolescent Health and Information Projects (AHIP) - Traditional Leaders and their Wives for Family Health

Borno · Kano
Gombe · Kaduna
Yobe · Katsina
Bauchi · Zamfara
Benue · Sokoto
Jigawa · Kebbi
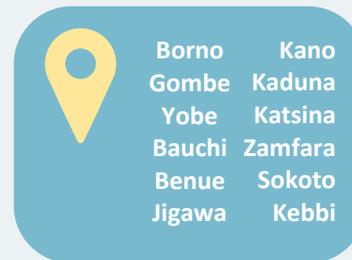
What was it?

This was an advocacy intervention engaging traditional leaders and their wives in Northern Nigeria (as community gatekeepers and women's leaders) to address issues such as maternal health, family planning, HIV/AIDS, gender inequality, and drug abuse through training, sensitization, and community mobilization.

Where was it?

The intervention was implemented in 12 Northern Nigerian states: Kano, Kaduna, Katsina, Zamfara, Sokoto, Kebbi, Borno, Gombe, Yobe, Bauchi, Benue, and Jigawa.

How were leaders effectively engaged despite associated risks?

Traditional leaders participated in capacity-building sessions focused on sexual and reproductive health and family planning, women's economic empowerment, and child, early, and forced marriage, with discussions on how these issues impact their families first and then extend to their community. The wives of the leaders also underwent similar training, equipping them with knowledge to engage and influence other women in their communities.

The strategic involvement of the leaders and their wives legitimized the community programs and interventions and averted pushback.

Since then, traditional rulers and their wives have actively used public gatherings—weddings, naming ceremonies, and religious events—to raise awareness on these critical issues.

What cultural or regional variations did they encounter?

Many of the leaders did not initially agree with the idea of having their wives attend the training. However, after the first day of training, they recognized the value of the shared knowledge and eagerly supported their wives' participation, understanding its benefits for their families and communities. Also, the leaders' wives felt more comfortable discussing reproductive health and family planning away from the men; therefore, a separate training session was arranged for them.

How did they plan for sustainability?

The sense of ownership among traditional leaders, especially their wives, sustained and extended the intervention's impact. Groups formed by wives of traditional leaders helped shift norms in the community through sensitization programs.

How was success measured?

Pre- and post-rest assessments were conducted to measure participants' knowledge before and after the training sessions. The results indicated an average knowledge gain of 64%.

The John Hopkins Center for Communication Programs- Nigerian Urban Reproductive Health Initiative

FCT
Oyo
Kwara
Lagos
Kaduna

What was it?

The Nigerian Urban Reproductive Health Initiative was a seven-year project which aimed to increase the use of modern contraceptive methods, with a focus on the urban poor in select Nigerian cities. The overall goal was to achieve a 20% increase in modern contraceptive prevalence rate over the first five years of implementation.

Where was it?

The intervention was implemented in five states: FCT, Kaduna, Kwara, Lagos and Oyo.

How were leaders effectively engaged despite associated risks?

The project-initiated engagement with religious and community leaders through advocacy visits to build trust and facilitate community access. Advocacy Core Groups were established in each state, comprising community members, media representatives, and professionals trained in advocacy. These groups played a key role in developing strategies to engage religious leaders.

To address community pushback, religious leaders used scriptural references from both the Quran and the Bible to present family planning as consistent with religious teachings. The study found a significant positive association between exposure to family planning messages from religious leaders and the uptake of modern contraceptives.

What cultural or regional variations did they encounter?

While the study was implemented in five states, it did not clearly specify how engagement with faith and cultural leaders varied across regions.

How did they plan for sustainability?

The Nigerian Urban Reproductive Health Initiative ensured sustainability by training religious and community leaders, alongside Advocacy Core Groups of local stakeholders, to champion family planning. The project encouraged local ownership and sustained promotion beyond its implementation duration by embedding advocacy within existing community and religious structures.

How was success measured?

The success of the Nigerian Urban Reproductive Health Initiative was assessed through a cross-sectional survey conducted among randomly selected women of reproductive age (15–49 years) across five implementing states in Nigeria. In Phase 1, data were collected from the Federal Capital Territory, Kaduna, Kwara, and Oyo, while Phase 2 covered Kaduna, Lagos, and Oyo. Analyses revealed a significant positive association between exposure to family planning messages from religious leaders and the uptake of modern contraceptives, demonstrating the effectiveness of faith-based advocacy in influencing contraceptive use. All of this underscored a shift in the attitude and reproductive health service seeking behaviour of women.

Connecting Voices Against Child Marriage in Nigeria-Women's Rights Advancement and Protection Alternative

Katsina

What was it?

It was an intervention focused on raising awareness and addressing child marriage, gender-based violence, and harmful practices. It used a multifaceted approach across various communities, empowering 36 Youth Champions and expanding its impact through user reports and key social media influencers, gaining significant engagement on the issue.

Where was it?

The project was implemented in three Local Government Areas in Katsina State, Nigeria: Batagarawa, Charanchi and Kankia, involving Ajiwa, Dandangoro, Koda, Kuraye, Rimaye and Tafashiya communities.

How were leaders effectively engaged despite associated risks?

The project's main objective was to amplify and address pressing issues such as the impact of child marriage, gender-based violence gender-based violence and harmful practices. This was conducted through a comprehensive, multi-sectoral approach that included deliberate recruitment and training of 36 youth champions (18 female and 18 male) in advocacy, social media sensitization, and reporting.

What new or emerging approaches in entertainment media were being used to influence social norms?

1. A story writing competition was organized to engage participants in edutainment. It addressed issues such as child marriage, gender-based

violence, violence against women and children, and other harmful practices. The competition successfully raised awareness, enhanced creativity and writing skills among children, and promoted their welfare through engaging in educational initiatives.
2. Social media advocacy campaign to end child marriage using the hashtag #E2CMC.
3. Playlet and spoken word for awareness-raising on the negative impacts of child marriage, gender-based violence, violence against women and children, and other harmful practices.

What cultural or regional variations did they encounter?

The project was implemented only in Katsina State; there were no regional variations in the implementation approach.

How did they plan for sustainability?

No sustainability plans were documented.

How was success measured?

No evaluation methods were documented.

Tearfund – Masculinities, Faith & Peace

Plateau

What was it?

The Masculinities, Faith, and Peace project was a two-year, faith-based intervention implemented by Tearfund and the Institute for Reproductive Health. The intervention was designed to challenge harmful social norms and promote gender equality, social cohesion, and peace by working with religious leaders and community members. The intervention specifically targeted newly married couples and first-time parents, along with their religious and community leaders.

Where was it?

The intervention was implemented in 10 communities in Plateau state.

How were leaders effectively engaged despite associated risks?

Religious leaders were recruited to leverage their influence in providing advocacy and other support for the intervention. Workshops were organized to sensitize the leaders on the outcomes of interest and to train them on how to effectively integrate the intervention's message into their sermons. In addition, these leaders selected key members of their congregations to be trained as gender champions. These champions were responsible for facilitating two-hour community dialogue sessions over an eight-week period, with the primary audience being young couples within their congregation.

What cultural or regional variations did they encounter?

The target audience consisted of individuals who spoke English and Hausa. To ensure effective communication, all intervention documents were translated into Hausa to support community dialogue facilitators and participants. Also, during the baseline survey, it was discovered the term "family planning" was met with sensitivity and negative reaction; therefore, the word "child spacing" was used instead, and this fostered acceptance.

How did they plan for sustainability?

The sustainability of the project was embedded in its design by fostering local ownership among religious leaders, gender champions, and community members. The design included a technical advisory group comprising religious leaders and other influential people at the community level to monitor intervention activities and provide feedback when necessary.

How was success measured?

The success of the project was assessed through a cluster randomized controlled trial that measured shifts in social norms, attitudes, and behaviours related to family planning, intimate partner violence, and gender equality. Baseline and endline surveys were conducted among 831 participants.

Results demonstrated a reduction in intimate partner violence and improved inter-faith social cohesion. However, these changes were not quantified in accessible summaries.

Clinton Health Access Initiative – Creating a Network of Gender Justice Champions

Kano
Kaduna
Katsina
Rivers

What is it?

Recognizing the significant influence that religious and traditional male leaders have within their communities, Clinton Health Access Initiative embarked on a two-year long project aimed at addressing gender injustice, sexual, reproductive, maternal, and child health.

Where was it?

The intervention was implemented in four states in Nigeria: Kano, Kaduna, Katsina and Rivers state.

How were leaders effectively engaged despite associated risks?

A sensitization workshop was held for a cohort of 2,000 religious and traditional leaders to enhance their understanding of gender justice and how societal norms impact the sexual and reproductive health and rights of adolescent girls and women. They were also equipped to serve as role models and advocates within their communities.

A key part of the workshop was a brainstorming session where leaders identified patriarchal and other gender-related barriers to accessing health services in their communities and developed action points to address these challenges.

Post workshop outcomes indicated that many leaders recognized their internalization of stereotypical gender roles and acknowledged the adverse effects these had on their familial relationships.

This self-awareness marked a critical step towards encouraging more equitable attitudes and behaviours within their communities.

They formed an outreach forum that sensitized community members during sermons and public gatherings. Taking ownership of the intervention had a significant positive impact on the outcomes. A testament is a 58% increase in community engagement in family planning.

What cultural or regional variations did they encounter?

There was no mention of a cultural or regional variation.

How did they plan for sustainability?

The implementers assisted the leaders in forming a community forum during the workshop, which they would continue to leverage to promote dialogue on women and adolescent girl's sexual and reproductive health and rights.

How was success measured?

An endline assessment was conducted nine months after the sensitization workshops, following the baseline attitude survey. This assessment involved a sample of 432 religious and traditional leaders.

The assessment aimed to evaluate changes in knowledge, attitudes, and behaviours related to gender norms. The results confirmed increased knowledge and more positive attitudes toward women and adolescent girls' sexual and reproductive health and rights, particularly in decision-making for child spacing.

MTV Staying Alive Foundation – MTV Shuga Naija

**Lagos
Kaduna
Kano**

What was it?

MTV Shuga was a behaviour change communication intervention that leveraged entertainment media to address critical social issues, particularly those affecting young people. The intervention, primarily delivered through a television drama series, aimed to increase awareness and drive positive change around sexual and reproductive health, HIV/AIDS prevention, gender-based violence, and other gender norms. The intervention also integrated digital and community outreach components, including social media engagement, peer education, and school-based programs.

Where was it?

In Nigeria, the MTV Shuga intervention was implemented across three states: Lagos, Kaduna and Kano.

What contemporary media approaches were employed to influence social norms?

The intervention featured a drama series featuring relatable characters and compelling narratives that addressed issues such as HIV/AIDS stigma, gender-based violence, and family planning, subtly challenging harmful societal attitudes. This drama was aired on live TV channels and YouTube. Platforms like Facebook, Instagram, and Twitter were also leveraged to drive conversations.

What cultural or regional variations did they encounter?

No cultural or regional variations were mentioned.

How did they plan for sustainability?

Although this was not explicitly addressed in reports, the sustainability of MTV Shuga was anchored in its multi-platform approach and partnerships with local organizations, governments, and media outlets. By creating culturally resonant content and a focus on widespread dissemination, the intervention continues to engage new audiences and reinforce positive behaviours.

How was success measured?

Quantitative data collection was conducted at baseline, midline and endline to measure the intervention's effects. Surveys focused on norms, attitudes, beliefs, and behaviours related to sexual reproductive health, sexual harassment, and sexual violence.

Eight months after exposure to the series, viewers were approximately 50% less likely to report having concurrent sexual partners compared to non-viewers. There was a 35% increase in HIV testing among the male viewers, post intervention. Medical testing also revealed a 55% decrease in incidence of chlamydia among female viewers.

The series appears to have effectively enhanced viewers' understanding of HIV and encouraged more positive attitudes towards individuals living with the virus.

Voices for Change – The Purple Brand

**Kano
Kaduna
Lagos
Enugu**

What was it?
This project used a multisectoral approach in its four-year long intervention to address issues around women's voice and leadership, as well as violence against women and girls, by integrating compelling storytelling with relatable characters, with a young audience in mind.

The "Purple Brand" is an innovative social marketing initiative designed to challenge and transform these norms.

Where was it?
The intervention was implemented in four states: Kano, Kaduna, Lagos and Enugu.

What contemporary media approaches were employed to influence social norms?
The project employed the use of a branded website called "The Purple Brand" that provided safe spaces for young people to engage and interact.

The project also launched a radio program and maintained a lifestyle website, both tailored to address gender-related issues in an accessible and appealing manner.

The Purple Academy was an educational initiative aimed at encouraging leadership and advocacy skills among the youth, empowering them to become champions of gender equality.

The Purple Brand's cohesive and widespread presence helped create a sense of societal support for gender norms change.

What cultural or regional variations did they encounter?
During project implementation in Kano state, there was a greater receptiveness among women using only traditional media and strengthening with the influence of faith and cultural champions.

In Lagos, however, the project employed The Purple Brand to full capacity and their campaigns leveraged TV, social media and mainstream entertainment platforms due to higher internet penetration.

How did they plan for sustainability?
For this project, each constituted safe space was designed to run for a period of 12 weeks, during which time participants were taken through a safe space curriculum designed to equip them with life and leadership skills, as well as facilitation skills that would empower them to train and influence their peers.

These sessions were guided by a Safe Space manual that could be used for long periods of time, ensuring sustainability.

How was success measured?
They employed a mixed-method impact evaluation involving the following:

Outcome and Impact Evaluation – Measuring shifts in attitudes, behaviours, and actions, such as increased gender equality awareness and advocacy.

Behaviour Change Communication Metrics – Assessing engagement levels, sentiment analysis, and user-reported actions in response to media campaigns.

Digital and Social Media Analytics – Tracking interactions, comments, and participation on digital platforms like Facebook and Purple Academy.

Participatory Monitoring and Evaluation – Gathering direct feedback from users through surveys and self-reported changes in attitudes and behaviours.

Silent Voices with Nanji Nandang

Plateau

What was it?
"Silent voices" was an educational radio show that amplified the voices of women and girls. This show was broadcasted for over four years.

Where was it?
The intervention was based in Jos, but reached tens of thousands of listeners across Plateau, Bauchi and Kaduna states.

What contemporary media approaches were employed to influence social norms?
Beyond the radio broadcast, "Silent Voices" ran a podcast with over 41,000 monthly listeners and collaborates with civil society organizations to educate and support children and women on issues related to gender-based violence.

What cultural or regional variations did they encounter?
None was recorded or documented as the program only aired in Northern Nigeria.

How did they plan for sustainability?
The "Silent Voices" radio show insured its sustainability through strategic partnerships, community empowerment, and digital expansion. Collaborating with organizations like the International Federation of Women Lawyers and other organizations, the intervention provided legal aid and support to survivors of gender-based violence while encouraging long-term advocacy efforts.

Financially, it sustained itself through donations, sponsorships, and grants, demonstrating its impact through case resolutions and audience engagement to ensure continuous support and long-lasting influence

How was success measured?
No true evaluation method was documented; however, success stories of resolved cases, legal assistance, and access to justice were broadcasted to encourage more victims to come forward.

Girl Effect - Girls Connect Interactive Voice Response Services

Edo
Oyo
Kano

What was it?
Girls Connect IVR services developed by Girl Effect was an innovative program designed to empower hard-to-reach girls in Nigeria. The program offered confidential, accessible and culturally relevant information on health, education and life skills for young women in underserved communities.

Where was it?
The intervention was implemented in three states: Kano, Edo and Oyo.

What contemporary media approaches were employed to influence social norms?
The program used an innovative interactive voice response designed as a mobile service for girls to be able to empower themselves to listen to pre-recorded stories via their mobile phones before connecting to a specially trained role model to answer questions that concerned them.

What cultural or regional variations did they encounter?
No cultural or regional variations were mentioned.

How did they plan for sustainability?
Partnerships with mobile network providers like Airtel facilitated the provision of affordable or free access to the service, reducing financial barriers for users. The collaboration helped expand this service to reach even more girls and help eliminate barriers that prevent girls from accessing it.

How was success measured?
The intervention used user-generated metrics. Tracking the number of calls and user engagement levels provided quantitative data on reach and popularity. For instance, during an eight-week campaign, the service received 44,000 calls, exceeding expectations.

Project Alert on Violence Against Women - #StoptheBlame Campaign

Nationwide Broadcast

What was it?
The #StoptheBlame Campaign, launched by Project Alert on Violence Against Women in 2017 aimed to raise awareness about detrimental effects of victim-blaming in cases of domestic and sexual violence.

The project addressed violence against women through awareness campaigns, advocacy, and direct interventions. It represented a comprehensive effort designed to bring attention to and reduce the prevalence of violence against women, with specific attention to domestic violence, sexual violence, and the impact on children.

Where was it?
The intervention was not limited to any region, as the blogs and broadcast were made available to all regions.

What contemporary media approaches were employed to influence social norms?
The intervention made use of the following approaches to promote and influence social norms:
- Blog posts
- Use of memes on Facebook, Twitter and Instagram
- Facebook Live
- Instagram Live
- Twitter Chat/trends

What cultural or regional variations did they encounter?
The intervention's podcasts and vlogs appeared to have been created as standardized content, without adaptations for cultural or regional variations. The content was designed to be universally applicable across the target audience.

How did they plan for sustainability?
The intervention planned for sustainability by aligning with global campaigns like UNiTE by 2030 and the Spotlight Initiative Project, which are multi-year partnerships between the United Nations and other organizations.

How was success measured?
The intervention did not document how success was measured.

Education as a Vaccine – "What Was She Wearing?"

Benue
Kaduna

What was it?
A two-year long campaign that aimed to challenge the pervasive myth that a survivor's attire contributes to sexual violence. This initiative also aimed to shift negative societal norms and break the culture of silence.

Where was it?
The exhibition was organized in two states: Benue and Kaduna.

What contemporary media approaches were employed to influence social norms?
The intervention ran a photo campaign and exhibition showcasing the outfits of 43 real life rape victims from the states, that was accompanied by a short story from the victim of the incident. These narratives were gathered by 16 young women across both states.

The theme behind the exhibition was to pass the message that what a victim is wearing is not the reason or an excuse for the act.

What cultural or regional variations did they encounter?
No cultural or regional variations were mentioned.

How did they plan for sustainability?
Education as a vaccine did not publicly detail specific sustainability plans for the #WhatSheWore campaign.

How was success measured?
Although there were no specific metrics used to evaluate the campaign's success, the level of stakeholder participation, especially by government representatives, traditional leaders and community members, highlighted the campaign's reach.

BreakThrough ACTION-Nigeria – "Albishirin Ku!"

FCT
Bauchi
Sokoto
Kebbi

What was it?

Albishirin ku! – A Hausa phrase meaning "Good tidings" – is an innovative five-year project developed by Breakthrough ACTION, designed to address maternal and child health. The show was crafted using systematic social and behaviour change methodologies grounded in a deep understanding of their target audience.

Where was it?

The intervention was implemented in five states: Bauchi, FCT, Sokoto, Kebbi and Ebonyi.

How were leaders effectively engaged despite associated risks?

The religious leaders were invited to and hosted talk shows where people could call and ask questions about maternal and child health, like family planning. Their reputation as revered leaders with references backed by religious teachings enhanced the acceptance of the intervention's messages.

What contemporary media approaches were employed to influence social norms?

The intervention was a drama series aired on radio, employing unique storytelling techniques that combined the socio-ecological model with an effective broadcast strategy.

There was also the use of an interactive mobile game called 'Kacici Kacicin' where listeners could learn about the discussed norms through the interactive interface.

How did they plan for sustainability?

The intervention had sustainability embedded in within its design. A pilot test was carried out and feedback was integrated to ensure acceptance and sustainability of the intervention after it was launched.

Community voices were integrated into the intervention design, with the content of the drama culled around it. Members of the community had the opportunity to participate actively by calling on live programs to air their views and ask questions. Notable religious leaders from the communities were featured on the talk shows, and some members of the cast were selected from among community members. This created a sense of inclusion and ownership that encouraged sustainability.

How was success measured?

No true evaluation method was employed; however, the intervention measured audience reach and exposure through the total number of call hours from listeners, the number of downloads of the "Kacici Kacicin" mobile application, the amount of YouTube views and online engagement index with the intervention's content on social media.

Audience feedback surveys were also conducted.

Women in Leadership and Advancement Network – National Head Girl Project

**FCT
Nassarawa**

What was it?
The Women in Leadership Advancement Network is a non-profit organization founded in 2018, dedicated to promoting women's leadership across political, economic, and public sectors. The National Head Girl Project was a leadership development initiative that aimed to empower Head Girls and young female leaders through competitions, conferences, training, and an alumni network. It included the National Head Girl Competition, where participants developed solutions aligned with sustainable development goals; the National Head Girl Conference, which celebrated female leadership and showcased competition winners; a bi-quarterly training component, which offered online leadership courses; and an alumni community that fostered a network of young female leaders for mentorship, networking, and continued growth.

Where was it?
The intervention was implemented in secondary schools across Nigeria.

What new or emerging approaches in entertainment media were being used to influence social norms?
The intervention used YouTube and television networks to influence social norms.

What cultural or regional variations did they encounter?
There were no cultural or regional variations.

How did they plan for sustainability?
The program ensured its sustainability by cultivating a future generation of impactful leaders. The following strategies were used: continuously developing content to reshape perceptions and correct misrepresentations of women leaders, establishing strong networks that connected Nigerian women leaders across sectors and regions for ongoing collaboration, mentorship, and support, creating pathways for professional development and leadership roles, integrating gender mainstreaming into institutional policies to reduce disparities, and introducing comprehensive training initiatives to equip young women with essential leadership skills.

How was success measured?
There was no measurement of intervention success.

Education As a Vaccine - Gender Equality

Lagos

What was it?

The Gender Equality radio show, launched in 2021 and funded by the French Embassy in Nigeria, promoted gender equality and equitable communities by enabling conversations on equal rights and fair treatment, particularly for women and girls. Through engaging discussions, the intervention challenged negative gender norms and encouraged community participation. Beyond radio, it worked directly with men and boys, leveraging their roles as fathers, leaders, and decision-makers to advocate for positive masculinity and social change. In addition, it trained community-based champions to respond to gender-based violence cases and promoted gender equality within their communities.

Where was it?

The radio show aired in Abuja and Keffi Nassarawa State.

It aired on Armed Forces Radio 107.7FM, Abuja on Tuesdays at 7:00pm and Fridays at 8:00pm.

It also aired on Maloney FM 95.9, Keffi, Nasarawa State on Tuesdays and Fridays at 11:00am.

What new or emerging ap proaches in entertainment media were being used to influence social norms?

Traditional radio broadcasting was the mechanism being employed to shift norms in this intervention.

How did they plan for sustainability?

No sustainability plans were documented.

How was success measured?

There was no documented evidence of success measurement.