



ANGLOPHONE WEST AFRICA  
**SOCIAL NORMS  
& AGENCY**  
LEARNING  
COLLABORATIVE

# BOOK OF ABSTRACTS

2024 SOCIAL NORMS CONFERENCE

**FROM RESEARCH TO REALITY:  
SOCIOBEHAVIOURAL SOLUTIONS  
FOR ACCELERATED HUMAN  
CAPITAL DEVELOPMENT**

Abuja, Nigeria  
5th-6th November, 2024



## **Published by the Anglophone West Africa Social Norms and Agency Learning Collaborative**

Original material in this book of abstracts may be reproduced with the permission of the publisher provided that:

1. The material is not reproduced for sale or profitable gain
2. Consent from the author is confirmed
3. The material is prominently identified as a product of the 2024 Social Norms Conference

The authors are responsible for the contents of their abstracts and warrant that their abstract is original. The views expressed in the abstracts in this publication are those of the individual authors and are not necessarily shared by the editor or the reviewers.

Copyright © 2025 Anglophone West Africa Social Norms and Agency Learning Collaborative



# Foreword

The path to achieving sustainable human capital development and gender equality requires a collective commitment to addressing harmful socio-cultural norms, innovative action, empowering marginalized and vulnerable groups, and strengthening collaborative efforts. It is our pleasure to present this Book of Abstracts, an anthology of research, innovative ideas, and programs addressing challenges across critical themes such as maternal, neonatal, and child health, Sexual and reproductive health, gender norms, gender-based violence, Women's agency, and empowerment.

This compilation represents the unwavering dedication and efforts of researchers, program implementers, and advocates who are working to reform systemic barriers to enable sustainable development, health, and social well-being. This Book of abstracts highlights the challenges that persist, the progress made, and the guarantee of evidence-informed interventions. From exploring the role of traditional birth attendants in improving maternal health, use of technology in improving access to SRH, shifting harmful social norms, to analyzing the impact of vocational training and education on young girls' empowerment, these theses reflect the diversity and complexity of issues that influence socio-cultural norms and health outcomes. They also underline the necessity of engaging men, community leaders, and influential stakeholders in shifting harmful norms and creating an environment where women and girls can exercise their agency fully.

The data and evidence captured in this book reaffirm that community-driven solutions, influential stakeholder engagement, and interdisciplinary collaboration are key to shifting norms and improving the agency of marginalized and vulnerable groups.

We hope this compilation serves as a resource that inspires innovation, collaboration, and evidence-based interventions that will drive positive change for all.

# Acknowledgments

We extend our deepest gratitude to the authors featured in this collection. Their commitment to driving positive change and improving development across sectors has provided the foundation for this publication.

We are immensely grateful to members of the scientific review committee whose expertise and meticulous evaluation ensured the quality and relevance of the submissions herein. Additionally, we extend our sincere gratitude to the Organizing Committee for their exceptional efforts in coordinating the abstract submissions, managing the review processes, and facilitating the production of this book. Your dedication to excellence and meticulous attention to detail have been instrumental in bringing this publication to fruition.

We also extend our gratitude to the members of the Learning Collaborative (LC) for their ongoing dedication and for making the work we do impactful. Your commitment continues to inspire and shape our collective vision. We are grateful to all those who played a role in ensuring the success of the 2024 Social Norms conference. Your contributions and support were essential to hosting a space where meaningful dialogue, ideas showcase and innovation could thrive

Finally, we acknowledge the continued support of UCSD, our partners and sponsors whose commitment and contributions to advancing health equity, social change, and gender equality have been key to making this endeavor possible.

We look forward to building a future where all persons can thrive with dignity and agency as a result of the ideas shared in this compilation.

**Raihanah Ibrahim**

PROGRAM DIRECTOR



## ABOUT THE **Learning Collaborative**

The Anglophone West Africa Learning Collaborative (AWALC) is a dynamic and innovative network dedicated to advancing social norms and agency within the development landscape of Anglophone West Africa. As a regional subsidiary of the Global Learning Collaborative, the LC works closely with hubs in East Africa, Francophone West Africa and South Asia to improve and strengthen Social and Behavioral Change (SBC) programs and research.

We envision a world where equity, social justice, and health are achieved through shared learning, dynamic partnerships, and thought leadership in empowerment and social norms. With over 80 member organizations, the LC's mission is to strengthen research and practice on social norms, gender, and agency while building a network of practitioners, researchers, evaluators, and advocates. This network facilitates the exchange of knowledge, generation of evidence, and development of resources to support ethical norms shift and SBC programming.

The LC serves as a hub for knowledge production and capacity building, with members collaborating to develop tools, guidelines, and materials tailored for program design and implementation. Existing social norms resources are adapted for practical use, and innovative resources are documented and disseminated to ensure accessibility and utility. Network strengthening is central to the LC's approach, achieved through virtual and in-person engagements that foster meaningful connections among members. Networking events, capacity-building workshops, mentoring programs, and collaborative projects create a robust community of practice that drives impactful solutions.

# Table of Contents

<b>From Research to Reality: Sociobehavioural Solutions For Accelerated Human Capital Development</b> .....	1
<b>Foreword</b> .....	2
<b>Acknowledgement</b> .....	3
<b>About the Learning Collaborative</b> .....	4
<b>Scientific Committee Members</b> .....	6
<b>Abstracts</b> .....	7
<b>AgooSHE+ Helpline – Empowering Young People in Northern Ghana</b> .....	8
<b>Breaking Down Barriers through Collective Community Action using SASA! Together approach to shift harmful gender norms:</b> .....	9
Role analysis of Local Institutions and Actors in Nigeria	
<b>Collaborating with Traditional Birth Attendants to Improve Polio Immunization Coverage in Northern Nigeria</b> .....	11
<b>Community Women’s Perception of the Role of Community Leaders in Driving Demand for Maternal Health Services</b> .....	14
<b>Effects of Social Behaviours against people infected with tuberculosis in accessing Healthcare services</b> .....	15
<b>Enhancing Family Planning Acceptance in Northern Nigeria:</b> .....	16
The Effect of Male Involvement Meetings	
<b>Empowering Women for Community Leadership and GBV Advocacy:</b> .....	17
The Nwanyiubihe Community Leadership Network Project in Abia State, Nigeria	
<b>Empowering Young Mothers:</b> .....	18
Addressing Social Norms to Improve Maternal, Newborn, and Child Health (MNCH) Knowledge among Married Adolescent Girls in Northern Nigeria	
<b>Empowering Young Girls through Vocational Skills and Education:</b> .....	20
A Pathway to Challenging Gender Norms and Achieving Economic Empowerment	
<b>Exploring the role of WDCs on Shifting Social Norms:</b> .....	21
Encouraging Husbands of Adolescent Girls (Aged 15-19) to Support Modern Contraceptive Use in Jigawa State through A360 MMA Program	
<b>Gender Dynamics and Immunization Dropout:</b> .....	22
Insights from Secondary Data in Nigeria	
<b>Married Men’s Knowledge and Participation in Birth Preparedness and Complication Readiness in FCT Abuja, Nigeria:</b> .....	23
A Pathway to Gender Norms Transformation	
<b>Prevalence And Factors Associated With Female-Perpetrated Intimate Partner Violence Against Married Men In Rural Gwagwa Community, FCT, Nigeria</b> .....	24
<b>Promoting Community Health Providers Agency:</b> .....	26
The Role of Peer Mentoring in Knowledge Transfer among Community Pharmacists and Patent & Proprietary Medicine Vendors in Nigeria	
<b>The Use of Faith Actors to Promote Positive Maternal Infant and Young Child Nutrition Behaviors Among Community Members in Nigeria</b> .....	26
<b>The influence of social norms on the access and utilization of sexual and reproductive health services by adolescents in Tamale, Ghana</b> .....	27
<b>The Transformative Power Of Psychosocial Support In Shaping Gender Norms &amp; African Women Advancing Entrepreneurs</b> .....	29
<b>Transforming Lives: Impact of Economic Empowerment Initiatives for Adolescent Girls in Ogun State</b> .....	32
<b>Understanding and Mitigating Tuberculosis Stigma:</b> .....	33
Insights from Kano State, Nigeria	
<b>Women’s Health-Promoting Access and Equity Case study:</b> .....	34
Strengthening Multi-level Partnership for Advancing Women’s Health in Nigeria project	

# SCIENTIFIC COMMITTEE MEMBERS

1. **Emeka Emmanuel Okafor**, *Private Health Sector Engagement Expert Currently managing the “IntegratE” projects funded by the Bill and Melinda Gates Foundation and MSD for Mothers. This project is implemented by a consortium of partners led by the Society for Family Health (SFH)*
2. **Rebecka Lundgren**, *Center on Gender Equity and Health at the University of California San Diego*
3. **Maturah Aminu Baba**, *Technical Advisor - Adolescent Sexual and Reproductive Health Save the Children International MOMENTUM Country and Global Leadership - VAWG Project*
4. **Babale Gambo Maikidi**, *Program Manager - Reaching Impact, Saturation, and Epidemic Control (RISE) Women and Children Health Empowerment Foundation (WACHEF)*
5. **Eric Aigbogun**, *BSc, MScOHS, MScANA, EMBA, PhD, FIMCN Manager, Knowledge Management and Learning Solina Centre for International Development and Research (SCIDaR)*
6. **Kabiru Muhammad Rabi**, *Researcher University Mohammed VI Polytechnic*
7. **Dr. Kelechi Andrew**, *Population and Reproductive Health Consultant University of Port Harcourt*
8. **Ehiemere Charles Chibuisi**, *MPH Guest Lecturer Global Health and Infectious Diseases Control Institute, Nasarawa State University*
9. **Henry Samuel Okonkwo**, *Lecturer of Medical Research and Statistics and Research Consultant Oke-Osanyintolu College of Health Science and Technology*
10. **Pushpendra Kumar Mishra**, *Director- Research & Evaluation, Ipsos Nigeria Limited*
11. **Wanche Ernest Magani**, *Research Assistant Department of Pharmacology and Toxicology, University of Jos*



# ABSTRACTS



# AgooSHE+ Helpline – Empowering Young People in Northern Ghana

**Presenting Author:** John Stephen Aqbenyo

**Contributing Authors:** Emefa Ethel Ehta, Rahana Mohammed

**Affiliation:** Savana Signatures, Ghana

## Background

Ghana has made a lot of progress towards the provision of health services to all. However, despite this progress, young people are still exposed to health risks which result in premature deaths. Many young people pursue sexual and reproductive health services such as appropriate knowledge, contraceptives, and treatment for sexually transmitted infections. Adolescents account for a significant number of Ghana's population, and their health outcomes critically influence the country's overall health trajectory. However, young people face various socio-cultural and technological changes that expose them to many health challenges. These challenges limit their choices and can lead to emotional stress, conflict, and risk-taking behavior [1].

Adolescents in Ghana are particularly vulnerable to health risks such as sexually transmitted infections (STIs), unplanned pregnancies, and complications from unsafe abortions. These issues are often exacerbated by limited access to SRH information and services that are youth or adolescent-friendly. The Ghana Demographic and Health Survey (GDHS) 2014 reported that only 19% of sexually active unmarried teenage females used modern contraceptives, highlighting a critical gap in service uptake. Moreover, societal stigmatization, judgmental attitudes of healthcare providers, and concerns about confidentiality deter many adolescents from seeking the care they need [2].

Technological innovations present a transformative opportunity to address these barriers and reimagine the delivery of adolescent-friendly reproductive health information and services. The use of mobile and wireless technologies (mHealth) can change the way health services are provided around the world and help LMICs reach the UN's Sustainable Development Goals (SDGs) [3]. Using mobile phones to improve health behaviours and services, is a promising way to connect young people to health information and services. It gives people the privacy, convenience, and access they need, and young people find it especially easy and appealing to use. Globally, reproductive health programmes use mobile phones to improve young people's health in rural and urban areas. They do this by using different types of communication to connect young people to information and services on a wide range of sexual and reproductive health (SRH) topics. Mobile phones are an easy, efficient, and cost-effective way to reach and talk to young people about SRH issues [4].

Platforms like the AgooSHE+ helpline offer a promising model by combining readily accessible static content with personalized, human-centered support in local languages. By offering real-time, confidential counseling on diverse SRH topics, AgooSHE+ aligns with global best practices for integrating technology into healthcare delivery.

## Objective

The purpose of this survey was to assess the satisfaction level of investigating the social influence on young people's healthcare choices to broaden awareness of how social influence impacts healthcare choices, particularly using mobile phones to access reproductive health services.

## Method

A retrospective review of records of the services provided by the AgooSHE+ Helpline was conducted to analyze the services accessed by callers. This covered the services provided by the AgooSHEplus Helpline from October 2023 to July 2024. A simple random sampling technique was used in the selection of participants (nr. 225) for a user satisfaction survey to assess the caller's satisfaction with the AgooSHE+ platform and services.

## Result

As of the end of July 2024, 6,375 people had called the SHE+ helpline and have directly spoken with the helpline specialists for one service or the other, with July alone recording 227 calls within the period. This averages 531 calls placed to the AgooSHE+ Helpline per month. A total of 3,397 of the callers were females while 2,978 were males. The age bracket of 18 years to 24 years called the call centre the most, recording 2,454 calls, followed by 15-17-year-olds with 1,541 calls and 25 to 29-year-olds with 1,393 calls.

The Northern region of Ghana recorded the highest number of callers (2260) followed by the Central region (552), Greater Accra (539), Volta Region (531), and North-East Region (474). Western North region recorded the least number (44) of calls. The top five (5) issues that callers focused on were adolescent sexual and reproductive health (1,539), maternal health (666), family planning (603) menstrual health (530), and nutrition (505). From the survey, we found that AgooSHE+ helpline callers found the information from the helpline attendant very useful and educative. The majority (57%) found the service provided very useful while 36% found it useful. Similarly, 35% of the respondents were very satisfied with the services provided while 57% were satisfied with accessing services from AgooSHE+ Helpline.

## Conclusion

The results offer valuable insight into the usage patterns and satisfaction levels of the AgooSHE+ helpline in Ghana. From the results of the gender distribution, more than half (53.3%, or 3,397) of the callers were female, suggesting that girls/women are more likely to continue to use the service. This also aligns with the nature of the top issues discussed, many of which are closely related to women's health (e.g., reproductive and maternal health, family planning, and menstrual health). The top five issues also provide a snapshot of the public health concerns among young people in Ghana. For instance, the frequency of seeking information on Adolescent Sexual and Reproductive Health suggests a strong demand for information on this critical topic, likely reflecting gaps in traditional health education. The results also reflect the importance of maternal care and the potential challenges young women face in accessing quality maternal health services while Menstrual Health may suggest persistent stigma or gaps in education surrounding menstruation. The feedback from helpline users demonstrates high satisfaction. The overall satisfaction rate of 92% suggests that the helpline is a trusted resource for health information. The survey demonstrates the helpline's important role in addressing key adolescent and maternal health issues.

## References:

- [1] J. S. Agbenyo, D. M. Nzenyga, and S. K. Mwangi, "Perceptions of the use of mobile phones to access reproductive health care services in Tamale, Ghana," *Frontiers in Public Health*, vol. 10, Oct. 2022, doi: <https://doi.org/10.3389/fpubh.2022.1026393>.
- [2] Awusabo-Asare, K., Biddlecom, A., & Zulu, E. (2017). Adolescents' sexual and reproductive health needs in sub-Saharan Africa: What have we learned? *African Journal of Reproductive Health*, 21(3), 35-47.
- [3] Ochieng BM, Smith L, Orton B, Hayter M, Kaseje M, Wafula CO, et al. Perspectives of adolescents, parents, service providers, and teachers on mobile phone use for sexual reproductive health education. *Soc Sci.* (2022) 11:196. doi: 10.3390/socsci11050196
- [4] Ippoliti, N. B., & L'Engle, K. (2017). Meet us on the phone: mobile phone programs for adolescent sexual and reproductive countries. *Reproductive Health*, 14(1), 1-8.

# Breaking Down Barriers through Collective Community Action using SASA! Together approach to shift harmful gender norms: Role analysis of Local Institutions and Actors in Nigeria

**Presenting Author:** *Samaila Yusuf*

**Contributing Authors:** *Chioma Oduenyi, Myra Betron, Sylvester Mayokun, Emily Bryce, Eunice Simdi, Emmanuel Adiele, Yvette Alal*

**Affiliation:** *Jhpiego Nigeria*

## Background

Gender-based violence remains a challenge in Nigeria and continues to underpin the violation of women's and girls' rights, with detrimental impacts on survivors, families, and communities. According to the 2018 Nigeria Demographic and Health Survey (NDHS), 53.9% of ever-married women have experienced spousal physical, sexual or emotional violence in Ebonyi state. In Sokoto state, 28% of Nigerian women have experienced physical violence at least once since the age of 15. Again, nationwide 43% of girls are married before age 18, and 17% out of this 43% are married before they turn 15 across Nigeria. In Ebonyi State, 17% of girls are married before age 18, and almost 6% out of this 17% are married before they turn 15 while 40.4% of girls under age 15 are married, and 68.6% of girls married before age 18 in Sokoto state.

Given the enormity of these problems in Nigeria, MOMENTUM Country and Global Leadership implemented community-driven interventions called SASA! Together, a phased community mobilization intervention to change social norms and catalyze ongoing activism against IPV in Ebonyi and Sokoto States Nigeria. This paper examines how local actors utilized SASA! Together as a community action tool in influencing and sustaining negative norms shifting associated with Intimate Partner Violence (IPV).

## Method

The target beneficiaries for this intervention include women, girls, couples, communities, populations vulnerable to gender-based violence (GBV), survivors of GBV, and health service providers. The focused intervention activities were implemented in Sokoto and Ebonyi States (4 LGAs each, 8 Communities) and data were collected using Activity Observation Form (AOF) and Community Change Tracker (CCT) from sessions conducted between November 2022 to May 2023 in eight communities. This is also complemented by FGDs across two population groups (men and women) who reside in the community to assess how SASA implementation has contributed to making their communities safer for women and creating the enabling environment to address barriers that perpetuate IPV in partnership and support of locally led groups. Other evaluation approaches utilized are Supportive Supervision visits and review meetings, SASA! Together Learning and Assessment tools and Documenting Most Significant Changes using Stories

## Result

The program implemented community norms shifting and mobilization programs that work to positively transform gender norms using SASA! Together which is a community mobilization approach for preventing violence against women and girls.

### Implementation of SASA! Together Road Map

Identification and selection communities	Adaptation of SASA! Together session tool kits	Identification and training of Community Activist and Leaders	Rollout SASA! Together sessions
<ul style="list-style-type: none"> <li>In Ebonyi, Two Local Government Areas (LGAs) were selected: Ebonyi and Ezza North, with focusing on 4 communities for the study</li> <li>In Sokoto, Two Local Government Areas (LGAs) were selected: Illela and Binji while focusing on 4 communities for the study</li> </ul>	<ul style="list-style-type: none"> <li>Conducted workshop to review, adapt, translate, and develop SASA! Together material that would be appropriate, and feasible for community mobilization and prevention of violence against women in target communities.</li> <li>The adaptation team also modified SASA! Together materials to enhance its relevance to local community contexts to ensure the impact and effectiveness of gender power analysis across the 4 cycles of influence.</li> </ul>	<ul style="list-style-type: none"> <li>Community Activists and Leaders who are enthusiastic about creating change, respected in the community, and interested in preventing violence against women and girls were identified to lead the SASA! Together sessions</li> <li>A total of 156 Activists were trained (60-Females &amp; 96 Males)</li> <li>A total of 68 Community Leaders were trained (6-Females &amp; 62 Males)</li> </ul>	<ul style="list-style-type: none"> <li>Following the completion of SASA! Together start phase training, all 224 Community activists and Leaders have commenced the reflection sessions with different cohorts of community groups to inspire activism to change social norms that perpetuate violence against women.</li> <li>The sessions were facilitated with farmers, women, men, youth associations, and groups in the communities using the power poster, community conversation, deeper discussion, leadership leaflets, community talking points, and quick chat tool kits.</li> </ul>

Community members recognized that SASA helped them to reflect and prepare in dealing with challenging and sensitive issues; such as discussions on men's power over women; breaking the silence surrounding topics like sexual consent among intimate couples that for long been considered taboo to discuss in public. A total of 2,917 sessions were held across Sokoto and Ebonyi States and 27,624 community members were reached with reflection messages, out of which 53% (27,624) were males and 47% (12,970) were females. This presentation will share evidence on the effectiveness and sustainability of deploying community activists and leaders as volunteers and local actors as the basis for increasing agency and collective action to end IPV. The intervention is ongoing, but key noticeable outcomes observed include:

- LESS risk of women experiencing physical intimate partner violence
- FEWER men with concurrent sexual partners
- MORE people accepting women's right to refuse sex
- MORE support for women reporting violence
- MORE people believe violence against women is wrong

During the SASA! Together start phase implementation, the power poster materials used by the community activist attracted a large number of community members to the session conducted because it contained imagery that they could easily relate to or resonate with in their day-to-day lives when compared to other session materials such as the community conversations and community talking points session materials which were test heavy. When we transitioned to SASA! Together Awareness phase, we now adapted session materials with lots of imagery and fun-based based e.g. Bingo games, drama sketches, and community info sheets. These new additional materials were user-friendly and attracted a lot of community attendance at the various cohort sessions and also made several community members share stories of personal change.

Despite good mobilization skills demonstrated by the SASA! Together with Community Activists and Leaders, we observed some gaps in activists' skills to probe and create a good learning environment, limited skills to clarify misconceptions, and challenges with giving clear take-home ideas and providing referral information. To address these skills gaps, MCGL-VAWG instituted a monthly review meeting with the focus of strengthening the skills gaps of the activists and leaders. The monthly meetings were facilitated by Local Partners with the support of MCGL staff for the effective conduct of SASA! sessions.

## Recommendation

- Capacity development of local actors to set their agendas, develop homegrown solutions, and lead community mobilization, increases the sustainability of locally led activism to prevent Intimate Partner Violence against women in Ebonyi and Sokoto states.

# Collaborating with Traditional Birth Attendants to Improve Polio Immunization Coverage in Northern Nigeria

**Presenting Author:** *Ochanya Sonia Ogben*

**Contributing Authors:** *Dr. Ibrahim Bola Gobir, Ms. Piring'ar Mercy Niyang, Dr. Itunu Dave-Agboola*

**Affiliation:** *Georgetown Global Health Nigeria*

## Background

The major barriers to optimal immunization stem from cultural, traditional, and religious factors and insecurity, which vary among regions[1]. Another significant factor is the delivery of children outside health facilities; a significant proportion of home births facilitated by traditional birth attendants (TBAs) results in less engagement with health facilities where vaccine awareness and administration often occur; this exacerbates the issue of inadequate coverage, especially in rural areas [2]. Moreover, myths, misperceptions, erroneous information, and insufficient knowledge further hinder the acceptance of vaccines as people question the safety of vaccines [3].

The reliance on TBAs in low-income countries is influenced by availability, cheaper cost, accessibility, and the TBA's esteemed competence[4]. The World Health Organisation defines TBAs as community-based healthcare providers who give care throughout pregnancy, childbirth, and the postpartum phase; the TBAs are traditional, autonomous from the healthcare system, and devoid of official training[5]. Research has shown that TBAs have achieved broad acceptance in their communities because they are familiar with the social, cultural, and religious beliefs that are essential parts of the communities[6]. The circulating variant poliovirus type 2 (cVPV2) is a highly infectious viral disease that causes irreversible paralysis among children under 5[7]. Among those paralyzed, 5–10% die when their breathing muscles are paralyzed[8]. Although there are vaccines available to prevent polio in children, myths and misconceptions that are hinged on social norms still prevent the uptake of the vaccines[9]. To overcome the barriers of social norms, increase the uptake of the polio vaccine, and reach children in the fragile, conflict-affected, and vulnerable (FCV) areas of Katsina state, Georgetown Global Health Nigeria (GGHN) leveraged the roles of TBAs to engage them as community entry facilitators to improve polio immunization coverage in Katsina state, Nigeria.

## Objective

To promote the uptake of the polio vaccine by collaborating with TBAs in the FCV setting of Katsina state.

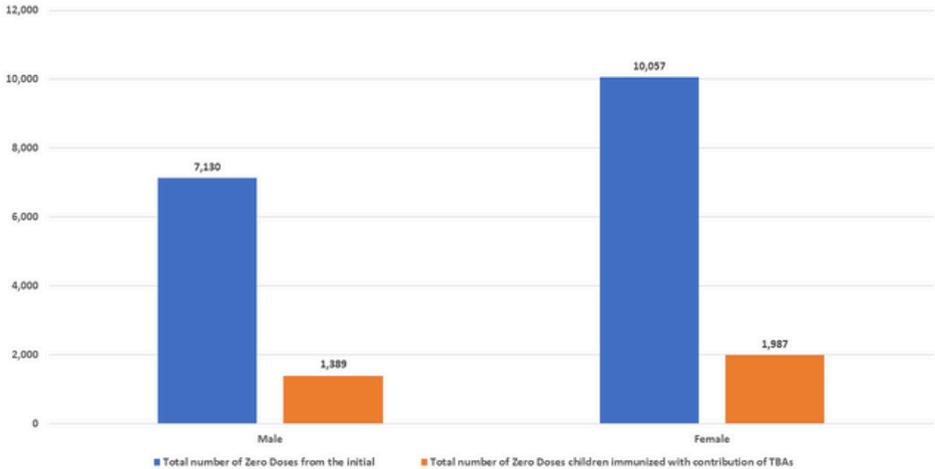
## Methodology

- **Planning and Coordination:** To ensure successful collaboration, GGHN began by identifying and partnering with local TBAs in Katsina state to penetrate the FCV settings. A baseline survey was conducted to assess the current knowledge, attitudes, and practices of TBAs about polio vaccination. This helped to identify areas of strength and weakness, informing the development of effective training materials and educational resources. The project team also collaborated with local health authorities and immunization officers to ensure alignment with existing immunization efforts.
- **Training of Traditional Birth Attendants:** GGHN conducted training for the TBAs to equip them with comprehensive knowledge of the benefits of the polio vaccine, possible reactions/side effects, immunization schedules and protocols, and effective communication techniques. The training addressed common myths and misconceptions surrounding polio vaccination, empowering TBAs to confidently dispel the myths and misconceptions around vaccination, address concerns, and promote vaccination among mothers.
- **Community Outreach:** Community sensitization meetings and health talks used local languages and cultural methods for effective communication. TBAs encouraged mothers to ask questions, fostering informed decision-making and supporting polio vaccination efforts. They accompanied vaccination teams, negotiated community access with bandits, identified newborns for vaccination, resolved non-compliance issues, and helped find zero-dose children. TBAs also conducted house-to-house searches for cases of acute flaccid paralysis and other vaccine-preventable diseases, ensuring comprehensive community coverage.
- **Monitoring and Evaluation:** GGHN established a monitoring and evaluation system to track vaccination rates and the activities of the TBAs. Regular supervisory visits were conducted by GGHN staff in collaboration with the local health authority to assess the quality of services, provide feedback to the TBAs, address challenges, and review the intervention's progress.
- **Sustainability:** To enhance sustainability, GGHN collaborated with local health authorities to provide a foundation for sustained support. TBAs were identified by Ward Focal Persons with the support of Traditional leaders, the Local Immunization Officer collated the list of TBAs and verified the names, then shared it with Local Government Area (LGA) Focal Persons, and The LGA Focal Persons sent it to the data analyst for onward transmission and planning. The active engagement of the local health authorities helped them to accept ownership of the intervention and ensure sustainability.

## Key findings

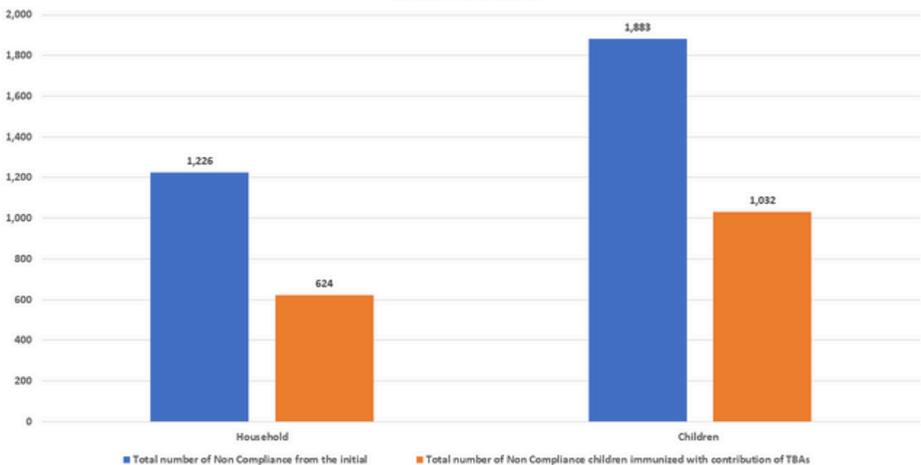
By leveraging the existing network and influence of TBAs, more mothers were reached, more zero-dose children were identified, and more children were vaccinated against polio. The benefits of this intervention were limited to improved vaccination rates, increased community trust in healthcare providers, reduced incidence of vaccine-preventable diseases, and strengthened healthcare delivery systems in underserved areas. A comparative analysis was conducted between the number of zero-dose children at the intervention site before intervention and the number of zero-dose children at the intervention site after intervention, as shown in Figure 1 below.

Figure 1: Comparison of zero dose from the initial and TBAs contribution in zero dose children immunized



A comparative analysis was also conducted between the number of non-compliant households with children at the intervention site before intervention and the number of non-compliant households with children after the intervention, as shown in Figure 2 below.

Figure 2: Comparison of non compliance from the initial and TBAs contribution in non compliance children immunized



## Discussion

GGHN worked closely with TBAs in Katsina to educate and inform mothers on the importance of polio vaccination for their children. The TBAs, being trusted members of the community, played a crucial role in dispelling myths and misconceptions surrounding immunization and identifying zero-dose children.

Furthermore, the TBAs served as community entry facilitators to dispel cultural beliefs that hinder immunization efforts. This is in tandem with the submission of Agbede, et al. (2024) who posited that the engagement of community stakeholders is critical to overcome the cultural barriers to vaccination, especially in rural and hard-to-reach areas<sup>[10]</sup>. The collaboration between GGHN and TBAs to improve cVpV2 immunization coverage in the FCV settings in Katsina state, Nigeria, demonstrates the effectiveness of leveraging TBAs as community stakeholders in addressing vaccine hesitancy and increasing vaccination rates. This intervention also aligns with the research of Eze (2016), which demonstrated that community-based vaccination interventions in Sokoto and Kaduna states significantly improved vaccination coverage when community stakeholders were effectively engaged<sup>[11]</sup>. Furthermore, Nwaigbo (2022) recommended empowering TBAs as agents of change to promote maternal health and the acceptance of immunization in developing countries like Nigeria<sup>[12]</sup>.

Similarly, our intervention significantly increased vaccination coverage, highlighting the importance of community engagement and leveraging TBAs as positive change agents for maternal and child health.

Implications for programming and development

The intervention's focus on TBAs as change agents distinguishes it from routine immunization activities. By empowering TBAs with accurate information and training, we leveraged their influence and credibility within communities to promote the uptake of polio vaccines. This approach has addressed a critical gap in routine immunization activities, which often targets only mothers or caregivers.

## Recommendations

1. Community-based approaches to vaccination should prioritize education and empowerment of influential community stakeholders, such as TBAs.
2. Immunization interventions should be tailored to address specific cultural and social barriers to vaccination.
3. Collaboration with local health authorities and immunization officers is crucial for sustaining intervention outcomes.

## Conclusion

The collaboration between GGHN and TBAs proved to be an effective strategy in enhancing cVpV2 immunization coverage in the FCV areas of Katsina state, Nigeria. This collaborative approach has the potential to be replicated in other regions facing similar challenges, ultimately contributing to the global efforts to eradicate polio and improve global health outcomes. The GGHN-TBA collaboration demonstrates the effectiveness of community-led interventions in improving polio immunization coverage in Nigeria.

## References:

1. Bangura JB, Xiao S, Qiu D, Ouyang F, Chen L. Barriers to childhood immunization in sub-Saharan Africa: a systematic review. *BMC Public Health*. 2020 Dec;20:1-5.
2. Cheptum JJ, Gitonga MM, Mutua EM, et al. Perception about traditional birth attendants by men and women of reproductive age in rural Migori County, Kenya. *Intern J Afr Nurs Sci*. 2017; 7:55-61.
3. Adeloye D, Jacobs W, Amuta A, et al. Coverage and determinants of childhood immunization in Nigeria: a systematic review and meta-analysis. *Vaccine*. 2017; 35(22):2871-2881.
4. Shonwoh FE, Nwankwo G, Ekiyor CP. Traditional birth attendants and women's health practices: a case study of Patani in southern Nigeria. *J Public Health Epidemiol*. 2014;6(8):252-61.
5. World Health Organization. Making pregnancy safer: the critical role of the skilled attendant. A joint statement by WHO, ICM, and FIGO. Geneva: WHO; 2004. p. 1-18.
6. Nigeria 2015 Millennium Development Goals End Point Report. A Summary of Nigeria's Trends and End Point Status for Eight MDGs. Abuja, Nigeria; 2015.
7. Imogie AO, Agwubike EO, Aluko K. Assessing the role of traditional birth attendants (TBAs) in health care delivery in Edo state, Nigeria. *Afr J Reprod Health*. 2002;6(2):94-100.
8. UNICEF. 2024. Eradicating Polio. Available at <https://www.unicef.org/immunization/polio>. Assessed July 08, 2024.
9. World Health Organization. 2024. Poliomyelitis. Available at <https://www.who.int/news-room/fact-sheets/detail/poliomyelitis>. Assessed July 08, 2024.
10. Maigari B, Muhammad R, Habu H. Oral polio vaccine: misconceptions, challenges and the way forward for Nigeria. *IOSR Journal of Dental and Medical Science*. 2014;13(10):34-9.
11. Agbede GT, Emezirinwune D, Adedokun T, Idowu-Collins P. Vaccine Hesitancy in Nigeria: Overcoming Cultural, Linguistic and Religious Obstacles. *Information Impact: Journal of Information and Knowledge Management*. 2024 Jun 24;15(1):153-68.
12. Eze CI. 2016. An Evaluation of Communication Strategies Used in Polio Immunization Campaigns in Kaduna and Sokoto States, Nigeria (Doctoral dissertation).
13. Nwaigbo E. 2022. Empowering Traditional Birth Attendants as Agents of Maternal and Neonatal Immunization Uptake in a Developing Country: a Repeated Measures Design.

# Community Women's Perception of the Role of Community Leaders in Driving Demand for Maternal Health Services



**Presenting Author:** *Oluwafunmilayo Raheem*

**Contributing Authors:** *Uchenna Igboke, Oluwaleke Jegede, Eric Aigbogun, Thelma Oriade, JohnBosco Ezenwa, Adedoyin Adeeso*

**Affiliation:** *Solina Centre for International Development and Research (SCIDaR), African Environmental and Human Development Center (AFRIDA) Nigeria*

## Background

Community participation has remained the backbone for driving demand for primary health care services in underserved communities. This project utilized a human-centered design approach to understand the role of community leaders in driving demand for maternal health services (Umstead et al., 2023). Human-centered design is empathy-driven and places emphasis on inductively synthesizing information and ideas from diverse sources in search of stakeholder-considered solutions (Erwin & Krishnan, 2016).

Human-centered design (HCD) adopts an empathetic approach to understanding people's experiences and interactions within the healthcare systems and because of this it is becoming an increasingly valuable strategy in healthcare quality improvement programs (Melles et al., 2021). By focusing on the needs, challenges, and perspectives of the women in this study, the HCD design was able to address concerns about barriers to maternal health access for women, the roles of community leaders, and also enablers of community health services.

## Objective

The project aims to ensure women's needs are addressed at the health facilities they receive care. This aim is to be achieved through the following objectives;

- To connect women with health facilities and ensure their voices are heard in identifying gaps in maternal healthcare services
- To drive policy and practice change through targeted advocacy to relevant policymakers and stakeholders
- To generate demand for maternal care services by women from the communities.

## Methodology

This study applied qualitative research methods to understand the role of community leaders in driving demand for maternal health services in the community; as part of the discovery phase of a broader project that applies a modified human-centered design model to understand the norms associated with maternal health services from the demand and supply-side of the health system. Data were collected using semi-structured questionnaires through face-to-face interviews and focus group discussions. This study was conducted among 354 community women in Lagos (224) and Kano (130) states. Dedoose software which is a web-based qualitative data analysis (QDA) software that facilitates the organization, coding, and analysis of non-numerical data, such as interviews and surveys was used for content analysis (Cousins et al., 2024) while Miro affinity mapping (<https://miro.com/app/dashboard/>) was conducted for thematic diagramming.

## Research Timeline

October 2022- September 2025

## Result

The result shows women's knowledge of the involvement of local community leaders in developing policies and strategies affecting their health. This is due to varying health priorities across different communities within states. Community leaders are mostly involved in the mobilization of women groups and children for health interventions like immunization and other outreach programs, and not for maternal services. Traditional Birth Attendants are mostly the community leaders on issues concerning maternal health services in rural communities.

## Conclusion

This study has shown that community leaders are important in mobilizing women for health interventions, such as immunization. However, their involvement in maternal health services is currently limited. It is important to expand their role to actively promote and advocate for maternal health services, considering the significant influence and reach they have within their communities. By engaging community leaders more in this area, maternal healthcare can be prioritized, which would lead to improved access and outcomes for women in these communities.

## Recommendation

In changing the dynamics of care at the demand end of maternal healthcare, there is the need to involve community gatekeepers and influencers to drive demand for maternal health services.



## References:

- Cousins, J. B., Hoang, J., Yilma, L., Zha, Y., Bould, D., Subramanian, B., & Evans, F. (2024). Using Dedoose to "Quantitize" Qualitative Data in Mixed Method Analysis: A Case Analysis. *Canadian Journal of Program Evaluation*, 39(1), 83–96.
- Erwin, K., & Krishnan, J. A. (2016). Redesigning healthcare to fit with people: Design expertise can improve the delivery of care. In *BMJ (Online)* (Vol. 354). BMJ Publishing Group. <https://doi.org/10.1136/bmj.i4536>
- Melles, M., Albayrak, A., & Goossens, R. (2021). Innovating health care: Key characteristics of human-centered design. *International Journal for Quality in Health Care*, 33, 37–44. <https://doi.org/10.1093/intqhc/mzaa127>
- Umstead, K. A., Gill, C., Pearsall, M. S., Stuebe, A. M., & Tully, K. P. (2023). Human-centered design in the context of social determinants of health in maternity care: methods for meaningful stakeholder engagement. *International Journal of Qualitative Studies on Health and Well-Being*, 18(1). <https://doi.org/10.1080/17482631.2023.2205282>

# Effects of Social Behaviours against people infected with tuberculosis in accessing Healthcare services

**Presenting Author:** Jane Adizue

**Contributing Authors:** Emmanuela Oshane Erwat, Onyinye Ojeh, Evelyn Orakwelu, Chinedu Onyezobi, Jennifer Anyanati

**Affiliation:** Society for Family Health (SFH) Nigeria

## Background

The negative social perceptions, norms, and behaviours against people infected with tuberculosis (TB) disease remain a pressing issue in the fight against TB. Without a safe and inclusive environment for recovery, TB patients experience difficulties accessing healthcare services/treatment and support from family and friends. This study reflects the general behaviours displayed against people with TB, and their effect on accessing healthcare at different stages of a TB patient's journey

## Objective

The specific objectives of this assessment are in line with the Stop TB stigma assessment objectives and they include:

1. To understand the level and dimensions of anticipated stigma, self-stigma, enacted stigma (stigma directly experienced), and observed stigma among people diagnosed with TB)
2. To understand the level and dimensions of secondary TB stigma, stigma directly experienced, and stigma observed by family members / primary carers of people diagnosed with TB
3. To understand the level of perceived TB stigma against people diagnosed with TB in communities and the stigma observed by the community
4. To understand the level and dimensions of perceived TB stigma against people diagnosed with TB in healthcare settings and stigma against Healthcare workers
5. To support the development of recommendations to address TB stigma to reduce peoples' vulnerability to TB infection, increase peoples' access to TB services, and improve treatment outcomes.

## Methodology

A total of 187 respondents who were currently TB-infected or who have had TB in the past were interviewed. Also, 20 treatment supporters, community members, and healthcare workers each, were interviewed using questionnaires based on modified and validated TB stigma scales provided in the KNCV Stigma Measurement Guidance. Data collection was conducted in four local government areas (LGAs) in Kano State by 12 research assistants, who worked for approximately 6 days, and the data generated was transferred into the TB Stigma Assessment Data Entry and Analysis Workbook for analysis.

## Result

Over 50% of the respondents with TB reported having experienced several forms of stigmatization, such as; people keeping their distance from them (90%), changing their behaviours towards them (75%), avoiding eating and drinking with them (75%), showing discomfort when around them (70%), shielding their children from playing with them (70%), finding them disgusting (70%), and even wanting them out of their communities (65%). These adverse attitudes, especially at hospitals/clinics, affected access to care during post-treatment follow-up service (32%), getting treatment adherence support (32%), completing treatment (31%), beginning treatment (30%) and getting an accurate diagnosis (30%). Stigma experienced in the community, home, and workplace, also discouraged some patients from recognizing symptoms and seeking care. One respondent reported that a family member refused to go to the hospital for fear of being diagnosed with TB and eventually died.

## Research Timeline

The research process spanned approximately three months. In the first week, the team focused on developing the concept note and research tools, while also initiating the recruitment of research assistants to support the field activities. In the second week, recruitment of the research assistants continued, during the third week, the research team traveled from headquarters to the field (Kano State), marking the commencement of on-site activities. Participant recruitment also began during this period, setting the stage for data collection.

By the fourth week, participant recruitment was finalized, and the research assistants received training to ensure they were adequately prepared to conduct interviews and gather data efficiently. Data collection was carried out over the fifth and sixth weeks, during which the team successfully gathered all the necessary information from participants.

Finally, from the seventh to tenth week, the focus shifted to data analysis and report development. This phase allowed the team to process the data and produce meaningful insights, concluding the research process. The structured timeline ensured that the entire project was completed efficiently within the two-month timeframe.

### **Implication for Programming & Development**

The complexity of TB stigma, which spans individual, community, and systemic levels, implies that a single intervention will not be sufficient. Instead, comprehensive, multilevel interventions are needed to address the different forms of stigma and ensure more equitable access to care for TB patients. These findings underscore the importance of integrated efforts across healthcare systems, communities, and policymakers to effectively reduce TB stigma and improve health outcomes.

### **Recommendation**

The findings show the pressing need for community sensitizations that promote behavioural and attitudinal change toward people with TB. By creating awareness with messages that foster empathy and promote inclusivity and open communication, negative social behaviours against TB can be dispelled, creating a suitable environment for those with TB to access healthcare freely.

## **Enhancing Family Planning Acceptance in Northern Nigeria: The Effect of Male Involvement Meetings**

**Presenting Author:** *Delafrida Ukaga*

**Contributing Authors:** *Emeka Okafor, Michael Alagbile, Jane Egbuchiem*

**Affiliation:** *Society for Family Health (SFH) Nigeria*

### **Background**

Nigeria, the seventh most populous country globally, has an estimated population of 183 million, projected to rise to 285 million by 2050 (1,2). Despite widespread awareness of contraceptives, the northern region of the country records one of the lowest contraceptive use rates worldwide. Among married women of reproductive age, contraceptive use ranges from 15% in the north-central zone to as low as 3% in the northeast, compared to 29% in the southeast and 38% in the southwest. (3). Northern Nigerian society is predominantly patrilineal, with strong male influence over household decisions, including family planning (FP). (4). Traditionally, men serve as heads of households, sole providers, and controllers of family economic resources, making male attitudes toward FP and contraceptive use a critical determinant of women's preferences and decisions. Evidence suggests that husbands play a central role in reproductive health decision-making in many contexts. (5).

Understanding the role of male involvement in FP is essential to addressing these barriers and increasing contraceptive uptake which can lead to improved maternal and child health outcomes in the region. Recognizing this, the IntegratE project introduced male involvement meetings to increase awareness, challenge misconceptions, and address structural barriers to FP adoption. This study aims to evaluate the impact of male involvement meetings on family planning acceptance in Northern Nigeria.

### **Methods**

The IntegratE project conducted twelve male involvement meetings involving 120 participants including community leaders, male healthcare providers and community members in Kano and Kaduna states from January to June 2024. The meetings provided a platform for participants to discuss family planning openly, address misconceptions and explore solutions tailored to their cultural contexts. Data were collected through qualitative in-depth interviews with private sector providers facilitating these meetings. The data was analyzed using thematic analysis to identify changes in attitudes and the effect of dispelling myths related to family planning through male-involvement meetings.

### **Results**

Key findings from providers revealed that male involvement meetings facilitated increased support for family planning among men, many of whom began to encourage their wives to seek family planning services. This shift in male attitudes was partly due to the dispelling of myths and misconceptions surrounding family planning such as infertility, which were addressed through information and peer-driven discussions as men gained a more factual understanding of family planning benefits. Providers also highlighted that these meetings helped shift traditional norms, with men assuming a more supportive role in overall reproductive health decisions.

## Conclusion

This study demonstrates the potential of male involvement strategies to promote family planning acceptance and uptake in regions with strong patriarchal norms leading to a more equitable and supportive environment for women's reproductive health choices. While this study relied on provider feedback for data, it highlights the need for further research to explore the long-term impact of male involvement on family planning practices within these communities.

## References:

- National Bureau of Statistics. Demographic Statistics Bulletin 2015. A Publication of Demographic Statistics Division National Bureau of Statistics.
- National Population Commission (NPC) (Nigeria) and ICF Macro. Nigeria Demographic and Health Survey (NDHS) 2013. Abuja, Nigeria: National Population Commission and ICF Macro; 2014.
- United Nations, Department of Economic and Social Affairs. World Population Prospects, the 2017 Revision. New York: United Nations Population Division; 2017.
- Duze MC, Mohammed IZ. Male knowledge, attitude, and family planning practices in Northern Nigeria. *Afr J Reprod Health* 2006;10:53-65.
- Dudgeon MR, Inhorn MC. Men's influences on women's reproductive health: medical anthropological perspectives. *Soc Sci Med* 2004;59:1379-95.

# Empowering Women for Community Leadership and GBV Advocacy: The Nwanyibuihe Community Leadership Network Project in Abia State, Nigeria

**Presenting Author:** Rachel Sochi Ogbonna

**Contributing Authors:** Jonathan K. Ajuma, Grace Kalu, Chinasa U. Imo, Priscilla Ogbonna

**Affiliation:** Innovation Hub for Inclusiveness, Empowerment, and Social Development (SieDiHub)

## Background

In Nigeria, gender-based violence (GBV) remains a pervasive challenge that undermines women's rights and hinders community development. In Abia State, Nigeria, the pursuit of gender parity in leadership and governance remains a significant challenge despite the presence of Gender Equality and Social Inclusion (GESI) policies. Deep-rooted issues, including high illiteracy rates, lack of skills, harmful cultural practices, and discriminatory norms, render women vulnerable and marginalized. The Nwanyibuihe Community Leadership Network project, implemented by SieDi-Hub with support from the Nigerian Women Trust Fund and Ford Foundation, empowers 50 women in the Ariam and Oloko communities of Ikwuano Local Government Area. The project focused on forming a network of women leaders who advocate against violations of women's rights and engaged stakeholders to support women's participation in leadership and decision-making.

## Objectives

The primary objective of the Nwanyibuihe Community Leadership Network project is to empower women with the skills and knowledge necessary to take on leadership roles in their communities, thereby contributing to the reduction of GBV. Specific objectives include:

- To equip women with leadership and advocacy skills using the Value Clarification and Attitude Transformation (VCAT) model
- To facilitate the active participation of women in community leadership and decision-making processes
- To establish a network of women leaders for collaboration and reporting of GBV incidents
- To promote awareness of women's rights and encourage community engagement in preventing GBV.

## Methodology/Intervention

The project employed a mixed-methods approach, integrating both qualitative and quantitative research methodologies. The Value Clarification and Attitude Transformation (VCAT) model was used as a foundational framework for educating, coaching, mentoring, and equipping women with essential leadership and advocacy skills. The methodology comprised the following key steps:

- **Community Entry Meetings:** Initial meetings with 45 community leaders, mobilizers, and prospective trainees were held to introduce the project and garner support.
- **Baseline Assessment:** A baseline assessment was conducted using structured questionnaires with 100 respondents to gauge initial attitudes and knowledge regarding GBV and women's leadership. This assessment aimed to provide a foundation for the training program.
- **Qualitative Data Collection:** Focus group discussions (FGDs) involving 30 women, divided into three groups, were organized to gather qualitative data on their experiences and perspectives regarding women's leadership and the effort to end violence against women and girls (EVAWG). Additionally, key informant interviews with 12 stakeholders from both communities provided further insights into existing attitudes and practices related to GBV and women's leadership.

- Training Program on Ending GBV: Following the assessments, 50 women were selected as the primary target group for the project implementation. These women underwent an intensive 3-day training program. The curriculum covered topics such as Understanding GBV, Key Concepts of GBV, Advocacy and Community Engagement, Power Mapping Analysis, Leadership, and Psychosocial Support for GBV survivors.
- Training Methods: The training employed a blend of lectures, interactive discussions, group exercises, and audio-visual learning. Pre-assessment forms were utilized to tailor the training to participants' specific needs. Post-training evaluations, including quantitative and qualitative measures, assessed learning outcomes and the effectiveness of the intervention.

## Findings

The study identified both significant barriers and positive outcomes related to women's leadership and GBV awareness:

- Barriers to Leadership: Among the 50 participants, 68% strongly agreed that high illiteracy rates and harmful cultural practices impede women's leadership.
- Educational Impact: 64% of participants found the workshop highly educational and enlightening, while 36% expressed interest in attending future sessions, indicating a strong engagement with the content.
- Community Awareness: The baseline assessment indicated that 81% of the 100 respondents recognized GBV as a significant issue in their communities.
- Overcoming Cultural Norms: Focus group discussions highlighted that cultural norms initially hindered open discussions about GBV; however, personal storytelling and continuous dialogue began to break down these barriers.
- Stakeholder Insights: Key informant interviews revealed that many community leaders lacked awareness regarding cultural norms affecting GBV and existing support networks. Furthermore, traditional rulers' councils, predominantly composed of men, may not effectively address GBV due to unconscious biases and inadequate training. Nevertheless, stakeholders expressed a strong commitment to supporting GBV training initiatives, recognizing them as positive developments for the community.

## Research Timeline

The project was implemented over six months

## Recommendations

The Nwanyibuihe Community Leadership Network project successfully empowered women and fostered an environment conducive to their active participation in leadership and decision-making. The findings highlight the critical need to address high illiteracy rates, harmful practices, and discriminatory norms to promote women's leadership effectively.

The recommendations include:

- Sustained Support: Continued support is essential to scale the project and extend its benefits to more communities. Long-term investment in women's empowerment initiatives is crucial.
- Monitoring and Evaluation: Continuous monitoring and evaluation are vital to measure the long-term impact and effectiveness of the interventions, ensuring that outcomes align with project objectives.
- Community Networking: Expanding the community network and engaging a broader range of stakeholders can enhance advocacy efforts and ensure comprehensive community involvement in promoting women's rights.
- Training for Traditional Leaders: Targeted training for traditional rulers and community leaders on harmful social biases and GBV can improve the effectiveness of existing governance structures in addressing these issues.
- Multifaceted Approach: A multifaceted approach that incorporates education, advocacy, and community engagement is recommended to sustain and amplify the gains made by this project.

In summary, the Nwanyibuihe Community Leadership Network project represents a significant step toward empowering women in Abia State, fostering leadership, and addressing GBV through collaborative community efforts. The project's comprehensive methodology and positive outcomes provide a valuable model for similar initiatives aimed at promoting gender equity and social inclusion.

# Empowering Young Mothers: Addressing Social Norms to Improve Maternal, Newborn, and Child Health (MNCH) Knowledge among Married Adolescent Girls in Northern Nigeria

**Presenting Author:** Stacy Louis

**Contributing Authors:** Alhaji Bulama, Roselyn Odeh, Mohammad Kabir

**Affiliation:** Society for Family Health

## Background

In Jigawa state, maternal health is severely challenged by a high maternal mortality ratio of 1,100 per 100,000 live births, low modern contraception use at 1%, and 65% of reproductive-age women suffering from anemia. A study revealed an even higher mortality ratio of 1,362 per 100,000 live births among hospital deliveries. Access to basic health services is further complicated by the hard-to-reach nature of the states with 12,000 settlements categorized as such.

To address these issues, the Society for Family Health implements the Adolescent 360 project, which employs human-centered design (HCD) to expand Maternal, Newborn, and Child Health (MNCH) programs. The initiative specifically targets married adolescent girls who are either at risk of pregnancy or are already pregnant, aiming to enhance their access to comprehensive prenatal, antenatal, and postnatal care. Key components of the project include promoting skilled birth attendance, actively engaging male partners in providing support during pregnancy, and fostering supportive environments within the community to improve overall maternal and child well-being. By addressing the multifaceted challenges faced by young mothers, this project aims to create sustainable improvements in health outcomes and empower communities in Jigawa State.

The socio-cultural environment in Northern Nigeria often perpetuates harmful social norms that inhibit young mothers from accessing healthcare services. These include stigmas around pregnancy and seeking care during pregnancy, limited knowledge about reproductive health, and a lack of male involvement in maternal health issues. Understanding and addressing these contextual factors are essential for implementing effective health interventions. The Adolescent 360 project seeks to dismantle these barriers through targeted health education and community engagement.

### **Objectives**

To evaluate the effectiveness of pre-, ant.e, and post-natal care interventions in enhancing Maternal, Newborn, and Child Health (MNCH) knowledge among married adolescent girls in Northern Nigeria.

### **Intervention**

The MNCH adaptation is being layered on an existing Matasa Matan Arewa (MMA) strategy engaging government mobilizers ANC experts and male interpersonal communication agents (MIPCA). MIPCA activities focus on engaging men in the community to create a supportive environment for their partners, emphasizing the relevance of ANC and child spacing. Mentors interact with both pregnant and non-pregnant married adolescent girls, linking them to Life Family and Health (LFH) sessions. During the LFH, a breakout session is conducted where ANC experts provide pregnancy-related content to pregnant girls, offering comprehensive knowledge on ANC, emphasizing the importance of husbands' support by attending Group-ANC), and providing guidance on achieving healthy pregnancies. Following these sessions, girls initiate their first ANC visit, marking the beginning of their ANC journey.

### **Methodology**

The study employs a routine adaptive implementation science research approach. Participants selected were based on the criteria that they are pregnant, married adolescent girls aged 15-19, who have never attended ANC in their current pregnancy. ANC attendance by adolescents were extracted from the DHIS2 for 7 months, Data obtained was analyzed using descriptive analysis and expressed in counts and percentages.

### **Key Findings**

The major findings in this implementation are a significant improvement in knowledge and attitudes toward ANC among participants thereby fostering positive attitudes towards ANC, and increased engagement of male partners in supporting their wives' health needs. A measurable rise in ANC attendance rates among married adolescent girls.

### **Research Timeline**

Training of mentors, MIPCA, and ANC experts was conducted in September 2023, baseline data collections in November 2023, and implementation commenced in December 2023 to date

### **Implications For Programming**

This research highlights that addressing social norms and fostering community support is critical for increasing healthcare access among vulnerable populations. Targeted interventions that engage young mothers and their male partners can enhance the effectiveness of health programs.

### **Results**

From December 2023 to June 2024, a total of 1,080 married adolescent girls participated in the LFH classes (Pre-ANC sessions) 95% conversion rate was recorded, the first ANC visit, reflecting the effectiveness of pre-ANC sessions in addressing harmful social norms and fostering positive attitudes toward ANC. marked increase in adolescent ANC attendance, from 15% adolescent attendance 7 months pre-implementation to 20.6% 7 months post-implementation.

# Empowering Young Girls through Vocational Skills and Education: A Pathway to Challenging Gender Norms and Achieving Economic Empowerment

Presenting Author: *Mercy Abalaku*

Affiliation: *Education as a Vaccine (EVA)*

## Background

Gender norms and stereotypes significantly limit girls' and women's economic opportunities and potential, especially in rural areas of Nigeria. These social constructs often dictate the roles that women and girls should play, limiting their access to education, economic resources, and decision-making power. Challenging these norms requires a multifaceted approach that not only provides young girls with vocational skills but also fosters educational empowerment to broaden their career prospects and boost self-confidence. This study focuses on the impact of vocational training and education in Kaduna State, Nigeria, by documenting how empowering young girls with these tools can help them overcome societal barriers and achieve economic independence. By equipping girls with skills like tailoring, hairdressing, digital literacy, and entrepreneurial skills, this program aims to dismantle traditional gender roles and redefine the future of young girls in these communities.

## Methodology

The study employed a mixed-methods approach, capturing both quantitative and qualitative data to assess the impact of vocational skills training and educational support on young girls' lives. Conducted in the rural communities of Rido, Karatudu, Nasarawa, and Kudenda in Kaduna State, the study targeted 30 girls aged 10-24. These participants received training in tailoring, hairdressing, digital skills, and crafts such as shoe and bag making. Additionally, we enrolled 150 young girls in school to ensure that education became a foundational part of their empowerment journey.

Data collection involved training a team of girl advocates who engaged with the communities to identify out-of-school girls willing to return to school or acquire vocational skills. These advocates documented the girls' stories, highlighting their struggles, ambitions, and the socio-economic challenges they faced. The girls were interviewed to understand their specific needs and to determine the most effective ways to support them. Feedback from their families and community members was also gathered, providing insights into the broader societal impact.

## Results

The results of this intervention were promising, showing a positive shift in both personal and communal perspectives toward young girls' roles in society:

- **Increased Confidence and Self-Esteem:** 80% of the participants reported a boost in their confidence and self-esteem following the training. They felt empowered to pursue their dreams, participate in community decision-making, and even take on leadership roles in their families. Access to vocational skills not only enhanced their self-worth but also gave them a sense of identity beyond traditional gender roles.
- **Improved Academic Performance:** Among the girls who enrolled in school, 75% demonstrated significant improvement in their academic performance. This was attributed to the additional support they received through mentorship and the motivation gained from seeing their peers excel.
- **Economic Empowerment:** Notably, 90% of the girls who completed their vocational training started small businesses, which contributed to their families' income. These businesses ranged from tailoring shops to digital services, demonstrating the versatility of the skills they had acquired. The income generated from these ventures provided financial relief to their families and increased the girls' decision-making power within their households.
- **Shift in Gender Norms:** One of the most remarkable outcomes was a noticeable shift in gender norms and attitudes within the communities. The success of these girls inspired other community members, especially parents, to reconsider their perceptions of girls' roles. The community began to recognize the economic and social value of empowering young girls, breaking away from traditional gender expectations.

The program's impact is best illustrated by the stories of girls like Aisha and Hauwa, whose experiences underscore the transformative potential of vocational training and education in challenging societal norms.

**Aisha's Story:** *"I never thought I could be a business owner, but now I have a tailoring shop and support my husband. I want other girls to know they can do the same."*

**Hauwa's Story:** *Hauwa's experience exemplifies the power of digital skills in reshaping young girls' futures. "I'll never forget the day I hesitantly walked into a 6-month digital skills class in my community. Little did I know, it would be a turning point in my life. At first, graphic design and coding seemed daunting, but as I progressed, my interest grew. With each new skill, my confidence soared. With my small savings, I boldly invested in a laptop, and my passion project was born! Now, I design vibrant wedding cards, birthday stickers, and more, bringing joy to my community. The best part? I get to support my mom with the money I save. I'm proud to be a young woman in tech, breaking barriers and pursuing my dreams."*

These narratives reveal the profound change in self-perception and community recognition that stems from empowering young girls. They now see themselves as contributors to their families and community, confidently stepping into roles traditionally reserved for men.

### Findings

The study's findings emphasize that vocational training and education not only serve as tools for economic empowerment but also as catalysts for cultural transformation. By equipping young girls with practical skills and knowledge, these programs enable them to challenge stereotypes and take charge of their lives. The self-esteem gained from becoming economically active allows these girls to pursue opportunities and confront the limitations placed on them by traditional gender roles.

Furthermore, the economic contribution of these girls is reshaping the communities' perception of women's roles, gradually eroding the deeply ingrained beliefs about gender. Parents who were initially skeptical have begun to see the value of investing in their daughters' education and skills. This shift in perspective is pivotal, as it lays the groundwork for broader societal acceptance of women in diverse economic and leadership roles.

### Conclusion

This study demonstrates the significant impact of vocational skills training and education in empowering young girls and challenging restrictive gender norms. The stories of Aisha, Hauwa, and many others show that with the right resources and encouragement, young girls can break free from traditional roles and achieve economic independence. The confidence and skills gained through these programs not only benefit the girls themselves but also contribute to the socio-economic development of their communities. By documenting these successes, we hope to inspire policies and programs focused on gender equality and women's economic empowerment. Investing in young girls is not just about improving individual lives but about transforming communities, challenging harmful gender stereotypes, and breaking cycles of poverty and inequality. Empowering girls with vocational skills and education is, therefore, a powerful pathway to achieving long-term economic and social progress.



## Exploring the role of WDCs on Shifting Social Norms: Encouraging Husbands of Adolescent Girls (Aged 15–19) to Support Modern Contraceptive Use in Jigawa State through A360 MMA Program

**Presenting Author:** *Muhammad Kabir*

**Contributing Authors:** *Ramatu Iyimoga, Alhassan Alhaji Bulama, Farouk Umar Abdullahi*

**Affiliation:** *Society for Family Health*

### Background

The Ward Development Committee (WDC) is a social strategy designed to encourage community participation and access to primary health care services. WDCs ensure community ownership of health issues such as health promotion, community mobilization, maternal and newborn health, nutrition, control of communicable and non-communicable diseases, and sexual and reproductive health. Social norms that promote gender inequalities and restrict adolescent girls' agency in sexual and reproductive health decisions are major barriers to contraceptive access and use in Nigeria. Interventions need to target not just adolescent girls, but also key influencers like husbands, mothers-in-law etc. Despite the WDC's efforts in community mobilization and health promotion, there is limited focus on engaging key influencers, particularly husbands, to create an enabling environment for married adolescent girls to access ASRH services.

Additionally, Research indicates that husbands often serve as primary decision-makers regarding family planning. By directly engaging men through interpersonal communication agents, the A360 amplify project through the MMA program seeks to shift their perceptions and encourage them to support their wives in using modern contraceptives. Building on this, the A360 amplify project, through the MMA program in Jigawa State, recognizes and engages WDCs as critical stakeholders. This engagement aims to enhance the demand for ASRH and foster an enabling environment for married adolescent girls to access SRH information and services.

To ensure sustainability and strengthen the transition to government-led adolescent sexual and reproductive health (SRH) programming in Jigawa state, the project aims to amplify the demand for SRH information and services, particularly among married adolescent girls. Through its key influencer engagement strategy, the project actively engages community gatekeepers, including Ward Development Committees (WDCs), leveraging their influence to complement the engagement of husbands.

## Objective

The study's objective was to qualitatively assess the role of WDCs in addressing sociocultural norms to access sexual and reproductive health (SRH) services among married adolescent girls aged 15-19.

## Methodology

The study employed a qualitative methodology and was carried out from March 2024 to July 2024. Data was collected in 4 weeks involving structured focus group discussions (FGDs) and in-depth interviews (IDIs). Three FGDs were conducted with Ward Development Committee (WDC) members and husbands of married adolescent girls across five LGAs in Jigawa State. Additionally, five IDIs were conducted with married adolescent girls within these LGAs. The approach aimed to reveal the role of WDCs in shaping the socio-cultural behaviors of husbands towards supporting their adolescent wives.

## Key Findings

The study reveals that Ward Development Committees (WDCs) play a crucial role in eliminating harmful social norms related to husbands' support for their adolescent wives in accessing sexual and reproductive health (SRH) services. Focus group discussions with husbands indicated that engagement with WDCs has positively shifted their perspectives on adolescent SRH, leading to increased support for their wives' access to SRH information and services. This engagement has dispelled myths and misconceptions, transforming harmful norms into beneficial social norms. In-depth interviews with married adolescent girls showed that they perceived increased support from their husbands, both in accessing SRH services and economically. These findings underscore the importance of involving husbands in efforts to dismantle harmful social norms and reinforce positive practices.

## Conclusion

The study highlights the significant role of WDCs in transforming harmful social norms, leading to greater husband support for adolescent wives' SRH needs. This support, including economic assistance, improves access to SRH services. Continued community engagement with community structures like the WDCs is essential to sustain these beneficial changes.

## Recommendations

Findings from the study recommended the need to intensify engagements in initiatives that drive positive shifts in husbands' perspectives, community-based education, and awareness campaigns. These initiatives should target not only husbands but also religious leaders, community leaders, and other male figures through the WDC who play influential roles in shaping social norms. Collaborating with various sectors, including education, religious institutions, and community organizations is key to creating a more holistic approach to addressing social norms. Additionally, to further understand the sustained impact of engaging WDCs in shifting social norms, a more granular study should be conducted.

## References:

- Ahissou NCA, Benova L, Delvaux T, et al. Modern contraceptive use among adolescent girls and young women in Benin: a mixed methods study. *BMJ Open* 2022;12:e054188. doi:10.1136/bmjopen-2021-054188
- Azuh, Dominic. (2017). The Role and Challenges of Ward Development Committees in Promoting Grassroots Health Awareness in Ogun State Nigeria. *IOSR Journal of Business and Management*. 19. 41-48. 10.9790/487X-1907014148.
- Wilson, M., Cutherell, M., Musau, A., Malakoff, S., Coppola, A., Ayenekulu, M., Mtei, E., & Ogbondemini, F. (2022). Implementing adaptive youth-centered adolescent sexual reproductive health programming: learning from the Adolescents 360 project in Tanzania, Ethiopia, and Nigeria (2016-2020). *Gates open research*, 6, 14. <https://doi.org/10.12688/gatesopenres.13589.1>

# Gender Dynamics and Immunization Dropout: Insights from Secondary Data in Nigeria

**Presenting Author:** *Haishat Olufadi-Ahmed*

**Contributing Authors:** *Raihanah Ibrahim, Susie Truog, Safiya Atta1, Ernest Ezeogu, Fatima Aiyelabegan, Eric Aigbogun, Emily Gibson, Oluwafunmike Ogwa*

## Affiliation:

- Solina Centre for International Development and Research, 8 Libreville Cres, Wuse 904101, Abuja, Federal Capital Territory, Nigeria.*
- VillageReach, 210 S Hudson St, Suite 307 Seattle, Washington, 98134, USA*

## Background

Gender disparities significantly affect access to immunization services. As primary caregivers, women's health literacy, decision-making power, and access to resources critically influence immunization for themselves and their children. Addressing these inequalities is essential for improving immunization coverage, ensuring equity, and enhancing health outcomes. This review examines gender-specific drivers of immunization delay and dropout in Nigeria as a prerequisite to a broader investigation into dropout at the MCV1 touchpoint.

## Objective

This review explores the national gender context in Nigeria, focusing on policies and practices impacting immunization access, demand, and supply at the 9-month touchpoint. It also considers influences from intersecting identities such as income, religion, and ethnicity.

## Methodology

The secondary data collection was based on a framework adapted from the Zero Dose Learning Agenda and JHPIEGO's Gender Analysis Framework. Key themes included national gender context, intent to vaccinate, access, and facility readiness. Data from academic and grey literature, national surveys, and policy documents, including the Multiple Indicator Cluster Surveys (MICS), were analyzed. Affinity mapping was used to systematically categorize data, helping identify patterns and insights for a more in-depth analysis.

## Key Findings

Analysis reveals significant gender disparities contributing to immunization dropout in Nigeria. Women's restricted financial and decision-making autonomy, lower account ownership, and limited participation in healthcare decisions hinder their access to vaccination services. High fertility rates, non-use of contraception, and maternal mortality complicate health outcomes, delaying vaccinations for children of deceased mothers. Women facing violence and reduced safety perceptions further struggle with accessing healthcare, worsening immunization dropout rates. Gender-responsive immunization programs face challenges such as inadequate policies, caregiver vaccine safety concerns, socio-economic barriers, and gender dynamics within households. Additionally, unstructured vaccination hours and unhygienic healthcare facilities exacerbate the issue.

## Conclusion

To reduce immunization dropout rates and improve maternal and child health, strategies must enhance women's autonomy, safety, and healthcare access. This includes improving financial independence, supporting decision-making, and addressing gender-based violence to create a conducive environment for better health outcomes.

# Married Men's Knowledge and Participation in Birth Preparedness and Complication Readiness in FCT Abuja, Nigeria: A Pathway to Gender Norms Transformation

**Presenting Author:** *Ukashah Hameedah Sulaiman*

**Contributing Authors:** *Dr. Augustine Ajogwu, Abdullahi Taqiyah Oyiza, Kshetu Bello Suleiman, Ukashat Aishah, Gani Muhammad Idris, Ukashah Khadijah Sulaiman, Ukashah Muhammad-Al-Mustapha Sulaiman*

**Affiliation:** *Nile University of Nigeria, Ahmadu Bello University Teaching Hospital*

## Background

Male involvement in maternal healthcare represents a transformative process of social and behavioral change. This critical shift enables men to play more proactive roles in maternal health, aiming to improve the well-being of women and children. Despite global advances in maternal and child health, Nigeria faces persistent challenges, particularly high maternal mortality rates. In Nigerian society, men traditionally hold decision-making power and financial control within households. However, they are often excluded from pregnancy and childbirth processes, contributing to delays in decision-making and inadequate preparation for childbirth complications. This exclusion exacerbates maternal and neonatal morbidity and mortality.

This study investigates married men's knowledge and participation in birth preparedness and complication readiness (BPACR) in the Federal Capital Territory (FCT), Abuja. The findings aim to address entrenched gender norms and contribute to improved maternal and child health outcomes.

## Objectives

1. To assess married men's level of knowledge in birth preparedness and complications readiness in the FCT.
2. To evaluate their involvement in preparedness and complication readiness during their partners' most recent pregnancies
3. To identify motivations, barriers, and reasons for male participation or non-participation in maternity care
4. To determine predictors of married men's participation in maternity care.

## Method

This research employed a community-based cross-sectional study design. A multistage sampling technique was used to select 400 married men aged 18 and above living in FCT, Abuja. Data collection utilized structured questionnaires.

The data were analyzed using IBM SPSS Statistics (Version 26). Quantitative variables were summarized with medians and ranges, while categorical variables were analyzed using frequencies and percentages. Associations between categorical variables were tested using Chi-square. Logistic regression identified factors influencing male participation in BPACR after controlling for confounding variables. Significance was set at  $p < 0.05$ , with adjusted odds ratios (OR) and 95% confidence intervals (CI).

## Key Findings

1. Awareness and Participation:
  - 70% of respondents were aware of the importance of antenatal care.
  - Only 45% actively participated in antenatal visits
2. Knowledge of Complications:
  - 60% of respondents could identify at least three major childbirth complications however, only 35% were adequately prepared to handle emergencies.
3. Predictors of Participation:
  - Men with better communication with their spouses were three times more likely to participate ( $p < 0.012$ , OR = 0.325)
  - Knowledgeable men were 5.6 times more likely to engage in BPACR ( $p < 0.003$ , OR = 5.6)
  - Men with more children were less likely to participate ( $p < 0.045$ , OR = 1.285)
4. Barriers to Participation:
  - Ignorance, work schedules, and negative attitudes from healthcare providers were significant barriers
  - Blood donation during antenatal care was notably low, with many men unaware of its importance

## Research Timeline

Training of mentors, MIPCAAs, and ANC experts was conducted in September 2023, baseline data collections in November 2023, and implementation commenced in December 2023 to date

## Discussion

The study revealed gaps in married men's knowledge and participation in maternal healthcare. Entrenched gender norms and socio-cultural factors significantly influenced their involvement. The most recognized complications include bleeding, swollen legs and faces, and prolonged labor. However, conditions like convulsions and altered fetal movements were often unrecognized, likely due to their less direct association with obstetrics. Encouraging men to understand these danger signs is critical. Husbands' awareness and readiness are vital in ensuring timely interventions and reducing maternal and neonatal mortality. Previous experiences with pregnancy strongly influenced male participation in subsequent pregnancies. Men with fewer children were more likely to engage actively, highlighting the need for consistent sensitization. Healthcare providers' attitudes were also a major deterrent, emphasizing the importance of training in interpersonal communication and patient engagement.

## Implications for Programming and Development

This study underscores the importance of male involvement in addressing Nigeria's maternal mortality crisis. Policymakers and stakeholders must prioritize transforming gender norms to encourage male participation. Targeted educational programs, community-based interventions, and inclusive health campaigns can significantly improve outcomes. Engaging men as stakeholders in maternal health not only enhances participation but also creates a supportive environment for women and children.

## Recommendations

1. Awareness Programs: Sensitization campaigns targeting men as critical stakeholders in maternal and child health.
2. Health Worker Training: Enhance interpersonal communication skills to improve attitudes toward men accompanying their spouses to healthcare facilities.
3. Community Engagement: Collaborate with religious leaders and traditional rulers to educate men on their roles in maternal health.
4. Policy Interventions: Develop inclusive antenatal programs specifically designed for male participation.
5. Workplace Flexibility: Encourage policies that support paternal involvement during antenatal, delivery, and postnatal periods.

# *Prevalence And Factors Associated With Female-Perpetrated Intimate Partner Violence Against Married Men In Rural Gwaqwa Community, FCT, Nigeria*

**Presenting Author:** Abdullahi, Taqiyya Oyiza

**Contributing Authors:** Dr. Augustine Ajogwu, Ukashah, Hameedah Sulaiman

**Affiliation:** Nile University of Nigeria

## Background

Local and International concerns about the issue of Intimate Partner Violence (IPV) continue to grow as it is a global plague that takes place in public and private spheres. However, most investigations and studies concerning domestic violence have centred on men alone, as the perpetrators of violence (as per gender norms and stereotypes that have men assumed to always be the initiators of violence or aggressors, while women are the sufferers of violence or victims in every relationship) to the extent that the term Intimate Partner Violence, Gender Based Violence, have become synonymous with Violence against Women (VAW).

Contrary to this popular belief, growing cases of men being victimized and abused by female perpetrators are an imminent reality. Thus, this study aimed to determine the prevalence and factors associated with female-perpetrated Intimate Partner Violence against married men in the rural Gwagwa community, FCT.

## Objectives

1. To determine the prevalence of female-perpetrated IPV against married men in the rural Gwagwa community
2. To identify the reporting patterns towards female-perpetrated IPV against married men in the rural Gwagwa community
3. To identify factors associated with female-perpetrated IPV against married men in the rural Gwagwa community
4. To explore the consequences/effects of female-perpetrated IPV against married men in rural Gwagwa community

## Method

A community-based descriptive cross-sectional study was conducted among 330 married men in rural Gwagwa community, FCT Nigeria to determine the prevalence and factors associated with female-perpetrated Intimate Partner Violence against them. It adopted a mix of both quantitative (via structured questionnaires) and qualitative (In-depth interviews among some of the respondents). Quantitative data collected were analyzed using the Statistical Package for Social Sciences Version 26 (IBM SPSS Inc., Chicago, USA). Thematic analyses were done for the qualitative data, to avoid unnecessary repetition in the recording of data. The entire research process (involving the construction of research tools, mobilization and training of research assistants, collection of data, and analysis) was conducted within a 7 to 8-month period.

## Key Findings

The study showed the general prevalence of IPV to be 33%, and the prevalence of forms of IPV (i.e., physical, emotional, and sexual violence) to be 25%, 52%, and 23% respectively. Wife earns more money ( $X^2 = 4.114$ ,  $P$ -value = 0.043) and wife accused respondent of cheating on her ( $X^2 = 5.061$ ,  $P$ -value = 0.030) were the factors found to be significantly associated with female-perpetrated IPV against respondents. Also, from the In-depth interviews conducted, perceived reasons for females perpetrated IPV against respondents were financial constraints, polygamy, and childlessness in marriage. The study also revealed a low reporting pattern of abuse among respondents either to family members, community/religious heads, or bodies of authority. Respondents who were victims of some form of violence reported to have suffered depression, physical injuries, and loss of confidence in themselves.

## Discussion

This study attempted to be one of some conducted to debunk the belief that only women are the victims of Domestic Violence or Intimate Partner Violence in heterosexual relationships. It showcased the reality of IPV to cut across gender, religion, and so on. As seen in this study, there was a general prevalence rate of violence against men (with patterns of physical, emotional, and sexual violence assessed) to be 33%. It could be implied that about 3 in 10 men evaluated, had suffered some forms of violence from their spouses. In addition, the low reporting patterns of abuse by men could be attributed to the fact that Nigeria, like other Sub-Saharan African countries, is patriarchal, where men have bloated egos and the culture of silence is deeply engraved into the fabric of society. Hence such men prefer to suffer in silence until it becomes critical to the point of facing life-threatening situations and perhaps death.

More so, the effect of gender stereotypes is so intense that men would often feel reluctant to report abuse by women due to embarrassment or fear that they would not be believed, or worse, that the police would assume that since they are male, they are automatically the perpetrators of violence and never the victims. Several studies have shown that domestic violence against men, is a regular occurrence in Nigeria as in other countries, but such cases are not reported due to stigma and male chauvinism. In addition, a review of other studies showed that domestic violence against men is associated with various mental health problems in men, such as stress, depression, psychosomatic symptoms, and psychological distress as was similarly revealed in this research. However, from this study, the effect of female-perpetrated IPV on respondents' children was relatively minimal as just a few of the respondents felt the social lives of their children were being threatened due to the occurrence of violence in the home. However, studies still show that domestic violence could take a huge toll on the lives of children. According to National Intimate Partner and Sexual Violence Survey (NISVS 2010) Children who witnessed domestic violence, learned violent behaviour as an acceptable form of communication. Consequently, children when they become mature, could be domestically violent with their intimate partners, thus they grow up in a climate of insecurity and anxiety.

Therefore, as a developmental implication, effective legislations that would employ inclusiveness of both genders need to be in place to address issues concerning domestic violence and spousal abuse, recognizing "Violence against Men" as an equally existing phenomenon that ought to be handled with great concern. This would help ease the burden of silence men have to carry around and also yield a positive shift in the cultural mindset of society regarding issues of violence perpetration and suffering.

## Recommendations

1. Advocacy and sensitization programs to enlighten and inform the public about the realities of gender-based violence, particularly female-perpetrated IPV, by government agencies, religious groups, schools as well as civil rights organizations
2. Counselling sessions before and during marriage should be considered of great importance to help determine the root causes of problems and establish common grounds between partners
3. Gender activism and sensitization platforms should advocate for a balance of power in relationships. Just as the rights of women are constantly being fought for, the rights of men need not be overlooked due to societal norms and gender stereotypes, as a good number of men could be victims of IPV and should be encouraged to speak up, rather than suffer in silence

# Promoting Community Health Providers Agency: The Role of Peer Mentoring in Knowledge Transfer among Community Pharmacists and Patent & Proprietary Medicine Vendors in Nigeria

**Presenting Author:** Jane Egbuchiem

**Contributing Authors:** Emeka Okafor, Michael Alagbile, Sikiru Baruwa, Toyin Akomolafe, Emmanuel Odiniya, Mary Ogholi, Queen Chimbiko, Sani Ochebo, Delafrida Ukaga, Judith Dogo

**Affiliation:** Nile University of Nigeria

## Background

Community health providers comprising Community Pharmacists (CPs) and Patent & Proprietary Medicine Vendors (PPMVs) are often the first point of contact for individuals seeking healthcare in remote or underserved areas in Nigeria. They bridge the gap between healthcare systems and the underserved, which allows even the most marginalized populations to receive the healthcare they need. Interventions recently focused on training these providers have been around sustaining quality of service provision and data reporting.

To address these gaps, the IntegratE Project goes beyond expanding access to healthcare, it also involves empowering CPs & PPMVs. Peer mentors are trained providers who are proficient in the provision of FP & PHC services, understand the national guidelines on health service delivery, and are consistent in timely report submission. This study explores the role of peer mentoring in reinforcing knowledge transfer and promoting community health providers' agency and confidence.

## Method

To gain insights into the role of peer mentoring among trained providers, the Society for Family Health through the IntegratE project, conducted in-depth interviews for 40 peer mentors, and online semi-structured questionnaires were utilized for 100 mentee PPMVs in four Nigerian states (Nasarawa, Kaduna, Enugu & Lagos) from June to July 2024. Participation was voluntary, confidentiality was assured, and consent was obtained from all participants. The responses were transcribed and analyzed using thematic analysis and chi-square to test relationship.

## Findings

Preliminary findings show that peer mentoring has emerged as a valuable tool in promoting the agency of community health providers and engaging peer mentors through a structured peer mentoring system with likely significant improvements in FP and PHC service delivery, data quality, data documentation and reporting, regulatory compliance, access to FP & PHC commodities, attendance to meetings, utilization of reporting tools and timeliness in report submissions. Lastly, the peer mentoring program built their capacity and enhanced their confidence to foster a culture of continuous learning and improvement within the community health ecosystem.

## Conclusion

As the demand for quality healthcare services continues to increase, the role of peer mentoring in strengthening community health systems, especially in underserved populations becomes increasingly paramount. The collaborative nature of peer mentoring fosters a sense of solidarity and shared responsibility among providers, leading to enhanced teamwork and knowledge exchange. Harnessing the transformative potential of peer mentoring will be of great benefit in the creation of sustainable improvements in healthcare service delivery.

# The Use of Faith Actors to Promote Positive Maternal Infant and Young Child Nutrition Behaviors Among Community Members in Nigeria

**Presenting Author:** Abiodun Adegbenro

**Contributing Authors:** Ramatu Iyimoga, Alhassan Alhaji Bulama, Farouk Umar Abdullahi Babafunke Fagbemi, Adewale Haastруп, Oluseyi Akintola, Charles Udennaka, Dr. Ojuolape Solanke, Dr. Kehinde Adeniyi, Dr. Ritgak Dimka Tilley-Gyado, Dr. Auwalu Kawu

**Affiliation:** Centre for Communication and Social Impact, Abuja Nigeria, Federal Ministry of Health (FMoH), World Bank

## Background

In Nigeria, women play a critical role as primary caregivers and food providers, wielding significant influence over dietary patterns and access to food within households and communities. This position is further underscored by the country's deep religious devotion, which grants faith actors a unique opportunity to impact health behaviors at both personal and community levels. Recognizing this potential, the Accelerating Nutrition Results in Nigeria (ANRiN) project was established to enhance maternal, infant, and young child nutrition (MIYCN) practices by directly addressing the social and cultural norms that shape nutrition in the country.

## Objective

The project's primary objective was to implement an innovative SBCC campaign led by faith leaders to improve knowledge, attitudes, and practices regarding MIYCN. This initiative aimed to increase the utilization of quality, cost-effective nutrition services for pregnant and lactating women, adolescent girls, and children under five in the participating states.

## Methodology

A formative assessment that combined desk reviews and qualitative methods was deployed. Focus group discussions (FGDs) were held to explore social and cultural norms affecting MIYCN behaviors, employing a semi-structured interview guide across 22 discussions with 109 women in 11 states (Abia, Gombe, Kaduna, Kano, Katsina, Kogi, Kwara, Nasarawa, Niger, Oyo, and Plateau). Faith actors were identified through stakeholder mapping and trained to deliver MIYCN messages during sermons and community events. Co-created messages, aligned with Islamic and Christian perspectives, were developed based on scriptural references. The ANRiN project also implemented routine monitoring, utilizing a customized tool to capture gender-disaggregated data on MIYCN information dissemination.

## Key Findings

The ANRiN project highlighted the role of faith actors in changing social and cultural norms around nutrition. Faith leaders effectively empowered women and encouraged men to engage in nutrition-related decision-making through their messaging platforms and the use of perspectives.

Routine monitoring showed that 6,605,331 individuals received MIYCN information, with 60% males (3,951,292) and 40% females (2,654,039). Faith leaders disseminated 7,475 MIYCN messages during sermons, 5,191 at key life events, and 4,492 through faith-based community social networks (FBCSN). This approach enhanced the visibility of MIYCN practices and integrated nutrition discussions into community life, demonstrating a successful model for engaging communities in health initiatives influenced by religious beliefs.

## Implications for Programming and Development

The project illustrates the value of leveraging community trust by integrating influential faith actors into health interventions, particularly concerning sensitive issues like gender norms and nutrition. It emphasizes the importance of gender integration in health programs, advocating for inclusive decision-making around maternal and child nutrition. It ensured sustainable behavior change and future programming could tailor SBCC to religious and cultural contexts, employing co-created, culturally relevant materials. Additionally, the success of routine monitoring for large-scale outreach underscores the potential for scalability, necessitating the development of tailored monitoring tools to capture gender-disaggregated data for informed program adjustments and impact measurement.

## Conclusion

The project Faith actors played a pivotal role in the ANRiN project's success, facilitating gender integration and effective messaging reach. By harnessing the influence of faith actors and customizing messages to specific communities, the project successfully engaged a large proportion of both men and women, fostering the adoption of healthy behaviors and enhancing overall community impact. was implemented over six months

## Recommendations

- Future health communication programs should continue to leverage faith actors' influence to positively change community beliefs and behaviors on MIYCN and other thematic areas such as family planning, maternal health, and child immunization, to leverage their broad reach
- The ANRiN project reached more males than females because the religions practiced in Nigeria are largely male-dominated. More targeted strategies to empower and engage women through faith actors should be considered. The routine monitoring strategy should include qualitative data collection to gain deeper insights into behavior change and barriers to MIYCN adoption, enriching feedback for program improvement. Given the project's success in 11 states, scaling up to additional states using more targeted strategies is advised.

# *The influence of social norms on the access and utilization of sexual and reproductive health services by adolescents in Tamale, Ghana*

**Presenting Author:** *Stephen Agbenyo, Ph.D*

**Affiliation:** *Savana Signatures, Ghana*

## Background

In Ghana, young people make up a higher portion of the population and it is estimated that by 2030, there will be a total of 8,955,000 young people living in Ghana. Social stigma remains about young people's reproductive health concerns and health-seeking behaviours [1]. It is challenging for young people to access healthcare because many healthcare professionals who work with them still find it difficult to broach the delicate subject of reproductive health.

Using mobile phones to improve health behaviours and services, is a promising way to connect young people to health information and services. It gives people the privacy, convenience, and access they need, and young people find it especially easy and appealing to use. Mobile phones are an easy, efficient, and cost-effective way to reach and talk to young people about SRH issues [2]. Even though there is a need for young people to have access to information about their sexuality, there are socio-demographic factors that have prevented young people's access to SRH. The Ghanaian culture considers discussions about sexuality as a sacred topic for young people; thus, teaching about sexuality is generally perceived as introducing young people to early sexual intercourse [3]. Parents hold the position that cultural taboos prevent the education of young people on sexuality. For example, among some ethnic groups in Ghana, it is considered an abomination to talk about sexual issues with a child because the belief is that the child would be 'spoilt'. This further goes to the point where even if the child needed to find out certain things about sexuality, the child was told he or she was not of age to know about such issues [4].

The socio-cultural factors such as stigma, myths, and misconceptions are reported to have negatively affected the provision of reproductive health services and hindered the delivery and utilization of sexual reproductive health services for young people [5]. [6] also found that specific demographics significantly influence decisions to use mHealth, and they found that students' socio-demographic characteristics such as ethnicity, class, and monthly income predicted mHealth use with significance; however, religion insignificantly predicted the use of mHealth. Additionally, age and education, moderate the relationship between performance expectancy and social influence [7]. Thus, this research aimed at the influence of socioeconomic status, education, and religious affiliation on the use of mobile phones to access reproductive health services in Tamale, Ghana.

### **Objective**

The purpose of this study was to investigate the social influence on young people's healthcare choices to broaden awareness of how social influence impacts healthcare choices, particularly using mobile phones to access reproductive health services.

### **Method**

The research used a mixed-method design. The sample size was 397 young people, selected from peri-urban, low-income, middle-income, and high-income residential areas in the Tamale Metropolis of Ghana. The sample size was determined based on Krejcie and Morgan's, sample size calculation and determination [8]. The stratified multistage sampling technique was used to achieve this study's research goals and reach the 397-sample size.

The study's target population was young individuals aged 10 to 24 from 6 selected peri-urban high, middle, and low-income settlements in Tamale (Vittin Target, Tutigli, Kalariga, Tishigu, Warizehi and Lamashegu). Young people who have access to a mobile phone met the study's inclusion criteria. Young people aged 10 - 24 years located within six (6) selected communities in Tamale were interviewed. The respondents were selected using a stratified multistage sampling strategy. Data was gathered between December 2021 and April 2022. The research used descriptive statistical and multiple logistic regression to analyze the research data.

### **Result**

There were 397 respondents interviewed from the selected communities in the Tamale Metropolis. The participant's age ranged from 10 years old at the youngest to 24 years old at the oldest. 23.49.6% of the participants were males and 50.4% were females. This research found that four weeks before the survey, the average number of friends that respondents had contacted regarding the use of mobile phones to access reproductive health was a mean of 0.8, with a maximum of 6 friends that they approached regarding the use of mobile phones to access reproductive health. The findings suggest that young people are in contact with their peers when it comes to their reproductive health care needs.

The study found that young people feel confident and comfortable discussing their reproductive health needs with their peers because they are more assured of confidentiality and privacy when dealing directly with them. Most (81.1%) of the study respondents reported that they have a champion they follow online regarding their reproductive health-related issues.

This view is also shared by participants of a focus group discussion on how beneficial online champions are "Sometimes online champions provide guidance when you have challenges, through this, you also learn that you can use your mobile phone to access reproductive health. When you are in need and the only solution they have for you is through the use of the mobile phone to access the information, you have no option but to take it. They can tell you that with the mobile phone, you will not be stigmatized and will have your privacy" (WG24).

The study further found that 55% of young people who had online champions were found to exhibit high usage of mobile phones to access reproductive health services compared to the 45% of young people who did not have online champions exhibiting high usage of mobile phones to access reproductive health services. Similarly, 91.2% of young people who have friends who expect them to share reproductive health information with them report a high usage of mobile phones to access reproductive health services. The binary logistic analysis on social influence and the use of mobile phones to access reproductive health services by young people (Table 4.10) shows that having an online champion is a significant determinant of ( $p < 0.001$ ).

The results of the marginal effect model on social influence and the use of mobile phones to access reproductive health services by young people show that the average use of mobile phones to access reproductive health services by young people who had an online champion was 33% higher compared to those who did not, a difference that is statistically significant based on the p-value ( $p < 0.00$ ).

## Conclusion

The findings of this study bring to the fore the impact of social influence on the decision-making of young people. Social influence demonstrates how young people are affected by the opinions, judgments, and behaviour of friends or peers. Young people may feel confident and comfortable discussing their reproductive health needs with their peers because they may be assured of confidentiality and privacy when dealing directly with their peers.

# The Transformative Power Of Psychosocial Support In Shaping Gender Norms & African Women Advancing Entrepreneurs

**Presenting Author:** Sharon Madaki

**Contributing Author:** Victor Igharo, Grace Oluchi

**Affiliation:** Sociocapital Impact Group, Nigeria, Growth4Her Nigeria

## Background

Women are the backbone of the African economy, with 26% of female adults in sub-Saharan Africa engaged in entrepreneurial activity[1]. Women-owned small and medium enterprises (SMEs) make significant contributions to the economies in which they operate. According to the International Finance Corporation, there are an estimated 8-10 million formal SMEs across the world fully or partially owned by women[2]. In Nigeria, there is a high-level participation of female entrepreneurs driven mainly by necessities commonly associated with emerging markets. This has a positive connotation as Nigerian women, according to a PwC report, account for 41% of the ownership of micro-businesses with 23 million female entrepreneurs operating within this segment[3]. Despite their significant contributions to economic development and potential to add US\$12 trillion to global GDP by 2025 women entrepreneurs face disproportionate challenges[4].

The interrelation between individual and environmental normative factors significantly impacts the business growth of women entrepreneurs. Individual factors like care responsibilities, education, and personal experiences, combined with external factors such as cultural restrictions and gender biases, hinder their decision-making and growth. Despite efforts to provide essential skills, a critical gap exists in psychosocial support, which is essential for resilience in volatile economies.

## Objective

Introducing the psychosocial support component in entrepreneurial innovative programs (incubator & accelerator) will help female entrepreneurs rise above their individual, social, and environmental limitations so that they are well primed for growth and economic resilience. Using Sociocapital's Discover-Uncover-Recover-Action (DURA) framework, our psychosocial support component seeks to:

- Help women identify their unique attributes and psychosocial needs that contribute to improving their businesses to survive, thrive, and grow within a rapidly evolving entrepreneurial ecosystem
- Assist women to unpack the external social, cultural, and physical perspectives that act as facilitators and inhibitors of individual commitment to the innovation and entrepreneurial growth journey
- Help women understand that their personalities influence 'what they do and why they do so', so they are better able to understand, engage, and respond to external changes in their entrepreneurship journey whether those changes are influenced by policies, human resources, market shifts or finance
- Activate critical mindset shifts based on individual levels of preparedness to engage in activities typically associated with entrepreneurship.

## DURA Methodology:

The DURA framework, grounded in behavioral economics and human-centered design, integrates psychosocial support with gender norm awareness to enhance resilience and innovation among African female entrepreneurs.

## Phases:

### 1. Profiling:

- Discover: A pre-assessment was conducted using Sociocapital's Psychosocial Quotient (PQ) Test, tailored to examine gender norms affecting female entrepreneurship. This assessment evaluated participants' psychosocial preparedness, considering societal, cultural, and business challenges specific to female entrepreneurs.
- Uncover Workshop: An inception workshop followed the PQ pre-assessment test and it focused on understanding the gender biases and norms that shape entrepreneurial journeys. During this workshop, we presented the pre-assessment results, explored female innovator archetypes, and facilitated values clarification. Breakout sessions were also incorporated to encourage participants to discuss personal experiences of gender-related challenges in business.

## 2. Recovery:

- **Type-Testing:** Participants underwent a Gendered MBTI (Myers-Briggs Type Indicator) assessment, highlighting how personality traits intersect with gender norms to shape their entrepreneurial behavior. Results were shared during a follow-up Focus Group Discussion (FGD), where participants reflected on how their personality types influence their approach to business challenges.
- **Mapping Workshop:** We provided participants with insights into how different personalities navigate societal expectations and gender norms, fostering self-awareness and collective resilience.

## 3. Action (Intervention – Empowerment):

- **Mind-modeling Clinics:** It involved four sessions where we created a safe space for participants to tackle gendered challenges, share experiences, and receive psychosocial guidance. Participants form peer support groups, with clinics addressing both shared and individual concerns.
- **One-on-One Mentorship:** Each participant had a session with a psychosocial mentor (psychotherapist, psychologist, or coach) to delve deeper into personal or gender-related business challenges.

## Post-Assessment

After the program, we conducted a post-review using the same PQ framework from Phase 1. This will measure shifts in psychosocial readiness, gender norm perceptions, and entrepreneurial resilience, comparing pre- and post-assessment results to gauge progress.

## Key Findings

This framework was incorporated into a tailor-made accelerator program – Growth4Her - designed to support female entrepreneurs in Small and Growing Businesses (SGBs) in Africa by equipping them with the strategies, tools, and techniques for psychosocial readiness required to drive entrepreneurial excellence and business growth. Implemented over two years, through a structured accelerator program delivered in three cohorts, over 200 female entrepreneurs from Nigeria and Cameroon with diverse levels of education, and years of entrepreneurship experience have been supported to overcome their cognitive, emotional, and social barriers to success and improve their likelihood of business success.

In our recent assessment of the Psychosocial component of the Growth4Her Accelerator Program, we adopted a quantitative data collection method conducted with 41 graduating female entrepreneurs aged 18–45 years who actively participated in the 3rd Cohort from start to finish. The data was collected through computer-assisted questionnaires shared with the participants through their electronic mail. The data collected were analyzed using both descriptive and inferential statistical methods. Before the program, respondents felt hesitant about discussing their businesses (mean score 2.8), but this improved to 3.5 post-program. Confidence in pitching to stakeholders increased from 3.2 to 4.1. Perception of access to psychosocial support rose from 2.7 to 3.0, reaching an acceptable threshold. Mental strength improved from 3.2 to 3.8, while emotional stability rose from 3.1 to 3.6, indicating greater resilience. Finally, confidence and willpower to succeed increased from 3.4 to 3.7, showing the program's overall positive impact on their entrepreneurial self-efficacy and determination.

Fig. 1 shows participants' mean scores before and after the 12-week program.

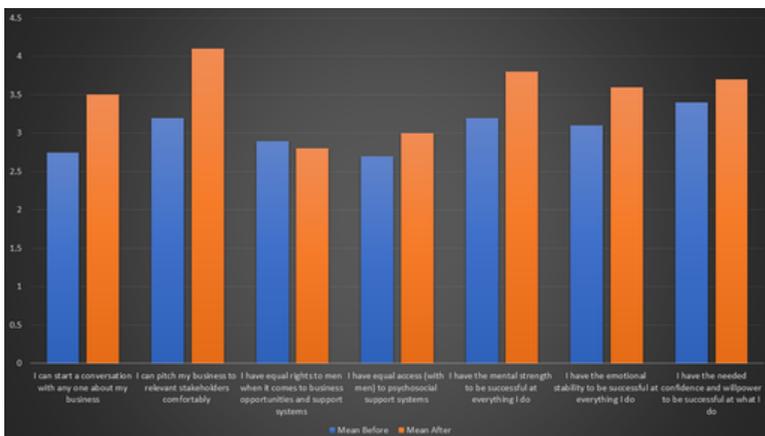


Fig. 2 shows the relevance of Psychosocial sessions in The Accelerator Program

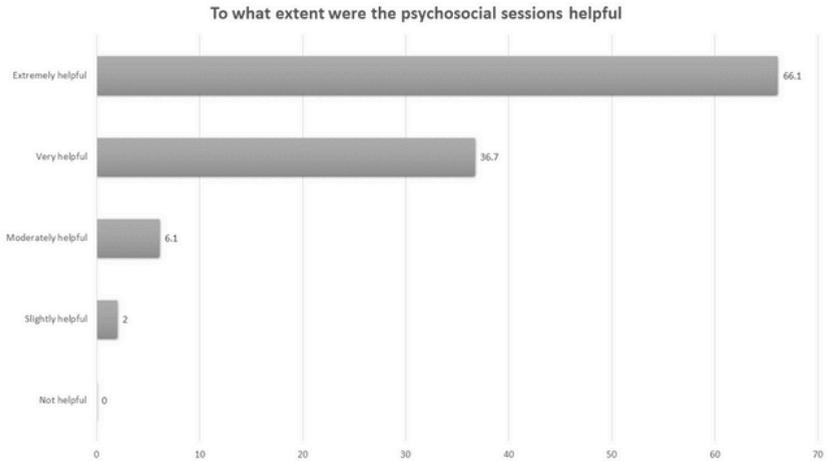
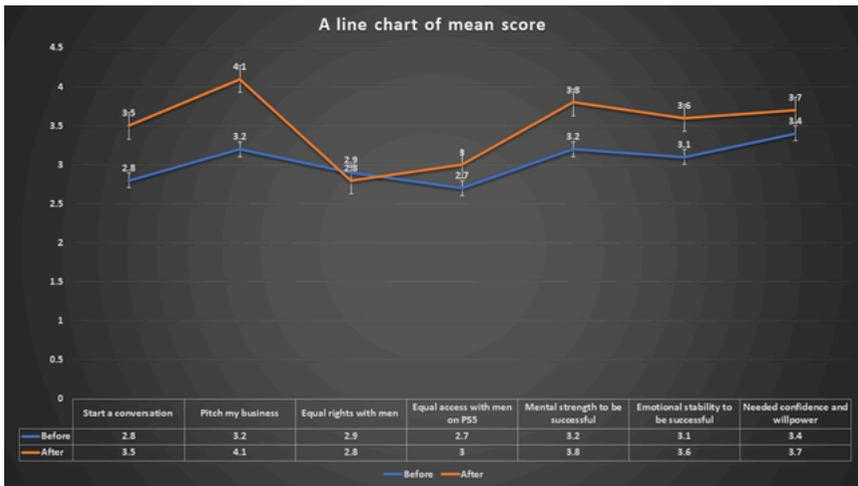


Fig. 3 shows the mean scores of participant's confidence levels before and after the Program



### Implications

Incorporating psychosocial sessions into accelerator programs is crucial as they build resilience, helping women overcome normative barriers in entrepreneurship. This enhances self-awareness, crisis preparedness, and emotional stability, positioning them to attract the right-sized investments. Strengthening psychosocial resilience is a critical factor in driving business success and investment readiness.

- Global Entrepreneurship Monitor (2017) GEM women's entrepreneurship report 2016/2017. Available on <https://www.gemconsortium.org/report/49860>
- IFC/GPFI: Strengthening Access to Finance for Women-Owned SMEs in Developing Countries, 2011
- 3 Women and the Changing Face of Entrepreneurship in Africa; Conference, Harvard University, October 1-2, 2020, [https://africa.harvard.edu/files/african-studies/files/women\\_and\\_the\\_changing\\_face\\_of\\_entrepreneurship\\_in\\_africa\\_revised\\_concept\\_note.pdf](https://africa.harvard.edu/files/african-studies/files/women_and_the_changing_face_of_entrepreneurship_in_africa_revised_concept_note.pdf)
- Roland Berger: (2018) Women in Africa Entrepreneurship Study - <https://www.rolandberger.com/en/Publications/Africa-First-female-entrepreneurs-in-the-high-tech-sector-as-new-role-models>

# Transforming Lives: Impact of Economic Empowerment Initiatives for Adolescent Girls in Ogun State



**Presenting Author:** *Onyinye Ojeh*

**Contributing Authors:** *Emmanuela Oshone Erwat, Evelyn Orakwelu, Jane Adizu1, Chinedu Onyezobi, Jennifer Anyanati*

**Affiliation:** *Society for Family Health (SFH Nigeria)*

## Background

This abstract highlights findings from an impact assessment of the Adolescent360-Total Energies Health and Economic Empowerment Project (A360-THEEP) conducted in Ogun State, Nigeria. Implemented by the Society for Family Health, the intervention aimed to empower girls and young women through economic empowerment, health promotion, and education. Phase 1 focused on community engagement, awareness raising, and the Love, Life, and Health (LLH) Sessions, providing essential skills to project beneficiaries. Phase 2 involved vocational training in catering and fashion design, with ongoing capacity building and collaboration with local businesses. The assessment, conducted six months post-implementation, evaluated the project's impact on the girls, their families, and communities.

## Objectives

The objective of the assessment was to:

- Analyze the immediate impact of the economic empowerment program, focusing on the catering and fashion design training received by the girls in the last six months.
- Evaluate how the training has improved the girls' perception of financial independence and their ability to make informed financial decisions
- Examine the extent of change caused by the intervention, particularly in terms of the girls' transformation and its broader social impact

## Methodology

The assessment adopted a qualitative approach, employing semi-structured interviews to gather data from participants and their guardians. Data collection involved both telephone and face-to-face interviews. The primary inclusion criterion was participation in the second phase of the project, ensuring direct experience with the economic empowerment programme.

## Findings

The assessment findings demonstrate the significant positive impact of the economic empowerment program on the girls, their families, and communities. Before the intervention, many girls were unemployed, but following the training in baking and fashion design, most transitioned to self-employment. This has led to financial independence, with some girls earning up to 30,000 naira monthly and contributing to household expenses. The program also boosted the girls' confidence, motivating them to set new personal and business goals. Parents noted their daughters' increased maturity and dedication, with many gaining recognition as role models within their communities. Overall, the intervention successfully empowered the girls both financially and socially, contributing to their personal development and community standing.

## Research Timeline

The assessment was conducted six months after the intervention, providing sufficient time to observe the short-term outcomes of the economic empowerment program. This period allowed participants to apply the skills they had acquired and for measurable changes in their financial independence and social roles to emerge. Data collection was completed within one week, utilizing a structured approach to gather responses from the participants efficiently. Following data collection, the analysis and report drafting were accomplished over two weeks. This phase involved processing and interpreting the data to produce actionable insights.

## Implications for Programming and Development

The implications of this study for programming and development are significant, particularly in the areas of economic empowerment, gender equality, and community-based development. The findings of the intervention indicate that group-based economic empowerment models, such as the one employed in this project, can effectively enhance financial independence and social standing for young women. This suggests that similar programs could be implemented on a broader scale to drive economic growth and improve the livelihoods of women in underserved communities. For development programming, the study highlights the importance of providing targeted skill training (such as in catering and fashion design) alongside business development support to foster self-employment and entrepreneurship among women. Moreover, the positive social impact seen in the girls' communities—where participants are now role models—underscores the ripple effect that empowering women can have on broader societal development. However, the study also points to sustainability challenges, such as the need for continuous mentorship and financial support to overcome barriers like limited access to capital.



## Recommendations

- The study recommends that future economic empowerment programs incorporate long-term financial assistance, market access strategies, and partnerships with local businesses to ensure the sustained growth of participants' enterprises. Providing financial support, such as grants or loans, will help alleviate the financial constraints that participants face, enabling them to scale their businesses. Additionally, creating pathways to access broader markets and establishing connections with local businesses will allow participants to expand their customer base and enhance their opportunities for practical work experience.
- Ongoing mentorship is also highlighted as a critical component, ensuring that participants continue to receive guidance and adapt to challenges in running their enterprises. Expanding the program to reach more participants in different communities is recommended, as it can lead to broader social and economic development. Lastly, fostering community engagement by involving families and local stakeholders can strengthen the support system for participants, amplifying the program's overall impact.

These recommendations aim to ensure the long-term sustainability of empowerment initiatives, fostering individual growth and community-wide economic advancement.

## Understanding and Mitigating Tuberculosis Stigma: Insights from Kano State, Nigeria

**Presenting Author:** *Emmanuela Oshone Erwat*

**Contributing Author:** *Onyinye Ojeh, Evelyn Orakwelu, Jane Adizue, Chinedu Onyezobi, Jennifer Anynat*

**Affiliation:** *Society for Family Health (SFH) Nigeria*

## Background

Tuberculosis (TB) is a global health issue that negatively impacts both social and familial relationships, while also carrying significant economic and health consequences. TB patients and their families often face stigma, which can manifest as "enacted TB stigma," where others exclude or devalue them, or "perceived TB stigma," where individuals feel inadequate due to expected negative reactions to their diagnosis. Both forms of stigma can delay diagnosis and hinder treatment adherence. Several organizations, including the Stop TB Partnership, the KNCV Tuberculosis Foundation, and the Global Coalition of Tuberculosis Activists, have recently worked to reduce TB stigma through changes in TB care practices. Studies indicate that TB stigma varies within and across countries, though the influence of socio-cultural factors on this stigma remains insufficiently understood. Addressing TB stigma requires a deeper understanding of these socio-cultural contexts, which will aid in developing control measures at individual, group, and systemic levels to reduce barriers to diagnosis and treatment.

## Objective

The specific objectives of this assessment are in line with the Stop TB stigma assessment objectives and they include:

1. To understand the level and dimensions of anticipated stigma, self-stigma, enacted stigma (stigma directly experienced), and observed stigma among people diagnosed with TB
2. To understand the level and dimensions of secondary TB stigma, stigma directly experienced, and stigma observed by family members / primary carers of people diagnosed with TB
3. To understand the level of perceived TB stigma against people diagnosed with TB in communities and the stigma observed by the community
4. To understand the level and dimensions of perceived TB stigma against people diagnosed with TB in healthcare settings and stigma against Healthcare workers
5. To support the development of recommendations to address TB stigma in order to reduce peoples' vulnerability to TB infection, increase peoples' access to TB services and improve treatment outcomes.

## Methodology

A mixed-methods approach was employed to gather comprehensive data on TB stigma. The study involved structured and semi-structured interviews with a total of 247 respondents, categorized into four groups: TB patients (187), treatment supporters (20), community members (20), and healthcare workers (20). The interviews were conducted using validated TB stigma scales, and data collection spanned four local government areas: Fagga, Dala, Nasarawa, and Gwale. Quantitative data were analyzed using statistical methods, while qualitative data provided contextual insights into the experiences of stigma.

## Findings

The study revealed high levels of self-stigma among TB patients, manifesting as social withdrawal and fear of disclosing their TB status. A significant majority of respondents reported feeling hurt by others' reactions, choosing to hide their diagnosis, and experiencing emotional distress. Secondary stigma affected family members, leading to social isolation and altered interpersonal relationships.

Community attitudes further exacerbated the stigma, with prevalent misconceptions and discriminatory behaviours towards TB patients. Healthcare workers also exhibited stigmatizing attitudes, impacting patient care and adherence to treatment protocols. Observed stigma in various settings, including healthcare facilities, communities, homes, and workplaces, hindered individuals from seeking timely and appropriate care.

### Research Timeline

The research timeline was structured to ensure efficient data collection and thorough analysis. The data collection exercise spanned approximately six days, preceded by a one-day training session for the 12 data collectors. Following data collection, the research team dedicated three weeks to data transcription, analysis, and report drafting. This period allowed for a detailed interpretation of the findings and the preparation of the final report, ensuring that the results accurately reflected the study's objectives and insights.

### Implications for Programming and Development

The complexity of TB stigma, which spans individual, community, and systemic levels, implies that a single intervention will not be sufficient. Instead, comprehensive, multilevel interventions are needed to address the different forms of stigma and ensure more equitable access to care for TB patients. These findings underscore the importance of integrated efforts across healthcare systems, communities, and policymakers to effectively reduce TB stigma and improve health outcomes.

### Recommendations

- To effectively address tuberculosis (TB) stigma and improve patient outcomes, the study recommends several key actions.
- Targeted anti-stigma programs should be developed to address both self-stigma and community-driven stigma, promoting empathy and awareness about TB. Engaging community leaders and religious figures is vital, as they can influence public attitudes and encourage openness about the disease. Healthcare workers should undergo training to eliminate stigmatizing behaviors and provide compassionate care
- Additionally, psychosocial support systems for families of TB patients are recommended to help them cope with secondary stigma and actively support their loved ones. Advocacy efforts should focus on policy reforms to protect TB patients from discrimination and ensure equal access to healthcare services
- Comprehensive public awareness campaigns are essential to dispel myths, reduce fear, and promote the message that TB is curable, creating a more supportive environment for those affected by the disease

## Women's Health–Promoting Access and Equity Case study: Strengthening Multi-level Partnership for Advancing Women's Health in Nigeria project

**Presenting Author:** *Oluyemi Abodunrin*

**Contributing Author:** *Babafunke Fagbemi, Abiodun Adegbenro, Toyin Akande, Sakina Bello, Nancy Weng Zi*

**Affiliation:** *Centre for Communication and Social Impact (CCSI) Nigeria, Pathfinder International*

### Background

Nigeria, the most populous country in Africa, faces significant challenges in women's health. The country has one of the highest maternal mortality rates globally. Many women lack access to skilled birth attendants, quality healthcare facilities, and essential maternal healthcare services. Women often struggle to access contraception, family planning services, and safe abortion care, leading to unintended pregnancies, unsafe abortions, and related health risks. Several factors are responsible for limiting women's access to quality healthcare. Cultural and religious norms, inability to make decisions, and lack of limited education, limit their ability to protect their health and well-being. Poverty and economic inequality exacerbate women's health challenges, as they often have limited access to resources and opportunities in Nigeria, especially in Lagos and Kano States.

Lagos, as Nigeria's largest city and economic hub, presents a unique set of challenges and opportunities for women's health. While there are relatively more healthcare facilities and services available in Lagos compared to rural areas, access to quality care is still limited for marginalized populations. Factors such as overcrowding, poverty, and cultural barriers majorly hinder women's ability to access and utilize healthcare services

Kano, located in northern Nigeria, faces distinct challenges related to women's health. Similar to Lagos State is faced with cultural and religious practices, such as early marriage and female genital mutilation, which have significant negative impacts on women's health. Limited access to healthcare facilities, particularly in rural areas, combined with poverty and economic inequality, further contribute to the challenges faced by women in Kano.

To tackle the challenges faced by women, several programs have been implemented, including the Strengthening Multi-level Partnership for Advancing Women's Health in Nigeria project jointly implemented by Pathfinder International and the Centre for Communication and Social Impact (CCSI). Pathfinder, with CCSI, proposes 12 months of support to the Nigerian government at the national level and in Kano and Lagos states. The goal is to implement favorable policies and sustainable financing for women's health, with a specific focus on maternal and newborn health (MNH) and FP. The proposed intervention aims to identify and engage existing and new platforms and voices strategically.

### **Objective**

The project objective is to shape the advocacy agenda and build capacity for evidence-based advocacy using the SMART approach. This approach will enable proactive engagement with sub-national executive and legislative stakeholders to promote ownership and accountability for women's health.

### **Methodology**

Before implementing the project, a literature review was conducted to identify gaps in existing women's health policies. The review included both qualitative and quantitative published studies from 2014 to 2024. A total of 32 papers were examined from Google Scholar, PubMed Central, JSTOR, and WHO Global Health Library databases.

A three-day workshop on SMART Advocacy and Media Training was conducted to present the findings of a literature review on state-level policies to key stakeholders including officials of advocacy groups and journalists. The workshop aimed at equipping the stakeholders, with the skills to advocate effectively for women's health policies. These skills included strategies to utilize in engaging government executives, amplifying policy messages, and holding the government accountable for implementing these policies. To amplify awareness of government initiatives to improve women's health, policy briefs were developed and disseminated. Additionally, webinars were conducted to facilitate in-depth discussions among officials, and weekly media appearances were used to sensitize community members about existing women's health policies.

### **Findings**

Findings revealed that the government of Nigeria has implemented several policies aimed at improving women's health and well-being. These policies address various aspects of women's health, including reproductive health and maternal and child health. Lagos and Kano, like every other state adopted several national women's health policies, including free family planning, task shifting and sharing, health financing, and free maternal and child health. However, the implementation of these policies faced challenges, including financial constraints, unstructured data management, human resource shortages, insufficient government commitment, limited policy awareness, and cultural and religious barriers.

Advocacy groups and journalists in the implementing states are actively working to hold the government accountable for implementing women's health policies. They are engaging with government executives through advocacy visits and promotion of the policies through media appearances, including social media. Advocacy efforts focused on advocating for increased budgetary allocations, urging stronger government commitment, and amplifying policy messages at both government and community levels.

The Strengthen Multilevel Partnership advocacy has yielded significant outcomes at both the state and community levels. At the state level, efforts have successfully pressured the government to release funding and ensure adequate supplies at health facilities. Additionally, the advocacy has raised public awareness of women's health issues, prompting government action. This increased awareness has piqued the interest of community members.

### **Implication**

The success of advocacy and promotion projects for women's health depends on collaborative efforts among relevant stakeholders. Engaging with stakeholders at both sub-national and national levels is essential for ensuring that policies are aligned with local needs and that accountability mechanisms are in place.

Evidence-based advocacy, grounded in literature reviews or research, is crucial for presenting compelling arguments and tailoring strategies to address specific challenges. Investing in capacity building for advocacy groups is essential for sustainable impact, thereby empowering individuals to become effective agents of change.



ANGLOPHONE WEST AFRICA  
SOCIAL NORMS  
& AGENCY  
LEARNING  
COLLABORATIVE



[https://x.com/LC\\_SocialNorms](https://x.com/LC_SocialNorms)



<https://www.linkedin.com/company/west-africa-social-norms-and-agency-learning-collaborative>



<https://www.facebook.com/people/Anglophone-West-Africa-Social-Norms-Agency-Learning-Collaborative/100094382533784/>



<https://www.youtube.com/@socialnormslearningcollabo1119>

Book of Abstracts- 2024 SOCIAL NORMS CONFERENCE  
From Research to Reality: Sociobehavioural Solutions For  
Accelerated Human Capital Development.  
Abuja, Nigeria 5th-6th November, 2024