

# NURHI 2

## Nigerian Urban Reproductive Health Initiative

### **NURHI 2 Youth and Adolescent Program Study Tour** 1 – 2 November 2017

Over the years in Nigeria, the health care of youths and adolescents was included in the various health interventions under paediatric health, psychiatry, internal medicine and gynecology, but none of these focused exclusively on youths and adolescents. However, because of the rapidly expanding adolescent population and a progressive understanding and recognition of adolescent physical, emotional and intellectual growth – there has been a rapid response to address the growing needs of this group of young persons. It is of concern, therefore, that youths and adolescents do not have access to high-quality sexual and reproductive health care programs that meet their needs and empower them especially access to high-quality and use of modern family planning contraceptives. They are deprived of information, discriminated against and stigmatized.

During the implementation of activities in NURHI Phase I, the project did not focus on adolescents and youth. This was because the percentage of adolescents and youth who were sexually active and did not desire to be pregnant was too low to provide a meaningful increase in CPR and priority at that time was on proving the CPR in Nigeria with strategic interventions aimed at women aged 24-35 and older. However, social behavioural change materials, and service delivery materials testing often included younger women to be sure they were acceptable to them, but the target group was the core child bearing years.

From the endline research conducted on NURHI activities in Phase I, results showed some level of impact on youth and adolescent health in NURHI implementation cities. Based on these evidence, a youth and adolescent program is intended and this is being incorporated into the NURHI 2 basket of models to be tested.

A study tour of CSOs and NGOs that are involved in youth and adolescent program especially as it relates to family planning was planned and during the tour, the team visited several

organizations and institutions focused on providing adolescent health services. The sites visited were chosen because they represent different institutional structures and service delivery locations, types, and models. These visits provided examples of health services being delivered specifically to adolescents, and they helped the team gain insight into various services, settings, financing arrangements, partnerships, approaches to coordination of care, and care models used in Lagos State to meet the health service needs of youths and adolescents. A description of each site and what was learned from these visits is presented below:

### **Study Tour Objective**

- Learn best practices in youth and adolescents Sexual and Reproductive Health Right/Family Planning programming in Kaduna State
- Know more about why many young persons are still unable to access and use modern contraceptives
- Learn more from CSOs/NGOs that have made great progress in increasing access to and use of contraceptives by adolescents; and
- Learn more about new opportunities that exist for improving adolescent health

### **Leading/Guiding questions during the study tour**

1. What are the best ways/means of talking to young people about sexual and reproductive health or family planning?
2. Who are the key influencers affecting young people's access to contraceptives?
3. From where do young people get information on sexual and reproductive health and services?
4. What are the gaps in current SRHR/FP service delivery to young people?
5. How can we get more young people to utilize SRHR/family planning services?

### **The NURHI Team Participants;**

- 1) Kabir Abdullahi, State Team leader, Kaduna
- 2) Oris Ikiddeh, Knowledge Management Officer, AHQ
- 3) Margaret Bolaji, Youth Program Advisor AHQ
- 4) Adetoyeke Adedipe- Program Operations/Logistics Assistant, AHQ
- 5) Akiode Ayobami- Research and M&E officer
- 6) Aisha Waziri, Youth Program Officer – Kaduna

#### **1. Global Initiative for Women and Children (GIWAC)**

GIWAC was founded in 2003 to reach out and support vulnerable women and children through advocacy activities. The initiative also promotes and intervenes in specific causes (rape, reproductive health rights and early marriage, and health information to young people). Over the years, several skill acquisition trainings for women and marginalized widows have been conducted and mini-scholarship support provided for indigent kids of widows.

Its health intervention with young persons are on providing sexual and reproductive health and rights information as well as non-prescriptive services like condoms while referrals for clients to access other prescriptive services. GIWAC implemented a female condom advocacy campaign to promote use of female condoms. Other platforms for used for the dissemination of sexual and reproductive health rights information to young people are: Orphans and Vulnerable Children Program (OVC): GIWAC has an existing OVC program working with children who are victims of HIV/AIDS; Support Group: GIWAC has support groups for rape survivors, child marriage victims and women who have gone through any form of abuse; and Kids and Youths Club: GIWAC has a kids and Youths club for adolescents and youth where they learn about personal hygiene, menstrual cycle, reproductive system, STDs, etc. through these clubs, information on sexual and reproductive health and rights are passed across.

## **2. Society for Family Health (SFH)**

The youth and adolescent intervention of the Society for Family Health (SFH) in Kaduna State is on HIV/AIDS related issues. However, SFH also has a family planning program – Adolescent 360 Project that works with women of reproductive age and married young persons but with limited focus on unmarried adolescents and youths. Adolescent 360 Project was set in motion with the conducting of a formative research and testing of prototype for about a year considering the sensitive nature of working with these group of young persons in Kaduna State. The A360 commenced full implementation in October 2017 in two LGAs - in Chikun (Sabon Tasha) and Igabi (Riga Chukwu and Baraka Lau) Local government areas, Kaduna.

## **3. International Youth Alliance on Family Planning (IYAFP)**

The International Youth Alliance for Family Planning is a global network of young people that work to ensure the provision of information on sexual and reproductive health rights and access to family planning services. The IYAFP office is located inside Cherubim and Seraphim Movement Church donated by the church. Sexual and Reproductive Health information and recreational services to young people. The network also worked on HIV/AIDS since 2009 and later expanded to include Sexujal and Reproductive Health related issues.

The youth focal person for IYAFP is a vibrant youth corps member who is passionate about ensuring youths have planned families and future. He and his team facilitated the establishment of health clubs in several secondary schools in Kaduna State providing information about personal hygiene, sexual and reproductive health and general life-skills during weekends using Society for Family Health and UNICEF's curricula. The choice of weekends is to ensure these young persons can dress freely and bring friends who are not students of the same school.

## **4. Girl Child Concerns (GCC)**

The Girl Child Concerns (GCC) is a registered non-governmental organization in Nigeria based in Zaria, Kaduna State. It is dedicated to improving the lives of youth, particularly girls through

improved education opportunities, while ensuring availability of qualitative broad-based education for all young people regardless of class or gender in the country. Its goals are to: increase girls enrollment, retention and completion of secondary education; create community awareness and sustain interest of community members in girl child education; build the confidence of girls to have a focus on pursuing education and empower them to be responsible members of society; reduce early marriage; improve the reproductive health of young people; and to address the special needs of married adolescents, providing them with the opportunities to develop to their highest potentials.

GCC has been working with adolescent girls for over 15 years. A unique intervention that has proven successful is the establishment of Youth Development Program (YDP) that aims at building the confidence of girls empowering them to become responsible and active members in their communities. The goal of the YDP is to create a generation of confident and responsible young persons. The youth development program achieves this, by hosting an annual empowerment and mentor training workshops. At these workshops, the participants learn about the options they have for the future, importance of education and the need for them to be active in their communities. While in school, the girls are opportune to go through a weekly like-skills program known as 'safe-space. Safe space is about making girls relevant. They are places where girls go to learn from role models, access reproductive health information and become good decision makers. The safe-space setting gives participants the freedom to ask questions and discuss issues they will normally feel unsafe talking about and get guidance from their mentors who is seen both as a role model and as a friend. Those out of school have also been considered to benefit from this highly educational program though 'health spaces' for married adolescent in rural communities.

Girl Child Concerns have been working with married adolescents and youths on family planning but because of the kind of communities they work in, they do not work with unmarried adolescents and youth due to the sensitivities of these communities.

In the last four years, Girl Child Concerns has been working with survivors of the Boko Haram Insurgency from Borno, Plateau and Yobe States, these girls are rehabilitated through psychosocial support and are enrolled into public boarding schools in Kaduna State.

## **5. I Care Women and Youth Initiative (ICWYI)**

I Care Women and Youth Initiative (ICWYI), is a non-profit, non-partisan and non-governmental organization founded in September 2007 as a proactive response to the high rate of poverty, literacy and inadequate life skills among many women, youth and the physically challenged in Nigeria. In its contribution to the attainment of the Sustainable Development Goals (SDGs) and Vision 2020 of Nigeria, I care Women and Youth Initiative has collaborated with partners like National Directorate of Employment, National Poverty Eradication Programme, Small and Medium Enterprises Development Agency of Nigeria, Save the Children International, UNICEF

and UNFPA. The partnerships have been making significant impact towards safeguarding the welfare of women, children and youths.

ICWYI's objectives are to: advocate for and influence more gender inclusive and developmental policies responsive to women, children and youth development; sensitize relevant stakeholders on key maternal, new born and infant health care issues; facilitate vocation and entrepreneurship skills/opportunities for women and youth including the physically or socio-economically disadvantaged; mobilize and contribute to increased participation of women and youth in decision making processes (from family unit to the larger society); engage religious and traditional institutions to promote value re-orientation, reduce stigma and discrimination against People Living With HIV and AIDS, cultural and structural biases against women and youth as components of moral rejuvenation and self-empowerment; constructively engage policy makers, media, academia, development partners and other relevant stakeholders on good governance, transparency, accountability in the use of public resource for common good. The I Care does not provide family planning services directly, but would refer a potential client to a public or private facilitate.

## **6. Centre for Girls Education (CGE)**

The Centre for Girls Education (CGE) is a girls programming training, research, and practice hub located in Zaria, Kaduna State, northern Nigeria. It is a collaboration between Ahmadu Bello University and the School of Public Health, University of California, Berkeley. The program evolved over 10 years of community-based research that included anthropological research, baseline and endline surveys, and the collection of outcomes data (e.g., school enrolment, retention, and graduation rates)

During the Centre's first six months, series of meetings were organized in communities with small group of women, men, teachers, traditional leaders, religious leaders, and of course the girls themselves. During these meetings, it was found that most of the primary school students tested on their reading skills could not read a single word in Hausa, fewer could do so in English. When asked what it would take under these circumstances to permit girls to transition from primary to secondary school, parent after parent said, "a reduction of secondary school registration fees and an opportunity for our daughters to learn to read, write, and do basic math."

The center established 'safe-spaces made up of 15 to 20 girls and a mentor per space. Throughout the school year, weekly sessions are held in schools and the homes of trusted community leaders are used as safe spaces. There, youth and adolescent girls are taught culturally relevant, teen-centered curriculum. The safe space enhances the girls' literacy and numeracy skills and provide opportunities to gain crucial life skills— including reproductive health, decision making, negotiation, income generation and aim to increase their capacity for self-expression and agency.

The program for out-of-school girls focuses on life skills, literacy and numeracy, financial literacy and business and entrepreneurial skills. During the second year the girls are placed in apprenticeships to gain vocational skills.

The program supporting in-school girls' transition from primary to junior secondary school, for example, found that: "The girls that attend the girls' clubs are different from the other girls. They are composed and can speak up for themselves. You could say they are being re-educated in the fundamentals that they were taught in school but never learned." CGE found that most parents regard formal education as an acceptable alternative to early marriage. However, schooling costs and opportunity costs (from the loss of the daughter's time and labor contributions to the household) can be substantial, particularly for poor households. The poor quality of education in rural schools leaves parents with another disincentive to invest in their daughters' education.

These mentors, do not talk about contraceptives in their safe spaces because of fear of backlash from the community and they may lose trust and confidence of the religious and community leaders who trust them with these girls.

### **Observations and Comments**

From the study tour in Kaduna State, the following were observed:

- Talking about sexuality education and contraceptive use in northern Nigeria among youth and adolescent is highly sensitive is perceived promoting promiscuity.
- Spouses of some adolescents are opposed to child birth spacing and would sometimes attack health care workers who provide services or organizations that provides information on contraceptive use. An example of such attack was to GIWAC, a civil society organization that was attacked by the husband of one of its beneficiaries.
- Lack of support from religious and community leaders on religious and moral grounds
- Lack of trust between health care providers and youth due to provider bias.

### **Recommendations**

- The culture and religious of the community should be put into consideration first in programming for youths and adolescents in Kaduna.
- Community participation in interactions with adolescents is important in building the confidence and trust of the community. For example, providing safe spaces as meeting points of the girls and making women in the community to be mentors to the girls.
- Education is a key entry point to reaching youths on Sexual and Reproductive Health Rights including family planning.
- Effective integration of family planning into the awareness/sensitization and service provision programs of other youth and adolescent issues such as malaria, HIV/AIDS, gynecology and treatment of sexually transmitted diseases will yield better results in programming for family planning.

- The best way to reach the unmarried youths and adolescents in Kaduna is through effective programming for married adolescents and youth because most unmarried young people learn a lot of things from their married peers and relations.
- Young persons need information on reproductive health and sexually transmitted diseases and discussions on family planning could be introduced during these talks.
- Non-governmental organizations and Civil Society Organizations involved in youth programming especially in family planning should be familiar with the provisions of both the Christian and Islamic Perspective on family planning/child birth spacing to help them properly advocate.
- Communication materials should be youth focused and available in local languages.



*NURHI 2 team with the staff of Center for Girls Education during the study tour in Kaduna State*

#### **Visit to two safe spaces established by CGE**

The team visited 2 safe spaces in a peri-urban community, Zaria. The safe spaces meet in the homes of community leaders. They meet at least once weekly and are made up of 15 to 20 girls.

The non-formal nature of the safe spaces facilitates interaction, problem solving, role-playing, singing, games, and other active approaches. The girls spend a significant amount of time working in small groups. This approach promotes critical thinking and is especially appropriate for topics that directly affect the girls' lives, helps them personalize information and to practice new skills.

The mentor is the cornerstone of a safe space. The mentor is a role model, group facilitator and comes from the community. CGE trains female mentors' in-group facilitation, interactive teaching methods, gender sensitivity and accelerated literacy and numeracy instruction. A 'safe space' is regarded as a vessel in which girls can acquire a range of assets and skills including sexual and reproductive health information.



**CGE safe space in Zaria**

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