

Participatory Action Research with Youth to Document Perceived Changes Related to Family Planning, Reproductive Health, Gender Relations, and Leadership Among Young People in Niger

INTRODUCTION

In 2014, the Evidence to Action (E2A) project launched the University Leadership for Change (ULC) program to promote youth leadership and strengthen university-offered health services to meet students' needs for family planning (FP) and reproductive health (RH) in Niger. Piloted at Abdou Moumouni University (AMU) in Niamey, ULC was then scaled-up in 2016 to universities in Zinder, Maradi, and Tahoua. E2A also worked with government and university stakeholders to adapt the ULC approach to rural, community-based settings. This adaptation became known as the Community Leadership for Change (CLC) initiative and was implemented from 2017 to 2019, as part of the Resilience in Sahel Enhanced-Family Planning (RISE-FP) Project, to support young people's discussions about health-related issues with their peers, and to provide information about use of health services and voluntary contraceptive uptake.

At the heart of the ULC and CLC programs was a youth-led approach that engaged university students as peer leaders to facilitate behavior-change activities. During these activities, young people identified, and then reflected and acted on barriers and facilitators to accessing sexual and reproductive health (SRH) information and services. The program involved stakeholders from relevant ministries and the university, as well as the student leaders themselves, in decision-making and implementation, cultivated leadership skills among students as champions for SRH, and initiated the first youth-friendly services program at the university. The program enabled students to receive contraceptive counseling and a range of contraceptives as a part of ongoing SRH services offered at the university health center.

Based on the successful experiences of implementing the ULC and CLC programs, in 2020, E2A supported student leaders in the ULC program with an international consultant from Senegal and Pathfinder



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staff in Niger to further examine young people's perceptions and experiences of whether and how their lives have been influenced by ULC and CLC interventions. Using a youth-led participatory action research (PAR) approach that engages young people as investigators themselves, E2A aimed to document the impact of the ULC and CLC programs on the lives of students at the universities of Niamey and Zinder, as well as youth in the community where the programs were implemented. The PAR approach engaged ULC student leaders as partners in the entire study process, that is, in the generation of specific topics to be investigated, the selection and development of study methods and tools, data collection, data analysis and interpretation, and the dissemination of findings. The decision to adopt a participatory approach in this activity is based on the premise that young people are important and valuable collaborators as well as agents of change in their communities. It also arises from the ethical imperative to include young people in research, policies, and programs that affect their lives. Working together with the youth provides an opportunity to build their capacity in research and elevate their voices when exploring changes and impacts experienced in their personal lives as a result of the ULC and CLC programs.

The specific objectives of the study were: a) to provide E2A, Ministry of Health partners, and other implementing organizations information on the direct impact the programs had on program beneficiaries and the promotion of leadership, gender equality, and FP/RH; and b) to build the capacity of ULC students in participatory research so that they can be key actors and leaders in the evaluations of other programs in which they are involved.

STUDY PROCESS AND METHODS

In January 2020, E2A worked closely with ULC and CLC program staff to determine the criteria for selecting ULC students who would be invited to collaborate on the proposed PAR. A total of 15 youth between the ages of 23 and 30 were selected. All of the youth were current or former ULC leaders, as well as university students enrolled in AMU or the University of Zinder.

To achieve the study objectives stated above, E2A facilitated the study through a series of workshops designed to familiarize the youth researchers with the PAR approach and ensure their involvement in all stages of the study process, from the formulation of key study questions and study design, to the analysis and interpretation of the results.¹ The timeline below illustrates the phases and scheduling of workshops undertaken in the PAR.

PHASES OF THE 2020-2021 ULC PAR:

- **January:** Orientation, study design and planning workshop
- **March:** Protocol submission to ethics committee
- **June:** Protocol approval letter received
- **August:** Virtual training workshop on data collection and transcription
- **August:** Data collection
- **August-September:** Transcription of data
- **September:** Coding and preliminary data analysis
- **September:** Virtual data analysis workshop to discuss and validate findings
- **November:** Development of principal investigator's study report
- **March (2021):** Virtual meeting to disseminate study results

To initiate the study, E2A supported a participatory workshop, January 27-29, 2020 in Niamey with the 15 selected youth researchers to jointly determine the key questions to address through the study. With the youth's full engagement in the process, the selected key questions were:

1. How has the program influenced young people's use of FP/RH services on campus and in community settings?
2. How has the program influenced the lives of young peer leaders on campus and in the communities?
3. How has the program influenced communication and decision-making among couples about FP/RH issues?
4. How is the program viewed by male and female members of the conservative Muslim associations on campus, known as *chers frères* and *chères sœurs*² ("dear brothers" and "dear sisters")?

While applying a PAR approach, this study utilized qualitative methods to explore the perspectives of young people and health workers involved in or exposed to ULC and CLC program interventions on the potential impact they may have had on young people's lives.

Specifically, focus group discussions (FGDs) were used with ULC leaders in Niamey and Zinder to leverage group dynamics to spur conversation with youth who have worked together to implement interventions. In-depth individual interviews were used with all other study respondents, including CLC leaders, young people exposed to ULC and CLC programs, spouses, and health providers at community and facility levels. Additional interviews or "life stories" were obtained from four of the youth researchers involved in the PAR to recount their own experiences of the ULC program. The study included a total of 70 interviews with young people, 6 interviews with health workers, 4 focus groups with ULC leaders, and 4 life stories.

The study was conducted in two universities of Niger, AMU and the University of Zinder, where the ULC program was implemented. Additionally in the Zinder region, the study was conducted in select villages where the CLC program was implemented: Bainaka, Badahi Haussa, Ingaouna, and Angoual Gao. The study population at the campus level included university students who served as leaders in the ULC program at AMU and the University of Zinder; spouses of married ULC student leaders; university students exposed³ to the ULC program; and *chers frères* and *chères sœurs*. At the community level, study participants included young people who served as leaders in the CLC program in the selected villages; spouses of these CLC leaders who were married; and young people in the communities exposed⁴ to the CLC program, including married couples. Additional study respondents included health providers working in the university clinics and health providers working in the four selected health huts in Zinder.

The qualitative tools used for the FGDs and in-depth interviews (IDIs) were developed in French by the lead principal investigator, with inputs from the other co-investigators, including the youth researchers. In addition, the study team utilized the IDI tool for ULC student leaders to guide the "life story" conversations.

Fifteen ULC leaders and four field supervisors based in Niamey and Zinder participated in a virtual data collection training that was conducted August 4-8, 2020, which covered ethical aspects of conducting research, qualitative data collection techniques, as well as how to code and transcribe qualitative data. The youth researchers were provided with time to practice using the tools and consider appropriate ways to translate key concepts into Hausa, the primary local language in the study areas. The last two days of the training focused on pre-testing the study tools in Niamey and Zinder and making revisions where necessary.

Field data collection took place August 11-16, 2020 in Niamey and August 11-18, 2020 in Zinder. The composition of the Niamey team included seven youth researchers (3 male, 4 female) and two field supervisors (both male), while the Zinder team had eight youth researchers (4 male, 4 female) and two field supervisors (1 male, 1 female).

1. E2A collaborated with selected youth and Pathfinder Niger staff to disseminate study results in March 2021.

2. *Chers frères* and *chères sœurs* are the consecrated names by which the members of a Muslim student association are identified.

3. For this study, we defined "exposure" on the university campus as having interacted with ULC student leaders through participation in the Pathways to Change game and/or participation in exchanges during tea-debates, conferences or other group discussions, at least once since the start of the ULC program.

4. Similarly, "exposure" at the community level was defined as having interacted with CLC youth leaders through participation in the Pathways to Change game and/or participation exchanges during group discussions.

A total of 73 IDIs, 4 FGDs, and 4 life stories were conducted for the study:

- **Niamey campus:** 18 individual interviews with students, 2 focus groups with ULC student leaders, 2 life stories from youth researchers, and 1 individual interview with the health worker at AMU.
- **Zinder campus:** 16 individual interviews with students, 2 focus groups with ULC student leaders, 2 life stories from youth researchers, and 1 individual interview with the health worker at the university clinic.
- **Zinder community:** 33 individual interviews with youth, 4 individual interviews with community health workers.

All of the data were transcribed by the youth researchers themselves over a period of approximately one month. The lead PI then conducted an initial analysis using codes based on the themes and content of the study tools. Preliminary findings were presented and discussed during a virtual workshop with youth researchers and field supervisors on September 24–25, 2020. The lead PI then incorporated the contributions of the study team members into the final data analysis and write-up of study findings.

ETHICAL AND SAFETY CONSIDERATIONS

A letter approving the study protocol and tools was received on June 25, 2020 from the Niger Ministry of Health's National Ethics Committee for Health Research (ref: No085/2020/CNERS). On April 20, 2020, PATH's Research Determination Committee determined that the study was not research and thus considered exempt from needing review and approval from PATH's Institutional Review Board.

The study was designed to address ethical principles, including respect for persons, beneficence, justice, and respect for the law and the public interest. Efforts were put in place to protect individual autonomy, respect privacy and confidentiality, minimize harm, maximize benefits, ensure data security, and equitably distribute risks and benefits. All study team members were given ethics and data confidentiality training so that they fully understood the concepts of informed consent and confidentiality, and a consent process was administered with each participant at the time of recruitment and before the interview.

In addition, the study ensured that nationally-mandated COVID-19 safety measures were enforced among youth researchers, field supervisors, and study participants to minimize the risk of spreading the virus during data collection. These measures included: respect for social distancing; wearing a mask at all times over nose and mouth; and regular handwashing with soap or hand sanitizer. Study team members were trained in these prevention practices, as well as the protocol for responding to any instances of possible exposure. These COVID-19 related guidelines were outlined in the field implementation guide provided to all study team members. Finally, study team members were provided with hand sanitizer and masks for use during data collection, allowing them to offer masks to study participants as needed. The adaptations implemented as a result of the pandemic did not have any implications with respect to the integrity of the data collection process.



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STUDY LIMITATIONS

Despite the challenges related to implementing the study during a pandemic, the study team was able to successfully carry out the PAR in a safe, ethical and high-quality manner. However, a few study limitations are worth noting:

- The use of a non-random sampling method could have allowed for the selection of individuals who the youth researchers felt exhibited the most positive behavioral changes among all those exposed to the interventions. Furthermore, the youth researchers' familiarity with some of the study participants helped respondents feel comfortable and open during the interviews. Both this familiarity and the selected sampling approach may have potentially contributed to favorable or biased responses.
- The study tools were in French, but were often translated by the youth researchers on the spot into Hausa, particularly in the rural Zinder villages. Although the team agreed on and coordinated the use of the best translations for key concepts, the breadth of study questions may not have been conveyed consistently across study participants.
- Some questions were not fully probed, which limited the interpretation of the responses to these questions.



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STUDY FINDINGS AND DISCUSSION

ATTITUDES ABOUT FP/RH

The majority of young people in the study reported that the ULC and CLC programs helped them to communicate more openly about SRH in their relationships and with their peers, thus challenging the prevailing social and cultural norms of silence around these topics.

Some interpretations of religious texts create attitudes and beliefs that bar the use of modern contraception. The Koran states the following: And do not kill your children for fear of poverty, for we are the ones who provide for them, just as we provide for you. Killing them is truly a great sin (Sura 17, Verse 31). Because of these strict interpretations that are prevalent in Nigerian society, the use of contraceptives and other related topics like sexuality is a hidden and unspeakable subject, be it in the family or community space. The influence of religion and custom means that fertility is valued and that anything that is supposed to diminish it is poorly perceived. Talking about sexuality, considered a form of transgression, comes at the risk of being judged as shameless and without moral values. In addition, custom dictates that a young person is not allowed to address taboo or intimate subjects in front of older people.

“After the training, I understood that the issue of SRH is not a taboo subject, that there is no hide-and-seek and that this applies to both sides (men and women).”

FEMALE STUDENT,
UNIVERSITY OF ZINDER

“We've really had a lot of change if I can put it that way in terms of behavior and even in terms of language because we can now talk about a lot of things without any fear, which really contributes to good life and a good relationship with others.”

MALE STUDENT,
UNIVERSITY OF ZINDER

Therefore, the attitudinal and behavioral changes observed and reported by study respondents marks a fundamental break from these social norms. The freedom and ability to speak about SRH among young people is a first step to "naming" or "disclosing" a SRH problem and then to accessing and using services.

There has been a positive shift in young people's perceptions of FP and SRH, even among some members of conservative religious groups.

“They have raised the awareness of many people who are in difficulty and who have understood. Even those who are not married know the ways and means to plan a home because young community leaders bring us all together to share solutions to our problems through games, and it has really helped us see more clearly, long before marriage. So you see this is very important because it's another school for us with all the light it brings on our difficulties. I can easily encourage some of my friends to go in the same direction as me because my life has really found meaning since the day I heard about this program.”

MALE SPOUSE OF COMMUNITY YOUTH, INGAOUNA VILLAGE, ZINDER

The ULC and CLC programs have helped to change the opinions that students, including *cher frères* and *chères sœurs*, and community youth have about FP and SRH. Although the very strong influence of religion in all walks of life (even academic) made the implementation of interventions particularly difficult, the young people interviewed in this study reflect a perception that the programs were successful at challenging prevailing views and changing mindsets. These findings are corroborated by some of the results of the USAID/West Africa-supported external knowledge, attitudes, and practices (KAP) evaluation of the ULC program at AMU. Around 90% of AMU students agreed that the use of contraceptive methods allows them to make a choice about when to start family life, and significantly more exposed students (51%) than non-exposed students (43%) agreed that learning about SRH is important for young people.⁵

5. “Adolescent and Youth Sexual and Reproductive Health Knowledge, Attitudes and Practices (KAP) at Abdou Moumouni University, Niamey, Niger: Final Report.” Operations Research Report to USAID/West Africa, December 2019, International Business & Technical Consultants, Inc., Vienna, VA.

However, the statements of a few study respondents who participated in program activities suggest that negative perceptions continue to persist. Results of the external KAP evaluation reflect this more clearly, revealing that approximately three-quarters of both exposed and non-exposed students agreed that making contraceptive methods accessible to students encourages risky behavior, and significantly fewer exposed students (3%) than non-exposed students (67%) agreed that the use of contraceptive methods is against the teachings of Islam.⁶

“ The friends approached me tactfully. It is true that when you are a chère sœur, sometimes people are reluctant to approach you about certain projects, especially reproductive health; but they were able to share their points of view, they gave explanations, many explanations that led me to participate several times in their activities.”

CHÈRE SŒUR, AMU

FP/RH SERVICE DELIVERY

Young people felt they were better able to obtain FP products and services and faced less judgement from health providers.

With regard to the FP/RH service delivery, the main obstacles observed from the qualitative data included the limited availability of and difficulty in obtaining contraceptive methods, the impolite reception and poor listening skills of health providers, the non-user-friendliness of the premises, and the lack of confidentiality surrounding the care that was offered. Study findings suggest that the ULC and CLC programs addressed these barriers and were able to improve availability and accessibility of services at the university and community levels. At the two universities, before the implementation of the ULC program, the campus clinics were under the responsibility of the National Center for University Works (CNOU), rather than the Ministry of Health (MOH). This institutional affiliation meant that campus clinics provided mainly curative care and that their staff, even though they were seconded by the MOH, were not accountable to the MOH. FP and RH products were not included in the range of products offered by the campus clinics, and providers were not trained to address the specific FP/RH needs of young students. The ULC program made it possible to make FP products available by promoting intersectoral cooperation between the CNOU and MOH.

“ We can say that there is a big change in the infirmary of the campus. For example, if a boy or a girl wanted to come and take a condom, they had to come in secret and even if they did, they still had to go to the head nurse of the infirmary to be able to get served; but with this program we were able to make the condoms available to the students; you can come and take your condom and go out without any program or problem instead.”

FEMALE ULC LEADER, FGD PARTICIPANT, AMU

Furthermore, health workers' beliefs are specific to the socio-cultural context to which they belong and they are often unable to set these beliefs aside when offering services to young people. This leads them to make value judgments, or to use gestures or words of disapproval that dissuade people from using services for fear of being stigmatized. Generally speaking, in Niger, the issue of how clients are received⁷ at health centers has been the subject of heated and controversial debate, and the state, through the High Commission for the Modernization of the State, is working hard to change the negative image that makes some users reluctant to go to health centers.

In terms of quality of services, the campus health provider trainings on youth-friendly services, initiated by the ULC program in collaboration with the MOH, is seen by study respondents to have contributed to improved provider reception of students seeking FP/RH care. However, we know from the external KAP evaluation that in the AMU setting, 42% of both exposed and non-exposed students reported that health care providers are “not pleasant with young people seeking SRH services”.⁸

“ They [the Program] took a step: they started, they trained our colleagues, they trained them [repeated]. This allowed to build up "a relaxed atmosphere in the infirmary" and that was really a gamble that was won.”

HEALTH PROVIDER, AMU CAMPUS CLINIC

UTILIZATION OF FP/RH SERVICES

The ULC and CLC programs had a positive impact on increasing young people's use of health services, including FP.

The ease and discretion associated with access to FP/RH products and services made it possible for young people to receive the SRH care they needed. Study findings suggest a positive impact of the ULC and CLC programs on increasing the use of FP and RH services, which are also reflected in the external KAP evaluation results. The KAP study showed that students who were exposed to the ULC program were almost four times more likely to have used the SRH services at the AMU campus clinic than the non-exposed students, after controlling for other independent variables including age, sex, marital status, number of children, and who they were living with.⁹ Furthermore, 40% of exposed students compared with 14% of non-exposed students reported having already used SRH services at the campus clinic, a significant difference.¹⁰ Condoms were mentioned frequently during the interviews with university students, suggesting that condoms may be the main contraceptive method being used by youth on campus. This is corroborated by the external KAP evaluation study, which found that 63% of students exposed to the

“ The boys so far keep coming...the change is first in the use of FP services, which is the biggest change.”

HEALTH PROVIDER, UNIVERSITY OF ZINDER CAMPUS CLINIC

6. “Adolescent and Youth Sexual and Reproductive Health Knowledge, Attitudes and Practices (KAP) at Abdou Moumouni University, Niamey, Niger: Final Report.” Operations Research Report to USAID/West Africa, December 2019, International Business & Technical Consultants, Inc., Vienna, VA.
7. Jaffré Y, Olivier de Sardan JP (eds). Une médecine inhospitalière. Les difficiles relations entre soignants et soignés dans cinq capitales d'Afrique de l'Ouest. 2003, Paris: APAD, Karthala.
8. “Adolescent and Youth Sexual and Reproductive Health Knowledge, Attitudes and Practices (KAP) at Abdou Moumouni University, Niamey, Niger: Final Report.” Operations Research Report to USAID/West Africa, December 2019, International Business & Technical Consultants, Inc., Vienna, VA.
9. Ibid.
10. Ibid.

ULC program and 50% of students not exposed used a condom during their last sexual intercourse.¹¹

“ Contraceptive methods have changed my life because I use them myself. We used to have close deliveries. You see this child over there? He was weaned only two days ago and I am well now, even that has changed my life.”

FEMALE COMMUNITY YOUTH, BAINAKA VILLAGE, ZINDER

“ The program has brought a lot of change, because before women in labor only used to come here when the situation was getting worse. But nowadays, as soon as the woman goes into labor, they bring her to us and you see that's a very big change.”

FEMALE COMMUNITY HEALTH WORKER, ZINDER

In the community environment, study findings pointed to changes reflecting a departure from local norms around care-seeking, such as young people obtaining condoms and other contraceptive methods, young women visiting health centers for prenatal consultations, and women giving birth at a health facility rather than at home. Although the study did not measure quantitatively the purported increases in service utilization, including the use of modern contraception, study respondents shared the belief that program interventions directly contributed to an increased use of FP/RH and maternal and child health services and therefore decreased morbidity among community members.

At both the university and community levels, the voluntary support that youth leaders provided to their peers and communities by accompanying young people to health services, following up with health providers, and promoting community commitment to facilitating service utilization, was a notable outcome of program interventions.

“ There were two girls who had been suffering from infections for a long time...I told them that there was a center where they could get anonymous treatment...afterwards they came and we signed them in anonymously and accompanied them to this center.”

FEMALE ULC LEADER, FGD PARTICIPANT, UNIVERSITY OF ZINDER



PHOTO Name

GENDER RELATIONS

Relationships and communication among young couples are beginning to increasingly reflect women's autonomy, shared decision-making, and openness and willingness to negotiate when discussing FP/RH issues.

Based on the study findings, the ULC and CLC programs seem to have influenced couple relationships by promoting communication in the following ways:

- Broadening the scope of the exchanges; everything is discussed (FP, timing of pregnancies, etc.);
- Democratizing decision-making whereby both spouses' opinions are equally important; and
- Changing people's perceptions that women alone are responsible for reproduction and household maintenance.

“ I saw a change. Although my husband is an intellectual, even before I started FP, I consulted with him and he told me that it is up to me to choose the method that is most suitable for me but one that should not exceed five years, to make every effort to get my bachelor's degree before his son reaches the age of five. At the very beginning he said to do FP for three years I negotiated and we agreed on five years.”

FEMALE STUDENT, UNIVERSITY OF ZINDER

Comments made by study respondents also speak to an emergence and legitimization of attitudes and behaviors about gender roles and gender relations that were previously considered deviant, such as couple's shared decision-making rather than decisions being dominated by men; increased women's autonomy over their bodies and health; men and women able to congregate and discuss SRH topics together; and men taking care of “women's affairs” and being in spaces traditionally devoted to women (e.g., maternity wards or FP services).

“ It was after [the program] that I realized that it [issues] had to be decided by both. Man should not make a unilateral decision, so the activities really changed my perception of gender. My way of looking at things really allowed me to make these decisions with my wife.”

MALE SPOUSE OF A ULC LEADER, AMU

“ Before I thought that women couldn't do the same work as men; but now I can see the involvement of women in the different activities that the ULC undertakes and I can see that women can do the same work as men.”

CHÈRE SŒUR, UNIVERSITY OF ZINDER

This progress reflected in these study findings are also supported by some results from the external KAP evaluation of the ULC program at AMU, which found significant, positive associations between the program and attitudes about gender relations. Compared with 35% of non-exposed students, 42% of exposed students strongly agreed

11. Adolescent and Youth Sexual and Reproductive Health Knowledge, Attitudes and Practices (KAP) at Abdou Moumouni University, Niamey, Niger: Final Report.” Operations Research Report to USAID/West Africa, December 2019, International Business & Technical Consultants, Inc., Vienna, VA.

that couples should discuss contraception and sexual health. Similarly, after controlling for multiple independent variables, exposed students were 3.77 times more likely to report being able to ask their sexual partner to use a condom during intercourse than non-exposed students.¹²

“ Before I didn't give much importance to what she told me, thinking that she is just a woman and I am a migrant who knows certain realities because I am a traveler, so I considered myself as someone who had a better grasp of current issues. But with this program, I gave room to my wife because she has a better understanding of the issue. That's what really made me see my limits and led me to take into account what she shares with me ...our home has changed its face because to my mind, today my wife occupies a place of choice outside of her role as a woman.”

MALE SPOUSE OF COMMUNITY YOUTH, INGAOUNA VILLAGE, ZINDER

YOUTH LEADERSHIP

Youth leaders of the ULC and CLC programs have been empowered and gained legitimacy that has enabled them to serve as trusted and sought-after sources of SRH information and advice and catalysts for change in their communities.

The emergence of leadership is essential to the transformation of societies and given that these leaders are considered models whose actions and words are emulated and cited as examples, indications are that social change has been affected. The conceptual framework by Guiella and Wood¹³ on adolescents in Burkina Faso, as well as numerous other adolescent and youth sexual and reproductive health (AYSRH) frameworks, including a recent one developed by Pulerwitz et al.,¹⁴ show peers as one of the important social factors that influence young people's behavior and intentions in the areas of sexual activity, fertility and contraception. As such, using peer leaders as vehicles for behavior change programming is a widely-used approach across the globe.

“ I can say that all of these ULC program activities have really added to my leadership skills because I have become an example of someone who helps out and supports other people to go to the health center.”

FEMALE STUDENT, AMU

“ Today my life has really changed because I am able to guide my peers and even adults and give them advice on various issues, especially on sexual and reproductive health.”

ULC LEADER, FGD PARTICIPANT, AMU

The ULC and CLC programs sought to promote youth leadership as a way to catalyze change among their peer groups in university and community settings alike. The programs have enabled young leaders to acquire knowledge and skills that are recognized and valued in their

communities. These skills gave them new legitimacy and leadership and empowered them to provide SRH advice and be agents of change, as witnessed in the speeches, actions and perceptions of individuals, couples, health providers and communities.

Notably, the external KAP evaluation found that a vast majority of AMU (ranging from 84% to 97%) would recommend that the ULC program to others and believed that the ULC program should always exist at the university because the information and services provided by ULC youth leaders are very useful for the sexual and reproductive health of students.¹⁵

“ The truth is that in our realities here, youth are not used to sitting down to discuss community problems and even think about finding solutions, but with this program, youth get together easily and expose themselves to awareness through the CLC program. And what's more, what happens now is that in cases when the youth leader does not schedule activities, it is his peers who ask him to do so, and this shows how much they consider and appreciate the program.”

MALE COMMUNITY HEALTH WORKER, ZINDER



PHOTO: Adama Ali Zourkaleini

12. "Adolescent and Youth Sexual and Reproductive Health Knowledge, Attitudes and Practices (KAP) at Abdou Moumouni University, Niamey, Niger: Final Report." Operations Research Report to USAID/West Africa, December 2019, International Business & Technical Consultants, Inc., Vienna, VA.
 13. Guiella G and Woog V, Santé sexuelle et de la reproduction des adolescents au Burkina Faso: Résultats de l'Enquête Nationale sur les Adolescents du Burkina Faso 2004, Occasional Report, New York: Guttmacher Institute, 2006, No. 21.
 14. Pulerwitz, J et al. (2019). Proposing a Conceptual Framework to Address Social Norms That Influence Adolescent Sexual and Reproductive Health. Journal of Adolescent Health. 64. S7-S9. 10.1016/j.jadohealth.2019.01.014.
 15. "Adolescent and Youth Sexual and Reproductive Health Knowledge, Attitudes and Practices (KAP) at Abdou Moumouni University, Niamey, Niger: Final Report." Operations Research Report to USAID/West Africa, December 2019, International Business & Technical Consultants, Inc., Vienna, VA.

PROGRAM CONSIDERATIONS

This PAR study provides a unique look into the perspectives of young people and health workers involved in the ULC and CLC programs in Niger. With a commitment to engage youth as agents of change in their communities, E2A facilitated a participatory approach that equipped young leaders, while also leveraging their insights, to design and implement a study to better understand the potential changes in FP/RH service utilization, gender relations, and leadership that have occurred among youth in Niamey and Zinder as a result of the ULC and CLC programs. Findings underscore several areas for programs to consider when working with young people in Niger in university or community settings.

Continue to scale up the peer group-based education and community dialogues utilized by youth leaders in the ULC and CLC programs

The MOH has already made a commitment to scaling up the ULC approach to universities nationwide. Specific activities therefore should be planned and budgeted for implementation in the 2021 national FP strategic plan. The MOH should partner with the existing cadre of ULC leaders trained by E2A, equipping them to train others and further cascade ULC and CLC interventions to other regions of the country, including rural communities, in order to reach harder-to-reach youth. Drawing from the lessons learned in the adaptation of the ULC approach to the community setting, the MOH should work together with qualified ULC and CLC youth leaders, as well as skilled members of other youth associations, to design the scale-up strategy that meets the unique needs of each region's young people, providing a mechanism for diffusing correct SRH information and changing the social and gender norms among young people that lead to poor health outcomes.

Ensure linkages between the peer approach and other interventions that more broadly address demand and supply of FP/RH services

The ULC and CLC experiences both highlight the critical link that existed between the youth leaders' work at the university and community levels and their corresponding health centers where FP services and methods were available for young people to use without stigmatization. Furthermore, while not specifically mentioned in the study findings, CLC activities were an integrated component of a larger FP program that complemented the youth leaders' work with trained community health workers deployed in the villages to offer home-based FP/RH information, counseling and short-term contraceptive methods as well as imam-led advocacy campaigns that delivered sermons underscoring the benefits of FP. These linkages to broader interventions help to establish an enabling environment in which young people are better supported to use needed FP/RH services and adopt healthy behaviors.

Further explore how programs can strengthen social and behavior change (SBC) messaging and interventions for young people

Although the ULC and CLC programs have had a positive influence on young people's use of FP/RH services, improving gender relations, and fostering leadership, it is clear from study findings that more needs to be done to counter the persistent negative perceptions surrounding AYSRH. E2A recommends that stakeholders explore how to better address the social and gender norms influencing young people's realization of sexual and reproductive health. This may mean looking beyond the influences of peers, and considering how programs can leverage the roles that family members, religious leaders, educators or others have on shaping the ideas, attitudes, and behaviors young people have about sexuality, SRH, and FP, perhaps fostering these individuals to become champions and supporters for AYSRH in their communities. Another approach may be to focus on increasing youths' skills in the area of SBC, including how to conduct formative research, develop an SBC plan, and engage in participatory design, implementation, and monitoring of SBC activities.

Empower young people with opportunities that further their growth in leadership skills

Many of the youth researchers had been empowered by the ULC program to formally create youth-led associations in Niamey and Zinder; these associations continue to be governed and managed by youth themselves and have a mandate to continue ULC interventions with support of the universities, the MOH, and other implementing partners. The study's PAR approach gave the youth researchers an opportunity to expand their skill set in elements of program evaluation and research, which they will be able to apply and build on in their work as peer advocates and leaders working in their youth associations or in future professional roles. The MOH and implementing partners should seek these kinds of collaborations with identified youth leaders in the ULC and CLC programs to continue leading similar activities. They should also invest in continued mentorship and training of existing youth leaders, while also developing the capacity of new cadres of youth leaders, as these young people are and will become the nation's future leaders and powerful agents of change.

CLOSING REFLECTIONS ON THE YOUTH-LED PAR APPROACH

The youth-led participatory approach used in this study resulted in the successful initiation of young ULC leaders, some of whom did not have a social science background, in participatory action research methodology. They were trained on the basics of research methodology, research ethics, participatory action research, qualitative data collection, transcription, coding, and analysis and interpretation of data. Over the course of our collaboration, these young researchers were also confronted with unique challenges of conducting a study during the COVID-19 pandemic, which included an introduction to distance learning as well as an application of their skills in public health practice and advocacy to ensure the adoption of preventive behaviors during data collection in the field to minimize the risk of virus spread.

Beyond all these skills, the young researchers had the opportunity, as part of a reflective process, to confront their personal experiences of the ULC

program with the realities of the program in the field, as shared by the study respondents, both in their own university environment and in the Zinder communities. This reflection afforded by the PAR is a potential framework for their future work, as it may broaden their minds to new perspectives that they had not known nor anticipated previously. Furthermore, the PAR gave the youth researchers a platform for elevating their voices, as they served as valuable and important collaborators in the effort to explore changes and impacts experienced in young people's lives as a result of the ULC and CLC programs.

To learn more about the study implementation and results as well as the recommendations for future programming, please read the full report [HERE](#).

PHOTO: Adama Ali Zourkaleini



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The Evidence to Action (E2A) Project is USAID's global flagship for strengthening family planning and reproductive health service delivery. The project aims to address the reproductive healthcare needs of girls, women, and underserved communities around the world by increasing support, building evidence, and facilitating the scale-up of best practices that improve family planning services. The project is led by Pathfinder International, in partnership with ExpandNet, IntraHealth International, and PATH.

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