

## Nigeria

# Strengthening Adolescent and Youth Agency and Access to Sexual and Reproductive Health and Rights

Scale-up of the Empowered Choices Project

February 2024



## Summary

In Nigeria, young people ages 10 to 24 face significant sexual and reproductive health and rights (SRHR) challenges, including early pregnancy. From 2021 to 2022, Pathfinder International, in partnership with the Federal Capital Territory (FCT) Emergency Management Agency, led the Empowered Choices project in Nigeria, implementing a comprehensive program to improve the health and wellbeing of young people in Durumi Area 1 Internally Displaced Persons Settlement in the FCT. The project worked to advance gender equality, strengthen girls' agency, and ensure healthy transitions to adulthood.

Building on this work, in 2023 Pathfinder expanded the intervention to improve SRHR among young people in Kobi, a community in Asokoro Abuja. The project's objectives were to raise awareness of SRHR, increase the agency of girls and young women in making informed choices, and advance gender equality. The project successfully increased SRHR knowledge by 75% and 100% among participants ages 15 to 17 and 18 to 24, respectively, offering important insights, highlighting the effectiveness of peer mentorship programs, and establishing safe places for the best possible learning and engagement.

**This brief highlights the Empowered Choices approach to scale-up, sharing key intervention strategies, results, and lessons learned.**

## Background

Young people ages 10 to 24 account for 62% of Nigeria's population of more than 200 million.<sup>1</sup> Young people's long-neglected SRHR needs have contributed to nationwide challenges: 19% of adolescent girls ages 15 to 19 have begun childbearing, 14% have given birth, and 4% are pregnant with their first child.<sup>2</sup> Nigeria's national adolescent birth rate is 75 per 1,000 women ages 15 to 19. In the FCT, where Empowered Choices was implemented, 14% of girls have begun childbearing before the age of 18, contributing to a birth rate of 46 per 1,000 girls ages 15 to 19.<sup>3</sup>

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<sup>1</sup> "National Policy on Health and Development of Adolescents and Young People (2021-2025)." Government of Nigeria, n.d.

<sup>2</sup> "Nigeria Demographic and Health Survey 2018." Abuja, Nigeria, and Rockville, Maryland, USA: National Population Commission-NPC/Nigeria and ICF, 2019.

<sup>3</sup> "Nigeria 2021 Multiple Indicator Cluster Survey (MICS) & National Immunization Coverage Survey (NICS) Survey Findings Report." National Bureau of Statistics (NBS) and United Nations Children's Fund (UNICEF), August 2022.

## Scale-up of the Empowered Choices Project

Learning from its successful implementation of Empowered Choices in Durumi Internally Displaced Persons Settlement in Abuja from 2021 to 2022, Pathfinder Nigeria scaled up the intervention in 2023 in Kobi Community, Abuja, FCT. The goal was to improve the SRHR of young people in the community through guided peer learning and life-skills empowerment for agency and acuity in healthy decision making. The six-week intervention ran from May to July 2023, with the following objectives:

- Increase awareness of and demand for comprehensive SRHR information and services among youth ages 15 to 24;
- Strengthen the agency of young women ages 15 to 24 by building their life skills; and
- Increase gender equitable attitudes, behaviors, and norms with a focus on religious and traditional institutions, men, and other stakeholders.

### Kobi Community

Pathfinder collaborated with the FCT Primary Health Care Board to identify communities within Abuja Metropolis for scale-up of Empowered Choices and facilitate entry through the community palace. They selected Kobi community based on need for the intervention, security considerations, and availability of a dedicated community space to conduct the activities—namely, the weekly peer learning sessions. Additional selection criteria included the existence of a functional health facility that provides SRHR services and community stakeholder willingness to participate in activities.

Kobi is an urban slum located in Abuja (Nigeria's capital city within the FCT) with a population of over 1,000 people, most of them young. According to the community palace secretary, most young people in the community are unemployed, and quite a few are out of school. Most women in the community give birth in the Kobi Primary Health Center (PHC), with extreme cases referred to a nearby general hospital. The community has a Ward Development Committee (WDC) that liaises with the PHC for their health needs and the Youth Chairperson of the community also chairs the WDC. The community also has women leaders who champion the rights and activities of women.

## Needs Assessment

Prior to implementation, Pathfinder conducted a rapid qualitative community needs assessment using focus group discussions and key informant interviews to identify and understand the specific SRHR priority needs of young people and the perspectives of key community stakeholders.

**Table 1. Needs Assessment Sampling Frame**

Sampled groups	Sex	Level of education
Adolescents ages 15 to 17	8 males & 10 females	Primary & secondary
Youth ages 18 to 24	10 males & 10 females	Primary & secondary
Parents/legal guardians	3 males & 3 females	Tertiary
Community leaders	1 male	Tertiary
Women leaders	1 female	Tertiary

The assessment indicated poor knowledge among young people about reliable sources of SRHR information, low understanding of SRHR issues, and hesitation to seek assistance because of the attitudes of health care workers (Table 2). This evidence informed the planning and implementation of tailored activities.

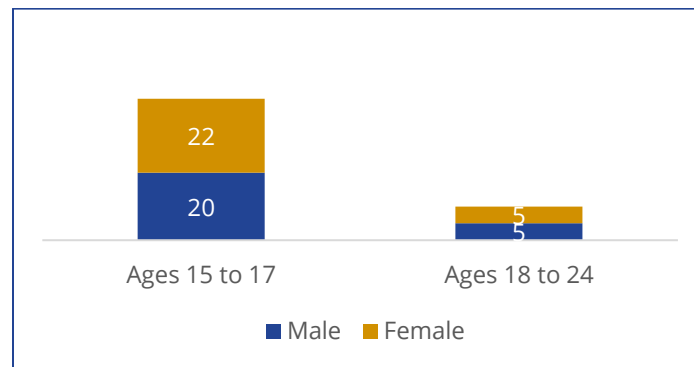
**Table 2. Needs Assessment Findings**

Key needs assessment findings from young people		Respondent's suggestions for improvement
<b>Sources of information &amp; access to SRHR services</b>	<ul style="list-style-type: none"> <li>Most respondents said they go to parents, family members, &amp; friends. A few mentioned going to the health facility or surfing the web.</li> <li>Most young people reported difficulty accessing SRH services due to fear, shame, family status, &amp; guilt.</li> </ul>	<ul style="list-style-type: none"> <li>Skill-building for young people</li> <li>Build young people's SRHR knowledge and address their concerns through educational programming and counseling</li> <li>Provision of health services in the community</li> <li>Awareness-raising on the availability of health &amp; social services in the community</li> </ul>
<b>Adolescent and youth (AY) SRHR knowledge, attitudes, &amp; service utilization</b>	<ul style="list-style-type: none"> <li>Data showed good knowledge of common SRH problems among AY but inadequate knowledge of how &amp; where to access SRHR information &amp; services.</li> <li>Respondents attributed adolescent pregnancy &amp; community risk of sexually transmitted infections (STIs) &amp; HIV to poverty, poor parenting, &amp; low education levels.</li> <li>Respondents were aware of SRH risks &amp; services &amp; wanted adequate knowledge/understanding.</li> </ul>	

## Implementation

### Figure 1. Project Participants

In consultation with community gatekeepers, the project team selected 52 participants and divided them into two groups: 42 adolescents ages 15 to 17, and 10 youth ages 18 to 24.



## Increasing awareness of and demand for comprehensive SRHR information and services among young people

The Empowered Choices team selected three peer mentors—two women and one man in their 20s—to facilitate a series of sessions designed to increase SRHR awareness and knowledge among participants. Selection criteria for the peer mentors included high school certificates and previous peer mentorship experience. These mentors were also selected because of their role in facilitating the original Empowered Choices intervention in Durumi Area 1 Internally Displaced Persons Settlement. The mentors participated in the needs assessment and in the project team’s subsequent adaptation of the National Peer Mentorship Curriculum—which dedicated four of the five modules to strengthening participants’ SRHR knowledge—based on the needs assessment (Table 3). To help participants understand their bodies and the changes that come with development, the SRHR curriculum began with themes like puberty and covered topics such as menstrual hygiene management, STIs including HIV, the importance of being aware of one’s HIV status, and the connection between risky behaviors like unprotected sex and poverty. Peer mentors used fictional stories to set the tone for these engaging sessions, asking open-ended questions about diverse topics and engaging young people in discussion.

Because the needs assessment revealed strong similarities in the needs of young people ages 15 to 17 and 18 to 24, all 52 participants attended large-group sessions together. These two-hour peer mentorship sessions were held three times a week on Fridays, Saturdays, and Sundays, in a classroom in the Kobi Local Education Authority Primary School with the permission of the Parent Teacher Association which is chaired by the community chieftain.



**Table 3. Project Curriculum**

Module	Topics
Module 1 – Life Skills	Goal setting, decision making, self-esteem, negotiation, & refusal skills
Module 2 – Reproductive Health	Stages in human development, adolescent pregnancy, & parenthood
Module 3 – Knowledge of STIs & HIV	STIs & management, HIV transmission & prevention
Module 4 – Personal Risk Perception	Poverty & sex, delaying sex
Module 5 – HIV Status, Stigma, & Discrimination	HIV counseling & testing; relationship between HIV & tuberculosis care, support, & rights; human rights



*Nancy Felix, Peer Educator. Photo: Bayo Ewuola, Pathfinder*

## Improving gender equality attitudes, behaviors, and norms within families and communities

The peer mentorship sessions were designed to include and fully engage participants of all genders. The mentors' topics and scenarios were equally applicable to young men and women, reinforcing the fact that SRHR is not only a women's issue. Young men were encouraged to learn about issues that affect women so they could share the information with young women in their lives and be more informed themselves. Pathfinder worked in conjunction with the community leadership—in Kobi, the office of the traditional ruler—to organize a discussion with parents and caregivers about the

project's goals and the role they play in its success by encouraging gender-equitable attitudes, behaviors, and norms within their own families.



*R-L: Dr. Sakina Amin Bello, Senior Technical Advisor, and Dr. Amina Aminu Dorayi, Country Director, Pathfinder Nigeria, and community members during the close out meeting at the Village Head Palace in Kobi. Photo: Bayo Ewuola*

## Expanding the agency of young people through skills acquisition programs

Building young people's skills is integral to increasing their agency over health-seeking behavior and health outcomes. The peer mentorship curriculum highlighted the value of goal setting in directing personal choices and motivating action, including in economic empowerment. At the same time, the needs assessment revealed that more than 80% of young people in the community were not employed nor engaged in trade, emphasizing the need for skills acquisition sessions. Pathfinder, in consultation with community leadership, collaborated with three local organizations to provide skills-building courses to participating young women and men based on popular trade in the community. The sessions covered the following skills:

- Menstrual hygiene management and reusable sanitary towel-making:** Pathfinder collaborated with Health Aid for All Initiative (HAFAI) to share information about menstrual hygiene management and puberty and teach 42 participants (18 boys and young men and 24 girls and young women) to sew reusable sanitary towels. HAFAI provided the option of using sewing machines (for those who knew how to operate them) or needle and thread to make reusable pads from locally produced textiles. At the end of the session, the participants had more knowledge about menstruation and related misconceptions, taboos, and stigma. The 20 highest performing young women received startup kits for the commercial manufacturing of reusable sanitary towels along with reusable dignity kits, which included washable pads, two shields (pad holders), underwear, sturdy Ziploc bags, soap, a menstruation chart and manual, and drawstring bag.
- Shoe making:** Pathfinder collaborated with Godwin Collections to lead a workshop on shoe making. Participants constructed a pair of leather palm slippers, receiving instruction on how to cut out shoe designs, assemble the components, and name the materials and their functions.
- Soap production:** Pathfinder collaborated with JAM Initiative to facilitate a liquid soap production workshop, providing a starter kit to each of the 50 participants so they could practice and make soap for sale.

### Overcoming Challenges

While located in Abuja, the geographic location and limited road networks around Kobi community presented a challenge to the session facilitators, who needed to transport their equipment. To help minimize delays, the Pathfinder team held briefings with each partner organization to advise them on the best route.

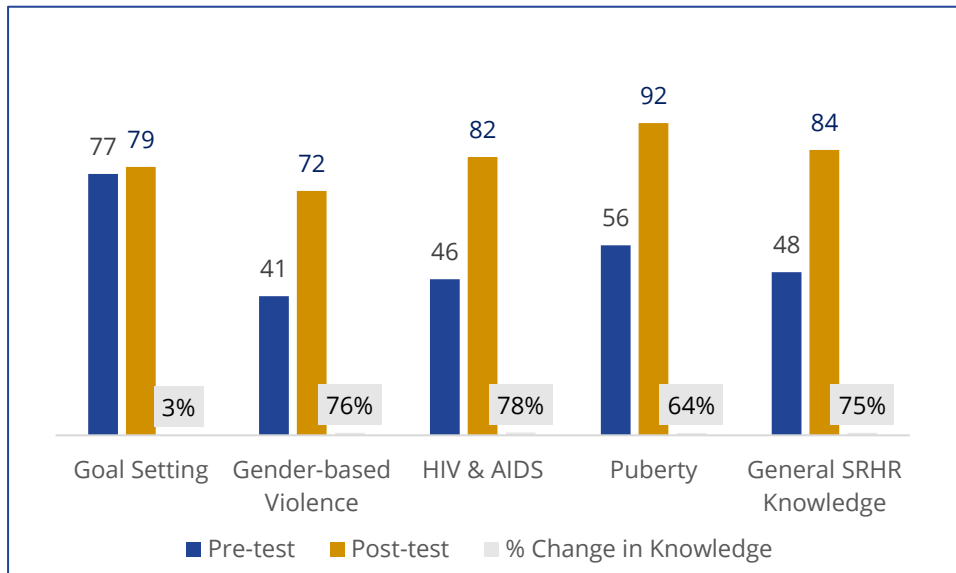
## Results

The peer learning sessions had an average of 41 participants per session, with participants attending an average of 3 sessions. Prior to the peer learning sessions, the project team tested participants' knowledge using a set of 20 predesigned questions from the session curriculum, categorized into 4 knowledge areas on gender-based violence, HIV/AIDS, puberty, and general SRHR. The paper-based questionnaire was self-administered before the start of the first session, and subsequently digitized using Google Forms. Of the young people enrolled in the project, 51 participants (41 adolescents ages 15 to 17 and 10 youth ages 18 to 24) completed the pre-test questionnaire. The same questionnaire was administered again on the last day of the intervention, with 46 participants (36 adolescents ages 15 to 17 and 10 youth ages 18 to 24) completing the post-test. Figures 2 and 3 highlight the changes in knowledge using the average scores of both age groups at the beginning and end of all sessions. Knowledge among participants ages 15 to 17 improved by more than 60% in four of the five subject areas. Knowledge among participants ages 18 to 24 improved by at least

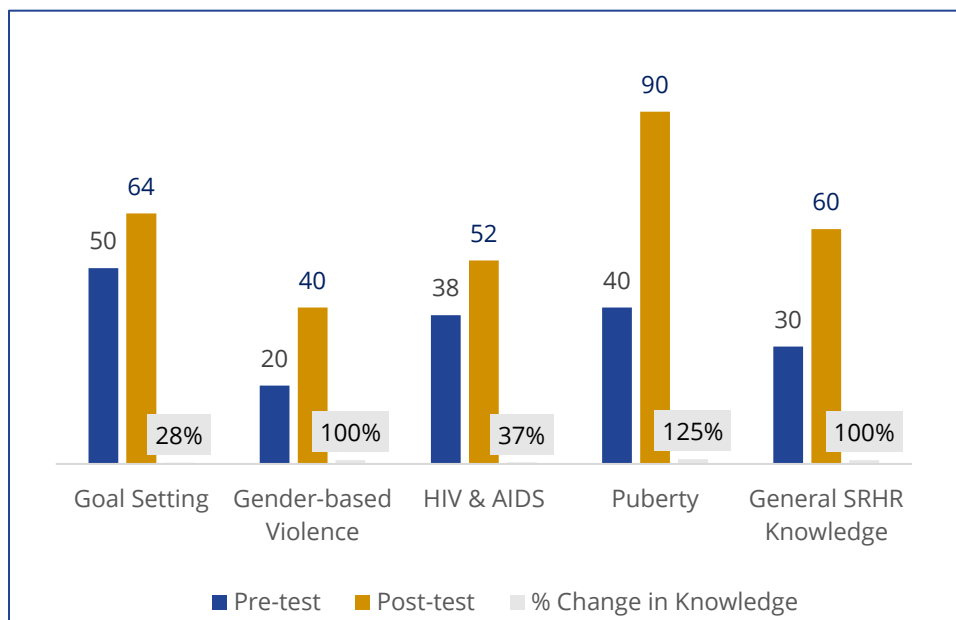


100% or more in three of the five subject categories. General SRHR knowledge improved by 75% and 100% among participants ages 15 to 17 and 18 to 24, respectively.

**Figure 2. Average Scores and Percent Change in Knowledge (Participants Ages 15 to 17)**



**Figure 3. Average Scores and Percent Change in Knowledge (Participants Ages 18 to 24)**



## Lessons and Recommendations

- **Securing the buy-in of caregivers is key to ensuring the participation of AY in community programs**, as they are commonly expected to help with domestic chores. The support of the community also ensured that the discussions during the peer mentorship sessions extended to the household.
- **Programs focused on AY should establish the specific needs they aim to address—which may differ by age, gender, and other identity groupings—prior to implementation.** Similarly, programs should not assume AY already have basic knowledge of SRHR. While formal education may relay information on SRHR, peer mentorship opens discussion to provide in-depth understanding and encourage questions.
- **Peer mentorship programs are effective interventions for improving AYSRHR, particularly when delivered in safe spaces in which privacy is assured and mentors are nonjudgmental.** The project team continuously encouraged the peer mentors to be mindful of both the sensitivity of certain topics and of participants' level of understanding. Though Empowered Choices did not facilitate a dedicated sensitivity training for their peer mentors, organizations implementing similar interventions may find it valuable to do so in the future.

## Project Overview

The ongoing conflict in northeastern Nigeria caused by the Boko Haram insurgency has led to one of the world's most severe humanitarian crises, resulting in mass displacement, disruption of basic services, and increased protection risks. From 2021 to 2022, the Empowered Choices project reached 10- to 19-year-old internally displaced persons in one of the FCT of Nigeria's settlements. In 2023, the project was scaled up to Kobi community in Abuja in FCT. Empowered Choices seeks to improve adolescent health and wellbeing and advance gender equality by giving adolescent girls the skills to make healthy transitions to adulthood.

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### Suggested citation:

"Strengthening Adolescent and Youth Agency and Access to Sexual and Reproductive Health and Rights: Scale-up of the Empowered Choices Project." Abuja, FCT, Nigeria: Pathfinder International, 2024.

**Cover Photo:** Treasure Otene displays a reusable sanitary pad she made.  
Photo: Bayo Ewuola

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