

MOMENTUM

Country and Global Leadership



■ Technical Brief

LOCALLY LED IMPLEMENTATION OF AN ADOLESCENT INTERVENTION TO ADDRESS CHILD, EARLY, AND FORCED MARRIAGE AND IMPROVE SEXUAL AND REPRODUCTIVE HEALTH OUTCOMES IN NIGERIA



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“I am better informed now. I will complete my education before getting married... after the sessions, I respectfully approached my parents to renegotiate the marriage arrangements.”

– Participant in Adolescent Sexual and Reproductive Health session, Ebonyi State, Nigeria

INTRODUCTION

In Nigeria, the rates of child, early, and forced marriage (CEFM) are alarming. Forty-three percent of girls are married before age 18 and 17% of them are married before they turn 15.¹ In Ebonyi State, 17% of girls are married before the age of 18 and almost 6% of them are married before they turn 15.² Rates of CEFM in Sokoto State are higher than in Ebonyi with 40.4% of girls under age 15 married and 68.6% of girls married before age 18.³

Adolescence (10–19 years) is recognized as a dynamic period of rapid development of the brain, body, and behaviors, and a unique formative phase of human development.⁴ Adolescence is also a time when gender beliefs and attitudes take shape and intensify with lifelong effects.⁵ As very young adolescents (VYAs; 10–14 years) and older adolescents (OAs; 15–19 years) go through puberty and transition from childhood to adulthood, they increasingly experience the constraints of gender inequality and the expectations that come with one’s gender. Gender inequalities have been linked to many negative consequences including CEFM, early childbearing, limited decision-making around sexual and reproductive health (SRH) and contraception, and an increased likelihood of dropping out of school. Adolescence offers a unique opportunity to address these challenges, improve health, and transform harmful gender norms before they are cemented.⁶

Implementation at a Glance

Implementation period:

July 2022 – March 2024

Geographic focus:

Ebonyi and Sokoto States, Nigeria

Population reached:

- 594 very young adolescents (298 females, 296 males)
- 600 older adolescents (300 females, 300 males)
- 866 parents/caregivers (409 males, 277 females)
- 753 community members (336 males, 417 females)

¹ National Bureau of Statistics – Federal Government of Nigeria. 2016–17. Nigeria Multiple Indicator Cluster Survey 2016–17.

² Ibid.

³ Ibid.

⁴ Viner, RM, Allen, NB, and Patton, GC. 2017. Puberty, developmental processes, and health interventions. *Child Teen Health Dev*, 8:1841.

⁵ Kâgesten, A, Gibbs, S, Blum, RW, Moreau, C, Chandra-Mouli, V, Herbert, A, and Amin, A. 2016. Understanding Factors that Shape Gender Attitudes in Early Adolescence Globally: A Mixed-Methods Systematic Review. *PLoS One*, 11(6), e0157805. doi:10.1371/journal.pone.0157805.

⁶ MOMENTUM. 2023. Lessons from partnering with faith-based organizations in very young adolescent programming. Washington, DC: USAID MOMENTUM. Available at: <https://usaidmomentum.org/resource/lessons-from-partnering-with-faith-based-organizations-in-very-young-adolescent-programming/>.

STRENGTHENING LOCAL PARTNER CAPACITY TO REDUCE CEFM, INTIMATE PARTNER VIOLENCE (IPV), AND EARLY ADOLESCENT PREGNANCY

In 2021, the MOMENTUM Country and Global Leadership (MOMENTUM) project formed partnerships with six local community-based organizations (Table 1) to conduct a [formative assessment](#) using the [Social Norms Exploration Tool \(SNET\)](#). This assessment aimed to understand the social norms driving CEFM, IPV, and limited adoption of family planning (FP) in selected local government areas (LGAs) within Ebonyi and Sokoto States. Further, the exploration of social norms sought to identify the individuals who uphold or enforce social norms by approving or disapproving of these behaviors. Assessment findings showed that social norms limited the decision-making power of adolescent girls and young women and drove them to get married early, become pregnant right after marriage, and grow their families quickly. In addition, social norms sustained male authority in the household and promoted acceptance of IPV. Thus, the findings signaled the need for a holistic approach that addresses the multiple factors underpinning IPV, CEFM, and early adolescent pregnancy at each level of the socioecological model by engaging adolescents and their parents, partners, and communities to improve social and health outcomes.^{7,8}

TABLE 1: PARTNERS IN EACH STATE

| Ebonyi | Sokoto |
|---|---|
| Essential Health Network for Rural Dwellers (EHNRD) | Nana Girls and Women Empowerment Initiative (NANA) |
| Daughters of Virtue and Empowerment Initiative (DOVENET) | Helping Hands and Grassroots Support Foundation (HHGSF) |
| Excellence Community Education Welfare Scheme Ltd (ECEWS) | Rural Women and Youth Development (RUWOYD) |

Subsequently, in 2022, MOMENTUM and local partners across both states adapted and began implementing the [Choices, Voices, Promises](#) approach to promote gender equality among VYAs, their families, and communities. Choices, Voices, Promises was originally developed and tested in Nepal^{9,10} and had previously been adapted for Nigeria by Save the Children. It is a gender-transformative package of interventions that uses a socio-ecological approach to promote positive social and behavior change, recognizing that behaviors and norms are influenced by both individual and social factors.

The activity also engaged OAs using an adapted version of the adolescent sexual and reproductive health (ASRH) toolkit developed and previously tested in three Nigerian states under Save the Children’s [Reaching and Empowering Adolescents to Make Informed Choices for their Health \(REACH\)](#) project.

⁷ MOMENTUM. 2021. Social Norms Exploration on Child, Early, and Forced Marriage, Intimate Partner Violence, and Adoption of Family Planning in Sokoto State, Nigeria. Washington, DC: USAID MOMENTUM.

⁸ MOMENTUM. 2021. Social Norms Exploration on Child, Early, and Forced Marriage, Intimate Partner Violence, and Adoption of Family Planning in Ebonyi State, Nigeria. Washington, DC: USAID MOMENTUM.

⁹ Lundgren, R, Beckman, M, Chaurasiya, SP, Subhedi, B, and Kerner, B. 2013. Whose turn to do the dishes? Transforming gender attitudes and behaviours among very young adolescents in Nepal. *Gender & Development*, 21(1), 127–145.

¹⁰ Lundgren, R, Gibbs, S, and Kerner, B. 2018. Does it take a village? Fostering gender equity among early adolescents in Nepal. *International Journal of Adolescent Medicine and Health*, 32(4), 20170164.

TABLE 2: IMPLEMENTATION STRATEGIES

| Choices | Voices | Promises | ASRH |
|---|--|--|--|
| <p>Choices works at the individual level with VYAs to empower them to make informed choices to challenge restrictive gender norms through reflective, age and developmentally appropriate activities.</p> <p>Implementation approach: Small, mixed-sex groups with VYA boys and girls who are in and out of school.</p> <p>Number and frequency of sessions: Ten sessions were held weekly.</p> <p>Topics covered: Respectful and positive communication, unequal division of labor, hopes and dreams, supportive and authentic relationships, violence prevention, ideal marriage and family, and gendered social and societal expectations.</p> | <p>Voices engages parents and caregivers using powerful video testimonials of parents to influence change to improve VYAs' aspirations, health, and gender equity in the household, followed by a group discussion.</p> <p>Implementation approach: Small, mixed sex groups comprised of parents and caregivers of VYAs in Ebonyi State and sex-segregated small groups with parents and caregivers of VYAs in Sokoto State (due to cultural and religious sensitivities). Participants watched short video testimonials from parents and community members and then took part in facilitated group discussions.</p> <p>Number and frequency of sessions: Four sessions held on a weekly or bi-weekly basis.</p> <p>Topic covered:</p> <ul style="list-style-type: none"> • Promoting gender equitable division of household tasks • Supporting girls and boys to respect and value each other by not displaying anger in harmful ways • Allowing girls to attend school until age 18 and committing to delaying their daughter's marriage until they at least finish secondary school education • Bringing hope equally to VYA daughters and sons | <p>Promises works at the community level to create an environment where the health and education of boys and girls are valued equally through facilitated discussion in reaction to a poster designed to encourage dialogue.</p> <p>Implementation approach: Small, mixed sex groups comprised of influential community members in Ebonyi State and sex-segregated small groups with influential community members in Sokoto State (due to cultural and religious sensitivities). Participants engaged in group discussions following the unveiling of emotion-based messages* on a poster.</p> <p>Number and frequency of sessions: Five sessions held on a weekly or bi-weekly basis.</p> <p>Topics covered:</p> <ul style="list-style-type: none"> - The hopes and dreams of VYA girls and boys - Proud parents of an educated daughter - Lost opportunities for VYAs who do not complete their education - Community leaders' support for girls and boys to achieve their hopes and dreams - Parents' commitment to keep their children in school and healthy | <p>ASRH works at the individual level with OAs to empower them with knowledge on SRH and to make informed choices on early adoption of FP.</p> <p>Implementation approach: Small, sex-segregated groups with unmarried adolescent girls and boys and/or married OA girls together with their husbands.</p> <p>Number and frequency of sessions: Twelve sessions for unmarried OAs and 16 for married OAs with their husbands held weekly.</p> <p>Topics covered: Developing from childhood to adulthood, menstrual cycle and fertility, gender awareness, gender-based violence, friendship, pregnancy, child spacing, nutrition, preventing sexually transmitted infections, life skills, drug and substance abuse, and financial empowerment.</p> <p>Only married adolescents with their partners: first baby, real fathers, and newborn care.</p> |

* Emotion-based messages are persuasive messages that tap into human emotion to form a deep connection with the audience toward achieving the desired result. Emotions drive our behaviors and preferences. So, when our messages move people emotionally, we are much more likely to transform the way they think about things and the way they behave.

LEARNING AND ADAPTATION

Learning question: How are community members' perceptions of behaviors and norms related to CEFM and gender inequality shifting in Ebonyi and Sokoto States?

Throughout the implementation period, MOMENTUM supported local partners in utilizing qualitative adaptive management methods (Table 3) to reflect on implementation experiences, document learnings, and adjust intervention activities using programmatic results.

TABLE 3: ADAPTIVE MANAGEMENT SOURCES, PARTICIPANTS, AND PURPOSE

| Learning Activity | Participants | Purpose |
|--|--|---|
| Virtual monthly reflective discussions using a structured guide | Local partner organization and MOMENTUM staff | To gather feedback on implementation experiences including successes, challenges, and recommended adjustments. |
| Monthly activity observation using a supervision checklist | Local partner organization staff | To document observations from the intervention sessions, including participant reactions, challenges, and feedback. |
| Qualitative programmatic interviews using a structured guide | Community and religious leaders and parents of adolescent participants | To reflect on the positive and negative intervention experiences and get feedback on factors contributing to shifts in behaviors and norms. This was done twice, before and after implementation. |
| Quarterly pause-and-reflect workshops | Local partner organization and MOMENTUM staff as well as facilitators | To get feedback on implementation, factors contributing to positive and negative experiences, lessons learned, and recommendations for the way forward. |
| Most significant change | Local partner organization staff and facilitators | To gather the opinions of local implementing partners and Choices, Voices, Promises/ASRH facilitators on the impact of Choices, Voices, Promises/ASRH in the implementing communities. This was done once in the second year of implementation. |
| After-action review after conclusion of program implementation | Local partner organization and MOMENTUM staff | To reflect on the entire implementation cycle, experience, key learning, and recommendations for the way forward. |

IMPLEMENTATION DETAILS

The interventions were implemented from July 2022 to March 2024. EHNRD, DOVENET, and ECEWS worked together to implement the interventions in two LGAs in Ebonyi State, and NANA, HHGSF, and RUWOYD jointly implemented activities in two LGAs in Sokoto State.

In total, the Choices, Voices, Promises and ASRH interventions reached 2,633 participants (females: 1,292, males: 1,341) across selected LGAs in Ebonyi and Sokoto States.

TABLE 4: TOTAL NUMBERS OF PERSONS/PARTICIPANTS REACHED ACROSS THE TWO STATES

| Participant Groups | Ebonyi | | Sokoto | |
|--------------------|---------|-------|---------|-------|
| | Females | Males | Females | Males |
| VYAs | 148 | 147 | 150 | 149 |
| OAs | 150 | 150 | 150 | 150 |
| Parents/caregivers | 57 | 181 | 220 | 228 |
| Community members | 302 | 210 | 115 | 126 |

KEY FINDINGS

PERSPECTIVES FROM LOCAL PARTNERS, COMMUNITY FACILITATORS, AND PROGRAM PARTICIPANTS

The findings described below are a summary of insights and reflections gathered from learning activities. In general, feedback from the implementation teams and program participants indicated that the interventions promoted critical examination of and reflection on harmful gender attitudes and behaviors. They also enabled parents to identify the benefits of treating their daughters and sons equitably. According to program participants and the implementation teams, interventions contributed to strengthening relationships within families and shifted community members' perceptions around inequitable gender norms. More specifically, shifts in the mindsets of parents and influential community members around girls' education facilitated the re-enrollment of adolescent girls who had previously dropped out of school because they were married or were preparing to get married. Participants highlighted improved communication between parents and their children. Parents showed greater interest and spoke with their children about their hopes and dreams and how best they could support them in achieving their dreams. Similarly, improved communication among older married adolescent girls and their male partners was reported as an important positive outcome related to participation among the subset with partners.

Program participants, staff from local partner organizations, and implementation teams identified the following factors as key facilitators during implementation:

1. **Using community-based facilitators to lead group discussions with adolescents, parents, and community members.** Local partner organizations carefully selected and trained facilitators who were from the same communities and well regarded by the participants. The facilitators were passionate about bringing change to their communities and thus viewed as positive and trusted role models. Consequently, they were able to garner support from community members and over time influence shifts in attitudes and behaviors related to CEFM and ASRH.

“Previously, we have always thought that marrying our daughter out early was an advantage to the family and will help lift poverty from the family, but after we participated in the Voices and Promises session in our community, we see that this practice is actually harming our daughters and at times, to be truthful, marriage does not bring what we expected, but instead [brought] suffering, rejection, and violence to our female child.” – Cabinet Member (male), Ebonyi State

2. **Engaging community members to obtain acceptance.** Local partner organizations actively and meaningfully engaged community members throughout the implementation period toward adaptation of materials and selection of participants and session locations, as well as community engagement events (e.g., Promises), which ultimately fostered ongoing involvement and ownership of intervention activities. This approach helped ensure that the interventions were culturally sensitive, relevant, and responsive to the communities’ needs.
3. **Utilizing age-appropriate toolkits and safe spaces to promote reflection and discussion among adolescent participants.** The use of age-appropriate intervention materials served as a great enabler for interactive discussions and learning and the safe spaces created an environment conducive to open dialogue and participation away from their homes. Further, take-home assignments and songs the participants created reinforced learning and supported the sharing of key messages among their peers and community. They also facilitated adoption of positive and gender-equitable behaviors and attitudes.
4. **Engaging educational institutions to mobilize support.** Schools and educational institutions within the intervention communities were important partners. They provided venues for the adolescent group discussions, access to in-school participants, and opportunities for integrating specific intervention components into their school programs to reinforce messages and learnings from the Choices and ASRH interventions.
5. **Providing gender-sensitive dignity kits to promote healthy behaviors.** MOMENTUM and local partner organizations provided 1,062 dignity kits (sanitary towels, boxers, panties, soaps, detergents, toothpaste, and toothbrushes) to married and unmarried adolescent girls and boys in Ebonyi and Sokoto, which proved critical in helping adolescents maintain proper personal hygiene.

CHALLENGES AND ADAPTATIONS

Implementation challenges identified through adaptive management methods and actions taken to address them are highlighted below.

TABLE 5: CHALLENGES AND ADAPTATIONS

| Challenges | Adaptations |
|--|--|
| Resistance to change | Some parents felt that the Choices intervention was eroding their culture and instilling western values among their children. To address this perception, local partners and community-based facilitators maintained an open channel of communication. In addition, the presence of community-based facilitators who were from the same communities eased their worries and concerns over time. Parents and community members were also invited to observe some of the sessions to learn about key messages delivered during the sessions, which over time also helped to put them at ease. Similarly, male OAs did not support discussions around FP during the ASRH intervention sessions because they felt it was contradicting their cultural beliefs that children are God’s gift. To address this, local partners increased the number of sessions dedicated to FP to facilitate in-depth discussion and reflection on this topic. |
| Insecurity | Banditry and kidnapping occurrences in a few communities in both states impacted implementation. This affected the quality of the intervention by limiting the duration of sessions, as well as the number and frequency of supportive supervision visits to the affected implementation sites. One local partner organization relocated its intervention activities to a nearby and safer community within the state. |
| Lack of available health care workers | There was limited availability of male and female health care workers to participate in training and deliver ASRH sessions with OAs. So, instead, the local partners engaged and provided training to community members with a minimum qualification of Nigerian Certificate of Education and experience in leading community interventions. |
| Contextual factors | Seasonal rains and holiday and festive events across the intervention communities interrupted intervention activities. Adjustments to time, dates, and venue were made during these periods, fasting periods, and other community activities, thereby improving participation rates. |

RECOMMENDATIONS ON WAY FORWARD

Through this intervention, MOMENTUM and its local partners across the two implementing states demonstrated that local organizations could play a vital role in effectively promoting an enabling environment for transforming harmful behaviors and attitudes. The interventions have also shown that multi-level approaches that engage adolescents, their families, and communities were critical to garner community support and acceptance to improve SRH knowledge and address gender inequity.

Overall, the learning underscores the potential of and need for interventions to tackle deeply entrenched norms. The learning also points to considerations and approaches for future efforts and scalable interventions:

- Utilizing participatory approaches and different modalities to effectively engage program participants:**

Implementation findings showed that using participatory activities and different techniques enhanced participation, catalyzed reflection, and allowed for opportunities to observe and practice behaviors covered in the interventions. Notably, delivering programming in mixed groups of adolescent girls and boys and women and men (when culturally appropriate) can build mutual understanding; create a space for critical reflection on gendered behaviors, expectations, and norms; and allow for modeling of equitable attitudes and behaviors.

- **Offering ongoing parental and key stakeholder engagement to maintain support:** Continued involvement of parents and influential community stakeholders allowed them to become aware of content covered during the VYA sessions and be able to support children to achieve their hopes and dreams. Engaging key influencers and stakeholders from the onset and throughout the implementation period can contribute to creating conditions for transforming harmful behaviors, sustaining support to achieve intended outcomes, and mitigating any backlash as participants begin to challenge prevailing norms and adopt positive gender attitudes and behaviors.
- **Working with local actors and organizations to address barriers and harmful traditional practices:** Given local partner organizations’ experiences and long-standing relationships, they can identify and reach the most vulnerable and hard-to-reach communities with key interventions. However, few have experience working with VYAs and resources to deliver gender-transformative programs that promote equitable gender behaviors and improved health among VYAs, their families, and communities. Thus, employing technical and organizational capacity-strengthening approaches is essential to reinforce local partner capacity to deliver tailored and evidence-based health and gender programming, learn continuously from implementation experience, and apply learning to adapt or respond to challenges for program effectiveness. Engaging multi-sectoral stakeholders and government entities will facilitate alignment with existing platforms or programs for reaching adolescents and promoting sustainability.
- **Involving community-based facilitators to promote acceptance and expand reach:** Working with community-based actors such as schoolteachers to deliver Choices and health care workers to lead ASRH sessions facilitated greater acceptance of complex health and gender topics, and greater sharing of key messages within communities. Engaging teachers also helped out-of-school children in the Choices intervention communities to return to school, given that teachers have information about free education opportunities available in their schools and advice on how to access them. This requires intensive and ongoing capacity strengthening including regular trainings and coaching of facilitators and implementation teams to support them in mastering age-tailored content and approaches for working with adolescents and their caregivers for the success of the interventions.

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