



ANGLOPHONE WEST AFRICA

**SOCIAL NORMS
& AGENCY**

LEARNING
COLLABORATIVE

BOOK OF ABSTRACTS

2023 SOCIAL NORMS CONFERENCE

**NORMS SHIFTING: CUTTING-EDGE INNOVATIONS
FOR HEALTH, EDUCATION AND GENDER EQUALITY;
TOWARDS ACHIEVING SUSTAINABLE
DEVELOPMENT GOALS**

Abuja, Nigeria
September 25 & 26, 2023

About the Anglophone West Africa Social Norms and Agency Learning Collaborative (AWALC)



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Social norms are the perceived, informal, and often unwritten rules that define acceptable actions within a group or community, guiding behaviors related to health and human capital development. These norms and practices significantly influence program implementation across sectors, shaping community practices and impacting development and health outcomes.

Agency refers to the capacity of individuals to act independently and make choices affecting their lives, such as deciding to give birth in a health facility, addressing female genital mutilation, and promoting gender equality. However, agency is often constrained by social norms related to gender, race, religion, and social class.

In West Africa, the prevailing poor health indices are driven by harmful social practices ingrained in cultural norms, such as child marriage, home deliveries, and postpartum hot baths, which contribute to peripartum complications. Understanding these social norms is critical for effective program design and has significant implications for human capital development projects.

To improve programming and research addressing social norms and agency, the Gates Foundation and other donors have brought stakeholders together to establish the Global Learning Collaborative for normative change. The Social Norms Learning Collaborative – Nigeria (SNLC-N), modeled after the Global Collaborative, was established in 2020 as a country-level Community of Practice (CoP) to advance social norms learning and programming in Nigeria.

In October 2023, the SNLC-N expanded to the Anglophone West Africa Social Norms & Agency Learning Collaborative (AWA SNALC), broadening its scope from a country-level learning hub to a regional hub covering all Anglophone West Africa, starting with Ghana.

The collaborative's overall aim is to build the capacity of program implementers and researchers to address social norms and agency, thereby enhancing the success of development programs across multiple sectors in West Africa.

The collaborative is committed to achieving five key objectives:

1. Bringing together the Learning Collaborative members to network and build collaboration geared towards locally driven evidence generation, research utilization and uptake, and foster advocacy to improve policy
2. Creating a sustainable platform for cross-learning and knowledge exchange on social, gender norms and agency
3. Designing interventions that address research, health, and development needs
4. Enhancing the capacity of the Learning Collaborative members and local researchers to generate and utilize evidence and adopt systematic measurement systems for social norms and agency
5. Enhancing capacity bridging of SNALC members to address emerging needs including research and research proposals for funding

The collaborative is a vibrant community of practice of over 80 member organizations from the government, NGOs, researchers, and donors with the vision to address social norms and agency issues across multiple areas, including health and women's economic empowerment. We believe that by fostering collaborations that focus on social determinants common across health and development outcomes, the AWA SNALC is well positioned to drive meaningful change in Nigeria.

The collaborative is part of a network of similar communities with a Global LC and sister collaboratives in East Africa, South Asia and Francophone Africa and is currently hosted by Solina Centre for International Development and Research (SCIDaR) in collaboration with University of California San Diego.



bit.ly/JoinAWALC

Join the AWALC
community of practice.

Acknowledgement

We extend our heartfelt gratitude to all those who played a pivotal role in making the first Social Norms Conference in Nigeria a resounding success.

Firstly, we would like to thank all members of the Anglophone West Africa Social Norms and Agency Learning Collaborative (AWA SNALC) for their unwavering commitment and valuable contributions throughout the planning and execution of the conference. Your dedication to advancing social norms research and practice has been truly inspiring.

Our deepest appreciation goes to our conference sponsors, whose generous support made this event possible: Solina Centre for International Development and Research (SCIDaR), World Bank, Breakthrough Action Nigeria, Bill & Melinda Gates Foundation (BMGF), ACE Strategy and Consult Limited, Nigerian Health Watch (NHW), Women in Global Health Nigeria, Jhpiego, USAID, A360, Society for Family Health, Care International, and Policy Innovation Centre.

We also acknowledge the exceptional efforts of the SCIDaR Knowledge Management and Learning (KML) unit and the AWA SNALC team. Your hard work and dedication were instrumental in the success of the conference.

Our sincere thanks to the University of Abuja and Bayero University Kano (BUK) faculty for their academic support and partnership. Your involvement added immense value to the conference, enriching the discussions and outcomes.

We are also grateful to the Centre on Gender Equity and Health at UCSD for their continued support and contribution, which have been crucial in the planning and execution of this landmark event.

Finally, to all attendees, speakers, and volunteers, thank you for your participation and enthusiasm. Your engagement and insights were vital to the success of the conference and have set the stage for future advancements in social norms research and practice in Nigeria.

Thank you all for your support and dedication.

Sincerely,

Raihanah Ibrahim

**Program Director, Anglophone West Africa Social Norms and
Agency Learning Collaborative**



Foreword



Welcome to the book of abstracts for the 2023 Social Norms Conference, hosted by SCIDaR, the convener of the Nigeria Social Norms Learning Collaborative, in Abuja on September 25th and 26th, 2023. This landmark event, the first social norms conference in Nigeria, brought together stakeholders from diverse fields, including policymakers, donor organizations, religious leaders, NGOs, CSOs, program implementers, researchers, and students.

The conference was designed with two primary objectives: to expand and strengthen the Social Norms Learning Collaborative (SNLC) as a learning platform for evidence generation and capacity building in social norms within development research and practice, and to facilitate ideation and knowledge exchange on social norms theory, research, implementation, and measurement.

The 2023 Social Norms Conference saw the submission of 85 abstracts, with 34 selected for presentation—18 for oral presentations and 16 for poster presentations. The review process was conducted in two stages. The first stage involved two reviewers per abstract who evaluated the research objectives, relevance, methodology, data sources, results and findings, and clarity and organization of the abstract, while the second stage involved technical reviewers with extensive knowledge in social norms research, providing technical oversight.

The abstracts cover a wide range of topics, including research, implementation, and measurement of norms-shifting in education, family planning, sexual and reproductive health, maternal health, gender, and adolescents.

We are immensely grateful to the abstract review committee members for their diligent efforts in carefully reviewing numerous abstracts and selecting the most appropriate ones for presentation at the conference. Our appreciation also extends to the presenters and participants for their engagement and contributions, which have significantly enriched the discourse on social norms.

Finally, we extend our heartfelt thanks to the Nigeria Social Norms Learning Collaborative for successfully organizing the first social norms conference in Nigeria.

We wish you all the best, wherever you may be around the world.

Sincerely,

Eric Aigbogun, PhD

The Editor, 2023 Social Norms Conference Book of Abstracts

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2. **Akinwunmi Akinola**, Policy Innovation Centre - Senior Research Specialist/Behavioural Insights Lead, Strategy, evidence generation, knowledge management, social and behavioural science
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Abstracts



Innovative practices that have significantly scaled up DMPA-SC self-inject services



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Objective

Self-inject (SI) contraception offered within the context of informed choice offers women a highly effective and convenient option that could reduce trips to providers and the burden of an overstretched healthcare system. The DISC project promotes universal access to quality self-care services beginning with the DMPA-SC contraceptive self-injection (SI) option. This project is being implemented in fifteen states in Nigeria, with State Officers leading innovations that have resulted in significant increases in self-injectable contraceptive uptake.

Service Delivery Innovations

This included implementation of an empathy-based provider training, which helped providers overcome biases, address client fear and increase confidence to self-inject. Training focused on concise, emotive, and competency-based content that was intentional at building provider conviction/beliefs about the value SI to improving work experience. These were complemented by bi-annual program audits and supportive mentoring visits were conducted to ensure providers retained their competence and motivation. State governments and partners are increasingly taking leadership for catalysing the impact of this training.

Demand creation Innovations

These involved mapping health services and their catchment areas, identifying influencers and gatekeepers, and targeting them with key health messages. Effective mobilization began with pre-mobilization sensitization activities, targeting male groups to encourage support for their partner's FP decisions. Context-specific interventions were informed by the religious, traditional, and cultural peculiarities of target communities. Community mobilization activities included conducting one-on-one interactions, organizing community outreaches, and designing health education sessions to counter misinformation, address questions and concerns, and educate the target audience in an informed choice context.

Results

Through evidence-informed iterations of service delivery and demand creation interventions, the number of women choosing to self-inject significantly increased in health facilities. The project recorded 136,950 SI visits and an SI proportion rate that increased from 13 percent before the implementation of interventions in 2021 to 33 percent in quarter 1 of 2023.

Exploring Interventions that Use Asset-based Community Development Model to Address Community Norms & Social Determinants of Health & Improve Health Equity in Basic Healthcare Delivery in Hard-to Reach Rural Communities in Abia State



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Background

Sociocultural norms primarily influence the health-seeking behavior of populations in rural communities. In the Nkporo community, Abia State, their sociocultural perception of diseases runs counter to biomedical definitions, wherein they rely heavily on traditional medicine and practices.

In a state where birth asphyxia and sepsis account for the significant causes of death for neonates, malaria leading the causes of other mortalities, followed by common preventable diseases such as diarrhea, pneumonia, acute respiratory tract infection, malnutrition, HIV/AIDS, most local mothers attribute their health conditions and that of their children to witchcraft attacks and ancestral underlining. This influences how they see antenatal and postnatal care, choice of place of delivery, response to children's illnesses, immunization, and nutrition.

Method

To implement a community health improvement program, SieDi-Hub adopted an asset-based community development model to address health's normative and social determinants. A qualitative approach was used to conduct a community health needs baseline assessment, using focus group discussion with 25 youths aged 18-25, semi-structured interviews with 18 officers-in-charge of primary health centres and ward health committee members, and nine (9) community leaders.

Result

The priority needs identified by the communities are malaria, lack of clean drinking water, and adequate information to influence behavioral change. The study also identified that young people wield enormous influence on their peers, family, and the broader community in influencing social behaviors. Based on the findings, SieDi-Hub designed a one-year 'Community Health Youth Champions Program.' In this pilot program, 20 youths in the community were trained and equipped to champion a participatory approach to bridging the gap between access and delivery of primary healthcare.

Conclusion

Adjusting sociocultural norms to improve health equity for people in rural communities with limited education and access to quality healthcare requires a community-led improvement approach, and youths are central to achieving this goal.

Transforming Social Norms for Better Health Outcomes: The Role of Key Influencer Engagement in the Adolescent 360 Project in Southern Nigeria



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Affiliations:¹Society for Family Health

Background

Adolescent girls in Nigeria face significant health challenges due to social norms and gender inequality. The Adolescent 360 project aims to improve the health outcomes of adolescent girls aged 15-19 by engaging key influencers in their communities to challenge harmful social norms and promote positive behaviour change.

Aim

The aim of this paper is to describe the key influencer engagement component of the A360 project and the impact it has on social norms and behaviours change.

Method

The component involved the engagement of community/religious leaders and mothers of unmarried girls for two monthly sessions facilitated by trained health providers and community/religious leaders using tools designed to generate discussions, decision-making, and address myths and misconceptions about SRH services. The study used a secondary research method and data was abstracted from service logbooks, attendance booklets and girls' registration booklets across program data in Ota LGA.

Results

Between July- December 2022, 30 mom sessions facilitated by 15 community/ religious leaders held, reaching 351 mothers, and resulting in 169 (48%) girls being referred by their mothers to access SRH services, with 60% adopted a method. The key influencer engagement component contributed significantly to creating an enabling environment for girls to access SRH services and improved communication, trust, and support for adolescent girls taking up contraceptive services from mothers and other key influencers.

Conclusion

The engagement of adolescent girls' key influencers has shown great potential in transforming social norms that affect the uptake of ASRH services by adolescent girls. By involving mothers, community, and religious leaders in the implementation and using appropriate tools, the project succeeded in creating an enabling environment for girls to access SRH services and addressing myths and misconceptions about ASRH. The project's success highlights the importance of involving key influencers in implementing health programs to achieve better health outcomes for adolescent girls.

'Norms matter': Investigating social norms in designing an intervention to increase demand for childhood vaccination among caregivers in Northern Nigeria



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Background

In Nigeria, despite government and partner investments, low uptake of childhood vaccination persists with social norms having significant influence. Evidence shows the impact of norms-based approaches in shaping behaviors. Centre for Integrated Health Programs, with funding from Gates Foundation, conducted an implementation research to increase demand for vaccination through behavior change using the Positive Deviance approach. This approach suggests that in communities, there are people whose uncommon but successful behaviors enable them find better solutions to problems than their peers. We describe findings of the formative phase aimed at identifying key enablers to fully vaccinating children.

Method

Using a qualitative research methodology, we conducted 20 focus group discussions between December 2019 – January 2020, with 160 'Positive Deviants' (PD), who were caregivers of fully vaccinated children aged 9 – 24 months, across four Local Government Areas in Gombe and Niger states. Qualitative data was analyzed using the thematic-content analysis approach.

Result

All participants were female with modal age of 25 years ranging from 18 - 46 years, living in the communities for 2 - 42 years, with 99% married. Six main themes were identified including norms and their influences on vaccination such as some caregivers' belief that certain foods could replace vaccination and stigma associated with poor child spacing constituting a barrier to vaccination. Extracted key messages were used to co-create local solutions to overcome barriers to vaccination. These were developed into participatory learning and action tools, and delivered by 40 trained PD to 343 caregivers of zero-dose and under-immunized children during sessions designed to change behavior.

Conclusion

In designing interventions for promoting positive health behaviors, formative research to identify social norms may be critical. This study showed that an action package can be co-created from identified enablers of a desired health behavior and delivered to target groups to help overcome barriers to vaccination.

Exploring the Influence of Social Norms on Adolescent and Young People's Sexual Reproductive Health and Rights: A Key Influencer Engagement Survey in Northern Nigeria



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Affiliations:¹Society for Family Health

Introduction

In contemporary societies, social norms play a crucial role in shaping attitudes, behaviours, and decision-making processes, particularly in matters concerning Sexual Reproductive Health and Rights (SRHR). Among the most vulnerable populations affected by prevailing social norms are adolescents and young people, whose access to accurate information and comprehensive SRHR services can be significantly influenced by the attitudes and practices of key influencers in their communities.

Aim

The study aimed at understanding the impact of social norms on SRHR outcomes among married adolescent girls. Focusing on the perspectives of husbands and male partners, religious leaders, community leaders, and other male figures.

Methodology

This study employed a pre and post survey design before and after a cofacilitated session respectively, to explore the influence of social norms on Adolescent and Young People's Sexual Reproductive Health and Rights (SRHR) in Northern Nigeria. The target population consisted of 320 husbands from four communities in Zaria and Sabon Gari LGAs. Wilcoxon signed rank test was used to examine relationships and changes in attitudes.

Results

70% of the participating husbands, who attended the engagement sessions, experienced a significant change in their perspectives towards modern contraception (p-value of 0.023) at 95% confidence level. Findings suggest that the key influencer engagement sessions played a crucial role in positively shifting the husbands' ideologies regarding social and gender norms related to sexual and reproductive health. By addressing social norms and empowering husbands to support their wives in adopting contraceptive methods, this intervention holds promise for enhancing access to reproductive healthcare and promoting women's reproductive autonomy in Northern Nigeria.

Conclusion

The research indicates that engaging key influencers, such as husbands, can be a promising approach to understanding and addressing social norms can have a profound impact on empowering young women and promoting their reproductive agency, thus contributing to better reproductive health outcomes in Northern Nigeria.



Engaging Men and Boys in Campaigning Against Sexual Violence in Nigerian Tertiary Institutions (HEo23)

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Introduction

Sexual violence in Nigeria is a significant challenge. While underreported, it has considerably negative impacts on survivors, most of whom are women and girls. Sexual violence is shaped significantly by harmful gender norms that encourage violence and risky behaviours as necessary to prove masculinity. These norms are informal, deeply entrenched and widely held beliefs about gender roles that govern human behaviour.

Male engagement is a strategy to shift gender norms and reduce sexual violence by involving men as allies to help change attitudes. This approach expands the focus from men as perpetrators to men and boys as allies.

In light of its potential to aid gender norms transformation, the Centre for Health Ethics Law and Development (CHELD) conducted research to examine the extent of male engagement as a strategy by Women's Rights Organizations (WROs) in combating sexual violence in Nigerian tertiary institutions.

Methodology

Five tertiary institutions from the North and South of Nigeria and 10 WROs were selected for investigation, with 1,496 students participating in a survey and engaging in focused group discussions.

Result

Key findings from the study reveal that gender norms in Nigeria and within tertiary institutions continue to perpetuate patriarchal attitudes towards women, contributing to the prevalence of sexual violence. Despite the pressing need for greater male involvement in addressing sexual violence, WROs face barriers in employing male engagement as a deliberate intervention. One such obstacle is the lack of comprehensive knowledge and strategies related to male engagement.

Conclusion

In light of these findings, the research recommends capacity building initiatives to empower WROs in adopting effective male engagement strategies in their policies and programs to reshape gender norms. This study highlights the significance of male involvement as a crucial component in the campaign against sexual violence, underscoring the importance of exploring this approach in various contexts beyond the scope of this research.

Engaging Religious and Traditional Leaders (RTLs) to Drive Change to Positive Social Norms for the Uptake of Sexual and Reproductive Health Services (SRH) in Northern Nigeria



Authors: Hadiza Salele, Adekemi Gbolade, Olufunke Fasawe, Dorothy Payi, Ahmad Halliru, Desmond Ogunbor, Owens Wiwa

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Background

Maternal Mortality in Nigeria remains significantly higher than set benchmarks, with a low modern contraceptive prevalence rate. In Northern Nigeria, community leaders have a strong influence, and restrictive gender norms deter the uptake of SRH Services. CHAI implemented a culturally sensitive male engagement strategy that engaged RTLs to address sociocultural barriers limiting access to health care for women and adolescent girls.

Materials and Methods

CHAI conducted a gender assessment to understand gender norms, roles, and relations in rural communities. This also uncovered the gender-related barriers that influence the uptake of SRH services. 2,376 RTLs were oriented on gender justice on SRH, using innovative participatory learning methodologies and a responsive feedback mechanism to enhance the intervention design. The RTLs executed activities to improve awareness and attitude toward SRH, promote joint decision-making and service uptake. Review meetings were conducted with, on average, 4,509 community group members associated with the social norms of interest, including youths and adolescents, TBAs, parents, caregivers, etc. The meeting fostered reflection, collective awareness, collaboration, experience sharing, and progress tracking leading to an incremental shift to positive gender norms over time. Monitoring and evaluation were conducted via focus group discussions, surveys, and visits.

Results

From 2019 to 2022, there was a 49% increase in the proportion of RTLs who demonstrated a positive attitude to gender-responsive and adolescent-friendly SRH services, with a 200% and 101% increase in the knowledge of family planning and positive attitude toward child spacing, respectively. This intervention contributed to the 46% increase in the percentage of married women whose male partners support contraceptives, while unmet needs reduced from 18% to 10%.

Conclusion

Engaging RTLs as an approach is critical to address gender-based barriers that limit access to SRH services and has great potential to advancing gender equality for SRH. However, its implementation requires specially designed approaches to address gender inequities.



Assessment of menstrual hygiene management and the influence of social norms among secondary school girls in Gwagwalada, Abuja

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Affiliations:¹Department of Community Medicine, University of Abuja

Background

Menstrual Hygiene Management (MHM) is a concept that describes the key components of hygiene and health requirements for women and girls during menstruation which includes sanitary materials, information, and facilities necessary for effective and private management of menstruation.

Objective

The purpose of this study is to assess menstrual hygiene management and social norms among female secondary school students in Gwagwalada.

Method

A descriptive cross sectional study conducted among 356 secondary school girls. A structured self-administered questionnaire was used. The questionnaire had five sections and collected information on the socio-demographic data of the respondents, knowledge of menstruation and menstrual hygiene, practice of menstrual hygiene, challenges associated with menstrual hygiene management and influence of social norms on menstrual hygiene. The Statistical Package for Social Sciences (SPSS) version 23.0 was used for the analysis of data.

Result

The mean age at menarche is 13.5 years majority (87.6%) know about menstruation before menarche, the leading source of information about menstruation are mothers (66.3%). Finding in this study shows that 98.5% have good knowledge of menstruation and menstrual hygiene while 86.6% has good menstrual hygiene management. Most of the respondent 66% don't have waste bins for disposal of menstrual materials. 63.2% said no incinerators in school and 47.6% have experience foul smelling discharge or pain urination since the onset of menstruation. Some of respondent believe in some myths about menstruation and menstrual hygiene, responses to common social norms that influence menstrual hygiene management 167(46.9%) believe that menstruation is a secret and should not be disclosed. 163(45.8%) believe that girls should not pray or fast during menses. 132(37.1%) believe that throwing away their pads will make them infertile.

Conclusion

The overall knowledge and practice of menstrual hygiene management in this study is good. More knowledge on menstruation will not only foster good menstruation hygiene practices but debunk any myths or bias regarding menstruation among girls.

Shifting Norms Around Gender Equity Using Choices, Voices And Promises Approaches



Authors: Olowu Claude

Affiliations: Rural Women and Youth Development

Background

This paper reflects on the immediate results of Choices, Voices and Promises (CVP) approaches implemented by the Momentum Country and Global Leadership project in Kalmalo community. The CVP approach is a gender-transformative approach that addresses gender inequality, child, early and forced marriage (CEFM) and other forms of violence, by creating positive social and behavioral changes among children, parents and community. This paper aims to discuss the usefulness and applicability of the CVP approach to guide interventions on GBV prevention, with specific focus on CEFM and gender equity between girls and boys by contributing to the growing field of programs to improve the designs of interventions focusing on CEFM prevention

Methodology

The CVP approach works across the socio-ecological model to address gender inequality for girls and boys. Choices sessions are held weekly for the very young adolescents (VYA) between the ages of 10 - 14 years using a designed and age-appropriate toolkit by trained community-based facilitators. The sessions are managed by community members and provides opportunity for sustainability and long-term impact. The Voices brings together parents of VYA to discuss while the Promise approach focuses on engaging the community through community leaders.

Findings

The intervention reached 120 VYA, 240 parents and 600 community members. Communities are now reflecting and taking up positive gender norms that support both girls and boys. Out-of-school girls mainstreamed back to school, thereby delaying CEFM. Boys are now more engaged in household chores, which lessens the burden on girls, giving them to rest, attend to school work.

This report recommends that organisations should consider the socioeconomic model using Choices, Voices and Promises approaches in all GBV programming.



Social Norms Inhibiting the Development of Girls Agency in Lagos, Nigeria; Evidence from the Platform for Amplifying the Voice and Empowerment of Girls Project

Authors: Rhoda Robinson, Paul Ojajuni, Isaiah Owolabi, Chioma Osakwe, Emmanuel Iyiola ONI

Affiliations: HACEY Health Initiative

Introduction

In developing countries like Nigeria, girls face several social and cultural norms that limit their access to quality information, capacity building, counseling, and mentoring, which are necessary for the development of their agency and competence.

To address these social norms, HACEY Health Initiative, in partnership with Empower UK, is implementing the Platform for Amplifying the Voice and Empowerment of Girls (PAVE) project which aims to support girls' mental and physical well-being by providing access to health and empowerment resources for the development of their agency against gender inequality.

Approach

We engaged young girls aged 15-19 years through a 5-day Safe Space Summer Fellowship boot camp training to equip them with knowledge on mental health, sexual and reproductive health and rights, financial literacy, and agency development. Following the bootcamp, we established community safe spaces which were led by community-based mentors to facilitate monthly non-discriminatory safe space meetings. These meetings provide a platform for open discussions, education on reproductive health, gender equality, and rights. The meeting also supported peer-to-peer learning among the girls.

Key Findings

In the last 12 months, we have empowered over 700 young girls through 12 safe space meetings. During the formative evaluation, one key challenge that was observed is that girls in our host communities could not participate in education or personal development activities, especially on weekends due to the heavy burden of domestic and economic activities at home. We engaged parents through focus group discussions and involved them as community-based mentors

Mitigation Approach

To overcome these challenges, we changed the approach to a school-based one, and the safe space meetings were held in school during weekdays.

Conclusion

Despite several challenges that may occur, safe spaces remain an effective tool to empower girls with knowledge and skills for agency development against gender inequality

Mainstreaming Gender in Community-MPDSR to Reduce Gender Norms



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Background

In Kaduna, Nigeria, 82% of women give birth at home without skilled birth attendants. (NDHS 2018) contributing to high maternal death in the state. Community-Maternal and Perinatal Death Surveillance and Response (c-MPDSR), an intervention that identifies and reviews maternal death in the community to unravel the root causes of deaths and generate actions to prevent similar occurrences. Evidence for Action (E4A-Mamaye) implemented c-MPDSR in two communities of Soba LGA, Kaduna state. Endline evaluation indicated that c-MPDSR has a positive impact on addressing social norms that undermine maternal health-seeking behaviour but does not sufficiently address the influence of gender in communities where patriarchal norms limit the agency of women and girls. Therefore, innovative approaches are needed to integrate gender considerations into c-MPDSR.

Methodology

Focus Group Discussions (FGDs) were conducted to explore the prevailing gender norms in the communities and the findings, such as the imbalanced gender composition of social autopsy facilitators and underrepresentation of non-indigenous groups and people with disabilities, were integrated into the c-MPDSR approach and tools. The c-MPDSR committee members were trained on gender equality and mainstreaming gender to enhance their understanding of the role of gender in maternal health and enable them to design actions that empower women and girls.

Findings

Preliminary results show increased representation and voices of non-indigenous groups, people with disabilities, and minorities in social autopsy sessions. An endline evaluation will assess whether gender integration in c-MPDSR promotes access to maternal health services and challenges discriminatory norms.

Conclusion

By adopting this approach, it is expected that the c-MPDSR process will not only identify and review maternal and perinatal deaths but also serve as a platform to address gender-related barriers to maternal health.



Gender-Based Barriers to Accessing SRMNCH Services through Social Health Insurance in Bayelsa, Ekiti, Kaduna, Katsina, Niger, and Ondo

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Background

In Nigeria, out-of-pocket expenditure (OOPE) accounts for over 70% of total health expenditure, leading to high catastrophic health expenditure (CHE). Women face a higher burden of financial and structural barriers to healthcare, including high OOPE. Women's access to SRMNCH services positively correlates with economic status and gender parity, as most women depend on their partners for healthcare-related costs.

Objective

To understand how gender inequity influences access to SRMNCH services provided under the Basic Health Care Provision Fund (BHCPF) program in 6 Nigerian states.

Method

This descriptive qualitative study was conducted in 2022 across six Nigerian states through Focus group discussions (FGDs) and Key Informant Interviews (KIIs). The 175 respondents were clients paying out-of-pocket, BHCPF beneficiaries, and officials from the LGA, Ward Development Committees (WDC), State Primary Healthcare Development Agency (SPHCDA), and State Health Insurance Agency (SHIA). Interviews focused on gender and equity in health insurance coverage, service provision, and supply of quality SRMNCH services. Data were analyzed using NVivo.

Result

60.9% of the respondents were females, and 97% were married. Barriers to healthcare access for women and girls were money, illiteracy, and unawareness. BHCPF enrolled women mentioned inadequate finances as a barrier to accessing SRMNCH services, stating that their husbands make the decisions on healthcare. The BHCPF-enrolled men corroborated this by mentioning that they had decided to enroll their families in the program. State officials were unaware of mechanisms supporting equity considerations in BHCPF operationalization. SHIA staff said there were no existing policies to further gender equity in programs.

Conclusion

Gender inequity poses a barrier to accessing healthcare. Healthcare decisions depend on husbands, influencing women's Sexual Reproductive Health and Rights (SRHR). Though the importance of gender and equity in healthcare provision is known, there are still opportunities to institutionalize equity considerations in programs focused on achieving universal health coverage.

Changing gender equitable beliefs among urban dwelling boys in Lagos and Kano



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Project Description and Objectives

The Youth Powered Ecosystem to Advance Urban Adolescent Health (YPE4AH) project is a USAID award designed to empower young Nigerians to fight against limiting societal norms and provide a safe environment, as well as skills and resources for better life planning.

Methodology

In tackling these societal ills, the project engages adolescents at the youth hubs which are safe spaces for access to internet facilities, health service provision, SKILLZ sessions, games, community sensitizations on thematic areas around substance abuse, gender-based violence, menstrual hygiene through an evidence-based play curriculum that combines learnings on reproductive health, education, and gender equality for a period of nine days. Adolescents then take pre- and post-tests following this intervention to assess a shift in their perception about key gender norms using USAID's metric.

Results

A total of 11,960 male adolescents were reached between March 2022 and March 2023; the results of the assessments measuring improvement on their gender beliefs, revealed that every 6 out of 10 adolescents who went through the SKILLZ program increased agreement (63.1%) with these beliefs. Significant increments were noted in their agreement with concepts about women's rights, fairness, and contribution to building societies and making good decisions. Males in Kano state also made significant progress from their conservative nature towards gender, compared to Lagos. (66.8% in Kano and 59.5% in Lagos). Adolescents' age also influenced their ability to shift social norms, with the likelihood of increased agreement with gender belief increasing with increasing age (OR: 1.02, CI: 1.01-1.06).

Conclusion

By positioning a curriculum that helps male adolescents improve gender beliefs, our project achieved results in creating an enabling environment for females within our safe spaces. This will ultimately lead to a better society with more males who see the world differently, beyond social stereotypes.



Transforming the Political Landscape: Effect of a Social and Behavioural Change Intervention to Empower Women and Youth Political Involvement in Kano and Kaduna, Nigeria.

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Background

The pursuit of youth and gender inclusion in political participation in African countries, including Nigeria, faces substantial obstacles. Cultural, religious, environmental, and educational factors contribute primarily to the low involvement of youth and women, especially in Northern Nigeria. A comprehensive Social Behaviour Change (SBC) campaign tagged "Campaign for Inclusion of Women and Young People in Political and Governance Processes, Hope Action Progress (We-YOU Pro HAP)" was deployed to eliminate cultural and social norms that impede women and youth involvement in politics. A formative assessment informed the design of the SBC strategy which utilized campaigns to build self-efficacy, capacity-building workshops, social media campaigns, and mentorship programs to encourage women and youth participation in politics. This paper assesses the campaign's impact on women and youth involvement in politics.

Methodology

A Most Significant Change (MSC) study was utilized to elicit stories of change and assess the impact of the campaign in Kaduna and Kano States, Nigeria. Data was collected through Key Informant Interviews (KIIs) from 9 randomly selected beneficiaries of the campaign per state using the MSC interview guide. Stakeholders, including ActionAid, selected the most significant change stories.

Results

The MSC study revealed inspiring stories of women and youth who overcame various barriers and assumed active roles in politics following the We-YOU Pro HAP campaign. The most significant change stories selected emphasize the accomplishment of the campaign based on its objectives. Common outcomes included increased self-confidence, enhanced leadership abilities, improved grassroots mobilization skills, and greater community recognition.

Conclusion

Deploying strategic SBC can aid in positively shifting norms impeding youth and women political involvement particularly in Low Medium Income Countries (LMIC). These findings have implications for policymakers, civil society organizations, and stakeholders interested in advancing women and youth rights in Nigeria and beyond.

Keywords

We-You-Pro Campaign, women's political participation, gender equality, social norms, Nigeria, Most Significant Change Study, Social and behavioural Change.

Shifting Norms for Better Health: The Role of Women Empowerment Groups in Selected States Nigeria: Bauchi Sokoto Kebbi FCT and Ebonyi



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Background/Objectives

In Nigeria, women often lack decision-making power in matters related to pregnancy, childbirth, and child care due to existing gender roles and lack of financial control. External factors such as peer pressure and societal expectations further influence care-seeking behaviors (BA-N HCD Assessment). To address these challenges, the Breakthrough ACTION Nigeria project developed the Women Empowerment Group (WEG) intervention. This program aims to empower women, promote gender equality, and foster positive norm shifts. It creates safe spaces for women, building their capacity and agency to practice priority health behaviors, gain confidence to engage in discussions and decision-making with their spouses, and participate in economic empowerment activities.

Methods

Facilitators of WEGs are trained and mentored by BA-Nigeria for three months in five states: Bauchi, Sokoto, Kebbi, Ebonyi, and FCT. Following the training, they establish their own WEGs and provide structured training during weekly meetings. The sessions include discussions, demonstrations of health behavior activities, and group contributions.

The WEGs operate in cycles lasting 6 to 12 months. Pre and post-cycle assessments are conducted through key informant interviews with 363 participants in the five states during a given quarter. The participants include 6-8 members of WEGs, 3-5 of their spouses, and one each of community leaders, religious leaders, WDC members, and service providers.

Results

The WEG intervention has grown from 29 to 194 groups since 2020, with 784 to 3,793 women involved. The generated income increased from \$25,213 in 2020 to \$75,223 in March 2023.

The 3-month assessment showed positive changes. In the post-assessment, 224 respondents reported increased spousal communication, compared to 170 in the pre-assessment. In the post-assessment, 215 women engaged in income-generating activities compared to 20 in the pre-assessment and 140 respondents could recall key health messages compared to 32 in the pre-assessment. In the post-assessment, 197 respondents reported both spouses making healthcare decisions (up from 128 in the pre-assessment). Additionally, 177 and 215 respondents agreed that women freely interact with both spouses and the community on health matters, compared to 124 and 98 respondents in the pre-assessment, respectively.

Conclusion

The WEG intervention achieved significant success in fostering open health communication and improving spousal communication, income generation, and community support. It enhanced MNCH knowledge and joint decision-making. Empowering women through norms-shifting interventions like WEG has transformative potential for maternal and child health outcomes, with increased agency and economic empowerment leading to healthier practices and improved MNCH access.



Gender norms impacting maternal, infant, adolescent and young child nutrition in Nigeria

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Abstract

The causes of poor maternal, infant, adolescent, and young child nutrition (MIYCAN) are complex and deeply rooted in household and community-level factors, extending to socio-cultural contextual and structural factors in the larger society. Notable among these contextual factors and less well-understood are gender norms, which affect women's and girls' ability to achieve and participate equitably in households, communities and society.

In 2022, UNICEF commissioned formative qualitative research to obtain an in-depth understanding of the factors leading to MIYCAN, health, and water, sanitation, and hygiene (WASH) key practices in Nigeria during the most crucial period for children's growth and development: the first 1,000 days through pregnancy until a child's second birthday. Data was collected in semi-structured interviews, interviews with observations, and discussion groups and analyzed using thematic analysis. Participants from across twelve communities within six states consisted of adolescent girls and young women, pregnant women, mothers of children under two years, healthcare providers, community and traditional leaders, fathers and husbands, and mothers-in-law and grandmothers. As part of this research, 575 total participants were engaged in several participatory activities and facilitated discussions designed to uncover prevailing gender ideologies and norms.

Findings and recommendations to be shared include rich contextual insights regarding gender norms and related social sanctions. Participants described traditional gender ideologies that ascribe women and men to different spheres of influence and restrict women's movements and participation. Participants also discussed a variety of social sanctions imposed on those who do not comply with these norms and revealed important gender distinctions in the nature, severity and source of sanctioning.

As Nigeria works towards achieving the World Health Assembly Global Nutrition Targets in 2025 and contributing to Sustainable Development Goal 2, refined, more innovative, sustainable, and nuanced gender transformative approaches will be critical to improve maternal and adolescent nutrition, health, and well-being.

Literature Of Social Norms Research In Nigeria



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Background

Nigeria has seen steady yet marginal growth across human development index metrics but still ranks one of the lowest in the world in key gender metrics. One contributing factor to this disparity between investment and health improvement may be the influence of social norms.

Methods

To further assess the landscape of social norms programming and research in Nigeria, the Social Norms Learning Collaborative (SNLC) working group conducted a literature and program scoping review related to four key sectors: (1) Family Planning and Reproductive Health (FP/RH), (2) Women's Economic Empowerment (WEE) (3) Gender Based Violence (GBV) and (4) Nutrition. The goal was to document the frequency, types and trends in social norms research and programming in priority health and development areas in Nigeria. The literature review group used Covidence to support a systematic review, beginning with specific related search terms and importing articles of interest within the 10-year timeframe into the COVIDENCE platform. Literature databases were limited to PubMed, PsycINFO, Hinari, Embase, CINAHL, Cochrane, Scopus, Refseek, and Microsoft academic search utilizing a standard set of social norm and distinct outcome terms.

Results

A total of 43 articles were identified on SRH/FP as primary outcome, two of those articles were also relevant to the WEE. Forty-eight articles focused on GBV, four were also relevant to WEE, while eleven articles focused on nutrition with one article cross-listed in the WEE. Seven articles sought to advance WEE

Conclusion

We identified a substantial work done on the sectors except WEE, but more literature work needed to be done in Nigeria to bring consistency and focus to social norms scholarship.

Keywords

Social norms, literature, gender-based violence, nutrition, economic empowerment, sexual and reproductive health



Assessment of Social Norms Associated with Open Defecation Among Residents of Passo Community Gwagwalada

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Abstract

The issue of open defecation has become a global menace especially among the developing countries. The health of children is most affected by this practice. The need to study the practice of open defecation through the lens of social norms with the aim bringing an end to it has proven beneficial. This study aims to assess social norms associated with open defecation in Passo community Gwagwalada.

A descriptive cross-sectional study design was used for this research. Both purposive and convenient sampling techniques were used to select the participants. With a total of 260 respondents, data was collected using an interviewer-administered questionnaire method with the questionnaire comprising of 5 sections and a total of 41 objective structures and filling in the blank questions. Ethical clearance was obtained from the health research ethics committee, University of Abuja teaching hospital, Abuja.

Result indicated that the general knowledge of open defecation among respondents was poor, with 73.8% having a poor knowledge and only 24.6% having good knowledge. Majority of respondents 54.6% engaged in the practice of open defecation. This was despite a greater percentage of them 92.3% agreeing to owning a toilet facility in their homes. The most common social norm/factor/driver of open defecation was the belief that filth, heat and bad odor in the toilets is an abomination 63.5%. 83.5% agreed that involving the community and religious leaders in communicating and enforcing the practice of latrine use would help mitigate the practice of open defecation.

In conclusion, the findings of this study suggests that the practice of open defecation is driven by multifactorial causes such as the sociodemographic characteristics of the people, the availability of amenities some social norms and some other factors. However, there was no association between the level of knowledge of the respondents and their practice of open defecation.

Keywords

social norms, open defecation, knowledge, practice, social norm change strategies.

Assessment of social norms associated with family planning among women of reproductive age in Passo community, Gwagwalada



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Background

Social norms associated with family planning use and misuse are globally prevalent and remain an ongoing health crisis affecting every region of the world thus the need to assess the social norms that are predictors of family planning (FP) use in Passo community.

Objective

The purpose of this study is to assess the social norms associated with family planning among women of reproductive age in Passo community. Method: A multi-stage sampling method was used in selecting a total of 210 students cutting across the various regions of Passo. Also, an interviewer-administered questionnaire comprising of 5 sections and a total of 42 objective structured and filling in the blank questions was administered to each respondent to fill after following due process.

Result

A total of 210 questionnaires were administered, retrieved with a response rate of 100%, and analyzed with an IBM SPSS version 23. The prevalence of family planning use among the women was 66.7%. Social norms that had obvious and severe negative influences were: norms on bad side effect influence (62%) and norms on husband's disapproval influence for personal reasons (58%). While those with mild or moderate negative influences on family planning are listed thus being: norms like choice because of quest for a male child (32%), competition for child bearing (35%), response to threat by husband to marry a second wife for more children (29%), reduction in sexual enjoyment because of FP use (32%), in-laws/relatives' influence on FP use (22%), religious beliefs' influence (37%), mockery from people for having few children due to FP use (19%), Using FP due to need to have plenty children for house chores assistance (29%), preference of herbal option to modern method of FP (25%), husband's disapproval due to beliefs in FP use encouraging infidelity among women (29%).

Conclusion

The result obtained revealed that myths around fear of side effects, desire for more children and single marital status were the most implicated factors influencing family planning use, with prevalence having significant relationship with age, marital status, minimal birth interval between children and knowledge of family planning.