



**THE SOCIAL NORMS**  
LEARNING COLLABORATIVE  
NIGERIA

# THE NIGERIA SOCIAL NORMS LEARNING COLLABORATIVE MENTORSHIP PROGRAM

**Lessons in Integrating  
Social Norms into Programs**

September 2023

## ABOUT

**Country Focus:** Nigeria

**Theme:** Family planning and routine pediatric vaccination

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## NIGERIA SOCIAL NORMS LEARNING COLLABORATIVE (N-SNLC)

The Nigeria Social Norms Learning Collaborative (N-SNLC) facilitates building knowledge and developing tools among researchers and practitioners across regions and disciplines to advance effective, ethics-informed social norms theory, measurement, and practice at scale.

The Collaborative draws members from government organisations, donor agencies, NGOs, and academia with an objective to strengthen networks, build sustained expertise and capacity in Nigerian organisations and institutions, and support good quality programming. Members work across multiple development focus areas including women’s economic empowerment, sexual and reproductive health and family planning, infectious disease, gender-based violence, maternal and child health, nutrition, and immunization, among others.

The Learning Collaborative shares state-of-the-art social norms evidence, approaches and resources with key players and actors through proven learning strategies, with specific focus on gender norms and their impact on health and women’s economic empowerment. The N-SNLC is made possible by the generous support of the Bill & Melinda Gates Foundation. The contents of this document are the responsibility of the N-SNLC and do not necessarily reflect the views of the Bill & Melinda Gates Foundation.

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# THE CONTEXT

Mentoring and technical assistance (TA) programs are increasingly utilized in the public health and health care sectors in low- and middle-income countries (LMICs). There is emerging literature on the effectiveness of such programs, and generally have been found to increase performance, team capabilities, and organizational effectiveness when implemented with sufficient frequency and duration.<sup>1</sup>

The Nigeria Social Norms Learning Collaborative (N-SNLC) as part of its capacity strengthening opportunities, organized a mentorship program during which members of the Community of Practice (CoP) interested in integrating social norms into their programs could receive mentorship and TA from social norms experts from the Global Social Norms Learning Collaborative. Three member organizations participated in this program, one of which is the focus of this brief.

Dr. W. Douglas Evans, the mentor, engaged with local health care providers and community health workers under the Kano State Primary Health Care Management Board, collectively known as the “Kano State Team”, to study potential future research and interventions to address the problems of low family planning utilization and routine vaccination rates. This effort constituted a long-term mentorship collaboration that included consultation in 2021 and again in 2023 to develop and integrate the use of social norms theory, interventions, and research into the Kano State team’s work.

# THE PROCESS

In consultation with Dr. Evans, The Kano State team analyzed the local context describing their current programs on family planning and vaccination, and developments in monitoring relevant health conditions and recent local efforts in these areas. Based on these discussions, Dr. Evans and the Kano State team decided to focus the mentorship program on family planning and vaccination for hepatitis B programs. The Kano State team and Dr. Evans also reviewed a summary of recent formative research conducted on immunization and vaccinations of children in the Kano region. Dr. Evans used the results of these discussions and review of materials to identify 5 distinct steps in their mentorship process.

1. Review of recently completed formative research and development of plans for new research;
2. Development of an in-depth interview (IDI) guide focused on family planning (as this topic is sensitive, requiring privacy in the interviews) and a new focus group discussion (FGD) guide for immunization;
3. Development of a plan to conduct the IDIs and FGDs in Kano state, led by the local team;
4. Data collection and analysis (by the local team with TA from Dr. Evans);
5. Development of a plan for future interventions in family planning and immunization with mothers, fathers, community leaders, and health care workers in Kano state.

## Phase I: Review of Existing Data

As a starting point, the group reviewed the [Lafiya](#) programme five-state study results, which mapped the health services infrastructure and overall supply of health care services in five northern Nigerian states: Borno, Jigawa, Kaduna, Kano, and Yobe. The study was a baseline assessment of health care services in the five states.

Additionally, the Kano team reflected on previously conducted focus groups with 20 women age 18-45 and mothers-in-law to discuss family planning. This research provided additional insights beyond the Lafiya data, and suggested future research was needed. The previous study found that: 1) women did not want to take drugs for contraception and 2) there are strong religious beliefs that having several children is the norm. There are significant religious implications to family planning, and in northern Nigeria there is a social norm that women should have as many children as possible. Fertility is very important and anything that might reduce it is perceived negatively.

Additional barriers include competition among wives in polygamous homes to give birth to the most children, as well as mothers-in-law who have great influence encouraging the women to have as many children as possible. The economic value of large families, as children help to produce wealth by working, also contributes to hesitancy towards contraceptive use.

The Kano State team also found that Imams (i.e., leader of a mosque) in some cases are already pro-family planning, and could serve as a significant influence to make birth spacing more acceptable, even in the context of a ‘many children’ norm. Imams could be trained as ambassadors or advocates, as is already done for vaccination.

For Hepatitis B social norms, the team reflected on their collective knowledge of the existing system of beliefs and social incentives that support women’s choice not to vaccinate their children. According to the Kano state team, this is primarily a result of the practice of women staying home for the first 40 days after their infant’s birth, which is the time period during which Hepatitis B vaccination should occur.

## Phase II: Development of a Formative Research Plan

The team recognized the need to better understand the challenges facing HCPs in terms of delivering Hepatitis B vaccination and family planning services, whether they are supportive of delivery, what barriers they face in terms of persuading patients to accept these services, and opportunities to increase vaccination and contraceptive coverage. The team decided that a series of focus groups with health care providers, segmented by gender, role (e.g., doctors, nurses, and community health workers), location (urban v. rural) and education level, would be the best approach, as these factors were identified as likely determinants of differing responses to the challenges and opportunities facing health care providers in delivering vaccination and family planning services.

Then, in exploring the question, ‘What social norms specifically need to be addressed?’, the team developed the following formative research questions to guide their work:

- Which norms need to be shifted or uplifted among mothers and other family members to increase rates of Hepatitis B vaccination in children?

- Which norms need to be addressed to increase use of family planning?

The team felt that formative research was needed in these areas in order to identify potential objectives for future interventions. By knowing the specific norms at play, programming could be developed in the future with the aim of addressing norms and developing a programmatic theory of change (ToC).

### **Phase III. Seek Evidence**

The team developed and piloted two in-depth interview guides, one focused on family planning and another on routine vaccination. These guides were designed to be implemented with men and women living in Kano State, including mothers of vaccination-eligible children and both men and women who are sexually active (potential contraceptive users).

The team also identified a norms shifting strategy to test during a second phase of the formative research. The purpose of this research would be to develop key messages about possible harm/danger of not getting the Hepatitis B vaccine, and benefits of timely vaccination for children. These messages would aim to counteract myths and mis- and dis-information about the Hepatitis B vaccine. The messages would be piloted during focus groups after the initial IDI phase was completed.

As part of this effort, the team proposed training Imams as ‘ambassadors’, or advocates in the community to promote vaccination. This could include working with Imams to post pro-vaccination messages to influence their social networks. Imams could be trained on effective social media advocacy techniques using methods using peer-to-peer social media for behavior change programs in the USA<sup>2</sup>.

## **HOW EVIDENCE WILL INFORM PROGRAM EVOLUTION**

The team discussed the idea of pilot testing an incentive scheme to counteract the financial and social incentives that mothers receive to stay home for 40 days after giving birth. They asked: “What amount of incentives would be needed for the mother to break this norm and seek vaccination for their infant?”

The team would explore what incentives would be needed in urban and rural settings as part of the message testing study described above. The study could include a small experiment to test variable levels of financial incentives (money, gifts such as household items, food) during the seven-day celebration to overcome the stay-at-home norm. Households would receive the incentive if they agreed to take the child for Hepatitis B vaccination. Community health workers would follow up to determine whether the children were vaccinated. The team would conduct a brief survey pre- and post-test to assess receptivity to the incentive-based intervention.

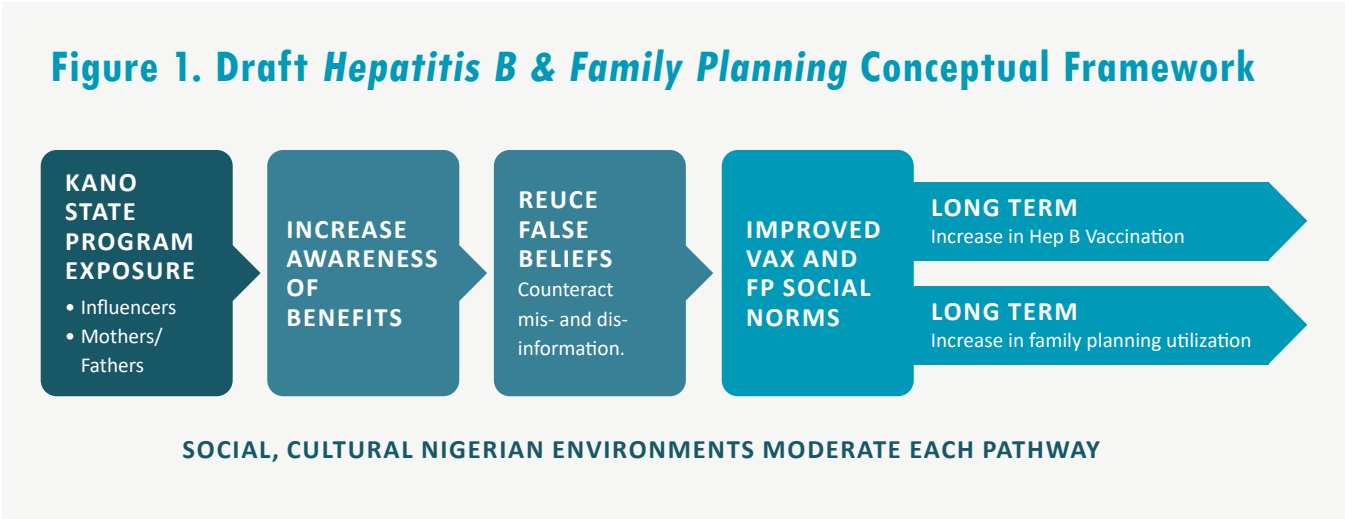
To inform the family planning program, focus groups with pro-family planning and skeptical (those unsure about family planning, but not completely opposed to it) Imams would be conducted in rural and urban communities. Focus groups with women of child-bearing age would also be conducted to explore barriers

to family planning use, including beliefs about side effects and sources of mis/dis-information. Based on the results of these focus groups, the team plans to host a dialogue led by Imams trained by the advocacy program broadcast through channels such as a radio or web novella or similar edutainment program with relatable characters and a plot in a realistic setting in northern Nigeria.

This work would lay the groundwork for a long-term program of social norms change to support contraceptive use and vaccination. As a next step, the Kano team will develop a specific plan and objectives for the vaccination and family planning campaigns, identify areas of overlap (e.g., training of Imams to be ambassadors) and synergies, and develop the research plans described above in detail.

## OUTCOMES

In addition to developing a formative research plan including In-depth interview and focus group discussion guides and a pilot intervention plan, the team created a conceptual model to guide their intervention and research activities (Figure 1). The conceptual model is intended as a starting point for testing and will be iteratively refined and further developed based on research findings.



Based on this conceptual model, Dr. Evans recommended development of a monitoring & evaluation (M&E) framework for future intervention research and evaluation.

This mentorship activity supported the Kano State team to develop a plan to explore social norms related to family planning and vaccinations in their communities, positioning them to conduct formative research to support the development of future interventions.

# LESSONS LEARNED

- **There is a need for more data on the factors that influence demand for family planning and hepatitis B vaccination** (as well as COVID-19 and other forms of vaccination). Use of social media and financial and social incentives appear to be promising strategies to address norms that constrain healthy behaviors. This mentorship activity positions the Kano State team to conduct pilot projects in these areas.
- **Availability of data is an important asset for a mentoring/TA project to support planning for a social norms program.** The use of the Lafiya 5-state study and the Kano team’s previous formative research provided a strong foundation for the work done during the mentorship period.
- **Lack of in-person interactions can limit the effectiveness of mentorship.** While this mentorship was successful in developing plans for future social norms programs, objectives for those programs, and specific research questions and strategies to pursue, we did not implement these activities. One main reason for this appeared to be that there was no in-person, on the ground component to the mentorship. It may be valuable to incorporate in-person workshops, including travel by the mentor to the mentee site, in future mentorship TA projects.

## References

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