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MARCH 2021

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

TECHNICAL REPORT | E2A PROJECT



About E2A

The Evidence to Action (E2A) Project is USAID's global flagship for strengthening family planning and reproductive health service delivery. The project aims to address the reproductive health care needs of girls, women, and underserved communities around the world by increasing support, building evidence, and leading the scale-up of best practices that improve family planning services. A Cooperative Agreement awarded in September 2011, E2A is led by Pathfinder International and will end on March 31, 2021.

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This publication was made possible through support provided by the Office of Population and Reproductive Health, Bureau for Global Health, US Agency for International Development, under the terms of Award No. AID-OAA-A-11-00024. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

ACKNOWLEDGMENTS

The Evidence to Action (E2A) Project gratefully acknowledges the United States Agency for International Development (USAID) for the creation of this report and supporting the work it describes, as well as the Niger Ministry of Health for supporting the ULC and CLC programs and committing to their systematic scale-up. E2A would also like to recognize the lead investigators, including the Principal Investigator (PI) Dr. Mohamadou Sall (consultant) and the local lead investigator Dr. Abdoulaye Ousseini (Pathfinder International Niger).

E2A thanks the youth researchers from Abdou Moumouni University (AMU) in Niamey and the University of Zinder for contributing their perspectives to the study design, planning, implementation, and analysis. From AMU, E2A would like to recognize Abdou Attikou Rachid, Akine Hayou, Hamidou Soumana Rakiatou, Hamissou Harouna Badia, Ismael Coulibaly Alfija, Mahamane Mahamadou Balkissou, and Yahaya Djibo. From the University of Zinder, E2A would like to recognize Abdou Ibrahim Safiatou, Abdou Maman Issoufou, Lawan Issoufou Zeinabou, Mamadou Elhadji Sale Boukar, Moustapha Laouli Hamida, Ousseini Nabako Sani Daniel, Saadou Baraya Magagi, and Saley Bako Ramatou.

E2A staff who provided technical support for the design and implementation of the study include Ginette Hounkanrin, Senior Adolescent Health Advisor; Meera Sarathy, Technical Advisor for Programs; and Eric Ramirez-Ferrero, Technical Director.

The field supervisors who provided field oversight of data collection in Niamey and Zinder include Dr. Nana Aichatou Issaley, Professor, University of Zinder; Nouhou Ousmane Ismael, Pathfinder International – Niger; and Abdou Salam Maman Sani, Assistant to the Principal Investigator.

E2A is grateful to the government and university authorities in Niamey and Zinder, as well as the community leaders of Bainaka, Badahi Haussa, Ingaouna, and Angoual Gao villages in Zinder for their approval of study implementation and facilitating access to study sites.

Staff at Pathfinder International-Niger who provided technical, logistics and administration support to the study include Dr. Sani Aliou, Country Director; Dr. Maidagi Toga, RISE-FP Technical Manager; Samirathou Tchibozo, Admin & HR Manager; Saidou Moussa, Finance Manager; Mahaman Mahaman, Procurement Manager; Oumarou Oussouba Alhassane, MEL Manager; Ada Zourkaleini, Communications Officer; and Aziz Alhousseini, IT Manager.

Technical, editing, and design support were provided by Rita Badiani, Project Director; Eric Ramírez-Ferrero, Technical Director, Maren Vespiá, Consulting Communications Director; and Ilayda Orankoy, Communications Specialist.

Lastly, E2A would like to thank all of the study participants for their availability and openness throughout the interview process.

Suggested Citation

Connie Lee and Mohamadou Sall. Participatory Action Research with Youth to Document Perceived Changes Related to Family Planning, Reproductive Health, Gender Relations, and Leadership Among Young People in Niger. (Washington, DC: Evidence to Action Project, March 2021).

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ACRONYMS AND ABBREVIATIONS

AMU	Abdou Moumouni University
AYSRH	Adolescent and youth sexual and reproductive health
CHW	Community health worker
CLC	Community Leadership for Change
CNOU	National Center for University Works (<i>Centre National Des Œuvres Universitaires</i>)
E2A	Evidence to Action
FGD	Focus group discussion
FP	Family planning
IDI	In-depth interview
MOH	Ministry of Health
PAR	Participatory action research
RH	Reproductive health
RISE	Resilience in the Sahel Enhanced
SBC	Social and behavior change
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
ULC	University Leadership for Change
USAID	US Agency for International Development
YPAR	Youth-led participatory action research

I. INTRODUCTION

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

Recognizing the positive outcomes that drove this program scale-up, in 2020, E2A supported student leaders in the ULC program with an international consultant based in Senegal and Pathfinder staff in Niger to further examine young people's perceptions and experiences of whether and how their lives have been influenced by ULC and CLC interventions. Using a youth-led participatory action research (YPAR) approach that engages young people as investigators themselves, E2A aimed to document the impact of the ULC and CLC programs on the lives of students at the universities of Niamey and Zinder, as well as youth in the community where the programs were implemented, as related to three key domains of the ULC and CLC programs: access to and use of FP/RH services, gender norms, and youth leadership. This report presents the findings from this qualitative study, as well as a description of the process of implementing the YPAR approach, offering insights that may be useful to guide future adolescent and youth sexual and reproductive health (AYSRH) programming efforts.

II. BACKGROUND

Niger has the highest fertility rate in the world, estimated at 7.6 children per woman in 2012.¹ This average conceals significant disparities, with peaks exceeding eight children per woman, particularly in the Zinder region.² With 76 percent of women 20-24 years old married before the age of 18, and 28 percent married before the age of 15, it is no surprise that more than 40 percent of adolescent girls in Niger have already given birth. Only 12 percent of women 20-24 years of age report using a modern method of contraception; among these young women, a third use the lactational amenorrhea method in the postpartum period.³

Zinder Key Health Stats

- TFR 8.5 – highest in Niger
- mCPR: 16%
- 54.1% of the population of Zinder is under 15 years of age
- Median age at marriage for girls is 15.5 years
- Median age at first birth is 18.5 years

Niger's FP and RH indicators demonstrate the urgent need to address AYSRH needs among the Niger's youth population. In its National Family Planning Action Plan (2013-2020), the government set an ambitious goal of increasing the contraceptive prevalence rate to 50% by 2020. Since 1990, contraceptives have been provided free of charge in Niger. However, unmet needs for family planning persist due to limited access to contraceptive methods, particularly among hard-to-reach and rural populations, socio-cultural norms promoting high fertility, unequal gender relations, and an under-resourced health system, which limits use of RH and FP services. These ongoing challenges call for the intensification of promising interventions. It is within this context that the Ministry of Health (MOH) with support from E2A launched a program designed to create a cadres of university student leaders whose influence could be leveraged to promote behavior change in reproductive health among their peers.

University students form the vanguard of the country's future leadership. Their high mobility—as they come from all over the country—and educational level can be strategically leveraged to reach out to their peers, create demand among their peers for FP/RH services throughout Niger, and articulate the needs of youth to government and other stakeholders. Furthermore, like other young people, university students have unmet FP/RH needs and thus constitute a strategic target group by themselves.

Recognizing the untapped potential of working with and through university students, E2A, with support from the USAID/West Africa mission and in collaboration with the AgirPF Project, implemented a

¹ Institut National de la Statistique (INS) et ICF International, 2013. Enquête Démographique et de Santé et à Indicateurs Multiples du Niger 2012. Calverton, Maryland, USA : INS et ICF International.

² Ibid.

³ Ibid.

comprehensive youth behavior change program called University Leadership for Change (ULC) at the Abdou Moumouni University in Niamey from 2014 to 2016. The program involved stakeholders from relevant ministries and the university, as well as the student leaders themselves, in decision-making and implementation, cultivated leadership skills among students as champions for sexual and reproductive health (SRH), and initiated the first youth-friendly services program at the university. The program enabled students to receive contraceptive counseling and a range of contraceptives, including condoms, oral contraceptives, injectables, and intrauterine devices (IUDs), as a part of ongoing SRH services offered at the university health center. At the heart of ULC was a youth-led approach that engaged university students as peer leaders to facilitate behavior-change activities using Pathfinder International's Pathways to Change and Reflection and Action for Change (REACH) methodologies.⁴ During these activities, young people identified, and then reflected and acted on barriers and facilitators to accessing SRH information and services.

The specific objectives of the ULC program were to:

1. Develop students' capacity to become agents of change by conducting youth education sessions under the supervision of peer supervisors to increase the demand for FP/RH services, both at the university and in their home communities;
2. Develop service providers' capacity to ensure access to, and improve quality of, RH services for young people; and
3. Establish a co-management committee composed of all project stakeholders to review progress and ensure sustainability of the project.

In 2015, after initially piloting the interventions at AMU, E2A, together with the Nigerien government and nongovernmental organization partners including Pathfinder, agreed to build on the ULC initiative and systematically scale-up the intervention and concept of youth leadership for behavior change.⁵ The scale-up process, guided by ExpandNet's *Beginning with the End in Mind* and *Nine Steps for Developing a Scale-Up Strategy*, was first extended to three university campuses in Zinder, Maradi, and Tahoua. The implementation learnings from all four campuses were shared at a stakeholder workshop in 2016, which resulted in a clear consensus on the essential components of the ULC scale-up package. One recommendation led E2A to modify the intervention package to include training in behavior change using

⁴ *Pathways to Change*, a board game designed by Pathfinder International, elicits students' perceptions of barriers and facilitators of change. REACH builds on *Pathways to Change*, engaging young people to identify and prioritize behavioral problems among their communities and themselves.

⁵ Katie Chau, Regina Benevides, and Ousseini Abdoulaye, *University Leadership for Change in Sexual and Reproductive Health in Niger: Project Report* (Washington, DC: Evidence to Action Project/Pathfinder International, March 2017).

the Pathways to Change game⁶ and AYSRH training for youth leaders and local service providers. Additionally, a co-management committee was created to oversee problem-solving and activity coordination for the project as a whole.

The success of the ULC program has led country stakeholders to request replication of the intervention model to other universities in Niger, as

Key Results: ULC in Niamey

- Integrated AMU's health center with local health district, supervisory system, and regional RH/FP supplies procurement system
- University ensured contraceptives: condoms, oral contraceptives, injectables, IUDs
- Created student-led organization to address turnover in peer leaders

well as beyond universities and into community settings. As part of a scale-up plan for the ULC approach, E2A worked with government counterparts and ULC student leaders to adapt⁷ the university-based program to the community setting as part of the Resilience in the Sahel Enhanced-Family Planning (RISE-FP) project.⁸ In 80 communities in the Matamèye, Mirriah, and Magaria districts of Zinder region, this new youth program, called Community Leadership for Change (CLC), created and trained a cadre of young leaders in FP/RH, behavior change, and peer leadership, with ULC leaders at the University of Zinder serving as supervisors and mentors for the community youth leaders. The community youth leaders led behavior change activities – focused on behaviors such as delaying the age of sexual debut and marriage, encouraging respectful relationships between men and women, and promoting communication and utilization of contraceptives for delaying or spacing pregnancies – through the Pathways to Change game to (1) promote healthy behaviors and gender equality; (2) identify and collect data on barriers and facilitators to change in gender dynamics, knowledge, and use of health services for FP/RH; and (3) develop and implement community workplans to combat these barriers. This last step involved youth leaders mobilizing their communities to develop context-appropriate, locally-implemented activities to transform barriers into action, thereby continuing to build youth leadership and producing actionable steps to increase use of and access to FP/RH services.

⁶ PTC is a simple board game with two objectives: (1) to introduce small groups of community members and target populations to simple ideas about behavior change that can help them discuss change among themselves and with family and friends, and (2) to help projects learn what communities and target populations associate with specific kinds of behavior change—what they think can be a barrier to change and what they think might facilitate change.

⁷ For more information about the ULC adaption process, please see: <https://www.e2aproject.org/wp-content/uploads/ULC-Report.pdf>

⁸ The Resilience in the Sahel Enhanced (RISE) Initiative is a USAID-funded comprehensive program to strengthen resilience in the Sahel, particularly in Niger and Burkina Faso. In Niger, E2A/Pathfinder implements the RISE-Family Planning (RISE-FP) component in the Zinder region.

III. STUDY PURPOSE AND OBJECTIVES

The purpose of the study was to document, through youth-led PAR, the impact of the ULC and CLC program on the lives of students at the universities of Niamey and Zinder, as well as youth in the community where the program was implemented.

The specific objectives of study were twofold. On the one hand, it aimed to provide E2A, Ministry of Health partners, and other implementing organizations information on the direct impact the programs had on program beneficiaries and the promotion of leadership, gender equality, and FP/RH. The study also aimed to build the capacity of ULC students in participatory research so that they can be key actors and leaders in the evaluations of other programs in which they are involved now and well into the future.

To achieve these objectives, E2A supported a participatory workshop in January 2020 in Niger with ULC student leaders to jointly determine the key questions to address through the study (see Section IV.B for details on this workshop). With the youth's full engagement in the process, the selected key questions were:

1. How has the program influenced young people's use of FP/RH services on campus and in community settings?
2. How has the program influenced the lives of young peer leaders on campus and in the communities?
3. How has the program influenced communication and decision-making among couples about FP/RH issues?
4. How is the program viewed by male and female members of the conservative Muslim associations on campus, known as *chers frères* and *chères sœurs*⁹ (“dear brothers” and “dear sisters”)?

⁹ *Chers frères* and *chères sœurs* are the consecrated names by which the members of a Muslim student association are identified.

IV. METHODOLOGY

A. Youth-led Participatory Action Research approach

Participatory action research (PAR) is an approach consisting of placing the beneficiaries at the heart of the research and making them the main actors. Youth-led PAR is an innovative approach to research and positive youth development that goes beyond youth advocacy or involvement in program planning. It is a process for generating socially just change that directly engages young people as experts to improve their lives, the lives of their communities, and the institutions that serve them. Youth-led PAR introduces youth to research methods and advocacy strategies. As researchers using the PAR approach, young people see their own communities from a different perspective that encourages reflection and a deeper understanding of local issues. Existing research suggests many positive effects of youth-led PAR on adolescents and their communities.¹⁰

Rationale for Using YPAR

E2A aimed to use PAR to engage ULC student leaders as partners in the entire study process, that is, in the generation of specific topics to be investigated, the selection and development of study methods and tools, data collection, data analysis and interpretation, and the dissemination of findings. The decision to adopt a participatory approach in this activity was based on the premise that young people are important and valuable collaborators as well as agents of change in their communities. It also arose from the ethical imperative to include young people in programs, policies, or research that affect their lives. Working together with the youth provides an opportunity to build their capacity in research and elevate their voices when exploring changes and impacts experienced in their personal lives as a result of the ULC and CLC programs.

Process for Operationalizing YPAR

In January 2020, E2A began working with ULC and CLC program staff to determine the criteria for selecting ULC students who would be invited to collaborate on the proposed PAR. These criteria included the following:

Required:

- Former or current university student at AMU or the University of Zinder
- Former or current youth leader of the ULC program
- Between age 18 and 30

¹⁰ Ozer EJ, Piatt AA. "Adolescent Participation in Research: Innovation, rationale and next steps," Innocenti Research Briefs 2017-07, Methods: Conducting Research with Adolescents in Low- and Middle-Income Countries, no. 5 [Internet]. Florence; 2017 [cited 2018 Jun 5]. Available from: https://www.unicef-irc.org/publications/pdf/IRB_2017_07_AdoI05.pdf

- 4 females and 4 males from each campus
- Available to participate in the study, starting late January 2020

Preferred:

- Students with a social science discipline of study
- Students with Hausa or Zarma background

The age definition of “youth” that is used in Niger, 18–30 years of age, was applied in the selection of youth PAR partners. Because we were not able to identify a fourth female ULC leader in Niamey who was available to participate in the study, a total of 15 youth were selected, based on the agreed upon criteria above. All of the youth are current or former ULC leaders as well as current university students. The table below summarizes the characteristics of the youth researchers that were selected based on the agreed-upon criteria.

	CATEGORY	NUMBER
Age	20–24	4
	25–30	11
Sex	Male = 7	7
	Females = 8	8
University Affiliation	AMU = 7	7
	U. Zinder = 8	8
Degree Program	Bachelors	11
	Masters	4
Discipline	Sociology	3
	Geography	5
	Psychology	1
	Communication	1
	Social anthropology	1
	Local development	2
	Art literature and communication	2

E2A facilitated the study through a series of workshops designed to familiarize the youth researchers with the PAR approach and ensure their involvement in all stages of the study process, from the formulation of key study questions and study design, to the analysis and interpretation of the results.¹¹ The three workshops, which took place between January 2020 and September 2020, are listed below and described in more detail in the sub-sections that follow.

¹¹ E2A collaborated with selected youth and Pathfinder Niger staff to disseminate study results in March 2021.

- Workshop 1: Orientation, study design and planning
- Workshop 2: Data collection and transcription
- Workshop 3: Data analysis and discussion of preliminary results

B. Planning and Study Design

The purpose of the first workshop was to familiarize the study team on the PAR approach, formulate the questions that will be the focus of the study, determine a suitable study design that would respond to the questions, and begin planning for implementation. The workshop was held January 29-31, 2020 in Niamey, bringing together 15 ULC student leaders from AMU and University of Zinder, five E2A and Pathfinder staff, an international consultant (based in Dakar, Senegal) serving as lead principal investigator (PI), and his local research assistant.

The first half of the workshop covered a brief overview of key concepts, including family planning and reproductive health, gender equality, and youth leadership, as well as a thorough introduction to research methodology and the PAR approach. During the second half, participants were divided into small groups to propose key questions related to the ULC and CLC programs, discuss and jointly agree upon in plenary which questions to select for the study, and select the methods and target population groups for data collection. The workshop ended with the elaboration of a timeline that outlined the study's main activities and next steps, taking into consideration the students' schedules and prior commitments.

After the conclusion of the workshop, the lead PI drafted a study protocol, invited inputs and feedback from the entire study team, including the local PI in Niger (E2A/Pathfinder staff member) and the ULC leaders, and then finalized and submitted the protocol to the local ethics committee in Niger for review and approval.

While applying a PAR approach, this study utilized qualitative methods to explore the perspectives of young people and health workers involved in or exposed to ULC and CLC program interventions on the potential impact they may have had on young people's lives. Specifically, focus group discussions (FGDs) were used with ULC leaders in Niamey and Zinder to leverage group dynamics to spur conversation with youth who have worked together to implement interventions. In-depth individual interviews were used with all other study respondents, including CLC leaders, young people exposed to ULC and CLC programs, spouses, and health providers at community and facility levels. Additional interviews or "life stories" were obtained from four of the youth researchers involved in the PAR to recount their own experiences of the ULC program. The study planned to include a total of 70 interviews with young people, 6 interviews with health workers, 4 focus groups with ULC leaders, and 4 life stories.

C. Study Population

The study was conducted in two universities of Niger, AMU, and the University of Zinder, where the ULC program was implemented. Additionally, in the Zinder region, the study was conducted in select villages where the CLC program was implemented: Bainaka, Badahi Haussa, Ingaouna, and Angoual Gao. To select the four villages, the study team employed a purposive and convenient sampling strategy, according to the criteria summarized below:

- First, the team decided to limit the study to villages in the Matameye department where all RISE and CLC program interventions were implemented.
- The team then identified the top four health huts¹² in which all CLC program activities were carried out on a regular basis. These health huts were Ganoua, Marekou, Tounfafi Mai Kassouwa, and Soki.
- Next, the team considered the following criteria for selecting the villages linked to the four identified health huts: has more than 1000 inhabitants¹³ and has the most active collaboration with community actors and health workers.
- The final number of villages sampled for the study (4) was determined based on considerations of time, resources and logistical support available for data collection.

The study population at the campus level included university students who served as leaders in the ULC program at AMU and the University of Zinder; spouses of married ULC student leaders; university students exposed to the ULC program; and *chers frères* and *chères sœurs*. At the community level, study participants included young people who served as leaders in the CLC program in the selected villages; spouses of married CLC leaders; and young people in the communities exposed to the CLC program, including married couples. Additional study respondents were health providers working in the university clinics and health providers working in the four selected health huts in Zinder.

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

¹² A health hut (*case de santé*) is a rural health post that provides primary health care, typically by a nurse or community health worker.

¹³ This criterium was included to avoid sites with a dispersed population, which makes access more difficult for researchers, and to focus on areas where all CLC interventions and support were provided (only villages with 1000+ inhabitants were supported in the implementation of community action plans).

The table below outlines the selection criteria for respondents in each of the targeted study groups and notes the data collection method and desired sample size for each group.

Table 1: Inclusion Criteria by Study Respondent Group

RESPONDENT	INCLUSION CRITERIA
Campus	
ULC student leaders	<ul style="list-style-type: none"> - Has served as a leader since the beginning of the program - Aged between 18 and 29
Spouses of ULC student leaders	<ul style="list-style-type: none"> - Married to a ULC student leader - Aged between 18 and 29
University students exposed to the ULC program	<ul style="list-style-type: none"> - Current student at AMU or University of Zinder - Exposed to the ULC program - Resides in student housing in the main city, in <i>les annexes</i>¹⁴, or in <i>les ambassades</i>¹⁵ - Aged between 18 and 29
Cher frère / chère sœur	<ul style="list-style-type: none"> - Be a "dear brother" or "dear sister" - Current student at AMU or University of Zinder - Exposed to the ULC Program - Resides in the main city, in the student dormitories - Aged between 18 and 29
Health provider	<ul style="list-style-type: none"> - Midwife/nurse/health officer working at the campus clinic - Has practiced on campus for at least 2 years
Community	
CLC youth leader	<ul style="list-style-type: none"> - Has served as a leader since the inception of the CLC program - Reside in one of the 4 villages chosen for the study - Aged between 18 and 29
Spouses of ULC youth leader	<ul style="list-style-type: none"> - Married to a young community leader - Resides in one of the 4 villages chosen for the study - Aged between 18 and 29 years
Young people exposed to the CLC program	<ul style="list-style-type: none"> - Currently resides in one of the selected study villages - Exposed to the CLC program as defined above - Aged between 18 and 29
Spouses of young people exposed to the CLC program	<ul style="list-style-type: none"> - Married to a young person exposed to the CLC program - Currently resides in one of the selected study villages - Exposed to the CLC program as defined above - Aged between 18 and 29
Health provider at community level	<ul style="list-style-type: none"> - Community health worker employed in a health hut attached to one of the selected study villages - Has been working at the health hut for at least 2 years

¹⁴ *Les annexes* are extensions of student accommodation in the city and are under the direction of the university.

¹⁵ *Les ambassades* are student accommodations not supported by the state. They are mobilized by students from the same region or same department.

D. Participant Identification and Recruitment

The strategy for identifying and recruiting eligible study respondents at the universities and the selected villages was as follows:

Campus:

- ULC student leaders were randomly selected from a comprehensive list of all ULC student leaders on campus that met the inclusion criteria. The youth researchers contacted the leaders to inform them of the study and scheduled focus group discussions with those who agreed to participate.
- When interviewed ULC student leaders were found to be married, they were asked if their spouse was available and willing to be interviewed, and if so, they were contacted for an interview with the prior approval of their spouse.
- Interviewed ULC student leaders provided the names of students who have been exposed to ULC interventions, including *chers frères* and *chères sœurs*, and are residing in student accommodations. They were contacted by the youth researchers, and those who were present and available, and met inclusion criteria, were interviewed at an agreed upon date/time until the desired sample size was achieved.
- Youth researchers contacted the health provider working at the campus clinics and informed them of the study. If they agreed to participate, an interview was scheduled and conducted.

Village:

- Before any data collection took place in the villages and health huts, the youth researchers and field supervisors solicited formal approval from the appropriate administrative officials at district level as well as local community leaders for conducting the study.
- The two youth leaders involved in the CLC program in each of the four villages were systematically interviewed by the youth researchers.
- When interviewed CLC youth leaders were found to be married, they were asked if their spouse was available and willing to be interviewed, and if so, they were interviewed with the prior approval of their spouse.
- Interviewed CLC youth leaders provided the names of young people currently residing in their communities who have been exposed to CLC interventions. Those who were present and available on the day of the visit, and met inclusion criteria, were interviewed until the desired sample size was achieved.
- Youth researchers contacted the community health provider working at the four health huts and informed them of the study. If they agreed to participate, an interview was conducted.

E. Description of Tools

The tools explored study respondents' perspectives of the ULC and CLC programs, observed changes in the lives of young people, including couples, related to leadership, communication about FP/RH, gender roles and norms in the community and on campus, and attitudes toward and utilization of FP/RH services. In addition, the study team aimed to collect "life stories" from four of the youth researchers themselves and utilized the IDI tool for ULC student leaders to guide those discussions.

The qualitative tools used for the FGDs and IDIs were developed in French by the lead PI, with inputs from the other co-investigators, including the youth researchers. All 10 tools were pre-tested, which led to minor adjustments to five of the tools to improve the wording and language of the questions to make them clearer to study respondents. The final tools included 10–15 questions on average, and were designed to take no more than one hour to administer.

F. Training and Pre-Testing

The second phase of the PAR consisted of collecting data. E2A originally had planned to organize a workshop in Niger to train the study team in data collection. However, due to the onset of the global COVID-19 pandemic, local measures aimed at curbing the spread of the virus included limitations to international, regional, and local travel as well as prohibitions of large-group gatherings. As such, E2A pivoted to using a virtual format for the data collection training.

The virtual workshop was subsequently held August 2–8, 2020, with the lead PI in Dakar while other study team members were in Niamey, Zinder, and the US. Fifteen ULC leaders and four field supervisors based in Niamey and Zinder gathered at Pathfinder's office in each location to join the virtual training together, while maintaining full compliance with national COVID-19 safety measures. The workshop's objective was to train student leaders on ethical aspects of conducting research, qualitative data collection techniques selected for the study (focus group, individual in-depth interview and life story), and how to code and transcribe qualitative data. Youth researchers were provided with time to practice and consider appropriate ways to translate key concepts into Hausa, the primary local language in the study areas.

The last two days of the workshop focused on pre-testing the study tools in Niamey and Zinder and making revisions where necessary. In Zinder, 18 IDIs were conducted as part of this pre-test, 9 at university and 9 in the village of Garaouwa Haoussa (in the Mirriah department). In Niamey, 7 IDIs and 1 FGD were conducted by the young researchers.

Both the simulated practical exercises during the training and the pre-test in the field revealed a few shortcomings in the data collection tools. Adjustments were therefore made to better align the tools with the context of the study. Thus, rewording of the questions was introduced in five of the IDI guides (for health staff on campus, for *chers frères* and *chères sœurs*, for spouses of married ULC and CLC leaders, for

young people exposed to the program interventions) and in the FGD guide for the ULC leaders.

G. Data Collection

Field data collection took place from August 11–16, 2020 in Niamey and August 11–18, 2020 in Zinder in Zinder. The composition of the Niamey team included seven youth researchers (3 male, 4 female) and two field supervisors (both male), while the Zinder team had eight youth researchers (4 male, 4 female) and two field supervisors (1 male, 1 female). The total number collected for the study was 73 IDIs, 4 FGDs, and 4 life stories:

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

Table 2. Study sample, by respondent group and province

SITE	RESPONDENT GROUP	METHOD	NUMBER CONDUCTED		
			Niamey	Zinder	Total
Campus	ULC student leaders	Focus Group	2	2	4
	Spouses of ULC student leaders	IDI	4	2	8
	Male student exposed to ULC program	IDI	4	4	8
	Female student exposed to ULC program	IDI	4	4	8
	« Chères sœurs »	IDI	3	3	6
	« Chers frères »	IDI	3	3	6
	Health provider (midwife)	IDI	1	1	2
	Youth research (ULC student leader)	Life story	2	2	4
Village	CLC youth leader (male)	IDI		5	4
	CLC youth leader (female)	IDI		4	4
	Spouses of CLC youth leaders	IDI		3	4
	Male youth exposed to CLC program	IDI		7	8
	Female youth exposed to CLC program	IDI		8	8
	Spouses of youth exposed to CLC program	IDI		6	6
	Community health worker (at health hut)	IDI		4	4
Total	<i>Interviews with youth</i>		18	49	67
	<i>Interviews with health workers</i>		1	5	6
	<i>Focus groups with youth</i>		2	2	4
	<i>Life stories with youth</i>		2	2	4

Field supervisors were responsible for overseeing the data collection process, which consisted of verifying compliance with COVID-19 preventive measures before the start of the interviews and helping to explain or deepen the questions asked by the young researchers during observed interviews as needed. At the end of each day, the field supervisors held a debriefing meeting to take stock of the interviews conducted and share with the young researchers any shortcomings observed and suggestions for improvement. A supervision report was written at the end of each day and shared with the lead PI. The lead PI also held regular debriefing meetings with the field supervisors and E2A to discuss and problem-solve any issues.

Furthermore, field supervisors evaluated the quality of the data collected by listening to recorded interviews and verifying the duration and content of the interviews. This evaluation was done as soon as each interview was completed.

H. Data Analysis

The third phase of the PAR was dedicated to analysis and interpretation of the main findings. All of the digitally recorded interviews were transcribed from Hausa to French by the youth researchers in approximately one month's time. Interviews are transcribed word-for-word, including any reformulated questions, sub-questions, and corresponding answers. Field supervisors verified the quality of each transcription by comparing the text with the original audio recordings.

The lead PI conducted an initial analysis of the transcribed data using codes based on the themes and content of the study tools. Preliminary findings were presented and discussed during a virtual workshop with youth researchers and field supervisors on September 24-25, 2020. As before, due to the persistence of the pandemic, participants congregated at Pathfinder offices to join the virtual workshop, while the lead PI presented and facilitated from his home in Dakar. The objective of the workshop was to introduce qualitative data analysis, review preliminary findings, and jointly discuss, supplement and validate the interpretation of the findings as appropriate. The lead PI then incorporated the contributions of the study team members into the final data analysis and write-up of study findings.

I. Ethics and Safety Considerations

Approval for the study protocol and tools was granted on June 25, 2020 from the Niger Ministry of Health's National Ethics Committee for Health Research (ref: N°085/2020/CNERS). Based on a review by PATH's Research Determination Committee, the study was determined on April 20, 2020 to not be research and thus considered exempt from needing review and approval from PATH's Institutional Review Board.

The study was designed to address ethical principles, including respect for persons, beneficence, justice, and respect for the law and the public interest. Efforts were put in place to protect individual autonomy, respect privacy and confidentiality, minimize harm, maximize benefits, ensure data security, and equitably

distribute risks and benefits. All study team members were given ethics and data confidentiality training so that they fully understood the concepts of informed consent and confidentiality. A consent process was administered with each participant at the time of recruitment and before the interview. The interviewers also sought permission to both interview and record. Participation in the study was voluntary and participants had the right to withdraw from the study at any time, without any sanction.

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

J. Limitations

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

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

V. STUDY RESULTS

A. Attitudes and Perceptions About FP/RH

Challenging Taboos

Data from the study show that the ULC and CLC programs have contributed to young people's ability to challenge taboos related to speaking about sexuality and FP/RH issues and demand for FP/RH services. Many of the youth, both in the university and community settings, spoke of an emancipation, meaning that people make a partial or radical break with the perceptions, attitudes, and practices they previously had about FP/RH, which stem from prevailing social norms. The statements below highlight the taboo nature of sexual issues:

When I was in high school, I didn't know anything about sexual and reproductive health. We live in a country where the issue of sexuality is considered taboo. When I started to see my secondary sexual characteristics at the age of puberty I was so scared. I remember well I was in grade 3 when I first saw my ejaculation, it scared me a lot. Until high school I didn't have a clear idea about topics like those developed by ULC.

—Male ULC leader and youth researcher, Zinder

At one point, even to come and get a condom was taboo.

—Health provider, AMU campus clinic

Interviews with study respondents suggest that the implementation of the ULC and CLC programs gradually helped to break down the self-censorship that youth and social norms imposed when confronted with SRH issues. Many of the young people reported that they now feel able to speak publicly about SRH, in front of anyone.

After the training, I understood that the issue of SRH is not a taboo subject, that there is no hide-and-seek and that this applies to both sides (men and women). There are diseases that can slowly destroy us, which will manifest themselves even if the infected person hides it. These diseases can harm you. After the training, I became aware that a problem should not be hidden and that one should no longer be ashamed in front of men. You shouldn't think that because they are men and therefore I can't discuss certain problems with them or make them aware of these problems. Besides we, we are lucky we are in a student environment, among students we can discuss with men and women without problems.

—Female student, University of Zinder

At the beginning of the program, I was afraid to talk about this topic in public, but every day, because I learn so much from these young people, I can talk about it in front of anyone.

—Male community youth, Bainaka village, Zinder

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

—Male student, University of Zinder

Youth leaders in the villages have been able to develop a climate of trust among the other youth in the community for whom they have become resources and confidants about SRH.

My friends and neighbors most often want to discuss the issue with me and ask me for advice too, and I refer them if I can offer any help.

—Female community youth, Badahi Hausa village, Zinder

The Pathways to Change game and the programs' sensitization campaigns contributed to young people's sense of emancipation by providing a forum for open discussion, as two respondents at the University of Zinder testify:

People are ashamed to go to the infirmary to take condoms; we did the awareness raising, we did the Pathways to Change game and through the game we explained the barriers and facilitating factors; during this game they all understood that it's nothing, there is no taboo.

—Male ULC leader, FGD participant, University of Zinder

During the awareness-raising caravan, we were in front of the students from middle schools, high schools and institutes of the ENSP, IPES. Young girls and boys, all together, were asking us questions. We were organized in such a way that the men asked the girls questions and vice versa. Men would ask their questions and we would answer them. That is to say that since the training, the question of shame is no longer on my side. When you explain problems to someone well it is as if you have saved them from sexually transmitted infections.

—Female student, University of Zinder

The change in communication leads to a significant change in previous negative perceptions about family planning and reproductive health services.

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

—Male spouse of community youth, Ingaouna village, Zinder

Study respondents shared that FP/RH services are considered places of immorality and encouragement to prostitution. However, the ULC and CLC programs helped young people to break from this social norm and overcome their discomfort with accessing services.

At the end [of a Pathways to Change game and discussion] we agreed to put the condoms in the showers [in the dormitories], which would allow people to avoid the bad looks. That impressed me because the students have now the courage to take these in the showers whereas they didn't use them beforehand. We put three boxes in the showers and they were very quickly emptied. I can say that it is an awareness-induced change, that the students have changed their negative behavior.

—Male ULC leader, FGD participant, University of Zinder

So now going to the health center is no longer a problem; you can go to a health center to get information on SRH whereas before being sensitized and trained,¹⁶ there was harassment and shame.

—Female ULC Leader, FGD participant, AMU

Several study respondents also noted that young people are breaking from the shame of making a request traditionally considered inappropriate in view of certain social statuses: demand for condoms for young single men and contraceptive products for unmarried women.

I thought, why not improve this program again since it's really good. They are doing good things, now there is more like sometimes you will see if you come to the infirmary you will see a box of condoms; now you drop off a box of condoms in five minutes there are no more condoms, the comrades have taken everything. So that means it helps. It's a really good initiative.

—Female student, AMU

(A bit of silence, with gestures of reflection)...I think that there have been changes because the comrades go to get the condoms in large numbers. So, for those who are interested it's a good thing.

—Male student, University of Zinder

¹⁶ The students

Notably, the study respondent above continued by saying “...and for those who are not interested, it's really not good,” which perhaps points to a sense that for some individuals, the availability of condoms promotes negative behaviors. However, another student seemed to justify a change in attitude by taking a risk reduction approach to service utilization.

In terms of self-preservation, since there are diseases, especially for those who cannot abstain, it is very good to preserve yourself because the diseases are there.

—Male student, University of Zinder

Influence of Cher Frères and Chères Sœurs

The social context in Niger includes many individuals who, more often than not, have opposing views on FP issues and access to products for those who are married but even more so for those who are not married. As such, it is to be expected that individuals who most strictly adhere to religious precepts are more resistant to using FP services. *Chers frères* and *chères sœurs* enjoy respect on campus and a strong capacity to be listened to and to set an example. The youth researchers of this study were especially keen on exploring the perceptions of *chers frères* and *chères sœurs*, given their strong influences on campus society and the challenges ULC leaders faced when implementing activities in this environment. Several of the study respondents' statements pointed to the ULC program's contribution in the changes observed:

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

—Chère sœur, AMU

Previously, it's true that we had our previous preconceived ideas, but through this program we have understood that health services are there for our health and that we shouldn't have any difficulty accessing them. We must not limit ourselves, we must have a freedom of perception, we must come to the health services without any preconceived ideas for our care. Through this program, we will also understand that family planning services are free services, free of charge and without judgment. Therefore, we must not have certain preconceived ideas about using these services. These services are there for us young people, whether we are chères sœurs or not, and we must use them wisely.

—Chère sœur, AMU

The pre-existence of some programs with broadly similar objectives has sometimes made it easier for people to understand the ULC program.

Indeed, I have worked with UNICEF especially on sexually transmitted infections (STIs) in their entirety. I was a community worker and I was in charge of awareness raising for 16 months and we had almost the same program because it is always about STIs. So, I would say right here that it reminded me or even confirmed what I learned and what I passed on to the communities. So, the ULC conference created a climate of confirmation and confidence in me. I think that's how I benefited from ULC.

—Cher frère, University of Zinder

B. Utilization of FP/RH Services

Based on the qualitative data obtained, the implementation of the ULC and CLC programs contributed to identifiable changes in perceptions, attitudes, and behaviors that led to increased demand for, as well as increased availability of, supply of FP/RH services.

Improvements in Service Delivery

The use of FP/RH services jointly and synergistically requires a demand for services but also a supply able to satisfy this demand. According to study respondents, the ULC and CLC programs have significantly contributed to improvements in the availability of FP/RH services as well as positive changes in the once derogatory attitudes of the health workers.

In order to make young people feel more comfortable in attending the campus clinic for fear of being stigmatized, the ULC program worked with the clinics to establish a system of consultation hours that are different from normal hours so that they can discreetly access services.

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

—Female ULC leader, FGD participant, AMU

In addition, the program trained and sensitized health providers on contraceptive technology, particularly on long-term methods and stock management, as well as on providing youth-friendly services. The way in which health providers received young people at health facilities was noted as a central problem that contributes to young people's feelings of fear and shame in accessing services.

(silence) Well here I can say that it's a bit difficult or it's really difficult, because there is the bad reception at the health services level and, so far, there are people who are afraid or ashamed to come and ask for family planning information. It is not easy.

—Chère sœur, AMU

ULC and CLC's training and outreach activities for health providers (skilled or community-based) have worked to gradually improve providers' perceptions, attitudes, and practices related to offering FP/RH services to young people.

The health providers could not understand the issue as such, because you have to welcome the patient, talk with them, and then give them the opportunity to come in for something even if they did not come for that. They [the Program] took a step: they started, they trained our colleagues, they trained them [repeated]. This allowed to build up "a relaxed atmosphere in the infirmary" and that was really a gamble that was won.

—Health provider, AMU campus clinic

The reference to the "relaxed atmosphere in the infirmary" reflects the efforts and changes in attitudes, practices and behaviors made by health providers to ensure that their perceptions and judgments based on socio-cultural frameworks do not overwhelm or interfere with the provision of services to youth.

Support from Peers

Several young study respondents shared how they support their peers to access FP/RH services.

I will add that the aspect [goal] that I liked the most in this process is the tea-debate session that we hold with the students [girls] in the dormitories to talk about sexuality, infection and other [SRH] issues. The first tea-debate that we held at the university there were two girls who had been suffering from infections for a long time and they were ashamed to speak and it was after the tea-debate that I told them that there was a center where they could get anonymous treatment. We, however, explained to them the symptoms of itching and all that; they knew about it (the infection), so afterwards they came and we signed them in anonymously and accompanied them to this center.

—Female ULC leader, FGD participant, University of Zinder

Service Utilization

Interviews conducted with trained health providers working in the university environment suggest that, based on their experience of the ULC program, there has been a decrease in cases of certain infections such as STIs at the AMU clinic and a reduction in unwanted pregnancies and abortions at the Zinder campus since the program began. Similarly, interviews conducted with community health workers at health posts note greater use of ANC and child monitoring (vaccination) services based on their observations during their tenure with the CLC program. Although the changes observed cannot be attributed alone to the ULC and CLC programs, the points of view of the providers and young people in the study underscore that the programs' training and sensitization activities have contributed to the increase in both the demand and supply of FP/RH and child health services. Thus, according to the head nurse of the AMU campus clinic:

It is through awareness that we have noticed a change in the different pathologies that we regularly record. There are other pathologies that have even completely disappeared since the ULC program intervention. There are others that don't appear so much anymore. All in all there is an advantage for us. For example, STIs, abortions, since we haven't had any cases, certainly people have understood the use of condoms or they have taken other contraceptive methods to deal with these diseases and we notice that since their intervention, there is no problem.

—Health provider, AMU campus clinic

And according to the health officer at the Zinder campus clinic:

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

—Health provider, University of Zinder campus clinic

The findings are the same at the community level, where CHWs report that they have seen a decrease in morbidity in general and maternal and child morbidity in particular, as well as an increase in the use of the facility for FP products and condoms.

The truth is that there have been a lot of changes because first of all there are fewer childhood diseases. In addition, there has been an evolution in our service because nowadays we have fewer patients than before. For example, before, we could have more than 400 patients per month, whereas now we have around 60. ... Even before in terms of FP, there were no more than 10 who practiced and now, thanks to the CLCs, there are young people who come frequently to seek contraceptives, whereas before people were not even interested in condoms.

—Male CHW, Zinder

The awareness-raising that consists in helping women to come for ANC, FP and childbirth; beforehand we were facing difficulties, but with this awareness, people are going to the centers more and more for FP and child healthcare purposes. A health worker who before didn't see this too often and who sees that there is a change is satisfied with this achievement, and that's what is most notable to me. Because without their awareness-raising, women did not know the importance of ANC, FP or even when the child was sick, they did not bring the child to a healthcare facility. And it is through this game of Pathways to Change that they identify all these problems.

—Male CHW, Zinder

People have become aware that either the girl or the boy can easily ask for condoms or another contraceptive method based on their sexual life. It is through ULC that we have had this change. They must have acted on the other side among the Muslim brothers where there was a certain barrier that is almost removed now.

—Health provider, AMU campus clinic

The change is not just in individual decision-making to seek care, but one of community commitment to improved health practices. The term "bring her" in the statement below reflects this community change.

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

—Female CHW, Zinder

In addition, young people who participated in the CLC program report changes in attitudes about contraceptive use.

At the very beginning there was prejudice on the part of those around them, but afterwards they saw that those who take contraceptives have healthy children; they became interested and started using the services.

—Female community youth, Badahi Haoussa village, Zinder

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

—Female community youth, Bainaka village, Zinder

C. Gender Relations

The qualitative data collected in this study suggest that significant changes are taking place in relationships and communication between men and women, both within and outside of couples. Similarly, attitudes about gender relations seem to be changing.

Couple Relationships

In terms of sexual relationships within couples, it should be noted that married women, in particular, speak of physical and sexual satisfaction that they did not experience before the program. In this regard, a woman exposed to the program in the village of Badahi Hausa notes that:

Things have changed in our sexual life. We make love gently, not like before. We play games before, have discussions etc. we do it in total respect.

—Female community youth, Badahi Hausa village, Zinder

According to several youth, communication has gradually evolved into an exchange in which both spouses or partners communicate in a more balanced way, meaning that the man is no longer the sole decision-maker. The communication and decision-making process is more collegial and consensual, includes suggestions and more negotiation.

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

—Male spouse of a ULC leader, AMU

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

—Female student, University of Zinder

As I told you before between couples, there was no dialogue. My wife and I have good conversations now. Previously, women preferred to confide their problems to their peers rather than tell their partners, but thank God this is gradually changing.

—Male community youth, Bainaka village, Zinder

Indeed, when you take my case, since we adopted contraceptive methods, my wife and I have not had any more misunderstandings. Every time we talk, I advise her to take it seriously and if possible, help her peers do the same. You see my child today at 10 months and he is very healthy.

—Male community youth, Bainaka village, Zinder

Within couples, some women seem to have acquired a certain amount of power and autonomy, especially in areas that directly affect their health.

Now women have become aware that before there was male domination and that before you could not ask your husband permission to go to a health center for a consultation or for family planning, but now it is totally different, a woman can freely go to a health center to see the midwife or a health care provider without anyone knowing.

—Female ULC leader, FGD participant, AMU/Niamey

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

—Male spouse of community youth, Ingaouna village, Zinder

Gender Relations

Changes in attitudes are also noticeable in the deconstruction of certain stereotypes of gender roles, notably among the most religious individuals in the university setting:

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

—Chère sœur, University of Zinder

Yes, with this program a lot of things have changed, especially in academia because women can participate in all activities on merit. Even in the case of the workers' union, women have the same rights as men.

—Chère sœur, AMU

On campus, young people share how they are able to interact with members of the other sex, which is not considered a norm in Niger:

Really, my life has changed a lot, as I told you at the beginning really, dating a girl really was a problem, I wasn't able to do it, but really now through this program, as I said through our fada¹⁷ (we even had to create it), the girls come every time and we talk with them about anything. If there are activities, we invite them and vice versa. We share many things with the comrades. I assure you even in their rooms, they invite us and we discuss a lot of things, we discuss a lot together. And they take part in activities, unlike before.

—Male student, AMU

In spite of the progress made, there are still remnants of attitudes among both young men and women that testify to the pervasiveness of unequal gender relations. Even though youth are aware of the need to erase gender inequalities, their socialization in the conservative context of Niger means that some attitudes and behaviors are ingrained, mechanically reproduced, and difficult to change. For example, although one young woman in Zinder reported that “the use of family planning has made me feel good”, a statement she made later in the interview reflects some of the complexities of distinguishing cultural expectations and pressures from reproductive coercion:

No, I have not discussed the use of FP with my husband. When the health workers were in our village, I was in the fields and it was my husband himself who came to bring me from the field on his motorcycle to get the implant. I even told him that I was not ready and he told me that they are sensitizing the community on the use of the methods. Why, then they [the couple] won't [be able to] set a good

¹⁷ A group of friends that he supports and shares knowledge with.

example [modeling FP use]. I tell him okay because “respecting one’s elders is like respecting GOD”. This is an order I received from my husband and I have to respect it.

—Female spouse of CLC youth leader, Bainaka village, Zinder

The above quote is a reminder that programs need to ensure that FP uptake is voluntary and reinforce women’s bodily autonomy. Even with these efforts, programs must be equipped to address any unintentional consequences, including intimate partner violence and the possibility of women being forced to use a contraceptive, by being able to identify signs of coercion and provide directly or refer women to counseling and psychosocial support services.

Respondents note that conformity to social norms means that a commitment to a balance of power in couples or in gender relations is not publicly assumed and remains limited to private settings to avoid the man being called *bawan mata* (i.e., slave of women) or *mijin hajiya* (literally husband of Hajia and meaning a man commanded by his wife). It can also be the other way around because the woman can be called an impious woman or *baturiya* (white in a pejorative sense).

No, we must not reveal, because when they see it, they think it is a domination of women. But it’s not that. I think that when you see a man doing this, I deduce that there is an agreement. It’s when you live in harmony that the man in any case decides to do certain things. But as soon as people see that, they say “bayun mata” (women’s enslaved), which is not the case. If the man is satisfied, if the man has no worries at home, he is able to do everything, he is able to help.

—Female spouse of ULC leader, AMU

Even though more young people are seen as holding favorable attitudes toward the improvement of gender relations, some think that the areas of interaction should be restricted. For example, this *chère sœur* thinks that in the ULC context, male peer educators should not talk to female students about gender issues:

But for ULC activities, it is preferable that men do these activities separately, and women separately because if a man comes to talk to you about sexuality you are not going to take him seriously. It would be better to do activities exclusively between women just as much as between men only, otherwise the expected result will be distorted.

—Chère sœur, University of Zinder

D. Emergence of Youth Leadership

Acquiring Knowledge

Interviews and focus group discussions with young people included questions on how the ULC and CLC programs influenced their lives in terms of their leadership on campus and in their communities. Being a leader in the program was defined narrowly as a person helping others to become aware of SRH and change their behaviors. Thus, it follows that the affirmation and recognition of leadership was seen by the youth as inseparable from the acquisition of knowledge. Several of the youth noted that SRH knowledge acquired through the program created social recognition, as those with knowledge were considered able to help, enlighten and guide others.

Alhamdoulillah, I am someone who has a lot of friends and when they have little health problems, they approach me to tell me what they have. I am a member of the ULC, I have knowledge about SRH and especially about STIs, and I suggest that they go to the health centers to get a consultation.... But I can assure you that I owe all these actions that I carry out to the ULC program that informed and trained me.

—Male ULC leader and youth researcher, University of Zinder

This link between acquiring knowledge and assuming and exercising leadership is well established among ULC leaders in both Zinder and Niamey, for whom the knowledge and experiences gained through involvement in the ULC program has helped to enable that leadership. The statements below made during focus group discussions in Niamey reaffirm this link.

We feel like a leader because today with this program we have been awakened, we have had a lot of training and we are also in organizations. For example, now the other NGOs, when they do trainings, they reserve one or two places for us (members of the ULC project) to attend their training. You see this is an asset for us and there is also for example the fact that before, I could not come and talk about sexuality; now, I can do it and I commit myself and I take responsibility.

—Female ULC leader, FGD participant, AMU

We can say that we are leaders, we have been trained and sensitized. In turn, we have also trained peer educators and they too have trained others. Here too, we can also talk about leadership, so it has been an asset that everyone is now taking advantage of.

—Female ULC leader, FGD participant, AMU

Gaining Confidence

Many of the young people in the study noted that the exercise of leadership is inseparable from having confidence. They viewed confidence through two dimensions: self-confidence and confidence from others. Self-confidence is reinforced by possessing knowledge that can be applied to one's own life and also shared with others. In addition, young people seemed to measure self-confidence by one's ability and ease of speaking in public and communicating with others. This perception of leadership as the ability to speak in front of an audience and to communicate with people everywhere was reported by both the male and female students at the universities.

These activities have also strengthened my leadership on public speaking. Now I can speak in front of anyone in public but at first I couldn't and now...I can speak about reproductive health in front of a thousand people without any embarrassment and also it has strengthened my leadership socially with my neighborhood because now I am with people who come to see me just to discuss reproductive health.

—Male spouse of a female student, University of Zinder

In relation to leadership... we had problems before the training, or rather before the advent of the ULC, while speaking in front of the masses. But through the ULC activities, we had to do a lot of activities and entertainment in front of thousands of people. We talked about sexuality and other topics. Today, with the experience that we have, wherever we go, we can speak and give our position, and it is thanks to ULC that we have acquired this leadership.

—Male ULC leader, FGD participant, AMU

The second dimension relates to the confidence that leaders inspire from others. Young people in the study noted that the attributes of a leader must reflect societal values, such as discretion, which helps create a feeling of trust that enables people to share their problems with the leader.

I can say that all of these ULC program activities have really added to my leadership skills because I have become an example of someone who helps out and supports other people to go to the health center. Students come to me to go to the health center together. I've never talked about it except today. We secretly go to the Youth Friendly Center to see the midwife to discuss and then come back and pretend nothing has happened. It has also personally impacted my life because I can say that these guys allow me to listen to people. I am the one who listens. I listen first before I answer ..., which was not the case beforehand.

—Female student, AMU

It is apparent that leadership re-socializes and socially requalifies individuals within their societies and even their families. Some measure their leadership through the aura they have within their communities and families. This is the case of a young leader who talks about gaining moral authority and authority within his family when, before, he used to feel anti-social:

I'm really seeing a lot of changes at my level because before I wasn't sociable at all (laughs) but thanks to this job today I accept everyone because people respect me even more than before. Even in our house when I speak everyone listens to me as I live in a family home.

—Male community youth leader, Ingaouna village, Zinder

Transmitting and Using Knowledge

According to several study respondents, being a leader requires the transmission and use of the SRH knowledge gained. A leader is thus a link in the chain of transmission of knowledge and know-how for the benefit of the community.

These activities have influenced my leadership life on campus because since I got this training I have been able to help not only myself but also others, to tell them that this is good and that is not good. I'm very happy because there are things that I wasn't paying attention to but now thanks to the training I'm paying attention to those things.

—Chère sœur, University of Zinder

Some young ULC leaders highlight the fact that they have not only trained other peer educators in a student environment, but also that they have done so for the benefit of NGOs such as AgirFP. There is also the exercise of leadership as a learning process that can begin in more intimate circles where leadership is first recognized and the leader is given the opportunity to prove him or herself. In sharing her life story, a young ULC leader from Zinder talks about taking on a role as a sensitizer for her younger sister:

After that there was the case of my little sister who was experiencing her first period and was told to go and see her older sister, me; now she knows almost better than me, she raises similar subjects and can have information that I don't have; so if you have any issues regarding your period or sexual and reproductive health go and see her because I'm sure she knows better than me, she can share a lot of interesting things with you.

—Female ULC leader and youth researcher, University of Zinder

Leadership can be exercised in spaces among family, friends, and larger communities or institutions, and these spaces are not mutually exclusive. One university student evokes his *fada*:

I shared this knowledge with other people and in the fada (small group), at the level of an “annex” with one of the friends with whom we discuss in a small group. There are also many comrades I helped to get contraception at the CSI.

—Male student, University of Zinder

It was one of my older sisters who told me that she also has signs of an infection and that she even underwent treatment, but to no avail, so I made her understand that until her husband and co-wife treat themselves, they will not be cured. She told me that she should not talk about this with her co-wife; I had made her understand the need to talk to their husband who will in turn inform the co-wife.

There is also a girl who used to come to my house for her first pregnancy and a week after she gave birth she went back to her parents' house and stayed there for up to forty days but her husband prevented her from doing so. So I called the girl and advised her to do family planning or else she might get pregnant and not forget to tell her husband.

—Female student, University of Zinder

Catalyst for Change

Importantly, young people showed an understanding of leadership as a catalyst for profound social changes such as those related to caste-based social status. Leadership brings about a new social legitimacy that can even take precedence over expectations or permissions established by hierarchical customs or laws.

I've had a lot of benefits...I am a blacksmith, and before youth didn't come to me for advice, but now thanks to this program my peers see me mostly asking questions at activities and being answered, everywhere I sit now I am like a leadership reference.

—Male community youth, Bainaka Village, Zinder

In this case, we see how leadership conferred by the acquisition of knowledge modifies and reinvents social relations in the sense of integration by turning certain social groups that were once isolated because of the exercise of an art such as blacksmithing and metalworking (generally associated in Sahelian societies with evil forces) into persons who are consulted and empowered to give advice.

For many of the study respondents, leadership involves commitment to serve the community and each of its components. By bringing their peers together, youth leaders in the ULC and CLC programs have strengthened social ties and at the same time created platforms for discussion where the knowledge acquired by some can be shared and discussed with others.

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

—Male CHW, Zinder

The change is so dramatic that now even young leaders are contacting us to inform us of the arrival of a patient from their village, which was not the case before. In addition, they follow the patients closely and sometimes they even contact us to find out how the patient is doing, and I assure you that this is a very big thing.

—Female CHW, Zinder

Ultimately, the change mentioned above is about the emergence and affirmation of leadership among young student and community leaders who claim and assume this status in their communities and give them new legitimacy, in whose name they can bring about change. There is an emergence of a proactive attitude that refers to autonomy and a capacity to take control of one's future and the factors that will determine it.

As part of this project...through the game Pathways to Change, if we identify a barrier we reflect with the community and the village chief to see how to solve the problem, which sometimes leads us to raise awareness on different points such as the importance of using health services.

—Male community youth leader, Badahi Haoussa village, Zinder

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

—Male ULC leader, FGD participant, AMU

VI. DISCUSSION

Attitudes About FP/RH

Some interpretations of religious texts create attitudes and beliefs that bar the use of modern contraception. The Koran states the following: *And do not kill your children for fear of poverty, for we are the ones who provide for them, just as we provide for you. Killing them is truly a great sin (Sura 17, Verse 31).*

Because of these strict interpretations that are prevalent in Nigerien society, the use of contraceptives and other related topics like sexuality, is a hidden and unspeakable subject, be it in the family or community space. The influence of religion and custom means that fertility is valued and that anything that is supposed to diminish it is perceived negatively. Talking about sexuality, considered a form of transgression, comes at the risk of being judged as shameless and without moral values. In addition, custom dictates that a young person is not allowed to address taboo or intimate subjects in front of older people.

Therefore, the attitudinal and behavioral changes observed and reported by study respondents marks a fundamental break from these social norms. The freedom and ability to speak about SRH among young people is a first step to "naming" or "disclosing" a SRH problem and then to accessing and using services. The ULC and CLC programs have helped to change the opinions that some students, including *chers frères* and *chères sœurs*, and community youth have about FP and SRH. Although the very strong influence of religion in all walks of life (even academic) made the implementation of interventions particularly difficult, the young people interviewed in this study reflect a perception that the programs were successful at challenging prevailing views and changing mindsets. These findings are corroborated by some of the results of the USAID/West Africa-supported external knowledge, attitudes, and practices (KAP) evaluation of the ULC program at AMU. Around 90% of AMU students agreed that the use of contraceptive methods allows them to make a choice about when to start family life, and significantly more exposed students (51%) than non-exposed students (43%) agreed that learning about SRH is important for young people.¹⁸

However, the statements of a few study respondents suggest that negative perceptions persist. Results of the external KAP evaluation reflect this more clearly, revealing that approximately three-quarters of both exposed and non-exposed students agreed that making contraceptive methods accessible to students encourages risky behavior, and both exposed students (63%) and non-exposed students (67%) agreed that the use of contraceptive methods is against the teachings of Islam.¹⁹

FP/RH Service Delivery

¹⁸ "Adolescent and Youth Sexual and Reproductive Health Knowledge, Attitudes and Practices (KAP) at Abdou Moumouni University, Niamey, Niger: Final Report." Operations Research Report to USAID/West Africa, December 2019, International Business & Technical Consultants, Inc., Vienna, VA.

¹⁹ Ibid.

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

Furthermore, health workers' beliefs are specific to the socio-cultural context to which they belong and they are often unable to set these beliefs aside when offering their services to young people. This leads them to make value judgments, or to use gestures or words of disapproval that dissuade people from using services for fear of being stigmatized. Generally speaking, in Niger, the issue of how clients are received²⁰ at health centers has been the subject of heated and controversial debate, and the state, through the High Commission for the Modernization of the State, is working hard to change the negative image that makes some users reluctant to go to health centers.

In terms of quality of services, the campus health provider trainings on youth-friendly services, initiated by the ULC program in collaboration with the MOH, is seen by study respondents to have contributed to improved provider reception of students seeking FP/RH care. However, we know from the external KAP evaluation that in the AMU setting, 42% of both exposed and non-exposed students reported that health care providers are “not pleasant with young people seeking SRH services”.²¹

Utilization of FP/RH Services

The ease and discretion associated with access to FP/RH products and services made it possible for young people to receive the SRH care they needed. Study findings suggest a positive impact of the ULC and CLC programs on increasing the use of FP and RH services, which are also reflected in the external KAP evaluation results. The KAP study showed that students who were exposed to the ULC program were

²⁰ Jaffré Y, Olivier de Sardan JP (eds). Une médecine inhospitalière. Les difficiles relations entre soignants et soignés dans cinq capitales d'Afrique de l'Ouest. 2003, Paris: APAD, Karthala.

²¹ “Adolescent and Youth Sexual and Reproductive Health Knowledge, Attitudes and Practices (KAP) at Abdou Moumouni University, Niamey, Niger: Final Report.” Operations Research Report to USAID/West Africa, December 2019, International Business & Technical Consultants, Inc., Vienna, VA.

almost four times more likely to have used the SRH services at the AMU campus clinic than the non-exposed students, after controlling for other independent variables including age, sex, marital status, number of children, and who they were living with.²² Furthermore, 40% of exposed students compared with 14% of non-exposed students reported having already used SRH services at the campus clinic, a significant difference.²³ Condoms were mentioned frequently during the interviews with university students, suggesting that condoms may be the main contraceptive method being used by youth on campus. This is corroborated by the external KAP evaluation study, which found that 63% of students exposed to the ULC program and 50% of students not exposed used a condom during their last sexual intercourse.²⁴

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

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

Gender Relations

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

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

Comments made by study respondents also speak to an emergence and legitimization of attitudes and behaviors about gender roles and gender relations that were previously considered deviant, such as shared couples' decision-making rather than decisions being dominated by men; increased women's autonomy

²² "Adolescent and Youth Sexual and Reproductive Health Knowledge, Attitudes and Practices (KAP) at Abdou Moumouni University, Niamey, Niger: Final Report." Operations Research Report to USAID/West Africa, December 2019, International Business & Technical Consultants, Inc., Vienna, VA.

²³ Ibid.

²⁴ Ibid.

over their bodies and health; men and women able to congregate and discuss SRH topics together; and men taking care of “women's affairs” and being in spaces traditionally devoted to women (e.g., maternity wards or FP services).

This progress reflected in these study findings is also supported by some results from the external KAP evaluation of the ULC program at AMU, which found significant, positive associations between the program and attitudes about gender relations. Compared with 35% of non-exposed students, 42% of exposed students strongly agreed that couples should discuss contraception and sexual health. Similarly, after controlling for multiple independent variables, exposed students were 3.77 times more likely to report being able to ask their sexual partner to use a condom during intercourse than non-exposed students.²⁵

Youth Leadership

The emergence of leadership is essential to the transformation of societies and given that these leaders are considered models whose actions and words are emulated and cited as examples, indications are that social change has been effected. The conceptual framework by Guiella and Wood²⁶ on adolescents in Burkina Faso, as well as numerous other ASRH frameworks, including a recent one developed by Pulerwitz et al.,²⁷ show peers as one of the important social factors that influence young people's behavior and intentions in the areas of sexual activity, fertility and contraception. As such, using peer leaders as vehicles for behavior change programming is a widely-used approach across the globe.

The ULC and CLC programs sought to promote youth leadership as a way to catalyze change among their peer groups in university and community settings alike. The programs have enabled young leaders to acquire knowledge and skills that are recognized and valued in their communities. These skills gave them new legitimacy and leadership and empowered them to provide SRH advice and be agents of change, as witnessed in the speeches, actions and perceptions of individuals, couples, health providers and communities.

Notably, the external KAP evaluation found that a vast majority of students at AMU (ranging from 84% to 97%) would recommend the ULC program to others and believed that the ULC program should always

²⁵ “Adolescent and Youth Sexual and Reproductive Health Knowledge, Attitudes and Practices (KAP) at Abdou Moumouni University, Niamey, Niger: Final Report.” Operations Research Report to USAID/West Africa, December 2019, International Business & Technical Consultants, Inc., Vienna, VA.

²⁶ Guiella G and Woog V, Santé sexuelle et de la reproduction des adolescents au Burkina Faso: Résultats de l'Enquête Nationale sur les Adolescents du Burkina Faso 2004, Occasional Report, New York: Guttmacher Institute, 2006, No. 21.

²⁷ Pulerwitz, J et al. (2019). Proposing a Conceptual Framework to Address Social Norms That Influence Adolescent Sexual and Reproductive Health. *Journal of Adolescent Health*. 64. S7-S9. 10.1016/j.jadohealth.2019.01.014.

exist at the university because the information and services provided by ULC youth leaders are very useful for the sexual and reproductive health of students.²⁸

²⁸ “Adolescent and Youth Sexual and Reproductive Health Knowledge, Attitudes and Practices (KAP) at Abdou Moumouni University, Niamey, Niger: Final Report.” Operations Research Report to USAID/West Africa, December 2019, International Business & Technical Consultants, Inc., Vienna, VA.

VII. PROGRAM CONSIDERATIONS

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

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

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

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

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

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

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

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

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

VIII. CLOSING REFLECTIONS ON YPAR APPROACH

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

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

An important thing I have learned is that there is ethics in research, and that we should always respect the basic principles of research ethics which are: "Respect for persons, benevolence, justice, and respect for the public law."

—Daniel, youth researcher, Zinder

I didn't know at the beginning how to collect data, how to make texts, how to conduct surveys; but really through this [PAR] program, I learned a lot of useful knowledge.

—Rakiatou, youth researcher, Niamey

Before, we didn't know that the ULC program was very important among young students, especially the *chers frères* and *chères sœurs* who, we think, at some point had negative ideas about the activities we do on the university campus. Thanks to this collection, we have learned that these *chers frères* and *chères sœurs* have been attentive in the activities and that they even took the awareness-raising to, in turn, raise awareness among their peers.

—Hayou, youth researcher, Niamey

I can say that the PAR has made me a better person and an important person in society.

—Ousseini, youth researcher, Zinder

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