

Young women's support groups

Empowering young women and improving maternal health

The challenge: some young women lack support

Many young married women in the north of Nigeria lack health-related information and have poor access to health services due to social-cultural restrictions on their freedom of expression and physical mobility. For some, this results in a lack of preparation for the start of sexual activity, and lack of preparedness for delivery. Some women face particular hardships because they lack the social and practical support of their husbands and families. Special strategies are required to reach these women.

A 2012 PRRINN-MNCH survey found that 21% of young married women fell into the 'least-supported' category. They were less likely than their peers to use health services, and had the least confidence in looking after themselves or their children.

The response: empowering young women

PRRINN-MNCH began working in Katsina, Jigawa, Zamfara and Yobe states in 2008. A community engagement approach was designed to address the barriers that led to poor home-based care of pregnant women and newborns, and restricted the use of health services. Young married



Key messages:

- 1** Targeted strategies are required to improve maternal, newborn and child health among young married women in the north of Nigeria.
- 2** Young women's support groups (YWSGs) in PRRINN-MNCH communities had positive effects on health-seeking behaviour. The benefits of these groups extended beyond health.
- 3** If the least-supported young women are to be reached, a strategy of 'targeting within an age-specific target group' is essential.

women were not always reached by these efforts, and hence the young women's support group (YWSG) Initiative¹ was established.

The YWSGs were based on a simple idea – that young women were likely to respond positively to information and support provided by female mentors from their own community who were close in age. Mentors who had already been trained by PRRINN-MNCH were given extra training to strengthen their facilitation skills and introduce new topics.

The mentors helped to establish groups of 10-12 young married women aged 20 years and below. Discussion groups began with a focus on MNCH, and moved on to other topics such as nutrition, reproductive health, and financial management as well as communication and negotiation skills. The groups were encouraged to explore who the least-supported women were, and to find ways to include them.

The results: improved knowledge and health

By September 2013, after 12 months, PRRINN-MNCH and its government partners had trained over 4,000

mentors to work with over 2,000 YWSGs in 40 local government areas in four northern states. The groups reached over 24,000 young women.

The YWSGs reached 24,000 women in four states in less than a year.

The YWSG model, which uses a cascade training approach, shows good potential to achieve complete coverage of target groups if implemented in a phased manner.

The YWSG groups had a positive effect on health-related knowledge and practice. A survey conducted in mid-2013 found that members of YWSGs were more likely than non-members to:

- Know four or more maternal danger signs
- Know when to put a newborn to the breast for the first time
- Give birth in a health facility
- Know the correct immunisation schedule
- Have vaccinated their most recent child
- Have the complete set of vaccinations

1. With funding from the UK Department for International Development through the Girl Hub initiative.

Fig 1: MNCH knowledge and practice

YWSG members were more likely to know about maternal health issues.

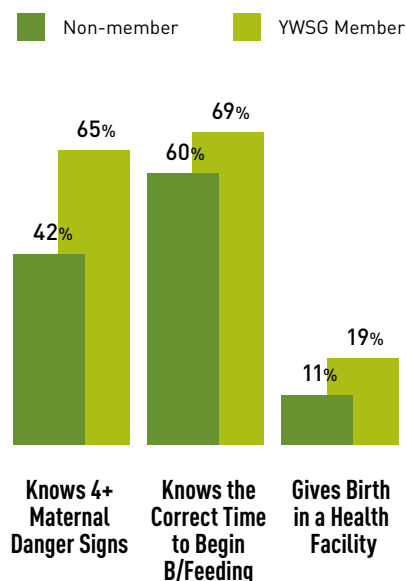
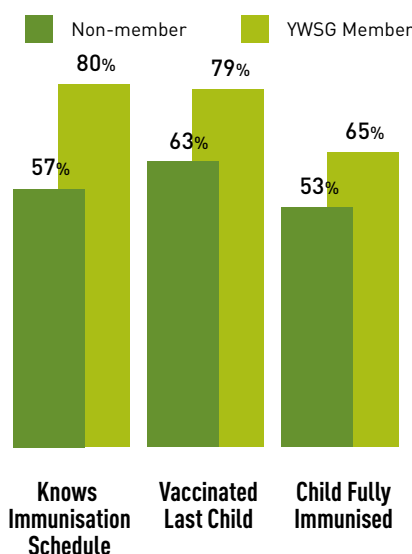


Fig 2: Immunisation knowledge and practice

YWSG members were also likely to know more about immunisation.



The effect of the YWSGs extended beyond health, and included improvements in economic status and women's confidence and social status. Members of the YWSGs

also reported greater capacity to resolve conflicts with husbands and other family members. Some husbands reported greater harmony at home.

Sahura argued that the YWSG initiative had changed the life of her entire family. She pounded grain for other families, which was considered one of the most menial tasks that a woman could be involved in. Loans provided by the YWSG enabled her to start a tailoring and spaghetti-making business. She quickly paid off the loans, trained her sisters to work for the business, and was able to provide her husband with capital to start his own business. Between them, they make an average profit of N8,000 per month. [Katsina]

Many of the groups were able to highlight positive examples of how the least-supported women had been reached and included in the groups.

"A woman who is under-supported joined the group lately. She was always dirty together with her child. In fact she only tied a wrapper around her chest. But she has changed now, wears a dress, washes her child when coming to meetings, and participates a lot." [Jigawa]

Conclusion and policy implications

The potential of the YWSGs to improve MNCH and to empower young women both economically and socially was evident after 12 months. The YWSGs had benefits that extended beyond improvements in health: general improvements in quality of life were apparent as some of the young married women developed the confidence and capacity to begin forming their own social networks and explore opportunities for self-development.



The rapid roll-out of the YWSGs, which took place in less than a year, was enabled by:

- Prior knowledge and capacity of PRRINN-MNCH and its partners when rapidly scaling up community engagement activities
- Host communities which had participated in MNCH-related activities and were receptive to the groups
- Religious leaders' support, who saw the YWSGs as an effective way to reach vulnerable young women

To ensure that all the least-supported women are reached, the next phase needs to focus on attaining full coverage of the target age group. The number of groups in each community needs to increase three-fold. An expansion of this size is feasible: the YWSG approach uses a cascade training approach which lends itself to rapid scale-up.

Ongoing support from external coaching and mentoring teams who can help maintain group motivation and leverage external resources for the groups is required to ensure that they continue to function effectively. Embedding the YWSGs into the everyday work of government agencies is a future priority.



The PRRINN-MNCH programme works with federal, state and local governments and local communities to improve the quality and availability of maternal, newborn and child health services.

www.prrinn-mnch.org
Email: info@prrinn-mnch.org

Partnership for Reviving Routine Immunisation in Northern Nigeria; Maternal Newborn and Child Health Initiative



The PRRINN-MNCH programme is funded and supported by UK aid from the UK Government and the State Department of the Norwegian Government. The programme is managed by a consortium of Health Partners International, Save the Children and GRID Consulting, Nigeria.