KIE STRATEGY BRIEF

SHIFTING NORMS, EXPANDING ACCESS: CULTURALLY ADAPTED KEY INFLUENCER ENGAGEMENT STRATEGIES TO SUPPORT ADOLESCENT CONTRACEPTIVE UPTAKE IN KENYA, NIGERIA, AND ETHIOPIA

JULY 2025

A360

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INTRODUCTION

Adolescents' access to contraceptive services is significantly influenced by key actors within their social environments, particularly parents, spouses or partners, peers, community leaders, and religious authorities. Evidence suggests that these influencers shape adolescents' attitudes, decision-making processes, and behaviors regarding reproductive health through direct guidance, social expectations, and modelling acceptable norms (Chandra-Mouli et al., 2019; Denno et al., 2015). Understanding who these key influencers are and how they affect contraceptive choices is essential for developing effective adolescent-focused reproductive health interventions.

In the African context, parents (especially mothers and mothers-in-law) and husbands have consistently emerged as powerful gatekeepers influencing adolescent contraceptive access. Mothers often shape their daughters' perceptions through direct communication about sexuality, reproductive expectations, and cultural norms, while husbands or male partners may control decision-making on family planning due to gender dynamics and power hierarchies (Bankole & Malarcher, 2010; Solo & Festin, 2019). Successful interventions across Africa demonstrate diverse strategies for effectively engaging key influencers. For instance, Uganda's GREAT Project utilized community dialogues, storytelling, and radio dramas to significantly enhance parental communication around contraception (Institute for Reproductive Health, 2016); Malawi's Girl Power Project leveraged parental and community leader engagement sessions to reduce stigma and barriers, thereby increasing adolescent contraceptive access (Save the Children, 2018); Zambia's Safe Love project used multimedia campaigns, including television and radio dramas, involving influential community figures and role models to normalize family planning discussions, effectively shifting community perceptions around contraception, and enhancing adolescent use of reproductive health services (USAID, 2014). These examples underscore the importance and effectiveness of culturally resonant, multi-influencer strategies to enhance adolescent contraceptive uptake across varied contexts in Africa.

This technical brief highlights key influencer engagement strategies used in A360's implementation across Kenya, Nigeria, and Ethiopia to support adolescent contraceptive access, illustrating how culturally and context-adapted approaches can create supportive environments for adolescents to exercise decision-making power to pursue their fertility preferences and aspirations.

KENYA

CONTEXT

In Kenya, key influencers in adolescent girls' reproductive health decisions typically include parents (especially mothers), male partners or husbands, religious leaders, and broader community elders. Their attitudes and beliefs play a critical role in shaping adolescent access to and use of contraceptives, with the degree and nature of influence varying by region, reflecting Kenya's ethnic, cultural, and religious diversity.

In coastal Kenya, particularly in counties such as Kilifi and Mombasa, cultural and religious norms heavily influence community perceptions of contraception. Many parents and husbands view contraceptive use among unmarried adolescent girls as a license for promiscuity, fearing that it promotes sexual activity and undermines traditional values. Mothers often have mixed feelings, with some recognizing the protective value of contraception, while others worry about social backlash or believe that contraceptives could harm fertility. Religious leaders, predominantly from Muslim communities, often oppose contraceptive education for the youth, reinforcing the notion that family planning is inappropriate for unmarried girls (SID, 2020).

In Western Kenya, including in counties such as Kilifi and Homa Bay, a combination of patriarchal norms and limited health literacy contributes to myths and misconceptions. Many adolescent girls and their influencers believe contraceptive use causes infertility, cancer, or birth defects - concerns often perpetuated by peers or untrained providers. In many cases, fathers and male partners act as gatekeepers, discouraging contraceptive use due to fear of infidelity or perceived disrespect. Even within families, discussions on sexual health remain taboo, limiting adolescents' ability to seek information or services (APHRC, 2018).

These misconceptions and social pressures significantly impact contraceptive uptake. Adolescents who lack support from parents or partners are more likely to avoid or discontinue contraceptive use, even when they are sexually active. Consequently, rates of unintended pregnancies and school dropouts remain high in these regions.

APPROACH: STORYTELLING AND ASPIRATIONAL ALIGNMENT

Storytelling is a powerful tool for challenging social norms and misconceptions by offering relatable narratives that prompt reflection and connection. It has proven to be an effective and culturally resonant method for challenging and reshaping social norms and misconceptions, particularly in Africa, where oral narratives are deeply rooted in societal traditions. Stories capture the complexities of personal and collective experiences, allowing sensitive topics such as adolescent contraceptive use to be explored in relatable ways.

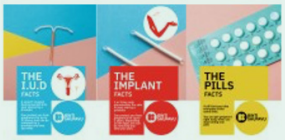
Studies indicate that narratives facilitate empathy and emotional engagement, which are critical in breaking down entrenched stereotypes and biases (Green & Brock, 2000; Singhal et al., 2004). For example, in Uganda, the radio drama "Yeken Kignit" significantly influenced community attitudes toward HIV/AIDS by leveraging storytelling to dispel myths and encourage behavior change (Singhal et al., 2004). Similarly, in Nigeria, narrative-based interventions targeting male engagement have successfully promoted positive masculinities and improved the acceptance of family planning practices among men by aligning new behaviors with cultural expectations of responsibility and community leadership (Breakthrough ACTION, 2021). These examples demonstrate the strategic potential of storytelling for nuanced, culturally responsive shifts in attitudes and behaviors regarding complex social issues.

STRATEGY DETAILS: BINTI SHUPAVU STORIES

In Kenya, A360's approach, called Binti Shupavu stories, utilizes culturally resonant stories to engage mothers, husbands, and community leaders in addressing SRH misinformation and encourage their support and understanding of the decisions girls make about their bodies and futures. The narratives emphasize girls' aspirations, education, and future potential, and connect contraceptive use to achieving these aspirations, hence addressing social norms and misconceptions. As people the young women rely on for support and advice, the key influencers also have the opportunity to hear stories from others as well as share their own journeys of growth. This forum provides a space for key influencers to receive accurate information and learn from their common experiences, subsequently creating a supportive environment for young women seeking knowledge about contraception and access to services.

BINTI SHUVAPU STORIES

MOTHERS, HUSBANDS AND COMMUNITY LEADERS JOURNEY

	AWARENESS	ATTENDANCE/ CONSIDERATION	DECISION	SHARES STORIES	ADVOCACY
STAGES	• Hears about the program face-to-face with mobilizer • Reads invitation flyer / e-flyer from mobiliser	• Learns objectives of the session • Listens to shares from girls, mothers, husbands and community leaders on experiences with young woman and contraception	• Shares reflections on stories shared • Invited to share personal stories on experience with young women & contraception • Realizes their stories and experiences will help others understand contrception challenges better	• Consents to sharing personal experience with young women and contraception • Records audio or video of personal experience with young women and contraception	• Gets invited to support girls at upcoming Community Fest • Learns about BS Clinic and is encouraged to ask young women / daughters to visit
TOUCHPOINTS	• Face-toface invitation by mobilizers • Flyers / e-flyers • Community radio	• Audio, video and print media at Stories event	• Peer mothers, husbands and community leaders at Stories event	• Audio, video recording at Stories event • Phone interview • Radio stories share	• PSK staff at Stories event
ASSETS	 Branded T-shirts • Branded T-shirts	 Awareness flyers • Awareness flyers	 • Magazines at the event for participants to read stories	 • Take-home cards on contraception methods	
ACTORS	• PSK mobilizers • Radio / media partners	• PSK mobilizers + staff	• PSK mobilisers + staff • Mothers, husbands or community leaders	• PSK mobilisers + staff • Mothers, husbands or community leaders • Radio / media partners	• PSK mobilisers + staff

IMPACT: ENHANCED CONTRACEPTIVE AWARENESS, REDUCED STIGMA, AND INCREASED SUPPORTIVE ATTITUDES AMONG KEY INFLUENCERS.

Leveraging storytelling through Binti Shupavu has had a marked impact on shifting influencer attitudes and enhancing adolescent contraceptive access across Kilifi, Homa Bay, Migori, and Narok counties. Research on efficacy conducted in 2023 revealed that mothers-in-law exposed to Binti Shupavu stories sessions became active vocal supporters in mobilizing girls to participate, endorsing contraceptive use among adolescent girls, and promoting methods to space births among young women who already had a child. While initial myths such as links between contraception and infertility, uterine damage, or libido reduction were widespread, participation in story sessions helped dismantle these beliefs, correlating with significantly higher contraceptive self-efficacy among girls and stronger perceived backing from their influencers.

NIGERIA

CONTEXT

In northern Nigeria, particularly in states including Kano, Jigawa, Nasarawa, and Kaduna, key actors who influence adolescent contraceptive access include husbands, mothers-in-law, religious leaders, and male community elders. The region is predominantly patriarchal, and decisions around sexuality, marriage, and fertility are largely controlled by men and elder family members. Early marriage is common, and adolescent girls often transition quickly into motherhood, leaving little room for independent decision-making regarding contraceptive use.

Attitudes toward contraception in this region are shaped by strong cultural and religious norms. Many key influencers believe that contraceptive use, especially among adolescents, promotes promiscuity, undermines marital obligations, and contradicts religious teachings. There is also a widespread perception that contraception causes infertility, irregular bleeding, or permanent damage to the womb. Among husbands, contraception is sometimes viewed as a threat to male authority or as evidence of female infidelity. Mothers-in-law, who often play a central role in household decisions, may oppose contraceptive use out of concern for lineage, family honor, or misinformation about side effects (Breakthrough ACTION Nigeria, 2021; NURHI, 2018).

These misconceptions and social pressures greatly hinder adolescent contraceptive uptake. Girls who wish to delay or space pregnancies often lack the autonomy to seek services and face judgment or resistance from partners and elders. Health providers also report bias in service provision, sometimes denying unmarried or young clients contraceptives due to moral or cultural beliefs. As a result, the unmet need for family planning among adolescents remains high in the region, and early, repeated pregnancies continue to affect girls' health, education, and economic prospects (NPC & ICF, 2019).

APPROACH: MALE ENGAGEMENT THROUGH INTERPERSONAL COMMUNICATION

Engaging men, particularly adolescent husbands or partners, is increasingly recognized as a critical strategy in enhancing contraceptive access and use among adolescent African girls. Traditionally, family planning efforts have centered on women, overlooking the gatekeeping role that men often play in household decision-making, especially in patriarchal societies. In many African settings, husbands control access to health services and significantly influence whether their wives can use contraception or not. Programs that promote male engagement, framing it as a shared responsibility and emphasizing benefits such as economic stability, improved maternal health, and marital harmony, have demonstrated success in reshaping attitudes. According to a study by Greene and Levack (2010), involving men in family planning leads to increased communication between couples, greater contraceptive use, and stronger support for women's reproductive autonomy.

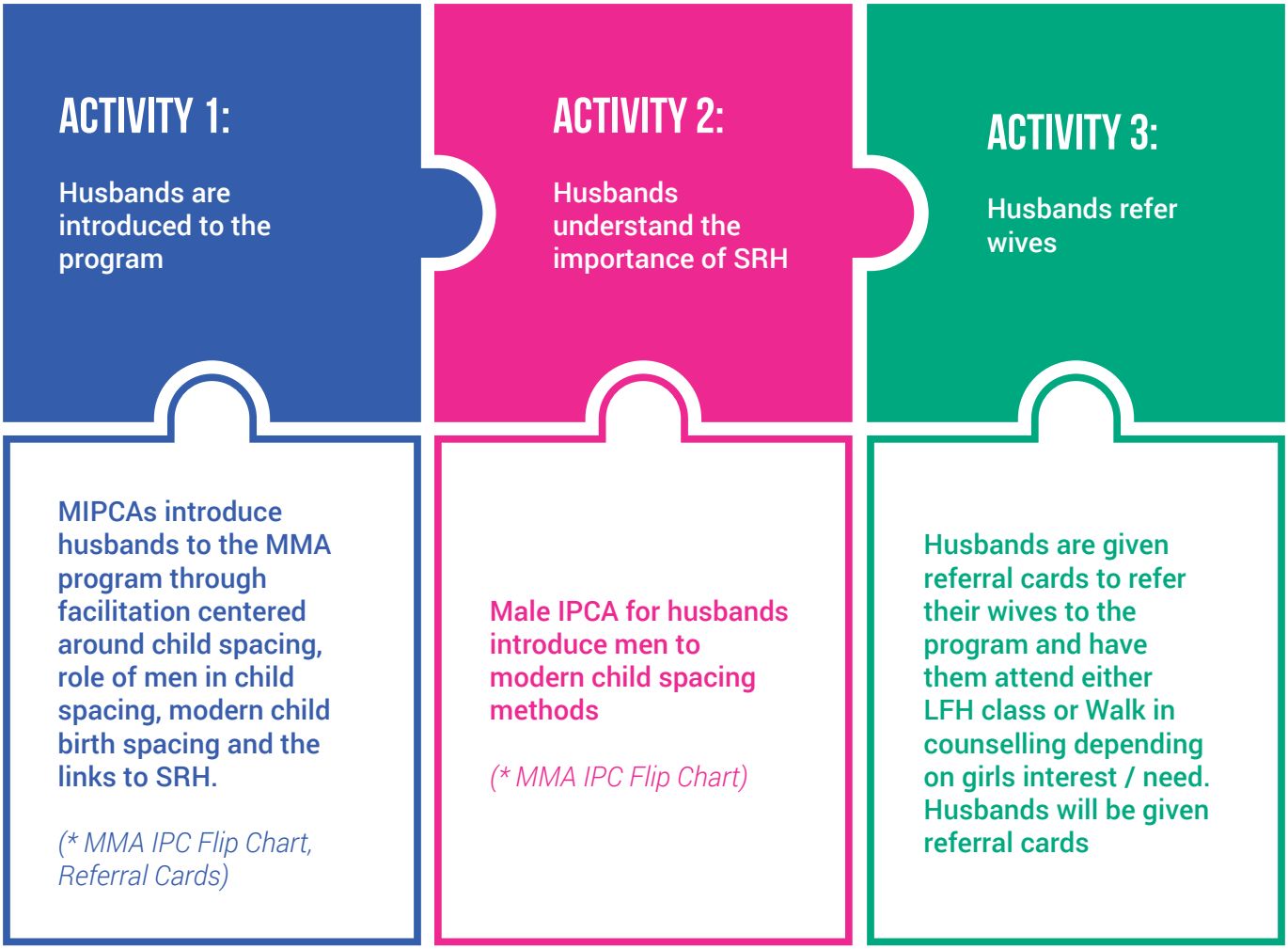
Notable examples include the Écoles des Maris (Husbands' Schools) initiative in Niger and Senegal, where trained male community leaders engage their peers in discussions about reproductive health, respectful relationships, and the importance of family planning. These peer-led groups encourage men to view contraceptive use not as a threat to masculinity but as a mark of responsible fatherhood and partnership. Evaluations from these programs have shown increased knowledge of contraceptive methods among men and improved support for their wives' contraceptive use (UNFPA, 2014). Similarly, in Rwanda, the MenCare+ program led by RWAMREC and Rutgers encouraged men to attend antenatal care and participate in reproductive health decision-making. The initiative led to a surge in contraceptive use among adolescent wives and improved couple communication (Shattuck et al., 2011).

These examples provide evidence of the potential of male engagement strategies to shift gender norms and dismantle barriers that prevent adolescent girls and young women from exercising their reproductive rights.

STRATEGY DETAILS: HUSBAND ENGAGEMENT THROUGH MALE INTERPERSONAL COMMUNICATION AGENTS (MIPCAS) AND RELIGIOUS LEADERS

As part of a broader set of human-centered design (HCD) adaptations, the key influencer engagement intervention in northern Nigeria was developed to improve the enabling environment for contraceptive uptake for married adolescent girls through direct outreach to husbands. The approach built on the existing strength of MIPCAs, who already effectively engaged communities through small group discussions and one-on-one conversations. To amplify this work and address religiously framed resistance to contraception, the intervention integrates religious leaders into discussions on child spacing with the husbands of married adolescents. The strategy involves co-moderated sessions where MIPCAs provide technical content while religious leaders convene the husbands and, when needed, use religious texts to justify contraception for child spacing. The strategy, which has two touchpoints, utilizes sign-in booklets and phone follow-ups to encourage participation across both sessions. Sessions are held in spaces where men naturally gather with religious leaders, leveraging existing community dynamics.

HUSBAND MOBILISATION MANAGEMENT



Tools such as FP Flipcharts and Myth Buster/FP Card Deck are used to effectively convey contraceptive information, debunk misconceptions, and encourage interactive, reflective discussions. Storytelling is sometimes used to enhance relatability and retention of messages, with the MIPCAs ensuring that discussions remain structured and on topic. As an outcome of the session, husbands were encouraged to discuss child spacing with their wives and to refer them for contraceptive services if they decided they wanted to wait to have their next child.

IMPACT: IMPROVED HUSBAND SUPPORT FOR CONTRACEPTIVE DECISION-MAKING PROMOTED COUPLE COMMUNICATION AND HIKED CONTRACEPTIVE UPTAKE.

This husband-centered approach, integrated into life, family, and health sessions, led to significant attitude shifts: many men who participated began viewing contraception as being aligned with responsible fatherhood rather than a threat to their authority. Government health staff and mentors in states including Kaduna and Nasarawa reported improved couple communication and spousal support, enabling adolescent wives to initiate and continue using contraceptives freely.

The results of a 2023 assessment of this approach conducted in Northern Nigeria showed improved knowledge of contraception, more support for girls' contraceptive use, and shifts towards preference for more equitable decision-making in households around contraceptive use. Positive changes were observed in participants' awareness of key SRH terms, which form the basis of discussions on contraceptive use. Participants' knowledge of the relevance of contraception and contraceptive methods was bolstered, consequently addressing the misconceptions that many had about contraception. There was an improvement in the self-reported use of contraceptives between the two surveys, which could potentially translate into an actual rise in adopters. Additionally, husbands were more open to talking to their partners about contraception (shared decision-making), which then led to a surge in support for married adolescent girls (MAGs) accessing contraceptives.

The 2025 ASRH endline survey further indicates positive shifts in social norms: Perceived spousal support for contraception surged to 68.8% in the intervention group at endline (vs. 14.1% in comparison, $p < 0.001$). The Descriptive Norm Score indicated 70.9% of intervention participants perceived strong social approval (scores 4–5) versus 13.9% in the comparison group. Partner disclosure of contraceptive use improved to 98.8% in the intervention group, while dropping to 79.3% in the comparison group ($p < 0.001$)." In conclusion, exposure to the key influencer component of MMA contributed to better knowledge of contraceptives among husbands (available methods, their benefits, and their relevance to married adolescent girls' pursuit of their life goals), shifted their attitudes towards contraceptive use and strengthened their support for MAGs' access to contraceptives.

ETHIOPIA

CONTEXT

In Ethiopia, particularly within pastoralist regions such as Afar and Somali, access to contraceptive services for adolescent girls is deeply influenced by traditional social structures, cultural norms, and religious beliefs. These regions are predominantly Muslim, with strong patriarchal systems where decisions related to marriage, fertility, and health are primarily made by male heads of households, elders, and religious leaders. Adolescent girls are often married early, and childbearing is viewed as a critical marker of womanhood and family honor.

Key influencers - husbands, mothers-in-law, clan elders, and religious leaders - hold significant control over whether adolescent girls can access contraceptive information or services. In these communities, there is limited understanding of modern contraceptive methods, compounded by widespread misconceptions. Common beliefs include worries that contraception causes permanent infertility, harms the womb, or conflicts with religious teachings. Some community members associate contraceptive use with promiscuity or moral decay, particularly when used by unmarried adolescents (Pathfinder International, 2020; UNFPA Ethiopia, 2022).

These negative attitudes and myths create substantial barriers to contraceptive uptake. Even when services are available through Health Extension Workers (HEWs) or mobile outreach teams, adolescent girls often require permission from husbands or elders to use them. The lack of open discussion around sexual and reproductive health further isolates young girls from accurate information and supportive networks. Consequently, rates of unintended pregnancies, early childbirth, and maternal health risks remain high in these areas (CSA & ICF, 2016).

APPROACH: FAMILY AND COUPLE-BASED DIALOGUES

Family and couple-based dialogues are increasingly recognized as transformative strategies in advancing adolescent contraceptive access, especially in contexts where familial and marital dynamics strongly influence health decisions. In many African societies, adolescent girls, particularly those who are married, require the approval or support of partners and family members to seek reproductive health services. Family counseling provides a structured opportunity to address knowledge gaps, dismantle myths, and foster mutual understanding between adolescents and their key influencers. According to a study by Speizer et al. (2014), engaging couples in joint reproductive health counseling significantly improves contraceptive uptake and continuation, largely due to enhanced communication and trust.

One notable example is the Integrated Family Health Program (IFHP) in Ethiopia, which drew upon family counseling to encourage reproductive health discussions between newly married couples. Evaluations revealed that aligning contraceptive counseling with family planning goals such as economic stability and birth spacing led to more positive male involvement and greater use of long-acting reversible contraceptives (John Snow Inc., 2015). Similarly, in Uganda, the Healthy Child Uganda project integrated family-based reproductive counseling into adolescent maternal health programs, resulting in improved male partner support and a reduction in teenage pregnancies (Utz et al., 2017). These examples show that when adolescents and their families or spouses engage in open, facilitated dialogue about contraception, it reduces resistance, builds shared goals, and enhances young people's ability to make informed reproductive health decisions.

STRATEGY DETAILS: JOINT CONTRACEPTIVE COUNSELING

Our core approach in Ethiopia promotes joint decision-making through joint contraceptive counseling using the Smart Start counseling guide. In pastoralist regions, this approach has been enhanced through the Family Circle, an adaptation through which we work with religious and clan leaders and traditional birth attendants to invite married adolescent girls and their husbands to attend group contraceptive counseling. The strategy utilizes goal-setting tools that link contraceptive use to economic and life aspirations and encourages shared decision-making, fostering mutual understanding and support. HEWs make contraception relevant through health and financial planning messaging using a visual discussion aid designed for non-literate populations. Topics include future planning, health benefits of spacing, and traditional vs. modern contraceptive methods. HEWs first speak with the community leaders and then share the same information with young wives and their husbands. Couples then have a private session with a health provider and are invited to adopt a method on the spot.

THE FAMILY CIRCLE

Pathway 1

Influencial women/ Ullatinas (TBAs)
Promote the benfits of family planning to married girls

Pathway 2

Gatekeepers (religious leaders, clan leaders, and model families)
Outreach to husbands to promote the Family Circle

KEY MOMENT 1

HEARING & IMAGINING

Community Kickoff sessions

Influencial women/Ullatinas learn about the health benefits of family planning. The HEWs provide influencial women/ Ullatinas with basic training on how to talk about the health benefits of modern contraception with married girls.

Community Kickoff sessions

Gatekeepers will learn about the importance of family planning. They will be asked to identify husbands of married adolescents and mobilize them for attendace.

KEY MOMENT 2

LEARNING & GEARING UP

Girl Mobilization

Girls hear about the health complications from recurrent pregnancies and the value of family planning from Ullatinas. The girls are informed about the weekend session and encouraged to attend with their husbands.

Husband Mobilization

Husbands hear about family planning and financial planning from gatekeepers. they are invited to attend a session with their wives. husbands will inform their wives about the invitation for the weekend community session.

KEY MOMENT 3

TRYING

The Family Circle

Large-group session with couples, led by the HEW.

Hews provide in-depth contraceptive method counselling in a group setting.

Girls can choose to adopt a family planning method on the spot.

Husbands support the decision of girls to take up a method of their choice.

KEY MOMENT 4

FOLLOWING UP & ADVOCATING

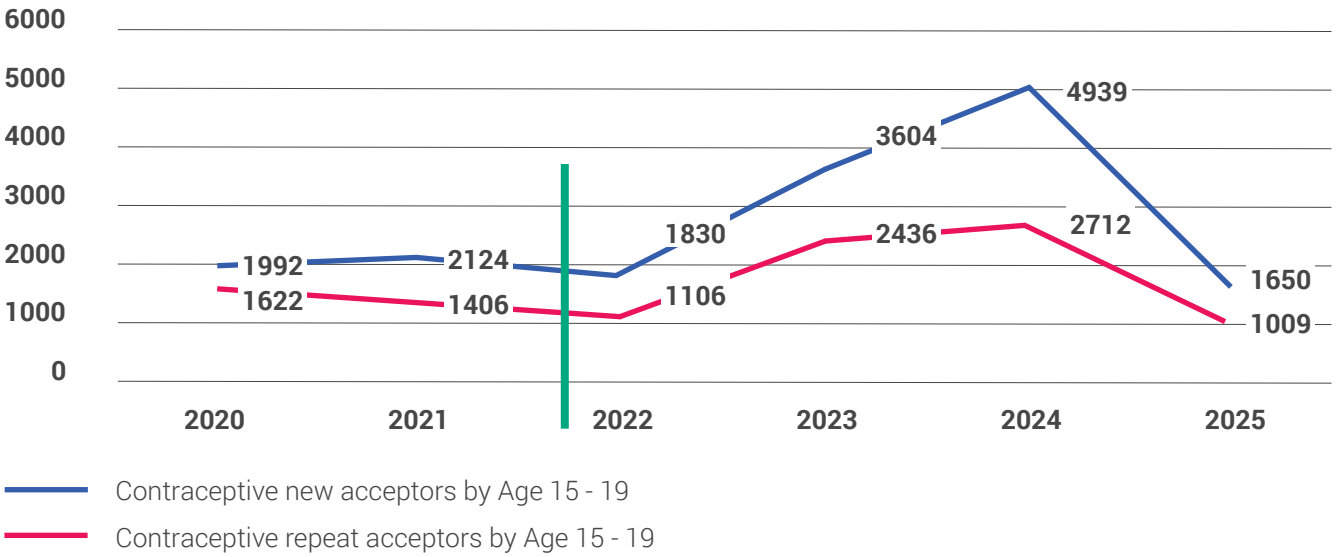
Follow Up

HEWs give appointment cards for any couples who need more time to decide and those who choose long acting methods. Ullatinas are tasked with follow-up for the girls and gatekeepers follow up with the husbands.

IMPACT: INCREASED ALIGNMENT BETWEEN PARTNERS ON FAMILY PLANNING DECISIONS, ENHANCED CONTRACEPTIVE ACCEPTANCE AND CONTINUITY

The Family Circle strategy, adapted from Smart Start for Ethiopia's pastoralist regions (Afar and Somali), significantly improved contraceptive uptake among married adolescent girls aged 15–19. Based on data drawn from pre/post analysis of Ministry of Health DHIS2 service data and program monitoring data, prior to the intervention, the average number of adolescent contraceptive users per site per month was just 0.7 (2.1 in Afar and 0.3 in Somali). Following the implementation between August 2022 and June 2024, this figure increased to 2.9 per site per month (3.6 in Afar and 2.6 in Somali), representing a 323% overall increase, with Somali alone recording a 741% surge. This dramatic shift illustrates the effectiveness of culturally adapted couple-focused contraceptive counseling even in traditionally underserved, conservative settings.

Trends of new and repeated contraceptive accepters in Afar region



The program reached over 20,000 adolescent girls (4,855 in Afar and 15,231 in Somali) with tailored counseling that emphasized family aspirations and the benefits of birth spacing. Of those counseled, 58% accepted a contraceptive method: 69% in Afar and 55% in Somali. Crucially, 35% of these adolescents were accompanied by their husbands, indicating a notable escalation in male engagement in reproductive health decisions. The positive results suggest that when family planning is approached with culturally resonant messaging and inclusive counseling formats such as Family Circle, even low-uptake communities can achieve high voluntary adoption of contraception among adolescents.

RECOMMENDATIONS FOR IMPLEMENTATION

1. TAILORED MESSAGING: ALIGN ENGAGEMENT STRATEGIES WITH CULTURALLY RELEVANT THEMES AND ASPIRATIONS

Effective engagement with key influencers requires messages that reflect the cultural values, lived realities, and aspirations of the target population. In Kenya, the Binti Shupavu approach utilized storytelling that resonated with local values such as respect for elders, educational achievement, and family success. By linking contraceptive use to the broader aspiration of helping girls stay in school and pursue future goals, the strategy overcame the stigma that contraception encourages promiscuity. The narrative lens helped shift perceptions, especially among mothers and fathers, by reframing reproductive health not as a moral issue, but as a developmental opportunity for girls and their families.

Similarly, in Ethiopia's pastoralist regions, Family Circle adapted Smart Start materials to reflect local values of family honor, economic resilience, and religious expectations. Instead of framing contraception solely as a health intervention, Family Circle positioned it as a tool for achieving household financial security and ensuring the health of mothers and children. This argument gained strong traction with both husbands and community elders. These examples emphasize the importance of tailoring not just the content but also the tone and messenger of reproductive health messaging to align with what the communities value most.

2. INFLUENCER CAPACITY BUILDING: EQUIP INFLUENCERS (HUSBANDS, MOTHERS, LEADERS) WITH ACCURATE, SUPPORTIVE REPRODUCTIVE HEALTH INFORMATION

Transforming norms around adolescent contraceptive use requires equipping key influencers with not only knowledge but also confidence and skills to act as advocates. In northern Nigeria, MIPCAs were trained to directly engage husbands using culturally appropriate language and tools. These IPCAs debunked myths around contraception such as concerns over infertility or loss of masculinity and reframed male support for family planning as a mark of responsible fatherhood. This led to improved couple communication and growing support for adolescent wives' autonomy in reproductive decision-making.

In Ethiopia's Family Circle, HEWs and community mentors received training on contraceptive methods and how to lead respectful, aspirational conversations with adolescent girls and their husbands. By integrating religious leaders and respected elders into community sensitization, the intervention also ensured that influencers within the wider social circle had access to accurate reproductive health information. These approaches demonstrate that capacity-building must go beyond technical knowledge to include interpersonal communication, empathy, and cultural competence for sustained impact.

3. **MULTI-LEVEL ENGAGEMENT:** SIMULTANEOUSLY TARGET INDIVIDUAL, FAMILY, AND COMMUNITY-LEVEL INFLUENCERS FOR SUSTAINABLE NORMATIVE CHANGE

Changing behaviors at scale requires a systems-level approach that activates change across different layers of influence. The Binti Shupavu program in Kenya reached individual adolescent girls through peer counseling while simultaneously engaging parents, husbands, and community leaders through storytelling events. This triangulated strategy reinforced consistent messages across the family and community environment, allowing girls to receive affirmation at home, school, and from community forums, thus enhancing sustainable behavioral change.

In Ethiopia, the Family Circle approach mobilized multiple actors: adolescent girls, their husbands, community health workers, and influential leaders, including elders and religious figures. This multi-level engagement created a "circle of support" around adolescent girls, making it easier for them to access services and adhere to their contraceptive choices. In Nigeria, MMA employed a similar approach by combining facility-based services with community-based dialogues led by trained male agents and religious gatekeepers. The shared success of these programs indicates that community transformation is most effective when all levels of influence (household, peer, and societal) are aligned.

4. **MONITORING AND ADAPTATION:** CONTINUOUSLY ASSESS IMPACT, ADAPTING APPROACHES BASED ON FEEDBACK AND COMMUNITY INSIGHTS

Effective programming depends on the ability to monitor progress and adapt to changing community dynamics. In Ethiopia, routine program monitoring in sites implementing Family Circle allowed implementers to track the number of adolescent girls counseled and the proportion whose husbands were engaged. In Kenya, feedback from mothers and husbands who participated in the Binti Shupavu story sessions revealed that myths around contraception were deeply embedded in religious and traditional beliefs. Likewise, in Nigeria's MMA, periodic community dialogues and rapid assessments enabled IPCAs to refine their messaging based on common misconceptions or emerging resistance. IPCAs learned to restructure sessions and delivery strategies when certain tools didn't work as planned. These examples demonstrate that flexibility, informed by real-time data and local insights, is essential for scaling and sustaining adolescent-focused contraceptive programming.

5. **STAKEHOLDER OWNERSHIP AND BUY-IN:** FOSTER EARLY AND CONTINUOUS ENGAGEMENT OF LOCAL STAKEHOLDERS TO ENSURE SUSTAINABILITY AND COMMUNITY ACCEPTANCE

For adolescent contraceptive programs to be sustainable and culturally accepted, it is essential to secure the buy-in of local stakeholders from the earliest stages of program design and throughout implementation. Stakeholders include local government officials, religious and traditional leaders, community elders, women's and youth groups, and health sector actors. Their endorsement lends legitimacy to interventions and also opens doors to trusted community platforms and resources that can facilitate service delivery and norm-shifting work.

Experiences from Ethiopia's Family Circle intervention highlight the value of co-designing strategies with community stakeholders. By engaging religious leaders, elders, and regional health authorities in the adaptation of Smart Start for pastoralist settings, the program ensured alignment with local norms and increased community acceptance. Similarly, MMA in Nigeria gained traction by involving health authorities, religious and community leaders in promoting male engagement, while Binti Shupavu in Kenya benefited from active partnerships with local leaders and county health officials.

Stakeholder ownership builds trust, increases program accountability, and enhances the likelihood that successful components will be institutionalized within local systems. To strengthen ownership, implementers should involve stakeholders in planning, monitoring, and evaluation processes; invest in their capacity; and recognize their contributions. This fosters a shared responsibility for adolescent reproductive health outcomes and ensures interventions are contextually grounded and locally championed.

CONCLUSION

Effective engagement of key influencers (husbands, mothers, religious leaders, and community elders) is essential to increasing adolescent girls' access to and uptake of contraceptive services, particularly in conservative or underserved settings. The evidence from A360's implementation in Kenya, Nigeria, and Ethiopia demonstrates that when influencers are meaningfully engaged through culturally tailored, aspirational, and inclusive approaches, social norms can shift, misconceptions can be corrected, and supportive environments for adolescents can be cultivated.

Each intervention highlights the importance of grounding strategies in the local context, whether through Kenyan storytelling that aligns contraception with girls' future goals, male-to-male dialogue in northern Nigeria that redefines responsible fatherhood, or couple-centered goal setting in Ethiopia's pastoralist regions that links family planning with household well-being. These models have shown tangible results: increased contraceptive knowledge and method uptake, improved couples communication, and joint health decision-making.

For long-term success and scalability, these approaches must be complemented by investments in influencer capacity-building, strong health systems integration, adaptive monitoring frameworks, and robust stakeholder ownership. Engaging the entire ecosystem surrounding adolescent girls, not just the girls themselves, offers a powerful path toward shifting entrenched social norms and ensuring that all young people have the freedom and support to make informed choices about their reproductive health. As countries and partners work toward universal access to adolescent-friendly services, integrating key influencer engagement into reproductive health programming is not just beneficial, it is essential.

REFERENCES

A360 External Evaluation Summative Report (2022).

A360 Learning Hub. (2023). *Shupavu One-Year Review: Learning and Impact.*https://a360learninghub.org/resource/binti-shupavu-1-year-review/

A360 Learning Hub. (n.d.). *Kenya – Binti Shupavu Intervention Overview.* https://a360learninghub.org/the-interventions/kenya-binti-shupavu/

A360 Learning Hub. Ethiopia – Family Circle (Smart Start adaptation)

A360 Learning Hub. Matasa Matan Arewa – Northern Nigeria Intervention Overview.

African Population and Health Research Center (APHRC). (2018). Adolescent sexual and reproductive health in Kenya.

Aligning Contraception with Family and Life Goals of Married Adolescent Girls in Northern Nigeria: The Case of Matasa Matan Arewa. pmc.ncbi.nlm.nih.gov

Bankole, A., & Malarcher, S. (2010). Removing barriers to adolescents' access to contraceptive information and services. Studies in Family Planning, 41(2), 117–124.

Breakthrough ACTION. (2021). Engaging Men and Boys in Family Planning: A Strategic Planning Guide. Johns Hopkins University.

Breakthrough ACTION. (2021). Masculinities and family planning interventions in Nigeria. Johns Hopkins University.

Chandra-Mouli, V., Ferguson, B. J., Plesons, M., Paul, M., Chalasani, S., & Amin, A. (2019). The political, research, programmatic, and social responses to adolescent sexual and reproductive health and rights in the 25 years since the International Conference on Population and Development. Journal of Adolescent Health, 65(6), S16–S40.

Denno, D. M., Hoopes, A. J., & Chandra-Mouli, V. (2015). Effective strategies to provide adolescent sexual and reproductive health services and to increase demand and community support. Journal of Adolescent Health, 56(1), S22–S41.

Green, M. C., & Brock, T. C. (2000). The role of transportation in the persuasiveness of public narratives. Journal of Personality and Social Psychology, 79(5), 701-721.

Greene, M. E., & Levack, A. (2010). Synchronizing Gender Strategies: A Cooperative Model for Improving Reproductive Health and Transforming Gender Relations. Population Reference Bureau.

HCD Exchange. Smart Start strategy and influencer attitude shifts

Ministry of Health Kenya & National Council for Population and Development. (2021). Kenya Adolescent Sexual and Reproductive Health Policy Implementation Assessment.

Pathfinder International. (2020). Engaging Communities to Expand Access to Reproductive Health. Pathfinder International.

Population Services Kenya (PS Kenya). (2023). *A360 Binti Shupavu Evaluation Report.* https://www.pskenya.org/wp-content/uploads/2023/04/A360-Binti-Shupavu-Evaluation-Report-21.2.2023.pdf

Population Services Kenya. (2023). *A360: Measuring Impact Through Girl-Centered Metrics.* https://www.pskenya.org/programs/a360/

PSI Ethiopia. Community-centered family planning in pastoralist regions

Shattuck, D., Kerner, B., Gilles, K., Hartmann, M., Ng'ombe, T., & Guest, G. (2011). Encouraging contraceptive uptake by motivating men to communicate about family planning: The Malawi Male Motivator Project. American Journal of Public Health, 101(6), 1089–1095.

Singhal, A., Cody, M. J., Rogers, E. M., & Sabido, M. (Eds.). (2004). Entertainment-education and social change: History, research, and practice. Routledge.

Society for International Development (SID). (2020). Youth, culture and reproductive health in the coastal region of Kenya.

Solo, J., & Festin, M. (2019). Provider bias in family planning services: a review of its meaning and manifestations. Global Health: Science and Practice, 7(3), 371–385.

UNFPA. (2014). Engaging Men and Boys: A Brief Summary of UNFPA Experience and Lessons Learned.