PSI AT SBCC 2026

FROM COUNSELLING TO CONNECTION:

HOW EMPATHETIC COMMUNICATION SUSTAINED CONTRACEPTIVE USE AMONG MARRIED ADOLESCENTS IN NORTHERN NIGERIA

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INTERNATIONAL SBCC SUMMIT 2026

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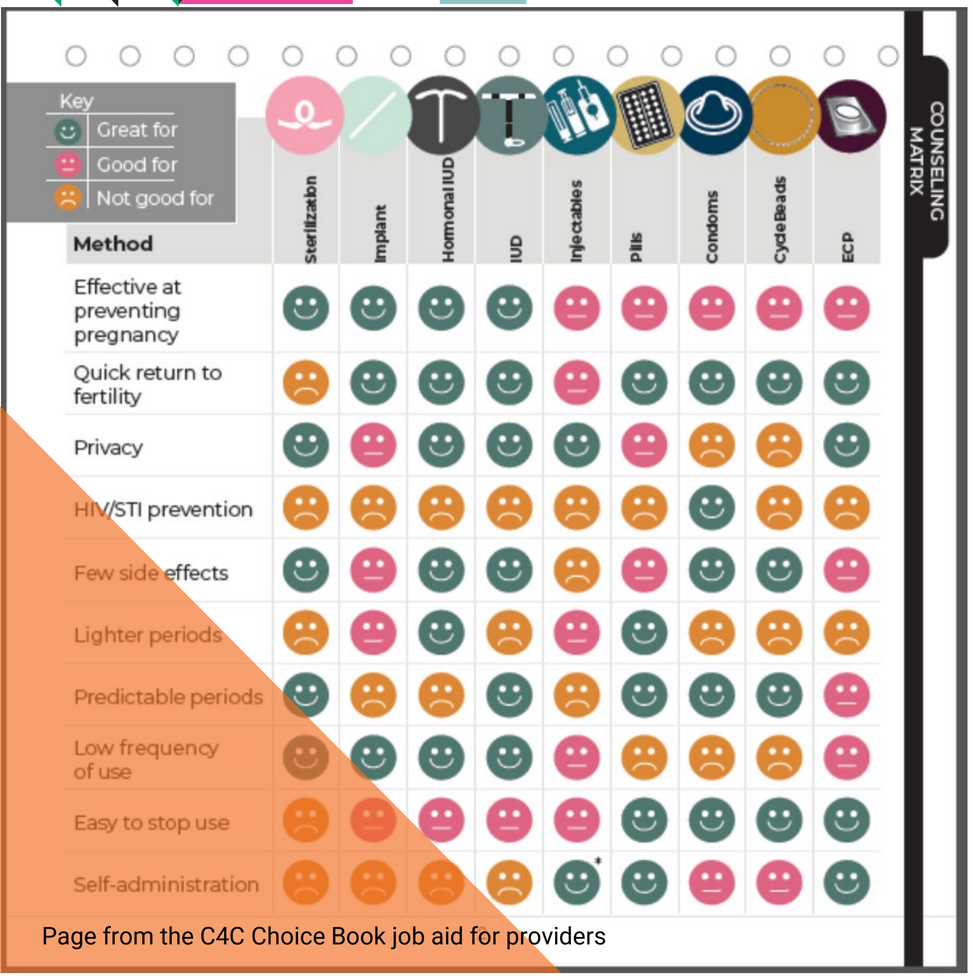

Page from the C4C Choice Book job aid for providers

AGENDA

- Background
- The Intervention
- Results & Lessons
- Implication for the Field
- Conclusion

BACKGROUND

- Adolescent contraceptive continuation remains poorly understood, especially among married girls in contexts of early marriage and high fertility norms. Programs often focus on initial uptake, missing the behavioural and relational factors that sustain use.
- In Northern Nigeria, stigma around contraception intersects with limited youth-responsive services and strong gendered expectations. Against this backdrop, communication—between providers, partners, peers, and systems—becomes both a barrier and a pathway to agency.
- This study sought to understand: What drives continued contraceptive use among married adolescents in restrictive environments? How do communication quality, trust, and social support networks influence sustained behavior?

Restricted Choices

Early marriage and social norms in Northern Nigeria limit girls' ability to access and sustain contraceptive use

Counselling as Persuasion

Traditional provider–client interactions prioritised information delivery and persuasion over dialogue and dignity

Provider–Client Power Gap

Girls felt unheard and unable to express fears or ask questions, eroding trust and reducing continuation

The Missing Ingredient

Sustaining contraceptive use demands trust, empathy, and communication that centres girls' voices, not just access

THE INTERVENTION

The "Counselling for Choice" (C4C) model was developed through human-centred design with adolescent girls, providers, and community influencers. The approach trained providers in empathetic listening, storytelling, and co-decision-making tools. Using interactive role-play and feedback loops, providers learned to engage girls in open dialogue, acknowledging fears, aspirations, and lived realities. The intervention was implemented across selected primary healthcare facilities in Northern Nigeria, reaching married adolescent girls aged 15–19.

Choice Book

Visual tool guiding girl-led contraceptive decision-making based on her life, fears, and goals

NORMAL Guide

Prepares girls for side effects by normalizing the experience and reducing fear-based discontinuation

Dialogue Framework

Providers retrained to listen, reflect, and support informed choice and not instruct or persuade

Follow-Up Support

Girls leave with a clear follow-up plan, building accountability and continuity in the provider relationship

Mixed-methods evaluation · 30 primary health care facilities · over 2,600 adolescents aged 15-19 · quantitative + qualitative

RESULTS

Contraceptive Continuation in Intervention Sites

191 users → **1,975** users

10× Growth in continuation

89%
of girls felt “heard and respected” vs 54% in traditional counselling

24%
increase in contraceptive uptake across participating facilities

68%
confident in returning for follow-up, supporting sustained behaviour change

98%
had a clear follow-up plan that they understood well

61%
made decisions independently about contraceptive use

2,600+
Adolescent girls 15–19-year-old evaluated

Key Insight: Girls who felt heard and respected were more likely to understand their options, exercise autonomy, return for follow-up, and continue using their chosen method.

Providers also reported greater trust and fewer complaints — a dual transformation

GIRLS' VOICES

The provider didn't choose for me; she helped me choose for myself."

— Married adolescent girl, Northern Nigeria

Felt Respected

Heard, not lectured. Girls described counselling as a safe space where their fears were acknowledged

Felt Confident

Girls left sessions understanding side effects and with a clear plan — reducing anxiety and dropout

Felt Empowered

Decision-making was theirs — 61% reported full autonomy, turning counselling into an act of dignity

IMPLICATIONS FOR THE FIELD

SBCC programs can go beyond messaging to rewire the relational fabric of health systems. Building empathetic, two-way communication between clients and providers strengthens community trust, accelerates uptake, and fosters resilience. For practitioners and policymakers, this model offers a replicable pathway for advancing equity and agency in adolescent SRH, demonstrating that when communication begins with empathy, systems change becomes inevitable

Dialogue, Not Persuasion

C4C proves that reframing counselling as conversation and not instruction, transforms both client outcomes and provider satisfaction

Rights-Based Communication

When counselling centres girls' voices and autonomy, continuation becomes a marker of dignity and not just a service metric

Side Effect Preparation Works

The NORMAL guide demonstrates that preparing girls for challenges, rather than minimizing them, sustains trust and use

From Service to Empowerment

C4C shows how SBCC grounded in connection and collaboration can turn routine service delivery into transformative empowerment

CONCLUSION:

The lesson from C4C is simple but profound:

- When communication shifts from telling to listening, behaviour change follows.
- By creating counseling experiences that foster trust, understanding, and autonomy, we achieved not only improved service outcomes but lasting behavior change.
- The future of adolescent health depends on scaling approaches that put girls' voices and not just information, at the center of decision-making.
- As a result, when girls are heard, they return.
- When they return, they continue.
- And when they continue, healthier futures become possible.

“With C4C, Continuation becomes more than a metric,
it becomes a marker of trust, dignity,
and shared accountability between young women
and the systems that serve them."

Thank you

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