

# VOICES

## FROM THE MARGINS

*A journey towards comprehensive  
SRHR for young women*



# VOICES FROM THE MARGINS

**A journey towards comprehensive  
SRHR for young women**



2B Koforowola Street, Dele Kuti Estate  
Beach Road Ebute Ikorodu Lagos Nigeria  
+234 80 234 12994 +234 8020382518  
visionspringinitiatives@yahoo.com  
www.vsinigeria.org  
@vsi\_ng

# TABLE OF CONTENTS

<b>1. About Vision Spring Initiatives</b>	<b>4-5</b>
<b>2. Acknowledgment</b>	<b>6</b>
<b>3. Acronyms</b>	<b>8</b>
<b>4. Introduction</b>	<b>9-10</b>
<b>5. The 'We Lead' Project: Unveiling a Collaborative Vision</b>	<b>11-12</b>
A. A Collective Endeavor for Marginalised Girls' Rights	13
B. Recognizing the Neglected SRHR of Young Women and Adolescents	
<b>6. Roots of Inequality</b>	<b>14-15</b>
C. Pervasive Patriarchal Systems	14
D. Cultural Norms and Gender-Based Violence	15
<b>7. Barriers to SRHR: An Uphill Battle for Vulnerable Young Women</b>	<b>16</b>
E. Breaking the Silence on Sexual and Gender-Based Violence	18
F. Access Denied	19
G. Displaced Dreams	20
H. Navigating the Challenges of HIV	22

<b>8. Challenging Attitudes: Healthcare Providers and SRHR</b>	<b>24</b>
I. Unveiling Attitudes and Judgments	25
J. From Ignorance to Enlightenment	26
<b>9. A Rising Tide of Change</b>	<b>28</b>
K. A Holistic Approach to Comprehensive SRHR	28
L. Cultivating Community Champions	30
<b>10. Revolutionising Mindsets</b>	<b>32</b>
M. Crafting a Path to Comprehensive SRHR	35
<b>11. The Vision Unveiled</b>	<b>38</b>
N. A World Beyond Struggles	40
O. Breaking Barriers	42
P. A Call to Action	44
<b>12. Recommendations</b>	<b>46</b>
<b>13. Activity Pictures</b>	<b>48</b>



## **About Vision Spring Initiatives**

Vision Spring Initiatives (VSI) is a duly registered (RC 908183), non-governmental, not for profit human rights organisation partnering with strategic stakeholders to achieve developmental rights of children, young people and other vulnerable groups and supporting their attainment of these rights using a multipronged approach and diverse strategies.

**Our vision:** A society where gender equality and social justice becomes part of everyday life

**Our mission:** To provide our constituents; women, girls and minority groups practical tools for self-development, voice and actions through research, education, advocacy and movement building.

**Our Thematic Areas:** We strongly believe that rights are interrelated, inalienable and inseparable and therefore cannot be achieved in isolation. We therefore focus on the following thematic areas towards achieving our mission:

1. Gender justice (Central and the core of VSI programming)
2. Education and Research:
3. Sexual and reproductive health and rights
4. Participatory Leadership/Political education
5. Movement building and partnerships

### **Our objectives**

- To promote gender equality in all spheres of our programming and develop literary skills amongst women and young persons.

- To advocate for the sexual and reproductive health and rights of young people and vulnerable groups
- To promote and advance education and research in Nigeria
- To promote participatory leadership and advance youth inclusion in decision making -To collaborate with like-minded organisations for strategic partnerships on achieving gender equality
- To engage with strategic stakeholders and demand implementation of laws and policies that guarantee the rights of women, girls and minority groups.

**Our target Beneficiaries:**

Children, Young people, women, minority groups and those made vulnerable by laws, policies, and practices.

This publication has been written in response to the expressed desire of beneficiaries who seek a comprehensive record of the diverse actions initiated throughout the "We Lead" project. It is crucial to acknowledge that despite progress, discrimination and stigmatisation persist among mainstream CSOs and other key stakeholders, impeding meaningful partnerships with girls and young women in their diversity and hindering the realisation of their Sexual and Reproductive Health and Rights (SRHR).

The principal objective of this documentation is to fervently advocate for the SRHR of girls and young women in their diversity, calling for a collective commitment to dismantle barriers and foster a more supportive and equitable environment.

**Disclaimer:**

This publication is the sole production of Vision Spring Initiatives

with support from HIVOS. Vision Spring Initiatives hereby state that all views expressed in this publication are not that of HIVOS.  
Voices from the margins: A journey towards comprehensive SRHR for young women

Copyright 2023 Vision Spring Initiatives

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system in any form or by any means electronic, mechanical, photocopying recording or otherwise without the prior permission of Vision Spring Initiatives

Published by

**VISION SPRING INITIATIVES**

2B Koforowola Street,  
Dele Kuti Estate Beach Road  
Ebute Ikorodu Lagos Nigeria  
+23480 234 12994 +2348020382518  
visionspringinitiatives@yahoo.com  
www.vsinigeria.org  
Vision Spring Initiatives

For counselling and psychosocial support  
+234 91361103643/80 20 38 2518

# A C K N O W L E D G E M E N T

Vision Spring Initiatives wishes to express sincere appreciation to everyone who played a vital role in bringing the publication, *Voices From the Margins: A Journey towards Comprehensive SRHR for Young Women* to fruition. The success of this endeavor is as a result of the committed efforts of diverse individuals and organizations:

## **The Vision Spring Initiatives (VSI) Team**

A special acknowledgment goes to our team of dedicated staff at Vision Spring Initiatives. Your unwavering commitment, passion, and hard work have not only set the groundwork for this project but have been the driving force behind our accomplishments in advancing Sexual and Reproductive Health and Rights (SRHR) in Nigeria.

## **Strategic Partners and Stakeholders**

Our heartfelt thanks goes to our partners and stakeholders for their invaluable support, guidance, and collaborative spirit. Your shared dedication to the mission of "We Lead" has played a significant role in shaping this journey.

## **Champions of Advocacy**

A salute to the advocates, activists, and champions who have tirelessly challenged norms, influenced policies, and fostered inclusive SRHR conversations. Your passion and resilience are a true inspiration.

## **Support from Funding Partners**

Our deepest gratitude is extended to HIVOS and Education as A Vaccine for their support; both financial and technical that have turned our vision into reality. Your commitment to advancing SRHR for every young person has made a lasting impact.

Together, we celebrate the collective achievements detailed in this publication, recognizing the collaborative efforts that have propelled us toward a future where every young woman can access comprehensive SRHR.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system in any form or by any means electronic, mechanical, photocopying recording or otherwise without the prior permission of Vision Spring Initiatives.

## ACRONYMS

VSI	-	Vision Spring Initiatives
SRHR	-	Sexual and Reproductive Health and Rights
VAWG	-	Violence against Women and Girls
SGBV	-	Sexual Gender-Based Violence
NGO	-	Non-governmental Organization
WHO	-	World Health Organization
STI	-	Sexually Transmitted Infection
GBV	-	Gender-Based Violence
MHH	-	Menstrual Health and Hygiene
FGM	-	Female Genital Mutilation
HIV	-	Human Immunodeficiency Virus
AIDS	-	Acquired Immunodeficiency Syndrome
LGBTQIA+	-	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and others
V-CAT	-	Value Clarification and Attitude Transformation
PWD	-	Persons with Disabilities
PLWHA	-	Persons living with HIV/AIDS
PTSD	-	Post-traumatic stress disorder

## **The Landscape of Gender Inequality and SRHR Challenges in Nigeria**

Gender inequality is a pervasive issue that affects societies worldwide, and Nigeria is no exception. In order to address the challenges faced by young women in terms of sexual and reproductive health and rights (SRHR), it is crucial to first understand the root causes of gender inequality in the Nigerian context.

Nigeria, as the most populous country in Africa, is a diverse nation with over 250 ethnic groups. However, despite its diversity, gender inequality remains a significant barrier to achieving equality and ensuring the SRHR of young women. Traditional gender roles and norms, deeply rooted in patriarchal systems, perpetuate discrimination and limit opportunities for women and girls.

One of the key factors contributing to gender inequality in Nigeria is limited access to education for girls. Despite progress in recent years, girls still face significant barriers to education, including cultural norms that prioritise boys' education, early marriage, and gender-based violence. This lack of education perpetuates a cycle of inequality, limiting young women's ability to make informed decisions about their SRHR.

Another aspect of gender inequality in Nigeria is the limited economic opportunities available to women. Women are often confined to low-paying jobs in the informal sector, with limited access to resources and financial independence. This economic disparity further exacerbates gender inequality and restricts young women's ability to access quality SRHR services.



Furthermore, harmful cultural practices such as female genital mutilation (FGM), child marriage, and son preference contribute to gender inequality and pose significant risks to the SRHR of young women. These practices are deeply ingrained in societal norms and perpetuate harmful gender stereotypes, limiting young women's autonomy and decision-making power over their own bodies.

Gender inequality also intersects with other forms of discrimination, such as class, ethnicity, and disability. Young women in their diversity from communities' face compounded barriers to accessing SRHR services and face higher risks of gender-based violence. Intersectionality must be considered when addressing gender inequality and designing inclusive SRHR programs.

It is important to recognize that gender inequality not only affects young women individually but also has broader societal implications. When young women are denied their SRHR, it hinders their ability to fully participate in society, pursue education and employment opportunities, and contribute to the overall development of Nigeria. The struggle intensifies for specific groups, underscoring the intersecting nature of discrimination. Young women living with HIV, with disabilities, and displaced by socio-economic factors become the victims within victims, often suffering layers of neglect and marginalisation. The stigma associated with HIV status compounds the challenges they face, rendering them even more susceptible to exclusion. Girls with disabilities encounter barriers that limit their access to healthcare and education, further restricting their opportunities for growth. Young girls and women in displacement, victims of a shifting

climate and other socio-political factors, are thrust into uncertainty, grappling not only with their immediate predicament but also with the shadows it casts on their future.

As we delve into the healthcare sector, a harsh spotlight illuminates a critical disparity. Attitudes held by healthcare providers wield significant influence in shaping the narrative of young women's SRHR. Regrettably, these providers often operate within the confines of traditional beliefs and misconceptions, fostering an environment where SRHR services are administered with judgement and a lack of empathy. The result is a realm where essential healthcare becomes entangled with shame and stigma, inhibiting young women from seeking the support they need.

In the face of these challenges, the 'We Lead' project emerges as a beacon of hope. Vision Spring Initiatives, alongside its collaborating organisations in Nigeria, stands determined to confront these gender-based disparities head-on. The project is predicated on a sobering realisation: the SRHR of young women often exists in the shadow of neglect. It aspires to cultivate an atmosphere where young women can exercise their rights with confidence and access comprehensive SRHR services without the shackles of prejudice.

This publication embarks on a transformative journey, peeling back the layers of the 'We Lead' project to expose its innovative strategies, aspirations, and the tangible impact it has on the lives of young marginalised women and girls in Nigeria. Embracing diversity and championing equality, the project heralds a Nigeria where SRHR cease to be distant ideals, becoming instead accessible realities. Through strategic advocacy, holistic education, dynamic community engagement, and sweeping

policy reforms, the 'We Lead' project stands as a testament to the power of collective action in dismantling the barriers that hinder young women's rights and overall well-being.

In the chapters that follow, we will delve deeper into the 'We Lead' project, unpacking its multifaceted initiatives, the passionate individuals driving change, and the real stories of transformation that illuminate the path toward a more inclusive and equitable society.

**Oluwabukola Fagbemi**

*Media and Communications Officer*

*Vision Spring Initiatives*

## 2. The 'We Lead' Project: Unveiling a Collaborative Vision

In a nation where the echoes of inequality resonate through its corridors, the 'We Lead' project emerges as a collective endeavour determined to transform the lives of young girls with disabilities, living with HIV, in displacement and LGBTQIA+ individuals aged 18-30. This chapter offers a complex exploration of the visionary project, shedding light on its origins, aspirations, and the collaborative spirit that drives its mission.

At the heart of the 'We Lead' project lies a profound recognition: that the sexual and reproductive health and rights (SRHR) of young women and adolescent girls in Nigeria are often neglected or disregarded. This realisation becomes the catalyst for change, igniting a spark that propels organisations like Vision Spring Initiatives into action. Collaborating with partners, the project seeks to shatter the silence surrounding SRHR and empower young women to claim their rights without reservation.



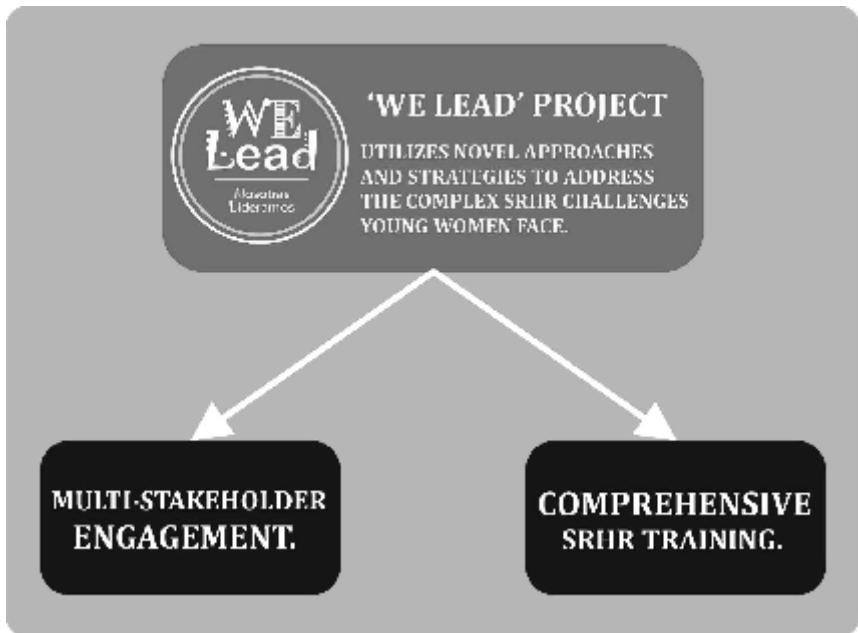
We Lead is an inspiring, innovative, and powerful program that aims at improving the sexual and reproductive health and rights (SRHR) of young women. The actions generated from this space make the four specific groups of young women; people living with HIV, people with disabilities, LGBTQI+ persons and persons affected by displacement become prominent participants. This way, greater impact and sustainability is brought to the demand for actions in favour of SRHR. The programme is implemented in nine countries in Africa, the Middle East and Central America. The We Lead consortium is made up of six civil society organisations (Positive Vibes, Restless Development, Marsa, FEMNET, Fondo Centroamericano de Mujeres, Hivos).



The 'We Lead' Project was developed in response to the pressing need for increased awareness and action on SRHR issues in Nigeria. Despite the existence of various initiatives and policies addressing SRHR, young women continue to face significant barriers in accessing the information and services they need to make informed decisions about their sexual and reproductive health.

best achieved when the collective potential is harnessed for a common purpose.

The 'We Lead' project functions as a crucible of innovation, where novel approaches and strategies are developed to address the complex challenges young women face. From inception, the project is attuned to the nuanced intersectionality of identities. It understands that discrimination is not a one-dimensional experience; it has complex multilayers woven from factors such as gender norms, myths, stigma, and socioeconomic disparities. By acknowledging this complexity, 'We Lead' tailors its interventions to cater to the diverse needs of the young marginalised women it aims to empower.



The project is built on the belief that young women have the potential to be powerful agents of change in their communities and should be actively involved in shaping policies and programs that affect their lives. By providing them with the necessary knowledge, skills, and support, the 'We Lead' Project aims to empower young women to take leadership roles in advocating for their own SRHR rights and those of their peers.

As one of the eleven organisations partnering with HIVOS on the 'We Lead' project in Nigeria, Vision Spring Initiatives plays a pivotal role in steering this transformative endeavour in the six southwestern states and beyond in Nigeria. The project's foundation rests upon a commitment to unravel the complex threads of inequality that have woven themselves into the fabric of society. By collaborating with like-minded organisations, 'We Lead' harnesses collective expertise, resources, and determination to amplify its impact and reach.



The collaborative nature of the project speaks volumes about the power of unity in driving social change. Recognizing that the battle for gender equality cannot be fought in isolation, 'We Lead' fosters alliances that transcend geographical boundaries and organisational affiliations. This collaboration is not merely a strategic choice; it's a testament to the shared belief that change is

Integral to the project's success is its holistic approach, encapsulated by its commitment to comprehensive SRHR. While healthcare providers often grapple with biases and misinformation, 'We Lead' intervenes to bridge this knowledge gap. It seeks to transform healthcare services from sites of judgement to havens of empathy and support. By collaborating with healthcare providers and imparting comprehensive sexuality health and rights information, the project paves the way for an environment where young women can access services without fear of stigmatisation.

Religious and traditional leaders, deeply embedded within communities, emerge as strategic partners in this transformative journey. Recognizing their influential roles, the project extends its reach to collaborate with these leaders. Through training and engagement, 'We Lead' endeavours to reshape perspectives and promote SRHR awareness within communities. By empowering these individuals as champions of change, the project taps into existing structures of influence to foster a more inclusive and supportive environment.

### **2.1 A Collective Endeavor for Marginalised Girls' Rights**

The 'We Lead' project symbolises the power of collective action, uniting organisations, stakeholders, and young women themselves in a shared journey towards change. At the core of this endeavour lies a determination to confront the deeply ingrained gender disparities that have long plagued Nigerian society. By weaving a multilayered collaboration, 'We Lead' harnesses the strengths of its partners to uplift the voices that have been relegated to the margins.



## **2.2 Recognizing the Neglected SRHR of Young Women and Adolescents**

In the heart of the 'We Lead' project lies a profound acknowledgment: the sexual and reproductive health and rights (SRHR) of young women and adolescent girls in Nigeria have long been overlooked. This realisation serves as a rallying cry, igniting a fervent commitment from organisations like Vision Spring Initiatives and their partners to champion a cause that has languished in obscurity for far too long. By shining a light on this historical neglect, the project lays the foundation for a sudden shift that extends well beyond its immediate purview.

The 'We Lead' project, as it pivots its focus onto marginalised girls aged 18-30, emerges as a symbol of hope for those who often grapple with dreams stifled by societal norms and deeply entrenched systemic obstacles. These young women, positioned at the crossroads of youth and marginalisation, confront a complex web of challenges that impede their access to education, healthcare, and autonomy over their lives.

Moreover, Vision Spring Initiatives, in a resolute pursuit of inclusivity and equity, organised specialised SRHR training sessions for tailored to the unique needs of young women with disabilities, those living with HIV, individuals displaced from their homes, and LGBTQI+ individuals. These transformative training sessions which targeted 240 young girls and women spanned across the six southwestern states in Nigeria, marking a crucial step towards dismantling barriers and ensuring that every girl's SRHR rights are recognized and protected. 'We-Lead' is more than a project; it's a beacon of change, determined to empower and uplift the voices of those who have long been marginalised.



**VSI Organized Specialized  
SHRH Training Sessions For  
240 Young Girls And Women  
Across The Six South Western  
States In Nigeria.**

*Roots of Inequality: Unravelling Patriarchy and Cultural Norms*

### **3.0 Pervasive Patriarchal Systems: Reinforcing Gender Inequity**

In the complex multifaceted societal structures, patriarchy stands as a thread that has woven itself deep into the fabric of Nigeria's culture. At its core, patriarchy establishes a power dynamic that favours men over women, perpetuating systemic gender inequality that echoes across generations. The 'We Lead' project recognizes that dismantling this pervasive patriarchy is fundamental to achieving the transformative change it envisions.

#### **Patriarchy's Grip on Power and Influence**

As of 2021, women hold only about 6.7% of seats in the Nigerian National Assembly (Senate and House of Representatives combined). This underrepresentation underscores the limited influence women have in key decision-making bodies. (Source: Inter-Parliamentary Union, "Women in National Parliaments," 2021) Patriarchy shapes not only societal norms but also the distribution of power. Women's participation in decision-making processes remains disproportionately low, perpetuating a cycle where the perspectives and needs of women are marginalised. From politics to business, women continue to face barriers that hinder their ability to contribute meaningfully to shaping policies and agendas.

Nigeria has been recording low participation of women in both elective and appointive positions. This is a growing concern to many Nigerians. However, concerted efforts have been made by Vision Spring Initiatives and other non-governmental Organisations to increase the level of participation of women in politics in line with the declaration made at the fourth World Conference on women in Beijing, which advocated 30% affirmative

action. In Nigeria, the extant National Gender Policy (NGP) recommended 35% affirmative action instead and sought for a more inclusive representation of women with at least 35% of both elective political and appointive public service positions respectively. The under-representation of women in political participation gained root due to the patriarchal practice inherent in our society, much of which was obvious from pre-colonial era till date. Despite these, women are still under-represented in both elective and appointive positions. Available statistics revealed that overall political representation in the government of Nigeria is less than 7 percent (Agbalajobi, 2010). This shows that Nigeria has not attained 30 percent affirmative as prescribed by the Beijing Platform of Action.

Women in Nigeria earn approximately 34.9% less than men on average, highlighting the stark wage gap that persists between genders. This wage gap not only affects women's financial independence but also perpetuates economic inequalities. (Source: National Bureau of Statistics, "Gender Statistics in Nigeria," 2020)

### **The Power Imbalance**

A glance at gender ratios in positions of power and decision-making across Nigeria reveals a stark reality: men continue to hold a disproportionate share of these roles. In both public and private sectors, women are often relegated to secondary positions, limiting their influence and agency. This power imbalance is not merely a result of personal choices but is deeply rooted in societal structures that uphold patriarchal values.

## **Impact on Education and Opportunities**

Patriarchy's grip extends beyond the corridors of power and seeps into educational opportunities. Traditional beliefs that prioritise male education over female education have contributed to gender disparities in literacy rates. Discriminatory practices in education deny young girls the chance to reach their full potential, reinforcing societal norms that view women as subservient and limited in their aspirations.

## **3.2 Cultural Norms and Gender-Based Violence: A Vicious Cycle**

Cultural norms can shape societies in profound ways, and in Nigeria, they have often perpetuated cycles of gender-based violence and discrimination. These norms can serve as both a source of identity and a barrier to progress, intersecting with patriarchy to create a complex web of inequality that traps many women and girls.

### **Violence as a Social Norm**

Disturbingly, violence against women and girls has, in some contexts, been normalised within cultural norms. Practices such as FGM (Female Genital Mutilation) and child marriage persist, driven by deeply ingrained beliefs about a woman's role and worth. Such practices not only infringe on fundamental human rights but also perpetuate the cycle of gender inequality, limiting opportunities and agency.

### **Economic Disempowerment**

Cultural norms can also influence economic dynamics. Traditional roles that assign women to domestic spheres often result in limited

access to economic opportunities. The 'We Lead' project recognizes that breaking this cycle requires not only addressing systemic inequalities but also challenging cultural norms that restrict women's economic agency.

## **4.0 Barriers to SRHR: An Uphill Battle for Vulnerable Young Women**

In Nigeria, young women face substantial barriers when it comes to accessing Sexual and Reproductive Health and Rights (SRHR) services. These obstacles are not just practical; they are deeply rooted in societal norms, discrimination, and a lack of comprehensive sexual education. This section will delve into these challenges and explore potential solutions.

### **Understanding the Challenges**

The challenges young women face in accessing SRHR services are deeply interconnected and multifaceted. Let us delve deeper into each of these challenges:

#### **Limited Access to Accurate Information**

The absence of comprehensive sexual education programs in schools and communities leaves many young women uninformed about their sexual and reproductive health and rights. This lack of knowledge perpetuates misconceptions and hinders informed decision-making.

Furthermore, societal norms and conservative attitudes often restrict open discussions about sexuality, leaving young women without the necessary information to make informed choices about their sexual and reproductive health.

#### **Stigma and Discrimination**

Stigma and discrimination are formidable barriers that young women must confront when seeking SRHR services. The fear of judgement or negative reactions from healthcare providers or

society at large often dissuades them from accessing these critical services.

The societal stigma surrounding topics like contraception, abortion, and sexually transmitted infections can be particularly damaging. It not only hampers access to care but also contributes to feelings of shame and isolation.

### **Lack of Access to Services**

The physical and financial barriers that young women encounter when attempting to access SRHR services are substantial. Many healthcare facilities lack the necessary infrastructure to accommodate individuals with disabilities, making it challenging for them to receive the care they require.

Moreover, the cost of SRHR services, including contraception and reproductive healthcare, can be prohibitive for many young women, especially those from marginalised communities.

### **Limited Agency and Decision-Making Power**

Patriarchal social norms significantly restrict young women's agency and decision-making power over their sexual and reproductive health. Male partners, husbands, and family members often dominate choices related to family planning, contraception, and access to healthcare services.

This lack of autonomy stems from deeply ingrained gender biases that view women as subordinates. It severely hinders young women's abilities to control their SRHR outcomes. Providing environments that empower young women is essential.



## **Inadequate Legal Protections**

Nigeria's legal and policy frameworks fail to adequately promote and protect the SRHR of young women. Restrictive abortion laws, limited protection from gender-based violence, and poor enforcement of existing laws and policies undermine access to essential services.

Strengthening laws, policies, and institutions to uphold sexual and reproductive rights is vital. Special legal provisions that guarantee confidential SRHR services for young women can make a difference. Robust legal frameworks create an enabling environment for fulfilment of rights.

Addressing these barriers requires a concerted effort to provide comprehensive sexuality education, destigmatize SRHR topics, improve access to healthcare facilities, and make SRHR services more affordable. By doing so, Nigeria can empower its young women to make informed choices about their sexual and reproductive health, ultimately fostering a more equitable society.

## **4.1 Breaking the Silence on Sexual and Gender-Based Violence**

Sexual and Gender-Based Violence (SGBV) continues to cast a long shadow over the lives of young women in Nigeria. Breaking the silence surrounding SGBV is a critical step toward addressing this pervasive issue and ensuring justice for survivors.

### **The Prevalence of SGBV**

SGBV encompasses a range of traumatic experiences, from domestic violence and sexual assault to harassment and human trafficking. The sheer prevalence of SGBV in Nigeria is deeply alarming.

These forms of violence often remain hidden due to societal norms that normalise them or discourage survivors from speaking out. However, silence perpetuates the cycle of violence, making it imperative to confront this issue head-on. In a strategic move during the 16 days of activism against gender-based violence, Vision Spring Initiatives organized an impactful Art and Creative Contest. This initiative provided a platform for young women and girls aged 15-25 to channel their creative voices in speaking out against gender-based violence. The contest yielded significant engagement, reaching a total of 1,655 young person, and highlighting the urgency of addressing this pressing issue.

The prevalence of these forms of violence often persists in the shadows, concealed by societal norms that either normalize such behavior or discourage survivors from speaking out. The profound impact of silence perpetuates the cycle of violence, underscoring the imperative need to confront this issue head-on. Vision Spring Initiatives recognizes the power of creative expression in breaking

the silence and shedding light on the dark corners where SGBV thrives, fostering a collective commitment to ending this pervasive cycle.

### **The Impact on Young Women**

Sexual and Gender Based Violence (SGBV) inflicts severe physical, mental, and emotional trauma on survivors, with young women being particularly vulnerable. Many survivors suffer in silence, grappling with feelings of shame.

The psychological effects of SGBV can be profound, often leading to post-traumatic stress disorder (PTSD), depression, and anxiety. These consequences extend beyond the individual, affecting families and communities as well.

### **Challenges in Reporting and Prosecution**

Underreporting of SGBV incidents remains a significant challenge. The emotional burden of shame and the apprehension of potential repercussions contribute to a pervasive culture of silence, hindering survivors from seeking the justice they deserve, and the legal system may not always provide the necessary support and protection for survivors.

The low rate of prosecution and conviction of perpetrators of SGBV is a stark reflection of these systemic challenges. The slow pace of justice can further discourage survivors from pursuing legal avenues.

### **Breaking the Silence and Ensuring Justice**

Addressing SGBV requires a multifaceted approach that prioritises the following:

- Destigmatization: Efforts to destigmatize SGBV must include raising awareness about the prevalence of such violence and challenging the societal norms that allow it to persist.
- Support Services: Comprehensive support services, including counselling and legal assistance, should be readily available to survivors.
- Legal Reforms: Policymakers must work to reform legal systems to expedite the prosecution of perpetrators and provide protection for survivors.
- Education and Prevention: Comprehensive sexuality education programs that emphasise consent, respect, and gender equality can play a crucial role in preventing SGBV.

By breaking the silence surrounding SGBV and ensuring that survivors receive the support they need, Nigeria can take significant steps towards ending this pervasive form of violence against young women. Breaking this cycle is essential not only for survivors but also for the broader society, fostering a culture of respect and equality.

#### **4.2 Access Denied: SRHR Struggles of Young Women with Disabilities**

Young women with disabilities in Nigeria face a unique set of challenges when it comes to accessing Sexual and Reproductive Health and Rights (SRHR) services. These challenges often result from a combination of physical barriers, societal stigmatisation, and neglect.

## **Physical Barriers to Access**

Young women with disabilities encounter physical obstacles when attempting to access SRHR services. Many healthcare facilities lack the necessary infrastructure to accommodate individuals with disabilities, making it difficult for them to receive the care they require.

This lack of accessibility extends beyond the physical environment. Medical equipment and information may not be adapted to meet the needs of individuals with disabilities, leaving them at a disadvantage.

## **Societal Stigmatisation**

Societal stigmatisation further intensifies the struggles faced by young women with disabilities. They may encounter negative attitudes and discrimination, which can deter them from seeking SRHR information and services.

These negative attitudes can manifest within healthcare settings, where healthcare providers may not fully understand the unique SRHR needs of young women with disabilities. This lack of understanding can result in poor care and the denial of essential services.

## **Neglected Health Needs**

The unique SRHR needs of young women with disabilities are often overlooked. This neglect stems from a lack of understanding and awareness among healthcare providers and policymakers.

Effective strategies for addressing these challenges involve a combination of education, policy reform, and increased accessibility.

## Advocating for Inclusivity

To address these challenges, Vision Spring Initiatives advocated for a greater inclusivity within the healthcare system. This includes:

**Training for Healthcare Providers:** Providing training to healthcare providers on disability sensitivity and the unique SRHR needs of young women with disabilities which VSI did during the V-CAT training for Health care providers across the six southwest states in Nigeria.

**Raising Awareness:** Raising awareness about the SRHR needs of young women with disabilities within communities, healthcare settings, and among policymakers which VSI carried during the V-CAT training for Health care providers, traditional leaders, and religious leaders across the six southwest states in Nigeria, and the National Dialogue in Abuja, Nigeria.

Empowering young women with disabilities to advocate for their rights and access SRHR services is crucial in ensuring their overall well-being and agency. By doing so, Nigeria can take significant steps toward fostering a more inclusive and equitable society where SRHR services are accessible to all.

### **4.3 Displaced Dreams: SRHR in the Context of Girls in Displacement**

Displacement due to conflict, environmental factors, or other crises presents significant challenges for young girls, particularly regarding their access to Sexual and Reproductive Health and Rights (SRHR) services. In Nigeria, where displacement is a prevalent issue, these challenges are especially pronounced.

## **Impact of Displacement**

Young women and girls in displacement face a multitude of challenges, including disrupted education, economic instability, and limited access to healthcare. These factors compound their vulnerability and affect their SRHR.

Displacement disrupts the stability of families and communities, often forcing girls into precarious situations where they may be exposed to exploitation, early marriage, and increased health risks. As of 2021, Nigeria had over 2.2 million internally displaced persons (IDPs), many of whom are young girls. Displacement disrupts their access to essential SRHR services and information, exacerbating their vulnerability. (Source: Internal Displacement Monitoring Centre, "Nigeria," 2021)

## **Vulnerability to Exploitation**

Young women and girls in displacement are at a higher risk of sexual exploitation and early marriage. These situations can lead to early pregnancies and increased health risks.

The insecurity and instability associated with displacement can make it challenging for girls to assert their rights and make informed choices regarding their SRHR.

Girls in displacement are at a higher risk of early marriage, with reports of child marriages increasing in conflict-affected regions. Early marriage often leads to early pregnancies and limited access to SRHR services. (Source: UNICEF, "Child Marriage in Humanitarian Settings," 2019)

## **Ensuring SRHR in Displacement**

Efforts to address SRHR in the context of displacement require

targeted interventions and support systems:

**Access to Sexual Education:** Young women and girls in displacement must have access to comprehensive sexual education programs that provide them with accurate information about their SRHR.

**Reproductive Health Services:** Healthcare facilities within IDP camps and host communities should provide essential reproductive health services, including access to contraception, antenatal care, and safe childbirth.

**Psychosocial Support:** Young women and girls in displacement often require psychosocial support to cope with the trauma and challenges they face. Mental health services should be available and accessible.

**Economic Empowerment:** Initiatives that empower Young women and girls in displacement economically can provide them with agency and reduce their vulnerability to exploitation.

Empowering Young women and girls in displacement with SRHR knowledge and services not only safeguards their health but also contributes to their overall well-being and resilience in the face of adversity. It is essential to recognize the specific challenges they face and work collaboratively to address them.

#### **4.4 Navigating the Challenges of HIV: Young Women and Their Rights**

HIV/AIDS remains a significant public health concern in Nigeria, and young women are disproportionately affected by the



epidemic. Navigating the challenges of HIV while upholding the Sexual and Reproductive Health and Rights (SRHR) of young women is a complex endeavour.

### **Disproportionate Impact on Young Women**

Young women in Nigeria face a higher risk of HIV infection compared to their male counterparts. This heightened vulnerability is influenced by various factors, including gender-based violence, limited access to education, and economic disparities.

As of 2021, young women aged 15-24 accounted for 23% of all new HIV infections in Nigeria. This highlights the urgent need for targeted interventions to address HIV prevention and treatment among this demography. (Source: UNAIDS, "HIV and AIDS Estimates," 2021)

### **Challenges in HIV Disclosure and Stigmatization**

HIV disclosure can be particularly challenging for young women, as fear of stigma and discrimination often looms large. This fear can deter them from seeking testing, treatment, and support.

Stigmatization remains a significant barrier to HIV testing and treatment in Nigeria, with many young women reluctant to disclose their status due to the associated stigma. (Source: UNAIDS, "Miles to Go: Closing Gaps, Breaking Barriers, Righting Injustices," 2018)

The stigma also has roots in gender-based discrimination, as HIV-positive women tend to experience greater stigmatisation and adverse consequences following disclosure compared to men (Population Council, 2021). Young women often rightfully fear rejection by partners, loss of economic support from families, and even violence or arrest under HIV non-disclosure laws if they reveal

their positive status. This assists in driving Nigeria's epidemic, as fear of disclosure causes many young women to drop out of treatment programs.

### **Empowering Young Women**

In light of these barriers, empowering young women in Nigeria with comprehensive information, expanding access to HIV testing/treatment, and building supportive communities is essential to overcoming stigmatisation.

Implementing robust sexual education programs that incorporate complete and accurate information on HIV prevention and transmission is vital to equipping young women to make fully informed choices regarding their health. Education on the efficacies of pre-exposure prophylaxis (PrEp) and post-exposure prophylaxis (PEP) also holds promise for avoiding infection.

Likewise, integrating confidential HIV testing and counselling into existing youth-friendly health services can expand access by providing safe environments for young women to learn their status without fear of unwanted disclosure. Special support groups can also enable those who do test positive to share experiences and find solace among peers facing similar circumstances.

Vision Spring Initiatives has organised comprehensive sexual and reproductive health rights (SRHR) training across the six southwest states in Nigeria. These trainings aim to provide accurate education and information to young women living with HIV to empower them to access necessary health services and manage stigma.

Furthermore, programming focused on elevating young women's economic independence, social capital, legal rights, and personal safety have proven successful at reducing various drivers of HIV risk. Ultimately, addressing these structural forces of gender inequality and gender-based violence is imperative to upholding the sexual and reproductive health and rights of young women while curtailing Nigeria's high rate of new HIV infections.

## **5.0 Challenging Attitudes: Healthcare Providers and SRHR**

Access to Sexual and Reproductive Health and Rights (SRHR) services is not solely determined by infrastructure or policy; the attitudes and behaviours of healthcare providers play a pivotal role. This section explores the influence of healthcare providers' attitudes on SRHR services and how transforming these attitudes can lead to comprehensive SRHR care.

### **Understanding the Role of Healthcare Providers**

Healthcare providers are the linchpin of the healthcare system and are often the first point of contact for individuals seeking Sexual and Reproductive Health and Rights (SRHR) services. Their attitudes, knowledge, and behaviours profoundly influence the quality, accessibility, and overall experience of individuals accessing these crucial services. This section will delve deeper into the critical role healthcare providers play in SRHR care.

### **The First Point of Contact**

Healthcare providers, which include doctors, nurses, midwives, and other medical professionals, are the initial interface between individuals and SRHR services. As such, they serve as gatekeepers to essential care, information, and support related to sexual and reproductive health. The way they engage with patients can either facilitate or hinder access to SRHR services.

### **The Influence of Attitudes**

Healthcare providers' attitudes are a pivotal factor in the patient-provider relationship. An attitude characterised by empathy, respect, and non-judgmental support can create an environment where individuals feel safe and comfortable discussing their

SRHR needs. Conversely, attitudes marked by judgement or stigma can lead to patients withholding crucial information or avoiding seeking care altogether.

### **Knowledge is Key**

The knowledge possessed by healthcare providers is another cornerstone of effective SRHR care. They must be well-informed about the full spectrum of SRHR topics, from contraception and family planning to sexually transmitted infections and safe abortion. Comprehensive knowledge enables them to provide accurate information, answer questions, and offer evidence-based guidance, empowering individuals to make informed decisions about their sexual and reproductive health.

### **Behavioural Impact**

Beyond attitudes and knowledge, healthcare providers' behaviours during consultations have a direct impact on patients' experiences. Effective communication, active listening, and patient-centred care practices are essential. These behaviours foster trust, encourage open dialogue, and allow healthcare providers to tailor their services to the specific needs and preferences of each patient.

### **A Holistic Approach**

The role of healthcare providers in SRHR care goes beyond medical procedures. They should adopt a holistic approach, considering not only the physical aspects of SRHR but also the psychological, social, and cultural dimensions. This approach acknowledges that SRHR is deeply intertwined with an individual's overall well-being and quality of life.

## **5.1 Unveiling Attitudes and Judgments: A Barrier to Comprehensive SRHR**

One significant barrier young women face in accessing comprehensive SRHR services is the attitudes and judgments they encounter from healthcare providers.

### **Judgement and Stigmatization**

Many young women report feeling judged or stigmatised when seeking SRHR services. Healthcare providers may hold biased beliefs or stereotypes about young women's sexual behaviours, leading to negative interactions.

### **Impact on Service Utilisation**

Such attitudes can deter young women from seeking SRHR information and care. Fear of judgement may prevent them from discussing sensitive topics or disclosing their sexual history, leading to incomplete or inaccurate assessments.

### **Human Rights Perspective**

From a human rights perspective, judgement and stigmatisation from healthcare providers infringe upon young women's right to access healthcare free from discrimination. It also contributes to a hostile healthcare environment that discourages open communication.

## **5.2 From biases to Enlightenment: Transforming Healthcare Practices**

The transformation of healthcare practices regarding SRHR begins with addressing biases that healthcare providers may hold.

## **Comprehensive Training**

One essential step is comprehensive training for healthcare providers. Recognizing the need for a transformative approach, Vision Spring Initiatives took proactive steps to address these issues. VSI organised V-CAT (Values Clarification and Attitude Transformation) training for healthcare workers across the six southwestern states of Nigeria, including Lagos, Ogun, Oyo, Osun, Ondo, and Ekiti. VSI's V-CAT training was a well-structured program designed to challenge and transform healthcare providers' attitudes and behaviours regarding SRHR. It aims to reduce judgement and stigmatisation, fostering a more patient-centred and rights-based approach to SRHR care. The V-CAT training equipped 120 healthcare providers with the knowledge and skills needed to provide non-judgmental and patient-centred care. It emphasised the importance of respecting young women's autonomy and choices regarding their SRHR.



- **Creating Supportive Environments**

Fostering a healthcare environment where young women feel safe, respected, and empowered is paramount to ensuring comprehensive Sexual and Reproductive Health and Rights (SRHR) care. This involves implementing policies and practices

that prioritise confidentiality and patient-centred care, creating a welcoming atmosphere for individuals seeking SRHR services.

- **Confidentiality as a Cornerstone**

Confidentiality is a fundamental aspect of SRHR care. Young women must trust that their personal information and healthcare decisions will remain private. Healthcare facilities should establish strict protocols to safeguard patient confidentiality, ensuring that sensitive information is not disclosed without the individual's explicit consent.

- **Respecting Autonomy and Choices**

Respecting young women's autonomy and choices regarding their SRHR is another key component of patient-centred care. Every individual has the right to make decisions about their sexual and reproductive health that align with their values and beliefs. Healthcare providers should offer information, guidance, and support, allowing young women to make informed choices that best suit their unique circumstances.

Fact: International human rights frameworks, such as the International Conference on Population and Development (ICPD) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), emphasise the importance of respecting individuals' autonomy and choices in matters related to their SRHR.

- **Eliminating Discrimination**

Creating a supportive environment also entails actively eliminating discrimination in all forms. Healthcare facilities should have zero tolerance for discrimination based on age,



gender, ethnicity, or any other characteristic. Discriminatory practices not only violate human rights but also deter young women from seeking essential SRHR services.

- **Community Engagement**

Community engagement is another vital aspect of transforming healthcare practices. Outreach and education programs can help bridge the gap between healthcare providers and young women, fostering understanding and trust.

Early feedback indicates the training is already fostering more open, responsive behaviours among participating healthcare providers. Beneficiaries report feeling more supported in articulating their SRHR needs and priorities.

Transforming healthcare providers' attitudes and practices regarding SRHR is essential to ensure young women receive the comprehensive care they deserve. By addressing judgement, stigma, and ignorance, and promoting a rights-based, patient-centred approach, healthcare providers can become champions of young women's SRHR, creating a more equitable and inclusive healthcare landscape.

## **6.0 A Rising Tide of Change: 'We Lead' and its Transformative Goals**

The 'We Lead' project, a collaborative effort involving Vision Spring Initiatives (VSI) and ten other partner organisations, represents a rising tide of change in the landscape of Sexual and Reproductive Health and Rights (SRHR) for young women. This section explores the transformative goals of 'We Lead,' emphasising its holistic approach to comprehensive SRHR and the vital role played by religious and traditional leaders in championing these changes.

### **6.1 A Holistic Approach to Comprehensive SRHR**

The 'We Lead' project recognizes that achieving comprehensive SRHR for young women requires a holistic approach that goes beyond the traditional boundaries of healthcare. This comprehensive approach encompasses various facets of young women's lives, acknowledging that SRHR is intertwined with their overall well-being.

#### **Beyond Medical Care**

Comprehensive SRHR involves more than just medical care. It includes access to accurate information, education, and support related to sexual and reproductive health. Additionally, it encompasses economic empowerment, education, and the ability to make informed choices about one's body and future.

Comprehensive Sexual and Reproductive Health and Rights (SRHR) is a state where individuals have the freedom to make informed decisions about their sexual and reproductive health, including the freedom to choose if, when, and how often to have sex and children. It also means that individuals have access to safe,

affordable, and high-quality sexual and reproductive health services, including family planning, maternal health care, and prevention and treatment of sexually transmitted infections (STIs).

The World Health Organization (WHO) defines SRHR as a “state of complete physical, mental, and social well-being in all matters relating to the reproductive system”. It is a fundamental human right that is recognized by international law.

In order to achieve comprehensive SRHR, it is important to address the social, cultural, economic, and political factors that affect individuals' sexual and reproductive health. This includes promoting gender equality, empowering women and girls, providing comprehensive sexuality education, ensuring access to affordable and high-quality health care services, and eliminating discrimination and violence against women

### **Media Training on the Intersectionality of Rights in Media Reporting**

In an impactful initiative to bolster the quality and inclusivity of media reporting, Vision Spring Initiatives organized a comprehensive media training event for 32 media personnel hailing from the six southwest states in Nigeria. This specialized training aimed to delve into the intricacies of understanding the intersectionality of various rights of women and girls in their diversity.

## **32 Media Persons Trained On Language Sensitivity And Intersectionality Of SRHR Of Young Girls & Women.**

The event sought to foster a deeper comprehension of how diverse perspectives and experiences contribute to the creation of more inclusive and accurate narratives, with a particular emphasis on rights related to sexual and reproductive health. The training served as a dynamic platform for discussion, knowledge exchange, and skill development. It underscored the pivotal role of media in shaping perceptions and advocated for the comprehensive rights of all individuals, regardless of their background or identity. The impact of this training resonates in the enhanced capacity of media professionals to contribute to a more inclusive and rights-focused discourse in their reporting.

### **Breaking Barriers**

Comprehensive Sexual and Reproductive Health and Rights (SRHR) seeks to break down the multifaceted barriers that young women face, recognizing that these barriers are interconnected and must be collectively addressed to achieve lasting change.

### **Stigma and Discrimination**

One of the most pervasive barriers to young women's SRHR is the stigma and discrimination they encounter. Stigma can manifest in

various ways, from judgmental attitudes to exclusion from essential services. Discrimination, whether based on gender, age, or other factors, further exacerbates the challenges young women face in accessing SRHR services.

Studies have shown that stigma and discrimination are significant deterrents to seeking SRHR services, leading many young women to delay or forgo essential care.

### **Limited Access to Healthcare**

Limited access to healthcare facilities and services is another substantial barrier. Young women in remote or underserved areas may struggle to reach healthcare facilities, particularly those equipped to provide comprehensive SRHR services. Even when healthcare is accessible, affordability can be a significant issue, especially for marginalised communities.

The World Health Organization (WHO) reports that limited access to SRHR services is a major contributor to maternal mortality and morbidity, emphasising the critical need for barrier reduction.

### **Limited Access to Education**

Education plays a pivotal role in empowering young women to make informed decisions about their SRHR. Yet, limited access to quality education, especially for girls in certain regions or disadvantaged backgrounds, perpetuates misinformation and hinders their ability to navigate their sexual and reproductive health effectively.

### **Empowering Young Women**

At the core of the comprehensive SRHR approach is the empowerment of young women as active agents in their sexual and reproductive health and rights decision-making. This

empowerment entails equipping them with knowledge, skills, and support to make informed decisions about their bodies, relationships, and futures.

### **Access to Information**

Empowering young women begins with providing them with accurate, age-appropriate, and culturally sensitive information about SRHR. Accessible information empowers them to understand their bodies, recognize their rights, and make informed choices.

Numerous studies have demonstrated that when young women have access to comprehensive SRHR information, they are more likely to make informed decisions about their sexual and reproductive health, leading to improved health outcomes.

### **Skills for Autonomy**

Empowering young women also involves imparting essential life skills, including communication, negotiation, and problem-solving skills. These skills enable them to navigate relationships, make choices aligned with their values, and assert their SRHR rights.

### **Supportive Environments**

Creating supportive environments that respect and validate young women's autonomy is crucial. This means fostering open and non-judgmental spaces where they can seek information, ask questions, and access SRHR services without fear of discrimination or stigma.

In conclusion, the comprehensive SRHR approach recognizes that to truly empower young women and improve their SRHR

outcomes, it is essential to break down the barriers of stigma, discrimination, limited access to healthcare, and education. By addressing these interconnected challenges and empowering young women with knowledge, skills, and support, we can create a future where young women have the agency to make informed decisions about their sexual and reproductive health, ultimately leading to healthier, more fulfilling lives.

## **6.2 Cultivating Community Champions: The Role of Religious and Traditional Leaders**

Religious and traditional leaders hold a unique position of influence in many communities. Recognizing this, 'We Lead' actively engages with these leaders, understanding the pivotal role they can play in promoting comprehensive Sexual and Reproductive Health and Rights (SRHR) and breaking down societal norms and barriers.

### **Bridge Builders**

Religious and traditional leaders serve as bridge builders between healthcare providers and their communities. They can facilitate dialogue and understanding, helping to dispel myths and misconceptions about SRHR. The 'We Lead' project recognizes the importance of these leaders in facilitating open and respectful discussions around SRHR.

### **Promoting Acceptance**

Another critical role that religious and traditional leaders play is promoting acceptance of SRHR services within their communities. By lending their support to these services, they help to reduce stigma and create a more welcoming environment for young women seeking care. This can be particularly impactful in

communities where SRHR services may face resistance due to cultural or traditional beliefs.

Fact: Numerous studies have demonstrated that when religious and traditional leaders endorse SRHR services, it can lead to increased utilisation of these services within their communities. This highlights the significant influence they wield and the potential for positive change.

### **Advocacy and Awareness**

Religious and traditional leaders have the potential to become advocates for comprehensive SRHR. They can use their platforms to raise awareness about the importance of SRHR and advocate for policy changes that support young women's rights. Their voices matter and can drive meaningful change at both the community and policy levels.

### **VSI's Advocacy Visit and V-CAT Program**

As part of its commitment to engaging religious and traditional leaders, Vision Spring Initiatives (VSI) undertook advocacy visits to traditional rulers, recognizing their influential roles in shaping community perspectives. These advocacy visits served as a platform for open dialogue and mutual understanding regarding the importance of SRHR.

Additionally, VSI organised a Value Clarification and Attitude Transformation (V-CAT) program tailored specifically for religious and traditional leaders across the six southwestern states in Nigeria. This proactive initiative aimed to address potential barriers to comprehensive SRHR and foster support among influential community leaders.



## **Empowering Leaders**

Through the V-CAT program, VSI empowered 90 religious and traditional leaders with knowledge and perspectives necessary to promote a more inclusive and rights-based approach to SRHR. It challenged biases, reduced judgement and stigma, and emphasised the importance of respecting young women's autonomy and choices regarding their SRHR. The interactive sessions tackled topics like gender biases, abortion stigma and barriers faced by vulnerable young women in their communities. Participants reflected critically on how certain beliefs restrict human rights and reinforce taboos around sexuality. Testimonials from young women proved especially impactful.



**VSI Trained 90 Traditional And Religious Leaders Across The Six South Western States In Nigeria.**

Early feedback indicates the V-CAT program is spurring more compassionate, rights-based mindsets. Many leaders have pledged support to combat misconceptions about SRHR in their communities. This shift in influential figures can gradually transform restrictive sociocultural norms and attitudes.

## **Fostering a Network of Advocates**

Religious and traditional leaders, after participating in the V-CAT

program, became part of a network of advocates who drive positive change within their communities. Their endorsement of comprehensive SRHR practices has the potential to create a ripple effect, leading to greater acceptance and utilisation of SRHR services.

The 'We Lead' project recognizes the transformative potential of engaging religious and traditional leaders as community champions for SRHR. By actively involving these influential figures, 'We Lead' harnesses their power to champion SRHR within communities, drive positive change, and create a more inclusive and supportive environment for young women seeking SRHR services. Through these partnerships, 'We Lead' paves the way for a future where young women have access to the information, support, and services they need to make informed decisions about their sexual and reproductive health, ultimately empowering them to lead healthier, more fulfilling lives.

## **7.0 Changing Mindsets: Engaging Stakeholders through Advocacy - A Comprehensive Perspective**

Changing mindsets within the context of advancing Sexual and Reproductive Health and Rights (SRHR) for young women is not merely a goal for "We Lead"; it is a dynamic and comprehensive commitment. At its core, this mission involves a strategic, inclusive, and multi-faceted approach to engaging stakeholders through advocacy. The program recognizes the pivotal role that stakeholders play in influencing societal attitudes and shaping policies that directly impact young women's SRHR.

### **Strategic Advocacy Initiatives: Influencing Key Decision-Makers**

"We Lead" strategically employs advocacy initiatives that transcend traditional boundaries, reaching out to a diverse array of stakeholders. This includes policymakers, community leaders, healthcare providers, and the general public. By strategically targeting these key decision-makers, the program seeks to influence attitudes and perceptions, dispel prevalent myths surrounding SRHR, and foster a collective understanding of the critical importance of comprehensive SRHR.

The advocacy strategy is meticulously crafted, aligning with evidence-based approaches to present a compelling case for the prioritisation of young women's SRHR. By utilising data, testimonials, and best practices, "We Lead" aims to instigate a paradigm shift in how SRHR is perceived and addressed.

## Inclusive Dialogue Platforms: Fostering Understanding and Collaboration

Recognizing the power of dialogue in effecting positive change, "We Lead" goes beyond traditional advocacy methods. The program actively creates inclusive platforms for dialogue, bringing together stakeholders from diverse backgrounds, including community leaders, policymakers, religious leaders, healthcare providers, and rights holders. These platforms serve as crucibles of understanding where open conversations about SRHR can unfold. The exchange of perspectives, experiences, and insights not only promotes a shared understanding but also enriches the advocacy strategy, making it more nuanced, culturally sensitive, and effective.

The inclusivity of these dialogue platforms extends to ensuring the representation of voices from communities most directly affected by SRHR challenges. By amplifying the voices of those individuals, especially young women, who are at the forefront of SRHR issues, "We Lead" ensures that advocacy efforts are rooted in the lived experiences of those directly impacted.

Inclusive dialogue has been proven to be a catalyst for positive change, breaking barriers and fostering a sense of shared responsibility for advancing SRHR. Studies indicate that when diverse voices are heard, it leads to more comprehensive and sustainable solutions. To further facilitate this inclusive approach, Vision Spring Initiatives organised a National Dialogue with 27 relevant stakeholders, including community leaders, policymakers, religious leaders, healthcare providers, and rights holders. This initiative aimed to create a space for diverse voices to be heard and contribute to shaping more effective strategies for

comprehensive SRHR advocacy. The National Dialogue served as a testament to the program's commitment to inclusivity and collaboration, recognizing that meaningful change arises from collective understanding and action.

## **27 RELEVANT STAKEHOLDERS PLEDGE SUPPORT FOR SRHR REALIZATION FOR YOUNG GIRLS & WOMEN IN NIGERIA.**

### **Building Alliances: Strengthening the Advocacy Front**

Recognizing the strength in unity, "We Lead" actively seeks to build alliances with like-minded organisations, influencers, and advocates. This collaborative approach is not just a strategic move; it is a recognition of the interconnectedness of SRHR challenges and the need for a united front in addressing them.

By forming coalitions and partnerships, the program harnesses the collective power of organisations and individuals who share a commitment to SRHR. These alliances amplify the impact of advocacy efforts, creating a persuasive and influential force that resonates across sectors.

### **Community Engagement: Empowering Local Advocacy**

"We Lead" places a significant emphasis on grassroots engagement, understanding that sustainable change often

begins at the community level. The program actively involves right holders as active participants in the advocacy process, empowering them to advocate for their own SRHR needs.

Community engagement is not just a means to an end but a fundamental aspect of the advocacy strategy. By fostering a sense of ownership among local communities, "We Lead" generates a groundswell of support that can permeate societal structures, leading to systemic change.

Through the Value Clarification and Attitude Transformation (V-CAT) workshop, the program ensures that local communities have the tools and knowledge to advocate effectively. This approach transforms community members into advocates for change, contributing to a bottom-up movement that complements top-down advocacy efforts.

In conclusion, the commitment of "We Lead" to revolutionising mindsets through engaging stakeholders is a holistic and dynamic endeavour. By strategically influencing decision-makers, fostering inclusive dialogue, building powerful alliances, and empowering local communities, the program aspires not only to change perceptions but to reshape the very fabric of societal attitudes towards young women's SRHR. This comprehensive perspective ensures that the advocacy journey is not just impactful in the short term but lays the groundwork for sustainable and transformative change in the long run.

## **7.1 Crafting a Path to Comprehensive SRHR: Advocacy and Law Reforms**

Advocacy and law reforms stand as formidable tools in the arsenal of "We Lead," shaping a transformative path toward comprehensive Sexual and Reproductive Health and Rights (SRHR). Recognizing the pivotal role of legal frameworks and policies in influencing the SRHR landscape for young women, the program is actively engaged in strategic advocacy efforts aimed at catalysing meaningful law reforms.

### **Policy Analysis and Advocacy: Informed Action for Systemic Change**

"We Lead" doesn't approach advocacy blindly; it is grounded in meticulous policy analysis. The program conducts thorough examinations of existing Sexual and Reproductive Health and Rights (SRHR) policies, identifying gaps, inefficiencies, and areas requiring improvement. For example, comprehensive analyses uncovered discriminatory laws restricting access to abortion and contraception. Armed with evidence, the program embarks on targeted advocacy efforts, directing its messages toward policymakers and legislators while mobilizing grassroots support through public campaigns.

The emphasis on evidence-based advocacy is a cornerstone of the "We Lead" program's approach. By grounding arguments in facts and aligning them with international human rights standards, the program establishes itself as a credible advocate for comprehensive SRHR. The recognition that policies should not only meet legal standards but also reflect the universal values of human rights ensures that advocacy efforts are not only persuasive but also ethically sound.

This strengths-based, evidence-driven advocacy has already begun catalyzing change. As one indication of growing support, 357 individuals have signed the ongoing petition organised by Vision Spring Initiatives on the we lead project advocating for the repeal of discriminatory Sexual and Reproductive Health Laws in Nigeria which is directed to the National Assembly. This outpouring demonstrates a collective commitment to fostering positive change and advancing the cause of justice and equality in the realm of SRHR. By leveraging research, aligning with rights principles, and mobilizing public support, the "We Lead" program is strategically positioned to transform restrictive policies into instruments of empowerment.



Fact: Evidence-based advocacy is crucial in demonstrating the societal and economic benefits of comprehensive SRHR, making a compelling case for legal reforms. This approach resonates with decision-makers and contributes to a more informed and effective advocacy strategy.




## **Legal Literacy and Empowerment: Transforming Women into Advocates**

"We Lead" understands that true empowerment comes through knowledge. The program places a high priority on legal literacy among young women, ensuring they are not just aware of their rights but are equipped to actively participate in advocating for legal changes.

Empowering young women with legal knowledge transforms them into agents of change. Armed with an understanding of their rights, they become advocates who can demand and contribute to the crafting of laws that not only protect but enhance their SRHR. This approach shifts the power dynamic, ensuring that those directly affected by SRHR policies have a meaningful voice in the advocacy process.

Additionally, Vision Spring Initiatives organised a 2-day Feminist Leadership Institute for 37 young women leaders focused specifically on building their capacities as SRHR advocates, delving into areas like intersectional analysis, leadership competencies, advocacy planning and platform building. By investing holistically in this next generation of changemakers, VSI aims to nurture strong voices occupying positions of influence to drive progressive legal and policy reforms upholding bodily autonomy.



**VSI Trained 37  Young Girls And Women On Intersectionality Of Rights Leading To The Creation Of A Feminist Network.**

### **Coalition Building for Legal Change: Strength in Unity**

Recognizing the complexity of legal reform, "We Lead" embraces a collaborative ethos. The program actively builds coalitions with legal experts, human rights organisations, and advocacy groups. This collaborative effort pools resources, expertise, and influence to create a more impactful and persuasive force for legal change.

Coalition building is not merely a strategic move; it is a recognition that legal reform often requires a unified front. By fostering alliances with organisations and individuals who share a commitment to SRHR, "We Lead" creates a network that amplifies the impact of its legal advocacy efforts.

### **Monitoring and Evaluation: Ensuring Impact and Iterative Improvement**

Advocacy does not end with legal reform; it requires continuous assessment and refinement. "We Lead" understands this and implements robust monitoring and evaluation mechanisms. These mechanisms track the implementation of new laws, assess their effectiveness, and identify areas for further advocacy or refinement.

Through ongoing monitoring and evaluation, the program ensures that legal reforms translate into tangible improvements in young women's SRHR. This iterative process allows "We Lead" to adapt and enhance its advocacy strategies based on real-world outcomes, contributing to a dynamic and responsive approach to legal advocacy.

As a result of its commitment to robust monitoring and evaluation, Vision Spring Initiatives organised follow-up activities with 32

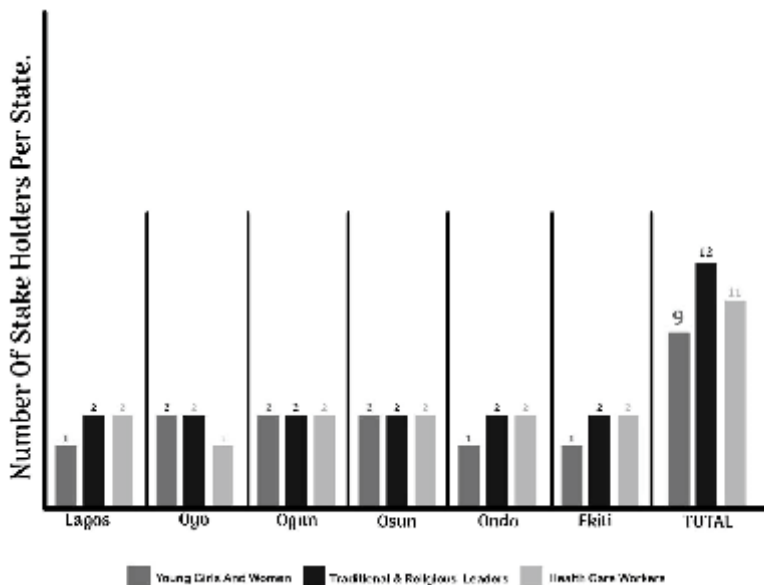
selected traditional rulers, healthcare workers, and young girls/women leaders in the six southwestern states in Nigeria. The monitoring and evaluation process employed a mixed-method approach, incorporating both virtual and physical meet-and-greet sessions. These sessions provided a platform for conducting focus group discussions with selected stakeholders spanning the six southwestern states in Nigeria. The primary objective of these discussions was to systematically track, assess, and analyze the progress achieved in realizing the established goals and expected outcomes of the diverse training activities within the we-lead project. The feedback received was overwhelmingly positive, with many stakeholders already implementing learnings around destigmatizing comprehensive SRHR in their communities and service provision. Specifically, the monitoring and evaluation exercise revealed that traditional rulers are actively advocating against rape and unsafe abortion while stepping down trainings among constituents. As Chief Badejo representing Lagos State shared, *"A major aspect of the training that was most valuable to me was Sexual and Reproductive Health justice for young women and girls. As a result of the training, I have been advocating for immediate action against rape in my community."*

Healthcare workers reported positively changing attitudes towards providing contraceptives and safe abortion counseling to adolescents.

During the exercise, one of the Healthcare provide trained by Vision Spring Initiatives, Mrs Folashade explained that, *"I have been applying it on a daily basis by attending to people in my community and church for advice and guiding them right on safe sex and the correct use of contraceptives"*. Also, young women leaders shared how the trainings empowered them with knowledge to

make informed choices about their SRHR and pass on information to peers.

One of the young women trained by Vision Spring Initiatives, Naomi representing Ogun State also stated that, “I understood the meaning of feminism better unlike the other meaning i have heard before. I am confident that I am the owner of my body irrespective of my orientation or disability”.



This continuous assessment allows VSI to iterate training and advocacy engagements based on insights from participants, ensuring sustained progress at individual and systemic levels. By closing the loop from advocacy to real-life impact and back to strengthened action, transformative change in support of bodily autonomy inches forward.

The "We Lead" strategically crafts a path to comprehensive SRHR through advocacy and law reforms, guided by a commitment to evidence-based advocacy, empowerment through legal literacy, collaborative coalition building, and continuous monitoring and evaluation. This comprehensive framework ensures that the program not only advocates for legal change but actively contributes to the creation of a more just and inclusive SRHR landscape for young women.

## **8.0 The Vision Unveiled: A Nigeria of Equality and SRHR**

In the unveiling of its visionary manifesto, "We Lead" takes us on a profound journey into the heart of Nigeria, envisioning a landscape where equality and the tenets of Sexual and Reproductive Health and Rights (SRHR) intertwine harmoniously. This visionary narrative extends far beyond the mere articulation of ideals; it's a bold proclamation of intent, a resolute commitment to sculpting a societal framework where the principles of equality and SRHR are not just acknowledged but seamlessly woven into the very fabric of everyday life.

The canvas on which this vision is painted spans the diverse spheres of Nigeria's communities, from the bustling urban centers to the tranquil rural landscapes. It envisions a society where gender, that historically divisive force, ceases to be a determinant of one's opportunities and experiences. It is a future where every individual, irrespective of gender or background, stands on equal footing, not just in theory but in the lived reality of their daily existence.

In this envisioned Nigeria, the contours of equality extend beyond the realms of legal frameworks; they permeate the collective consciousness, shaping societal attitudes and behaviors. It's not just about the absence of legal barriers but a fundamental shift in the way individuals perceive and interact with one another. Equality, in this vision, is not a static concept but a dynamic force propelling societal progress.

At the core of this visionary narrative lies the complex fusion of equality and SRHR. It's a recognition that comprehensive access to

sexual and reproductive health services is not a privilege but a fundamental right. The vision goes beyond the rhetoric of rights; it envisions a healthcare landscape where young women can access services without fear of judgment or discrimination. It foresees a future where comprehensive sex education is not just a curriculum but an empowering tool, equipping individuals with the knowledge and agency to make informed choices about their bodies and relationships.

This is a Nigeria where the shackles of societal norms are dismantled, where the limitations imposed by gender expectations crumble, and where SRHR is not relegated to the peripheries of discourse but occupies a central position in societal narratives. It's a future where young women are not just beneficiaries of policies but active participants in shaping those policies, where their voices reverberate in the corridors of decision-making.

As we delve deeper into the intricacies of this visionary multilayer, we find a commitment to inclusivity that transcends demographic boundaries. It's a vision that recognizes the diversity of Nigeria's population, from the vibrant urban youth to the resilient rural communities. It acknowledges that the path to equality and comprehensive SRHR is not a one-size-fits-all approach but a tailored journey that addresses the unique challenges and aspirations of each community.

The vision extends an olive branch to the marginalized and vulnerable, ensuring that their struggles and aspirations are not overlooked. It envisions a Nigeria where persons living with HIV, persons with disabilities and those affected by displacement are

not just included but are at the forefront of the narrative. It is a future where their unique needs and experiences shape policies and initiatives, ensuring that no one is left behind.

In this vision, Nigeria becomes a beacon of progress, not just within its borders but on the global stage. It becomes a model for how a society can transform when equality and SRHR are not treated as distant ideals but as foundational principles. The ripple effects of this transformation extend far beyond Nigeria's borders, inspiring neighboring nations and contributing to a global discourse on the intersectionality of equality and reproductive health.

This visionary narrative does not shy away from acknowledging the challenges on the path to this idealized Nigeria. It recognizes that dismantling deeply ingrained societal norms is not a linear journey but a nuanced process that requires collective effort. It is an invitation to introspection and action, a call to confront and challenge the structures that perpetuate inequality and hinder comprehensive SRHR.

As the vision unfolds, we see the importance of education as a catalyst for change. It envisions an educational landscape where curricula not only disseminate information but instill values of equality, respect, and inclusivity. It foresees educational institutions as breeding grounds for a new generation of leaders who champion the cause of SRHR and equality, dismantling age-old stereotypes and prejudices.

At the heart of this vision is the acknowledgment that creating a Nigeria of equality and comprehensive SRHR is not the sole responsibility of one entity. It is a collaborative endeavor that



requires the active participation of government bodies, non-governmental organizations, grassroots movements, and individuals. It's about forging alliances, breaking down silos, and fostering a sense of shared responsibility.

This visionary narrative also recognizes the pivotal role of technology in shaping the future. It envisions a technologically empowered Nigeria where information flows freely, where digital platforms become avenues for awareness, advocacy, and support. It foresees a future where technology is harnessed to bridge gaps in access to SRHR information and services, ensuring that even the remotest corners of the nation are not left untouched by progress.

Finally, we see the emergence of a society where young women are not just beneficiaries of change but architects of their destiny. It envisions a future where they are not bound by the limitations imposed by societal expectations but are free to explore their potential, contribute to societal progress, and lead lives of autonomy and fulfilment.

As we conclude our journey through this visionary landscape, what becomes evident is that this is not a static vision but a dynamic process. It is an ongoing narrative, a journey where each step forward is a triumph, and each challenge overcome

## **8.1 A World Beyond Struggles: Envisioning Comprehensive SRHR**

This chapter transcends the boundaries of conventional discourse, leading us into a world where struggles associated with

Sexual and Reproductive Health and Rights (SRHR) are not just acknowledged but transformed into catalysts for change. It's an invitation to envisage a world where the struggles faced by young women become stepping stones toward a future where comprehensive SRHR is not just a goal but an inherent aspect of the human experience.

At its core, this vision is an ode to resilience—a celebration of the strength inherent in every individual who has faced challenges on the journey to realising their SRHR. It paints a portrait of a world where the struggles faced by young women are not seen as insurmountable obstacles but as opportunities for empowerment, growth, and collective progress.

This envisioned world goes beyond the traditional narrative of overcoming challenges; it's about redefining the narrative altogether. It challenges the notion that SRHR struggles should be relegated to the shadows, acknowledging them instead as integral components of the human experience. This perspective is revolutionary, positioning struggles not as sources of shame but as catalysts for change and sources of collective strength.

The vision extends an empathetic hand to those who have faced discrimination, judgement, and systemic barriers on their SRHR journey. It recognizes the diverse nature of struggles—be it navigating societal expectations, overcoming stigma, accessing healthcare in the face of economic hardships, or challenging deeply ingrained cultural norms. In doing so, it fosters a sense of solidarity, reminding individuals that their struggles are not isolated incidents but shared threads in a larger, collective narrative.

One key aspect of this vision is its emphasis on education as a transformative force. It envisions a world where educational systems are not just sources of information but platforms for empowerment. Comprehensive sex education becomes a cornerstone, not only disseminating factual knowledge but also fostering critical thinking, empathy, and an understanding of diverse SRHR experiences. Young women, armed with knowledge and resilience, become advocates for change within their communities, breaking down barriers and dispelling myths.

This world of comprehensive SRHR recognizes that struggles are not uniform; they are shaped by intersecting factors such as socioeconomic status, cultural background, and geographical location. The vision delves into the complexities of these intersections, acknowledging that a tailored approach is essential. It envisions policies and initiatives that address the unique struggles faced by different communities, ensuring that the solutions are as diverse as the challenges.

Central to this vision is the idea that comprehensive SRHR is not a privilege but a right that should be accessible to all, regardless of their struggles. It dismantles the notion that certain individuals or communities are inherently more deserving of SRHR services, advocating for inclusivity in both policy and practice. It envisions a world where access to healthcare is not a distant dream but a tangible reality for every young woman, irrespective of background or struggles.

The narrative unfolds in a manner that underscores the interconnectedness of struggles and the power of collective action. It envisions a world where individuals, organisations, and

governments work in harmony, recognizing that addressing SRHR struggles requires a multifaceted and collaborative approach. This is not a world where struggles are simply alleviated; it's a world where they are systematically dismantled through sustained efforts and a commitment to justice.

In this envisioned world, young women are not just passive recipients of support but active participants in shaping the solutions. Their voices are amplified, and their experiences become guiding lights for policy changes and advocacy initiatives. The vision sees a future where young women not only navigate their struggles but emerge as leaders, contributing to the development of a society where SRHR is not a distant ideal but an everyday reality.

As we traverse the expansive landscape of this vision, it becomes evident that it's not just about envisioning a world beyond struggles—it's about actively working towards its realisation. The narrative challenges individuals and institutions to introspect, reassess their roles, and actively contribute to creating an environment where SRHR struggles are acknowledged, addressed, and transformed into opportunities for empowerment.

**Voices from the Margins:** A journey towards comprehensive SRHR for young women' is not just a chapter in the "We Lead" narrative; it is a call to action, an invitation to be part of a transformative journey towards a world where struggles are not impediments but springboards toward a future of comprehensive SRHR for all.

## **8.2 Breaking Barriers: A Future of Gender Equality and SRHR Access**

This chapter emerges as a vibrant thread, weaving together aspirations and actionable pathways towards a future where gender equality and comprehensive Sexual and Reproductive Health and Rights (SRHR) access are not distant ideals but tangible realities. This chapter is not merely a projection; it is a manifesto for change, calling upon individuals, communities, and institutions to collectively dismantle the barriers that bind young women and marginalised groups to a legacy of inequality.

At its essence, this vision challenges the entrenched structures that perpetuate gender-based disparities in SRHR access. It envisions a future where gender equality is not just a slogan but a lived experience—a reality woven into the fabric of societal norms, policies, and everyday interactions. It breaks free from the chains of patriarchy, envisioning a world where power dynamics are reshaped, and young women are active agents in decisions regarding their bodies and lives.

This future of gender equality recognizes that SRHR access is a fundamental human right, not a privilege contingent upon societal approval. It envisions dismantling the societal norms that stigmatize discussions around sexual and reproductive health, fostering an environment where open conversations are not just accepted but encouraged. The chains of silence and taboo are shattered, paving the way for comprehensive sex education that empowers young women with knowledge, agency, and the ability to make informed choices.

The vision extends beyond the individual to the communal and institutional levels. It sees a future where healthcare systems are not just accessible but tailored to meet the diverse needs of young women. These healthcare systems prioritize inclusivity, recognizing the intersections of gender with factors such as race, socioeconomic status, and disability. The barriers are broken, ensuring that SRHR services are not one-size-fits-all but adaptable to the unique circumstances of every individual.

Central to this vision is the breaking of economic chains that often restrict SRHR access. It envisions a future where financial barriers are dismantled, ensuring that cost is never a deterrent for young women seeking reproductive healthcare. Government policies and global initiatives work synergistically to invest in SRHR, recognizing it as a cornerstone for societal well-being.

Importantly, this vision breaks the chains of discrimination that young women with intersecting identities face. It acknowledges the unique struggles of persons living with HIV, those with disabilities, LGBTQIA+ persons and those affected by displacement. The future it envisions is one where young women in their diversity are not just included in the discourse but active champions in policies and practices.

Educational institutions play a pivotal role in breaking chains, fostering a future where young minds are nurtured with values of equality and respect. The vision sees a curriculum that not only imparts knowledge but instills empathy and understanding, creating generations that challenge gender norms from a young age. Breaking the chains of ingrained biases becomes a collective effort, transcending generations for sustained change.

The chapter envisions a future where advocacy and law reforms systematically break down legal and societal barriers that impede SRHR access. It is a future where legal frameworks are not just protective but transformative, actively promoting gender equality and dismantling discriminatory practices.

Breaking chains requires more than legal reforms; it demands a cultural shift. The vision sees a future where societal attitudes towards gender and SRHR are not just reformed but revolutionised. Media, arts, and cultural expressions become allies in this transformation, actively challenging stereotypes and fostering a culture of acceptance and respect.

The narrative extends beyond geographic borders, envisioning a global future where collaboration supersedes competition. It sees nations breaking the chains of isolationism, joining hands to share resources, expertise, and innovations that enhance SRHR access universally. It's a future where the fight for gender equality and SRHR is not confined to individual regions but is a collective, global endeavour.

In the envisioned future, the chains of violence and coercion are replaced by the pillars of consent and autonomy. It sees a world where young women are not just survivors but persons who thrive, where their stories are not defined by victimhood but resilience. Comprehensive SRHR services become a sanctuary, breaking the chains of trauma and ensuring that every individual feels safe, supported, and empowered.

The vision encapsulates the idea that breaking chains is not a one-time act but an ongoing commitment. It's a continuous process of

reassessment, adaptation, and collective action. The narrative doesn't shy away from acknowledging the challenges; instead, it sees them as opportunities for further transformation.

### **8.3 A Call to Action: Amplifying the Voices of Marginalised Young Women**

In the symphony of "We Lead's" visionary composition, the chapter emerges as a crescendo, urging all stakeholders to converge and harmonise efforts for the empowerment of those often relegated to the margins of society. This chapter is not a passive reflection; it's a dynamic rallying cry that echoes the urgency of transformative action, amplifying the voices that have been historically silenced.

At its core, this call to action recognizes that the struggle for gender equality and comprehensive Sexual and Reproductive Health and Rights (SRHR) is intrinsically linked to the experiences of those existing at the intersections of marginalisation. Young women who are living with HIV, persons with disabilities, those LGBTQIA+ persons, and those affected by displacement are not just passive beneficiaries of change; they are dynamic agents whose voices, experiences, and aspirations must be at the forefront of the narrative.

The call to action begins by acknowledging the multifaceted challenges faced by these marginalised groups. It's an acknowledgment that their struggles are not similar but shaped by intersecting factors that demand nuanced, tailored solutions. The chapter unveils the intricacies of living with HIV, where stigma and discrimination intertwine with healthcare disparities. It delves into the experiences of young women with disabilities, navigating a world that often overlooks their unique SRHR needs. It sheds light



on the journey of LGBTQIA+ persons where societal norms and legal frameworks might act as barriers to comprehensive SRHR. It explores the narratives of those affected by displacement, where the upheaval of life brings about a myriad of challenges to accessing reproductive healthcare.

Amplifying voices is not just about providing a platform; it is about creating a space where these voices resonate, where they influence policies, where they shape societal attitudes, and where they inspire collective action. The narrative envisages a future where the voices of marginalised young women are not tokenistic but foundational, steering the discourse and decision-making processes.

The call to action recognizes that amplification goes beyond mere representation; it's about ensuring that these voices are heard, understood, and responded to. It's a commitment to dismantling the barriers that impede meaningful participation, whether they be societal biases, institutional discrimination, or systemic inequalities. It envisions a landscape where the voices of marginalised young women are not drowned out but reverberate with the force of change.

Education becomes a cornerstone of this call to action, recognizing that empowerment starts with knowledge. The narrative explores initiatives that prioritise comprehensive sex education, ensuring that young women are equipped with information that is inclusive, accurate, and empowering. It advocates for educational environments that foster understanding, empathy, and respect for diverse identities and experiences.

Legal reforms take centre stage in this call to action, recognizing that the voices of marginalised young women often intersect with legal challenges. The narrative delves into the intricacies of advocating for laws that not only protect but actively enhance the SRHR of persons living with HIV, with disabilities, LGBTQIA+ persons, and those affected by displacement. It envisions legal frameworks that are not restrictive but liberating, fostering an environment where rights are not just acknowledged but actively safeguarded.

Healthcare systems become pivotal in the amplification process. The narrative explores models where healthcare providers undergo transformational training, shedding biases and prejudices to provide care that is not just medically sound but also culturally competent. It envisions healthcare environments that are not intimidating but welcoming, recognizing the agency and autonomy of every individual seeking SRHR services.

Community engagement becomes a linchpin in this call to action, acknowledging that amplification cannot happen in isolation. The narrative explores initiatives that bridge the gap between marginalised young women and the broader community. It envisions community leaders who champion SRHR, who challenge stereotypes, and who actively work towards creating environments where everyone, irrespective of their identity, feels valued and supported.

The call to action extends beyond national borders, recognizing that amplification is a global endeavour. It envisions collaborations between nations, organisations, and activists to create a unified front that transcends geographical boundaries. It explores initiatives where best practices are shared, resources are pooled,

and collective wisdom becomes a driving force for change.

Importantly, the narrative recognizes that amplification is not a one-size-fits-all endeavour. It is about recognizing the unique needs, aspirations, and challenges of each marginalised group. It is about creating tailored solutions that acknowledge the intersections of identity and ensure that no one is left behind.

In the envisioned future, the voices of marginalised young women will not only influence policies but actively shape cultural narratives. Media, arts, and cultural expressions become allies in this amplification, challenging stereotypes and fostering a culture of acceptance and understanding. It becomes evident that this chapter is not just a directive; It is an invitation for collective transformation. It is a call to engage, to listen, to understand, and to act. It's a recognition that true empowerment comes not from speaking for others but from creating platforms that enables people to gain their voices and speak for themselves.

## **9.0 Recommendations: A Strategic Blueprint for SRHR Advancement**

As we stand at the intersection of the narrative journey within "We Lead," the chapter serves as a beacon illuminating the path forward, weaving together insights harvested from the experiences, challenges, and victories encapsulated in the preceding chapters. This chapter is more than a conclusion; it is a dynamic roadmap, a strategic blueprint that charts the path for the ongoing advancement of Sexual and Reproductive Health and Rights (SRHR) for marginalised young women.

At the forefront of these recommendations is the heart of sustained advocacy—a recognition that the pursuit of comprehensive SRHR is an enduring journey. It acknowledges the need for persistent efforts, unwavering commitment, and a collective voice that reverberates through the corridors of power. The narrative immerses itself in the call for strategic alliances, envisioning collaborations with organisations, influencers, and advocates who share the fervour for SRHR. It articulates the necessity of building a united front, a force for change that transcends individual capacities and resonates across diverse landscapes.

Education emerges as an anchor, a powerful catalyst for change. The narrative propels the call for the continued prioritisation of comprehensive sex education, advocating for an evolution beyond biological aspects to encompass the complexities of identity, consent, and relationships. It underscores the pivotal role of educational institutions in not only disseminating information but also nurturing a culture of understanding, respect, and empowerment—a culture that germinates within the fertile grounds of enlightened minds.

Legal reforms stand tall, casting a formidable shadow on the landscape of recommendations. The narrative explores avenues for continuous advocacy, recognizing the dynamic role played by legal frameworks in shaping SRHR discourse. It underscores the need for ongoing dialogues with policymakers, legislators, and legal experts, ensuring that legal structures remain responsive to the evolving needs of the diverse communities they are designed to serve. These recommendations are not static; they echo the call for legal frameworks that evolve in synchrony with societal progress.

Healthcare systems are not merely institutions; they are transformative spaces in the recommendations. The narrative propels the expansion of initiatives that empower healthcare providers with the skills, knowledge, and attitudes needed for comprehensive and inclusive SRHR services. It envisages a future where every healthcare professional is not just a practitioner but a catalyst for positive change. The recommendations delve into the importance of continual evaluation and refinement of training programs, acknowledging that the journey towards excellence is marked by a commitment to evolution.

Community engagement takes centre stage, recognizing that change is not a top-down phenomenon but an organic process rooted in local narratives. The narrative advocates for initiatives that empower communities to advocate for their SRHR needs, recognizing that the most impactful change often germinates at the grassroots. It celebrates the role of community leaders, and religious leaders as architects of societal attitudes, fostering environments that are not just supportive but profoundly accepting.

Global collaboration becomes a symphony in the recommendations—an acknowledgment that the pursuit of SRHR is a universal endeavour. The narrative explores avenues for the sharing of best practices, the pooling of resources, and the creation of a global network of advocates and organisations. It envisions a future where lessons learned in one corner of the world become the inspiration for transformative initiatives in another—a dynamic exchange where knowledge becomes the currency of change.

Technology is not a passive observer but an active participant in the recommendations. The narrative explores innovative avenues where technology becomes a conduit for amplifying voices and disseminating information. It envisions a future where SRHR information and services ride the digital waves, reaching marginalised communities irrespective of geographical boundaries. Technology, in these recommendations, becomes a bridge—a bridge that connects aspirations with accessibility.

Importantly, the recommendations become the architects of ongoing research and data collection—an acknowledgment that the pursuit of SRHR is an ever-evolving journey. The narrative calls for the establishment of research initiatives that serve as the compass, continuously assessing the effectiveness of interventions, identifying emerging challenges, and informing the evolution of strategies. These recommendations breathe life into the concept that knowledge is not static but a living entity, ever-growing and ever-informing the path forward.

In essence, the recommendations become a symphony, weaving together the diverse threads of advocacy, education, legal reforms, healthcare transformations, community empowerment, global collaboration, and technological innovation. They are not isolated

directives but a holistic strategy—a strategy that recognizes that the pursuit of comprehensive SRHR is not a singular goal but an orchestration of adaptability, resilience, and an unwavering commitment to the principles of equality and inclusivity. These recommendations are not just a conclusion but a prologue to a future where the journey of SRHR for marginalised young women is not just sustained but continuously elevated.

## OUR IMPACT STORIES IN NUMBERS

WE LEAD PROJECT IN NIGERIA.



### Overview

-  **7 Nigerian States**
-  **240 Young Girls & Women Trained On Comprehensive SRHR**
-  **90 Traditional & Religious Leaders Trained On V-CAT (SRHR)**
-  **120 Healthcare Workers Trained On V-CAT (SRHR)**
-  **37 Young Girls & Women Trained On Intersectionality Of Rights ( Feminist Work)**
-  **27 Stake Holders Pledge Support For SRHR Realisation For Young Girls & Women During An Open Dialogue**
-  **32 Media Persons Trained On Language Sensitivity & Intersectionality Of Right In Media Reporting.**
-  **357 Persons Signed Petition To Repeal Discriminatory SRH Laws In Nigeria**
-  **1655 Individuals Participated In 16 Days Of Activism Against GBV With 5 Of Them Emerging as Winners**

### States



**1**  
Donor  
Organisation

**TOTAL**  
**2,558**  
Persons Reached



## 10. Picturing The Magic: Our Collaborative Vision Journey



Inception Meeting



SRHR Training for Rightsholders Across the six southwest states in Nigeria



SRHR Training for Rightsholders  
Across the six southwest states  
in Nigeria



SRHR Training for Rightsholders Across the six southwest states in Nigeria



SRHR Training for Rightsholders Across the six southwest states in Nigeria





Value Clarification and Attitude Transformation (VCAT) training for Health care providers across the six south west states in Nigeria.



Value Clarification and Attitude Transformation (VCAT) training for Health care providers across the six south west states in Nigeria.



Value Clarification and Attitude Transformation (VCAT) training for Health care providers across the six south west states in Nigeria.





National Dialogue with rightsholders and relevant stakeholders in Abuja, Nigeria



Value Clarification and Attitude Transformation (VCAT) training for traditional and religious leaders across the six south west states in Nigeria.



Value Clarification and Attitude Transformation (VCAT) training for traditional and religious leaders across the six south west states in Nigeria.





Value Clarification and Attitude Transformation (VCAT) training for traditional and religious leaders across the six south west states in Nigeria.



Feminist Leadership Training for Rightsholders in Lagos, Nigeria.





Monitoring and Evaluation Exercise for Right holders, health care providers, traditional and religious leaders across the six south west states in Nigeria

## REFERENCES

1. Adebayo, S. B., & Olugbenga-Bello, A. I. (2019). Sexual and reproductive health knowledge and service utilization among young women in Nigeria. *African Journal of Reproductive Health*, 23(2), 102-110.
2. Adebowale, A. S., Adedini, S. A., Ibisomi, L., Palamuleni, M. E., & Ajao, O. (2018). Contraceptive use and distribution of high-risk births in Nigeria: a sub-national analysis. *Global Health Action*, 11(1), 1465219.
3. Adinma, E. D., & Adinma, J. I. (2015). Perceptions and practices on contraception among Nigerian adolescents. *African Journal of Reproductive Health*, 19(4), 122-131.
4. United Nations Population Fund (UNFPA). (2021). Sexual and reproductive health. Retrieved from <https://www.unfpa.org/sexual-reproductive-health>
5. Ajayi, A. I., Adeniyi, O. V., Akpan, W., & Goon, D. T. (2018). Contraceptive use and unmet need for family planning among HIV-positive women on antiretroviral therapy in Kumasi, Ghana. *BMC Women's Health*, 18(1), 1-9.
6. Akinyemi, A. I., Adedini, S. A., Hounton, S., Akinlo, A., Adedeji, O. O., & Adonri, O. S. (2015). Contraceptive use and distribution of high-risk births in Nigeria: a sub-national analysis. *Global Health Action*, 8(1), 29745.
7. United Nations Children's Fund (UNICEF). (2021). Gender equality. Retrieved from <https://www.unicef.org/gender-equality>
8. Ali, M. M., & Cleland, J. (2018). Contraceptive switching after method-related discontinuation: levels and differentials. *Studies in Family Planning*, 49(1), 37-50.
9. Ameh, N., Kene, T. S., Onuh, S. O., Okohue, J. E., & Umeora, O. U. (2014). Barriers to obstetric care at health facilities in sub-Saharan Africa—a systematic review protocol. *Systematic Reviews*, 3(1), 1-6.
10. Babalola, S., John, N., Ajao, B., Speizer, I., & Idele, P. (2015). Identifying factors responsible for the low contraceptive use among young women (15-24) in Nigeria: evidence from the 2013 Nigeria Demographic and Health Survey. *BMC Public Health*, 15(1), 1-10.



11. Kesterton, A. J., Cabral de Mello, M., & Sweeny, K. (2010). Challenges in measuring the state of health in slums of developing countries. *The Lancet*, 375(9711), 2229-2230.
12. Bello, F. A., & Akinajo, O. R. (2016). Contraceptive practices among women attending a primary health care clinic in urban Lagos, Nigeria. *Nigerian Journal of Clinical Practice*, 19(2), 237-242.
13. Agbalajobi, D.T. (2009). Women's participation and the political process in Nigeria: Problems and prospects. A publication of *African Journal of Political Science and International Relations* Vol. 4(2), pp. 075-082, February 2010
14. Kågesten, A., Tunçalp, Ö., Portela, A., Ali, M., & Chandra-Mouli, V. (2016). Addressing social norms and gendered barriers to improve adolescent sexual and reproductive health and rights. *Sexual and Reproductive Health Matters*, 24(1), 90-98.
15. National Bureau of Statistics, (2010). Report of the National Literacy Survey.
16. Fagbamigbe, A. F., & Idemudia, E. S. (2015). Barriers to antenatal care use in Nigeria: videncees from non-users and implications for maternal health programming. *BMC Pregnancy and Childbirth*, 15(1), 1-10.
17. Salami, B., Odebara, H., & Adegbenro, C. A. (2020). Spousal violence in Southwest Nigeria: prevalence and correlates. *Journal of injury and violence research*, 12(1), 45
18. British Council. (2012). *Gender in Nigeria Report 2012: Improving the Lives of Girls and Women in Nigeria*. British Council.
19. Madichie, N. O., & Ekesiobi, C. (2019). A study of gender equality in a non-western context: Promoting women's participation in Nigeria. *The Journal of Business Diversity*, 19(1), 106.
20. Ameh, N., & Snoxell, S. (2019). Healthcare provision for young people to access contraception and abortion services in Nigeria: a qualitative study among young people, service providers and policy makers. *Reproductive health*, 16(1), 1-12.
21. Izugbara, C. O. (2015). 'Life is not designed to be easy for girls': young women discussing sexuality in an African context. *Sex Education*, 15(5), 525-538.
22. UNICEF (n.d.). *Ending violence against children in Nigeria: A multi-sectoral response to the 2014 Nigeria Violence Against Children Survey*. <https://www.unicef.org/nigeria/reports/ending-vio-lence-against-children-nigeria>

23. United Nations Human Rights Office of the High Commissioner "Women's Rights are Human Rights (2014) New York and Geneva HR/PUB/14/2  
<https://www.ohchr.org/documents/events/whrd/wom-enrightshareht.pdf>
24. Universal Basic Education Commission (UBEC). Who we are.  
<https://www.ubec.gov-ng/about/who-we-are/Untitled>.  
<https://nigerianwomentrustfund.org/>. Accessed 18 May 2021.
25. Uwaezuoke, C. N. (2019). Out-of-school children in Nigeria: Making extant legislations count. *Inter- disciplinary Journal of African & Asian Studies*, 5(2), 1-10.  
<https://nigerianjournalsonline.com/index- php/ijaas/article/download/491/482>
26. Uwandu, E. (2019, March 20). Delta govt frowns at unauthorised, illegal fees collection in public schools. *Vanguard*.  
<https://www.vanguardngr.com/2019/03/delta-govt-frowns-at-un-authorised-illegal-fees-collection-in-public-schools/>
27. Uzor, Darlington. (2019). *Young Women's Struggle for Political Participation in Nigeria: Examining the "Not Too Young to Run" Movement*.
28. UNESCO (2020), How many students are at risk of not returning to school?  
<https://unesdoc.unes-co.org/ark:/48223/pf0000373992>
29. UNFPA, UNICEF. (2018). *Child Marriage in West and Central Africa at a glance*.  
<https://www.unicef.org/wca/media/2596/file#:~:text=As%20the%20most%20populous%20country.has%204.19%20million%20child%20brides>.
30. UNICEF Data. (2021). *Early childbearing*. <https://data.unicef.org/topic/child-health/adoles-cent-health/>
31. UNICEF Nigeria. (2017). *UNICEF Nigeria equity profile: Education*.  
[https://www.unicef.org/nigeria/-media/1631/file/Nigeria-equity-profile-education\\_0.pdf.pdf](https://www.unicef.org/nigeria/-media/1631/file/Nigeria-equity-profile-education_0.pdf.pdf)
32. UNICEF Nigeria. (2019). *Nigeria: Child protection*.  
<https://www.unicef.org/nigeria/media/2836/-file/UNICEF%20Nigeria%20child%20protection%20fact%20sheet.pdf>
33. UNICEF. (2015). *An assessment of menstrual hygiene management in schools*.  
<https://www.unicef.org/nigeria/media/1256/file/Assess-ment-menstrual-hygiene-management-in-secondary-schools-2.jpg.pdf>

34. National Agency for the Prohibition of Trafficking In Persons (NAPTIP). (n.d.). NAPTIP-Re-enactment-Act-1-GAZETTE-10001. <https://www.naptip.gov.ng/wp-content/uploads/2017/05/NAP-TIP-Re-enactment-Act-1-GAZETTE-10001-1.pdf>
35. National Bureau of Statistics, Dec 2018 (Labor Force Statistics-Volume I: Unemployment and Under-employment Report)
36. Indicator Cluster Survey 2016-2017. <https://www.unicef.org/nigeria/media/1406/file/Nigeria-MICS-2016-17.pdf>
37. National Gender Policy of Nigeria, 2006<https://nigerianwomentrustfund.org/wp-content/uploads/National-Gender-PolicySituation-Analysis.pdf>
38. National Population Commission (NPC), & ICF. (2019). Nigeria Demographic and Health Survey 2018. NPC and ICF. <https://dhsprogram.com/pubs/pdf/FR359/FR359.pdf>
39. National Population Commission (NPC). (2014). Nigeria Demographic and Health Survey 2013: Pre-liminary report. NPC. <https://dhsprogram.com/pubs/pdf/PR41/PR41.pdf>
40. Liman, A. N., & Meera, K. N. (2016). Challenges faced by women with disabilities in Nigeria and strategies for overcoming them. *African Journal of Disability*, 5(0). - Obstacles for women with disabilities in Nigeria across areas like education, employment, and healthcare.
41. Sutter, M., & Perrin, P. B. (2016). Discrimination, mental health, and suicidal ideation among LGBTQ people of color. *Journal of counselling psychology*, 63(1), 98.
42. Ademola Adetoyeje, J., Oladimeji, T., James-Oni, V., Joshua, E., Clara Ojebile, A., Esimai, O., & Olujoke Ameyan, O. (2022). Experiences of stigma and discrimination among women living with HIV in South West Nigeria. *PLoS one*, 17(5), e0267496.
43. Olawale, A. R., Yusuf, O. B., & Bolarinwa, O. A. (2018). Stigmatisation and institutional attitudes perceived by people living with HIV/AIDS in Lagos-Nigeria: a major barrier to access and adherence to antiretroviral therapy. *The Pan African medical journal*, 29.









Vision  
Spring  
Initiatives

2B Koforowola Street, Dele Kuti Estate  
Beach Road Ebute Ikorodu Lagos Nigeria  
+234 80 234 12994 +234 8020382518  
visionspringinitiatives@yahoo.com  
www.vsinigeria.org  
@vsi\_ng