RESEARCH BRIEF:

Barriers to Women's Health Joint Advocacy and Collective Action in Nigeria: A Cross-sectional Survey

Authors: *Emmanuel Nwala, Samawina Nwegbu, Michael Kunnuji, Osasuyi Dirisu*

MAY 2024

POLICY INNOVATION CENTRE

This Research Brief was developed by the **Policy Innovation Centre (PIC), NESG** with support from the **Bill & Melinda Gates Foundation**

The Context

Women's health (defined by reproductive, maternal, newborn, child, adolescent health + nutrition) outcomes in Nigeria remain among the poorest in the world[1] and currently there is very little to suggest that the Sustainable Development Goal (SDG) 3 target (to ensure healthy lives and promote well-being for all at all ages)[2] can be met by 2030. Gaps in women's health in Nigeria have necessitated programmatic and policy interventions. Despite these interventions, women continue to bear a disproportionate burden of morbidity and mortality. Although interventions including health advocacy efforts have yielded some results, there are limitations for impact and scale due to poor funding, poor political commitment, poor contextual relevance and the fragmented approach to advocacy.

What did we set out to do?

We explored barriers to joint advocacy and collective action in the women's health space, to facilitate strategic investments in Nigeria.

How did we do it?

We utilized the advocacy strategy framework to explore the diverse mechanisms of change, non-linear interaction of actors in the advocacy process, project strategies, interim outcomes and impact of advocacy interventions. We conducted a cross-sectional survey of 442 participants in three of the Foundation's priority states – Kano (n=119); Kaduna (n=118); Lagos (n=102) and National (n=103). The survey participants were randomly selected from government, INGO/NGO, private sector, communities, faith-based organizations, coalitions, academia, media, and professional associations.

Interviewer-administered questionnaire was used to elicit information from the participants. We obtained ethical and social approval from the National and State Health Research Ethics Committee. In addition, social clearance was obtained to conduct research within each of the three states. We analyzed the survey with SPSS version 23, exploring barriers to women's health advocacy in Nigeria.

What did we find?

The participants

- **From our study, we found more women (62%) working in the women's health space than men (38%) and this opportunity should be leveraged to advance advocacy for women's health priorities in Nigeria.**
- **In line with Nigeria's gender and inclusion policy, about 5% (4% of women and 6.6% of men) of people living with disability were included in this study.**
- **In this study, men have more tendency of acquiring Masters and doctorate degree compared to women. Comparatively, 52.4% of the respondents at the national level had MSc/PHD, higher than the state counterparts. About 31% of Lagos participants had MSc/PHD compared to 25.6% and 17.8% in Kano and Kaduna respectively.**
- **Participants have requisite work experience to understand the gaps and opportunities for advancing WH joint advocacy. About 80.5% had worked for >4yrs in the WH advocacy space.**
- **Interestingly, 61% of the participants were health professionals comprising doctors (11.8%), nurse/midwives (17.4%), pharmacist (1.6%), health education/ promotion specialist (11.1%), and public health specialist (19.%).**

(c) 2024. Policy Innovation Centre | www.policyinnovationcentre.org | All rights reserved

Barriers to Women's Advocacy

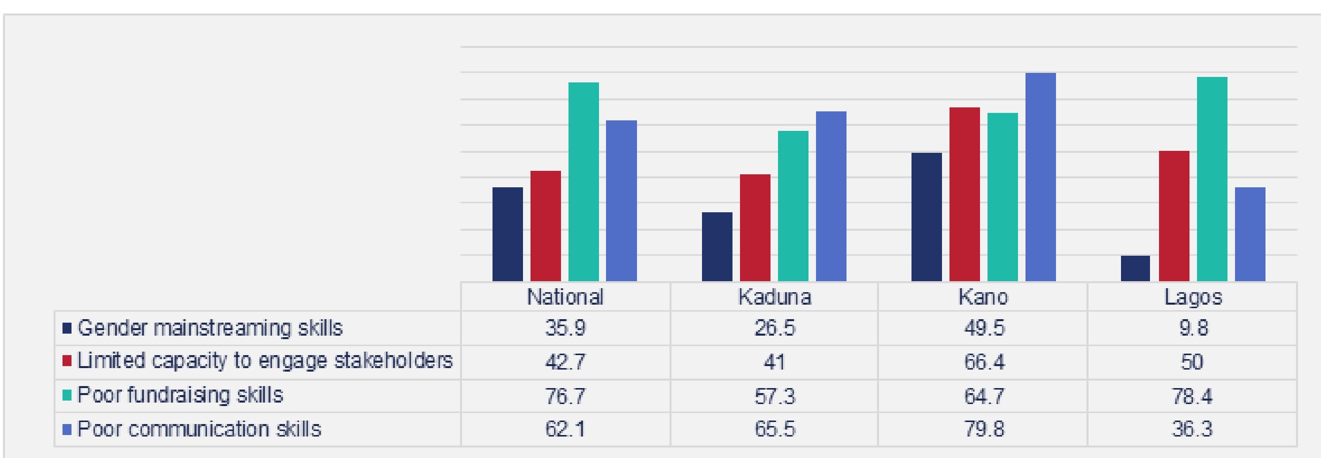
Capacity gaps

» Findings indicate that advocacy approaches at national level and Lagos were more likely to integrate gender in their intervention than Kano and Kaduna.

» Fundraising skill was the highest capacity gap identified at national level and Lagos while limited communication skill was more predominant in Kaduna and Kano, respectively.

» There was also limited technical capacity to engage stakeholders – more in Kano and Lagos than other locations.

Figure 1: Capacity gaps



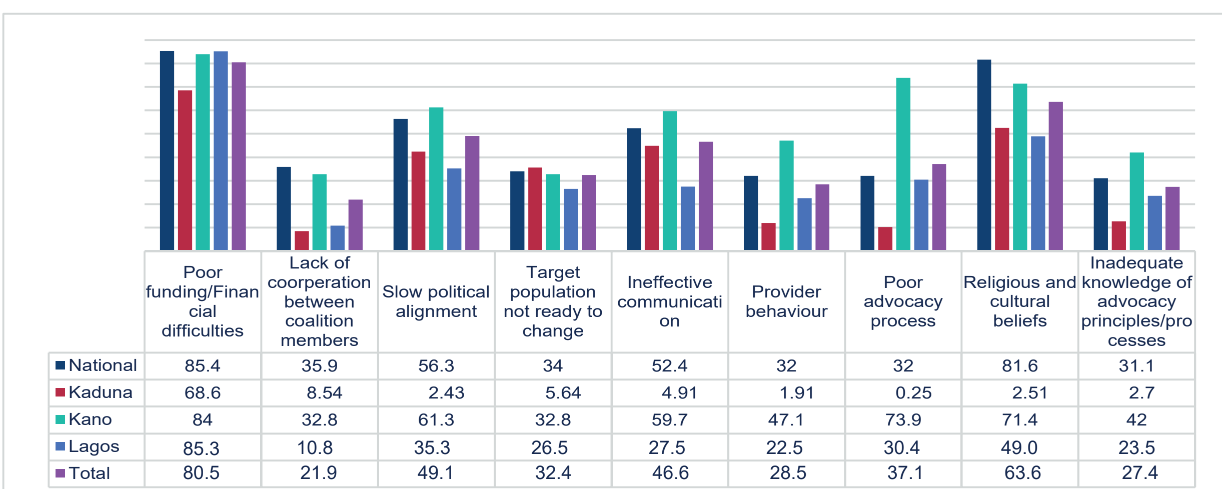
	National	Kaduna	Kano	Lagos
Gender mainstreaming skills	35.9	26.5	49.5	9.8
Limited capacity to engage stakeholders	42.7	41	66.4	50
Poor fundraising skills	76.7	57.3	64.7	78.4
Poor communication skills	62.1	65.5	79.8	36.3

(c) 2024. Policy Innovation Centre | www.policyinnovationcentre.org | All rights reserved

Perceived barriers to advocacy

» Advocates reported that there were myriads of barriers to future women's health joint advocacy - financial difficulties and religious & cultural barriers were predominant across the states and national. Other perceived barriers included: work environment, limited support from colleagues, inadequate legal support, inter and intra -coalition politics, unintended negative consequences of the advocacy.

Figure 2: Perceived barriers to WH advocacy



	Poor funding/Financial difficulties	Lack of coorperation between coalition members	Slow political alignment	Target population not ready to change	Ineffective communication	Provider behaviour	Poor advocacy process	Religious and cultural beliefs	Inadequate knowledge of advocacy principles/processes
National	85.4	35.9	56.3	34	52.4	32	32	81.6	31.1
Kaduna	68.6	8.54	2.43	5.64	4.91	1.91	0.25	2.51	2.7
Kano	84	32.8	61.3	32.8	59.7	47.1	73.9	71.4	42
Lagos	85.3	10.8	35.3	26.5	27.5	22.5	30.4	49.0	23.5
Total	80.5	21.9	49.1	32.4	46.6	28.5	37.1	63.6	27.4

Existing Advocacy Efforts and Outcomes

Overall advocacy focus

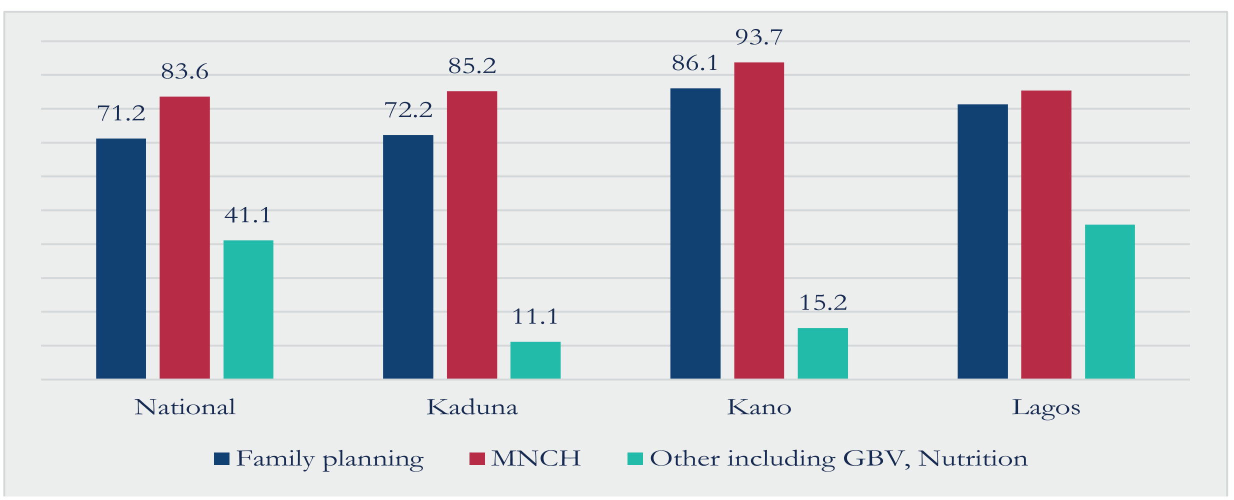
» Finding show that **92.3%** of the participants reported that their organizations advocate for women's health; **32.8%** implement alone (solo implementation), while **59.5**% implement as a partnership/ consortium /coalition.

Joint advocacy priorities

» Joint advocacy priorities were mainly MNCH and FP, with a little prioritization for other thematic areas (including nutrition, GBV, adolescent health, and fistula).

» Current advocacy efforts are mainly targeted at generating demand for health services. There is a minimal connection or presence of the national actors at state level.

Figure 3: Joint advocacy priorities

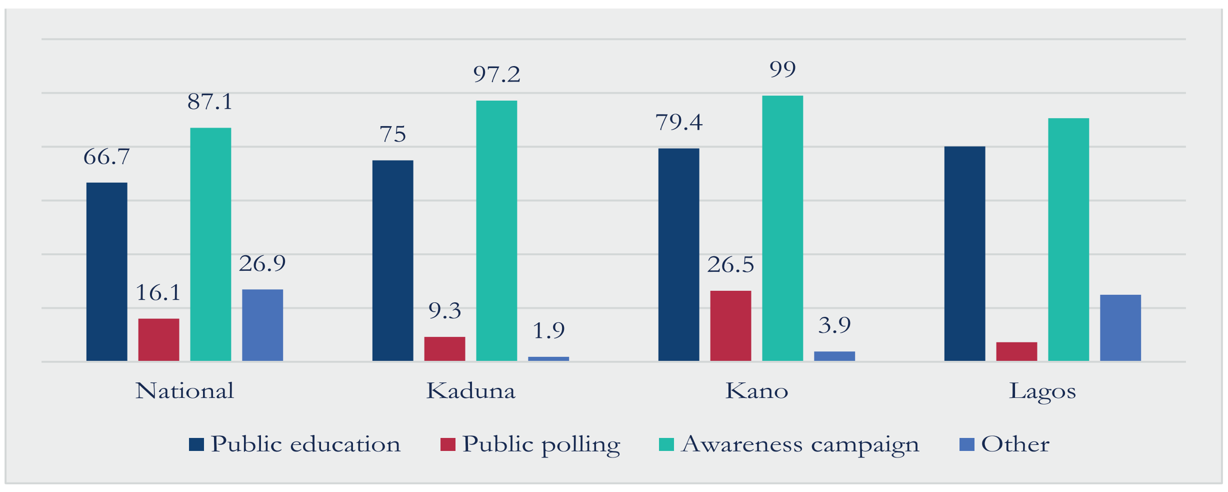


(c) 2024. Policy Innovation Centre | www.policyinnovationcentre.org | All rights reserved

Current approaches for joint advocacy

» The strategies for joint advocacy was awareness campaign, public education and public polling, with awareness campaign dominating in all locations of the study.

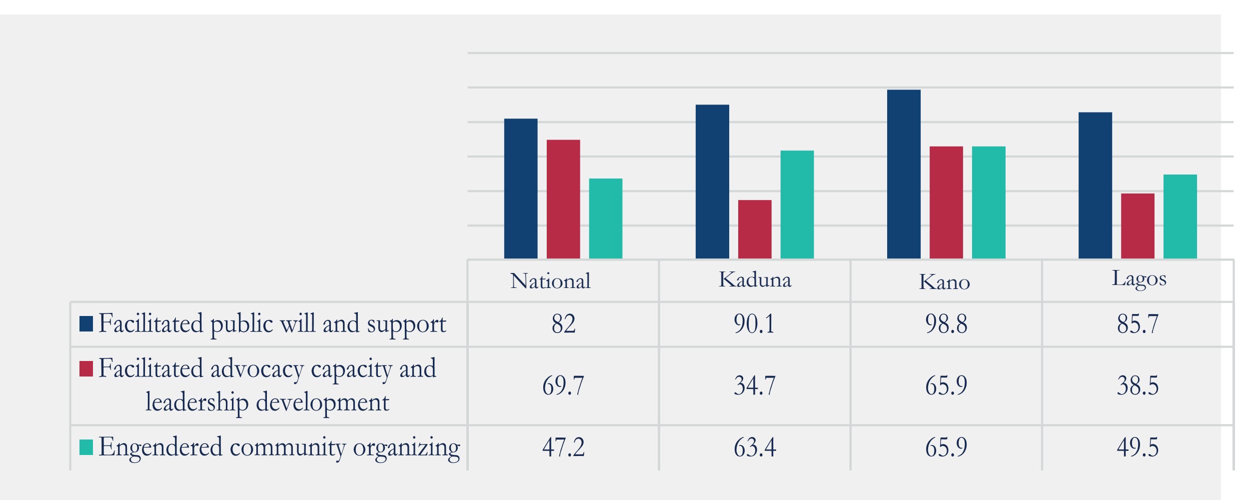
Figure 4: Approaches for joint advocacy



Impact of joint advocacy on public will

» Finding show that **92.3%** of the participants reported that their organizations advocate for women's health; **32.8%** implement alone (solo implementation), while **59.5%** implement as a partnership/ consortium /coalition.

Figure 5: Impact of joint advocacy on public will



	National	Kaduna	Kano	Lagos
Facilitated public will and support	82	90.1	98.8	85.7
Facilitated advocacy capacity and leadership development	69.7	34.7	65.9	38.5
Engendered community organizing	47.2	63.4	65.9	49.5

(c) 2024. Policy Innovation Centre | www.policyinnovationcentre.org | All rights reserved

What are the lessons?

» Women's health joint advocacy may add credibility to advocacy activities in Nigeria; it will help advocate for positive policies and needed infrastructure for women's health priorities, and dispel myths and misconceptions about women's health priorities in Nigeria.

» A significant proportion (39%) of the participants were from professions that are not health-related, although there was no indication that they had acquired additional health certifications that position them better as women's health advocates. Advancing women's health advocacy will require strategic barrier reduction approaches that are jointly measured and reported at all levels of engagement.

» While addressing the barriers, it is important to leverage the policy windows such as the SWAp and political agendas to institutionalize and advance women's health joint advocacy.

Policy Innovation Centre

The Policy Innovation Centre (PIC) is the first national institutionalized behavioral initiative in Africa supporting government and stakeholders to make behaviorally informed decisions and generate evidence for impact driven interventions in critical thematic areas (Governance, Health, Gender & Social Inclusion, Education, Digital & Financial Inclusion). The PIC is positioned to support the delivery of better policies and innovative solutions for high impact interventions across Africa.The PIC is an initiative of the Nigeria Economic Summit Group (NESG), a leading think tank in Africa redefining evidence based policy advocacy and its set up was supported with funding from the Bill and Melinda Gates Foundation (BMGF).

Our goal is to improve the design and implementation of policies and programs using gender transformative and behavioural approaches to drive positive social change. Our Behavioural Innovation Lab (BIL) utilizes lessons from behavioural and social sciences to design, test and scale solutions for social impact. BIL utilises behavioural insights and adopts a data-driven, human-centred approach to testing and delivering contextually relevant, cost effective solutions. The PIC Gender Foyer is an innovative multidisciplinary hub that serves as a platform for capacity development, networking, research, and partnerships to advance gender responsive policies, programs, and practices in Africa. The Gender Foyer's focus areas include Policy and Governance, Gender System Strengthening, and Gender and Social Inclusion (GESI) Programming.

References

1. United Nations Economic and Social Welfare. https://unstats.un.org/sdgs/dataportal/database. Accessed November 20, 2023.
2. United Nations Development Programme. Sustainable Development Goals. Published online 2015.

(c) 2024. Policy Innovation Centre | www.policyinnovationcentre.org | All rights reserved

ABUJA OFFICE
3rd Floor, Unity Bank Tower,
beside Reinsurance Building,
Plot 785, Herbert Macaulay Way,
Central Business District, Abuja

www.policyinnovationcentre.org
pic@nesgroup.org
+234 (0) 7047897958

policycentreng

This Research Brief was developed by the **Policy Innovation Centre (PIC), NESG** with support from the **Bill & Melinda Gates Foundation**