

# HER Future Is OUR Future

***Nine stories*** *of young women shaping their futures and their communities through the support of the* ***Gender Equality Fund in Nigeria***

HER VOICE

# PREFACE



Across Nigeria, adolescent girls and young women face barriers that can make it difficult to access health information and services, understand their rights, and have a say in decisions that affect their lives. For many, these barriers are compounded by stigma, discrimination, restrictive gender norms, economic inequality and exclusion.

Because when a young woman can speak, someone listens. When she can access healthcare, she can make decisions about her own future. When she has a place at the table, the decisions made there can change for everyone.

But these stories are not only about the barriers young women face. They are about what happens when young women are given the opportunity, support and space to shape change themselves.

The Gender Equality Fund (GEF) is a three-year initiative led by Y+ Global, supported by the Global Fund and ViiV Positive Healthcare Action/GSK, and carried out alongside TB Women and Civil Society for Malaria Elimination (CS4ME). In Nigeria, GEF supports 14 grassroots organisations across six states to strengthen the leadership of adolescent girls and young women while advancing more inclusive responses to HIV, tuberculosis, malaria and sexual and reproductive health and rights.

The stories in this collection show what equality can look like in real life: a young woman having a voice, a say and the opportunity to shape her own future. Because **HER** future is **OUR** future.

They are stories of young women who have found the confidence to speak publicly, advocate for better services, support their peers, challenge exclusion and step into spaces where decisions are made. Some began with a personal experience of being unheard. Others simply needed an opportunity to discover that their voice mattered.

No single path leads to leadership. For some, it starts in a classroom or a community meeting. For others, it means speaking on the radio, sitting with government officials, supporting another young woman, or simply finding the confidence to ask a question.

Together, these stories show what can happen when young women are given the opportunity to move from being spoken for to speaking for themselves, and this collection celebrates their experiences, their courage, and the many ways they are helping shape healthier, more inclusive communities.

**These stories belong to them.**

HER VOICE

# STORIES FEATURED IN THIS COLLECTION



***Adaeze — When Lived Experience Becomes Advocacy***
Make Her Smile Africa, Oyo State

***Bilkisu — Changing the Malaria Conversation***
Stand With A Girl Initiative, Kaduna State

***Samira — A Place at the Table***
Greater Women Initiative for Health and Rights (GWIHR), Rivers State

***Maryam — The Girl Her Classmates Turn To***
Open Heart, Kaduna State

***Abasiama — "I Entered Rooms I Once Only Dreamed Of"***
Gem Hub Initiative, Rivers State

***Terkumbur — Knowing Her Rights, Finding Her Voice***
Concerned Women International Development Initiative (CWIDI), Benue State

***Boluwatife — Making Health Spaces More Inclusive***
Sustainable Impact and Development Initiative (SIDI), Lagos State

***Tiwatope — From One Voice to Institutional Change***
Greater Women Initiative for Health and Rights, Rivers State

***Blessing — "Existing but Not Living"***
Open Heart, Kaduna State

## A note on names

To protect the privacy and safety of the people featured in this collection, we used pseudonyms throughout. The stories remain true to a person's experiences, with names and other identifying details changed where necessary.



# When Lived Experience Becomes Advocacy

***Adaeze's journey from feeling unheard in the health system to speaking up for other young women***

Grantee: Make Her Smile Africa, Oyo State

At 19, Adaeze balances university, runs her own lifestyle management brand, and finds her voice as an advocate for young women. Her interest in health advocacy did not begin in a training room. It began with her own experience.

Adaeze had gone to a hospital because she was experiencing irregular menstruation and persistent pelvic pain. She went in looking for answers but left feeling her concerns hadn't really been heard.

After a hormonal profile, she was advised to get married early. For Adaeze, the advice felt disconnected from the pain that had brought her to the hospital in the first place. She was sent for further tests, but without a clear explanation of what was causing her symptoms or a treatment plan beyond painkillers and antibiotics.

The experience was frustrating and, over time, eroded her trust in the health system.

She was experiencing significant pain and menstruating only four times in a year, yet eventually she stopped seeking care. At the time, Adaeze knew that something about the experience was wrong. She didn't yet have the confidence or platform to talk about it.

That began to change when a staff member at a Catholic hospital, who had become like an older sister to her, introduced her to **Make Her Smile Africa.**

Through GEF-supported sessions, Adaeze began learning about sexual and reproductive health and rights, advocacy, leadership and public speaking. She also received support to access the menstrual hygiene and reproductive health services she needed.

For the first time, her personal experience connected with a broader understanding of the issues young women face when trying to access healthcare.

With continued mentorship and training, Adaeze became more comfortable speaking about those issues. She was selected as an Adolescent Girls and Young Women Representative, giving her an opportunity to take on a more active role in community advocacy.

She began engaging with secondary school girls, community leaders, and healthcare providers in Iseyin to discuss the importance of youth-friendly health services and the rights of adolescent girls and young women.

HER voice then reached an even wider audience.

Adaeze was selected to speak on the live radio programme **Our Health, Our Voice,** where she could share messages about respectful healthcare and the importance of young women being meaningfully involved in decisions about their health.

The girl who had once left a hospital feeling unheard was now speaking publicly about what it means to be listened to.

That experience has changed how Adaeze approaches advocacy. She now speaks more confidently about the need for respectful, youth-friendly healthcare and encourages other young women to ask questions, seek information and understand their rights when accessing services.

Her own experience remains an important part of that work.

Adaeze knows what it feels like to be in pain and not feel that your concerns are being taken seriously. She also knows how difficult it can be to keep seeking help when your trust in the system has been shaken.

That is why she wants other girls to feel more prepared to speak up, ask questions and expect to be treated with dignity.

As she continues her studies and builds her business, Adaeze is also building something else: a voice that began with her own experience but is now being used to advocate for others.

She was once the young woman looking for someone to listen. Now she is helping other young women ensure their voices are heard.

# Changing the Malaria Conversation



***Bilkisu's journey from learning about malaria prevention to finding her voice as an advocate***

Grantee: Stand With A Girl Initiative (SWAG), Kaduna State

For Bilkisu, malaria had always been part of life.

Growing up in Kaduna State, she had seen malaria treated as something almost inevitable—a common illness that people dealt with rather than something that could be prevented. Conversations about prevention were limited, and like many people around her, she did not always have access to accurate information about the risks or how to protect against them.

She knew little about advocacy either. But that changed when a staff member from **Stand With A Girl Initiative (SWAG)** introduced her to an opportunity to learn more about issues affecting adolescent girls and young women.

Bilkisu applied, was interviewed, and was selected to take part in a two-day training covering sexual and reproductive health and rights, HIV, tuberculosis, malaria, leadership, advocacy and life skills.

What made the experience different was that she was not simply being given information. She was given the chance to practise using it.

Through practical sessions on public speaking, storytelling and health communication, Bilkisu began finding ways to talk about issues that mattered to her and her peers. She learned about SMART advocacy and worked alongside other young women, building her confidence through discussion, practice and mentorship.

Malaria began to look different to her.

It was no longer simply something that happened in her community. She began to understand how much could be done to prevent it and how important it was for young women to have the information to protect themselves.

Then came an opportunity to test her new skills.

During the World Malaria Day commemoration, Bilkisu was invited to represent young women from her cohort during the *"AGYW Voices Against Malaria"* Instagram Live advocacy session.

Speaking publicly was a new experience. She was no longer sitting in a training session learning how to communicate a message. She was the one delivering it.

The experience gave Bilkisu a new sense of what was possible. She realised that she could contribute to public conversations about health and that young women did not have to wait for others to speak on their behalf.

For Bilkisu, that confidence is perhaps the most important change. She now feels more comfortable speaking about issues affecting adolescent girls and young women and wants to share what she has learned with others in her community. She is particularly interested in malaria prevention and in helping other young women access the accurate health information she did not always have herself.

Her experience also changed how she sees the role young women can play in health advocacy. They are not simply the people health programmes are designed to reach. They can be the people who stand up and shape the conversation.

Bilkisu has already taken that first step from learning about malaria to speaking about it publicly.

And the conversation is no longer something happening around her. She has found her place in it.

# A Place at the Table

***Samira's journey from being excluded from leadership to advocating for other young women with disabilities***

Grantee: Greater Women Initiative for Health and Rights (GWIHR), Rivers State

Samira had always wanted to lead. At university, she put herself forward for a Student Union position, believing she had something to contribute. She was contesting the post of Secretary when they screened her out because of her disability.

The experience stayed with her. It stayed long with HER.

She had believed she belonged in that space. Instead, she found herself excluded before she had even been given the chance to make her case. It was a painful reminder that, for young women living with disabilities, leadership opportunities can come with barriers that have little to do with their ability.

Samira is a 24-year-old graduate of Linguistics and Communication Studies from the University of Port Harcourt. Growing up in Omoku, Rivers State, she had experienced discrimination before, but the election experience made the feeling of being left out particularly difficult to ignore.

Then she found a space where her voice was welcomed.

Samira came across GWIHR through its advocacy content on social media and joined the **MaPeers & Me** online community. Her involvement eventually led her to the Gender Equality Fund mentorship programme.

The mentorship gave her an opportunity to explore issues she had experienced personally but had not always had the language or confidence to speak about. She learned about leadership, human rights, sexual and reproductive health and rights, healthy relationships and self-advocacy. Just as importantly, she had a space to talk openly about her experiences and listen to those of other young women.

One experience in particular was difficult to put into words.

Samira had previously faced pressure to terminate a pregnancy because of her disability. People questioned what would happen if her child was born with a disability too.

“They often asked what would happen if this child came out looking like you. This really hurt me and felt like I was not expected to be alive.”

Being able to speak about experiences like this helped Samira understand more clearly the rights she had and the rights of other young women living with disabilities.

Her confidence began to grow.

She started taking a more active role in advocacy spaces, including the implementation meeting for the National Action Plan for the Promotion and Protection of Human Rights. There, she brought the perspective of a young woman living with a disability into conversations about human rights.

*This time, she was not being asked to step aside.*
*This time, she was being asked to contribute.*

Following her engagement, Samira was appointed as a community-level National Action Plan Desk Officer and Focal Person. In the role, she advocates for the rights of adolescent girls and young women, mobilises communities and connects vulnerable young women with available support and services.

The contrast with her earlier experience is not lost on her.

A young woman who was once excluded from a leadership election because of her disability now holds a formal role in which she helps other young women navigate barriers and make their voices heard.

Her own experiences have also shaped what she chooses to fight for. Samira is particularly passionate about ensuring that young women with disabilities are represented in leadership and decision-making spaces and have equal access to information, health services and opportunities.

For Samira, inclusion is no longer simply an idea she believes in. It is something she has experienced the absence of and something she is now working to create for others.

She knows what it feels like to be told, directly or indirectly, that there is no place for you at the table.

Now she is helping make sure other young women get a seat.

# The Girl Her Classmates Turn To

***Maryam's journey from a quiet student to someone her classmates turn to for support***

Grantee: Open Heart, Kaduna State



At 17, Maryam Sani is beginning to discover that being a leader does not necessarily mean standing at the front of a room. Sometimes, it starts with being the person another girl feels comfortable turning to with a question.

When Maryam was growing up, conversations about HIV, tuberculosis, menstrual health, sexual and reproductive health and rights, and gender-based violence were not always easy to have. Misinformation was common, and few spaces let girls ask questions openly without worrying about judgement or embarrassment.

Maryam herself was not always confident speaking in groups. Asking for help could feel intimidating, particularly when she was unsure about how people might respond.

Then **Open Heart** came to her school.

During an in-school outreach at Government Secondary School Kakuri, facilitators and students openly discussed health and well-being. Girls could ask questions, challenge things they had heard, and learn about issues that were often difficult to discuss elsewhere.

For Maryam, the session sparked an interest that did not end when the outreach did.

She was selected as one of ten adolescent girls and young women to join the **Girls' Health and Leadership Club,** giving her a space to keep learning and gradually take on more responsibility.

At first, leadership was simply about participating.

Maryam joined discussions, worked with other students and helped mobilise her classmates for awareness activities. As she became more comfortable, she began helping other girls find information and support when they needed it.

The more she practised, the more *natural* it became.

Through the outreach and club, Maryam learned about HIV, TB, malaria, viral hepatitis, menstrual hygiene, gender-based violence and sexual and reproductive health and rights. But the knowledge itself was only part of the change. She also began to understand where young people could seek health services and what they had the right to expect.

And she became more comfortable talking about those things with other people.

Peer mentorship and support from Open Heart's facilitators gave her opportunities to practise speaking, contribute to discussions and explain health information to her classmates. She learned how to respond when peers had questions and how to challenge misinformation without making someone feel embarrassed for asking.

That experience has gradually changed Maryam's role at school.

Topics that once felt difficult to talk about are now ones she feels comfortable joining conversations about. Her classmates increasingly see her as someone they can approach for information, encouragement or support.

For Maryam, that is what leadership looks like. It is helping another girl find an answer. It is creating a space where someone feels safe enough to ask a question. It is knowing something useful and choosing to share it.

Maryam is still a student, but she is already becoming a peer leader in her school community. Through the Girls' Health and Leadership Club, she wants to help create an environment where more girls can talk openly about their health, understand their rights and seek support without feeling ashamed or judged.

She began as a single student in an outreach session. Now, she helps other students navigate the questions she once had.

# "I Entered Rooms I Once Only Dreamed Of"

***Abasiama's journey from an interest in sexual and reproductive health to becoming a young health leader***

Grantee: Gem Hub Initiative, Rivers State

For 25-year-old Abasiama, speaking up about the health and rights of young women was something she had always wanted to do. Growing up in Rivers State, she saw how misinformation and limited access to sexual and reproductive health and rights (SRHR) information could shape the choices available to adolescent girls and young women.

She was motivated to make a difference. She didn't yet have the confidence, experience, or opportunity to turn that motivation into action.

That began to change when Abasiama connected with the **Gem Hub Initiative** through the Gender Equality Fund.

Through training and mentorship, she began learning not only about SRHR and public health but also about how decisions are made and how young women can have a voice in them. She helped plan community outreaches, joined advocacy visits to government institutions, contributed to health facility assessments, and participated in technical discussions on youth-friendly health services.

Slowly, the spaces that once felt out of reach began to feel possible.

"Despite my drive to lead, I needed the right environment to nurture my confidence, strengthen my advocacy voice, and engage decision-makers effectively."

The opportunities gave Abasiama something she had been missing: the chance to practise leadership rather than simply learn about it.

Within a year, that growth translated into a new role. She was recruited as a Project Officer for the HER360Access Project, implemented by Gem Hub Initiative with support from GEF. Her skills and commitment soon led to her promotion to Project Lead. Her responsibilities also brought her into rooms she had never imagined herself entering.

She contributed to health facility assessments in Primary Health Care Centres in Oyigbo, Okrika, Usokun, and Degema; joined advocacy visits to government bodies and Ward Development Committees; supported medical outreaches; and became actively involved in the Adolescent and Young People Technical Working Group at the Rivers State Ministry of Health.

Then came a moment that made the change in her confidence particularly clear.

Gem Hub was advocating for a reduction in the cost of health insurance for adolescent girls and young women, recognising the economic barriers many face in accessing healthcare. Drawing on findings from a youth-friendly health facility assessment, Abasiama helped develop an advocacy brief and, alongside two other young women, used it to engage the Executive Secretary of the Rivers State Contributory Health Protection Program.

The meeting resulted in a commitment to mobilise support for adolescent girls and young women to obtain paid health insurance and improve their access to healthcare.

For Abasiama, that moment meant more than the commitment itself. She had moved from wanting to contribute to health advocacy to sitting at the table and helping make the case for change.

As she puts it: “I engaged dignitaries I used to see on the news; I entered rooms I only dreamt of.”

The change has also been personal. The confidence she has gained through these experiences has reshaped how she sees her own place in public health and advocacy.

Today, Abasiama contributes to conversations about the health needs of young women, drawing on her experience to support work in her community. She wants to continue building her career in public health and disease control and, just as importantly, create opportunities for other young women to find their own voices.

For someone who once had the drive to lead but was looking for the opportunity to develop that confidence, Abasiama is no longer waiting outside the room.

She has learned how to walk in and how to make her voice heard once she gets there.

# Knowing Her Rights, Finding Her Voice

***Terkumbur's journey to understanding her health rights and finding the confidence to speak up***

Grantee: Concerned Women International Development Initiative (CWIDI), Benue State

For Terkumbur, seeking healthcare was not always straightforward.

Like many young women in underserved communities, she had grown up with limited access to reliable information about her health and her sexual and reproductive health and rights. She was not always sure what she was entitled to expect from a healthcare provider, and the fear of stigma or being treated badly could be enough to make her hesitate to seek care.

There was another barrier too: knowing when—and how—to speak up.

In her community, cultural expectations often discouraged young women from openly discussing their health or asserting their rights. Opportunities to take part in conversations about issues affecting young women were limited, leaving Terkumbur and others like her largely outside decisions about their own health.

That began to change when she became involved in community mobilisation activities through the **Concerned Women International Development Initiative (CWIDI).**

At a two-day stakeholder consultation and through related advocacy and capacity-building sessions, Terkumbur found herself in conversations with other young women, community leaders and stakeholders about the barriers that made healthcare difficult to access.

For perhaps the first time, she was not simply hearing about these issues. She was being invited to talk about them.

The discussions covered HIV, tuberculosis, malaria, sexual and reproductive health, stigma, discrimination and harmful cultural practices. Terkumbur shared her perspective and heard from other young women whose experiences reflected challenges she recognised in her own community.

The experience helped her understand something important: the difficulties young women face in accessing healthcare were not simply personal problems to navigate alone. They were issues that could and

needed to be spoken about.

As her knowledge grew, so did her confidence.

Terkumbur learned more about her rights when accessing healthcare, including her right to services free from stigma and discrimination. She gained a better understanding of prevention, testing, and timely treatment and became more comfortable discussing health issues with her peers.

That change began to show up in her own decisions.

She became more willing to seek healthcare when she needed it and more confident asking questions and making decisions about her health. The fear that had once made healthcare feel intimidating no longer held quite the same grip.

And she did not keep that knowledge to herself. Terkumbur began sharing health information with other young women and encouraging them to understand their rights and seek the services they need. The young woman who had once been hesitant to speak openly was becoming someone others could turn to.

Today, she sees herself as an emerging advocate in her community, particularly on issues related to youth-friendly, stigma-free healthcare. She wants other young women to have the information and confidence to make decisions about their health without feeling they must remain silent or accept poor treatment.

Her journey is still unfolding, but the change is already clear.

Terkumbur started with questions about her health, her rights and whether she could speak openly about them. Through the opportunity to learn, connect with other young women and take part in conversations with people who influence healthcare in her community, she has begun to find answers.

More importantly, she has found her voice.





# Making Health Spaces More Inclusive

***Boluwatife's journey to ensuring young women with disabilities are heard in health decision-making***

Grantee: Sustainable Impact and Development Initiative (SIDI), Lagos State

For Boluwatife, exclusion is not abstract. As a young woman living with a hearing impairment in Lagos State, she has experienced what it means when important conversations happen without people like her in the room. Information about sexual and reproductive health and rights, HIV, tuberculosis and malaria does not always reach disability-inclusive spaces, leaving many young women with disabilities without the information or support they need.

She knew there was a gap. She needed the opportunity to act.

That opportunity came through a three-day leadership and capacity-building workshop supported by the Gender Equality Fund. The workshop strengthened Boluwatife's understanding of health rights, advocacy and meaningful participation in decision-making, while connecting her with other young advocates.

More importantly, it gave her the confidence to draw on her own experience in the conversation.
Soon, she had an opportunity to put that confidence into practice.

Boluwatife was supported to participate in a meeting of the Lagos State Youth and Adolescent Health Technical Working Group, where she represented adolescent girls and young women living with disabilities.

This time, she didn't just observe the conversation. She contributed to the discussion. She asked questions. She challenged stakeholders to consider who was being reached and who might still be missing.

Drawing on her own experience, she highlighted the need for health programmes and outreach activities to deliberately reach schools and communities serving people with disabilities. Too often, she pointed out, these communities are overlooked when health campaigns are planned and delivered.

It was a simple but important question: if a health programme is meant to reach young women, can all young women actually access it?

For Boluwatife, raising that question in a space where health priorities were being discussed marked a significant change.

The concerns of young women with disabilities were no longer something being discussed elsewhere. They were being raised directly by a young woman with lived experience of those barriers.

Her experience also reinforced something she had already understood personally: inclusion cannot happen if the people most affected by exclusion are excluded from the decisions.

Today, Boluwatife continues to advocate for equitable access to health information, services and leadership opportunities for young women with disabilities. She also wants other young women living with disabilities to recognise that their experiences have value and that they have a place in advocacy spaces.

For her, representation is not simply about having someone with a disability present in the room. It is about being able to speak and knowing that what you say can influence what happens next.

Boluwatife has begun to take up that space herself, ensuring that the experiences of young women with disabilities are part of conversations about their health and rights.



# From One Voice to Institutional Change

***Tiwatope's journey of finding the courage to protect her privacy***

Grantee: Greater Women Initiative for Health and Rights, Rivers State



At 17, Tiwatope was preparing for a milestone many young people look forward to: starting university. Recently admitted to a university in Nigeria, she should have been thinking about classes, meeting new people and the possibilities ahead. Instead, part of the admission process left her worried about something far more personal.

Tiwatope is a young woman from Rivers State living with HIV and identifies as a lesbian.

As part of her university admission requirements, Tiwatope was asked to undergo several medical examinations, including an HIV test. She then learned that the result could be included in her student file. For Tiwatope, the thought of her HIV status becoming part of a file that could potentially be seen by different people within the university was frightening.

She worried about who might find out and how they might treat her. Most importantly, she did not know whether she had the right to say no. She knew very little about her rights or legal protections, so she felt pressured to comply.

However, that began to change when Tiwatope encountered the **Gender Equality Fund (GEF)** through the Greater Women Initiative for Health and Rights, a GEF grantee in Nigeria.

During a monitoring and supervisory visit to the university, Tiwatope joined a learning session with other adolescent girls and young women. In the supportive environment the programme created, she felt able to talk about what was happening.

She explained that she had been asked to submit her HIV test result as part of the admission process and admitted that she did not know what protections existed for people living with HIV.

The conversation opened a door.

Through learning sessions, tailored educational materials, mentorship and conversations with her peers, Tiwatope began learning more about her health and her rights. She strengthened her understanding of HIV treatment and antiretroviral therapy, while also learning about Nigeria's HIV anti-discrimination protections.

For the first time, she understood that living with HIV did not mean giving up her right to privacy, dignity or protection from discrimination. And knowing that changed how she saw her situation.

What had initially felt like an admission requirement she simply had to accept became something she could question. Tiwatope began participating more actively in conversations about HIV-related rights and stigma, sharing her own experience and helping other young women understand why knowing their rights mattered.

But **HER** story did not end with awareness.

Once concerns about the university's practice were raised, the **Greater Women Initiative for Health and Rights and the Network of People Living with HIV/AIDS in Nigeria (NEPWHAN)** took the issue further.

Together, they engaged the university leadership, including the Vice-Chancellor, and raised concerns about requiring HIV test results to be included in student records. They explained the potential consequences of allowing sensitive health information to become accessible through administrative files, particularly for students who could face stigma or discrimination because of their HIV status.

For Tiwatope, the advocacy produced an immediate result.

Her HIV test result was *not included* in her student file, and her status was not disclosed to university admission authorities. The change meant she could begin university without fearing that people handling her admission records

would know something about her health that she had not chosen to share.

But what happened also raised a bigger question about how the university handled sensitive health information for other students. Because challenging a practice treated as a normal part of the admission process, the advocacy helped bring greater attention to privacy, confidentiality, and non-discrimination in handling students' health information.

For Tiwatope, what began with fear had become an important lesson in the power of knowing her rights and having people willing to stand beside her.

She now wants other adolescent girls and young women, particularly those living with HIV, to have that same knowledge before they find themselves in situations where their privacy or dignity may be at risk. She hopes her experience will encourage other young women living with HIV to participate confidently in educational and social spaces without believing that their status should determine how they are treated.

At 17, Tiwatope entered university thinking she had little choice but to hand over deeply personal information because an institution had asked for it. Today, she continues her university journey with her HIV status still private, her dignity protected and a growing determination to make sure other young women know that they, too, have the right to *speak up*.

# "Existing but Not Living"

***Blessing's journey from feeling invisible to becoming a source of support for other young women***

Grantee: Open Heart, Kaduna State

For Blessing, there was a time when simply getting through each day felt like enough. She describes that period of her life in just four words: "existing but not living."

At 28, Blessing was living in a densely populated, low-income settlement on the outskirts of Kaduna State. Daily survival often took priority over personal aspirations. Conversations about sexual and reproductive health and rights were shaped by silence, fear, and social expectations, while reliable health information was not always easy to find.

Blessing was also hesitant to seek healthcare. She worried about being judged by healthcare providers and did not always feel comfortable asking questions about her health.

But the biggest barrier may have been how she saw herself.

She rarely imagined that her opinions belonged in community discussions or decision-making spaces. Leadership felt like something for "other people", not someone from her background. Economic instability added another layer of uncertainty, as she relied on informal work without a consistent income.

Then **Open Heart** reached her through its community outreach activities.

Blessing began attending sessions on health, leadership, communication and peer learning, where young women could talk openly about sexual and reproductive health and rights, HIV, tuberculosis, malaria and their experiences of accessing healthcare.

*She started asking questions.*
*She started sharing her own experiences.*
And, gradually, she started to realise that her experiences had value.

Her involvement deepened when she joined the Peer Learning and Leadership Hub. The space gave her opportunities to practise speaking in groups, contribute to discussions and support other young women facing challenges similar to her own.

The more she participated, the more confident she became.

Blessing gained practical knowledge about consent, bodily autonomy, menstrual health, HIV prevention and youth-friendly health services. She also learned more about navigating healthcare and identifying safer places to seek support. But knowledge alone did not change her. It was having somewhere to use her voice.

Through the Hub, Blessing was exposed to advocacy processes and stakeholder engagements, including the Kaduna State AIDS Control Agency review meeting. These experiences helped her see that young women's experiences were not simply personal stories—they could also be important evidence when talking to institutions about what was and was not working.

That realisation changed how she approached her own health.

Blessing says she is now more confident seeking healthcare and asking for information without the same fear of judgement she once felt. She feels better equipped to make informed decisions about her health and wellbeing. And increasingly, other young women are turning to her too.

Through the Peer Learning and Leadership Hub, she shares information about sexual and reproductive health and rights, encourages peers to seek care when they need it and contributes to conversations about the barriers young women face when accessing services.

The woman who once wondered whether her voice mattered is now using it to support others.

Her experience has also changed what she believes leadership can look like. It does not have to mean having a formal title or being the loudest person in the room. For Blessing, it can mean knowing something that could help another young woman and making sure she knows it too.

She wants to continue supporting young women who feel excluded, unheard or disconnected from health services, using what she has learned to help them understand their rights and feel more confident seeking care.

And perhaps the clearest sign of how much her own sense of possibility has changed comes in her own words: "My future is full of endless possibilities. I envision a community of AGYW that are powerful and have a loud voice when it comes to their health and rights."

For someone who once described herself as merely "existing," Blessing now imagines what is possible and helps other young women do the same.


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