

PROCESS BRIEF

Lessons in Implementing Safe and Inclusive Social Network Mapping for Very Young Adolescents in Nigeria

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P O L I C Y I N N O V A T I O N C E N T R E



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The Context

Early adolescence, between ages 10 and 14, is when children internalize social norms, form peer relationships, and navigate gender expectations that influence lifelong outcomes.¹ However, evidence on this group is limited because most research tools are poorly suited, ethically risky, or exclusionary, particularly in low-resource, gender-normative settings such as Nigeria. One of the major public health concerns of researchers and programmers has been how to generate credible, ethical evidence about very young adolescents' (VYAs) social environments without causing harm or limiting their voices.

This age bracket (10-14yrs) is a critical yet under-researched period for shaping gender norms, aspirations, behavior, and wellbeing. This developmental stage symbolizes a period when children internalize social norms, form peer relationships, and navigate gender expectations that influence lifelong outcomes.²

Many traditional survey and interview methods fail VYAs because they rely on literacy, confidence, and verbal disclosure, which place undue burden on children³. Most social network and norms research methods are designed for adults or older adolescents and they rely on reading skills, abstract reasoning, and verbal comfort.² For VYAs, especially girls and those in conservative areas, these requirements create barriers, resulting in discomfort, bias, and ethical risk. Girls may withhold information to protect their reputation, while boys may exaggerate to appear masculine. Mixed-gender settings often suppress honest disclosure.⁴ These factors distort evidence and opportunities for prevention.⁴



The Innovation: How Gender Norms Research Redesigned Social Network Mapping Tool for Safety and Inclusion

Our research team redesigned Social Network Mapping for VYAs using a gender-responsive Polling Booth Survey (PBS), learning from widely available studies that targeted only adults. The use of PBS was adapted and implemented in six geopolitical zones: spanning Adamawa, Kano, Lagos, Edo, Ebonyi, and Benue states, with the method prioritizing dignity, developmental appropriateness, and safeguarding.

The child-sized polling booth, made up of affordable cost, foldable and portable fibre recycled materials from electronic markets was used to provide privacy, anonymity, and psychological safety for participants. Instead of requiring children to speak or write, adolescents participated in a private, non-verbal voting process that reduced visibility, judgment, and pressure.



The set-up of PBS materials

How the method works

The facilitator describes the question and allows the child to internalise the questions and make their decisions based on the options listed on the pictorial cards. In all, about 10 questions were asked and included who the adolescents speak to when they're sick; whose opinion matters most to them when deciding whether to take vaccines or injections like the HPV vaccine; etc. The VYAs voted privately inside enclosed booths for each question, until all the questions were asked. Pictorial, colour-coded cards represented key influencers/reference groups which the research explored, including parents, peers, teachers, and community leaders. Participants walked to their assigned booths, inside the privacy of the booth, they selected the voting card that best answers the question and dropped it into their ballot box. The remaining cards (the unchosen options) were placed on the pooling booth for collection. Responses were anonymous and non-verbal, eliminating the need to read or write. The facilitator and/or a trained assistant took the 10 ballot boxes to the designated counting station. For each participant's ballot box, the facilitator counted the votes for each question (e.g., count the Q1 vote, the Q2 vote, and so on). The results were meticulously recorded on the "Facilitator Tally Sheet". This sheet was structured to easily record the vote for each question for each participant. Sessions were conducted separately for boys and girls, with gender-matched facilitators trained in child safeguarding. This design made data collection intuitive and low anxiety, creating a process that adolescents understood and trusted. The process is flexible, providing opportunity for VYAs to stretch while facilitators get ready for the next cycle to vote for the next question.



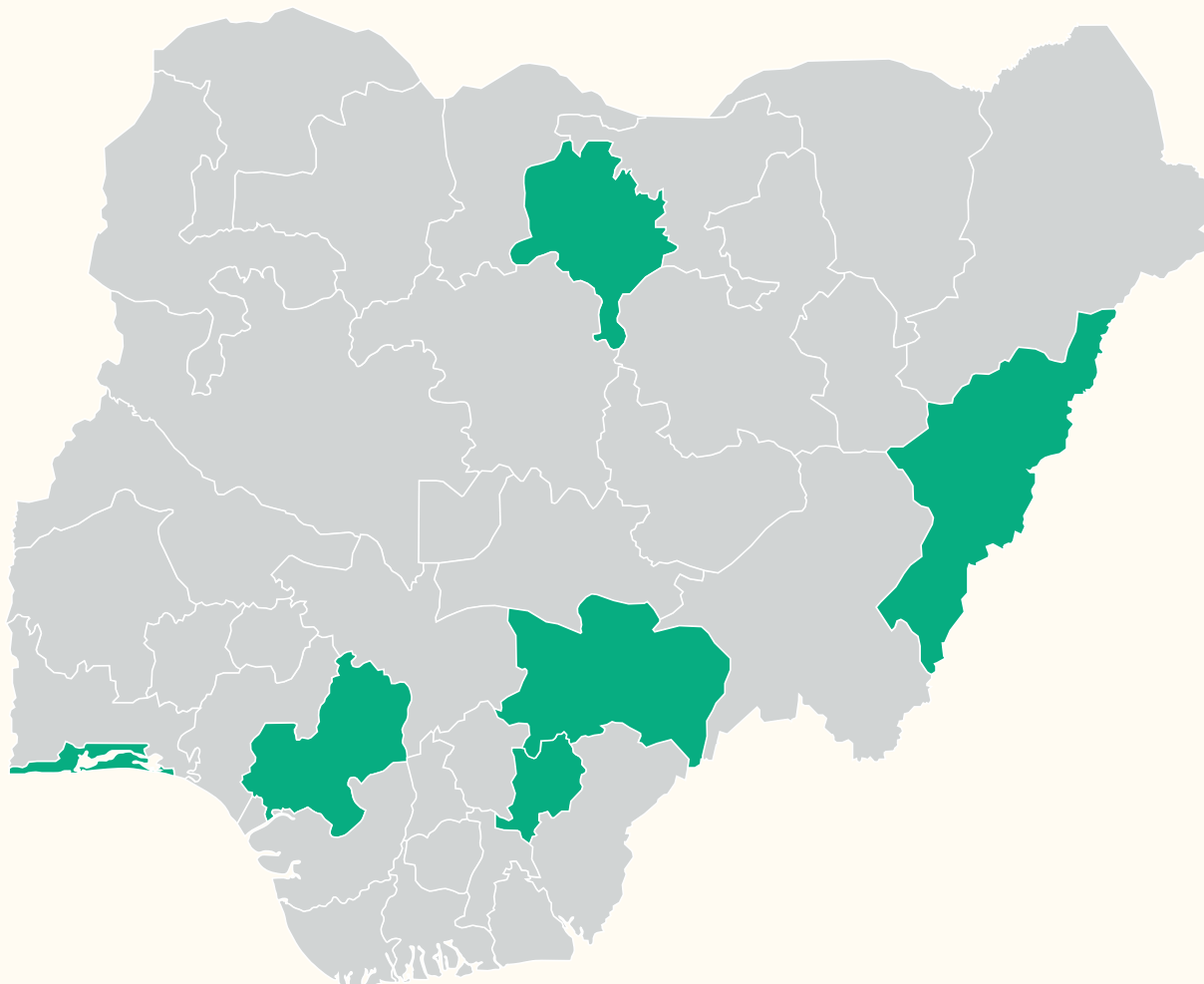
Prioritizing gender responsiveness

We implemented gender-separated session spaces ensuring comfort, confidentiality, and ethical participation for girls and boys. For the research process, gender separation was not a cultural accommodation; it was an ethical safeguard. Same-gender sessions consistently reduced embarrassment, minimised social desirability bias, and enabled more authentic disclosure. Girls shared relational influences without fear of gossip, and boys engaged without pressure to perform masculinity. Gender-separated sessions revealed distinct and meaningful network patterns that would have been obscured in mixed settings.

Scale, diversity, and feasibility of the PBS survey

The PBS with VYAs was implemented in 36 Local Government Areas across 18 urban, peri-urban, and rural settings. This diverse implementation enabled a robust assessment of the method's adaptability and effectiveness in engaging young populations across different contexts in Nigeria.

The PBS approach proved feasible, acceptable, and replicable across diverse settings. Facilitators and local stakeholders indicated that the process was straightforward to administer and that VYAs participated with ease. The PBS design supported active engagement and created an environment conducive to honest responses. VYAs' positive engagement with the PBS contributed to high participation rates and demonstrated the method's suitability for large surveys. With continued investment in youth-friendly materials and facilitation, the PBS can be scaled to reach broader populations. The successful implementation across diverse settings highlights its potential as a participatory tool for collecting data from very young adolescents.



The map above highlights the six study states across the Northcentral, Northeast, Northwest, Southeast, Southsouth and Southwest geopolitical zones of Nigeria.

Ethics, trust, access, and community buy-in

Ethical safeguards were central to the success of our research, supporting community trust and engagement. Communities were engaged as partners from the beginning, with transparent practices that demonstrated our commitment to integrity. Research protocols ensured that children were interviewed individually, protecting their dignity and privacy. Confidentiality was maintained through strict data management procedures. Gender norms were addressed proactively, aligning participation with community values.

Ethical commitments facilitated access and participation, rather than creating barriers. Safeguarding protocols were adapted to field conditions. Facilitators engaged parents, elders, government officials and community leaders through transparent dialogue, establishing shared responsibility for children's welfare. This approach supported voluntary and respectful participation across all groups. Visible and credible ethical safeguards protected participants, supported authentic partnership, and enabled sustained community access. These measures contributed to reliable data collection, increased participation rates, and the long-term viability of the research.



Facilitators engaging with parents and community leaders to build trust and ensure ethical participation.

Key Insights from PBS Implementation

- 01. A total of 360 adolescents aged 10 to 14 years participated from six geopolitical zones.** The gender distribution was balanced, with 50% male and 50% female participants; all were unmarried. The mean age was 12 years, and age 14 was the most frequently represented. Most participants identified as Christian (67%), while 33% identified as Muslim. School attendance among participants in the PBS was high (97%), with 55% enrolled in Upper Basic classes. The sample exhibited considerable ethnic diversity.
- 02. Tailored approaches are essential for quality data collection**
Fieldwork activities across study locations show that ethical, high-quality data collection with very young adolescents requires context-tailored methods. Generic tools don't suit this age group, and approaches must fit their cognitive, emotional, and social development. Tools requiring abstract reasoning or ranking are less effective for younger participants, for instance. The PBS approach to social norms exploration, using visual cues, tactile engagement, and predictable structures, improved participation, comprehension, and data reliability in both rural and urban areas.
- 03. Interactive, non-verbal tools enhance inclusion and data quality**
Hands-on, interactive processes reduce anxiety and increased engagement, especially for adolescents with limited literacy. Private voting with pictorial cards enables participation from less-privileged adolescents. Such inclusive designs support both equity and data quality.
- 04. Gender-separated sessions improve safety and reveal hidden patterns**
Gender separation increased psychological safety and reduced social desirability bias. Girls shared more openly, but boys participated more. The PBS approach adopted in this mapping revealed patterns not visible in mixed-gender sessions, supporting gender separation in early adolescence norms research.
- 05. Gender-matched facilitation strengthens trust and session flow**
Matching facilitator and participant gender improved rapport, understanding, and behaviour management. Matching facilitators with participants of the same gender and reduced discomfort or stereotyping. The training of facilitators ensured competence in participant safety and data quality.

06. Visible safeguarding builds community acceptance

Community trust increased when safeguards such as polling booths, anonymous voting, and gender separation were visible and explained. These practices reassured parents and leaders that children would not face harm, positioning ethical design as a community trust builder.

07. Ethical rigour requires resources but yields high retention

Gender-separated sessions required more logistics, staffing, and time but resulted in improved data integrity, participant safety, and community trust. Ethical research with minors is essential and leads to higher completion and more reliable results.

08. Iterative, locally grounded adaptation improves clarity and accuracy

Methods were refined using adolescent feedback and local contexts. Adjustments to symbols, pacing, explanations, imagery, and language support reduced confusion and improved accuracy. Participatory adaptation increased validity and reliability across Nigerian states.

09. Safeguarding should be an ongoing, active practice

Protecting vulnerable populations from harm abuse or neglect extends beyond tool design to active session management. Ongoing attention to waiting areas, crowd control, and preventing cross-gender visibility was required in administering the PBS. Safeguarding must be continuously resourced, monitored, and reinforced.

Conclusion

The implementation of a safe, inclusive, and gender-responsive social network mapping tool for very young adolescents in Nigeria demonstrates the value of context-specific, ethical research methods. By prioritising dignity, privacy, and cultural relevance, the approach addressed key limitations of traditional data collection methods and improved the quality and reliability of evidence from this age group. Community participation increased because of visible safeguards and local adaptation. These insights highlight the importance of investing in adolescent-appropriate research tools to inform policy and program design in Nigeria and similar settings.

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