

I grew up in Northern Nigeria, a region with a ‘culture of silence’ that limits access to comprehensive Sexual and Reproductive Health (SRH) information and services, resulting in poorer health outcomes among adolescent girls and young women, compared to their male peers. I have lost friends and family to HIV/AIDS and my elder sister to childbirth complications. Their deaths were avoidable and had a profound impact on me. Their deaths inspired me to obtain a degree in the medical field so I could play a role in improving the SRH of girls and young women like them. I became a Pharmacist at the age of 23 and I realized that although my friends and I were medical professionals, we never had formal SRH education; thus, we lacked comprehensive knowledge of SRH issues and had limited skills on preventing HIV, Sexually Transmitted Infections (STIs), and unplanned pregnancies. This inspired me to shift my focus from the treatment of diseases and identify post-graduate programs that promote health and prevent diseases. I discovered the field of public health, and I am working on acquiring as much knowledge and skills as I can including getting certificates in Health Disparities, Global Health, Maternal and Child Health, and Leadership Theory and Practice, in addition to my doctoral degree.

I chose to get a Master of Public Health (MPH) degree at the University of Leeds in 2013 because their MPH program was in line with my academic and professional development; and focuses on promoting gender equality, improving health outcomes for women and children, and addressing health disparities in low- and middle-income countries. Health promotion was my favorite course because it taught me how to use evidence-based research/interventions and theory to change risky behaviors, promote healthy behaviors, and improve health outcomes among at-risk and underserved populations. This inspired me to get a doctoral degree in health promotion and health education from the University of Texas Health Science Center (UTHealth). I chose UTHealth because it has a reputation for academic excellence; its School of Public Health is ranked amongst the top US schools of public health; and public health faculty are leading experts in conducting research and designing evidence-based interventions on diverse topics for diverse populations. One of such evidence-based interventions is ‘It’s Your Game... Keep It Real’ (IYG).

It’s Your Game (IYG) is an effective theory-based middle-school HIV, STI, and pregnancy prevention intervention. It is an abstinence-plus intervention that reported delayed sexual initiation, decreased unprotected sex, and reduced dating violence among middle-school youths in the US. IYG uses classroom and computer sessions to promote abstinence and teach youths about their bodies, healthy relationships, personal boundaries, and protecting themselves from pregnancy and STIs. For my coursework, I have culturally adapted IYG and I have plans to pilot-test the adapted intervention in Nigeria for adolescents, ages 12-15 years. The adaptation involved using theory and empirical evidence to address the psychosocial determinants of risky sexual behavior and ensure that the program is culturally tailored for Nigerian school settings. My research will result in the availability of an evidence-based school curriculum that is comprehensive and culturally appropriate for adolescents in Nigeria and other Sub-Saharan African countries. This will result in improved SRH outcomes for adolescents especially girls, by empowering them with the knowledge, skills, and self-efficacy needed to promote healthy relationships, delay sexual

initiation, and decrease sexual risk behaviors such as engaging in unprotected sex and having multiple partners.

I have worked in the field of public health for the past seven years. My public health activities primarily focus on health promotion and education and the monitoring and evaluation of health programs. I worked as a strategic information associate and the activity manager for the adolescent HIV program in Caritas Nigeria to monitor and evaluate their HIV programs. I also volunteered as a Pharmacist and Health Educator for outreaches conducted either on World AIDS Day (to provide HIV testing, education, and linkage to treatment) or for internally displaced persons (IDP) i.e., internally displaced women and girls of child-bearing age and their intimate partners from Cameroon and IDP camp caretakers. I volunteer as a Pharmacist and Health Educator in Mayday Specialist Hospital and Maternity. My volunteering activities at Caritas and Mayday include health promotion activities and group-based reproductive health education which focus on improving their reproductive health and quality of life. We provide information and skills-building on diverse topics including effective communication on abstinence and condom use negotiation with a partner; promote only one long-term faithful sexual partner; family planning and fertility awareness methods including continuous breastfeeding and the billings ovulation method; HIV/STI prevention and treatment; and the correct and consistent use of condoms. We also discuss gender-based and intimate partner violence. We test for HIV, Hepatitis, and malaria, and distribute male condoms and female hygiene products including sanitary pads.

I manage and coordinate two Substance Abuse and Mental Health Services Administration (SAMHSA)-funded projects. The Integrated Treatment Program (ITP) aims to increase access to and improve the quality of behavioral health services for sexual and gender minority individuals with substance use and mental health disorders, and individuals with co-occurring substance use and mental health disorders. The Enhanced Integrated Treatment Program with Sexual Health in Recovery (EITP-SHIR) program aims to increase access to treatment for African-American and Latino gay men with co-occurring substance use and mental health disorders and sex/drug-linked behaviors. I have demonstrated leadership, organizational, and management skills by developing and executing project workplans, and coordinating the evaluation team to collect and analyze data, write reports, and disseminate findings to key stakeholders and scientific meetings or journals.

For my practicum, I created a comprehensive monitoring and evaluation plan for Caritas Nigeria's HIV care and treatment program (4GATES). The Centers for Disease Prevention and Control (CDC) are funders for the 4GATES HIV program, and they are shifting the focus of HIV intervention efforts from the general population to adolescents and key populations including men who have sex with men (MSM) in Nigeria. The organization currently lacks staff who are skilled or have experience working with MSM; thus, they are yet to provide comprehensive HIV prevention and treatment services to MSM. Dr. John Oko, the Principal Investigator of the 4GATES HIV program, offered me a job with Caritas upon my graduation because of my passion for improving the health of adolescent girls, young women, and LGBTQ+ persons, and my skillset and research experience in providing health promotion and education services in these populations.

I plan on returning to Nigeria after my doctoral degree to take a leadership role as a Public Health expert in health promotion and education.

I am also working on a personal project, Project Safe Nigeria, with some of my friends to prevent sexual violence, support survivors of sexual violence, and promote gender equality, consent, and social norms that protect against sexual violence in Nigeria. We are utilizing social media platforms to educate young people on sexual violence and gender inequality issues, teach skills to prevent sexual violence, and empower young women to create protective environments. We are also using strategies and existing sexual violence prevention principles from evidence-based interventions to create our social media posts. I hope to take this project beyond social media platforms upon my graduation and incorporate this project into the HIV, Education, and Human Trafficking prevention programs offered by Caritas Nigeria.

I have been a mentor in UTHHealth's Mentoring Program for 2 years. To influence the personal and professional growth of my peers, I have provided educational and career guidance, psychosocial support, and helped build their social networks at school. I have served as a role model for them because we share similar struggles and aspirations and I have successfully navigated through my first 3 years in the doctoral program, demonstrated by my GPA of 3.9 and healthy social life and networks. I feel fulfilled and satisfied when helping my peers especially when I see their increased confidence or academic successes because of my mentorship and their hard work. Mentoring my peers has also enhanced my leadership, communication, and interpersonal skills.

I have mentored my peers at work and data collectors at implementing partners treatment facilities on monitoring and evaluating HIV programs in Nigeria. I also mentor adolescent girls and young women during outreaches. They always want to know how someone who grew up in a resource-limited community in Northern Nigeria just like them was able to get a University education in Nigeria, the UK and United States. I share my knowledge and experiences with them and assist them in identifying academic, scholarship, and career opportunities. I have supported them with applying to higher education schools and linked some of them to jobs (paid and unpaid) in the medical field. Mentoring these girls and women always keeps me grounded and reminds me of why I am getting a doctoral degree in health promotion and health education, especially when I face difficulties in school and my personal life. I have had amazing mentors who have supported my academic, professional, and personal growth; thus, being a mentor is an opportunity for me to pay it forward. I look forward to returning home and improving the health outcomes of Nigerian girls and women, especially those in Northern Nigeria.