

# KuzaWellness: A Virtual Wellness Awareness Campaign for Underserved Women in Northern Nigeria

## Introduction

My name is Faith William, a second-year student at the African Leadership University, Rwanda. As the Wellness Program Coordinator for KuzaWellness during the Virtual Internship Simulation (VIS), I developed an artifact titled *KuzaWellness: A Virtual Wellness Awareness Campaign*. This initiative aims to bridge the wellness information gap for rural mothers and women in Northern Nigeria, particularly in Gashua, Yobe State, who often lack access to formal healthcare education. By leveraging accessible digital tools like WhatsApp and Instagram, the campaign delivers culturally relevant, practical, and empathetic health education to empower women to make informed wellness decisions. This document outlines the purpose, design, implementation, and impact of the KuzaWellness campaign, grounded in research and aligned with my mission to advocate for equitable healthcare access in underserved communities.

## Purpose and Context

The KuzaWellness campaign addresses the critical issue of limited healthcare education among rural women in Northern Nigeria. Many women in regions like Yobe State rely on traditional practices or word-of-mouth information due to geographic isolation, low literacy rates, and inadequate healthcare infrastructure (World Bank, 2020). This information gap contributes to poor health outcomes, including high maternal mortality rates and preventable diseases (Adeyanju et al., 2021). The campaign's purpose is to provide accessible, evidence-based wellness education through platforms rural women already use, such as WhatsApp and Instagram, to foster healthier decision-making and reduce health disparities.

The initiative aligns with KuzaWellness's objective to improve community health through wellness programs, as outlined in my VIS logbook (William, 2025). The campaign supports three key results: hosting three virtual health and wellness workshops, partnering with two healthcare providers, and gathering participant feedback to assess impact. By focusing on digital tools, the campaign leverages technology to overcome barriers like distance and resource scarcity, aligning with my broader mission to amplify healthcare access in underserved communities across sub-Saharan Africa.

## Methodology and Design

## **User Persona: Amina Yusuf**

At the core of the KuzaWellness campaign is Amina Yusuf, a fictional yet research-informed persona representing rural women in Gashua, Yobe State. Amina is a 29-year-old mother of two, rooted in traditional practices but open to modern wellness ideas. Her persona was developed through user interviews and empathy mapping during Week 3 of the VIS, as documented in my logbook (William, 2025). Research from the Nigeria Demographic and Health Survey (NDHS) informed Amina's profile, highlighting that 68% of women in Northern Nigeria have limited access to healthcare services due to distance and cost (National Population Commission, 2018). Amina's story guided the design of content that is culturally sensitive, visually engaging, and easy to understand, ensuring relevance to her needs and context.

## **Digital Platforms and Content Creation**

The campaign utilizes two primary platforms: an Instagram account (@KuzaWellness) and a Medium article. These platforms were selected based on their accessibility and popularity among rural women with basic smartphone access, as WhatsApp and Instagram are widely used in Nigeria for communication and information sharing (Statista, 2023).

### **Instagram Account (@KuzaWellness)**

During Weeks 9–11, I created and launched the @KuzaWellness Instagram account to share educational posts, flyers, and health tips tailored to rural communities. Content includes “Did You Know?” facts about water intake, debunking common wellness myths (e.g., misconceptions about maternal nutrition), and nutritional reminders based on local diets. For example, posts emphasize affordable, locally available foods like millet and groundnuts to address malnutrition, informed by feedback from workshop participants (William, 2025). The content is visual, localized, and concise to accommodate low literacy levels and limited internet connectivity, as recommended by Adeyanju et al. (2021). The account's launch in Week 10 was a significant milestone, with posts promoting the second and third workshops to increase engagement (William, 2025).

### **Medium Article**

In Week 11, I published a Medium article titled “Bridging the Wellness Gap: Mobile-Based Health Education for Rural Nigerian Women” (William, 2025). The article blends storytelling with research, using Amina Yusuf's narrative to explore how mobile-based health education can reduce health inequalities. It draws on data from the BMC Health Services Research Journal, which confirms that digital interventions improve health literacy in low-resource settings (Adeyanju et al., 2021). World Bank reports further validate the impact of technology in addressing healthcare access gaps, noting that 70% of Nigerians have mobile phone access (World Bank, 2020). The article advocates for initiatives like KuzaWellness, emphasizing their role in empowering underserved communities through accessible education.

## Implementation Process

The campaign was implemented over 11 weeks, as detailed in my VIS logbook (William, 2025):

- **Weeks 1–3:** I laid the foundation by understanding KuzaWellness's mission, selecting the initiative, and developing Amina Yusuf's persona through user interviews and empathy mapping. These activities ensured the campaign was user-centered and aligned with community needs.
- **Weeks 4–6:** I designed and prototyped the first virtual workshop, focusing on mental health, and initiated outreach to healthcare providers. Feedback from prototype testing with rural women highlighted the need for simpler visuals and language, shaping subsequent iterations.
- **Weeks 7–8:** I finalized and launched the first workshop, securing two healthcare partnerships (OKR 2) and collecting participant feedback (OKR 3). Technical challenges during the launch taught me to prioritize platform testing for rural connectivity.
- **Weeks 9–10:** I developed the second workshop (physical wellness) and launched the @KuzaWellness Instagram account, posting health tips and promoting workshops. Partner collaboration enhanced content relevance, and feedback analysis informed improvements.
- **Week 11:** I delivered the third workshop (holistic wellness) and published the Medium article, completing all OKRs. The article synthesized research and storytelling to advocate for digital wellness solutions, reinforcing the campaign's impact.

## Impact and Findings

The KuzaWellness campaign achieved all three OKRs: hosting three virtual workshops, securing two healthcare partnerships, and gathering feedback to assess impact. Feedback from 85% of workshop participants indicated high satisfaction, with 90% reporting increased awareness of wellness practices like proper hydration and nutrition (William, 2025). The @KuzaWellness Instagram account gained 150 followers within two weeks of launch, with posts averaging 50 engagements each, demonstrating community interest (William, 2025). The Medium article received 200 views, amplifying the campaign's message beyond the workshops.

Research supports the campaign's effectiveness. Adeyanju et al. (2021) found that mobile-based interventions increase health literacy by 30% in rural settings, while the World Bank (2020) notes that digital tools can reduce healthcare access barriers by 25% in low-resource areas. The campaign's focus on platforms like Instagram and WhatsApp aligns with these findings, as 65% of rural Nigerian women use these platforms daily (Statista, 2023). By addressing Amina Yusuf's needs, the campaign empowered women to make informed health decisions, contributing to reduced health inequalities.

## **Lessons Learned and Future Directions**

Through this experience, I learned the power of storytelling, digital media, and empathy in designing impactful interventions. Challenges included technical glitches during workshops, which taught me to prioritize platform reliability, and synthesizing complex research for the Medium article, which strengthened my ability to blend data with narrative. My growth in competencies like technology integration (from AC to HC) and monitoring and evaluation (from AC to HC) reflects my ability to adapt and innovate (William, 2025).

Future iterations of KuzaWellness could explore SMS-based outreach to reach women without internet access, as suggested by Adeyanju et al. (2021). Expanding partnerships with local NGOs and integrating quantitative metrics, such as health outcome improvements, could further enhance impact. The campaign's success reinforces my commitment to advocating for inclusive wellness through technology, aligning with my mission to transform healthcare access for underserved communities.

## **Conclusion**

The KuzaWellness virtual awareness campaign is more than a creative artifact; it is a research-informed initiative grounded in the real-world needs of rural Nigerian women like Amina Yusuf. By leveraging Instagram and Medium to deliver accessible, empathetic health education, the campaign achieved its OKRs and advanced my mission of equitable healthcare access. This experience has deepened my understanding of digital interventions and storytelling, equipping me to continue championing wellness for underserved communities.

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