

The National Dialogue on Transforming Gender Norms for Adolescent Health and Wellbeing



The National Dialogue on Transforming Gender Norms for Adolescent Health and Wellbeing

National Dialogue on the Very Young Adolescent Survey (VYAS)





Context Setting

Isaac Oritogun, Senior Research Advisor, Policy Innovation Centre (PIC)

Panelists

- » Dr. Iziac Adekunle Salako, Honorable Minister of State for Health, Federal Republic of Nigeria
- » H.E. Barr. Chioma Uzodimma , First Lady of Imo State, Nigeria; Chairperson, First Ladies Against Cancer (FLAC).
- » Dr. Amina Dorayi, National Country Director, Pathfinder International (Nigeria)
- » Emmanuel Ajah , Country Director, Marie Stopes International (MSI Nigeria)
- » Dr. Habiba Mohammed, Director, Centre for Girls Education (CGE)

Moderator

Dr. Jennifer Anyanti, Deputy Managing Director (Strategy and Technical) at the Society for Family Health

Background

Adolescents represent nearly one-third of Nigeria's population, and their health, education, and wellbeing are critical to achieving sustainable development. Yet they face multiple and overlapping challenges — child marriage, gender-based violence (GBV), limited access to sexual and reproductive health (SRH) services, inequitable access to preventive health such as HPV vaccination, and barriers to women's economic empowerment (WEE). These challenges are not merely service delivery gaps; they are deeply rooted in social norms, gender inequalities, and systemic weaknesses.

The National Dialogue on Transforming Gender Norms for Adolescent Health & Wellbeing, brought together government officials, civil society leaders, youth advocates, researchers, and development partners. It provided a platform to launch the Nigeria Survey on Gender Norms, Attitudes, Health and Wellbeing the first systematic study of how norms shape adolescent lives in Nigeria.

Mr. Isaac Oritogun, Senior Research Advisor at the Policy Innovation Centre (PIC), framed the urgency of addressing harmful norms, *"We understand that there's an urgent need to address harmful norms because they remain deeply rooted in the fabric of society. Early adolescence offers a unique window to prevent these norms from being entrenched."* He stressed that while progress has been made in laws, policies and service delivery, cultural expectations and gatekeeping behaviours continue to limit adolescent access to opportunities. To break the cycle, Nigeria must combine technical interventions (such as policies, health services, and education) with normative change strategies that engage parents, teachers, traditional rulers, and faith leaders.



Key Points from the Minister's Keynote Address

Hon. Dr. Izaq Adekunle Salako, Minister of State for Health and Social Welfare, delivered the keynote speech. He highlighted that adolescents face disproportionate risks, including child marriage, GBV, substance abuse, and barriers to health services including vaccination. "These challenges are not just health issues. They are a reflection of deeply entrenched social and gender norms that shape behaviours, restrict choices, and perpetuate inequality." Key highlights of the address included:

- * The Minister underscored that adolescents are central to Nigeria's development, describing them as "the heartbeat of our nation's future." He stressed that investing in their health, education, and empowerment is non-negotiable for sustainable growth.
- * He highlighted major achievements, including the successful rollout of the HPV vaccine to 14 million girls aged 9-14 years, representing 96% of the national target. This milestone was presented as a testament to what coordinated action can deliver.
- * He outlined the Ministry's progress in developing adolescent health policies, GBV survivor guidelines, and training manuals for frontline workers, all aimed at improving adolescent-sensitive service delivery and addressing systemic barriers.
- * The Minister stressed the need for multi-sectoral collaboration across health, education, social welfare, and community institutions. He emphasized that the survey findings must not remain academic but should directly shape planning, budgeting, and service delivery, advancing a gender-transformative agenda that dismantles harmful norms and expands opportunities for young people.
- * The Minister officially unveiled the first comprehensive survey on gender norms, attitudes, health, and wellbeing. The survey provides baseline evidence to inform policy, programming, and accountability frameworks, ensuring interventions directly respond to the realities faced by adolescents.



In his words, "Our adolescents represent the heartbeat of our nation's future, yet they face disproportionate risks such as child marriage, gender-based violence, limited access to sexual and reproductive health services, poor health habits, substance abuse, mental health issues, and barriers to immunization. These challenges are not just health issues. They are a reflection of deeply entrenched social and gender norms that shape behaviors, restrict choices, and perpetuate inequality."

He concluded: "Let us ensure that this dialogue is more than a conversation. Let it be a catalyst for change... so that adolescents, regardless of gender or background, can thrive and contribute to national development."

Thematic Areas: Normative and Non-Normative Drivers

1. Child and Early Forced Marriage (CEFM)

Normative Drivers:

Family honour, silence around sexuality, parental gatekeeping, and gender roles that define girls primarily as wives. "For many families, the question is not about the girl's dreams but about protecting the family name."

Non-Normative Drivers:

Poverty, weak enforcement of the Child Rights Act, poor education quality, and lack of safe

alternatives.

Case Example: Safe spaces run by NGOs/CSOs were highlighted as effective. Dr. Habiba Mohammed observed, "If every girl had access to safe spaces and life skills, we would not be here talking about child marriage." Safe spaces provide literacy, skills, and mentorship, showing girls alternatives to early marriage.

2. Gender-Based Violence (GBV)

Normative Drivers:

Normalization of violence in relationships, stigma that silences survivors, and expectations that girls must endure abuse to preserve marriage in cases of intimate partner violence.

Non-Normative Drivers:

Weak referral systems, underfunded GBV response units, and lack of adolescent-sensitive services at PHCs.

Case Example: The Ministry of Health has developed national guidelines for GBV survivors, but providers often lack training to apply them in adolescent-sensitive ways.

3. Sexual and Reproductive Health (SRH)

Normative Drivers:

Stigma around adolescent sexuality; cultural expectations that discourage open conversations. Boys also face barriers when seeking SRH services from older female providers.

don't have wards or clinic days designed for them (adolescents), their unique needs are overlooked."

Case Example: The EU-supported Adolescent Health Corners in Sokoto, Adamawa, and Kwara provide private spaces in PHCs where adolescents can access SRH services confidentially.

Non-Normative Drivers:

Lack of adolescent-friendly clinics, data gaps, and provider bias. Dr. Amina Dorayi noted, "We

4. HPV Vaccination

Normative Drivers:

Myths and misconceptions about infertility, moral framing that links the vaccine to promiscuity, and parental refusal.

Non-Normative Drivers:

Weak follow-up for second doses, limited supply in rural areas, exclusion of the private sector from official data, and high costs in non-public facilities.

5. Women's Economic Empowerment (WEE)

Normative Drivers:

Patriarchal beliefs that men should control household income and assets, limiting women's economic participation. Norms often restrict girls' mobility and discourage entrepreneurship.

Non-Normative Drivers:

Limited access to credit, lack of skills training, and exclusion of women from formal economic opportunities.



Recommendations

- * Safe spaces were repeatedly highlighted as transformative platforms for empowering adolescents. By integrating literacy, life skills, mentorship, and peer support, these spaces give young people the confidence to make informed choices and resist harmful practices such as early marriage.
- * Primary health care centers remain the backbone of Nigeria's health system but are often designed for women and children rather than adolescents. The dialogue recommended expanding adolescent-friendly wards and clinics, ensuring privacy, confidentiality, and respect for young clients.
- * Adolescents frequently encounter judgmental attitudes or breaches of confidentiality when seeking care. Health workers must be trained to eliminate bias, uphold confidentiality, and provide adolescent-sensitive services.
- * Adolescent survivors of violence often lack access to appropriate services. Strengthening GBV referral pathways and integrating adolescent-sensitive, survivor-centered care into health and social systems is critical.
- * The HPV vaccine rollout was hailed as a milestone, yet gaps remain in coverage and uptake. To close these gaps, participants recommended reframing the vaccine as routine preventive care, engaging faith and traditional leaders to counter myths, expanding eligibility beyond the 9–14 age bracket, and integrating it into Nigeria's routine immunization program.
- * Economic empowerment was highlighted as a lever to delay marriage and increase girls' agency. Programs that build entrepreneurial and vocational skills, provide mentorship, and expand access to youth-friendly credit will enhance the economic participation of adolescent girls.
- * Although Nigeria has strong policies on adolescent health, weak implementation undermines impact. Participants stressed the need for dedicated budget lines at state and local government levels, alongside mechanisms for accountability and monitoring.
- * Digital technologies offer opportunities for confidential counseling, peer-to-peer education, and youth engagement. By building safe, trusted platforms for information-sharing, adolescents can access services and mentorship while bypassing stigma and gatekeeping barriers.
- * A recurring theme was the importance of adolescent voices. Policies and programs should reflect the principle of "nothing for us without us". Adolescents must be actively involved in program design, implementation, and evaluation to ensure interventions align with their lived realities and aspirations.

Key Points from the Minister's Closing Remarks

In his closing reflections, the Hon. Minister of State for Health and Social Welfare, Dr. Iziac Adekunle Salako, reiterated the government's commitment to adolescent health. He emphasized that addressing adolescents' needs requires both technical fixes and normative change: "Clearly, our adolescents are the future of our society... if we care about our country, we must prioritize their issues."

He emphasized:

- Expanding adolescent-friendly wards and clinics.
- Building the capacity of health workers to eliminate stigma.
- Encouraging parents to serve as mentors: "If the parent doesn't understand, how can he mentor?"
- Integrating life skills education into schools.
- Using digital tools to improve trust and engagement.
- Strengthening partnerships for coordinated delivery.

He concluded by assuring participants: "A lot of those suggestions have been captured. We must build an all-inclusive partnership that places adolescents at the center."

Conclusion

The National Dialogue confirmed that adolescent health and wellbeing challenges in Nigeria are inseparable from harmful gender norms. Norms around silence, stigma, parental gatekeeping, and restricted agency intersect with systemic weaknesses like poor services, weak enforcement, and underfunded programs to create barriers that keep adolescents from thriving. The dialogue also shared solutions such as: safe spaces, youth leadership, community engagement, HPV vaccine advocacy, WEE programming, and stronger health systems. If implemented, these strategies can shift harmful norms and deliver meaningful opportunities for Nigeria's adolescents.