

Gender Norms and Very Young Adolescent Health in Nigeria



FACTS, DRIVERS, ENTRY-POINT, IMPLICATIONS

Very young adolescence (10–14 years) is a critical developmental period when gender norms strongly shape health trajectories across several thematic areas: Child, Early and Forced Marriage (CEFM), Gender-Based Violence (GBV), Sexual and Reproductive Health (SRH), Human Papillomavirus vaccination (HPVv), and Women’s Economic Empowerment (WEE).

FACTS

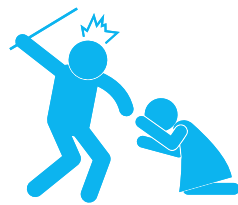
Child Marriage

3 in 10

young women (20–24) married before 18 ⁽¹⁾
Global: 19% ⁽¹⁾



Gender-Based Violence

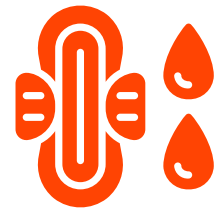


1 in 5

women (15–49) experienced physical and/or sexual violence ⁽²⁾
Global: 30% ⁽³⁾

Reproductive Health

3% of women still lack appropriate menstrual materials ⁽⁴⁾



HPV vaccination

12-15 million

girls (9-14 years) received HPV vaccination ⁽⁵⁾

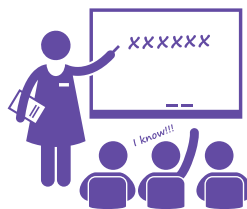


Education and Learning



26%

of children and youth are out of school ⁽⁶⁾
Global: 16% ⁽⁷⁾



75%

in learning poverty, that is, unable to read and understand simple text ⁽⁸⁾
Global: ~70% ⁽⁹⁾

DRIVERS

Normative and non-normative drivers of outcomes across CEFM, GBV, SRH, HPVv, and WEE include:

01. Restrictive gender norms around girls’ roles, protection, sexuality, and education
02. Social norms that tolerate or justify early marriage, violence, menstrual impunity, health insecurity, and school drop-out
03. Harmful myths and misconceptions that normalise risk and restrict positive choices
04. Gendered service access gaps in Very Young Adolescents’ (VYAs’) health and education
05. Limited decision-making autonomy over VYAs’ wellbeing
06. Poverty-related factors and economic pressures reinforced by social expectations
07. Inadequate investment in girls’ education
08. Weak or uneven enforcement of protective laws and policies

ENTRY-POINT

- Gender norms are formed early (before marriage, childbearing, labour force entry, or adulthood) and become harder to shift later in the life course
- Very early adolescence is a critical window for shaping gender norms and trajectories
- Early interventions yield long-term, intergenerational benefits

Implications

- Legal and policy frameworks exist, but implementation and coordination gaps persist
- Norm-change strategies or interventions must go beyond awareness to address power, expectations, and sanctions
- Integrated approaches linking education, protection, health, and economic empowerment are most effective
- Lack of VYA- and HPVv-specific data in national surveys constrain policy and programme responsiveness
- Gender-transformative and VYA-responsive programming is essential to improve health and wellbeing outcomes across priority areas



Improving VYA health and wellbeing in Nigeria requires early, coordinated action to shift harmful gender norms and expand VYA access to opportunities and high-quality services across thematic areas.

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