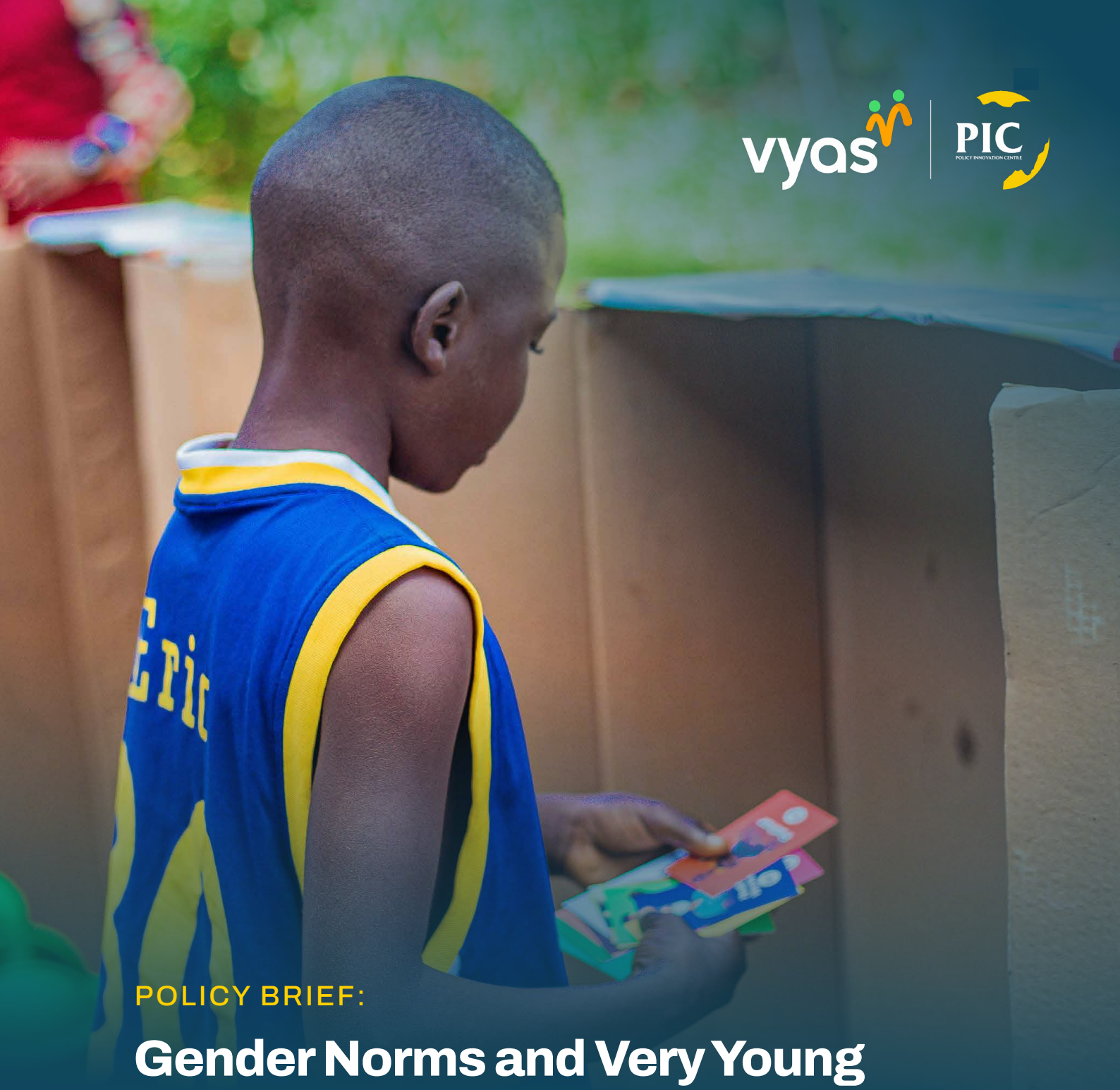


POLICY BRIEF:

Gender Norms and Very Young Adolescents' wellbeing in North-Central Nigeria: Emerging Insights for Policy and Programming

POLICY INNOVATION CENTRE

Background and Rationale

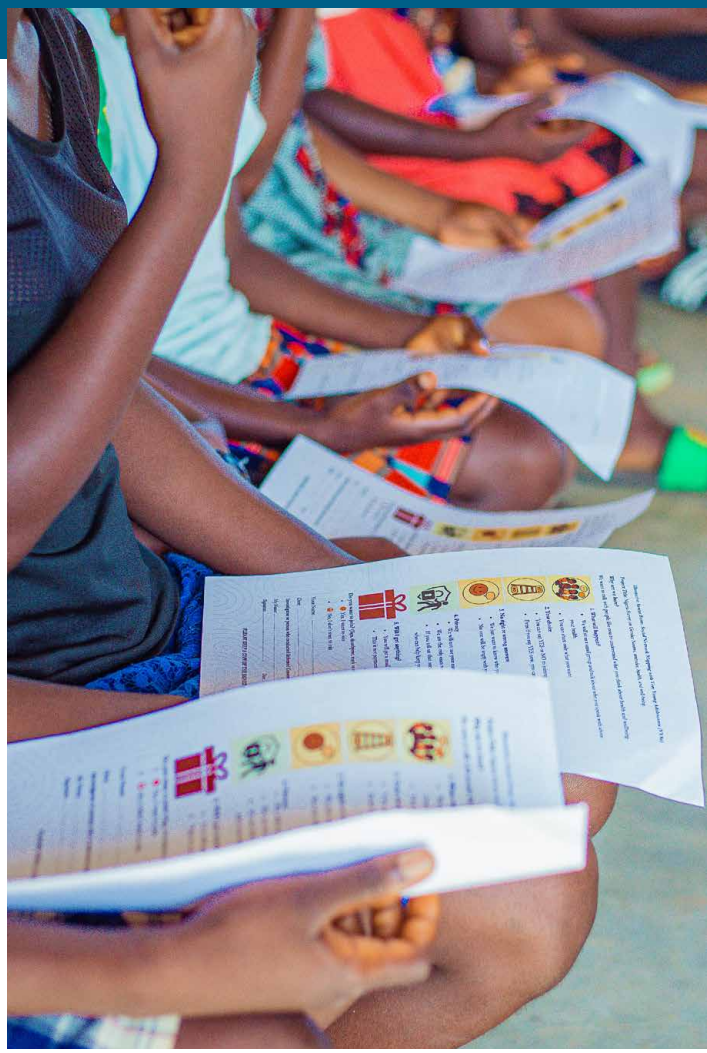
Benue State, like other Nigerian states, has a unique social and cultural context, with diversified ethnic groups and languages. Notable among the ethnic groups are the Tivs, Idoma and the Igedes with unique cultural values and social expectations across different demographic age groups, especially VYAs who are at a critical developmental stage. Additionally, their long-standing cultural expectations strongly influence how VYAs learn about their bodies, access information, and navigate issues related to schooling, safety, early marriage, and economic roles.

Benue State's socio-cultural context shapes early patterns of gender socialisation for boys and girls, with girls experiencing greater restrictions and heightened vulnerability. These gender norms, formed early in adolescence, are critical because they influence behaviours, attitudes, and wellbeing outcomes among very young adolescents. Findings from the Social Norms Exploration (SNE) show how these norms operate across five priority areas: Child, Early and Forced Marriage (CEFM); Gender-Based Violence (GBV); Sexual and Reproductive Health (SRH); Human Papillomavirus (HPV) vaccination; and Women's Economic Empowerment (WEE).

The Social Norms Exploration (SNE) conducted as part of the Nigeria Survey on Gender Norms, Health, Attitude and Wellbeing Project provides critical community-specific insights needed to ensure Benue state achieves her potential for VYAs. This brief provides evidence on how social and gender norms affect the health outcomes and wellbeing of VYAs across Early Marriage (EM), Gender Based Violence (GBV), Reproductive Health (RH), Human Papilloma Virus vaccination (HPVv), and Women Economic Empowerment (WEE), and the reference groups that influence their decisions. The findings offer actionable insights to strengthen the implementation of Nigeria's National Gender Policy and Adolescent Health Policy in Benue state, guiding more effective interventions to shift harmful norms and advance SDG 3 (Good Health and Well-being), SDG 4 (Quality Education), and SDG 5 (Gender Equality).

Methodology

The Social Norms Exploration (SNE) study adopted a qualitative, participatory design across six Nigerian states (Adamawa, Benue, Ebonyi, Edo, Kano, and Lagos). In Kano, the study engaged participants through consultative workshops with community stakeholders (40 participants), social network mapping (SNM) with VYAs (60 participants), Focus Group Discussions (FGDs) with parents/caregivers (12 FGD sessions), and in-depth interviews (IDIs) with reference groups (15 participants). Data collection instruments included participatory community dialogue guides, the polling booth survey, vignette-facilitated FGD and IDI guides. Ethical approval was obtained from Kano State Health Research Ethical Unit (SHREC), with informed consent and assent procedures in place, alongside a comprehensive child protection and referral protocol. Research data were securely managed and field notes were analysed thematically, to ensure depth and contextual understanding of the gender norms influencing VYAs' health outcomes.



This policy brief draws on findings from a qualitative Social Norms Exploration (SNE) conducted in Benue State to examine harmful gender norms shaping the wellbeing of Very Young Adolescents (VYAs) across SRH, HPV uptake, GBV, CEFM, and WEE. The study began with Social Network Mapping (SNM) using a Polling Booth Survey approach to identify key reference groups influencing adolescents' behaviours and decisions, including parents, peers, teachers, religious leaders, and health workers. Findings from the SNM informed the Social Norms Exploration, which applied structured qualitative guides to explore normative beliefs, expectations, and sanctions related to puberty, menstruation, and broader adolescent wellbeing. Data were collected through in-depth interviews with adolescents and focus group discussions with parents and caregivers (male and female groups), complemented by community-level dialogues with local leaders and service actors to validate emerging themes. All sessions were documented, transcribed, and analysed thematically using a socio-ecological lens to understand influences at individual, family, community, and institutional levels.

Key Findings by Thematic Area

Child, Early and Forced Marriage (CEFM)

Findings from the study indicate that child marriage persists within communities, although its prevalence is gradually declining. This was majorly due to increased access to education and skills acquisition, alongside greater exposure to Christianity, modern influences, and changing social values. Economic hardship was identified as the primary driver of early marriage, particularly among low-income households where marrying off daughters is perceived as a coping strategy.

Among adolescent boys, early marriage was often linked to expectations around lineage and the continuation of family heritage. Marriage decision-making was largely dominated by fathers, reflecting persistent norms of paternal authority. While many mothers expressed support for girls' choice and consent in marriage, their views often contrasted with fathers' adherence to traditional norms of control. Overall, the findings point to a household-level norm conflict between girls' agency and paternal authority in marriage decision-making.

Gender-Based Violence (GBV)

Gender-based violence (GBV) continues to be shaped by patriarchal norms that position male authority and female obedience as socially acceptable within marriage and family life. As a result, violence against women is frequently treated as a private domestic matter or a legitimate form of discipline, reinforcing reliance on informal and customary resolution mechanisms led by family, traditional, or community leaders rather than formal justice systems. Within this context, emotional and physical violence remain prevalent but are rarely reported due to stigma, fear of social shame, and concerns about family reputation. Victim-blaming attitudes further discourage disclosure, particularly for girls, while violence involving boys is often minimized or dismissed altogether. Although some participants described emerging shifts towards greater openness in reporting GBV and challenging cultures of silence, these changes remain uneven and constrained by persistent social norms that continue to normalize violence and silence survivors.

Sexual and Reproductive Health (SRH)

Menstruation is widely viewed as shameful, with some families imposing restrictive practices such as, not participating in cooking meals, during menses. This is based on beliefs that girls are “unclean” during this period. These norms suppress open communication within households and communities and promote silence and shame around sexual and reproductive health, especially for girls, who are expected to be quiet, avoid interactions with boys, and manage menstruation discreetly. Boys on the other hand were described to be more confident in discussing puberty-related changes compared to girls, highlighting persistent gender differences in comfort, access to information, and agency around sexual and reproductive health.

Mothers are typically the first source of information on puberty for girls, reflecting a widely held expectation that mothers educate daughters while fathers are responsible for guiding boys. In addition to parental instruction, some girls also receive information through female peers and, increasingly, through health care centres, indicating the presence of multiple pathways for accessing puberty-related information.

HPV Vaccination

There is a varying view on the uptake of HPV vaccine from community to community. In some communities, the HPV vaccine is generally viewed positively as a preventive measure against cervical cancer and other future diseases. However, acceptance is inconsistent due to limited understanding, widespread misinformation, and persistent rumours, ranging from fears of side effects, infertility, and death, to suspicions of government or even population control by international bodies. These concerns are often reinforced by past vaccine controversies and conflicting messages from parents, peers, religious leaders, and some untrained health workers.

Community acceptance of the vaccine increases in cases where the vaccines are introduced through trusted channels like community and traditional leaders, churches, schools, government announcements, NGOs and clear explanations from trusted health workers. While awareness is gradually increasing through education in school and church-based outreaches, many families still prefer to wait and observe the outcome among those who have already received the vaccine before consenting.

Women's Economic Empowerment (WEE)

There is a general expectation from parents in the community that VYAs should attend school and contribute to household or economic activities, such as helping on farms. There is also a growing acceptance of VYAs expected to combine schooling and skill acquisition. Increasing awareness has made many parents to recognise vocational skills as a practical pathway to empowerment.

Fathers emerged as the primary reference group, with friends of the father identified as influential intermediaries in cases where the fathers restricted girls from learning skills. Girls who seek to earn income were generally regarded as responsible. However, there were exceptions, with such girls being seen as disrespectful. On the flip side, boys were more likely to get parental approval to learn skills as they are seen as the future household and community heads. Attitudes are gradually changing as more parents now recognise the economic and social benefits of empowering girls, informed by visible positive outcomes in families where daughters have gained skills or accessed education.

Cross-Cutting Insights

Gendered power structures and reference groups reinforcing control

Across all 5 thematic groups parental authority drastically influenced and shaped the lives and choices of VYAs, both male and female. Fathers, consistently emerged as the primary decision maker in the household regarding when to marry (CEFM), economic participation (WEE) and health-seeking behaviour (HPV). Fathers were also seen to tolerate GBV to protect family image and instil discipline.
Mothers served more as emotional support and primary teachers on matters related to SRH. Other common reference groups included traditional and religious leaders. Across all themes, boys were allowed greater autonomy in skill acquisition (WEE), health information (SRH).

Education and exposure (school, media, health workers) as key levers of change

Across the five themes, education, exposure, and information from trusted channels and bodies consistently emerge as strong drivers of normative change. Education and exposure through increased access to schooling, vocational training, Christianity, media, CSOs, and health services has contributed to declining child marriage (CEFM), growing acceptance of girls' skills acquisition (WEE), improved awareness of SRH, access to credible information on HPV vaccination and openness to report cases of GBV through the right channels. However, exposure is not being fully translated into action. Adoption is gradual, as awareness is increasing, adoption remains constrained by fear, misinformation, economic hardship, and deference to patriarchal authority.

Intersection between the 5 thematic areas

Across CEFM, GBV, SRH, HPV, and WEE, the underlying norms are interconnected. Economic hardship and limited access to girls' education and skills development contribute to early marriage (CEFM). Norms that emphasize control over girls' sexuality (SRH) fuel resistance to HPV vaccination and promotes early marriage as a protective strategy. CEFM often disrupts girls' education and skills acquisition, limiting their opportunities for empowerment. The normalization of male authority and disciplinary control (GBV) reinforces silence around violence and constrains girls' agency. Across all themes, education and skills development serve as pathways to delaying early marriage, improving health literacy, reducing tolerance for violence, and expanding economic opportunities, particularly for girls.

Policy Gaps and Challenges

State Government

- Strengthen enforcement of existing laws on CEFM and GBV.
- Strengthen national, norm-focused communication initiatives on delayed marriage, adolescent health, and the protection of girls.
- Fund girls' education, vocational programs, and SRH services, particularly in low-income communities where economic pressures drive early marriage.
- Implement policies that promote gender equality and women empowerment.
- Review the FLHE curriculum to reflect both local values and global best practices, particularly with a focus on continuous professional development of teachers to deliver the curriculum effectively.

Health Sector

- Use health workers as credible sources of information to counter misinformation, myths, and rumours about vaccines and reproductive health.
- Train health workers on gender-sensitive communication.
- Provide counselling services on SRH and GBV

Educational Sector

- Introduce programs to reduce dropout rates, especially among girls, including scholarships, school feeding programs, and flexible schedules for adolescents combining school and vocational training.
- Equip teachers with skills to support adolescent girls' agency, address GBV in schools, and provide accurate information on SRH and HPV.

Traditional and Religious Institutions

- Use religious and cultural platforms to dispel myths about SRH, HPV vaccination, and girls' economic participation.
- Mobilize leaders to advocate for delaying child marriage, promoting girls' education, and addressing harmful gender norms.

Developing Partners

- Train local NGOs, government staff, and community leaders to implement gender-transformative programs.
- Provide financial and technical resources for integrated interventions addressing education, health, protection, and economic empowerment.
- Support economic empowerment pathways and mentorship for girls

Recommendations

01. Engage key players in the community such as religious and traditional leaders to educate the people on the negative effects of child marriage and champion positive norms around girls' agency and delay of child marriage

02. Increase access to quality formal schooling and vocational training for girls and boys, especially in low-income areas.

03. Use trusted health workers and respected community leaders to address misinformation and myths.

04. Create safe channels for reporting GBV and early marriage, particularly for girls.

05. Encourage collaboration between government, NGOs, development partners, and community institutions.

06. Educate women and men on their rights, including their rights to report cases of gender-based violence.

07. Make allies out of husbands, fathers, and boyfriends through targeted engagements and awareness campaigns.

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