POLICY BRIEF:

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

POLICY INNOVATION CENTRE

Context

Very young adolescents (VYAs, aged 10–14 years), occupy a critical yet often overlooked stage in the life course, during which gender norms strongly shape trajectories related to marriage, safety, health, education, and economic participation. In Nigeria, outcomes linked to CEFM, GBV, SRH, HPVv, and WEE are deeply embedded in gender norms that regulate behaviours and decision-making (CARE, 2024). In Edo State, South-South Nigeria, legal frameworks and support services continue to challenge harmful practices among vulnerable populations, including VYAs (Invictus Africa, 2024). Despite substantial investments in improving the health and wellbeing of adolescents and young women in the region (with VYAs remaining under-researched), outcomes related to these thematic areas (CEFM, GBV, SRH, HPVv, and WEE) remain uneven and gender norms continue to perpetuate harmful practices (Federal Ministry of Health, 2024).

The purpose of this policy brief is to synthesise evidence across these five thematic areas, drawing on findings from a social norms exploration (SNE) in Edo. The brief aims to inform policy and programming by identifying leverage points for norm change and addressing non-normative constraints that continue to undermine VYAs' wellbeing. This brief examines how behaviours are shaped by both social expectations and practical constraints at different levels of society. These include individual beliefs, parental and household influences, community expectations, and the role of institutions, policies, and services.

Key Findings

Child, Early and Forced Marriage (CEFM)

Normative factors preventing CEFM include strong community expectations around appropriate maturity for marriage and fulfilment of bride price obligations, alongside social expectations that early marriage offers should be rejected or reported to traditional authorities such as the Odionwere (community head). These norms reflect growing community recognition of childhood as a protected phase and reinforce collective responsibility for preventing early marriage. Although CEFM was not rampant, the few cases mentioned were driven by parental desire for lineage continuity and the perceived prestige attached to early grandparenthood. These, among few others, frame early marriage as socially rewarding for families, particularly within intergenerational and kinship systems. Transitional drivers, factors that show social norms are changing over time indicate that practices such as community belief in puberty as readiness for early marriage and cultural devaluation of girls' education were more prevalent in the past and are increasingly contested, signalling gradual normative change. Non-normative drivers such as household poverty and pregnancy further accelerate CEFM.

Gender-Based Violence (GBV)

Normative drivers of sexual violence and non-reporting of GBV include cultural subordination of women and girls, male dominance, stigma, shame, and entrenched expectations of secrecy. Both survivors of sexual violence and their families fear disgrace resulting from negative social labelling, and this continues to suppress disclosure, particularly where marriage prospects are perceived to be at risk. While incest is widely regarded as a taboo, it is normatively managed through ritual cleansing and communal sanctions, including banishment. GBV remains present. Insights from this study indicate, however, that the culture of silence surrounding it (especially physical violence) is gradually waning. Strong injunctive norms emphasise reporting, intervention by older persons, and escalation to formal authorities in severe cases. Non-normative factors such as poverty, ignorance of reporting channels, weak or unenforceable laws, and lack of institutional trust further constrain response pathways.

Sexual and Reproductive Health (SRH)

SRH conversations are often normatively framed as sensitive and shameful particularly for girls and especially among less educated parents. Cultural beliefs hold that girls will naturally learn about their bodies without guidance, while curiosity about puberty is often interpreted as waywardness. SRH education for boys is sometimes viewed as morally corrupting, reinforcing unequal access to information and gendered silence – limited or discouraged discussion of SRH, often affecting boys and girls differently. Early pregnancy is widely regarded as a community shame and moral failure, driving surveillance and control over girls' behaviour. However, findings point to some transitional shifts. For examples, parental avoidance of SRH conversations appears to be declining, and public menstruation celebrations ('cultural initiation ceremony') have reduced due to social media exposure. Mothers remain the primary reference group for SRH-related decisions and discussions, while schools and peers mainly serve as sources of information. Fathers' involvement remains limited.

Human Papilloma Virus Vaccination (HPV)

Normative barriers to HPV vaccination are dominated by myths linking the vaccine to infertility, depopulation agendas, promiscuity, and spiritual harm. Parental authority, particularly paternal consent, governs vaccination decisions, with adolescents' agency acknowledged but constrained by perceived immaturity. Community injunctive norms emphasise that HPVv should be accepted only after parents and community members receive adequate information and reassurance about its safety and benefits. Transitional norms show a shift from refusal of HPVv toward acceptance, as awareness improves and misconceptions about infertility gradually decline. Non-normative factors influencing HPVv uptake include mistrust of free vaccines, preference for paid alternatives, digital misinformation, and reliance on trusted authorities such as health workers and teachers.

Women's Economic Empowerment (WEE)

Normatively, communities strongly endorse education and skill acquisition as pathways to sustainable livelihoods for both girls and boys. While schooling is prioritised, skill acquisition pathways are socially approved in gendered ways when balanced with formal education. Girls' participation in education and vocational training is increasingly valued and reflects positively on families. Non-normative drivers of economic empowerment include community backing and government support. However, children aged 10–14 are widely perceived as lacking independent decision-making capacity. Fathers retain ultimate authority over schooling and skills decisions, with mothers acting as intermediaries. Structural constraints such as household poverty shape access and may lead to gendered prioritisation or redirection toward vocational pathways rather than formal schooling.

Cross-Cutting Insights

Across thematic areas, VYA agency remains limited by reference groups (household and community hierarchies), despite growing recognition of individual rights and wellbeing. Normative change is uneven across communities and themes, and often undermined by non-normative barriers such as household poverty, weak law enforcement, misinformation, and limited access to trusted services. Institutional actors such as schools, health facilities and CSOs are widely trusted but inconsistently available/affordable. Finally, gender norms continue to place disproportionate responsibility, surveillance, moral judgement, reputation management, and sanctions on girls, while boys' roles remain less scrutinised.

NORMATIVE INFLEUNCES IN SOUTH-SOUTH REGION

Child, Early, and Forced Mariage

Preventing Norms
- Maturity expectation
- Bride-pride readiness norm
- Elder reporting obligation
- Community accountability

Driving norms
- Family honour preservation
- Lineage continuity
- Early grandparenthood prestige
- Parental authority
- Female obedience expectation

Transitional norm
- Puberty-as-readiness belief
- Devaluation of girls' education

Non-normative drivers
- Poverty
- Very early pregnancy
- Weak law enforcement
- Boys' economic power (early union)
- Peer influence
- Transactional relationships

Gender-Based Violence/ Non-Reporting

Driving norms
- Cultural subordination of women
- Male dominance
- Culture of silence
- Culture of secrecy
- Stigma and shame
- Fear of disgrace
- Protection of family reputation

Normative beliefs and sanctions (incest-specific)
- Incest as taboo
- Spiritual cleansing expectation
- Sacrificial appeasement of gods
- Fear of spiritual punishment
- Threat of banishment
- Fear of barrenness and sickness

Non-normative drivers
- Poverty-induced vulnerability
- Ignorance of reporting channels
- Weak law enforcement
- Infrastructure gaps
- Corruption and informal settlements

Sexual and Reproductive Health Conversations

Influencing norms
- Perceived shame
- Waywardness labelling
- Moral corruption
- Natural learning belief
- Gendered communication
- Menstruation secrecy

Transitional norm
- Shifting impunity belief
- Declining menstrual rites
- Waning parental silence

Non-normative drivers
- Parental avoidance
- Teacher reluctance
- Limited safe spaces
- Lack of menstrual resources
- Digital exposure

Low Human Papillomavirus Uptake

Driving norms
- Infertility myth
- Depopulation fear
- Promiscuity stigma
- Parental authority over uptake

Transitional norm
- Declining infertility myth
- Growing cautious acceptance

Non-normative drivers
- Paid-vaccine preference
- Free-vaccine mistrust
- Digital misinformation
- Trusted authorities influence
- Sensitisation demand

Women's Economic Empowerment

Driving norms
- Education-as-investment nor
- Social approval of skill acqu
- Gendered skill pathways

Non-normative factors
- Community support (+ve)
- Government programmes (+
- Household poverty (both)
- Parental income control (-ve
- Limited agency (-ve)

Implications for Policy and Programming

Addressing VYAs' needs requires a shift from awareness raising to deliberate engagement with the normative systems (such as parents, extended family, community elders, religious leaders, and teachers) that govern their behaviour. Because VYAs have limited autonomy, multiple gatekeepers shape their access to information and services; yet these actors are typically studied or engaged separately rather than through coordinated approaches that involve parents, families, community leaders, and institutions together and remain under engaged in most programming. Additionally, leveraging existing protective norms such as rejection of CEFM, expectations to report GBV, and broad support for girls' schooling, offers an underused opportunity to accelerate progress, while ensuring that programmes also address non-normative barriers. A key gap is the absence of VYA specific data. Without integrating age relevant indicators into national surveys such as NDHS and MICS, policies and programmes will continue to overlook this age group. Finally, multi level alignment across individuals, households, communities, and institutions is essential to ensure shifting norms result in improved VYAs' wellbeing.

Policy Recommendations

01. Ministries of Education and Health should embed age-appropriate, gender-sensitive learning on CEFM, GBV prevention, SRH, HPVv, and economic skills into national curricula and policy frameworks.

02. Policymakers should develop frameworks for social norms diagnostics and norm-sensitive monitoring to guide adaptive, multi-level interventions targeting VYAs across communities.

03. Government agencies should incorporate age-disaggregated (10–14 years) indicators into national surveys (such as NDHS and MICS) to ensure policies and programmes are informed by VYA-specific evidence.

Programmatic Recommendations

01. NGOs and CBOs should implement participatory norm change programmes that engage parents, household gatekeepers, teachers, traditional and religious leaders to reinforce protective norms and challenge harmful expectations affecting VYAs across themes.

02. Schools, community organisations, and programme implementers should work with parents and caregivers to support the gradual expansion of VYA's agency and informed decision-making in a life-course context.

03. Programme implementers should use social norms diagnostics and norm-sensitive learning systems to continuously adapt interventions at the individual, household, community, and institutional levels to maximise impact on VYAs' wellbeing.

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