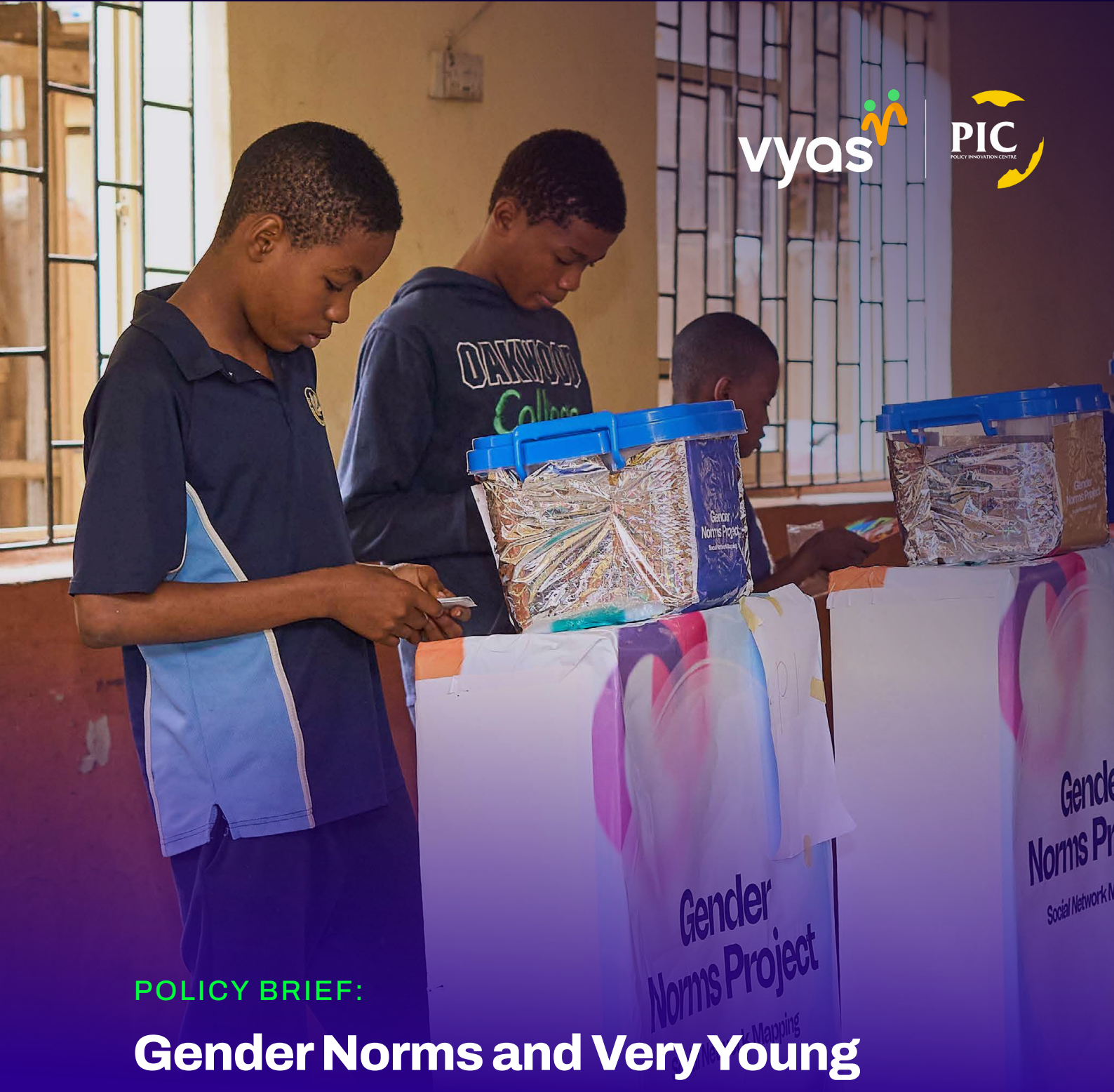

POLICY BRIEF:

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

POLICY INNOVATION CENTRE

Background and Rationale

Adolescents in Lagos State navigate a rapidly changing social environment in which traditional gender expectations coexist with expanding exposure to formal education, digital media, and peer-driven social influences. While norms surrounding respect for elders, modesty, and gendered roles continue to shape family and community life, emerging social influences increasingly redefine adolescent identities, and social interactions. This intersection creates tensions that often produce unequal expectations for girls and boys, particularly in relation to mobility, educational opportunities, access to health information, autonomy, and participation in decision-making. For Very Young Adolescents (VYAs), these competing and reinforcing gender norms tend to contribute to restrictive socialization patterns, heightened vulnerability to harmful practices, and uneven access to resources essential for healthy development and wellbeing (UNICEF, 2022).

In response to addressing some of these harmful practices affecting adolescents, Nigeria has developed a range of national and subnational legal and policy frameworks aimed at promoting gender equality, child protection, and adolescent wellbeing. At the national level, the National Gender Policy advances commitments to gender equity and the elimination of harmful practices, including Child, Early and Forced Marriage (CEFM) (Federal Ministry of Women Affairs, 2020), while the National Adolescent Health Policy emphasizes access to adolescent-friendly services and comprehensive sexual and reproductive health (SRH) education (Federal Ministry of Health, 2019).

Within Lagos State, legal instruments such as the Lagos State Child's Rights Law and the Lagos State Protection Against Domestic Violence Law further institutionalize protections intended to safeguard children and adolescents from abuse, exploitation, and gender-based vulnerabilities (Lagos State Child Rights Law, 2007; Lagos State Protection Against Domestic Violence Law, 2007). However, despite the existence of these frameworks, deeply entrenched gender norms embedded within family structures, religious teachings, and community expectations continue to shape adolescent experiences and behaviours in ways that policy commitments alone cannot easily transform.

It is against this background that 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 Lagos 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 Kano 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). For Lagos, the data collection was conducted in Shomolu, Ikeja and Ilogbo (Ogun State) LGAs. 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) including parents, caregivers, religious and traditional leaders, teachers, health workers, community leaders, policymakers, civil society organisations, and other community stakeholders. Data collection instruments included participatory community dialogue guides, the polling booth survey, vignette-facilitated FGD and IDI guides. Ethical approval was obtained from the Lagos State Ministry of Health, 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.

Key Thematic Insights

Declining Social Acceptance of CEFM

Strong social expectations exist within South-West Nigeria that VYAs should prioritize education and delay marriage. Participants consistently described a shared understanding that children within this age group are expected to remain in school and prepare for their future rather than enter marital relationships. Many explained that parental priorities have shifted toward ensuring that children, particularly girls, remain in school for longer. This emphasis on education reflects changing expectations about what constitutes a good future for young people, with schooling increasingly seen as necessary for social and economic advancement. Generally, this implies that is a clear shift in attitudes toward CEFM, and this change is linked to increased awareness, education, and broader social exposure among VYAs in south-west Nigeria. Practices that were once accepted are now often viewed as outdated, with respondents describing early marriage among VYAs as something that belongs to an earlier period.

Sexual and Reproductive Health (Puberty and Menstruation)

Findings reveal that puberty is widely understood as a moment that demands closer attention to the lives of girls. Adults describe this as a period where mothers are expected to draw nearer to their daughters, offering guidance that combines practical care with moral instruction

Furthermore, the ways adolescents encounter puberty are shaped not only by what they are taught, but also by what remains unsaid. Participants repeatedly pointed to a pattern in which knowledge about bodily changes is unevenly transmitted across generations. Some parents acknowledged that their hesitation to discuss sexual and reproductive health stems partly from their own upbringing.

Participants spoke about a noticeable shift in how puberty is discussed and understood, often contrasting their own experiences with what younger adolescents encounter today. For many older respondents, puberty had once been surrounded by quiet warnings and indirect explanations. What is changing now, they suggest, is the amount of information available, the places where that information is shared and the confidence with which it is spoken about.

Gender-Based Violence (GBV)

Community members hold strong views about how gender-based violence should be addressed. They emphasize accountability and collective responsibility when such cases occur. Parents and neighbours expect that perpetrators face direct consequences, such as removal from the community, to protect children, and maintain social order. Law enforcement is widely seen as central to these processes. Families and communities are expected to report incidents to the police rather than conceal them, with the understanding that formal intervention prevents further harm.

In reality, responses to gender-based violence are shaped by longstanding social and cultural expectations, where families manage incidents privately, with a strong emphasis on preserving the family's reputation, honor, and social identity. Disclosure outside the household is limited, especially when the survivor is a child or adolescent, and particularly when the perpetrator is known to the family.

HPV Vaccination Uptake

Perceptions of HPV vaccination are shaped by a recurring concern about population control. Participants repeatedly returned to the idea that vaccines targeted at girls may carry hidden intentions related to fertility. This line of thinking places HPV vaccination within a broader narrative about external actors attempting to regulate or reduce African populations. While not all participants shared this view, the fact that it surfaced repeatedly in conversations suggests that it remains a significant undercurrent in how the vaccine is interpreted. Data from South West Nigeria suggest that responses to HPV vaccination unfold within a community environment where acceptance, hesitation, and suspicion exist side by side.

Women's Economic Empowerment (WEE)

Norms around women's economic empowerment are deeply intertwined with expectations of usefulness, skill acquisition, and preparation for adult responsibilities. The data reveal that communities uphold a framework where girls are expected to gain practical skills, either through formal education or vocational training, so they can contribute meaningfully to their households and future families.

In communities represented, the economic pathways for girls are shaped by a careful negotiation between family expectations, community pressures, and the girl's own initiative. Parents and elders hold significant sway over the pace and type of engagement girls can have in economic activities.

Economic pressures are also playing an important role in reshaping expectations. Several participants spoke about how the current economic climate is pushing families to think differently about how children spend their time and how they contribute to the household economy.

Cross-Cutting Insights

- Fathers typically serve as primary decision-makers regarding education, finances, and broader family issues, while mothers oversee health care and reinforce household norms.
- Mothers act as core caregivers, shaping health-seeking behaviours and influencing girls' SRH knowledge.
- Education, media exposure, and NGO-led interventions are powerful drivers of attitudinal change and norm shifts among VYAs.
- Poverty remains a major structural driver of CEFM, GBV, and low uptake of essential health services.

Recommendations

01. **Policymakers and Government Agencies:**

- Strengthen community-level implementation of the National Gender Policy and the National Adolescent Health Policy.
- Expand adolescent-friendly health services across Lagos State to improve SRH outcomes and HPV vaccine uptake.
- Increase and sustain funding for poverty-alleviation programmes across Ministries, Departments, and Agencies (MDAs) to address root causes of CEFM and GBV.

02. **For Schools and Educational Institutions:**

- Integrate gender-transformative communication strategies into school curriculum.
- Deliver age-appropriate, comprehensive SRH education within safe, supportive learning environments.
- Partner with NGOs and health agencies to provide accurate HPV vaccination information to VYAs and parents.

03. **For Civil Society Organizations:**

- Facilitate community dialogues that challenge harmful gender norms and promote gender equality.
- Implement media campaigns and sensitization programmes to counter HPV vaccine misinformation and strengthen GBV reporting pathways.
- Support vocational trainings and skills development programmes to promote WEE among VYAs.

04. **For Community Leaders and Religious Institutions:**

- Establish and strengthen community mechanisms to discourage CEFM and promote continued education for VYAs.
- Encourage open, stigma-free discussions on SRH and GBV.
- Partner with schools and NGOs to disseminate accurate culturally appropriate health information.

05. **For Parents and Caregivers:**

- Engage actively in age-appropriate SRH discussions with VYAs, including menstruation, hygiene, and body safety.
- Promote HPV vaccination through trusted health information channels.
- Support both formal education and vocational training to strengthen girls' economic independence. agency and wellbeing across all domains.

References

1. Federal Ministry of Women Affairs. National gender policy (revised edition). Federal Government of Nigeria; 2020. https://www.wrapanigeria.org/wp-content/uploads/2023/06/NATIONAL-GENDER-POLICY.pdf
2. Federal Ministry of Health. National adolescent health and development policy (2019–2023). Federal Government of Nigeria; 2019. https://scorecard.prb.org/wp-content/uploads/2022/03/National-Adolescent-Health-Policy_Revised_2019_Post-NAHDWG_Post-NDHS_FNL_15Nov2019.pdf
3. Lagos State Child Right Law (2007) https://lagosdsva.org/wp-content/uploads/2022/04/Childs-Right-Law-2007-2.pdf
4. Lagos State Protection Against Domestic Violence (2007). https://lagosstatemoj.org/wp-content/uploads/2020/12/PROTECTION-AGAINST-DOMESTIC-VIOLENCE-LAW-2007.pdf
5. UNICEF Nigeria. Adolescent wellbeing and social norms in Nigeria. UNICEF; 2022.

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