



## ■ Technical Brief

# SOCIAL NORMS EXPLORATION

## of Child, Early, and Forced Marriage, Intimate Partner Violence, and Early Adoption of Family Planning in Ebonyi and Sokoto States, Nigeria

From May to July 2021, MOMENTUM Country and Global Leadership used the Social Norms Exploration Tool (SNET)<sup>a</sup> to understand the social norms driving child, early, and forced marriage (CEFM); intimate partner violence (IPV); and early adoption of family planning (FP) in selected project areas of Ebonyi and Sokoto states, Nigeria.<sup>b</sup> The social norms exploration also aimed to identify the individuals who uphold or enforce social norms by approving or disapproving of these behaviors as well as their drivers.

<sup>a</sup> SNET is a participatory learning and action tool that guides social norms exploration.

<sup>b</sup> Social norms are unwritten rules of behaviors shared by members of a group or society. They are informal, often implicit rules that most people accept and abide by.

## CONTEXT

The incidence of IPV remains high in Nigeria, with more than one in three ever-married women reporting that they have experienced physical, sexual, or emotional violence by their husband or partner. Nigeria has the largest number of child brides in Africa due to high rates of CEFM, which is particularly prevalent in the Northern region. DHS data shows that **one-quarter of women aged 25–49 have had sex by age 15 and 54% by age 18.**

**Additionally, 23% of girls aged 15–19 have either**

**already had a live birth or are pregnant with their first child.** Contraceptive use among unmarried sexually active adolescent girls in Nigeria is low. Very few married adolescent girls aged 15–19 use a modern method of contraception (1.2%) or have their contraception needs met (13.1%). The low rate of contraceptive use results in high levels of early adolescent pregnancy, often leading to poor reproductive, maternal, neonatal, and child health outcomes.<sup>1</sup>

### Activity at a glance

**Geographic focus:** Ebonyi and Sokoto States, Nigeria

**Behaviors of interest:** Child, early, and forced marriage; intimate partner violence; and early adoption of family planning

**Implementation period:** May–July 2021

## OBJECTIVES, TARGET BEHAVIORS, AND APPROACH

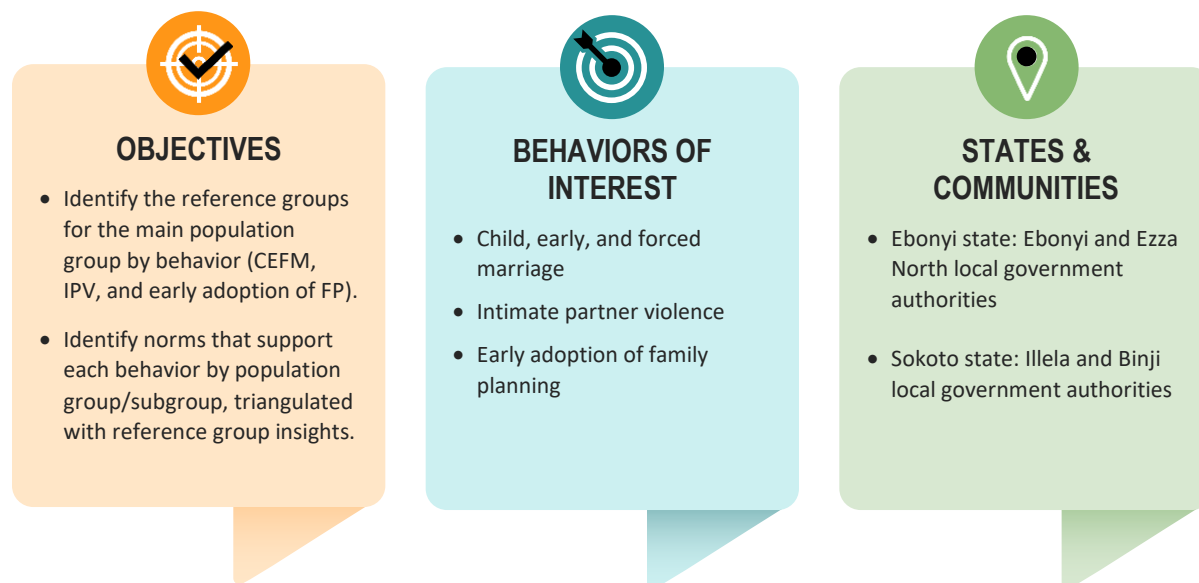
Two populations of interest were interviewed in this study: the main population groups, i.e., the target population, and their reference groups. Reference group refers to the people who matter to an individual's (in this case, members of the main population group) choice to engage in a behavior. The main population groups of interest were determined based on the behavior being explored and how it affects them (Table 1). These groups were further segmented by age and/or marital status to understand which factors (age, marital status, having a child, etc.) exert social pressures on adolescents and youth from the selected communities.

**TABLE 1: MAIN POPULATION GROUPS BY BEHAVIOR<sup>c</sup>**

Child, early, and forced marriage	Intimate partner violence	Early adoption of family planning
<ul style="list-style-type: none"> <li>Unmarried adolescent girls aged 15–17 years</li> <li>Married adolescent girls aged 15–17 years</li> <li>Fathers of adolescent girls (married or unmarried)</li> </ul>	<ul style="list-style-type: none"> <li>Married young women aged 20–24 years</li> <li>Married women aged 30–40 years</li> <li>Married men aged 30–39 years</li> <li>Married men aged 40–50 years</li> </ul>	<ul style="list-style-type: none"> <li>First-time mothers aged 15–19 years</li> <li>First-time mothers aged 20–24 years</li> <li>Male partners of first-time mothers who are 15–24 years</li> </ul>

<sup>c</sup> These subgroups were prioritized to ensure that we could feasibly collect data from reference groups within the project teams' proposed sample size, time, and budget. For the IPV groups, we focused the SNET on the norms that drive men to commit violence rather than women, given that it is more common for men to commit violence. We did not include men in their 20s in the sample because median age at first marriage among men (per 2018 DHS data) was 27.7 years, and we did not include women aged 25–29 because men aged 30 and older tend to marry women who are younger. The median age at first marriage for adolescent girls in Sokoto state is 15, but we decided to focus on 15–19 years for simplicity.

FIGURE 1: SNET OBJECTIVES



The data collected in both states during the social norms exploration was carried out in two stages (Figure 2):

FIGURE 2: SNET STAGES AND METHODOLOGY

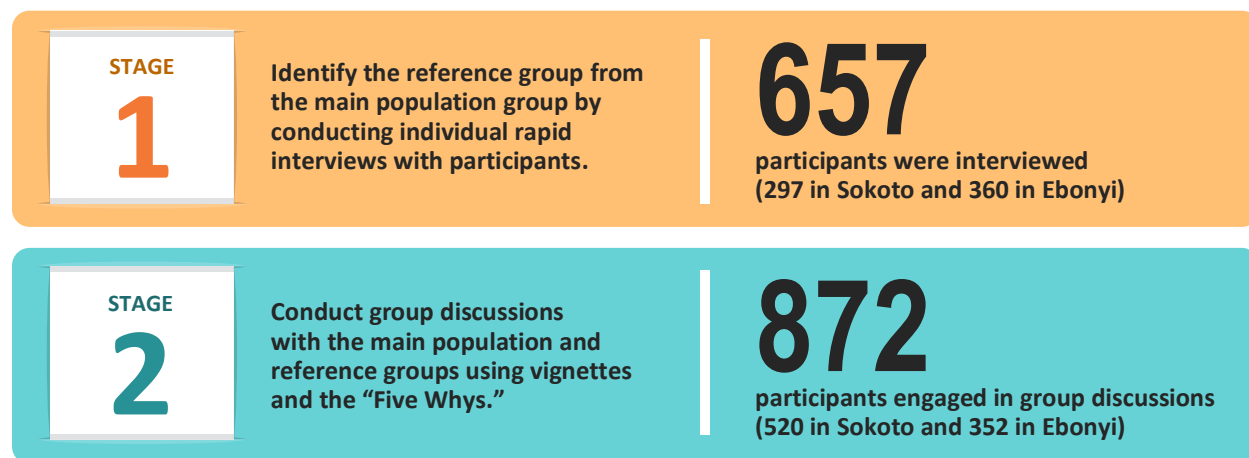


TABLE 2: SAMPLE SIZE BY LGA IN SOKOTO STATE

Sample size in Sokoto State	Illela LGA		Binji LGA		Total
	Illela Gari	Kalmalo	Bunkari	Maikulki	
Participants in stage 1 interviews	61	75	73	88	<b>297</b>
Group discussions in stage 2 with main population group	10	10	10	10	<b>40</b>
Group discussions in stage 2 with reference groups	3	3	3	3	<b>12</b>
Participants in group discussions	130	130	130	130	<b>520</b>

**TABLE 3: SAMPLE SIZE BY LGA IN EBONYI STATE**

Sample size in Ebonyi State	Ebonyi LGA		Ezza LGA		Total
	Nkaleke Echara Unuhu	Nkalele Echara Ndiebor	Okposhi Umuohgaru	Ekwetekwe/Ogbuinyagu	
Participants in stage 1 interviews	90	90	90	90	<b>360</b>
Group discussions in stage 2 with main population group	8	8	8	8	<b>32</b>
Group discussions in stage 2 with reference groups	3	3	3	3	<b>12</b>
Participants in group discussions	88	88	88	88	<b>352</b>

## RESULTS AND FINDINGS

### STAGE 1

The reference groups identified in stage 1 of the study were similar across all communities.<sup>d</sup> The top three groups identified per behavior of interest by the main population groups were ranked and grouped (see Table 4).

**TABLE 4: TOP THREE REFERENCE GROUPS PER BEHAVIOR IDENTIFIED AND RANKED**

Behavior	Ebonyi State	Sokoto State
<b>Child, early, and forced marriage</b>	<ul style="list-style-type: none"> <li>• Mothers of adolescent girls</li> <li>• Fathers of adolescent girls</li> <li>• Peers</li> </ul>	<ul style="list-style-type: none"> <li>• Mothers of adolescent girls</li> <li>• Fathers of adolescent girls</li> <li>• Uncles and aunties</li> </ul>
<b>Intimate partner violence</b>	<ul style="list-style-type: none"> <li>• Mothers-in-law of women aged 20–40 years</li> <li>• Fathers-in-law of women aged 20–40 years</li> <li>• Mothers and fathers of women aged 20–40 years</li> </ul>	<ul style="list-style-type: none"> <li>• Mothers-in-law of women aged 30–40 years</li> <li>• Fathers of married women aged 30–40 years</li> <li>• Male friends of married men (40–50 years)</li> </ul>
<b>Early adoption of family planning</b>	<ul style="list-style-type: none"> <li>• Nurses/community health care providers</li> <li>• Doctors/pharmacists</li> <li>• Parents and in-laws</li> </ul>	<ul style="list-style-type: none"> <li>• Mothers of first-time mothers</li> <li>• Fathers of first-time mothers</li> <li>• Husbands</li> </ul>

<sup>d</sup> A reference group includes “everyone who matters to an individual on a certain behavior” and comprises people who maintain or enforce social norms by approving or disapproving of certain behaviors. The reference groups are influential people who provide guidance, information, advice, or support on a specific behavior or issue.

## STAGE 2

A common expectation for adolescents, as discussed by most participants across study communities, was that girls should remain chaste and avoid premarital sex and out-of-wedlock pregnancies and births. Participants spoke about parents’ fear that their daughters will engage in premarital sex, leading to loss of virginity before marriage or an out-of-wedlock pregnancy. CEFM is viewed as a safety measure and justified to minimize the risks of teenage pregnancy out of wedlock once a girl starts her period (Table 5).

*“Out of wedlock pregnancy or birth is a shame to the family. You cannot vouch for these girls. So, it is very risky to delay marriage for your daughter because you can never tell what might happen next. Again, community members will make mockery of you if your daughter gives birth at home before marriage.”*

*—Focus group discussion (FGD) participant, Ebonyi*

**TABLE 5: KEY SOCIAL NORMS THAT INFLUENCE CEFM**

State	Key social norms influencing CEFM	People often not supportive of CEFM	People often supportive of CEFM
<b>Ebonyi</b>	<ul style="list-style-type: none"> <li>• Girls should marry early to protect their chastity.</li> <li>• Girls should marry at the onset of menstruation when they are considered ready for marriage.</li> <li>• Girls should agree with their parents’ marriage decisions.</li> <li>• Girls marry early because they have less economic value than boys.</li> </ul>	<ul style="list-style-type: none"> <li>• School teachers</li> <li>• Traditional/village heads</li> <li>• Town union leaders</li> <li>• Clergymen</li> <li>• Educated people in the community</li> </ul>	<ul style="list-style-type: none"> <li>• Mothers</li> <li>• Fathers</li> <li>• Grandparents</li> <li>• Other relatives</li> </ul>
<b>Sokoto</b>	<ul style="list-style-type: none"> <li>• Girls are expected to obey their parents’ choices and decisions to marry them off.</li> <li>• Girls should marry early to protect their chastity.</li> <li>• The sexual urges that come with puberty should be curbed by marrying young girls off before the onset of menstruation.</li> <li>• Families marry their daughters off in early marriages to strengthen family ties (<i>Auren zumunci</i>) with relatives.</li> </ul>	<ul style="list-style-type: none"> <li>• Adolescent girls</li> <li>• Adolescent girls’ boyfriends (the girls’ choice)</li> <li>• Adolescent girls’ brothers</li> <li>• School teachers</li> <li>• Educated people in the community</li> </ul>	<ul style="list-style-type: none"> <li>• Grandparents</li> <li>• Village head</li> <li>• Community elders</li> </ul>

Additionally, in all discussions, participants mentioned that adolescent girls have limited decision-making power regarding marriage choices and timing, and thus are expected to obey and agree with the parents’ decision to marry them off.

*“Our parents believe that we are their daughters, therefore they have every right to make any decision for us, including marriage.”*

*—Married adolescent girl, Sokoto*

Furthermore, girls were described as a burden to the family, while boys (sons) are perceived as having greater economic value. Boys are also seen as ensuring that the family lineage continues, while girls are not.

In Sokoto, where a norm is for families to arrange early marriages for their daughters to strengthen ties with relatives, the arrangement may take place soon after the girl’s birth. Some participants mentioned that if the marriage does not take place, conflict between the two families could result.

**TABLE 6: KEY SOCIAL NORMS THAT INFLUENCE IPV**

Key social norms influencing IPV in both Sokoto and Ebonyi	People often not supportive of IPV	People often supportive of IPV
Sex is a man’s right in marriage and it is a woman’s obligation to satisfy her husband’s needs, even if she is not interested, to prevent conflict. Physical violence is considered justified if a woman does not meet her husband’s demands.	<ul style="list-style-type: none"> <li>• Women’s parents</li> <li>• Women’s and men’s siblings</li> <li>• Religious/ community leaders</li> <li>• Wedding sponsors/ guardians</li> <li>• Marriage mediators</li> <li>• Friends</li> <li>• Police</li> <li>• Elders</li> <li>• Neighbors</li> </ul>	<ul style="list-style-type: none"> <li>• Men and their peers</li> <li>• Women’s parents-in-law</li> </ul>
The male is the authority within the household; women must always be submissive.		
Men have the right and are expected to physically discipline a woman if she disobeys him.		
Women should tolerate violence to keep their family together.		

Participants across both states noted that sex is a man’s right, and failure to oblige will result in disagreements or conflict and, ultimately, IPV (Table 5). They agreed that physical violence was justified and acceptable if women did not meet their husband’s needs.

*“A man has a right to sex even if a woman refuses. Sexual intercourse is a man’s conjugal right. A wife who refuses to have sexual intercourse with her husband for any reason should be coerced or disciplined.”*

**—FGD participant, Ebonyi**

Across the main population and reference groups, the belief that men are the head of their household and superior to women prevailed. Participants felt that women should be submissive, always respect their husbands, and refrain from doing anything that might provoke their husbands’ anger.

The majority of young women, men, and reference group members across the group discussions believed that IPV is a private matter, therefore women should not report or expose anything about violence they experience to family members or others in the community. Generally, divorce is condemned in the communities and women are expected to tolerate any form of violence to keep the family together. This further perpetuates the culture of silence around violence against women.

Interestingly, in Sokoto, the female participants agreed that physical violence or beatings were justified in cases where women are “at fault,” meaning that they engage in behavior that the husband disapproves of or goes against their husband’s wishes.

*“I prefer the husband to beat the hell out of her [my daughter] than to divorce her and send her back to me. What will she come home and do for me?”*

*—FGD participant, Sokoto*

**TABLE 7: KEY SOCIAL NORMS THAT INFLUENCE EARLY ADOPTION OF FP**

State	Key social norms impeding early adoption of FP	People often not supportive of early adoption of FP	People often supportive of early adoption of FP
<b>Ebonyi</b>	<ul style="list-style-type: none"> <li>• Desire/preference for male child(ren).</li> <li>• Fertility decisions are determined by husbands, and in most cases, husbands do not grant permission and women have limited power to negotiate.</li> <li>• Desire for many children.</li> <li>• Young women will be labeled as promiscuous if they use FP.</li> </ul>	<ul style="list-style-type: none"> <li>• Husbands</li> <li>• Husbands’ parents</li> <li>• Husbands’ peers/friends</li> <li>• Traditional priests</li> </ul>	<ul style="list-style-type: none"> <li>• Teachers</li> <li>• Community health care providers</li> <li>• Married women’s mothers</li> <li>• Married women’s siblings</li> <li>• Religious leaders</li> </ul>
<b>Sokoto</b>	<ul style="list-style-type: none"> <li>• Fertility decisions are determined by husbands, and women are expected to seek permission from their husband before accessing FP. Husbands often do not grant permission and women have limited power to negotiate.</li> <li>• Couples are expected to abide by traditional and religious beliefs of having many children.</li> <li>• Women are expected to begin childbearing early.</li> </ul>	<ul style="list-style-type: none"> <li>• Husbands</li> <li>• Husbands’ parents</li> <li>• Husbands’ peers/friends</li> <li>• Grandparents</li> <li>• Community elders</li> <li>• Village head</li> <li>• Political leaders</li> <li>• Group association leaders</li> </ul>	<ul style="list-style-type: none"> <li>• Parents of adolescent girls/young women</li> <li>• Friends of young women</li> <li>• Siblings of young women</li> <li>• Sisters-in-law</li> <li>• Younger mothers-in-law</li> <li>• Young men</li> </ul>

Findings from the group discussions held in Ebonyi revealed that families’ desire for a male child is a key factor inhibiting early adoption of FP (Table 7). The majority of adolescent, youth, and reference group participants across the group discussions agreed that the desire for male children contributed to male resistance to FP use.

*“A man who dies without a son lived a worthless life; he is inherited by his brothers (if he has one) and is soon forgotten since his branch of the family tree has ended. Traditionally, a man’s status is assessed by the number of his sons. A man with many sons is viewed as wealthy. If you have just a son and the rest are girls, and you keep getting girls, you will continue trying hoping to get sons.”*

*—FGD participant, Ebonyi*

Across all group discussions, participants revealed that women’s limited decision-making power hinders them from accessing and taking up FP methods, as women must seek permission from their husbands before they can access FP. Additionally, several participants across the study communities in Sokoto noted that children are perceived as family social security who will look after their parents in their old age, and that children enhance the family’s social status in the community.

*“To be sincere with you, the village head don’t really like the idea of family planning. I am his wife, and if it is for him, nobody will practice family planning and if to say we should ask him to practice family planning he will never give his consent rather frown at it and even curse anyone practicing it. We the wives only practice family planning without his knowledge.”*

**—FGD participant, Sokoto**

While both states and cultures prioritize the importance of a male child and men’s role as decision-makers in terms of fertility, findings highlight an even greater expectation in Sokoto as they indicate that religious leaders play a significant role in encouraging large family sizes and are not supportive of FP use.

## RECOMMENDATIONS

Given the findings from the social norms exploration, it is clear that to improve health and gender outcomes for adolescents and youth in Ebonyi and Sokoto states, the key populations of interest for this social norm exploration activity, it is necessary to implement interventions that go beyond individual-level change and aim to shift norms at the community level. The following are potential entry points and intervention strategies to shift norms and engage key reference groups identified in the study. The strategies included can be applicable to other groups beyond adolescents and youth.

- Engage parents, family members (e.g., grandparents, uncles, parents-in-law), and prominent community members (e.g., community leaders, village heads, and traditional priests) through community forums and discussion sessions to facilitate community-wide consensus building and address norms that drive CEFM and IPV.
- Involving male and female key influencers from the communities in norm-shifting interventions is critical to create collective action to achieve equitable norms and behaviors. Specifically, efforts to engage parents and family members, who are often supportive of and the primary decision-makers around CEFM, to transform community-level norms to avert early marriage of adolescent girls should be prioritized. Moreover, it will be important to target family and community members who are considered “positive deviants” or those who support, practice, and uphold positive gender norms and behaviors. For example, engaging schoolteachers to share the importance of keeping adolescent girls in school could be an effective strategy to prevent early marriage. At the same time, engage power holders who may resist change in order to gain their buy-in and include their perspectives.
- Employ curriculum-based participatory small group reflection and dialogue approaches to promote positive attitudes, behaviors, and norms related to adolescent reproductive health and gender equality.



- Given that women and men shape and perpetuate social norms, it is important to use an approach that brings them together to examine rigid social norms and collectively reflect on existing inequitable gender norms and power dynamics in their relationships and their communities, hence the following suggestions:
  - Use gender-transformative approaches to address norms that limit women’s autonomy and present barriers to FP use. Promote male engagement in FP/reproductive health matters and facilitate healthy, equitable couple relations; and engage men and their female partners in participatory, small group sessions to stimulate dialogue and critical reflection on issues of power, gender-based violence, contraceptive use, couples’ communication, and decision-making.
  - Use behavior change communication strategies (mass media, edutainment, community poster campaigns) to catalyze community-wide normative change and reflection on gender-based violence and encourage parents to allow their daughters to complete school before marriage.

## References

1. National Population Commission (NPC) Nigeria and ICF International. 2019. *Nigeria Demographic and Health Survey 2018*. Abuja, Nigeria, and Rockville, Maryland. USA: NPC and ICF.
2. Mather, Mark, Ralph Learner, and Peter F. Orazem. 2004. "Treating Depression in the Developing World: A Successful Model." *Tropical Medicine and International Health* 9 (5): 539–41.
3. Bay, Rachael A. et al. 2017. "Predicting Responses to Contemporary Environmental Change Using Evolutionary Response Architectures." *American Naturalist* 189 (5): 463–73. <https://doi.org/10.1086/691233>.
4. United Nations Inter-agency Group for Child Mortality Estimation (UNIGME). *Levels and Trends in Child Mortality: Report 2019*. New York: United Nations Children's Fund, 2019. <https://www.unicef.org/media/60561/file/UN-IGME-child-mortality-report-2019.pdf>.
5. National Population Commission (NPC) Nigeria and ICF International. 2014. *Gender in Nigeria: Data from the 2013 Nigeria Demographic and Health Survey (NDHS)*. Rockville, Maryland, USA: NPC and ICF. <http://www.DM52.pdf>.

## Acknowledgements

The contributions and participation of the following are sincerely appreciated and gratefully acknowledged:

- MOMENTUM Country and Global Leadership local partners and members of the multi-sectoral taskforce at the local government area and state levels.
- Community members who participated in the MOMENTUM project at the state and national levels.
- Traditional and community leaders.

## MOMENTUM

USAIDMomentum.org

X / TWITTER: @USAIDMomentum

FACEBOOK: USAID Momentum



This brief is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID) under the terms of the Cooperative Agreement #7200AA20CA00002, led by Jhpiego and partners. The contents are the responsibility of MOMENTUM Country and Global Leadership and do not necessarily reflect the views of USAID or the United States Government.