



SOCIAL NORMS EXPLORATION ON CHILD, EARLY, AND FORCED MARRIAGE, INTIMATE PARTNER VIOLENCE, AND ADOPTION OF FAMILY PLANNING IN SOKOTO STATE, NIGERIA

MOMENTUM Country and Global Leadership



DECEMBER 2021

MOMENTUM works alongside governments, local and international private and civil society organizations, and other stakeholders to accelerate improvements in maternal, newborn, and child health services. Building on existing evidence and experience implementing global health programs and interventions, we help foster new ideas, partnerships, and approaches and strengthen the resiliency of health systems.

This report 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.

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Suggested Citation

MOMENTUM. *Social Norms Exploration on Child, Early, and Forced Marriage, Intimate Partner Violence, and Adoption of Family Planning in Sokoto State, Nigeria*. 2021. Washington, DC: USAID MOMENTUM

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ACKNOWLEDGMENTS

MOMENTUM Country and Global Leadership is part of a suite of innovative awards funded by the U.S. Agency for International Development (USAID) to holistically improve voluntary family planning and maternal and child health in partner countries around the world. The project focuses on technical and capacity development assistance to ministries of health and other country partners to improve outcomes.

ABBREVIATIONS

BF-APEA	Behaviorally Focused Applied Political Economy Analysis
CEFM	Child early and forced marriage
FGD	Focus group discussion
FP	Family planning
IPV	Intimate partner violence
LGA	Local Government Area
NDHS	Nigeria Demographic and Health Survey
RH	Reproductive health
SNET	Social Norms Exploration Tool
USAID	U.S. Agency for International Development

EXECUTIVE SUMMARY

In past decades, Nigeria has made significant strides in improving human development outcomes. However, improvements are markedly different for adolescent girls and women compared to boys and men. The country remains a patriarchal society where social norms and structural inequality render women subordinate to men. Global evidence demonstrates that deeply entrenched, restrictive norms underlie the practice of child, early, and forced marriage and gender-based violence, and limit women's agency and decision-making power related to their reproductive health behaviors and choices.

The MOMENTUM Country and Global Leadership project conducted a social norms exploration using the Social Norms Exploration Tool to understand the social norms driving child, early, and forced marriage, intimate partner violence, and early adoption of family planning in selected project areas in Sokoto, Nigeria. Further, the social norms exploration aimed to identify the individuals who uphold or enforce social norms by approving or disapproving of these behaviors.

Findings from the assessment showed that these norms limit the decision-making power of adolescent girls and young women and drove pressure to get married early, become pregnant right after marriage and to grow families quickly. In addition, social norms sustained male authority in the household and promoted acceptance of intimate partner violence.

The study found that a variety of key influencers, including family and community members, enforced norms across all behaviors of interest. As such, the findings underscore the need to implement intervention strategies that extend beyond addressing individual-level behavior change and aim to transform norms at the community level to improve social and health outcomes.

INTRODUCTION

BACKGROUND

With an estimated population of more than 200 million people in 2020, Nigeria is the most populous country in Africa. Current estimates show that the population is expected to double by 2050,¹ and the high population growth rate is likely to continue because of the country's high birth rate. Human development outcomes are markedly different for women and girls compared to boys and men.² Structural inequalities and unequal power relations render women subordinate to men due to limited access to education, employment, finances, and health care, as well as limited opportunities to contribute to their family, community, and country's economic growth.³ Additionally, gender-based violence (GBV) remains a challenge in Nigeria⁴ and its subset of violence against women and girls continues to underpin human rights violations, with detrimental impacts on survivors, families, and communities.

With over one in three ever-married women reporting that they have experienced physical, sexual, or emotional violence by their husband or partner, the incidence of intimate partner violence (IPV) remains high in Nigeria.⁵ According to the 2018 NDHS, the percentage of ever-married women who experienced spousal physical, sexual, or emotional violence in the past 12 months was 35.4% in Sokoto State. Furthermore, 28% of Nigerian women have experienced physical violence at least once since the age of 15. The negative impacts of IPV on women's physical, sexual, and reproductive health (RH) have been broadly documented.^{6 7 8}

Nigeria has the largest number of child brides in Africa due to high rates of child, early, and forced marriage (CEFM), which is particularly prevalent in northern Nigeria. Nationwide, 43% of girls are married off before age 18, with 17% of the 43% married before they turn 15.⁹ Rates of CEFM are even higher in Sokoto State, with 40.4% of girls under age 15 married and 68.6% of girls married before age 18.¹⁰

CEFM is closely linked to a range of public health challenges including adverse physical, mental, and RH outcomes. Marrying early has serious negative consequences including early pregnancy, social isolation, greater likelihood of dropping out of school, lower participation in the labor force and earnings, and limited

¹ United Nations, Department of Economic and Social Affairs, Population Division. 2019. World Population Prospects 2019: Highlights (ST/ESA/SER.A/423). *f*

² British Council. 2012. *Gender in Nigeria Report 2012: Improving the Lives of Girls and Women in Nigeria: Issues, Policies, Action*. Department for International Development, British Council, Nigeria.

³ Wolff B, Blanc AK, and Gage AJ. 2000. Who decides? Women's status and negotiation of sex in Uganda. *Culture, Health & Sexuality*. 2(3): 303–322.

⁴ Violence against women and girls involves any act of GBV that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women or girls, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life (Arango et al. 2014). Violence against women and girls perpetuated against someone with whom the perpetrator is in an intimate relationship is referred to as IPV.

⁵ 2018 Nigeria Demographic and Health Survey (NDHS).

⁶ Campbell JC. 2002. Health consequences of intimate partner violence. *Lancet*, 359(9314): 1331–1336.

⁷ Ellsberg M and Heise L. 2005. *Researching violence against women: Practical guidelines for researchers and activists*. Washington DC, United States: World Health Organization, PATH; 2005.

⁸ Garcia-Moreno C et al. 2006. Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *Lancet*, 368(9543): 1260–1269.

⁹ National Bureau of Statistics – Federal Government of Nigeria. 2016-17. *Nigeria Multiple Indicator Cluster Survey 2016-17*.

¹⁰ Ibid.

decision-making power in households.¹¹ Moreover, gender inequalities within child marriage unions perpetuate adolescent girls' vulnerabilities by increasing their risk of experiencing IPV.¹²

According to the 2018 NDHS, Nigerian women aged 25–49 first had sexual intercourse on average at age 17.6, and 23% of girls aged 15–19 have either already had a live birth or are pregnant with their first child. Early childbearing is even more common in Sokoto State, with approximately 32.1% of adolescent girls aged 15–19 have already had children and 12.5% are pregnant with their first child.¹³ Contraceptive use among unmarried sexually active adolescent girls is low in Nigeria. Very few married girls aged 15–19 use a modern method of contraception (1.2%) or have their contraception needs met (13.1%). This results in high levels of early adolescent and teenage pregnancy, often leading to poor reproductive, maternal, child, and neonatal health outcomes.¹⁴

OBJECTIVE

Given the enormity of these challenges in Nigeria, MOMENTUM Country and Global Leadership conducted a social norms exploration to understand the social norms that drive CEFM, IPV, and early adolescent pregnancy. The exploration also aimed to identify the individuals who uphold or enforce social norms by approving or disapproving of certain behaviors in selected MOMENTUM project areas in Sokoto State.

The specific objectives for the exploration were to:

- Identify who the reference groups are for the main population group by behavior (CEFM, IPV and early adoption of family planning [FP]).
- Identify what norms exist and support each behavior by population group/subgroup, triangulated with reference group insights.

To achieve these objectives, the MOMENTUM team conducted the social norms exploration using the [Social Norms Exploration Tool \(SNET\)](#), a participatory learning and action tool. Results of this exploration will be used to inform other behavior change analyses, such as the Behaviorally Focused Applied Political Economy Analysis (BF-APEA), and will be analyzed together with results from the BF-APEA and mapping exercises. This approach will inform the design of local partner intervention strategies to prevent and mitigate consequences of IPV and CEFM.

WHAT ARE SOCIAL NORMS?

In recent times, understanding of social norms and their influence on people's behaviors and actions has taken center stage in development projects. Social norms are beliefs about which behaviors are typical and appropriate within a given group; they are informal, and often implicit, rules that most people abide by. Social norms are "unspoken rules" that govern behavior. Such norms are created, sustained, and upheld

¹¹ Parsons J et al. 2015. Economic impacts of child marriage: A review of the literature. *The Review of Faith & International Affairs*. 13(3): 12–22.

¹² Erulkar AS. 2013. Early marriage, marital relations, and intimate partner violence in Ethiopia. *Int Perspect Sex Reprod Health*. 39(1): 6–13.

¹³ 2018 NDHS.

¹⁴ Gender in Nigeria, Data from the 2013 NDHS.

through our human interactions and functions within individual and community levels.¹⁵ Social norms could either be descriptive or injunctive.

Descriptive norms are what are considered typical or common behaviors. They are mostly perceptions about what others actually do, or rather doing something because other people do. **Injunctive norms**, on the other hand, are what are considered approved or expected behaviors. People in your social network are expecting you to behave in a particular way. There is the perception of approval/disapproval of that behavior by other people.

In contrast, non-normative factors are influences that are not based on norms and impact members of a society or community differently.

WHY DO SOCIAL NORMS MATTER?

Understanding social norms has become imperative in designing and implementing development programs, especially those seeking to change certain behaviors, recognizing that individuals are not isolated from other people who live around them. There is a strong influence of the perception of what other people's expectations are of them and what rewards or sanctions they may face by exhibiting such behaviors. As such, social norms matter because:

- Identifying where social norms exist will help in understanding their influence on certain behaviors. For example, to what extent is a person rewarded or sanctioned for engaging in a certain behavior? How do those in a person's reference group believe people should behave? Are some social norms more important to behavior change than others? What other factors influence a population's performance (or non-performance) of a behavior?
- They help identify the most relevant norms that influence specific behaviors.
- They help design interventions to transform harmful norms and promote positive norms.¹⁶

BEHAVIORS OF INTEREST

In this study, as stated above, MOMENTUM sought to explore the social norms that influence the below three key behaviors of interest:

- CEFM
- IPV
- Early adoption of FP

¹⁵ Institute for Reproductive Health at Georgetown University and FHI 360. 2016. Social Norms Background Reader; Learning Collaborative: Advancing Research and Practice on Normative Change for Adolescent Sexual and Reproductive Health and Well-being. Developed for the Convening Meeting, December 5–6.

METHODS

SITE SELECTION AND NUMBER OF SITES VISITED

Two Local Government Areas (LGAs) were selected in Sokoto State for the social norms exploration: one in the north (Illela LGA) and one in the south (Binji LGA). Each LGA selected two communities for a total of four communities: Kalmalo and Illela Gari in Illela LGA and Bunkari and Maikulki in Binji LGA. The communities were selected based on the following criteria:

- Large population size.
- Poorest indicators of CEFM, IPV, and early adoption of FP.
- Secure and accessible to researchers and participants. This was one of the most important because of the high rate of insurgency and kidnappings in the state.

TARGET POPULATIONS

Two populations of interest were interviewed in this study: the main population groups and their reference groups.

MAIN POPULATION GROUP

The main population groups of interest were determined based on the behavior being explored and how it affects them. These were further segmented by age, sex, and/or marital status to understand which factors (e.g., age, marital status, having a child) exert social pressure on adolescents and youth from the selected communities. The main population groups for each behavior of interest are shown in Table 1 below.

TABLE 1: MAIN POPULATION GROUPS BY BEHAVIOR

CEFM	IPV	Early Adoption of FP
<ul style="list-style-type: none">• Unmarried adolescent girls aged 15–17 years• Married adolescent girls aged 15–17 years• Fathers of adolescent girls (married or unmarried)	<ul style="list-style-type: none">• Married young women (20–24 years)• Married women (30–40 years)• Married men (30–39 years)• Married men (40–50 years)	<ul style="list-style-type: none">• First-time mothers (15–19 years)• First-time mothers (20–24 years)• Male partners of first-time mothers who are 15–24 years

REFERENCE GROUPS

A reference group includes “everyone who matters to an individual about a certain behavior” and is made up of 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 about a specific behavior or issue. They serve a normative function by setting and enforcing behaviors and beliefs.

In this exploration exercise, the reference groups interviewed were identified in stage 1 of the data collection through rapid individual interviews using the “My Social Networks” tool.¹⁶ The tool is an activity that gathers

¹⁶ The *Social Norms Exploration Tool: A Guide and Toolkit*. Located at: [Social Norms Exploration Tool SNET-1.pdf \(irh.org\)](https://www.irh.org/sites/default/files/SNET-1.pdf).

information from multiple people in a group/subgroup in order to create a profile of the subgroup's reference group for a particular behavior(s) of interest. This tool was used to gather information from the main population groups on the top five individuals who have an influence in their lives on a particular behavior of interest (see Table 3).

ELIGIBILITY CRITERIA (MAIN POPULATION AND REFERENCE GROUPS)

In each study community, participants were considered eligible to take part in the social norms exploration if they met the following criteria:

- Resident of the community.
- Adolescent girl or young woman between 15–24 years (married or unmarried).
- Male partner of adolescent girl or young woman 15 years and older.
- Father of adolescent girl.
- Adolescent aged 15–17 years willing to provide assent and parental/guardian consent.
- For individuals 18 years and older, must be willing to participate in the interviews voluntarily and give consent.

DATA COLLECTION

The data collected during the social norms exploration was carried out in two stages.

Stage 1: The first stage involved identifying the reference group of the main population by using the “My Social Networks” tool. Individual rapid interviews were conducted with main population groups, during which they were asked to identify influential people who provide guidance, information, advice, or support on a specific behavior. A total of 297 participants were interviewed to identify the reference groups for the behavior of interest. The top five were identified and ranked.

Stage 2: In this stage, group discussions were conducted with the main population and the reference groups using Vignettes¹⁷ and the Five Whys.¹⁸ Vignettes are culturally relevant short stories about the behavior of fictional characters. This approach was used to engage participants in identifying and exploring social norms related to the behaviors of interest. The Five Whys were used for a deep dive to explore the root causes identified by the participants. A total of 40 group discussions were conducted for the main population groups and 12 for the reference groups. In total, 520 participants were involved in stage 2 data collection.

¹⁷ Ibid.

¹⁸ Ibid.

TABLE 2: SAMPLE SIZE AND NUMBER OF INTERVIEWS AND GROUP DISCUSSIONS

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

ANALYSIS

The analysis team consisted of a consultant, data collection research assistants, local partners (NANA Girls and Women’s Empowerment Initiative, Rural Women and Youth Development, and Helping Hands), and the MOMENTUM (Nigeria) State team. The responses given by participants in the main population and reference groups were reviewed to identify social norms and other non-normative factors.¹⁹ A distinction was made between descriptive or injunctive norms, and the norms and non-normative factors were ranked based on their recurrence. Cross-cutting social norms and non-normative factors across the main population and reference groups were also identified. In addition, key influencers or people whose opinions or behaviors influence a norm in terms of either supporting or not supporting the behaviors were identified. Finally, social consequences that result from following or going against a norm were categorized as rewards or negative sanctions, respectively.

¹⁹ Non-normative factors are a set of behaviors that do not conform to an established societal or cultural norm. This is particularly true when a person or group of people deviate from a particular standard determined by cultural ideals of how things ought to be.

FINDINGS

STAGE 1

The reference groups identified in stage 1 of this study were similar across all the communities for CEFM and early adoption of FP, with a slight variation in the latter group in Maikulki. In contrast, there was greater variation of the reference groups between the communities for the IPV exploration. The top five people identified by the main populations are listed in Table 3 below.

TABLE 3: TOP FIVE REFERENCE GROUPS BY BEHAVIOR

Behavior	Main population group	Illela LGA		Binji LGA	
		Illela Gari	Kalmalu	Bunkari	Maikulki
CEFM	Adolescent girls (15–17 years)	<ul style="list-style-type: none"> Fathers of adolescent girls Mothers of adolescent girls Uncles Aunts Elder sisters 	<ul style="list-style-type: none"> Fathers of adolescent girls Mothers of adolescent girls Brothers Uncles Grandfathers 	<ul style="list-style-type: none"> Fathers of adolescent girls Mothers of adolescent girls Uncles Sisters Brothers 	<ul style="list-style-type: none"> Mothers of adolescent girls Fathers of adolescent girls Aunts Friends Brothers
	Fathers of adolescent girls	<ul style="list-style-type: none"> Uncles Grandmothers Mothers Fathers Grandfathers 	<ul style="list-style-type: none"> Mothers Fathers Uncles Brothers Sisters 	<ul style="list-style-type: none"> Fathers of adolescent girls Mothers of adolescent girls Elder brothers Uncles Friends 	<ul style="list-style-type: none"> Fathers of adolescent girls Uncles Friends Spouses Mother’s relatives
IPV	Women (20–40 years)	<ul style="list-style-type: none"> Mothers-in-law Brothers-in-law Fathers-in-law Fathers Mothers 	<ul style="list-style-type: none"> Husband’s friends Brothers-in-law Fathers-in-law Mother Mothers-in-law 	<ul style="list-style-type: none"> Mothers Friends Aunts Elder sisters Fathers 	<ul style="list-style-type: none"> Fathers Neighbors Friends Mothers Husbands
	Men (30–50 years)	<ul style="list-style-type: none"> Fathers Fathers-in-law Friends Community leaders Brothers 	<ul style="list-style-type: none"> Friends Community leaders Religious leaders Fathers-in-law Brothers 	<ul style="list-style-type: none"> Fathers-in-law Mothers-in-law Brothers-in-law Friends Fathers 	<ul style="list-style-type: none"> Friends Mothers Brothers Brothers-in-law Wife’s friends
Early Adoption of FP	First-time mothers (15–24 years)	<ul style="list-style-type: none"> Husbands Mothers Mothers-in-law Grandmothers Fathers 	<ul style="list-style-type: none"> Husbands Mothers Fathers Mothers-in-law Brothers 	<ul style="list-style-type: none"> Husbands Mothers Fathers Friends Aunts 	<ul style="list-style-type: none"> Friends Mothers Husbands Sisters Aunts
	Husbands of first-time mothers	<ul style="list-style-type: none"> Fathers Mothers Brothers Grandfathers Uncles 	<ul style="list-style-type: none"> Friends Brothers Fathers Mothers Sisters 	<ul style="list-style-type: none"> Wives Mothers-in-law Fathers-in-law Mothers Wife’s friends 	<ul style="list-style-type: none"> Wives Fathers Mothers Friends Mothers-in-law

STAGE 2

The following section includes social norms and non-normative factors that influence the key behaviors of interest. The relevant individuals and groups who influence each social norm are included below. The positive and negative consequences (rewards and sanctions) are described in this section.

SOCIAL NORMS INFLUENCING CEFM

Key social norms	Norm type	Identified by main population/ reference group/ both
Girls are expected to be obedient to their parents' choice and decisions to marry them off	Injunctive and Descriptive	Both
Girls should get married early to protect their chastity	Injunctive	Both
In some families, girls get married before the onset of menstruation	Descriptive	Main population only
Families marry their daughters off early to strengthen family ties (<i>Auren zumunci</i>) with relatives	Descriptive	Main population only
It is difficult for a girl over 16 years to get a husband	Descriptive	Main population only

GIRLS ARE EXPECTED TO BE OBEDIENT TO THEIR PARENTS' DECISIONS TO MARRY THEM OFF

In all discussions held with the main population and reference groups across study communities, participants mentioned that adolescent girls have limited decision-making power regarding marriage choices and timing. They are expected to obey and agree with the parents' decision to marry them off. In the words of one adolescent girl:

"When you are given birth to as a girl, you don't have a voice or a choice."

— **Married young adolescent girl, Bunkari Community, Binji LGA**

"Our parents believe that we are their daughters, therefore, they have every right to make any decision for us, including marriage." — **Married adolescent girl, Kalmalo Community, Illela LGA**

More specifically, participants noted that fathers have the right to choose a husband and marry their daughters off without their consent.

"You are expected to always bow unto your father's request. He can step on you, but you can never step on him." — **Mother of adolescent girl, Bunkari Community, Binji LGA**

Participants revealed that marrying off adolescent girls by the age of 16 was considered normal. Interestingly, participants from the Illela Gari community mentioned that parents encourage their adolescent daughters to start seeking eligible suitors after turning 12 years old. The parents believe that this will allow their daughters to select their husbands and thereby prevent forced marriages. Girls who end up in forced marriage unions are often unhappy and eventually divorce their husbands, then return to their natal homes. In some cases, the girls come back with a child and are perceived as an additional burden for the family.

"When we marry off our daughters to men they don't love, the marriages end up as failed ones. This has led to having many young female divorcees or a marriage full of violence. That is why we encourage the girls to have boyfriends as early as 12 years to avoid forced marriage." — **Father of adolescent girl, Illela Gari Community, Illela LGA**

GIRLS SHOULD GET MARRIED EARLY TO PROTECT THEIR CHASTITY

The majority of adolescent girls and reference group participants across the group discussions indicated that members of their communities expect girls to remain chaste until they get married. Participants explained that parents want their daughters to be chaste and believe that there is a risk that girls may lose their virginity outside of marriage and get pregnant as they grow older. Because pregnancy out of wedlock is condemned, CEFM is viewed as a safety measure and used to justify child marriage as a way to minimize the social risks of teenage pregnancy. Teenage pregnancy outside of marriage was described as bringing shame to the family's name and honor. Consequently, to prevent this from happening, parents would rather marry off their daughters before they start exploring or engaging in pre-marital sex.

“The father is right to marry his daughter Halima off because through the pursuit of her education she might be influenced by her peers to indulge in acts of immorality (pre-marital sex), which could bring shame to the family.” — **Father of adolescent girl, Illela Gari Community, Illela LGA**

Several consequences were mentioned as resulting from girls engaging in pre-marital sex. For instance, if a girl gets pregnant out of wedlock, her family could disown her. If she has sisters in the family, they may likely not find a suitor in the community because there will be a belief that the family is not capable of raising “morally upright” girls.

IN SOME FAMILIES, GIRLS GET MARRIED BEFORE THE ONSET OF MENSTRUATION

This is a descriptive norm and closely related to the norm discussed earlier about girls protecting their chastity and family's name and honor. To prevent girls from engaging in sex, some families marry them off before puberty. Participants discussed that by the time a girl reaches puberty, she starts developing sexual urges and a way to curb this is by marrying off the girl early, before the onset of menstruation.

FAMILIES MARRY THEIR DAUGHTERS OFF AT VERY YOUNG AGES TO STRENGTHEN FAMILY TIES WITH RELATIVES OR FRIENDS (AUREN ZUMUNCI)

According to the participants in the main population group, some families make agreements with relatives or close friends to give away their daughter to a son of the relative or close friend when the girl is very young. They believe that this arrangement will strengthen family ties. Participants noted that the arrangement sometimes takes place soon after the birth of the girl. In the group discussions, the social expectations that girls are expected to comply and accept the arrangement to marry the chosen boy emerged as a theme. Some participants mentioned that if the marriage does not take place, it could lead to breakup of both families and result in conflict between the families.

IT IS DIFFICULT FOR A GIRL OVER 16 TO GET A HUSBAND

In the group discussions with the main population groups, participants described the common belief that girls who are not married by the age of 16 will have a difficult time finding a suitor or husband. As a result, the fear of having an unmarried daughter who is over 16 at home motivates parents to marry off their girls before she gets “too old.”

NON-NORMATIVE FACTORS INFLUENCING CEFM

Common standout non-normative factors	Identified by main population/ reference group/ both
Girls are married off to elevate the girls' families' social and economic status	Both
Parents marry off their daughters early to ease financial burden	Both
Lack of awareness of the negative consequences of child marriage	Main population only

GIRLS ARE MARRIED OFF TO ELEVATE THE FAMILIES' SOCIAL AND ECONOMIC STATUS

According to the participants in both groups, CEFM occurs because families view it as an opportunity to elevate their social and economic status. Girls belonging to the main population group described this as a “selfish interest” on the part of adolescents’ parents, particularly fathers. As articulated by an adolescent girl:

“... sometimes our parents do this (marrying of their girls) for their selfish interest. They believe that their in-law will continue to give them money after marriage.” — **Unmarried adolescent girl, Maikulki Community, Binji LGA**

Often, the prospective husbands are much older than the girls. However, participants from the main population and reference groups felt that this is acceptable and considered normal in their communities. Notably, the majority of the participants in the reference group discussed their disapproval of fathers’ decisions to marrying off their daughters in hopes of achieving economic gains.

“In a case where money is not used as an exchange for the marriage of a girl, it is normal for a girl to marry an old man.”— **Mother of adolescent girl, Bunkari Community, Binji LGA**

PARENTS MARRY OFF THEIR DAUGHTERS EARLY TO EASE THE FINANCIAL BURDEN ON THE FAMILY

The participants from the main population and reference groups stated that one of the key non-social factors influencing CEFM was linked to finances. Girls are sometimes considered a burden to the family, while boys (sons) are perceived as having greater economic value. As such, families opt to give away their daughters in marriage to ease the financial burden of caring for them. This responsibility of care is shifted to the husband once the girls enter the marriage.

LACK OF AWARENESS OF THE NEGATIVE CONSEQUENCES OF CHILD MARRIAGE

The main population group participants highlighted a lack of knowledge of the consequences of early marriage as another factor that influences CEFM. Community members lack awareness of the harmful effects of CEFM on a multitude of outcomes including girls’ education, health impacts, and economic opportunities. For example, participants discussed that community members are unaware of the health complications that could arise during or after childbirth such as vesicovaginal fistula. Participants also noted that many do not understand that CEFM could lead to a loss of educational opportunities for girls, as well as the mental health impacts and psychological trauma that girls experience as a result of CEFM.

REWARDS AND NEGATIVE SANCTIONS LINKED TO CEFM

According to the study participants, the identified norms are maintained by positive reinforcement or rewards for adhering to or by negative sanctions for not doing the behavior of interest. The participants described various rewards related to complying with CEFM such as:

- Elevated social and economic status of families when their daughter marries a wealthy or influential man.
- The girl's family and relatives will have a sense of satisfaction for meeting the community's social norm standards.
- Family honor is maintained when a girl accepts her father's choice and agrees to get married.
- Girls will receive blessings from their parents.
- Community members will seek to establish a relationship with the family in hopes of arranging a marriage with another member of the family.
- The girl's family and community will consider her as being a role model worthy of emulation.

In contrast, the below negative consequences or sanctions for main population group members for not complying with CEFM were noted:

- Girls who disobey their father's decision to marry them off will be labeled as disobedient children by community members.
- Girls will be disowned by their families and community.
- Parents will stop providing basic needs and financial support for their daughters (e.g., not buy clothes, pay school fees).
- Girls will be subjected to isolation, stigma, and verbal abuse by their peers and other community members.
- Girls will struggle to find a future husband from the same community.

During the analysis, key influencers who enforce the norms linked to CEFM and those who support non-compliance of the behavior were identified. The below table shows the people who are supportive of CEFM and those who are not supportive of CEFM.

People supportive of CEFM	People not supportive of CEFM
<ul style="list-style-type: none"> • Mothers • Fathers • Brothers • Aunts • Grandparents • Village head • Community elders 	<ul style="list-style-type: none"> • Adolescent girls • Adolescent girls' boyfriends (the girls' choice) • Adolescent girls' brothers • School teachers • Educated people in the community

SOCIAL NORMS INFLUENCING IPV

Key social norms	Norm type	Identified by main population/ reference group/ both
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.	Descriptive and injunctive	Both
The male has authority within the household; women must always be submissive.	Descriptive and injunctive	Both
It is acceptable for men to beat their wives to discipline them and correct “bad behavior.”	Descriptive	Both
Women are expected to always forgive their husbands.	Descriptive and injunctive	Main population only
Preference for male children. Women who do not have a male child deserve to be punished.	Descriptive and injunctive	Main population only

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.

Across all group discussions, the main population and reference groups expressed that sex is a man’s right and women are obligated to fulfill their husband’s sexual desires.

*“As his wife whenever the husband demands sex, she should neglect her children and go to him.”—
Married woman (30–40 years), Bunkari Community, Binji LGA*

According to the participants, denial of sex by women often results in IPV.

“If my wife denies me sex, I will beat the hell out of her.” — Married man (40–50 years), Bunkari Community, Binji LGA

Male and female participants agreed that women should comply with this norm in order to prevent any disagreements or conflict. Further, participants stated that physical violence was justified and acceptable if women did not meet their husband’s demands.

“I was a victim. When I denied my husband sex with me, he slapped me and had the sex, then I just slept off.” — Married young woman (20–24 years), Maikulki Community, Binji LGA

“He is right to have sex with her forcefully. Even I can do it.” — Married man (30–39 years), Kalmalo Community, Illela LGA

MALE AUTHORITY WITHIN THE HOUSEHOLD; WOMEN MUST ALWAYS BE SUBMISSIVE

The participants noted that wives are expected to be submissive to their husband at all times. Across the main population and reference group, the belief that men are the head of their household and superior to women prevailed. Some participants spoke about Islamic religious teachings that support male dominance.

“He has the power and authority over her because she’s his wife.” — Married man (40–49 years), Maikulki Community, Binji LGA

The participants felt that women should be submissive, always respect their husbands and refrain from doing anything that might provoke or anger their husbands. They described submission as ranging from seeking permission to leave the house to attending to their husband's needs, including solely bearing the burden of the household responsibilities. Men who deviate from this norm and those who do not assert dominance and control are often viewed as being weak and not in charge of their household.

"A man that helps his wife with the house chores is seen as a weakling. When this happens, the wife is believed to have taken over or must have charmed him." — **Married young woman (20–24 years), Illela Gari, Illela LGA**

"In our community, if the husband helps his wife with house chores or taking care of their children, it is considered that the woman is controlling her husband or she is in charge of their home." — **Mother-in-law (reference group), Illela Gari, Illela LGA**

In addition, this submission that participants frequently spoke about is sometimes expected to extend to parents-in-law, especially the mother-in-law. Parents of women and men enforce this along with women's female relatives.

IT IS ACCEPTABLE FOR MEN TO BEAT THEIR WIVES TO DISCIPLINE THEM AND CORRECT "BAD BEHAVIOR"

Members of the main population and reference groups shared the general sentiment that it is acceptable for men to beat their wives if women are disobedient or engage in any behavior that their husbands disapprove of. Interestingly, female participants belonging to the main population and reference groups agreed that physical violence or beatings were justified in cases where women are at fault or go against their husband's wishes.

"It is right for a husband to beat his wife because this will serve as a way of correction." — **Married man (40–50 years), Kalmalo Community, Illela LGA**

"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?" — **Married woman (30–39 years), Maikulki Community, Binji LGA**

However, participants shared that community members generally condemn acts of violence that could cause any physical harm or injury. As noted by one participant:

"It is OK to beat your wife in a way that you will not harm her." — **Married man, (30–30 years) Kalmalo Community, Binji LGA**

In contrast, some participants described their disapproval of IPV.

"Almost everybody will not like that, because we are parents, we have children and we don't want anybody to beat our daughters." — **Friend of married man (reference group), Kalmalo Community, Illela LGA**

The participants stated that many individuals in their community perpetuate this behavior because they believe that others are doing it, it is right, and expected of them to do so. A few male participants talked about being exposed to and witnessing IPV in their household and never seeing anyone being sanctioned for beating their wife.

WOMEN ARE EXPECTED TO ALWAYS FORGIVE THEIR HUSBANDS

According to the participants in the main population groups, women are always expected to forgive their husbands even if they have been aggressive or violent toward them. Moreover, there is an understanding that women should not report or expose anything about violence they have experienced to family members or others in the community. Doing so will bring disgrace to the husband and dishonor to the family name. As a result, this further perpetuates the culture of silence around violence against women. Participants shared that in instances where women have spoken out about being victims of IPV, they are subjected to more violence; hence, women are reluctant to go against the norm. Moreover, the community expects women to keep “family secrets,” as reported by the female participants in the study’s main population group. Importantly, it is noteworthy that this norm did not come up as a factor influencing IPV during the group discussions with the reference group members.

PREFERENCE FOR MALE CHILDREN. WOMEN WHO DO NOT HAVE A MALE CHILD DESERVE TO BE PUNISHED

As stated above, in the communities where the social norms exploration activities were conducted, male children are valued more than daughters. As such, women who have not given birth to any sons are subjected to unfair treatment by their spouses. Specifically, the husbands of women with only daughters often feel that it is the woman’s fault that the family does not have any male children and seek punishment for this. The main population group members noted that men threaten to marry another wife and, in some cases, actually end up marrying another woman, which leads to conflict and IPV in the relationship.

NON-NORMATIVE FACTORS INFLUENCING IPV

Common standout non-normative factors	Identified by main population/ reference group/ both
Poor couples’ communication	Both
Suspicion that the woman is having an extramarital affair if she denies sex	Both

POOR COUPLES’ COMMUNICATION

Participants in the main population and reference groups highlighted poor spousal communication as a significant factor contributing to the prevalence of IPV in marriages. According to the participants, in many cases, the age gap between couples (where the husband is much older) does not allow for meaningful communication, given that the men perceive the wife as a “small girl.” Men do not consider the women as equals in these types of relationships and choose not to discuss family or household matters. Instead, the men often assert their dominance in the relationship and communicate with their wives by giving orders rather than engaging in any discussions or consulting their wives in any decision-making processes. The prevailing perception that men who frequently discuss or chat with women are weak also serves as a barrier to healthy communication.

SUSPICION THAT THE WOMAN IS HAVING AN EXTRAMARITAL AFFAIR IF SHE DENIES SEX

The participants in the main population groups stated that men become suspicious of their wives if they deny sex. Men will begin to suspect that their wife might be engaging in an extramarital affair if she refuses requests for sex. Consequently, men will resort to violence if their needs are not met.

REWARDS AND NEGATIVE SANCTIONS LINKED TO IPV

As noted previously, the identified norms are maintained by positive reinforcement or rewards for adhering to or by negative sanctions for not doing the behavior of interest. The participants described these rewards related to acceptance of IPV:

- Peaceful home and marriage.
- Submissive women gain respect from their in-laws and parents.

The findings revealed several negative consequences or sanctions for main population group members for standing up or speaking out about IPV, including:

- Divorce.
- Husbands may marry a second wife as punishment against the first wife.
- Husbands will lose honor in the community.
- If a woman reports IPV to the community leaders, human rights support groups, or the sharia court, her husband may be imprisoned or the marriage dissolved.
- Neglect and maltreatment of women by their husbands.
- Husband's relatives will alienate the woman if she reports abuse.

Analysis of the findings uncovered key influencers who enforce the norms linked to IPV and those who do not support this particular behavior. The below table shows the people who are supportive of IPV and those who are not.

People supportive of IPV	People not supportive of IPV
<ul style="list-style-type: none">• Men• Women's parents-in-law	<ul style="list-style-type: none">• Religious leaders• Friends• Marriage guardians• Community leaders• Police• Elders• Neighbors

SOCIAL NORMS IMPEDING EARLY ADOPTION OF FP

Key social norms	Norm type	Identified by main population/ reference group/ both
Fertility decisions are determined by husbands. Women are expected to seek permission from the husband before accessing FP.	Descriptive and injunctive	Both
Couples are expected to abide by traditional and religious beliefs of having many children.	Descriptive and injunctive	Both
Women are expected to begin childbearing early.	Descriptive and injunctive	Both
Desire for a son if the first child is female.	Descriptive and injunctive	Both

FERTILITY DECISIONS ARE DETERMINED BY HUSBANDS. WOMEN ARE EXPECTED TO SEEK PERMISSION FROM THE HUSBAND BEFORE ACCESSING FP

The low status of women in the communities where the social exploration exercise was conducted often limits their autonomy and ability to make decisions related to their health. Across all group discussions, the participants revealed that women’s limited decision-making power hinders them from accessing and taking up FP methods. Due to the subordinate role that women occupy, they are usually not allowed to visit a health care facility or make the decision to use contraceptive methods without the husband’s approval. According to the participants, in most cases, husbands do not grant permission and women have limited power to negotiate. Consequently, participants said women opt to use methods covertly or without their husband’s knowledge and consent.

“My wife once informed me that the reason why many young wives don’t tell their husbands before going to hospital for FP is because their husbands are very conservative in accepting the idea. And that only the wives know the pains and difficulties of pregnancy and childbearing. That’s why to relieve themselves from health complications; they [try] to adopt FP. They also believe they will stay longer looking young and attractive to their husbands and that will prevent the husbands from marrying another wife.”

— **Male partner of first-time mother, Kalmalo Community, Illela LGA**

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

— **Mother of first-time mother (reference group), Kalmalo Community, Illela LGA**

COUPLES ARE EXPECTED TO ABIDE BY TRADITIONAL AND RELIGIOUS BELIEFS OF HAVING MANY CHILDREN

Traditional and religious beliefs were identified as important factors that shape health behaviors, including FP use. The participants cited religious leaders as playing a significant role in limiting early adoption of contraceptive methods. According to both main population and reference group members, religious leaders encourage large family sizes and are not supportive of FP use.

“Muslim clerics are strongly against FP because of the Islamic teaching that encourages having many children that the Prophet Muhammad (SAW) will be proud of them on the Day of Judgment.”

— **Husband of first-time mother, Kalmalo Community, Illela LGA**

Additionally, participants spoke about the preferences of parents and grandparents for large family sizes in order for the family lineage to continue. Older family members believe that their children will take care of them when they age and pray for them after death.

WOMEN ARE EXPECTED TO START CHILDBEARING EARLY

Social pressure to have large families quickly was identified a key barrier to early adoption of FP. The participants in both groups discussed the normative expectations for young married women to begin childbearing soon after marriage to prove their fertility, along with family preferences for large families. Parents, grandparents, and in-laws play powerful roles in influencing young women to start having children immediately after marriage. Participants often spoke about the disapproval and questions that follow from parents and in-laws if newly married women do not get pregnant within the first six months of marriage. In addition to women’s limited decision-making power to access contraceptive methods, this significant social pressure exerted on young women contributes to their inability to implement their FP desires.

DESIRE FOR A SON IF THE FIRST CHILD IS FEMALE

The desire from both parents to have a male child is another factor that inhibits early adoption of FP methods. Participants from both groups mentioned that male children are viewed as the ones who will carry on the family name and an heir to the patriarch of the family. As such, if the family has a female child first, they will not adopt FP, but rather immediately try to have another child with the hope that they will have a son. Families tend to continue to try for a son until the desire is fulfilled.

NON-NORMATIVE FACTORS IMPEDING EARLY ADOPTION OF FP

Common standout non-normative factors	Identified by main population/reference group/both
Myths and misconceptions that early FP use leads to infertility and health complications.	Both
Inadequate information about the importance of FP.	Both

MYTHS AND MISCONCEPTIONS THAT EARLY FP USE LEADS TO INFERTILITY AND HEALTH COMPLICATIONS

Early adoption of FP methods is restricted by prevailing myths and misconceptions that contraceptive methods lead to adverse health effects and infertility. Participants in the main population and reference groups cited common misconceptions along with stories from women who claim to have experienced side effects such as excessive bleeding, weight gain, weight loss, mood swings, chronic headache, and irregular menstruation from using contraceptives. These myths and anecdotes deter young women from adopting contraceptive methods.

“Adopting FP is not a problem but the effect of too much bleeding and infertility it causes is the problem”.
—First-time mother (15–19), Illela Gari Community, Illela LGA

INADEQUATE INFORMATION ON THE IMPORTANCE OF FP

Based on the group discussions, it was clear that knowledge gaps around the benefits of FP use are prevalent in the communities. Lack of accurate information and knowledge of the specific benefits of FP is an obstacle for early adoption of contraceptive methods.

REWARDS AND NEGATIVE SANCTIONS LINKED TO EARLY ADOPTION OF FP

- High regard for families with many children was frequently cited as the main reward linked to non-use of FP methods.

Conversely, the below negative consequences were highlighted as the key sanctions related to early adoption of FP:

- If young women adopt FP without the husband’s support or knowledge, it could lead to any of the following: withdrawal of care; divorce; husband marrying another wife; no sex.
- Community members will disapprove and curse young women for disobeying their husbands.

People supportive of early adoption of FP	People not supportive of early adoption of FP
<ul style="list-style-type: none"> • Parents of adolescent girls/young women • Friends of young women • Siblings of young women • Sister-in-law • Younger mother-in-law • Young men • Traditional leaders • Religious leaders 	<ul style="list-style-type: none"> • Husbands • Husband’s parents • Husband’s peers/friends • Grandparents • Community elders • Village head • Political leaders • Group association leaders

RECOMMENDATIONS AND CONCLUSION

The findings from the social norms exploration revealed that CEFM, IPV, and resistance to early adoption of FP are primarily rooted in the patriarchal power imbalance between women and men. Findings from the assessment showed that social norms limited adolescent girls and young women's decision-making power and drove pressure to get married early, become pregnant right after marriage, and to grow families quickly. In addition, social norms sustained male authority in the household and promoted acceptance of IPV. Harmful norms were enforced by parents, community members, and peers and contributed to women's inability to implement their marital and health choices. However, at the same time, the social norms exploration also identified key stakeholders, including influential community members such as traditional and religious leaders, who opposed harmful gender norms and behaviors linked to CEFM, IPV, and FP use. This is notable because it indicates that there are opportunities to engage influential leaders and gatekeepers as champions or change agents to build on positive religious or traditional systems and foster transformational changes toward gender equality.

To improve health and gender outcomes of adolescents and youth in Sokoto State, it will be necessary to implement interventions that take a socioecological approach targeting not only individuals and aiming to shift norms at the community level. It is important to prioritize strategies to address norms that perpetuate unequal power relations as they relate to CEFM, IPV, and opposition to early adoption of FP, which will be central to achieve desired outcomes. Potential entry points and intervention approaches to shift norms and engage key reference groups identified in the study are outlined below:

- Engage parents, family members, and prominent community members (such as religious leaders and teachers) or others who hold influence in the community as supportive partners. 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. Moreover, it will be important to target family and community members who are considered “positive deviants” or those who are supportive, practice, and uphold positive gender norms and behaviors. For example, engaging school teachers 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. This can be done in various ways such as holding community forums and discussion sessions to facilitate community-wide consensus building with identified reference groups to address norms that drive CEFM and IPV by perpetuating women's and girls' low status.
- Use participatory small group and dialogue approaches to promote critical reflection, positive attitudes, behaviors, and norms as well as improve knowledge related to adolescent RH and gender equality. Small group-based methodologies help to build protective assets and foster more equitable gender attitudes, behaviors, and norms. Segregate groups by age and sex to allow for a “safe space,” as appropriate. Leverage existing platforms, such as school clubs, women's groups, and men's groups, to reach adolescents, women, and men in the community. For example, employ age-appropriate participatory group sessions with adolescents and youth to facilitate discussions around puberty, gender roles and equality, life goals, and community expectations for boys and girls and supportively challenge gender norms that drive CEFM.
- Use gender-transformative approaches to address norms that limit women's autonomy and present barriers to FP use. 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. Gender-transformative approaches also serve as entry points for male engagement in FP and RH. Couples-based

approaches that engage men and their female partners in participatory, small group sessions to stimulate dialogue and critical reflection on GBV, contraceptive use, and couples' communication, issues of power and patriarchy in their community can be effective in changing community-level norms and lead to positive shifts in decision-making processes and increase women's agency and self-efficacy.

- Use behavior change communication strategies to catalyze community-wide normative change by increasing awareness and shifting attitudes and behaviors. Mass media, edutainment, and community poster campaigns can be used to increase awareness and knowledge, and promote individual behavior change such as encouraging parents to allow their daughters to complete school before marriage and broadly share positive messages to drive social norm change.

APPENDIX A: DEFINITIONS OF TERMS

BEHAVIOR(S) OF INTEREST: The behavior(s) your project is addressing or intending to change. Sometimes this is called a behavioral outcome.

DESCRIPTIVE NORMS are what are considered a typical or common behavior. It is mostly perceptions about what others actually do, or rather doing something because other people do.

FIVE WHYS: This is tailored around asking the “why” questions in relation to the three chosen behaviors of interest. This approach enables participants to identify the root causes of the negative behaviors identified, while digging deeper on the underlying causes for each behavior.

INJUNCTIVE NORMS are what are considered an approved or expected behavior. People in your social network are expecting you to behave in a particular way. There is the perception of approval/ disapproval of that behavior by other people.

MY SOCIAL NETWORKS: My Social Networks is an activity that gathers information from multiple people in a group/subgroup to create a profile of the subgroup’s reference group for a particular behavior(s) of interest.

NON-NORMATIVE FACTORS: Factors or influences that impact members of a society or community differently.

SOCIAL NORMS are “unspoken rules” that govern behavior. Social norms are created, sustained, and upheld through our human interactions and functions within the individual and community²³ levels.

REFERENCE GROUP: The people who matter to an individual’s choice to engage in a behavior.

VIGNETTES: Vignettes are culturally relevant short stories about the behavior of fictional characters, which are accompanied by open-ended questions. Vignettes are a simple way to engage participants in identifying and exploring social norms that relate to the behavior(s) of interest.

APPENDIX B: VIGNETTES

CHILD, EARLY, AND FORCED MARRIAGE

PART 1

Halima is a 15-year-old girl who lives in Sokoto State, and is in JSS3. She is doing very well in school and loves going to school. Halima hopes to one day become a doctor. Her father has promised his friend Alhaji Usman, who is 55 years old, his daughter's hand in marriage. Alhaji Usman has promised to give Halima's father N100,000 to start his poultry business once the promise to marry Halima is fulfilled.

1. In your opinion, how do you think Halima will feel if she finds out about this arrangement?
2. What do you think the community expects Halima to do?
3. In your opinion, what do you think Halima should do?

PART 2

Halima's father informs her mother of the plans to marry off Halima to Alhaji Usman. Halima's mother is very happy and in agreement with the decision because this will prevent her daughter from bringing shame to the family. She believes their economic status will improve. Halima was then informed about her parent's decision and that this would be her last term in school.

1. In your opinion, what do you think Halima can do to help her situation?
2. In your opinion, what do you think "bringing shame to the family" means? What are the consequences of bringing shame to the family?
3. Do you think that Halima should listen to her parents? Why/why not?
4. Do you think Halima's parents are doing the right thing for Halima? Why/why not?
5. Do you think Alhaji Usman is right to accept to marry Halima? Why/why not?
6. Do you think that boys can also be in the same situation as Halima? Have you ever heard of it happening?
7. Do you think what Halima's parents are about to do is common in your community?
8. Who in this community can do something to stop Halima's parents' decision?
9. What other benefits do you think Halima's parents will gain?
10. What benefits will Alhaji Usman or others get from marrying girls of Halima's age?
11. How many girls do you think are in this kind of situation? (probe: none, some, many)

PART 3

Halima was so sad about her parent's decision. She goes to speak to _____ who invites Halima's parents to discuss the issue with them and the consequences of marrying off Halima at her age. _____ also called Alhaji Usman and spoke to him about the challenges Halima could face if he marries her.

1. What do you think about Halima's decision to speak to _____ outside her household?
2. Do you think Halima's parents will listen to _____ and change their decision?
3. Do you think Alhaji Usman will listen to _____ and change his decision?
4. If Halima's parents listen to _____ and agree to change their decision, how will the community react to them?
5. If Alhaji Usman listens to _____ and agrees to change his decision, how will other men look at him?
6. What does the community expect Halima to do?
7. If Halima was married off despite all this, what do you think will become of Halima?

INTIMATE PARTNER VIOLENCE

PART 1

Musa is a 35-year-old farmer married to Rukayya, an 18-year-old housewife. They have been married for one year and two months and have a four-month-old baby. Shortly after the birth of the baby, Rukayya began to deny Musa sex because she was stressed and tired from caring for the baby and keeping up with the household activities. Musa is angry because he thinks Rukayya should have sex with him when he wants.

1. In your opinion, do you think Musa is right to feel angry with Rukayya? Why/why not?
2. What is your opinion about Musa thinking that he should be able to have sex with his wife whenever he wants, even if she does not want to?
3. What is your opinion about Rukayya denying her husband sex?
4. What do you think would happen if Rukayya continues denying her husband sex?

PART 2

Musa is increasingly angry about Rukayya's denying him sex. One day, he begins shouting at her and insulting her for being a bad wife. Rukayya argues back that she is tired from doing so much work around the house and still denies Musa sex. Later that week, Musa continues to demand sex despite Rukayya saying no. He gets into another argument with Rukayya leading to him slapping and hitting her. That same night, Musa forces Rukayya to have sex with him.

1. What do you think about Musa's shouting and insulting Rukayya?
2. What do you think about Musa's slapping and hitting Rukayya?
3. What do you think of Musa forcing Rukayya to have sex?
 - a. Are there husbands in this community who shout at or insult their wives like Musa? (probe for details) Do you agree with this behavior? Why/why not?
 - b. Are there husbands in this community who slap or hit their wives if she denied them sex like Musa? Do you agree with this behavior? Why/why not?
 - c. Are there husbands in this community who would force their wives to have sex, even if she did not want to like Musa? Do you agree with this behavior? Why/why not?
4. In your opinion, do you think Musa is doing the right thing by shouting or insulting Rukayya if she denied him sex? Explain why/why not.
5. Who in this community do you think would disagree with Musa's actions toward Rukayya?
6. How do you think the community would react to Musa if they found out that he brought violence to the home because Rukayya was denying him sex?
7. Who in this community might do something to prevent Musa from committing violence against his wife in the future?
5. What do you think Rukayya could do to get help in her situation?
8. Besides a wife denying her husband sex, can you think of other situations that might lead to violence in the relationship? What are those situations? What type of violence?

PART 3

Rukayya goes to speak with _____ who invites both Rukayya and Musa to discuss their problems in a meeting. The _____ discusses with them the challenges of childbirth, the consequences of violence within the relationship, and the need to balance work in the home. After listening to _____, Musa realizes he may have been wrong to treat Rukayya that way and apologizes. He agrees to communicate more with Rukayya when they have challenges and not to resort to violence. He also agrees to help Rukayya out more with the childcare and household work.

1. What do you think about Rukayya’s speaking with others outside her household about her relationship problems? What else could Rukayya do to stop her husband from being violent in the future?
2. Do you think that Musa would listen to _____ and change his behavior? Why/why not?
3. How do you think other men like Musa in this community would react to his apologizing to his wife?
4. How do you think other men like Musa in this community would react to his agreeing to help out with the childcare and household work?

EARLY ADOPTION OF FAMILY PLANNING

PART 1

Saratu is an 18-year-old trader who lives with her husband, Ibrahim, a 24-year-old farmer. They have been married for two years and have a daughter. After her daughter was born, Saratu went for her six-week postnatal visit at the local health center. At the visit, she was reminded to start considering family planning methods and given some counseling on different methods for child spacing. She went home and told her husband about what she heard. Ibrahim was against the idea that they use family planning methods.

1. Why do you think Ibrahim might be against using a family planning method?
 - a. Do you agree with Ibrahim? Why/why not?
2. What is your opinion of Saratu wanting to use a family planning method for child spacing?
3. What other difficulties might someone like Saratu face if she wanted to use a method for child spacing?
4. What do you think are the benefits of a couple using a family planning method? What are the disadvantages?
5. What do you think would happen next if Saratu wants to use a family planning method, but her husband does not give his consent?

PART 2

After learning about child spacing methods in the clinic, she decided she wants to use a family planning method. She really wants to delay her next pregnancy because she worries about having more children because she wants to focus on her family and make sure they have enough finances. She goes to the clinic to get a method. She doesn’t tell Ibrahim.

1. What do you think about Saratu not telling her husband that she is using a family planning method?
 - a. Does she have a right to use a family planning method without her husband’s knowledge? Why/why not?
2. How many women in this community, like Saratu, do you think use a family planning method (none, some, many, most)?

3. How many men in this community, like Ibrahim, do you think are against using a method of family planning (none, some, many, most)?
4. How many people in this community, do you think, would agree with Ibrahim not wanting to use a family planning method (none, some, many, most)?
5. Who in this community do you think would disagree with Ibrahim's opinions? (get titles/relationships, for example, mother-in-law, religious leader, not names):
 - a. Who would agree?
6. How do you think Ibrahim would react if he found out Saratu was using a family planning method without her husband's permission?

PART 3

Saratu told her husband that she went to the health center and got a family planning method. At first, Ibrahim is angry with Saratu for defying him and not telling him that she went to the health center. Saratu talked to her husband about the benefits of child spacing for the future of their family and Ibrahim became less angry. Ibrahim thought about his previous opinions about family planning methods. He also talked to others in his community about the benefits. He went with Saratu to the health center where they discussed child spacing with the provider. He decided to change his mind and agreed to try and use a family planning method with Saratu, even though he still wanted more children in the future.

1. What do you think about Ibrahim being willing to listen to his wife and learn about family planning methods?
 - a. How do you think other men like Ibrahim in this community would react to him for listening to his wife and being willing to change his mind?
2. Now that both Ibrahim and Saratu agree, do you think they should use a family planning method as a couple? Why do you agree/disagree?



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