



Changing the Story (Of the Nigerian Girl-child)



Save the Children

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Table 1: Demography and related indices

Population 2015	181,927,594
Median age	17.8 years
Growth Rate	2.82%
Children aged 10-19 years (male)	11%
Children aged 10-19 years (female)	11.6%
Mother's mean age	20.3years
Adolescent Birth Rate (per 1000) F	122 (NDHS 2013)
Maternal Mortality Ratio	576/100,000 (NDHS 2013)
Under 5 Mortality Rate	128/1,000 (NDHS 2013)
Children aged 5-11 not in school	40%

Table 2: Deprivation-based indicators (from NDHS 2013, MICS 2011, SMART2013)

Form of severe deprivation	Indicator
Severe Nutrition deprivation	Children under five years of age whose heights and weights for age are more than -3 standard derivations below the median of the international reference population, i.e. severe anthropometric failure
Severe water deprivation	Children in households who only have access to surface water (e.g. rivers) for drinking
Severe sanitation deprivation	Children in households who have no access to a toilet of any kind in the vicinity of their dwelling
Severe health deprivation	Children under five years of age that have never been immunized or those that have suffered from a severe episode of Malaria or ARI that was not treated.
Severe shelter deprivation	Children under 18 years of age living in dwellings with more than five people per room (severe over-crowding)
Severe education deprivation	Children aged between 7 and 18 who have never been to school and are not currently attending school
Severe information deprivation	Children aged between 5 and 18 with no possession of and access to radio, television, telephone or newspapers at home.
Severe protection deprivation	Children without birth registration or those who were forced into early marriage or female genital mutilation.

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Introduction / general information

As the Millennium Development Goals (MDGs) period draws to an end, significant progress has been made globally to enhance human welfare in general and children's well-being in particular. For example, globally, the number of people in extreme poverty¹ (living on less than \$1.25 a day) declined from 1.9 billion in 1990 to about 836 million in 2015. The proportion of those in extreme poverty in the developing countries declined from about 47% in 1990 to 14% in 2015. The global Under 5 mortality rate dropped from 90 to 43 deaths per 1,000 live births between 1990 and 2015². Although, substantial progress has been made, there is no doubt that the level of progress varies across regions, countries and even within countries.

Since approximately half of Nigeria's population are children and knowing that Nigeria can make rapid progress if these citizens have a better deal, in the spirit of the global mantra³ to leave no one behind, Save the Children in Nigeria aims to revolutionize the way the country treats children in the next 15 years. Fifteen years of working to achieve the MDGs in Nigeria has shown that there must be some change in strategy if Nigeria is to make progress and run shoulder to shoulder with other countries that have made greater progress on the MDGs. What is that paradigm shift? Our ongoing analysis shows that attention needs to shift to the girl-child if rapid progress is to be expected. Under 5 mortality is very high in Nigeria, particularly in the Northern parts, because a high number of girls marry too early – thus creating a situation where children give birth to children. As a result of many girls marrying early, they are not available to go to school. This double burden means that there are no (or few) female health workers to attend to pregnant women (a mandatory requirement for women to access healthcare in many parts of Nigeria); children that are born to such teenage mothers are face higher risks of dying before their 5th birthday and poverty is handed down from one generation to another. Incidentally, the belt representing the worst cases for the girl-child also represents the belt for the most severe

malnutrition in Nigeria. This trend has to reduce drastically.

Special focus on the girl-child (the game-changer)

Early marriage is a clear illustration of how millions of children are marginalized due to severe protection deprivation. This deprivation negatively impacts on other breakthroughs, including child survival and development. Nigeria has one of the highest child marriage prevalence rates in the world. In Nigeria, 39% of girls are married off before age 18 and 16% are married before they turn 15 years old⁴. However, according to the NDHS 2013, the number of Nigerian girls that are married before their 18th birthday is as high as 58.2%. The prevalence of child marriage varies widely across the country, but figures are as high as 76% in the North West region, compared with 10% in the South East. (See map –figure 1). Lack of education is a signifier in this respect: 82% of women aged 20-24 who were married by the age of 18 had no education and only 13% of them have at least finished secondary education. An rural/urban disparity exists which further increases this deprivation. For every girl married before the age of 18 in urban Nigeria, there are two in the rural areas⁵

¹ Millennium Development Goals Report 2015

² <http://www.un.org/millenniumgoals/childhealth.shtml>

³ <http://kff.org/news-summary/sdgs-aim-to-focus-on-global-population-with-mantra-leave-no-one-behind/>

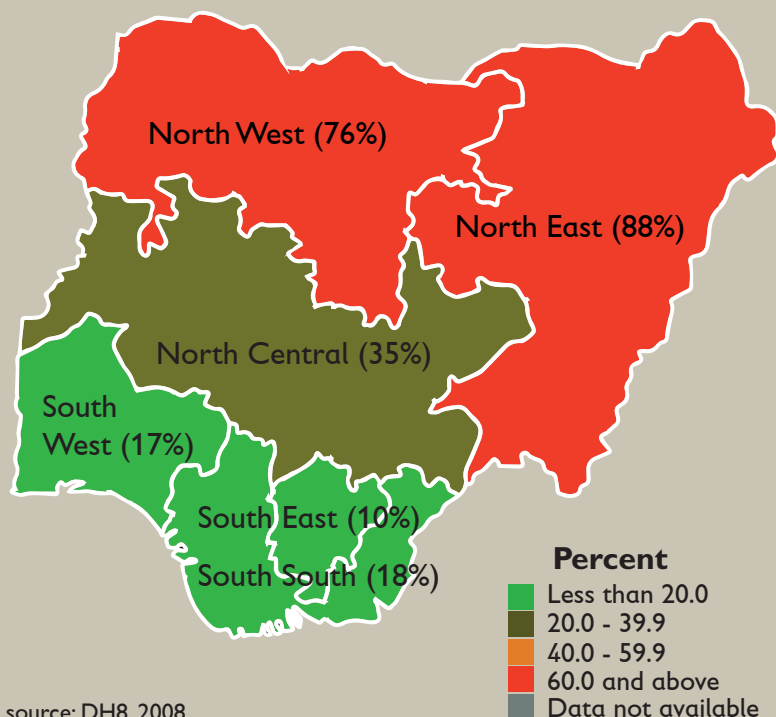
⁴ <https://www.who.int/en/atlas/atlas-african-health-statistics-2014-health-situation-analysis-african-region>

⁵ http://www.google.co.in/url?sa=t&rct=j&q=&esrc=s&source=web&cd=6&ved=0ahUKEwjy5qCKotHJAhWJW5QKHlfCG0QFgg5MAU&url=http%3A%2F%2Fwww.unicef.org%2F-media%2Ffiles%2FChild_Marriage_Report_7_17_LR..pdf&usq=AFQjCNGI5EINviRdVbWfMiHHumAfXYR-bQ

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Child Marriage by Sub-National Regions

Percent of 20-24 year old females married by the age of 18



source: DH8, 2008

Nigeria has one of the highest child marriage prevalence rates in the world. On average, about two out of five girls will be married before their 18th birthday. In 2008, about 39% of the women aged 20-24 were married/in union before age 18. Data shows a 9% decline since 2003 (43%).

While child marriage is common in Nigeria, prevalence is highest in North West (76%), followed by North East (88%), North Central (35%), South South (18%), South West (17%), and South East (10%).

Once girls in Nigeria are married, very few (3.0%) are using contraception in spite of their need to space their childbearing time.

Only 13.6% of them have their demand for contraception satisfied.

Figure 1: UNFPA-Nigeria child marriage profile

Fourteen states present levels much worse than the national average – Jigawa state tops the list with 93.2% of children marrying before 18 years and Niger state at the bottom with 60.5% of girls marrying before being 18 years of age. In the 2013 survey, Lagos posted the lowest rate of girl-brides with 8.9%. While data shows a 9% decline in the prevalence of child marriage since 2003, action is needed to prevent millions of girls from being married in the coming years. In 2010, 2,814,000 women aged 20-24 were married before age 18. If present trends continue, UNFPA estimates that 4,615,000 of girls will be married as children by 2030 ⁶. (See Figure 2 for future trends). UNHRC's 2013 ⁷ UPR report on Nigeria observed that there is still violence against women and children; persistence of female genital mutilation and early marriage. The 94-member reviewing nations recommended that Nigeria tackle the practice of forced and early child marriage by clarifying the legal age for marriage and implementing concrete measures to combat child trafficking and child labour.

Why this change is imperative

Ending child marriage requires strategies for girls' empowerment, social and cultural norms change, legal reform, and policy action. The Child Rights Act of 2003 set the national legal minimum age of marriage at 18 years but it is yet to be effectively implemented. There are 12 Northern states that have yet to pass the bill and agree on the minimum age of marriage. To be effective, state assemblies must take the necessary measures to implement the Child Rights Act, including concrete steps to execute the minimum age of marriage. Along with the Child Rights Act, Nigeria at national and sub-national levels needs to fast track the implementation of the Universal Basic Education act with special emphasis on girl education.

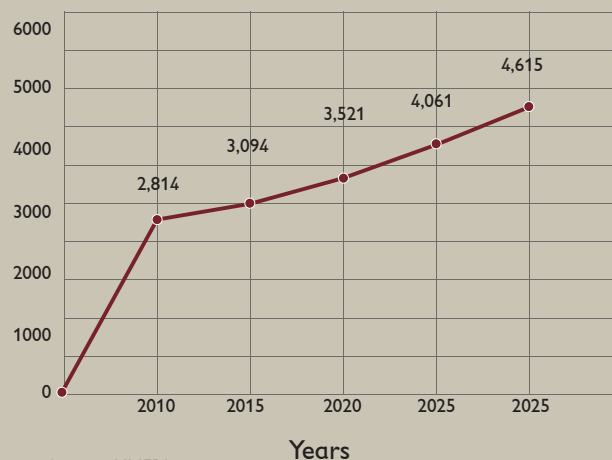
Programmes at local level are needed to promote change in attitudes and practices, including pro-

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grammes that offer life skills, literacy, health information and social support. Early marriage often leads to early motherhood as only 3% of the girls use contraception⁸. Childbearing for these child-brides is risky as many of these are not physically ready for neither pregnancy nor labour. Many of these girls end up with Vesico-vaginal fistula (VVF) or Recto-vaginal fistula (RVF) or a combination of both. In fact, Nigeria has the highest prevalence of obstetric fistula in the world, with between 400,000 and 800,000 women living with the problem and about 20,000 new cases each year. Ninety percent are untreated. This implies that about 55 women are afflicted by obstetric fistula every day⁹. 553 new cases¹⁰ of VVF were recorded in Kano alone in 2013. Married girls need access to sexual and reproductive health services, including family planning and maternal health services. As a result, poverty is compounded and they end up out of wedlock because the husbands send them away.

Significant reduction in early marriage is a game-changer, but getting there is difficult because it is deeply rooted in culture, religious beliefs and practices. Poverty is a big underlying cause yet, early marriage is largely responsible for other poor indices in the MDGs. For instance, low numbers of female health workers partly explains why women (and girl-brides) will not access health care – thus putting themselves and their children (if the latter survive) in real danger. A significant increase in the number of female health workers can only occur if girls are able to successfully complete secondary education and proceed to uptake training in Health Training institutions (HTIs). The Nigerian National Human Resources for Health strategic plan 2008-12¹¹ showed that whereas the national nurse/midwife per 100,000 population stood at 21, the South West and North West zones had just 16 and 11 respectively. Education itself is a vaccine, which is capable of empowering girls to make independent choices in the future, including family planning. Not having attending school up to at least junior secondary may mean that the girl will be dependent of others to provide for her and therefore be in perpetual poverty. There is in fact a strong link between child marriage and malnutrition in Nigeria. The region with the highest level of girl-brides in Nigeria also repre-

**FUTURE CHILD BRIDES:
PROJECTIONS FOR THE NEXT TWO DECADES**



Urgent action is needed to take solutions to scale and prevent the thousands of girls in Nigeria today from being married in the next decade(s). In 2010, 2,814,000 women aged 20-24 were married/in union before age 18. If present trends continue, 4,615,000 of the young girls born between 2005 and 2010 will be married/in union before age 18 by 2031. This projection shows an increase of 64% from the 2010 estimate of married girls, which is compounded by high fertility and low mortality in the recent past.

Ending child marriage requires strategies for girls' empowerment, social and cultural norms change, legal reform, and policy action. Proven solutions involve girls' schooling (especially lower secondary) and programmes that offer life skills, literacy, health information and services, and social support. Married girls especially need access to sexual and reproductive health services, including family planning and maternal health services.

Figure 2: source - UNFPA

8 http://www.devinfo.info/mdg5b/profiles/files/profiles/4/Child_Marriage_Country_Profile_AFRNGA_Nigeria.pdf

9 <http://starconnectmedia.com/2015/06/11/pathetic-tale-of-amina-nigerian-girl-married-at-14/>

10 <http://icirigeria.org/despite-official-claims-vvf-remains-a-plague-in-northern-nigeria/>

11 http://www.who.int/workforcealliance/countries/Nigeria_HRHStrategicPlan_2008_2012.pdf

12 SMART survey 2014

13 NDHS 2013

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sents the region with the highest levels of maternal and child undernutrition (51% Stunted Under 5s in North West compared to 20% in South West and 10% in South East), ¹² highest levels of Under 5 mortality (185/1,000 in North West; 160/1,000 in North East compared to National average of 128/1,000; 90/1,000 in South West and 91/1,000 in South South) ¹³, highest levels of Maternal mortality (no regional disaggregation in 2013 NDHS) and lowest levels of supply of female health workers.

What needs to be done?

Government

1. Government at national and sub-national levels need to take the lead. The states that have not passed the Child Rights Act need to do so immediately and start implementation.
2. The Universal Basic Education Act 2004 ¹⁴ mandates free and compulsory education for all children up to junior secondary level in Nigeria. Government at national and sub-national level must ensure the effective implementation of this law as a key first step towards reducing early marriage. Government also needs to ensure that quality teaching and learning are taking place in all primary and junior secondary schools.
3. Government must remove all barriers that make it difficult for young girls to go to school, including the costs associated with school attendance such as uniforms, extra school-imposed levies and transportation costs. Schools must also be sensitive to cultural norms.

Civil Society/Community

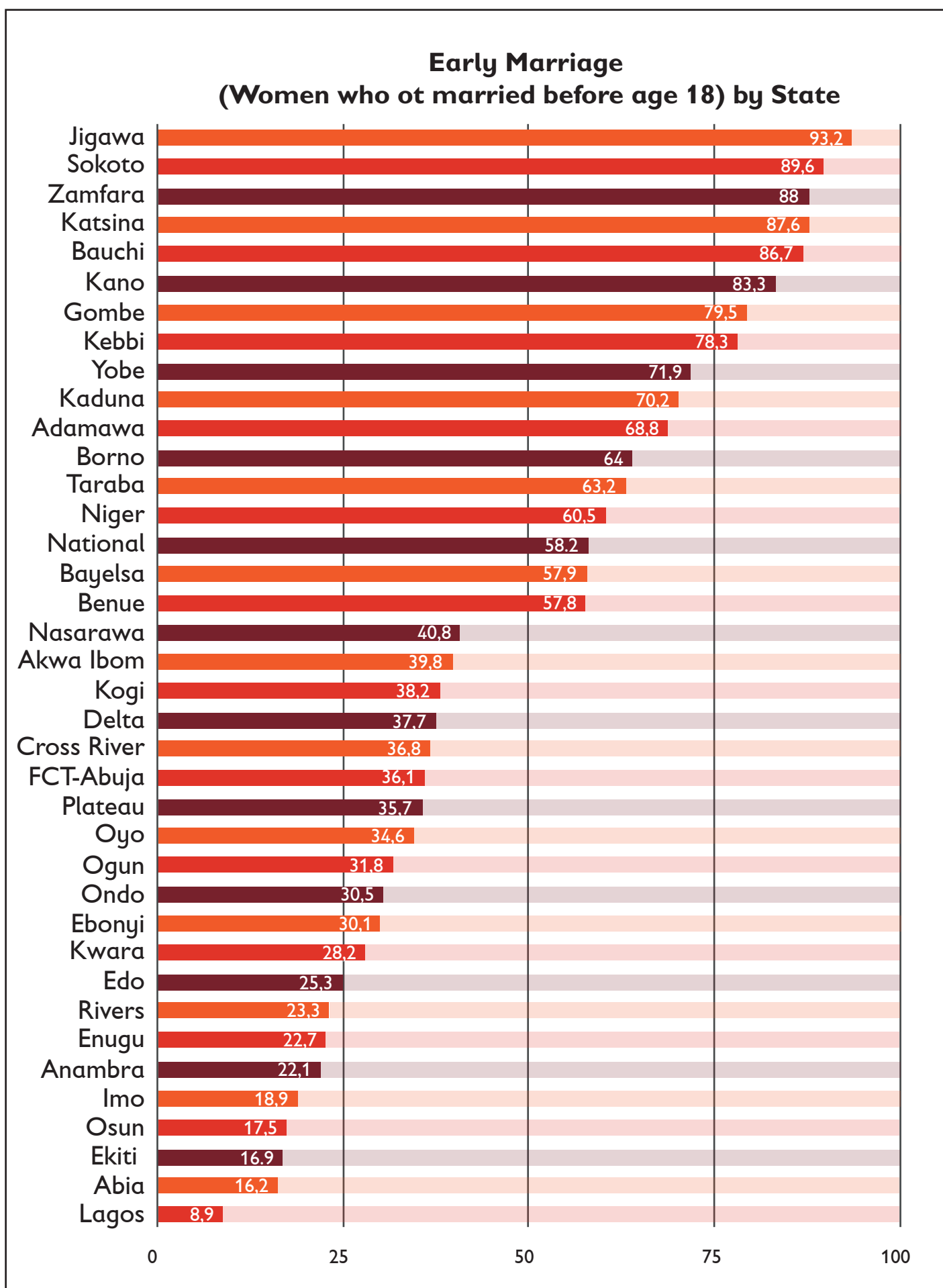
1. Civil Society will have to organize itself by putting continuous pressure on government at national and sub-national level regarding the implementation of free and compulsory education.
2. Monitoring of progress and tracking of resources will need to be carried out by civil society to ensure accountability.
3. Community leaders need to ensure that the community structures continue to respond positively to all efforts encouraging girls to stay in school until at least the completion of junior secondary education.

Development partners

1. Donors and implementing partners need to put girl-child development at the center of their development efforts, knowing that doing so will lead to rapid and lasting change.
2. Partners need to collaborate with government at national and sub-national levels to take on these important issues.
3. Continual production of evidence and learning will also need to be supported by development partners.

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Annex 1: source NDHS





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