Hidden

A Profile of Married Adolescents in Northern Nigeria

Paulina Makinwa - Adebusoye

Action
Health INCORPORATED

Hidden

A Profile of Married Adolescents in Northern Nigeria

Paulina Makinwa-Adebusoye

Hidden

A Profile of Married Adolescents in Northern Nigeria

Paulina Makinwa-Adebusoye

October 2006

Financial support for this research was provided by The David and Lucile Packard Foundation through Action Health Incorporated. The views reflected in this article do not necessarily reflect those of The David and Lucile Packard Foundation, Action Health Incorporated or the organizations with whom the authors are affiliated.

ISBN: 978-37464-9-9

Preface

Adolescence is the transition period between childhood and adulthood and although in the past decade, policy and programming attention has turned towards adolescent sexual and reproductive health, the level of attention to the needs of married adolescents has been marginal. Rather, the information and service needs of unmarried, often in-school adolescents have been the focus of most adolescent-focused interventions around the world and Nigeria is not an exception.

The 2003 Nigeria Demographic and Health Survey (NDHS) shows that early marriage is prevalent across Nigeria. The highest proportions of married adolescents are in the northern regions of the country where the level of unmet need is also highest. Nonetheless, these adolescents remain "invisible" on the radar of sexual and reproductive health policy and programming.

Since 2002, Action Health Incorporated (AHI) has been working in collaboration with government and non-governmental partners to provide adolescents in four Northern Nigeria States (Nasarawa, Kaduna, Bauchi and Borno) with access to sexual and reproductive health information and services with funding from The David and Lucile Packard Foundation.

The collaborative effort of our partners in Bauchi (Reproductive Health Initiative and Support Association and State Specialist Hospital, Bauchi) has enabled some married adolescents to access services at the youth friendly health clinic established at the Specialist Hospital. AHI is in the second phase of this project (2005 – 2007), and plans to contribute to a better understanding of the socio-cultural context and sexual and reproductive health needs of married adolescents in Northern Nigeria.

The project is adopting a three-tiered approach as follows:

(a) Desk review of literature on married adolescents in Northern Nigeria;
(b) Primary research on the situation of married adolescents in Bauchi and Borno states;
(c) Advocacy for married adolescents' access to youth friendly health services that are responsive to their socio-cultural context and needs.

Action Health Incorporated commissioned two literature reviews - Prof. Dennis Ityavar and Mr. Inuwa Jalingo developed the ***"Working Paper on the State of Married Adolescents in Northern Nigeria"*** while the second review "***Hidden***: ***A Profile of Married Adolescents in Northern Nigeria*** was undertaken by Prof. Paulina Makinwa-Adebusoye. Both reviews are now published for the benefit of all stakeholders interested in the subject matter of married adolescents' access to sexual and reproductive health information and services.

Special appreciation is due to the Federal Ministry of Health (FMOH) and the United Nations Population Fund (UNFPA) for obliging Action Health Incorporated the use of their proprietary data in the review process.

AHI benefited from the inputs of numerous colleagues in conceptualizing the methodology for this initiative. In this regard, we appreciate the contributions of Dr. Nike Adeyemi, Dr. Moji Odeku, Mrs. Charity Ibeawuchi, Dr. Ochi Ibe, Dr. Wole Fajemisin, Dr. Lucy Idoko, Dr. Biodun Oyeyipo, Dr. Ayo Ajayi, Mr. Mike Egboh and Dr. Mairo Mandara.

The following Action Health Incorporated colleagues contributed at various stages of the report's preparation: Dr. Uwem Esiet, Ms. Chieme Ndukwe, Mrs. Omolara Ogunjimi, Mrs. Uduak Akin and Ms. Idorenyin Akpan.

This report is made possible by funding from The David and Lucile Packard Foundation.

Nike O. Esiet
Executive Director
Action Health Incorporated

List of Acronym

FOS	-	Federal Office of Statistics
HIV/AIDS	-	Human Immune Virus/Acquired Immune Deficiency Syndrome
NAR	-	Net Attendance Ratios
NDHS	-	National Demographic and Health Survey
NGO	-	Non-Governmental Organization
NPC	-	National Planning Commission
RVF	-	Recto-Vagina Fistula
SCN	-	Standing Committee on Nutrition
UNFPA	-	United Nations Population Fund
UNICEF	-	United Nations Children's Fund
VVF	-	Vesico-Vagina Fistula
WHO	-	World Health Organization. 2003

Table of Contents

Hidden: A Profile of Married Adolescents in Northern Nigeria[1]

Introduction

Research and programmes aimed at improving sexual and reproductive health of adolescents in Nigeria have focused on unmarried girls and boys. This can be partly attributed to the assumption that male and female adolescents are unmarried and solely responsible for risky sexual behaviour and unwanted pregnancies. However, there is a wide prevalence of early marriages in Nigeria. Nationwide, 19% of girls were married by age 15, and 43% by age 18[2] (2003, NDHS). The proportions of married teenagers are much higher in the northern regions being highest in the North West and North East regions where the proportions of married teenage girls (15-19) are 73% and 59% respectively (2003 NDHS). In the northern regions, girls enter marriage (and begin their sexual experience) when they are young, sometimes as young as 10 years. The young girls are usually married to older men chosen for them by their parents (NPC and UNICEF, 2001).

The problem of early marriage in northern Nigeria is significant. For one, the North lags behind the rest of the country in the trend, largely associated with education, towards delaying age of marriage. As shown in Figure 3 of this report, females in the North West and North East are marrying on average more than five years earlier than those in the southern states where women are better educated. The sheer size of northern adolescent women who are bearing children is yet another compelling reason for focusing on the sexual and reproductive health of married adolescents in northern Nigeria. Adolescent women from the North East and the North West make up 42% of total number of Nigerian adolescent women aged 15-19 and they contribute an estimated 71% of the annual births by Nigerians in the 15-19 age group (Singh, S. *et al, 2*004). High teenage fertility is a major contributory factor to persistently high Total Fertility Rate and Nigeria's rapid population growth[3]. Third and more important reason for focusing on northern, married adolescents are the negative consequences of early marriage which include heightened risks of pregnancy-related morbidity and mortality, gross violation of their human rights and, several social challenges such as missed opportunity for education and participation in gainful employment.

---

[1] In this report, the emphasis is on female, married adolescents because male adolescents have the least likelihood of marrying before age 20. Although one in three Nigerian women aged 15-19 have ever married, only 1% of men in this age group have married (2003 NDHS, table 6.1).
Data presented in this report pertain to the North East in which AHI's focal states, Bauchi and Borno, are located. Data sources are the 2003 Nigeria Demographic and Health Survey, a re-analysis of the 2003 NDHS carried out by the Alan Guttmacher Institute and which yielded data on adolescents by geopolitical region, urban or rural residence, and level of education. Other data sources are the 2003 Nigeria Adolescent Reproductive Health Survey and the 1991 Census of Nigeria.

[2] Data pertains to women aged 20-24

[3] Fertility levels have remained high in Nigeria since the start of record keeping with the 1981/82 NFS: Total Fertility rate in 1981/82 NFS 6.3; 1990 NDHS 6.3; 1991 Post Enumeration Survey, 5.9, 1999 NDHS "close to 6.0", 2003 NDHS 5.7. Estimated total population is 130 million growing at an estimated rate of 2.9 percent per year indicating a doubling time of about 24 years.

This report provides a comprehensive overview of current knowledge of sexual and reproductive health experience of married adolescents in northern Nigeria. Its focus is the North East, one of the six geo-political regions of Nigeria[4] and locus of Bauchi and Borno states where Action Health Incorporated (a youth-focused NGO) has developed intervention programmes. Following this introduction, the next section of the report argues that married adolescents in northern Nigeria constitute a unique and highly vulnerable group with special needs. A subsequent section describes the social context in which married adolescents live their lives. This is followed by a detailed description and analysis of sexual behaviour, marriage, childbearing, experience with HIV/AIDS and unmet need for contraception among married adolescents. The report ends with a summary and conclusions.

Heightened vulnerability

In Nigeria, advocates justify early marriage as necessary for preserving girls' virginity. Very often, however, marriage exposes an otherwise healthy, virgin girl to grave health risks. For example, the median HIV prevalence among young women aged 15-24 in antenatal clinics is 6%, higher than the national average which is an estimated 5.1% among women aged 15-49 in antenatal clinics (Center for Health and Gender Equity, 2006).

.

The general assumption that married adolescents face none of the difficulties encountered by their unmarried counterparts in accessing contraceptives and other reproductive health services is also largely incorrect. Married adolescents in the northern regions of Nigeria face greater reproductive health risks than their unmarried counterparts due to low education, low status, large spousal age gaps, little or no inter-spousal communications, limited access to contraceptives and the risk of HIV infection from older husbands who may have multiple sexual partners. Some of the challenges that daily confront married adolescents are described below.

> "Because of high levels of ignorance and poverty among females in northern Nigeria, the female members of this society are generally most affected by any social ills that affect society. Women cannot take decisions independent of their male relations or husband. They may not even be able to seek medical care even when they are sick because they need the permission of the husband who foots the bill" (Walker et al, 2003).

Many married adolescents in northern Nigeria have low knowledge of effective contraceptives[5]. According to the 2003 NDHS, women's knowledge of contraceptive method in northern region is much below average. Though nationally, about a third of all women did not know an effective method of contraceptive, half of the women aged 15-19 residing in the North East and the North West did not know any effective method. Northern, married teenagers who are sexually active,

[4] Nigeria is made up of six geopolitical regions, namely; North East, North West, North Central, South East, South West and South South.

[5] Effective contraceptive methods are the pill, injectables, implants, sterilization, the IUD, diaphragm or condom.

with a high likelihood of becoming pregnant, and who 'do not want a child soon' can be said to have a large unmet need for effective contraception.

In view of their high contribution to national fertility levels (see table 5 and figure 6), it is imperative to address the unmet need of married adolescents. The plight of married adolescents in northern Nigeria should be highlighted. They should receive special attention in all national efforts to improve adolescent health, a task that has become a major focus for governments, policymakers and service providers in view of the disproportionately high prevalence of HIV/AIDS among the youth.

Married adolescents nationally and, in particular, those resident in the northern regions of Nigeria should be recognized as distinct from married adults or unmarried adolescents. They constitute a highly vulnerable group that has unique reproductive health and other needs deserving specialized interventions.

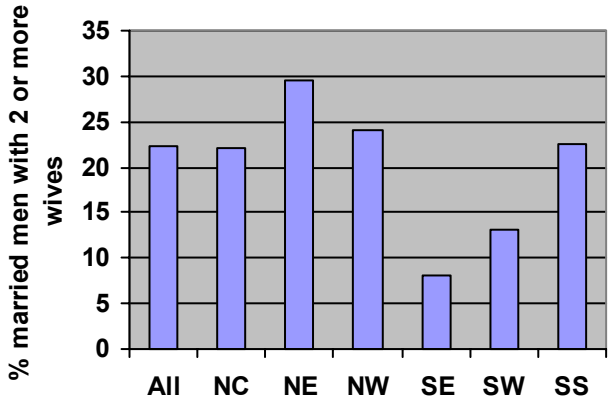
The socio-cultural context of adolescent lives

There exists a wide north-south divide in the socio-economic development of Nigeria. According to a recent assessment of northern Nigeria, "the gap between the North, especially the core North (North East and North West) and the rest of the country has widened significantly to the extent that for certain key indicators, the northern average distorts national trends and contributes to the widening political, socio-cultural and development gulf in the country" (Walker *et al*, 2003).

The North East region which is the focus of this study is made up of six states, namely; Bauchi, Borno, Gombe, Jigawa, Kano and Yobe. Households in these predominantly rural and agrarian states tend to be polygamous. According to the 2003 NDHS, 94% of the population in the North East lives in rural areas in contrast with 85% nationally. The greater proportion of household members in the North East has little or no education. Women have low status and lack substantial control over decisions concerning their reproductive health and general well-being.

Polygamous marriages are widespread

Figure 1: % men with 2 or more wives



To the detriment of women's status and health, polygamous unions abound in every region of Nigeria. But these are more common in the northern regions. 34% of women in the North East were in polygamous unions in contrast to 27% nationwide (2003 NDHS, table 6.2). Figure 1, shows that the North East region has the highest percentage of men married to two or more wives.

Poverty is widespread

Available data reveal that 77% of residents in the North East, and 70% of those in the North West live below the poverty line[6] (FOS, 1999). Indications of the poor living conditions in the North East are provided by the 2003 NDHS which gathered information on housing characteristics including source of water, electricity supply, cooking fuel and type of toilet facilities. Whereas, on average, a little over half of the total population of Nigeria have access to electricity supply, less than a third (31%) of persons residing in the North East have access to electricity. In contrast to the relatively disease-free sources of water supply –piped water or water from protected wells and deep boreholes- most people in the North East rely on open public wells for their source of drinking water. Furthermore, the lack of sanitary facilities poses a serious public health problem. In the North East, 3 of every 4 households rely on traditional pit latrine and only 5% of households have flush toilet

Educational levels are low

Educational level of household members exerts great influence on health and social issues such as reproductive behaviour, children's health, and ability to participate in household decision-making. Nationally, 31% of men and 46% of women have no education. Compared with the rest of the country, the proportion of household members who have no education is highest in the North East and the North West. In the North West 72% of women and 50% of men have no education while in the North East the proportions are 68% of women and 50% of men (2003 NDHS table 2.3).

The proportion of educated northern residents could be greatly increased in future by ensuring that the majority, if not all children of school age (6-11 years) are made to attend and remain in school. But current Net Attendance Ration (NAR) in the North East is very low[7]. At the time of the 2003 NDHS, only 49.5% of male children and 39% of female children of school-going ages were currently attending primary school in the North East (2003 NDHS, table 2.4). The low school attendance in the North East may be due to parental preference for Quranic schools. According to some northern scholars:

> "In the core Northern States there exist a significant gap between the number of children attending Islamic schools and those attending Western type of primary schools. …in the case of Sokoto and Zamfara states (in North West) the National Primary Education Commission statistics show that as at June 1995, three times as many children were attending traditional Quranic schools or 'makarantar allo' and Islamiyah schools than primary schools. Pupils leave these schools without any skills or competences to join the modern world. To compound this situation, because of early marriage and child labor girls are more likely to be restricted to Quranic education and to be denied access to the primary school system" (Walker *et al*, 2003).

[6]Those living below poverty line live on about $1.40 a day (at 1996 prices and exchange rate).
[7]Current school attendance rate is measured by net attendance ratios (NAR). The NAR for primary school is the percentage of the primary school age (6-11 years) population that is attending primary school.

Low status of women

To assess women's decision-making autonomy, respondents in the 2003 NDHS were asked if they had participated in specified types of decisions which affect their lives and constitute an essential aspect of empowerment. They were asked if they participated in decisions regarding: the respondent's own health care, making large household purchases, making household purchases for daily needs, visits to family or friends, what food should be cooked each day, and children's care and education. Women are considered to have participated in a decision if they made the decision alone or jointly with a husband or another family member. Women's responses are tabulated in table below.

Table 1: Indicators of women's empowerment: Nigeria and Regions, 2003

Measure	Nigeria	Region					
		North Central	North East	North West	South East	South West	South South
% women who participated in Decision-making about							
Own healthcare	24.5	21.3	12.4	13.1	48.9	39.8	32.7
Making large purchases	20.3	12.7	11.4	11.7	42.9	28.0	31.2
Making daily purchases	30.2	26.1	15.3	16.8	59.0	43.8	44.4
Visits to family or relatives	35.5	23.2	39.8	28.0	57.1	42.3	36.7
What food to cook each day	39.9	39.5	38.8	26.4	57.6	47.2	47.6
All specified decisions	14.4	8.8	**6.8**	8.4	34.9	19.7	21.4
None of the specified decisions	46.4	50.6	**46.9**	57.5	30.9	35.4	41.2
%women who agree that husband is justified in beating wife if she							
Burns the food	30.7	27.4	65.7	29.8	8.8	10.5	25.9
Doesn't cook food on time	33.3	31.8	67.5	28.9	13.2	15.6	30.5
Argues with him	43.5	34.0	80.3	41.4	16.4	32.7	39.8
Goes out without telling him	52.8	39.7	83.2	71.8	17.4	23.4	43.5
Neglects the children	49.4	44.2	81.4	49.4	20.9	35.6	46.8
Refuses to have sex with him	37.5	28.8	73.5	47.7	9.3	12.0	26.1
% Agree with at least one reason	64.5	52.9	90.2	75.3	31.3	46.9	62.0

Source: 2003, NDHS, tables 3.11.1 and 3.12.1

As shown in the first panel of table 1, the North East has the highest percentage (93.2%) of women who did not participate in all the specified decisions and 47% did not participate in any of the specified decisions. A strong correlation exists between women's exclusion from decision-making and the attitude of men in the North East. Information from 2003 NDHS on men's opinions concerning women's participation in decision-making reveals that over 99% of men in the North East did not agree that a wife should participate in making every one of the listed decisions either alone or jointly with a husband or family member. Moreover, a large majority of the men stated that wives should not participate in any decision-making. These data

indicate that male residents of the North East region are least likely to support their wives' participation in decision-making (2003, NDHS, table 3.11.2).

The 2003 NDHS contains information on women's attitude towards wife beating/hitting. Women's responses may reveal their perception of their own status; those who agree that a husband is justified in beating his wife for any reason may believe themselves to be of low status absolutely or relative to the men. Female and male respondents were asked if a husband is justified in hitting or beating his wife for any of the following reasons; burns the food, doesn't cook food on time, argues with him, goes out without telling him, neglects the children or refuses to have sex with him. As shown in the second panel of table 1, women in the North East are the most likely to agree that a husband is justified in hitting or beating his wife for one or more of the specified reasons while women in the South East are the least likely to agree (2003, NDHS, table 3.12.2).

Sexual behaviour

Table 2: Female Adolescent sexual behaviour, Nigeria and Regions, 2003

Measure	Nigeria	Region					
		North Central	North East	North West	South East	South West	South South
% aged 15-19 who are unmarried and sexually active ….(1)	11.8	14.0	4.8	0.7	21.7	8.7	26.0
Median Age at first intercourse for women aged 25-29 ….(2)	17.3	18.3	15.9	15.2	18.9	19.9	18.1
Median Age at first marriage for women aged 25-29 ….(3)	18.5	18.9	15.9	15.1	23.8	22.7	21.4
% aged 20-24 with a premarital birth before age 20 ….(4)	3.0	2.9	2.4	3.5	0.0	1.6	5.6
% aged 20-24 who had premarital sex before age 20 ….(5)	32.3	31.6	14.1	5.9	41.3	50.8	69.3

Source: Singh, S. *et al*, 2004; 2003 NDHS tables 6.4, and 6.6.

Early sexual debut

Age at which women begin sexual intercourse signifies the beginning of exposure to the risk of pregnancy even before marriage. As shown in table 2, nationwide, the average age of first intercourse is 17.3 years. There is, however a marked difference, over 2 years, between the age of sexual debut in the northern and the southern regions. While the average age at first sexual intercourse is more than 18 years in the southern regions, the median age in the northern regions is about 16 years. The age at first sexual intercourse is16 years in the North East, and 15 years in the North West.

Sexual activity is within the context of marriage

Among all Nigerian women, there is a gap of a little over one year between age at first sexual intercourse (17.3 years) and age at first marriage (18.5 years)[8]. This gap is the period when girls are exposed to premarital sexual activity. The South East has the widest gap, 5 years; that is 5 years of exposure to premarital sexual activity. A markedly different pattern occurs in the northern regions. In the North East and the North West regions, women's age at first sexual intercourse almost coincides with age at first marriage thus leaving a very short period of exposure to premarital sexual activity.

Low level of premarital sexual activity before age 20 is yet another behavioural feature that differentiates the North from the South. Though the level of premarital sexual experience is much higher than the national average in the southern regions, the opposite is true of the northern regions where premarital sexual activity is much below the average. The incidence of premarital sexual activity is lower in the North East where 14% of women aged 20-24 had premarital sexual experience before age 20 and lowest in the North West with 6% of young women.

Data on premarital sexual activity among girls aged 15-19 provide additional evidence of the marked difference in the sexual behaviour of young women in northern and southern Nigeria. Although 12% of all Nigerian teenagers 15-19 are unmarried and sexually active, unmarried teenagers in the North East and North West are the least likely to be sexually active (row 1, table 2). The proportion 15-19 who are unmarried and sexually active is less than 1% in the North West and below 5% in the North East.

Overall, the statistics (rows 1-5, table 2) point to the fact that, in the North East and North West, sexual activity among adolescents occurs mainly within the context of marriage.

Abortion may be a rare occurrence

As shown in table 2, both nationally and in every region, the proportion of women 20-24 who have had premarital sex before age 20 is higher than the proportion that have had premarital births. The difference between proportions of women engaging in premarital sex and the proportions of those who had premarital births suggests a large occurrence of unwanted pregnancies that might have been aborted. The proportions are relatively lower in the North East and the North West, a pointer to few unwanted pregnancies.

Marriage

As previously discussed, there is a trend toward delaying age at marriage in Nigeria that is largely associated with education. Influence of rising educational attainment on age at marriage can be seen by comparing the proportion of older women (aged 40-44) and young women (aged 20-24) who have completed at least primary education (seven years of schooling) and proportions who marry before age 20 among each of the two age cohorts. At the national level (first panel of table 3), the proportion of women aged 20-24 who have

[8] Subtract row 2 from row 3, table 2. Data pertain to women aged 25-29 years.

completed primary school is 48% while the proportion of older women is 20%, a difference of 28 percentage points. But the proportion married before age 20 is 78% of women aged 40-44 but 56% of women aged 20-24; an indication that younger women are marrying at later ages. However, rising levels of education and age at marriage are more pronounced in the southern regions where the level of education is high.

Table 3: Education and Adolescent Marriage, Nigeria and Regions, 2003

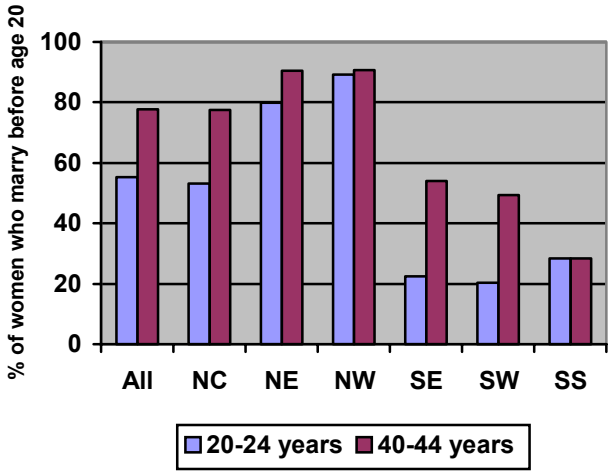
Measure	Nigeria	Region					
		North Central	North East	North West	South East	South West	South South
% with ≥7 years of education							
Women 40-44	19.6	21.3	13.6	9.0	33.9	46.5	21.3
Women 20-24	48.2	42.8	23.8	19.7	87.5	77.4	75.8
% married before age 20							
Women 40-44	77.7	77.5	90.4	90.6	54.1	49.3	70.1
Women 20-24	55.4	53.1	79.9	89.1	22.4	20.3	28.4
% 15-19 who have ever married	33.3	17.4	58.8	73.0	2.8	4.1	9.7
Median Age at first marriage							
Women 40-44	15.5	16.5	14.7	14.0	19.6	17.5	20.1
Women 25-29	18.5	18.9	15.9	15.1	23.8	21.4	22.7

Source: Singh, S. *et* al., 2004; 2003 NDHS table 6.4

Timing of first marriage

Three separate indicators reveal that the age at first marriage is increasing nationally. These are; i) comparison of proportions of younger women aged 20-24 and older women 40-44 who are married before age 20, ii) median age at first marriage, and iii) proportion of married teenagers.

Figure 2. %women, 20-24 and 40-44 married before age 20

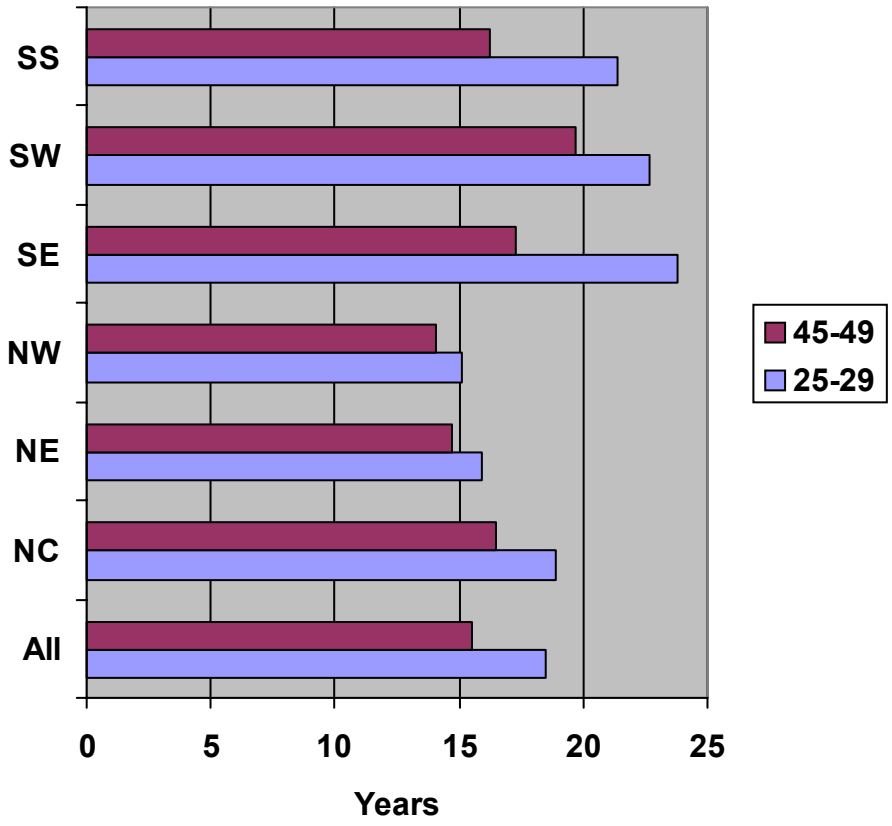


Though, nationwide, young women 20-24 are less likely than older women 40-44 to have married before age 20, there is no significant difference in the proportions of younger and older women married before age 20 in the northern regions. This is an indication of the enduring tradition of early marriage.

Median age at first marriage

The median age at first marriage among Nigerian women is increasing, a trend that is seen by comparing the median age at marriage of older women (45-49) and younger women (25-29). Nationally and in the regions, the median age at marriage is higher among women aged 25-29 than among those aged 45-49. Figure 3 shows that girls in the North West and North East are marrying, on average, more than five years earlier than those in the southern states. This trend is largely attributable to persistently low[9] level of education in the northern regions.

Figure 3. Median Age at first marriage, Female, Nigeria and Regions, 2003

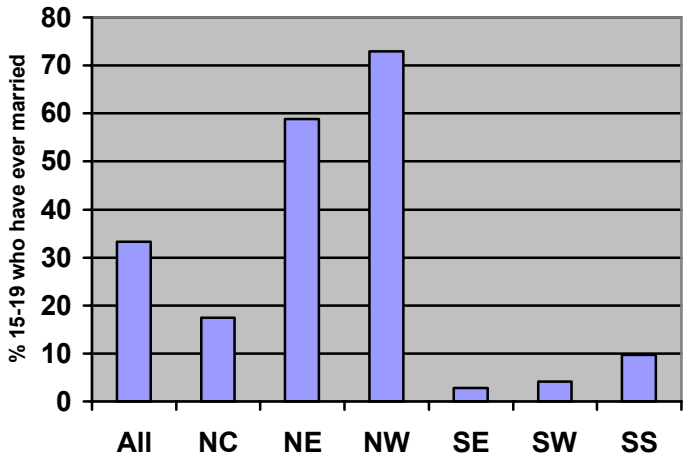


Teenage Marriage

Teenage marriage (among girls aged 15-19) is substantial nationally. But it is highest in the northern regions. In the 2003 NDHS, 27% of females aged 15-19 had ever married.

[9] According to a recent government publication, "indeed the term 'low' used in describing the level of education in the north, is perhaps an understatement and could be misleading because it may imply that it is low and static. On the contrary, figures from various education departments and related agencies of government show that, compared with educational development in the southern part of the country, education in the north has sustained a progressive decline over the years. For now, despite the series of summits and special panels empowered to address the problem, there is hardly any convincing evidence that the north is genuinely committed to evolving and actually implementing veritable strategies to reverse the trend" (NPC, 2002, p.30)

Fig. 4: % Married Teenagers



As shown in Figure 4, the proportion of married teenagers is lowest in the in the southern regions; 4% and 3% in the South West and the South East respectively. The North West has the highest proportion, 73% of married teenagers. The proportion of married teenagers is also a very high 59% in the North East (Singh, S. *et al.* 2004).

Following tradition, large numbers of teenagers in northern Nigeria are married off by their parents with or without their consent. Such early marriage of girls undermines a number of rights guaranteed by the Convention on rights of the Child to which Nigeria is a signatory. (See box).

Early marriage violates these rights:

- The right to education (28)
- The right to be protected from all forms of physical or mental abuse, including sexual abuse (19) and from all forms of sexual exploitation (34)
- The right to enjoyment of the highest attainable standard of health (24)
- The right to educational and vocational information and guidance (28). The right to seek, receive and impart information and ideas (13)
- The right to rest and leisure, and to participate freely in cultural life (31)
- The right not to be separated from their parents against their will (9)
- The right to protection against all forms of exploitation affecting any aspect of the child's welfare (36)

(3) refers to Article in the Convention
Source: UNFPA, 2003

Early marriage poses a critical problem for young girls who are frequently made to wed much older men. A re-analysis of the 2003 NDHS data reveals that 56% of married teenagers aged 15-19 have husbands who are at least 10 years their senior (Singh, S. *et al* 2004). The age gap is due mainly to the high prevalence of polygamous unions. Child brides of older men are powerless, and face heavy penalties including death if they take any independent action. The death of 12-year-old Hauwa Abubakar who attempted to leave an unwanted husband is a terrible testimony to the absolute and unjusticiable authority of a father and a husband to enforce child marriage in northern Nigeria.

Hauwa Abubakar

"A famous ruling by the High Court of Kaduna upheld the right of a father to "compel his virgin daughter into marriage without her consent and even I she has not obtained puberty", supposedly in line with the Maliki School of Islamic Law, which had been invoked by the lower court. One such virgin daughter was Hauwa Abubakar whose gruesome murder made headlines in 1987. At the Age of nine, her father married her off to one Mallam Shehu Garba Kiruwa, a 40 year-old cattle dealer to whom he owed money. For two years she refused to go and live with her putative husband, but she was taken to his house when she began to menstruate at the age of twelve. Still not content to accept her lot, she twice ran away and was twice forcibly returned. On the third occasion, Mallam Shehu pinned her down and chopped off her legs with a poisoned cutlass resulting in her death. The ensuing public outcry forced the then Military Administrator of Bauchi state to issue a decree empowering government to prosecute any parent who withdrew their daughter from school in order to marry her off." (NPC and UNICEF, 2001, p. 201).

Having Children

Table 4: Early child-bearing, Nigeria and Regions, 2003

Measure	Nigeria	Region					
		North Central	North East	North West	South East	South West	South South
% who gave birth before age 20							
Women 40-44	59.1	57.5	70.4	62.2	42.6	29.2	68.5
Women 20-24	45.7	43.9	69.5	71.7	9.3	17.7	26.9
% women 20-24 who gave birth							
Before age 18	28.0	18.9	46.6	50.1	2.6	7.5	15.3
Before age 15	6.6	8.2	10.1	9.8	0.7	0.5	5.2
% aged 15-19							
Who have given birth	21.0	13.8	38.1	36.9	5.3	4.1	11.3
Who are pregnant with first child	4.3	2.6	6.3	8.3	0.8	0.6	3.0

Source: Singh, S. *et al.* 2004; 2003 NDHS, table 4.8

As previously described, the national downward trend in the proportion of women who give birth before age 20 is limited mainly to the southern regions. As table 4 shows, nationwide, the proportion of women aged 40-44 who gave birth before age 20 is 59% compared to 46% among women aged 20-24, a decline of 13 percentage points. The decline has, however, taken place

mainly in the southern regions. No decline has taken place in the northern regions and child birth below age 20 may be on the increase. There has been no significant change in childbearing in the North East where the proportion of older women aged 40-44 and of younger women aged 20-24 who gave birth before age 20 has remained unchanged at about 70%. In the North West, the proportion of women who gave birth before age 20 has increased from 62% among women aged 40-44 to 72% among women aged 20-24 (see table 4).

Figure 5: Teenage Pregnancy and Motherhood

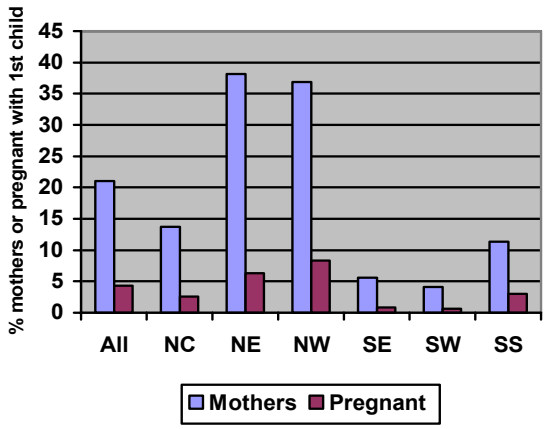


Figure 5 shows the wide regional disparities in the proportion of teenage girls who are mothers or pregnant. The proportion of teenage mothers is highest in the North East and the North West; about seven times that of the South East and South West (2003, NDHS, table 4.8).

Early childbearing

As shown in the column 2 of table 5, nationwide, there has been a noticeable decrease in fertility rates of adolescent mothers aged 15-19, from 173 to 126 per thousand, in the two decades between 1980 and 2003. However, as seen in column 4, the actual number of children born to teenagers increased tremendously by more than 50% during the same period. The reason lies in the number of adolescent mothers (column 3) which more than doubled increasing from 3.3 in 1980 to 6.8 million in 2003.

Table 5. Births among women 15-19, by year

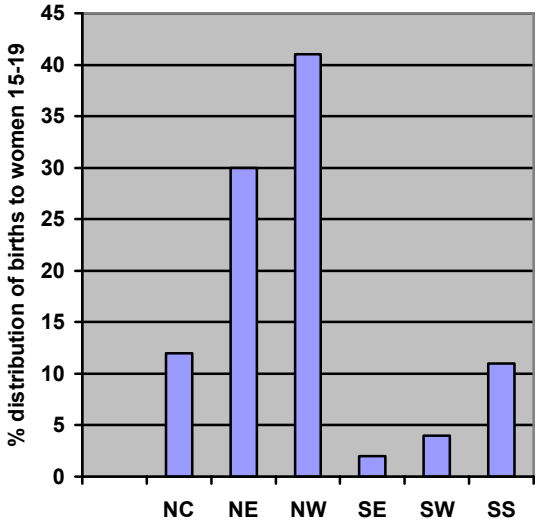
Year (1)	No. of births Per 1,000 Women (2)	No. of Women (in 000s) (3)	No. of Births (in 000s) (4)	As % of all births in Nigeria (5)
1980	173	3,258	564	18.1
1990	146	4,355	636	16.2
2003	126	6,754	851	17.6

Source: Singh, S. *et al*. 2004.

Adolescent contribution to Total Fertility Rate

The number of births to teenagers increased by 50% in the period 1980-2003 (table 5). Most of these births are to adolescents in the northern regions. Figure 6 shows that most babies born to adolescents aged 15-19 are born to teenage mothers in the North East and the North West. The North West and the North East contribute 40% and 30% of teenage births respectively (table 3, Singh S, *et al,* 2004*)*.

Figure 6. % distribution of births to women 15-19 by Region, 2003



Health Risks

Early marriage often means early childbearing. Girls who marry young face serious health consequences. Young brides with much older husbands have limited capacity to discuss contraception and life-threatening infections such as HIV and may lack the means to obtain health care without the husbands' consent. Nationally, maternal mortality among adolescents under 16 was found to be six times higher than for young women aged 20-24(UNFPA, 2005). As first-time young mothers, girls face high risks in pregnancies such as higher risk of obstructed labor. Early childbearing is one of the main reasons for the much higher maternal mortality in northern Nigeria and the greater prevalence of Vesico-vagina fistula (VVF) or Recto-vagina fistula (RVF)[10]. The piteous life of an adolescent victim of VVF in the North East region is vividly captured by a prominent professional woman who hails from Borno State.

> *"She (VVF victim) was a constant visitor to my uncle's house in my old neighbourhood in Mainduguri, Northern Nigeria. A mere teenager, she had fallen victim to VVF after a protracted labour that resulted in a stillbirth…. Because of her condition, her dresses were always soiled with urine and faecal matter.*
>
> *…*
>
> *Specifically, religious, traditional and cultural beliefs that seem to encourage early marriage and lead to early pregnancy are seen as the principal culprits. Because their pelvises are not fully developed, young*

[10] "VVF arises from obstructed and prolonged labour. When an under-aged girl goes into labour, her pelvic bones are not yet sufficiently to allow the passage of the baby's head. As a result, the foetal head presses on the surrounding tissue and organs. If this continues for long, the pressure can lead to fistula, in the form of holes between the bladder and the vagina (VVF) and in extreme cases between the vagina and the rectum (RVF).

girls who become pregnant often have obstructed labour, hereby dramatically increasing their changes of developing VVF. Early marriage is prevalent in some northern Muslim communities in Nigeria where many see the practice as a religious injunction.

…

Islam is emphatically against early marriage or marriage without the mutual consent of the partners". (UNFPA: News, 2001).

Knowledge and experiences with HIV/AIDS

As shown in table 6, majority of Nigerian women have heard about HIV/AIDS. However, younger women and women in the North East are less knowledgeable than others. Moreover, those aged 15-19 as well as women who reside in the North East and the North West are least likely to know about condom use and limiting partners as ways to avoid AIDS, to have discussed HIV/AIDS prevention with husband/partner and to have used a condom the first time they ever had sex. As table 6 shows, only about 7% of adolescents used condoms the

Table 6: Knowledge, attitude and experiences with HIV/AIDS, Nigeria and Regions, 2003

Measure	Nigeria	Women 15-19	Region					
			North Central	North East	North West	South East	South West	South South
% of women who has heard about AIDS	86.3	82.8	84.5	75.7	86.6	95.5	90.3	90.3
% of women who know about condom use and limiting partners as ways to avoid AIDS	42.3	36.5	33.8	34.0	44.7	42.2	52.4	47.1
% of women who never discussed HIV/AIDS prevention with husband/partner	48.8	55.9	43.2	52.2	59.4	34.6	34.9	39.0
% women 15-24 who used a condom the first time they ever had sex	6.4	6.5	7.1	0.5	0.6	16.9	26.5	8.0

Source: 2003, NDHS. Tables 12.1, 12.2, 12.10, 12.16

first time they had sex. The proportions are, however, much higher in the South West and South East. Only about 1 percent of adolescents in the North East and North West had used a condom at first sex. Probably reflecting women's low status and general exclusion from decision-making, women in the North East and North West are less likely than women in other regions to have discussed HIV/AIDS prevention with their husbands or partners.

Northern women are also the least knowledgeable about condom use and limiting partners as ways to avoid AIDS.

Unmet need for Contraception

Nationally, one third of all sexually active teenagers aged 15-19, within and outside marriage, did not know any modern method of contraception[11]. Knowledge of contraceptive method in the northern region is much below average. More than 50% of women aged 15-19 in the North East and the North West did not know any modern method (table 7). Lack of contraceptive knowledge among sexually active –married- teenagers may be due to the social exclusion of young brides who often require husbands' permission to access reproductive and other health services. Their position

Table 7: Contraceptive knowledge and use and unmet need, women 15-19, Nigeria and Regions, 2003

Measure	Nigeria	Region					
		North Central	North East	North West	South East	South West	South South
%aged 20-24 who had premarital sex before age 20	32.3	31.6	14.1	5.9	41.3	50.8	69.3
% aged 15-19 who know of any modern method	66.7	68.2	50.2	58.2	77.8	76.1	77.6
% of sexually active women 15-19 Who do not want a child soon (next two years)	60.8	69.0	54.0	43.9	83.7	92.9	91.9
% aged 15-19 and married using any modern method	3.7	2.7	0.0	4.3	-	-	10.3+
Married women	10.3	14.1	0.0	4.5	13.6	45.8	28.4
All sexually active women							
% aged 15-19 and married who have unmet need for an effective method and who are	7.9	1.2	16.7	16.9	1.1	0.9	2.5
Married	9.2	12.0	5.1	0.7	18.9	4.1	18.8
Unmarried	17.1	13.2	21.8	17.6	20.0	5.0	21.3
All							

-number of cases too small, less than 20; + denominator is small, 20-40

Source: Singh, S. *et al.* 2004.

of subjugation to husbands notwithstanding, more than half of the women in North East region (54%) as well as 44% of women in the North West indicated that they did not want another

[11] Modern contraceptive methods are the pill, injectables, implants, sterilization, the IUD, diaphragm or condom.

child in the near future. Without access to effective contraceptives, this is an indication of the unmet need for contraceptives. Given their high contribution to national fertility levels, it is imperative to address the unmet need of married adolescents in northern Nigeria.

Summary and conclusions

This report provides information on the situation of married adolescent women in North East region of Nigeria particularly their marriage at young ages and early childbearing which can jeopardize their sexual and reproductive health. The focus is on adolescent women because early marriage and childbearing are less common among young men. Yet, as discussed in the report, the attitude of the men and the ways they treat women are central to understanding and addressing the needs of young married women and adolescent mothers. Indeed husbands and their families are important as the context in which care and services can be made available to married adolescents in northern Nigeria.

The findings in this report point to the fact that the human rights of married adolescents are generally denied and their various needs usually overlooked. From the above, the following generalizations can be made about the characteristics of northern married adolescents. They are; marriage to older husbands, limited educational attainment, low social status, limited participation in decisions that affect their well being, limited access to health services , increased risk of maternal and infant mortality, increased vulnerability to STIs/HIV and low knowledge of contraception and large unmet need for contraception.

The needs of the adolescent mothers of northern Nigeria are many. They include the need for better information; the need for greater participation in decisions that affect their health and well being; the need for empowerment for better communication with their spouse; the need for improved access to reproductive health services, particularly modern contraceptives.

The most recent, 2003 NDHS is the source of most of the information in the report which is mostly limited to adolescent girls. There is need for further research to collect pertinent information about the health needs of adolescent men, the context that shape their world view and, their relationship to adolescent girls.

From what can be inferred in men's and women's responses to women's participation in decision-making, it is obvious that northern adolescent women are caught within a context where gender hierarchies favour men. But women themselves have seemingly imbibed the prevailing norm. These are the root causes of girls' vulnerability. Hence, any form of intervention to address the needs of married adolescent women should comprehensively include their partners and important others like mothers-in-law, in order to build a good foundation for improved sexual and reproductive health.

Education can be an effective strategy for avoiding early marriage. Parents need to be persuaded to retain their daughters in school. Non-formal education for girls who have dropped out of school should be encouraged. Parents who may be unaware of the health risks of early marriage to their daughters need to be encouraged to keep them in schools for longer.

Governments should demonstrate sufficient political will and commitment to tackling early marriage. There is no lack of appropriate policies but absence of faithful implementation inhibits progress. For example, if the National Reproductive Health Policy and Strategy to Achieve Quality Reproductive Health for all Nigerians were to be implemented, its benefits will be immeasurable.

Overall, the wide variety of its negative consequences and its high prevalence in northern Nigeria make early marriage a serious threat to children and women's health, girls' education and ability to earn income. Delaying age at marriage (and childbearing) could enhance development outcomes and move Nigeria nearer to attaining the Millennium Development Goals.

References

Advocates for Youth.2001. *Adolescent Reproductive Health in Nigeria: the Facts*

Barker, Gary, Jorge Lyra and Benedito Medrado. 2003. The roles, responsibilities, and Realities of married adolescent fathers: a brief literature review. Background paper prepared for the UNFPA/WHO/Population Council Technical Consultation on Married Adolescents (Geneva 9-12 December).

Federal Office of Statistics (FOS). 1999. *Poverty Profile for Nigeria, 1980-1996*. FOS, Lagos

Federal Ministry of Health, 2003, National HIV/AIDS and Reproductive Health Survey (NARHS)

Federal Ministry of Health, Nigeria. 1999. *Time For Action: Report of the National Conference on Adolescent Reproductive Health in Nigeria, January 26-29, 1999,* Abuja Nigeria: Fine Print Limited.

Federal Ministry of Health, Nigeria. 2001. *National Reproductive Health Polich and Strategy to Achieve Quality Reproductive and Sexual Health for all Nigerians*. May 2001 Deadlines.

Jejeebhoy, Shireen J. 2006. Sexual and Reproductive Health of Young People: Expanding Research and Program Agenda. Paper prepared for the David and Lucile Packard Foundation Population Program Review Task Force

Makinwa-Adebusoye, P. 1995. Adolescent Reproductive Behaviour: Country assessment In Nigeria. Prepared for the Centre for Development and Population Activities.

Makinwa-Adebusoye, P.K. 2002. Social Correlates of Adolescent Sexuality in Nigeria. Keynote address presented at the opening Plenary of the Media Retreat on Youth, Health and Development organized by Action Health Incorporated, TCC, Ogere, Sept. 5.

National Population Commission. 2002. Nigeria Population Census 1991 Analysis:

Volume II. Children Adolescents and Youth. NPC , Abuja

National Planning Commission (NPC) and UNICEF. 2001. *Children and women's rights in Nigeria: A wake-up call.* NPC and UNICEF, Abuja.

National Population Commission. 1998. 1991 Population Census of the Federal Republic of Nigeria: Analytical Report at the National Level. NPC, Abuja, Nigeria.

National Population Commission (NPC), Nigeria and ORC Macro. 2004. Nigeria Demographic and Health Survey 2003. Calverton, Maryland: National Population Commission and ORC Macro.

Population Council, 2004. Child Marriage Briefing. Nigeria.

Singh S, Audam S and Wulf D. 2004. Early childbearing in Nigeria: a continuing challenge. *Research in Brief*, New York: The Alan Guttmacher Institute: 2004 (No. 2).

The Center for Health and Gender Equity. 2006. *Risk and Reality: US Funding of HIV Preventionprogrammes in Nigeria*

UNFPA, *Child Marriage,* <http://www.unfpa.org/news (UNFPA web site)

UNFPA, *Epilogue to Childhood Encounter,* <http://www.unfpa.org/news

UNFPA. *State of the world population 2003:* Gender Inequality and Reproductive Health

UNFPA. *State of the world population 2004:* Adolescents and Young People

UNFPA. *State of the world population 2005.* Child Marriage Fact Sheet

UNICEF: *Factsheet: Early Marriage*

United Nations System. Standing Committee on Nutrition (SCN) News 2005-2006 Adolescence, a pivotal stage in the Life Cycle. No. 31

Walter, Judith-Ann, *et al*. 2003. Strategic Assessment of Social Sector Activities in Northern Nigeria. Draft Report.

World Health Organization. 2003. UNFPA/WHO/Population Council Technical Consultation on Married Adolescents (Geneva 9-12 December).

Action
Health INCORPORATED

17 Lawal Street, Off Oweh Street,
Jibowu, Yaba
P. O. Box 803, Yaba, Lagos
Tel: 234-1-7743745
e-mail: info@actionhealthinc.org
http: www.actionhealthinc.org

Cover Design and Layout: Action Health Incorporated
Printing: Fine Print Ltd