

Pathways to Choice

Delaying Age of Marriage through Girls' Education in Northern Nigeria

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One way of thinking about power is in terms of the ability to make choices.

—Naila Kabeer

Early marriage for girls remains a common practice in West Africa. The consequences can be dire, including increased rates of maternal and infant morbidity and mortality.^{1,2,3} Since 2008, the Centre for Girls Education (CGE)—a girls' education training, practice, and research center—has worked to delay the age of marriage in rural communities in northwestern Nigeria by reducing social and economic barriers to female schooling and providing group-based mentoring and support.

Expanding female education and delaying age of marriage are valuable pathways to improved well-being and health, but can they be considered empowering? Naila Kabeer defines empowerment as an increase in the ability to make strategic life choices in a context where this ability was previously denied.⁴ Decisions relating to education, marriage, childbearing, and livelihood are critical to the lives of rural Hausa girls in northern Nigeria. Yet, societal norms in this region constrain a girl's input into these decisions. Strategic decision making in this setting is usually a communal process involving extended family members and is shaped by conservative gender norms that constrain the life paths available to young women.

Kabeer sees the exercise of choice as incorporating three interrelated dimensions: *resources*, the enabling factors, competencies, knowledge,

and skills that enhance the capacity to exercise choice; *agency*, the ability to define one's life goals and act upon them; and *achievements*, the outcomes of choices. Resources ("the power to") and agency ("the power within") together enhance people's potential to live the lives they desire, and achievements reflect the extent to which this potential is actually realized.⁵

Girls' education is one of the most effective means to expand choices and enhance agency. Reducing social and economic barriers to girls' education increases adolescent girls' ability to delay marriage and realize other achievements. This expands the critical years in which girls can acquire the human and social resources to self-define and act upon life goals.

CONTEXT

I felt a sharp pain in my lower abdomen and noticed that my skirt was stained with blood. I was 13 at the time. I rushed to my mother. She smiled and held my hand and explained menstruation. When my father came home that night, he called me and asked if I had a suitor. I told him no. After some days my mother told me that I was to be married. I knew that there would be merriment and that I would be bought clothes, shoes, a bed, and a chest of drawers. I was happy about this but sad that I would be leaving my family to live at my future husband's home. I wanted to stay in school. But I could not disobey my father. (An 18-year-old rural adolescent girl, five years married)

The Centre for Girls Education (CGE) is a joint program of Ahmadu Bello University's Population and Reproductive Health Initiative (PRHI) and the University of California, Berkeley's Bixby Center for Population, Health, and Sustainability. In 2006, the Bixby Center and PRHI received funding from the National Institutes of Health (NIH) to train postdoctoral fellows from northern Nigeria to conduct community-based research on the underlying causes of maternal mortality and morbidity in the region. Notably, northern Nigeria has one of the highest maternal mortality rates in the world, especially among rural Hausa communities, an ethnic group estimated to number 40 million in West Africa.

Early Marriage in Northern Nigeria

The PRHI-Bixby postdoctoral fellows began the project with ethnographic fieldwork (participant-observation and in-depth interviewing)

and a baseline household demographic and reproductive health survey.^{6,7} They found the mean age of marriage to be 14.9 years and that 45% of adolescents aged 15–19 had begun childbearing in collaborating communities.⁸ Married adolescent girls are a particularly vulnerable population for a number of poor outcomes due to early sexual initiation, lack of educational attainment, little knowledge of reproductive health, and strong social pressure to reproduce.⁹ These social patterns, combined with poor nutritional status, lack of physical maturity of girls at first pregnancy, and poor access to family planning and emergency obstetric care, greatly increase the risks of complications during pregnancy and delivery, and the subsequent likelihood of poor health outcomes among infants. Worldwide, mothers aged 15–19 are twice as likely to die in childbirth as mothers over 19.¹⁰

This baseline survey also found a total fertility rate (TFR) of 8.2 and a modern contraceptive prevalence rate (CPR) of 0.05% among married women.^{11,12} Using the Sisterhood Method to estimate the maternal mortality ratio (MMR), the research fellows found the MMR in participating communities to be over 1,400/100,000 live births.¹³ Knowledge about maternal health was low among both men and women.¹⁴

Whereas an unmarried adolescent girl has a fair amount of freedom of mobility in the community, this freedom is typically constrained dramatically after marriage. Although Hausa culture pre-dated Islam, the culture has been heavily influenced by Islamic practices especially since the sixteenth century. Virtually all rural Hausa families practice a system of seclusion, in which married women are expected to conduct most activities within their compound and other private spaces.^{15,16} A married woman needs the permission of the head of household to go outside the home to visit a relative or a health facility, even in the case of an obstetric emergency.^{17,18} With multiple limitations on work outside the home, women engage in a variety of income-generating activities in their courtyards such as embroidering, sewing, and preparing products for sale.¹⁹ Girls assist their mothers in a myriad of ways—going to the market, selling foodstuffs, bringing water, and minding younger siblings—so keeping a daughter in school entails significant opportunity costs for women.

The world of most rural Hausa adolescent girls is built around marriage. Being a successful wife and mother is a career to which almost all aspire. “If all of my children do well, I will have succeeded. People will refer to them as my children and I will be proud,” said one young mother. The unmarried girls reported that when they are with their clos-

est friends, they often talk about boyfriends, suitors, and which one of them will marry first.

Despite the emphasis on marriage, virtually all of the female primary school graduates interviewed by the postdoctoral fellows said they would like to complete their secondary education before marrying. Unfortunately, there is differential access to educational opportunities by gender in the region. The baseline survey found that only 8% of women ages 18 to 24 had completed primary school and just 5% had completed secondary school. Because primary school dropout rates are high among girls, literacy and numeracy skills are low. Only 21% of women ages 15 to 49 in northwest Nigeria can read a single sentence in their mother tongue.²⁰ In contrast, more than twice as many boys complete primary school (17%) and secondary school (14%).²¹ As a consequence, three times more men than women ages 15 to 49 in northwest Nigeria can read a sentence (60%).

The majority of parents interviewed by the postdoctoral fellows saw menarche as a sign of readiness for marriage. They view marriage as a way to keep their daughters safe and regard the social roles of wife and mother as the most viable and acceptable for a girl through puberty. The Hausa people have resisted outside interference into their religious and cultural practices in both colonial and postcolonial periods. Many rural Hausa resent external criticism of early marriage. Nonetheless, during our baseline research most parents expressed willingness to keep their daughters in school and delay their marriages if offered modest help with school fees and books. Thus, based on the findings of this baseline survey and exploratory ethnography, prolonging girls' education appeared as if it would be an effective strategy to help delay marriage and the onset of childbearing in rural northern Nigeria.

Public Education in the Region

Western education was not widely available in northern Nigeria until after the nation had obtained its independence from the United Kingdom in 1960. The indigenous leaders in the north, through whom the British ruled, associated Western education with missionary schools and saw it as a threat to Qur'anic education and an Islamic way of life. Some parents told the postdoctoral fellows they were concerned that Western education would weaken their girls' sense of propriety and undermine other Hausa and Islamic values.

Basic education in the region currently suffers from a lack of teachers, decaying infrastructure, and limited funding—all of which contribute to poor learning outcomes.²² A learning assessment conducted in the Bauchi and Sokoto states of northern Nigeria in 2011 found that, at the end of third grade, only 6% of students were able to read a simple sentence.²³ Given the low quality of public education, many parents are reluctant to make the sacrifices—loss of labor and cost of school fees, books, uniforms, and transportation—required to send their children to school. “My first daughter graduated from primary school and can’t read a word. I won’t send my second daughter,” said one mother. This is a sentiment that came up often in the exploratory ethnographic research and underlies CGE’s emphasis on basic literary and numeracy.

FROM RESEARCH TO PRACTICE

Following the baseline survey and ethnographic research phase of the project, the postdoctoral fellows and their faculty advisors organized a series of meetings with people from the research communities to discuss how best to address barriers to girls’ education. Teachers suggested that they start with girls graduating from primary school, a time when many left school to marry. The Nigerian Universal Basic Education Act of 2004 guarantees free education to every Nigerian child for the first nine years of schooling. In reality, parents are charged registration fees, parent-teacher association (PTA) dues, “chalk money,” “broom costs,” and a host of other levies. When asked what it would take to increase girls’ transition from primary to secondary school, many parents mentioned a reduction of secondary school registration fees and increasing opportunities for their daughters to learn to read, write, and do basic math within the current educational system. The core CGE program components—reduction in school levies and mentored girls’ clubs to help strengthen learning—took shape in response to these suggestions and concerns.

In 2008 the Bixby Center and PRHI launched the CGE program, an educational enrichment program for girls that complements government secondary schooling by (1) reducing economic and social barriers to secondary school enrollment and completion by facilitating an enabling community environment and reducing registration fees; (2) improving core academic competencies via extended learning opportunities in mentored girls’ groups; and (3) providing opportunities to acquire critical life skills, such as social and economic competency, not currently offered in government secondary schools.

Core Components

CGE's core components evolved over six years of careful community-based research with girls based in rural northwest Nigeria and their mothers, fathers, community members, and religious leaders.

Community engagement: The CGE team begins in a new community by meeting first with traditional leaders and then with groups of mothers, fathers, teachers, informal leaders, and other key stakeholders to discuss girls' education and social and economic barriers to access. (People often feel more comfortable expressing their thoughts and concerns in socially homogenous groups). To date, fifty-two communities have participated in the CGE programs. Religious leaders are invited to a one-day workshop to examine support in the Qur'an and Hadith for girls' education. Once the implementation team feels a consensus is near, they organize a larger community meeting to review the key conclusions from the smaller group discussions.

Reduction of school fees: School fees are one of the most cited reason for primary school graduates failing to transition to secondary school in developing countries.^{24,25} Studies consistently find that reductions in educational costs boost school participation, often dramatically.²⁶ Furthermore, reducing school fees typically leads to a greater increase in girls' enrollment than in boys' enrollment.²⁷ Despite Nigeria's enormous oil wealth, poverty is severe and widespread in the targeted region. Nearly all participants are from farming families with cumulative incomes below a dollar a day.²⁸ As one pillar of the program, CGE pays girls' registration fees directly to the schools (roughly \$24 a year). Parents are more willing to pay for the variety of other periodic expenses throughout the year once the school fees are taken care of, because miscellaneous fees require smaller expenditures per payment.

Mentored girls' clubs: Girls' clubs, led by experienced female teachers, are the cornerstone of the CGE program. Participation in the clubs is meant to enhance the girls' literacy and numeracy skills and provide opportunities to gain crucial life skills not offered in secondary school. The clubs provide opportunities to improve financial literacy skills and meet successful women traders, teachers, health extension workers, and midwives. In the confidential groups, girls are able to discuss their reproductive health concerns, visit local health services, develop relationships of trust, and build social networks. Each club, including approximately fifteen primary school graduates, meets for two hours each week. The clubs meet in quiet rooms in the homes of trusted community members.

Girls in senior secondary who attended clubs when they were younger serve as apprentice mentors and will lead clubs of their own in the future.

The club curriculum is based on research suggesting that girls in many societies require a range of competencies if they are to overcome the multiple disadvantages they face.²⁹ School curricula are often not relevant to the successful acquisition of these individual, social, and economic competencies.^{30,31,32,33,34,35} The use of interactive and nonformal educational strategies within the clubs are particularly suited to girls from rural environments because of their emphasis on practical skills and learning by doing.^{36,37}

METHODS

CGE has carried out routine monitoring and evaluation activities continuously from 2008 to 2012. CGE's monitoring and evaluation (M & E) procedures combine (1) traditional anthropological methods of participant observation and in-depth interviewing with (2) quantitative data collection, including the tracking of school and marital status. We also use and report data here from a more in-depth evaluation conducted with only the 2010–2011 CGE cohort to assess more detailed changes in participants' knowledge and skills, including literacy and numeracy as well as reproductive health knowledge.

Monitoring and evaluation is carried out by four full-time ethnographic researchers under the direction of a senior researcher from the Bixby Center. The research assistants spend three days per week in the community attending mentored girls' clubs, having informal conversations with the girls, interviewing parents and community members, and observing life in the community. The monitoring and evaluation piece of the program was approved by the institutional review boards of both Ahmadu Bello University and the University of California, Berkeley.

Ethnographic Research Methods

The major analytical approach was thematic and qualitative. The evaluation team looked for recurring themes as we read and reread field notes and interview transcriptions. This led to the refinement, abandonment, or redevelopment of research questions and to the next series of interviews and observations. We continued this process until a category that had been tentatively labeled appeared to remain stable with additional data.

Quantitative Research Methods

In order to assess the impact of the CGE program in keeping girls in school and delaying marriage, we used data on 2010–2011 CGE program participants from the routine M&E activities and compared them to the results for adolescent girls from a baseline household demographic and reproductive health survey (DRHS) conducted in 2007 by PRHI in three of the original CGE communities. This comparison enabled the program to estimate the proportion of women still in school and unmarried by age as well as the increased probability of getting married at any given point in time. Because primary school completion is a prerequisite to join the CGE program, the comparison group from 2007 included only primary school graduates. These analyses included 400 current CGE program participants and 59 DRHS respondents. Additionally, in 2010, we implemented a more in-depth evaluation with 230 girls to assess changes in knowledge and skills, including literacy and numeracy skills as well as reproductive health knowledge.

RESULTS

Ethnographic Findings

My father came back home after work and saw the gifts brought by my suitor. He flung the gifts into the courtyard and asked his brothers to return them to my suitor's house. My father wanted me to marry but not into this particular family. My uncles called me and asked if I wanted to marry the man. I said yes, but when I was asked again in my father's presence, I couldn't say a word and just turned my face away. My uncles spoke with my father and he finally accepted the marriage because this is what I wanted. He could not say no to his brothers, especially his oldest, as he was like his father. (A young woman from one of the CGE communities describing her marriage)

The girls participating in the CGE program see education, marriage, childbearing, child rearing, and livelihood as the most critical life events facing them in the coming years. Yet few of the girls interviewed when they entered the program felt they had significant decision-making power over these choices. An adolescent girl would risk alienating those around her if she were to insist on making important decisions regarding her life course herself. Her father will usually decide on school enrollment, while her mother will decide whether she can spare her daughter's labor in order for her to attend school on a particular day. Her uncles, grandparents, and traditional and religious leaders may also wield influence over the timing and selection of her husband-to-be. Once married, decision

making shifts to her husband and mother-in-law. “The only thing that could get in the way of my daughter’s schooling is marriage,” one father of a CGE participant said. “It will be discussed with her suitor and I hope that he will be someone who will favor education. But if her husband doesn’t permit her to continue her education, there is not a lot I can do about it.” The girl’s mother added, “It isn’t easy for a young woman to look after her children, cater to her husband, and see to the running of her home and still be in school at the same time.”

With strategic decision making a communal process shaped by conservative gender norms in the region, one way to facilitate expansion of girls’ ability to make strategic choices is to emphasize the acquisition of self-expression and negotiation skills. CGE’s girls’ clubs expose the girls to a variety of pathways potentially available for women in their society besides those restricted to the home. The club mentors—like the girls they serve—cherish Islam and the life it prescribes. However, mentors—often unlike the girls’ mothers, aunts, and grandmothers—mostly practice an interpretation of seclusion that permits them to work outside the home. The girls meet women from a variety of trades and professions in the clubs. The girls are also given time and space with their peers and mentors to talk about their current lives and the lives to which they aspire, using discussion, art, games and role-play. The sessions that encourage girls to express themselves in front of their peers and defend their points of view are designed to help them practice expression and negotiation skills.

The results of the process are often profound. “The girls in the program are different,” said one mother. “They speak up for themselves. They might not get what they want, but they express themselves well, and people appreciate that.” Virtually all the mentors report that there are girls in their groups who have persuaded parents to delay marriage until they have completed their schooling or coaxed their new husband or mother-in-law, or both, to let them remain in school after marriage. The girls report that they utilize strategies practiced in the girls’ clubs, such as speaking with sympathetic family members such as an uncle or grandfather, to help them in their negotiations.

Community Response to CGE

The CGE program has been met with both acceptance and resistance in the community based on our ethnographic research. As an example of resistance, during the first weeks of the program, a man ripped up a

program flyer offered by the CGE outreach coordinator. The man said nothing and just walked on. As a further example of resistance, one girl waited for an hour outside the registration room for the program. She asked the CGE staff repeatedly for her books and uniform but refused to come into the room to be registered. Upon further questioning, it was revealed that her father didn't want her to enroll.

As an illustrative example of acceptance, one father who enrolled his daughter into the program said,

Some people saw me as someone who didn't know what he was doing. They thought that I should marry my daughter off rather than keeping her in school. They said the program is not religiously acceptable. But our religion isn't like that. Islam does not disallow a child from getting an education. I insisted, because it is my right to allow her to go to school and become someone. Now even the *liman* (the head of religious leaders in the community) has two of his daughters in the program.

Despite some evidence of resistance, 97% of the parents of each graduating primary school class in participating communities have enrolled their daughters in secondary school since 2008.

Quantitative Findings

Literacy and numeracy skills: The girls come with a strong desire to build up academic skills and knowledge. Many report that they come to the clubs to learn to read and write, "to become someone," and "to assist my family and community." Becoming "someone" in this context usually refers to becoming a teacher or midwife, as these are the professional women with whom the girls have most often had contact. However, few of the girls learned to read and write competently during their primary school years. Of the 2010–2011 cohort, 74% were unable to read a single Hausa word upon program entrance. The girls demonstrated significant gains basic reading skills (as measured by the ability to read familiar words, sentences, and simple passages in Hausa) after eight months of participation in the mentored girls' clubs.

Numeracy skills were also weak, as measured at baseline in the same year's cohort, but eight months after entering the CGE program, the percentage of girls assessed with high-level numeracy skills (as assessed by correctly answering at least three out of the four simple computations) increased to 52% on average from 24% at baseline.

Health knowledge: At the conclusion of the mentored girls' clubs, the groups were able to recall much of the health content that they covered

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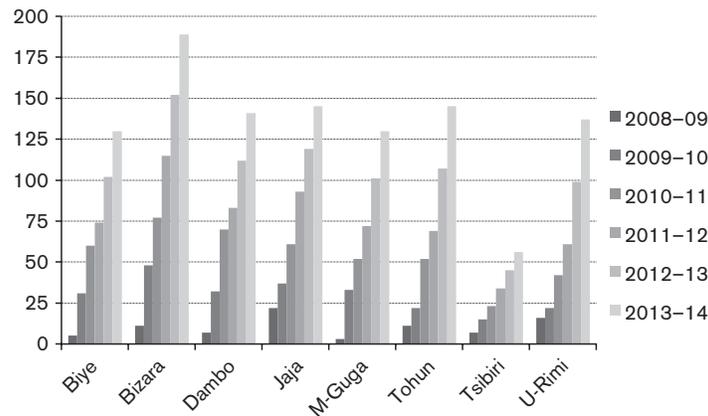


FIGURE 3.1. Number of girls enrolled in secondary school in CGE project communities by school year.

during the prior eight months. On topics related to safe motherhood, 93% of the 2010–2011 groups correctly recalled at least four danger signs during pregnancy, labor, and after birth; 79% recalled at least four benefits of antenatal care; and 93% recalled at least three benefits of hospital delivery. Ninety-eight percent were able to state the key lessons from the sessions on malaria prevention, fever treatment, diarrhea prevention and treatment, puberty, and menstruation. Seventy-three percent of the participants were able to correctly recall key messages about HIV/AIDS.

Secondary school enrollment and retention: When combined, the CGE program components proved to be extremely effective in enrolling and retaining girls in secondary school for a modest investment (figure 3.1). The 2007 DRHS found that only 36% of female rural primary school graduates enrolled in secondary school whereas almost all female primary school graduates in CGE communities (97%) subsequently enrolled.

Kaplan-Meier estimates additionally reveal that 95.6% of all girls from the CGE program remain enrolled in school at the end of the first year of junior secondary school (JSS1). At the end of JSS2, 84.9% of the CGE girls from this year were still enrolled, and 81.6% are projected to graduate from junior secondary school.

Age of marriage: Kaplan-Meier modeling suggests that participation in the CGE program is associated with an average delay of marriage of 2.5 years. Figure 3.2 presents the Kaplan-Meier estimates of the proportion of women unmarried by age for both CGE girls (enrolled in the

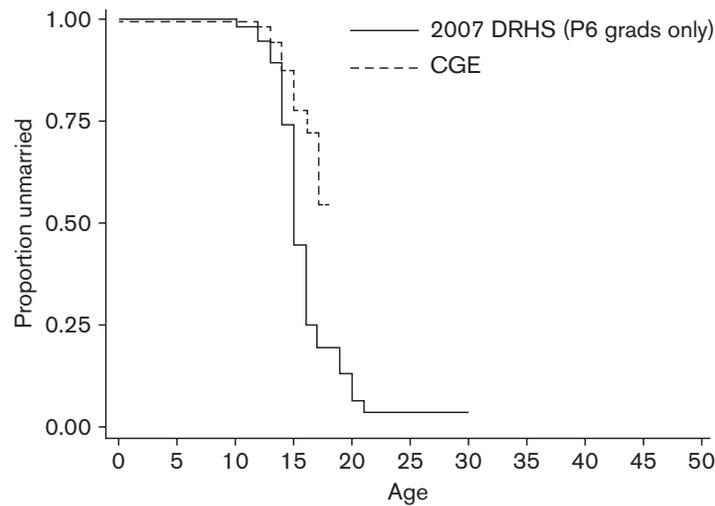


FIGURE 3.2. Kaplan-Meier estimates of the proportion of women unmarried by age.

2008–09, 2009–10, and 2010–11 cohorts) and 2007 DRHS respondents. By age 15 years, only 22.9% of CGE girls since the inception of the program have married compared to 55.1% of the comparison group. *Participating in CGE reduced the probability of being married by 64% (hazard ratio [HR]: 0.36 [95% CI: 0.23–0.55, $p < 0.0001$]) when comparing the marriage ages of CGE participants to the 2007 comparison group.*

DISCUSSION

“The girls that attend the mentored girls’ clubs are different than other girls,” said one mother. “They are composed and can speak up for themselves. My daughter reads at home and helps the younger ones with their homework. She has learned to cook, to cut her nails, and take a bath more often. She taught all the women in the compound to make a sugar, water, and salt drink for diarrhea and how to store food and wash our hands to avoid cholera and dysentery.”

Her husband added, “You could say the girls are being reeducated in the fundamentals that they were taught in school but never learned. The CGE mentors sit them down and teach the girls in a practical way, and when they get back home, they share what they learn with their siblings.”

Direct advocacy to delay marriage in rural northern Nigeria is seen by some as outside interference in local ways of life. Efforts to discuss the

adverse consequences of early marriage often fall on deaf ears or are even met with resistance. CGE has found that working with communities to create socially valued and viable alternatives to early marriage is a far more promising approach. The program's community engagement process and registration fee subsidies aim to reduce barriers to girls' enrollment rather than to convince parents to delay the age of marriage. The mentored safe space clubs result in the quick enhancement of basic academic core competencies and improve school achievement and retention. The girls build relationships of trust with their mentors and each other, enhance social networks, and acquire key social and vocational skills. The clubs are popular with parents and serve as "billboards" for girls' education. Parents see tangible evidence of learning and growth and are more willing to pay education-related expenses and let their daughters proceed further in their studies before marriage. "We are seeing remarkable changes in the girls," one father reported. "They now know the importance of going to school and they attend school daily without anyone prompting."

It is unlikely that CGE would have experienced the same success had it begun a decade earlier. Parents' attitudes about girls' education appear to be at a tipping point in the region, making this an opportune time to increase school enrollment through strategies that address parental concerns such as enhancing learning outcomes and reducing school fees. Many parents now see education as having value for their daughters and want them to attend school, gain employment if possible, and help the family financially, all goals which are advanced by the described intervention. This is a win-win strategy in which rural parents find common ground with health workers and educators and together build a more promising future for adolescent girls and for the region as a whole.

Our data suggests that participation in the CGE program is associated with a delay of marriage of 2.5 years. Although temporal trends in the region regarding marital age could be contributing to these findings, the enhanced educational opportunities provided by this program are likely to substantially contribute to this finding. Other studies have demonstrated that girls with secondary schooling are six times less likely to marry under the age of 18 compared to girls who have little or no education.³⁸ Even a delay of two years in marital age could reduce a country's total fertility rate and improve human and environmental health outcomes. Increasing the average marital age and onset of child-bearing by five years could directly reduce 15–20% of future population growth in the country, with an even greater reduction in northern Nigeria, where birth rates are higher than the rest of the country.³⁹

CGE's fee subsidies reduce the economic burden of secondary school education. However, outside assistance with school fees is not economically sustainable. The long-term solution is for states to honor their legal responsibility to make primary and secondary school education available without hidden costs for all children. Over the next two years, CGE will join with other members of the Consortium to Delay Marriage in Northern Nigeria in a campaign to improve public education and reduce or eliminate school fees. CGE will offer advocacy training to 130 graduates of the program and then mentor them as they travel in teams to state capitals to speak with legislators, ministry officials, and governors about the crises facing public education and the ways in which the myriad school-related fees limit access to education for rural and poor children.

LESSONS LEARNED

Typically, mentored girls' clubs, or safe spaces, are used as an alternative, nonformal approach to educating adolescent girls who are not in—nor likely to return to—school. The Population Council, which has led the development of safe spaces in Africa, Asia, and Latin America, views “a safe place, friends, and a mentor” as the backbone of strong adolescent girls' clubs.^{40,41,42,43,44} CGE has adapted the safe space methodology to meet schoolgirls' need for strengthened core academic competencies and mentored support as it actively addresses the challenges encountered in secondary school. The clubs have proven to be an ideal environment in which to offer instruction in literacy and numeracy. Without the accelerated gains in reading, writing, and math skills associated with the clubs, it is likely that many parents would decide against making the financial sacrifices and taking on the opportunity costs that come with educating their daughters.

Public education in Nigeria is in crisis.⁴⁵ The Independent Commission for Aid Impact (ICAI)⁴⁶ recently reviewed two large-scale UK-funded programs in Nigeria that attempted “to improve the overall education system so that benefits filter down to schools and pupils.” After an expenditure of £119.2 million from 2005 to 2012 in ten states (mostly in the north), the ICAI report found “no major improvement in pupil learning.” The report concludes that the political and economic barriers to comprehensive educational reform in the region are still so profound that UK aid should focus on “interventions that are proven to improve basic literacy and numeracy” and encourage enrollment

by demonstrating to parents that effective learning is taking place. CGE's focused strategy and the results presented above would seem to represent exactly the type of intervention proposed by this commission.⁴⁷

Supporting girls as they make the transition from primary to junior secondary school and from junior secondary to senior secondary—critical risk periods for school withdrawal—has proven to be an effective means for in-school girls to delay their age of marriage. However, there are girls in the same communities in far more vulnerable situations. These include out-of-school girls, disabled girls, and adolescent girls who are married. CGE has received funding to open new girls' clubs to serve these subpopulations. The clubs will focus on functional literacy and numeracy, income generation, and other life skills to help enhance outcomes for these girls.

CONCLUSION

We were sitting with the girl in her mother's room. It was decorated with flowers from a calendar cut and pasted on the wall and some drawings painted in green and red. The girls' club mentor was sitting across from the girl, who was 16 years old and about to get married.

"Will you stay in school after you get married?" asked the mentor.

"It's up to my husband to decide," said the girl.

"What would you like?"

"Whatever he says, I'll do."

"But what do you want?"

"I want to stay in school."

"Then you need to be talking to people about this."

Most of the girls in the CGE program want to marry after graduating from secondary school. They will be 18 years old and better able to express themselves and negotiate with husbands and other family members. They will have learned how to cook healthy meals and about reproductive and child health. Those enrolled in 2008 have now graduated from senior secondary school and are working as apprentice mentors. Within a year or two, many will open new groups in their own communities. People will call them *mallama*, or teacher, a title of respect in Hausa society, and younger girls in the community will see that someone just like them can ultimately achieve such a position. Some girls will choose to continue their education and become teachers, midwives, and community health extension workers. CGE's goal is for all

to reach their self-defined goal of “becoming somebody and helping their family and community.”

Bina Agarwal writes “any strategy that seeks women’s empowerment should have as a central component the enhancement of women’s ability to function collectively in their own interest.”⁴⁸ The girls come together in safe spaces to learn of a wider world, acquire life skills, and express themselves within the group. Even when building individual assets, the girls do so collectively. When one girl expands her ability to participate in decisions about her schooling, marriage, livelihood, and childbearing, she simultaneously expands the possibility for the other girls in community to do so. Community norms are changing as the number of girls in secondary school grows from ten to twenty to fifty per rural community and increasing numbers of adolescent girls are seen in school uniforms. As these girls become mentors, teachers, and health workers, they will expand the potential of other girls in their region to redefine and expand the social limits of what is possible.^{49,50}

Box 3.1. Summary

Geographic area: Northern Nigeria

Global importance of the health condition: Adolescent marriage and childbearing are considerable barriers to the social and economic development of Nigeria and a major concern for women’s health and the health of the children born to adolescent mothers. This includes a significantly increased risk of maternal and infant mortality and morbidities.*

Intervention or program: Since 2008, the Centre for Girls Education (CGE)—a joint program of Ahmadu Bello University’s Population and Reproductive Health Initiative and the UC Berkeley Bixby Center for Population, Health, and Sustainability—has worked to delay marriage in northern Nigeria by improving girls’ access to and retention in secondary school.

Impact: By reducing the social and economic barriers to education and by offering mentoring and support groups to build core academic competencies and life skills, the program reduced cost, improved quality, and enhanced girls’ retention in secondary school. Participation in girls’ clubs led to improvements in literacy and numeracy and provided opportunities for girls to articulate their aspirations about education and marriage to their parents and strategic members of their extended family. A formative

evaluation of CGE found participation in the program to be associated with up to a 2.5-year delay in the age of marriage.

Lessons learned: Individual empowerment is most effectively cultivated through a process of collective empowerment. Within their clubs, the girls reflect on their lives, acquire core academic competencies and life skills, define their goals, and practice exercising them before the group. The girls discover that they can do things collectively that they had found difficult to do individually. Social norms about girls' education and age of marriage change as the girls become mentors and leaders and increasing numbers of unmarried adolescent girls in school uniforms make school-going more visible and acceptable.

Link between empowerment and health: Girls' programs that intervene during the critical preadolescent years enable girls to acquire human and social resources and to improve their ability to define their life goals. In this program, many girls chose to stay in school and delay marriage, thereby increasing their chances of living the lives they want while decreasing their risk of averse health outcomes.

*Adhikari RK. 2003. Early marriage and childbearing: risks and consequences. In: Bott S, Jejeebhoy S, Shah I, Puri C, editors. *Towards adulthood: exploring the sexual and reproductive health of adolescents in South Asia*. Geneva: World Health Organization, pp. 62–66.

Box 3.2. Factors behind the Success of the Center for Girls Education Program in Nigeria

The CGE program has had a positive impact on participants' lives. Girls in the program are 65% less likely to be married than their pre-intervention counterparts. A number of girls have been able to delay marriage until the completion of school by speaking with sympathetic extended family members and using other strategies learned and practiced in the girls' clubs. Others have persuaded future husbands to let them continue attending school after marriage.

Key factors that have contributed to the program's success include the following:

- *Basing program design on research:* The CGE program components were based on patient formative ethnographic research (participant observation, in-depth interviews, and informal group discussions) and extensive discussions with adolescent girls, community members, religious leaders, and

key stakeholders. Early discussions revealed parental concerns regarding school's high cost, low quality, and irrelevance. The program components were subsequently adapted to directly address such concerns.

- *Participatory community discussions*: CGE continually engages with the participants, parents, community members, religious leaders, and other key stakeholders to improve program design.
- *The ten-year partnership between Ahmadu Bello University and the University of California has allowed for the recruitment of a talented and well-trained team* that only time can build. Every CGE staff member speaks fluent Hausa. All but one of the twenty-two staff and mentors are women. The outcome has been high-quality programming and the building of close relationships with parents, teachers, traditional and religious leaders, and local government.

NOTES

1. Raj A, Boehmer U. 2013. Girl child marriage and its association with national rates of HIV, maternal health, and infant mortality across 97 countries. *Violence Against Women*. 19(4) April:536–51.

2. Raj A, Saqurti N, Winter M, Labonte A, Decker MR, Balaiah D, Silverman JG. 2010. The effect of maternal child marriage on morbidity and mortality of children under 5 in India: cross-sectional study of a nationally representative sample. *BMJ*. 21(340) January:b4258.

3. Ityavar D, Jalingo I. 2006. *The state of married adolescents in northern Nigeria*. Lagos: Action Health Incorporated.

4. Kabeer N. 1999. Resources, agency, achievements: reflections on the measurement of women's empowerment. *Dev Change*. 30(3):435–464.

5. Kabeer 1999.

6. The 2007 baseline included intensive exploratory ethnographic research and a complete cross-sectional demographic and reproductive health survey modeled after the 2003 NDHS. The ethnographic research employed participant-observation, in-depth interviews, and informal group discussions. The survey included 1,408 women of reproductive age (15–49) and 501 male heads of household, allocated among the communities proportionate to population size.

7. Adiri F, Ibrahim H, Ajayi V, Sulayman H, Yafeh A, Ejembi C. 2010. Fertility behaviour of men and women in three communities in Kaduna State, Nigeria. *Afr J Reprod Health*. 14:43–51.

8. Ityavar, Jalingo 2006.

9. Smith R, Ashford L, Gribble J, Clifton D. 2009. *Family planning saves lives*. 4th ed. Washington, DC: Population Reference Bureau.

10. Adiri et al. 2010.

11. Avidime S, Aku-Akai L, Mohammed A, Adaji S, Shittu O, Ejembi C. 2010. Fertility intentions, contraceptive awareness and contraceptive use among women in three communities in northern Nigeria. *Afr J Reprod Health*. 14(3):65-70.
12. Idris H, Tyoden C, Ejembi C, Taylor K. 2010. Estimation of maternal mortality using the indirect sisterhood method in three communities in Kaduna State, northern Nigeria. *Afr J Reprod Health*. 14:29-34.
13. Butawa N, Tukur B, Idris H, Adiri F, Taylor K. 2010. Knowledge and perceptions of maternal health in Kaduna State, northern Nigeria. *Afr J Reprod Health*. 14:7-13.
14. Adiri et al. 2010.
15. Wall L. 1998. Dead mothers and injured wives: the social context of maternal morbidity and mortality among the Hausa in Northern Nigeria. *Stud Fam Plann*. 29:341-359; Mair L. 1969. *African marriage and social change*. London: Routledge.
16. Mair 1969.
17. Erulkar A, Bello MV. 2007. *The experience of married adolescents in Nigeria*. New York: Population Council.
18. Yusuf B. 2005. *Sexuality and the marriage institution in Islam: an appraisal*. Lagos, Nigeria: African Regional Sexuality Resource Centre.
19. Renne E. 2004. Gender roles and women's status: what they mean to Hausa Muslim women in northern Nigeria. In: Szreter S, Dharmalingam A, Sholkamy H, editors. *Qualitative demography: categories and contexts in population studies*. Oxford: Oxford University Press. p. 276-94.
20. National Population Commission (NPC) [Nigeria] and ICF Macro. 2009. *Nigeria demographic and health survey 2008*. Abuja, Nigeria: NPC and ICF Macro.
21. NPC and ICF Macro 2009.
22. Independent Commission for Aid Impact (ICAI). 2012. *Dfid's education programmes in Nigeria*. Report 16. London: ICAI. <http://icai.independent.gov.uk/wp-content/uploads/ICAI-Nigeria-Education-report.pdf>.
23. RTI International. 2011. *Northern Nigeria Initiative (NEI): results of the Early Grade Reading Assessment (EGRA) in Hausa*. Durham, NC: RTI International. Prepared for U.S. Agency for International Development, Nigeria.
24. Kremer M, Holla A. 2009. Improving education in the developing world: what have we learned from randomized evaluations? *Annual Rev Econ*. 1: 513-542
25. Banerjee A, Glewwe P, Powers S, Wasserman M. 2013. *Expanding access and increasing student learning in post-primary education in developing countries: a review of the evidence*. Cambridge, MA: MIT.
26. Kremer, Holla 2009.
27. Oxfam. *Girls' education in Africa*. 2005. *Education and gender equality series, programme insights*. www.ungei.org/resources/files/oxfam_edPaper8%281%29.pdf.
28. World Bank. 2008. *Nigeria: country brief*. www.worldbank.org/en/country/nigeria.

29. Lloyd CB. 2013. Education for girls: alternative pathways to girls' empowerment. Issue paper series. GirlEffect.org.
30. Murphy-Graham E. 2010. And when she comes home? education and women's empowerment in intimate relationships. *Int J Educ Dev* 30(3):320–331.
31. LeVine R, LeVine S, Richman A, Uribe F, Correa C, Miller P. 1991. Women's schooling and child care in the demographic transition: a Mexican case study. *Popul Dev Rev*. 17(3):459–496.
32. Kumar A, Vlassoff C. 1997. Gender relations and education of girls in two Indian communities: implications for decisions about childbearing. *Reprod Health Matters*. 10 (November):139–150.
33. Lloyd, CB 2013.
34. Warner A, Malhotra A, McGonagle A. 2012. Girls' education, empowerment and transitions to adulthood: the case for a shared agenda. Washington, DC: International Center for Research on Women (ICRW). www.icrw.org/publications/girls-education-empowerment-and-transitions-adulthood.
35. Mahmud S. 2011. Social and financial empowerment of adolescent girls in Bangladesh: Alternative strategies beyond school. Presented at: Adding It Up: Expert Consultation on Leveraging Education to Empower Girls and Improve Their Transitions to Adulthood; ICRW, Washington, DC.
36. Murphy-Graham E. 2012. Opening minds, improving lives: education and women's empowerment in Honduras. Nashville, TN: Vanderbilt University Press.
37. Lloyd CB 2013.
38. Lloyd CB, editor. 2005. Growing up global: the changing transitions to adulthood in developing countries. Committee on Population and Board on Children, Youth and Families, Division of Behavioral and Social Sciences and Education, National Research Council and Institute of Medicine. National Academies Press: Washington, DC.
39. Bruce J, Bongaarts J. 2009. The new population challenge. In: Mazur LA, editor. A pivotal moment: population, justice, and the environmental challenge. Washington, DC: Island Press. p. 260–275.
40. Austrian K, Ghati D. 2010. Girl-centered program design: a toolkit to develop, strengthen and expand adolescent girls programs. New York: Population Council. www.ungei.org/files/2010PGY_AdolGirlToolkitComplete.pdf.
41. Erulkar AS, Muthengi E. 2009. Evaluation of Berhane Hewan: a program to delay child marriage in rural Ethiopia. *Int Perspect Sex Reprod Health*.
42. Zibani N, Brady M. 2011. Scaling up asset-building programs for marginalized adolescent girls in socially conservative settings: the Ishraq program in rural upper Egypt. New York: Population Council.
43. Catino J, Colom A, Ruiz MJ. 2011. Equipping Mayan girls to improve their lives. New York: Population Council.
44. Acharya R, Kalyanwala S, Jejeebhoy SJ, Nathani V. 2009. Broadening girls' horizons: Effects of a life skills education programme in rural Uttar Pradesh. New Delhi: Population Council.
45. ICAI 2012.

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46. The Independent Commission for Aid Impact (ICAI) is the body responsible for monitoring aid provided by the United Kingdom.

47. ICAI 2012.

48. Agarwal B. 2001. Poverty in a globalizing world at different stages of women's life cycle. Presented at: UN Expert Group Meeting on Gender and Poverty, Institute of Economic Growth.

49. Murphy-Graham, Erin 2012.

50. Mosedale S. 2005. Assessing women's empowerment: towards a conceptual framework. *J Int Dev* 7(2):243-257.