

# Adolescent Girl Initiative in Northern Nigeria



## THE CHALLENGE

There is a strong and positive relationship between access to formal education among girls and healthier reproductive behaviors. Six years or more of schooling is strongly associated with delayed marriage, improved use of health services including contraceptive use. However, Northern Nigeria, has the highest rates of female illiteracy in the country and accounts for negative health outcomes which include the highest maternal mortality ratio (MMR) and infant mortality. It also has the highest rate of early marriage. The median age for first marriage in the North is 16.9 while the MMR ranges from 1,029 - 1,549/100,000 live births higher than the national rate of 576/100,000 live births. Girls enrolled in school drop out earlier than their male counterparts with only 4% completing secondary school. The health consequences of early marriage among adolescents include, early child bearing; increased risk of STIs and HIV; high infant and maternal mortality and morbidity, prolonged and obstructed labour which may result in fistula and the corresponding consequence of social exclusion. This is a consequence that a large proportion of girls in North have to contend with.



a survivor (5 years after marriage)

*I was 13 years old when I saw my first menstrual cycle. I remember feeling pain in my tummy but that was overshadowed by my mother's joy, "you are now a woman, Amarie" she danced and shouted repeatedly. When my father came home that night, his goal was to find me a suitor. He did. A few days later I was ceremoniously married to my husband and given bags of clothes, a chest of drawers and a big bed. I loved the gifts but I miss being in school.*

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## THE RESPONSE

The goal of the Initiative is to contribute to improving the social, economic and health wellbeing of rural and low-income urban adolescent girls in Northern Nigeria, and specifically northern Kaduna, Kebbi and Sokoto States, and build their assets through increased access to education, reproductive health information and services and life-skills that would positively impact on health choices.



The AGI is a scale up of a joint program, Center for Girls Education (CGE), of Ahmadu Bello University's Population and Reproductive Health Initiative, and the Bixby Center for Population, Health & Sustainability at the University of California, Berkeley. The CGE reached 800 girls and Through the pilot phase of the AGI, UNFPA supported the enrolment of an additional 425 young girls in school; but, the scale up targets approximately 114,000 young girls between the ages of 10-14 year.

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# 131,000

**BETWEEN 10-14YRS**



The model of the Initiative has been tested over 7 years with proven results. It entails an educational enrichment programme for girls that complements government secondary schooling by: (1) reducing economic and social barriers to secondary school enrolment 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 competencies. It will use strategies such as:

- Focused community engagement and partial school user fee subsidies to reduce the social and economic barriers to girls' education;
- Mentored safe spaces to provide opportunities for girls to enhance basic academic core competencies (e.g., literacy and numeracy which will in turn lead to better performance and improved retention rates) and for acquiring key reproductive health information, key life skills and assets; and,
- Enhanced skills of female teachers who will serve as the safe space mentors, and building and establishing a cadre of young women leaders.

### LEVEL OF EDUCATION IN THE THREE STATES OF INTERVENTION

