



Gender Norms Learning Agenda



**Multi-Sector Norms
Diagnosis in Kenya
and Nigeria**

Executive Summary

The Gates Foundation's Gender Norms Learning Agenda (GNLA) funded research in Kenya and Nigeria to identify which social norms influence key gender-based violence, sexual and reproductive health (SRH), economic empowerment, and child early and forced marriage behaviors of adolescent girls and young women, how these norms influence girls' behaviors, and who enforces and upholds these norms. CARE, alongside its partner, the University of California, San Diego's (UCSD) Center on Gender Equality and Health, collected qualitative data in both countries with married and unmarried girls, married and unmarried boys, and those influencing the norms that most impact their lives and wellbeing between March and June 2024.

This report presents the methodology of this rapid norms analysis before providing context-specific findings for each country. Norms that seek to control adolescents' sexuality, norms that mandate men's control over household decisions, and norms that promote women's role as limited to the household and caretaking were prevalent in each context and impacted every sector within the study.

While these norms are particularly strong, the analysis provides opportunity for norms shifting in every sector. In Kenya, norms related to HIV, gender-based violence, and girls' economic empowerment are in flux. For instance, not only do adolescents show personal attitudes that reject violence but there was also growing disapproval by community members and commonly mentioned consequences for young men perpetrating violence. These attitudes can be broadcast to help expand broader disapproval of gender-based violence, before and within marriage. Additionally, financial concerns paired with increasing acceptance of girls' ability to

contribute to household finances can open the door to girls working outside the home, which can lead to more decision-making power and greater control of resources.

In Nigeria, norms related to sexual and reproductive health and girls' economic empowerment are shifting in a positive direction - particularly in Lagos and Kano. Influential people who might have traditionally blocked behaviors were shown to actually support positive change - for instance, husbands' support for working outside the home can make young women less susceptible to gossip and judgment from others, parents support condom use because they are concerned about unplanned pregnancy, and religious and community leaders were found to champion HIV testing. Campaigns can take advantage of these supporters by focusing on the common concerns adolescents and influencers have to then promote positive, new norms that respond to everyone's priorities.

Even in the midst of positive change, there are still harsh - and sometimes violent - consequences for girls and young women who challenge norms. This finding underlines the responsibility of programs to mitigate risk and prepare for potential backlash. There are also consequences for the men in girls' lives - and these consequences, whether being mocked, gossiped about, or degraded by your friends and other men, are effective in changing husbands', fathers' and boyfriends' behaviors in ways that directly impact girls. Interventions therefore must include these groups in their strategies as they hold immense power to be an ally to adolescents' success.

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List of Acronyms

ABYM	Adolescent boys and young men
AGYW	Adolescent girls and young women
CEFM	Child, early and forced marriage
EE	Economic empowerment
FGD	Focus group discussion
FP	Family planning
GBV	Gender-based violence
GEH	Center on Gender Equity & Health
GNLA	Gender Norms Learning Agenda
IRB	Internal Review Board
RI	Rapid interview
SRH	Sexual and reproductive health
UCSD	University of California at San Diego

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Introduction

Gender norms continue to pose barriers to achieving positive development outcomes for adolescent girls and young women (AGYW), and though norms are context-specific, research has shown that they shape a vast number of health behaviors related to nutrition, women's economic empowerment (EE), gender-based violence (GBV), sexual debut, child marriage, and access to sexual and reproductive health (SRH) services and information.^{1,2} While other non-normative barriers, such as policies and inequitable access to resources and services, are also important, shifting gender norms is a critical, but often overlooked, lever to achieving transformational change for AGYW. Despite growing interest and progress in norms research, challenges persist in

explicitly naming or including norms in intervention descriptions and theories of change, hindering the impact of behavior-changing programs. Addressing this knowledge and evidence gap has the potential to significantly improve the effectiveness of interventions. In support of the Gates Foundation Gender Norms Learning Agenda (GNLA) and its current areas of interest for norms programming, CARE and the Center on Gender Equity and Health (GEH) at the University of California, San Diego (UCSD) sought to identify gender norms that may act as barriers or support behaviors related to SRH, Child Early and Forced Marriage (CEFM), GBV, and EE among adolescent aged 15 – 25 years in Kenya and Nigeria.

¹ Gillespie B, Balen J, Allen H, Soma-Pillay P, Anumba D. Shifting Social Norms and Adolescent Girls' Access to Sexual and Reproductive Health Services and Information in a South African Township. <https://doi.org/10.1177/10497323221089880>. 2022;32(6):1014-1026. doi:10.1177/10497323221089880

² Perrin, N., Marsh, M., Clough, A. *et al.* Social norms and beliefs about gender based violence scale: a measure for use with gender based violence prevention programs in low-resource and humanitarian settings. *Conflict and Health* 13, 6 (2019). <https://doi.org/10.1186/s13031-019-0189-x>

What is inside this report?

The findings in this report aim to inform intervention partners working on multimedia and faith and community leader approaches to address norms. The study results provide insight into how behaviors of interest were chosen for each sector and with whom and how data was collected and analyzed. Following this, country-specific chapters provide an overview of key norms for each country and sector-specific findings.

This includes what was perceived as typical behavior, what was approved behavior, who were adolescents' reference groups (RGs), what sanctions or rewards were used to enforce norms, and media-focused program opportunities. Personas are also presented for each country, with characteristics, concerns, key quotes from that group, and insights into how findings might be used for storylines within mass media campaigns.

Finally, we offer recommendations for implementers in both Kenya and Nigeria as they continue to measure and explore norms, shape content, and facilitate transformational change for adolescents in Kenya and Nigeria.

Key terms

Social norms are the unwritten rules of behavior that we learn starting in childhood, through media, interactions with people around us, laws and more.

Gender norms are a type of social norm that tell us how to act based on our gender, often restricting women and girls from exercising their rights.

Reference Groups are who we look to when deciding how to behave. To enforce norms, they use rewards for following a norm or negative reactions when we go against a norm. Fear of these sanctions may keep people from practicing a behavior.

Sanctions are the negative reactions or consequences reference groups use when we go against or challenge a norm, behaving in a way that is not typical or not approved of. When girls challenge gender norms, sanctions can be severe and thus effective in stopping girls from behaving in ways that might otherwise be healthy or beneficial.





Methodology

This section outlines the rationale and methods for the selection of behaviors for the study, how data was collected and from whom, and how rapid and detailed analyses were completed to produce the findings presented here. This study focused on the norms related to a specific set of behaviors relevant to BMGF strategy and program design, rather than a broad overview of gender norms in Kenya and Nigeria.

The objectives of the study were:

1. To identify reference groups of AGYW, i.e. the individuals who enforce and uphold social norms, and investigate how social sanctions and rewards influence selected AGYW behaviors related to GBV, SRH, EE, and CEFM.
2. To identify which social norms influence selected GBV, SRH, EE and CEFM behaviors of AGYW.
3. To examine how social norms influence selected AGYW's behaviors related to GBV, SRH, economic empowerment, and CEFM.

With these objectives as a foundation, the following research questions guided the study:

1. By whom and through what mechanisms are harmful social norms enforced and upheld to influence behaviors related to gender-based violence, sexual and reproductive health, economic empowerment, and child early and forced marriage?
2. What social norms influence GBV, SRH, economic empowerment, and CEFM behaviors of AGYW?
3. How do social norms influence behaviors related to GBV, SRH, economic empowerment, and CEFM?

Phase 1:

Behavioral selection and prioritization process



The behavioral selection stage, the first step in the norms diagnosis process, sought to identify and prioritize behaviors related to SRH (contraceptive use and HIV), EE, GBV, and CEFM norms influencing adolescent girls and young women outcomes in priority geographies in Kenya and Nigeria.

We prioritized one or two behaviors per health domain that were of utmost interest and significance to the Foundation's GNLA and Program Strategy Teams (PST) using the steps outlined below:

1. We identified a shortlist of behaviors to explore (see Appendix 1) agreed upon by BMGF GNLA, CARE, and UCSD/GEH.
2. We developed a selection criteria decided upon by the GNLA, CARE, and UCSD/GEH teams to rate each potential behavior, including: the behavior is related to a primary domain, the behavior is measurable, structural factors exist to support adoption and practice of the behavior, adoption and practice of the behavior are related to improved health and well-being, the behavior is visible, the behavior is on the way to being normalized, and evidence suggests that norms are related to the behavior. For more information on the rationale and source of information for each criterion, see Annex 1.
3. We gathered information on the selection criteria, described in Table 1, from the teams' research and programmatic experience and the secondary data analysis of the 2022 Kenya Demographic and Health Survey (DHS), 2022 Kenya Performance Monitoring for Action (PMA) Survey and the 2018 Nigeria DHS.
4. Then, for each country, we constructed a behavior selection matrix for each behavior by selection criteria and populated the matrix using insights from the secondary data analysis, as well as the expertise of the CARE in-country and global teams. Through a series of discussions, we reached a consensus on proposed priority behaviors between CARE and UCSD/GEH for each country.
5. We agreed on the final list of behaviors with the BMGF GNLA, PSTs, and implementing partners that aligned with the foundation's priorities. The final list of behaviors used in the norms exploration in Kenya and Nigeria is outlined in Table 1.

Table 1. Final list of behaviors prioritized in Kenya and Nigeria

Domain	Kenya	Nigeria
SRH/FP	• Discussing SRH with parents • Discussing fertility intentions, timing + spacing and contraceptive use with partners	• Current use of (modern) contraception • Discussing fertility intentions, timing + spacing, and contraceptive use with partners • Parents seek information on and accompany their daughters to receive the HPV vaccine
SRH/HIV	• Getting information on HIV prevention, testing, treatment • Getting tested for HIV • Refusing sexual intercourse with partner (due to STD risk)	• Requesting use of condoms • Getting tested for HIV • Using condoms to prevent HIV/STDs
CEFM	• Discussing (marriage) aspirations with family • Girls marry early	• School enrollment (staying in school) • Adolescent Girls Married before the age of 18
GBV	• Disclosure: Seeking help • Men's use of violence to discipline their wives or partners	• Men's use of violence to discipline their wives or partners
EE	• Participating in financial and household decisions (focus on married girls) • Ownership of assets/control of assets • Worked outside of the household in the last X months/days	• Participating in household decisions • Ownership of assets/control of assets • Worked outside of the household in the last X months/days

Phase 2:

Field Data Collection



Data collection teams used two qualitative methods with AGYW and ABYM, age 15-24 years, and their reference groups. Each team started with rapid interviews (RI) to identify people influencing AGYW and ABYM in that particular site by asking questions about their reference groups - who they trusted, who they discussed issues with, whose opinion mattered most to them, and who offered advice on each of the behaviors within the study. After the RIs were completed for the day, data collection teams rapidly analyzed their notes to identify the most-commonly mentioned reference group for each participant to thus identify participants for the focus group discussions (FGDs) with reference groups.

FGDs used three different tools to uncover norms affecting each behavior for each sector and identify any additional reference groups. Problem trees were used in Kenya to understand participants' perceptions of the root causes of child marriage and why unmarried adolescents do not discuss SRH with their parents. Vignettes, a common qualitative method for exploring norms, used a context-specific story to explore how typical a given behavior was, if that behavior was approved of, what consequences might occur for practicing that behavior, how those consequences might affect adolescents' behavior, and if any exceptions might exist. In Kenya, vignettes were used to discuss HIV, EE and GBV behaviors. In Nigeria, vignettes were used to explore EE and GBV behaviors. Finally, norm-by-norm guides were used to collect similar information to the vignettes, instead using direct questions about the same components of a norm instead of using a story to illustrate the behaviors as used in the vignettes.

At the end of each data collection cycle, field research teams conducted rapid analysis by summarizing findings for each behavior, in each sector, for each participant group. In Kenya, these summaries were then taken to a participatory rapid analysis workshop, where research teams further identified themes and preliminary findings across sectors, such as the most important reference groups for AGYW and ABYM. In Nigeria, these summaries were rapidly analyzed by the lead consultant and the CARE Nigeria data collection leads validated these high-level rapid analysis reflections.

Phase 3:

Detailed Analysis



After the FGD transcriptions were cleaned and translated into English, detailed thematic analysis was conducted, including comparison and triangulation of findings with the rapid interviews. Thematic analysis was chosen for its ability to uncover patterns and meanings in qualitative data and was conducted using Excel to allow for synthesis and collaboration amongst the analysis team.

Following the identification of social norms, the analysis explored the drivers of these norms by identifying supportive and punitive reference groups and understanding how the norms operate through social sanctions (i.e. do adolescents change their behavior due to positive or negative reactions). The analysis also identified potential areas for social norm shifts or cracks in existing norms looking for:

1. Difference in participant groups' responses for what is typical or what is acceptable. For instance, if all girl participants said a behavior was typical, but all community leader respondents said it was not, that means that not everyone is clear on the norm or has the same perception of the norm.
2. Difference in responses regarding what is typical and what is acceptable. For instance, if many people say it is common behavior, but also say that it is not acceptable, a norm may be undergoing a change, even if there is continued resistance to a behavior.
3. Many exceptions to a norm. For instance, if participants tell us that a behavior is not accepted, but participants can also name many situations where it actually is acceptable to practice it, then it is likely the norm is not strong and may be starting to shift.

Finally, a fellow GNLA grantee, Fraym, developed triangulation reports for both countries using their quantitative norms data set that collected data from adolescents and adults in the same locations. No major contradictions were found between the Norms Diagnosis qualitative and Fraym's quantitative findings.

Phase 4:

Community Validation



The preliminary findings were presented to study participants and others from the same demographic group but who did not participate in the study, i.e. community gatekeepers, adolescent boys and girls, religious leaders, caregivers, and healthcare providers. The presentations were done mainly through visual methods and key statements, and participants were asked to confirm, refute, or provide additional context for all major findings. This allowed us to “ground-truth” or validate the findings and, when relevant, brainstorm potential solutions.

In Kenya, community members’ feedback validated the findings and provided additional insights to consider:

- **In Nairobi**, the community confirmed that the USAID PEPFAR DREAMS program is a trusted and notable initiative targeting adolescent girls and young women to prevent HIV infection, with its mentors being a secondary reference for information on HIV, all of which may have impacted responses in HIV FGDs.
- **In Siaya**, the community highlighted the role of churches in promoting abstinence and the belief that women who use modern contraceptives are more likely to have multiple partners.
- **In Garissa**, the community agreed that intimate partner violence (IPV) is widespread within the community, and adolescents reported having a negative experience with GBV reporting procedures, including the possibility of the chief’s office and village elders being bribed to drop cases and girls’ fear of being judged and/or held responsible for the abuse, all of which prevented them from reporting instances. The community added that seeking help is acceptable when done within the family, allowing the situation to not become public knowledge, particularly due to the stigma surrounding young relationships.
- The community validation in Garissa also confirmed the study’s findings that it is not normal for adolescents to discuss SRH with their parents, to engage in sexual activity or use FP before marriage.

Phase 4:

Community Validation *(continued)*

Through community validation in Nigeria, teams found:

- In Lagos, all urban and rural community members agreed with each sectors' findings and also provided additional insights. Representatives from the Ministry of Health stressed that provider behavior remains a barrier to modern contraceptive use, particularly outside of youth-friendly centers, while community members emphasized parents' role supporting modern contraceptive use even though most people preach abstinence. For CEFM, participants added that mothers also have a strong role to play and that regardless of age, marriage into a wealthy family is encouraged. The only contradicting finding was the lack of awareness in urban areas regarding HPV and the HPV vaccine, which was surprising to community leaders in the validation sessions as well.
- In Kano, all community groups agreed with each sectors' findings and provided additional insight into boys' condom use, reporting that using condoms is associated with being HIV positive.
- In Enugu, all community groups agreed with each sectors' findings with the exception of EE, as they stressed that it was mutual agreement - not only husband's approval - that would make working outside the home acceptable. Additionally, a girl who owns assets will earn praise and is not seen as disrespectful, compared to the data on sanctions found through the study.

Limitations

Behavior Selection and Prioritization

The team developed and applied an agreed upon criteria for selecting behaviors based on their hypothesized relevance to improving health outcomes, link to social norms and feasibility to address. These criteria were ultimately informed by available secondary data together with the experience and perspective of implementers. Using our approach, we leveraged existing data as well the rich lived and programmatic experience of the CARE Kenya and Nigeria staff. Additionally, it allowed us to engage local voices, implementer and funder perspectives throughout the selection process, and allowed us to consult with implementing partners utilizing the norms diagnosis findings in Kenya and Nigeria to gain their perspectives/insights on which behaviors to prioritize while factoring in multiple sources of data and information. While the behavior selection and prioritization had many strengths, it also has limitations.

- **Limited social norms data in the DHS/PMA.** While both datasets have a wealth of information, there was limited social norms data. For instance, in the DHS, the team was constrained to analyzing proxy norms (aggregated attitudes) that were available and as such, we relied on expertise of CARE Kenya and Nigeria.
- **Limited behavioral data.** There were gaps in evidence and data on several behaviors of interest across all health outcomes. For instance, for both Nigeria and Kenya, we lacked data on discussion of SRH with parents (SRH/FP domain), discussing STD risk/protection with partner (SRH/HIV domain), discussing marriage aspirations with family (CEFM domain), discussing or sharing household chores (EE domain) and male perpetration of violence (GBV domain).

- **Reliance on older and limited information in Nigeria.** At the time of this analysis, the 2023-2024 NDHS data collection (DHS-VIII) was ongoing. As such, the team used the NDHS collected in 2018. Additionally, the PMA data for Nigeria was not nationally representative; rather, it was collected exclusively in Lagos and Kano.
- **Limited insights on faith leaders and cultural champions.** Both datasets offered limited insights into faith leaders and cultural champions as reference groups for behaviors related to SRH, GBV, EE and CEFM.

Despite this, the behavior selection and prioritization illustrate several key points. First, there is a need for widely accessible social norms and behavioral data across a variety of outcomes and contexts. Secondly, it highlights the importance of better documentation of the structural factors that influence behaviors and outcomes. Third, the process underscores the value of incorporating multiple information sources to inform the strategy and selection process for program outcomes. Finally, there is value in engaging all relevant stakeholders including local partners, funders, and implementers in the decision-making process.

Social Norms Diagnosis

Considering the rapid nature of data collection and analysis, the following limitations should be considered alongside the findings.

While each tool was chosen to gather a unique type of data on a given behavior, research teams found that the Problem Tree approach produced more attitudinal data than normative data in Kenya. This could have been a function of facilitation skills, but regardless the tool did provide information on key norms. Research teams also found that the

quality of the vignettes, especially the degree to which they were contextually specific, had a large effect on participants' responses. For instance, the story about GBV in Kenya focused on an unmarried couple, which elicited more responses about how inappropriate it was to have a relationship before marriage rather than perpetration of GBV in the conservative Garissa context. Furthermore, the GBV vignettes focused on one only form of intimate partner violence (IPV) in order to be contextually relevant and specific enough to elicit responses. This narrowed participants' responses to reflecting only on that type of IPV, instead of GBV norms more generally.

While the behavior prioritization attempted to take structural factors such as law and policy into account, non-normative factors were particularly relevant in both settings, so the focus on norms may have underestimated the influence of other factors on adolescent behavior. The interplay of normative and other influences could have been more deeply explored, for example related to:

- **Internet and social media.** In Kenya multiple studies have shown that adolescents frequently use the internet to find information on SRH topics, but parents were the only ones to reference the impact of social media on these behaviors. The tools were designed to explore which individuals, rather than other factors, influenced adolescent behavior, possibly overlooking other important sources.
- **Influence of economic stress.** In both Kenya and Nigeria, and in Kano in particular, the economic situation was an obvious influence on behavior. For instance, the desire for economic stability was named by girls as a reason for early marriage, and in Kano, many married adolescent girls reported using modern contraceptives due to concerns about being able to provide financially for more children.

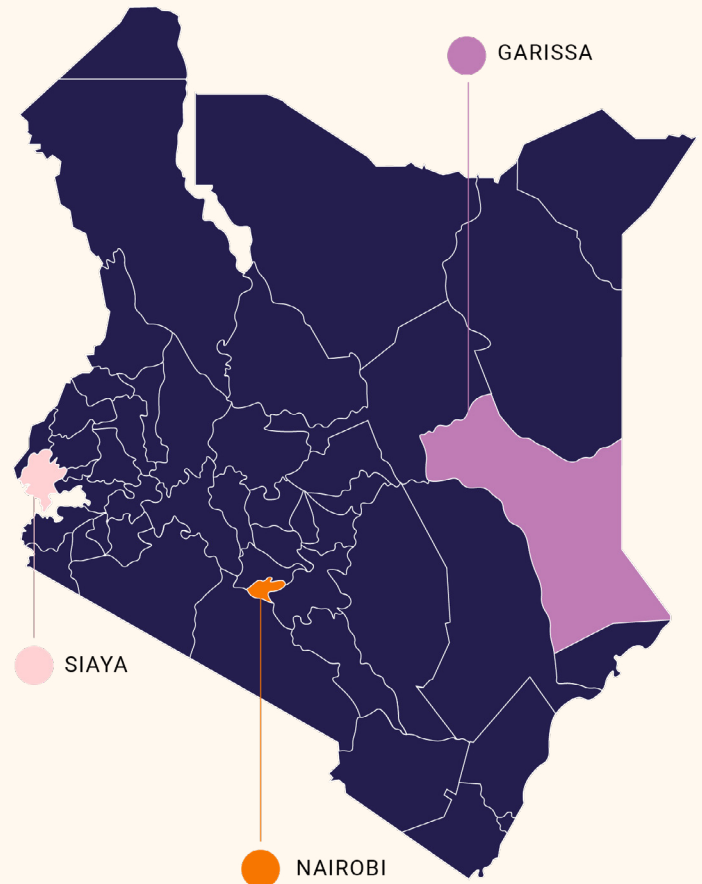
In Kenya, during data collection, some audio recordings failed, resulting in several sessions documented only through notes rather than full transcripts. The research teams used these incomplete transcripts to inform analysis, but they were not included in the coding activities. Secondly, interviewers were unable to gather as much high-quality data on descriptive norms as desired, i.e. what is typical behavior, and adolescents' sensitivity to sanctions. Thus, the analysis relied primarily on what was approved behavior and related sanctions. Finally, during the community validation process, research teams received valuable feedback that this study did not have a specific strategy to include people with disabilities, and thus people with disabilities reported that these findings did not represent their experiences.

In Nigeria, sampling was affected by the purposively chosen locations and entry into these areas. In particular, research teams started their communication about the study in the local government area (LGA) headquarters before going out to surrounding wards, or smaller communities, within that zone. The LGA headquarters provided a more mixed representation of all wards within the LGA, so these were sampled, but it did have the potential to over-sample respondents with more resources.

Findings: Kenya

The following analysis was based on 36 rapid interviews and 72 focus group discussions (FGDs) completed in March 2024 in six wards across Nairobi, Siaya, and Garissa counties. The common findings across sectors highlights the importance of unmarried girls' friends, married girls' husbands, and ABYM's peers as particularly important reference groups, as well as two cross-cutting norms that impact all sectors within the study: the control of adolescent sexuality and household roles and responsibilities.

See Annex 2 for a table that summarizes the more than 20 norms found by the study and the reference groups impacting these for each participant group, with emphasis on the cross-cutting norms. After presentation of each sector analysis, this chapter finishes with three personas to support audience segmentation and data-based characteristics for AGYW and ABYM within media campaign content.



Data Collection Sites in Kenya

Nairobi

Embakasi West Sub County in Umoja 1, Umoja 2 (Peri urban sites), and Mowlem wards (informal settlements)

Siaya

Bondo Sub County in Central sakwa, East Yimbo and Yimbo West wards

Garissa

Town ship and Mbalambala Sub Counties, specifically in Galbet, Sankuri and and Saka wards (rural, majority Muslim, Somali community)



Common findings across health and well-being domains

The following norms and reference groups impacted every sector explored in the Kenya study and should, therefore, be considered priority topics and target audiences. While specific activities and/or media campaigns may choose to speak more directly to the norms in the sectoral sections below, it is important to understand the cross-cutting norms affecting the selected behaviors to develop consistent themes across campaigns, materials, and activities.

Similarly, while reference groups act in unique ways to influence sector-specific behaviors, their consistent representation in the findings below underlines the need for targeted strategies for these groups in addition to campaigns targeting AGYW.

Tables 2 and 3 summarize these findings with detailed explanations below and further examples within each sector's analysis. Of note, GBV emerged across sectors as a way to sanction AGYW for violating norms, as can be seen in Table 2. While the findings suggest that norms related to IPV are shifting in a positive direction, all respondent groups - particularly girls - mentioned the use of violence to communicate disapproval, which acted as a powerful deterrent for girls to go against norms.

Table 2. Crosscutting norms impacting multiple sectors in Kenya

Norm label	Norm description	Sector	Sub – region	Affected behaviors
Adolescent sexuality	Adolescents, and unmarried girls in particular, are not allowed to demonstrate or promote their sexuality in any way, including asking questions about sexual health, practicing behaviors to safeguard their sexual health, and/or being sexually active before marriage.	FP HIV CM	All	• Unmarried girls discuss SRH with parents • Married girls discuss SRH with partners • Unmarried girls seek information on HIV • Unmarried girls test for HIV • Girls refuse sex due to concerns of HIV • Unmarried girls discuss (marriage) aspirations with parents • Married girls' contraceptive use
Household roles	Men and women are expected to do different roles (i.e., a man has specific roles like provision for the family and decision-maker, while a woman cooks, takes care of children, and is obedient)	FP HIV CM GBV EE	All	• Girls' contraceptive use • ABYM perpetrate IPV • AGYW work outside the home • AGYM participate in HH decision-making • AGYW own/control assets

Table 3. Primary and secondary reference groups found for AGYW and ABYM across sectors in Kenya

Participant group	Primary reference group	Secondary reference group
Unmarried girls	Friends - Girls in RIs and boys and parents in FGDs noted girls' friends as influential over behaviors related to SRHR - RI results noted peers as a supportive relationship for GBV and CEFM, while boys and parents perceived age mates as pressuring unmarried girls to have premarital sex and to not seek information on HIV	Sisters* - Sisters, and older sisters in particular, were noted as supportive, providing trusting and communicative relationships for unmarried girls related to contraceptive use and child marriage - Sisters were not mentioned during FGDs by any respondent group
Married girls	Husbands - Married girls' husbands enforce norms related to contraceptive use, HIV, EE and GBV. - Husbands were noted as a punitive RG by all respondent groups, citing sanctions such as GBV, divorce, and arguing if their control over household decisions and roles was challenged	Mothers-in-law (MIL) - MIL's were noted as a punitive RG in FGDs with married and unmarried girls, particularly related to contraceptive use and household decision-making - ABYM mentioned their mothers as putting pressure on them to have children, control their wife using GBV, and even pursuing divorce when norms were transgressed
Adolescent boys	Peers - Married and unmarried boys frequently mentioned this punitive RG using sanctions when norms related to household decision making and sexuality were challenged by wives or girlfriends - RI's revealed married boys' peers as a trusting relationship related to GBV, HIV and contraceptive use	Fathers* - This RG is more relevant for unmarried boys, but married boys also named their fathers as a trusting relationship when it comes to discussing GBV - Unmarried boys noted their fathers as supportive RGs: in RI's they said this relationship was trusting and communicative related to contraceptive use, HIV and GBV

* represents findings from rapid interviews only that were not corroborated during FGDs

Adolescent sexuality

Sexuality is central to each of the sectoral focus areas of the study as it is well-known to “have a significant impact on our health, wealth, wellbeing and capacity to make a contribution to our communities and societies”¹. The findings from Kenya demonstrate a deep connection between norms that restrict adolescent sexuality and the barriers adolescent girls face related to expanding their SRHR, EE, and living a life free from violence.

What is sexuality?

The World Health Organization defines sexuality as “...a **central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.**”

During FGDs on the topic of HIV behaviors (or HIV FGDs) all male respondent groups across sites, except unmarried boys in Garissa, reported that *most adolescent girls and boys have sex before marriage*, although girls noted this far less often across sites. It is notable how much more boys and young men mentioned this expectation of sexual

behavior than girls, which may be affected by expectations that women and girls do not discuss sex, as communicated in all SRH FGDs, and that boys’ masculinity is closely tied to having sex and being fertility, as found in SRH and GBV FGDs.

“Most adolescents to avoid this kind of [violent] reaction from her dad and maintain family peace, they will not talk of any matters involving SRH”.

(unmarried girl, Garissa)

“When they hear that I’m not fertile at this time and age in this community, there are two things; either it is witchcraft or you are sick”. (Married boys, Nairobi)

This was in stark contradiction to what respondents viewed as acceptable behavior: according to all respondent groups across sites, it is not acceptable for girls to have sex before marriage. This means that respondents perceived it to be typical, but they also perceived it to be forbidden. Despite recognition that early pregnancy is a risk and would be a huge disappointment to girls’ parents, trumping even girls’ concern related to contracting HIV, both girls and boys are reported as typically engaging in premarital sex.

“By the way, that is how girls are today. They are scared of becoming pregnant more than HIV. After having sex, the first thing girls do is run for P2 (emergency pills). Even when they contract HIV, it is not a big deal. You know they think pregnancy is public but HIV is internal. Nowadays they fear pregnancy more than HIV.” (Married boys, Nairobi)

¹ Hawkins, Cornwell, and Lewin. (2011) “Sexuality and Empowerment: An Intimate Connection”. Pathways Policy Paper, October 2011, Brighton: Pathways of Women’s Empowerment RPC. Accessed at <https://core.ac.uk/download/pdf/29136696.pdf>

Other behaviors related to sexuality are more aligned with norms: for instance, SRH FGDs revealed it is not typical for adolescents to discuss SRH with their parents, nor is it accepted that they do this. The assumption across sites and respondents is that if girls are openly asking about or discussing topics related to their sexuality with their parents, it means they are sexually active, which is frowned upon and seen as a reckless behavior that can lead to early pregnancy and bring shame or a sense of failure to adolescent girls, their parents, and the community.

“Strict upbringing by parents, like religious beliefs, discourages adolescent girls from conversing matters [related to] SRH since they will be viewed as unholy or promiscuous” (*girl’s mothers, Siaya*)

Even when adolescents are married, norms restricting adolescent sexuality continue to block behaviors: it is not typical for married girls to use contraception, and across all sites, men typically do and are expected to hold the primary decision-making power regarding family planning (FP). Therefore, men and boys are granted control over their sexuality by leading decision-making related to FP and receiving peer support for having sex, but it is not acceptable for AGYW.

When it came to engaging in sexual activity, sanctions for girls were severe. All respondent groups reported that boyfriends would end the relationship if girls refused sex to avoid HIV, and both Nairobi and Siaya respondents noted rape and physical abuse by partners as sanctions for girls refusing sex. Boys and some girls expect girls to have sex before marriage, but their communities clearly do not approve of this, and thus, there is the potential for serious consequences regardless of how girls choose to act. Boys also face criticism from their peers for not having sex with their girlfriends.

Community disapproval also has strong implications for married adolescents’ sexuality through severe sanctions: FP FGDs found that

married couples and unmarried couples in all sites discussing SRH may face heavy consequences such as judgment, shame, and violence for discussing timing, spacing and contraceptive use. In all three sites, social exclusion and judgment are the most prevalent consequences for discussing SRH with your partner, including gossiping and social isolation, leading to shame and embarrassment.

“Those two will be like outcasts [for talking about family planning], I think the community would isolate you.”
(*Unmarried boy, Nairobi*)

Girls’ and boys’ peers serve as strong reference groups for the norms related to adolescent sexuality - either girls’ peers promoting sex or boys’ friends mocking them for being refused by their girlfriends. Girls and boys both cited their peers’ perspective promoting premarital sex as more influential than community leaders and parents who offer rewards for refusing sex, such as commending girls and naming them as role models for setting boundaries with their partners. Community members and parents also act punitively to communicate community expectations: mothers-in-law and older community members enforce norms related to sexuality such as family size and male decision-making using “pressure”, scolding, and gossiping against girls and their partners that act as barriers to discussing SRH with a partner.

There were almost no exceptions found for the norms that control AGYW’s sexuality and/or promote adolescent boys’ and young men’s sexuality, demonstrating just how strong these norms are. For instance, there were no instances mentioned when it was acceptable for unmarried girls to have sex, and there were no situations where boys were prohibited from having premarital sex. The clearest exceptions to norms controlling adolescent sexuality were found for married girls who were pregnant, and were expected to test for HIV, or who already had “enough” children or had complications in previous childbirths, thus making it more acceptable to discuss SRH with their partner.

The limits on adolescent girls' sexuality also have implications for GBV. As noted above, GBV is used as a sanction for expressing or engaging with sexuality, even if the purpose is to safeguard their SRH by seeking information on HIV. The relationship also works in reverse: unmarried victims of IPV are presumed to be sexually active because violence is an expected punishment for refusing sex, even when parents and community members do not approve of sex before marriage, nor do they approve of IPV before marriage. The only way girls can ensure to avoid both shame related to premarital sex and GBV is to not have relationships before marriage and/or remain abstinent.

Gendered household relations: Engaging in the formal economy, labor and decision-making

These norms start with the basis that men are decision-makers and breadwinners, and AGYW are responsible for caring for the home and children and birthing more children. These norms impact every SRHR and EE behavior in this study while also justifying the use of GBV as a sanction for going against these norms.

Married girls across sites noted that given the opportunity, girls would take a job outside the home to be able to fulfill their family's needs. In this way, girls continue to support the norm that taking care of their family and children is a priority while also pushing back against men's role as breadwinners. This is supported by increasing community acceptance of girls working outside the home and, thus, potentially widening communities' acceptance of adolescent girls and young women's role in society outside of the home.

"[Girls] would take that opportunity because her husband's job wasn't paying enough to buy food. So, if she gets that opportunity, she'll be able to provide for her family." (Married girls, Nairobi)



Program insight: influence how husbands control married girls' behavior

Pressure to maintain the power provided by being the sole decision-maker and breadwinner and to be respected in their home make husbands and fathers key target groups for media campaign targeting EE behaviors. Husbands' peers are likely to react negatively to girls earning money, gaining decision-making power, and owning assets, which heavily influences how husbands interact with their wives.

“Most people will approve because they appreciate hard working women since it will uplift poverty in the community.”
(Married girls, Garissa)

A common sanction found across respondent groups came in the form of the sentiment that women who gain power – either through their work outside the home, becoming financially independent, or making decisions related to their SRH – look down on other people, abusing that power in their relationship with their partner or husband, demeaning them, and even leaving them. These sentiments related to women gaining economic freedom and ‘abusing’ power puts marriages at risk either through women’s increased confidence (thus challenging their husband’s role in the household) or finding other partners who are richer and working women “becoming disrespectful”. Husbands’ peers use the threat of these as powerful sanctions, which results in husbands blocking married girls’ agency related to their livelihoods and bodies, such as working outside the home, refusing sex, or seeking information on HIV.

“However, when most girls earn money they replace the husband in this position. The community shuns this”. *(Married girls, Nairobi)*

“The law doesn’t allow [girls to work outside the home].....It’s even written in the bible that a woman should stay home under the watch of a man, she should be pampered and only wait for her night share (sex) and wait for delivery after nine months.” *(Married boys, Siaya)*

Husbands are the principal enforcers of norms restricting married girls’ ability to work outside the home and make decisions about their lives, but mothers-in-law and community members also use punitive sanctions to communicate these unwritten rules. Girls’ only supportive reference groups were

their peers facing similar challenges in their own marriages. This type of safe space for dialogue with peers does not appear to decrease married girls’ desire to avoid sanctions from their husbands and mothers-in-law. Therefore, peer support is not strong enough to support behaviors that challenge men’s role in the home or expand their role beyond caretaking.

Exceptions to these dynamics were found in each site. In Siaya, exceptions reflecting married girls’ attitudes that contributing to household finances earns them a right to participate in economic decisions. In Nairobi, a husband’s inability to provide for his family’s needs and a more highly educated wife opened these opportunities. Other exceptions were related to how married girls involved themselves – for instance, if girls participated in conversations about household decisions respectfully, without arguing, it is acceptable to participate in household decisions. The only exceptions mentioned in Garissa were if a married girl was widowed or divorced, which would legitimate her role of breadwinner and decision-maker.

“You’re given the right to own [assets] if you’re educated [and know your right to property] and you’re in a position to own, but if you’re not educated, you’ll not get anything”.
(Married girls, Nairobi)

When taken together, these data confirm the role of husbands as the primary reference group, deploying sanctions to enforce norms related to household decision-making, particularly decisions related to SRH and economic empowerment.

Sexual and Reproductive Health: Family planning

Norms that restrict SRH behaviors are related to adolescent girls' and young women's sexuality, promote women's role as caregivers and expectations of women's fertility and childbearing, and support men's role as decision-makers. Programs can leverage spaces that adolescents already identify as "safe" - such as peers and healthcare workers - and behaviors that are experiencing a shift in community approval, to build on existing positive assets and continue to support ongoing change.

It is not typical for unmarried adolescents to discuss SRH with parents

Across groups, respondents reported that adolescent unmarried girls and young women are not supposed to discuss certain issues, such as SRH, as they are "taboo". While many respondents cite a lack of education related to these subjects, a lack of trust was also communicated, and "strained relationships" with parents acted as barriers to these conversations. For adolescent girls, both their friends and healthcare providers are supportive reference groups, offering a safe space to discuss issues related to SRH. More commonly, though, if girls are openly asking about or discussing these topics, community members and their parents assume they are sexually active, which is perceived as reckless behavior that can lead to early pregnancy and bring shame to adolescent girls, their parents, and the community. Parents and community members in Garissa frequently enforced

these norms with stigma and shame, including punishment, judgment, and criticism.

"They may prefer to seek information from other sources, such as peers, educators, or healthcare providers, to maintain confidentiality". (*Unmarried girls, Garissa*)

"The parents have certain expectations of their daughters so this becomes a disappointment to them. Maybe they were expecting you to go far with their education but now you are pregnant and becomes a disappointment to your parents." (*Married girls, Nairobi*)

It is not appropriate for adolescents to discuss matters related to SRH with their partners

In all sites, communities do not approve of discussions about sex and SRH amongst partners because such open dialogue would challenge men's role as decision makers as well as the expectation that girls and young women do not discuss matters related to SRH.

Across sites, community members' disapproval of married couples discussing contraception is rooted in norms related to early childbearing and family size, which helps shape young couples' desire to have a large family, which is highly valued in all sites. This is supported by religious beliefs that married people should procreate and if they go against this belief, they will interfere with God's plan, refusing the blessing of children.

"The community will not take [discussing SRH between partners] well because people marry to get children". (*unmarried boys, Siaya*)

Married and unmarried couples in all sites who discuss SRH may face judgment and violence, both resulting in shame for married girls in particular. Social exclusion and judgment are the most prevalent sanctions in all three sites, which can occur in various ways, such as gossiping and social isolation. Married couples face comparatively fewer and less severe sanctions and have some freedom to discuss SRH in specific contexts, such as when they need to space children due to health concerns or when facing financial challenges. In Garissa, more educated couples have greater freedom to discuss contraception without negative consequences.

"If you are not financially stable and you do not wish to have more load because already you are struggling with the two [you can discuss contraceptives]."
(Married boy, Nairobi)

"Educated married couples can discuss and nothing to worry about." *(married girls, Garissa)*

It is not acceptable for married girls to use contraceptives

As noted above, communities do not approve of partners discussing contraception, which is rooted in norms related to household roles, men's decision-making power, and religious and cultural beliefs that promote large families. However, not using contraception is known to lead to early and/or unplanned pregnancies, which also brings shame to unmarried girls and their families.

The study found multiple implications of this desire to avoid shame related to using contraception as well as having an unplanned pregnancy. For example, in Nairobi, AGYW's families (especially mothers) are usually supportive: "My mother advised me to practice family planning. Your family side will always support you compared to your husband's where they would want you to sire more kids" (Married girls, Nairobi). Girls and young women also perceive that it is typical for

women to use contraception secretly, without their husbands knowing, providing a more "peaceful" and "stress-free life" (married girls, Siaya). In Siaya and Garissa, AGYW expressed their fear of domestic violence from their husbands as a reaction to them proposing FP or finding out a girl was using contraception without his knowledge.

Sexual and Reproductive Health: HIV

It is not acceptable to be HIV positive

Across all sites, all respondents noted that adolescents practicing behaviors related to HIV raised suspicion about their status, and this affected adolescents' motivation to seek information, test for HIV, and refuse sex due to concerns about HIV. For instance, in Nairobi, while not a normative factor, all respondents said that most adolescent girls and boys fear confirming their status and thus both seeking information and getting tested is not common. In Garissa, adolescents do not go for testing, seek information, or discuss HIV with their partner, because they will be assumed positive and/or promiscuous - which is assumed related to being HIV positive.

"I will suspect that she has HIV, why did she go get information?" *(married boy, Siaya)*

Adolescents' sexual partners and peers were found to be the most influential reference groups, but community members also use gossip as a sanction, so the stigma associated with the HIV behaviors in the study were effective in deterring adolescents.

Program insight:

If programming is focused on information delivery, working with peers and/or healthcare workers is likely a short-term solution to ensure the information adolescent girls are already seeking with these “trusted” sources is accurate. Given that stigma and shame are most present within parental relationships, enabling environment for health-seeking behaviors need to work at community level to combat stigma related to SRH more broadly and HIV specifically. - particularly fathers of adolescent boys - should identify solutions for this target audience.



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“Because of the stigma associated with HIV, [her boyfriend] will flee... believing that she is afflicted and that he would not pursue their relationship.” (unmarried girl, Garissa)

There were no exceptions found to this norm.

Norms for seeking information on HIV and testing for HIV

Across sites, respondents’ perceptions of what is typical, and what communities approved of were not universally understood for these behaviors - seeking information and testing for HIV. This could mean these norms are weak and/or currently changing. In Garissa, AGYW respondents reported that most girls seek information on HIV and STIs, and girls in Siaya agreed that most girls think it is important to seek information on HIV. Boys in both Siaya and Garissa contradicted girls’ responses: boys reported that most girls do not seek information on HIV (Siaya) and that most girls do not think that STD testing is necessary (Garissa). This demonstrates that, particularly in Siaya and Garissa, girls and boys did not agree on what is typical behavior for girls

related to seeking information on and testing for HIV.

In Garissa and Nairobi, respondents reported community approval, disapproval, and mixed perceptions, meaning there was no common understanding of norms in these sites. While similar in Siaya, this lack of consensus was marked by age: other adolescents, such as boyfriends and girls’ peers, do not approve of girls seeking information or testing for HIV (i.e. this is something that older people do), while elders and community members are supportive of girls seeking information and testing for HIV.

The sanctions were clear for getting information and testing for HIV. Both girls and boys were assumed to be unfaithful, rumors started about their status, and/or they could be labeled as disrespectful by bringing up these issues, which leads to your partner breaking up with you. In Nairobi, girls faced insults, rape, or other types of violence by their partners resulting from the behavior. For boys, their friends and/or peers would start rumors or insult them in a way that would hurt their ego. Age-mates and intimate partners were a more influential reference group than approving and/or trusted reference groups, such as teachers,

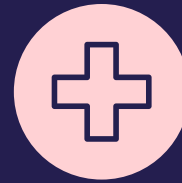
healthcare providers, local administration, chiefs, church leaders who are known to promote HIV testing and make information more accessible.

The most commonly reported exception across sites by all respondent groups was for pregnant women, as it is common to test for HIV as a part of antenatal care. In Siaya and Nairobi, exceptions were noted for couples heading towards marriage, demonstrating their love and commitment by seeking information and testing, while also couples that doubted the fidelity of their partners.

“Only individuals who visit the clinic for testing are expectant moms, who are practically required to do so”. (Married girls, Garissa)

“[It is okay to get tested] when I suspect my partner is unfaithful.” (Married girls, Siaya)

“However, if you get a girl who is focused, she will insist on getting tested. She cannot be with somebody yet they have not tested”. (married boys, Nairobi)



Program insight: **Opportunity to expand protective norms related to HIV testing**

Since respondents do not agree on what is typical behavior, especially in Siaya and Garissa, nor do they agree on what is appropriate in all sites, there is evidence that norms are in flux related to testing and seeking information on HIV. Programs can capitalize on this moment to promote images and personas that counter HIV stigma and promote healthy behaviors regardless of HIV status. While it may not be strong enough to counter current sanctions for girls directly, there is growing acceptance of girls testing and seeking information on HIV, and girls more commonly reported that this is typical behavior for girls their age. The narrative adolescent boy respondents used of the “girl who is focused” with morals, who stands up for herself, may act as both a motivator for unmarried girls in particular and does not contradict boys’ expectations for some of the attributes they seek in partners. Demonstrating agency and self-confidence through HIV behaviors that promote your own SRHR is likely to be well-received by older audiences and reinforce boys’ perceptions that girls who test for HIV are demonstrating desirable behaviors.

Gender-based violence

The following norms, alongside other sectors' findings, underline the lived reality of violence experienced by AGYW. Both the SRHR and EE findings highlight how violence is used to keep girls from challenging the norms that act as barriers to their empowerment and well-being. The norms in this section focus more closely on intimate partner violence and child, early and forced marriage, and present how these are also linked to other sector social norms that drive behavioral outcomes.

It is normal to beat your wife

Across sites, all respondents except for unmarried boys reported that aggression is a common response in married relationships and that women accept IPV as part of a marriage. However, even though this is perceived as typical behavior, respondents did not unanimously agree if this was acceptable: generally, it is accepted in many situations by parents, husbands of married girls, and community leaders, but adolescent respondents in all sites noted that women in their communities do not accept violence. This means that community' disapproval - particularly among women - aligns with adolescents' personal attitudes, which consistently rejected violence as an acceptable way to respond to a conflict in a relationship.

"Here is some men who discipline their aggressive wives sometimes so that she might respect her man and continue her marriage life in peace." (unmarried girls, Garissa)

Behaviors included in the study:

- AGYW discuss life aspirations with parents
- Adolescent girls marry early
- AGYM perpetrate IPV against girls and women
- AGYW seek help after experiencing IPV

"In our community no situation is ok for any form of violence, no one wants his sister, daughter to be beaten unnecessarily."
(unmarried girls, Garissa)

Reference groups who enforce these norms include husbands' peers, who pressure husbands to use violence, and parents who teach their daughters that discipline is instilled through beating. The only reward for following this norm was noted by married girls: husbands might be encouraged that their wives' respect for them was in place and/or reinforced, and respondents in Siaya noted wives might also be viewed as more supportive for withstanding violence. In contrast, community elders and leaders were mentioned across sites as holding the perpetrator, taking a "ransom" or fine, and exacting other punishments on a perpetrator. Women would seek to punish the perpetrator by beating them and/or taking them to the police. Despite these actions, they are not seen as compelling reasons to stop IPV perpetration, and thus not effective in preventing girls' husbands from using violence.

IPV is not acceptable before marriage

In addition to the above findings demonstrating varying degrees of approval and disagreement with IPV, respondents across sites more commonly noted that using physical violence against a younger partner is not acceptable (compared to married women) and that an adolescent girl would be supported in seeking help because of her age, particularly in Garissa.

“Try to understand what is happening because at her age still its not right to have her as a girlfriend and violence will even make it worse when it is known you are having an affair with a minor and you are also beating the minor.” (*Married boys, Garissa*)

This contrasts with the findings above that demonstrate GBV, including rape, as a sanction for girls refusing sex before marriage. Adolescent respondents reported sanctions for male perpetrators, such as a girl's brothers retaliating with violence against the perpetrator, paying fines, being taken to the police and charged with a crime, and girls ending the relationship. Therefore, other men form the primary, punitive and supportive reference group for adolescent boys and young men in cases of IPV amongst unmarried adolescent girls: other men take them to “justice” to pay fines or serve jail time, but it is boys' friends who exert peer pressure to commit IPV (see HIV findings). For girls, there are also potential consequences for being a victim of IPV before marriage: loss of standing, being embarrassed to walk in the community, and needing to leave the community.

“[Girls have] fear of being called a failure if you report violence.” (*adolescent girls, Nairobi*)

“She will be ashamed, leave the community and go far away.” (*unmarried boys, Siaya*)

There were exceptions mentioned to this norm: if the girl is known as disrespectful, or if an adolescent boy or young man is pressured by his friends to assault his girlfriend, community members and other ABYM will support her beating. This is supported by findings from the HIV vignettes that reported rape as a sanction for refusing sex before marriage in Siaya and Garissa since refusing your boyfriend is deemed disrespectful. Across sites, disapproval of IPV before marriage was rooted in opposition to premarital relationships, which both at times supported and at times hindered seeking help after experiencing IPV.

“There are those who will criticize her. Like, why would such a young girl involve herself in sexual relationships?” (*married boy, Nairobi*)

“The hitting of a young girl and the young partner relationship will both astound them.” (*unmarried boys, Garissa*)

GBV is a matter to be kept private. Married girls in Siaya mentioned that it was common for girls to seek advice from a friend after experiencing IPV. The perception of community approval was more mixed amongst adolescent respondents in Garissa and Siaya, proposing that there was wide community approval of seeking help for IPV while also reporting disapproval and shame for reporting violence. Seeking help was only approved in Nairobi if the girl was underage and not married. In Siaya, there were also specific rewards for keeping IPV private, i.e. not reporting the violence, such as increased love from the girl's in-laws and the community viewing you as a supportive wife.

“Women hide what they are going through because they fear being viewed as weak, they feel like they will have told their secrets out in the public.” (*husbands of married girls, Nairobi*)



Program insight: Opportunity to expand disapproval of IPV

Adolescents' personal attitudes against IPV, mixed community approval of IPV, and rejection of IPV before marriage reveal a shifting environment where GBV may be becoming less approved or even tolerated. Respondents across sites mentioned cases of IPV that either led to the punishment of the perpetrator or the victim's death reported in the news, supporting the finding that adolescents perceive IPV as common. However, there is an opportunity to counter that narrative by demonstrating existing community disapproval - particularly by women - and expanding that disapproval to boys and young men to make a cohesive positive norm that violence is not a healthy way to resolve conflict. Intergenerational and intergroup dialogue on GBV and related norms of decision-making and bodily autonomy are core themes for gender transformative communication campaigns, and publicizing women's disapproval of IPV is important to form a larger consensus that does not tolerate GBV.

"Increased love from family of in-laws; because of cover up of not reporting their sons' GBV cases." (married women, Siaya)

Feelings of shame and humiliation and repeated violence from the original perpetrator were the most commonly reported sanctions for reporting violence across sites and respondent groups. Stigmatization by in-laws, parents, and friends all were mentioned as stopping girls from seeking help.

"If she speaks to village member and spread rumors that [her boyfriend] is a violent boy and no girl should agree to his proposal this may make him mad and might react." (Married girls, Garissa)

For situations where communities approve of seeking help, respondents mentioned doing so with family or an older person, i.e., people who can offer support, guidance, and confidentiality. Girls and young women experiencing violence were reported as able to seek help due to their age in Nairobi, but across sites, this norm also weakens due to the severity and continuity of violence, i.e. reporting violence is more accepted when it is repeated and/or "extreme" such as rape and severe physical beatings.

Child Marriage

The norms related to child marriage are closely tied to the control of adolescent sexuality and household roles and decision-making, making them strong with fewer opportunities for change. Instead of helping girls plan their future with their parents, sharing aspirations with parents is both culturally unacceptable and puts girls at higher risk of being married early. Financial instability facilitates girls' desire for early marriage and strengthens parents' motivation to marry their daughters early, with little room for dialogue about alternatives beyond marriage for girls.

Parents marry their daughters early to provide them financial stability and lessen the financial burden on families

Across all sites and respondent groups, there is a common perception that marriage provides financial stability to adolescent girls. Economic stress within households, which causes many girls to drop out of school, alongside community support for early marriage as a solution to financial instability, are the main causes for early marriage mentioned by participants.

"Poverty, because this girl will think her getting married will make a way for her family." (Mothers, Nairobi)

"Young girls who drop out of school tend to get married early because they see no other thing to do apart from getting married and starting a family." (Married girl, Siaya)

In Garissa, while child marriage is also used as a solution to the financial burden faced by families, there is also pressure to be married early due to fear of being called "gumes", which is a Somali term for unmarried girls who stay longer at their parents'

Behaviors included in the study:

- AGYW discuss their aspirations with their parents
- AGYW marry early

home. This is an effective sanction for girls who wait to marry.

Adolescent girls' parents make financial decisions, particularly related to school expenses, they communicate with girls about the financial pressure they are under and negotiate the financial benefit of marriage through dowry. As financial decision makers, fathers in particular are a key reference group for unmarried girls across all sites.

"Lack of economic opportunities and employment options for girls in rural areas can also drive families to opt for early marriage as a way to secure their daughters' future." (Mothers, Garissa)

"Pressure from the parents for instance fathers being harsh on the girls and mothers seeing the girl as a business tool." (Fathers, Siaya)

While there were no sanctions for seeking financial stability through early marriage, married girls in Garissa and Siaya did report negative effects of CEFM, including physical and emotional abuse. In Garissa, respondents reported that parents use sanctions when girls disobey them. For instance, when a girl selects her partner of choice for marriage, parents apply strict rules and abuse to enforce their power.

The rewards for falling in line with norms are clear in Garissa:

“Early marriage can increase the social status of the girl’s family within the community, especially if the groom is from a respected or influential family.”
(*Mothers, Garissa*)

Adolescent girls should not have sex before marriage, and doing so leads to early marriage

Across sites, adolescent girls and boys perceived premarital sex to be normal, as revealed during the FGDs discussing HIV behaviors. However, discussions of the vignettes related to HIV, revealed that perceptions of injunctive norms (what should be) contradicted perceived reality (descriptive norms). In all sites, married and unmarried girls noted premarital sex or the potential for premarital sex as unacceptable and a reason for early marriage. In Garissa and Nairobi, this type of behavior was seen as a threat to families’ honor, even in the case of rape, bringing shame to both the girl and their parents.

“Some parents fear for their daughters to engage in sexual activity without their knowledge hence encouraging them to marry early.” (*Unmarried girls, Garissa*)

“Deep-rooted cultural beliefs and practices may prioritize early marriage as a way to preserve family honor, maintain social status, or uphold traditional gender roles within the community.”
(*Married girls, Garissa*)

Parents again serve as the most important reference groups for this norm due to their power to determine their daughters’ marriage. However, as seen in the HIV analysis, girls’ and boys’ peers serve as strong reference groups promoting and/or enforcing norms related to premarital sex. Girls’

peers promote sex and boys’ friends mock them for being refused by their girlfriend. The influence of these reference groups was found to be much stronger than the influence of community leaders and parents who offer rewards for refusing sex, such as commending girls and naming them as role models for setting boundaries with their partner.

It is not common for adolescent girls to discuss their aspirations with their parents

In Garissa and Nairobi, there is a complex dynamic related to discussing aspirations with parents involving cultural norms, familial expectations and communication barriers. For instance, both parents and girls identified lack of time, communication skills and knowledge as barriers to communication, but a common theme in both regions is girls’ fear of judgment by their parents and by community members, as it is not accepted for children to promote their views and aspirations within their families.

“One of the main reasons people don’t discuss their objectives with their parents is because they are shy or afraid of them, which goes against cultural standards.”
(*unmarried girl, Garissa*)

“Adolescents may be afraid of their parents criticizing or condemning them for having goals that don’t fit in with the community’s expectations or customary responsibilities.” (*unmarried girl, Garissa*)

Friends also serve as influential reference groups for adolescents, particularly in Nairobi, where they are seen as better positioned to facilitate discussions about aspirations. Parents often turn to their own friends to communicate with their children, believing they may be more receptive to advice or guidance from them. Similarly, adolescent girls turn to their parents’ friends to discuss with their parents on their behalf.

“They approach their friend and ask them ‘Speak to my child’. They think when they talk to you, you will not listen, that is why they say, speak to my child.” *(unmarried girl, Nairobi)*

“Your relationship with your parents will be distant. If you are not able to tell your mom you are having an affair with a man, whether she knows him or not, you can ask a friend of your mum to tell her.” *(unmarried girl, Nairobi)*

Additional sanctions beyond judgment were found in Nairobi and Garissa. Parents might report their daughters to church leadership resulting in further judgment and scolding or they may beat their daughters. In Garissa, participants reported that young girls may be abducted or forced into a marriage.

Women’s economic empowerment

The norms that impact women and girls’ economic empowerment are strongly enforced, but there are signs of change. Girls desire to become economically engaged, communities hold mixed opinions on these behaviors, and financial stress that could be relieved by girls’ financial contributions all create pathways for further weakening norms that are likely shifting.

Girls do not work outside the home

There was a noticeable difference between what most girls would do given the opportunity to work outside the home, and communities’ approval, i.e., the extent to which people approve of a girl working outside the home. In particular, married girls across sites responded that given the opportunity, girls would take a job outside the home, particularly to be able to fulfill their family’s needs. However, across sites, the community’s approval of this behavior varied. For example, community members may be supportive of girls’ willingness to work and contribute to their family’s financial stability, a positive step for providing a better life for their children. In contrast, married boys’ attitudes in Siaya were particularly conservative on the topic compared to married girls’ perception of what is actually occurring:

“The bible clearly states that a woman shall leave her home and be united with her husband. Meaning, that she should take care of her husband and her children. How will she achieve all these if she wants to go out for work?” *(married boys, Siaya)*

Behaviors included in the study:

- AGYW work outside of the home
- AGYW participation in household financial decision-making
- AGYW own and/or control assets

A common sentiment across respondent groups was that women who work outside the home and become financially independent, or are seen as “entrusted with power”, will look down on other people and abuse that power in their relationship with their husband, demeaning them and even leaving them. These sentiments related to women gaining and abusing power, which puts their marriage at risk, and “becoming disrespectful” all are powerful warnings for husbands to not allow this, effectively blocking married girls’ opportunities to work outside the home.

“Naag ree ay utalise wa reer dume”
(loosely translated ‘a community where women is a leader or provider is a dead society’)
(*married girls, Garissa*)

Exceptions to the norm included that husbands agree to the job first, and that it is acceptable to work outside the home when husbands are facing financial stress and cannot provide for their family’s needs.

Married girls do not typically have a say in household (financial) decisions

Related to the norm that men’s role is the head of household, married girls are not involved in household decision-making, particularly related to financial decisions. Community disapproval of this is demonstrated in calling married girls

disrespectful, viewing this behavior as trying to usurp a husband’s power and make him submissive. Other sanctions include skepticism, disapproval, or scolding from family and community members that would impact her social standing if she did not conform to gender roles. More serious sanctions were cited in Siaya. A married girl inserting herself into household financial decisions could lead to: arguments that lead to intimate partner violence, pressure from a husband’s family to leave his wife and/or use violence to assert his authority, and communities expelling married girls for breaking these customs.

Family members like, say, Joe’s sister or mother may encourage Joe to marry another wife in case Nadia starts being controlling [by involving herself in decisions].” (*married girls, Siaya*)

“In the case where Nadia is already married, and Joe already paid her dowry, I think Joe makes the decisions in the household. Nadia’s money does not give her the power to make decisions now that she is married.” (*married girl, Nairobi*)

The only exceptions were found in Siaya: while it may not be normal, married girls’ attitudes reflected that contributing to household finances “earns” married girls a right to participate in these decisions. Other exceptions were related to the manner in which married girls involve themselves - if done without arguing and in a respectful manner.

Girls do not typically own assets

In all sites, married girls reported that most girls buy assets with money they earned from working outside the home, but all respondents noted that community members disapproved of this behavior, with the exception of married girls in Siaya and Garissa who reported that community members would be supportive of the hard work involved in the purchase. ABYM and community elders’ perceptions of community disapproval conveyed that women

should not own anything, women owning assets results in men losing power, everything within a house and family belongs to the husband, and women are weak and cannot be trusted with assets. Land inheritance was frequently mentioned as the foundation for blocking ownership of other assets. Blocking inheritance to daughters and wives is enforced by girls' own families as well as their husbands' families which seek to keep assets within the natal family - i.e., a girl will leave her birth family when she is married, and therefore should not inherit assets. In addition, a girl is not of her husband's family when she marries into it, and therefore should not acquire assets such as land this way, either.

"Giving a woman land is a symbol of giving her authority which in turn gives her pride and disrespect over men."

(Married girls, Nairobi)

"Especially men might strongly oppose it, fearing that it will alter the dynamics and responsibilities within their own families by challenging their own wives to want to [own assets]."

(Married girls, Nairobi)

Other than community disapproval, sanctions for women buying or owning assets were unclear across sites. All respondent groups cited reasons why women would not practice this behavior in the first place, rather than being able to identify what would happen if an adolescent girl acquired an asset. However, considering the sanctions married girls faced for challenging household decision-making and income generation roles, the risk is clear for asset ownership as well.

"If your wife tries to claim that land.... she will be in real trouble. Land issues have caused a lot of deaths." *(Married boys, Garissa)*

The sanctions for men were even more evident than those for women: being seen as weak and not in charge of your home and being confronted by other men were commonly cited by all respondent groups as consequences for men whose wives owned assets. Exceptions for owning assets narrowly support girls' ownership, such as wanting to pass along the asset to your child, secretly owning assets, or girls using only money they earn themselves to avoid quarreling with their husbands.



Program insight: Expanding married girls' contributions to strong and financially healthy households

There is strong pressure for husbands to be the head of the household in all matters, but girls are seeing it is more normal to work outside the household and increasingly desire this path for themselves. It is, therefore, understandable that girls' perceptions of communities' approval is mixed. These are signs of change related to women's roles, particularly to working outside the home. Other signs of change include exceptions to the norm - it is more acceptable to work outside the home when there is financial stress.

Married girls' responses regarding working outside the home noted a sense of agency to support their family's financial wellness and even their own financial independence. Therefore, programs can continue to expand married girls' aspirations supporting their family financially by broadcasting girls' expectations for themselves while also enhancing support from both husbands and community members the necessity to work outside the home in times of financial stress.

Considering the prevalence of norms related to household roles and responsibilities, programming requires monitoring for backlash against women and other mitigation efforts, such as engaging husbands and their peers to discuss household workload. Evidence strongly demonstrates the potential for increased GBV as a result of women's economic empowerment programming wh to engage men and boys on these gendered barriers.

Kenya personas

The following personas are meant to support audience segmentation by providing characteristics of married and unmarried adolescent girls and married and unmarried young men using data from FGDs and RI's.

The personas provide a background (job, career, family, parity status, marital status, etc.), demographics (gender, age, education, income), and psychographic identifiers (personality, values, opinions and attitudes, interests, peer group, sexuality, and needs, hopes, concerns and aspirations). Within this last descriptor are reference groups for each persona. Finally, key quotes are used to demonstrate the psychographic identifiers.



PERSONA 1:

Unmarried adolescent girl

Background

- Unmarried; has been with her boyfriend for six months
- Entering grade 7 soon
- Lives with relatives within an urban area
- Dropped out of secondary school, now in vocational training – dress making

Demographics

- Female
- Age: 16 years

Identifiers (psychographics)

- Receives information from social media, her friends at school, and her older sister, who is married
- Knows about various contraceptive methods but has not considered using any since has not having sex with her boyfriend yet
- Considers getting pregnant an irresponsible thing to do if you are not married and are still in school
- Hopes to finish school and make her parents proud with a good job afterward
- The biggest challenge in her weekly routine: Spending enough time with her boyfriend in between school, friends, and other activities in a way that her parents will not find out about him
- Her reference groups:
 - She trusts her sister the most
 - She talks to her friends
 - She cares about her friends' and her boyfriend's opinions most
 - She fears her father

Key quotes

SRHR

- There is peace in the family since issues on SRH may be too sensitive to engage with parents.
- Girls will not get tested for HIV because of the stigma; HIV was associated with promiscuity; they may take you as a promiscuous person if you test.
- Some parents fear for their daughters to engage in sexual activity without their knowledge, hence encouraging them to marry early.

GBV

- Even though tough-headed women are more often beaten, and some men might agree with hitting your girlfriend, most women will think this is a mistake, and some others might want to beat the boyfriend for it.
- Some girls see [early] marriage as an opportunity for financial freedom. He will be able to feed her, cloth her and give her a better life than she could give herself.

Opportunity within storyline to promote positive new norms

While the story may show the pressure from family not to have a boyfriend and remain “chaste”, this persona can demonstrate positive conversations about contraceptive use with boyfriend, with friends, and HIV testing by using the “girl who is focused” narrative: *“However, if you get a girl who is focused, she will insist on getting tested. She cannot be with somebody yet they have not tested.”*(married boys, Nairobi)



PERSONA 2:

Married adolescent girl

Background

- Married at age 16, has been married for 4 years
- Pregnant with her second baby, after having a daughter who is 2 yrs old
- Lives in a rural area
- Is a housewife, taking care of children and house chores

Demographics

- Female
- Age: 20 years
- Dropped out at primary school – Semi-literate

Identifiers (psychographics)

- Receives information from mother- and sister-in-law on pregnancy- and family planning-related issues.
- Worries about having a third child so soon, especially when her husband does not always give her enough money for food
- Wants to have her own fruit stand so she can build a better life for her children
- Desires to have her own source of income by engaging in small-scale businesses
- The biggest challenge in her weekly routine: stretching the money her husband gives her for food
- Her reference groups:
 - She trusts the nurses at the health center
 - She talks to not many people beyond her mother-in-law and sister-in-law, and she feels lonely
 - She cares about her husband's opinion most
 - She fears her mother-in-law's judgment and anger

Key quotes

SRHR

- When a partner is very aggressive in nature, I will avoid consulting him on matters on SRH to avoid violence
- When you get tested for HIV, the public assumes you are infected
- Talking about SRH with your husband is uncomfortable.

GBV

- Once you report your husband and he gets arrested their family will not be on your side making it difficult to survive in that home or family.
- When you report; most women fear reporting GBV cases because after reporting there is likelihood the man can send you away with your children

EE

- The husband is the head of the household, and that is tradition
- Most girls want a job to make them money, and have some assets to make this business more successful, but they will make sure their husband approves first.

Opportunity within storyline to demonstrate positive solutions to financial stress:

This persona can demonstrate the unfair burden married girls carry related to household chores and childrearing, but they can also model the process of discussing contraceptives and finding work outside the home. By connecting married adolescents' financial concerns and goals with their desire to use FP, as well as girls' contributions to the household through working outside the home, the story could also show how a girl would go about obtaining assets to expand her income.



PERSONA 3:

Young man married to an adolescent girl

Background

- Informal employment – construction
- Married at 17, has been married for 8
- Has two children
- Lives in Nairobi

Demographics

- Male
- Age 25
- Eighth-grade education, semi-literate

Identifiers (psychographics)

- Personally thinks violence is not a way to solve conflict, but acknowledges that many young men use violence against their spouse
- Concerned about earning enough to provide for his family
- The biggest challenge in his weekly routine: making sure he gets hired enough days to pay for the rent
- His reference groups:
 - He trusts his brothers for advice
 - He talks to his friends about most things, except his financial troubles
 - He cares about his boss's and his friends' opinions most
 - He fears his friends and brothers ridiculing him for not taking care of his household

Key quotes

SRHR

- If you can find out that you can't give birth you know people will view you as not a full man.
- Some may think that there are insecurities about cheating in the relationship which is why they are looking for family planning?
- There are some whose parents are against that...So when you even go home, they will keep pressurizing you, they want to see their grandchildren.

GBV

- The community does not agree with seeking help for GBV, this fighting occurs in the households
- She might not want to express the abuse because she doesn't want to appear weak.

EE

- A man was given power because he is a person who would stand to fight even physically till the end for his rights while women cannot
- There is nothing as bad as your peers knowing that you are settling on a piece of land that has been bought by your wife

Opportunity within storyline to promote positive conflict resolution norms:

This persona would talk to his older brother about how he is frustrated with his wife, including how he realizes violence will not solve their financial problems. This can help expand disapproval of IPV before marriage to include IPV in serious relationships/marriage, drawing on adolescents' existing personal attitudes that do not accept it as a way to resolve conflict.

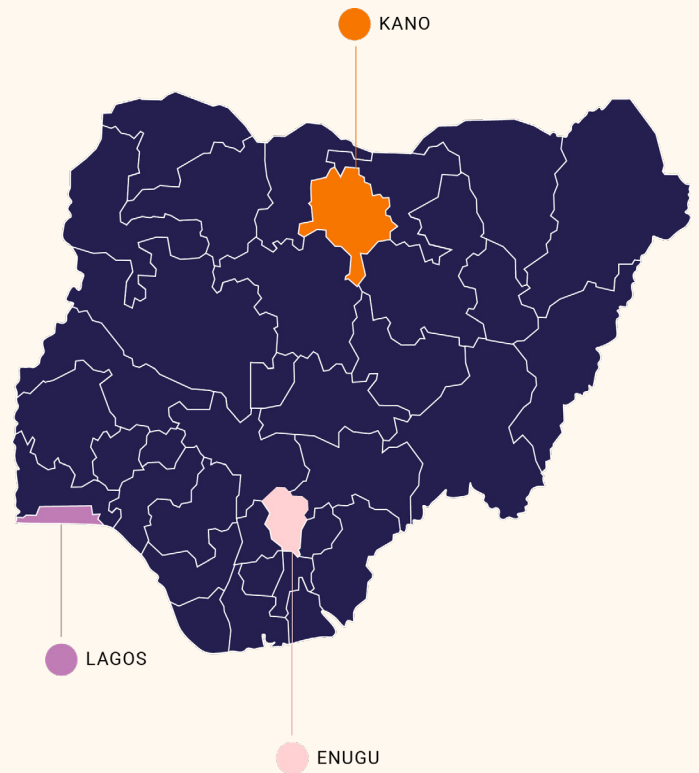


Findings: Nigeria

The following analysis was formed based on 111 rapid interviews and 72 FGDs completed in May and June 2024 in six LGAs across Enugu, Kano and Lagos states.

As with Kenya, the common findings across sectors highlight the importance of unmarried girls' friends, married girls' husbands, and ABYM's peers as particularly important reference groups, as well as non-normative factors influencing behaviors within the study such as economic stress that influenced modern contraceptive use and all EE behaviors.

See Annex 2 for a table that summarizes the more than 15 norms found by the study and the reference groups impacting these for each participant group. After each sector's analysis is presented, this chapter finishes with three personas to support audience segmentation and data-based characteristics for AGYW and ABYM within media campaign content.



Data Collection Sites in Nigeria

Kano

Nassarawa (urban), Kunchi (rural)

Lagos

Epe (rural), Alimosho (urban)

Enugu

Ezeagu (rural), Enugu East (urban)



Common findings across health and well-being domains

The following norms and reference groups impacted every sector explored in the Nigeria study and should, therefore, be considered priority topics and target audiences for implementing partners.

While reference groups act in unique ways to block sector-specific behaviors, their consistent representation in the findings below underlines the need for targeted strategies for these groups. Tables 4 and 5 summarize these findings with detailed explanations below and further examples within each sector's analysis.

Table 4. Crosscutting norms impacting multiple sectors in Nigeria

Norm label	Norm description	Sector	Sub-region	Affected behaviors
Adolescent sexuality	For unmarried adolescents in particular, asking about, discussing, or seeking services related to sexual health - such as modern contraceptives or HIV testing - is not approved and you are presumed sexually active, and even promiscuous. Premarital sex and unplanned pregnancy bring shame and are to be avoided at all costs.	FP HIV CM	All	• Modern contraceptive use • AGYW requesting condoms to prevent HIV/STIs • AGYW enroll in and complete secondary school • AGYW marry early
Household roles	Men are the head of the household and lead decision-making, and AGYW are mothers and caregivers.	FP HIV GBV EE	All	• Modern contraceptive use • AGYW requesting condoms to prevent HIV/STIs • AGYW work outside the home • AGYW own/control assets

Table 5. Primary and secondary reference groups found for AGYW and ABYM across sectors in Nigeria

Participant group	Primary reference groups	Secondary reference groups
Unmarried girls	Friends • Rapid interviews consistently showed that girls found their friends to be supportive and communicative • Friends' opinion was particularly influential for girls completing secondary school, whether swaying girls to drop out or stay in, and excluding them if they dropped out	Unmarried girls' parents • As the decision-maker related to school fees and marriage, girls' fathers were noted in FGDs as particularly influential for FP, HIV, and CM behaviors • Girls' mothers were noted as trusting and communicative in the RIs, and FGDs found them to be supportive of condom use to avoid early pregnancy and staying in school
Married girls	Girls' husbands • FGDs in every sector showed husbands' influence on girls' behavior, majorly as punitive. • Behaviors that might raise suspicion, create mistrust, and/or challenge husbands' role as decision-maker and breadwinner could lead to fights and potentially divorce	Married girls' mothers • Mentioned much more frequently in RIs, and FGDs found that girls' mothers consistently supported girls working outside the home Community leaders • This group's influence was sometimes positive - such as supporting HIV testing, but also consistently punitive, such as labeling girls who discuss or use FP as promiscuous
Adolescent boys	Friends/peers • They clearly influence boys' behavior, including through punitive means such as gossip and mocking him for not fulfilling his role as provider and household head, but also by offering advice • Condom use and intimate partner violence were two behaviors where friends' influence could be positive or negative • Married girls' EE behaviors were found to have the most sanctions coming from husbands' peers	Boys' mothers • Whether married or unmarried, boys noted that their mothers' opinions mattered across sectors. Married girls' mothers-in-law, for instance, exert pressure on their sons to not use FP, give advice on HIV testing, and block married girls from working outside the home Healthcare workers • Boys noted them as influential and supportive for FP and HIV

There were also three notable non-normative factors that impacted findings across sites. Principle among these was economic factors or financial stress felt by adolescents and their communities. For instance, in SRH FGDs in Kano, FP discussions are becoming more typical because of the economic situation, even though men are still resistant to discussing FP because they prefer larger families. Even when faced with sanctions, AGYW reported it is typical that girls still use contraceptives because their concern about the country's economic situation is stronger than their fear of social consequences. In Lagos, the findings suggest that the current economic situation in Nigeria pushes people to talk about their family size or aspirations related to FP, also supporting adolescents to practice these behaviors. Financial stress was also a facilitator of the EE behaviors: husbands' inability to support their families alone made it more typical and more acceptable for girls to work outside the home, and thus offering girls the chance to also contribute to household decisions. Conversely, financial stress supported child marriage: parents' inability to pay for school was consistently mentioned as a reason why AGYW would not complete secondary school in all sites (and thus making her more susceptible to marriage).

"Some may be because there is no money to train them in school, and may be family background is too poor and if a rich man come and seek their daughter's hand in marriage..they will feel that the man family are better than them financially, so they will tell the girl to marry." (married girls, Enugu)

Finally, participants' perceptions of social progress more generally influenced how they understood norms in their communities. For instance, respondents in all sectors' FGDs associated "bad" behaviors as old and out of sync with the current times and perceived those that continue to follow them as resistant to change. The changes in GBV norms, i.e. intimate partner violence (IPV)

becoming less socially acceptable, is supported by the consistent reference to limited women's rights in previous years by all respondent groups across sectors. Adolescents and other respondent groups note that there has been progress, and most people do not use violence, nor do they approve of violence now, compared to previous years. This social norm that perceives social progress as "good" can be used to support positive messaging of new norms across sectors.

Behaviors included in the study:

- Adolescents discuss SRH with their partner
- Adolescents use modern contraceptives
- Parents seek information about the HPV vaccine
- Parents accompany their daughters to obtain the HPV vaccine

Sexual and Reproductive Health: contraception and HPV

In all sites, discussion of SRH, use of modern contraceptives, and parents taking daughters for the HPV vaccine are all subjects that can lead to social consequences. Married girls face pressure to have children, and unmarried girls face gossip and stigma related to premarital sex. However, AGYW remain motivated to practice healthy SRH behaviors, many times even in the face of these consequences.

It is typical to discuss SRH with your partner in Lagos and Kano, while in Enugu, it is not common.

In Lagos, SRH discussions are common among married couples who typically initiate these conversations to plan for childbearing. Women are mentioned as the group which usually initiates these conversations because they want to plan ahead regarding how many children they want. Also, the findings suggest that the current economic situation in Nigeria pushes people to talk about their family size or aspirations related to family planning.

“It’s common, because they have to know each other’s capacity, they will have to plan how many kids they want to have.”
(Health Workers, Lagos)

The data show growing acceptance of FP discussion in Kano, but traditional and religious beliefs still influence attitudes towards FP. Even

though FP discussions are becoming more typical because of the economic situation, men are still resistant to discussing FP because they prefer larger families. However, women initiate discussions of FP among themselves and use FP despite the resistance of their husbands.

“The husband might say he wants a lot of children in the house. We should tell God and he will show us the way out.”
(Married Girls, Kano)

In Enugu, discussing FP is less common and is often perceived negatively, especially among unmarried respondents, who said adolescents discussing FP are perceived as wayward. Also, AGYW in Enugu are confronted with household decision-making norms mentioned above, where men are seen as the sole decision-makers for their families, and thus women initiating these conversations are perceived as taking over as the head of the household. For unmarried adolescents, the community does not approve of them discussing FP because they are underaged. Overall, men and community members strictly oppose FP discussions.

“The community people view it as a taboo, when a man and women discussing a relationship, they view it as bad behavior.” *(Unmarried Girls, Enugu)*

Across all three sites, health workers and community leaders were identified as supportive reference groups for FP, while traditional and religious leaders were referred to as punitive groups who believe young women and unmarried couples who discuss FP or use contraceptives to be promiscuous. Sensitivity to these sanctions is high for married girls due to family pressures to give birth to more children, especially male children. In contrast, the sensitivity of unmarried adolescents to sanctions varied and they tended to disregard the community’s opinions.

"I have seen a quarrel that was going on somewhere in this community, the thing was about the man telling the wife that she's giving birth to only girls, and he started beating his wife, it became a serious issue, and I was thinking it is what the man gives to the wife that she gives birth to, he was beating the woman as if she is the one that is deciding the sex of the baby." (Married Girls, Enugu)

It is typical for adolescents to use modern contraceptives

Findings across all respondent groups suggest that using modern contraceptives is typical in Enugu, Lagos and Kano, but acceptance of this behavior

is varied or accepted under narrow conditions. In Lagos, contraceptive use is common among unmarried adolescents - primarily for unmarried girls to prevent early and unplanned pregnancy and to maintain their health, but community members do not approve of it. Hence, adolescents often disregard the community's opinion regarding modern contraceptives. For married individuals, while contraceptive use is not approved of, however it is considered acceptable for girls who marry at an early age.

"Yes, most of the unmarried adolescents in the community use modern contraceptive methods." (Unmarried girls, Lagos)



Program insight: Leverage common concerns and broadcast already typical behavior

Married and unmarried adolescents and their parents alike recognize two main concerns: unplanned pregnancy and the tough financial situation in the country. Both of these concerns make discussing SRH with a partner and modern contraceptive more typical and more acceptable. There are certainly norms blocking these behaviors - namely those related to premarital sex and husbands' decision-making power. That means that expanding the permissible scenarios for discussing SRH with your partner and using modern contraceptives will most easily be done if these deeper norms are not the central focus, instead focusing on the common concerns of adolescents and their reference groups. For instance, highlighting that unplanned pregnancy for girls, their boyfriends or husbands, and their parents, so couples can discuss modern contraceptive use as a way to keep their financial goals in sight. This can also be done while letting people know that adolescents are indeed using contraceptives for these reasons, and that mothers are even taking their daughters to health facilities for contraceptives to avoid unplanned pregnancy.

“Sometimes they might accept, if the girl got married at an early age, they will accept it, but if the person is not married, they might be saying she is wayward”.

(Health Workers, Lagos)

Enugu presents a mix of acceptance and resistance to the use of modern contraceptives, suggesting this norm is in flux in this site. It is common for unmarried individuals to use contraceptives, but married girls tend to use it secretly due to their husbands’ disapproval. Community opinion varies - some parents and other community members support contraceptive use to avoid unwanted pregnancies. However, traditional and religious leaders disapprove of it, which leads to stigmatization against those who use it.

“Parents now advise their children to use modern contraceptives because of the rate of unwanted pregnancy.”

(Unmarried Boys, Enugu)

Across all respondents in Kano, there was an increased acceptance of modern contraceptive use due to the economic situation. However, some members of the community perceived contraceptive use as a threat to the community traditions and a desire to reduce the population size.

“Some will see it as a mistake even in the Hausa community, especially the local scholars within us will use religion to give the reason that every child born is born with his wealth.”

(Married Boys and Young Men, Kano)

Across all sites, social sanctions exist, but there is mixed sensitivity to the sanctions, i.e. their impact on adolescents’ modern contraceptive use. In Lagos and Enugu, AGYW face stigma, gossip, and accusations of promiscuity or delayed childbearing. Coupled with these sanctions, in Enugu, using contraceptives is seen as a sign of disrespect towards husbands. Yet, despite these sanctions, adolescents continue to use contraception. In Kano,

the sanctions are similar, but AGYW show lower sensitivity to them particularly due to the country’s economic situation. Across all sites, exceptions to community members’ disapproval are related to health issues or when a couple has multiple children.

It is common to seek information about HPV vaccine in Lagos, while in Enugu and Kano, seeking information on the HPV vaccine is not common

In Lagos, according to all respondent groups, parents seek information about the HPV vaccine because they are concerned for their daughter’s health. Respondents also suggest that educated and informed parents are more likely to pursue vaccination even if they may face potential barriers due to existing norms in the community.

“Yes, they approve of it but some they are not but the educated ones they are but some uneducated they will be like this thing will kill my child all those things, for me it’s okay.”

(Married Women, Lagos)

For Enugu and Kano, acceptance and awareness of HPV are very low. In Enugu, misinformation and negative beliefs around vaccines contributed to resistance among parents, while in Kano, lack of awareness of the HPV vaccine contributed to resistance. Also, findings suggest that community leaders and health workers strongly influence the behavior of parents or community members toward getting HPV vaccines.

“Some parents believe that the HPV vaccine prevents their children from getting pregnant and that white people want to use giving HPV vaccine to ladies to reduce our population or reduce females getting pregnant.”

(Unmarried Girls and Young Women, Enugu)

if they explain the purpose of the medicine and they ask parents to bring their children for it, they will do so.

(Married Girls, Kano)

In Lagos, seeking information on the HPV vaccine for adolescent girls is supported by community leaders, religious figures, and health workers. However, neighbors are considered as a group that spreads gossip and criticizes this behavior. Although the community's opinions influence some parents, the majority prioritize the health of their daughters, which lowers their sensitivity to these sanctions. In Enugu and Kano, although it is uncommon to look for HPV information, the findings suggest that there might be some skepticism and gossip related to getting vaccinated. However, parents are usually influenced by community health workers organizing awareness campaigns to sensitize community members, thereby lowering parents' sensitivity to the negative sanctions that may arise. Finally, in all sites, educated parents and those who have money are more likely to seek information without the risk of facing any sanctions.

It is typical for parents to accompany their daughters for the HPV vaccine (Lagos) / In all sites, it is typical for parents to accompany their daughters for vaccines in general

Across all respondents in Lagos, it is common for parents to accompany their daughters for the HPV vaccine. Parents usually accompany their daughters to make sure they receive the vaccine. However, a few people in the community do not approve of this behavior, but this does not influence parents' decisions to accompany their daughters. Health workers, community and religious leaders are the most supportive groups for this behavior.

"Yes, it is, some parents take the responsibility of accompany their daughter, because they don't want

additional responsibilities, from their daughters when they don't take it and she eventually contacted the STI."

(Unmarried Young Men, Lagos)

In Enugu and Kano, the practice of vaccination in general is typical, but it is not common to vaccinate for HPV largely due to the lack of knowledge and awareness around the HPV vaccine. However, supportive groups such as religious and community leaders had information about the HPV vaccine and shared this through their channels such as church services, and health worker awareness campaigns were said to influence people's behavior to take the vaccine.

"it is not typical because of lack of knowledge." *(Unmarried Boys and Men, Enugu)*

"The people of the community take it serious because there have been an awareness when parent accompany their children to collect vaccine" *(Married Boys and Young Men, Kano)*

Husbands or girls' fathers were mentioned as groups that may oppose this behavior for Lagos and Kano.

"It's the mother that will accompany her, not the father." *(Married Boys and Young Men, Kano)*

In all sites, discussion of FP, use of modern contraceptives, and parents taking daughters for the HPV vaccine are all subjects that can lead to social consequences, and while these sanctions were not uniform across the three settings, AGYW were sensitive to these consequences. In Lagos, gossip takes place when adolescents discuss FP or when they are seen with contraceptives.

Sexual and Reproductive Health: HIV

Findings for every HIV behavior in this study were particularly context-specific because of the new legislation in Kano, strong stigma against people living with HIV or presumed to be so, and different ways people control adolescents' sexuality and sexual health in all sites. Tackling this latter norm may help support the efficacy of widely known public health messaging about HIV in Nigeria.

It is typical and accepted for adolescents to get tested for HIV in Kano, while in Enugu and Lagos, it is not acceptable for adolescents to get tested for HIV

All respondent groups in both Enugu and Kano agreed that it is common for adolescents to get tested for HIV, however their reasons differed. In Enugu, it is much more typical for AGYW than ABYM to get tested, and in Kano, it is typical largely because of the law requiring all couples to show their HIV/STI test results before marriage and without this law, they would not get tested.

"Even now a bill has been passed by the government that it's compulsory for any adolescent intending to get married to go for a complete IVS test including HIV and the rest, so it's typical in our community."
(married boys, Kano)

In Lagos, all respondent groups agreed that it is not common for adolescents to get tested for HIV, particularly not for ABYM, with many respondents noting this is due to fear of finding out their results.

Behaviors included in the study:

- Adolescents getting tested for HIV
- AGYW requesting condom use to prevent HIV
- ABYM using condoms to prevent HIV

This is supported by community disapproval of HIV testing in Lagos, as well as the perception that people will assume that an adolescent getting tested is already HIV positive and/or sexually active. One unmarried girl also shared that testing is for elders. The presumption of positive status and promiscuity were also the sources of community disapproval in Enugu.

If adolescents test for HIV, and therefore are assumed HIV positive, all respondents in Lagos and Enugu and married girls in Kano said they would be ashamed and bullied by their friends, avoided, discriminated against, and called wayward and promiscuous.

"They may see it as if she did not trust her husband, that is why she is getting tested. If the woman is promiscuous her mind will be disturbing her and she might think she has been infected with HIV."
(married girls, Enugu)

"If found in an HIV laboratory, they will be suspected of being positive, and their parents will be ashamed of them."
(married girls, Kano)

However, there are also consequences for not completing the test in Kano: suspicion will arise about the adolescent's HIV status and girls will

have trouble marrying. The law and these sanctions are highly effective in helping adolescents test for HIV in Kano, so district heads have a distant influence, while religious leaders (imams and emirs), parents, village heads, and the media all play a more direct and crucial role in promoting the behavior. In Lagos, all respondent groups agreed that adolescents would follow their parents' advice on testing whether positive or negative and health workers' support or community members' negative opinions did much to sway girls or boys. In Enugu, respondents shared that gossip influences both AGYWs' and ABYMs' decisions to get tested and ministers who would marry them could also positively influence them.

"Yes it will make them to be ashamed of themselves. As many people have known that she wants to get tested, she will be reacting that people might think she is positive, so stigma associated with it will make her not to get tested." (*married girls, Enugu*)

Additionally, respondents across all sites shared that some adolescents can get tested without consequences, including adolescents who are already experiencing HIV symptoms, have multiple sex partners, are seeking marriage, and are pregnant.

It is common for AGYW to request condoms to avoid HIV (Enugu, Lagos) / It is not acceptable for AGYW to request condoms to prevent HIV (Enugu, Kano)

While community leaders were the only respondents in Kano to perceive girls requesting condoms as typical, married girls and married boys agreed this would not be possible for girls. This is matched by disapproval of the behavior in Kano for unmarried girls, as premarital sex is forbidden, and for married girls, whose husbands would be the decision-maker about such a practice.

"The wife will face challenges because of a Hausa adage that says, 'If you are not guilty, why request the use of condoms?', but if it is the husband, they will believe it is for child spacing or health purposes. Uneducated and uncivilized in-laws will misunderstand the wife, and it might lead to divorce." (*married girls, Kano*)

In Enugu, all respondent groups said girls typically request condoms to prevent HIV, but norms against premarital sex translate into communities' disapproval of this behavior - unmarried girls are assumed to be HIV positive and/or promiscuous if they request condoms. Even married girls requesting condoms are assumed to hide multiple partners, being HIV positive, or doubting their partner's fidelity when requesting condoms.

"As long as you trust your husband is not good because there are some men that will get married for the fact you are his wife, he will not allow use of condom during intercourse, not every man. Any woman that requested such, there is something behind that either she is suspecting the husband or she is promiscuous." (*married girls, Enugu*)

In Lagos, girls requesting condoms was viewed as both typical and approved behavior. Responses from unmarried girls focused on their relationship status: unmarried girls in a sexual relationship were viewed as needing to protect themselves.

In all sites, all respondent groups mentioned consequences for girls bringing up condoms to prevent HIV, including mistrust between partners - leading to fights and potentially divorce, assumed HIV positive status by their partner, and girls' friends would stop associating with them.

“It might make the man start having secret girlfriends, and stop regarding the wife. Making the girlfriend better than her, that is what makes the woman to always be ready for the man.” *(boys’ reference groups - health workers, Enugu)*

Friends were found to be supportive reference groups in all sites. However, the pressure to bear children once married and norms against premarital sex make mothers-in-law and fathers unsupportive of girls requesting condom use in Enugu. Across sites, men were also commonly mentioned as opposed to girls requesting condoms - either as husbands, fathers, or boyfriends. Community gossip



Program insight: HIV stigma and norms that restrain adolescent sexuality are strong, but newer, positive norms offer opportunity to expand positive behaviors

It is unclear if adolescents’ primary concern in Lagos and Enugu is being viewed as promiscuous, opening the potential for early pregnancy which is a central concern of unmarried adolescent girls, or if they are most concerned about being assumed HIV positive, as many times they go hand in hand - people assume that promiscuous people are those that contract HIV. Both norms related to promiscuity and HIV block adolescents from all HIV behaviors in this study. Instead of tackling these negative norms directly, promoting positive strategies that support newer norms will likely be more feasible. For instance: promoting the already-accepted notion of protecting your own health – particularly against HIV and other STI’s through testing and condom use – should be easier than expanding acceptance for premarital sex and/or multiple sexual partners.

and men's reactions to girls' desire to use condoms for HIV prevention were most effective in stopping the behavior in Enugu and Kano.

"A typical Hausa man will not agree to use condoms without a valid reason, such as illness, and even the wife cannot and will not dare to request it." (married girls, Kano)

"Civilized" girls or those requesting condoms for child spacing, particularly when advised by medical professionals, were the only exceptions to this norm in Kano. However, these and many more exceptions appeared in Lagos and Kano: unmarried girls, girls who are not ready to have children, girls who doubt their partners' HIV status or fidelity, and girls who had recently given birth were all able to request condoms without any consequences.

It is common for unmarried ABYM to use condoms to prevent HIV (Enugu) / It is not typical for ABYM to use condoms (Lagos, Kano)

While Enugu was the only site where respondents agreed that it is typical for ABYM to use condoms, all respondent groups in Lagos and Enugu agreed that it is not appropriate for ABYM to use condoms. The only exception to this was health workers in Enugu. In Kano, married boys and community leaders said it was not typical for boys to use condoms, but all respondent groups agreed it is accepted as long as you are not underage and/or unmarried, which is obviously rooted in communities' disapproval of premarital sex.

"There is not any problem, the only issue here for unmarried adolescent boys seen using it, it becomes a question mark, but if you are married is okay." (married boys, Kano)

There are no consequences stopping married ABYM from using condoms in Kano, and Islamic scholars, mass media, health care workers, friends and traditional birth attendants were cited as supportive of the behavior. Therefore, if there are no sanctions, and boys using condoms is approved of in Kano, it remains to be understood which factors may be blocking the behavior, such as norms related to fertility and childbearing.

In Lagos and Enugu, however, assuming boys are having premarital sex, are promiscuous (and thus a "womanizer" and/or a "sex addict"), and losing trust within your community all appear to be stronger barriers to condom use coming from friends and community members than support from parents (both mother and father), health workers, and social media messaging. Finally, friends were noted in both of these sites as impacting boys' decision to use condoms, both positively and negatively.

"Because when they are discussing within themselves and about things that they have done, that's when the boy in question will make the decision whether to take the advice of those people or not." (boys' reference group - health worker, Enugu)

Child spacing and avoiding unplanned pregnancy were acceptable situations for boys to use condoms in Enugu, with respondents adding multiple partners to these exceptions in Lagos. Only those with extreme beliefs were identified as going against the norm of condom use in Kano.

Gender-based violence

Norms related to IPV are in flux in all sites: with the exception of Kano, it is unclear if IPV is a typical behavior, and in all sites, community approval of IPV is not universally understood. While change is occurring, ABYM perpetrators do not appear to be impacted by the potential consequences of IPV in ways that would prevent it, and it remains accepted and/or tolerated in multiple scenarios.

Within and across all respondent groups in Lagos and Enugu, there was disagreement on how common IPV is in their communities, while in Kano, there was agreement across respondent groups that it is common. Those who did not see it as typical in Enugu noted that it may happen, but the majority of ABYM do not commit IPV.

“That can happen, and even more than that.” (*unmarried boys, Kano*)

“They are doing it but not all of them are doing it.” (*unmarried girls, Enugu*)

In all sites, most respondents perceived that communities do not approve of IPV perpetration, particularly women community members. However, there was a notable mix of responses in each site, by all respondent groups, including: ambivalence among community members - particularly in Enugu, disapproval based on IPV being the first immediate reaction of the perpetrator (insinuating there could be a good reason to hit a female partner), and fewer but notable responses from girls and boys that demonstrate community approval. This suggests there is not a common understanding of the acceptability of IPV, likely due to shifting attitudes and norms in all sites. This apparent state of change in IPV norms is supported by the consistent reference to limited women's rights in previous years by all respondent groups across sectors along with the consistent current negative

Behaviors included in the study:

- Perpetration of intimate partner violence against AGYW

attitudes of adolescents towards IPV. Adolescents and other respondent groups note that there has been progress, and most people do not use violence compared to previous years.

AGYW in Kano and Lagos specifically noted that the perpetrator could face beating from other men and boys in the community, but it is unclear how common this consequence for IPV is. All respondent groups in all sites noted that the perpetrator's reputation would be gravely affected, mainly through gossip, and would likely impact his ability to date and marry other AGYW. Only married AGYW in Kano mentioned rewards for IPV, noting that other men would be proud of the perpetrator and praise him.

Both these positive and negative consequences underline ABYM's friends and community members as key reference groups, yet neither of these groups were perceived as effective in preventing IPV by using sanctions. However, gossip and potential beating were effective in shaming the perpetrator after IPV had occurred. Girls across sites commonly discussed ABYM's low sensitivity to sanctions related to IPV and the complete lack of sanctions in Enugu. The only exception to this is ABYM's perception in Kano that knowing about these consequences would prevent IPV:

“If he knew they would look at him that way, he wouldn't have done it, even in his thoughts.” (*married boys, Kano*)

In all sites, all participants reflected attitudes that rejected any situation where IPV is warranted. However, many respondent groups also provided situations where it is acceptable - most commonly noted by married boys as infidelity by a female

partner. Even in Kano, where communities disapprove of IPV, married boys mentioned that “the community may excuse him for threatening his wife because of hunger.” Ambivalence towards IPV was expressed in each site, again suggesting that norms related to IPV are shifting, but it is still largely accepted and/or tolerated in many situations.



Program insight: Expanding disapproval of ABYM’s perpetration of IPV

Highlighting GBV as a common occurrence is not recommended practice, but socializing disapproval of perpetrators can be accomplished without focusing on the act of IPV itself. All respondent groups labeled perpetrators as bad husband material, irresponsible, rash, and used other negative characteristics to describe “abusers”. This type of characterization can be set alongside contrasting “mature” role models that do not use violence, handle their emotions in healthy ways, and communicate respectfully with partners, all of which are valued attributes by target groups.

Child Marriage

Girls' secondary school enrollment and completion has become normalized in all sites, but key normative barriers remain in Kano in particular - such as the value of girls' education compared to the inevitability of marriage. Girls who drop out or who lack the resources to continue school are at a higher risk of early marriage in all sites, even if it is not the norm in Enugu and Lagos. Early marriage is typical in Kano, but there is room for amplifying girls' aspirations and their parents' support for these in all sites.

It is normal for AGYW to complete secondary school

All respondent groups across all sites report that it is typical for unmarried girls to enroll in and finish secondary school, but it should be noted that one site in Kano did not have a secondary school for girls in the community which may have influenced the responses of married women and unmarried girls' that this is less common.

Communities' approval of AGYW completing secondary school was much more mixed. In all sites, all respondent groups agreed community members would celebrate a girl for completing secondary school and chastise a girl who did not - calling her lazy, a disgrace to her family, uneducated, and irresponsible. However, respondents also mentioned men's strong opposition to "training" a girl, particularly fathers.

"After training a girl child, that you are training the child for another person, that is better to train a boy child, that after training a boy child, that he will still stay in the family, that after training a girl child that she will go to another family.

Behaviors included in the study:

- AGYW enroll in and complete secondary school
- AGYW marry early

So if they come to the family, the fathers are always the one to say that a girl won't go to school." (girls' reference group - mothers, Enugu)

All respondents in all sites mentioned name calling, excluding girls and blaming the family for not being able to pay for a girl's education, and the most severe consequence of either dropping out or not being able to finish secondary school is early marriage in Kano.

"Mostly they marry them off if they run from school." (married women, Kano)

Unmarried girls' parents play a central role in deciding if girls stay in school, particularly through paying school fees, with mothers consistently noted as supportive across sites. The influence of fathers on girls' educational attainment was also noted as important. Girls' friends were brought up in multiple contexts, both supporting staying in school and dropping out. This, coupled with girls' fear of their friends' ridicule for dropping out, makes them an important reference group even if they are not decision-makers for this behavior. Finally, gossip and blame from parents' peers and other community members weighed as heavily as rewards for parents in all sites.

“Parents do everything they can to make sure their child gets to finish school so as to have their reputation intact.”
(community leader, Kano)

“The mother takes such interest as she takes the insult when the adolescent girl child is not educated.” *(mother, Lagos)*

Parents’ inability to pay for school was consistently mentioned as a reason why AGYW would not complete secondary school in all sites, but unmarried girls’ unplanned pregnancy was also commonly mentioned in Enugu and Lagos.

It is not normal for AGYW to marry early (Lagos, Enugu) / Early marriage is common (Kano)

Only respondents in Kano identified girls marrying before 18 years as typical, which usually coincides with signs of physical maturity. In Lagos and Enugu, marriage before 18 is not perceived as typical.

All respondents in Lagos and Enugu reported that community members would disapprove of an early marriage, but mainly based on younger girls’ inability to manage a household or succeed in a marriage in Enugu. Only community leaders in Kano noted that community members would oppose an early marriage, but all other respondent groups remarked on myriad reasons for community approval of marrying before 18 years.

The consequences for girls marrying early in Lagos and Enugu were less frequently mentioned than the sanctions for waiting to marry in Kano, but all sites mentioned sanctions for both girls and their parents for going against that community’s norms related to marriage.

“They usually laugh at the person, even the mother and the father, they will be laughing at them, even the girls set,

the in-laws will be laughing at the girl, that they pushed her to go and marry at a tender age.” *(girls’ reference group - mothers)*

“She will have a challenge if she does not marry on time. Some will say she is being selected while others will say she has big eyes (i.e. looking for an already made or well to do suitor).” *(unmarried girls, Kano)*

Fathers were commonly cited as the decision-maker in the marriage process across sites, but unmarried girls in Lagos also noted that peer influence sways girls towards early marriage as well. Respondents in Enugu and Kano mentioned parents’ fear of unplanned pregnancy as a driver for early marriage, therefore positing parents’ peers, community leaders, and other community members as a key reference group that would judge any sign of girls’ sexuality as a stain on family honor, speeding up parents’ decision to marry their daughter, particularly in Kano.

“This usually happens when a girl has a lot of suitors and shows signs of maturity, both physically and mentally. The parents find it best to just marry the girl in this situation.” *(community leader, Kano)*

Early pregnancy and other situations that would put in question girls’ chastity were also noted as the most common scenario that would go against this norm in Lagos and Enugu.

“If a girl of 15 to 20 gets pregnant some parents will ask her to pack to the man’s house, automatically that girl has moved to her husband’s house.” *(mothers, Lagos)*

“The girl may be misbehaving, going out with different boys, the parents

will force her to marry early to avoid further embarrassment and disgrace.”
(unmarried girls, Enugu)

As seen above, financial constraints within a household can also be a barrier to girls' secondary education, and this alongside the inevitability of marriage for girls also hastens the decision to marry them off.

“Some may be because there is no money to train them in school, and may be family background is too poor and if a rich man come and seek their daughter's hand in marriage..they will feel that the man family are better them financially so, they will tell the girl to marry.” *(married girls, Enugu)*

“Yes, girls from poorer families also tend to marry their daughters early for relief.”
(community leader, Kano)

“Maybe when the parents are poor, they see someone rich and wants to marry their daughter they will not have any other option than to marry their daughter out.” *(mothers, Enugu)*



Program insight: Continuing girls' education helps push back against early marriage but is insufficient to prevent the behavior alone

Globally, increasing secondary school enrollment for girls this educational attainment is being normalized, and child marriage rates across regions. In all sites, all respondent groups held up girls who finish secondary school as well-regarded, intelligent, and hardworking. But community members' disapproval of this investment in girls, particularly by fathers, cannot be ignored as it can effectively block girls from at higher risk of early marriage. Considering community approval of AGYW's working outside the home, strategies to open more opportunities for girls after secondary school beyond marriage should be paired with enhancing parents' acceptance of these aspirations and thus support

Economic empowerment

Husband's approval was found to facilitate all EE behaviors in the study, demonstrating that norms related to household roles and responsibilities are strongly in place in all sites. However, the strength of these norms and how they impact behavior varies across sites. Married girls working outside

Behaviors included in the study:

- AGYW working outside the home
- AGYW participating in household decision-making
- AGYW owning/controlling assets

the home is normal in all sites and it supports the other behaviors in this study. Therefore, universal approval of girls' financial contribution to a struggling household provides the opportunity to expand positive behaviors while not directly contradicting the husband's decision-making and provider role.

It is normal for married adolescent girls to work outside the home

All respondent groups in all sites agreed that it is common for married girls to work outside the home, but respondents in Kano noted that this requires the permission of their husbands. All respondents in all sites also mentioned financial necessity as legitimizing this behavior - it is to help their husbands, in hard times.

Community approval of this behavior was much more varied across states. All respondents in



Raphael Joshua-Ikenna / CARE

Program insight: Context-specific strategies to add momentum to change

Working outside the home helps girls participate in decisions and own assets, so it is good news that this norm is strong in Lagos and improving in Kano and Enugu. Context-specific strategies help girls expand their EE behaviors. Since the barriers become greater for girls' decision-making in Lagos, strategies can focus on showing how common it is that girls work and the impact that girls' decision-making has on her whole family's wellbeing. In Kano and Enugu, strategies will be more effective expanding approval of girls working outside the home by popularizing what people already appreciate - her financial contribution, not on husbands' support but girls' financial contributions a happy, healthy, prosperous family.

Kano perceived community disapproval for one reason or another, most especially if the husband was financially stable. Male respondents in Kano consistently said that husband's approval was the most important factor and that this would facilitate community's approval. Community approval of girls working outside the home was also split in Enugu. All respondent groups said approval of working outside the home is hard to obtain - mainly due to worries that the married girl would not fulfill her household responsibilities. All respondent groups in Enugu also noted that the economic situation would legitimize her need to bring in income and thus be tolerated. In Lagos, respondents across all groups agreed that communities approve of AGYW working outside the home, and similar to Kano, male respondents notably mentioned this depended on husband's approval, but both married and unmarried girls noted this approval was based on girls' ability to support their husbands financially.

"[People] will support it; they will even be happy for her because she's able to do something to assist her husband."
(married girls, Lagos)

Negative consequences of AGYW working outside the home were prevalent in Enugu and Kano for both girls and their husbands, but not Lagos. In Enugu, respondents noted that people would gossip about girls seeing other men or husbands growing jealous due to the potential to meet other men outside the home. While these were not sanctions in Lagos, they were noted by married and unmarried girls as potentially being a barrier to girls being able to take a job. In Kano, respondents noted that gossip would be directed at the husband for not providing for his family and controlling his wife and household.

"The neighbors and [the husband's] friends will disapprove and start gossip, that when she gets the money, she is going to overpower him."
(girls' reference groups - husbands, Kano)

Across sites, girls were reported as motivated and supported by the approval and support they received for working outside the home – mainly by their husbands, but also married girls' mothers in Kano. Across respondent groups in all sites, participants noted that disapproval or resistance from their strongest reference group – their husbands – would very likely derail the married plans to take a job. Girls and their husbands in Kano were also heavily sensitive to negative community gossip and disapproval of their in-laws.

"Because [a husband's mother] has a strong hold on her son, she will say that the wife should choose between her marriage or her home." *(unmarried girls, Kano)*

The exceptions to this norm, across sites, centered on married girls' ability to take care of their home and children: if these were in question, girls would not be allowed to continue working.

It is typical for married girls to contribute to household decision-making when contributing financially

All respondents in all sites confirmed that it is typical for married girls to take part in household decision-making when they are contributing financially, however the boundaries were unclear and most examples provided were related to small expenses for children, herself, and household needs – like food.

"Because since she has started working, she can buy something when she goes out, she can buy something for herself and her child also." *(married girls, Lagos)*

"If she is doing too much they will disagree, she can just be supportive but if she now start as if I can do it, my chest can take it. They will disagree...Because they will feel like you are making the man feel less of himself."

(unmarried girls, Lagos)

In Enugu and Lagos, community approval was mixed, but in all sites, some respondents noted this as more acceptable since married girls would be contributing financially. However, even with this caveat, girls in Kano noted that the community would not approve, majorly based on the husband's decision-making role. Similarly, all respondents in Enugu, except married girls, agreed that community members would disapprove based on the way girls would participate, or which decisions girls would involve themselves in:

"You know when rain is falling it flows down, but when rain starts flowing upwards, then there's a problem. Men are less tolerant. Once a woman starts making financial decisions in her family the husband may feel that he is no more worthy in the home. This can lead to him starting to drink outside." *(married boys, Enugu)*

While husbands were identified as the most important reference group for girls across sites, they were not the people most commonly mentioned who were sanctioning girls for this behavior. In fact, respondents across sites more commonly mentioned sanctions by in-laws and community members, such as labeling a girl as disrespectful, and for husbands, particularly gossip that questioned his role in his home as decision-maker and provider. Across sites, husband's disapproval was effective in limiting girls' motivation to participate in decisions. In Kano, these sanctions against husbands were noted as effective in husbands blocking married girls' decision-making role:

"Even if he feels it is right, his friends will make him feel it is not right and might be thinking the wife will charm him... People will start disrespecting him in the community and say it is his wife that married him or not him that married the wife." *(unmarried girls, Kano)*

"What people will tell him will influence him very well when making such a decision [to divorce her]." *(unmarried girls, Kano)*

If married girls are working outside the home with her husband's approval, owning and controlling assets is accepted.

In Kano and Lagos, all respondent groups agreed that people approved of married girls owning assets, with husbands and married girls in Kano noting that this is facilitated by people's assumption that the husband approved the purchase. In Lagos, husbands of married girls and boys note that this is because girls support their husbands financially – either through work or acquiring assets. In Enugu, however, respondent's perception of community approval was mixed – like in other states, people will support this behavior because her husband approved and/or because she is working, but all groups also said people will not approve, particularly other men in the community and/or it goes against men's control over money.

"They will approve [of her buying a sewing machine] because they see that she knows what she's doing and she will be independent and won't be working under someone." *(married girl, Lagos)*

“Yes, people will approve. Because it is a development to the community to see young girls like her expanding her business, She will also be seen as a role model by other girls.” *(married young man, Kano)*

“They will approve [of her buying a sewing machine] because she is meaningfully engaged as she is a seamstress. If not, they are likely to be accused of being promiscuous. But since she is working, she can buy the items.” *(married girl’s mother, Enugu)*

Similar sanctions for decision-making less frequently mentioned across sites included gossip labeling girls as disrespectful and husbands as unable to maintain their status and control in his home. Also similar to the above EE behaviors, girls were responsive to support from both their husbands and community members but also sensitive to disapproval from their husbands, likely preventing girls from acquiring assets.

Nigeria personas

The following personas are meant to support audience segmentation by providing characteristics of married and unmarried adolescent girls and married and unmarried young men using data from FGDs and RI's.

As with the Kenya personas, these character outlines provide a background, demographics, and identifiers shaped by the findings to reflect values, opinions and attitudes, interests, concerns and aspirations. Within this last descriptor are reference groups for each persona. Finally, key quotes are used to demonstrate the psychographic identifiers.



PERSONA 1:

Unmarried adolescent girl



Background

- Unmarried, has been with her boyfriend for one year
- Currently in secondary school
- Lives with her parents in an urban community

Demographics

- Female:
- Age: 15 years

Identifiers (psychographics)

- Just started having sex with her boyfriend, who is 17 years old
- Concerned about being called promiscuous, either due to unplanned pregnancy or being HIV positive
- Wants to make her parents proud by finishing secondary school with top honors
- The biggest challenge in her weekly routine: helping her older, married sister with her small business and seeing her boyfriend while also preparing for her exams

Key quotes:

HIV

- It is not common with girls and the guys [to get tested] because they are scared of knowing their status
- They will think the person has had unprotected sex [if they get tested], thus trying to know her status whether she is infected or not
- No [bad reactions to requesting condoms] because we are trying to protect ourselves
- Since they are not married, they have to use protection.

GBV

- It is a very common behavior [to hit your girlfriend].
- Even she is your wife you do not have the right [to use violence].
- [Women and girls] They will not agree to never. [to use violence]

CEFM

- Such girls [that finish school] are responsible and good child.
- They will think she is not serious with life [if she does not finish school]
- Most girls marry at 20 years, 15-16 due to friend influence

Opportunity within storyline to promote new norms related to taking care of your body

Girls are concerned about being seen as sexually active, which in turn means promiscuous, and with being assumed HIV positive. However, girls also said it is both common and approved for girls to request condoms to avoid HIV, particularly for unmarried girls in Lagos. This same narrative of protection could be extended to HIV testing, in addition to condom use. For instance, there are many ways to be healthy - getting tested for HIV is one. By focusing on health and not on sexual activity, this avoids challenging deeply rooted norms related to premarital sex.

PERSONA 2:

Married adolescent girl

Background

- Married at age 16, has been married for two years
- Lives in a peri urban community in Kano with her husband and one young son
- Works inside the home selling herbs to neighbors, taking care of her son and household chores

Demographics

- Female
- Age: 18 years

Identifiers (psychographics)

- Worries about her husband being able to provide on a weekly basis for the family's needs
- Desires more children eventually, but this her son's birth had complications, so she is secretly using the pill for contraception so that her husband does not become angry
- The biggest challenge in her weekly routine: stretching the money she makes from selling herbs and what her husband gives her to be able to care for her son
- Her reference groups are:
 - She respects her husband and cares about his opinion most
 - She fears her mother-in-law's judgment and anger
 - She talks to her mother about her concerns about money and her son

Key quotes

SRHR:

- The women want to [discuss SRH with their partners] but men don't want it but majority of the women will rather go for family planning.
- Yes, you will not lack such people but we don't know the medicine they use.
- The way the community is, if they see you doing it [discussing SRH with your partner] they will feel it is not civilization and is wrong for you to be saying it.

GBV

- Only a few men in our community will not react [with violence].
- most men will say what he did is right and some will say he is wrong [to use violence]

EE

- She might continue her work if she seek for permission and it was given to her otherwise she will look for in house business
- Yes they will accept if her husband should counter them that he has given his consent. It is only the husband that has the final say because everyone else's opinion will not really count

Opportunity within storyline to promote modern contraceptive use and working outside the home:

This persona could be used to demonstrate the pressure married girls are under to uphold norms related to bearing children and taking care of the home - particularly by mothers-in-law and husbands' peers - while also presenting the opportunity to model discussions between married girls and their husbands about financial stress, family size, and working outside the home. Allies to this persona would be her mother and her husband, as they both can increasingly recognize girls' ability to contribute to the household finances.



PERSONA 3:

Young man married to an adolescent girl



Background

- Married at the age of 22, has been married for 6 years
- Has two children with his wife, who is now 21 years old

Demographics

- Male
- Age: 28 years

Identifiers (psychographics)

- Has been taught that men are the head of the household, provide for their families, are fair, and make all decisions related to their family
- Prefers a larger family size, but does not regularly discuss SRH with his wife
- His reference groups are:
 - His friends and peers
 - Religious and traditional leaders
 - His mother

Key quotes:

- Men are the head of the household (Kano)
- As a married woman you must submit to your husband as a full-time housewife (Lagos)

SRH

- People consider [using modern contraceptives] as hindrance to their population size and a way of changing their lifestyle (Kano)
- Others see them [allowing their wife to use modern contraceptives] as those that can be fulfilled as not manly enough to take the responsibilities from inception, naming ceremony and the rest. (Kano)

GBV

- If she insults my mother I will beat everyone in their home (laughter) (Lagos)
- In my area women would come out to tell you the man is totally wrong [for using violence] (Lagos)
- Among the men of the community, his reputation will surely reduce as a result of what he attempted to [use violence with his wife]. (Kano)
- The community may excuse him for threatening his wife because of hunger. (Kano)

EE

- It's normal [to work outside the home], because the wife must assist the husband. (Lagos)
- Both families will support her to take the job and support her husband in taking care of the home. (Lagos)
- [People] may start thinking that his wife is going to see other men. (Lagos)
- The husband is not responsible, that is why the wife is working. (Lagos)
- The majority of the people in our community will disapprove of this decision ONLY if she hasn't told her husband, but if she did everyone would approve of it (Kano)
- Mother-in-law and sisters will look down on him. People will start gossiping and saying he cannot control her because now she is earning money. (Kano)

Opportunity within storyline to broaden disapproval of GBV

Without directly showing intimate partner violence, this persona can demonstrate how married young men do not approve of using violence in their relationships and using sanctions against perpetrators. Since young men's primary reference group is their friends and/or peers, stories can use these relationships to show distance from abusers and aiming for closeness with "mature" friends who handle their emotions in healthy ways and have healthy relationships.

Recommendations

The following recommendations are derived from the program insights provided in each country's chapter while also speaking to the larger strategy implementers can use in their own context.



Promote positive, new norms - especially where change has started

Creating new norms is one of the key attributes of norms-shifting interventions¹ identified by the Learning Collaborative to Advance Normative Change. This aligns with a best practice for social and behavior change communication. It is more effective to promote positive behaviors than to focus on the negative consequences of unhealthy behaviors. By promoting these newer, shared beliefs, campaigns can also avoid reinforcing the notion that harmful norms and behaviors are widespread.

For instance, in Kenya, there is growing support for girls who are focused on and actively support their schooling, health, and the financial well-being of their families. Using these norms to promote behaviors like HIV testing and working outside the home leverages communities' approval and girls' desire to exert their own agency in ways that make them stronger, smarter, and more powerful.

This can also be done in the context of norms that are beginning to shift. For instance, it is clear that norms related to GBV are changing - adolescents' own attitudes reject violence in Kenya, many people see this as an outdated way to handle conflict between couples in Nigeria, and people are generally uncertain if IPV is acceptable or not. Implementers can take advantage of this moment - where attitudes and norms are changing - to promote positive, new norms related to couples' communication, conflict resolution, and how perpetrators are viewed.

¹ Learning Collaborative to Advance Normative Change. "Community-Based, Norms-Shifting Interventions: Definitions and Attributes," May 16, 2019. <https://www.alignplatform.org/resources/community-based-norms-shifting-interventions-definitions-and-attributes>.



Make allies out of husbands, fathers, and boyfriends

The study's findings show clearly that the men and boys in married and unmarried girls' lives continue to have incredible power. That power is many times used to block girls from fulfilling their rights and practicing healthy behaviors, but it can also be used to support girls to achieve their goals and grow outside of the limiting expectations their communities may hold for them. In Nigeria and Kenya, husbands' support is a pathway to working outside the home, expanding their decision-making power, and controlling more resources. The financial stress married couples face can be leveraged into shared financial goals and more equitable contributions to caring for their families. Campaigns that promote positive masculinity and the rejection of toxic behaviors, such as GBV, can also promote positive new norms related to healthy girls, successful families, and growing communities.



Backlash is around the corner - we must prepare for it

In Kenya, GBV was consistently mentioned as a sanction for girls that challenged norms, and in both countries, social isolation, gossip, questioning a girl's honor, and marrying girls off were mentioned as barriers to healthy behaviors. When programs and campaigns promote these behaviors, equipping girls with the confidence, knowledge and skills to fulfill their rights, these same interventions must also be aware of the severe consequences for girls bravely stepping into new spaces and practices. Engaging husbands, brothers, fathers, boyfriends, male community and religious leaders is central to mitigating this backlash, and this must be paired with quantitative and qualitative monitoring to identify where interventions and/or campaigns may be increasing violence against AGYW.

Behavior selection

Table 1.1: Shortlisted behaviors

Behavior	Shortlisted Behaviors
Sexual Reproductive Health (SRH)/Family Planning	• Discussing SRH with parents* • Discussing fertility intentions, timing, spacing, and contraceptive use with partners* • Seeking contraceptive counseling, services, and information* • Current use of (modern) contraception*
SRH/HIV	• Discussing STD risk/protection with partner* • Getting information on HIV prevention, testing, and treatment* • Getting tested for HIV* • Refusing sexual intercourse with partner • Requesting the use of condoms • Using condoms to prevent HIV/STDs*
Child Early and Forced Marriage (CEFM)	• Discussing (marriage) aspirations with family* • Involvement in decision-making about marriage • School enrollment (staying in school) • Adolescent girls married before the age of 18 (in the past year)*
Women's Economic Empowerment (EE)	• Discussing educational aspirations* • Discussing/sharing of household chores* • Participating in financial and household decisions* • Ownership of assets/control of assets* • Use of mobile phone or smartphone* • Worked outside of the household in the last X months/days
Gender-Based Violence (GBV)	• Bystander/intervening when you see violence • Disclosure: Reporting violence to authorities/police • Disclosure: Reporting violence to religious leader • Disclosure: Seeking help • Response of authorities/health providers to survivors of violence • Men's use of violence to discipline their wives

Table 1.2. Behavior Selection Criteria

Criterion	Rationale	Source of information
1. The behavior is related to at least one of the primary domains	<i>This will increase the ability of the media intervention to achieve desired outcomes across domains</i>	<i>Team discussions</i>
2. The behavior is measurable	<i>To determine baseline prevalence, adoption, and practice of a behavior, we need to be able to easily measure it via a small number (one or two) survey questions</i>	<i>Programmatic/research experience</i>
3. Structural factors exist to support the adoption and practice of the behavior	<i>We do not want to target behaviors that are legally restricted (e.g., laws against unmarried adolescents using contraception)</i>	<i>Literature, contextual/lived experience of in-country staff</i>
4. Adoption and practice of the behavior are related to improved health and well-being	<i>The problem being addressed by the adoption and practice of the behavior should be important in the context</i>	<i>Programmatic/research experience</i>
5. The behavior is visible	<i>People will be more likely to adopt a behavior, and it is easier to shift norms related to a behavior if the behavior's practice is visible within the community and reference group</i>	<i>Programmatic/research experience</i>
6. The behavior is on the way to becoming normalized * <i>(threshold for normalized behavior: prevalence at least 30%)</i>	<i>If we aim to reach people in the middle (i.e., not early adopters or laggards), the strategy will be more cost-effective, and it will be easier to demonstrate a measurable effect</i>	<i>Secondary data analysis (DHS/PMA); Contextual/lived experience of in-country staff</i>
7. Evidence suggests that norms are related to behaviors	<i>If the behavior is strongly influenced by norms, people will be more susceptible to shifts in the norms</i>	<i>Secondary data analysis (DHS/PMA); Contextual/lived experience of in-country staff</i>

Note: *Criterion 6 omitted for the selection process in Nigeria

Secondary Data Analysis Methodology

The secondary data analysis informed behavior selection criterion 6 (behavior is on the way to becoming normalized) in Kenya and behavior selection criterion 7 (evidence suggests that norms are related to behaviors) in Kenya and Nigeria. The Kenya analysis was conducted using data from the 2022 Demographic and Health Survey (DHS) and the 2022 Performance Monitoring for Action (PMA) survey, while in Nigeria, only data from the 2018 Nigeria DHS, which was the most recent DHS survey at the time of the analysis, were used. The analysis approach for each criterion described in Table A2 was weighted to account for the survey design.

Table A3: Secondary Data Analysis Analytical Approach

Analysis Approach	
Criterion 6 Behavior is on the way to becoming normalized	• Calculated the prevalence of the behavior and performed cross-tabulations to disaggregate the data ◦ (Kenya) Cross-tabulations between age and prevalence of the behaviors ◦ (Nigeria) Cross-tabulations between the prevalence of the behavior and (1) age, (2) region – North vs South, and (3) state sample size permitting.
Criterion 7 Evidence suggests that norms are related to behaviors	• Constructed proxy normative measures (i.e. community attitudes) by aggregating individual attitudes ◦ Community acceptance of women initiating condom use ◦ Community acceptance of women refusing sex ◦ Community acceptance of wife-beating for refusing sex • Examined the bivariate relationship between the proxy norms and behaviors of interest where the data was available in the data set

Detailed findings from both analyses have been reported elsewhere.^{1,2}

¹ Center on Gender Equity and Health. 2024. GNLA Norms Diagnosis: Kenya Secondary Data Analysis Findings. Center on Gender Equity and Health at the University of California San Diego for the Bill & Melinda Gates Foundation

² Center on Gender Equity and Health. 2024. GNLA Norms Diagnosis: Nigeria Secondary Data Analysis Findings. Center on Gender Equity and Health at the University of California San Diego for the Bill & Melinda Gates Foundation

ANNEX 2.

Norms summary tables

Note that cross cutting norms in each country's tables are bolded to underline their impact across sectors.

Table 2.1 Kenya Norms Summary Table

Norms	Strength	Reference Groups
Sector: FP		
It is not typical for parents and adolescents to discuss matters related to SRH	strong	Unmarried girls: Friends were the most frequently cited reference group: trusting and communicative relationship, offering a non-judgmental space.
Adolescents should not be sexually active; or else they will be seen as promiscuous and irresponsible	strong	For all other groups (married adolescent girls, unmarried and married adolescent boys), primary reference group was healthcare workers Elders, parents and mothers-in-law were cited as a secondary punitive reference group by boys Community leaders and parents offer rewards for refusing sex
It is not typical to discuss FP with partners / men have the final say in FP method	strong	Community members and mothers-in-law use judgment, shame and partners may use violence, when married girls bring up SRH issues
It is not typical for married girls to use contraceptives	strong	
Sector: HIV		
Most girls seek information on HIV and STIs (Garissa)	medium (in flux)	Across sites, Healthcare Workers/Volunteers were by-in-large the most influential reference group for all populations: communicative and trusting as a reliable source of knowledge and information.
Getting tested is not common amongst these populations (Nairobi)	medium (in flux)	Partners are much more influential via punitive sanctions for girls Peers/friend

It is not normal to ask your partner to get tested for HIV (Nairobi + Garissa)	medium (in flux)	Community members (in Garissa) and partners (across sites) = punitive
Girls are not expected to have sex (at a young age / before marriage), so it is also not normal for adolescent girls to get tested for HIV (Garissa)	strong	Healthcare workers still a source of information but do not appear to be strong enough in their support to counter other reference groups' sanctions
It is normal to get tested if the relationship is serious/going towards marriage (all sites)	medium (in flux)	
Girls are not expected to have sex (at a young age / before marriage) (lends support to stigma around HIV)	strong	Parents = communicative reference group for unmarried boys who seek guidance, but this does not occur in practice for either unmarried girls or boys
It is acceptable to use violence against your (female) partner who is refusing sex (based on HIV testing) (Nairobi + Siaya)	Medium-strong	Partners = much more influential in a punitive sense
It is acceptable for unmarried girls to refuse sex (Nairobi + Garissa)	Medium-strong	Peers = can either promote sex or mock boys for being refused by their girlfriend
Sector: CM		
It is not normal for girls to discuss their aspirations with their parents	strong	Parents - in particular for guidance and advice, but this finding was the reverse in girls' fear of their reactions blocked communication
Adolescent girls should not have sex before married	strong	Friends - trusting, offering a safe space for girls to discuss aspirations and keeping the conversations confidential. Older aunts, grandmothers, and parent's friends were a frequently mentioned space for young girls to discuss their marriage aspirations
Girls expect that marriage provides financial stability to adolescent girls	strong	Parents were the primary reference group for married and unmarried girls
Adolescent girls should not have sex before married	strong	Fathers in particular are authority figures in Siaya and Garissa, so their decisions are followed

Sector: GBV

It is acceptable to beat your wife	medium (in flux)	For girls' husbands: husbands' peers = punitive
Men have control over women / It is normal to use violence to exert control over women	medium (in flux)	For girls: Parents teach their daughters that discipline is instilled through beating.
IPV is not acceptable before marriage	strong	Other men form the primary, punitive and supportive reference group for adolescent boys and young men in cases of IPV amongst unmarried adolescent girls
GBV is a private matter (betEEn partners, betEEn husband/wife)	medium (in flux)	Parents = trusting and communicative relationship. Respondents felt safe discussing these issues with them.
Women are responsible for GBV that happens to them (and thus there is no reason to seek help)	medium (in flux)	Community leaders for unmarried girls: trust them to take action against perpetrators but also potentially punitive
Women should not use their voice to raise issues	medium (in flux)	Partners = potentially using sanctions

Sector: EE

Men are the primary household providers / women are not expected to provide financially	medium (in flux)	Partners (husbands) were the most cited referenced group: trusting relationship, since they make decisions and have the final word on household decision making.
Women are not expected to work outside the home / Women are expected to take care of the home	medium (in flux)	Friends : communicative relationship with married girls because of shared experiences.
Women should not be exposed to outside influences	medium (in flux)	
Married girls do not typically have a say in household (financial) decisions	strong	For married girls, partners (husbands) were the most cited referenced group - a trusting relationship - since they make decisions and have the final word on household decision making.
Women should not use their voice to raise issues	strong	Parents - influential for unmarried girls in particular, blocking any participation in financial decisions

It is not normal for married women to own assets	strong	Married girls' peers: suggesting to girls not to accumulate wealth as eventually the woman will loss them to the husband
Married girls consult their partners in decision-making processes, particularly when it comes to significant purchases or financial decisions	strong	Girls' husbands: other men in the community
Women should follow their husband's/parent's directives when it comes to owning an asset	strong	

Table 2.2 Nigeria Norms Summary Table

Norms	Strength	Reference Groups (and their sanctions used)
Sector: FP		
It is typical to discuss FP with partner (Lagos and Kano)	Medium (in flux)	Kano: Econ situation is making discussions more acceptable, but husbands want larger families All: trad leaders - young women and unmarried couples who discuss FP or use contraceptives to be promiscuous sensitivity to these sanctions is high for married girls due to familial pressures to give birth to more children, especially male children
It is not common to discuss FP with partner (Enugu)	Strong	adolescents discussing FP are perceived as wayward Husbands are sole decision-maker (women initiating these conversations are perceived as taking over as the head of the household) All: trad leaders - young women and unmarried couples who discuss FP or use contraceptives to be promiscuous sensitivity to these sanctions is high for married girls due to familial pressures to give birth to more children, especially male children

It is typical for adolescents to use modern contraceptives, but it is not acceptable	Medium (in flux)	Kano: husbands prefer larger families, but women initiate discussions of FP among themselves and use FP despite the resistance of their husbands All: sensitivity to these sanctions is high for married girls due to familial pressures to give birth to more children, especially male children
It is common to seek information about HPV vaccine (Lagos)	Strong	Community leaders and health workers strongly influence the behaviors of parents or community members
It is not common to see information on the HPV vaccine (En, Kn)	unable to determine strength	Punitive: Lagos: Neighbors
It is typical for parents to accompany their daughters for the HPV vaccine (Lagos) / In all sites, it is typical for parents to accompany their daughters for vaccines in general	Strong	Lagos and Kano: Fathers Supportive: Seeking information on the HPV vaccine for adolescent girls is supported by community leaders, religious figures, and health workers
Sector: HIV		
It is typical and accepted for adolescents to get tested for HIV (Kano)	Strong	Kano: district heads have a distant influence, religious leaders (imams and emirs), parents, village heads, and the media all directly promote the behavior.
it is not common nor acceptable for adolescents to get tested for HIV (Enugu, Lagos)	Strong	Lagos: adolescents' parents' advice can be positive or negative; health workers' support or community members' negative opinions. Enugu: community members gossip; ministers who would marry them could also positively influence them.
It is common for AGYW to request condoms to avoid HIV (Enugu, Lagos)	Medium-strong	Punitive: male partners think you're unfaithful, men in general against requesting condoms, community members' gossip (Kano, Enugu)
It is not acceptable that AGYW request condoms to prevent HIV (Enugu, Kano)	Medium-strong	Supportive: Friends
It is common for unmarried ABYM to use condoms to prevent HIV (Enugu)	Medium (in flux)	Punitive: friends, community members Supportive: parents, health workers, social media
It is not typical for ABYM to use condoms (Lagos, Kano)	Strong	

Sector: GBV

It is not acceptable to commit IPV

Medium
-weak

BYM's friends and community members as key reference groups, yet neither of these groups were perceived as effective in preventing IPV by using sanctions.

Community members do not approve of IPV

Medium
-weak

Sector: CM

It is normal for AGYW to complete secondary school

Medium-
strong

Girls parents make the financial decision to stay in school, either supporting or disrupting the behavior

Girls' friends can be both supportive to leave school, to stay in school; and punitive when girls drop out of school

Parents' peers are punitive, blaming parents for not keeping their daughters in school

Early marriage is common (Kano)

Strong

Fathers were commonly cited as the decision-maker in the marriage process across sites, but unmarried girls in Lagos also noted peer influence as swaying girls towards early marriage as well

It is not normal for AGYW to marry early (Lagos, Enugu)

Medium-
strong

Parents' fear of unplanned pregnancy as a driver for early marriage = parents' peers, community leaders, and other community members as punitive regarding threats to girls' sexuality and honor

Sector: EE

It is normal for married adolescent girls to work outside the home

Medium
(in flux)

Husbands - their support motivated girls and made others' sanctions weaker; but they are the ultimate decision-maker

It is typical for married girls to contribute to household decision-making when contributing financially

Medium
(in flux)

Punitive: in-laws, community members (labeling as disrespectful, gossip)

If married girls are working outside the home, it is typical that they own and control assets

Medium
(in flux)

Supportive: community members (for owning assets, within certain limits/conditions)

Husbands' reference groups: friends/peers, male community members, husbands' mother,

