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Girls Empowerment: Situational Analysis in 5 Communities in Lagos State

Youth Empowerment and Development Initiative

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Abstract

Background

For many girls in developing countries, the mere onset of puberty that occurs during adolescence marks a time of heightened vulnerability to lack of education, child marriage, early pregnancy, HIV, sexual exploitation, female genital mutilation, coercion and violence. Youth Empowerment and Development Initiative (YEDI) conducted a survey to assess factors affecting adolescent girls (AGs) in Lagos, Nigeria.

Method

The survey consisted of Quantitative questionnaires (QQ) involving 210 AGs; Focus Group Discussions (FGD) involving 70 AGs; (all aged 13-19) and Key Informant Interviews involving 30 parents that parented at least one AG within the same age range. The survey was conducted from February to March 2016. The sessions queried on the knowledge, attitude, practices and factors that affect the AGs while providing an in-depth insight on the AGs' sexual and reproductive health (SRH).

Results

Of the 70 AGs that underwent FGD, 65 (93%) had witnessed at least one form of crisis in their various communities about which the AGs could do nothing, such as rape, abortion and neonates resulting from unwanted pregnancies being thrown away. Some of the AGs expressed high level of discrimination such as support for the eviction of HIV victims from their communities and advising HIV victims to commit suicide. 33 (47%) out of the 70 AGs reported bad practices such as the use of drugs, concoctions, alcohol and douching to prevent unwanted pregnancy. Many of the AGs showed good knowledge of SRH by indicating that HIV can be transmitted through sex (90%) and HIV can be prevented through abstinence (59%). Religion was also a reason why some parents discourage gender equality.

Conclusions

The findings of this survey indicate that the AGs' knowledge of SRH is inversely proportional to their negative attitude and practices toward SRH. These could be circumvented via programmes that address AG knowledge on SRH integrated with a strong focus on positively changing attitudes and discouraging bad practices toward SRH.

1. Introduction

Adolescence is a decisive age for girls around the world. What transpires during a girl's teenage years shapes the direction of her life and that of her family. For many girls in developing countries, the mere onset of puberty that occurs during adolescence marks a time of heightened vulnerability to lack of education, child marriage, early pregnancy, HIV, sexual exploitation, female genital mutilation, coercion and violence.[1] Adolescent girls are exceptionally vulnerable to sexual and gender-based violence (SGBV) and suffer serious consequences such as abduction, sexual abuse, and rape during armed conflict and emergency situations, which may result in unwanted pregnancy and HIV infection. This is particularly acute where girls have been internally displaced or have become refugees in another country as a result of armed conflict.[2] Child trafficking in Nigeria is mostly internal and 80 percent of the victims are girls. Adolescent girls from Nigeria constituted the largest proportion of trafficked sex workers in Italy.[3-4] Less than 10% of about 6,000 children who were in various prisons and detention centres across Nigeria because they conflicted with the law were girls. These girls were victims rather than perpetrators mainly of gender-based sexual violence (GBSV) and child trafficking.[5] Over 60% of patients presented at Nigerian Hospitals with abortion complications are adolescent girls. Abortion complications account for 72% of all deaths among young girls under the age of 19 years and 50% of the deaths in Nigeria's maternal mortality rate are adolescents girls which is also due to illegal abortions. Of 127 pregnant school girls, 52% were expelled from school, 20% were too ashamed to return, 15% would not return because their parents refused to pay tuition and 8% were forced to marry.[6] Girls suffer from child marriage in terms of incidence and impact. Girls are required to perform heavy domestic work, are under pressure to demonstrate fertility, and are responsible for raising children while still children.[7] This compromises the development of girls, and often results in early pregnancy and social isolation, little education and poor vocational training, all of which reinforce the gendered nature of poverty. Married girls and child mothers also face constrained decision-making power and reduced life choices. Further still, married girls are more likely to experience domestic violence, to have more children than those who marry later in life, to suffer maternal mortality, and they are at a higher risk of HIV infection and are more likely to suffer vesicovaginal fistula.[7] Poverty, poor educational attainment and strong social and religious traditions are drivers of child marriage in Nigeria resulting to a major constraint for the development of girls in Nigeria. [8] Across Nigeria, women aged 15-19 years that married before the age of 15 dropped from 25% in 2006 to about 12.4% in 2009 as a result of level of education and wealth.[9-10]

In Nigeria, girls' access to basic education, especially in northern states, has remained low. As few as 20 per cent of women in the North West and North East of the country are literate and have attended school. The 2006 National School Census (NSC) revealed a net enrollment ratio (NER) of 80.6% suggesting that a substantial proportion

(19%) of primary school age population (6-11 years) were not enrolled in primary schools nationwide. This represents about 5 million Nigerian children aged 6-11 years old that do not access primary education. In the Northern part of the country, the number of children out of school is particularly high and the proportion of girls to boys in school ranges from 1 girl to 2 boys and even 1 to 3 in two states. Although the gender gap has narrowed from 12 to 10 points, there exist wide variations across the States and zones, with the North Central and North West presenting worst scenarios.[11] Although Nigeria has had a National Policy on education since 1981, it has not been implemented effectively and efficiently due to rapid population growth, insufficient political will, a long period of undemocratic governance, and poor management of scarce resources. Women and girls have been most affected by these negative factors.[12] Reaching girls during adolescence is critical. Decisions made and behaviours established during this period affect their horizons later in life. Adolescence for boys typically ushers increased mobility and autonomy, but for girls it often comes with increased restrictions, fewer opportunities and less freedom to exercise choice. During this formative period in their lives it is important to provide adolescent girls with the tools they need to become economically empowered young women.

Youth Empowerment and Development Initiative (YEDI) is a Nigerian NGO dedicated to introducing effective and innovative development approaches that have been tried and tested elsewhere on the African continent to the Nigerian setting. The programmes and projects adopted by the organization focus on educating, empowering and inspiring the development of children and youth.[13] YEDI with her proven years of experience in empowering adolescent girls in Nigeria undertook this survey with an aim:

1.1 Aim

To assess the current conditions of girls in Agege, Apapa, Ipaja, Ikorodu, Egbeda, Ikotun, and Oke-Aro areas in Lagos State.

1.2 Objectives

1. To assess girls knowledge on matters relating to girls' empowerment in these locations.
2. To assess girls' attitude toward matters relating to girls' empowerment in these locations.
3. To assess the practices that affect girls' empowerment in these locations.

2.0 Methodology

2.1 Background of Study Area

Lagos State is located in the southwestern geopolitical zone of Nigeria. The smallest in area of Nigeria's 36 states, Lagos State is arguably the most economically important state of the country, containing Lagos, the nation's largest urban area. The actual population total is disputed between the official Nigerian Census of 2006, and a much higher figure claimed by the Lagos State Government. Lagos State is located in the south-western part of the Nigerian Federation. On the North and East it is bounded by Ogun State. In the West it shares boundaries with the Republic of Benin. Behind its southern borders lies the Atlantic Ocean. 22% of its 3,577 km^2 are lagoons and creeks.[14] The survey was undertaken in Agege, Apapa, Ipaja, Ikorodu, Egbeda, Ikotun, and Oke-Aro areas in Lagos State.

2.2 Study Population

The study populations were both In-School adolescent girls and Out-of-School adolescent girls in Agege, Apapa, Ipaja, Ikorodu, Egbeda, Ikotun, and Oke-Aro in Lagos State. The key informants selected for this study were parents parenting at least one adolescent girl.

2.3 Study Design

The study design was a descriptive, cross- sectional study.

2.4 Sample Size Determination

For the qualitative aspect of this survey, ten participants per location were randomly selected to participate in the Focus Group Discussion (FGD) session. For the quantitative aspect of this survey, 210 adolescent girls (30 adolescent girls per location) were administered questionnaires.

2.5 Data Collection

Quantitative questionnaires, Focus group discussions and Key informant interview sessions were used to capture the responses of the participants.

A total of two hundred and ten quantitative questionnaires were administered to the adolescent girls in the seven locations. Thirty questionnaires were administered in each location. The questionnaires were structured to capture the following data: demographics of the adolescent girls; knowledge, attitude and practices towards girls' empowerment. The focus group discussion guide was designed to capture responses from seventy randomly selected adolescent girls from the community. Each group was composed of both In-School and Out-of-School adolescent girls. The sessions took an average of one hour.

A total of thirty key informant interviews were carried out across different locations. Each session took an average of 30 minutes.

The tools were designed by the YEDI team and administered by three researchers trained to carry out the survey. The data collection was carried out from February through March, 2016.

2.6 Ethical Consideration

Participation of the study population was voluntary, no names or other forms of identifiers were on the questionnaires and written informed consent was obtained from participants prior to administration of questionnaires.

2.7 Data entry and analysis

Survey monkey was used to analyze the quantitative aspect of the questionnaire that was administered to the adolescent girls. The qualitative aspect of the questionnaires was transcribed and analyzed. The focus group discussion (FGD) and key informant interview (KII) were recorded, transcribed and analyzed.

3.0 Findings

3.1 Focus Group Discussion

The girls were warmed up by engaging them in a discussion about sports. They all loved sports such as soccer, table tennis, jumping, basketball, dancing, tracking, and skipping. Notwithstanding, some, and not all of them engage in these sports once in a while because; home chores consume most of their time; they have no friends to play with; and they don't have access to the sports equipment. Majority (47 (67.14%)) voted that girls should play soccer because: it is a great form of exercise; it burns body fats; and that girls were as good at playing soccer as boys. The others said that soccer is for boys because boys are physically stronger. Thirty five (50.00%) of the participants were students and the other thirty five (50.00%) were out of school girls. More than half (19 (54.29%)) of the out of school youths longed they were students but there were limited financial recourses to accomplish that. Their parents and guidance played the major role in leading them into their career path and they are content because their parents and guidance were experienced. The girls enumerated what they intend to be in the future giving reasons for their choices: Actresses because they had the talent and want to be famous; Chattered Accountants and Bankers because of the passion to deal with financial matters; Lawyers in order to bring justice; Doctors and Nurses because of their passion to treat the sick; Artists because they had the skills; Teachers because they would love to impact knowledge to the society; Journalists because they would want to report news; Businesswomen because they had entrepreneurial skills. Financial assistance (58 (82.86%)) formed the greatest assistance needed by these girls to achieve their future ambition, followed by: mentorship, guidance and counselling (52 (74.29%)) from parents and any facilitator.

Most (65 (92.87%)) of these girls had witnessed at least one form of crisis in their various communities such as: women and girls abuse; child abuse; robbery; high unemployment; substance abuse; community unrest; poverty; disease epidemics; and corruption. They declared their interest to intervene through: counselling and providing shelter for victims; educating the community; and assisting with any relevant and available resources. They additionally said that better outcomes could be achieved even faster if they would intervene as a team. They also said that as a team, relevant resources would be pooled for easier interventions.

About a quarter (14 (20.00%)) of the participants were able to correctly say the meaning of the acronym 'HIV'. Nevertheless, all the girls were able to comment on what they thought the virus was. Their comments include: HIV is a deadly disease that had no drugs or cure; and it was a communicable disease that could be contracted through body fluids and sharing sharp objects. The girls enumerated the means by which HIV could be transmitted. The means were: through sex; through body fluids such as sperm, virginal fluid, breast milk, blood, sweat, urine, acne, and saliva; by sharing sharps; sharing personal belongings such as toothbrush, clothes, combs, and

underwear; through contaminated food. They also enumerated means by which HIV transmission could be prevented such as: abstinence; use of condoms; use of sterilized sharps; screening of blood before transfusion, concoction administration; and staying away from infected person. The girls responded to a question, "How would you know someone who had contracted HIV" with these responses: severe weight loss; excessive itching; frequent stooling; 'morning sickness'; weakness; and that the person will always be sick. They also gave the following responses to a question, "*What will you do if you find out that someone close to you had contracted HIV*": I will stay aware from him/her; raise alarm and alert everyone in the community; advice the person to commit suicide; advice the authorities to evict them from the community; advice the person to go to the healthcare centre; show love to the person; and report the case to a nearby healthcare facility. Less than a quarter (11 (15.71%)) of the girls was able to correctly say the meaning of the acronym 'STI'. Some enumerated the following diseases as types of STIs: Gonorrhoea, Syphilis, HIV, Typhoid, Malaria, Diarrhoea, and Cholera. Few participants listed these as means by which STI could be transmitted: through sex; using the same toilet; and sharing underwear. Few mentioned abstinence and the use of condoms as means by which STI transmission could be prevented. The girls responded to a question, "*How would you know someone who had contracted STI*" with these responses: weight loss; severe itching; and that the person will always be sick. They also gave the following responses to a question, "*What advice would you give to someone who contracted STI*": advice the person to go to health care centre; stay aware from sex; take prescribed drugs; do not consult a chemist; and eat healthy.

Thirty three of the girl reported that they knew someone who had had sex before but few could recall them using items and methods such as drugs, condoms, concoctions, alcohol and vaginal washing to protect themselves from unwanted pregnancy. What is more, cases of failure of these aforementioned items and methods were reported and the failures were as a result of broken condoms; hole in condoms; condoms were not worn properly. The girls reported 17 aborted cases they could remember. One of the participants narrated that, *"my friend got pregnant and the boy who was responsible rejected the pregnancy. This resulted in a conflict between the families of the boy and the girl. To cut it short, the girl aborted the pregnancy which nearly claimed her life"*. The girls additionally reported another nine cases of pregnancies that progressed to delivery. Two babies from the nine reported deliveries were sent to motherless babies' home; two babies were thrown away and the remaining five were cared for by their mothers. On a final note, it would please the participants to acquire more knowledge on girls' hygiene; for example, how to care for themselves during menstruation.

3.2 Key Informant Interview

The parents were eager to participate in the survey since each of them parented at least an adolescent girl. The majority (19 (63.33%)) were of the opinion that boys and girls should attain and play equal roles in the community. Most supported their opinions

by saying that prominent women in the society had proven that females could equally contribute to the society as the males through their significant outputs. Still and all, some (9 (30.00%)) referenced some roles that are necessary for each gender such as: boys should play football, learn trades, lead girls; and girls should do home chores, and cater to their younger siblings. Two parents commented that both genders should play separate roles since it is in accordance with their religion. The parents referenced rape as the biggest challenge adolescent girls encounter in Lagos State. They mentioned other challenges adolescent girls encounter such as: parents' restriction and over-invasion of their privacy; involuntary sex with much older men for a gain; their opinions being considered inferior to that of boys. One of the parents reported that, *"just being a girl in this male-dominated world is a challenge on its own"*. Two parents explained that their religion forbids girls going to school and so would not train their daughters in schools. Nonetheless, the rest stressed that boys and girls were entitled to equal education opportunities. A majority (18 (60.00%)) of the parents supported their daughters' career development by simply paying for their tuitions. Other forms of support were: assisting them in their take home assignment; having career chats with them; going to businesses with them; and training them on how to take care of their future home as a woman. Few parents left the fate of their daughters' career development to relatives such as their spouse, teachers and older siblings because these relatives are experienced in career development. They enumerated the challenges they encounter carrying out these duties. Poor financial resource was the chief challenge mentioned, followed by lack of enthusiasm for the girl to learn as a result of gender disparity and finally negative influence from keeping bad companies. The age at which their daughters were attaining primary level of education was when most of the parents engaged their daughters in career development chiefly because children easily follow instructions at that tender age. Others engaged their daughters at the secondary education level chiefly because they are older and more experienced to follow their path.

Eleven (36.67%) parents had discussed puberty with their daughters. Out of the eight parents, six (54.54%) had discussed puberty before their daughters reached puberty age and the other 5 (45.45%) discussed it when they observed pubescence. All the fathers (15(50%)) referred the duty to their spouse (the girl's mother) because they had already experienced it and because they are closer to their daughters. More than half (18 (60.00%)) of the parents would consent their daughters to marriage at the age range of 20-25 as long as they had completed their first degree. Out of the remaining 12 parents, 7 (58.33%) would consent their daughters as from 18 years and upwards because they are sexually mature; 3 (25.00%) would consent their daughters as from 26 years and upwards because they would want them to gain some years of professional experience after graduation; and two would consent their daughters at ages as low as 12 years old because it was in accordance with their religion. Seventeen (56.67%) parents would consent their daughters to marriage even if they want to drop out of

school to marry. They gave reasons for their decision which include: they could continue education during marriage; their husband would care for them financially; School was not meant for everyone; there were very few jobs compared to the huge amount of graduates; and that they should learn a trade before marriage. Four (13.33%) parents would refuse consenting their daughters to marriage if they would want to drop out of school for marriage.

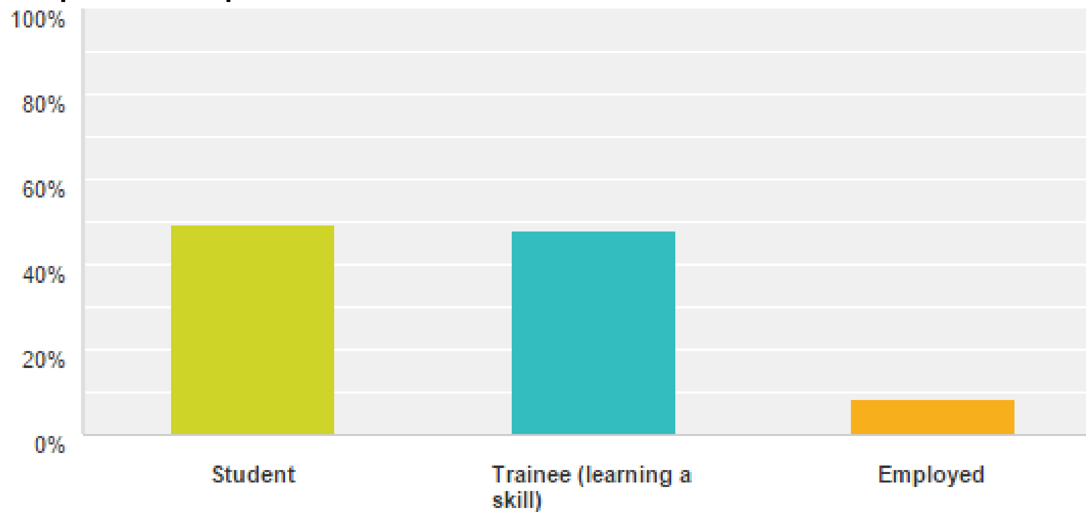
Seven (23.33%) parents reported knowing a girl who had an unwanted pregnancy. Five parents (71.43%) from this fraction never intervened in the condition because they were not related to the girls. The other two (28.57%) parents said they advised and encouraged the girls not to abort the pregnancy and they further followed them up to delivery. Fifteen (50.00%) parents had never discussed HIV/AIDs and other STIs/STDs with their daughters for the following reasons: their daughters have acquired the information through various social networks; they (parents) are not knowledgeable on the subject; and that the responsibility to discuss this subject lied on the girl's mother. The remaining parents had discussed this subject to their daughters majorly at the time they discussed puberty. Five (16.67%) parents reported knowing a girl who had contracted an STI most especially HIV. The help they could offer was to try and refer them for medical care.

On a final note, the parents advocated that the health sector give girls access to a wealth of information to empower them and in so aid them to fight against gender disparity. They further suggested that health organisations should: carry out interventions in religious houses; stress other means of preventing STIs other than the use of condoms; and incorporate the gospel into their various curriculums.

3.3 Quantitative Analysis

The 210 self-administered questionnaires were properly filled and analyzed, giving a response rate of 100%. The participants were adolescent girls within the ages of 13 to 19 years old.

Graph 1. Participant's Current Economic Status.

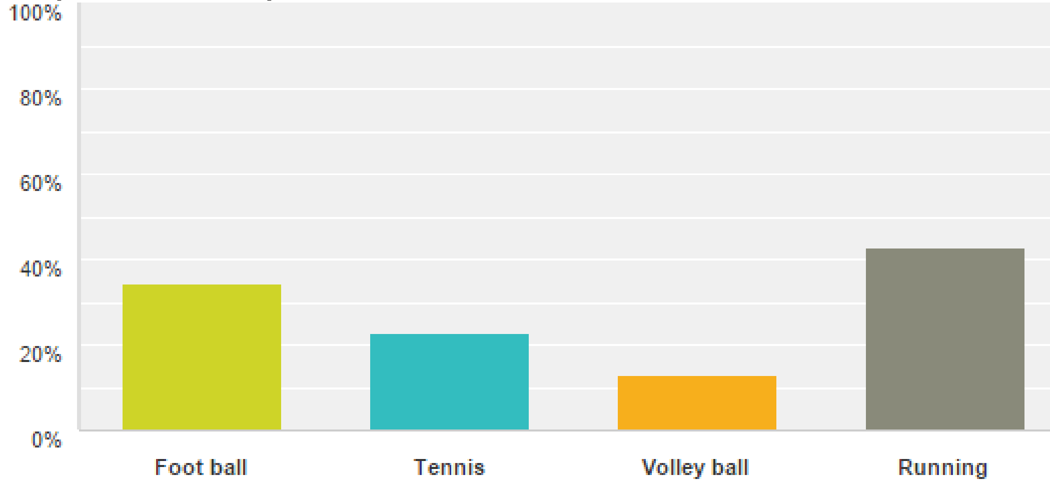


*97.62% response.

49.28% of the participants were in-school girl while the rest (50.72%) were out-of-school girl.

Carrier-wise the girls hoped that in the future, they would be: Accountants, Actresses, Bankers, Doctors, Engineers, Entrepreneurs, Fashion designers, Footballers, Hair stylists, Journalists, Lawyers, Make-up artists, Musicians, Nurses, Scientists, Sociologists, Soldiers, Sports trainers, and Tailors. Financial assistance was chiefly the resource required by the girls to achieve their life aspirations. Other mentioned resources include: parental support and guidance; mentoring; education; and skills and experience acquisition.

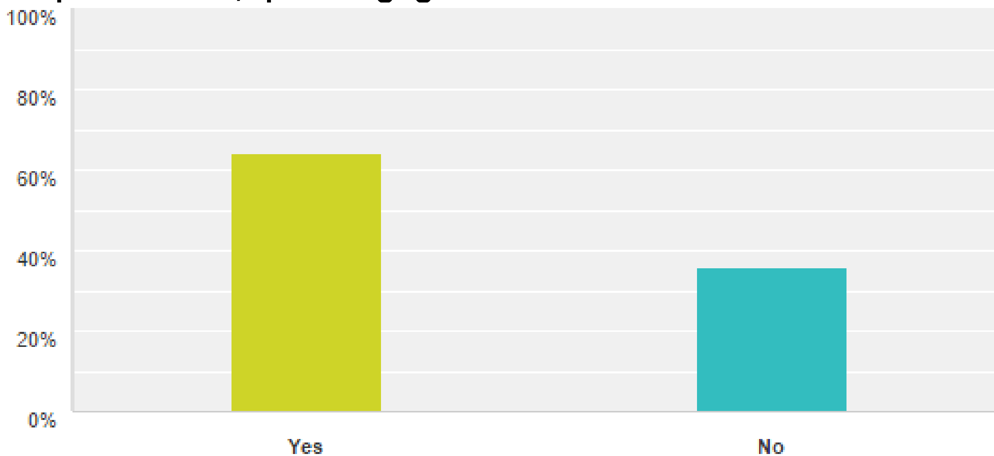
Graph 2. Games/Sports Preferences.



*86.67% response.

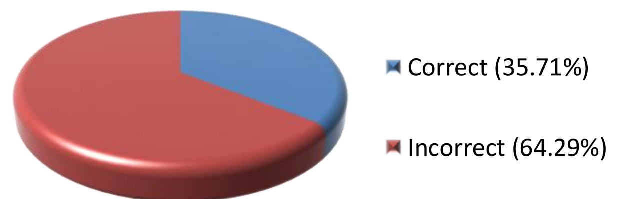
Majority (42.62%) of the girls preferred racing over other means of physical exercise. Other games/sports mentioned include: swimming, skipping, dancing, and singing.

Graph 3. Games/Sports Engagement.



Despite their passion for these various exercises, 35.71% of the girls do not engage in these exercises for reasons such as: they had no playing mate; home chores claimed most of their time; and they had no access to sports equipment.

Knowledge on HIV Acronym



About one-third of the participants were able to correctly say the meaning of the acronym, 'HIV'. Notwithstanding, more than three-third was able to at least mention some of the characteristics of HIV

and they were: HIV is a communicable disease; it can be transmitted through blood and sexual intercourse; it is deadly; it has no cure; and it affects the immune system.

Table 1. HIV Transmission

Answer Choices	Responses
Through mosquitoes	23.53%
Through blood	66.18%
Through breast milk	51.47%
Eating bush meat	5.88%
Through sexual intercourse	89.71%
Eating contaminated food	7.35%
Eating with someone who has HIV	4.41%
Touching someone who has HIV	8.82%

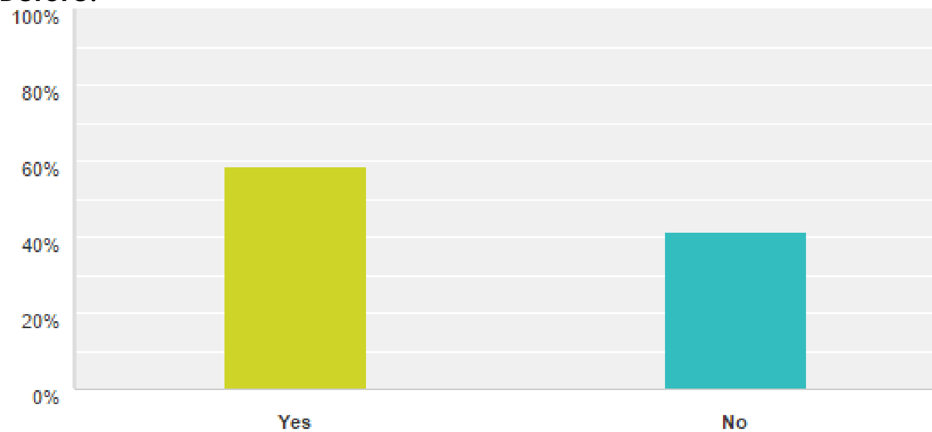
HIV transmission through sexual intercourse was the preponderant knowledge on HIV transmission compared to other transmission means among the girls.

Table 2. HIV Prevention.

Answer Choices	Responses
By not touching someone who has HIV	5.80%
By not having sex	59.42%
By using condoms if I want to have sex	69.57%
By not eating with someone who has HIV	7.25%
By not sharing shape objects	75.36%
By not living together with someone who has HIV	7.25%
By always testing for HIV	34.78%
By not sharing personal belongings with someone who has HIV	26.09%

Knowledge on the use of condom during sex as a means for HIV prevention was about two-third (69.42%).

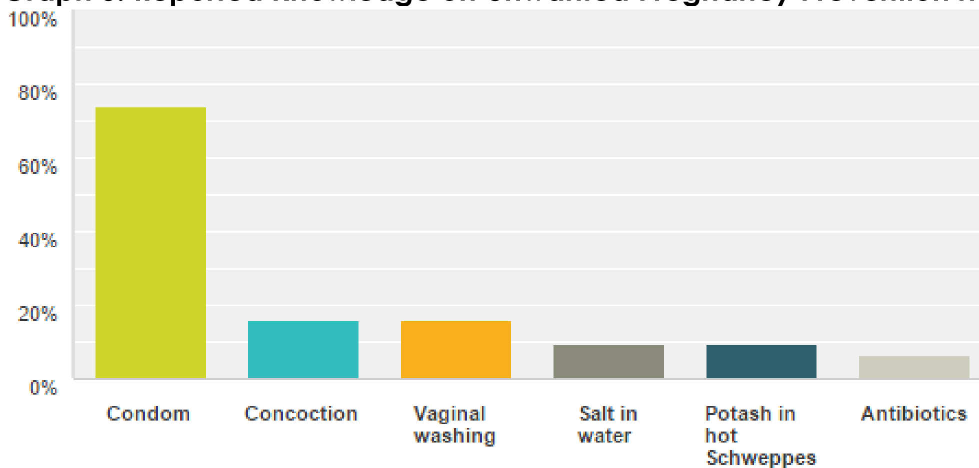
Graph 4. Reported Knowledge of Someone Close to The Participants Who Had Had Sex Before.



*96.19% response.

58.82% of the girls reported they knew someone close to them who had had sex before.

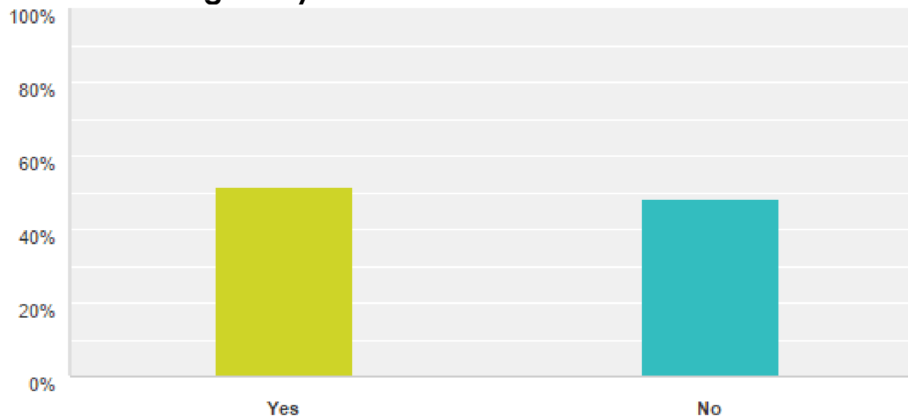
Graph 5. Reported Knowledge on Unwanted Pregnancy Prevention Measures.



*43.81% response.

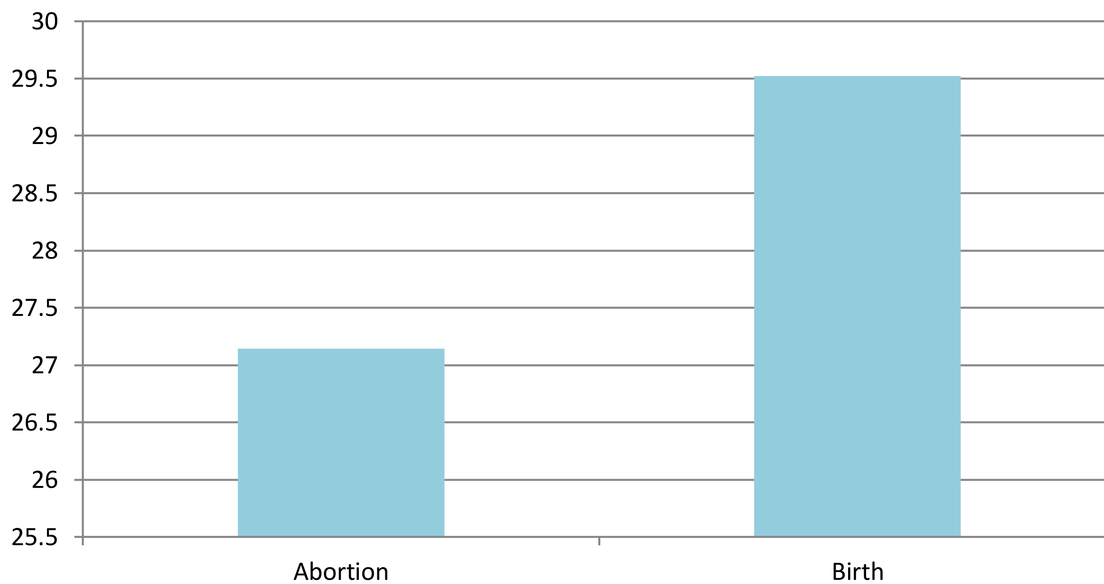
74.19% of the 43.81% girls who responded to the follow-up question, "what did she use to protect herself from unwanted pregnancy?" said they used condoms to protect their selves from unwanted pregnancy.

Graph 6. Reported Knowledge on a Someone Close to The Participants Who Had Unwanted Pregnancy.



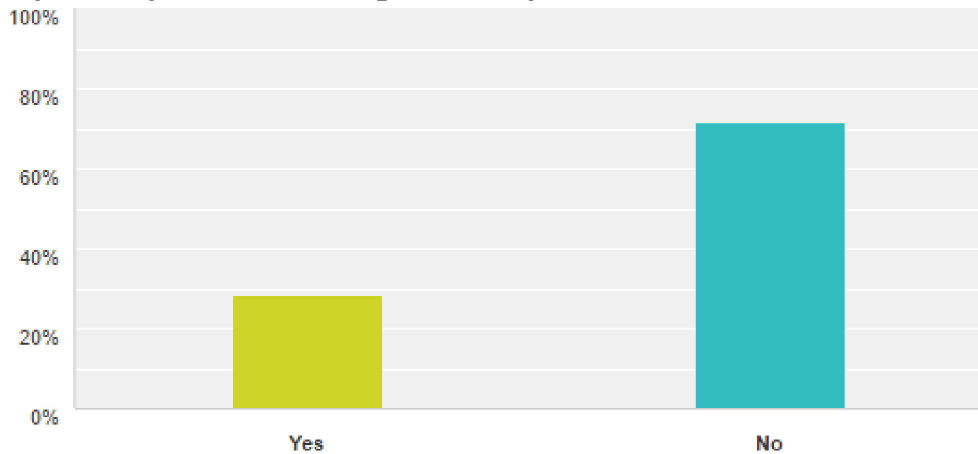
About half (51.43%) of the participants could recount knowing someone close to them who had unwanted pregnancy.

Graph 7. Unwanted Pregnancies Aftermath



29.52% out of the 51.43% reported cases of unwanted pregnancy were also reported to have progressed to child delivery.

Graph 8. Reported Knowledge on a Raped Victim.



More than a quarter (28.57%) of the girls reported knowing at least a case of sexual abuse. In a descending order of prevalence, some of the perpetrators mentioned by the participants include: hoodlums, boyfriends, friends, classmates, fathers, uncles, and clerics.

Some of these rape cases lead to forced marriages. Others were resolved: after a conflict between the families of the parties; by reporting to the police; through filing for legal actions; through money settlement; by abortion.

4.0 Conclusions

The findings of this survey divulged that the participants' knowledge to sexual health is inversely proportional to their behavioural change to sexual health. The adolescent girls also are in dire need of support to overcome the challenges that revolve around gender disparity that they encountered. Adolescent girls in these communities encounter challenges that affect them negatively such as: lack of adequate and comprehensive information on girls' empowerment; living in close proximity with potential sex offenders; parental negative decisions; and unorthodox practices that could have adverse effects on their health.

5.0 Recommendations

Recommendations based on the findings are:

- Providing comprehensive sexuality education for both in-school and out-of-school adolescent girls that offer accurate and comprehensive information and teach critical skills such as decision-making, communication and negotiation in relationships through effective and innovative development programmes. The programmes should not only increase their knowledge on sexual health but also have a strong focus on bringing about a positive change in attitude of the adolescent girls as regards to their sexual health.
- Providing access to comprehensive adolescent education and information through safe and confidential youth friendly centres with integrated youth-only services. Key service components should include: universal access to sexual and reproductive health information; a range of safe and affordable contraceptive methods; sensitive counseling; quality obstetric and antenatal care for all pregnant girls; sexual abuse management; and the prevention and management of sexually transmitted infections, including HIV.
- Parental involvement and enlightenment on matters that affect girls are required. Parents should be provided with adequate information from past literatures on how their actions and/or omissions had affected gender disparity.
- Train local peer educators to serve as game changers to other adolescent girls in the community. These peer educators could also serve as a first line to handling and reporting a local violence.
- Organisations that specialize in gender disparity should partner in order to create and boost an effective referral system. For example, girls' empowerment NGOs should partner with law enforcement organisations such as Domestic and Sexual Violence Response Team (DSVRT) to handle perpetrators of an identified victim.
- Development of interventions intended for potential sexual violence perpetrators. These proposed interventions should be able to effectively engage hoodlums since they are more prone to violence.

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