

A young woman with a joyful expression is looking out from a wooden doorway. She is wearing a colorful headscarf with a floral pattern, a white short-sleeved top with red polka dots and red ruffles, and a red and black checkered skirt. To her left, a window with several light-colored panes is visible. The background is a rustic wooden wall.

**Action  
Health Incorporated**

# A PROMISE TO KEEP

SUPPORTING OUT-OF-SCHOOL  
ADOLESCENT GIRLS TO REACH  
THEIR POTENTIAL

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This publication is based on a study conducted by Action Health Incorporated (AHI), a Nigerian non-governmental organization dedicated to improving adolescents' well-being and development. The study was initiated to broaden understanding about the reality, needs and concerns of out of school adolescent girls, as foundation for evidence- based advocacy and intervention planning for the education, health, safety and livelihood of marginalized girls in Lagos, and similar poor and socially disadvantaged communities in Nigeria.

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## EXECUTIVE SUMMARY

Renewed efforts by government and other stakeholders to focus attention on the health and wellbeing of adolescents in Nigeria have resulted in the development of promising policies and programmes particularly in the areas of health and education. Interventions resulting from these efforts over the last 10 years include the Universal Basic Education Policy, the implementation of life-skills based sexuality education in the education sector (Family Life and HIV Education Curriculum)<sup>1</sup> and ongoing development of youth friendly health services.

Unfortunately, these programmes have not sufficiently acknowledged the important differences among young people. Rather they have tended to treat adolescent populations as one homogenous group e.g. with insufficient regard for differences in gender; age; school, marital or parenting status; or socio-economic status linked to low income, discrimination, and even geography. These oversights have resulted in significant missed opportunities.

Also, for the most part, existing efforts primarily serve young people who can be reached through the formal education sector. One key missing group who rarely benefits from these interventions is out-of-school adolescents — especially girls. Although Nigeria's policy guarantees free primary education for all, the data demonstrate that—irrespective of place of residence—a smaller percentage of girls than of boys are enrolled in school at every level. With nearly as many girls out of school as in school by age 17 in rural areas, policy makers and the larger society need to be innovative in reaching them, addressing the urgent needs, and leveraging the potential of this significant proportion of Nigeria's girls. This is of fundamental importance to Nigeria's own development.

As a first step towards focusing attention on this gap, Action Health Incorporated initiated a study to broaden understanding about the reality, needs and concerns of out of school adolescent girls in Iwaya, one of the largest blighted communities in urban Lagos, the economic hub of Nigeria<sup>2</sup>. This was done with a view to using the findings as a foundation for evidence-based advocacy and intervention planning for the education, health, safety, and livelihood of marginalized girls in Lagos, as well as similar poor and socially disadvantaged communities across the country.

The study revealed that the fundamental human rights of out-of-school adolescent girls aged 10 to 19 years to education, health, livelihood skills and a future devoid of poverty are being unabashedly compromised. These abuses are compounded by the difficult decision facing poor parents and caretakers who end up compromising girls' future contributions, productivity, and wellbeing by prioritizing their labor over their learning.

Of those girls surveyed, a) nearly 25% had begun childbearing or were pregnant; b) only 4% had comprehensive knowledge of HIV prevention; c) over 50% had experienced physical violence by their partner or parent/guardian in the last 12 months and had no recourse or "safe space" to flee or support group or association outside their families and religious communities and d) nearly 60% could not read, sometimes went hungry, and did not possess the basic "wealth" of a blanket, shoes and two sets of clothes. Nonetheless, 80% of the adolescent girls interviewed were economically active—nearly half of them were not paid as direct beneficiaries of their labour rather, the earnings were to support their parents or guardians—and 36% were caregivers for adults or other children.

It is important to note that the lack of schooling has implications far beyond access to basic education: being out-of-school substantially increases: a) threats to adolescent girls' health, b) pressure to engage in risky sexual relations, c) pressure to marry and marry early, as well as d) exposure to exploitative labour conditions.

An analysis of the study results and feedback from dialogue between the various stakeholders within the community and government officials following the study provide clear indications of what needs to be done to protect and promote these girls' wellbeing and help them and their entire community achieve its full potential.

They also make clear that everyone—governments, Non-Governmental Organizations, development agencies, charitable and religious institutions, and the private for-profit sector has a role to play in reversing this neglect and changing the bleak futures that face millions of girls living in such circumstances around Nigeria.

This report outlines specific areas of intervention needed to address the situation and suggests concrete actions that can help realize one of the Nigerian government's top priorities—placing the country on the path to the realization of the Millennium Development Goals—a set of internationally agreed upon standards for national and global wellbeing which can only be achieved with the participation of educated and healthy girls.

“...irrespective of place of residence—a smaller percentage of girls than of boys are enrolled in school at every level...”

1. See description on page 8

2. Action Health Incorporated, 2010, "Livelihood and Health Conditions of Out-of-School Adolescent Girls in Iwaya: Report of the Iwaya Slum Survey", unpublished document by AHI, Lagos, Nigeria; Action Health Incorporated, 2011, "Iwaya Community Asset Mapping Report", unpublished document by AHI, Lagos, Nigeria





## CHAPTER 1

### INTRODUCTION: ADOLESCENT GIRLS ARE CRITICAL ACTORS IN THE DEVELOPMENT OF NIGERIA

*“...investing in adolescent girls benefits everyone. When they flourish, their families and communities flourish as well. The benefits go a long way in a girl’s lifetime, and for generations to come. Investing in adolescent girls is the smartest investment a country can make... When she is educated, healthy and skilled, she will be an active citizen in her community. She will become a mother when she is ready and one who will invest in her future children’s health and education. She will be the entrepreneur discovering solutions that break the cycle of poverty, one girl at a time...Putting girls first means promoting their rights and gender equality, and prioritizing them within national programmes for health, education, livelihoods, and security.”*

*-Professor Babatunde Osotimehin, Executive Director of the United Nations Population Fund<sup>3</sup>*

*“...Please, if they (policy makers) can just get them (the girls) an adult teacher so that they can be inspired (to learn about their bodies and health, about better choices), then they will understand what life is all about. ”*

*-Female, Age 18-24 Focus Group Discussant, Iwaya Slum, Lagos*

**N**igeria’s adolescent girls hold the key to the wellbeing of their families, neighborhoods and the nation. If given quality basic education and skills; critical knowledge and capacity to protect their own health; and the confidence and opportunity to grow and prosper, their contributions will be multiplied many fold.

Nigeria’s adolescent girls already contribute to their families economically—even when they lack specialized skills or basic literacy and numeracy which would greatly enhance their earning power. They are frequently the “infrastructure solution” to missing public sector services—although children themselves, they walk long distances to find and carry water and fuel as well as transport goods and younger children.

As both actual and defacto parents, girls are also guardians of family and community health and social development. They play central roles in the feeding, maintenance and childcare arrangements of the household even if the “household” is composed of upwards of 10 members or headed by someone other than their own parents (e.g. for migrant girls who have left their own families in the rural areas). With basic education, health and life skills education and opportunities to build on their strengths and work together with their female peers, these girls could serve as a source of knowledge and good practice “at home”, as well as leaders mobilizing for improvements in their environment and strengthening social networks in their community. With strategic investments in their capacities, adolescent girls can make an even greater contribution to future growth in all sectors of the national economy—including the independent business and the formal industrial sectors as well as the agricultural sector—and the wellbeing of all Nigerians.

3. Prof. Osotimehin is the former Chairman of the National Agency for the Control of AIDS (NACA) in Nigeria and until recently, Nigeria’s Minister of Health.



“...the global concern and the recent scourge of HIV/AIDS in Nigeria brought to the fore the urgent need to deal with adolescent reproductive health issues without further delay. In 1998 for instance, 60% of all reported cases of HIV/AIDS came from the age group 15 – 24 years, who constitute more than 50% of the national population.... The main goal of FLHE (Family Life and HIV Education Curriculum) is the promotion of awareness and prevention against HIV/AIDS.... from primary to tertiary levels of education....by providing learners with opportunities:

- To develop a positive and factual view of self
- To acquire the information and skills they need to take care of their health including preventing HIV/AIDS
- To respect and value themselves and others, and
- To acquire the skills needed to make healthy decisions about their sexual health and behaviour.”<sup>4</sup>

Nigeria’s government has already acknowledged the central roles girls play in assuring the wellbeing of any community and demonstrated their intentions to support girls both through commitments to national educational initiatives and by agreeing to a set of standards and principles developed by the global community together with Nigerian representatives<sup>5</sup>. Although the precepts and practices of the agreements are still being integrated into Nigeria’s legal code, planning processes, and public and private sector practice and services, they serve as a guide for improving Nigerian policies and programmes. The government has already dedicated a special bureau to the realization of the Millennium Development Goals—a set of goals for national and global wellbeing which can only be achieved with

the participation of educated and healthy girls. Recent appointments of Nigerian leaders in the field of women’s health to major international agencies dedicated to empowering girls provide added impetus.

**Despite this evidence of girls’ critical developmental role and the affirmation of that fact by the Nigerian government, many girls are daily denied their basic human rights, as well as the education, health and skills investments which would enable them to live healthy lives and achieve their potential.** The public, private and even some of the charitable sector organisations have failed to provide the needed services and investments for these girls as well as the support to their families to enable them make choices for girls’ advancement. Even in established youth health and education programmes, there is need to focus more attention on appreciating and addressing the complex factors influencing different groups of girls’ ability to effectively access the limited services available. Although, the Federal and State governments, as well as private sector organizations have sponsored programmes to assist adolescent girls, they are still missing a large percentage of them. This is because the majority of the programmes and investments by public and private-sector actors to a large extent benefit in-school girls.

Unfortunately, these gaps result in girls’ opportunities for full participation in society and the economy and their overall good health and wellbeing being further undermined by early, unprotected, and often forced and violent sexual activity contributing to early, frequent and often life-threatening pregnancies, HIV infections, as well as emotional scars not always immediately evident.

These abuses are compounded in poor and socially disadvantaged communities by the difficult decision facing poor parents and caretakers—compromising girls’ future contributions, productivity, and wellbeing by prioritizing their labor over their learning. While one in 10 Nigerians is an adolescent girl between the ages of 10 and 19—in rural areas sadly half of these are unable to complete school and remain mostly marginalized. Although Nigeria’s “Universal Basic Education Policy” guarantees free primary education for all, the data demonstrate that—irrespective of place of residence—a smaller percentage of girls than of boys are enrolled in school at every level. Among younger adolescents, girls are more likely to not be in school (29.1 percent vs. 22.8 percent for boys) and by end of

adolescence 45.1 percent of all girls 15 to 19 years of age are not in school compared to 31.2 percent of boys in this age category. Not surprising then that one third of older adolescent girls in Nigeria are illiterate<sup>6</sup>. Statistics also show that nearly a quarter of girls have been pregnant by age 17 and 40 percent by age 19 and that there is a clear association between educational status and pregnancy<sup>7</sup>.

It is girls’ lack of education and employment and livelihoods options as well as of self- knowledge and social support/affiliations which combine to prevent them from making empowered and wise decisions regarding their futures. It is poor sexual and reproductive health and girls’ inability

to control their own reproduction which contribute to both Nigeria’s high population growth rate (with a total fertility rate of nearly 5 children per woman as a result of early childbearing)<sup>8</sup> and to the perpetuation of the cycle of poverty and lack of education across generations.

This failure to assure girls’ right to a basic education both reflects and contributes to more fundamental problems including adolescent girls’ internalization of the low status of women in Nigeria. Nationally, 40 percent of women believe it acceptable for a husband to be physically violent with his wife for reasons such as burning the food.

**TABLE 1: School Enrollment 10-17 Years Olds In Nigeria**

Percent of adolescents 10-17 currently in school.				
Age	Urban		Rural	
	Girls	Boys	Girls	Boys
10	87.0	91.95	58.1	66.4
11	89.3	93.7	69.8	76.5
12	89.7	92.2	63.2	71.7
13	88.4	92.4	64.3	71.7
14	87.6	89.2	63.8	71.2
15	85.7	87.1	59.5	64.6
16	79.8	89.0	61.9	70.5
17	70.0	78.6	50.1	64.2

Source: The Population Council. 2010. *The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People: Nigeria, 2008*. New York: The Population Council.

4. Nigerian Educational Research and Development Council. 2003. *National Family Life and HIV Education Curriculum for Junior Secondary School in Nigeria*. Sheda, Federal Capital Territory, Nigeria.

5. These include the Convention of the Rights of the Child (promoting the right to education, health care, protection from economic exploitation, and all forms of sexual, physical and mental abuse, along with other rights); The Convention on the Elimination of All Forms of Discrimination against Women (guaranteeing women equality in the enjoyment of their human rights and freedoms in the political, economic, social, cultural, and civil domains); The World Declaration on Education for All; The World Summit for Children; and the Millennium Development Goals. (See Ruth Levine, et al. 2008. *Girls Count: A Global Investment and Action Agenda*. Washington, DC. Center for Global Development).

6. The Population Council. 2010. *The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People: Nigeria 2008*. New York: The Population Council.

7. See Table 4 on page 11

8. National Population Commission. 2009. *2006 Population and Housing Census of the Federal Republic of Nigeria: Vol. II. Lagos. National Population Commission*. And The Population Council, 2010, “The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People: Nigeria 2008.” New York: Population Council. Pp. 9-10.

**TABLE 2: Attitude Towards Wife Beating In Nigeria**

Percent distribution of women age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by age.

Husband is justified in hitting or beating his wife if she:

Age	Burns the food	Argues with him	Goes out without his consent	Neglects the children	Refuses to have sexual intercourse with him	Percentage who agree with at least one specified reason	Number of women
15-19	16.6	25.6	30.7	29.6	20.9	40.3	6,493
15-49	16.2	27.6	32.2	30.5	25.3	43.0	33,385

Source: National Population Commission. 2009. Nigeria-Demographic and Health Survey, 2008. Calverton, Maryland, USA: ICF Macro International.

Women’s low status is also evident in the persistence at the national level of the practice of early marriage despite federal legislation to raise the age at marriage. In Nigeria, up to 50 percent of rural women ages 20-24 are married by age 18 (22 percent in urban areas). Many are married to older men resulting in an age differential which further undermines girls’ decision making ability with respect to their health and education.

**TABLE 3: Age At First Marriage Or Union In Nigeria**

Percent distribution of girls by age at first marriage among girls 20-24.

Region	Married by age 15	Married by age 18
National	16.4	39.4
Urban	8.2	21.6
Rural	21.2	49.8

Source: The Population Council. 2010. The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People: Nigeria, 2008. New York. The Population Council.

Girls internalization of women’s low status is reflected in early childbearing (a risk to both mother and child) highlighted by a dramatic increase from nearly 7 percent having given birth or been pregnant at age 15 to nearly 39 percent at age 19—with clear associations with failure to complete their education.

**TABLE 4: Teenage Pregnancy And Motherhood In Nigeria**

Percent distribution of adolescents age 15-19 who have had a live birth or who are pregnant with their first child and who have begun childbearing by age and education.

Age	Percent who		Percentage who have begun childbearing	Number of women
	Have had a live birth	Are pregnant with first child		
15	2.8	3.5	6.3	1,555
16	8.9	4.1	13.0	1,211
17	18.9	5.3	24.2	1,130
18	29.4	6.3	35.7	1,595
19	33.6	4.7	38.4	1,002
<b>Education</b>				
No education	44.0	11.2	55.3	1,604
Primary	21.0	5.5	26.5	950
Secondary	6.8	2.1	8.9	3,864
More than secondary	2.7	0.0	2.7	76
<b>Total</b>	<b>18.0</b>	<b>4.8</b>	<b>22.9</b>	<b>6,493</b>

Source: National Population Commission. 2009. Nigeria-Demographic and Health Survey, 2008. Calverton, Maryland, USA: ICF Macro International.

Overall, Nigerian national level data demonstrate that:

- a significant proportion of adolescent girls are not in school
- a significant proportion live in households that do not include either of their natural parents
- many adolescent girls marry early which may further limit their education
- many adolescent girls have children early which may contribute to or reflect their inability to complete their education (e.g. due to marriage).
- many adolescent girls internalize the low status of most Nigerian women
- adolescent girls may be prime targets for physical and emotional abuse

The lack of schooling has implications far beyond access to basic education: being out-of-school substantially increases: a) the threats to adolescent girls’ health, b) pressure to engage in risky sexual relations, c) pressure to marry and marry early, as well as d) exposure to exploitative labour conditions. With nearly as many rural girls out of school as in school by age 17<sup>9</sup>, policy makers and the larger society need to be innovative in reaching, addressing the urgent needs and leveraging the potential of this significant proportion of Nigeria’s girls.

9. See Table 1





## CHAPTER 2

### THE LIVED REALITIES OF OUT-OF-SCHOOL GIRLS – LESSONS FROM THE LIVES OF ADOLESCENT GIRLS IN IWAYA SLUM

#### Nigeria's Urban Slums

**T**he lack of services and opportunities for adolescent girls- especially those who are out of school-and the resultant poverty, poor health and cycle of deprivation and violence are particularly evident in rapidly growing urban slums. Sadly, the proliferation of slums is a phenomenon with which Nigeria has struggled for some time not only in Lagos (one of the world's 21 "megacities" with an estimated population of 10.2 million accounting for 13.4 percent of Nigeria's urban population) but in cities throughout the country.

The overall growth of Nigeria's major urban areas has so strained public services that, for example, nearly 75 percent of Lagos residents share toilet facilities with other families (presenting a particular challenge for girls' safe hygiene and elevated risk of sexual violence) and 32.3 percent lack water that is safe for drinking (forcing adolescent girls to walk long distances to find water—again putting them at risk of violence).

In 2006, the Report of the Presidential Committee on Redevelopment of Lagos Mega-City put the number of slum or blighted areas in Lagos at over 100.<sup>10</sup> The growth of slums is driven by both migration into and within the cities and birth rates. The high unemployment rates in these areas with few economic opportunities, less skilled populations, and an expanding generation of unschooled and unskilled youth combine with the poor living conditions to produce abject poverty. Most of these slums lack sufficient health facilities (limiting girls' ability to seek guidance and care during the transitions of puberty), educational services (reducing employment preparation and earning potential), and social or even sports facilities (eliminating yet another "protected" space for young women to gather, share together informally, and build support networks).

As is the case all over Nigeria, not much is known about the life circumstances of out-of-school adolescent girls who live in urban slums: e.g. recently migrated or long-term residents; married, in union or not; at home with family or on their own; varying levels of education and economic engagement; vastly different health needs particularly in the area of sexual and reproductive health; and differences in the promises and potential which motivate them and define their life choices.

**To provide the foundation for evidence-based advocacy and intervention planning, a study of the reality, needs and concerns of the out-of-school female adolescents was conducted in Iwaya slum in 2010<sup>11</sup>. It was followed by a study of the strengths, assets and vision of the community.**

“  
...nearly 75 percent of Lagos residents share toilet facilities with other families (presenting a particular challenge for girls' safe hygiene and elevated risk of sexual violence)...  
”

10. Mehrotra, S., Natenzon C. E., Omojola, A., Folorunsho, R., Gilbride, J., and Rosenzweig, C. 2009. Framework for City Climate Risk Assessment: Buenos Aires, Delhi, Lagos, and New York. Fifth Urban Research Symposium, Cities and Climate Change: Responding to an Urgent Agenda, Marseille, June, 2009. Washington DC: The World Bank.

11. Action Health Incorporated, 2010, "Livelihood and Health Conditions of Out-of-School Adolescent Girls in Iwaya: Report of the Iwaya Slum Survey", unpublished document by AHI, Lagos, Nigeria; Action Health Incorporated, 2011, "Iwaya Community Asset Mapping Report", unpublished document by AHI, Lagos, Nigeria



Iwaya Community is one of the largest and poorest slums in the Lagos metropolitan area. The community lies in the south east of Yaba Local Government Area overlooking the Lagos Lagoon and the Third Mainland Bridge to the east. It has an estimated population of over 100,000 persons drawn from three major ethnic groups of Nigeria; Hausa, Igbo and Yoruba- mainly the Ogu (Egun) sub-group. The housing situation in Iwaya is chaotic including several houses that are sitting on stilts inside the lagoon. The greater part of the community lacks decent sanitation and potable water supply. The dominant occupations of Iwaya residents are fishing and trading and there are many unemployed and underemployed persons. As residents in a designated slum, the community and adolescent girls within it face the constant threat of displacement by the State government itself, because they are considered illegal occupiers and their shanties are “an eyesore”.<sup>12</sup>

The overarching objective of the AHI study was to find out the most critical health and livelihood issues, as well as the structural, social and cultural barriers to the well-being of marginalized out-of-school girls who are resident in this urban slum community with a view to using the results to guide policy advocacy and programme interventions in similar communities in Lagos and across Nigeria.

“As residents in a designated slum, the community and adolescent girls within it face the constant threat of displacement by the State government itself, because they are considered illegal occupiers and their shanties are “an eyesore”.

The specific objectives of the AHI study were to:

- i) Obtain basic demographic characteristics of adolescent girls (e.g. indicators of their family structure) as well as basic socio-economic data (e.g. access to material assets);
- ii) Provide up-to-date information on the girls’ educational attainment levels and reasons for not being in school ;
- iii) Ascertain the degree of girls’ social isolation, internalization of negative gender norms ascribing girls low status, and experience of violence and abuse;
- iv) Identify constraints to health services utilization;
- v) Determine the prevailing sexual behavior of girls;
- vi) Ascertain girls’ knowledge and use of family planning;
- vii) Ascertain girls’ knowledge of HIV/AIDS and how to prevent its transmission;
- viii) Investigate girls’ existing livelihood base including employment options;
- ix) Identify feasible health, education, social support and livelihood interventions.

The study included both a quantitative survey of all adolescent girls within a purposively selected area of Iwaya as well as focus group discussions with four different age-groups of men and women from the community; community leaders; and health and education providers. It

was followed by an inventory of the resources or “assets” available to help address or mobilize support to address girls’ needs within the community: e.g. services, businesses, social and religious institutions, development agencies and even former residents who have achieved celebrity or “model citizen” status. This process involved the community and its stakeholders as expert resources in providing data on young women and community resources as well as interpreters of the data during the community feedback sessions—thereby helping foster trust, a sense of ownership and responsibility, and potentially reducing the cost and increasing the sustainability of an intervention which leverages local capacity and strengths.

## Life Of An Out-Of-School Adolescent Girl In Iwaya

Interviews were completed with 480 adolescent out-of-school girls aged 10-19 and resident in Iwaya. About three quarters of the respondents are older adolescent girls aged 15-19 and about one quarter of the respondents are younger adolescent girls aged 10-14 years. Seventy-five percent of the out-of-school adolescent girls are Christians and 24 percent are Muslims. Three ethnic groups, Hausa, Igbo and Yoruba are represented in the slum with the Yoruba (particularly the Ogu/Egun sub-group) predominating. Among respondents, 3.8 percent are Hausa, 16.9 percent are Igbo and 78.5 percent are Yoruba including 36.7 percent who are Ogu/Egun. Sixty one percent of the sample had lived in Iwaya all their lives and another 7.4 percent for over 8 years. Although almost 75 percent of the girls had attended school at some point, however few went beyond primary education.

“This process involved the community and its stakeholders thereby helping foster trust, a sense of ownership and responsibility, and potentially reducing the cost and increasing the sustainability of an intervention which leverages local capacity and strengths .”

**TABLE 5: Adolescent Girls’ Background Characteristics, Iwaya Study, 2010**

Percent distribution of out-of-school adolescent girls aged 10-19 by background characteristics.

Background Characteristic	Percent
<b>Age group</b>	
10-14	25.8
15-19	74.2
<b>Marital status</b>	
Single	88.3
Divorced/separated/widowed	1.5
Married or living together	10.2
<b>Religion</b>	
Christian	75.6
Muslim	24.0
Traditionalist	0.4
<b>Ethnicity</b>	
Hausa	3.8
Igbo	16.9
Yoruba (including Ogu/Egun)	78.5
Other	0.8
<b>Had ever attended school</b>	
Yes	74.8
No	25.2
<b>Length of Stay in Iwaya</b>	
Always	61.4
<2 years	9.4
2 – 4 years	12.2
5 – 7 years	8.8
8+ years	7.4
Can't remember	0.8
<b>Total</b>	<b>100.0</b>
<b>Number of cases</b>	<b>480</b>

12. Ugbodaga, Kazeem. August 18, 2011. “Lagos to Demolish 400 Shanty Homes”, Post in PM News: First With Nigerian News, Lagos. <http://pmnewsnigeria.com/2011/08/18/lagos-to-demolish-400-shanty-homes/>





The study in Iwaya confirms patterns found in other parts of Nigeria: that out-of-school girls who reside in poor communities are socially isolated; face great personal insecurity and risks of violence to their bodies, and have few resources available to them in the community to build their confidence and give them an understanding of worlds and opportunities beyond the impoverished community in which they live. Most are already “economic actors” and key to the wellbeing of their families and community, but they lack education, income earning skills, social support, basic protections, and basic knowledge about their health and bodies—gaps which both reduce their earning potential and combine to burden the adolescent girls of Iwaya with poor mental and physical health, early pregnancy and risk of infection.

“*The study in Iwaya confirms patterns found in other parts of Nigeria: that out-of-school girls who reside in poor communities are socially isolated; face great personal insecurity and risks of violence to their bodies, and have few resources available to them in the community to build their confidence and give them an understanding of worlds and opportunities beyond the impoverished community in which they live.*”

## Girls' Well-Being And Life Choices

**Girls' lack of personal empowerment is most evident in their lack of control over their bodies and sexual and reproductive health as well as their inability to pursue life options other than marriage and childbearing.**

The Iwaya study showed that 42.3 percent of the surveyed out-of-school adolescent girls aged 10-19 had had sexual intercourse. Of those who had had sex, more than half--55 percent--are older girls aged 15-19. By age 12, 3 percent of Iwaya adolescents had reportedly had sexual intercourse for the first time: but by age 15, 20 percent had had sex.

The median age for sexual initiation among Iwaya girls aged 10-19 is 15.3 years (more than two and a half years earlier than the national average).

The majority of the girls (88.3 percent) had never been married, 10.2 percent are married or living together with a man as though married and 1.5 percent are already separated or widowed at a young age.

Of the sexually active girls, only about 10 percent are married or in union. The Iwaya out-of-school adolescent girls surveyed are more likely than their age mates elsewhere in Nigeria to engage in sexual intercourse outside marriage. This becomes very problematic when no modern method of protection from pregnancy or sexually transmitted infection is used.

Of greater concern, however, was the most sexually active girls in Iwaya had had their first sexual encounters with older male partners. A significant 19.7 percent of the girls had had partners who were more than 10 years older; 69.5 percent had partners who were less than 10 years older, and about 11 percent of the girls reportedly had older partners but were unsure of their ages. Given girls' desperate need for funds for survival and monetary contributions for family upkeep, it is not unreasonable to suggest that Iwaya girls choose to have sex with older men who would be more likely than their jobless male peers to compensate them for sexual access through paying for essentials (transport, food, clothing) or paying cash.



Adolescent girls in Iwaya who initiate sex at early ages are exposed to the risk of pregnancy many years before marriage, and to sexually transmitted infections (STIs). Because older men might have had other wives and partners, the girls are even more exposed to STIs and HIV/AIDS. At the time of the Iwaya survey, 15.7 percent of the respondents had begun childbearing. Another 7 percent were pregnant and 4.6 percent had had episodes of abortion, stillbirth or miscarriage. These statistics indicate a limited use of protection.

The knowledge needed to protect themselves is lacking. Given that the median age for sexual initiation in the sample was 15, it is of concern that less than one third (32.7 percent) of out-of-school girls in Iwaya have heard about contraceptives including only about 6 percent of young girls aged 10-14. Although 42 percent of the older adolescent girls aged 15-19 have heard about contraceptives, only 18.5 percent of out-of-school Iwaya girls aged 15-19 reported using a method of family planning. Of even greater concern, is the finding that, just over 10 percent of young adolescents and just under 35 percent of older adolescents know about HIV and approximately one third know the common ways to prevent its transmission.

These patterns are an indication of their powerlessness. The most dramatic demonstration of girls' personal vulnerability is their experience of violence. The study demonstrated that violence and insecurity are a part of life for girls in this community—with over half reporting some sort of experience of violence at the hands of those who should be caring for them. Single /never married out-of-school adolescent girls are more likely than their married/ in union counterparts to have experienced each of the various forms of physical violence identified in the survey. Of married adolescent girls, 14 percent have reportedly been forced to have intercourse and 9 percent forced to perform sexual acts against their wish.

**TABLE 6: Adolescent Girls' Knowledge Of Hiv/Aids And Preventing Its Transmission, Iwaya Study, 2010**

Percent of girls 10-19 who have heard of AIDS, and those who have comprehensive knowledge of AIDS prevention, and rejects popular misconceptions about HIV and AIDS.

	10-14 yrs	15-19 yrs	10-19 yrs
<b>Have heard of AIDS</b>	11.3	34.3	28.3
<b>Knows preventive methods</b>			
Using condoms	8.9	38.8	31.0
Limiting sexual intercourse to one HIV-negative partner	12.1	36.8	30.4
Abstaining from sexual intercourse	11.3	32.6	27.1
<b>Rejects local misconceptions</b>			
HIV cannot be transmitted by mosquito bites	11.3	18.3	16.5
HIV cannot be transmitted by supernatural means	12.1	12.4	12.3
A person cannot contract HIV by sharing food with a person who has HIV	9.7	15.4	14.0
Percent who say that a healthy-looking person can have HIV and who reject the two most common local misconceptions*	3.2	12.4	10.0
Percent with a comprehensive knowledge about HIV**	0.8	5.1	4.0

Notes: \*Two most common local misconceptions: HIV can be transmitted by mosquito bites and HIV can be transmitted by supernatural means.  
 \*\*Comprehensive knowledge means knowing that abstinence, being faithful to one partner and use of condoms can reduce the chances of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about HIV transmission and prevention.

**TABLE 7: Forms Of Violence Experienced By Adolescent Girls, Iwaya Study, 2010**

Percent distribution of out-of-school adolescent girls who experienced various forms of violence committed by their parent/guardian/husband/partner.

Forms of Violence	Often or sometimes
<b>Physical violence (in last 12 months)</b>	
Slapped her	55.4
Twisted her arm or pulled her hair	17.5
Pushed her, shook her, or threw something at her	25.4
Punched her with his fist or with something that could hurt her	14.2
Kicked her, dragged her, or beat her up	52.3
Tried to choke her or burn her on purpose	3.8
Threatened her or attacked her with a knife, gun, or any other weapon	3.5
<b>Sexual violence (in last 12 months)</b>	
Physically forced her to have sexual intercourse with him even when she did not want to	4.0
Forced her to perform any sexual acts she did not want to	2.9
<b>Emotional violence (ever)</b>	
Said or did something to humiliate her in front of others	40.8
Threatened to hurt or harm her or someone close to her	30.0
Insulted her or made her feel bad about herself	60.4

It should be noted that different types of violence are not mutually exclusive and women may report multiple forms of violence.



Girls' desperate need for a more secure and reliable "space" was evident in some of the results of the focus group discussions:

*Whenever the school administration asks us to provide the names of the orphans among our pupils, some of them (pupils) will come to us and plead that we should include their names even when their parents are alive—clearly, poverty is the problem. (Service Providers Focus Group Discussant, Iwaya Slum)*

## Girls' Education<sup>13</sup>

A key "solution" to such isolation is education, but here Iwaya's girls are at a great disadvantage. Although a large proportion of those surveyed reported moving to Lagos in search of education, the survey sample showed 25.2 percent of out-of-school adolescent girls do not have any formal education and 9.8 percent only completed primary school education. Only 7.7 percent of girls in the Iwaya study completed secondary education. None reached beyond secondary school level. Almost half (45.2 percent) of the younger adolescent girls aged 10-14 had no education which suggests that formal education ends early.

Less than a quarter (23.1 percent) of all respondents are able to read a simple sentence in English and only 5 percent of all young adolescents aged 10-14 are able to read at all. The situation is slightly better among older adolescents, 30 percent of whom can read. But these data indicate that the girls surveyed are less literate than other Nigerian girls of the same ages (both in and out-of school). Nationwide, 32.2 percent, nearly one third of girls aged 15-19 cannot read a simple sentence as compared with a much higher proportion, 49 percent or about half of older adolescents aged 15-19 in the survey.

More than half of the respondents (52.9 percent) mentioned lack of money as the reason for discontinuing

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*"Those ones (migrants who receive no pay for work done) are maids. They are brought from the villages and are not living with their biological parents. They take care of the babies in the family and do all house chores. They help their guardians to take their kids to kindergarten schools. Some of them that are lucky enough to be allowed to go to school may only go for two days in a week. They have a day to tie groundnut, another day to fry groundnut and a day to sell groundnut. "(Even if they wish to return home) ...the money needed for travelling is much. The girls and sometimes boys have no choice other than to stay.*

*-Service Providers Focus Group Discussant, Iwaya Slum.*

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school, and others blamed the stigma attached to repeating a class. Not being enrolled by parents who deliberately denied their children formal education was mentioned by about 14 percent of respondents. Another 6 percent mentioned pregnancy as a major reason for discontinuing school.

Other data suggest additional factors. As noted in the next section, a significant proportion of girls migrated with individuals who were not direct relatives or not relatives at all. Over one quarter of the out-of-school adolescent girls (26.5 percent) are primary caregivers for children, and 18 percent care for the sick. Although a large majority (78 percent) of the Iwaya respondents reported that both of their parents were alive, more than one third of all the adolescent girls in the survey (37.7 percent) are not living with their biological parents. This may reflect their role as unpaid labor in households other than their own.

## Girls' Social Isolation

**Girls' social impoverishment is evident in their lack of social networks and of "safe spaces" to come together with other girls to discuss life issues.**

Data from the survey shared above demonstrated that of the girls surveyed, the majority do not have linkages to social networks and groups apart from their families (for those living with family members) and houses of worship. The high proportion who reported themselves as caregivers and child caretakers likely live a very isolated existence at home. Even among those who work as traders, most seem to work on their own and are not part of market associations or other groups which provide support and leverage. They have few safe places to go and gather with other girls apart from their houses of worship where they would be monitored for other reasons.

Overlaid on the personal isolation documented in the study and also seen in many urban slums, is the fact that 38.6 percent of the resident out-of-school adolescent girls in the Iwaya survey are migrants. Of those who migrated to Iwaya, 16 percent originated from towns and villages outside Lagos while the remaining moved from other areas within the Lagos metropolis. No matter their origins, their migrant status can further compound their personal isolation as they face the barriers of language, vocational skills and even lifestyle.

The migration transition undermines existing social and economic support mechanisms. Nearly a quarter (23.2 percent) of the migrants travelled to Lagos in the company of their mothers and only 21 percent travelled with both parents. Very few migrants had travelled with fathers alone. A large proportion of migrants (45 percent) had travelled to Lagos with other relatives or others not regarded as relatives. Only 3.5 percent of older adolescents aged 15-19 and no girl in the 10-14 age group reportedly came to Lagos to join husbands or boyfriends.

## Girls' Economic Challenges

**Girls in the community are economically unempowered even though the majority are economically active.**

Despite the girls' aspirations, girls in the survey are very poor. Measurements of young women's access to cash/possession of cash were not part of the survey—indeed the level of poverty is such that their "wealth" is measured in cloths and pairs of shoes. These resources will not suffice either to start a business or to serve as collateral for a loan to do so.

Data from the survey showed that young women already "work" or are economically active in this community. It also showed that they are often not paid or paid only in kind. Eighty percent of adolescent girls interviewed are economically active—but nearly half of these are not paid. Clearly girls are powerless before their current "employers" or their "market" or clients for their sales businesses. Restrictions on girls' mobility may make it difficult for them to access more promising distant markets outside the impoverished market in which they live day to day.

13. See Table 8 on page 22



**TABLE 8: Education And Literacy, Iwaya Study, 2010**

Percent distribution of out-of-school adolescent girls aged 10-19 by level of education and literacy.

	10-14 years	15-19 years	Total
<b>Level of Education</b>			
No education	45.2	18.3	25.2
Some primary	38.7	12.1	19.0
Completed primary	8.9	10.1	9.8
Some secondary	7.3	49.2	38.3
Completed secondary	0.0	10.4	7.7
<b>Literacy status</b>			
Cannot read at all	86.3	49.4	59.0
Able to read only parts of the sentence	8.9	21.1	17.9
Able to read the sentence	4.8	29.5	23.1

Source: Action Health Incorporated, 2010, "Livelihood and Health Conditions of Out-of-School Adolescent Girls in Iwaya: Report of the Iwaya Slum Survey", unpublished document by AHI, Lagos, Nigeria; Action Health Incorporated, 2011, "Iwaya Community Asset Mapping Report", unpublished document by AHI, Lagos, Nigeria

**TABLE 9: Employment Status Of Adolescent Girls, Iwaya Study, 2010**

Percent distribution of out-of-school adolescent girls aged 10-19 by age and occupation.

	10-14 years	15-19 years	Total
<b>Occupation</b>			
Trader	50.8	37.6	41.0
Apprentice	10.5	35.1	28.8
Sales Girl	14.5	7.3	9.2
Nothing	24.2	20.0	21.0

Source: Action Health Incorporated, 2010, "Livelihood and Health Conditions of Out-of-School Adolescent Girls in Iwaya: Report of the Iwaya Slum Survey", unpublished document by AHI, Lagos, Nigeria; Action Health Incorporated, 2011, "Iwaya Community Asset Mapping Report", unpublished document by AHI, Lagos, Nigeria

**TABLE 10: Mode Of Payment To Adolescent Girls, Iwaya Study, 2010**

Percent distribution of employed out-of-school girls aged 10-19 by Mode of Payment and Age.

Mode of Payment	10-14 years	15-19 years	Total
Cash only	37.0	40.9	40.0
Cash and kind	8.3	5.6	6.2
Kind only	9.5	5.9	6.8
Not paid	45.2	47.6	47.0

Source: Action Health Incorporated, 2010, "Livelihood and Health Conditions of Out-of-School Adolescent Girls in Iwaya: Report of the Iwaya Slum Survey", unpublished document by AHI, Lagos, Nigeria; Action Health Incorporated, 2011, "Iwaya Community Asset Mapping Report", unpublished document by AHI, Lagos, Nigeria

The economic situations of the girls' are linked to those of their families and the broader community.

A large majority, (75 percent) of out-of-school adolescent girls live in households with one sleeping room. As revealed in focus group discussions, such a room will serve as sleeping unit and kitchen for the entire household who would normally use outside, improvised toilet facilities. Majority of the out-of-school adolescents live in households of three to six persons per room, and 16 percent of adolescents live in households of more than seven persons per room.

*I have counted the number of people who live in our house. We are seventy-four (74) and the house has one toilet. That is why my own family members use poh (a chamber pot.) Sister please, (for emphasis) we use poh (chamber pot), we can't just use the toilet with them (the numerous co-residents).*

*-FGD female respondent*

Girls' economic wellbeing is linked at least in part to their household's structure. For example, the likelihood of possessing each of the three and all three basic material possessions (a proxy for wealth) increased for adolescent respondents who lived with both parents in the same household. The girls who resided with both parents were more likely than those who live with one parent to have their basic needs met. Those who reside in households housing fathers only were the least likely to possess all three basic needs.

A teacher from the community provided insights into the conflicting priorities facing residents:

*On a certain occasion, some of us who are teachers went house to house, encouraging them to bring their children to school and informing them that the Lagos State government was giving free books, free sandals, free school uniform, etc. One of the women I spoke to was very adamant and she asked me, "So, if I send my children to school, who will help me with hawking my wares?"*

*-Teacher, Focus Group Discussant, Iwaya Slum*

Even these minimal business ventures run up against the limited markets in Iwaya itself.

*...Sometimes they don't have any food to eat. At times, they may eat in the morning, but have nothing again until night. Even when they eat, it's never nutritious food, just concoctions of whatever they're given. (Clinical Service Providers Focus Group Discussant, Iwaya Slum) ... because most parents here do menial jobs. Is it the woman-pepper seller, whose total capital is not enough to buy a blanket or the man-carpenter who never has enough customers and his daily earning cannot provide food for his family? How do you want them to cope?*

*-Community Leaders Focus Group Discussant, Iwaya Slum.*

Sadly, learning a trade as an apprentice was cited in the survey as the second most important reason for migration. Older adolescents in the sample are more likely than the younger ones to have moved to Lagos in order to learn various trades as apprentices.

However, in a community with few options for formal employment and a very weak market, a combined approach of supporting individual entrepreneurship as well as fostering linkages to the formal sector is needed. To help the girls develop their own higher return products for profitable businesses which go beyond the typical goods demanded in their neighborhoods, they need access to markets through transport, collaborative efforts, rotating marketplaces, and even cell phones and the internet (the latter even if only in one site in their community). As programmes address economic challenges, they will need as well to address the broader employment and income needs of the surrounding community such that adolescent girls' income earning (albeit in less risky endeavors than transactional sex) does not become the "solution" for family poverty, and that girls' earnings help them to become more independent and to protect themselves.

*Most of us girls in Iwaya, we depend on guys... If they (policy makers) can teach them (adolescent girls and boys) how to make a living rather than prostitution and robbery, it will be fine.*

*-Female 18-24 years Focus Group Discussant, Iwaya Slum*





## CHAPTER 3

### KEEPING THE PROMISE: STRATEGIC OBJECTIVES AND RECOMMENDED ACTIONS

**A** the public and private sectors. The Iwaya study highlights the need to mobilize all available resources to assure that the adolescent girls of Iwaya, like girls in all other slums across Lagos and Nigeria, are able to beat the odds and lift themselves and their community out of a worsening situation.

In Iwaya, actors from both the public and private sectors are beginning to address the situation. The study results and feedback from a dialogue between the various stakeholders within the community and government officials provide clear indications of what needs to be done to protect and promote these girls' wellbeing and help them and their entire community achieve its full potential. They also make clear that everyone has a role to play and a contribution to make.

For example, the Community Assets Mapping exercise focused on the potential of resident professionals, faith-based organizations, parent-teacher associations and even kinship groups as channels for sensitization workshops, mentoring programmes and other inputs to improve primary and secondary enrollment and literacy levels. It focused on medical doctors and social clubs for girls as well as the existing primary health care center as means to provide FLHE and clinical services resulting in improved health and a decline in adolescent births.

*In response to the surveys revelations regarding dramatic gaps in formal education and skills development opportunities facing the girls included in the Iwaya study sample and reflecting the tremendous potential of such interventions to lift girls out of their current situation, Action Health Incorporated has launched a pilot intervention for 108 (almost a quarter) of those surveyed. These out-of-school girls will be enrolled in several different types of programmes—formal education, non-formal education, and vocational skills acquisition under a collaborative partnership involving contributions from the community members and relevant state government agencies.*

*One third of these girls are between 10 and 14 years of age and will be enrolled in primary education with the goal of preparing them for admission to secondary school.*

*AHI, along with Iwaya Community Leaders, have also identified accredited hairdressing and beauty salons and tailoring businesses in the community which will offer apprenticeship programmes to provide marketable skills for financial independence for the remaining girls between the ages of 15 and 19 years. This will be complemented by evening literacy classes to be provided by the Lagos State Government's Agency for Mass Education. The agency will also provide learning materials and workbooks, as well as pay the instructors' monthly salaries.*

*AHI hopes that the lessons learned from this pilot phase will help to inform effective low-cost strategies that the government and other stakeholders in the private sector can use to address the problems facing marginalized adolescent girls on a larger scale in the numerous blighted communities across Lagos State.*



Girls need support in three primary, interconnected dimensions of their lives—each of which can be addressed by well tested interventions and programmes.<sup>14</sup> In the course of a review of assets within the community, during focus group interviews with key stakeholders, in the feedback sessions with the community, and in the course of analyzing study results, several possible strategies were identified and enthusiastically endorsed. These include actions on the part of 1) government programmes; 2) non-governmental organizations including charities, and religious organizations; and 3) the private for-profit sector. Many of these have been identified as best practices in the field.

## 1. GIRLS NEED PERSONAL EMPOWERMENT achieved through:

- fostering in girls the belief in themselves, and the confidence and communication and negotiation skills needed to protect themselves and guard their health as well as the courage to consider and pursue different life choices from those of their poorer family members and peers;
- engaging and educating male counterparts, older male and female fellow community members, other key community stakeholders, emergency services agencies (e.g. the police, health workers) and those often closest to girls (teachers, religious leaders, peer educators) on how to support and promote this shift in approach;
- giving girls the basic educational foundation which is key to life-long learning as well as the ability to adapt and remain engaged with an urban environment and marketplace which are evolving at a rapid pace;

Two key interventions addressing these needs are:

Family Life and HIV Education through out of school as well as in-school mechanisms. These will provide girls with the basics about how to keep their bodies safe and healthy, assure their sexual and reproductive good health, and build the decision-making and communication skills as well as confidence and perspective on the status of women and girls to enable them to make their own wise decisions about their lives and futures. FLHE also educates their male counterparts on preserving health and protection as well as on the principles of equitable decision-making.

And

Formal education (returning to school) or literacy programmes. These will provide girls with the basic skills needed to seek formal employment, follow and understand the marketplace as businesswomen, understand and research what needs be done to protect their own health and that of their children, and participate fully as Nigerian citizens—including mobilizing resources for their own community.

## So what can each of us do?

### Government

The Ministry of Education can actively recruit girls for school, provide safe transport to schools on land, build schools on the water and add mobile enhancements for education such as libraries on wheels (or boats) or weekend activities. The MOE can offer programmes to facilitate the return to school of out of school girls including special classes for the oldest girls; classes offered at times allowing girls to balance education with family demands, or parallel services such as childcare. A more aggressive strategy would include providing vouchers to encourage families to send and/or return girls to school—an approach being tested in many regions of the world. Above all, the MOE should also assure provision of FLHE for all ages and assure adequate sanitation facilities to assure girls' privacy;

The Ministry of Health could provide mobile clinics and/or clinics on the water which are adolescent friendly and assure the confidentiality and full information needed for these young girls. They could provide regular health campaigns for the community which include a focus on and link to sexual and reproductive health services and endorse and promote FLHE in schools. The Ministry could also promote FLHE in out of school settings including mobile and MNCH clinics, service/work settings, and even marketplaces and houses of worship. All of this should include a special focus on issues of gender and decision making. The Ministry should make a special effort to provide HIV education/outreach and referral or treatment in light of the level of risk faced by these young girls.

The Ministry of Works and Housing and Ministry of Environment could provide basic sanitation services in the community to reduce not only disease, but the risks which shared sanitation services present to young girls.

The Ministry of Youth, Sport and Social Development could develop sports and youth development programmes for these young people which provide safe spaces to gather and also include content on FLHE and good health/life style choices. They could draw on some of the celebrities from the community (many of them sports stars) to serve as role models and motivators for these efforts. The messages should focus both on girls—strengthening their position—and boys and men—highlighting their need to support and lift up girls.

### NGOs, Development Agencies and Charitable Efforts

These actors could develop coordinated girls education and empowerment programmes (fostering linkages across programmes to help reduce further fragmentation and isolation) as well as FLHE programmes. These should follow the learning derived from the AHI study, the experience of existing NGOs in the community (including AHI), and engage and educate community and public sector actors and private funding sources about their experiences.

### Religious Institutions

These institutions have already been documented as a key social/networking resource for girls outside their families. They could offer many of the same education and empowerment programmes for girls and their families and use the “pulpit” to send reinforcing messages. There are examples of programmes in Lagos engaging the Catholic church in sexuality education programming for youth which could serve as a support.

### The Private For-Profit Sector

The private sector-if not active and visible within the community- is present on the edges of the community and may already employ community members. It is in their interest to develop the communities surrounding them and to assure the good health of their workers and families. Following other examples in Nigeria, this sector could invest in infrastructure for health and education, training for health and education, and even use their own female employees as potential mentors or role models for young women hoping to advance in business.

14. For descriptions of the various interventions proposed and studies demonstrating their impact, see Action Health Incorporated. Forthcoming, 2011. Policy Brief: Critical Interventions to Address the Health, Education, Security and Livelihoods Needs of Out-of-School Adolescent Girls in Iwaya Slum, Lagos (working title). Lagos. Action Health Incorporated.

Also see as an example, Erulkar, Annabel, Belaynesh Semunegus, and Gebeyehu Mekonnen. 2011. “Biruh Tesfa (‘Bright Future’) Program Provides Domestic Workers, Orphans & Migrants in Urban Ethiopia with Social Support, HIV Education & Skills,” Promoting Healthy, Safe, and Productive Transitions to Adulthood Brief No. 21. New York. The Population Council.



## 2. GIRLS NEED SOCIAL EMPOWERMENT achieved through:

- providing safe spaces for girls to meet, share and work together;
- developing girls' networks, fostering their leadership within the community and promoting solidarity;
- fostering linkages between those “on the water” and those “on land”.

Two key interventions addressing these needs are:

Development of protected, monitored, girl-friendly physical spaces which offer planned/structured activities as well as providing room for girls to develop and pursue their own projects and ideas.

And

Development of girls' associations based on common interests, geography, and through sports or even businesses. Ideally, these associations would both link to national level groups (providing perspective and broadening horizons) and possibly offer opportunities to travel within Nigeria (much as the Youth Service Corps).

## So what can each of us do?

### Government

The Ministry of Education and Ministry of Youth, Sport and Social Development are best positioned to foster programmes which draw girls out of their isolation and into activities not only with other girls in their community, but linking with girls in other parts of Iwaya, Lagos and Nigeria. These could include sports competitions, craft competitions and educational programmes.

The Ministry of Women's Affairs and Poverty Alleviation could foster special programmes for young women—including young women entrepreneurs and activists. They could actively recruit these girls and young women into national level women's and girls' associations.

The Ministry of Health could use regular mobile outreach efforts to help link young women together through national peer educator programmes and exchanges as well as educating and engaging young women in their health campaigns.

### NGOs, Development Agencies and Charitable Efforts

These groups could offer special education and empowerment programmes (building on AHI's and the local literacy programme's networks and examples). They could help to educate and advocate with government, community leaders, and the private profit sector to mobilize both financial and in-kind (e.g. training) resources to enable girls to move beyond their communities<sup>23</sup>.

### Religious Institutions

These actors now serve as the primary social alternative for young women in the survey. Thus these entities could provide a range of educational, skills and health outreach for girls but also foster linkages across congregations and with larger national networks and even global church communities.

### The Private For-Profit Sector

The private sector could provide outreach and educational campaigns offering models of women/girls in professional or business roles or even a chance for girls to see such women in action (e.g. through visitations to their offices or businesses).

## 3. GIRLS NEED ECONOMIC EMPOWERMENT achieved through:

- providing technical or vocational training for production of saleable items or formal employment;
- providing entrepreneurship, business and financial skills training (and numeracy) to assure their business success;
- enabling linkages to markets outside of their impoverished community, and support for cooperative efforts to negotiate better prices with suppliers and buyers from large groups of girls—rather than one girl having to negotiate with a powerful buyer.

Three key interventions addressing these needs are:

Without compromising current or future educational opportunities (including those provided through interventions proposed above), identify and help the young women themselves identify market-responsive income generation activities/services/products and/or formal employment opportunities which build on their current economic activity and skills and are compatible with the other “life demands” on their time and energy. Based on this data, provide flexible training opportunities (not simply “on site” but even “mobile” methods) to enhance their production. Help them to focus on high earning options (including those traditionally reserved for male counterparts), and support them in discussions with their families regarding the allocation of income earned and girls' growing independence.

Provide the business-related training necessary to assure that they understand and are able to adapt to the changing demands of the market, can make sufficient profit to make it worth their time and effort, and are able to grow and/or diversify their businesses as needed.

Help young women to save their existing cash resources or to access in-kind or financial support for their efforts on terms which are realistic and sustainable.

## So what can each of us do?

### Government

The Ministry of Education and Ministry of Youth, Sports and Social Development can provide afterschool or community-based business skills, entrepreneurship programmes or financial education. The Ministry of Education can develop or collaborate with specialized programmes which integrate into the curriculum skills currently in demand in the labor market and put in place procedures or programmes to ease the “school to work” transition for girls.

The Ministry of Women's Affairs and Poverty Alleviation could foster visiting, exchange or mentoring programmes between women entrepreneurs and these young women. They can also support the types of empowerment and leadership skills programmes which will give girls the confidence to pursue such an endeavor and negotiate with suppliers and clients.

### NGOs, Development Agencies and Charitable Efforts

Private groups could offer girl-focused as well as community-wide skills and business development programmes following best practice and engaging and mobilizing local government as well as private sector businesses and banks. They could also provide a structure for savings options for girls outside the formal system (such as rotating savings plans).

### The Private For-Profit Sector

The private sector could provide skills training, business training and even capital (including small loans or small grants to “test” business ideas) as well as “linking” local businesses into the private companies' larger business activities (e.g. fish for larger scale production; development of parts for production of more complex products). In essence, they can provide linkages to the stronger formal sector on the edges of the community.



## CHAPTER 4

### CONCLUSION: COORDINATED ACTION FOR EMPOWERING GIRLS IN IWAYA, LAGOS AND NIGERIA

In conclusion, although much remains to be done, this research and these emerging interventions can help lead the way for all stakeholders—including government and the private sector. Although the patterns seen in communities such as Iwaya are magnified by the grinding poverty and dense population, they are not unique to slum areas and are of national relevance. The lessons learned from this effort to support girls in three primary, interconnected dimensions of their lives—personal, social and economic empowerment—are of relevance not only for Iwaya and other slums, but for Nigeria as a whole.

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*The knowledge and insights provided by both the surveys of the girls and the community of Iwaya and the documentation of the process of implementation and the impacts of the proposed investments in the girls of Iwaya should be used to guide evidence-based actions by government, community leaders, service providers and advocates in Iwaya, Lagos State and other urban communities across the country.*

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The knowledge and insights provided by both the surveys of the girls and the community of Iwaya and the documentation of the process of implementation and the impacts of the proposed investments in the girls of Iwaya should be used to guide evidence-based actions by government, community leaders, service providers and advocates in Iwaya, Lagos State and other urban communities across the country. Concerted advocacy and mobilization of public and private sector resources to implement these strategies will create the enabling environment allowing out-of-school girls to reach their potential and make greater contributions to their own development and that of Nigeria as a whole.

**This learning should also be shared beyond Nigeria's borders. Nigeria has taken part—indeed informed—the growing international consensus on the need to address marginalized girls based on evidence from surveys such as that in Iwaya.** This much broader international movement highlights the need for action on three major fronts to assure that girls grow up healthy, safe and achieve their full potential. These include:

- Collection and dissemination of girl-specific data to make these groups of girls more visible;
- Additional investment to ensure that marginalized out-of-school girls benefit fully from conventionally configured programmes and initiation of new context-specific programmes to prepare out-of-school adolescent girls for responsible adulthood;
- Provision by government and other policy makers of equal opportunities for girls and boys so that girls get their fair share in employment, social programmes and efforts to protect their human rights.

This three-pronged action plan should focus on fulfilling girls' rights, building their social and economic assets, addressing their health and education and protection needs. All of these will enable them contribute to national development and building of the next generation.



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