



Spotlight 2: Investing in Adolescent Girls to Defuse Nigeria's Demographic Timebomb

Summary: *As Nigeria enters a phase of rapid expansion of the working-age population, there is a window of opportunity to benefit from the “demographic dividend”—a period in which the share of those who are working starts to outnumber the share of young and old dependents, and the increase in labor supply boosts economic growth. However, Nigeria’s transition into this window of demographic opportunity has been sluggish. Nigeria’s persistently high fertility rates, especially in the northern regions and among adolescent girls, the poor, and those with low educational attainment, threaten to derail the demographic transition. Poverty, low prevalence of and demand for modern contraception, and lack of quality secondary schools and job market opportunities, all contribute to high rates of teenage pregnancy, early marriage, and low educational attainment among Nigeria’s adolescent girls. To reap the demographic dividend, Nigeria must kickstart the stalled demographic transition and ensure that the children of today have the means to grow into healthy and productive adults. On these fronts, Nigeria’s performance thus far has fared poorly compared to its structural and aspirational peers. Policy recommendations focus on ensuring adolescent girls remain in school longer, and are provided opportunities and services to enable their school-to-work transition.*

Introduction and Context

Nigeria’s demographic transition has stalled, prolonging its placement as a “pre-dividend” country with a decline in fertility rates that lags other countries and regions.³⁹ The country’s population structure remains heavily skewed towards young dependents because of high fertility rates.

Figure 3.12 (Panel A) plots the rate of decline in Total Fertility Rate (TFR)⁴⁰ over the last two decades among countries in the African continent and provides three categorical breakdowns: (a) countries where TFR decline has been less than 0.05 per year are categorized as having a “stalled” transition; (b) countries where TFR decline has been between 0.05 and 0.1 per year are categorized as “early transition”; and (c) countries where TFR decline has been more than 0.1 per year are categorized as in “transition”.⁴¹ Nigeria is one of only four countries in Africa with TFR above 5 and a pace of decline of TFR of less than 0.05 a year, along with Niger, the Republic of Congo, and the Gambia. Most other countries with a stalled demographic transition have TFR below 3 and mostly lie in Northern Africa (Egypt, Morocco, Libya, Algeria, and Tunisia) and Southern Africa (South Africa, Botswana, and Eswatini).

Nigeria’s prospects of reaping the demographic dividend are grim, owing to persistently high fertility rates. Between 2020 and 2050, Nigeria’s working age population is projected to increase by 132 million. This represents 20 percent of the expected increase in the

³⁹ A country is classified in a pre-dividend typology when the working-age population is projected to grow within the next 15 years, and the total fertility rate is above four. Early dividend countries follow a similar definition, except they have a total fertility rate below four. The demographic dividend, which is in essence an economic surplus, is triggered when, owing to the fast decline of fertility, the working-age population becomes relatively larger and the dependency ratio for young people becomes more favorable.

⁴⁰ The World Health Organization (WHO) defines the TFR as the average number of children a hypothetical cohort of women would have at the end of their reproductive period, if they were subject during their whole lives to the fertility rates of a given period and if they were not subject to mortality. It is expressed as children per woman.

⁴¹ A decline in TFR of 0.05 a year roughly corresponds to a decline by 1 child every 20 years.

working age population across all of Sub-Saharan Africa, and places Nigeria second only to India among countries expected to see the largest growth in their working-age population by 2050. Advancements in medical sciences and public health have ensured a rapid decline in child mortality rates in Nigeria and Sub-Saharan Africa. However, the decline in fertility rates have not kept pace with the decline in child mortality, as Nigeria's TFR has failed to diminish substantially over the last five decades.

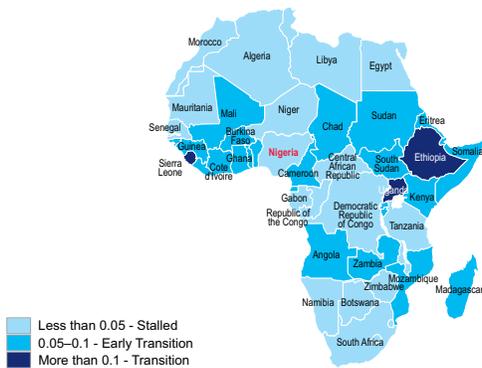
Figure 3.12 (Panel C) shows that the TFR in Nigeria has declined by only 0.7 percentage points over the last 30 years, from 6 in 1990 to 5.3 in 2018. As expected, the TFR is higher in rural areas compared to urban

areas, but it has only declined by 0.5 percentage points in the latter compared to 0.4 percentage points in the former over the last 30 years. Comparing Nigeria's trends in TFR with other regions and countries, Figure 3.12 (Panel D) shows that the decline in TFR in Nigeria lags those in sub-Saharan Africa and other regions across the globe. For example, South Africa's TFR declined from 6 in 1960 to 2.4 in 2019.

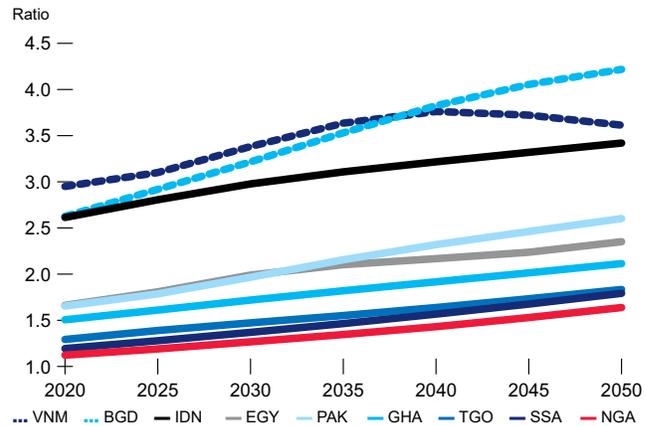
Fertility rates in Nigeria are highest in the North, among women in the poorest quintile, and among women with no secondary education. Figure 3.12 shows the TFR disaggregated by urban/rural zones, education level of the mother giving birth, and wealth

Figure 3.12. Nigeria's Stalled Demographic Transition.

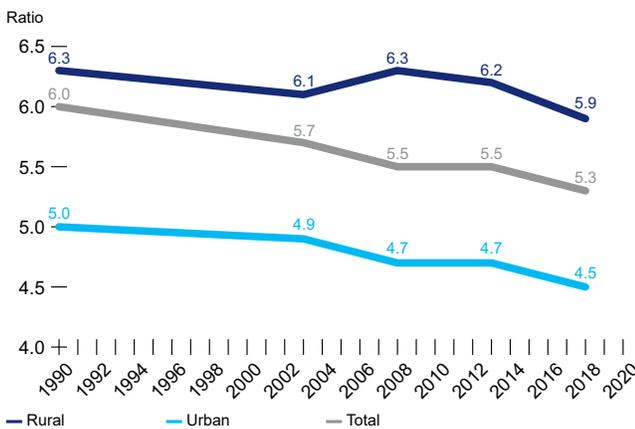
Panel A. Rate of TFR decline over the last two decades



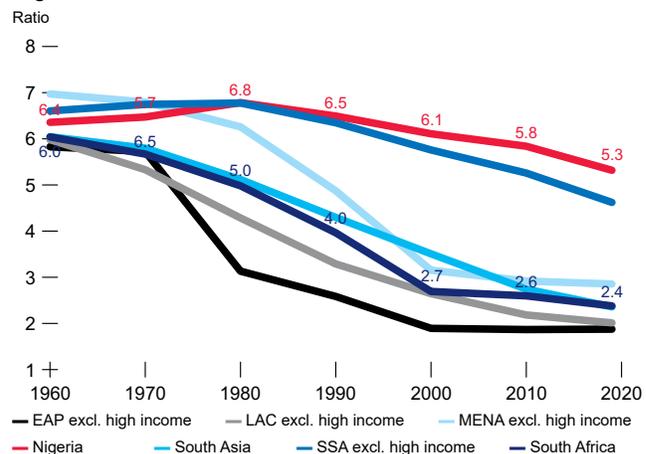
Panel B. Ratio of working age population (15–64) to young dependents (0–14), Nigeria and peer countries, 2020–2050



Panel C. Nigeria's TFR, rural and urban areas, 1990–2020



Panel D. Rate of TFR decline, Nigeria and comparator regions and countries, 1990–2020



Source: World Bank estimates based off WDI (Panel A; Panel C; and Panel D) and UN World Population Prospects (2019) (Panel B).

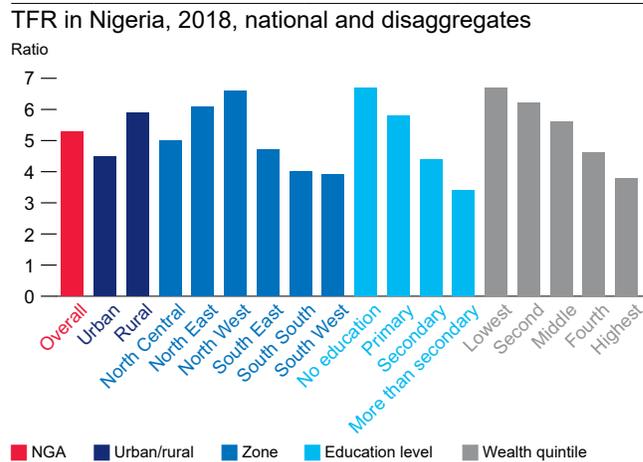
quintile. The North West region in Nigeria has a TFR of 6.6, which would be the second-highest fertility rate of any country in the world, behind only Niger. On average, the state with the lowest TFR is Lagos with 3.4, and the state with the highest fertility rate is Katsina with 7.3. Similarly, the TFR among women with no education (6.7) is almost twice that among women who have completed secondary education (3.4), and the TFR among women in the poorest quintile (6.7) is 3 percentage points higher than among women in the richest quintile (3.8).

This stall in the demographic transition dims Nigeria’s prospect for a demographic dividend in the near future. The demographic transition is the phase in which the conditions to capture a demographic dividend are created, because of declines in child mortality and fertility, and the increase in the share of working-age population relative to dependents. Figure 3.12 (Panel B) plots the ratio of the projected working-age population (15–64) to the projected population of young dependents (0–14) in Nigeria and peer countries between 2020 and 2050.^{42,43} It shows that in 2050, for every young dependent, Nigeria will only have 1.5 people in the working-age population, compared to 2.1 in Ghana, 2.6 in Pakistan, 3.4 in Indonesia and 4.2 in Bangladesh. In other words, comparator countries will have a greater share of economically active people who contribute to the economy.

Adolescent girls are a crucial demographic group to fast-track Nigeria’s demographic transition. There are several reasons why addressing the needs of adolescent girls and empowering them presents Nigeria with the best opportunity to harness a demographic dividend. First, adolescents between the ages of 10 and 19 constitute an estimated 23 percent of Nigeria’s

population in 2020, and will continue to represent more than 20 percent of the population by 2050.⁴⁴ Second, and similar to TFR, Nigeria’s adolescent fertility rate of 104 births per 1,000 women aged 15–19 is very high compared to its income level, and substantially higher than average in the northern regions of the country.⁴⁵ Nigeria’s adolescent fertility rate has failed to decline below 100 over the last 50 years, and its pace of decline lags that of Sub-Saharan Africa and peer countries. It is also worth noting that Nigeria recorded increases in birth rates by girls aged 10 to 14 between 2007 and 2017.⁴⁶ Third, and most importantly, interventions that help adolescent girls reach their full potential, by increasing their education and skills and delaying childbearing and early marriage, can create a virtuous cycle that improves adolescent and child health and paves the way for women empowerment—ultimately leading to higher economic growth.⁴⁷

Figure 3.13. The TFR in Nigeria is highest in the North, among females with no education, and among the lower wealth quintiles.



Source: World Bank calculations based off Nigeria Demographic and Health Survey (NDHS), 2018.
 Note: Total fertility rate for the three years preceding the survey among women between the ages of 15–49.

42 Structural and aspirational peers are identified in the World Bank Systematic Country Diagnostics for Nigeria (2019). Available at: <https://openknowledge.worldbank.org/handle/10986/33347>
 43 Population projections are estimated using the “medium” variant scenario in the World Population Prospects data. Available at: <https://population.un.org/wpp/>
 44 Population projections are estimated using the “medium” variant scenario in the World Population Prospects data. Available at: <https://population.un.org/wpp/>
 45 The WHO defines the AFR as the annual number of births to women aged 15–19 per 1,000 women in that age group. It is also referred to as the age-specific fertility rate for women aged 15–19.
 46 United Nations. 2020. *Fertility among young adolescents aged 10 to 14 years*. Available at: <https://www.un.org/en/development/desa/population/publications/pdf/fertility/Fertility-young-adolescents-2020.pdf>
 47 Canning, D., Raja, S. and Yazbeck, A.S. eds., 2015. *Africa’s demographic transition: dividend or disaster?* World Bank Publications.

Constraints to Demographic Transition Through the Lens of Nigeria’s Adolescent Girls

Adolescent girls are a key demographic group to break the intergenerational transmission of poverty in developing countries.⁴⁸ Previous analysis from Nigeria supports this view. With adolescents likely to be the second-largest demographic group, after young children, for the foreseeable future, policies that help adolescent girls realize their potential will help Nigeria kickstart its stalled demographic transition. On the demand side, three constraints are assessed: (i) economic deprivation and poverty; (ii) constraining social norms that curtail demand for family planning; and (iii) low child health outcomes which raise the need for more children. On the supply side, four constraints are assessed: (i) lack of access to quality secondary schools; (ii) inequity in access to quality health and reproductive services; (iii) lack of opportunities in the labor market; and (iv) insufficient national laws and regulations. The linkages of demand- and supply-side constraints with adolescent well-

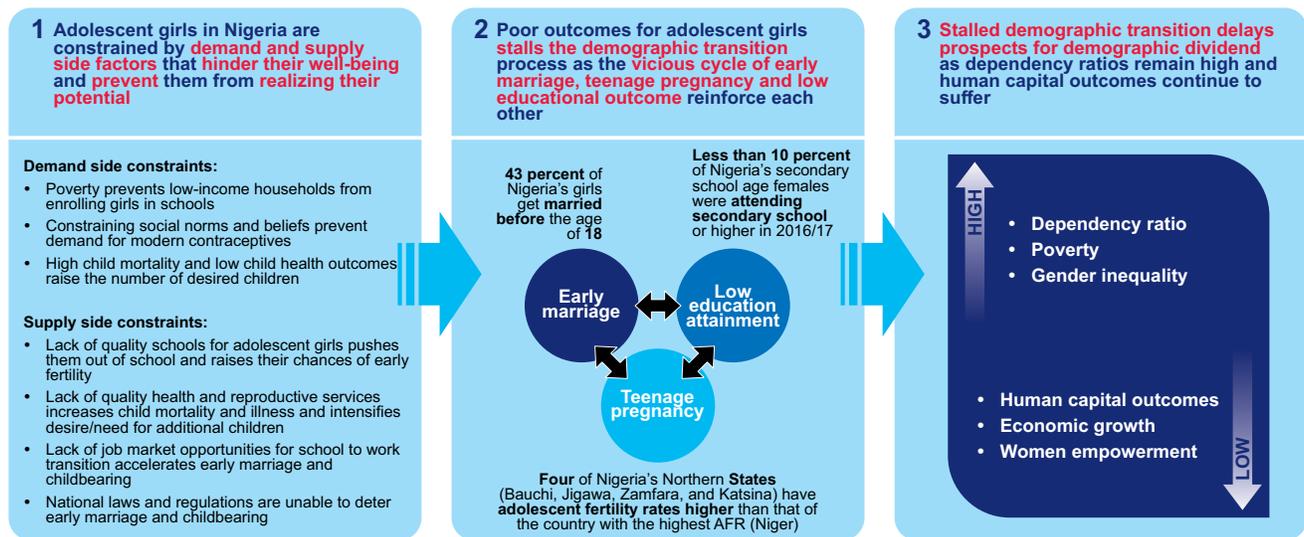
being and early marriage, teenage pregnancy, and low educational attainment are established using recent data, where available.⁴⁹

Demand-Side Constraints

A high poverty rate is one of the strongest determinants of early marriage and high fertility rates among adolescent girls. Prevalence of early marriage and teenage pregnancy in Nigeria is much higher in the lower wealth quintiles. Figure 3.15 (Panel A) shows that compared to 68 percent of women aged 20–49 who were married before the age of 18 in the poorest quintile, only 17 percent of women in the richest quintile were married before the age of 18 in 2016/17. Similarly, compared to almost 200 births per 1,000 women aged 15–19 in the poorest quintile, Nigeria reported 35 births per 1,000 women aged 15–19 in the richest quintile.

Poverty also restricts demand for adolescent girls’ education. Female educational attainment—one of the

Figure 3.14. Adolescent well-being, demographic transition, and consequences for potential demographic dividend in Nigeria.

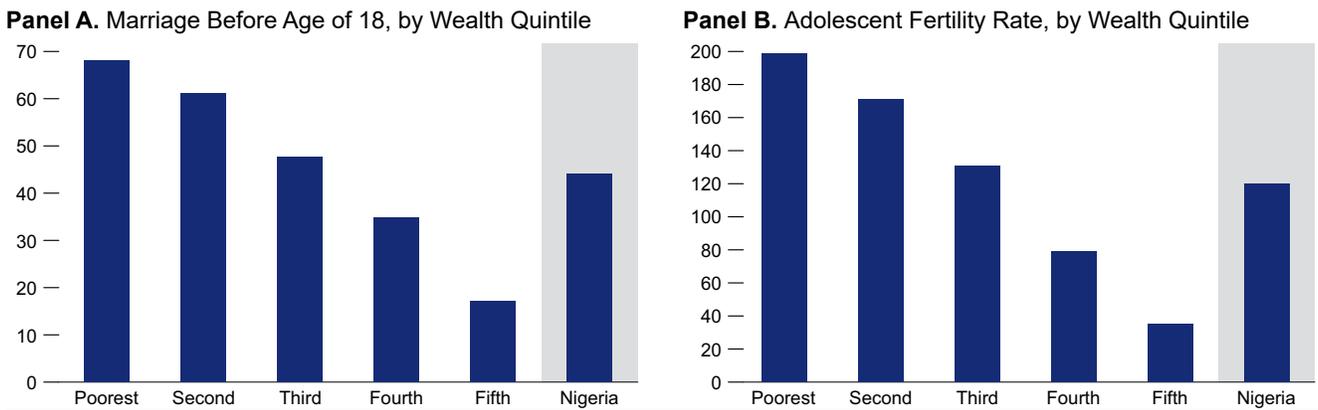


Source: Adopted from: Bergstrom, K. and Ozler, B., 2021. Improving the Well-Being of Adolescent Girls in Developing Countries.

48 Levine, R., Lloyd, C., Greene, M. and Grown, C., 2008. Girls Count: A global investment & action agenda.

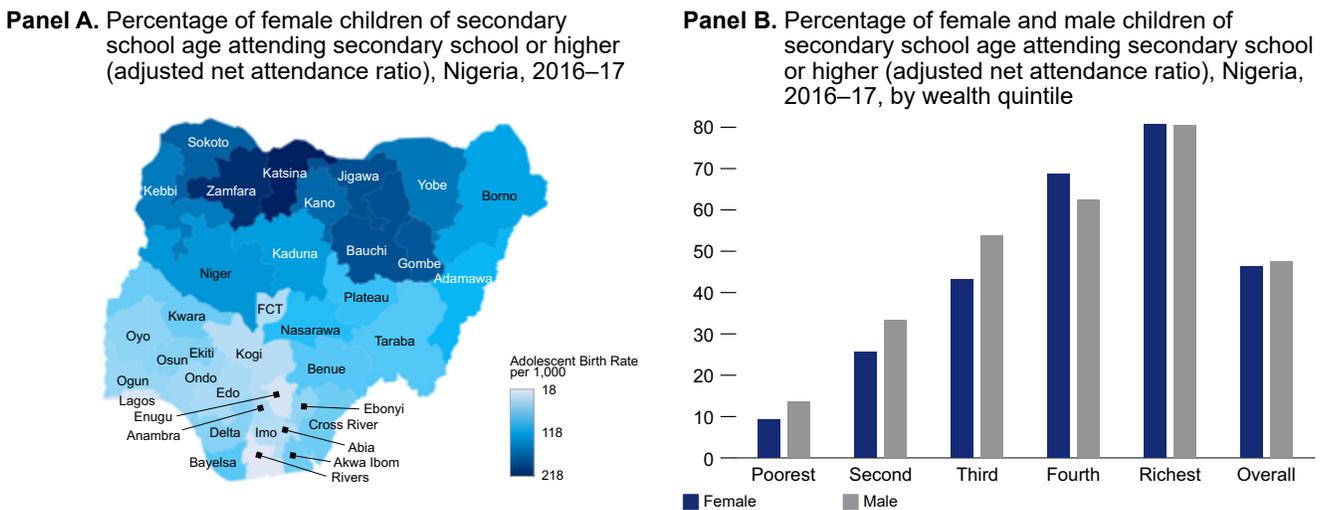
49 While this section provides several correlational analyses linking demand- and supply-side constraints with indicators of adolescent well-being, these should not be interpreted as causal. More careful analysis is needed to establish causality and isolate the impact of individual constraints on outcomes of interest.

Figure 3.15. Early marriage and teenage pregnancy rates in Nigeria in 2016/17, by wealth quintile.



Source: World Bank calculations based off data from UNICEF, Multi-Indicator Cluster Survey (MICS) 2016/17.

Figure 3.16. Percentage of Nigerian children of secondary school age attending secondary school or higher, by location and wealth quintile, 2016/17.



Source: World Bank calculations based off UNICEF, Multi-Indicator Cluster Survey (MICS) 2016/17.

strongest predictors of fertility rates—is much lower in the north than in the south of the country (Figure 3.16, Panel A). In 2016/17, the percentage of Nigerian girls of secondary school age attending school was just 9.3 percent in the poorest wealth quintile compared to 80.6 percent in the richest quintile, a staggering gap of 70 percentage points (Figure 3.16, Panel B). For poor households and their families, it is difficult to cover the direct and indirect cost of schooling. Although Nigeria’s universal basic education (UBE) Program aims to provide nine years of free, compulsory, and universal primary education to all children, the three years of

senior secondary education are not free. In 2015, around 18 percent of Nigerian girls aged 6 to 16 who were out of school reported the monetary cost of schooling among the main reasons for their predicament.⁵⁰ Another constraint identified by families for not sending their daughters to school was losing a key income earner who is critical to meeting their basic family needs, as girls are often more involved in generating family income in rural areas.

Compared to the regional average, or to structural and aspirational peers, the use of modern contraceptive

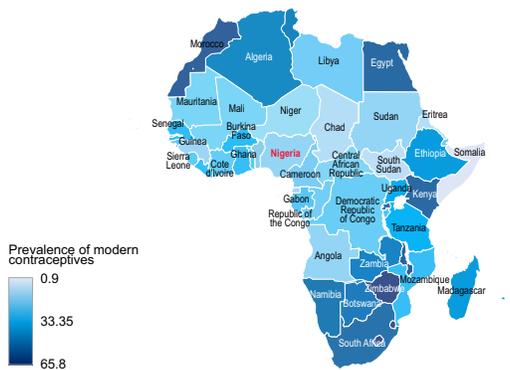
50 2015 Nigeria National Education Data Survey (NEDS). Available at: <https://shared.rti.org/content/2015-nigeria-national-education-data-survey-neds>

methods for family planning in Nigeria is low. Figure 3.17 (Panel A) shows that only 12 percent of Nigerian women aged 15–49, who were married in 2018, used modern contraceptive methods for family planning, lagging the Sub-Saharan African average (27.5 percent) and considerably behind some aspirational peers such as South Africa (54 percent).⁵¹ The percentage of Nigerian women using modern contraceptive methods has remained largely the same in the last decade, only

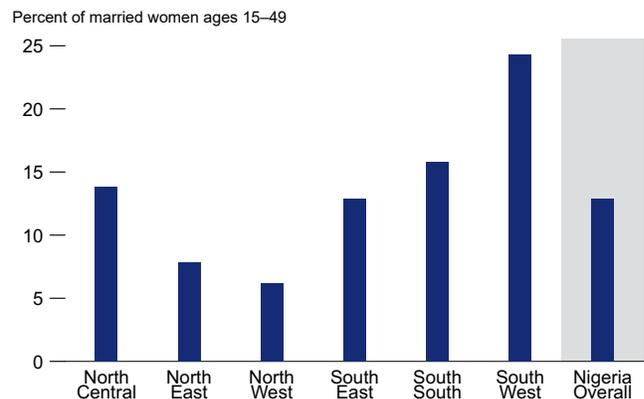
increasing by two percentage points between 2008 and 2018. Compared to the national average, and similarly to trends in TFR, there is substantial variation across geopolitical zones and states in the use of modern contraceptive methods. For example, 24 percent of married Nigerian women aged 15–49 in the South West use modern contraceptive methods, compared to 6 percent in the North-West (Figure 3.17, Panel B). However, even in the south, modern contraceptive

Figure 3.17. Nigeria has very low prevalence of modern contraceptives nationally, and especially in the North East and North West.

Panel A. Countries in Africa by contraceptive prevalence, any modern method (percent of married women ages 15–49), last available year



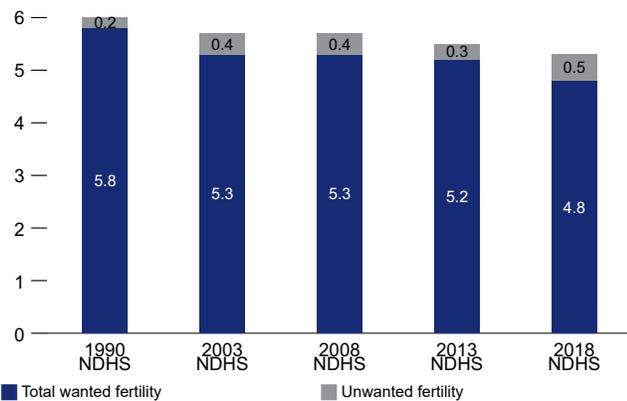
Panel B. Contraceptive prevalence, any modern method (percentage of married women aged 15–49), by zones, 2018



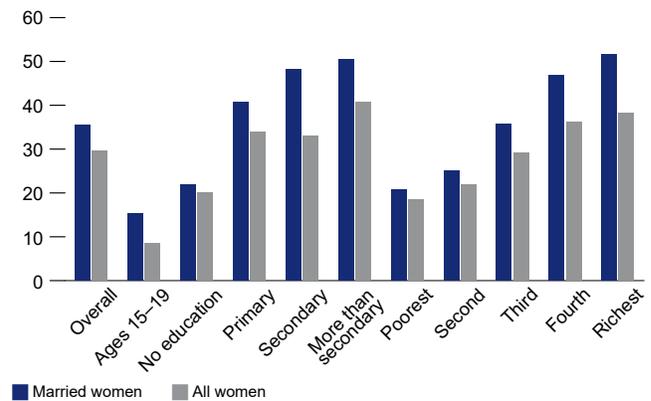
Source: World Bank Calculations based on World Development Indicators (Panel A) and Nigeria Demographic and Health Surveys (NDHS), 2018 (Panel B).

Figure 3.18. Most fertility in Nigeria is wanted fertility with low demand for family planning, especially among adolescents.

Panel A. Trends in total wanted fertility and unwanted fertility, 1990–2018, Nigeria



Panel B. Total demand for family planning (met and unmet) of women aged 15–49, by education level and wealth quintile



Source: World Bank calculations based off Nigeria Demographic and Health Surveys (NDHS), 2018.

⁵¹ DHS, most recent available year is 2018 for Nigeria, 2017 for sub-Saharan Africa, and 2016 for South Africa. Available at: https://data.worldbank.org/indicator/SP.DYN.CONM.ZS?most_recent_value_desc=false

prevalence among married women ranges between 13 and 24 percent, lower than the national averages in Burkina Faso, Ghana, and Senegal, and lower than the average for low-income countries (29 percent)

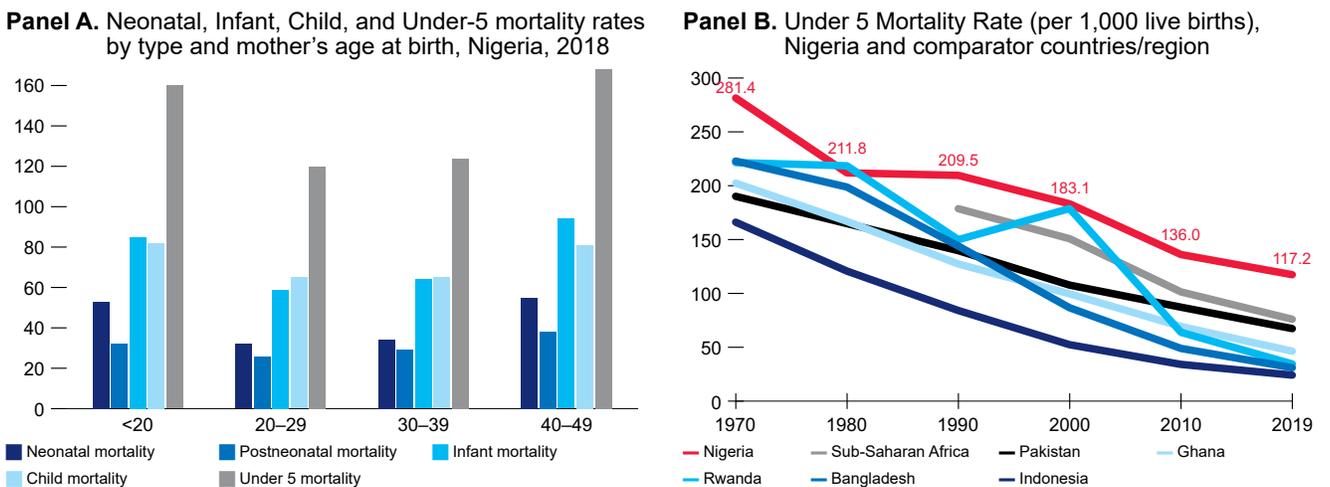
Demand for family planning is especially low for adolescents between the ages of 15 and 19. Figure 3.18 (Panel A) shows the trends in wanted and unwanted fertility in Nigeria between 1990 and 2018. It reveals that the gap between actual and wanted fertility is very small, reflecting both a desire for large families and the relative realization of desired family size. As with the use of modern contraceptive methods, there is national variation in demand for family planning. 50 percent of married women who have more than secondary education demand family planning services, compared to 20 percent of married women with no education (Figure 3.18, Panel B). Total demand for family planning is 15 percent among married adolescents between the ages of 15 and 19.

Although there has been progress in reducing the Infant Mortality Rate (IMR) and Under-Five Mortality Rate (U5MR), Nigeria is still among the countries with the highest U5MR and IMR, causing women to have more children in the hope that more

of them survive beyond childhood. Nigeria’s U5MR has declined from 183 per 1,000 live births in 2000 to 117 per 1,000 live births in 2019. Yet, Nigeria has the worst U5MR of any country in the world. In the North West, U5MR is 187 per 1,000 live births, higher than the national average in the year 2000.

The risk of neonatal, post-neonatal, infant, child, and under-five mortality is substantially higher for adolescent mothers. U5MR in 2018 was 160 per 1,000 live births among adolescent mothers, compared to 120 among women aged 20–29 and 124 among women aged 30–39. Similarly, the infant mortality rate—defined as the number of deaths of children under one year of age, and expressed per 1,000 live births—was 85 among births by adolescents, substantially higher than 59 among the 20–29 age group, and 64 among the 30–39 age group. In developing countries such as Nigeria, wanted fertility often depends on infant and child mortality rates, as families consider the need for additional children to replace potential losses. Therefore, when a country decreases its infant and child mortality rates, it can trigger a fertility decline as more children survive into adulthood.⁵² Not only do women who begin childbearing early are more likely to have more children throughout their lives, but there is also a greater risk

Figure 3.19. Nigeria has the highest under-5 mortality rate in the world despite a rapid decline in the last 50 years, largely due to the high prevalence of childbearing among adolescents.



Source: World Bank calculations based on Nigeria Demographic and Health Surveys (NDHS), 2018 (Panel A) and World Development Indicators (Panel B).

52 Conley, D., McCord, G.C. and Sachs, J.D., 2007. Africa's lagging demographic transition: Evidence from exogenous impacts of malaria ecology and agricultural technology.

of death, disease, and illness for the mother and their children, constraining their ability to contribute to society.

More than one-third of Nigeria's children under five are stunted, severely denting their hopes of realizing their full potential. In 2018, close to 37 percent of children between the ages of 6 and 59 months in Nigeria were stunted, or too short for their age.⁵³ The prevalence of stunting widely varies across geopolitical zones. In the North West it is 57 percent, or 20 percentage points more than the national average. In contrast, the prevalence of stunting is 18 percent in the South East, less than half the national average. With 2 out of every 5 children under the age of five stunted, Nigeria's prospects for reaping the demographic dividend in the near-term look even more distant, as studies consistently show that stunting in early life is associated with lower educational attainment, productivity, and wages during adulthood.⁵⁴

Supply-Side Constraints

More than one in five primary schools in Nigeria do not have a junior or senior secondary school within 3 km radius and one in ten primary schools do not have a junior or senior secondary school within 5 kilometer radius. Lack of access to a secondary school is much worse in northern states than in southern states. 32 percent primary schools in northern states do not have a junior secondary school within 3 kilometer radius as compared to just 8 percent primary schools in southern states⁵⁵. The expansion of secondary school infrastructure has not kept pace with the rapid growth in primary enrollment or the rising transition rates to secondary schools. Nationally, there is an acute

shortage of secondary schools, with only 31,000 junior secondary schools and 23,000 senior secondary schools compared to 112,000 primary schools, implying a ratio of approximately 3.6 primary schools for every junior secondary school and 4.9 primary schools for every senior secondary school. The lack of secondary schools is significantly greater in the north, with an average of 4.1 primary schools for every junior secondary school. COVID-19 has further affected access to schooling among Nigeria's adolescents, with girls in the north most likely not to return when schools reopened.

Adolescent mothers are less likely to give birth in the presence of skilled providers, and often cite distance from health facilities and lack of providers as barriers to accessing health services. Between 2008 and 2018, the percentage of Nigerian women giving birth in presence of a skilled birth attendant increased from 39 percent to 43 percent. Despite this improvement, fewer than 40 percent of newborns delivered in Nigeria in 2018 were born in a health facility.⁵⁶ In the five years preceding the survey in 2018, only 31 percent of adolescent mothers delivered in the presence of skilled birth attendants compared to 46 percent in the 20–34 age group and 43 percent in the 35–49 age group,⁵⁷ significantly increasing the risk of death and illness for both child and mother. In a study of utilization of skilled birth attendance considering 400 women in northern Nigeria, lack of healthcare providers and lack of supplies and equipment were found to be major barriers to accessing skilled birth attendance, along with poverty.⁵⁸

Adolescents and young girls in Nigeria face limited labor market opportunities in their school-to-work transition. According to NBS, Nigeria's youth aged 15–24 faced unemployment rates of 53 percent at the end of 2020 (Figure 3.20).⁵⁹ Both unemployment and

53 Nigeria Demographic and Health Surveys (NDHS), 2018.

54 McGovern, M.E., Krishna, A., Aguayo, V.M. and Subramanian, S.V., 2017. A review of the evidence linking child stunting to economic outcomes. *International journal of epidemiology*, 46(4), pp.1171-1191.

55 National Personnel Audit 2008.

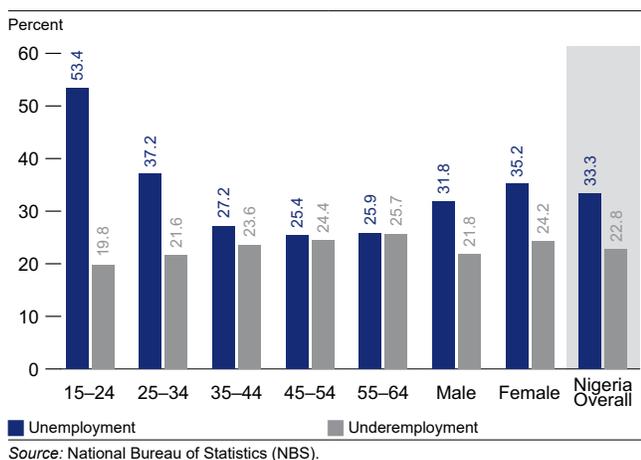
56 Nigeria Demographic and Health Surveys (NDHS), 2018.

57 Ibid.

58 Adewemimo AW, Msuya SE, Olaniyan CT, Adegoke AA. 2014. Utilization of skilled birth attendance in Northern Nigeria: a cross-sectional survey. *Midwifery*. PMID: 24139686. Available at: <https://pubmed.ncbi.nlm.nih.gov/24139686/#:~:text=Barriers%20to%20SBA%20utilisation%20identified,husband's%20approval%20and%20affordable%20service.>

59 NBS defines unemployment rates as the percentage of the labor force population who could not find at least 20 hours of work in the reference period.

Figure 3.20. Nigeria's youth faced an unemployment rate of 53 percent at the end of 2020.



underemployment rates were higher for women. When women do work, they consistently earn less than men.⁶⁰ Recent research shows that unemployment can accelerate the transition to motherhood for women.⁶¹ In Nigeria, about 65 percent of working women in households with children under five worked less than 40 hours per week, compared with 57 percent of working women in households without children under five.⁶² Poor female labor market outcomes and high fertility rates reinforce each other. Higher participation of women in the labor force, especially when combined with secondary education completion, is associated with lower fertility rates, while higher fertility rates tend to decrease women's work rates.⁶³ Not only do poor labor market outcomes discourage young women from participating in the market and increase their likelihood of having more children, but they also take away from young women's contribution to the economy, thereby reducing the prospects of a demographic dividend.

Despite the existence of national laws and the ratification of relevant international treaties, child marriage continues to plague Nigerian society. Nigeria passed the Child Right Act in 2003 that guarantees the rights of all children in Nigeria. Part III of the Child Rights Act includes protection from child marriage, as well as punishments for the act on the adult parties involved. However, only 26 out of Nigeria's 36 states have so far adopted the Act, while 10 northern states where child marriage rates remain high have yet to adopt it.⁶⁴ Even in some northern states that have adopted the Act, provisions against child marriage is yet to be incorporated in state laws, making it inadequate to protect children from forced marriages.⁶⁵ As a consequence, Nigeria has one of the highest rates of child marriage in the world, much higher than peer countries, with around 44 percent of Nigerian women currently aged between 20 and 49 married before the age of 18.⁶⁶ It is estimated that child marriage costs Nigeria about US\$7.6 billion in lost earnings and productivity every year.⁶⁷

The inability of Nigeria's laws and regulations to prevent child marriage also stems from incongruities in the relevant laws. Although the Child Rights Act of 2003 stipulates the minimum age of marriage to be 18, the Constitution states that "any woman who is married shall be deemed to be of full age."⁶⁸ Efforts to remove this inconsistency have so far met with stiff opposition in the Nigerian senate, as lawmakers and religious leaders in the northern states often cite Islam's lack of an age requirement for betrothal as a justification for early marriage.⁶⁹

60 World Bank. 2022. Closing Gaps, Increasing Opportunities: A Diagnostic on Women's Economic Empowerment in Nigeria. Washington, DC: World Bank.

61 Andersen, S.H. and Özcan, B., 2021. The effects of unemployment on fertility. *Advances in Life Course Research*, p.100401.

62 World Bank. 2021. *Good Jobs for a New Generation: Delivering Quality Jobs for Young Nigerians After COVID-19*. Available at:

63 Bloom, D.E., Canning, D., Fink, G. and Finlay, J.E., 2009. Fertility, female labor force participation, and the demographic dividend. *Journal of Economic growth*, 14(2), pp.79-101.

64 Human Rights Watch. 2021. *Nigerian States Should Protect Girls by Ending Child Marriage*. Available at: <https://www.hrw.org/news/2021/09/24/nigerian-states-should-protect-girls-ending-child-marriage#>

65 Ibid.

66 UNICEF, Multi-Indicator Cluster Survey (MICS) 2016/17. Data based on

67 World Bank. 2018. *The Cost of Not Educating Girls: Educating Girls and Ending Child Marriage: A Priority for Africa*. Available at: <https://documents1.worldbank.org/curated/en/268251542653259451/pdf/132200-WP-P168381-PUBLIC-11-20-18-Africa-GE-CM-Conference-Edition2.pdf>

68 Constitution of the Federal Republic of Nigeria. 1999. Available at: <http://www.nigeria-law.org/ConstitutionOfTheFederalRepublicOfNigeria>

69 Human Rights Watch. 2021. *Nigerian States Should Protect Girls by Ending Child Marriage*. Available at: <https://www.hrw.org/news/2021/09/24/nigerian-states-should-protect-girls-ending-child-marriage#>

Policy Measures to Accelerate the Demographic Transition to Harness the Demographic Dividend

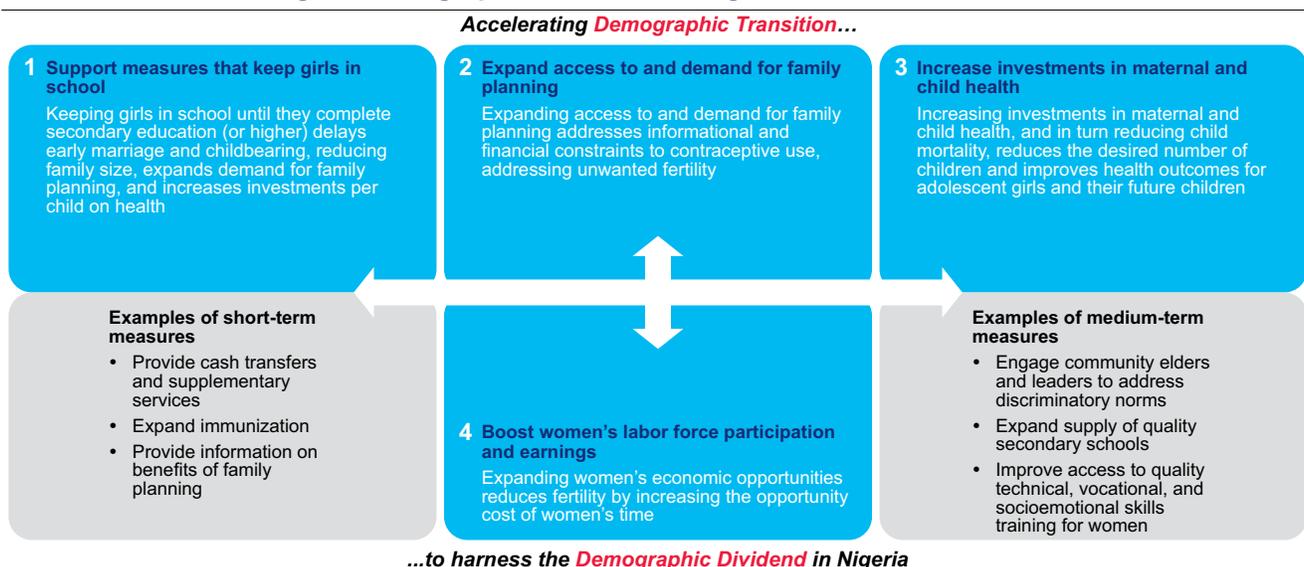
To accelerate Nigeria’s sluggish demographic transition and realize the demographic dividend, this note proposes policy recommendations around four complementary pillars. Together, the four pillars aim to achieve two key objectives to take advantage of the demographic window of opportunity in the near term. First, the policy measures will help Nigeria accelerate the demographic transition by reducing high fertility and child mortality rates, causing a shift in the age structure. Second, the measures will allow Nigerian youth, particularly girls, to effectively contribute to the economy as they become equipped with the necessary skills and capabilities. The four pillars are presented below (in summary).

Figure 3.21 illustrates the mutually reinforcing nature of these policy actions, and how targeting support to adolescent girls can accelerate progress across all pillars. Table 3.1 highlights the need for the policies proposed, the short- and medium-term actions to support the policies, and the likely impact the policy measures will have.

Policy Message 1: Support measures that help keep girls in school, to delay marriage/pregnancy and improve learning outcomes.

There is an urgent need to expand access to secondary schools, and make it free for poor households who find it hard to cover the direct and indirect cost of secondary schooling. Although Nigeria’s universal basic education (UBE) Program aims to provide nine years of free, compulsory, and universal primary education for all children, the three years of senior secondary education are not free. For poor families, sending their daughters to school means losing a key income earner who is critical to meeting their basic family needs, as girls are often more involved in generating income for the family in rural areas. Keeping girls in school will require removing the direct cost of schooling and compensating parents for the forgone income. In terms of school access, the lack of secondary schools is significantly greater in the north, with an average of eight primary schools for every secondary school. For girls to transit to or complete secondary school, the government should provide the necessary infrastructure to create safe learning spaces in their communities.

Figure 3.21. Targeting adolescent girls with holistic support is critical to reducing fertility and accelerating the demographic transition in Nigeria.



Note: World Bank Illustration. Additional measures are highlighted in Table 3.1.

Policy Message 2: Expand access to and demand for family planning.

Nigeria needs to implement strategies that improve access to and increase demand for family planning services. There is a need to prioritize improvement in demand for family planning—as current unmet needs for family planning are low across the country—by focusing on both inter-personal and societal behaviors and norms, and engaging with women’s groups and community, religious and traditional leaders. Other policies should focus on providing information on the pros and cons of different family planning methods, and targeting family planning vouchers to adolescent girls.

Policy Message 3: Increase investments in multi-sectoral interventions that improve maternal and child health outcomes.

Increasing fiscal resources available for health and social protection programs—focusing on those that come with evidence of reducing child mortality and stunting and improving maternal mortality rates—will diminish the need for more children. In 2019, Nigeria’s low public expenditure on education and health reflected its standing as the country with the sixth lowest Human Capital Index (HCI) in the world.⁷⁰ There is a need to reduce the high child- and under-five mortality rates and to increase the utilization of maternal health services, especially among adolescent girls. Concurrently, interventions should be expanded to reduce childhood stunting, as this is strongly associated with lower productivity and earnings during adulthood. Despite the government launching several safety net programs in recent years, social protection coverage remains low, even if well targeted. Social protection measures that improve the demand for human capital services, and health measures that provide cost-effective preventative interventions to reduce under-five mortality, must be prioritized.⁷¹

Policy Message 4: Support programs and interventions that address constraints to women’s participation in the labor force and increase their earnings.

Nigeria needs to prioritize interventions that address constraints to women’s economic empowerment, including helping the school-to-work transition for adolescent girls. There is growing global evidence that ensuring economic opportunities for women is an important entry point for reducing high fertility and early childbearing, and ensuring better education, health, and nutrition outcomes for children. Measures that provide adolescent girls with a comprehensive set of vocational, socio-emotional, and technical tools to navigate the labor market seem to hold the most promise.

70 World Bank, 2020. The Human Capital Index 2020 Update: Human Capital in the Time of COVID-19

71 These include including maternal tetanus toxoid vaccination, exclusive breastfeeding, clean-cord care, kangaroo mother care, immunizations, vitamin A supplementation, prevention of mother-to-child transmission of HIV, and expansion of the use of insecticide-treated mosquito nets.

Table 3.1. Nigeria needs to ensure adolescent girls remain in school longer and are provided services and opportunities as they come of working age.

Why are the measures needed?	What measures are being proposed?		What is the likely impact the measures will have?
	Short-Medium Term (6–18 months)	Medium-Long Term (18–36 months)	
Policy Message 1: Support measures that keep girls in school.			
<ul style="list-style-type: none"> • Less than 10 percent of secondary school-age girls in the lowest wealth quintile attend secondary school, compared with 80 percent in the richest quintile. • 23 percent of primary schools in Nigeria's north do not have a junior or senior secondary school within 5 km of their communities, compared to 5 percent of primary schools in southern Nigeria. 	<ul style="list-style-type: none"> • Provide safe learning spaces to adolescent girls, in which they meet inside or outside of school to socialize and receive vocational and life skills training (including on sexual and reproductive health), such as in the World Bank-supported Adolescent Girls Initiative for Learning and Empowerment (AGILE) project. • Expand construction of community secondary schools and / or expansion of primary schools to include JSS and SSS, and renovation of existing secondary schools to provide conducive learning environment in the north of the country. 	<ul style="list-style-type: none"> • Advocate for reforms, including enacting a law mandating 12 years of free and compulsory education for girls. • Implement social and behavior change communication, including community-level dialogue, and campaigns at the federal, state, and community levels to change discriminatory social norms, increase demand for girls' education, and reduce the prevalence of child marriage. • Encourage 10 states that are yet to adopt the Child Rights Act of 2003 to increase and enforce the minimum age of marriage of 18 for girls. 	<ul style="list-style-type: none"> • <i>Decrease in fertility and increased use of contraception. A multi-faceted program for girls in Uganda (Empowerment and Livelihoods for Adolescent Girls - ELA) combining clubs with vocational and life-skills training led to decrease in fertility and increased use of contraception.⁷²</i> • <i>Increase in school enrollment. Bergstrom and Ozler found that school construction can lead to very large gains in educational attainment in areas where schools are far away. They also found a promising impact on reduced/delayed fertility.⁷³</i>
Policy Message 2: Expand access to and demand for family planning.			
<ul style="list-style-type: none"> • Total demand for family planning is 15 percent among married adolescents between the ages of 15 and 19. • Prevalence of modern contraceptive method among women aged 15–49 is just 12 percent. 	<ul style="list-style-type: none"> • Provide vouchers to adolescent girls to access family planning services. • Provide information on the benefits of delaying, spacing, and limiting births, and on the pros and cons of different family planning methods, especially in the north. 	<ul style="list-style-type: none"> • Engage community leaders in the north and women's groups to address societal norms and behaviors leading to low uptake of family planning services. 	<ul style="list-style-type: none"> • <i>Increased demand for family planning services. A family planning (FP) program in India that offered women vouchers to seek care and services with their peers increased visits to an FP clinic for FP and reproductive health services.⁷⁴</i> • <i>Increased use of family planning measures. In Kenya, a 45-minute information session delivered by an outside facilitator with a focused message on the heightened risk of HIV faced by girls having sex with older partners was effective at reducing unprotected sex and consequently pregnancy among adolescent girls.⁷⁵</i>

72 Bandiera, O., Buehren, N., Burgess, R., Goldstein, M., Gulesci, S., Rasul, I. and Sulaiman, M., 2013. Empowering adolescent girls in Uganda.

73 Bergstrom, K. and Ozler, B., 2021. Improving the Well-Being of Adolescent Girls in Developing Countries.

74 Anukriti, S., C. Herrera-Almanza, and M. Karra. 2021. Women's access to family planning: experimental evidence on the role of peers and vouchers. *Forthcoming*.

75 Dupas, P., 2011. Do teenagers respond to HIV risk information? Evidence from a field experiment in Kenya. *American Economic Journal: Applied Economics*, 3(1), pp.1-34.

Table 3.1. Nigeria needs to ensure adolescent girls remain in school longer and are provided services and opportunities as they come of working age (continued)

Why are the measures needed?	What measures are being proposed?		What is the likely impact the measures will have?
	Short-Medium Term (6–18 months)	Medium-Long Term (18–36 months)	
Policy Message 3: Increase investments in multi-sectoral interventions that improve maternal and child health outcomes.			
<ul style="list-style-type: none"> • Nigeria has the third-highest infant mortality rate and the highest U5MR mortality rate in the world. • Close to 37 percent of Nigerian children between 6 and 59 months are stunted. 	<ul style="list-style-type: none"> • Expand immunization and vitamin-A supplementation in lagging areas. • Expand and provide unconditional cash transfers to women during pregnancy and until the child reaches two years of age. 	<ul style="list-style-type: none"> • Supplement the delivery of cash transfers with advice and counselling on nutrition and health. 	<ul style="list-style-type: none"> • <i>Reduction in childhood stunting. The Child Development Grant Program (CDGP), a multi-faceted program that provided cash transfers and information to extremely poor households, led to large and sustained improvements in children’s anthropometric and health outcomes, including an 8 percent reduction in stunting four years post-intervention.</i>⁷⁶
Policy Message 4: Support programs that address constraints to young women’s participation in the labor force and increase their earnings.			
<ul style="list-style-type: none"> • Adolescents and young girls in Nigeria face limited opportunities in their school-to-work transition. In 2020, the youth unemployment rate was 20 percent. • A significant portion of young Nigerian women are unable to make the school-to-work transition: boys and girls are equally likely to either attend school or work until the age of 14, after which women’s participation drops. 	<ul style="list-style-type: none"> • Provide labor market interventions targeting women and youth with comprehensive job facilitation support, including vocational and socio-emotional skills training. • Support adolescent girls by providing mentorship programs and mitigating specific constraints to their participation in the labor market, such as transportation or childcare costs. • Deliver comprehensive packages to ultra-poor women that combine grants, training, and linkages to markets and services. • Establish vocational and STEM programs to help girls build skills and easily access the labor market. 	<ul style="list-style-type: none"> • Encourage women to become involved in male-dominated occupations/sectors, by broadening the range of programs offered in technical colleges aimed at digital jobs and trades with good employment prospect for women, integrating socio-emotional skills training in the curriculum, supporting the recruitment of female teachers and instructors, and improving facilities in technical colleges to make them more attractive to females. • Sustained policy engagement to promote reforms boosting women’s labor force participation, including enacting a law against gender-based discrimination in work and laws around parenthood, as well as lifting restrictions on mobility and sectors of work. 	<ul style="list-style-type: none"> • <i>Increase in productivity among women farmers. A psychology-based training called Personal Initiative led to increased profits for women entrepreneurs in Togo, and to increases in surface cultivated, input use, and adoption of cash crops among women farmers in Mozambique.</i>⁷⁷ • <i>Increased participation of women in male-dominated sectors. The Nigeria Business Process Outsourcing Youth Employment project provided information and communications technology training which significantly increased the likelihood of women working in ICT-enabled service sectors (traditionally male-dominated). This was especially true among women who initially held self-defeating bias against associating women with professional attributes in male-dominated sectors.</i>⁷⁸

76 Carneiro, P.M., Kraftman, L., Mason, G., Moore, L., Rasul, I. and Scott, M., 2020. The impacts of a multifaceted pre-natal intervention on human capital accumulation in early life.

77 Campos, Francisco; Frese, Michael; Goldstein, Markus; Iacovone, Leonardo; Johnson, Hillary; McKenzie, David; Mensmann, Mona. 2018. Personal Initiative Training Leads to Remarkable Growth of Women-Owned Small Businesses in Togo. Gender Innovation Lab Policy Brief; No. 22. World Bank, Washington, DC.

78 Croke, Kevin; Goldstein, Markus, and Holla, Alaka. 2017. The Role of Skills and Gender Norms in Sector Switches: Experimental Evidence from a Job Training Program in Nigeria. <https://documents1.worldbank.org/curated/en/879141499698936934/pdf/The-Role-of-Skills-and-Gender-Norms-in-Sector-Switches-Experimental-Evidence-from-a-Job-Training-Program-in-Nigeria.pdf>

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