



BRIEF

A feminist vision on fulfilling sexual and reproductive health and rights for preventing child marriage and addressing the needs of married girls

PARTNERS

The Women's Refugee Commission Rozaria Memorial Trust King's College London







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Participatory action research using consensusbuilding methods was conducted from 2021-22 with feminist and women-led civil society organisations, experts, and practitioners to learn how best to end child marriage and support already married girls in forcibly displaced and crisis-affected communities in East Africa. This brief summaries findings on meeting sexual and reproductive health and rights (SRHR), including comprehensive sexuality education (CSE) and accessing SRH services, which study participants identified as a priority for preventing child marriage and meeting the needs of married girls. Direct quotes from participants are included in italics throughout the brief. For additional details about the study, this brief can be read in conjunction with a separate brief outlining the research process.

CONSENSUS DATA FROM GRASSROOTS FEMINIST ACTORS IN EAST AFRICA



Agree that access to, and provision of, comprehensive sexuality education (CSE) is an essential component for child marriage prevention and mitigation programming.



Agree that SRH services are required to meet the needs of married girls.



Agree that collaboration and joint working across sectors is essential for access to, and provision of, CSE.



Agree that the provision of CSE by schools promotes girl-friendly formal education.



Agree that CSE is the most effective form of awareness raising for preventing child marriage.



Agree that national governments should be accountable for providing CSE and SRH services for all girls.

WHY IS FULFILLING SRHRS ESSENTIAL FOR CHILD MARRIAGE PREVENTION, MEETING THE NEEDS OF MARRIED GIRLS AND TRANSFORMING GENDER NORMS?

- A lack of CSE is considered to be a common driver of child marriage, particularly in relation to unintended pregnancy.
- Married girls will be expected to be sexually active.
 CSE and SRH services are required to meet the needs of married girls, particularly in relation to consent, gender-based violence, sexually transmitted infections, and early childbearing.
- CSE and inclusive access to SRH services can support access to other services needed by married girls, such as empowerment, protection and education, and facilitate access to justice.

RECOMMENDED PRACTICE

Child marriage is commonly covered as a topic within CSE and other SRHR education programmes. Critically, SRH services often target married women/mothers and not adolescent girls, leaving a gap in investment in and provision of child- and adolescent-friendly SRHR education and services.

Ninety-four percent of our participants stated that CSE and SRH services integrated into mother and child health education is a key contributor for fulfilling SRHRs.

SRHR-based programmes need to include;

- access to family planning
- CSE and training opportunities
- girl-friendly approaches

There is a need for capacity building for service providers to support girls seeking family planning services and to recognise their unique position and needs. Girls should be able to access SRH services through family planning centres, with responsive providers and girl-friendly receptions. The costs of family planning should be lowered, and support given to girls during unplanned pregnancies.

It is also essential to engage boys and men as champions and participants in education and training programmes, supporting norms change among men. Therefore, SRHR education should also be available to boys and men.

CRITICAL ISSUES

Our participants stated that the lack of appropriate funding to SRHR-based programmes acts as a barrier for

child marriage prevention programmes, noting specific funding gaps for multi-sectoral services that include CSE and SRH services. This gap hinders the capacity and progress of CSE, which would effectively 'complement campaign advocacy work against child marriage'.

Poor SRHR funding, education and services reflect misogynistic policies as reflected in the statement made by one participant: 'As most girls who are victims of early child marriages often lack knowledge about sexual relations, their bodies and reproduction, exacerbated by the cultural silence surrounding these subjects. This denies girls the ability to make informed decisions about sexual relations, planning a family, and their health, yet another example of their lives in which they have no control'.

Approval from partners/spouses to engage with SRH services and CSE is an essential consideration, but there can be many cultural and religious barriers to this.

Access to abortion also has a significant impact on girls' ability to make decisions for themselves.

One respondent contributed the following comment which provides some important context and emphasises the need for CSE: 'In most East African countries, the root cause of child marriage is unintended pregnancy. Comprehensive sexuality education implementation remains a challenge; hence, more girls will continue to get pregnant and enter into child marriage. Thus, there is a need to support pregnant and parenting girls to return to school or take up vocational training. It is also vital to educate on SRHR to prevent repeat pregnancy, IPV [intimate partner violence], etc. When we do all these, we are not only empowering girls; we are also altering the trajectory of child marriage for their children'.

LEARNINGS FOR ACTION

- Governments should be accountable for providing CSE and SRH services for all girls, including married girls, with an emphasis on girl-friendly provision.
- Donors should prioritise funding for addressing child marriage through SRHR-based programmes, education and services.
- Multi-sector partnerships with the mother and child health sector, as well as the SRH sector, could provide an important entry point to meet the needs of girls at risk of child marriage and child marriage survivors.