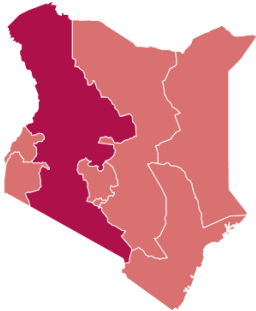


YES I DO. BASELINE STUDY IN KENYA

Examining interrelated causes and effects of child marriage, teenage pregnancy and female genital mutilation/ cutting



MAP OF KENYA
RIFT VALLEY PROVINCE

In Kajiado County, Rift Valley province, most marriages are informal, unregistered and require the payment of a bride price. While the national law states 18 as the minimum age to marry, child marriage is common and often forced or pre-arranged. Economic limitations and cases of teenage pregnancy the main drivers. Female genital mutilation/ cutting (FGM/C) is highly prevalent. These three issues - child marriage, teenage pregnancy and FGM/C - are interrelated and represent a challenge for young people's sexual and reproductive health and rights.

The YES I DO alliance is implementing a five year programme in Kajiado County to contribute to enhancing the decision making space of young women about if, when and whom to marry as well as if, when and with whom to have children. The baseline study of the programme provides a picture of the prevalence of child marriage, teenage pregnancy and FGM/C in Kajiado and offers contextualized insights into the interrelated causes and effects of all three issues. The study aims to contribute to the optimization of the YES I DO intervention strategies and facilitate the monitoring and evaluation of the programme.

Methodology

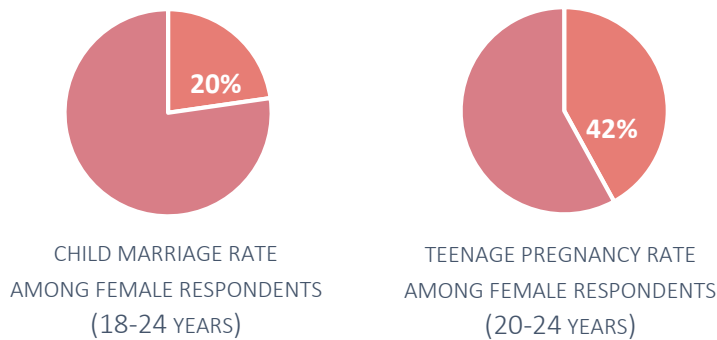
A mixed methods study in Kajiado County

By using a mixed methods approach, data were collected in July-August 2016 in Kajiado County; more specifically in Kajiado West (Ilodokilani and Ewaso Oo Nkidong'i) as the intervention area, and Kajiado Central (Matapato and Purko North) as a control area for the study. The analysis was based on descriptive statistics and thematic content analysis.

- Household questionnaires with a total of 1,368 respondents aged 15-24; 25% males and 75% females, 50% in the intervention and 50% in the control area
- 17 semi structured interviews with 4 young women, 4 young men, 5 caregivers, 2 health workers and 2 teachers
- 5 key informant interviews: 4 policy makers and 1 staff member of a non-governmental organisation
- 13 focus group discussions with young women, young men and guardians

Results

The baseline data indicate that 23% of all respondents were ever married, of which close to half did so below the age of 18 years. Child marriage was significantly associated with sex, as the study found a child marriage rate of 20% among female respondents (18-24 years) and 2% for male respondents (18-24 years). Of all cases of child marriage, 39% occurred under the age of 15. Data also show an average age gap of 9 years between married young women and their husbands, suggesting that young women were often married to older men. Teenage pregnancy was more prevalent, with a rate of 42% among female respondents (20-24 years) and very few cases of men who had their first child under the age of 20.

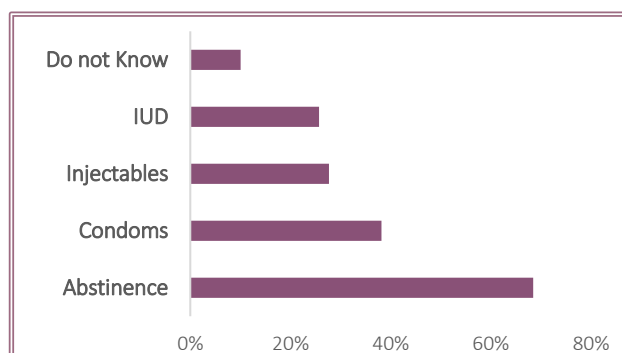


Bride price and teenage pregnancy as key drivers of child marriage

The study shows two main drivers of child marriage in Kajiado County: economic constraints and teenage pregnancy. Participants argued that the bride price represented a financial benefit, particularly for the parents of the married young woman. Families often gave young women into marriage at a young age to overcome financial burdens or to pay debts. Therefore, most respondents (74%) reported that child marriage only benefits the family and not the child.

Child marriage also appeared as a common response to teenage pregnancy. 80% of all respondents affirmed that child marriage mostly occurred after a teenage pregnancy, and 74% agreed that child marriage offers a solution when a young woman gets pregnant. Participants argued that young men often refuse to take responsibility for the pregnancy. In such a situation, young women are married off to an older man chosen by the family, as a second or third wife. In these cases, participants highlighted that marriage averted shame.

YOUNG PEOPLE'S ANSWERS ON WAYS TO PREVENT A PREGNANCY



The high prevalence of teenage pregnancy was driven by early sexual debut, as early as at the age of 10. Participants argued that the weekly market day allowed young women and men to engage in sexual activity as they were often left home alone. In addition, the data indicate that one out of ten respondents did not know how to prevent a pregnancy. Abstinence was reported as the most common known method to prevent a pregnancy (68%) followed by the use of condoms (38%) and injectables (26%).

Many parents who participated in focus group discussions believed that sexual practices began in schools. They highlighted the distance that young people had to walk to school, particularly when returning home in the evening, as a risk factor. Parents suggested that access to sexual and reproductive health information for youth should be a joint venture where parents, teachers and churches all play a role.

Little choice after teenage pregnancy

Participants showed a clear awareness about the negative consequences of child marriage and teenage pregnancy. Health risks associated with teenage pregnancy and childbirth, school dropout, and emotional stress were the most highlighted consequences, particularly for young women.

“Society views her [pregnant teenager] as a failure, a girl who does not respect her parents or herself, she is treated as an outcast, people will be saying bad things about her, the parents become so harsh to her, her friends shun her as she is not setting a good example.” (FGD with young women 15-17 years old)

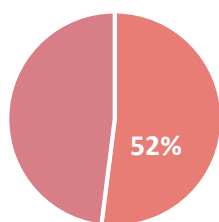
In addition, in relation to teenage pregnancy, participants remarked that it was considered a violation of cultural norms and therefore it had also social implications, such as emotional withdrawal and shame, particularly when the pregnancy occurred outside marriage. The baseline data indicate that pregnancy was the main reason for school dropout among all respondents (34%), particularly among young women (65%).

The decision as to whether a young woman could continue studying after a pregnancy usually rested with the father. Marriage decisions also appeared to be taken by parents, with little choice for young women to refuse. Participants mentioned a few cases where young women tried to avoid marriage by approaching rescue centres and/or religious leaders. Most respondents agreed that young women should never be forced to marry (85%) and should have autonomy in the choice of partner (93%).

“In most cases girls do not have a choice in this matter it is the girl’s parents who decide, girls who are married off are not happy they lose hope with their lives, when a girl refuses to be married off, the parent will throw a curse at her and this affects her life” (KII with religious leader)

In this context, the baseline data show that the main worries around sexual and reproductive health and rights among all young respondents were early impregnation (41%), becoming an early bride/groom (39%), and the lack of ability to decide whom to date (38%).

Female genital mutilation/cutting as a pre-requisite for marriage



FEMALE CIRCUMCISION RATE

About half of the female respondents had undergone FGM/C (52%). FGM/C was usually performed between the ages of 8 and 10. Participants referred to FGM/C as a traditional custom without any religious connotation and remarked that religious leaders were against the practice. However, some religious leaders highlighted the difficulties to condemn the practice when they had already circumcised their daughters.

Slightly more than half of the respondents reported that child marriage was related to FGM/C (54%). Participants argued that a young woman who was circumcised could have better prospects of marriage. Therefore, child marriage could follow immediately after FGM/C.

Moreover, once being circumcised, young women were expected to have made the transition into adulthood. This often led to early sexual debut, exposing them to the risk of teenage pregnancy and, in turn, child marriage. 56% of female respondents indicated that they had negative feelings towards FGM/C and mentioned school dropout, birth complications and child marriage as related problems. Therefore, the majority (88%) reported that they had no desire to circumcise their daughters.

To recap, in Kajiado County, child marriage, teenage pregnancy and FGM/C were common despite a general awareness of the associated negative consequences. Economic burdens and the financial benefits linked to the bride price appeared as key drivers of child marriage. Marriage was seen as a solution to teenage pregnancy, and early sexual debut was reinforcing the practice. FGM/C was referred to as a cultural practice with no religious connotation that increased young women's prospects of marriage. However, most young women indicated that they had no desire to circumcise their daughters.

✓ Recommendations

Recommendations for the YES I DO intervention strategies:

- Set legal standards to prevent child and forced marriage and remove legal loopholes related to parental consent or customary laws
- Facilitate the access to easy and confidential family planning services for young people through health centres and school-linked health facilities
- Incorporate comprehensive sexuality education as part of the school curriculum
- Provide financial assistance or bursaries that address the economic limitations that prevent young women from attending school
- Advocate for school re-entry programmes for teenage mothers
- Engage young men in the adoption of commitments to end child marriage, teenage pregnancy and female genital mutilation/cutting

- Collaborate with religious leaders to eliminate FGM/C by highlighting the incompatibility with religion

Recommendations for further research:

- Explore the implications for young women when opposing marriage decisions
- Explore educational and employment interests among married and/or pregnant young women to identify more specific opportunities for their economic empowerment
- Explore decision-making processes within (child) marriage in relation to family formation and children's education
- Explore leadership styles, decision making processes and power relations regarding FGM/C amongst families and decision makers

