

**Reaching The Girls Left Behind:
Targeting Adolescent Programming for Equity,
Social Inclusion, Health, and Poverty Alleviation**

Judith Bruce
Population Council
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Key Messages:

1. Intergenerational poverty, high and unwanted fertility, and poor health (including poor maternal and child health, and HIV) have common roots in the early adolescence of girls in the poorest communities. Reaching this population is an essential development and social justice strategy, and **critical** for the **achievement** of the **Millennium Development Goals**.
2. Hundreds of millions of girls in poor communities in the developing world, with especially high concentrations in Sub-Saharan Africa, are socially isolated from their peers, lack access to mentors, safe and supportive spaces, schooling opportunities, livelihoods skills or prospects for decent work. They are at significant risk of gross violations of their human rights (child marriage, female genital mutilation, exploitative work), forced sexual relations, poverty-driven exchanges of sex for gifts or money, excluded from meaningful civic participation, and unable to realize their human potential.
3. Young adolescence is a critical moment when, for many girls, vulnerability is consolidated.
4. Existing child, maternal, and reproductive health services, social development including civic participation initiatives, livelihoods, and notably, dedicated youth programs (including youth media) are failing to reach, and in some cases *increasing* the social exclusion of the most vulnerable girls.
5. We have identified basic principles and good practices to engage adolescent girls and a first generation of programs that provide guidance on how to move ahead.

1. INTERGENERATIONAL POVERTY, HIGH AND UNWANTED FERTILITY, AND POOR HEALTH (INCLUDING POOR MATERNAL AND CHILD HEALTH, AND HIV) HAVE COMMON ROOTS IN THE EARLY ADOLESCENCE OF GIRLS IN THE POOREST COMMUNITIES. REACHING THIS POPULATION IS AN ESSENTIAL DEVELOPMENT AND SOCIAL JUSTICE STRATEGY, AND CRITICAL FOR THE ACHIEVEMENT OF THE MILLENNIUM DEVELOPMENT GOALS.

Investments in adolescents, a vital economic and social building block in most societies, are crucial in the developing world where a rising proportion of the population are under the age of 24. At the same time, as fertility declines, many countries have the possibility of a “demographic dividend”, a moment when a rising proportion of the population are working age and therefore provide a potential resource to support the needs of those under 15 and over 60.

The recently articulated and widely confirmed Millennium Development Goals (MDG’s), the broadly adopted Convention of Elimination of Discrimination Against Women (CEDAW) and the Convention of the Rights of the Child (CRC), provide a framework of values and desirable action with respect children and adolescents. **None of the goals of these compacts can be reached without substantial and indeed prioritized investment in adolescent girls:**

- A strong economic base cannot be built—**reversing intergenerational poverty**—without building girls’ social and economic assets. Increased female access to and control of resources has far stronger returns to human capital, including intergenerational investment, than comparable income under male control. Investing in girls when it counts is not simply a question of economic justice, but economic effectiveness.
- **Universal primary school education** is the minimum goal of most countries. The most deprived sector, in almost all countries globally, are rural girls. Though the male/female gap is narrowing, two-thirds of those who have never been to school or are currently out of school are female. Girls education, particularly levels of participation and schooling during adolescence is the best ‘development’ investment in terms of human capital formation, economic return, and justice. Educated girls are more likely to marry later (at legal age—after 18), have better maternal and (closely related) child health outcomes, are more able and inclined to invest in the health and education of their children—both boys and girls, with especially high returns to the education of girls.
- Dedicated efforts to reach girls before puberty are crucial inputs into **gender equality**, providing preemptive protection to those girls at risk of the worst human rights abuses (trafficking, female genital mutilation, exploitative domestic work, child marriage, forced sexual relations), conditions that are often closely related to high and unwanted fertility, maternal mortality, and HIV.
- Investments in the poorest girls in the poorest countries are likely to **reduce maternal mortality**. The same girls that are marginalized by their exclusion from school, residence in poor rural and ethnic minority communities, subject to child marriage, harmful traditional practices, with limited access to health services and social support are the same girls who, as first-time mothers, bear the highest risks of maternal morbidity and mortality.

- **The face of the HIV epidemic is increasingly young and female.** Typical new incident case ratios for those aged 15-24 across Sub-Saharan Africa are 3 to 1 female to male, and some countries are reporting 5 to 1 (Malawi) and 8 to 1 (South Africa). Without dedicated efforts, marginalized, disadvantaged girls are likely to bear a rising and disproportionate share of HIV infections.
- In high fertility, poor countries **the age at marriage and related childbearing constitute a significant source of future population growth.** Investments made in girls—consistent with vital protection of their human rights—that is, to schooling, bodily integrity, legal and chosen marriage—could significantly effect not only their lives, but the shape of the dependency burden in their families and communities, and foster reductions in the rate of population growth.

2. BROAD CATEGORIES OF MARGINALIZED, DISADVANTAGED GIRLS, WITH AN EMPHASIS ON SUB-SAHARAN AFRICA

There are at least four categories of concern, to some degree overlapping, to which generalized numbers can be put. There are:

- **Girls 10-19, especially those 10-14, living outside the protective structures of family and school, with special attention to those in migrant to urban areas, and at-risk of unsafe, exploitative work including domestic service, potentially subject to forced sex, prostitution, and trafficking.**
- Spanning both urban and rural areas, **poor girls who are on their own and/or supporting families in crisis**—affected by HIV, conflict, subject to economic and other displacement; the adolescent girl is under pressure to provide for herself and her family, and without other assets may exchange sex for gifts, money, or shelter, or enter into an economically-motivated liaison (whether it is defined as marriage or not).

<i>The majority of girls 10–14 in many countries with mature HIV epidemics are living with one or neither parent</i>			
Country	Percentage living with one parent	Percentage living with neither parent	Total (Percentage not living with both parents)
Benin	22	42	64
Central African Republic	32	29	61
Comoros	26	39	65
Cote d'Ivoire	23	41	64
Dominican Republic	31	27	58
Ethiopia	29	30	59
Ghana	32	35	67
Haiti	37	36	73
Kenya	32	22	54
Malawi	23	38	61
Mozambique	29	30	59
Namibia	34	31	65
Nigeria	16	24	40
Rwanda	25	45	70
South Africa	31	29	60
Tanzania	37	28	65
Togo	28	37	65
Uganda	29	43	72
Zambia	23	30	53

Analyses of Demographic and Health Survey data by Erica Chong, 1996-2003.
The Population Council is updating these figures based on the latest DHS.

- **Girls at risk of child marriage** are typically out of school and concentrated in highly affected rural districts, where marriage of a young girl—even promising her at birth—is part of a family economic strategy which takes no account of the girls’ rights and is often linked to a family decision to not send the girl to school. Poverty and culture are twin drivers of child marriage. Though declining, **if present patterns continue, over 100 million girls will be married in the next ten years as children** (that is, under the age of 18).
- **Married girls**, of which there are **more than 50 million currently** aged 20-24 who were married under the age of 18 in the developing world, have already been absorbed into liaisons they didn’t choose and in many cases are exploitative. These girls are expected not only to offer heavy domestic labor and sexual access, but also rapid childbearing—often when they themselves are still children. These girls are intensely socially isolated, with limited or no friendship networks, ‘agency’ or ‘voice’ in their own family or community affairs, are in marriages to partners often many years older than themselves. This embeds them in long-term relationships in which they have little power, limited access to youth services or media, even difficulty in obtaining MCH services and complying with other health seeking practices, and, in some settings, at substantial but often unacknowledged risk of HIV infection.

<i>If present patterns continue, over the next ten years 100 million girls will be married as children.</i>								
Country (regional hotspots)	Percent of girls married by age 15				Percent of girls married by age 18			
	Total	Urban	Rural	Regional hotspot	Total	Urban	Rural	Regional hotspot
Bangladesh (Khulna)	38	27	39	43	65	54	70	75
Burkina Faso (East Region)	8	4.3	9	10.4	62.3	32	69.9	70.1
Cameroon (North/Extreme North)	15	9	18	38	43	30	51	75
Chad (Salamat)	29	26	29	50	71	65	74	87
Colombia (Atlantica)	4	3	9	7	21	18	34	28
Dominican Republic (El Valle)	11	8	16	19	38	32	50	56
Ethiopia (Amhara)	19	11	21	50	49	32	53	80
Guinea (Upper Guinea)	28	16	34	35	65	46	75	76
Haiti (Centre)	5	3	8	19	24	18	31	43
India (Bihar)	24	9	29	40	50	28	59	71
Kenya (Coast)	5	5	5	10	25	21	26	35
Malawi (North)	10.1	4.8	11.4	12.4	46.9	32.3	50.4	54.1
Mali (Kayes)	24.4	14.6	28.9	39.3	65.3	45.8	74.3	83.3
Mozambique (Nampula)	22	14	24	53	57	47	60	82
Namibia (Kavango)	2	1	3	8	10	9	10	32
Nepal (Central)	14	12	15	17	56	40	60	64
Nicaragua (Jinotega)	16	14	21	25	50	45	61	63
Niger (Zinda/Diffa)	35	16	41	52	77	46	86	91
Nigeria (Northwest)	19	11	23	41	43	27	52	79
Rwanda (Gisenyi)	2	2	2	4	20	21	19	38
Senegal (Northeast)	11	4	16.8	21.8	36.1	15.4	53.1	59.1
Tanzania (Shinyinga)	6	3	8	14	39	23	48	59
Uganda (Eastern)	15	8	17	21	54	34	59	63
Zambia (Luapula)	9	7	11	16	44	34	52	55

Tabulations by Erica Chong, Population Council, Analysis of DHS data, 1996-2003
The Population Council is updating these figures based on the latest DHS.

3. EARLY ADOLESCENCE: THE CONSOLIDATION OF DISADVANTAGE

The onset of girls' adolescence, when changes in the body begin to alter the ways in which families, communities, and social institutions treat girls, begins earlier for girls than for boys and has more severe consequences. Girls uniquely face the risks of childbirth and greatly outnumber males in the category of adolescents married as children (globally a rate of about 10 to 1, female to male). Boys are roughly one-sixth as likely to experience forced sex, and dramatically less likely as children (under the age of 18) to have STDs including HIV. Even controlling for educational levels, boys who are school-leavers have better income chances than girls who are school-leavers.

The current frameworks for action typically prioritize interventions at later ages (between 15 and 24), underestimate the devastating impact to girls of school-leaving, forced or economically driven liaisons, the intense loss of social capital that arises at puberty. Delayed intervention may miss the 'sensitive' moments at which disadvantage is consolidated for marginalized girls, and from which there is no "catch-up".

As more and more is learned about developmental adolescence in the developing country context, increasingly the spotlight is on early adolescence and emergent issues around the age of 12.

Emergent Issues for Girls by Age 12

- Sexual maturation
- Consolidation of gender norms, including regarding gender-based violence
- Changes in the family (e.g., parents' marital dissolution)
- Disproportionate care and domestic work burden
- Withdraw and/or lack of safety from public space
- School leaving or school safety
- Loss of peers
- Migration for work (often informal and/or unsafe)
- Subject to sexualizing and consumerist media
- Rising need for independent and disposable income & assets
- Pressure for marriage or liaisons as livelihoods strategies

4. THE FAILURE OF CONVENTIONAL SOCIAL, HEALTH, LIVELIHOODS AND EVEN YOUTH INITIATIVES TO REACH ADOLESCENT GIRLS – PARTICULARLY THE MOST VULNERABLE

Many child health, civic participation, social development programs, but most especially youth programs have been mounted in the name of addressing young peoples’ vulnerability in late childhood and early adolescence, and providing a safety net and pathway into civic participation. Strikingly, **those segments of the child and adolescent population at the highest risk and with the least social assets are the least likely to be beneficiaries of conventionally-configured programs and policies.** Analyses of youth centers in five countries in Sub-Saharan Africa¹ found their clientele to be not only overwhelmingly male, but these ‘youth’ venues were unfriendly to girls at best and sometimes outright dangerous.

Systematic assessments of the profile of beneficiaries of the majority of youth-serving programs have been conducted in Ethiopia, Guinea Bissau, Mauritania, and Burkina Faso. data offer a consistent picture: program assets are differentially received by more socially anchored young people – those in school at grade-for-age, living with parents, substantially more male than female beneficiaries, with significant resources absorbed by older, typically male youth (some notably outside the targeted age range – up to 25% in some countries are over age 25²). There is an effective, if not intended neglect of females, rural, out of school, and younger adolescents. Given the relative newness of these interventions, there is a need and opportunity to redirect these initiatives to create age- and gender-specific spaces, and reach out much more assertively to marginalized groups (such as out of school and married adolescent girls).

Who are we currently reaching?
A profile of favored groups in Ethiopia, Guinea Bissau, Mauritania, and Burkina Faso

Country	Area of residence		Sex		Age distribution		
	Rural	Urban	Male	Female	10-14	15-19	20+
Ethiopia N=10,873	0	100 ^a	58	42	22	45	33
Mauritania N=5,452	0	100	83	17	28	42	25
Guinea-Bissau N=7,625	29	71	57	43	7	37	56
Burkina Faso N=6,216	15	85	56	44	7	30	63

Source: Sources: Mekbib T, Erulkar A, Belete F. 2005. “Who are the targets of youth programs: Results of a capacity building exercise in Ethiopia.” *Ethiopian Journal of Health Development*, Vol. 19(1): 60 –62; Population Council and UNFPA. 2005. “Exercice de couverture sur les activités des pairs éducateurs au Burkina Faso”; Population Council and UNFPA. 2006. “Exercice de couverture sur les activités et la fréquentation des centres de jeunes en Mauritanie”; Population Council and UNFPA. 2006. “Exercice de couverture sur les activités des pairs éducateurs en Guinée-Bissau.” Table produced by Sara Rowbottom.

^a The 13 participating organizations all operated urban-based programs

¹ Bruce, Judith and Amy Joyce (eds.), with contributions by Nicole Haberland, Erica Chong, and Monica Grant. 2006. *The Girls Left Behind: The failed reach of current schooling, child health, youth-serving, and livelihoods programs for girls living in the path of HIV.* Forthcoming. (For copies or permission for citation, contact Judith Bruce: jbruce@popcouncil.org)

² This is true in Guinea Bissau and Burkina Faso; data presented in: Lardoux, Solene, “Reaching the Adolescents and Youth: the cases of Burkina Faso, Guinea-Bissau and Mauritania,” unpublished paper. 2007.

5. THE PRINCIPLES WE KNOW AND MOVING AHEAD WITH THE ASSETS WE HAVE

Girls across the age spectrum are more socially isolated than boys, have thinner and less reliable friendship networks, fewer places in which to meet friends, and they express a strong desire for friendships with other girls. **Creating dedicated spaces for girls is a key strategy for the transformation of girls' self concepts, providing social support and functioning as a practical program platform for imparting new skills and the creation of new opportunity structures.** Programs for vulnerable girls and young women can provide a place to gather regularly (at least weekly) to meet peers, consult with mentors, acquire skills and deal with crises (threats of marriage, school leaving, forced sex, unresponsive partners and parents, HIV in the family).

Girls' safe spaces can offer:

- A safe, reliably available space apart from home and formal schooling
- Friends: A dense network of non-family peers
- Mentors and role models to learn from, intercede
- Experience being part of a team/cooperating and leading
- Literacy, health knowledge, social mobility: Foundations of autonomy
- Financial literacy and savings
- Documentation for health, work, citizenship
- Self-protection and crisis management options
- Participation, activity, fun
- Referral and management of challenges and crises (pregnancy, rape, violence)

In HIV settings, safe spaces can assist girls in:

- Accessing entitlements including HIV-related
- Planning for seasonal stresses, like school fees and food shortages, which often increase pressure to exchange sex for gifts or money
- Dealing with prolonged illness, death, inheritance, succession planning
- Referral to or delivery of ARV treatment

Safe spaces can be institutionalized at relatively low cost if they are established at publicly-provided venues like youth centers, community centers, and schools, or voluntary institutions like faith-based organizations, churches, mosques, and local NGO's. Given that these exist in almost every community and the investments have already been made, provision of age- and gender-specific sessions in existing institutional settings are a greatly needed and sustainable investment.

Girls' prospects for change are further limited when there are no role models or mentoring structures of older women to support them. **Even in the poorest communities** there are some older girls (at least 10%) **who are high school graduates and are not productively employed, constituting a hugely underutilized resource.** Experience shows that it is not difficult to recruit female mentors, typically aged 17-30, for a small stipend. These young women speak local, minority languages, are rooted in, and know the codes of the community.

Other mainstream initiatives which could be reoriented to include adolescent girls are:

Child and community health initiatives, especially in sending and receiving migration areas: Child and community health initiatives often make large investments in house-to-house contact and targeting out-of-school young adolescents. It would be practical and cost effective to identify vulnerable girls (those out of school, in unsafe work, “engaged” or already married) in the course of such contacts. Further, in urban areas it may be feasible to establish rescue and/or health stations in places where vulnerable girls transit through or congregate in (such as bus stations).

***Biruh Tesfa* (‘Bright Future’):
A program for poor, urban, in-migrant girls in Addis Ababa**

Biruh Tesfa is a joint project by the Ethiopian Ministry of Youth and Sport and the Addis Ababa Youth and Sport Commission, with technical assistance from the Population Council and support from UNFPA, DFID, and Turner Foundation. Implemented in the Mercato area of Addis Ababa, the project creates a safe and supportive space for out-of-school girls aged 10 to 19, most of whom are migrants (and often in domestic service), living away from parents and family members, and unlikely to be reached by current programs. Not only do these girls have no social support, but they face high levels of sexual coercion and are often engaged in extremely exploitative work.

The girls meet once a week with mentors drawn from the community (trained over a four-month period) for a functional and financial literacy program; in the context of an HIV epidemic and high levels of sexual exploitation, this program serves as a base from which to refer girls for voluntary testing and counseling, emergency contraception, and post-rape intervention, and eventually PEP and ARV’s.

Source: "Biruh Tesfa ('bright future'): A collaborative program between the Population Council and the Kebele 11/13 for poor, urban girls at risk of exploitation and abuse in Addis Ababa, Ethiopia," program brief. Accra: Population Council. 2007.

Making schools safer and creating dedicated spaces for girls: A lack of school safety is one reason that many girls are not there. There is no reason why schools can’t create girl-only spaces and adopt girl-friendly practices, while continuing efforts to get girls to school and keep them there through adolescence. In some settings where pressure for universal schooling has led to double sessions, separate sessions for boys and girls ages 10-14 might be given consideration. Further, it is past time to revise curricula that will realistically prepare marginal girls and boys for safe and decent work.

More youth centers serving girls: Current youth-serving initiatives, including youth centers, peer education, and school-based family life education, are failing to reach proportionately or at all rural and non school-going populations, very young adolescent girls and boys living apart from parents, and married girls. **These youth centers often represent a significant investment, and as such, in the name of equity and effectiveness need to be reoriented to include age- and gender-specific sessions/activities, to engage marginalized boys and girls, and create a female leadership structure.** In some settings this may require establishing separate girls’

youth centers (a choice Jordan made in a recent experiment), and in others (such as the Malawi experience described below) concerted efforts are needed to engage girls at least proportionately and foster their participation as team leaders.

Making Youth Centers Girl-Friendly in Malawi

In Malawi, where the HIV epidemic is severe, there is an exact mismatch between HIV risk and youth programs—boys outnumber girls almost 5 to 1 in the youth centers, while girls outnumber the boys 5 to 1 with regard to HIV infections.

The ‘Girls’ Centered HIV Prevention’ program sought to dramatically increase the percentage of girls in clubs, setting a target of 40% (which was exceeded when girls’ participation reached 64%). Apart from more direct outreach to girls there was a concerted effort to increase the proportion of clubs being led by girls – over the course of this project it rose from 16% to 50%.

Source: Girls’ Centered HIV Prevention: the Malawi Experience, presented by Patrick Chakholoma at the UNICEF/UNFPA/Population Council/DFID-supported meeting entitled: “Achieving the MDGs by reaching the MDGs,” 3 May 2006, Dar-Es-Salaam, Tanzania.

Youth media: Multiple youth media promote protective behaviors, but their penetration is very limited when it comes to rural areas and poor communities, particularly in sub-Saharan Africa, as well as their reach to vulnerable girls, such as those living apart from parents, married, or in domestic service. Youth media can provide more supportive messages by drawing attention to the life situation of these girls and providing linkages to HIV information, testing, and services specifically designed to meet their needs.

Livelihood activities: Livelihood activities that claim to reach youth have largely bypassed younger, unmarried, rural, indigenous, and poor girls. These girls are enormously interested in developing livelihood skills and express interest in group affiliation, savings, and financial literacy targeted to their age, gender, and context. Program venues created for girls and young women could be the basis of savings clubs and ideal vehicles for the delivery of health information, providing a needed bridge to voluntary testing, counseling, and other services.

Adapting livelihoods programs and microfinance to reach girls in Kibera, Kenya

The K-Rep Development Agency, the Population Council, and the Binti Pamoja Center, in successive experiments devised social support, savings, credit, financial literacy programs for girls in a poor, peri-urban community, in the context of an HIV crisis that is increasingly selective of young women. These programmatic efforts have explored how best to support young women in a setting where violence against them is not uncommon (including high levels of rape and exchanges of sex for gifts or money), and to incorporate within the content of the program measures to assist girls in preventing, mitigating the effects of, and/or leaving unsafe sexual relationships.

One of the key findings to date is that conventional microfinance programs may actually increase the risk for some girls if participation requires regular savings into group collateral and repeated loan taking to remain part of the group. In response to the girls' demonstrated need for ongoing social support and their preference for individual level savings – available to them in emergencies, the option of voluntary savings was offered, allowing girls to join a mainstream credit program when they feel prepared and sufficiently secure. In addition Binti Pamoja, with support from Bread for the World, developed a financial literacy curriculum adapted to the gender, age, lifecycle, and living conditions of girls in Kibera. This curriculum is now being offered in a variety of newly-established girls' spaces.

Sources: Erulkar, Annabel, Judith Bruce, Aleke Dondo, Jennefer Sebstad, James Matheka, Arjmand Banu Khan, and Ann Gathuku. "Tap and Reposition Youth (TRY): Providing social support, savings, and microcredit opportunities for young women in areas with high HIV prevalence," SEEDS no. 23. New York: Population Council. 2006.
Austrian, Karen. 2007. "The Binti Pamoja Center Financial Literacy Program for Adolescent Girls: Six-Month Evaluation Report." Unpublished Report.
Hall, Joan, Aleke Dondo, and Jennefer Sebstad. "Tap and Reposition Youth (TRY) Program: Providing social support, savings, and microcredit opportunities to adolescent girls at risk for HIV/AIDS in Kenya," Microfinance Brief. New York: Population Council. 2007.
Erulkar, Annabel and Erica Chong. "Evaluation of a savings & micro-credit program for vulnerable young women in Nairobi." Nairobi: Population Council. 2005.

Prevent child marriage and support married girls: Working effectively in communities with high levels of child marriage requires four interlinked actions:

- a) Community-based measures to delay marriage until at least age 18.
- b) Communicating to girls and parental and community gatekeepers that marriage is not a sexual "safety zone".
- c) Promoting a safe, healthy transition to marriage, which fosters more community communication and equality between partners and encourages voluntary testing and counseling, and the creation of spaces where prospective couples can interact and discuss beforehand and early in their marriage.
- d) Supporting newly married girls by offering catch-up schooling initiatives and meeting venues in which they can receive functional literacy, life skills, livelihood training, effective support for a safe pregnancy and birth (the interval between marriage and first birth is actually declining in many places), and crucial access to HIV testing, services, and treatment.

Connecting young married girls in India

In India the Deepak Charitable Trust (in Vadodara, Gujarat) and the Child In Need Institute (Diamond Harbour, West Bengal) with research support from the Population Council, have organized groups of married girls as a key component of the First Time Parents Project. Group formation addresses social vulnerabilities and isolation of married adolescent girls/first time mothers. The vast majority of these girls have never met their husband before they were married (69 percent in Vadodara, 80 percent in Diamond Harbour), and few had friends in their new home. Less than 2 percent were members of a group or club. Groups increase married girls' contact with peers and mentors, expose them to new ideas, and help engage them in a participatory learning approach covering subjects such as legal literacy, vocational skills, pregnancy and postpartum care, government schemes that women can access, public amenities, gender dynamics within and outside of the family, relationship issues, and nutrition. The project has been able to mobilize over 1,000 girls into dynamic groups of roughly 8 to 12 girls per group who work together on development projects, celebrate common festivals, and organize welcome ceremonies for newly married members.

Source: Santhya, KG, N. Haberland, S. Ghosh, A. Das, A. Lakhani, F. Ram, R.K. Sinha, U. Ram, S.K. Mohanty. 2006. "Meeting the Health and Social Needs of Married Girls in India: The First Time Parents Project's Implementation and Reach." Project update. New Delhi, India: Population Council.

Delaying marriage and supporting married girls in areas of high HIV prevalence:
A program in rural Nyanza, Kenya

In rural Nyanza province of Western Kenya rates of HIV infection are extremely high – particularly among adolescent girls and young women, where one quarter of young women aged 20 to 24 are HIV positive, compared to 6 percent of young men the same age, a female to male ratio of about 4 to 1. Further, there is mounting evidence that girls who are married are much more likely to be HIV-infected compared to their unmarried counterparts who are sexually active. Based on their research among married girls and their families, Population Council designed a program to support three categories of adolescent girls: 1) those who are not yet married but may be contemplating marriage; 2) those who are in the process of marriage, and 3) adolescent girls who are already married. Program elements include activities to sensitize the community about delaying marriage such as radio spots on the local language station, drama troupes trained to convey messages on early marriage, and church leaders trained to sensitize congregations. Radio, drama troupes and church leaders also promote premarital VCT to support girls in the process of marriage, and advocate for couples to know each other's status before marriage. Local women leaders are trained as mentors to lead groups of married adolescent girls, providing HIV and reproductive health (RH) information and referrals, as well as sensitization on gender based violence and communication within the couple.

Source: Erulkar, Annabel and Francis Ayuka. "Addressing early marriage in areas of high HIV prevalence: A program to delay marriage and support married girls in rural Nyanza, Kenya," Promoting Healthy, Safe, and Productive Transitions to Adulthood Brief no. 19. New York: Population Council. 2007.

Our closest allies in this effort are girls themselves and the women in their communities from whom we can recruit a needed cadre of mentors. Dedicated efforts to address the least-advantaged girls in the poorest communities is not a welfare measure, it is a strategic center to any serious effort to alleviate poverty, reduce high and unwanted fertility, make significant progress in improving maternal and child health, and prevent HIV.