

**MY BODY**  
**MY DECISION**  
**MY RIGHTS**

**“SUPPORT ME TO **LEARN** AND BE A **PRIDE** TO THE NATION”**



**Save the Children**



# MY BODY. MY DECISION. MY RIGHTS: REDUCING CHILD EARLY AND FORCED MARRIAGE IN SIERRA LEONE

## Background

Child marriage is a serious violation of human rights and a form of gender-based violence that affects over 12 million girls around the world. Based on pre-pandemic levels, it was estimated that 150 million more girls could be married by 2030. With the impact of COVID-19, an additional 13 million girls could now face marriage before their 18th birthday – whether driven by job loss and economic hardship, increased rates of adolescent pregnancies, or by unchecked violence and pressure to marry that is hidden behind lockdown doors.

In response, Save the Children is implementing a 3-year project “My Body. My Decision. My Rights: Reducing Child, Early and Forced Marriage in Burkina Faso and Sierra Leone.” The project, funded by Global Affairs Canada, aims to reduce child marriage and empower adolescent girls in two districts with historically high rates of child marriage; Western Area Rural and Kailahun.

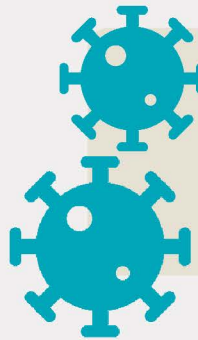
With a gender-transformative and girls’ empowerment approach, the project will engage with adolescent girls directly, as well as a range of other stakeholders (parents, male partners, religious and traditional leaders, government officials) who have control or influence over girls’ ability to make their own informed decisions about marriage and pregnancy.

## Formative assessment

In order to track progress, the project undertook formative studies including baseline evaluation, Gender equality assessment and Girls vulnerability assessment to measure indicators across all three pillars of the project design. A mixed-method approach was used, including a quantitative household survey and qualitative interviews and focus groups. Data collection was conducted in-person by local consultant teams and project staff in November 2020 and February 2021, with COVID-19 precautions in place.



**Over 12 million girls around the world affected by child marriage**



**Before the pandemic 150 million girls could be married by 2030**

## Respondent profile

For the Baseline: 2,218 unmarried adolescents (54% girls), 438 married adolescent girls and 326 of their husbands, and 1,185 caregivers (57% female). 31 religious and traditional leaders (17% female), 22 local government officials (18% female), and 17 women and girl leaders.

For Girls vulnerability assessment: 928 head of households (70% female) and 1,006 adolescent girls.

For Gender equality assessment: 8 focus groups and 60 interviews (54 females)

# MY BODY. MY DECISION. MY RIGHTS: REDUCING CHILD EARLY AND FORCED MARRIAGE IN SIERRA LEONE

## Key Findings

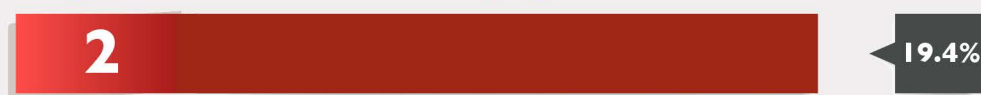
### Early pregnancy and Poverty are the root of child marriage

- <sup>1</sup> Child marriage is present in one-third of families in Sierra Leone, that is 33.1% of families in Sierra Leone have at least one married daughter below the age of 18 years.
- <sup>2</sup> Teenage pregnancy is prevalent at 39% indicating at least 1 pregnant adolescent/mother in every 2 households.
- <sup>3</sup> Parents, especially fathers are key decision makers on child marriage and largely influenced by pregnancy.

Daughter wanted to get married, or found someone



Daughter married after she became pregnant



Because of poverty or to relieve financial burden on family



To Prevent daughter from having sex or getting pregnant before marriage



Daughter dropped out of school and had few alternatives



To reinforce family ties in the community



To ensure daughter was protected and taken care of



**What was the primary reason for your daughter's marriage?** Sierra Leone (n=392)\*

Most of the drivers of child marriage can be traced back to fear or shame associated with early pregnancies, especially avoiding the shame of a daughter becoming 'pregnant in her father's house'.

28.3% households with at least one married daughter under 18 years had daughters that were married after becoming pregnant and 19.4% because of poverty, to relieve the financial burden on the family.

Poverty, being obedient to the parent, disco dances/social clubs/nightclubs, completion of initiation rites "Bondo" for girls and "Poro" for boys are leading "behaviours" that result in early pregnancy.

<sup>1</sup> Baseline Survey 2020

<sup>2</sup> Girls vulnerability assessment 2020

<sup>3</sup> Gender equality assessment 2021



# MY BODY. MY DECISION. MY RIGHTS:

## REDUCING CHILD EARLY AND FORCED MARRIAGE IN SIERRA LEONE

### Key Findings (Contd).

#### **Official child marriages are decreasing, but customary marriages continue the practice.**

A common practice that tends to sidetrack the constitutional age of marriage is called “Tap 2 Me”, where a pregnant girl moves in to live with the family of the man or boy who is responsible until the child is delivered.

While some girls return to school after giving birth, most continue to live with the father of the child, resulting in an informal common-law marriage that is often hidden and not counted as an official case of child marriage.

This is a missed opportunity for the enforcement of the Sexual Offences Act (amended 2019) which criminalized child marriage. Adolescent girls and religious leaders also spoke about poverty, with parents and girls themselves believing that marriage will help relieve financial burden or lead to better living conditions for the daughter.

#### **Half of married girls and their husbands believe that GBV is justified in some circumstances.**

Married adolescent girls 43.8% and their husbands 42.3% justified gender-based violence (GBV), with a focus on attitudes towards domestic and intimate partner violence (IPV) including hitting or beating his wife in each example. The most common reasons for justifying violence were if a wife is cheating or if she argues or disobeys with her husband. Increasing more women are becoming heads of household for instance 70% of household heads in Western rural and Kailahun districts are females including older adolescent girls.<sup>4</sup>



**43.8% of married adolescent girls and their husbands 42.3% justified gender-based violence**

#### **Variations in Adolescents' Access to Sexual and Reproductive Health information and services.**

In some cases, adolescents face barriers in accessing sexual and reproductive health information and services. Lack of money to purchase contraceptives and or lack of availability of family planning products for unmarried adolescents were the main challenges.

Parents disallowed the use of contraceptives for unmarried girls as they perceived those using it as prostitutes. The alternative is that some girls may seek other forms of contraception that are not reliable, such as withdrawal or getting contraception from the “quack doctor” with its attendant consequences.

In a couple cases, lack of money can also be a challenge for boys if they try to buy condoms or try to access medication for STIs. They then resort to alternative medicine for STIs with poor outcomes.



**Two-fifths of married girls (40.6%) and a quarter of their husbands (26.4%) reported they have accessed family planning services in the past year**

<sup>4</sup> Girls vulnerability assessment 2020

## MY BODY. MY DECISION. MY RIGHTS:

### REDUCING CHILD EARLY AND FORCED MARRIAGE IN SIERRA LEONE

In addition, two-fifths of married girls (40.6%) and a quarter of their husbands (26.4%) reported they have accessed family planning services in the past year. In most cases husbands forbid the use of contraception because of the expectation from the wife to have many children. A few married adolescent girls and fathers of adolescent girls, feel that they should not take contraception, as people should be having children as desired. Men and women across all groups have concerns about the negative side effects of contraception that they have heard about.

Positive attitudes towards sexual and reproductive rights of girls is generally low among adolescent boys and girls as 21-27% of adolescent boys and 30-42% of adolescent girls demonstrated strong positive attitudes. Among the married group, twice as many married adolescent girls (28.0%) showed strong positive attitudes compared to their husbands (16.2%). By comparison, about a third of caregivers (31-32%) hold strongly positive attitudes towards the SRH rights of girls, with similar rates reported by each gender.

Currently, sexuality and life planning education is not provided in schools however, the Reducing Violence in School guide (RVS) and the teacher's code of conduct Curriculum addresses violence against vulnerable children especially girls and children with learning difficulties in all secondary schools in Sierra Leone. The objective of the guide is to establish zero tolerance on all forms of school related gender base violence and make schools safe for effective learning for students and teachers alike. The RVS does not provide a robust and integrated content for sexual and reproductive health information and life skills required to prepare adolescents for positive ASRH choices in addition, the RVS guide has not effectively addressed school related gender based violence as there are evidences of violence incidences in schools and communities in Sierra Leone.

#### **Only 10-20% of already married adolescent girls remain in school after giving birth.**

School attendance is much lower among married adolescent girls, with only 18.3% of married girls who remain in school, prior to any school closures due to COVID-19.

The primary reasons for school drop-out is due to financial barriers (56.1%) and half of married adolescent girls (54.5%) dropped out because of early pregnancy.<sup>5-6</sup> It is important to note that the relationship between school attendance and early marriage or pregnancy cuts both ways, with out of school girls being more at-risk of family pressure to get married, and girls who are already married or pregnant at a much higher risk of dropping out.

Although a National policy on radical inclusion in schools; allowing pregnant girls to continue schooling exist, most girls will dropout after giving birth – because there is no one else available to care for the child or take on household duties. This outcome entrenched gender norms and roles and put the responsibility for childcare and household duties almost exclusively on the shoulders of married girls, with limited to no participation by their male partners.



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<sup>5</sup> Baseline Survey 2020

<sup>6</sup> Girls vulnerability assessment 2020



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### National policies, strategies and institutional capacities

There is a general feeling that progress is being made to reduce child marriage, as a direct result of government actions through the Sexual Offence Act (Amended 2019) including the high-profile “Hands Off Our Girls” campaign led by First Lady Fatima Maada Bio to end the practice of child marriage.

However, there is a difference of opinion on whether this law is adequately enforced, with some leaders saying that it is enforced, and others saying that deals are made so that there is no penalty for perpetrators. There is also a difference of opinion on whether people are aware of this law or not. Over 50% of adolescents and 60-70% of caregivers believe that laws on child marriage are enforced in their community, through a combination of fines and jail time.

While official cases of child marriage are on the decline, the practice continues through the common-law and customary marriages, including the “Tap 2 Me” practice where pregnant girls move to live with the father of their child or his relatives. Such forms of unofficial child marriage bring about the same devastating consequences for girls, and can often go undetected. Although, most people know child marriage is illegal, and some husbands try to hide the practice and do not admit to having wives below the age of 18.<sup>7</sup>

There is inconsistency in the accountability mechanism around reporting cases of child marriage. While, some would report it to the authorities, including the parents, community leaders, Family Support Unit (FSU), Save the Children, or the Ministry of Social Welfare worker. On the other hand, some would speak to the child, or to her parents, to try to convince them to change their minds and others would do nothing as they feel it is not their business, or they cannot do anything. There is also a concern that they will face backlash if they report. Some are not aware to whom they should report.



**50% of adolescents and 60-70% of caregivers believe that laws on child marriage are enforced in their community, through a combination of fines and jail time.**

“

*Yes, the only thing I'm telling you is that I don't [want] you to tell anyone that you engaged me in any discussions because when you called me some big people told me not to tell you anything and I answered, so before coming here I took my cutlass and told them that I was going to my farm. They think that you want to know everything that is happening here so you will take them to the law. (Partner of adolescent girl)*”

<sup>7</sup> Baseline Survey 2020

## MY BODY. MY DECISION. MY RIGHTS: REDUCING CHILD EARLY AND FORCED MARRIAGE IN SIERRA LEONE

### Implications and recommendations

**A**

It is clear that the primary drivers for CEFM is adolescent pregnancy, poverty and family shame related to an unmarried pregnant girl leading to increasing practice of “TAP2ME”. Consequently, unofficial child marriages continue undetected and prohibition laws unenforced.

The Ministry of , Gender and Children Affairs and Ministry of Social welfare has the responsibility to drive the behaviour change campaigns towards sustainable positive behaviours and practices that eliminate early child marriage. The “Hands off our girls” campaign presents opportunity for multi-stakeholders’ collaboration to drive the behaviour change. Hence, synergy should be built among the stakeholders.

**B**

Adolescents lack access to sexual and reproductive health information and services largely due to poor awareness resulting from the stalled curriculum for sexuality education in schools and lack of availability of family planning commodities in the health facilities . The Ministry of Health, the National Secretariat for the reduction of teenage pregnancy (NSRTP) and the DHMT should provide leadership in improving access and acceptability of girls’ using SRH services, including contraception. In a joint effort with the Ministry of Education, immediate action is required for the finalization and roll out of the sexuality education curriculum in schools for improved life options for adolescents.

**C**

The Ministry of Women, Gender and Children Affairs should provide leadership and coordination for an integrated behaviour change campaign towards eradicating gender- based violence improve on the current status of gender inequality index of 0.6 to achieve the SDG goals.



## **My Body. My Decision. My Rights.**

### **Reducing Child Early and Forced Marriage in Sierra Leone**

“Reducing Child, Early and Forced Marriage” (CEFM) project also known as My Body. My Decision. My Rights; is currently being implemented in Sierra Leone and Burkina Faso. The project aims to reduce CEFM, enable girls to make decisions on their own future and fulfil their equal human rights by addressing the underlying normative conditions which maintain gender inequality and making alternative opportunities more accessible and meaningful for girls. As such, the project will target the driving factors of CEFM by empowering very young adolescent (VYA, 10-14 years) and older adolescent (OA, 15-18 years) girls and boys to make their own informed decisions about marriage and pregnancy; improving the social environment for adolescent girls to make these decisions, and finally strengthening the institutional environment at the national and sub-national level to accelerate action on gender equality and the prevention of CEFM.

Aligned with the development priorities of Global Affairs Canada (GAC) and its Feminist International Assistance Policy (FIAP), the Project will promote gender equality and girls’ empowerment by working across the socio-ecological model, including adolescent girls and boys, parents, traditional and religious leaders, women and girl-led community groups, civil society organizations (CSOs) including women’s rights organizations (WROs), service providers, sub-national, national, and regional government stakeholders.

The project is delivered through various local partnerships to promote local ownership and sustainability of outcomes. Project implementation is aligned with the government Sierra Leone National strategic plans and policies relevant to CEFM and adolescent pregnancy. These include-The National Reproductive Maternal New-born, Child and Adolescent Health Policy and Strategy (2017-2021); Family Planning Costed Implementation Plan (2018-2022); the revised Sexual Offences Act; and the National Free Quality Education Initiative, which integrated sexual health education into the national school curriculum in order to expand access to ASRH services. Further, this project will build the capacity of the National Secretariat for the Reduction of Adolescent Pregnancy (NSRTP) to support the development of an internal organisational capacity building plan, and initiate coordination of CEFM and adolescent pregnancy activities. Across the project districts Kailahun and Western Rural, it will reach a total of 12,230 direct beneficiaries (5,120 girls, 3,300 boys, 2,080 women, and 1,730 men) and 15,665 indirect beneficiaries (3,100 girls, 2,410 boys, 8,200 women, and 6,800 men).



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