

Addressing the needs of girls at risk of early marriage and married adolescent girls in Burkina Faso

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Burkina Faso, a landlocked West African country with a population of 16.2 million, continues to experience rapid population growth. Population projections estimate a 64 percent increase in Burkina's population over the next 15 years (PRB 2010). This growth arises in part from the young age structure—Burkina Faso's population is the third youngest in the world behind Niger and Uganda, with 46 percent of the population below the age of 15 (PRB 2010)—and from early age at marriage and subsequent childbearing. Early marriage occurs frequently in rural areas, where 62 percent of girls aged 20–24 years are married by age 18, and marriage before age 15 is as high as 19 percent in the Sahel region (Population Council 2009a).

Tradition, familial expectations, and a lack of opportunities result in girls marrying before the legal age of 17. This curtails their ability to complete their education and fulfill their potential. These girls are often the second or third wife of a partner who is substantially older. Once married, girls are at a further disadvantage; they tend to be less mobile and have limited social networks compared to unmarried girls. Newly married girls are expected to begin childbearing almost immediately; typically they give birth within the first 20 months following marriage. Given their young age, pregnant adolescents may also be at risk of complications during childbirth, including prolonged and obstructed labor that can result in fistula. In its 2010 *State of the World's Mothers* report, Save the Children ranked Burkina Faso in the bottom third of the least-developed countries in overall health and development status of mothers, reflecting both the danger of pregnancy and delivery and the lack of social support to young mothers.

Despite the large number of married girls and girls at risk of early marriage in Burkina Faso's rural areas, few programs address the is-

	filles	Garçons	Total
Effectifs	21	19	40
Présents	10	16	26
Absents	11	03	14

This attendance register from a classroom for 10–12-year-old children in rural Burkina Faso shows that more than 50 percent of girls are absent from school. Early marriage of adolescent girls contributes to school-leaving.

sue of early marriage directly by engaging with girls and community leaders. Furthermore, the country lacks services tailored to their needs. With health services concentrated in urban areas, the distance to the nearest health center is a serious obstacle for girls in rural areas, particularly for those whose mobility is constrained. Even if a health center is accessible, girls and young women must obtain permission from their husband or other gatekeeper to visit it. If girls are to gain access to health services, public health programs must address these geographical and social barriers.

The context of early marriage in Burkina Faso

Over the past decade, the Population Council has conducted qualitative and quantitative research to better understand the needs and experiences of girls at risk of early marriage and of married girls in Burkina Faso (Saloucou 2002; Saloucou et al. 2003). This research demonstrated that:

- The majority of marriages were arranged and girls were often given as a reward to the groom's family. In cases where the exchange of persons did not occur simultaneously, families could be "owed" a girl, with agreements taking place as early as the birth of the girl. A less common strategy in Burkina Faso is the exchange of a girl for goods and services or to secure the relationship between families.
- In the period leading up to marriage, girls receive instruction on housework, child care, and appropriate (submissive) behavior to adopt toward their husbands and in-laws, and they experience tighter restrictions on their mobility and relationships.
- Adolescent girls are less mobile than their male counterparts, and married girls' mobility is restricted to locations that allow them to fulfill household and child-care responsibilities.
- Married adolescent girls are not using health centers.
- Boys have access to leisure and recreational facilities, giving them opportunities to socialize with peers and obtain health information; girls are denied comparable access to social networks and information.
- Both married and unmarried girls have an urgent need for health information, resources, and access to health centers.

Putting research into practice

Council research revealed that married Burkinabé girls were constrained by time, limited mobility, and lack of access to health centers. Any attempt to intervene with this population would require reaching them in their homes. These findings guided the development of an innovative intervention known as the "mères-éducatrices" program. The primary role of the mères-éducatrices, or mother educators, was to provide information and support to married adolescents during their first pregnancy and birth, and to provide Vitamin A and iron supplements to those who were pregnant. In light of the seclusion of married adolescents, the mères-éducatrices traveled in pairs (using bicycles provided by the project) to girls' homes in remote areas; one mère-éducatrice would engage the girl's gatekeepers by explaining the program and providing information, while the other would establish a dialogue with the married adolescent girl. To increase use of local health centers, the mères-éducatrices began acting as liaisons between married ado-

lescents and the health center staff. In addition to escorting girls to the health centers for prenatal visits and educational sessions, the mères-éducatrices also helped sensitize health workers to the particular needs and vulnerabilities of young married girls.

The mères-éducatrices project demonstrated that improving adolescent sexual and reproductive health would require combating the practice of early marriage while simultaneously providing support for married girls. In response to this, the Council partnered with UNFPA, UNICEF, and the Ministry of Social Action and National Solidarity for a pilot project entitled *Eliminating child marriage in Burkina Faso: A plan for protection, reinforcement, and community action*. This project aimed to increase the physical security of girls at risk of marriage as well as those already married. The project emphasized the community's role in supporting and advocating for delayed marriage. The project took place in 24 villages across five regions (Centre-Sud, Centre-Est, Est, Centre-Nord, and Sahel).

The program engaged in-school and out-of-school girls aged 10–19 who were at risk of marriage and who were already married. Girls who were still in school were given scholarships and bicycles to continue their education, though this is a very small proportion of the total num-



Girls in school were given scholarships and bicycles to encourage them to continue their studies.

ber of girls in the program (143 out of 4,000). The majority of girls were given funds to begin an income-generating activity.

This pilot program engaged mères-éducatrices as mentors for girls at risk of early marriage. To qualify, mères-éducatrices had to be 15–19 years old, currently married with at least one child, and well regarded in their communities. Mères-éducatrices were trained in human rights, life skills, sexual and reproductive health, and livelihoods. Three times a month they provided education sessions to girls on several key themes relating to early marriage (e.g., family planning, prenatal care, STIs, HIV, FGM, and fistula). They additionally made home visits and referrals to health facilities for girls who had sexual and reproductive health needs. Mères-éducatrices were given eco-



Three mères-éducatrices in Dori (Sahel region) who served as mentors and educated girls on the risks associated with early marriage and reproductive health.

conomic assistance to start an income-generating activity such as sewing or raising animals.

Changing social norms and combating early marriage require a supportive social environment. The project team engaged directly with those who make decisions on behalf of adolescent girls, such as fathers, husbands, mothers-in-law, and other relatives. Core communication teams comprised of community members in each site made door-to-door visits; led awareness sessions and advocacy activities with adolescents' parents, traditional leaders, and religious leaders on fighting early marriage and the importance of schooling; made case referrals to community facilitators or services provided by the Ministry of Social Action; and mediated threats of early marriage. Traditional and religious leaders reinforced the messages delivered by the program and were viewed as critical actors in the fight against early marriage in their communities. For example, the King of Boussouma stated that



Advocacy session with the King of Boussouma encouraging compliance with the legal age at marriage, which is 17 for females and 20 for males.

after having learned the magnitude of early marriage in his community and its consequences, he and the community were fully committed to “fight resolutely and effectively against early marriage across the royal kingdom to ensure that the said phenomenon in all its forms becomes a bad memory in the years to come.” The Grand Imam of Dori stated that “the consequences linked to the practice of early marriage are now understood. Religious leaders in small villages must increase their advocacy efforts. We [imams] can help in this effort because even if the practice of early marriage has decreased in cities, it is widespread in villages.” Advocacy efforts built community interest in combating the practice of early marriage, and demand for the program emerged from communities adjacent to the intervention sites.

Knowledge, attitudes, practices, and perceptions related to early marriage and the lives of married girls were assessed using baseline



This young woman avoided a marriage with a man nearly three times her age because her mother challenged traditional practice.

and endline surveys in the five intervention regions. To look for possible community effects, interviews were conducted with approximately 1,700 households and 1,400 adolescent girls aged 10–19 at baseline and 10–21 at endline. Results showed increases in knowledge of the minimum legal age of marriage among heads of households and adolescents, in adolescents' knowledge of obstetric fistula and means to avoid pregnancy, and in adolescents' use of sexual and reproductive health services, particularly for delivery assistance.

Lessons learned

Council research demonstrates that it is possible to identify, reach, and support married adolescent girls and those at risk of early marriage living in traditional circumstances—even those in rural, remote, resource-poor communities. Council interventions mobilized an influential cadre of young female leaders as mères-éducatrices. These young mothers

mentored the girls and worked with health providers to ensure that services were targeted to the needs of adolescent girls. This work also demonstrates that it is possible to mobilize communities and increase awareness about the dangers of early marriage. This type of community engagement forms the foundation for the transformation of social norms and behavior change communication.

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