Webinar: Ending Child Marriage and Stopping the Spread of HIV in Africa

WHAT CAN BE DONE?

Webinar hosted by RIATT-ESA and The African Union

DATE: 20 JUNE, 2017
Time 3pm east Africa/ 2 pm southern Africa/ 1pm UK

Moderated by Ms Nyaradzayi, Gumbonzvanda - AU Goodwill Ambassador on Ending Child Marriage and Chief Executive Officer, Rozaria Memorial Trust.

@vanyaradzayi

Contact: www.riatt-esa.org  @RIATTESA
Your first webinar? Don’t worry we got you covered.

Attending a RIATT-ESA webinar is easier than riding a bike. Here is how you do it.

• When you first join a session, the Control Panel appears on the right side of your screen. Use the Control Panel to manage your session.

• Put your headphones on and turn up the sound.

• During the webinar the attendees will be muted. But you can send us questions at any point via the chat box.

• The panellists will answer your questions in the question and answer session.

• If you have to step out don’t worry, the webinar is being recorded and you can watch it later.
The Regional Inter-Agency Task Team on Children and AIDS in Eastern and Southern Africa (RIATT-ESA) is a unique, multi-sectoral partnership of organisations. Though a evidence driven approach RIATT-ESA influences global, regional and national policy formulation and implementation for children and their families affected by AIDS in eastern and southern Africa.

Contact us:    naume.kupe@repssi.org : www.riatt-esa.org : @riattesa

The African Union (AU) is charged with spearheading Africa’s rapid integration, prosperity and development by promoting political and economic unity, solidarity, cohesion and cooperation among the peoples of Africa and the African States, as well as developing new partnerships worldwide. The AU vision is to “build an integrates, prosperous and peaceful Africa, and Africa driven and manages by its own citizens and representing a dynamic force in the international arena.”

In 2014 the African Union launched a campaign to end child marriage.

Contact us:    Kennetho@africa-union.org : www.au.int : @_AfricanUnion
Now let's take you through today's agenda

1. Introduction to the webinar and panellists
2. Deep dive into the presentations and discussions.
3. Q&A - The panellists will answer the questions you asked via the chat box.
4. Closing - We will close with a quick vote of thanks to all our sponsors, and most importantly: YOU!

REMEMBER: We want to hear from you, so ask questions, tweet use the hashtag #EndChildMarriageNow, Follow and tag @RIATTESA, @_AfricanUnion, @vanyaradzayi, @GirlsNotBrides and @UNICEF
Introducing the Webinar Panellists

- **Dr. Kwalombota M. Kwalombota** - Presenting Research Findings from a Study on Ending Child Marriage and Stopping the Spread of HIV, Opportunities and Challenges for Action.


- **Ramatou Toure**, the Regional Senior Child Protection Specialist for UNICEF West and Central Africa Regional Office located in Dakar - Presenting “Campaign perspectives to ending child marriage and stopping the spread of HIV - opportunities, challenges, recommendations”
Ending Child Marriage and Stopping the Spread of HIV
...Opportunities and challenges for action

Dr. Kwalombota M. Kwalombota
Webinar on Ending Child Marriage and Stopping the Spread of HIV Opportunities and Challenges for Action

Literature review
20th June 2017
Introduction

- Child marriage is a significant cultural, political and public health issue on the African continent.
- More than 700 million women worldwide will get married before age 18, one in three of these marrying before age 15
- For more than 30 years, the HIV epidemic has been a top public health challenge in Africa
Why consider the two together?

• Child marriage and HIV are two major issues affecting African girls and young women
• AIDS is now the number-one killer of adolescents in Africa
• Seven of every 10 new infections of HIV among adolescents are girls
• Similar socioeconomic factors drive both HIV and child marriage
Impact of child marriages and HIV

• Ending child marriage and stopping HIV are both fundamental to the socio-economic development of Africa
• Child marriage continues the cycle of poverty and is linked to poor health, instability and violence
• Gender based impact of both child marriage and HIV
Purpose of this desk study

• Very few studies have explored the linkages between HIV and child marriage
• There are similar drivers and conditions between HIV and child marriage
• It is difficulty to pinpoint causality
• Examines existing literature to highlight what is known about the links between child marriage and HIV
• Considers opportunities for further action
FINDINGS
Linkages between child marriage and HIV

- AIDS is the number one cause of death among adolescents (10 – 19) in Africa.
- In Africa, south of the Sahara, 7 in 10 new infections in 15 – 19 year olds are among girls.
- Some early studies conducted in Kenya and Zambia showed that among girls aged 15–19, being married is associated with an increase greater than 75 percent in the odds of being HIV-positive compared with the odds for sexually active unmarried girls.
Linkages between Child marriage and HIV

• Some studies have shown mixed results in linking child marriage to HIV
• A DHS analysis of 96 countries suggested that a 10% increase in child marriages in a country is associated with a 70% increase in the maternal mortality rate, but the association was not apparent for HIV
• However, the same study still highlighted that in the context of high HIV prevalence areas, girl child marriage is a salient risk factor warranting integration with existing HIV prevention efforts and more research is needed
Factors potentially linking child marriage and HIV

• **Developing reproductive tract:** This can be a factor in transmission of HIV in Child marriage:
  – “..may be physiologically more prone to HIV infection because her vagina is not yet well lined with protective cells and her cervix may be more easily eroded.” Nour (2006)

• **Intergenerational sex:** Wide age variations between spouses can link child marriage and HIV:
  – In a study in Uganda, among women aged 15 to 19 years, the adjusted risk of HIV infection doubled among those reporting male partners 10 or more years older compared with those with male partners 0 to 4 years older (Kelly et al 2003)
  – Several studies have shown that partners of married female adolescents are typically older usually with an age difference ranging from 4 – 15 years
Factors potentially linking child marriage and HIV

• **Marriage may not protect from transmission of HIV:** similar to other marriages, child marriage may not be protective of HIV
  – A recent study in Rwanda and Zambia estimated that estimated that 55.1% to 92.7% of new heterosexually acquired HIV infections among adults occurred within serodiscordant marital or cohabiting relationships (Dunkle et al 2008)

• **Lack of control over sexual decisions:** girls in child marriage often have little control when to have sex or use contraception
  – Several studies have shown that married girls are more likely to either be under pressure or intend to become pregnant, thus infrequently use condoms or other contraceptives (Clark 2004, Nour 2006, Pettifor et al 2009)
Factors potentially linking child marriage and HIV

• **Concurrent or multiple partners:** Including polygamy and partners outside the marital union
  – “men are older when they marry,... expected to have had multiple sex partners and to be sexually experienced” Nour (2006)

• **Poverty and health seeking behaviour:** child marriage influences both poverty and poor health seeking behaviour
  – Research has shown that girls are unable to fully negotiate with partners over healthy behaviours (Bruce 2006)
  – Some studies have indicated that girls in a child marriage usually have their educational opportunities curtailed, and thus not able to learn about primary health conditions and HIV (Erulkar 2007)
IMPLICATIONS FOR RESEARCH
More detailed research required

• In what ways does child marriage affect the transmission, control, risk and prevention of HIV?
• What are the differences between the effect of child marriage in concentrated HIV epidemics and its effect during generalised epidemics?
• How can child marriage influence the diagnosis and treatment of HIV?
• What social research and action is required for child marriage and HIV?
• What are the policy implications for child marriage and HIV?
RECOMMENDATIONS
Recommendations

• **High-level advocacy**
  – African Union campaign to end child marriages should continue
  – UN Agencies, foundations and donors to focus more on synergy between child marriage and HIV

• **Targeted use of data**
  – Improved surveillance techniques to capture child marriage data
  – Harmonised data collection and reporting tools cognisant of child marriage and HIV
Recommendations

• Research
  – More focused research on child marriage and HIV
  – Wide dissemination of research using various media

• Joint Programming between Child Marriage and HIV
  – Convening of lead researchers in child marriage and HIV
  – Lessons learned over the past decades on HIV programming can be used in ending child marriage
  – Child marriage programmes can be natural entry points for HIV prevention and treatment programmes, and vice versa
Thank you!
Child marriage and HIV:

Civil Society Organisations Joint Programmes and advocacy

Ruth Koshal, Senior Africa Engagement Officer, Girls Not Brides
Webinar on Ending Child Marriage and Stopping the Spread of HIV Opportunities and Challenges for Action
20 June 2017
Child marriage happens across countries, cultures, regions, religions, in stable and fragile contexts.

Each year, 15 million girls are married before the age of 18.

Over 700 million women alive today were married before 18 - nearly 10% the world’s population.

- 45% of girls under age 18 are married in South Asia;
- 39% in sub-Saharan Africa;
- 23% in Latin America and the Caribbean;
- 18% in the Middle East and North Africa;
- and in some communities in Europe and North America.

If there is no reduction 1.2 billion girls will be married as children by 2050 – equivalent to the entire population of India.
Prevalence rates (% of women 20-24 years old first married or in union before they were 18)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Country</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Niger</td>
<td>76%</td>
</tr>
<tr>
<td>02</td>
<td>Central African Republic</td>
<td>68%</td>
</tr>
<tr>
<td>03</td>
<td>Chad</td>
<td>68%</td>
</tr>
<tr>
<td>04</td>
<td>Mali</td>
<td>55%</td>
</tr>
<tr>
<td>05</td>
<td>Burkina Faso</td>
<td>52%</td>
</tr>
<tr>
<td>06</td>
<td>Guinea</td>
<td>52%</td>
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<tr>
<td>07</td>
<td>Bangladesh</td>
<td>52%</td>
</tr>
<tr>
<td>08</td>
<td>South Sudan</td>
<td>52%</td>
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<tr>
<td>09</td>
<td>Mozambique</td>
<td>48%</td>
</tr>
<tr>
<td>10</td>
<td>India</td>
<td>47%</td>
</tr>
</tbody>
</table>

Highest absolute numbers (number of women 20-24 years old who were married before they were 18)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Country</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>India</td>
<td>26,610,000</td>
</tr>
<tr>
<td>02</td>
<td>Bangladesh</td>
<td>3,931,000</td>
</tr>
<tr>
<td>03</td>
<td>Nigeria</td>
<td>3,306,000</td>
</tr>
<tr>
<td>04</td>
<td>Brazil</td>
<td>2,928,000</td>
</tr>
<tr>
<td>05</td>
<td>Ethiopia</td>
<td>1,974,000</td>
</tr>
<tr>
<td>06</td>
<td>Pakistan</td>
<td>1,875,000</td>
</tr>
<tr>
<td>07</td>
<td>Indonesia</td>
<td>1,408,000</td>
</tr>
<tr>
<td>08</td>
<td>Mexico</td>
<td>1,282,000</td>
</tr>
<tr>
<td>09</td>
<td>Democratic Republic of the Congo</td>
<td>1,274,000</td>
</tr>
<tr>
<td>10</td>
<td>Tanzania</td>
<td>887,000</td>
</tr>
</tbody>
</table>
Health: complications during pregnancy & childbirth, increases risk of HIV, and impacts children’s health

Violence: physical, sexual, emotional abuse

Education: schooling often ends with marriage

Poverty: traps girls and families in a vicious cycle for generations

Inequality: limit future work and decision making; violates girls’ rights
Who are Girls Not Brides?

**Global:** 750+ members in 90+ countries, across Africa, Asia, Europe, the Middle East, and the Americas

**Civil society members:** advocates, programmers, researchers, service providers from grassroots to international NGOs

**Multi-sectoral, diverse:** health, education, poverty alleviation, human rights, humanitarian response
Working at the national level

• Our members work individually and collectively at national levels to address child marriage, across sectors

• Some come together in coalitions and as networks to work collectively to address child marriage

• They are diverse

• Each CSO brings specific expertise, knowledge and experience to national level work on child marriage e.g. advocacy, service provision for girls, etc.
What will it take to end child marriage?

• Empowering girls
• Mobilising families and communities
• Providing services
• Establishing and implementing laws and policies
Why are child brides more vulnerable to HIV?

- Their **young age** and **physical immaturity**
- Their **limited power** in negotiating safer sex
- The frequency with which they have unprotected sex
- The pressure on them to **demonstrate their fertility**
- Often **married to older men** who have had previous sexual partners, increasing the **lifetime risk of HIV infection** of child brides
HIV disproportionately affects adolescent girls and young women.

We cannot end the HIV epidemic among adolescent girls without ending child marriage.
Examples of CSO Programmes

- **Back to School Campaign, Mfera Initiative on Education**: Camfed Malawi working to ensure girls have access to quality and safe education. By working with the local health centre and education authority to identify girls who have dropped out of school after becoming pregnant.

- **Unite for Body Rights (UFBR)**: The UFBR programme in Tanzania is implemented by the Sexual and Reproductive Health and Rights Alliance consisting of Amref Health Africa Tanzania, HAPA, Restless Development, Medicos del Mundo and NIMR. The project works to train health care providers on youth friendly service provision; create youth-friendly health centres; advocate with the Government for more health care resources and establish referral systems.
Examples of CSO Programmes (Continued)

• **Integrated Family Health Programme (IFHP+1):** Funded by USAID, Pathfinder International implements a programme in Ethiopia that works to strengthen integrated family planning, maternal newborn and child health, and HIV/AIDS as well as reproductive health services at the community level.

• Key lessons for effective programmes:
  • Incorporate child marriage during programme design by targeting family planning, maternal, newborn and child health and HIV/AIDS services to married adolescents
  • Programme implementation to include training healthcare workers to educate community members on the harms associated with child marriage and respond to the unique needs of married adolescents.
  • Integrate child marriage into programme monitoring and evaluation through measurement of child marriage related outcomes e.g. age, sex, marital status
To address the needs of child brides and their children, nutrition programmes should specifically target pregnant and lactating adolescents. Programme design and implementation should focus on engaging young fathers in nutrition education and services so that the health of the young mother are not her responsibility alone.

To best address child marriage, HIV programmes can incorporate specific child marriage goals and objectives including monitoring and evaluation to understand the linkage between child marriage and HIV.
What needs to be done?

1. Increase research on the links between child marriage and HIV
2. Recognise and prioritise adolescent girls as a key population to target in HIV programming
3. Link HIV programming with multi-sectoral initiatives to end child marriage and empower girls
Increase research on the links between child marriage and HIV

- There is still very little comprehensive research on the causal links. It is therefore vital that research is funded to expand and strengthen the evidence base so as to design more effective HIV and sexual and reproductive health and rights programmes for adolescent girls.
- Research is also required to better understand the diverse needs of girls
- Further evaluation of programmes working to end child marriage

BUT the need for increased research should not hinder the action that is needed NOW to start integrating child marriage-related interventions in HIV programming!
Recognise and prioritise adolescent girls as a key population to target in HIV programming

• Married and unmarried girls alike should be recognised as a most-at-risk population, just like injecting drug users, sex workers, men who have sex with men, prisoners, and mobile/migrant workers
• Efforts to target adolescent girls with HIV programmes must also involve families and communities

e.g. Men and boys need to be engaged and empowered as positive agents of change in addressing harmful gender and societal norms and promoting gender equality
Link HIV programming with multi-sectoral national initiatives to end child marriage and empower girls

- A number of countries are developing national strategies, plans of action, and campaigns to tackle child marriage across multiple sectors including health, education, employment and justice.

- Other countries are exploring ways to integrate child marriage interventions into existing government policies and programmes across sectors.

- It is vital that comprehensive HIV programmes are linked to multi-sectoral initiatives to end child marriage, particularly those focused on sexual and reproductive health interventions for adolescent girls and their sexual partners.
How can we work together?

- **Global and regional level:** Technical input, leveraging funding, joint advocacy, research, designing tools to support stakeholders working at national levels (e.g. capacity building, advocacy tools, etc.)
- **National level:** Work together across sectors e.g. ensuring everyone is at the same table to coordinate multi-sectoral efforts to address HIV and child marriage
Campaign perspectives to ending child marriage and stopping the spread of HIV in Africa
Opportunities, Challenges & Recommendations

Ramatou Toure, UNICEF West and Central Africa, Regional Office
Webinar on Ending Child Marriage and Stopping the Spread of HIV Opportunities and Challenges for Action
20 June 2017
Child Marriage and HIV/AIDS in Africa: Key Observations

**Child Marriage**
- Africa is amongst the top 2 regions with the highest prevalence rate of child marriage worldwide.
- 30 out of 41 countries with a prevalence > 30% are in Africa.
- Affects disproportionately young girls and adolescent girls.
- Affects disproportionately vulnerable and poor girls.

**HIV/AIDS**
- AIDS = 1st cause of death of adolescents in sub-Saharan Africa.
- 2 key epidemics among adolescents in Africa:
  - among chronic survivors of vertical transmission (MTCT).
  - among sexually active young people.
- 70% of new infections among adolescents are girls.
- Adolescents (15-19) girls engage more than boys in high risk sexual behaviors with less comprehensive knowledge of HIV.
Child Marriage and HIV/AIDS in Africa: a striking correlation

Child Marriage & HIV/AIDS share some common socio-economic drivers and aggravating factors
## Linking Child Marriage and HIV/AIDS programming in Africa: What do we know? What can we do?

<table>
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<tr>
<th>Category</th>
<th>Recommendations</th>
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| Immature reproductive tract & Inter-generational sex | - Systematic Male engagement programmes/initiatives  
- Targeted awareness-raising                   |
| Viral exposure through frequent unprotected sexual intercourse | - HIV as an entry point to discuss SRH in the context of child marriage            |
| Poverty & Low protection against HIV infection in marriage | - Scale up interventions to support girls in extreme vulnerability esp. married girls and girls living with HIV |
| Gender & women’s (dis)empowerment              | - Address social norms and gender/power imbalances  
- Support women’s and girls’ social and economic potential  |
| Health-seeking behavior and knowledge & Education | - Targeted and appropriate health, prevention, and care services for unmarried girls and married girls  
- Support girl’s access to school; school retention and/or non formal/continuing education programmes. |
Joint HIV/ Child Marriage Programming : UNFPA-UNICEF Global Programme to accelerate action to end child marriage

- 8 countries out of 12 in Africa (Burkina-Faso, Ethiopia, Ghana, Mozambique, Niger, Sierra Leone, Uganda, Zambia)

- Multi-sectoral programming

- Focus on :
  - Reaching vulnerable girls directly (prevention and response: married girls)
  - Reaching families and communities
  - Strengthening systems with a focus on Education, Health and Social Protection
  - Legislation, policy, national plans in key sectors
  - Research and evidence generation

- Key sectors of focus:
Ending Child Marriage and Stopping HIV/ AIDS: What are the current challenges?

- Insufficient research on HIV transmission and harmful practices (Child Marriage and FGM/C) in a rapidly evolving environment
  - Direct linkages between HIV transmission/effects and Child Marriage (beyond correlations)
  - Public health and Social impact of Child marriage and HIV

- Limited Joint Advocacy and Programmes despite many common drivers

- Need to ensure that the most vulnerable adolescent girls access quality services that are adapted to their situation (esp. married girls.

  e.g: Mortality is increasing among Adolescents Living with HIV compared to other age groups while HIV testing remains very low!: → Urgency to address gaps in early identification, linkage and retention on ART
Key Recommendations moving forward

- Improve targeting and reach to adolescent girls (improved surveillance techniques and data collection, analysis and harmonization)
- Invest in Advocacy and community awareness
- Involve chiefs and other traditional authorities
- Scale up Joint Programmes (including in multi-sectoral programmes)
- Strengthen Social protection programmes
- Support evidence-based programming informed by substantive further research
Thank You
Time for your questions to be answered.

You can follow @RIATTESA and @_AfricanUnion on twitter, and follow continue this conversation on #EndChildMarriageNow.
We would like to thank RIATT-ESA and The AU for hosting this event, thank our sponsors, our wonderful panellists.

But most importantly Thank YOU for attending.

For comments or feedback on the webinar email: naume.kupe@repssi.org from RIATT-ESA
For comments or feedback on the AU campaign email: Kennetho@africa-union.org
Thank you!