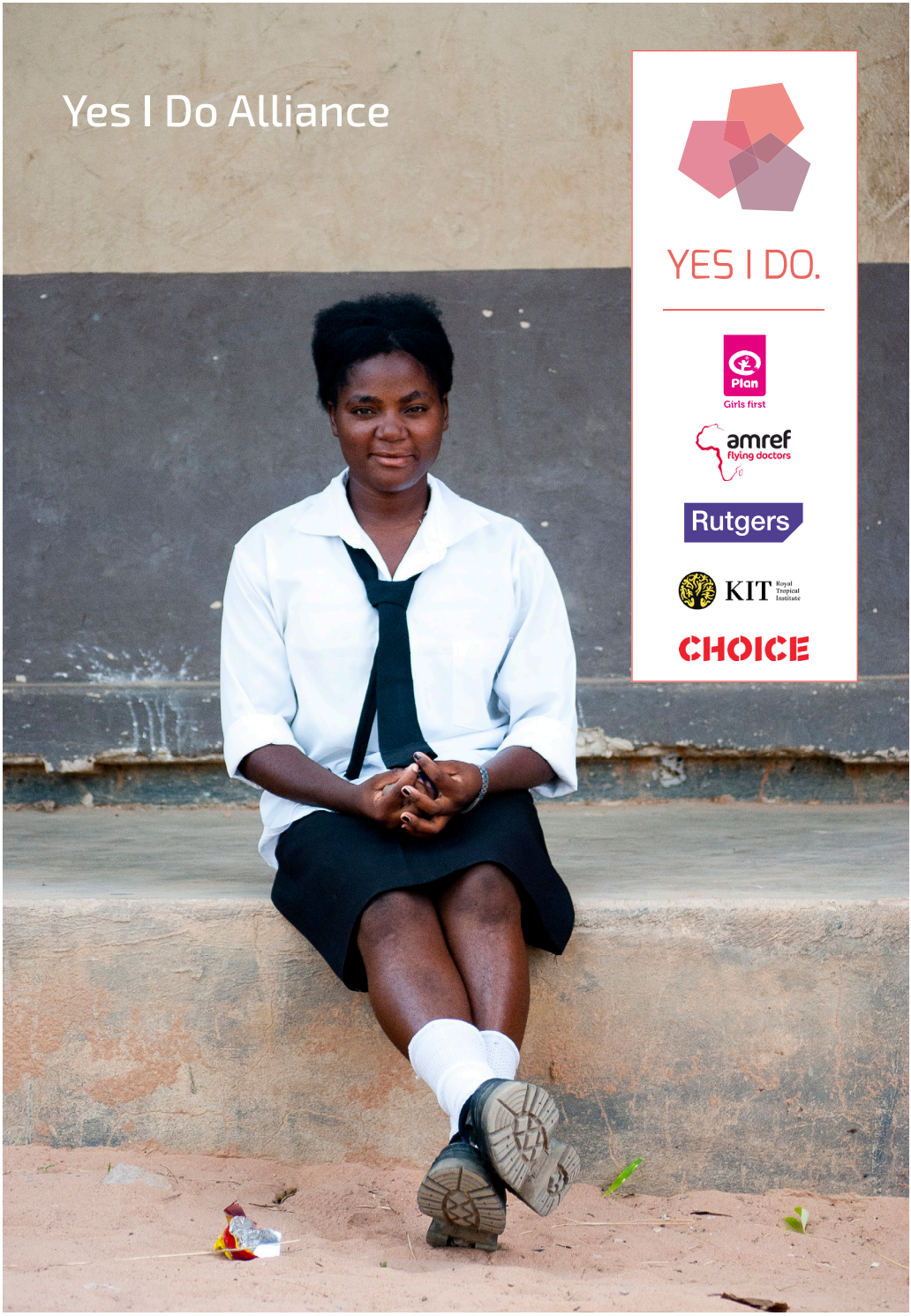
Yes I Do Alliance



YES I DO.

Plan
Girls first

amref
flying doctors

Rutgers

KIT Royal Tropical Institute

CHOICE

Child marriage (CM), teenage pregnancies (TP) and female genital mutilation/cutting (FGM/C) pose serious obstacles to the Sexual and Reproductive Health and Rights (SRHR) of girls. Because of CM, TP and FGM/C, girls often have limited choices and future prospects. The Yes I Do programme envisages a world in which every girl can decide for herself if, when and whom she wants to marry and if, when and with whom she wants to have children. In addition, the programme also seeks to protect girls from FGM/C.

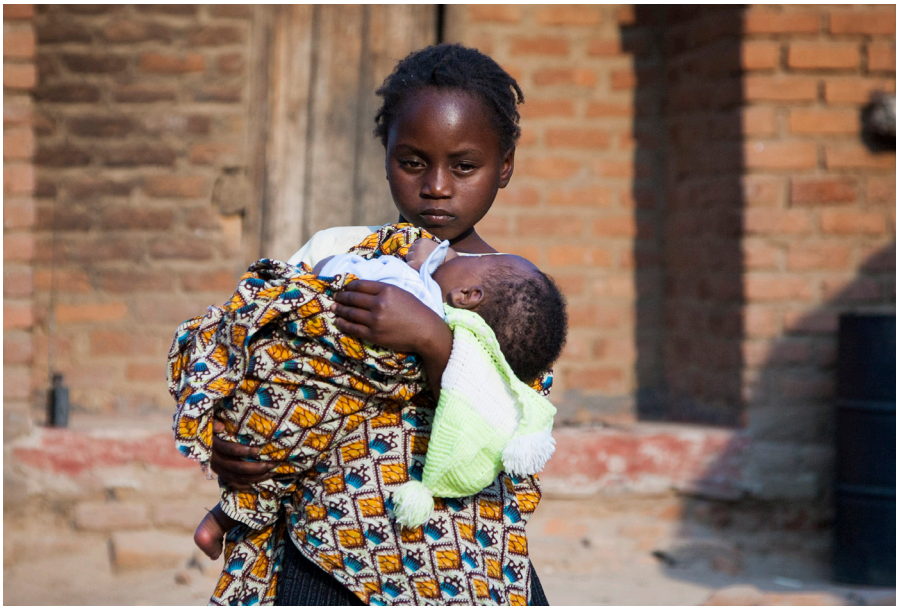
Plan Nederland (lead organisation), Amref Flying Doctors, CHOICE for Youth and Sexuality, the Royal Tropical Institute, Rutgers and the Dutch Ministry of Foreign Affairs are working together in the context of the YES I DO programme (2016 – 2020) to address the problems of CM, TP and FGM/ in seven countries: Ethiopia, Kenya, Malawi, Mozambique, Zambia, Pakistan and Indonesia.

FACTS AND FIGURES

- Child marriage affects nearly **70 million girls** in the world. In developing countries, one in three girls is married before the age of 18.

- Teenage pregnancies is both a cause and consequence of child marriage. In developing countries **7.3 million teenage girls** fall pregnant every year and complications from pregnancy and childbirth are among the leading causes of death among girls aged between 15 and 19.

- More than **three million girls** are at risk of having to undergo FGM/C every year. In some countries (e.g. among the Maasai in Kenya) girls are seen as ready for sex and marriage after they have undergone FGM/C. This is why FGM/C also exposes girls to TP and CM.



Background

The main causes of CM are deeply rooted gender inequality, social, cultural and religious norms, poverty, inadequate legal protection and inadequate access to comprehensive sexuality education and adolescent SRHR and services. The fact that youth doesn't have a voice is also an exacerbating factor. Girls that marry young often have their first child as a teenager and if a teenage girl falls pregnant she often ends up getting married. If a girl bears children before she is physically, mentally and emotionally ready it can have major negative physical and mental health consequences. CM and/or TP prevent girls completing their education. Consequently, girls miss the educational and economic opportunities that can help them and their families rise above poverty. Girls that marry later are usually better educated, they have more chance of getting a paid job and they have smaller and healthier families. Educated girls have more chance of breaking the cycle of poverty. FGM/C is practiced in three YES I DO countries: Kenya, Ethiopia and Indonesia. The nature of FGM/C and the age of the girls when it takes place varies. In Indonesia girls undergo FGM/C at a very young age. In Kenya FGM/C usually takes place when girls are aged between 8 and 10. After being circumcised girls are "guided" into adulthood and they are then seen as women. This often leads to a young sexual debut, putting the girl at risk of TP and ultimately CM. In Ethiopia FGM/C is still widely practiced, making it one of the remaining vestiges of harmful cultural practices supported and maintained by myths about the supposedly beneficial function of circumcision, i.e. that of preparing girls for a clean and smooth sexual debut.

Goals and approach

In order to address the different aspects that lead to CM, TP and FGM/C, the Yes I Do programme focuses on the five strategic goals described below.

CHANGING SOCIAL NORMS

If girls are to enjoy their full potential, deeply rooted gender inequalities and social norms must be transformed within communities. Therefore, parents, teachers and traditional leaders are being trained to better understand the negative consequences of girls/boys getting married and having children at a young age. People's awareness is raised of the social constructs of gender and the consequences of gender inequality, including economic costs involved. Postponing marriage, finishing secondary school and/or enjoying opportunities to be economically self-sustainable are desirable alternatives to CM, TP and FGM/C. Community members are being informed and encouraged to become change agents and to start up social movements so they can positively influence (young) people to speak out against CM and TP.

MEANINGFULLY ENGAGING GIRLS AND BOYS

Girls and boys are being given adequate information about their SRHR. This way, young people know their rights and are encouraged to make their voices heard. They are meaningfully engaged in changing the mindset of other people and act as agents of change. Furthermore, they are able to inform Civil Society Organisations (CSOs) about their needs so that these organisations know how to improve (health) services that are specifically aimed at young people like them. As a result, boys and girls will be able to access SRH services that meet their expectations and needs. This will make them feel more comfortable in accessing these SRH services and using contraceptives for example.

ADOLESCENT GIRLS AND BOYS TAKE INFORMED ACTION

Boys and girls who are well-informed about their SRHR know where to go to get the SRH information and services they need. To increase access for adolescents to SRH information and services professionals such as social workers and health care providers are also trained to provide youth-friendly services.

INCREASING EDUCATIONAL AND ECONOMIC EMPOWERMENT

Because CM is closely related with poverty, the programme promotes the continuation of post-primary education so that girls have the opportunity to finish secondary school. Collaboration with the private sector creates more opportunities for girls and boys to do internships, thereby improving their knowledge and skills. Furthermore, by increasing their access to jobs and credit, entrepreneurship is stimulated among young people. Investing in their economic empowerment will give young people the opportunity to rise above poverty.

ESTABLISHING LAWS AND POLICIES ON CM AND FGM/C

Data and results from the Yes I Do programme and research will be used to inform and influence policy makers, change agents and CSOs. Evidence-based advocacy of this kind will increase political awareness and the political will to develop and implement laws and policies that will help to end CM, TP and FGM/C.

Expected results in the seven countries after 2020

- Adolescent boys and girls will have more and better knowledge about their SRHR, as well as basic advocacy skills that will enable them to claim better quality SRH services.
- Local CSOs will have increased their capacity to work with adolescent boys and girls. This will create and nurture an enabling environment in which adolescents can learn more about SRHR and reach out to their peers, teachers, parents and other community members.
- Adolescent boys and girls will be able to voice their needs and find SRH services when they need them.
- CSOs and SRH service providers will be able to provide youth-friendly services.
- Teachers, service providers and young people will have access to comprehensive sexuality education.
- Parents, teachers and communities will be sensitised to the fact that educating girls will benefit families and the entire community.
- Girls will have acquired entrepreneurial skills and will have better access to financial and business services.
- CSOs and change agents will have increased their capacity to advocate for the implementation of laws and policies that set the age for marriage at 18 for both boys and girls.
- The awareness and understanding of policy makers and duty bearers of the negative effects of CM, TP and FGM/C will have been increased.
- Having access to improved information on SRHR will enable young girls to resist CM and TP.
- YES I DO research will give insights into the relationships between CM, TP and FGM/C and effective strategies and interventions. The research will also provide evidence for advocacy.

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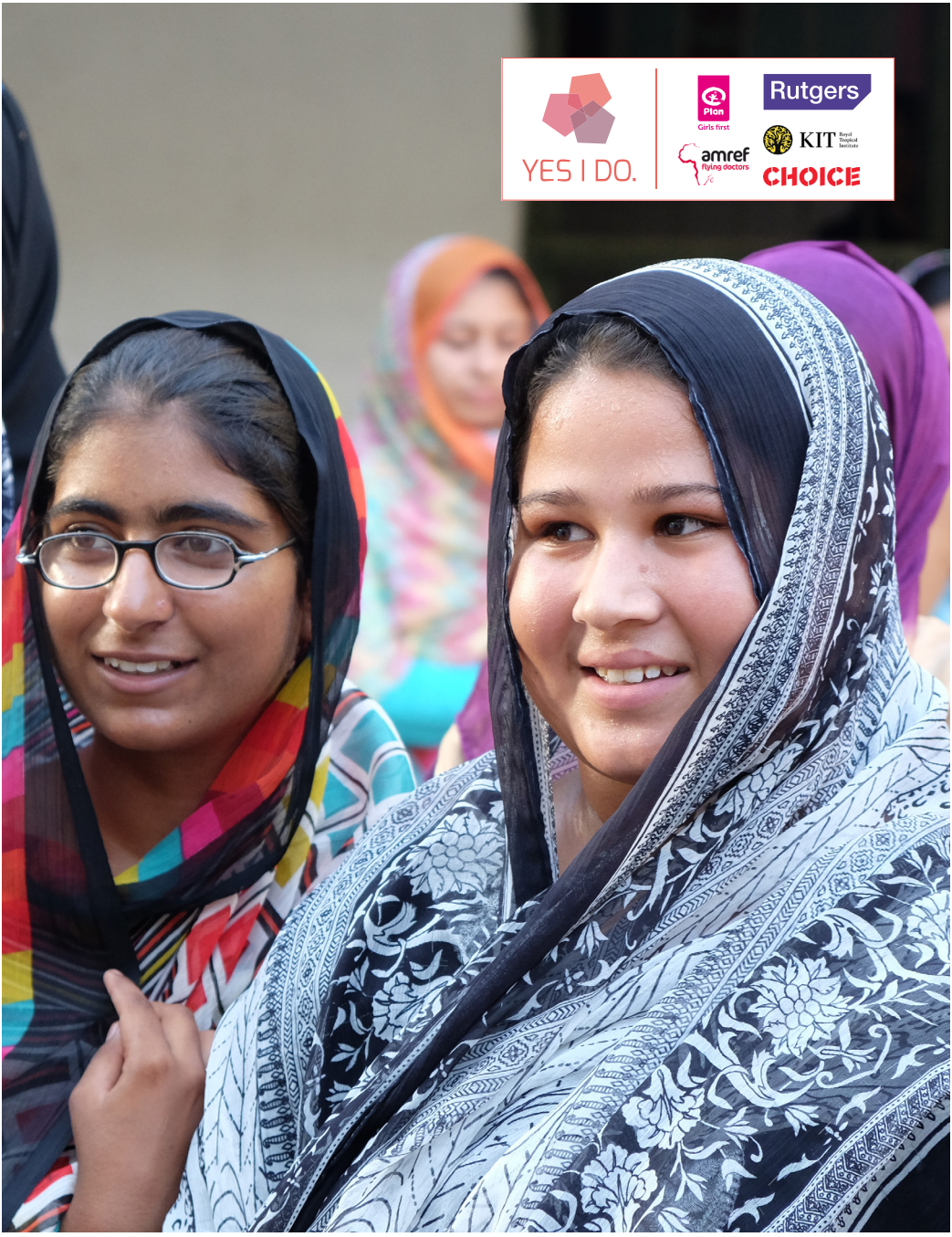

Ministry of Foreign Affairs