

“She Cannot Just Sit Around Waiting to Turn Twenty”

Understanding Why Child Marriage Persists in Kenya

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Introduction

Choosing whether, when and who to marry is one of the most important, personal decisions that one can make. Yet, in many places around the world, girls and boys are forced into marriage before they're ready, a practice known as “child marriage”. Around the world, an estimated 15 million girls are married each year before they turn 18, and UNICEF estimates that 720 million women alive today were married as children. The harmful consequences of child marriage have been well documented. Child marriage often means the end of a girls' formal education, limited economic prospects, constrained social engagement, increased health risks and heightened risk of physical, emotional and sexual violence. Considerable research to understand the determinants of child marriage has been conducted in South Asia; however, despite increased attention to the issue in recent years, the evidence base on the experience of child marriage in diverse contexts in sub-Saharan Africa remains limited. To fill this evidence gap and to provide information that can inform programmatic and policy actions, the International Center for Research on Women (ICRW), in partnership with Plan International Zambia and Kisumu Medical Education Trust (KMET), conducted intensive qualitative research in Zambia and Kenya.

This brief presents the findings specific to Kenya.

Our objectives were to:

- 1) Explore and document the contextual factors that both promote and prevent child marriage; and
- 2) Understand the process by which adolescent girls get married.

Funded by the David & Lucile Packard Foundation, this research was carried out in Zambia with Plan International Zambia and independent research consultants, and in Kisumu, Kenya with Kisumu Medical Education Trust (KMET).

The findings from this study offer insight into the pathways to child marriage in these two countries and to how contextual factors, including gender inequity and economic insecurity, affect the life course of girls.

Research locations

In both Kenya and Zambia, data were collected in rural and peri-urban areas in order to account for how migration and urbanization could affect the process of child marriage in these diverse settings.

In Kenya, the research was conducted in two sites in Kisumu County, which has among the lowest median age in the country for first sexual intercourse for women (16.4 years), where 15.4 percent of 15-19 year old women have begun childbearing, and where 53.9 percent of married women ages 15 to 49 are using a modern contraceptive.¹ ICRW partnered with Kisumu Medical Education Trust (KMET), an organization that implements several programs focused on improving the lives of young women, with a particular focus on those who are married early. KMET provides vocational training for girls married before 18 and also works with these girls' husbands and families to address challenges they face. KMET also provides youth-friendly sexual and reproductive health (SRH) services, SRH education in schools, and facilitates a safe space program for girls in and around Kisumu where girls meet with mentors for discussions about their lives and issues they are facing.

The two research sites in Kisumu were Manyatta and Osiri. Manyatta is a densely populated, peri-urban community within Kisumu town. Houses vary in terms of structure, but most often have metal walls and roofs and mud or concrete floors. Most people use mini-buses (*matatus*) or motorcycle taxis (*boda bodas*) for transportation. Girls

reported that they typically walked or took *boda bodas* to school. Osiri is a sparsely-populated rural community outside Kisumu town, on the shores of Lake Victoria. Most houses here are constructed of mud and most have mud floors, though some are poured concrete. Most people walk for transportation within the community. Girls typically walked to school. Despite these differences between the areas, the information shared by the respondents did not significantly differ depending on if they were in Manyatta or Osiri. One reason for this could be the close association residents of Manyatta have with the rural areas from which they migrated, while another could be the selection of sites, which was conducted in consultation with both KMET, based on where they were implementing programs targeting adolescent girls’ health and wellbeing, and with village and community leaders, based on their insights about where more cases of child marriage were occurring.

A statistical profile of Kenya is presented in Table 1. In Kenya, the legal minimum age of marriage is 18. Trends in the median ages of first marriage, sex, and first childbirth show that sexual debut comes first, at a median age of 18.2 years, followed by first childbirth at a median age of 20.3 years and lastly marriage at a median age of 20.5 years. Just 23.2 percent of girls in Kenya complete secondary school. Overall, this shows that educational attainment is low and that girls continue to experience early sexual debut, birth, and marriage in Kenya.

Study methods

This study was reviewed and approved by the Institutional Review Board (IRB) of ICRW and the Jaramogi Oginga Odinga teaching and referral hospital’s Ethics & Review Committee of Kisumu, Kenya.

A total of 27 in-depth interviews (IDIs) were conducted across both urban and rural sites. **In-depth interviews** were conducted with unmarried adolescent girls ages 15 to 17 who were in school (N = 6) or out of school (N = 5), married women ages 20 to 30 who were married before 18 (N = 6) or after 18 (N = 6), and married men ages 20-30 (N = 4). A total of 8 **participatory focus group discussions (PFGDs)** were conducted in the rural site only. Focus group discussions were conducted with unmarried adolescent girls ages 15 to 17 (N = 2), unmarried adolescent boys ages 15 to 17 (N = 2), adult mothers of adolescents aged 12 to 17 (N = 2), and adult fathers of adolescents aged 12 to 17 (N = 2). Finally, a total of 9 **key-informant interviews (KIIs)** were conducted in peri-urban and rural sites. The types of respondents we spoke with included community health volunteers, principals and teachers, religious leaders, paralegals, police and social workers.

Key findings

Ultimately, what emerged were two direct precursors to child marriage across the study communities: school dropout and pregnancy. Each of these drivers stemmed from a much broader context in which the lives of girls and Kenya are embedded. Additionally, we documented an ongoing process of social change regarding the recognition of adolescence as a distinct life stage and the related tensions involved in the negotiation of the rights and expectations of adolescents at both the familial and community level.

Access to secondary education

The adolescent girls participating in this study expressed nearly universal aspirations to complete university degrees with one exception—a girl in rural Kenya who had failed school and decided she wished to pursue a vocational course in hairdressing. The most popular profession girls desired was a medical career as a doctor; other professions girls mentioned included teaching and tailoring. The aspirations expressed by these girls stand in sharp contrast to the realities of educational attainment in Kenya. According to the most recent Demographic and Health Survey (DHS) data, the percentage of women who have completed higher than a secondary education peaks at 16.9 percent among women 25-29 in Kenya.¹

There are differing viewpoints on why girls drop out of school, but the most prominent barrier to education seems to be the precarious nature of financial support for school fees.

Us, in our family we are not that well off. We are three children with our mother, and our father died. So I am not able to go school. When I go to school, I am sent away because of school fees. And there is no way my mother can get the school fees. And the way in which we are three, our mother just does menial jobs digging people’s gardens for survival. So she me told me come and stay here and when she gets money she will take me for some course. That is why I don’t go to school.

– Unmarried, out of school girl age 15-17, IDI, rural Kenya

TABLE 1. STATISTICAL SNAPSHOT KENYA

Marriage	
Legal minimum age of marriage (years) ²	18
Legal minimum age of marriage with parental consent (years)	18
Percent of women 20-24 married before age 15	4.4
Percent of women 20-24 married before age 18	22.9
Median age of women 20-24 at first marriage (years)*	20.5
Sexual activity	
Percent of women 20-24 who were sexually active by age 15	13.6
Percent of women 20-24 who were sexually active by age 18	46.7
Median age of women 20-24 at first sex (years)	18.2
Use of modern contraception	
Rate of use among currently married women ages 20-24 (%)	49.8
Rate of use among sexually active, unmarried women ages 20-24 (%)	64.2
Pregnancy	
Percent of women 20-24 having first birth before age 15	4.1
Percent of women 20-24 having first birth before age 18	23.3
Median age of women 20-24 at first birth (years)**	20.3
Educational attainment	
Women 20-24 who completed form 4 at the secondary level (%)	23.2
Median years of school completed among women 20-24	8.7

Source: Kenya Demographic and Health Survey (2014) except where noted.

* The youngest age bracket at which this statistic was available was women ages 25-29.

** The youngest age bracket at which this statistic was available was women ages 25-29.

Once girls are out of school, they face multiple pressures to marry. In addition to social pressure to marry, out-of-school girls also experience financial pressure to marry due to the absence of economic and social opportunities that would otherwise allow them to support themselves, independent of families or partners. Sometimes this dependency led directly to marriage as a way to ensure the girls’ financial needs were met. This was succinctly put by a social worker in Kenya:

Some ladies will get into marriage as a source of survival. They know eventually they will find their meals and everything. So that is generating child marriage.

– Social worker, KII, urban Kenya

In other cases, women’s low social and economic status and the lack of opportunities to earn an income as compared to men drove adolescent girls to engage in sexual relationships in exchange for money or goods, often resulting in pregnancy, an indirect pathway to marriage (as discussed in-depth later in the report).

The two main reasons girls remained unable to financially support themselves, according to respondents, were a lack of vocational schools or employment opportunities for out-of-school girls and gender norms that, while shifting slightly, still primarily reinforced traditional gender roles that precluded women from working in the formal economy, or that forced them to do so while still meeting all of the demands of their traditional household role.

One interesting finding from Kenya was the notion that this gender-rigid environment, where only boys and men can engage in paid work, can also drive early marriage for boys. Because they are able to generate some income at a young age, boys are able to marry earlier by leaving school and fulfilling their traditional gender role as a provider:

After the boy has stopped going to school, a youth, and he comes here at the lake shores and he starts getting some money, to him now in his mind, he looks at himself as an adult. And the only thing he can do because he has money is to buy whatever he wants and what he wants is a girl. And when he gets this girl, what he talks about is marriage.

– Paralegal, KII, rural Kenya

Girls who were pregnant, parenting and/or married faced significant challenges to remaining in, or returning to, school. Respondents reported that though laws forbidding pregnant or parenting girls from returning to school had been repealed, stigma, gender norms affecting household responsibilities of married girls and financial constraints still prevented most pregnant, parenting or married girls from returning to school. Shame was also mentioned by multiple types of respondents as preventing girls from returning to school after pregnancy or marriage:

If Anyango [the name chosen by this focus group of boys to represent a typical girl in their community] had friends in school and she was bright in class then she has stopped going to school, she will not be willing to be seen by these her friends who are still in school. She will decide to be alone as these friends and others will be looking down upon her on the decision she made to get married and she will be ashamed of herself.

– Unmarried boy 15-17, PFGD, rural Kenya

Many respondents also reported that, in general, boyfriends and husbands were unable to finance a girl’s return to education after a pregnancy or marriage. As one married woman noted:

I told [my husband] I still yearn to go back to school. He could also still see my school uniforms here in the house. So he asked me if want to go back to school and I agreed but now he also cannot afford my school fees.

– Woman 20-30 married before 18, IDI, rural Kenya

In addition, some respondents noted that men might have concerns about their young wives returning to school, as education might empower these girls by giving them greater control over resources and decision-making. For example, one woman from urban Kenya who married before age 18 shared:

They say that now that I am married I shouldn’t go back to school because some girls who get married when they are still young and their husbands take them back to school, when they have finished school then they start looking down upon the husband and could even leave him and get married to a rich husband.

– Woman 20-30 married before 18, IDI, urban Kenya

Pregnancy

Discussing issues related to sexuality and sexual and reproductive health remains taboo in many parts of the world, particularly among adolescents. The situation was no different in the context of our study, where extremely limited access to information about sexuality and to sexual and reproductive health and rights meant that many girls and community members did not understand their rights to determine whether, when and with whom to have sex, or their right to access information and services that could meet their sexual and reproductive health needs, including contraception.

Indeed, while in every interview and discussion, pregnancy was associated with early marriage, sexuality was mentioned only once, and the topic of contraception arose only in the context of discussions about misperceptions or disapproval of its use. Only married men and women were asked about family planning and only in relation to household decision-making; no adolescents were asked direct questions about access to or use of family planning to prevent pregnancy. In Kenya, the only strategy shared by respondents for preventing pregnancy among unmarried adolescent girls was for girls to stay inside and avoid relationships with boys or men.

I like staying alone. But sometimes when I walk there are those who like to call me, but my mother had told me if someone calls me I don’t go to them. And these boys in Manyatta like impregnating girls and they drop them. So when the pregnancy begins to show, it forces one to leave school. So as for me, I fear having boyfriends because I’ll have to stop coming to school. My life will be miserable, so I normally just stay in the house patiently. And my mother encourages me just to be patient until I finish school I’ll help her one day when I finish school.

– Unmarried, in-school girl 15-17, IDI, urban Kenya

This view was held widely among girls and their parents, and even among key informants, including a community health volunteer who

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also recommended avoiding men and not having boyfriends as the way to avoid pregnancy. They implied that when a girl did not follow this strategy, she is to blame for the consequences.

As community health volunteers we try helping young girls who have not married to keep away from men so that they may not be exposed to sexually transmitted diseases and even pregnancies. We try our level best but we are just volunteers. A girl can tell me I teach her well but she lacks this and that. I may not have to. So even after teaching her she could still go mess up.

– Community health volunteer, KII, rural Kenya

For example here at my home, we have meetings on Saturday with our parents. They tell us we should complete school first before getting pregnant or having a boyfriend. That is what helps us. When we come from that meeting we recall what grandfather told us and decide what to follow. If you fail to follow the counsel like I did, you mess up.

– Unmarried, out of school girl 15-17, urban Kenya

Participants who did mention contraception shared their belief that it promotes early sex and can lead to fertility problems, as in the quote below.

I also have an issue with family planning. However sexually active the girl might be, it is not good to encourage the child to [use family planning] because the moment you let the child get involved in family planning, the child can do anything.

– Deputy principal, KII, rural Kenya

Girls' lack of knowledge about how to prevent pregnancy and, in some cases, about how pregnancy occurs was apparent in the stories they shared about their own experiences becoming pregnant.

I was in my teens. That is when I got pregnant. After getting pregnant I came to visit another brother of mine here at Sabako. I didn't even know I was pregnant. My mother is the one who told me.

– Woman 20-30 married after 18, IDI, rural Kenya

(Laughs) you know like me, I just got pregnant by mistake. There was a day we left together with my friends. Each one of us had a boyfriend and we didn't know we could spend out, that's the day I got pregnant and it wasn't me alone. Two of us got pregnant.

– Unmarried, out of school girl 15-17, IDI, urban Kenya

Parents did not mention having any experience in discussing family planning or sexuality with their children.

Despite these contextual factors increasing girls' risk of pregnancy, girls themselves were often blamed and expected to shoulder the full consequences of their pregnancy. Interviews with participants revealed the presence of a “sexual double standard,” which is defined as males being allowed to engage in sexual behavior while women are censured for it.^{3,4} Although most participants recognized the nuanced circumstances in which adolescent girls got pregnant, including the financial motivations for sexual activity and the lack of sexual and reproductive health knowledge and services in their community, they still held the girls solely responsible for having out-of-wedlock pregnancies.

That stage makes girls change their minds such that even if she was a good girl, she changes and won't listen even when you talk with her. And she can behave like that until she finds herself getting pregnant in the process.

– Woman 20-30 married after 18, IDI, rural Kenya

Respondents articulated both direct and indirect pathways between pregnancy and early marriage. Indirectly, pregnancy was said to lead to child marriage through school dropout. As noted above, once girls are out of school, they face both social and financial pressure to marry and significant barriers to returning to school.

Often, though, the pathway from pregnancy to child marriage was direct. Once pregnant, few participants mentioned girls staying with their parents. Instead, responsibility for the pregnancy fell almost completely on the shoulders of the girl. Most frequently, girls who became pregnant were expected to leave the home and get married.

Sometimes some parents make their children to get into marriage. When they hear they are pregnant, they take their belongings and throw them out and tell them to get married.

– Unmarried, in school girl 15-17, IDI, urban Kenya

Changing roles, influences and support structures for adolescents

It has long been recognized that the phase of adolescence and what it means to be an adolescent vary based upon the surrounding cultural, historical and political contexts.^{5,7} As societies have shifted from agricultural to post-industrial economies, so have the definitions of adolescence. In societies where the primary economic activity was agricultural production, children were often seen as an economic resource, with no authority over decision-making.⁸ For girls, this meant that there was often no gap between when they were seen as children and when they became wives. Instead, childhood “ended suddenly with early marriage.”⁹

However in contemporary industrial societies, including the communities in which this study was conducted, there is increasing acknowledgement of adolescence as a distinct phase of life, occurring between childhood and adulthood. As adolescence becomes recognized within a community, community members also implicitly or explicitly establish expectations for the rights and responsibilities of adolescents. As our data show, these expectations can create tension between adults and adolescents, who may have differing views on who should have decision-making power over key life events, including marriage.

In addition to social tension surrounding the negotiation of adolescents' role in their communities, the growing literature on adolescent development shows that this phase is also a time of rapid physiological, biological and psychological change. Before young adulthood, when they are better able to establish self-control and hone their ability to visualize and plan for the future, adolescents move through a period of identity formation in which they are more likely to be influenced by their peers, are less likely to perceive risks, and may have difficulty thinking concretely about the future.¹⁰ The choices they make during this phase are highly sensitive to their school and family environment.¹⁰ To a large degree, the nature and quality of adolescents' future lives

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and their aspirations depend on how successfully “they are able to negotiate through this critical period.”¹¹ The tension implicit in the challenge of defining the rights and expectations of adolescents in these communities was evident in our discussions.

Parents shared feelings that adolescent girls defy their parents’ wishes and can be difficult and rebellious. One example given by some respondents was about their daughters’ defiance around fulfilling what were traditionally seen as girls’ household responsibilities, while another respondent gave an example of defiance relating to school attendance and the desire to marry.

When parents talk to her, she will ignore because she feels the parents are not providing her with what she wants but the boys do. She will be rude towards the parents.

– Girl 15-17, PFGD, rural Kenya

At 12 she starts having fun. She wants to go where others are. She goes to disco matangas. She starts spending time with people older than her. Even if you force her to do something she won’t do it properly. Maybe she already has other plans with her friends they want to go walk around. If you tell her to do house chore they won’t be done properly.

– Mother, PFGD, rural Kenya

Only a few parents discussed ways in which to deal with adolescent girls when they become defiant, recognizing that parents can have a role in guiding their daughters.

Anyango [the name chosen by this focus group of fathers to represent a typical girl in their community] at 15 is a fully grown woman. If you disagree with her in this house, you will find her gone to be married. You need to read her mind. If you are a reasonable parent, when she is high you go slow on her and only get tough with her after she cools down.

– Father, PFGD, rural Kenya

In Kenya, some participants shared stories about parents not dealing with conflict in a way that remained supportive of their daughter. In an earlier section, we discussed parents’ lack of financial support for girls to attend secondary school. Now, we highlight quotes from participants in Kenya who felt that fathers, specifically, do not support their daughters emotionally, which often leads to girls leaving their homes and getting married.

I told you something earlier that sometimes a girl child has already messed [up] and is pregnant. Instead of handling the situation calmly and later tak[ing] her back to school, the father becomes so harsh. The harshness may drive the girl to marriage since she needs to escape even if her life will be miserable. The idea of talking to fathers is a very good one. They really need to be talked to. Maybe a woman advises the girl to just stay, deliver and then go back to school. But the father gives a condition that the girl has to go to an aunty or grandmother, she can’t stay in his home. The girl gets so stressed [out] even if she has gone to stay with the aunty. She feels her dad could kill her after she delivers the baby. You really need to talk to fathers.

– Woman 20-30 married before 18, IDI, rural Kenya

Interviewer: *What made her get married?*

Respondent: *She disagreed with her dad then she ran away.*

Later on she called and said she is already married.

Interviewer: *What conspired between her and the dad?*

Respondent: *Adolescent issues.*

Interviewer: *What adolescent issues?*

Respondent: *She was sleeping in the kitchen so she would sneak out at night. That is what brought the fights between her and the dad.*

Interviewer: *Where was she sneaking to?*

Respondent: *To visit boys and go to the disco.*

Interviewer: *So the dad knew?*

Respondent: *He found out and threatened to cut her with a panga. So she ran away.*

Interviewer: *What did her mother say?*

Respondent: *Nothing, her father is very harsh.*

– Unmarried, out-of-school girl age 15-17, IDI, rural Kenya

Our research found that peers also influenced adolescents’ desire to engage in relationships and/or marriage. Key informants and some parents felt that the increasing influence of peers in adolescent girls’ decision-making processes could lead girls to early pregnancy. Usually, this was discussed as “peer pressure,” but in most descriptions it does not appear that the girls were actually being pushed or encouraged to do things by their peers. Rather, it appears that adolescents see peers marry or having relationships and emulate their choices or behavior.

And let me repeat this, peer pressure can also contribute. Friends can cheat one another and as you see your friend engaging in this act, you feel you are old enough and yet you are not.

– Religious leader, KII, urban Kenya

Interviews with key informants as well as focus groups with parents indicated that adolescents’ increasing awareness of laws and rights protecting them is encouraging them to have a greater role in making individual choices and decisions, particularly around marriage practices. These laws, combined with a persistent lack of communication between parents and adolescents, are perceived to challenge parents’ authority. In addition, teachers were blamed for further reinforcing children’s rights.

This perceived erosion of parental control over children and the gaining of children’s individual autonomy were, at the same time, seen as contributing to a change in children’s behavior and parents’ ability to discipline their children.

But right now, I had told you we have now something called human rights. It has come a long way and reached children’s rights. So you find that even you as a parent, the child knows their rights. And these rights on one side has effects, because the child can tell the parent that after all they can decide on the things they want. So you find that in the past, there was respect and a lot of it, I can say that. But right now, the respect has gone down in this system in which we are seeing our youths of today. On both the girls and the boys.

– Paralegal, KII, rural Kenya

Discussion

Our findings demonstrate that the two direct precursors to child marriage in our study sites are pregnancy and school dropout, but also that both of these factors stem from the socioeconomic environment in which girls’ lives are embedded. Additionally, we find that adolescents are in the midst of navigating a changing social landscape and a disruption of traditional marriage practices, as well as changing relationships with their parents, communities and peers.

A testament to the increasing awareness about and action to end child marriage in sub-Saharan Africa is the evident sensitization of the communities and individuals we spoke with for this study. Respondents used terms like “the girl child” and demonstrated familiarity with both previous and ongoing campaigns by local community-based organizations, as well as larger international non-governmental organizations working on the issue of child marriage. They demonstrated acute awareness that, ideally, girls should marry at later ages and after completing secondary school. They could also name many consequences of child marriage, including disruption of girls’ education, trickle-down effects on the education of the children of child brides, the fact that early childbirth presents health risks to both the mother and child, and that early marriage perpetuates cycles of economic insecurity and a greater likelihood of child brides experiencing domestic violence and having lower decision-making power.

Parents and community members also reported increased action in their communities to prevent and respond to child marriages, mainly through increased reporting by neighbors and teachers and through the use of formal policing and legal services. This sensitization may, in part, explain why some respondents felt that child marriage was increasing in their community, despite quantitative evidence from Demographic and Health Surveys showing it has actually decreased in Kenya (26.4 percent of women 20-24 married before 18 in the 2008-09 DHS compared to 22.9 in the 2014 DHS).

At the same time, as part of our objective to understand the process of marriage, we included questions to girls about their aspirations related to marriage. In total, 11 unmarried girls ages 15 to 17 were interviewed individually in Kenya. Every girl was asked whether or not she wanted to marry someday. In Kenya, girls’ desired age of marriage ranged from 20 to 35, with a median age of 27.5 years. Notably, three girls in rural Kenya stated that they never wished to marry, calling marriage “miserable.”

The marriage aspirations expressed by these girls stand in sharp contrast to the realities of marriage in Kenya. According to the most recent DHS data, the percentage of women 25 to 29 married by the exact age of 25 is 79.1 percent in Kenya. This means that, more likely than not, the girls that we interviewed will marry earlier than they desire.

Our study demonstrates that community members don’t want girls to marry early, parents don’t want girls to marry early, and girls don’t want to marry early, so why does child marriage persist?

Adults directed much responsibility toward the girls themselves. They blamed girls for dropping out of school, for having boyfriends, for getting pregnant and for getting married. They expressed helplessness

and a lack of control over girls’ decisions. At the same time, girls themselves also expressed these very feelings of helplessness and a lack of control over their life choices.

If no one feels they are in control, what is driving child marriage, and who is capable of stopping it? In the next section, we synthesize our findings into a model of pathways to child marriage in our study communities (Figure 1).

Pathways to child marriage

Based on our analysis, the two direct precursors to child marriage in the study sites are pregnancy and school dropout, but the trajectories leading to child marriage start in the socioeconomic environment. Our figure shows how, on the left, two environmental factors, economic insecurity and gender inequality, set adolescent girls on a path leading to child marriage. Each arrow represents one step along the pathway, as well as a potential point of intervention to disrupt this process. In the diagram, most arrows represent either the mediating actions of adolescent girls’ parents or community-level norms and attributes, or both. This means that if we wish to address child marriage, our focus must be on the environmental factors and the mediating power of community norms, services and parental support.

Recommendations

Our findings demonstrate that adolescent girls in the study sites in Kenya face tremendous barriers to achieving their aspirations and avoiding early marriage, and in many cases have very little support from their parents and community.

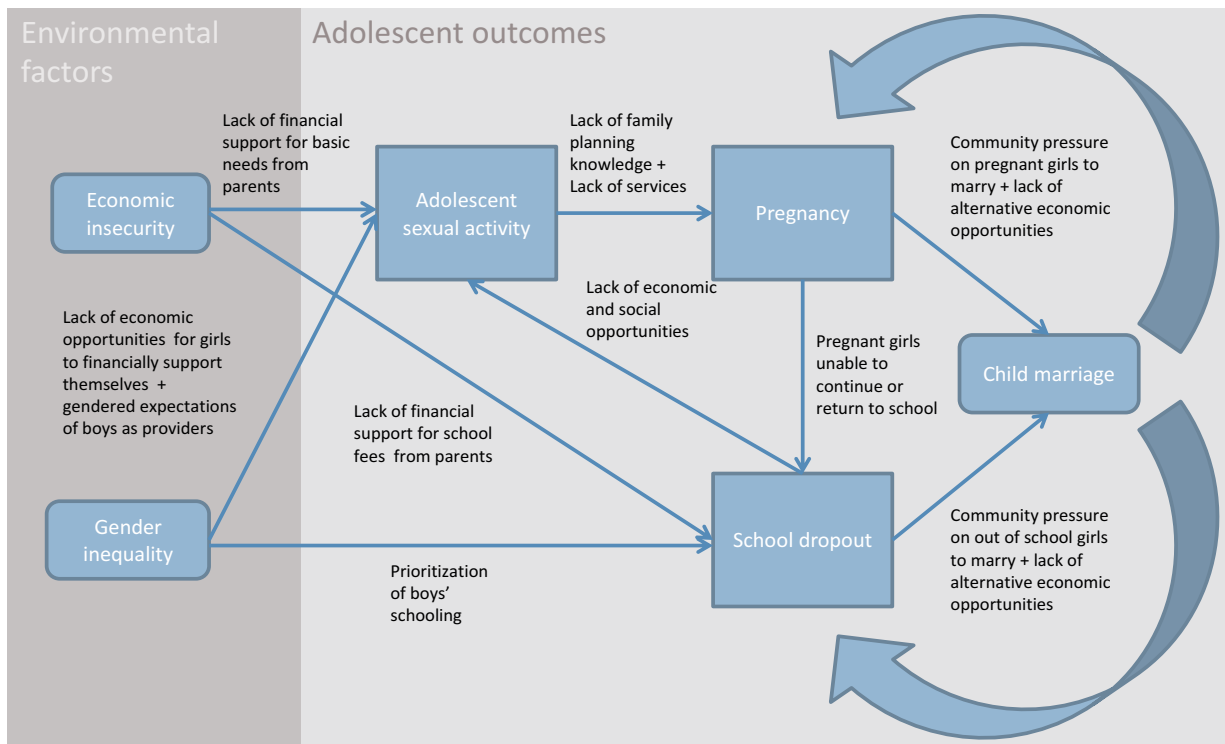
Every arrow in Figure 1 represents a pathway that can be disrupted by effective programming, reducing the drivers of child marriage and enabling girls to pursue other life aspirations and opportunities. To address child marriage and its precursors in these settings, both additional research and pilot programmatic interventions are needed to further understand and begin to address the issues explored in this study. In addition, larger and more robust programs and policies are needed to address some of the clear and well-established issues faced by adolescent girls that result in child marriage in these settings.

For each of the recommendations below, the following principles (originally designed for programs that address adolescent pregnancy) apply: 1) Take a rights based approach and respect girls’ rights; 2) Include men and adolescent boys, as they are part of the solution and are also affected by harmful gender norms; and 3) Include adolescents in the development and implementation of programs.¹²

Improve intergenerational communication and support by parents and families

Findings from this study draw attention to the poor communication and lack of support experienced by both girls and their parents. Parents shared stories about challenges they face in guiding their adolescent children. This finding is not surprising or unusual, since puberty is a time when young men and women want to become independent of their parents, and conflicts arise.¹³ However, parents expressed difficulties in communicating with their children, indicating a need for more effective strategies to help them navigate this process.

FIGURE 1. PATHWAYS TO CHILD MARRIAGE IN KENYA



Specifically, programs to assist parents in better supporting their sons and daughters as they transition into adulthood are needed. Such programs should involve parents in developing ways of coping with conflict and improving communication in order to develop and maintain good relationships with their children. This must include strategies designed to help parents to understand and meet the needs of adolescents for both independence and support. It must also help parents identify the gender norms and resulting inequities their children may face and how to address them. An example of an effective, evidence-based program implemented in Kenya that could be adapted to respond to the specific communication challenges identified in this study is the *Family Matters! Program*, which focused on promoting positive parenting and parent-child communication about sexual risk reduction.¹⁴

Address barriers to adolescent sexual and reproductive health and family planning access

Few respondents mentioned anything about preventing pregnancies, despite pregnancy being cited frequently as a primary pathway to child marriage. The few times family planning was mentioned, it was described as something dangerous that encourages promiscuity. On the contrary, the evidence shows that ensuring adolescents have correct information about reproductive health and family planning is vital to adolescent health and well-being. Based on our findings, access to such information, as well as youth-friendly reproductive health services, would prevent child marriages by preventing the early pregnancies that lead girls to marry.

Programs are needed in schools, in communities and for parents and guardians, to ensure that adolescents have access to correct

information about sexuality, risky sexual behaviors and comprehensive sexual and reproductive health education and services. As outlined by the WHO, “adolescent friendly health services need to be accessible, equitable, acceptable, appropriate, comprehensive, effective and efficient” and require several components, including adolescent and community involvement, to ensure adolescents have the information and support necessary to access services.¹⁵ Furthermore, parents and community members need programs to address myths, misconceptions and stigma associated with family planning use overall and, in particular, among adolescents.

Overcome barriers to accessing education

Access to secondary school must be ensured if the economic and health outcomes of young men and women in these contexts are to be improved.^{16,17} Many studies have shown that staying in school reduces early pregnancy and early marriage and contributes to a range of other positive outcomes.¹⁸

School fees repeatedly came up as a reason that adolescents do not complete secondary school. For boys this often meant leaving school to find work, while for girls this often meant having to find financial support outside her household, often resulting in early marriage. Free secondary education, vouchers, cash transfers and support for transportation and essential school supplies, such as stationery, uniforms and books can all help to overcome financial barriers to education. Additionally, given that respondents frequently mentioned that girls engage in sexual relationships with men in order to obtain basic hygiene products such as sanitary napkins and underwear, programs and policies that provide support for sanitary napkins, underwear and hygienic facilities should be implemented.

Policies enabling pregnant and parenting girls to remain in or return to school are also important ways to lower barriers to education.

Provide opportunities for out-of-school girls to support themselves financially

The findings show that out-of-school girls are, by and large, unable to support themselves financially, forcing them to rely on support first from their family, and then from boyfriends or husbands. As shown in Figure 1, this is one reason girls become sexually active, and are then exposed to the risk of pregnancy. Providing alternate opportunities for girls to independently support themselves would remove an incentive to engage in sexual activity, thereby reducing the likelihood of adolescent pregnancy and, ultimately, child marriage. As also shown in Figure 1, alternate economic opportunities for girls could break the progression from pregnancy or school dropout to marriage by providing girls with an alternate means of supporting themselves outside their familial home, even after they have become pregnant or left school.

Addressing inequitable gender norms

Ameliorating inequitable gender norms could reduce child marriage, as shown in Figure 1. Adolescents, their parents and their communities need gender-transformative programs to enhance the value of girls and women. This could include open conversations about girls' aspirations and how inequitable gender norms prevent girls from reaching their goals. Gender-transformative programs are needed in schools to address inequitable attitudes by teachers and administrators, as well as by the students themselves. An example of an effective evidence-based program from India that could be adapted to these settings is the Gender Equity Movement in Schools (GEMS) program, which has been evaluated to show improvements in gender norms and relationships among girls and boys.¹⁹ In addition, the SASA! program, implemented and evaluated among adults in communities in Uganda, could be adapted to address gender norms at the community level in Kenya that perpetuate child marriage.²⁰

Conclusion

The findings presented here confirm that adolescent girls in diverse communities in Kenya face many of the same challenges as do girls in areas where more evidence about child marriage exists, in deciding when and whom to marry, in achieving their aspirations and in feeling supported by their parents and communities.

However, the pathways to child marriage, and therefore the types of interventions that could be used to interrupt those pathways, are contextually-specific. Innovation and adaptation of existing programs will be necessary to meet the unique needs of adolescent girls, their families and communities in Kenya. Furthermore, our findings echo the importance of the Lancet Commission on Adolescent Health and Wellbeing's recommendation to guarantee and support “access to free, quality secondary education” as the “single best investment for health and wellbeing” for all adolescents, as well as addressing barriers to access to health care, and in particularly, family planning information and methods.¹⁰

While the information shared through this study provided, in many cases, a fraught picture of life for young girls in these communities,

the common understanding that child marriage is not desirable for girls, or for their communities, provides a platform for engagement, adaptation of existing programs and developing new, contextually-relevant programs to address these determinants of early marriage.

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