



A **Better Future**
for **Rural Girls:**
Manager's Briefing Kit





Introduction

Rural girls are the most disadvantaged group in many West African countries; they are much more likely to lack education, access to health services and the means for economic self-sufficiency than rural boys or their urban sisters, and they have very little decision-making power in their daily lives. As rural environments often are characterised by resistance to change, rural girls also face greater pressures than their urban sisters to adhere to traditional practices and customs, many of which reinforce their subordination, including early marriage (and childbearing) and female genital cutting.

Despite the enormous challenges that rural girls face, few of the rural health and development programmes and projects in French-speaking Africa are aimed specifically at rural girls. To bridge this gap, UNFPA and Family Care International performed participatory research with girls, boys, their families and local leaders in three rural communities: Soula, Burkina Faso; M'Biénina, Mali; and Méouane, Senegal to identify the challenges that rural girls face and come up with strategies to address their many needs. Education, means of livelihood, and reproductive health are the three main areas of intervention identified as essential to the advancement of rural girls' development.

EDUCATION

Education, whether formal or informal, is simply imperative for rural girls. However, at present, few rural girls enrol and stay in school. In Mali for example, the vast majority of twelve-year-old rural girls—72%—have never been enrolled in school and their chances of enrolling in the future are slim.

The benefits of education in socioeconomic terms are evident to all those interviewed during the needs assessments—both to the girls and the adults. The girls in particular consider the acquisition of knowledge and skills as a prerequisite for their participation in “important community affairs” and they are passionate about holding on to the educational opportunities they have.

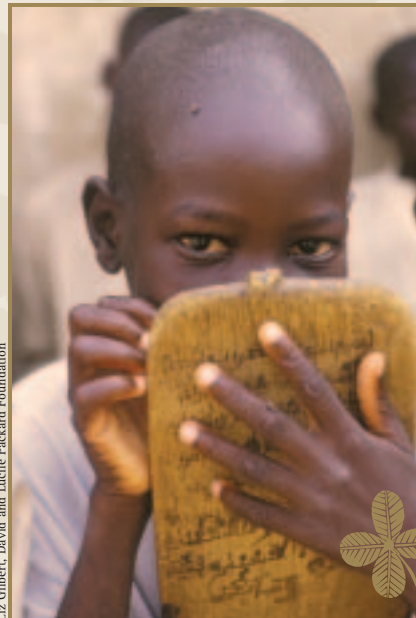
In addition, the positive correlation between the degree of education and better reproductive health has been shown repeatedly. Studies show that when girls attend school until at least the secondary level, they tend to delay marriage, delay their first pregnancy, and space or reduce the number of their children. Conversely, delaying marriage and childbearing for a few years can open up further opportunities for educational development most often denied to rural girls.

Ultimately, what will enable a rural girl in French-speaking Africa to ENROL in school and STAY there?

The participatory needs appraisals identified the following crucial community-level steps:

- ⊗ **Changing practices and attitudes that affect girls' education**, including changing marriage practices by ending forced and early marriages and early betrothals; delaying marriage until the age of majority; and allowing girls to choose when they will marry and whom.
- ⊗ **Increasing rural communities' and families' ability to provide quality education for girls**, particularly by addressing economic barriers (including by providing girls with a means of livelihood that will not compromise their education).
- ⊗ **Increasing recognition of and protection for the rights of girls** to both education and non-discrimination, at the family, community, and national levels.

In all cases, it is essential to involve communities in discussions to develop creative and effective responses to these concerns.



Liz Gilbert, David and Lucille Packard Foundation



Key Policy and Programme Strategies

For Policy Makers

- ⊗ Actively implement existing laws, international agreements and commitments regarding girls' rights to education and monitor and evaluate existing national-level implementation efforts. Push for the treatment of rural girls as underserved groups who must be given priority consideration.
- ⊗ Fact-find regarding the occurrence of sexual abuse on the way to and from school or in schools and develop explicit policies against it.
- ⊗ Use government policies and resources to support more secondary school facilities in rural areas, and better facilities for girls.
- ⊗ Increase the funds allocated for teachers' salaries, school supplies and infrastructure.
- ⊗ Advocate for equity for girls within educational settings so that they can obtain a complete education.
- ⊗ Train and deploy more female teachers to rural areas.

For Programme Managers

- ⊗ Implement Behaviour Change Communication (BCC) strategies to influence stakeholders, including girls, parents, community leaders and other influential community members. These strategies could include talks/debates, drama, and radio where available. Key messages should include: the rights of girls to education, the benefits of girls' education for themselves and their families, recommendations to postpone early marriage and childbearing or at a minimum make them compatible with remaining in school; and addressing safety concerns/perceptions that discourage parents from sending girls to schools. Negotiate with community leaders to agree on feasible steps they will take and commitments they will make to increase educational opportunities for girls (some communities have made "social contracts" to enforce equal enrolment of boys and girls).
- ⊗ Build the capacity of rural communities to advocate for more or better-quality education-related facilities and infrastructure; to become members on education-related committees; to develop partnerships with other rural councils to pool money; and to create ways to finance girls' education.

- ⊗ Research and help communities tap available funding (scholarships, etc).
- ⊗ Advocate for the training and deployment of more female teachers in rural areas.
- ⊗ Develop programmes that offer livelihood opportunities locally for girls to reduce their migration to urban areas. Encourage organisations specialised in rural economic development to integrate an education awareness component in their projects.
- ⊗ Address the myths and realities of threats to girls' safety if they go away to school through BCC and other strategies, including advocacy for increased numbers of female teachers, escorts to school, family-run guesthouses or dorms with supervisors. Support communities to develop creative and effective responses to safety concerns.

LIVELIHOOD

Although they aspire to it, girls in rural French-speaking Africa have very little opportunity to reach economic independence. Although they work hard, very few girls work for income, and if they do, it is generally for meagre pay in unskilled occupations.

With the exception of some fledgling programmes, there are virtually no avenues to learn skills that might provide them with more financial independence. Traditional assumptions about girls' roles play a part in restricting their mobility and, thus, their access to outside training or employment. Likewise, girls' participation in spheres of power and decision making is dismal, even nonexistent, restricting their ability to express their needs and preferences or have them be taken into account. Nonetheless, some inroads have been made with some optimistic results. Strategies are needed to expand and bring to scale the most successful of these initial programmes.

The main challenge is to provide girls with the skills, tools, and structures that will allow them to engage in productive, sustainable and cost-effective economic activities. This involves ensuring that girls' are able to engage effectively in income-generating activities and have control over their earnings.

Key steps to help girls on the path toward financial independence include:

- ⊗ Providing training for rural girls to develop job skills and professional qualifications.
- ⊗ Establishing a favourable environment for girls' participation in income-generating activities, by such means as increasing their access to credit, financing and social support structures.
- ⊗ Empowering girls and increasing their participation in decision-making.

Key Policy and Programme Strategies

For Policy Makers

- ⊗ Promote and advocate for more favourable financial environments for girls, such as by easing restrictions that make it difficult to obtain start-up funding, loans and other forms of credit.
- ⊗ Take (or advocate for) measures to ensure that girls have identity documents, including through legislation that mandates registration of births and marriages, supports mechanisms for issuance of corresponding legally-valid certificates, and creates incentives for rural residents to comply.
- ⊗ Develop and/or advocate for the development of vocational and small business training and related opportunities for rural girls; strategies may include developing rural training centres and developing school curriculums that meet the needs of rural communities. Use every available opportunity to incorporate reproductive health content in programmes targeting rural girls—in schools, literacy programmes and livelihood training.
- ⊗ Enact and advocate for legislation or initiatives that favour equity for girls in training, decision-making bodies, etc.
- ⊗ Increase the involvement of girls in economic and political decision-making bodies at the community, district, and national levels.

For Programme Managers

- ⊗ Help organise girls into autonomous structures (i.e., formalised groups) or link them up with existing youth and women's organisations.
- ⊗ Provide training targeted to the needs of rural girls to promote their effective participation in economic and political decision-making bodies.
- ⊗ Set up and/or support vocational training centres and programmes for rural girls so that they can develop sought-after skills and expertise.
- ⊗ Implement projects to increase girls' access to credit and funding, such as girls' lending groups.
- ⊗ In all such programmes, systematically incorporate a health component to strengthen the girls' knowledge of their bodies and increase their ability to safeguard their own reproductive health.
- ⊗ Using BCC and other strategies, raise awareness amongst family and community members about the importance of and benefits from girls' ability to earn a livelihood, as a means to increase girls' autonomy.
- ⊗ Help find appropriate markets for girls' products at the national and international levels.
- ⊗ Establish and support mechanisms to increase girls' participation in power and decision-making realms (e.g., volunteer opportunities, leadership training and internships, getting girls documentation).



REPRODUCTIVE HEALTH

Reproductive health is a central issue for girls and their families. Difficult and closely-spaced pregnancies, along with a lack of access to reproductive health services and information were identified as critical problems by the girls and their families. There are many social and cultural factors that place rural girls at risk of poor reproductive health, including the practices of very early marriage and pregnancy and female genital cutting (FGC), and the girls' evident lack of factual information about their bodies and how they function, as well as about reproductive health in general. Meanwhile, access to reproductive health care is very limited. The more rural girls have access to quality reproductive health information and services, the more awareness they will have about their needs and, it is hoped, the more power and means to improve their reproductive health.

From the participatory needs assessments, the following three avenues for intervention are most pressing:

- ⊗ Increasing girls' knowledge of reproductive health.
- ⊗ Improving access to high quality reproductive health services that are youth-friendly, or more precisely, girl-friendly.
- ⊗ Reducing the incidence of harmful practices.



Key Policy and Programme Strategies

For Policy Makers

- ⊗ Apply, publicise and empower appropriate authorities to enforce minimum age laws for marriage where they exist (true of most francophone West African countries). Otherwise, take steps to enact such laws.
- ⊗ Develop, apply and publicise policies and guidelines that disallow third party consent for reproductive health care; encourage health care workers' adherence to them.
- ⊗ Promulgate laws and policies to discourage FGC and encourage public discussion on the harmful health consequences of the practice; build alliances with religious leaders who can clarify the position of major religions in the country regarding FGC.
- ⊗ Work with ministries of health on quality of care issues, *e.g.*, training for providers in providing youth-friendly reproductive health services for girls and implementing quality improvement approaches such as COPE¹ and Appreciative Inquiry.²
- ⊗ Advance and advocate for the implementation of the ICPD Programme of Action at all levels of government.
- ⊗ Advocate and allocate resources for skilled attendance at childbirth, including building/improving infrastructure, and prioritising the training and deployment of skilled professional midwives in rural areas.
- ⊗ Increase the overall level of resources (human, financial) directed to health services in underserved rural areas.
- ⊗ Support the piloting and scale-up of insurance, mutuals and other cost-sharing schemes that reduce financial barriers to access, particularly among rural populations.

¹ [Client-oriented, Provider-efficient services]. More information is available at www.engenderhealth.org, website of the agency that developed COPE

² An approach based on the premise that 'organisations change in the direction in which they inquire'. See: Cooperrider and Srivastva, *Appreciative Inquiry in Organizational Life*, in *Research in Organizational Change and Development*, 1987, Vol.1.

For Programme Managers

- ⊗ Recognise that many of the changes needed to improve girls' access to reproductive health information and services require attitudinal shifts and “buy-in” on the part of adults. Design formative research and develop programme strategies to take these “contextual” factors into account. In particular, address gender dynamics at every stage of programme planning and execution.
- ⊗ Increase rural girls' knowledge of reproductive and sexual health through targeted BCC efforts, making use of modern and traditional media. Raise awareness among family decision makers about girls' need for reproductive and sexual health care.
- ⊗ Raise awareness among community members about the health risks of early pregnancy to girls. Develop BCC strategies to delay marriage and first pregnancy for rural girls.
- ⊗ Raise awareness among community members on the lifesaving importance of skilled attendance at childbirth (especially for young and first-time mothers), and on warning signs of serious pregnancy and childbirth complications. Discuss and encourage the adoption of new behaviours judged feasible by community members (for example, advance discussion and planning by couples/families to enable prompt access to skilled care when labour begins).
- ⊗ Focus on training and supervisory strategies that increase quality of care and reinforce girl-friendly attitudes and practices by health care providers.
- ⊗ Work with rural communities to devise and implement solutions to financial and transport-related obstacles that restrict women's and girls' access to health care. These may include cost-sharing schemes or other nontraditional forms of health insurance.
- ⊗ For reproductive health programme managers, seek out the assistance and partnership of organisations whose primary mission is education and rural development so that initiatives for girls can incorporate (or link to) educational (including skills-building) and livelihood activities.



One of the greatest problems rural girls face is persisting **gender-based discrimination**, which circumscribes their opportunities and confines them to fulfil pre-defined roles and responsibilities. *Addressing gender discrimination is a necessary condition to ensure that girls will enjoy their full educational, health and livelihoods rights.*

While the challenges that rural girls face are many, with political will, resources and targeted interventions, it is possible to turn those challenges around and improve rural girls' health, their opportunities for self-development, and their entire futures.

A Day in the Life....

Bintou, 13, lives in rural Mali. Her village is five hours from Bamako, the capital. It has no paved road, electricity, running water or health facility.

For girls like Bintou, adolescence is not the extended coming-of-age period it has become in industrialized societies. Shaped by economic hardship and tradition, Bintou's adolescence will be a more abrupt transition to adulthood. At thirteen, already she has many responsibilities and even contributes a small share of the household revenue. As she moves through her teen years, her choices will narrow, her mobility will be curtailed, and her duties will multiply, as will the expectations of those around her that she behave as an adult. By seventeen she will probably be married. Her first pregnancy will soon follow.

But right now, at thirteen, Bintou is just embarking on these transitions. She is still a child at heart, and she feels happy. In talking with Bintou and other girls aged 10 to 15, one is struck by how vivacious and open they are, how eager and curious.

Bintou's daily routine... Boys her age have few chores, but Bintou has many household responsibilities that she juggles with school. In the mornings before school she fetches water from a nearby well, helps prepare the family's breakfast and may wash clothes. In the afternoons, she gathers firewood, grinds millet and helps her mother make dinner. Once home, she barely has time to do school work, as it will be 8 p.m. by the time she finishes the dishes. She says she cannot change her schedule because a girl must obey her parents, and besides, her family counts on her help. So far, she has managed to keep up.

Bintou's education... Bintou is lucky enough still to be in school. Teenaged girls are only half as likely as boys to be enrolled. She spoke of her fierce desire to continue, as she feels that only through formal education will she acquire the skills and earn the respect she will need to make a good life for herself. But it is far from certain that she will go on. It is difficult for her family to manage her school fees. Her mother needs her help at home. And the nearest secondary school is 20 km away; Bintou would need to find a way to travel back and forth, or maybe board with a family, and both those options make her parents uneasy. For many, many girls in rural West Africa, schooling comes to a halt when they complete their elementary education. Only *one in ten* Malian girls attend secondary school; fewer still complete it.

Sexuality and reproductive health: little knowledge, many fears... Bintou, her peers and even the older girls in the village have very limited knowledge and many fears about reproductive health and sexuality. Most girls know little about contraception. Even the blood of their first period was a frightening surprise for some, as no one ever told them what to expect. There is terribly poor access to such information in the village; even if the village had a health centre and they dared go, the unmarried girls would likely be shooed away.

For many families in Mali, a girls' first menses is the cue to begin preparing for her marriage. Parents feel that early marriage shields their daughter from premarital pregnancy, a safeguard they feel is more important than the very young age at which she will be married.

Now, Bintou knows she must soon begin earning money for her wedding trousseau. Unless she can persuade her parents to keep her in school, Bintou will be married within two to four years. Before she marries, she will work to assemble her trousseau—potentially abandoning her education to spend a year in the capital, working as a maid. She knows many girls who have spent a year in Bamako. They earn US\$8-US\$15 a month—more than Bintou can hope to amass back home.

Bintou and the other younger girls express their concern about marriage. Most will not choose their husband—he will have been selected by their parents—and the girls are worried lest, once married, they fall in love with a man other than their husband. That, they know, could be disastrous. The girls do look forward to being married. But they fear marriage, too: moving away from their parental home, living as a couple with their new husband (whom they may barely know), being apart from their friends, managing a household for the first time.

Bintou also fears her first pregnancy and delivery. In particular, what she and other girls refer to as "**difficult pregnancies**" are a great source of concern. As if to confirm Bintou's fears, the older girls in the village say difficult pregnancy is their worst reproductive health problem. For most, pregnancy was a physical and psychological ordeal because of their inexperience, young age and relative isolation. They had neither the medical care nor the social support that might have made their first pregnancy easier. Fewer than a third of the mothers had even one antenatal visit and virtually all gave birth at home.

At 13, Bintou is poised to begin a period of major changes.... Will Bintou manage to argue her case for staying in school? Will she hang on to her energy, her curiosity?

On the CD-Rom...

Experience-sharing Workshop Reports (Mali, Burkina Faso, Senegal):

These reports are the record of three-day experience-sharing workshops held by FCI in Mali, Senegal and Burkina Faso with representatives from governments, local and international non-governmental organisations and international agencies actively working in areas related to the health and social development of rural girls. The workshops provided an opportunity for the groups to share the goals and objectives of the Rural Girls Initiative and to exchange valuable information about their own strategies and programmes already being implemented to address the health and socioeconomic needs of rural girls. These workshops generated considerable enthusiasm and were viewed by participants as having been an unprecedented occasion to share information and ideas about their respective programmes with girls.

Participatory Needs Assessment Reports:

To further enhance the development of the strategy paper, FCI conducted participatory needs assessments in three villages: Soula, Burkina Faso; M'Biénina, Mali; and Méouane, Senegal. In each village, researchers met with rural girls as well as various community members, including parents, girls' spouses, administrative and religious leaders, education professionals, health professionals, financial experts and others who knew the communities well. The needs assessments focused on **Education**, **means of livelihood**, and **reproductive health**, three main areas of intervention FCI identified as essential to the advancement of rural girls' development. Researchers used a range of participatory research methods to gather qualitative data on rural girls' lives, needs and aspirations. What emerged from the assessments was a compelling portrait not only of the girls' daily lives and struggles, but of their hopes, dreams and ambitions.

Rural Girls Strategy Document:

Turning “Remote Dreams” into Possibilities: Strategies for Building a Better Future for Rural Girls in Francophone Africa

Rural girls are in desperate need of advocates who can sound a “call to action” to invest in their futures. To bring about favourable changes in girls' status, policy makers, programme developers, NGOs and the larger development community must create strategies to better the realities of rural girls' lives and advocate for the resources required to put those strategies into action. This strategy paper translates recommendations and findings from FCI's experience-sharing workshops and participatory needs assessments into a series of programme strategies and approaches to address the special concerns and needs of girls aged 10-22 living in rural settings of French-speaking West Africa.

Field guide for participatory research with young people:

This comprehensive field guide helps researchers use innovative, participatory techniques to explore needs, perceptions, attitudes and behaviours of girls and young women aged 10-22 in rural settings. As virtually no such nontraditional information-gathering tools or guides existed in French, FCI developed the guide, adapting materials that were available in English and developing others specifically for this purpose. Intended for use in the field by those carrying out participatory needs assessments, the guide provides information on the purposes of participatory needs assessments, main underlying concepts, main steps in implementing a needs assessment, and recommended methods and instruments to use and/or adapt when treating a variety of themes. The guide covers six themes:

1. Access to education/literacy programmes.
2. Access to reproductive health information and services.
3. Livelihood opportunities and access to economic independence.
4. Girls' participation in public spheres of decision making and power.
5. Physical and psychological violence against girls.
6. Community and policy-level mobilisation benefiting rural girls.



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