



**Report Title:** A summary of key considerations in SRH and GBV integrated approaches to engaging with survivors of child marriage and early childbearing, together with an annotated bibliography of relevant standards, guidelines and tools.

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### Introduction

Child marriage is an act of gender-based violence that not only violates the rights of the girl child, but also compromises her ability to adopt health-promoting behaviours and to seek timely care. Child marriage is associated with a variety of adverse sexual and reproductive health outcomes for child brides, including negative outcomes linked to early pregnancy, as well as poor health outcomes for their children.

Integrated approaches in humanitarian response that combine sexual and reproductive health rights (SRHR) interventions with gender-based violence (GBV) prevention and response programming provide an opportunity to address the critical needs of survivors of child marriage and young mothers. An integrated approach can improve access for survivors to a range of services through cross-referral; minimise time and access constraints to these services; provide an avenue for information dissemination on both SRSH and GBV; and provide a space to build peer networks.

The first component of this short research query provides an overview of the literature that documents, evaluates and describes best practice for SRSH and GBV Integrated approaches for survivors of child marriage and young mothers. The second component provides details on relevant standards, guidelines and tools that can help inform integrated approaches in humanitarian settings.

### Summary of Key Considerations

Survivors of child marriage and young mothers face multiple barriers to accessing appropriate SRHR and GBV services; for example, they may face challenges accessing services due to restrictions on their movement; their burden of household and care labour that makes it difficult to leave home; lack of safety or confidentiality at service delivery facilities; an absence of tailored and appropriate services; etc. Often these girls are limited to attending generalised youth-friendly SRHR services, which primarily cater for never-married and never-pregnant youth, or to access services that are designed for married adult women.

The following summary of key considerations for integrating SRHR and GBV programming is derived from a review of academic research, programme documentation, guidance notes and industry-based learning. Notably, few evaluated programmes utilise an integrated SRHR/GBV approach for specifically targeting child brides and young mothers. Therefore, summary of the key considerations extrapolates from more general good practices in integrated programming to apply them to working with girls. It highlights considerations and challenges in designing and implementing integrated SRSH and GBV approaches for survivors of child marriage and early childbearing and provides summary guidance on best practice for integrated programming targeting this important, yet underserved, demographic group.

### **Contextual, ethical and safety considerations for an integrated approach**

- Integrated GBV and SRH services must take into account: *availability, accessibility, acceptability and quality*. They should be respectful of and sensitive to cultural identities and particular needs of married and childbearing adolescent girls. They should be provided in accordance with the GBV guiding principles of safety, respect, non-discrimination and confidentiality<sup>1</sup>(Inter agency Standing Committee, 2015) .
- Before designing and implementing integrated SRHR and GBV programmes, the specific service-delivery context and the appropriateness of integrating services must be assessed. In some instances, integration may not be possible or appropriate, or may require additional safeguards. For example, the lack of privacy within mobile clinics can make it difficult to have private and confidential GBV-related consultations and service provision (UNFPA, 2019).

### **Tailored Interventions for pregnant adolescent girls**

- Healthcare professionals need to be aware of the vulnerability of pregnant girls to violence and the types of violence they may experience. Ensuring health workers who are delivering antenatal care are trained in GBV and are able to provide safe and effective referrals to girls who present at health services is an important component of an integrated SRHR and GBV approach (Johnson, 2017) .
- There is a need in some instances to provide maternal health programmes tailored to the specific needs of married girls. Adolescent-friendly health information and services are crucial for married girls, but they should be adapted to include information on pregnancy, child birth, caring for a newborn, and caring for oneself (Girls Not Brides, 2012).
- Documentation and birth registration may be an issue for pregnant married girls. In some contexts, it may be the case that the birth of a child will not be registered if the parents are not

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*“Safety: The safety and security of the survivor and her/his children is the primary consideration.*

*Confidentiality: Survivors have the right to choose to whom they will or will not tell their story, and information should only be shared with the informed consent of the survivor.*

*Respect: All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor. The role of helpers is to facilitate recovery and provide resources to aid the survivor.*

*Non-discrimination: Survivors should receive equal and fair treatment regardless of their age, gender, race, religion, nationality, ethnicity, sexual orientation or any other characteristic.” (UNFPA, 2015, pp. 5-6)*

legally married. Whether or not the girl is in a legal marriage, a caseworker should be available to support her to access legal assistance and representation for birth registration and family law matters (UNICEF et al. 2016).

### Comprehensive sexuality education

- Comprehensive sexuality education for girls and young mothers should go beyond a review of biological sex issues to include age-appropriate teaching on bodily autonomy, menstrual and bodily hygiene, pleasurable sexual experiences, sexual orientation as well as healthy relationships and contraception methods (UNFPA and Save the Children, 2012).
- Sexuality education aims to equip girls with the knowledge, skills and values to make responsible choices about their sexual and social relationships. Similarly, girls need to be informed about safe abortion care, where legally available, and to understand the dangers of unsafe abortion (WHO, 2012).
- Importantly, research has shown that the inclusion of materials on gender, power and GBV in sexuality and HIV education for child brides is substantially more likely to result in reduced rates of pregnancy and sexually transmitted infections than programmes that do not incorporate information in these areas (Haberland, 2015). However, attention to gender equality and GBV in comprehensive sexuality education must be accompanied by safe, ethical, and appropriate referral mechanisms for girls who disclose exposure to GBV.

### Combined service delivery

- One-stop shop service delivery that provides integrated GBV and SRHR services has the benefit of limiting time and access constraints for married girls and young mothers. This modality also has the potential to limit the stigma attached with accessing GBV services, insofar as services for GBV can be accessed at health centers (Columbini, 2017). Because married girls and young mothers may not self-identify or wish to be identified as survivors of GBV, care must be taken in how services are framed. Provisions should be made to ensure safety and confidentiality, including staff who are trained in survivor-centered approaches, availability of private interview spaces, and appropriate data collection and storage procedures.
- In all health facilities where there are staff trained on the clinical management of rape, there is a need to ensure that post-rape treatment with emergency contraception (EC), post-exposure prophylaxis (PEP) and sexually transmitted infection (STI) treatment are available.
- Effective programmes can also include the creation of ‘safe spaces’ -- where married girls and those vulnerable to early marriage can seek support from each other and learn about maternal health services and gender and GBV. Programmes that offer safe spaces have resulted in an increase in the proportion of girls who demonstrate knowledge about contraception; in the proportion of girls who speak to a peer about contraception; and in the self-reported use of contraception by sexually active girls (Girls Not Brides, 2018).

### Screening

- The International Rescue Committee, along with John Hopkins University (2017) conducted an evaluation in health care settings in Dadaab refugee camp, of the feasibility and acceptability of the use of the UNHCR Assessment Screen to Identify Survivors Toolkit for Gender Based Violence' (ASIST-GBV), a tool specific developed for use in screening for gender-based violence in health care settings to enable confidential and safe referrals to specialised services . The evaluation found that it is both feasible to implement and acceptable to both providers and women seeking care. The study stressed the importance of securing a confidential and private room/space within the healthcare setting before universal screening is implemented, as well as ensuring safe and effective referral pathways are in place for confidential survivor care. Wirtz et al. (2013) found that routine GBV screening by skilled service providers offers a strategy to confidentially identify and refer survivors to needed services within refugee settings, potentially enabling survivors to overcome barriers to help-seeking, such as perceived and experienced stigma in health settings and in the wider community, lack of awareness of services, and inability to protect children while mothers receive services. (NB: This study was conducted with a broad population and there is limited information on the utilisation of screening tools with married girls and young mothers.)
- There is limited information on preferred methods for GBV screening in health facilities and preferred types of health providers for screening, although Survyavanashi (2018) found some preference for a face-to-face interview screening method and for the provider to be a nurse or counsellor.
- Any efforts to institute routine screening for GBV in clinical health settings must be accompanied by efforts to address challenges arising from this approach. In follow up studies on routine screening for GBV, health care providers have cited a number of barriers, including lack of knowledge about violence against women, lack of effective referral options, lack of time for screening and fear of offending patients. The limited amount of time in a typical consultation and providers' lack of awareness of violence against women were similarly perceived by patients as barriers to disclosing violence (Vogel, 2012). In addition, there is some evidence that the safe and effective application of screening tools in health care settings can be difficult to maintain after the initial staff training is conducted (Christofides, 2010) which indicates the need for ongoing training and appropriate clinical and professional supervision.
- The utilisation of GBV screening tools in a clinical health setting, should always be accompanied by appropriate training in disclosure, a survivor-centered approach to GBV, and knowledge of how to safely and effectively refer survivors--including married girls, pregnant girls and young mothers. It may not be appropriate to utilise screening tools where there are limited referral options and where the use of screening tools might stigmatise girls or create further access constraints to health care services (Christofides, 2010). Girls should never be asked about GBV when accompanied or in the presence of family members, including any children over the age of 2 years. A way to speak alone with the girl must be found and issues of confidentiality and informed consent must be explained clearly (Johnson et al., 2017).

### Case management

- Provision of GBV case management support for married girls and young mothers should include referral to appropriate and (where possible) tailored SRHR services. Training for GBV case managers should include elements on family planning, contraceptives, including emergency contraceptives. The Interagency Gender-based Violence Case Management Guidelines (2017), include specific guidance on case management for survivors of child and early marriage:

*“It is incredibly important that you discuss and help the girl understand her sexual and reproductive health. If you feel that you do not have the appropriate skills or knowledge to do this, be sure to identify a reproductive health expert who can provide this information and get the girl’s consent to have this person speak to her. It will be important that she understands pregnancy and contraception methods. You also want to make sure that she understands that sex, even within a marriage, should be consensual. You or the reproductive health expert can practice with her how she will communicate with her new husband about having sex. If your organisation has group activities or information sessions for adolescent girls that provide information on reproductive health, you can also refer her. Or your organisation could arrange for a reproductive health expert to come to your centre to provide an information session to groups of girls, on a regular basis.” (Page 121)*

### Referrals

- In a case study of an integrated approach to SRHR and GBV implemented by UNFPA Myanmar (2019), it was highlighted that referrals were almost exclusively one-way from GBV service providers to SRHR services and there were challenges in referrals from SRHR services to GBV. Routine antenatal health care visits and other SRHR services offer opportunities for healthcare professionals to refer girls experiencing GBV to appropriate specialist services. In order for this to be effective there needs to be an established referral pathway and front line SRHR workers, particularly those involved in antenatal care must know how to safely and effectively refer married girls and young mothers to appropriate services. Where possible referral pathways should include services specifically tailored for married girls.

### Capacity development and training for staff and volunteers

- All staff (including volunteers) of GBV programmes should know how to refer girl survivors to relevant SRHR services, and all staff providing SRSH services should be able to provide girls with referrals to appropriate GBV services. Staff should be knowledgeable and comfortable in giving information about where to access SRHR and GBV services and information. SRHR services should be integrated in GBV referral pathways, including information on adolescent-friendly services and any available services tailored to married girls.
- All staff of organisations implementing SRHR and/or GBV programmes need sufficient training in order to be able to implement both SRHR and GBV components and ensure integration. As noted above, GBV specialists working with adolescent girls need to be trained in basic SRHR services. A commitment from decision makers within the health service, or health programming must be made to ensure that there are adequate resources and continuity in the training, clinical supervision and support provided to health workers. (Abeid, 2016)

## Conclusion

The integration of SRHR and GBV programmes represents an opportunity to overcome barriers to accessing vulnerable groups with specific needs such as married girls and to pool and utilise resources for more effective response. However, consideration must be made to ensure that programme design and delivery is informed by relevant SRHR and GBV expertise—with a focus on the girl child—and that adequate resources are allocated to ensure training of staff and ongoing support for professional and clinical supervision.

## Annotated Bibliography of Relevant Standards, Guidelines and Tools

This annotated bibliography describes a selection of relevant standards, guidelines and tools that support good practice programming on SRHR and GBV integrated approaches for survivors of child marriage and young mothers in emergency contexts.

### [Pathfinder International \(2018\) \*Meeting the Needs of Young Married Women and First Time Parents\*](#)

The training modules focus on providing reproductive health services and include supplementary training modules specifically aimed at facility based health care providers, community workers conducting home visits and small group facilitators. The modules have a geographic focus on West Africa, although they could be adapted to other contexts.

### [Johnson Medina, Dulf Diana, Sidor Alexandra.\(2017\) \*RESPONSE Training Manual for Reporting of Gender-Based Violence in Women's Health Services; Project RESPONSE.\*](#)

This manual aims to support the training of health care teams (i.e. health care professionals, side-by-side with social workers) working in women's health services. The manual includes information to improve the skills of health care teams on identifying GBV in health settings, safety planning for patients disclosing GBV and developing communication skills. The manual provides a short summary on the impact of GBV on children, including those who are both experiencing and/ or witnessing GBV, as well as some specific information on child, early and forced marriage.

### [Rutgers WPF and International Planned Parenthood Federation \(2013\) \*Explore Toolkit: Involving Young People as Researchers in Sexual and Reproductive Health Programmes\*](#)

'Explore' is a toolkit for involving young people as researchers in sexual and reproductive health and rights (SRHR) programmes. The toolkit includes guidelines for creating conditions for successful youth participation in research and enhancing the effectiveness of youth SRHR programmes, as well as three manuals to train and support young people to conduct qualitative data collection for research and monitoring and evaluation. This toolkit is useful to organisations that wish to engage young women, including married girls, in their monitoring and evaluation work and research on SRHR and child marriage.

### [World Health Organisation \(2014\) \*Healthcare for Women Subjected to Intimate Partner Violence or Sexual Violence: A Clinical Handbook\*](#)

This handbook developed by the World Health Organisation is focused on supporting health workers in a clinical setting to understand intimate partner violence and sexual violence and care for survivors, including first line health support, additional clinical care after sexual assault and support for mental health.

### [Pathfinder International \(2015\) \*Reaching Young Married Women and First-Time Parents for Healthy Timing and Spacing of Pregnancies in Burkina Faso\*](#)

This technical brief developed by Pathfinder International in 2015 discusses key findings from the project and offers lessons for supporting young married women and first-time parents to access appropriate and tailored information about contraception and other SRHR services.

UNICEF, UNHCR, ACTED, Save the Children, Quandil, Erbil Refugee Council, Un Ponte Per, International Rescue Committee (2016) *Inter-Agency Guidance Note: Prevention of and Response to Child Marriage in the Kurdistan Region of Iraq*

This technical guidance was developed by an interagency task team (UNICEF, UNHCR, ACTED, Save the Children, Quandil, Erbil Refugee Council, Un Ponte Per, International Rescue Committee) to support organisations to identify and work effectively with married girls and young mothers. Whilst specific to the Kurdistan region of Iraq, it provides a comprehensive overview of needs and services for married girls that can support the design of integrated programmes on SRHR and GBV targeting married girls in other contexts.

World Health Organisation (2011) *Guidelines on Preventing Early Pregnancy and Poor Reproductive Outcomes Among Adolescents in Developing Countries*.

These WHO Guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents provides recommendations on programming and research for preventing early pregnancy through preventing marriage before 18 years of age; increasing knowledge and understanding of the importance of pregnancy prevention; increasing the use of contraception; and preventing coerced sex. The guidelines also include a focus on preventing poor reproductive outcomes by reducing unsafe abortions and by increasing the use of skilled antenatal, childbirth and postnatal care. These guidelines are primarily intended for policy-makers, planners and programme managers.

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The GBViE Helpdesk is available 09.30- 17.30 GMT, Monday to Friday.