

Hivos
people unlimited



ENDING CHILD MARRIAGES AMONG GIRLS WITH DISABILITIES



A Case Study of Deaf
Women Included (DWI)
Zimbabwe

INTRODUCTION

Deaf Women Included (DWI) is a grassroots organisation which works with deaf women from across all provinces in Zimbabwe. DWI's mission is to empower deaf women to claim access to information, health services, education, and employment opportunities and to influence government, private sector, and civil society to take the rights of deaf women into account in policy making as well as policy implementation.

Through the Hivos Regional Sexual and Reproductive Health and Rights (SRHR) Fund, DWI has been implementing a program on ending child marriages among deaf girls addressing the underlying factors for the lack of access to Adolescent Sexual and Reproductive Health and Rights (ASRHR) services since 2020¹ in Zhombe, Dora, Gweru, and Harare Districts. To achieve these goals, DWI implemented the following activities: community dialogue meetings, production of accessible information on child marriages, conducted the trainings with girls with disabilities, established Deaf Girl Clubs, research, and developed a case management booklet. Through this project, girls with disabilities are being capacitated to recognize abuse, Identify community members with whom they can report instances of abuse to and understand the impacts of child marriages.

Persons with disabilities are: ‘...those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.’

(Article 1, UN Convention on the Rights of Persons with Disabilities)

DWI is working with three objectives and these are to strengthen community and institutional capacity for social mobilisation to end child marriages; to promote behaviour and attitudinal change towards the sexuality of deaf adolescents among school authorities and the community at large and build knowledge and capacity of child protection and professionals working on child marriages programming on the rights, vulnerabilities, and experience of deaf children.

Though Zimbabwe has commitments, laws and policies that ensure that adolescents' access SRHR services and information, there is still lack of comprehensive sexuality information and services for the children with disabilities. This case study articulates how DWI is creating a safe space for deaf adolescent girls in dealing with SRHR related issues particularly ending child marriages.

THE STATE OF CHILD MARRIAGES

In Zimbabwe, one in three girls are married off before they reach the age of 18.² Most of the causes of child marriages are preventable and are caused by a myriad of interlinked factors. In Zimbabwe, there are three main drivers of child marriage: cultural and (forced) marriage practices; religion and poverty.

The national prevalence for child marriage is 32.6 percent. DWI is working in three provinces whose child marriage prevalence are; Manicaland (Dora) has 36 percent, Midlands (Zhombe; Gweru) 30.4 percent and Harare has 21.7 percent.³ Child marriages have negative effects on girls especially girls with disabilities in poor communities who are impacted by the intersection of disability, gender, poverty, and age.

The Centre for Development and Justice (2017) explains that there is scarcity of information on the children with disabilities and their vulnerability to child early and forced marriages. This is further worsened by the lack of adequate data to offer robust, evidence based and inclusive advocacy to end child marriages.



“Girls with disabilities are ten times more likely to be sexually assaulted than girls without disabilities and they are almost without exception denied the right to make decisions about their reproductive and sexual health, increasing their risk of unplanned pregnancy, sexually transmitted infections as well as sexual violence,”

Agnes Chindimba, DWI Executive Director.



There is insufficient data and evidence to conclude whether children with disabilities are more at risk of child marriage compared to children without disabilities. Data sets, programme evaluations and research on child marriage have not disaggregated data by disability, resulting in a significant evidence gap. The available evidence suggests that negative attitudes, stigma, and discrimination against people with disabilities interacts with other drivers of child marriage. Negative attitudes and stigma about disability can also lead to assumptions that women and girls with disabilities do not marry, leading to a lack of attention to the issue.

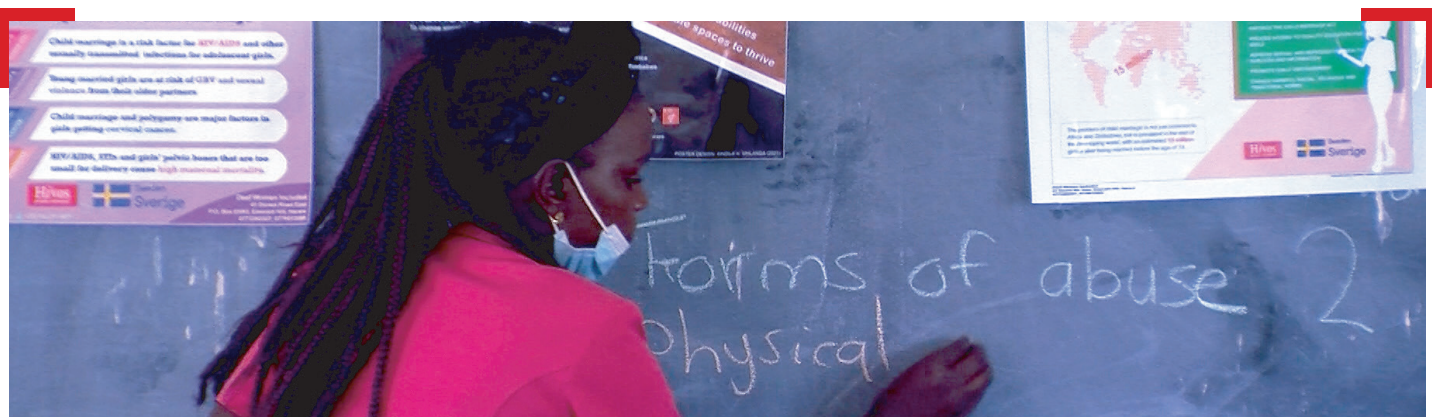
Though undocumented, conflict and crisis, including epidemics such as COVID-19 and a lack of access to basic services are drivers of child marriage for girls with disabilities. In some instances, girls with disabilities are married off to relieve the family of the economic burden.⁵ The specific and unique barriers to basic services for children with disabilities may contribute as an additional set of drivers of child marriage of children with disabilities. For example, children with disabilities often experience barriers to sexual and reproductive health, child protection and education services, including discrimination by service providers or community members; physically inaccessible services; and inaccessible reporting mechanisms.

The Zimbabwe Constitution prohibits child marriages through section 81(2) of the Constitution of Zimbabwe Amendment No. 20 Act 2013 which states that a child's best interests are paramount in every matter concerning the child and Section 81(e) protects every child from economic and sexual exploitation and any form of abuse.⁶

Despite Zimbabwe having progressive policies and laws on adolescents SRHR, there is a gap between policy and lived realities in communities with rural youths at higher risk and have a higher burden of SRH problems that include teenage pregnancies, child marriages and HIV.

DWI is making sure that SRHR issues for girls with disabilities are being supported and promoted by community leaders, parents of children with disabilities and religious leaders through the various activities that they are implementing.

As evidenced in the implementation of the project, parents and carers of children with disabilities may lack the necessary parental skills and knowledge to adequately support their children and deliver knowledge. Since the onset of the on-going COVID-19 pandemic, the project has played a critical role of safeguarding girls with disabilities and a safe space where they can learn and share their experiences.



5. Inclusive Futures: Promoting disability inclusion: Disability Inclusion Helpdesk Report No.38 (2020)
6. The Constitution of Zimbabwe (2013), Amendment No 20

BEST PRACTICES

DWI has successfully engaged with community leaders including chiefs, headmen, religious leaders, parents, teachers and health workers to sensitise them about safeguarding girls with disabilities from abuse such as child marriage and denial of SRH services. The sensitisation was conducted in form of community dialogues and workshops in the four districts DWI is working in.

The organisation has also set up Deaf Girls Club to capacitate deaf girls on ASRHR issues and developed a Case Management Booklet which responsible authorities can refer to when dealing with cases involving the violation of SRHR rights of deaf girls.

IMPROVED ACCESS TO AYSRHR

To address the challenge of access of AYSRHR services by deaf girls, DWI held several trainings and workshops to sensitise deaf girls on their rights. The community was sensitised through community dialogues on how they can protect adolescents and the youth from early or forced marriage.

The trainings and workshops equipped adolescents with disabilities with the knowledge of the complications associated with child marriage for example during pregnancy and childbirth. These also helped increase the adolescents' knowledge on SRHR, girls with disabilities, were furnished with information on where to go in case any of the abuse or forced or early marriage happens to them or anyone, they know.

Taking into consideration the adolescents being differently abled the information on child marriage and SRHR issues was disseminated in accessible formats-in video format. The approach sought to deliver information in the most accessible way for girls with disabilities taking into consideration their varied impairments as well as access needs.

The engagements and discussions in a safe space also enabled them to critically think and share ideas on what they think can be done to reduce incidences of child marriages within the disability community. Carers for those with high-support needs were also allowed to attend the workshop with their children. And also, vulnerable girls without disabilities but staying around the centres where the clubs are established were included in the sessions. This was to promote peer-to-peer learning, social inclusion and widen the scope of safeguarding vulnerable children within DWI's area of operation.

Through the community dialogues, the community and religious leaders' knowledge on protecting the adolescents and youths from forced or early marriages, child abuse and any violation of the child rights. The presence of health workers and child community workers during the dialogues ensured support structures and safeguarding of girls with disabilities in the communities.

To ensure sustainability, the project held workshops and trainings with both children with disabilities and those without disabilities. This cultivates a culture of acceptance of those with disabilities into various communities and it also assist in erasing perceptions, myths and beliefs against Women and Adolescent Girls with Disabilities (WAGDs) amongst communities.

Deaf Girl Clubs



The establishment of Deaf Girl Clubs in Harare, Zhombe, Gweru and Dora, supports deaf girls through a series of trainings focusing on self-esteem, confidence building, visioning the future, breaking barriers and living independently.

Girls' clubs are common approach to building skills, knowledge, self-confidence, and social networks. Each club consists of 20 girls, and they meet once a week for 2 hours. These clubs are led by deaf girls with the support from their mentors. The trained mentors are sought from schools and the community, and these already have experience and knowledge of working in the disability community. The mentors act as role models to increase girls' aspirations.

For uniformity, the clubs follow a set guide with the aim to decrease discrimination in community and raise awareness on equality between girls with disabilities and those without disabilities.

The guide has varied topics ranging from puberty and bodily changes, child marriage, gender, discrimination, HIV, disability inclusion, career guidance, mentoring, GBV, Children's needs, rights and responsibilities, relationships, peer pressure, to SRH and hygiene.

The clubs also promote the development of young girls and young women especially girls in and out of school who are considered as vulnerable to abuse including child marriage. The goal of the clubs is to keep girls in school and promote a culture of self-value among girls, disabled or not.

The clubs are a safe space - they provide an opportunity for members to share their experiences, strengthen community safeguarding practices and systems to prevent and protect girls from harmful practices, abuses and all forms of violence including child marriages. This model mixes deaf and hearing girls to create a peer to peer and social inclusion environment.

The clubs have been set up in a manner that the model can continue operating even after the project folds and DWI will utilize the clubs established in future projects.

Case Management Booklet

Under the project, DWI developed the first ever booklet- A Guide to Case Management with Deaf Children in Zimbabwe- that guides professionals on case management when working with deaf children. The previously developed case management booklets excluded the needs of deaf children and did not address the disability aspect but rather gives precedence to survivors.



The booklet will be of much benefit to various professionals who are not into disability issues and those who handle their cases every day. It will assist them on how to effectively assist young girls who are deaf. The booklet can also be used for SRHR-related trainings that enhance full inclusion and respecting the rights of women and girls with disabilities.



LESSON LEARNT

During the implementation of this project, DWI drew several lessons. These include the following:

Adapting to group needs:

Taking into consideration the different types of disabilities, level of education, information sharing methodology continuously must be reviewed to cater for the varied impairment needs. The use of videos however seemed to be a convenient way of delivering the sessions especially for deaf girls and girls with multiple impairments. In future, information sharing, and dissemination should include infographics, pictorials, and animation to cater for the various impairment groups.

Building positive working relations with key stakeholders:

Due to the relationship established with the local communities, it was easier for DWI to mobilise the girls for the sessions. During the meetings we also had parents and carers' attending to support the participants with high support needs for example those with mobility challenges.

Delay in justice can be prevented:

Abuse cases for deaf children are failing to receive justice due to lack of systems put in place to deal with deaf people. As a result of this barrier, most abuse cases go unreported. There is need for the justice system to be inclusive to cater for people living with disabilities.

Clubs key in case identification:

The establishment of clubs helps in abuse case identification. Some of the cases identified during the reporting period were established from the clubs in the various centers. It is through the teachings, socialization and information sharing that the participants become aware that what was happening to them or certain individuals in their communities is abuse and they take a stance to report.



SRHR is an essential service even during pandemics:

The closure of schools as part of COVID-19 restrictions disrupts support systems for girls with disabilities. Participants explained that because of the closure of schools, abuse cases especially for girls with disabilities go unreported. Plan International reports that when schools were closed during the first wave of COVID-19⁷, there was a steep increase in unintended teenage pregnancies and a staggering 75 percent increase in maternal mortality over just 18 months. From these concerns, continuum of SRHR services is important even during crises.



Child marriage programmes can be more disability - inclusive:

There is need to take a rights-based approach to disability inclusion, recognising that children with disabilities can experience environmental, attitudinal and institutional barriers that hinder their inclusion in programmes and access to services. During design, programmes should conduct barrier analyses together with women, men, girls, and boys with disabilities to understand the barriers to inclusion to be addressed.



SRHR services should be inclusive:

Barriers to inclusion in SRH services may worsen the risks of child marriage of children with disabilities. Barriers for children with disabilities in accessing SRH services include negative attitudes of service providers, particularly towards young women with disabilities; assumptions that people with disabilities are not sexually active; healthcare facilities that are inaccessible and exclusion from SRH and rights education, particularly for girls with disabilities and especially for girls with intellectual disabilities among others.

CONCLUSION

DWI hopes to conduct further research on disability and child marriage in different contexts to better understand the drivers of child marriage amongst children with disabilities and effective interventions as well as collect disability-disaggregated data (both qualitative and quantitative).

Hivos Regional Office for Southern Africa
20 Phillips Avenue, Belgravia
P.O Box 2227
Harare, Zimbabwe.

T: +263 4 706 125 / 706 704 / 250 463

E: srhr@hivos.org

<https://hivos.org/program/sexual-reproductive-health-and-rights-srhr-fund/>



CafeSRHR



SRHR Community Café



cafesrhr



Hivos SRHR



FORD
FOUNDATION



Sweden
Sverige