



**MMS Bulletin #170**

*Des innovations qui changent durablement la vie des jeunes*

**BAR TALK with Michael A. Hobbins (SolidarMed) and Carine Weiss (Medicus Mundi Switzerland)**

## **Addressing Early Marriage and Gender Inequality in Rural Tanzania: The 'Our Girl' Initiative**

De Michael A. Hobbins et Carine Weiss

*Since birth, girls living in rural areas in Tanzania are pushed into a downward spiral enhanced by patriarchal attitudes and deep-rooted stereotypes regarding women's roles, responsibilities, and identities in society. As a result, 1/3 of the 20-24-year-old women are married before the age of 18 years, the adolescent fertility rate is high at 122/1000 girls (15-19 years old) and half of the ever-married women have suffered physical/or sexual intimate partner violence in their lifetime. The lack of law reinforcement and – especially – general economic factors push parents to continue these harmful practices, feeding ongoing gender inequality in Tanzania.*



Addressing Early Marriage and Gender Inequality in Rural Tanzania: The 'Our Girl' Initiative

BAR TALK MMS SRHR-Conference 2024. Photo: Daniel Rihs / © Network Medicus Mundi Switzerland

In 2022, SolidarMed performed a pre-assessment in the village of Gombe, to understand the different perspectives, challenges, and needs around schoolgirls, early marriage and pregnancies, as well as the market dynamics. Extracts of the quotes during the Focus Group Discussions reflect the situation:

- “Sometimes we leave the children to depend on their own. Especially the times when we have to move to the farm for farming activities” (Participant of the parent FGD)
- “The longest that one can move out of home is six months. During this period the children are left to depend on themselves” (Participant of the parent FGD)
- “Our children in secondary school come home every Sunday to collect food and pocket money, sometimes we don't have it and we're obliged to send them back with no money.

*As simple as it may sound, it worries us that they may get into temptations with (men) who can give them money” (Participant of the parent FGD)*

- *“There are times my daughter comes home with new clothes that I did not buy for her and when I ask she says it belongs to her friend but as a parent I know it’s a lie” (Mother, parent FGD)*
- *“Due to lack of house rent, we find ourselves in difficult conditions. Many of us will find solutions which they think will help them, they will end up with pregnancies. This is the reality” (young woman, Community Worker group)*
- *What they (previous SolidarMed support project) forgot was household economic empowerment. We were grateful that we got material support for school, but our parents were not empowered. That is why despite receiving all materials, we left school. Parents were not able to provide sufficient food, provide money for our daily use such as purchasing charcoal and others” (Adolescent girl, Adolescent group)*

Based on these responses, SolidarMed tested the innovative approach “our Girl” 2022-2023 to break the poverty cycle and harmful societal norms by reducing the economic pressure on families to marry their daughters early. Specifically, the project implemented 5 community-based women-led businesses, which provided a financial incentive to selected very poor families to keep the girls in school and unmarried. In parallel, a community-based, social reflection platform between target families, girls, boys, women and men was established to allow open debate on gender equality and women’s rights.

*“There are times my daughter comes home with new clothes that I did not buy for her and when I ask she says it belongs to her friend but as a parent I know it’s a lie” (Mother, parent FGD).*

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***At the MMS SRHR 2024 Conference, a BAR TALK was held to transfer the experiences around this innovative project.***

**In Tanzania, many girls drop out of school every year, and teenage pregnancies are common. Are these two facts related, and how?**

We learnt that school drop-outs (boys and girls) happen at different stages: After primary school and during secondary school. School performance in primary school determines passing to the next level. Given that secondary school is obligatory by law – and outside the village – it requires a much higher investment by the parents. As a result, primary school pupils may be pushed into performing badly to avoid having to attend secondary school. The girls we followed in secondary school lived under very insecure, precarious conditions, given that their parents were not able to cover for basic, daily expenses. As a result, they often lack food and their school performance is often poor.

In these conditions, some of the girls may turn to older men, who will financially support them against specific sexual services. This can then result in early pregnancies. Besides being a cause of school drop-outs for girls, early pregnancy also represents a serious health risk to the girl and baby and an additional burden to the family.

This downward spiral driven by poverty and lack of financial liquidity in the family leads to the undesired outcomes that many girls suffer from.

*The girls we followed in secondary school lived under very insecure, precarious conditions, given that their parents were not able to cover for basic, daily expenses. As a result, they often lack food and their school performance is often poor.*

— Michael A. Hobbins, SolidarMed



**So, does it mean, that by alleviating the financial burden of parents, you could keep girls in school and avoid unwanted teenage pregnancies?**

This was our thinking when SolidarMed piloted a new concept to strengthen the economic situation of parents and their daughters during the last 1.5 years: The innovative approach supported 5 young female village health advisors to set up local micro-enterprises, such as beekeeping, meat shop, Boda-Boda (moto-taxi), horticulture and a chicken farm. The generated income would be divided into three parts: One part would go to the health advisors as a salary, a second part into a fund for further business development and a third part would go to 15 previously selected families that had a total of 23 girls in school. In parallel, exchange platforms were created, where sexual and reproductive health and rights were discussed among adolescents, parents, men, and women in general.

### **What were the experiences, successes, and challenges of such an innovative approach?**

First, by the end of the project last year, none of the girls became pregnant and all stayed in school. Second, their overall performance in school improved markedly.

The commitment of the selected families was impressive. They had signed a contract with us and the village health advisors; and they were committed throughout the project to honour this contract: they supported their girls to stay in school and not become pregnant. This commitment also led to secondary effects, such as parents being more aware and interested in the fate of their daughters and talking to them about sexual and reproductive health aspects. One example was a father who secretly followed his daughter to the market and defended her in front of young men who made “offers” to her. He went to the village council and submitted an official complaint, which then led to an open debate amongst all involved – this was the first time in the village, that sexual harassment of a girl was reported and made public!

*By the end of the project last year, none of the girls became pregnant and all stayed in school. Second, their overall performance in school improved markedly.*

— Michael A. Hobbins, SolidarMed

Such outcomes clearly show that our overall assumption was correct: the economic factor is the major determinant for the future of the girls; and that, with the right interventions, the future can be influenced.

Secondary impacts were also observed: A child-headed family received a new house from the local authorities after the project discovered the precarious living situation and made it public on the local TV news channel.

The end assessment indicated that people living in Gombe village had significantly better knowledge of sexual and reproductive health than people living in a neighbouring village.

On the other hand, the project failed to set up viable businesses through the 5 village health advisors, which in turn affected the sustainability of the intervention. Factors such as competing needs for field or family work, education, young age, motivation, start-up mentality, and missing entrepreneurial skills as well as gender norms in the community, all played a role. Despite training and continuous mentoring, 1.5 years was not enough to build a solid business in the community that would provide regular income to the owner and subsidies to the families.

*The end assessment indicated that people living in Gombe village had significantly better knowledge of sexual and reproductive health than people living in a neighbouring village.*

— Micheal A. Hobbins, SolidiarMed

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### What is the most important finding of the pilot project? (Lessons learnt)

1. In such a context, the financial incentive is a powerful game changer that resets priorities at various levels.
2. Community-based social enterprises have a great potential to solve chronic problems in very poor contexts. However, local community dynamics and accountability mechanisms should be considered in the planning phase, and sufficient time must be given to overcome initial challenges.
3. To set up successful businesses in such a context, we would need to involve the local elite and businessmen to participate and coach the younger generation.



Michael A. Hobbins

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