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UNLOCKING WOMEN’S AND GIRLS’ POTENTIAL

The status of women and girls relative to men and boys in Guinea

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ABSTRACT

Evidence shows that Guinean women and girls face important barriers across all dimensions of well-being that prevent them from having access to opportunities on an equal footing with men. The poor agency of women and girls, as reflected in the high prevalence of discriminatory legal and social norms, translates into gaps in health, education, employment, and entrepreneurship, ultimately undermining their capacity to fulfill their potential and imposing important societal costs. This report presents a summary of the key challenges facing Guinean women and girls relative to men and boys. The report has a particular focus on early family formation, a common phenomenon in the country with important implications for girls' and women's well-being and opportunities in life. On the basis of this diagnostic and a review of evidence of what works, the report proposes some strategic lines of action to address the existing constraints and effectively empower Guinean women.

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ABBREVIATIONS

DHS – Demographic and Health Survey

FGM/C – female genital mutilation / cutting

FLFP – female labor force participation

GBV – gender-based violence

GDP – gross domestic product

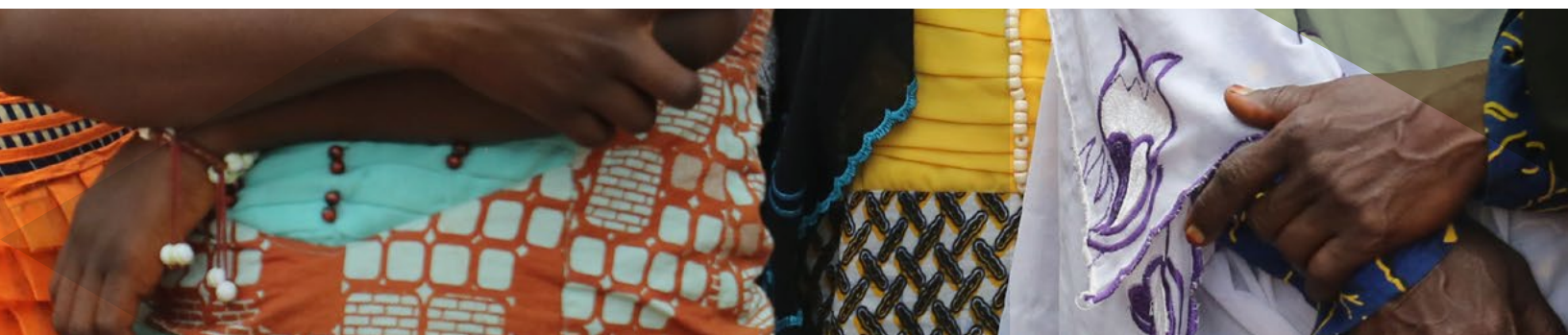
IPV – intimate partner violence

MICS – Multiple Indicator Cluster Surveys

MMR – maternal mortality rate



CHAPTER 1. INTRODUCTION



Context and rationale

Despite being resource rich, Guinea remains one of the poorest countries of the world, as well as one of the most gender unequal. Guinea holds vast natural resources, including land and mining. Yet 44 percent of the population was poor in 2018, and that rate was over 55 percent in rural areas (where 80 percent of the country's 5.3 million people live). The Ebola crisis and COVID-19 pandemic have further exacerbated poverty and inequality in the country. Although the country managed to reduce poverty from 49 percent in 2014 to 44 percent in 2018, the COVID-19 pandemic alone may have offset much of this positive progress—it has been estimated that poverty incidence increased by 4 percentage points in 2020 (World Bank 2021b). The unfolding food price crisis is likely to worsen this trend. Among the 191 countries featured in the United Nations Development Program Gender Inequality Index for 2021, Guinea ranked 182, as one of the countries in the world with rampant gender inequality. Customary and religious practices such as child marriage, female genital mutilation/cutting (FGM/C), and polygamy remain concerningly widespread and signal the very poor status of women and girls in Guinean society.

Limited women's decision-making, voice, and choice are associated with, among others, a higher risk of poverty, health complications, infant mortality, and lower quality of life (World Bank 2012a). Women who marry as children, for instance, are less likely than those who marry in adulthood to complete secondary education (Nguyen and Wodon 2015), have less capacity to invest in their children's health and nutrition (Pfeiffer, Gloyd, and Li 2001), receive lower earnings later in life (Male and Wodon 2018), and are more vulnerable to experiencing intimate partner violence (IPV) (Clark, Bruce, and Dude 2006; Tenkora 2019). Additionally, global evidence indicates that

child marriage contributes to higher levels of maternal mortality, adolescent pregnancy, and childbirth-related complications (Azevedo et al. 2012; Klugman et al. 2014; UNICEF 2008b; WHO 2014). In addition, IPV, one of the most extreme manifestations of poor agency, results in macroeconomic losses (Raghavendra et al. 2019), reduces women's labor productivity (Duvvury et al. 2013), and negatively affects children's physical health, as well as their school attendance and performance, thus contributing to the intergenerational transmission of poverty (Anand, Desmond Marques, and Fuje 2012).

Promoting gender equality is not only a moral imperative but also economically beneficial for societies. It has been estimated, for instance, that equal labor participation of women and men would add US\$12 trillion—11 percent—to the 2025 annual global gross domestic product, or GDP (Woetzel et al. 2015). In addition, eliminating barriers that prevent women from working in certain occupations and owning assets can lead to increases in output per worker by from 3 percent to as much as 25 percent across countries (Cuberes and Teignier 2011). According to estimations by the Food and Agriculture Organization of the United Nations, if women worldwide had the same access to productive resources as men, they could increase yields on their farms by 20–30 percent and raise total agricultural output by 2.5–4.0 percent. Gains in agricultural production alone could lift 100 million to 150 million people out of hunger (World Bank 2014). On the contrary, inequality in economic participation may produce large economic and social losses, and trigger negative individual outcomes across different dimensions of welfare. A recent study in a sample of developing countries estimated the short- and long-run income losses stemming from gender inequality in labor markets to be 16.0 and 17.5 percent, respectively (Cuberes and Teignier 2016).

Recent evidence from Guinea shows that closing gender gaps in education, health, and economic participation in the country could have large positive effects for the national economy. Increasing women's labor productivity by closing gaps in education has been estimated to lead to an increase in GDP per capita of 2.3 percent; a reduction in fertility leading to a higher accumulation of capital could translate into an 8 percent higher GDP per capita relative to the baseline projection by 2035 (table

1.1). Moreover, a reduction in the agricultural productivity gap—through, for instance, granting women and men equal access to productive assets and landownership as well as improving women's decision-making and managerial roles—is envisioned to accelerate per capita GDP growth and result in a 1 percent higher GDP per capita in 2035. The combination of all those scenarios is expected to have a significant impact on the national economy, resulting in a 10 percent increase in GDP per capita.

TABLE 1.1. ECONOMIC BENEFITS OF GENDER EQUALITY: COMPUTABLE GENERAL EQUILIBRIUM RESULTS, GUINEA

Scenario	Percentage points above baseline for		Percent above baseline in 2035 for	
	GDP growth	GDP per capita growth	GDP growth	GDP per capita growth
1. Closing education gap	0.14	0.13	2.27	2.27
2. Reducing fertility	0.28	0.46	4.67	7.97
3. Reducing agricultural productivity gap	0.06	0.06	1.03	1.03
4. Combined scenario (1, 2, and 3)	0.40	0.58	6.80	10.16

Source: World Bank 2019a.

As access to opportunities expands for women, so do chances improve for the next generation. The enhanced financial, nutritional, economic, and decision-making status of women is associated with lower infant mortality rates, better dietary habits, and higher chances for their children to attain education (Allendorf 2007; Andrabi, Das, and Khwaja 2011; Dumas and Lambert 2011; Thomas, Strauss, and Henriques 1990). Evidence from countries as varied as Brazil, China, India, South Africa, and the United Kingdom shows that when women control a higher share of household income—either through their own earnings or through cash transfers—children benefit

from more spending on food and education (Doss 1996; Hoddinott and Haddad 1995; Thomas 1997). Additionally, women typically reinvest a much greater part of their earnings in their families and communities than men do, thereby spreading wealth, creating a springboard for families to move out of poverty, and creating a positive impact on future development (Idowu 2019). This is particularly relevant in a country where 38 percent of children are engaged in work, 38 percent of school-age children are out of school,¹ 30 percent of children under 5 are stunted, and over 10 percent of children die before they turn 9 years old.²

1 Based on data from Save the Children.

2 Based on data from the World Bank, World Development Indicators.

The already vulnerable position of Guinean women worsened as a result of the Ebola outbreak in 2013. The closure of borders due to the outbreak severely disrupted the livelihoods of women involved in cross-border trade with neighboring countries. Moreover, the Ebola crisis disproportionately affected women because of the increased demand for unpaid care for the sick, which also made women more prone to infections and poverty (UNDP 2015). Similarly, the Ebola outbreak led to the closure of health care facilities in affected countries, resulting in the decreased use of contraception and higher risks of birth complications and maternal death (African Development World Group 2014). For example, it is estimated that the Ebola outbreak led to a 75-percentage-point increase in maternal mortality in West Africa (Mullan 2015). Moreover, evidence also indicates that, because of increased poverty, school closures, and lack of economic opportunities, girls spent more time with men, which resulted in increased pregnancies and school dropout rates (Rasul et al. 2020). Finally, some evidence indicates that the breakdown in law and policing caused by the Ebola lockdown may have exposed women in Guinea, Liberia, and Sierra Leone to increased gender-based violence (GBV) and sexual exploitation (African Development World Group 2014).

As with the Ebola outbreak, the COVID-19 pandemic has likely brought similar negative impacts on women and girls (de Paz et al. 2020; de Paz et al. 2021). The diverse challenges that Guinean women face across all dimensions of well-being and agency make it difficult for them to access economic opportunities and participate in society on an equal footing with men. Moreover, the recent Ebola and COVID-19 crises are likely to have had

a disproportionate effect on women. Poverty increased as a result of Ebola in 2014–15. Although the recent economic acceleration experienced by the country may have partly helped reverse this trend, the more recent impact of the COVID-19 pandemic on economic activity and the projected halt in economic growth could have led to an increase of 4 percentage points in the poverty rate in 2020 (World Bank 2021b). It is likely that a large share of those affected would be female. Indeed, a growing body of new data confirms that more women than men globally have shouldered a larger share of the negative economic impacts of COVID-19 and lost their income-generating activities (for example, Bundervoet, Dávalos, and Garci 2021; Center on Gender Equity and Health 2020; Cucagna and Romero 2021; Kugler et al. 2021). The COVID-19 pandemic has also increased the hours of unpaid domestic work performed by women and raised the incidence rates of GBV, including IPV and child marriage (Cookson et al. 2020; Perez-Vincent et al. 2020; UNICEF 2021c). In the specific case of Africa, evidence from the Ebola outbreak and the COVID-19 pandemic, for instance, indicates that female-led (micro and small) businesses tended to suffer more than those owned by males, experiencing a higher rate of closure (Cookson et al. 2020; Koroknay-Palicz, 2016; World Bank 2020b).

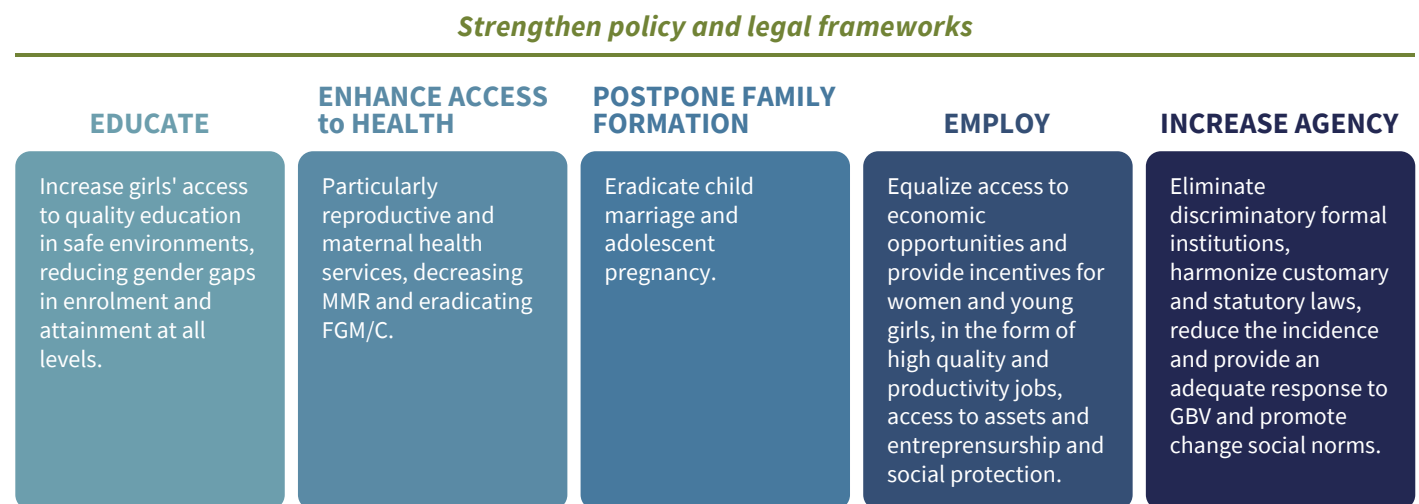
Objective and framework of the assessment

This assessment aims to shed light on the challenges and barriers faced by women and girls relative to men and boys in Guinea. For that purpose, it takes up the concept of women's capacity to fulfill their potential as a function of the following objectives: educate, enhance

(access to health services), employ, and increase agency (figure 1.1). The analysis has a particular focus on the impacts of early family formation, which appears to be a significant trend with relevant implications in the country. This framework largely builds on the dimensions in the 2012 World Development Report on gender equality and development (World Bank 2012a). On that basis, this report identifies key emerging issues for women and girls in the country and recommends areas of strategic actions to empower them and improve their access to economic opportunity along those dimensions (see table 1.2 in the next section).

The assessment is based on three main inputs: (1) a diagnosis of the existing gender gaps in Guinea across the main dimensions of welfare; (2) an analysis of legal and policy barriers by Women, Business and the Law; and (3) a review of successful practices and interventions to close gender gaps in the relevant areas (see box 1.1). The report is organized as follows. This chapter introduces the rationale and conceptual framework for the report. Chapters 2 through 6 cover the different areas highlighted, identifying the distinctive challenges and emerging risks for women and girls in Guinea, and proposing strategic areas of intervention including legal and policy reforms. Chapter 7 concludes.

FIGURE 1.1. FRAMEWORK TO EMPOWER WOMEN AND ADOLESCENT GIRLS IN GUINEA



Source: World Bank.

Note: FGM/C = female genital mutilation/cutting; GBV = gender-based violence; MMR = maternal mortality rate.

Box 1.1. Sources of data for the analysis

The following data sources or databases are used for the purpose of analysis in this report:

- Guinea Demographic and Health Surveys (National Institute of Statistics 2012 and 2018)
- Harmonized Survey on Household Living Conditions (National Institute of Statistics 2018-2019)
- National Survey on Gender-Based Violence in Guinea (UNFPA 2017)
- Poverty Assessment Survey (World Bank 2012)
- Women, Business, and the Law database (2022)
- World Bank, World Development Indicators
- World Bank, Gender Statistics database
- Afrobarometer databaser
- International Labour Organization Department of Statistics, ILOSTAT database
- G20 Financial inclusion Indicators

Overview

The assessment finds that Guinean women and girls face disadvantages across different dimensions of well-being when compared to men and boys in the country. Investments in Guinean women's and girls' human endowments including education and health are skewed relative to those of boys and men. This disparity marks an unequal departing point in life that will shape their life-long opportunities differently across a variety of outcomes. Differences in education results are particularly stark, with girls showing systematically (and increasingly) lower enrollment and attendance levels than boys. For example, only 22.0 percent of girls, compared to 32.2 percent of boys, attended secondary school in 2018 (table 1.2). At the same time, the health of Guinean women appears to be seriously compromised by the high risk of

maternal mortality, especially among rural and poorer population groups, related to the widespread practice of FGM/C. Maternal deaths account for as much as 28 percent of all female deaths in Guinea. Among women aged 20–24 and 15–19, this share is even higher: 35.3 percent and 41.0 percent, respectively.

Gaps in health and education translate into substantial disparities in access to economic opportunity. Women are not only less likely to participate in the labor market than men but also, when they do participate, disproportionately engaged in informal and low-quality and low-productivity work, which ultimately translates into lower lifetime incomes and heightened risks of falling into or remaining in poverty. Labor market participation, wage employment rates, entrepreneurship, and access to productive assets are much poorer among Guinean

women than men. Women are also overrepresented in self-employment and unpaid family care activities. As such, they lack access to formal social protection and see their productivity undermined by discriminatory institutions that weaken their capacity to make decisions, placing the burden of household work and caregiving on them and leading to early family formation. For example, 90 percent of women compared to 86 percent of men are underemployed, and 95.0 percent of women compared to 83.3 percent of men are engaged in vulnerable work. In addition, women spend on average 15.4 hours per week on unpaid domestic work—compared to 5.2 hours spent by men. All these pervasive gender gaps remain a drag on Guinea's long-term development.

Family formation is initiated early in Guinea, as shown by the high incidence of child marriage and adolescent pregnancy in the country. Guinea is among the 10 countries with the highest prevalence of child marriage worldwide. Only Chad, the Central African Republic, and Niger have higher prevalence rates of child marriage among women aged 20–24 (UNICEF 2022). Likewise, the adolescent fertility rate in Guinea is high and significantly above the average for Sub-Saharan Africa: 133.36 births per 1,000 women aged 15–19 in Guinea compared to 101.1 in Sub-Saharan Africa³ (World Development Indicators 2018). This high rate undermines the education, health, and economic opportunity outcomes of affected women, and therefore poverty reduction efforts. Family formation patterns, and especially the age of marriage, largely shape women's transition from school into labor markets or economic activity more broadly, determining their opportunities to make a living and be independent. Child marriage, early pregnancies, and FGM/C are likely

to compromise the ability of many Guinean girls and young women to attain an adequate education, as well as their health outcomes, and therefore their opportunities for engaging in productive activities later in life. Gender and social norms and expectations are key in family formation processes and decisions. Indeed, both phenomena are mostly driven by the prevailing patriarchal value system and gender roles that constrain Guinean women's capacity to make decisions and participate in public life. Child marriage is not fully prohibited by law in the country, and customary laws and social norms most often do not leave any other option for girls but to marry and have children at a very young age.

The observed differences are largely explained by the poor agency of Guinean women and girls. The decision-making capacity of women in public spheres, which can be proxied by their presence in democratic institutions, remains particularly low in Guinea, signaling the persistence of weak agency⁴ among women in the country. Moreover, Guinea has a high prevalence of and wide social tolerance for GBV. Indeed, about 63 percent of women have experienced IPV at least once in their lives, and between 40 percent and 58 percent of respondents (depending on the survey) justify wife-beating. Girls' and women's weak decision-making capacity, their burden of household work and caregiving, and early family formation result in a cycle that perpetuates inequality across generations. The coexistence of customary, religious, and statutory law systems makes the situation even more challenging. Afrobarometer results show clear patriarchal social norms and gender roles. For example, almost 50 percent of respondents reported they believe that, in times of job scarcity, men should have priority.

3 Based on 2018 data from World Bank, World Development Indicators.

4 *Agency* refers to the capacity to make decisions on one's life independently, and to act on them. Poor agency can translate into inefficient decisions concerning investments in the accumulation of endowments ultimately operating as a constraint for women's economic participation and productivity.

TABLE 1.2. AT A GLANCE: EMERGING PRIORITY ISSUES FOR WOMEN AND ADOLESCENT GIRLS IN GUINEA

Educate	Enhance Access to Health	Employ	Increase agency
<ul style="list-style-type: none"> • Large (and growing) gender gaps in enrollment and attainment persist: 22.0 percent of girls and 32.2 percent of boys attend secondary school (2018). • Significantly more girls than boys remain out of school. • Financial barriers are the most cited reason for both boys and girls not to attend school, along with distance or lack of facilities. For girls, simply being a girl and the refusal of families are also important. • Rural girls have the lowest outcomes. • Traditional and patriarchal norms and customary laws play a key role in keeping girls out of school. • Violence in schools operates as a deterrent. 	<ul style="list-style-type: none"> • Maternal deaths account for 28 percent of all female deaths in Guinea: among women aged 20–24 and 15–19, this share is higher: 35.3 percent and 41.0 percent, respectively. • In addition, women have low access to adequate maternal and sexual and reproductive health services: only 55 percent of deliveries were attended by a skilled health professional (2018). Rural and poor women have the lowest rates. • Only 10.9 percent of women aged 15–49 used some method of contraception (11 percent for those aged 15–24). • About 94.5 percent of Guinean women aged 15–49 have suffered FGM/C (2018). • Strong patriarchal social norms and customary practices play a key role in explaining all these trends. 	<ul style="list-style-type: none"> • Labor force participation among women aged 15–64 is lower than men's and has decreased over time. • The quality of women's jobs is also lower than that of men: 90 percent of women versus 86 percent of men are underemployed; 95 percent of women compared to 83.3 percent of men engage in vulnerable work. • Women are overrepresented in unpaid family work: they spend 15.4 hours on unpaid domestic work per week, compared to 5.2 hours by men. • Women account for half of the total self-employed and for most workers in agriculture, livestock, fishing, and mining. • Gender gaps in access to productive assets (land and livestock ownership, finance, and IT) persist. • Patriarchal social norms explain these trends. Women also face several legal restrictions to economic participation. • Poverty appears to be high in female-only households, among girls and young women aged 0–14 and elderly women age 65+. Income level and poverty are associated with child marriage and adolescent pregnancy. 	<ul style="list-style-type: none"> • Despite recent efforts to increase women's representation in politics, the share of women in democratic institutions remains comparatively low: only 17 percent of seats were held by women in the Guinean parliament in 2020. • Women's decision-making capacity in the household is also poor: 59 percent of women report that their husband/partner alone makes decisions about the women's health. • The country has a high incidence of GBV: about 63 percent of women have experienced IPV at least once in their lives. • Traditional patriarchal norms are entrenched: between 40 percent and 58 percent of respondents (depending on survey) justify wife-beating; almost 50 percent believe that, in times of job scarcity, men should get priority. • Formal institutions often reflect and reinforce the prevalence of discriminatory social norms, with customary law—which sometimes supersedes statutory law—adding special complexity to the situation.
Postpone family formation: eradicate child marriage, and decrease adolescent pregnancy			
<ul style="list-style-type: none"> • The high prevalence of child marriage and adolescent pregnancy contributes to existing gaps in education. 	<ul style="list-style-type: none"> • Adolescent pregnancy rates remain high. • Maternal mortality is one of the most dramatic effects of the high incidence of child marriage, teenage pregnancy, and FGM/C. 	<ul style="list-style-type: none"> • Although early family formation does not deter women from working, the jobs available for girls and young women who marry and become mothers by age 18 are often informal and poorly paid. 	<ul style="list-style-type: none"> • The incidence of child marriage is high: as many as 24.9 percent and 49.4 percent of all women are married by age 15 and by age 19, respectively (INS 2020).

Source: World Bank.

Note: FGM/C = female genital mutilation/cutting; IPV = intimate partner violence; IT = information technology.

The analysis in this assessment indicates that—in order for Guinean women and girls to improve their status, well-being, and opportunities relative to men and boys—investments in women's health, education, employment, and entrepreneurship outcomes need to be promoted, and their agency greatly improved. Five priority strategic directions can be identified for the reform agenda ahead, based on the analysis of gaps and barriers presented here, the global evidence on what works to close gender gaps across different dimensions, and the potential impact of the selected options on various development outcomes.

- **Strategic direction 1: Assist girls in attaining primary and secondary education.** Encouraging girls to attain primary and secondary education will be necessary to maximize the opportunities available to girls relative to boys in Guinea as they move into adulthood, and to prevent early family formation. For this purpose, specific policies aimed at removing physical and financial barriers and at facilitating access will be necessary. Ensuring that services are gender-sensitive will also be important, as will improving the perceived value of education for girls and empowering them to pursue it to higher levels.
- **Strategic direction 2: Improve health-related outcomes of women and girls.** Improving the health outcomes of Guinean women and young girls is also required in order to optimize human capital investments and women's and girls' engagement in productive activities. For that purpose, addressing the high prevalence of maternal mortality and FGM/C will be crucial. Ensuring access to adequate health services that are affordable as well as to related knowledge and information will be instrumental in this endeavor. A societal change in the perception of priorities, with the health integrity of women coming before cultural and religious beliefs and practices, will be necessary.
- **Strategic direction 3: Eradicating child marriage and adolescent pregnancy.** One of the most daunting challenges preventing Guinean women and the overall society from fully developing to their potential is the high prevalence of early family formation. Child marriage and teenage pregnancy continue to be widespread practices rooted in customary and traditional views and values that continue to relegate women to second-class citizens. Ending these adverse practices will be crucial for women to access opportunities on an equal footing with men. Doing so will require a large-scale change in social norms and the institutions that continue to validate them.
- **Strategic direction 4: Improve women's economic empowerment and access to quality employment.** Guinean women face important barriers to access economic opportunities, which render them economically dependent and lessen their autonomy and status in the household and society. More specifically, their capacity to engage in productive activities will largely depend on the availability of support in balancing the existing demands on their time, targeted activation policies, access to safe infrastructure, adequate skills development, and access to productive assets. These developments are especially important in the agricultural sector, where most Guinean women work.
- **Strategic direction 5: Promote women's participation in decision-making, and prevent all forms of GBV.** Women's capacity to unlock their potential remains limited by social norms and

beliefs that exclude them from decision-making in public and private spheres, and constrain their capacity to make decisions even on their own health. The adoption of affirmative actions to encourage female representation in politics needs to be accompanied by measures that ensure effective enforcement and change. Efforts should prioritize preventing and diminishing the high prevalence of all forms of GBV, some of the most extreme manifestations of the poor agency of women and girls in Guinea.

Table 1.3 summarizes the main barriers, possible strategic directions, policy recommendations, and interventions for women's and girls' empowerment in Guinea presented throughout the different chapters. They focus on areas where gender gaps/barriers are most significant according to the assessment presented here, across all the dimensions discussed. The key areas and interventions described have been selected on the basis of their potential to lead to meaningful changes in the lives of young girls and women, and of likely synergies. The descriptions of these strategic directions and suggested areas of interventions in this section highlight evidence on what has worked in Sub-Saharan Africa⁵ and elsewhere to advance girls' empowerment.

5 As part of the Gender Data for Policy program, a review of impact evaluation studies was conducted to collect evidence on what works to close gender gaps in the context of Sub-Saharan Africa. The review comprised impact evaluation studies, which assessed interventions, focusing on adolescent girls and women, and aimed at narrowing gender gaps. Interventions consisted of those in the dimensions of (1) agriculture, (2) education and skills, (3) labor and entrepreneurship, (4) finance, (5) land ownership and access to assets, (6) sexual and reproductive health and child marriage, and (7) GBV and FGM/C. The search included briefs, published papers, and working papers from 2000 onward, published on the World Bank's Open Knowledge Repository and the International Initiative for Impact Evaluation's Evidence Hub. The selected studies were limited to studies estimating causal impacts, either through experimental or quasi-experimental methods. Of a total of 460 studies identified, 162 studies were selected and reviewed.

TABLE 1.3. STRATEGIC DIRECTIONS AND AREAS OF INTERVENTIONS FOR EMPOWERMENT OF WOMEN AND ADOLESCENT GIRLS IN GUINEA

(Potential) barriers	Policy recommendations	Interventions
Strategic direction 1: Assist girls in attaining primary and secondary education		
Main gaps: large and persistent discrepancies in enrollment and attainment between girls and boys at all levels		
Lack of schools and school-relevant infrastructure	<ul style="list-style-type: none"> • Improve availability and access to education. 	<ul style="list-style-type: none"> • Build new schools, especially in remote areas. • Expand school-relevant infrastructure such as roads, sanitation, or water facilities.
Lack of girl-friendly schools	<ul style="list-style-type: none"> • Make school facilities and infrastructure gender sensitive. • Prevent school-based GBV and address its consequences. 	<ul style="list-style-type: none"> • Provide facilities for menstrual hygiene management at schools. • Improve the presence of female teachers. • Provide gender-related training of staff. • Develop and implement a comprehensive educational institution-based GBV prevention strategy. • Institute anti-sexual harassment policies. • Incorporate gender sensitization in school-based programs. • Deliver services for survivors.
Financial constraints and poverty	<ul style="list-style-type: none"> • Lift direct and indirect financial constraints to facilitate access to primary and secondary schooling. 	<ul style="list-style-type: none"> • Eliminate fees or provide school subsidies (directly to school managers or parents of daughters). • Provide scholarships and grants. • Provide conditional cash transfers. • Provide material or in-kind support, such as food aid.
Negative social norms around girls' education	<ul style="list-style-type: none"> • Promote positive social norm change around girls' education. 	<ul style="list-style-type: none"> • Conduct community-mobilization programs with parents. • Eliminate gender bias in the educational curriculum. • Provide life skills and mentorship programs.
Lack of agency among girls	<ul style="list-style-type: none"> • Empower and support girls and young women to pursue education. 	<ul style="list-style-type: none"> • Institute comprehensive approaches to equip adolescent girls with life and technical skills. • Develop regulations and policies that allow married and pregnant women to return to schools without facing discrimination or stigmatization.

(Potential) barriers	Policy recommendations	Interventions
Strategic direction 2: Improve health-related outcomes of women and girls		
Main gaps: poor health outcomes of women and young girls manifested in high MMR and almost universal FGM/C		
High rate of teenage pregnancy	<ul style="list-style-type: none"> • Reduce teenage pregnancy and FGM/C. 	<ul style="list-style-type: none"> • See strategic direction 3.
Financial constraints to access health services	<ul style="list-style-type: none"> • Lift financial constraints for vulnerable women. 	<ul style="list-style-type: none"> • Provide adequate funding to health care fee exemption program for children under five and pregnant women.
Lack of knowledge/information/ women's empowerment and patriarchal social norms	<ul style="list-style-type: none"> • Encourage expectant mothers to seek professional medical support before, during, and after pregnancy. 	<ul style="list-style-type: none"> • Conduct information and awareness-raising efforts. • Develop and implement strategies for male engagement. • Conduct community-based interventions. • Provide conditional cash transfers.
Inadequate supply of sexual, reproductive, and maternal services	<ul style="list-style-type: none"> • Improve availability and access to maternal and SRH services. • Ensure gender-sensitive service provision. 	<ul style="list-style-type: none"> • Expand and improve quality of health care infrastructure (including WASH facilities). • Offer provider incentives. • Implement standardized procedures, protocols, and manuals of care . • Provide professional training for health care practitioners. • Set up functioning mechanisms for monitoring and evaluation. • Expand access to frontline health care providers as alternative mechanism, such as trained nursing assistants and community-based health workers.
Weak enforcement of legislation prohibiting FGM/C	<ul style="list-style-type: none"> • Ensure the proper application of the law. 	<ul style="list-style-type: none"> • Strengthen training of all service providers and authorities involved.
Social norms that encourage the practice of FGM/C	<ul style="list-style-type: none"> • Facilitate a social norm change around intentions, beliefs, and attitudes toward the practice of FGM/C. 	<ul style="list-style-type: none"> • Engage communities in a dialogue around consequences of FGM/C. • Train health care professionals to recognize symptoms of FGM/C and treat its consequences. • Gender sensitize health care professionals on the harms of FGM/C. • Engage parents (and especially mothers) in dialogue about the harms of FGM/C.

(Potential) barriers	Policy recommendations	Interventions
High prevalence of patriarchal social norms	<ul style="list-style-type: none"> Mobilize all actors affected. 	<ul style="list-style-type: none"> Integrate the issue within the curricula of schools, universities, and training centers. Mobilize communities, with a special focus on fathers and their families (sisters). Raise awareness through mass information campaigns.
Lack of agency among girls and young women	<ul style="list-style-type: none"> Empower girls and young women to understand and stand up for their rights. 	<ul style="list-style-type: none"> Provide legal and other types of support to girls.
Strategic direction 3: Eradicate child marriage and teenage pregnancy		
Main gaps: fourth-highest child marriage rate in the world and high associated prevalence of teenage pregnancy		
Legal and enforcement gaps and lack of coherence between statutory and customary law	<ul style="list-style-type: none"> Institute legal reform prohibiting child marriage. Build capacity for enforcement. Harmonize customary law and practices with statutory law (on the basis of provisions in international mechanisms). 	<ul style="list-style-type: none"> Set the legal age of marriage at 18 for both boys and girls, and eliminate all exceptions. Establish adequate sanctions, and make sure that institutions in charge are ready to apply them and protect girls effectively .
Patriarchal social norms	<ul style="list-style-type: none"> Encourage social norm changes among girls, families, and communities. 	<ul style="list-style-type: none"> Conduct awareness-raising campaigns and edutainment. Conduct community sensitizing and mobilization, engaging men and religious leaders. Expand sexual and reproductive education in school.
Lack of education and agency among young women	<ul style="list-style-type: none"> Empower girls and women. 	<ul style="list-style-type: none"> Enforce laws regarding compulsory education. Offer incentives for adolescents to continue education (see strategic direction 4 Provide social empowerment programs + economic empowerment + education for girls and adolescents.
Lack of access to reproductive and sexual health and family planning	<ul style="list-style-type: none"> Improve demand and supply of adequate health and family planning services. 	<ul style="list-style-type: none"> Expand sexual and reproductive health/ family planning infrastructures, and improve their quality. Ensure gender/youth sensitivity of services. Promote access to contraception.
Poverty and deprivation	<ul style="list-style-type: none"> Improve livelihoods, and provide safety nets for vulnerable families. 	<ul style="list-style-type: none"> Provide cash transfer/ microcredit/ loan programs. Implement alternative livelihood programs.

(Potential) barriers	Policy recommendations	Interventions
Strategic direction 4: Improve women's economic empowerment and access to quality employment		
Main gaps: comparatively low FLFP and employment, informal and vulnerable nature of work, inadequate access to productive assets, and heightened vulnerability to poverty		
Prevalence of formal and informal discriminatory institutions	<ul style="list-style-type: none"> • Enact legal reforms. • Shift social norms and attitudes toward women's work outside of the household. • Enact family-friendly policies. 	<ul style="list-style-type: none"> • Amend discriminatory legislation, and enact norms that preserve equality in employment and access to assets. • Legislate against sexual harassment in public spaces and at work. • Conduct community mobilization programs. • Conduct educational campaigns. • Conduct economic empowerment programs. • Reform maternity leave, and set up paternity/parental leave.
Skills mismatch between supply and demand	<ul style="list-style-type: none"> • Improve the skills of female workers, making skills more responsive to industry needs and increasing workers' productivity. 	<ul style="list-style-type: none"> • Develop TVET systems and technical skills for STEM. • Improve the connections between education and private sectors. • Focus on foundational skills. • Provide training and skills development programs for women entrepreneurs, with a focus on mining and farming sectors.
Lack of adequate infrastructure and services	<ul style="list-style-type: none"> • Provide adequate infrastructure and public services. • Promote targeted employment programs. 	<ul style="list-style-type: none"> • Invest in safe transportation infrastructure. • Provide culturally adapted childcare services (mobile creches). • Provide targeted job creation interventions. • Conduct training for entrepreneurs. • Conduct social and economic empowerment programs for self-employed women. • Provide temporary employment schemes, such as public work programs.
Lack of access to productive assets	<ul style="list-style-type: none"> • Ensure equal opportunity access to land rights and landownership. • Improve access to finance by women. 	<ul style="list-style-type: none"> • Implement land registration and formalization programs. • Encourage co-titling. • Improve access to financial products + training. • Provide financial technology solutions.

(Potential) barriers	Policy recommendations	Interventions
Lack of or inadequate access to social protection	<ul style="list-style-type: none"> • Ensure access to social protection mechanisms. • Expand access to family-friendly policies to workers in informal sector. 	<ul style="list-style-type: none"> • Explore and consider options to extend social security to informal sector workers, for example, through universal minimum pensions. • Reform the law to recognize nonmonetary marital contributions. • Provide child cash transfers “Plus” for vulnerable families.

Strategic direction 5: Promote women's participation in decision-making, and prevent GBV

Main gaps: low representation in democratic institutions and decision-making capacity at the household level, and high prevalence of GBV

Formal and informal institutions preventing equal representation of women in politics	<ul style="list-style-type: none"> • Find necessary agreements for legal procedures conducive to making the law on parity operational. • Address adverse party dynamics and political violence. 	<ul style="list-style-type: none"> • Conduct awareness-raising and advocacy efforts among all parties involved and the general population to make the law a reality. • Put into place adequate enforcement and monitoring mechanisms. • At party level, remove registration fees for women or provide additional free airtime and billboards, and oblige governing bodies to implement annual capacity and leadership programs for women and to have female quotas. • Establish institutions such as a female leadership institute or a commission for the monitoring of the implementation of the law. • Legally prohibit political violence against women, provide mechanisms for women's protection, and adequately prosecute these cases. • Recognize the importance of women's CSOs.
Discriminatory legislation and legislation that provides legal basis for adverse practices in civil or family law	<ul style="list-style-type: none"> • Eliminate discriminatory norms. • Harmonize customary and statutory provisions (on the basis of international instruments and human rights). • Ensure enforcement of statutory laws when conflict emerges. 	<ul style="list-style-type: none"> • Reform laws in order to adjust norms that legitimize gender discrimination in the areas of divorce, marriage, and inheritance. • Promote gender sensitization for officials and general population. • Promote the role of the judiciary in harmonization efforts. • Support women's rights movements and CSOs.

(Potential) barriers	Policy recommendations	Interventions
Legal gaps in the area of GBV	<ul style="list-style-type: none"> Enact stand-alone legislation that comprehensively addresses this phenomenon. 	<ul style="list-style-type: none"> Draft and enact a comprehensive law on GBV.
Insufficient protection and response services to GBV survivors	<ul style="list-style-type: none"> Enable access to justice and GBV care services for survivors. 	<ul style="list-style-type: none"> Conduct gender-sensitive training of professionals. Ensure functioning mechanisms and protocols on the duties of police, court officials, and social workers. Improve service delivery for GBV survivors including psychosocial support, shelters, or hotlines. Ensure representation of women in courts, the police, and health care services. Set up specialized protection services that are sensitive to gender and GBV issues. Explore one-stop centers for integrated services and support.
Harmful patriarchal, traditional and cultural practices—in particular, high acceptance of and tolerance rates for IPV	<ul style="list-style-type: none"> Reduce women’s vulnerability to GBV through economic empowerment. Promote behavior and social norms change on GBV. Raise awareness among young people of different forms of GBV and gender norms. Keep girls in school (see strategic direction 1). Socially empower young girls and adolescents with information, skills, and support networks. 	<ul style="list-style-type: none"> Provide alternative livelihoods/conditional cash transfer/other financial incentives + behavioral component (cash “Plus” programs). Conduct community mobilization programs. Conduct awareness-raising campaigns. Conduct school-based interventions. Conduct gender sensitization. Provide life skills training. Provide vocational and livelihoods skills training. Conduct adolescent girl programs (skill building + mentorship + safe spaces).

Source: World Bank.

Note: CSO = civil society organization; FGM/C = female genital mutilation/cutting; MMR = maternal mortality rate; SRH = sexual and reproductive health; STEM = science, technology, engineering, and mathematics; TVET = technical and vocational education and training; WASH = water, sanitation, and hygiene.



CHAPTER 2. EDUCATE: THE STATUS OF GIRLS' EDUCATION IN GUINEA

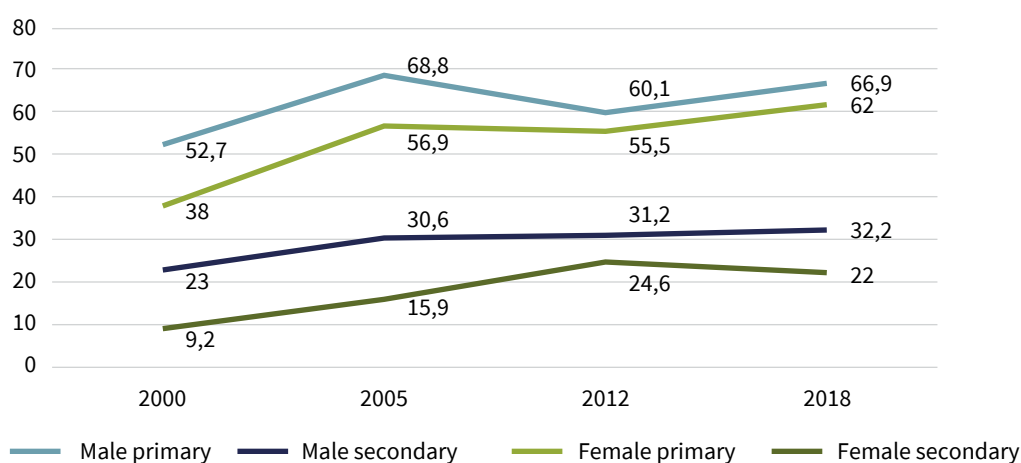


Gaps in enrollment and attainment

Large (and often growing) gender gaps in enrollment and attainment—to the advantage of boys—can be observed in Guinea. Net primary education enrollment rates have increased steadily since 1994, with more boys than girls attending primary school for the entire period. Between 2012 and 2018, primary enrollment rates grew from 55.5 percent to 62.0 percent among girls and from 60.1 percent to 66.9 percent among boys, deepening the enrollment gap by 0.3 percentage point (Guinea EHCVM 2018).

At the same time, a significant gap in secondary school enrollment persists between boys and girls. Between 2012 and 2018, net secondary enrollment increased by 1.0 percentage point for boys and decreased by 2.6 percentage points for girls (figure 2.1). As of 2018, only 22.0 percent of girls and 32.2 percent of boys were attending secondary school. Primary and secondary education enrollment rates are significantly higher in urban than in rural areas for both girls and boys. Rural girls have the lowest levels of primary and secondary school enrollment (Guinea EHCVM 2018).

FIGURE 2.1. TRENDS IN FEMALE AND MALE NET EDUCATIONAL ENROLLMENT IN GUINEA, 2000–18 (PERCENT)

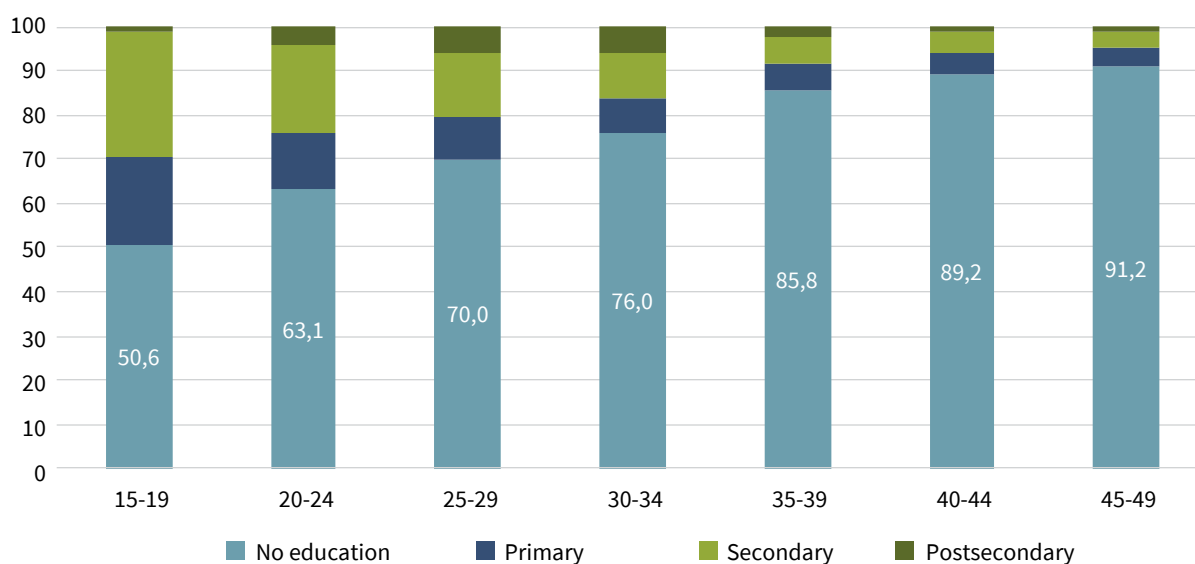


Source: World Bank, World Development Indicators.

Overall educational attainment levels remain very low for both women and men in Guinea: 74.3 percent of women and 55.8 percent of men aged 15+ have not attained any education. Both rates are significantly higher in rural than in urban areas (87.9 percent of women and 71.6 percent of men aged 15+). The level of educational attainment increases with wealth quintile. About 89.9 percent of women from the poorest households have no education, compared to 77.3 percent from the

middle wealth quintile, and 54.8 percent from the richest one. Moreover, although almost no women from the poorest wealth quintile have postsecondary education, 9.2 percent of women from the richest wealth group do (Guinea EHCVM 2018). Importantly, a positive trend can be observed when comparing younger against older age groups: whereas 91.2 percent of women aged 45–49 have no formal education, the same figure stands at 50.6 percent among women aged 15–19 (figure 2.2).

FIGURE 2.2. HIGHEST LEVEL OF EDUCATION ATTAINED BY GUINEAN WOMEN IN 2018, BY AGE (PERCENT)

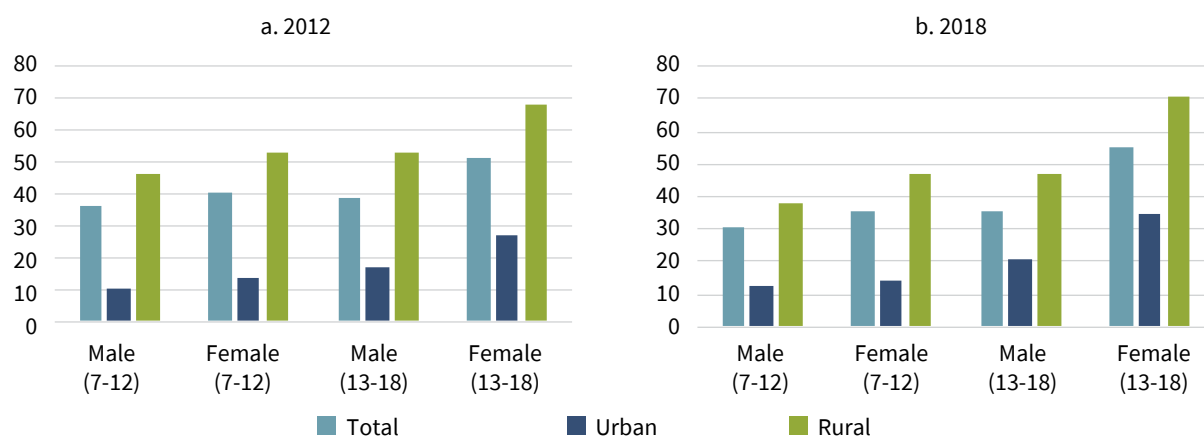


Source: Guinea EHCVM 2018.

Significantly more girls than boys remain out of primary and secondary school. The share of young women aged 13–18 out of school increased in the period 2012–18 from 51.2 percent to 55.5 percent, with rates significantly higher in rural (71.0 percent) than in urban (34.8 percent) areas (Guinea EHCVM 2018). On the contrary, the proportion of out-of-school girls and boys aged 7–12 and young men aged 13–18 have decreased in the same

time frame. In 2018, 35.3 percent of girls and 30.3 percent of boys were out of primary school, and 55.5 percent of girls and 35.9 percent of boys were out of secondary school (figure 2.3). School dropout levels are negatively correlated with household income, with dropout levels decreasing among higher wealth quintiles. However, and across income groups, it is always girls who are disproportionately affected.

FIGURE 2.3. SHARE OF GUINEAN YOUTH OUT OF SCHOOL, 2012 AND 2018 (PERCENT)



Source: Guinea EHCVM 2018.

Reasons for not attending school

Reasons for not attending school differ for boys and girls. In 2018, the main reason for not attending school for both girls and boys of all ages was the lack of financial resources, with more boys than girls citing this as the key barrier. Boys (22.5 percent) are more likely than girls (19.4 percent) to leave school because of refusal by their families, but only at the primary education level. At the secondary level, that tendency reverses, affecting 26.3 percent of young women and 22.2 percent of young men. Distance or lack of facilities appears to be an important barrier: in 2018, 18.0 percent of Guinean girls and 19.1 percent of boys aged 7–12 and 9.8 percent of girls and 7.9 percent of boys aged 13–18 did not attend school because they had no school nearby or the school was too far away. Primary school dropout rates are generally low, with slightly more boys (1.3 percent) than girls (0.9 percent) being affected. At the level of secondary education, however, school dropout rates are much higher among both boys (9.8 percent) and girls (8.2 percent). Finally, 6.0 percent of girls aged 7–12 and 7.4 percent aged 13–18 did not attend school in 2018 simply because of “being a girl” (Guinea EHCVM 2018; see box 2.1).

Barriers facing girls

Guinean law provides for equal opportunities for men and women in education, although in practice women's access to schooling is challenged by social and cultural norms, traditions, and gender roles. Women's access to education in Guinea is limited by early marriages, long hours of unpaid domestic work, and caregiving—especially in rural areas (Coleman 2017). Traditional and customary laws discriminate against women and sometimes take precedence over formal law, again particularly in rural areas (Bertelsmann Stiftung 2018). Guinean families

residing in rural areas and having limited resources place a higher value on the education of boys than of girls. The motivation is driven by the persistence of traditional views on women's role in the household, as well as by challenges related to school attendance (Coleman 2017). For example, sexual harassment and abuse are very important concerns for parents when sending their children to school (Tuwor and Soussou 2008). Guinea has no laws tackling gender-based violence and sexual harassment in educational institutions, which fails to protect girls from violence in schools (Bouchama et al. 2018).

In particular, early family formation is likely to explain to a large extent the gender gaps observed in educational attainment in Guinea. Child marriage is strongly and negatively correlated with school enrollment and educational attainment, leading to higher risks of school dropout and, consequently, limiting women's employment opportunities later in life. There is a strong association between the level of education attained and child marriage. Only 2.4 percent of married young women of any age remain in school (Guinea EHCVM 2018). Marrying at 15–17 years of age strongly hinders the completion of secondary education, and marrying before the age of 15 can prevent girls from completing their primary schooling (Male and Wodon 2016). Girls' education is, in turn, one of the most effective deterrents of child marriage. According to analysis of data, about 53 percent of women with no education⁶ were married before the age of 18 in Guinea, compared to only 20 percent of those who had completed lower-secondary education. Adolescent fertility also reduces the number of schooling years for girls, often preventing them from completing their education. Consequently, adolescent fertility can translate into more limited income-generating opportunities later in life (WHO 2020).

6 Defined as 0 years of education.

Box 2.1. Why are investments in girls' primary and secondary education a priority for Guinea?

Large gender gaps exist in access to education in Guinea at all levels. Enrollment and attainment rates are systematically higher among boys than girls, and significantly more girls than boys remain out of primary and secondary school. As of 2018, only 62 percent and 22 percent of girls and 67 percent and 32 percent of boys were attending primary and secondary school, respectively. Despite existing legal provisions on equality of opportunity with regard to education, patriarchal and cultural norms, traditions, and gender roles in practice prevent many girls from accessing education on a par with boys. Indeed, one of the main reasons reported by Guinean girls for not attending school is simply “being a girl.” In addition to early marriages, long hours of unpaid domestic work and caregiving operate as particular barriers for girls relative to boys, especially in rural areas. The lack of adequate facilities in their vicinity and the associated costs of attending schools are some additional key barriers identified that keep girls out of education. The prevalence of sexual harassment in schools also prevents parents from enrolling their daughters.

A large body of international evidence shows the positive impacts of education, not only for affected girls and their future prospects in life, but also for their families, communities, and entire societies. Indeed, investing in girls' education has been labeled “the world's best investment” (Sperling and Winthrop 2015). Educating girls frees them to raise their aspirations and unlocks their potential to achieve those aspirations. On average, women who have a secondary education are more likely to work, and they earn almost twice as much as those with no education (World Bank 2018). The benefits of education can also transmit across generations because more-educated people have fewer children and provide their children with better health care and education (World Bank 2012a). All these factors combined can help lift households, communities, and countries out of poverty. Indeed, the “limited educational opportunities for girls, and barriers to completing 12 years of education, cost countries between US\$15 trillion and \$30 trillion in lost lifetime productivity and earnings” (World Bank 2018).

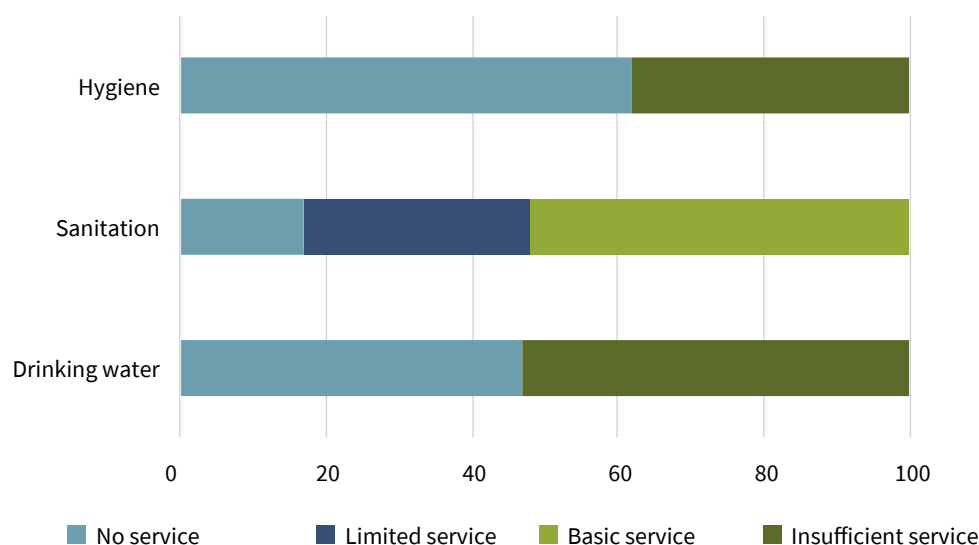
Another challenge observed in Guinea and multiple other countries in Sub-Saharan Africa is the absence of water, sanitation, and hygiene facilities in schools. According to the World Health Organization and United Nations Children's Fund Joint Monitoring Program's report, 47

percent of schools in Guinea have no drinking water supply, with the proportion being particularly high in rural areas, at 74 percent (WHO and UNICEF 2022). Moreover, 62 percent of schools have no hygiene facilities. Slightly more than half of all Guinean schools (52 percent)

provide basic sanitation services, although 17 percent of schools do not have any sanitation facilities on their premises (figure 2.4). This lack can be an important impediment to girls' school attainment: without appropriate infrastructure and sanitary facilities at schools, adolescent girls may stay home during menstruation,

negatively affecting their school attendance and completion (Coleman 2017). The availability and accessibility of adequate water, sanitation, and hygiene infrastructure at schools is associated with girls' higher school enrollment and attendance (Freeman et al. 2012).

FIGURE 2.4. PROPORTION OF SCHOOLS IN GUINEA WITH WASH FACILITIES (PERCENT)



Source: WHO and UNICEF 2022.

Note: WASH = water, sanitation, and hygiene.

Strategic direction 1: Assist girls in attaining primary and secondary education

General interventions such as building new schools and improving school-relevant infrastructure are proven to bring positive impacts for all students and for girls in particular. As shown by Evans and Yuan (2019), who reviewed evidence from 270 educational interventions from 177 studies, general interventions for enhancing schooling outcomes deliver the same positive gains for girls as do interventions targeted specifically toward girls. On the basis of the existing global evidence, building new schools (particularly in rural and remote areas), providing safe transportation, and improving water and

sanitation facilities at school help to improve girls' enrollment and attendance rates, as well as their test scores (Andrabi, Das, and Khwaja 2013; Kazianga et al. 2013; Muralidharan and Prakash 2017; World Bank 2016).

Additionally, making service provision more gender-sensitive could go a long way toward increasing the coverage of education services among girls. For example, Kano State, Nigeria, expanded access for girls at the junior-secondary school level through the upgrade of single-sex girls' schools and the provision of separate toilet facilities for girls at coeducational schools (World Bank 2016). In the case of Guinea, it has been reported that, with a slight improvement in sanitation in schools from 1997 to 2002, enrollment rates for girls increased by 17 percent.

However, many schools still lack proper separate toilets for boys and girls or facilities that ensure privacy (Seroody 2018). The Guinean government has recently reported the improvement of water and sanitation services and the construction of schools aiming to provide second chances for out-of-school girls (Government of Ghana 2019).

Ensuring the presence of female teachers or providing gender-related training to educational staff (with a special focus on gender-based violence), are also relevant policy options in this regard (Coleman 2017). There is a strong correlation between the number of female students and the number of female teachers in schools. Evidence from Sub-Saharan Africa, in particular, indicates that girls are more likely to enroll in schools where there are female teachers (Haugen et al. 2014). In 2017, less than half of Guinea's primary school teachers and only 30 percent of secondary teachers were female (Coleman 2017). Having a female teacher not only makes young girls feel safe in the classroom but also gives them a positive role model.

A comprehensive educational institution-based prevention strategy and effective interventions would be required to mitigate sexual violence in schools, including anti-sexual harassment policies, gender sensitization in school-based programs, and service delivery for survivors. Ghana and Kenya have already implemented this type of policy with positive impacts (Beninger 2013). In Ghana, for instance, the Stop Violence against Girls in Schools campaign has helped to raise awareness of the types of violence experienced by girls and how violence interferes with their right to education. Under the same campaign, girls' clubs have been established, providing safe and supporting environments for girls and opportunities to advocate for violence-free schools. Sensitization efforts have been deployed through comic book training

and production of youth groups, which have shown positive effects for those engaged (UNICEF 2010).

Closing existing gaps will require lifting the financial constraints to access for many vulnerable Guinean girls. In the face of limited household budgets, and given patriarchal norms as well as other barriers to girls' schooling, Guinean families tend to give precedence to the education of boys over that of girls. Removing financial constraints through school grants, vouchers, subsidies, and scholarships can encourage families to keep their daughters in school. Eliminating primary school fees in Ethiopia (Chicoine 2021) and Uganda (Keats 2018), for instance, increased the percentage of girls' school primary enrollment and had positive effects on the likelihood of completing secondary school. A scholarship program aimed at girls translated into an increase in enrollment in Niger (Giacobino et al. 2022). Economic incentives in the form of conditional cash transfers can also be effective in promoting female enrollment (Akresh, De Walque and Kazianza 2013; Baird et al. 2014; Blimpo et al. 2016; Hallfors et al. 2015; Koumassa, Olapade, and Wantchekon 2020).

Similarly, programs that aim to increase the perceived value of education of girls relative to that of boys can be effective in changing current social and cultural norms and increasing girls' presence in schools as well as their completion. As noted previously, one of the major challenges Guinean girls face in accessing education, especially at higher levels, is the prevailing notion that girls are meant to be wives and mothers, and that the education of boys is therefore more valuable. However, according to recent estimations, the economic returns to education generally tend to be higher among girls in Africa: each additional year of schooling raises a man's earnings by 11 percent and a woman's earnings by 14 percent (Montenegro and Patrinos 2014).

Shifting social norms and beliefs around the role of girls relative to boys, and educating parents and communities about the importance and potential returns of education for girls, is required in Guinea. Sensitization campaigns with parents offer particular promise in this regard. One such program deployed in pilot areas in Guinea to raise awareness among parents, educators, and community leaders about the value of girls' education through education promoters (promoteurs éducatifs) was associated with an increase in the number of girls enrolled in primary education and with declines in gender gaps in enrollment (USAID 1999). The Guinean government has also carried out some sensitization programs in communities of the prefectures of Koroussa and Dinguiraye on the importance of girls' schooling and on gender-based violence (Government of Guinea 2019).

Empowering girls and young women to continue pursuing education is similarly important. There are various examples of interventions that have raised the educational attainment of participants by combining educational components and social empowerment programs

for adolescent girls, for instance in Ethiopia (Erulkar and Muthengi 2009) and South Africa (Branson and Byker 2018). There is also growing evidence, for instance from Liberia, that comprehensive approaches to equip adolescent girls with life and technical skills can translate into an increase in their years of completed education (Koroknay-Palicz 2016). The Sahel Women's Empowerment and Demographic Dividend project,⁷ operating across six Western African countries, represents a major effort in this area. Investing in girls' education and keeping girls in school are the first objectives of the project, to be achieved through a variety of specific interventions that, overall, aim to empower participant girls. The project has already shown important positive impacts on the rate of retention of girls in secondary schools. In addition to these programs, regulations and policies that allow married and pregnant women to return to school without facing discrimination or stigmatization need to be in place and be adequately enforced. This consideration is especially important given the relevant contribution of these phenomena to explaining higher dropout rates among girls in Guinea.

7 For more information, see the project's home page (<https://projects.worldbank.org/en/projects-operations/project-detail/P150080?lang=en>).



CHAPTER 3. ENHANCE ACCESS TO HEALTH SERVICES: THE STATUS OF WOMEN'S HEALTH IN GUINEA



Maternal mortality

In the case of Guinea, maternal mortality is, without doubt, one of the most dramatic negative effects of the high incidence of child marriage, adolescent pregnancy, and female genital mutilation/cutting (FGM/C). Progress in reducing maternal mortality in Guinea has been slow and inconsistent over the past decades. In 2017, the actual maternal mortality rate (MMR) was 576 deaths per 100,000 live births (figure 3.1), above the regional average of 534 for Sub-Saharan Africa, making Guinea the country with the 13th-highest MMR in the world. The rate is still above those registered in many comparator countries, including Benin (397), Burkina Faso (320), Ghana (302), Senegal (315), and Togo (396).⁸ Moreover, maternal death is still one of the main causes of death among Guinean women, especially among female adolescents and in rural areas. Maternal deaths account for as much as 28 percent of all female deaths in Guinea; this share is even higher among women aged 15–19 (41 percent) and 20–24 (35.3 percent; World Bank 2019a, 2022a). There are strong regional disparities in MMRs. According to the last Guinea General Population and Housing Census (2014), MMR is highest in Labé (888) and Faranah (806), and lowest in Kankan (407) and Conakry (508). Child marriage is linked to maternal deaths through early pregnancy and childbirth; child marriage can lead to increases in total fertility of between 13 percent and 35 percent (World Bank 2018). There is a proven link between FGM/C and maternal mortality, with the more extreme forms of FGM/C amplifying the risks of maternal death and labor delivery complications (Banks et al. 2006; Okagbue et

al. 2020). Early family formation also has very negative effects on newborn health (World Bank 2018).⁹

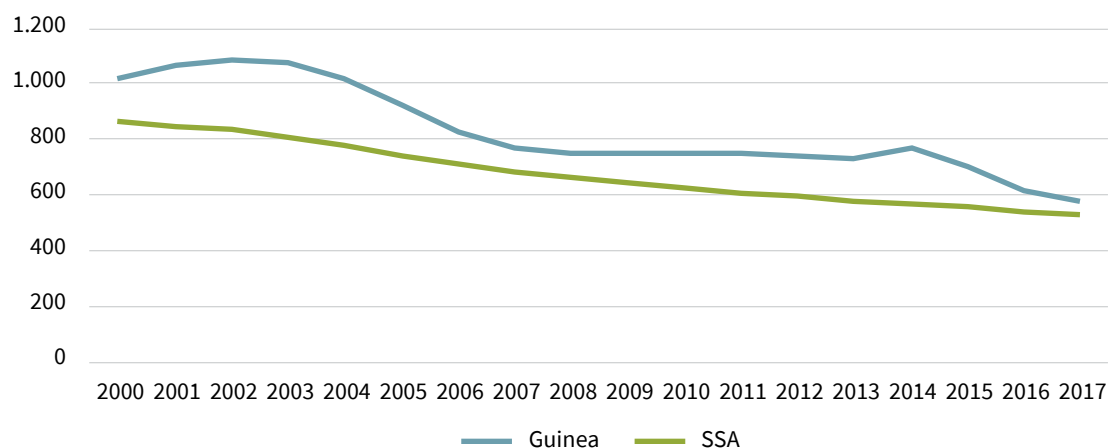
Access to maternal health services

The lack of access to adequate maternal services appears to underlie these trends. Only 35 percent of pregnant women in Guinea had at least four antenatal care visits, and only 55 percent of deliveries were attended by a skilled health professional (Ministry of Planning and International Cooperation 2018). Only 27 percent of women in the poorest households had their birth attended by a skilled professional compared to 97 percent of women from high-income households (UNICEF 2019b). Additionally, postnatal care within the first two days after birth was provided to only 52 percent of newborns in rural areas, compared to 87 percent in urban areas. Access to antenatal and postnatal care increases among women with at least some education (UNICEF 2019b). Moreover, the COVID-19 outbreak negatively affected first antenatal visits and tetanus vaccination coverage among pregnant women (World Bank 2022a). Insufficient or poor obstetric health services, lack of access to health care facilities or of skilled professionals, and gaps in sexual and reproductive health education are some of the main drivers of maternal mortality (Jansen et al. 2014; Lee et al. 2012; Ntoimo et al. 2018; World Bank 2019a). In particular, there is a documented association between maternal mortality and the number of health care facilities or of medical personnel available (Okonofua et al. 2018; Zhao et al. 2020).

8 Similar MMRs are observed in Côte D'Ivoire (617) and The Gambia (597), and even higher ones in Guinea-Bissau (667) and Liberia (661). Mauritania (766), Nigeria (917), and Sierra Leone (1,120) have the highest levels of maternal mortality in the West African region. From UNICEF's "Maternal mortality" data (<https://data.unicef.org/topic/maternal-health/maternal-mortality/>).

9 Being born to a mother younger than 18 increases the risk of under-five mortality by 3–7 percent. It has been estimated that, overall, if child marriage were ended between 2016 and 2030, more than 2 million children could survive beyond the age of five, 3.6 million could avoid stunting, and 140,000 children's lives could be saved on average every year. Reducing early childbirth would lead to a 0.2–0.6 percent decline in under-five mortality in Guinea.

FIGURE 3.1. CHANGE IN MATERNAL MORTALITY RATES, GUINEA AND SUB-SAHARAN AFRICA, 2006–17 (MATERNAL DEATHS PER 100,000 LIVE BIRTHS)



Source: World Bank, World Development Indicators.

Note: SSA = Sub-Saharan Africa.

The availability of quality maternal health services appears to be inadequate in the country. In 2017, only 62 percent of health facilities offered obstetric care, 20 percent neonatal care, and 40 percent childhood immunization services (Ministry of Health 2017). A recent assessment of maternal and neonatal services in Guinea concludes that the quality, both technical and nontechnical (interpersonal) and organizational, remains weak (Hatem, Halabi-Nassif, and Maroun 2018). Because of the lack of health care facilities and medical personnel in their area, many women in Guinea might therefore opt for home delivery, which became particularly urgent after the Ebola outbreak (Ahinkorah 2020; World Bank 2015b). Care protocols are not always followed, with pregnant women often reporting they experienced some form of physical abuse, verbal abuse, or stigma or discrimination (39.4 percent), according to a community survey from Guinea (Bohren et al. 2019). Additionally, women often report that medical interventions are performed without their consent, which might also be linked to the lack of protocols of obtaining patients' complaints, especially in

the situations of medical emergency (Bohren et al. 2019). A 2017 study looking at the mistreatment of women during childbirth in Guinea suggested that women and health care providers believe that mistreatment is justifiable under certain circumstances, such as when women cry out or are noncompliant with providers' demands (Balde et al. 2017). A key bottleneck to the delivery of services is the shortage of sufficiently skilled health workers and of commodities, particularly at the community level (World Bank 2015b).

This problem is further compounded by the prevalence of unequal gender norms and the lack of gender-sensitive services and infrastructure. In a recent study, respondents listed lack of financial means, the distance from the health facilities, and the lack of means of transportation as barriers to the management of complications during pregnancy and childbirth in Guinea. The same study showed that women's knowledge and attitudes about obstetric complications were not adequate (Balde et al. 2021). In addition, Guinean women experience

limitations on their physical mobility, often requiring their husbands' permission before leaving the home. In addition, only 59 percent of Guinean women report making decisions about their own health. The scarcity of female doctors affects women's use of health services given cultural and religious norms stigmatizing any contact between women and male health professionals. Women are reluctant to consult male doctors regarding sexual and reproductive health, often turning instead to traditional care providers (Groggel, Sow, and Gnimassou 2020). And, even where health centers are available, many of them lack basic services. According to one report, 64 percent of Guinean hospitals nationwide have no drinking water facilities, and 27 percent have no sanitation services (WHO and UNICEF 2022).

High out-of-pocket costs and the lack of universal health coverage lead many Guinean people to forgo health care even when they need it (World Bank Group 2021). In many instances, payment schemes (sometimes in-kind) are demanded for statutory services that are supposed to be free, with a disproportionate impact on women and girls (Groggel, Sow, and Gnimassou 2020). A recent study shows that low socioeconomic status and inadequate exposure to media can be key predictors of home delivery among childbearing women in Guinea (Ahinkorah 2020). Evidence from Sub-Saharan African countries including Ghana, Kenya, Uganda, Zambia, and Zimbabwe suggests that, although overall women may be exempted from formal fees, they must often make informal payments because providers have no incentive to apply such

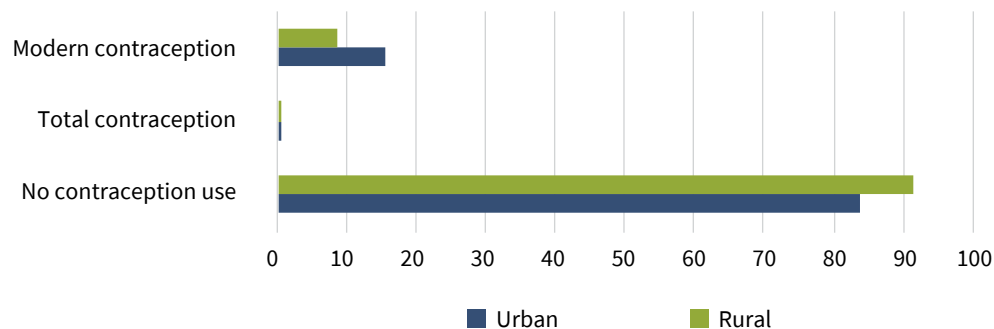
exemptions in the face of restrictive economic and health service conditions or because of discretionary criteria (Nanda 2002).

Contraceptive use

Contraceptive use remains very low in Guinea, also among adolescent girls. Although contraceptive use has increased steadily over the past three decades in Guinea, it is still very low in comparison with use in other Sub-Saharan African countries: in 2018, 10.9 percent of women aged 15–49 used at least some method of contraception compared to 24.2 percent in Burkina Faso, 29.2 percent in Ghana, and 32.2 percent in Uganda.¹⁰ The use of contraception in urban areas is nearly twice as high as in rural ones (15.5 percent versus 8.4 percent; figure 3.2). Although the use of contraception increased from 7.2 percent in 1999 to 11.4 percent in 2018 among adolescent girls and young women (aged 15–24), the level remains very low. Indeed, 20 percent of females in this age group reported having an unmet need for family planning in 2018. Urban adolescents and young women in the middle and richer wealth categories are more likely to use modern methods than those in the poorer quintiles (Sidibé et al. 2020). In addition, sexual and reproductive health education, proven to be an effective method for reducing adolescent fertility in other regions, has not generally been provided in the country (Alzúa and Velázquez 2017). The government, however, reports having integrated sexual education into the educational curriculum (Government of Guinea 2019).

10 Based on data from UNICEF's State of the World's Children and Childinfo, the United Nations Population Division's World Contraceptive Use, and household surveys including Demographic and Health Surveys (for Guinea, the 2018 survey) and Multiple Indicator Cluster Surveys.

FIGURE 3.2. USE OF CONTRACEPTION BY GUINEAN WOMEN IN URBAN AND RURAL AREAS (PERCENT)



Source: Guinea EHCVM 2018

Contraceptive use trends are related to patriarchal social norms around masculinity that prevent women and men from practicing appropriate health-seeking behaviors related to family planning. Traditional and religious norms that value large families with multiple wives and children inhibit the use of family planning, and therefore correlate with unmet needs for it (Groggel, Sow, and Gnimassou 2020). Still, it is largely women who make the decision to use (or not use) contraception. Among women who use contraception, 66 percent made the decision themselves. In 20 percent of cases, women made the decision jointly with their partners or husbands; 15 percent of women reported that their partner or husband made the decision for them. Among women not using contraception, the role of the partner in decision-making was higher, at 20 percent. By distancing boys and men from the domain of sexual and reproductive health, society and the health care system tend to excuse them from responsibility, reinforcing the idea that it is only a female concern.

Among young women, lack of information combined with stigmatization about sexual activity outside of marriage prevent the use of contraception in Guinea. Sexuality in general remains taboo in Guinea, because

of religious beliefs and traditional social norms. These norms prohibit sexual intercourse outside of wedlock, which deters young women from seeking family planning and sexual and reproductive health services. Only 51 percent of women compared to 77 percent of men think it is justified for women to procure condoms and demand their use when aware that their husband or partner has a sexually transmitted disease. Women's limited control over income and the required expenditures for these services also operate as barriers (Groggel, Sow, and Gnimassou 2020).

Female genital mutilation/cutting

Finally, Guinea has one of the highest rates of FGM/C globally, with the practice remaining broadly accepted—and expected—in society and pressure to undergo this practice growing for young Guinean girls. As many as 94.5 percent of Guinean women aged 15–49 have undergone FGM/C as of 2018.¹¹ There has been only a very small decrease (by 4.1 percentage points) in the prevalence rates of FGM/C in Guinea since 1999.¹² As a result, the country has the highest rate of FGM/C in all Sub-Saharan Africa, followed by Mali (88.6 percent), Sierra Leone

11 Based on 2018 data from World Bank, World Development Indicators.

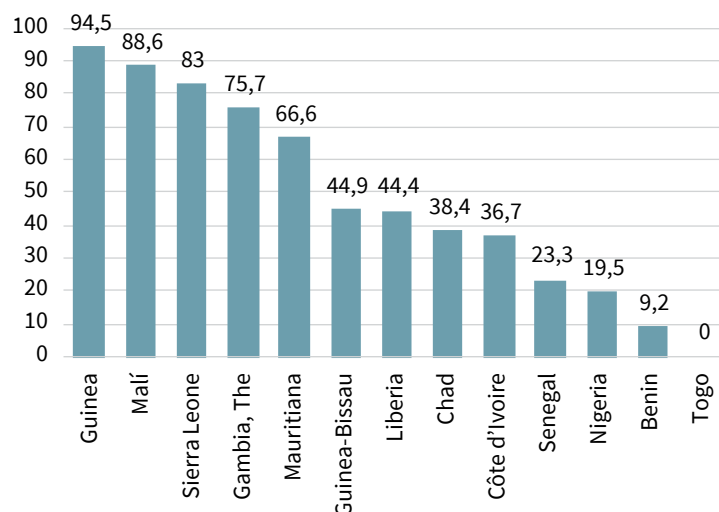
12 Based on data from Demographic and Health Surveys, Multiple Indicator Cluster Surveys, and other surveys.

(83.0 percent), and The Gambia (75.7 percent) (figure 3.3).¹³ Because the practice remains broadly accepted, it does not depend on the mother's level of education or the family's religious affiliation (Yoder, Abderrahim, and Zhuzhuni 2004).

Marking girls' transition to adulthood, FGM/C in Guinea is practiced out of respect for ancestral customs and to restrain women's sexuality to safeguard the family's honor (Doucet et al. 2020). Submission to this norm is

reinforced by social pressure, stigmatization, and ostracism in cases of noncompliance (Barry 2019). The risk of being excluded from community activities and denied support and marriage possibilities can outweigh the health risks associated with FGM/C, leading many girls to request it themselves (Johansen et al. 2013; UNICEF 2013). Indeed, in 2012, 76 percent of women and girls wanted the practice to continue—up from 65 percent in 1999 (UNICEF 2013).

FIGURE 3.3. THE PREVALENCE OF FGM/C IN SUB-SAHARAN AFRICAN COUNTRIES, WOMEN AGED 15–49 (PERCENT)



Source: World Bank, World Development Indicators.

Note: Data for Guinea, Mali and Nigeria are from 2018. Data for Benin are from 2014. Data for Chad, Guinea-Bissau, Senegal, and Sierra Leone are from 2019. Data for Côte d'Ivoire are from 2016. Data for The Gambia and Liberia are from 2020. Data for Mauritania are from 2015. Data for Togo are from 2017. FGM/C = female genital mutilation and cutting.

13 Based on data from Demographic and Health Surveys, Multiple Indicator Cluster Surveys, and other surveys.

Efforts to curtail this practice have so far had unintended effects, which rendered the efforts unsuccessful. Numerous awareness campaigns by the government and national and international partners on the health risks of the practice, as well as the introduction of legal sanctions against FGM/C, have likely encouraged the increasing medicalization of excision and may have contributed to the perception that, in a medical setting, FGM/C is authorized and presents no risk (Plan International 2006). A 2012 study indicated a trend toward greater medicalization of FGM/C in Guinea: although 79 percent of women aged 15–49 were excised by traditional practitioners, the proportion fell to 66 percent among girls aged 0–14 (UNICEF 2013). Health personnel, mainly midwives, were increasingly involved, despite the 2010 decree prohibiting the practice of FGM/C in public or private health institutions. At the same time, and because of fear of legal sanctions, practicing FGM/C shifted from large celebrations to private settings (Plan International 2006).

In recent years, Guinea has strengthened the national legislation prohibiting FGM/C in medical settings and by medical staff, although certain gaps persist and enforcement remains weak (Thomson Reuters Foundation 2018). FGM/C was already prohibited under Article 13

of the Law/010/2000/AN of July 2000 on Reproductive Health and Articles 406–410 of the Children's Code of 2008, and the General Secretariat of Religious Affairs issued a fatwa (religious ruling) prohibiting its practice in Guinea (Thomson Reuters Foundation 2018). Since 2016 FGM/C is also prohibited under the Criminal Code (Law No. 2016/059/AN) (Art 259), with the maximum penalty applied when practiced “in a public or private health structure and facilitated by a person belonging to the paramedical or medical staff, in particular doctors, nurses, midwives and technicians.” In 2019, the Child Code (Law no. /2019/0059/AN) added provisions against FGM/C. The law requires all paramedical and medical staff to report known or attempted cases of FGM/C performed on a child to authorities (Art. 779). Nevertheless, the Constitution of Guinea neither explicitly refers to FGM/C nor prohibits it as a harmful practice. At the same time, the current law does not criminalize the cross-border exercise of FGM/C. There is also little evidence to prove that prosecution of FGM/C takes place on a regular basis. Despite some recent cases of prosecution of medical staff who performed FGM/C (Balde and Granier 2021), most cases are often left unreported and perpetrators unpunished (Barbière 2017).

Box 3.1. Why are investments in women's health a priority for Guinea?

Maternal mortality is the main cause of death among women in Guinea—especially younger women. The high incidence of maternal mortality relates to the widespread phenomena of teenage pregnancy (see discussion in the chapter) and female genital mutilation/cutting (FGM/C). In addition, Guinean women lack access to adequate health services. In 2018, only 50 percent of pregnant women were assisted by skilled staff and only 11 percent of women used some contraceptive method. Access to health services is even lower among rural and poor women. Different constraints combine to prevent Guinean women from receiving the attention they need, including hidden costs, lack of infrastructure and quality service provision, and the scarcity of female staff.

Beyond the individual tragedy that it represents for the mother and the family, the costs of maternal mortality are multiple and far-reaching. There is evidence from Sub-Saharan African countries that children born to mothers who died during birth face higher risks of death and health problems, have poorer educational outcomes, and experience other negative consequences throughout their lives. These negative consequences are especially true for girls, in the form of child marriage, early childbearing, and increased risk of maternal mortality and morbidity, among others. In addition, maternal death can bring financial instability, increasing the vulnerability of the household and exacerbating its lack of access to basic necessities (Miller and Belizán 2015). Ultimately, maternal deaths have very negative implications for the entire society and the economy. It has been estimated for instance that the 147,741 deaths that occurred in 45 countries in the African region in 2010 resulted in a total nonhealth gross domestic product loss of US\$4.5 billion (Kirigia et al. 2014).

In addition to the above-mentioned factors, FGM/C, a concerning common phenomenon in Guinea, contributes to the maternal mortality rate. In 2018, as many as 94.5 percent of Guinean women aged 15–49 had undergone FGM/C. Strong patriarchal social norms and customary practices underlie these trends. Social pressure on women is high: they face ostracism and stigmatization if they resist excision. FGM/C is not only a violation of women's human rights but also a major health and economic concern. A 2017 report on gender-based violence found that 20 percent of girls and women who experienced FGM suffer from several health problems (UNFPA 2017). As highlighted earlier, FGM/C is also associated with a higher risk of maternal death (Banks et al. 2006;

Box 3.1. Why are investments in women's health a priority for Guinea?*(continued)*

Okagbue et al. 2020). According to a 1999 survey, the most frequent health complication after FGM/C is bleeding (30.9 percent), followed by problems with urination (16.8 percent), infection (12.4 percent), slow healing (10.2 percent), and swelling (4.4 percent) (Yoder, Abderrahim, and Zhuzhuni 2004). Additionally, the health complications associated with FGM/C eventually reduce women's labor participation, employment opportunities, and civic activities, imposing a high cost on society and overall development. According to World Health Organization estimations, the economic costs of FGM/C-related health complications in Guinea in 2018 are as much as US\$4 million.

Strategic direction 2: Enhance access to maternal and sexual and reproductive health services, and eradicate FGM/C

Making the reduction of MMR a political priority is a prerequisite to improve maternal health across countries. Lack of attention to and insufficient funding for maternal health care facilities are direct outcomes of the failure by many countries to recognize maternal health as an important development matter. Acknowledging it as a political priority provides an opportunity to shift attitudes toward maternal health care services and encourage more women to seek professional advice and guidance (box 3.1). For example, the Health Transformation Program in Turkey has reformed the funding of health care institutions and paid more attention to the performance of maternal health services, resulting in a drastic decrease in MMR in one decade (Prata et al. 2010). It will also likely bring about improved performance and capacities of health care institutions, better investments in infrastructure, higher attention to women's health conditions, and improved qualifications of maternal health providers at large. In recent years, the government of

Guinea also has made important efforts in this area, in collaboration with other international development partners and the World Bank Group (see, for instance, World Bank 2015b). For example, the government has put in place a Strategic Plan for Maternal Health 2016–20. Likely as a result of these efforts, maternal outcomes have improved over the last decade. Continuing and reinforcing these initiatives will be necessary to ensure that this recent positive progress continues.

Encouraging expectant mothers to seek professional medical support before, during, and after pregnancy, and continuing to improve the availability and quality of maternal health services for Guinean women, will be required moving forward. Opportune, appropriate, and affordable care can help to detect early symptoms of potentially dangerous conditions and prevent the risks of pregnancy complications, as well as prevent neonatal and maternal mortality. Developing and implementing policies for the protection of expectant mothers—specifically targeting and encouraging them to use professional health care services before, during, and after pregnancy—are central to the reduction of maternal mortality. Doing so would likely require strengthening the existing

institutional capacity; implementing standardized procedures, protocols, and manuals of care; providing professional training for health care practitioners; and setting up functioning mechanisms for monitoring and evaluation, among others. Investments in infrastructure, staff, and supply provision would also contribute to improving access among vulnerable women, especially those living in remote areas (Groggel, Sow, and Gnimassou 2020). Indeed, the lack of fiscal space to absorb adequate staff or provide centers with the necessary commodities and supplies has been identified as a key supply-side barrier, especially in rural areas (World Bank 2015b).

It is important to acknowledge the crucial role that social norms and gender dynamics play to this effect in Guinea. In particular, gender-sensitive service provision—including adequate availability of female staff—will be key given the stigma that women, and especially adolescent girls, face for being in contact with a male professional. Attitudes of health care providers and managers can present an obstacle to women's access to gender-sensitive health services and diminish the quality of existing provision. Community-level development and health actors in Guinea do not receive gender-related training, which represents a missed opportunity. Because the men in the family often make health decisions for women, it will be similarly important to promote strategies for male engagement. Information and awareness-raising efforts can play a key role in promoting health-enhancing norms among the population (Groggel, Sow, and Gnimassou 2020).

Lifting financial constraints for vulnerable women will be necessary to ensure that the required maternal health services are available and accessible regardless of income. Ensuring a broader affordability of maternal health care services to women through policy and/or legal mechanisms can bring a positive change to maternal and newborn health. Global evidence confirms that

reducing fees for maternal health care services or providing women with financial incentives to seek medical support is an effective approach to increase the percentage of attended births and reduce the rates of newborn and maternal mortality (Alfonso et al. 2015; Basinga et al. 2011; Johri et al. 2014; Rasella et al. 2021). Guinea's Ministry of Health implemented a health care fee exemption program for children under five and pregnant women, which encompasses prenatal care and delivery services, including caesarean sections. However, lack of funding, among other factors, has hampered the effectiveness of this program. As part of the overall health budget increase, greater funding should be allocated to this exceptional program (World Bank 2022a).

Expanding access to frontline health care providers offers an alternative strategy for addressing the lack of access to adequate maternal health care. One strategy to facilitate easy access to maternal health care is to delegate some of the clinical tasks from higher-level health providers to mid- or lower-level providers, including community-based health workers and traditional birth attendants. Making medical care more widely available for women might have positive effects on the actual use of professional support during and after pregnancy. That was the case, for example, in Indonesia, where the Bidam Di Desa (village midwife) program, which trained midwives and deployed them to rural areas throughout the country, has significantly increased the proportion of attended births (Ensor et al. 2008). Equipping frontline health care providers with up-to-date medical knowledge and technologies is another way to facilitate women's access to professional care and allow them to seek immediate advice in the event of an emergency. In Guinea, physicians, midwives, and nurses are few and largely employed in urban areas, whereas the majority of the population living in rural parts of the country depends on nursing assistance and community health workers with inadequate training (World Bank 2015b).

Ensuring the proper application of the law and disciplinary measures to health professionals involved is a first step in addressing Guinea's extremely high rate of FGM/C. The persistence of FGM/C in Guinea is in large part due to an absence of vigorous action by judicial authorities to ensure its prevention and eradication. However, punitive application of the law will not in itself be sufficient to alter this widespread practice. Regional studies demonstrate that, although necessary, laws require social legitimacy to be effective (box 3.2). Law enforcement personnel may have limited knowledge about these laws or a conflict of interest, whereby they may continue to support the practice to uphold community traditions. Inherent conflicts between formal laws prohibiting FGM/C and local and regional religion and customs, also recognized as sources of law, will need to be addressed (Groggel, Sow, and Gnimassou 2020).

International practices show that large-scale abandonment of FGM/C requires holistic and community-led approaches. The government of Guinea has adopted a National Strategy and a road map for the period 2019–23 to curtail this practice. It has also commissioned an anthropological study to better understand the drivers of this practice in the country and is promoting engagement

of religious leaders in the current efforts to decrease this practice. In addition, it has implemented a training program on the topic in health schools (Government of Ghana 2019). It is important to continue pursuing and strengthening these efforts. The main priority focus for successful strategies is on stopping the practice from being a dominant social norm. Achieving this goal will require a combination of measures targeted toward all actors involved, including prohibiting public messages in favor of the practice; mobilizing all actors affected, with a special focus on fathers and their families (sisters); strengthening training of all service providers and authorities involved; integrating the issue within the curricula of schools, universities, and training centers; providing legal and other types of support to girls; mobilizing and raising awareness in communities; developing mass information campaigns; and empowering girls and young women to understand and stand up for their rights. Adequate approaches also include the engagement of community and religious leaders, targeted activities with cutters and health care professionals, and work with peer groups (Babalola et al. 2006; Chege et al. 2004; Diop et al. 2004; Easton, Miles, and Monkman 2002; Ouoba et al. 2004).

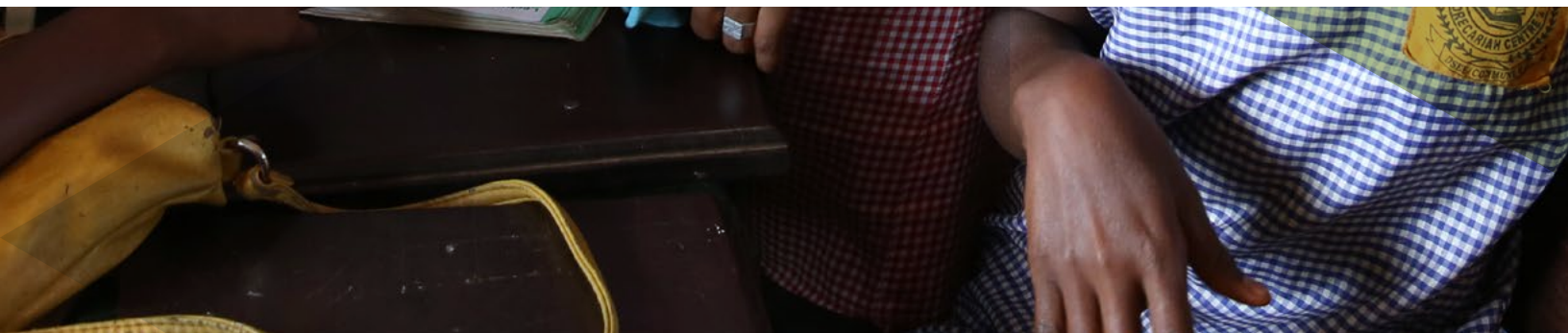
Box 3.2. What works to eliminate FGM/C and address its consequences?

Community mobilization programs. The TOSTAN program in Senegal offered a basic educational curriculum of four modules: hygiene, problem solving, women's health, and human rights. During the program, participants shared their learning with peers and family members and raised awareness among other community members and neighboring villages in their locality. Together, participants and members of the committee also organized community mobilization activities, motivating people living in those villages to join in the process to change local harmful norms. The evaluation of TOSTAN shows that the program has a positive impact on attitudes to and knowledge on female genital mutilation/cutting (FGM/C). The proportion of women who thought it was necessary to practice FGM/C decreased significantly in the intervention group immediately after the program, and this trend continued one year later (from 70 percent initially, to 21 percent after the program, and to 15 percent a year later). Awareness of at least two consequences of FGM/C significantly increased among both men (11 percent to 83 percent) and women (7 percent to 83 percent), and after the intervention more than half of women who did not participate could mention at least two of the dangers of FGM/C. Knowledge of at least two reasons for not cutting girls went from 8 percent at the baseline to 77 percent immediately after the intervention among participants and to 50 percent among nonparticipants (Diop et al. 2004).

Communication outreach and awareness raising. A communication intervention in Nigeria, called Ndukaku, was delivered at three community levels: the hamlet (or village) level, local government area level, and state level. It consisted of multimedia activities (for example, newspaper columns, radio call-in shows), development of action plans to improve women's situation, and community meetings. The impact evaluation of the program shows that it had a significant positive effect on intentions, beliefs, attitudes, and knowledge regarding FGM/C in all participating communities. For example, in Enugu, the intention not to perform FGM/C on their daughters has strongly increased among both women (from 59 to 76 percent) and men (from 53 to 73 percent) after the program. The level of disapproval of FGM/C has also increased among participating men (from 67 to 77 percent) and women (from 63 to 88 percent). Likewise, the percentage of individuals who believed that there were benefits to FGM/C was strongly lower at the end of the program than at the baseline (from 42 to 25 percent among women; from 47 to 24 percent among men; Babalola 2006).



CHAPTER 4. POSTPONE FAMILY FORMATION: CHILD MARRIAGE AND ADOLESCENT PREGNANCY

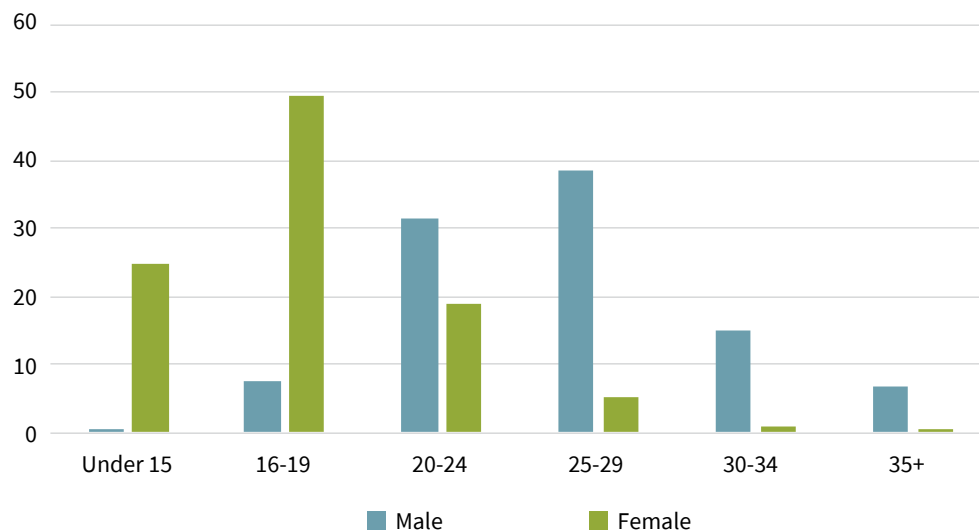


Early family formation in Guinea

The onset of family formation occurs at a very early age for most Guinean girls and young women. Whereas the largest share of men marries between the ages of 20 and 29 years (70.2 percent), as many as 24.9 percent of women are married by age 15 and 49.4 percent at ages 16–19 (figure 4.1).¹⁴ Indeed, the average age at first marriage among Guinean men is 25.7, almost eight years older than that observed for women (18 years old). These

trends are even more pronounced in rural areas of the country, where 79.7 percent of girls are married before they reach 19 years old compared to only 9.7 percent of men (Guinea EHCVM 2018). A similar (and related) pattern can be identified with regard to age at first birth: 10.6 percent of Guinean women are under 15 years old when they have their first child, 26.6 percent are between 16 and 19 years old, and 29 percent between 20 and 24. (Guinea EHCVM 2018).

FIGURE 4.1. PROPORTION OF POPULATION BY AGE AT FIRST MARRIAGE IN GUINEA, 2018 (PERCENT)



Source: Guinea EHCVM 2018.

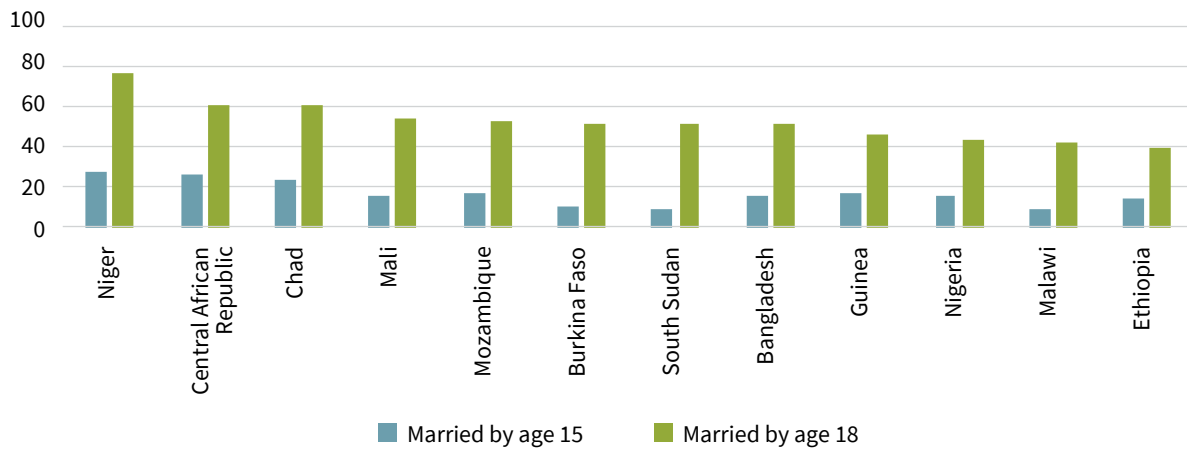
Child marriage

According to UNICEF, Guinea is among the 10 countries with the highest prevalence rates of child marriage worldwide. Only Niger (76 percent), Central African Republic

(61 percent), Chad (61 percent), Mali (54 percent), Mozambique (53 percent), Burkina Faso (52 percent), South Sudan (52 percent), and Bangladesh (51 percent) have higher prevalence rates of child marriage among women aged 20–24 than Guinea (47 percent) (figure 4.2).

¹⁴ This report uses the data on child/early marriage from the Harmonized Survey on Household Living Standards (Guinea EHCVM 2018), which measures the proportion of all women who have been married by age 15 and between the ages of 16–19. For the purposes of comparison with other countries, the standardized definition of child marriage is applied in accordance with the Demographic and Health Surveys. These surveys measure the proportion of women aged 20–24 who have been married by age 15 and by age 18.

FIGURE 4.2. COUNTRIES WITH THE HIGHEST RATES OF CHILD MARRIAGE, WOMEN AGED 20–24 (PERCENT)



Sources: Bangladesh Multiple Indicator Cluster Survey (MICS), 2019; Burkina Faso Demographic and Health Survey (DHS), 2010; Chad MICS, 2019; Central African Republic MICS, 2018–19; Ethiopia DHS, 2016; Guinea DHS, 2018; Malawi DHS, 2015; Mali DHS, 2018; Mozambique Inquérito de Indicadores de Imunização, Malária e HIV/SIDA (AIS) 2015; Niger DHS, 2012; South Sudan Household and Health Survey Second Round 2010. [UNICEF Data Warehouse](#).

According to the Guinea EHCVM 2018, a quarter of all women (24.9 percent) in Guinea were married before the age of 15, while nearly half of all women (49.4 percent) were married by age 19. Moreover, those shares have not changed much during the past decade. In 2012, 21.3 percent of women were married before the age of 15 and 51.7 percent women were married by age 19 (Guinea EHCVM 2018). The incidence of early marriage is higher in rural than in urban areas, with significant disparities across regions. The highest mean age at first marriage for women is observed in Conakry (19.7 years) and the lowest in Labé (16.8 years). There is also a correlation between the wealth quintile and the mean age at first marriage, with the mean age highest among high-income households (Guinea EHCVM 2018).

Evidence on the role of family socioeconomic background as a driving factor of child marriage remains unclear. Some studies have highlighted poverty as a major driving factor of early marriage in Guinea, because, for some families, girls are perceived as both an economic

burden and an opportunity to get financial or material remuneration (UNFPA 2012). Early and forced marriages are also often justified on the basis of saving families from having to cover the costs of raising their female children to adulthood (Groggel, Sow, and Gnimassou 2020). The prevalence of early marriage as a coping mechanism against poverty and insecurity tends to rise during natural disasters and humanitarian crises—for instance during the Ebola outbreak (Villegas et al. 2021). Other studies, however, indicate that parents report the economic aspects not to be as relevant (Animata.com 2021).

Child marriage in Guinea is the result of socio-cultural norms, beliefs, and perceptions of gender roles. Some studies indicate that parents generally report the intention of protecting the dignity of their daughters and the honor of the family at the onset of puberty, when girls could become pregnant, as the main motivation to marry them early (Animata.com 2021). The role of mother and wife is central in the Guinean family, significantly limiting other options and role models for girls. Being a mother

and wife increases the social inclusion and respect of women and grants them wider opportunities to engage in social life, which might explain the motivation of girls who marry early (Efevberaa and Farmer 2021). There is also evidence that many early marriages occur because of pressure from the family (Efevberaa Farmer 2021). Refusing to marry constitutes a challenge to parental authority, which results in the girl's rejection by her family and being forced to leave the family home (Groggel, Sow, and Gnimassou 2020).

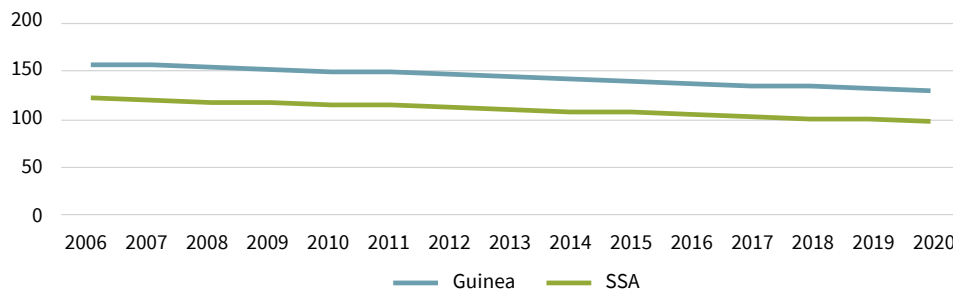
Guinean law does not explicitly prohibit the marriage of underage individuals. The legal age of marriage in Guinea is 17 for women and 18 for men (Civil Code, Article 280). However, marriages of individuals below the official marriage age can take place with permission from the Ministry of Justice. Anyone under the age of 21 needs the consent of their father or the head of the family to marry. Additionally, when the age difference between the spouses exceeds 30 years, the marriage can take place only with authorization by the Minister of Interior (Civil Code, Article 284). Forced marriage is officially prohibited by Article 268 of the Guinean Children's Code of 2008 and is penalized with imprisonment of one to three months and a fine of 50,000 to 100,000 Guinean francs. Guinea's Civil Code recognizes only civil marriage, meaning that the civil ceremony must occur before any religious or customary marriage celebration; however, this requirement is rarely followed (LandInfo 2011). Although customary law, which is based on the law of the Muslim

faith, permits the refusal of a forced marriage, girls and women often find it impossible to avoid because of high pressure exerted by the family and their own lack of decision-making power (Canada: Immigration and Refugee Board of Canada 2015).

Adolescent pregnancy

Similarly, adolescent pregnancy is a very common phenomenon in Guinea, especially among rural and poorer populations. Adolescent fertility levels in Guinea have decreased over the past 25 years, but the figures are still extremely high. In 2020, Guinea's adolescent fertility rate was clearly above the average for Sub-Saharan Africa: 129.51 births per 1,000 women aged 15–19 in Guinea compared to 98.03 in Sub-Saharan Africa (figure 4.3). As of 2018, 2.0 percent of Guinean adolescent girls aged 15 had given birth, 2.1 percent had been pregnant, and 4.1 percent had already started their reproductive life (Guinea DHS 2018). The shares increase for all three categories among 16-year-old girls (10.5 percent, 5.7 percent, and 16.2 percent, respectively). There is a large disparity in adolescent fertility rates between urban and rural areas: in urban areas, 13.8 percent of adolescent girls aged 15–19 had given birth in contrast to 27.1 percent in rural areas. This phenomenon also decreases steadily with wealth: 11.1 percent of adolescent girls from the highest wealth quintile had given birth in contrast to 30.9 percent of girls from the lowest wealth quintile (Guinea DHS 2018).

FIGURE 4.3. ADOLESCENT FERTILITY RATE: NUMBER OF BIRTHS TO WOMEN AGED 15–19, GUINEA AND SUB-SAHARAN AFRICA, 2006–18



Source: World Bank, World Development Indicators.

Note: SSA = Sub-Saharan Africa.

Strategic direction 3: Reduce child marriage and teenage pregnancy

Previous and current efforts to curtail child marriage and adolescent pregnancy need to be upscaled or strengthened in order to see effective results on the ground (box 4.1). In 2018 the Guinean government committed to develop a socio-anthropological study on the issue that could help illuminate the factors that perpetuate this practice in the country (Government of Guinea 2019). Better understanding the drivers and dynamics around this phenomenon in Guinea is a first necessary step to adequately inform policies addressing it. The government also announced the preparation and deployment of a National Strategy and Action Plan to Eliminate Child Marriage, with the objective of reducing by 15 percent the incidence of marriage of individuals under 18 by 2023 (Government of Guinea 2019). The Strategy and Action Plan 2021–25, elaborated with the assistance of UNICEF, was presented and launched at the beginning of 2021. The budgetary allocation amounts to US\$15 million (Koundouno 2021). Good practices from successful interventions in the region can be useful for the adequate development of these and other similar future efforts.

Legal reforms setting the legal age for marriage at 18 or higher and eliminating parental or judicial exceptions are a necessary (although insufficient) first step to eradicate child marriage (Wodon et al. 2017). Guinea belongs to the 18 Sub-Saharan African countries (out of a total of 43) that still have a discriminatory minimum age for marriage—17 for girls and 18 for boys. In addition, Guinean legislation includes exceptions to the minimum ages (Svanemyr et al. 2013). Reforming the law to prohibit the marriage of girls under 18 in all cases—or establishing adequate safeguards to ensure that exceptions are not used to force girls into marriage—is therefore a basic necessary measure (UNICEF 2020). However, the literature shows no correlation between legislation prohibiting the practice and child marriage rates; legislation prohibiting this practice is often inconsistent with customary or religious laws that legitimize it, which requires harmonization efforts (Svanemyr et al. 2013).

Kenya offers an example of a strong institutional framework to prevent child marriage. The country has made significant progress in harmonizing child-related laws with international standards. It was one of the first countries in Sub-Saharan Africa to come up with a consolidated children's statute, and to establish a separate and specialized justice system for children. To follow up on the implementation of child-related laws, the government set up an independent coordinating organ for children's rights, the National Council for Children's Services (Odalá 2013).

Box 4.1. Why is eradicating child marriage and adolescent pregnancy a priority for Guinea?

Guinea exhibits a concerning high rate of child marriage and adolescent pregnancy. A quarter of all women (24.9 percent) in the country were married before the age of 15, and nearly half of all women (49.4 percent) were married at ages 16–19 (Guinea EHCVM 2018). Guinea's child marriage rate is one of the highest in the world, with only Chad, the Central African Republic, and Niger having higher rates. In 2018, the adolescent fertility rate was clearly above the average for Sub-Saharan Africa: 133.36 births per 1,000 women aged 15–19 compared to 101.10 births. Both phenomena are disproportionately more common in rural areas than in urban areas and among women from a lower socioeconomic background. They are also both related to the high prevalence of strongly rooted and very patriarchal social norms and religious customs. Such norms and customs inflict widely accepted and severe forms of violence on women and relegate them to a submissive position to men very early in life.

Early family formation has many very negative effects for women and societies, significantly limiting economic opportunities for women over the long term and ultimately compromising shared prosperity and poverty reduction efforts. Child brides are at greater risk of experiencing poor health outcomes, early pregnancy and childbearing, and maternal mortality; they are also more likely to drop out of school, with life-long impacts on their capacity to engage in productive activities and their exposure to poverty (Hindin and Fatusi 2009; Wodon et al. 2017). Marrying before age 18 also increases a woman's odds of experiencing intimate partner violence by 22 percent (World Bank 2014a). These dynamics also affect women's children and households, as well as communities and entire societies (Wodon et al. 2017). Overall, if child marriage had ended in 2015, the global economy could have saved US\$566 billion by 2030 (Wodon et al. 2017). Adolescent mothers also face higher maternal mortality and higher risks of complications related to pregnancy and childbirth than do older mothers (Azevedo et al. 2012; Klugman et al. 2014; UNICEF 2008a; WHO 2014); are less likely than their female peers to finish secondary education (Bethelon and Kruger 2012); and are more likely to have lower labor force participation and earnings. Research also finds that negative effects carry over into the next generation (Azevedo et al. 2012; Hoffman and Maynard 2008).

Implementation and enforcement of laws on child marriage across Africa experience several common problems. These problems include weak judicial systems, lack of effective monitoring mechanisms, a poor understanding of the laws, lack of adequate training, poor coordination between relevant government ministries, lack of a clear delegation of responsibilities to specific authorities, and lack of guidelines on how to handle child marriage cases (UNICEF 2020).

Different approaches exist to ensure enforcement of the minimum age of marriage. The main approach involves criminalization of the practice, which, although sending the clear message that child marriage is illegal, can also have unintended negative impacts on families, leading to an increase in informal unions (UNICEF 2020). The enactment and enforcement of this type of legislation must therefore be carefully designed in order to keep the practice from going underground (Svanemyr et al. 2013). To ensure adequate enforcement of laws, all actors involved—especially police and judiciary officers, local government representatives, and community leaders—need to be trained, while efforts should be made to communicate the details of the law, and to strengthen the capacity of law enforcement bodies. The marriage registration process should also require that both parties list their birth dates to ensure that the parties are of legal age to be married; for that, a functioning civil registration system producing official documentation of births and marriages plays a crucial role (Hanmer and Elefante 2016; Svanemyr et al. 2013).

Legal reforms must be accompanied by a wide range of policies and interventions aimed at addressing the root causes of these practices (Wodon et al. 2017; UNICEF 2020). A recent review of the determinants of teenage pregnancy in Sub-Saharan Africa finds that community sensitization, comprehensive sexual education, and ensuring girls enroll and stay in school could reduce

adolescent pregnancy rates. In addition, the provision of adolescent-friendly health services in schools and health care centers and the initiation of adolescent empowerment programs could have a positive impact in this area (Yakubu and Salisu 2018). Interventions should aim to engage and mobilize parents, communities, and leaders in activities to share information, raise awareness, and change behavior in order to shift adverse beliefs. They should also aim to empower girls and their families economically and socially through alternative livelihood programs, conditional cash transfers, and other financial incentives. Lesotho offers a relevant example in this area, because the country managed to curtail child marriage through community engagement efforts (Maepe 2020).

One of the most promising ways of reducing child marriage and adolescent fertility is to keep girls in school. This means that all efforts directed at the objective of keeping girls in school would indirectly contribute to curtailing this adverse practice (World Bank 2022a). In the Guinean case, existing laws and regulations related to the schooling of children should be enforced. For example, education in the country is officially compulsory for 6 years for all children between the ages of 7 and 12 (World Development Indicators, UNESCO Institute for Statistics 2020). Some of the programs aimed at helping girls to complete primary and secondary education also demonstrate important spillover effects on teenage fertility, early marriage, and socioeconomic welfare. A subsidy program in Kenya (see chapter 5 and strategic direction 4), for instance, delayed the onset of girls' fertility, with adolescent pregnancy rates falling from 16 percent to 13 percent within three years (Duflo, Dupas, and Kremer 2015). At the same time, the elimination of primary school fees in Ethiopia and Uganda led to delays in child-bearing and reduced teenage pregnancy (Chicoine 2021; Keats 2018). Similarly, a cash transfer program for girls' schooling in Malawi decreased the incidence of teenage pregnancy by 34 percent (Baird et al. 2014).

Community-based adolescent empowerment programs can foster multiple dimensions of human capital accumulation by offering girls and young women alternative uses of their time. These types of programs show important positive impacts on changing girls' beliefs and acceptance of specific forms of gender-based violence, including child marriage, as well as on reducing teenage pregnancy, as shown by the experience in Ethiopia (Erulkar and Muthengi 2009) or South Sudan (World Bank 2013). Early results of the South Sudan Adolescent Girls Initiative, which provides safe spaces for girls and young women to receive training and to socialize, suggest positive impacts on behavioral change with regard to early pregnancy.¹⁵ Participants in the Empowerment and Livelihood for Adolescents program in Uganda, which offered adolescent girls vocational and life skills training and a safe space to meet and socialize with other adolescent girls, were also 26 percent less likely than non-participants to have a child (Bandiera et al. 2020). The same intervention in Sierra Leone has decreased teenage pregnancies outside of wedlock by 7.5 percentage points (Bandiera et al. 2018).

Moreover, awareness campaigns on sexual and reproductive health and family planning can show very positive effects (World Bank 2022a). Overall, increased knowledge about sexual and reproductive health is effective in decreasing the incidence of early pregnancy and childbearing. A regular anti-HIV training in Cameroon combined with a component on contraceptive use (video, training session) has reduced the incidence of early pregnancy

and increased the use of contraception (Dupas, Huillery, and Seban 2018). Similarly, a media campaign in South Africa on sex, HIV, sexuality, and gender relations has delayed early childbearing by 1.2 years on average (Branson and Byker 2018). An intervention in South Africa that provided 12 weekly lessons using a variety of interactive activities¹⁶ led to significantly healthier attitudes toward sexual and reproductive health (Taylor et al. 2014).

Focused efforts to promote access to contraception methods among young people can also help to reduce adolescent fertility. A complex intervention in Tanzania enabling community-based condom promotion and distribution, for and by youth, supplemented by in-school sexual and reproductive health education and the provision of youth-friendly sexual and reproductive health services, had positive impacts on participants' knowledge about pregnancy prevention and use of contraception (Doyle et al. 2011). A similar intervention in Uganda provided youth-friendly services, including information, education and communication on sexual and reproductive health, counseling, and distribution of contraception. It led to a significant increase in the age at first intercourse and a decrease in the probability of pregnancy in the participating communities (Asingwire et al. 2019). However, there is also evidence that the mere provision of contraceptive methods may increase usage among recipients but not necessarily reduce the rate of births (Ashraf, Field, and Leight 2013). More evidence is needed to determine the effectiveness of this method to reduce adolescent fertility.

15 The interventions offered at the clubs include demand-driven skills training, financial literacy training, life skills training, and access to savings clubs and microcredit. For more on the World Bank's Adolescent Girls Initiative, go to <https://www.worldbank.org/en/programs/adolescent-girls-initiative>.

16 Including role plays, small and large group discussions, debates, and viewing of videos made especially for the discussions with students.



CHAPTER 5. EMPLOY: WOMEN'S ECONOMIC OPPORTUNITIES IN GUINEA

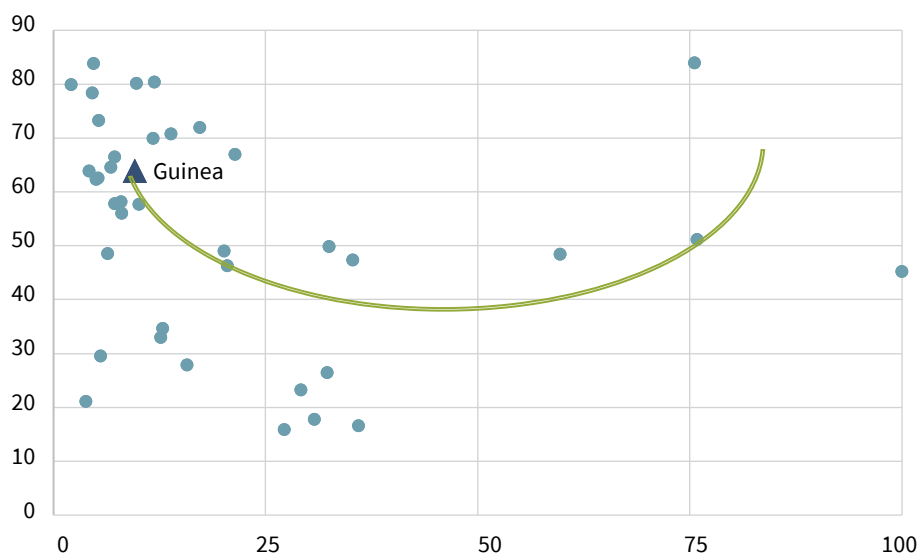


Labor market outcomes

Female labor force participation (FLFP) in Guinea is relatively high, given that, as with other low-income countries, large numbers of women tend to engage in work at family farms and household enterprises. The relationship between FLFP and development is U-shaped. At an extremely low level of income and higher levels of poverty, where most African countries including Guinea fall, women are expected to contribute to the family income.

As economies advance and household income increases, the family “buys” back women’s time for home production, such as care for children and the elderly. This pattern, together with the exclusion of women from manual jobs because of social stigma and discrimination, contributes to the decline in the FLFP in countries with higher gross domestic product per capita. It is only at a higher level of income and with women’s education that gender gaps in labor markets start to close (Woldemichael 2020; figure 5.1).

FIGURE 5.1. THE RELATIONSHIP BETWEEN GDP PER CAPITA AND FLFP IN AFRICA



Source: World Bank, World Development Indicators. Adapted from Woldemichael 2020.

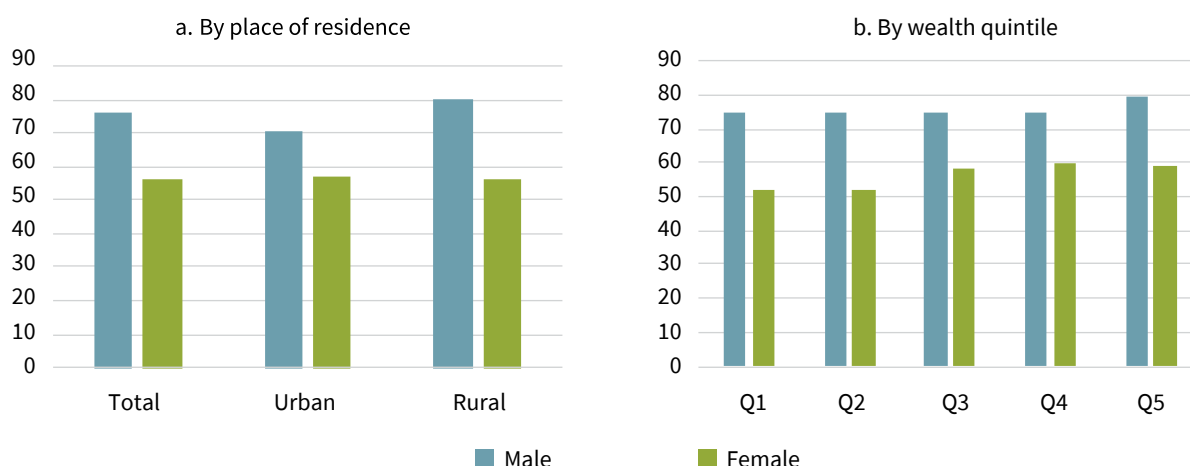
Note: FLFP = female labor force participation; GDP = gross domestic product.

Guinean women participate in the labor force to a lower extent than men do. FLFP, at 56.3 percent in 2018, is slightly lower in Guinea than the average in the Sub-Saharan Africa region (61.0 percent) but significantly higher than in other regional peers such as Côte d'Ivoire (45.0 percent), Mauritania (28.0 percent), Nigeria (49.0 percent), and Senegal (47.5 percent). FLFP in rural areas, at

over 80 percent in 2018, was exceptionally high even for African standards. Still, overall labor force participation of women in Guinea is strongly below that of men, which was estimated at 76.1 percent (Guinea EHCVM 2018). Labor force participation increases among both men and women with wealth quintile (figure 5.2).¹⁷

17 Because of the incomparability of the latest Harmonized Survey on Household Living Standards (2018) with previous surveys, it is not possible to estimate trends in FLFP over years.

FIGURE 5.2. LABOR FORCE PARTICIPATION RATES IN GUINEA, BY GENDER, 2018 (PERCENT)

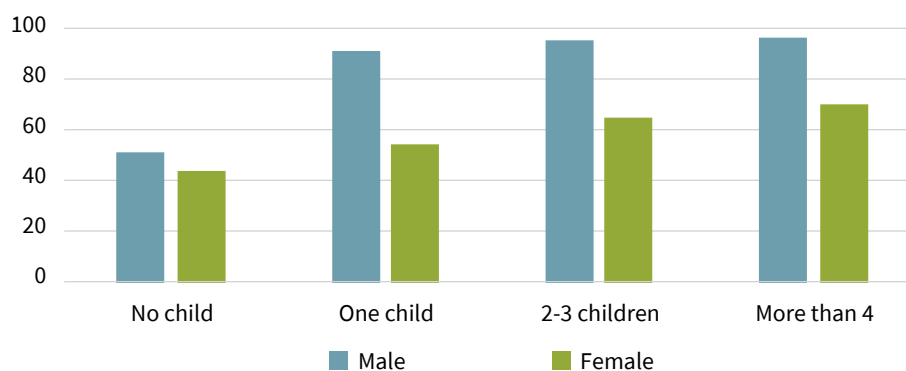


Source: Guinea EHCVM 2018.

Individuals with children (both men and women) have a higher likelihood of participating in the labor market. The more children women and men have, the higher the participation rate: 96.2 percent of men and 69.6 percent of women with more than four children are active, twice the share registered among those without children (figure 5.3). On the one hand, the number of children in the household may drive FLFP up, because it generates additional financial and material pressure. On the other

hand, evidence from Guinea suggests that married women, who most usually have children, are also more likely to be economically active. Also, individuals active in the labor market are more likely to have the means to start a family, including having more children. Hence, the relationship between the number of children in the household and FLFP may reflect a simple correlation rather than a causal effect—meaning that the number of children is not necessarily a driving factor of higher FLFP.

FIGURE 5.3. LABOR FORCE PARTICIPATION RATES AND NUMBER OF CHILDREN IN GUINEA, BY GENDER, 2018 (PERCENT)



Source: Guinea EHCVM 2018.

Child marriage and early pregnancy can also be conducive to women's participation in the labor force. According to the Guinea EHCVM 2018, women who married when they were 30–34 show the highest labor force participation rates (73.4 percent), followed by women who married before 15 years of age (64.1 percent). Most women who married before they were 15 years old appear to work on the family farm (61.6 percent) or to own a nonfarm enterprise (33.2 percent); only 2.3 percent work as nonfarm wage earners (compared to 13.8 percent among those who married after 35) (table 5.1). With regard to pregnancy, and against the perception that having a child

earlier may place pressure on women to enter the labor force, participation is not higher among women who had their first child as adolescents; on the contrary, it increases with age at first child up to the 30-to-34-year-old group (64.8 percent compared to 61.7 percent among women who got pregnant before they turned 15). In this case, the differences in the type of employment are not so marked, except for the share who work as managers of a plot, which tends to increase with age at first child, and ownership of a nonfarm enterprise, which decreases (table 5.2).

TABLE 5.1. FEMALE LABOR FORCE PARTICIPATION AND TYPE OF EMPLOYMENT IN GUINEA, BY AGE AT FIRST MARRIAGE

	All married	Under 15	16–19	20–24	25–29	30–34	35+
Labor force participation	61.2	64.1	59.4	61.3	61.6	73.4	60.8
Agricultural activities							
Works as a manager of a plot	14.4	22.5	12.2	11.8	7.8	5.5	11.0
Works as a livestock keeper	25.8	32.2	25.2	23.3	14.4	11.7	9.0
Works on the family farm	49.5	61.6	49.6	40.1	29.8	27.7	38.3
Works as a paid agricultural worker	0.3	0.3	0.2	0.4	0.0	0.0	0.0
Nonagricultural activities							
Works as a nonfarm wage earner	2.3	0.4	1.8	3.4	9.7	13.1	13.8
Owens a nonfarm enterprise	33.2	29.5	32.9	37.5	37.9	42.2	22.9
Owens a formal nonfarm enterprise	0.7	0.5	0.5	1.1	2.4	1.4	0.0
Owens an upper-tier informal nonfarm enterprise	23.4	18.6	22.9	28.9	29.0	36.6	10.3
Owens a lower-tier informal nonfarm enterprise	9.2	10.4	9.5	7.5	6.5	4.2	12.6

Source: Guinea EHCVM 2018

TABLE 5.2. FEMALE LABOR FORCE PARTICIPATION AND TYPE OF EMPLOYMENT IN GUINEA, BY AGE AT FIRST CHILD

	All	Under 15	16–19	20–24	25–29	30–34	35+
Labor force participation	62.7	61.7	60.9	62.5	65.5	64.8	62.2
Agricultural activities							
Works as a manager of a plot	13.4	9.1	10.9	10.7	15.4	21.4	23.9
Works as a livestock keeper	25.8	22.1	23.7	21.4	29.3	31.8	39.4
Works on the family farm	49.4	52.3	49.5	46.0	47.5	54.4	55.5
Works as a paid agricultural worker	0.3	0.1	0.1	0.2	0.7	0.2	0.4
Nonagricultural activities							
Works as a nonfarm wage earner	2.4	1.7	2.2	2.2	3.7	2.6	2.1
Owns a nonfarm enterprise	36.2	39.4	36.0	38.9	36.1	33.2	26.0
Owns a formal nonfarm enterprise	0.8	0.9	0.7	0.7	1.1	0.8	0.6
Owns an upper-tier informal nonfarm enterprise	25.5	27.5	24.1	27.0	26.1	24.6	21.2
Owns a lower-tier informal nonfarm enterprise	9.9	11.1	11.2	11.1	8.9	7.8	4.3

Source: Guinea EHCVM 2018.

Many of the jobs available to women can be characterized as vulnerable, seasonal, informal, and/or occasional. Over 95 percent of female employment was considered vulnerable in 2019, compared to 83.3 percent of male employment—both rates significantly higher than the average in the Sub-Saharan Africa region (80.1 percent among women and 67.2 percent among men in 2019).¹⁸ Many women in Guinea are employed informally or seasonally. About 75 percent of female employees in agriculture, farming, and fishing are seasonal workers; and 37.1 percent of all female workers are employed on a seasonal basis (Guinea EHCVM 2018).

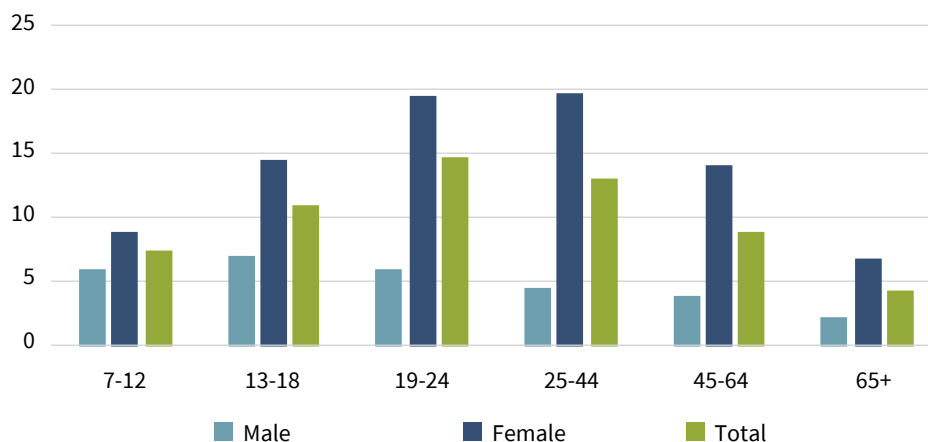
Guinean women are also overrepresented in unpaid domestic work. Guinean women spend an average of 15.4 hours on unpaid domestic work per week in contrast to 5.2 hours spent by men (Guinea EHCVM 2018) (figure 5.4). The gap is similar in urban and rural areas. In addition, women are more likely than men to be engaged in unpaid work outside the home, especially in agriculture. For example, evidence suggests that women who contribute to the cultivation of male family members' cash crops are often not paid for that work (Groggel, Sow, and Gnimassou 2020). The disparity in the number of hours of domestic work persists across generations, with the gap

18 Based on World Bank, World Development Indicators and modeled International Labour Organization estimations.

becoming wider among younger age groups. In connection with these trends, time poverty¹⁹ is higher among women than men in Guinea. In 2010, about 20.4 percent of adults in Guinea were characterized as time poor

(Bardasi and Wodon 2010). The rate of time poverty was higher for women (24.7 percent) than for men (15.1 percent) and more substantial in rural (26.4 percent) than in urban areas (7.7 percent).

FIGURE 5.4. AVERAGE HOURS SPENT ON DOMESTIC PER WEEK (UNPAID WORK) IN GUINEA, BY AGE AND GENDER, 2018



Source: Guinea EHCVM 2018

Earning differentials between men and women persist, with employed married women facing a substantial disadvantage—especially in rural areas. Large gender wage gaps have been identified in Guinea across sectors and geographical areas, regardless of education level—with the exception of the minority of women with university degrees (Osorio and Wodon 2010). It is estimated that the raw gender pay gap in Guinea in 2012 was 50 percent (World Bank Group 2019a). Employees in the informal sector earn 38–43 percent less than those in the formal sector in urban areas, with the reverse effect observed in rural areas. This reversal may be related to the fact that most rural women who are employed on a permanent contract are usually involved in low-skilled agricultural production with low wages (Osorio and Wodon 2010).

Even if, following the regional trend, family formation decisions do not inhibit women's labor force participation in Guinea, they do affect employment on the intensive margin. As seen above, being married or having children appears to increase the likelihood that a Guinean woman will work. Indeed, child marriage prevalence rates appear to be lower among nonworking women, which suggests a positive correlation between child marriage and labor participation (Male and Wodon 2016). However, high rates of labor force participation mask underlying challenges for women. Faced with childcare duties and constraints on their time, women are often pushed into forms of work that, while providing more flexibility and being better adapted to the prevailing social norms, render women more vulnerable (Chakravarty, Das, and

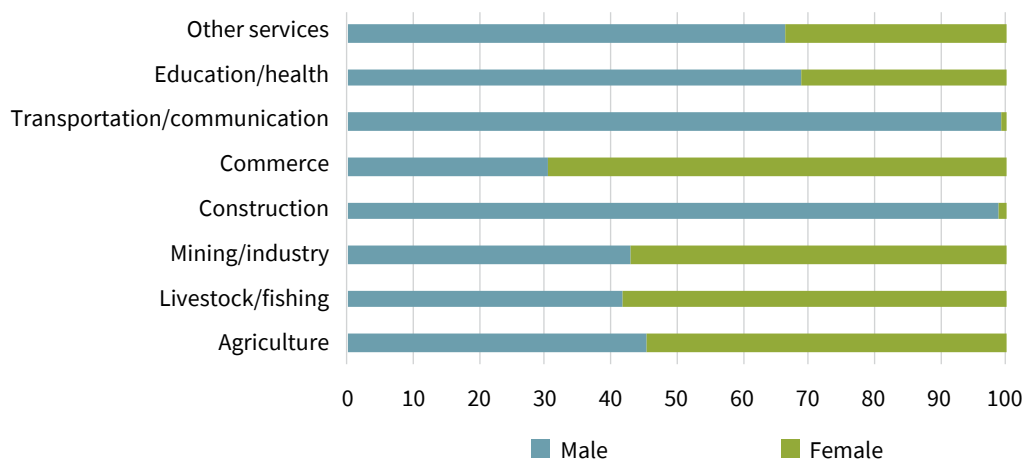
19 The time poor work 50 hours per week and belong to households that are poor or would become poor if the individuals were to reduce their working hours up to the time-poverty line.

Vaillant 2017). Indeed, the jobs available to girls and young women who marry by the age of 18 are likely to be of an informal nature and poorly paid (if paid at all), hindering their chances of reaching economic and financial stability. In addition, employed married women have much lower earnings than men, especially in rural areas of the country, which may reflect gender norms that expect men to be the main earners in the family and limit the range of work opportunities for women, or that put the burden of unpaid work on women.

Women in Guinea are overrepresented in agriculture, mining, and trade; however, men have more presence in traditionally female sectors such as health and education (figure 5.5). Occupational segregation is common in Guinea. Indeed, some sectors are dominated nearly

exclusively by men: men constitute 98.8 percent of all employees in construction and 99.3 percent in transportation/communication. However, and against the trend observed in most countries, men are also overrepresented in education and health (69.0 percent), and in other services (66.4 percent). At the same time, women constitute a majority of employees in agriculture (54.6 percent), livestock/fishing (58.2 percent), mining/industry (56.8 percent), and commerce (69.6 percent), sectors traditionally considered male. Between 2012 and 2018, a significant increase was observed in the share of women working in livestock/fishing (by 23.6 percentage points) and mining/industry (by 15.9 percentage points). In all other employment sectors, however, the percentage of women employees has dropped (Guinea EHCVM 2018).

FIGURE 5.5. DISTRIBUTION OF EMPLOYMENT IN GUINEA, BY SECTOR AND GENDER, 2018 (PERCENT)



Source: Guinea EHCVM 2018.

Guinean women's large presence in agriculture may be explained by a combination of factors including male migration and the Ebola crisis. Limited evidence from Sub-Saharan Africa suggests that male out-migration may amplify women's workload in agriculture, forcing women to take up traditionally male farming tasks (FAO 2011). In the case of Guinea, the household survey shows

that about 34 percent of adult females aged 15+ and 38 percent of adult males reported having recently lived for at least six months in a location different from their current location. In Conakry and other urban areas, more than one in three adults report themselves to be newcomers. This finding is consistent with expectations of a fairly high rate of internal migration in Guinea (World

Bank 2018). Among male rural-to-urban migrants, 40 percent list work as the reason for their relocation. Employment seems to play a much smaller role for female rural-to-urban migrants, motivating just 9 percent of their relocations; most cite marriage or family as their main reason for moving. More than two in three households (68 percent) receive some transfers from former household members or other relatives who may reside within Guinea or outside the country's borders. In addition, it is likely that the Ebola crisis, which resulted in the loss of income-generating activities and decreased financial security, intensified male work migration while increasing women's involvement in agriculture. Moreover, the Ebola crisis interrupted many of the other economic activities available to women, such as cross-border trade, retail sales, and so on (UNDG 2015). Finally, food insecurity and the high levels of undernourishment registered after the Ebola crisis may have pushed more women into agricultural activities (UNDG 2015).

Despite women's major role in mining in Guinea, their working conditions are particularly poor. Mining is one of the most important economic sectors in Guinea, which is a major global producer of bauxite, iron ore, gold, and diamonds. The country possesses some of the world's largest deposits of bauxite and iron. The sector accounts for 20 percent of gross domestic product, 80 percent of foreign currency earnings, and 20–25 percent of government revenue.²⁰ Women have traditionally been engaged in artisanal mining of gold and diamonds alongside men

in certain parts of the country.²¹ About 70 percent of workers in the sector in the eastern region, for instance, are believed to be women. Their activity is most usually concentrated in downstream and labor-intensive activities.²² Qualitative evidence, however, indicates that these female workers are among the most vulnerable groups affected by the extractive industry in Guinea. At the company level, they rarely reach managerial positions; at the community level, their needs are rarely ascertained; and, in the artisanal sector, their health, and that of their children, is strongly affected by the use of harmful products (Camara, Ngom, and Baudin Sanchez 2020).

Women's labor force participation and access to quality employment in Guinea continue to face restriction by discriminatory formal and informal institutions. Guinea is among the less than half of Sub-Saharan African countries where national labor laws still contain provisions that restrict women's access to employment in the same industries as men and to jobs deemed dangerous.²³ According to the 2021 Women, Business and the Law report (World Bank 2021c) women in Guinea cannot legally work in industrial sectors such as mining, construction, and factories—even when they are overrepresented in some of them, as they are in mining. Moreover, despite the fact that the labor code prohibits gender discrimination in hiring, in practice women still encounter discriminatory judgements and practices, especially in rural areas (Groggel, Sow, and Gnimassou 2020). Social norms and expectations toward women's roles in society also affect women's economic

20 From the World Bank, Guinea Integrated Agricultural Development Project datasheet (<https://documents1.worldbank.org/curated/en/575631525731828125/pdf/Project-Information-Documents-Integrated-Safeguards-Data-Sheet-Guinea-Integrated-Agricultural-Development-Project-GIADP-PDAIG-P164326.pdf>).

21 From Centurion's web page, "Guinea: Promoting Women and Artisanal Mining" (<https://centurionlg.com/2020/09/10/guinea-promoting-women-and-artisanal-mining/>).

22 From the United Nations Economic Commission for Africa, African Minerals Development Centre profile of Guinea (<https://knowledge.uneca.org/asm/Guinea>).

23 Of 48 countries in the region, 25 have already repealed restrictions on the industries women may work in, and 28 of the 48 countries have no restrictions on women working in dangerous occupations.

participation. For example, some men see the economic empowerment of their wives as a threat to their status as family head and main breadwinner (Ammann 2016).

In addition, women's exclusion from decent and formal employment may be related to their lack of marketable skills. A low level of marketable skills among youth is widely recognized as a major barrier to youth employment in Africa. According to the World Bank Enterprise Survey, 18.2 percent of firms in the region identify an inadequately educated workforce as a major constraint to operations. Young women attain less education on average than young men, putting them at a further disadvantage (Chakravarty, Das, and Vaillant 2017). Technical and vocational education and training systems, in particular, remain very poorly developed in Sub-Saharan Africa, and gender gaps in access persist. The few women enrolled remain systematically excluded from science, technology, engineering, and mathematics fields of study (Arias, Evans, and Santos 2019). Evidence from Guinea indicates that the skill level of the labor force is far from adequate to satisfy existing demands, because the education system does not equip graduates to meet the needs of the labor market. Employers report difficulties finding workers with the skills they need. In addition, technical and vocational training is underdeveloped relative to the needs of industry—particularly mining, construction, and agriculture (World Bank 2015a). All these trends are likely to be more pronounced among women, whose access to education and training remains more severely constrained.

Women's participation in the labor market is also determined by the lack of transportation to get them to employment sites as well as the risk of experiencing sexual harassment during the commute. Safe and convenient transportation connections and infrastructure can boost

women's employment, as evidence from different countries shows (Dobbs 2007; Martinez et al. 2020). Gender-based violence (GBV) on public transportation is a widespread phenomenon across countries, which may lead many women to use it only at certain times or to stop using it altogether (Gekoski et al. 2017). In addition, social and gender norms often operate as constraints on women's mobility. According to the 2018 Demographic and Health Survey report, 83 percent of women (aged 15–49) agree with the statement that a husband is justified in beating his wife if she goes out without telling him (INS and ICF 2019).

Entrepreneurship and access to assets and finance

The role of Guinean women in entrepreneurship remains limited mostly to self-employment. In 2018, only 12 percent of all formal business owners (with more than five employees) were women.²⁴ In 2016, only 9 percent of firms were (partially) owned by women, in contrast to 29 percent on average in Sub-Saharan Africa and 25 percent in low-income countries; only 6 percent of firms had a female top manager, which is significantly lower than the average in Sub-Saharan Africa (14 percent) and in low-income countries in general (12 percent).²⁵ Entrepreneurship for African women often comes more from necessity than choice, given the lack of wage job opportunities available and the prevailing social norms related to the role of women relative to men in society. It is the only region where women are more likely to be entrepreneurs than men, although again out of economic necessity rather than opportunity (World Bank 2019b). For example, African women account for 58 percent of the continent's self-employed population (Copley, Decker, and Delavelle 2020). However, female-led businesses systematically

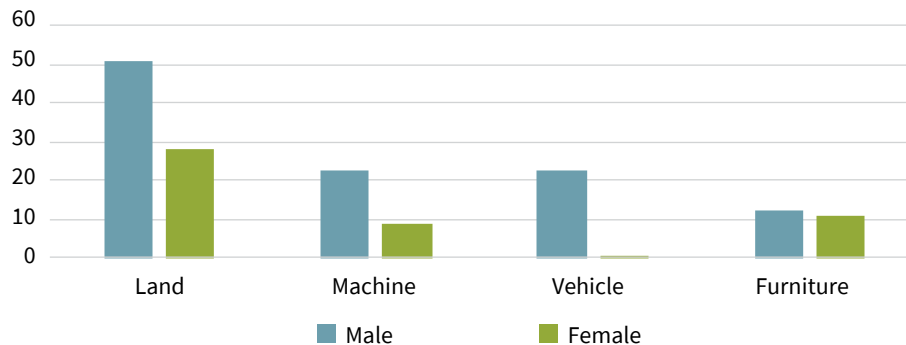
24 Data from the World Bank, World Development Indicators.

25 World Development Indicators.

show lower performance (as reflected in profits) than those led by men (World Bank 2019b). This disparity

largely relates to gaps in availability of productive assets such as machinery, vehicles, or land (figure 5.6).

FIGURE 5.6. FEMALE AND MALE ASSET OWNERSHIP IN GUINEA, 2018 (PERCENT)



Source: Guinea EHCVM 2018

However, female self-employment²⁶ remains high in Guinea—even if lower than that of males—with urban and wealthier women more likely to be self-employed. Although a larger share of men (68.1 percent) than of women (62.9 percent) was self-employed in Guinea in 2018, women accounted for half of the total self-employed workers in the country (Guinea EHCVM 2018). Both self-employment and working for family are considered vulnerable or insecure forms of employment because the lack of stability and financial security and the seasonal character of work allow employers to easily exploit workers. Moreover, the existing legal protections against gender discrimination in the workplace do not apply to women who are self-employed or who work in informal settings (OECD 2014). Between 2012 and 2018, the share of women who were self-employed decreased by 3.2 percentage points, whereas that of men increased by 3.0 percentage points. Female self-employment is higher in urban (71.2 percent) than in rural (59.3 percent)

areas, and women from the highest wealth quintiles are more likely to be self-employed—with a reverse trend observed among men. Importantly, a sizeable proportion of these self-employed women and men are farmers, livestock keepers, or fisher(wo)men. Self-employment is also associated with lower educational levels, older age, being married/widow/divorced, and having children, among both men and women (Guinea EHCVM 2018).

Informal work and self-employment not only reduce women's financial and economic security but also bear important risks for women. Informal sector workers lack access to formal social protection mechanisms that provide a safety net in the face of shocks. To cover that gap, workers most often rely on traditional mechanisms, including community/family solidarity and tontines²⁷ (Toure 2017). Informal employment also increases the risks of experiencing sexual harassment and GBV in the workplace (Groggel, Sow, and Gnimassou 2020). For

²⁶ Self-employment as captured in the survey is very broad. Anyone in the labor force that is not working for someone else considers themselves as being 'self-employed'.

²⁷ Informal community-based savings systems or clubs through which members make regular contributions that they can withdraw in case of need.

example, anecdotal evidence shows that women from urban areas working in the private sector often experience sexual harassment but rarely report it because of the lack of law enforcement mechanisms and fear of retaliation, including loss of job or demotion (Groggel, Sow, and Gnimassou 2020). Similarly, increased risks of GBV—including transactional sex, prostitution, and a practice known as *foudoukoudouni*²⁸—are documented in mining communities where women are underrepresented and underpaid (Groggel, Sow, and Gnimassou 2020).

Social norms regarding family formation and care constitute serious challenges for women's entrepreneurship. For example, women's limited household decision-making powers, which make women dependent on the decisions of their husbands, strongly decrease their chances of starting their own business. Additionally, women lack the necessary time to dedicate to business setup and operation because of the number of hours they put into unpaid domestic work and care (see figure 5.4). Social expectations and duties within the household limit the time available to women to engage in financial and business opportunities. It appears that family pressure on women entrepreneurs has significantly negative effects on business investment decisions. For instance, married women with family living nearby perform worse, whereas men benefit from close family proximity (Fiala 2013). A study from Ghana also shows that, to reinforce their husband's responsibilities as a provider, women hid income and savings, and sometimes explicitly limited business growth (Friedson-Ridenour and Pierotti 2018).

As noted earlier, the lack of access to productive assets also acts as a major constraint to women's

entrepreneurship in Guinea. There was a pronounced increase in access to almost all assets between 2012 and 2018 for both men and women, although the gender gap in asset ownership is persistent and significant. Ownership of other assets is significantly lower among female-headed households across all regions. For example, 93.3 percent of male-headed compared to 85.5 percent of female-headed households had a mobile phone in 2018; 25.6 percent of male-headed and only 2.0 percent of female-headed households possessed a motorcycle (Guinea EHCVM 2018).

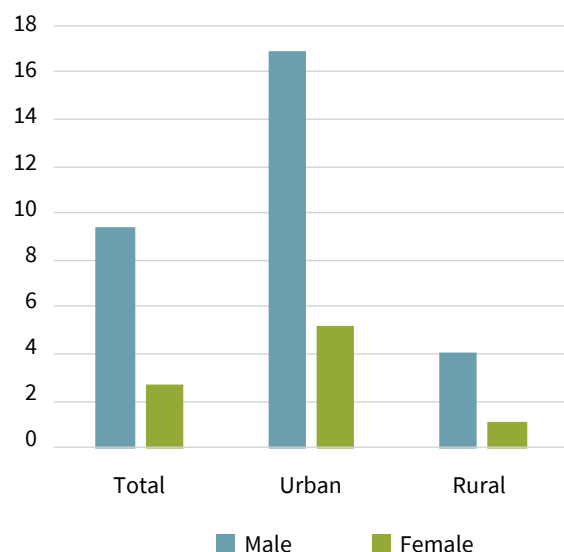
Data further show pronounced differences in the way men and women engage in financial services in Guinea. In 2018, only 2.6 percent of women (in contrast to 9.4 percent of men) had access to a bank account in Guinea, and 15.1 percent to mobile banking (compared to 32.9 percent of men). A significantly higher percentage of men (54.5 percent) than women (32.9 percent) had access to mobile banking in urban settings, with the lowest access to mobile accounts observed among rural women (1.1 percent) (Guinea EHCVM 2018) (figures 5.7 and 5.8). Moreover, only 24.0 percent of women aged 15+ own an account at a financial institution or with a mobile money service provider, compared to 36.9 percent of men. The figures remain largely below the Sub-Saharan African averages of 49.0 percent for women and 61.4 percent for men.²⁹ Notably, between 2014 and 2017, the proportion of women who saved or borrowed to start, operate, or expand a farm or business increased, whereas that of men decreased significantly (table 5.3). In these terms, Guinea performs better than the Sub-Saharan African average.³⁰

28 Short-term marriage.

29 Based on the 2021 data from World Bank, Global Findex Database (<https://data.worldbank.org/indicator/FX.OWN.TOTL.FE.ZS?locations=ZG>)

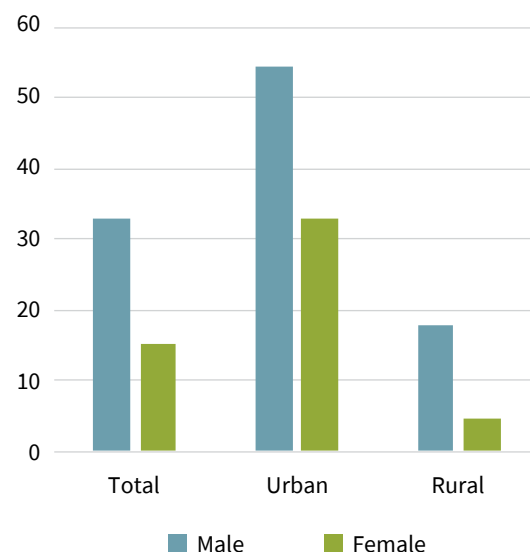
30 Based on 2014–17 data from World Bank, Global Financial Inclusion data set (<https://databank.worldbank.org/source/global-financial-inclusion>).

FIGURE 5.7. PROPORTION OF GUINEAN POPULATION AGED 15+ WITH A BANK ACCOUNT, 2018 (PERCENT)



Source: Guinea EHCVM 2018.

FIGURE 5.8. PROPORTION OF GUINEAN POPULATION AGED 15+ WITH ACCESS TO MOBILE BANKING, 2018 (PERCENT)



Source: Guinea EHCVM 2018.

TABLE 5.3. PROPORTION OF INDIVIDUALS AGED 15+ WHO SAVED AND BORROWED TO START, OPERATE, OR EXPAND A FARM OR BUSINESS, BY GENDER, 2014–17 (PERCENT)

	Guinea		Sub-Saharan Africa	
Saved to start, operate, or expand a farm or business (% age 15+)				
	2014	2017	2014	2017
Female	16.74	17.31	19.77	20.25
Male	21.04	14.73	25.56	26.29
Borrowed to start, operate, or expand a farm or business (% age 15+)				
Female	14.34	16.07	12.15	10.83
Male	18.75	12.71	13.45	12.37

Source: Based on 2014–17 data from World Bank, [Global Financial Inclusion](#) data set.

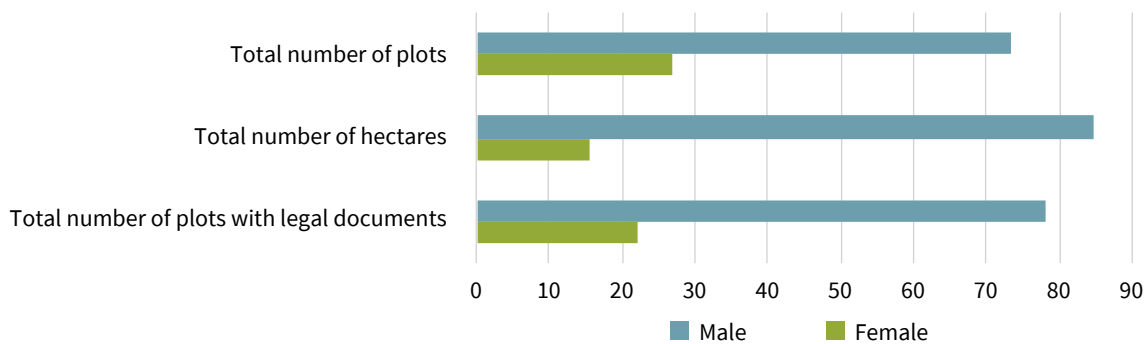
Despite the key role that Guinean women play in agriculture, their access to land and other productive inputs remains constrained. Even though women make up a large share of Africa's farmers, they tend to be locked out of land ownership; access to credit and productive

farm inputs like fertilizers, pesticides, and farming tools; support from extension services; and access to markets and other factors essential to their productivity. In Guinea, women are responsible for nearly 80 percent of the country's food production. As seen before, 54.6 percent

of all workers in the agricultural sector are women, and 62 percent of female employment corresponds to this sector (Guinea EHCVM 2018). However, women control a very small share of resources, and men hold the main decision-making power and the ownership of and access to information, inputs, means of production, and technology. Indeed, men own 73 percent of the plots in Guinea, as well as 84.5 percent of the total hectares. Similarly, the share of plots with legal documents owned by women, at 22 percent, is much lower than the share owned by men

(figure 5.9). Instead, women obtain use rights to agricultural land through their husbands and sons, and they are usually dependent on those relationships to maintain their rights of access to land (Clapp 1993; Fischer et al. 1995). At the same time, only 6.3 percent of female landowners use fertilizers, half the usage registered among male landowners (12.9 percent). Importantly, however, these data may not reflect the full reality in Guinea because the survey did not cover all plots operated and owned by households.³¹

FIGURE 5.9. LAND OWNERSHIP IN GUINEA, BY GENDER (PERCENT)



Source: Guinea EHCVM 2018.

Despite some positive legal developments, Guinean legislation still contains some discriminatory provisions that obstruct women's access and ownership of assets. Article 695 of the Guinean Civil Code creates a disparity in inheritance rights of surviving male and female spouses, granting surviving husbands more rights than wives. Article 695 gives widows a one-eighth share of the husband's estate if there are no children or second wives but has no such limit on the husband's inheritance share. Among 48

countries in Sub-Saharan Africa, Guinea is one of only 14 that treat surviving wives differently in inheritance rights than surviving husbands. Countries in the region that provide for the most equitable treatment of surviving husbands and wives include Burkina Faso, Gabon, and Ghana. In Sub-Saharan Africa, 29 countries provide for the recognition of nonmonetary contributions, but Guinea currently lacks legislation recognizing nonmonetary marital contributions.³²

31 Enumerators might have purposely limited themselves to plots with easy access, because it was not an agricultural survey. Also, collective ownership of plots is common in Guinea and most West African countries and is not reflected here.

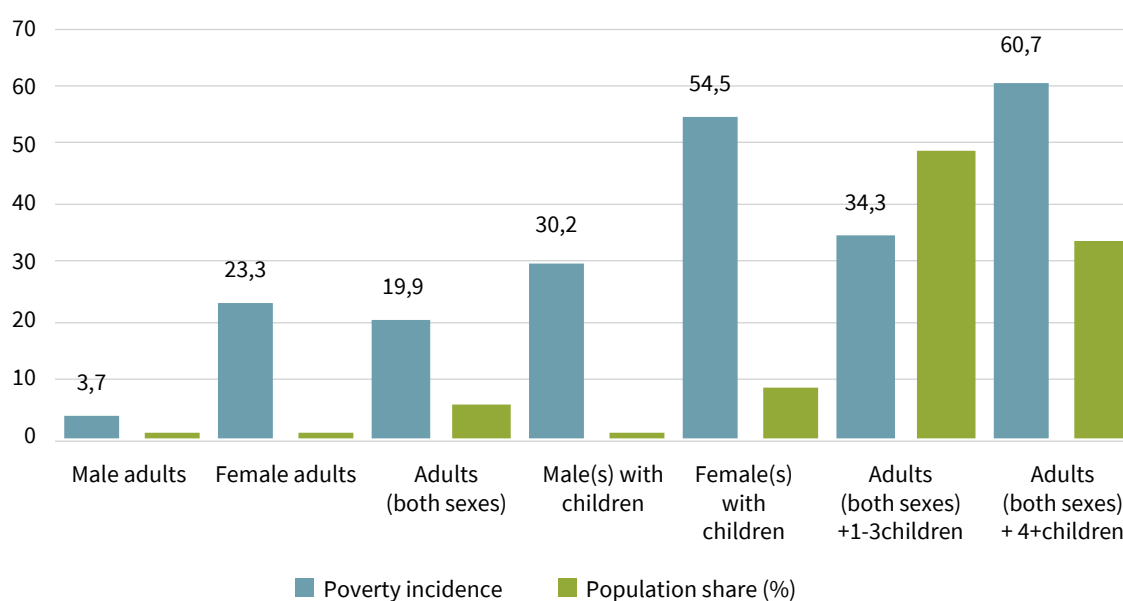
32 Nonmonetary contributions include unpaid work in the house such as childcare or household responsibilities. Because women are more likely to perform unpaid activities that benefit the household such as child or elderly care, they typically have fewer monetized contributions than men and therefore acquire fewer assets during marriage. Recognition of these nonmonetary contributions is important upon the dissolution of marriage because it can grant women access to a share of marital property.

Poverty

Likely as a result of all the gaps mentioned previously, women are more exposed to poverty and extreme poverty in Guinea.³³ Poverty incidence by household composition is highest among adults of both sexes with four or more children (60.7 percent), followed by women-only households with children (54.5 percent) and households with adults of both sexes with one to three children (34.3 percent) (figure 5.10). The lowest incidence of poverty is

observed among male adult households without children (3.7 percent). In comparison, female only adult households without children show a much higher poverty incidence (23.3 percent). Furthermore, when comparing poverty status by age, those most exposed to poverty are girls and young women aged 0–14 and elderly women aged 65+ (50.5 percent for each age group). The incidence of poverty is also steadily higher among female-headed than male-headed households.

FIGURE 5.10. POVERTY IN GUINEA, BY HOUSEHOLD COMPOSITION



Source: World Bank staff calculations based on Guinea EHCVM 2018

33 In this analysis, poverty is defined as the percentage of the population whose total consumption (including food, rent, clothing, energy, health expenditures, and education) is below the poverty line estimated at GF 5,006,362 per capita per year. Extreme poverty is either (1) the percentage of the population living below the international poverty line of US\$1.90 per capita per day, in 2011 purchasing power parity, or (2) the percentage of the population whose total consumption (including food, rent, clothing, energy, health expenditures, and education) is below the food poverty line.

Box 5.1. Why is improving access to economic opportunities for women a priority for Guinea?

Female labor force participation has decreased over the last 10 years in Guinea, reaching 56.3 percent in 2018, compared to 76.1 percent among men. This decrease has resulted in a widening gender gap in labor market engagement. Employment rates are also lower among women than men (40.7 percent compared to 61.9 percent among men), while the quality of jobs available to women tends to be poor. Guinean women are over-represented in unpaid domestic work; seasonal, informal, and vulnerable employment; and self-employment. Occupational segregation relegates women to certain activities, (atypically) including agriculture, mining, fishery/livestock, and trade. In addition, women tend to face special barriers to entrepreneurship, including lack of access to assets such as finance or land. Overall, their earnings (if any) tend to be lower and their access to social protection minimal, making them especially vulnerable to poverty. Having children increases women's likelihood of participating in the labor force, and having children early appears to decrease the likelihood of being self-employed.

As seen at the beginning of this report, the lack of gender equality in access to economic opportunity not only imposes a drag on women and girls but also represents massive economic costs for societies. In particular, estimations for Guinea show that increasing female labor productivity could result in a 10 percent higher gross domestic product per capita. Enhancing women's economic opportunities can have not only a direct impact through women's productive contributions to the economy but also an indirect one, by increasing educational attainment, improving women's health outcomes, lowering fertility rates, accelerating the demographic transition, or improving women's agency. Economic and financial independence expands the role of women in the household and society, which for instance can alleviate social pressure for early marriage and fertility (Chakravarty, Das, and Vaillant 2017). Having more control over financial resources in the household is also associated with an increase in the use of contraception (Blackstone 2017). Female economic autonomy plays a central role for women's agency. For example, asset ownership is positively correlated with women's work and decision-making in Guinea. In addition, women's presence in businesses is associated with gains for companies: those with a gender-diverse workforce are 15 percent more likely to have financial returns above their respective national industry medians (Hunt, Layton, and Prince 2015).

Strategic direction 4: Improve women's economic empowerment and access to quality employment

Promoting women's access to quality jobs offers a wide variety of benefits not only for women themselves, but also for the societal and economic development at large (box 5.1). One strategy to achieve this goal is to adjust the legal framework and eliminate any prohibition on female labor force participation. Some legal reforms to recognize the same rights to work between men and women are pending in Guinea. Guinea's national labor laws contain provisions that restrict women's access to employment in the same industries as men (Article 136.1 and Arrêté No. 1392/MASE/DNTLS/90 du 15 Mai 1990, Art. 1, 3-6) and to jobs deemed dangerous (Code du Travail Article 231.5).³⁴ The current provisions in the Code du Travail along with all implementing directives³⁵ could be repealed or replaced through a legal amendment allowing men and women to have access to the same jobs in all industries. Furthermore, an article could be added stating that men and women may work in all industries without discrimination on the basis of sex, encompassing all industries and all jobs. A good regional example of a reform in this area comes from South Sudan, which approved a new Labor Code in 2017.³⁶ In addition, Guinea currently lacks legislation recognizing nonmonetary marital contributions, which include unpaid work in the house such as childcare or household responsibilities and are mostly shouldered by women. Moreover, according to Article

619 of the new Civil Code, the default regime for marital assets is separation of property, which makes women particularly vulnerable in case of divorce.³⁷ This legal gap could be addressed by introducing a provision mandating the equal or equitable division of marital property or for the transfer of a lump sum to the stay-at-home spouse based on nonmonetary contributions at the time of separation or divorce. Alternatively, a reform could introduce the setting of "full community, partial community or deferred full or partial community" as the default marital property regime through an amendment to Article 619 of the Civil Code. In the last 10 years, three countries in the region—The Gambia, Kenya, and Malawi—have enacted reforms in this area.

However, it is not the existing gaps in formal institutions that appear to be the main challenge faced by Guinean women in this area, but rather the high prevalence of informal patriarchal norms. Traditional beliefs and values make women and girls extremely vulnerable and dependent on men in Guinea, confining women to the household and the role of mothers and wives, undermining their decision-making capacity in public and private spheres, and making them vulnerable to different forms of GBV. Shifting social norms and attitudes toward women's work outside the home is therefore a priority to facilitate women's economic participation. Such a shift would require a large-scale and long-term comprehensive strategy across areas and levels. Such an effort could include dialogue and mobilization programs at the community

34 Article 136.1 of the Code du Travail specifically bars women from night work in factories, quarries, construction sites, and other industries. Article 231.5 specifically allows for ministerial decrees to set out the nature of work women (and, specifically, pregnant women) may be prohibited from undertaking.

35 Specifically, Arrêté No. 1392/MASE/DNTLS/90 du 15 Mai 1990.

36 The New Labor Code, Act 64, 2017 states (Article 6, subsection 1): "No person shall discriminate, directly or indirectly, against an employee or job applicant in any work policy or practice." Subsections 2–6 define this right in more detail, making it clear that blanket occupational or vocational exceptions to the prohibitions are prohibited.

37 Because women are more likely to perform unpaid activities that benefit the household, such as child or elderly care, they typically have fewer monetized contributions than men and therefore acquire fewer assets during marriage. Recognition of these nonmonetary contributions is important upon the dissolution of marriage because it can grant women access to a share of marital property.

level, working with men and particularly religious leaders; educational campaigns or programs, for instance in schools, not only with students but also including the gender training of staff and gender-sensitive adaptations to the educational curriculum; and mass awareness-raising campaigns at the local or national level through TV or radio programs, for instance. Economic empowerment interventions for women can also contribute to change the knowledge and aspirations of young women and girls, with spillover effects.

Family-friendly policies are a crucial tool to address the gender gaps and discriminatory practices resulting from the unbalanced distribution of responsibilities over the household and children. Maternity leaves are central for mothers to recover from childbirth and to be able to breastfeed children for the minimum time recommended for healthy development. Paternity and parental leaves are also key for fathers to engage in childcare, to rebalance the distribution of responsibilities between men and women, and for a better attachment between fathers and children. However, Guinean law, *Loi L/2014/072/CNT du 10 Janvier 214, Art. 153.3*, mandates that employers pay for maternity leave benefits, which could act as a disincentive for employers in the private sector to hire women. The government of Guinea could consider amending its current law by shifting responsibility for administering maternity leave benefits from employers to the government. In Sub-Saharan Africa, the governments of 18 countries—including Mali, Mauritania, and Tanzania—fully administer maternity leave benefits. Guinea could do so through a compulsory social insurance scheme, employment reimbursement in full, public funds, or a quasi-public entity that administers the full benefits. In addition, paid parental and paternity leave provisions could be introduced by adopting legislation mandating the right to some form of paid parental leave either shared between the mother and father or as an individual entitlement. Recent amendments to South

Sudan's Labor Law provide good examples of paternity leave reforms.

The adoption of family-friendly policies aimed at informal sector workers will be especially crucial in the Guinean context. A majority of the Guinean labor force, particularly female workers, is engaged in informal work—often in the form of self-employment or unpaid family work—and therefore remains excluded from all forms of contributory social protection, including maternity leave. In this context, extending contributory social insurance and noncontributory social assistance measures to build universal social protection systems that include informal workers and the children in their care is a priority. In South Africa, for example, paid maternity leave and benefits are available to wage workers in sectors with high levels of informality, such as domestic and farm workers, through the Unemployment Insurance Fund (UNICEF 2021d). The government of Guinea can find ways to collaborate with informal workers and their organizations to include them in economic and social protection COVID-19 recovery packages. Universal coverage of child benefits could help reduce the vulnerability of low-income or disadvantaged families, addressing inequality in how children are supported and cared for; and these programs could be linked with gender-transformative and child-sensitive “Plus” components that support informal sector workers, parents/caregivers, and families (UNICEF 2021d).

Targeted social protection programs can help empower women economically, while offering a safety net against poverty and vulnerability. In some Sub-Saharan African contexts, public works programs provide a safety net through temporary employment, while expanding access to basic infrastructure such as school and health centers and advancing green projects such as watershed management (World Bank 2022b). A recent experience in this area in Guinea with support from the World Bank

has been the Productive Safety Nets Project, which provided labor-intensive public works and cash transfers: 60 percent of beneficiaries were women (World Bank 2022b). Cash transfer programs can support women's empowerment while stimulating human capital-relevant investments in the household. In Africa, social safety net programs predominately focusing on cash transfers have shown enhanced interest in promoting gender equity (World Bank 2022b). Cash transfers offered to ultra-poor households in northwest Nigeria had an immediate positive impact on household consumption and on female employment and well-being (Papineni, Bastian, and Osinibi 2016). Impacts are reinforced with a "Plus" approach, for instance combining cash transfers with productive inclusion. In Niger, for example, the national social safety net program has improved women's labor participation, revenues, and various dimensions of well-being by combining a lump-sum cash grant with a psychosocial intervention (Bance, Bermeo, and Kabemba 2021; Bossuoy et al. 2021). Digital cash transfers provide an opportunity to strengthen inclusion and access to financial services.

Adequate infrastructure and public services including childcare are also necessary to support women's economic participation. Unpaved and poorly maintained roads lead to the isolation of many rural areas during the rainy season, which hinders access to local markets and to basic services, especially among women (World Bank 2022a). Investments in infrastructure and transportation are therefore central to facilitate access to jobs and markets by women. At the same time, Guinean women spend substantially more time than men on unpaid household activities, which restricts the time they can spend on income-generating activities outside of the home. There is evidence from different countries

that access to quality childcare can significantly benefit women's labor market participation, increase household earnings, and bring strong economic value for the entire society and economy. Recent experiences from the region, such as the provision of mobile childcare in Burkina Faso, can be of particular interest for the Guinean case.³⁸ Developing infrastructure and facilities for childcare that are culturally adapted to the Guinean context should be part of the broader policy dialogue on gender equality in the country. For that purpose, it would be important to understand the strategies that women use to overcome the lack of support, as well as the existing societal preferences. Qualitative evidence from other African countries suggests that, even in the context of weakening extended family networks, such networks are still the main source of support for working mothers.

There is evidence that active labor market policies tend to benefit women more than men. In particular, job counseling and work placement support programs can assist women to access quality employment. An intervention in Ethiopia that supported and facilitated the job application process for young women seeking a production line position at one of the factories increased the likelihood of getting a factory job by more than 50 percent and raised reported monthly income by nearly 30 percent (Abebe et al. 2020). A job counseling intervention in South Africa that delivered a 90-minute career-counseling workshop, covering topics such as job search strategies, CV creation, interview techniques, and access to information and resources for job search, was found to increase the number of job applications submitted by 15 percent, which translated into an increase in job offers (by 30 percent) and a higher likelihood of employment (by 26 percent) (Abel, Buehren, and Goldstein 2019). Training programs can

38 From the World Bank's "Who We Are" web page (<https://www.worldbank.org/en/news/feature/2021/03/08/enabling-women-to-work-and-their-children-to-blossom-the-double-success-story-of-mobile-childcare-units-in-burkina-faso>).

also be particularly effective in raising the future prospects of female participants.

Targeted job creation interventions can be particularly effective to encourage the presence of women in the formal sector. These interventions can assist women entrepreneurs in particular to sustain their businesses by supporting their financial, information technology, and managerial skills. The potential impacts of business training are larger or more significant when the training is carefully targeted (Bardasi et al. 2021).

Training and workshops that equip participants with business-related skills and knowledge often lead to the adoption of new business practices and diversification of firms' activities. A business training in Tanzania, which aimed to strengthen the managerial and technical skills of women entrepreneurs, led to the adoption of new business practices among participants, although with no further effect on sales or profits (Bardasi et al. 2021). An entrepreneurship training in Kenya—which offered business skills training, franchise-specific training, start-up capital, and ongoing business mentoring for women—had large and significant impacts on the likelihood of being engaged in an income-generating activity. These effects are driven by a doubling of the likelihood of being self-employed (Brudevold-Newman et al. 2017). The Guinean government has for instance put into place a program for female entrepreneurship and female autonomy, and has built, rehabilitated, and equipped 10 centers for the autonomy of women (Government of Guinea 2019). Combined programs aiming at both social and economic empowerment could also help to increase the productivity and earnings of self-employed women (World Bank 2022a).

Business training is often accompanied by follow-up activities, such as mentorship, regular feedback sessions with the trainers, or cash/in-kind support. For instance,

an entrepreneurship training coupled with business mentorship in Ethiopia for experienced businesswomen on marketing, record keeping, financial planning, and stock control strongly increased participants' sales and profits (Bakhtiar, Bastian, and Goldstein 2021). Moreover, the DOT ReachUp! training program in Ethiopia that offered an innovative approach to entrepreneurship development through a 120-hour course on basic technology and business skills increased program participants' profits by 30 percent points, compared to those without the training (Alibhai et al. 2017a). A personal initiative training program for entrepreneurs with a focus on teaching a mindset of self-starting behavior, innovation, goal setting, planning, and feedback cycles was particularly effective for female-owned businesses, who saw their profits increase by 40 percentage points (Campos et al. 2018). A program in Uganda, which combined a business skills training with an individual start-up and regular follow-up by trained community workers, increased participants' sales, earnings, and assets ownership. The program had most impact on the entrepreneurs with the lowest initial levels of capital and access to credit, which were mainly female-led businesses (Blattman et al. 2013).

The transition from school to work among young women needs to be eased by improving their competencies, such as technical and life skills, in areas that offer special potential. The Economic Empowerment of Adolescent Girls and Young Women program in Liberia provided young women with a six-month training in job skills targeted to sectors with high demand or business development, coupled with career advising, mentorship, and job intermediation services. The program increased the employment of participants by 47 percent and earnings by 80 percent (Adoho et al. 2014). Equipping young people with the relevant technical skills to take advantage of the high penetration of digital technology can be an effective strategy for accelerating nonfarm business growth. For example, the Ninaweza program in Kenya provides

young women with technical training in information and communication technology, training in life skills, work experience through internships, and job placement support. Participants were 14 percent more likely to obtain a job after completion and had higher earnings (Azevedo, Davis, and Charles 2013). Girls and young women can, however, face particular challenges in the posttraining period due to the lack of financial resources, high time use on domestic chores, and pressure from the family (Cho et al. 2013).

Incipient initiatives along these lines have already been adopted by the Guinean government, although their results remain unclear. Activities include setting up incentives for young women to enter science, technology, engineering, and mathematics fields of study; the organization of a forum on the employability of women; the development of a training program on information and communication technology targeted at women in higher education and scientific research; and the establishment of an excellency prize for the best female researchers/professors in science, technology, engineering, and mathematics fields of study (Government of Guinea 2019). These initiatives, when effective, should be strengthened and scaled up.

Interventions that aim to strengthen the technical and life skills of women farmers through training, social networking, or extension services demonstrate promising effects on agricultural productivity and incomes. An intervention in Uganda that paired female cotton farmers who had not previously met to stay in touch and share new agricultural information about recently adopted cash crops significantly increased productivity for women farmers, raising their levels of agricultural knowledge—accounting for roughly 20 percent of the increase in yields (Vasilaky 2013). Similarly, a training for female farmers aimed

at developing noncognitive skills was associated with a more productive use of inputs and a 5-percentage-point increase in the probability of adoption of the main cash crop (Montalvao et al. 2017). In Ethiopia, the Rural Capacity Building Project, aimed at strengthening agricultural services and productivity through the delivery of a professional training with a gender-sensitive component, led to an increase in the adoption of high-value crop farming, area of land cultivated, and economic participation of household members, benefiting male- and female-headed households equally (Buehren et al. 2019). Couples' agricultural extension training led to increased women's management of cash crop tasks and involvement in agricultural decisions in Côte d'Ivoire (World Bank 2020a). The Guinean government has developed several training programs for female farmers, for instance in the area of milk or honey production, in artisanal agriculture, cattle breeding, fertilization, fishing, and forestry (Government of Guinea 2019).

Combined interventions, aiming to empower adolescent girls socially and economically, can increase the chances of participating in the labor market and accessing paid employment. Participants of the Empowerment and Livelihood for Adolescents program in Uganda, which combined vocational and life skills trainings with a safe space for adolescent girls, were 72 percent more likely to be engaged in income-generating activities and reported self-employment earnings three times higher than the original average (Bandiera et al. 2020). A similar intervention, the Adolescent Girls Initiative in Rwanda, consisted of technical training for self-employment (in areas such as food processing, culinary arts, arts and crafts, and agri-business), psychosocial support, life skills and business development training, and business mentorship. The results revealed a substantial increase in nonfarm employment and waged employment among

participants.³⁹ In addition to employment outcomes, such programs have a wide range of positive impacts of young women's well-being, social networks, and mental health, which altogether increase the chances of economic and financial empowerment.

The crucial role of women in the two most important economic activities in the country, agriculture and mining, needs to be acknowledged and supported. Investing in increasing the productivity of women farmers and miners could deliver important economic gains for the country. Acknowledging their important role in these activities will require strengthening efforts to encourage and facilitate their presence in related decision-making spaces and specific organizations that promote and defend their rights, and efforts to improve their technical competencies in these areas. Particular attention should be paid to food-related manufacturing and services including the processing, packaging, transporting, storing, distributing, and retailing of food. According to the recent national household survey, 41 percent of nonfarm rural enterprises in Guinea are situated in the food sector and women, found throughout the off-farm segments of the food economy, play a large role in processing and retailing food.⁴⁰

With regard to women in mining, the government could continue the efforts already initiated and could be complement them with programs that effectively support female miners' access to finance or training. The Guinean government has put into place important measures acknowledging the female presence in mining, including a policy of corporate social responsibility for companies to consider the concerns of women, a mining code that similarly incorporates a gender angle in its deployment, the capacity development of 65 managers in the Ministry for

Mines (50 of them women) on the integration of women in the mining sector, and the consolidation of the role of women in artisanal mining (Government of Guinea 2019). However, women miners still lack access to productive assets and training, which undermines their productivity. For example, female workers in mining generally rely on informal sources of funding, such as tontines and community funds. In addition, their presence in mining technical careers is low because of misconceptions about mining conveyed by families from an early age. Because of family pressures or prohibitive conditions, women also refuse to participate in capacity-building activities and in opportunities for financing or tendering (Camara, Ngom, and Baudin Sanchez 2020).

Programs that aim to increase access to productive resources among Guinean women in general, and women farmers in particular, are also required. Promoting the registration and formalization of land can help women to access finance and other necessary services, as shown by the experiences of Benin (Benhassine et al. 2015; Goldstein et al. 2016), Ghana (Agyei-Holmes et al. 2020), Malawi (Campos, Goldstein, and McKenzie 2004), and Rwanda (Ali et al. 2015). In addition, encouraging the co-titling of land through targeted interventions such as the one deployed in Uganda (Cherchi et al. 2019) could be of particular interest for Guinea. Programs that provide direct access to financial products combined with training appear to have important positive effects for female entrepreneurship. An intervention in Tanzania that promoted the expansion of mobile savings accounts among women microentrepreneurs and provided them with business-related training led to substantially higher mobile savings, new businesses and products, more capital investment, more labor effort, and better business practices (Bastian et al. 2018). Financial technology solutions

39 For more on the World Bank's Adolescent Girls Initiative, go to <https://www.worldbank.org/en/programs/adolescent-girls-initiative>.

40 Based on 2017 data from the Famine Early Warning Systems Network, FEWS NET Data Center (<https://fews.net/data>).

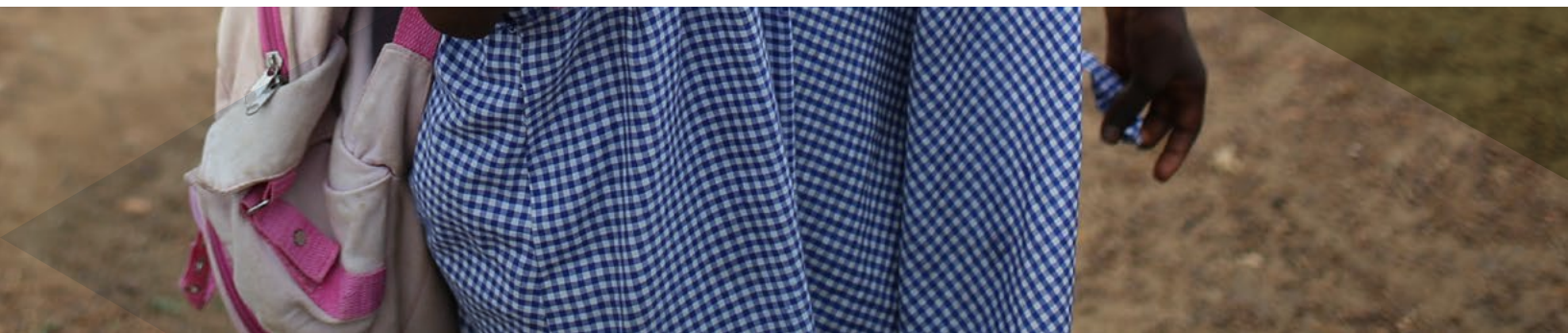
can viably address the collateral constraint for women borrowers and can work even in low-tech environments; however, financial institutions need to be ready to adopt such technologies (Alibhai et al. 2017b). The Guinean government has already developed some initiatives in this area, including the promotion of the constitution of Mutuelles Financières des Femmes Africaines, a micro-bank network of women for women, as well as structures at the rural and community level accessible to women and men (Government of Guinea 2019).

Important information gaps exist in the area of female employment and entrepreneurship in Guinea, and those gaps need to be addressed. Data collection on women's time use and needs, for instance, is needed. Their role in informal work; the barriers they face to participate in economic activities, especially with regard to childcare; the

current support mechanisms; and the societal preferences in this regard are some additional areas for which data and analysis (quantitative and qualitative) would help to better identify the contextual factors that drive the labor market outcomes of women in Guinea relative to men. At the same time, the existing data identify quite atypical trends in the labor market participation and employment of women that would be interesting to explore in further detail. These trends include the disproportionate participation of women in activities that are traditionally dominated by men (agriculture and mining), the concurrent high prevalence of female engagement in economic activities, and early family formation. All would allow for a better understanding of the status of Guinean women and their needs to access economic opportunities on an equal footing with men.



CHAPTER 6. INCREASE WOMEN'S AND GIRLS' VOICE AND AGENCY

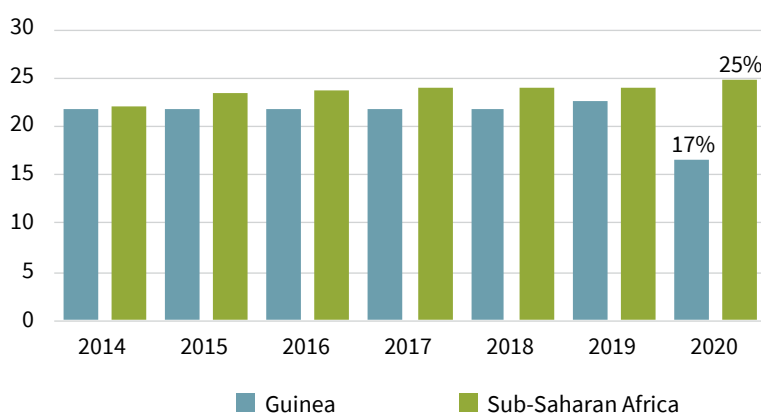


Decision-making

Despite promising recent positive changes, the reported progress in increasing women's political participation in the country so far has been slow and insufficient. In the past decades, the number of women in Guinean representative institutions, including the National Assembly and ministries, has slightly increased, even though the proportion of seats held by women in the Guinean parliament is still significantly below the average in the region: 16.7 percent in Guinea versus 24 percent in Sub-Saharan

Africa in 2020 (figure 6.1). In 2021, 31 percent of Guinean ministerial positions were held by women, above the average of Western African countries. However, nearly three-quarters of women ministers were allocated positions in sectors that, although important, are often deemed "soft," such as education, culture, or tourism. In addition, and despite the overall increase in the number of women in leadership positions in government, only 25 percent of those positions were in high-level roles (Faleme Conseil 2021).

FIGURE 6.1. PROPORTION OF SEATS HELD BY WOMEN IN NATIONAL PARLIAMENTS (PERCENT)



Source: World Bank, World Development Indicators.

Several legal reforms show a strong political will to increase women's participation in democratic institutions in the country. The new (2019) Law of Parity has gone beyond the previous (2010) provision of a 30 percent quota in all candidacies for the General Assembly and in district and town councils, establishing the necessity of adopting parity (50/50) in representation at the national and subnational levels. The parity rule corresponds to Article 9 of the amended Constitution, which was approved by the Constitutional Court and adopted by referendum in

March 2020 (UN Women 2021). The new law also foresees the alternation between women and men in lists in order to promote the strict implementation of this provision. In addition, 5 percent of state funding for political parties is proportionally distributed to parties that have elected women as members of parliament and in communal-municipal councils (UN Women 2022). Despite all these provisions, Guinea is still one of four countries where the proportion of women in the lower houses of parliament is the lowest in Sub-Saharan Africa (UN Women 2021).

The enforcement of quotas in many Sub-Saharan Africa countries including Guinea has been traditionally undermined by the absence of sanctions for noncompliance (IDEA 2021). This element is a prerequisite for quotas to be effective in raising effective participation (World Bank 2014a). The lack of appropriate law enforcement has indeed hindered the success of the Guinean 30 percent quota, and parties not complying with the law have not faced any consequences (Ammann 2020). Experience with parity laws shows that political parties are often quite unwilling to implement parity if effective sanctions cannot be imposed. However, the new Guinean law foresees one of the most effective sanctions—the rejection of the list by the Electoral Commission—although the party concerned may appeal to the competent court (UN Women 2021).

Financial and safety concerns operate as additional barriers to women's entry into politics. In addition, in many African countries including Guinea, political violence presents particular barriers to women's engagement and political participation. For example, 64 percent of Guinean women are very concerned about political intimidation (IDEA 2021). Financial constraints also operate as a barrier to female participation in politics.

Legal and political obstacles prevent the implementation of the law of parity. Section 8 of the 2019 Law of Parity stipulates that it can enter into force only once the Electoral Code has been amended and the parity rule has been enshrined therein. However, any reform of the Electoral Code, as organic law, requires a two-thirds majority in Parliament and the approval by the Constitutional Court. Already in 2017, an attempt was made to change the Electoral Code to implement the 30 percent quota, which was rejected by the Constitutional Court on the

grounds that it was contrary to the principle of nondiscrimination. Although the new norm has been made part of the Constitution and has been approved by the Court and by referendum, resistance may still be observed; a two-thirds majority and again an examination by the Constitutional Court are required to amend the electoral law (UN Women 2021).

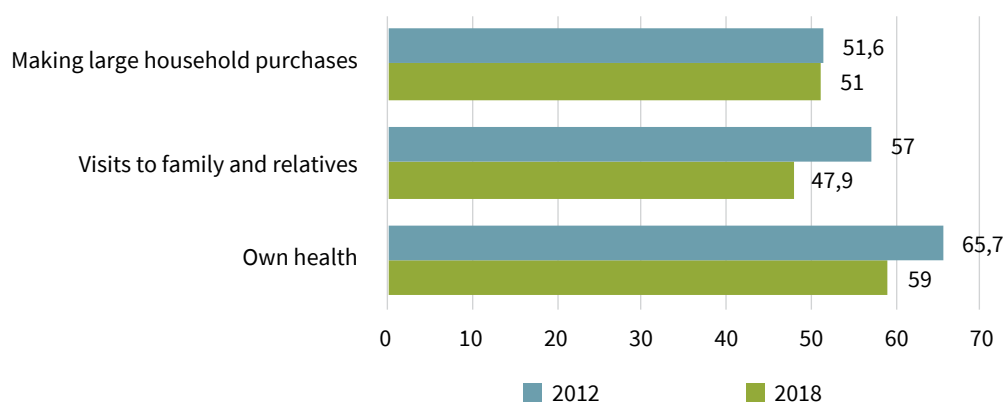
Deeply rooted cultural, religious, and traditional stereotypes around the role of women in society largely account for the difficulties to make parity in political representation a reality in Guinea. Indeed, social norms often reinforce the notion that men are better leaders than women, limiting the capacity for women to aspire to public roles (World Bank 2014a). Political parties are themselves very patriarchal and male-dominated entities (IDEA 2021). The role and visibility of female politicians are often overlooked and underestimated in the Guinean system. For example, some male politicians still perpetuate the stereotype that women are not suitable for leadership positions because of their lack of education and “professionalism” (Ammann 2020). The very institutionalization of political parties in Guinea is by default male led, excluding women from decision-making and placing an additional burden on women to prove their qualifications and competence. As a result, despite the fact that women constitute the majority of the ordinary local party members, female politicians still have to fight for their representation and recognition in the different commissions, committees, and leadership positions (Ammann 2020).

Women's decision-making within the household also remains constrained. More than one-third (37 percent) of women aged 15–49 do not participate in decisions on their own health care, major household purchases,

and visiting family (Guinea DHS 2018). Moreover, many women report that their husband/partner alone makes decisions about the women's health (59 percent), about major household purchases (51 percent), and about visits to family or relatives (48 percent) (Guinea DHS 2018) (figure 6.2). The share of women who report that major household decisions are made solely by their husbands is relatively higher than in other countries in the region.⁴¹ However, some progress has been made in recent years:

whereas in 2012 more than half of all women reported that the above-mentioned decisions were made solely by their husband, in 2018 more women reported making decisions related to their health and visits to family and relatives. The limited voice of women within households results from the combined influence of restricted access to economic opportunities, gendered social norms, the insufficiency of legal provisions, and weak law enforcement (World Bank 2012a).

FIGURE 6.2. SHARE OF GUINEAN WOMEN AGED 15–49 WHO REPORT THAT THESE DECISIONS ARE MADE SOLELY BY THEIR HUSBAND, 2012 VS. 2018 (PERCENT)



Source: Guinea DHS 2012; 2018.

Gender-based violence

The incidence of different forms of gender-based violence (GBV) is concerningly high in Guinea. More than one in two women living (or having lived) in a union have been affected by GBV at least once during their married life (54.9 percent), and about 63 percent of women have experienced intimate partner violence (IPV) at least once in their lives (Republic of Guinea 2017). Single women

(60.5 percent) and women living in a union (55.0 percent) are most vulnerable to physical IPV. By age, young women aged 15–24 and women aged 25–34 face the highest risk of experiencing physical GBV (60.9 percent and 69.7 percent, respectively). Women with no education are also more vulnerable to GBV than those with at least some level of educational attainment. Furthermore, nationally, nearly 29.3 percent of women have experienced at least one form of sexual violence since the age of 15, with the

41 For example, only 25.0 percent of women in Angola, 30.3 percent of women in Ghana, 32.0 percent in Malawi, and 26.0 percent in Uganda report that health-related decisions are made exclusively by their husbands. At the same time, decision-making around women's health is exercised exclusively by men in 74.9 percent of households in Burkina Faso, 73.9 percent in Chad, 64.1 percent in Côte D'Ivoire, 80.0 percent in Mali, and 74.0 percent in Senegal. Data from the Angola Demographic and Health Survey (DHS) 2015–16, Burkina Faso DHS 2010, Chad DHS 2014–15, Côte D'Ivoire DHS 2011–12, Ghana DHS 2008, Guinea DHS 2018, Mali DHS 2018, Malawi DHS 2015, Senegal DHS 2017, and Uganda DHS 2016.

share higher in urban (35.4 percent) than in rural (25.8 percent) areas. In recent years several disturbing cases of sexual violence against very young girls and even toddlers have been reported in the media, raising concerns over this type of event (Amnesty International 2021; Chérif 2021; Diallo 2020; Guirassy 2022). A very high proportion of women reports experiencing psychological violence, with rates higher in urban (76.8 percent) than in rural (62.5 percent) areas. Finally, women previously married (12.2 percent) or currently married (9.8 percent) experience the highest rates of economic violence (Republic of Guinea 2017).

GBV has serious adverse effects at the individual and societal levels. It has severe impacts on individuals' health and well-being, including their physical health as well as psychological trauma and stress, elevated risk of depression, anxiety, and social isolation (Adamu and Adinew 2018). Women survivors of GBV may suffer reduced ability to work, loss of wages, higher medical costs, job instability, lack of participation in regular activities, and limited ability to care for themselves and their children (IWPR 2017; WHO 2017). Some studies show negative links between exposure to domestic violence and the school performance of children (IWPR 2017). Physical and sexual violence increase the risk of miscarriages and infant mortality (Musa et al. 2019). In extreme cases, GBV results in the victim's death. Beyond its physical impacts, GBV affects the human capital potential of survivors, reducing their labor market participation, civic activities, level of educational attainment, and participation in decision-making. For example, a study from Peru has found that women victims of GBV lose between 43 and

47 productive days of work per year (Vara-Horna 2015). In the long term, GBV imposes a high economic cost on society, resulting in important gross domestic product (GDP) losses (UN Women 2016a).⁴²

Legal and policy gaps, poor enforcement and institutional capacity, and deeply entrenched cultural norms and practices continue to represent major obstacles to effective GBV prevention and response in Guinea. Some forms of GBV can be prosecuted under the Criminal Code when classified as murder (Articles 282–89), rape (Article 321), indecent assault (Articles 322–25), or assault and battery (Articles 295–305). However, there is no standalone law that criminalizes domestic abuse or sexual harassment. The existing legislation also fails to include the obligation to provide restraining (also called “protective”) orders, criminal penalties, and a definition of domestic violence that includes physical, psychological, sexual, and economic/financial harm. High acceptance rates of GBV and strong social stigma on seeking help and reporting cases of IPV discourage women from accessing justice and bringing their cases to court, which further undermines any legislative efforts in the country. When survivors seek justice, gaps in legislation and weak enforcement mechanisms make it improbable. Cultural and social norms view cases of GBV as family matters, and do not consider it acceptable for a wife to file a complaint against her husband. Many of these cases are thus settled informally (Groggel, Sow, and Gnimassou 2020). Indeed, Guinean civil society organizations have recently come together to denounce the high rate of impunity of this type of crime in the country and the various structural weaknesses of the criminal justice chain in some of the cases that have

42 The study from Ghana estimates that direct losses of GBV amount to 0.9 percent of annual GDP, because of the direct losses inflicted by GBV in the dimensions of work absenteeism, deteriorated labor productivity, and reduced household production and care work. (Raghavendra et al. 2019). Similarly, it is estimated that productivity and employment losses due to IPV constituted 1.2 percent of GDP in Uganda in 2011 (Duvvury et al. 2013). The study from Namibia reveals that losses from GBV reach 6 percent of national GDP, including costs associated with lost economic output, health services, legal aid, social welfare and personal costs, and other indirect costs (Breuer 2021).

made it to the media. According to these organizations, GBV crimes in Guinea are rendered banal by the inaction of justice institutions (Guineematin.com 2022).

In Guinea, social acceptance of GBV, and IPV specifically, is high among both men and women. Child abuse is widely accepted by both men and women in Guinea, and to a higher degree than violence against women. On average, 75 percent agree that teachers are allowed to hit children, and nearly 80 percent of respondents tolerate parents beating their children as part of upbringing. According to a 2016 survey on gender-based violence in Guinea, nearly one in three adults (32.3 percent) approves of verbal violence by the husband against his wife, and about 40 percent tolerate physical violence (Republic of Guinea 2017). The share of people who justify wife beating goes up to 58 percent in the Afrobarometer (Stat View International 2019)⁴³ (see the next section on social

norms). About 17.0 percent of men and 22.5 percent of women believe that rape within a couple does not exist, essentially justifying marital rape and sexual IPV (Republic of Guinea 2017). Going out without the husband's permission or neglecting children are considered by many as justified reasons for committing IPV, with more women than men supporting these statements (table 6.1). These results show wide acceptance of and tolerance for IPV in Guinean society, potentially due to traditions and social norms that assert male dominance over women in marital relationships. In contrast to women and children, men are culturally and socially protected from violence. Neither women nor men themselves accept violence against men. Overall, only 10 percent of women and 5 percent of men accept the idea that a woman is entitled to insult her husband, and only 33 percent of men and 7 percent of women accept the idea that a woman is allowed to hit her husband (Republic of Guinea 2017).

TABLE 6.1. SHARE OF GUINEAN ADULTS WHO PARTIALLY OR TOTALLY AGREE WITH THE GIVEN STATEMENT, BY GENDER (PERCENT)

Statements	Men	Women	Total
A man is entitled to insult his wife	25.4	38.9	32.3
A man is allowed to hit/beat his wife	33.4	45.5	39.6
A woman is entitled to insult her husband	4.5	10.7	7.7
A woman is allowed to hit/beat her husband	3.3	6.5	4.9
Rape within a couple does not exist	17.1	22.5	19.9
It is normal for a woman to report cases of IPV against her husband	28.8	24.3	26.5
It is normal for parents to forcibly marry their daughters	8.4	16.6	12.7

Source: Republic of Guinea 2017.

43 Enquête Afrobarometer Round 8 en Guinée, 2019 https://www.afrobarometer.org/wp-content/uploads/2022/02/afrobarometer_sor_gui_r8_fr_2020-08-25.pdf

Other barriers include service provision for female survivors, limited data on GBV, and lack of information on women's rights. As in many other Sub-Saharan African countries, Guinea's health, psychosocial and protection systems are constrained and lack a survivor-centered approach. Survivors indeed encounter barriers including the financial cost of services, limitations in quality, and unclear and uncoordinated referral pathways. The confidentiality of patients in the health system is not adequately protected, and health service providers are not trained to respond to these cases. Constraints related to data collection, analysis, and sharing on GBV persist. GBV survivors' limited awareness of their rights contributes to perpetuating the impunity of perpetrators (Groggel, Sow, and Gnimassou 2020).

Discriminatory laws reduce women's decision-making power in society and within households. The Civil and Labor Codes still contain several discriminatory provisions. For example, women may not remarry in the same way as men. In the Civil Code of Guinea, Articles 246, 336, and 337 stipulate that women can remarry only after a waiting period of 130 days before contracting a new marriage, but this stipulation does not apply to men. Over the past decade several countries (Bolivia, Ecuador, Malta, and Nicaragua) granted women the same rights to remarry as men. In Sub-Saharan Africa, half of the countries in the region (24) give women and men equal rights to remarry. Economies that follow international best practices in this area include Angola, Ghana, Nigeria, and Sierra Leone. Rwanda recently (in 2020) reformed the legal framework by removing the waiting period imposed on women to remarry after divorce as well as the 300-day waiting period for widows.

The parallel existence of customary and religious laws with statutory law in Guinea creates confusion and often undermines women's rights. Traditional laws often supersede the formal legal framework. For example, the customary forms of levirate and sororate⁴⁴ continue to be practiced, preventing widows from receiving inheritance entitlements. Customary practices prohibit women from inheriting land, which they can hold only on a usufruct basis. Divorce laws generally favor men in awarding custody and dividing communal assets, and legal testimony by women carries less weight than that of men (Groggel, Sow, and Gnimassou 2020). Traditionally, Guinean men have been responsible for communicating with authorities, ensuring any legal or official proceedings, and keeping the documents of all family members. This tradition is perceived as a mechanism for control within the household. Although women are allowed to register vital events, they are not empowered to do so, and in practice men always carry out registrations (Andreev 2019).

Social norms

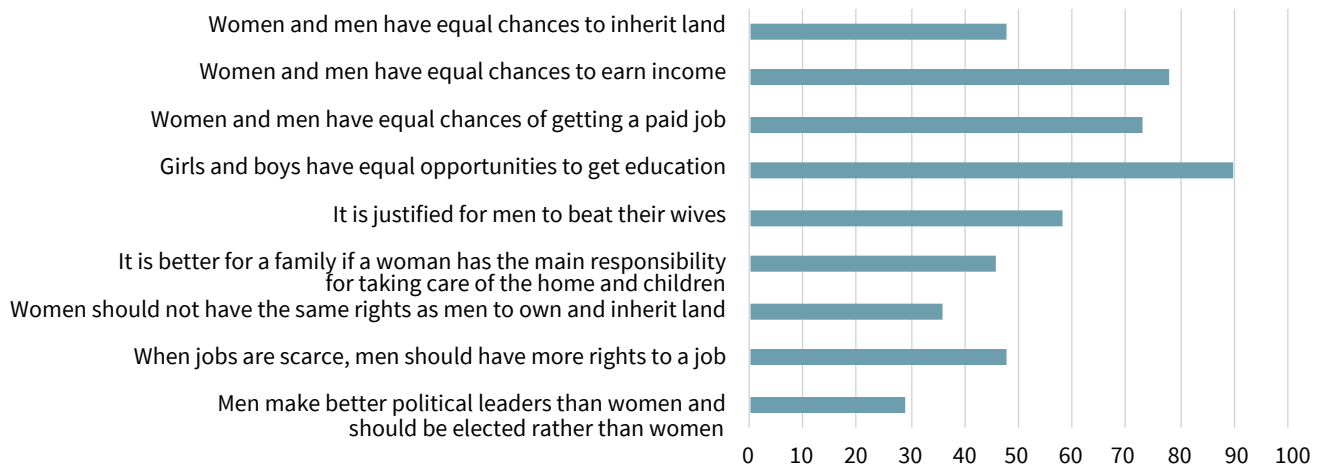
Gender norms and beliefs in Guinea follow traditional and conservative patterns dictating rigid roles for women, men, boys, and girls. Cultural beliefs construct "real men" to be the heads of the household, the breadwinners who make decisions about the use of resources and investments in the household (Ministère de l'Action Sociale, de la Promotion Féminine et de l'Enfance 2015); notions of the "real woman" are conflated with submissiveness, pride, dignity, taking care of the family, and domestic duties (Ammann 2016). The prevalence of patriarchal social norms is evident from the 2016–18 Afrobarometer survey responses (Stat View International 2019).

44 Levirate involves the forced replacement of a deceased husband by his brother, and sororate involves the forced replacement of a deceased wife by her sister.

For example, about half of respondents believe that in times of job scarcity men should have priority and that it is better for families if women have the main

responsibility for the household and children; 36 percent believe that women should not have the same rights as men to own and inherit land (figure 6.3).

FIGURE 6.3. GENDER-RELATED BELIEFS AND ATTITUDES IN GUINEA, 2016–18 (PERCENT)

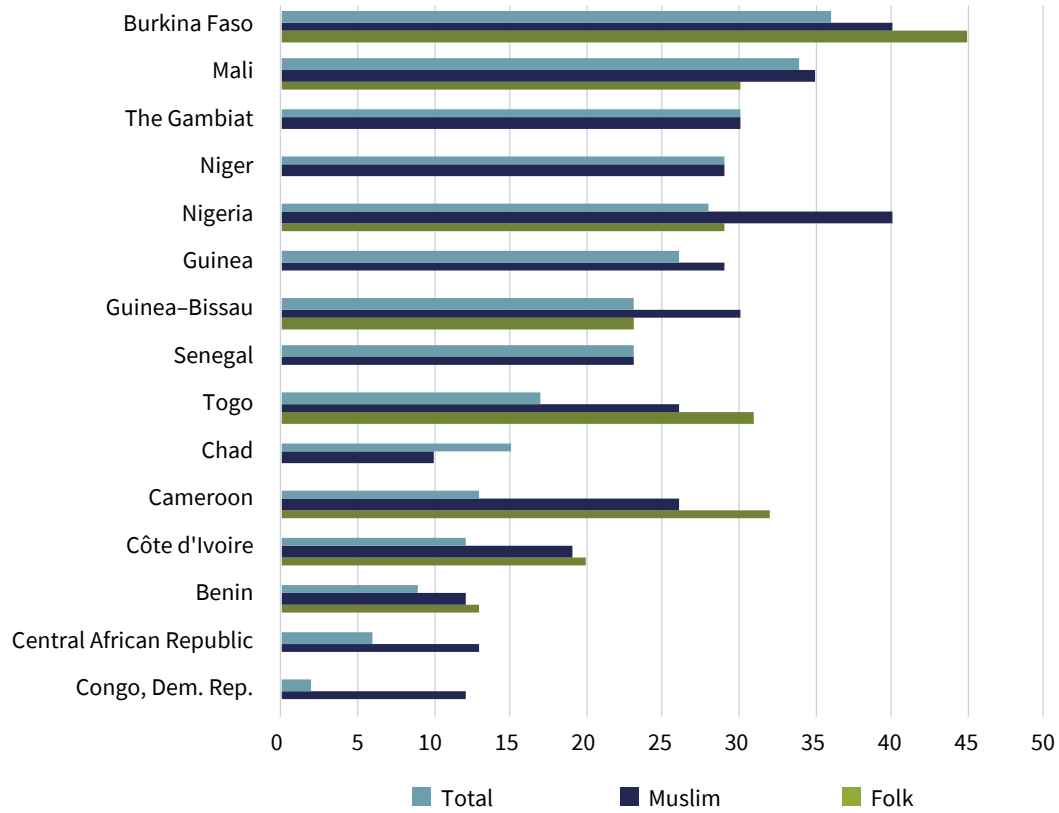


Source: Afrobarometer 2018.

The widespread nature of polygamy in the Guinean society additionally signals the entrenched nature of strongly patriarchal norms in the country, and the submission of women to men. The prevalence of polygamy—in the form of polygyny, when a man marries multiple women—in Guinea is one of the highest in the world. Although prohibited by civil law until the vote of the new civil code, polygamy was still recognized under customary law and religious practices, and legal restrictions were therefore rarely enforced. The new Civil Code of 2019 legalized the right of men to choose to be in a polygamous marriage—with a maximum of four wives and under the condition

that the first wife agrees to it (Diallo 2019). The share of individuals in polygamous households in Guinea is 26 percent—lower only than Burkina Faso, Mali, The Gambia, Niger, and Nigeria. The practice is more common among Muslim households (Kramer 2020; figure 6.4). In polygamous households, first wives are seen as the most powerful, and they can often exploit or even abuse the younger ones. In general, mothers-in-law are also able to exert control over the behavior of their new daughters-in-law, particularly when it comes to household care and health-related behaviors (Groggel, Sow, and Gnimassou 2020).

FIGURE 6.4. SHARE OF INDIVIDUALS LIVING IN POLYGAMOUS HOUSEHOLDS IN SUB-SAHARAN AFRICA, BY RELIGION (PERCENT)



Source: Kramer 2020.

Box 6.1. Why are investments in women's agency a priority for Guinea?

As seen in the assessment, the agency of Guinean women, or their capacity to decide and act on their decisions, remains generally very poor. Indeed, it is the lack of female empowerment in households, communities, and the entire Guinean society that explains to a large extent the observed gaps across all other dimensions of well-being. Poor agency is for instance reflected in the low representation of women in politics compared to that of men (only 17 percent of seats in parliament are occupied by women), despite the existing political will and advanced legal framework; in their lack of capacity to make decisions within the household (three out of five women report that their husband/partner alone makes decisions about the women's health); and in the high incidence of the various forms of gender-based violence, or GBV (about 63 percent of women have experienced intimate partner violence at least once in their lifetime). The drivers of such poor agency include weak formal and informal institutions: (1) legal gaps with regard to women's empowerment and the poor enforcement of the existing ones; and (2) clashing customary laws or practices shaped by patriarchal social norms that relegate women to second-class citizens.

Improving women's agency is crucial for shrinking gender disparities, advancing gender equality, and empowering women (Donald et al. 2020). Increased agency for women leads to improvements in women's welfare and that of their children (World Bank 2012a). On the contrary, limited decision-making power within families is associated with increased risks for women of experiencing intimate partner violence, higher vulnerability to financial and economic dependence, reduced civil activities and educational attainment, and higher maternal and infant mortality (Hou and Ma 2013).

An important expression of women's agency is women's political participation and their ability to fully engage in public life (Markham 2013). When more women are elected to office, policy making increasingly reflects the priorities of families, women, and excluded groups (Chattopadhyay and Duflo 2004; Iyer et al. 2010; Klugman et al. 2014). Women's political participation results in tangible gains for democracy (Markham 2013).

Box 6.1. Why are investments in women's agency a priority for Guinea?*(continued)*

GBV also can lead to large losses in terms of education, employment, and civic life for the women who experience it. There is evidence from various countries that episodes of GBV force women to lose time from paid work; therefore, GBV negatively affects businesses through reduced productivity, absenteeism and increased leave and sick days, and victims exiting the workforce (IFC 2020; ILO 2021). Children also suffer the consequences of GBV in the family. Moreover, GBV entails important economic costs for society overall. The economic costs of lost productivity due to domestic violence conservatively range from 1.2 to 2.0 percent of gross domestic product across countries (WHO 2013).

Strategic direction 5: Promote women's participation in decision-making, and prevent GBV

Improving women's agency is essential for women's ability to build human capital, access economic opportunities, ensure their children's welfare, and exercise decision-making in the home and in the society (box 6.1). Despite the clear legislative move toward promoting female presence in Guinean political institutions, further efforts will be required for that move to translate into larger numbers of women in politics. Given the past difficulties in implementing the 30 percent quota mandated by law, it remains to be seen whether the recently established parity provision will ever be effective. For that purpose, and for the law to be applicable, the procedures required for the inclusion of this rule in the Electoral Code need to be completed—and the potential resistance circumvented. Doing so will require information and awareness raising and advocacy efforts with all agents involved. Support to women's organizations

and individuals promoting this agenda could also be instrumental. In addition, attention must be paid to other concurrent barriers to women's political participation, such as constrained financial resources, political violence targeted at women, and adverse party dynamics based on deeply rooted patriarchal social norms and views about the roles of Guinean women and their ability to lead. The removal of registration fees for women, or the provision of additional free airtime and billboards, can help raise potential financial barriers, while helping to promote female candidatures (UN Women 2021). In addition, measures to start changing negative party dynamics include stipulating the obligation of political parties to implement annual capacity and leadership programs for women, instituting female quotas for the governing bodies of political parties, and establishing institutions such as a female leadership institute or a commission for the monitoring of the implementation of the law (UN Women 2021). Ultimately, a large-scale change in the prevailing social norms that tend to exclude women from public decision-making spaces needs to take place in the country.

Legal reforms that grant women equal rights to those of men in the family sphere are necessary to encourage their decision-making capacity within the household. Reforms introduced by the new Civil Code in 2019 eliminate restrictions on women's capacity to be head of household or to get a divorce in the same way as men (Articles 260, 287, and 305–19). Despite those reforms, discrimination between men and women is still present in Guinean statutory law. Articles 246, 336, and 337 of the Civil Code would need to be repealed or replaced through an amendment allowing both men and women to remarry without limitations—or, at least, establishing the same limitations for both men and women. In addition, an amendment to Article 695 of the Civil Code could be introduced to establish that, absent a legal will, both spouses have equal rank and rights to inherit assets from deceased partners regardless of whether children exist. Importantly, polygamy (in the form of polygyny, when a man can marry several women), which was common practice although prohibited by statutory law before the 2019 Civil Code, has since become legal, allowing a man to have up to four wives when he states that choice in the celebration of his first marriage and the wife agrees.

Implementing stand-alone legislation on criminalization of domestic violence is another important step toward women's empowerment and elimination of GBV. Global evidence suggests that women who live in countries with domestic violence laws have 7 percent lower odds of experiencing violence compared with women living in countries without such laws (Klugman et al. 2014). Moreover, the granting of protection orders for survivors is associated with a small but significant reduction in prevalence rates of domestic violence (Dowling et al. 2018). Additionally, legislation can be a key instrument

in changing behavior and social norms, making violence against women unacceptable and encouraging reporting of such incidents (WHO 2009). In Sub-Saharan Africa, 31 out of 48 countries—including Benin, Chad, Guinea-Bissau, and Senegal—have laws specifically addressing domestic violence. It is critical that the law defines domestic violence as violence between spouses, within the family or members of the same household, or in interpersonal relationships; includes IPV; and provides for the necessary protection of women and members of the family, as per international standards and good regional and global practices. Implementation mechanisms should be put in place and key stakeholders well informed of the new regulations to ensure strong implementation (by police, health sector, justice system, and so on). The legislation should include, at a minimum, the ability to obtain restraining (also called “protective”) orders, criminal penalties, and a definition of domestic violence that includes both physical and mental harm. Madagascar offers a good recent regional example of reform: in 2019, it enacted Law No. 2019-008 on Combating Gender Based Violence.

Customary laws need to be taken into account as a component of the plurinational legal framework. Statutory laws granting equal rights to men and women and customary norms are often contradictory in Guinea, for instance with regard to inheritance rights, divorce, or registration of vital events. Indeed, even when discrimination in statutory law in the area of family is no longer common, overall discrimination in institutions is considered very high in the Organisation for Economic Co-operation and Development's Social Institutions and Gender Index for Guinea. Customary law, as a living body, needs to develop over time, adjusting to new standards

and needs, for instance to comply with human rights. Also, in the area of GBV and access to justice by women, the customary legal and justice system may often take precedence over statutory law, leading to the impunity of perpetrators. Harmonization efforts between customary and statutory law are required. Many African constitutions recognize the validity of customary law without resolving the conflict between some of its provisions and human rights. In this regard, the Organisation for Economic Co-operation and Development recommends eliminating regulations that exempt customary law from legal prohibitions of discrimination, such as those included in constitutions (OECD 2021). Engaging with community and religious leaders in efforts to raise awareness and change social norms will also be necessary.

Over the last years, a number of initiatives focusing on customary law developments have emerged, pointing to the important role of communities and judiciary institutions in this endeavor. Customary justice institutions are best placed to develop customary law and therefore have a crucial role to play in protecting human rights. Courts can also help in this effort, by ensuring that customary laws conform to international human rights instruments and contribute to the promotion of gender equality. Two recent groundbreaking decisions in Botswana and South Africa show how this could work (Ezer 2016; Fombad 2014; Ndulo 2011). The South African Constitutional Court overturned the customary rule of male primogeniture in a dispute as to whether a woman could succeed her late father as a tribal chief (Mireku 2010). In addition to the courts, women's collective action, through self-help groups, cooperatives, and associations, can also play a key role in securing justice for women in the face of contradicting customary and statutory mechanisms.

Context, however, is critically important in determining the outcomes of collective agency, and changes in social norms often follow a slow, nonlinear trajectory. When treated with flexibility and within context, collective action processes are vital contributors to efforts to promote the agency and empowerment of women (Evans and Nambiar 2013).

Strengthening the focus on GBV prevention will be necessary moving forward. The most obvious or possibly immediate interventions with promising results (the low-hanging fruit) would include the introduction of behavioral elements in economic empowerment or support programs (the "Plus" element), or of gender components in school-based programs covering GBV, romantic relationships, or sexual and reproductive health (see box 6.2). The former, as proven by the experience of South Africa and Tanzania, can reduce the risk of IPV among participant women; the latter, as shown by the PREPARE program in South Africa, can help to change mindsets and behaviors regarding GBV among young people. Short-term targeted interventions aimed at changing the behaviors of couples or parents can be effective in preventing some forms of GBV. Examples from the region include the Indashyikirwa program in Rwanda and the REAL Fathers intervention in Uganda. Longer-term large-scale interventions that challenge social norms and perceptions of GBV are also required. Community mobilization programs can be effective in reducing prevalence rates and promoting zero tolerance toward violence against women, as shown by the experience of TOSTAN in Senegal and SASA! In Uganda. Meanwhile, when they are part of a broader set of interventions, media and edutainment campaigns can contribute to reducing prevalence rates and tolerance of GBV.

Box 6.2. What works to prevent GBV in Sub-Saharan Africa: International examples for Guinea

Economic support and empowerment programs “Plus” and school-based interventions. The TEVAW program in Tanzania, which combined microfinance provision with a behavioral component, has shown positive impacts on intimate partner violence (IPV) and enhanced behavior among participant women (Messersmith et al. 2017). The MAISHA microfinance and training program, also in Tanzania, reduced women's risk of experiencing physical and/or sexual IPV by a quarter, improved attitudes toward IPV, and increased women's self-confidence (Kapiga et al. 2019). The Stepping-Stones and Creating Futures intervention in South Africa—which combined livelihood (training on setting livelihood goals, coping with crises, saving and spending, getting and keeping jobs, and managing work expectations) and social empowerment (gender-based violence [GBV], sexual and reproductive health, communication skills, sexual behavior)—has also resulted in considerably less physical IPV and economic IPV perpetration by men (Gibbs et al. 2017). Nevertheless, more evidence from the region is needed to determine the effectiveness of combined social and economic empowerment interventions. A multi-component, school-based intervention in South Africa, PREPARE, has led to a reduction of IPV victimization and to the formation of safer intimate partnerships among adolescents (Matthews et al. 2017).

Couple therapy and/or counseling and parenting interventions. IPV decreased among couples who participated in the intensive couple training within the Indashyikirwa program in Rwanda (Stern and Heise 2019). The REAL Fathers intervention in Uganda, which combined a mentoring program for young fathers, awareness-raising activities, and community celebrations, led to the decrease of IPV and violence against children (Ashburn et al. 2017). Moreover, participants in the Ethiopian male norms initiative showed increased support for gender equitable norms, and the program led to a decrease in the percentage of reported instances of IPV (Pulerwitz et al. 2015). Several generations can benefit simultaneously from parenting interventions, because such interventions can reduce the likelihood that children will experience or perpetrate GBV later in life, therefore promoting a less violent society in general (Kerr-Wilson et al. 2020). Evidence indicates that programs that work only with men and boys are usually ineffective in addressing GBV, because these programs often experience high dropout or offender attrition rates and sometimes have unintended negative consequences such

Box 6.2. What works to prevent GBV in Sub-Saharan Africa: International examples for Guinea (continued)

as the normalization of aggressive behaviors (Kerr-Wilson et al. 2020). The best known intervention in this field is the Transforming Masculinities program in the Democratic Republic of Congo, which aimed to engage and equip faith leaders to be catalysts and led to a substantially lower prevalence of physical and sexual IPV 28 months after baseline (Le Roux et al. 2019).

Community mobilization interventions and media/edutainment campaigns. Such interventions most often target households or entire communities to foster a positive social norm change. The evidence shows that such programs are most effective when they involve city or village residents and promote learning and attitude change through dialogue and mobilization. The SASA! intervention in Uganda, which combined community mobilization activities with the training of professionals, led to a 64 percent reduction in the prevalence of children witnessing IPV in their homes and improved parent-child relationships (Kyegombe et al. 2014). The Unite for a Better Life program in Ethiopia used the traditional coffee ceremony to deliver a series of group-based sessions on root causes of IPV and gender stereotypes and unequal roles in the home. The program was effective in reducing men's perpetration and women's experience of physical and/or sexual IPV (Sharma et al. 2020). The community-based program TOSTAN in Senegal has contributed to the reduction of GBV among participating communities—from 86 percent to 27 percent (Diop et al. 2004). These interventions are also effective in reducing risk factors of GBV (e.g., substance abuse, limited women's decision-making, etc.) and enhancing protective factors, such as better communication skills and decreased tolerance towards GBV (Diop et al. 2004). When part of a wider strategy, media campaigns and edutainment can help to boost social norm change around GBV. In Uganda, a mass video campaign significantly reduced the incidence of GBV, and the MTV series *Shuga* led to a reduction in men's support for GBV (Banerjee et al. 2019).

The protection of survivors and their access to key support services also requires improvements. Institutional service delivery for survivors of GBV, including psychosocial support, shelters, or hotlines, is required. There is growing evidence that combined approaches to identifying and providing counseling to women experiencing IPV in health settings can be an effective strategy to improve

health outcomes of GBV survivors and reduce the risk of revictimization (Falb et al. 2014). Adequate referral systems are crucial. In many cases, women GBV survivors refuse to seek justice or file legal complaints because they fear stigma, isolation, revictimization, or pressure from their families, and/or because they lack trust in law enforcement authorities. Lack of functioning mechanisms

and protocols on the duties of police, court officials, and social workers further discourage survivors from reporting. Evidence from different countries shows that the representation of women in courts, the police, or health care services can have a positive impact on help-seeking and reporting of GBV (Miller and Segal 2019). Specialized protection services that are sensitive to gender and GBV issues can be more effective than those that do not take these considerations into account. In addition, one-stop centers for integrated services and support can be effective in increasing women's access and meeting their needs. Women's groups and collective action can play a pivotal role in building momentum for progressive reform. Strong women's movements are associated with more comprehensive policies on violence against women (Klugman et al. 2014).

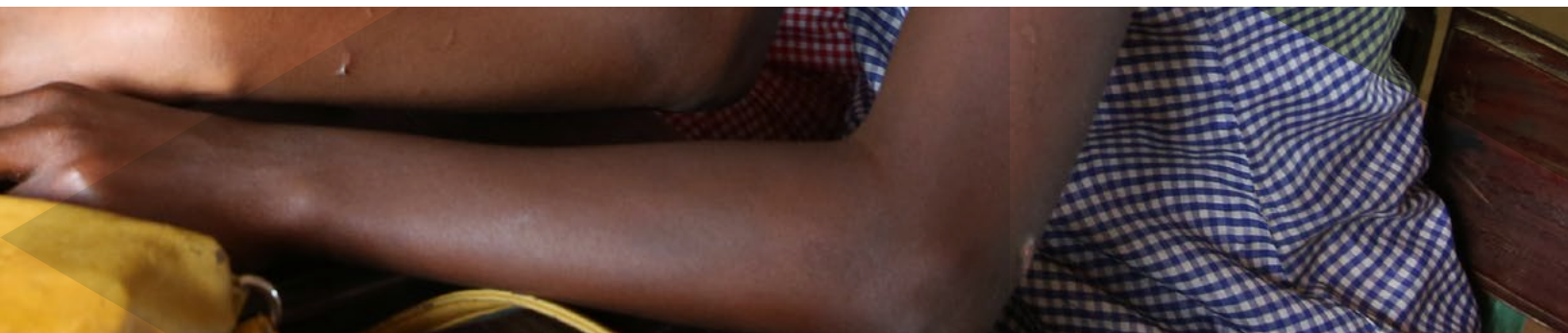
Justice systems need to be more responsive and accessible to women's needs. Improving women's access to justice might encourage women to report cases of GBV without the fear of being misunderstood or revictimized (World Bank 2012a). Even when GBV cases are brought to court, numerous obstacles stand in the way of transparent and fair court proceedings. For example, efforts to report GBV might lead to lengthy judicial proceedings, lawsuits that do not amount to the damages suffered, reliving trauma, or even bringing more attention to the traumatic experience in the first place. Women need to be better represented within the organizations responsible

for formulating, implementing, and enforcing laws; and their voices must be better interpreted in the justice system. Reducing physical and financial barriers for women to access justice, improving awareness of their rights, providing gender training to all staff involved, and setting up services only aimed at women survivors are alternative measures to be considered. All-women's justice centers, for example, which mostly employ female officers and where GBV survivors receive assistance in filing a complaint, have strongly increased the rates of reporting of GBV, as shown by the experience of Ghana, South Africa, and Uganda (Kavanaugh, Sviatschi, and Trako 2018).

The Guinean government has already started to put into place some of the measures highlighted here. It has established GBV centers in health services and special cells in police offices and research units at the national level. It has also created the Office for the Protection of Women and Girls, and started a training program for defense and security forces. Similarly, a training curriculum on GBV has been integrated into the program for primary and secondary education (Government of Guinea 2019). These efforts should be assessed and, depending on their results, deepened, modified, replicated, scaled up, or complemented by other actions that can help to maximize positive impacts. An integrated comprehensive strategy/action plan in this area would help to bring coherence and systematization.



CHAPTER 7. CONCLUSIONS



Gender equality is a key foundation of peaceful and sustainable growth that contributes to poverty reduction and shared prosperity. Although gender equality matters on its own as a fundamental human right, efforts to promote women's rights and well-being can also provide gains for the entire Guinean society. Global and regional evidence has consistently shown that empowering women and girls reduces poverty incidence and food insecurity (Mulugeta 2021), boosts economic growth and productivity (Aguirre et al. 2012), and enhances investments in children's human capital (Allendorf 2007; Andrabi, Das, and Khwaja 2011; Dumas and Lambert 2011). Moreover, delaying child marriage and early pregnancy is associated with better health outcomes and employment opportunities, and lower risks of gender-based violence, or GBV (Bergstrom and Özler 2021; Malhotra and Elnakib 2021). Eliminating GBV and female genital mutilation/cutting and improving women's agency are also likely to bring macroeconomic benefits and prevent intergenerational poverty transmission (Rui and Nie 2021; Uzoamaka, Gerald, and Jude 2016; Wei et al. 2021). Particularly in Guinea, closing gender gaps in education and agricultural productivity and reducing fertility are estimated to have a significant impact on the national economy, resulting in up to a 10 percent increase in gross domestic product per capita by 2035 compared to the baseline (World Bank 2019a).

Guinean women and girls continue to have low potential to realize their human capital in education and health. Despite some progress in the past decades in primary and secondary enrollment rates among both girls and boys, the overall rates of school completion remain concerningly low, especially among rural girls and women. Girls are significantly more likely than boys to be out of secondary school, often for gender-specific reasons. In terms of health, Guinea has also one of the highest rates of maternal mortality worldwide, which is likely linked to the high incidence of child marriage, adolescent

pregnancy, and female genital mutilation/cutting. In fact, the practice of female genital mutilation/cutting is nearly universal in Guinea, which further compromises women's health outcomes and bears important implications for their well-being.

Lack of investment in human capital not only increases risks of poverty among women but also strongly affects their potential to participate actively and productively in economic opportunities. Guinean women participate in the labor market to a lower extent than men, and overall female labor force participation in Guinea remains lower than the Sub-Saharan African average. Even when women do participate in the labor market, the quality of employment available to them remains low. Most of the jobs available to women can be characterized as vulnerable, seasonal, informal, and/or occasional. Occupational segregation and earning differentials between men and women persist, further limiting women's chances to engage in quality employment. Guinean women also appear to be disadvantaged in access to and ownership of productive assets and finance.

Additionally, Guinean women experience many limitations with respect to their agency and encounter different forms of GBV. Family formation occurs at a very early age for most Guinean women, and the country has one of the highest rates of child marriage worldwide. Child marriage in Guinea is the result of socio-cultural norms, beliefs, and perceptions of gender roles; the practice bears important implications for the ways in which women participate in the economic activities and exercise their agency. Early marriage increases women's risks of encountering domestic violence, the incidence of which is particularly high in Guinea. Finally, Guinean women are largely constrained in their agency and bargaining powers, which is manifested in their exclusion from household decision-making and low representation in the political institutions.

To narrow existing gender gaps, five strategic directions have been identified for Guinea. A set of recommendations is provided for each strategic direction, based on the regional evidence of effective interventions and programs. These strategic directions include a set of actions to improve and strengthen the legal environment. The five strategic directions are as follows:

1. Improve the status of girls' education.
2. Enhance access to maternal, sexual, and reproductive health services.
3. Postpone early family formation and adolescent pregnancy.
4. Improve women's economic opportunities and access to quality employment.

5. Increase women's and girls' voice and agency and eliminate all forms of GBV.

In light of the multidimensional aspects of gender equality—and the existing disparities across endowments, economic opportunities, and agency—it will be crucial to initiate comprehensive, multisector efforts to address existing gender gaps. Those efforts will need to be informed by existing regional evidence and data. For that purpose, more efforts to collect, analyze, and disseminate sex-disaggregated data are to be undertaken in order to inform and design relevant, evidence-based, and data-driven policies.

APPENDIX A. ENTRY POINTS FOR LEGAL REFORM TO EXPAND WOMEN'S EMPOWERMENT IN GUINEA

Women, Business and the Law 2021 measures the laws and regulations across several areas that affect women's economic opportunities in 190 economies. From the basics of movement in the community to the challenges of working, parenting, and retiring, the data offer objective and measurable benchmarks for global progress toward gender equality. Guinea has an overall Women, Business and the Law score of 76.3 points, 5.3 points above the Sub-Saharan Africa average of 71. Guinea outperforms 25 regional economies, ties 1 country (Seychelles), and is outperformed by 21 economies.

Guinea has opportunities to reform and close the gap with global leaders in four of the regulatory areas measured by Women, Business and the Law. Those four areas are covered by the Pay, Assets, Parenthood, and

Marriage indicators. The reforms recommended range from those designed to give women more choice in employment decisions (by eliminating restrictions on the types of jobs they may have or the industries they may work in) to making it less expensive for companies to hire women (by pushing the cost of maternity leave from private employers to the state, and by enacting paternal and parental leave policies). They also seek to improve legislation in areas affecting the financial well-being of women, by allowing them to inherit in the same way as men, by accounting for periods of childcare in the calculation of pensions, and by allowing them to remarry in the same way as men. Passing legislation that specifically addresses domestic violence is also recommended. See table A.1 for a more detailed discussion about reform opportunities.

TABLE A.1. REFORM OPPORTUNITIES FOR GUINEA, FROM WOMEN, BUSINESS AND THE LAW

Entry points		Recommended legal reforms
Pay		
Does the law mandate equal remuneration for work of equal value?	Yes	Pay 1. Allow women access to employment in all jobs and all sectors and industries.
Can a woman work the same night hours as a man?	Yes	
Are women able to work in the same industries and in jobs deemed dangerous?	No	
Assets		
Do men and women have equal ownership rights to immovable property?	Yes	Assets 2. Grant spouses equal inheritance rights 3. Provide for the valuation of nonmonetary contributions
Do sons and daughters have equal rights to inherit assets from their parents?	Yes	
Do male and female surviving spouses have equal rights to inherit assets?	No	
Does the law grant spouses equal administrative authority over assets during marriage?	Yes	
Does the law provide for valuation of nonmonetary contributions?	No	
Parenthood		
Is paid leave of at least 14 weeks available to mothers?	Yes	Parenthood 4. Introduce legislation or amendments for maternity leave benefits to be fully paid by the government. 5. Introduce paid parental and paternity leave.
Does the government pay 100% of maternity leave benefits?	No	
Is there paid leave available to fathers and parental leave?	No	
Is the dismissal of pregnant workers prohibited?	Yes	
Marriage		
Is a married woman not legally required to obey her husband?	Yes	Marriage 6. Allow women to remarry in the same way as men. 7. Draft, enact, and implement specific domestic violence laws
Can a woman legally be “head of household” or in the same way as a man?	Yes	
Can a woman obtain a divorce and remarry in the same way as a man?	No	
Is there legislation specifically addressing domestic violence?	No	
Is there a specialized court or procedure for cases of domestic violence?	No	

Source: Women, Business and the Law 2021

Note: (* indicated in red are the areas for needed reforms)

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