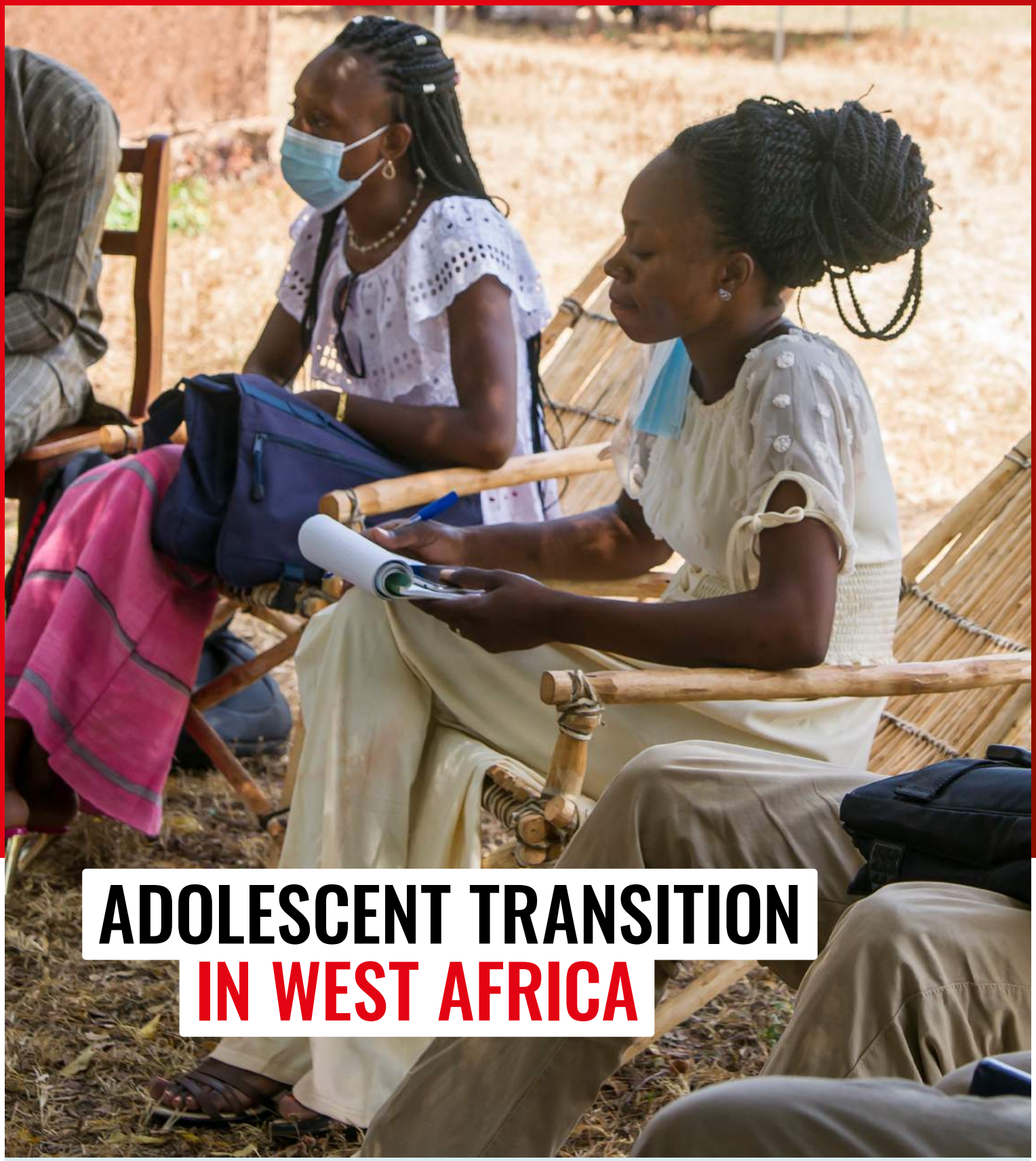


ADOLESCENT TRANSITION IN WEST AFRICA

Reaching Adolescents with Culturally Adapted Comprehensive Sexuality Education

May 2022

GRADE Africa

Save the Children

GEH
Center on Gender Equity and Health • UC San Diego School of Medicine

Project Description

The Adolescent in Transition in West Africa (ATWA) program is a four-year program that aims to influence and promote positive adolescent sexual and reproductive health and rights (SRHR) outcomes by addressing some of the interrelated drivers of poor SRHR among very young (ages 10-14 years) and older (ages 15-19 years) adolescents in eight regions of the Liptako Gourma area, an area that covers eastern Burkina Faso, southwestern Niger, and a small portion of southeast central Mali.

Spanning from December 2019 until November 2023, the program aims to improve the sexual and reproductive health and rights of adolescents by catalyzing the provision of Life Skills Education (LSE) in school settings, and has been adapted to out-of-school settings for Niger and Mali. The ATWA in-school LSE curricula were developed by the Ministries of Education in Burkina Faso, Niger, and Mali in collaboration with various agencies and further adapted in collaboration with Save the Children. The out-of-school material was adapted by Save the Children from existing GREAT tools. Using the culturally-adapted curricula, teachers, mentors, and peers will engage adolescent girls and boys in learning about SRHR - improving their attitudes, behaviors, and norms towards gender and SRHR and building critical life skills. Alongside the provision of LSE, ATWA aims to increase access to, and uptake of, quality adolescent-responsive SRH services and contraception among adolescents by working with service providers to improve the quality and youth-friendliness of services.

ATWA's overall objectives include:

Impact: Improved sexual and reproductive health and rights of adolescents

Outcome 1: Improved sexual and reproductive health and rights and gender equality knowledge, intent, and behaviors among adolescents

Outcome 2: Ensure health facilities offer quality adolescent responsive SRH services that are used by adolescent girls and boys





Youth ambassador in Burkina Faso

Formative Research

The situation in the Liptako Gourma area is characterized by insecurity and violence, including violence against schools and health centers, as well as conservative attitudes towards adolescents' SRHR. To better understand the views and norms held by the communities in which the ATWA program would be implemented, a participatory qualitative research approach was used to examine social norms surrounding adolescent SRHR. The Social Norms Exploration Tool (SNET) —a participatory learning and action tool developed with support from USAID and the Gates Foundation—was used to guide this formative work. Developed for use by program planners and implementers, SNET has been used in more than 15 global settings to develop a preliminary understanding of the social norms operating in communities that are influencing how people act or behave from a program perspective.

The results indicated a complex picture of the ways in which social norms surrounding gender, sexuality, and age-appropriate behaviors shape adolescent health outcomes in the Liptako Gourma area of the three countries. An overall finding, however, was that parents and adults in the communities often chose not speak to adolescents about puberty and emergent sexuality, and so adolescents were left to learn about these changes in their lives on their own. As one community leader noted: *« Les parents ont honte de parler de sexualité aux enfants. Il y a une gêne pour ces questions. Donc les adolescents sont laissés à eux-mêmes sur ce sujet. »* (Parents are ashamed to talk to children about sexuality. There is an embarrassment about these issues. So, teenagers are left to their own devices on this subject.)

1 Institute for Reproductive Health. 2020. Social Norms Exploration Tool. Washington, DC: Georgetown University. https://irh.org/wp-content/uploads/2020/04/Social_Norms_Exploration_Tool_SNET-1.pdf

Foto niet juiste manier aangeleverd. In mail geplakt. Is nu niet scherp kan niet groter toegepast worden Orgineel toestuern, Mali

Impact Evaluation

To evaluate the ATWA intervention's impact on ASRHR knowledge, intent, and behaviors among adolescents, an external outcome evaluation is being carried out by research partners, the Center on Gender Equity and Health at the University of California San Diego (UCSD-GEH), and GRADE Africa. The evaluation design is a repeated cross-sectional cluster randomized trial with a comparison group conducted in each year of program implementation, with approximately 2,250 adolescents interviewed at each time point.

Survey Tool Development.

In coordination with Save the Children, UCSD-GEH drew upon the ATWA M&E Framework and each country's LSE curricula to develop a quantitative survey to assess evaluation indicators. The resulting survey tool covers twelve topics: Respondent Demographics; Puberty; Menstrual Hygiene & Management; HIV, STIs & Pregnancy Knowledge; Contraception; Personal Sexual History; Health Services; Gender Attitudes & Norms; Gender-Based Violence; Self-Efficacy; Child Marriage; and Female Genital Cutting (FGC). Items were either drawn or adapted from the following previously-validated surveys: the 2020 edition of the Performance Monitoring for Action (PMA2020), Demographic and Health Surveys (DHS), the Johns Hopkins University's Global Early Adolescent Study (GEAS), Gender and Adolescence: Global Evidence (GAGE), Menstrual Practices Questionnaires (MPQ), and the Menstrual Practice Needs Scale (MPNS-36).

Results in Brief.

As of May 2022, the Year 1 Baseline Survey has been completed, providing descriptive insights into adolescents' baseline SRHR knowledge, attitudes, and behaviors. Below is a snapshot of findings.



Demographics.
Overall, a total of 2,244 adolescents participated, with 670 from Burkina Faso, 786 from Mali, and 788 from Niger. The sample was evenly split by sex, with 1,114 boys (49.6%) and 1,130 girls (50.4%). The average age of respondents across all three countries was 13.3 years old (min=10 years, max=19 years). The vast majority of respondents (98.0%) were unmarried at the time of the survey.
Puberty. Adolescents were asked a series of nine questions to assess knowledge of puberty. Questions ranged from "it's normal that boys and girls experience changes in their bodies as they grow up" to "a boy can get a girl pregnant before he has had his first ever ejaculation." Only 2.5% of respondents answered all nine questions correctly, with a slightly greater proportion of boys answering all correctly than girls.

Menstrual Health and Hygiene Management (MHHM).
Among post-menarchal girls in the ATWA baseline sample, only roughly a quarter (27.7%) reported they always hygienically managed menses. This was assessed using a measure of five items ranging changing menstrual materials every 4-8 hours or whenever needed to washing hands before and after changing materials. A smaller proportion of younger girls (those ages 10-14) (17.8%) reported consistent hygienic menstrual management as compared to girls ages 15-19 (33.5%). Among girls who washed and reused their menstrual materials, 57.6% reported that they soaked their materials; of these, 96.5% reported they used soap or detergent, and 18.2% reported they always exposed their soaked materials to the sun.

Adolescent sexual activity, pregnancy knowledge, rates, & contraceptive use.
Female adolescents were asked whether they knew about 10 different contraceptive methods (e.g., oral contraceptive pills, condoms). The mean number of modern methods known to girls ages 10-14 in the overall sample was 0.89 methods out of a possible 10. This number increased to a mean of 4.67 methods known among adolescent girls ages 15-19 years.

Only a small proportion (4.1%, n=93) of the sample reported being sexually active, however among unmarried sexually active adolescents ages 15-19, 73.4% reported using modern contraception. By sex, 80% of sexually active unmarried adolescent girls and 70.5% of sexually active unmarried boys ages 15-19 years reported using modern contraception at last sex.

Adolescent marriage & views on child marriage.
A large majority (82.0%) of survey respondents strongly agreed that early marriage often has harmful consequences for a girls' health, psychological wellbeing and education. This proportion was slightly higher among boys (84.4%) as compared to girls (79.6%).

A majority (72.4%) of respondents indicated strong agreement with the statement that they have the right to choose whether, when and with whom they want to marry, however 12.2% of respondents indicated they strongly disagreed with their right to do so.

Gender attitudes and norms.
The proportion of adolescents with gender equitable attitudes was evaluated based on the Gender Equitable Attitude scale, a composite of six items assessing degree of acceptance surrounding gender equity in domains such as household chores, education, and decision-making. The average score of all respondents on the Gender Equitable Attitude Scale was 2.83 out of 5 (the average of responses across all items on 5-point Likert scales).

Survey results show there was variation in the types of gender equity statements the adolescents most agreed with, with a greater proportion of adolescents agreeing that there should be gender equity in household chore sharing, educational attainment, and pregnancy prevention efforts. Very low agreement was seen in statements assessing traditional gender norms, highlighting that traditional gender roles (e.g., men having the final say in decisions, women obeying her husband in all matters, and men serving as the primary income earner in the household) are prevalent in this sample.

Attitudes on Gender-Based Violence (GBV).
The vast majority of respondents[2] agreed that no one has the right to force another person to engage in sexual activity (90% of males and 82% of females), however a majority of respondents (52.2%) felt it was sometimes ok for a man to beat his wife for disobeying his orders. A total of 22.3% of older adolescents strongly agreed that it is ok for a man to beat his wife if she disobeys his orders, and 60.6% of respondents strongly agreed that a woman should tolerate violence for the sake of her family.

Self-efficacy.
A majority (76.1%) of adolescents strongly agreed that they could refuse unwanted sexual attention from a stranger. Slight variation by sex was noted, with 69.2% of boys and 82.8% of girls strongly agreeing. By age, a greater proportion of older adolescents (81.5%) than very young adolescents (74.0%) strongly agreed that they could refuse unwanted sexual attention from a stranger.

Only half (53.0%) of adolescents strongly agreed they could tell a trusted adult about unwanted sexual attention they had experienced. By sex, 48.0% of boys and 57.9% of girls strongly agreed. By age, 49.0% of very young adolescents and 63.5% of older adolescents strongly agreed.

2 Country offices in Mali and Niger suggested GBV-related questions not be asked of in-school adolescents. As such, our findings represent out-of-school adolescents ages 10-19 in Mali and Niger, and all adolescents in Burkina Faso (n=910).



Next Steps & Implications for Programs/Research

Endline data collection for the Year 1 evaluation is taking place May/June 2022, following which time results will be used to examine ATWA's impact on the key ASRHR indicators. Findings will be shared and discussed with the implementing partners, ministry stakeholders, and communities in each of the three countries, with the aim of incorporating feedback into programmatic adaptations.

Findings from the outcome evaluation and the community-centered feedback will provide insights to program and policy stakeholders on how to reach in-school and out-of-school adolescents with LSE curricula in an area of the world characterized by insecurity and conservative attitudes towards adolescents' SRHR.

Save the Children