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9-24-2024

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### PERSPECTIVE

Power, Voice, and Agency: Empowering Adolescent Girls and Young Women through Multiple Interventions for Evidence-Informed Contraceptive Decisions



# September 24, 2024 By: Evalin Karijo, Karen Austrian, Miriam Temin, and Mame Soukeye Mbaye

This blog is part of a series in partnership with <u>Population Council</u>, <u>Reproductive Health Supplies</u> <u>Coalition</u> (RHSC), and <u>Population Services International</u> (PSI), to recognize World Contraception Day. From product development to utilization and beyond, we power contraceptive choices that meet the needs of women and girls worldwide.

#### **Key Reflections**

• Improving adolescent girls' access to contraception and agency is critical, as early pregnancy and childbearing can have a negative effect on their education, livelihoods, and health, hindering their safe and productive transition to adulthood.

- Adolescent girls aged 10–19 have varying needs and priorities. Policies and programs aimed at empowering girls require approaches that are tailored to their lived realities and informed by girl-centered evidence and data.
- Setting up community and school-based safe spaces—coupled with empowerment interventions such as support from family, communities, and health workers—enables adolescent girls to gain knowledge on sexual and reproductive health and life skills, and contributes to informed choices on contraceptive use.

Access to contraceptives is one of many "tools" in the "toolbox" that adolescent girls need to make safe, healthy, and productive transitions into adulthood. While the adolescent birth rate globally decreased from 64.5 births per 1000 women (15–19 years) to 41.3 births per 1000 women between years 2000 and 2023 as per the World Health Organization (WHO), the unmet need for contraception is still high. **Two in five adolescent girls aged 15–19 who want to avoid pregnancy are currently not using a modern method** (UNICEF et al. 2020). Early childbearing or pregnancy can derail girls' healthy development into adulthood and have negative impacts on their education, livelihoods, and health. Further, complications from giving birth are a leading cause of death and injury for adolescent girls (UNICEF, 2024).

Improving adolescents' access to contraception, sexual and reproductive health (SRH) information, and agency are critical now more than ever. Interventions need to be tailored to girls' varying needs, priorities, and lived experiences. This includes girls living in rural or urban areas; in conflict-stricken regions; unmarried, married, or in unions; living with HIV (Human Immunodeficiency Virus); living with disabilities; et cetera.

## Barriers to access and use of contraception

Inter-related, demand-side, and supply-side factors contribute to poor access and use of contraception by girls (Chandra-Mouli and Akwara 2020). Demand-side factors include the lack of information on where to obtain contraceptives, not being able to afford them, not having confidence and agency to seek and negotiate their use, or being denied access-especially in countries where laws and policies do not allow for provision of contraceptives based on age or marital status (Chandra-Mouli et al., 2017). Unmarried adolescent girls may avoid seeking contraception to prevent pregnancy due to the embarrassment of admitting being sexually active outside of marriage (Chandra-Mouli and Akwara 2020). In communities with strong social norms that undermine knowledge and access to contraception, while valuing fertility within marriage, married adolescent girls may feel pressured to bear a child shortly after marriage (Taiwo, Ovekenu, and Hussaini 2023). Child-brides (married before age 18) thus often have limited autonomy to influence decisions about contraceptive use and delaying childbearing (WHO, 2024). In other instances, girls choose to become pregnant because they have limited educational and employment prospects and motherhood is valued (WHO, 2024). Supply-side factors include limited access to affordable, non-judgmental, quality products and services as and when girls need them (Chandra-Mouli and Akwara 2020).

# Building agency and self-confidence of girls with empowerment programming in safe spaces

Adolescent girls may not always have the agency, confidence, and means to decide and act on delaying and avoiding pregnancy. It is thus important to layer interventions for girls with efforts to encourage support from family, community members and health care providers, and economic empowerment initiatives to keep girls in school, or enable re-entry to school. At <u>Population</u> <u>Council</u>'s <u>GIRL Center</u>, we believe in the power of girl-centered evidence to inform programs and policies for adolescent girls, including empowering girls to make choices on contraceptive use and access.

Evidence and best practices from the World Bank-funded <u>Sahel Women's Empowerment and</u> <u>Demographic Dividend</u> (SWEDD) initiative—implemented in several countries with support from UNFPA Regional West and Central Africa office and technical partners including the GIRL Center shows the potential of programming through safe spaces as places of learning, exchange, and empowerment for groups of adolescent girls (<u>SWEDD Africa, 2024</u>). The countries in the Sahel region are marked by major threats to girls and young women that contribute to gender inequity including child marriage, high fertility, and low rates of girls' secondary schooling. In this challenging context, SWEDD has been implemented in Burkina Faso, Chad, Côte d'Ivoire, Mali, Mauritania, and Niger (from 2015 to 2019). These countries were joined in SWEDD 2 by Benin, Cameroon, and Guinea, then Gambia, Senegal, and Togo (2023) as part as SWEDD Plus. The package of SWEDD interventions include:

- A network of community- and school-based safe spaces to provide the needed environment for groups of girls to receive training from mentors on life skills and reproductive health, and to build peer support.
- Life skills training is offered through a curriculum tailored to girls' needs and realities. Further, participative and fun methods, such as games and songs, are used to encourage girls' active involvement, as well as a welcoming and stimulating environment to motivate them to visit sessions in the safe spaces regularly (SWEDD Africa, 2023). UNFPA reports that the sexual and reproductive health (SRH) education in safe spaces and schools contributed to girls' knowledge and confidence to make informed choices, avoid early pregnancies, and stay in school longer.
- SRH education in safe spaces did not occur in isolation. UNFPA found that support to keep vulnerable girls in school—such as the provision of school supplies, menstrual hygiene kits, and more—combined with more educational support, was preferable to activities in safe spaces without them (SWEDD Africa, 2023).

A multidimensional approach of combining safe spaces with other interventions—such as improving adolescent girls' economic opportunities or with husbands' clubs and future husbands' clubs as part of family support—proves to be effective in empowering girls (<u>SWEDD Africa, 2023</u>). Overall, the SWEDD program enabled hundreds of thousands of teenage girls and young women to receive training in life skills and reproductive health; to gain the knowledge and confidence to make informed choices; to avoid early pregnancies; and to stay in school longer (<u>SWEDD Africa, 2023</u>).

Adolescent girls aged 10–19 have varying needs and priorities. Policies and programs aimed at empowering girls need to tailor approaches to girls' lived realities and should be informed by girlcentered evidence and data. A multidimensional approach, as evidenced from programs such as SWEDD, is effective in integrating SRH education into broader programming that addresses a range of issues, thus encouraging girls to make their voices heard and make informed choices on contraception, avoid early pregnancies, and stay longer in school.

