IMAGINE: Inspiring Married Adolescent Girls to Imagine New Empowered Futures

ABOUT IMAGINE

Ninety percent of adolescent pregnancies in the developing world are to married girls¹ and complications from pregnancy and childbirth are a leading cause of death among this population.² Despite the unacceptable risks to married girls’ lives, sexual and reproductive health and other development initiatives often fail to reach them, leaving these extremely marginalized girls without the services and support they need. Delaying first birth among newly married girls can help to mitigate the risks associated with adolescent pregnancy, but a complex constellation of social and structural barriers impedes married girls’ ability to delay.

With support from the Bill & Melinda Gates Foundation, CARE has launched a project to design and test interventions that hold promise for delaying the timing of first birth among married adolescents in Niger and Bangladesh. IMAGINE will take a holistic approach, one that builds married girls’ capacity and agency to make decisions about their life courses, addresses social and structural barriers that prevent delaying and critically, presents alternative economic opportunities for girls so that early motherhood is not their only option. We aim to document and share learning from this initiative with the wider development community to inform others working to address the issue of adolescent childbearing.

STRATEGY

Research and Design

In 2017, CARE embarked on formative research and a human centered design process in Bangladesh and Niger to: 1) understand the barriers and facilitators that influence a married girl’s ability to delay pregnancy, and 2) identify alternative futures that could inspire girls, families and communities to support this delay. Our formative research consisted of a qualitative study and a market analysis in each country. The qualitative study reached married and unmarried adolescent girls, their husbands, parents and in-laws, community leaders and health workers to document their roles and perspectives. The market analysis identified industries, professions and income-generating activities that hold promise for increasing married adolescent girls’ earnings and autonomy, as well as the obstacles and supports to their labor participation. Guided by human-centered design consultants, a multi-disciplinary team of CARE staff then identified, refined and prototyped potential solutions, building a holistic intervention package for each country.

Activities

Our theory of change posits that a successful intervention will have activities that inform and equip girls on an individual level, engage families and communities and influence systems to create a conducive environment for girls to exercise their rights and make decisions about their lives.

On the individual level, in both Niger and Bangladesh, **Girls Collectives** will serve as a platform for enhancing married and unmarried adolescent girls’ social support and access to information in a variety of domains connected to delaying early first birth; including sexual and reproductive health and rights and family planning before first birth, decision-making, goal setting and planning for the future; healthy relationships, communication and negotiation skills; and gender and social norms. The Collectives will also function as a platform for Village Savings and Loan groups, **Business Schools** that teach financial literacy and entrepreneurship, and as a launching pad for training on vocations and income-generating activities.

On a community/relational level, both countries have activities that engage young men and husbands as well as families and communities. In Bangladesh, **Couples Counseling** will provide married nulliparous girls and their husbands private, personalized sessions on topics related to family planning, communication and negotiation, and planning for the future. Some sessions will also include extended family members, such as the mother-in-law, to reduce potential backlash and engage them in the couple’s journey. As the counselling sessions progress, couples will be linked with other couples and families through public, social activities, such as courtyard debates and couple’s movie screening, to build a supportive social network for delaying first birth. In addition, couples will also receive a **Newlywed Kit** that includes family planning information, condoms, and activities to support couples’ communication and joint decision-making.

In Niger, **Fada Groups** will leverage existing informal men’s social clubs to engage young men and husbands as allies in delaying first birth. They will have access to a similar curriculum to the one delivered in the Girls Collectives, including Business School activities, particularly financial planning and business skills sessions. We will also engage men as champions for delaying birth by providing them with the skills and tools they need to carry out awareness raising activities and supporting them to develop community action plans.

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Niger:
Niger has the highest overall prevalence of child marriage in the world: more than 75% of girls are married before they turn 18. Of these, less than 5% use contraception.³ The adolescent birth rate for girls aged 15-19 is 206 per 1,000 girls.⁴

Bangladesh:
Bangladesh also has some of the highest rates of child marriage worldwide, including the highest rate of marriage among children under 15 at 18%.⁵ There, the adolescent birth rate is 113 per 1,000 girls.⁶

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Niger’s community-based activities will also include **Community Dialogues and Action**, creating space for key community stakeholders to discuss, challenge, and ultimately act to transform the norms and related behaviors that contribute to early childbearing. Employing CARE’s Social Analysis and Action (SAA) approach, groups made up of mothers, mothers-in-law, co-wives, and community and religious leaders will hold regular, reflective dialogue sessions and define a community action plan for addressing the key issues they identify. These community-level groups will be connected to the activities of the Girls Collectives and Fada Groups to support and mobilize a coalition of community activists on delaying first birth.

On a structural level, girls’ access to earning opportunities is one possible alternative pathway for contributing to self-realization, as well as family and community support for delaying. In addition to the Business Schools described above, IMAGINE will link girls to promising market activities in each context. In Bangladesh, the program will provide vocational training in high value handicrafts, an already a well-established market for women and establish cadres of IT entrepreneurs and mobile repair and telecom retailers, both growing sectors in Kurigram, particularly for women. In Niger, girls can choose between raising small livestock or processing cowpeas (a legume). Girls with high potential will also be supported to establish feed/fodder processing and storage cooperatives or to provide para-veterinary services.

Another essential systems-level change is ensuring that health workers are ready, willing and able to provide both information and contraceptives to married adolescents. In both countries, CARE will lead health workers through a process of critical self-reflection and action planning using SAA to transform provider attitudes and biases around providing family planning counseling and services to nulliparous married adolescent girls.

After the baseline study, the project launched in January 2019. Results will be captured through ongoing monitoring and implementation learning, as well as quantitative and qualitative endline studies.

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