IMAGINE: Inspiring Married Adolescent Girls to Imagine New Empowered Futures

ABOUT IMAGINE

Despite the fact that ninety percent of adolescent pregnancies in the developing world are to married girls,¹ and complications from pregnancy and childbirth are a leading cause of death among this population,² sexual and reproductive health and other development initiatives often fail to reach this key population, leaving them 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 early childbearing. With support from the Bill and 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 to build married girls’ capacity and agency to make decisions about their life courses, to address social and structural barriers that prevent delaying, and to present alternative economic opportunities for girls so that early motherhood is not their only option. We aim to document and share learning from this initiative to inform the issue of adolescent childbearing globally.

Research, Design & Testing

In 2017, CARE embarked on formative research, consisting of a qualitative study and a market analysis in both countries 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. With these insights and guided by human-centered design firm, a multi-disciplinary team of CARE staff then identified, refined and prototyped potential solutions, building a holistic intervention package for each country. After a 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.

Activities

Our theory of change posits that successful programming depends on activities that not only inform and equip girls on an individual level but also engage families, communities and systems to create a conducive environment for girls to exercise their full rights and make decisions about their lives.

In both countries, Girls’ Collectives serve as a platform for enhancing married and unmarried adolescent girls’ social support and access to information, including sexual and reproductive health and rights, decision-making, communication skills, and gender and social norms. The Collectives also function as a platform for Village Savings and Loan groups (Niger only), “Business School” instruction on financial literacy and entrepreneurship, and as entry point for training on vocations and income-generating activities.

Program Name: Inspiring Married Adolescent Girls to Imagine New Empowered Futures (IMAGINE)

Program Countries: Bangladesh, Niger

Timeframe: 2016-2022

Donors: Bill and Melinda Gates Foundation

Participants: The project will reach married and unmarried adolescent girls ages 15-19, their husbands, families and communities, as well as health workers in Kurigram District, Bangladesh and Zinder Province, Niger.
In Bangladesh, the project will provide vocational training in high-value handicrafts, an already a well-established market for women, and establish new cadres of IT entrepreneurs and mobile repair and telecom retailers. In Niger, girls can choose between raising small livestock or processing cowpeas. A small subset of girls will also receive support to establish feed/fodder processing and storage cooperatives or to provide para-veterinary services. The IMAGINE project posits that 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 Bangladesh, Couples Counseling provides private, personalized counseling to newly married girls and their husbands on topics such as family planning, communication and negotiation, and planning for the future. Some sessions also include extended family members in order to reduce potential backlash and engage them in the couple’s journey. As the counselling sessions progress, couples participate in social activities, such as movie screenings, to build a supportive network for delaying first birth. In addition, couples 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 leverage existing informal men’s social clubs to engage young men and husbands as allies in delaying first birth. They follow a similar curriculum, as the Girls’ Collectives which focuses on both health, social norms, and business activities. IMAGINE also engages men as champions for delaying birth by providing them with the skills and tools they need to carry out awareness raising activities and develop community action plans.

Niger’s community-based activities also includes Community Dialogues & 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, community groups hold regular, reflective dialogue sessions and define a community action plan for addressing key issues. Alongside Girls’ Collectives and Fada groups, community actors will build a coalition of community activists committed to delaying first birth.

Finally, in both countries, CARE will lead health workers through a process of critical self-reflection and action planning using our Social Analysis and Action approach to transform provider attitudes and biases and strengthen their family planning counseling skills and ability to provide adolescent and youth-friendly services.

**Sustainability & Scale**

Wherever possible, IMAGINE is working with existing bodies and systems and prioritizing capacitating local actors to sustain and scale the activities beyond the life of the project. For example, Fada group activities engage existing men’s social groups, health provider activities leverage existing health worker platforms and role model participants from the Girls’, Fada and Community Groups will be trained to be co-facilitators, eventually taking over execution of project activities.

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