



Technical Brief

Improving Adolescent Girls' Sexual and Reproductive Health: PCTFI Cohort 3 Initiative

Education and Adolescent Sexual, Reproductive Health

A Bidirectional and Reinforcing Relationship

Sixteen million adolescent girls become mothers every year, accounting for 11% of births worldwide. For these adolescent girls (ages 15-19), pregnancy and childbirth-related complications are a leading cause of death.⁽¹⁾ The adverse effects of adolescent childbearing extend to the health of their infants as well; perinatal deaths are 50% higher among infants born to mothers under the age of 20 than those born to women aged 20–29 years and newborns of adolescent mothers are more likely to have low birth weight, with the risk of long-term effects.⁽²⁾ Additionally, women under the age of 20 have 2.5 million unsafe abortions each year in developing countries, accounting for 14% of all unsafe abortions in developing countries;⁽³⁾ and young women account for almost 60% of all new HIV infections among young people (15-24).⁽⁴⁾

Addressing the sexual and reproductive health of young people is critical to their development and ensuring healthy and successful futures for themselves and their children. Providing adolescents with comprehensive sexuality information and access to youth-friendly services enhances responsible sexual behaviors and **improves reproductive health outcomes** including decreases in early and unwanted pregnancy and sexually transmitted infections including HIV.⁽⁵⁾ Reducing unintended pregnancies and other reproductive health issues among young women not only **saves lives**, but also **improves educational and employment opportunities**, and in turn improves the status of women overall, reduces poverty and increases economic growth.⁽⁶⁾ Yet, access to quality, comprehensive sexual health information and services remain out of reach for the majority of the world's youth.⁽⁷⁾

Inversely, keeping girls in school improves sexual and reproductive health outcomes for young people. Data consistently demonstrates a strong positive relationship between increased formal educational attainment among girls and improved reproductive health behaviors and outcomes including marrying later, having fewer children, delaying sexual initiation, increasing the likelihood of contraceptive use and lowering rates of HIV and other reproductive morbidities.⁽⁸⁾

Each extra year of a mother's schooling reduces the probability of infant mortality by

5-10%

There would be
64% fewer child marriages if all girls had secondary education

If all mothers completed primary education
189,000 lives would be saved from maternal deaths

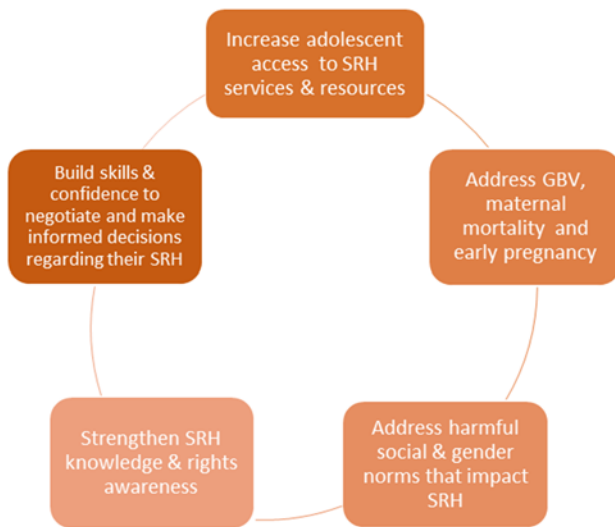
CARE's Adolescent Empowerment Approach

The transition through adolescence is a critical developmental period that has the power to shape an individual's dreams and future life options. CARE's approach to adolescent empowerment centers on comprehensive, integrated and rights-based interventions that ensures young people have access to the information, resources and support they require to build their capacities, plan their futures, exercise their rights, and help their families and communities.

CARE's experience has shown that simply providing young people with a few skills and then expecting them to conquer underlying socioeconomic, cultural and political barriers is not effective and does not lead to their empowerment long-term. Rather, CARE believes that bringing about transformational and lasting change requires addressing underlying power imbalances that result in the inequitable distribution of information, resources and opportunities. By creating an enabling and equitable environment where young people can build and exercise their skills, knowledge, and leadership, they are empowered to step into new roles and lead change themselves.

As part of our commitment to transformative programming, CARE is launching **Cohort 3 of its Patsy Collins Trust Fund Initiative (PCTFI)** to undertake an innovative, multi-sectoral and multi-faceted effort to address barriers adolescent girls and boys face in acquiring skills and knowledge for survival and continued human development during and beyond formal school years. The program's comprehensive approach will capitalize on opportunities to learn about the intersection of quality education, sexual and reproductive health (SRH), economic empowerment for adolescents, and harnessing the potential of Information Communication & Technology (ICT). This initiative will be implemented across six countries (Cambodia, Kenya, Mali, Nepal, Rwanda and Zimbabwe) from January 2016 – December 2020.

modules that complement and strengthen existing government curricula. Our approaches will aim to **develop young people's life skills** and provide support to discuss and deal with the emotions and thoughts that accompany puberty and young adulthood; as well as **to negotiate relationships and decisions that impact their sexual, reproductive health and rights**. The PCTFI Cohort 3 program will test a number of models for delivering SRH information and for building life skills inside and outside of the classroom. These include building the capacity of teachers to deliver curricula in gender-sensitive ways using student-centered pedagogical approaches, working with existing youth or mothers' groups, and employing Information and Communications Technology (ICT) platforms.



Intersection of Education & SRH in PCTFI

Strengthen SRH Knowledge & Building Capacity
 Within and outside schools, the program will **equip young people with accurate, complete and age-appropriate sexual and reproductive health information**. Information-sharing processes will be driven by adolescents' needs and interests as well as evidence for what works, and an analysis of contextual needs and practices. Where needed, we will draw upon proven curricula packages and tools to develop

Address Underlying Social & Gender Norms

Inequitable social and gender norms are particularly harmful to young people and can result in school drop-out, decreased economic opportunities, early marriage, sexual risk-taking behaviors, violence, and non-use of reproductive health services. Our program will **address the underlying gender norms and power imbalances** that negatively impact adolescent SRH and education outcomes. One approach CARE uses to address inequitable norms is **Social Analysis and Action (SAA)**. SAA is a process for stimulating reflection and dialogue with communities on gender and social norms and how they may facilitate or inhibit healthy SRH behaviors and outcomes. SAA is intended to support communities and young people to create their own solutions for challenging rigid gender roles.

Improve Access to Services & Resources

We know that providing adolescents with knowledge and skills to support their SRH is only half of the equation. They also need to be able to access youth-friendly SRH services when they need them. PCTFI Cohort 3 will identify ways to **connect young people to quality, youth-friendly health services**, by plugging into existing or helping to establish sustainable referral mechanisms. Where feasible, PCTFI will engage the health system or leverage other health programming to support the development of such services when they do not exist. The program will also work with mothers' groups, youth groups and school committees,

providing these groups with the training, information and resources needed to counsel and refer adolescents to services. Projects will also **strengthen protection networks for survivors of gender-based violence**, linking community support groups to existing referral systems and services, and empowering communities to break the circle of silence around cases of abuse.

The project will also **support adolescents to develop key skills for economic empowerment**. Through financial education, participation in savings groups, and mentorship on income-generation activities, adolescents and young people will be better able to support their own needs and contribute to their families, reducing their dependency on others to address critical SRH needs.

Advocacy & Adolescent Engagement

Advocacy is integral to delivering PCTFI's vision for adolescent empowerment and improving the educational relevance, quality and learning environment. Where relevant, the program **will establish advocacy partnerships and strategies to support better and more responsive adolescent SRH policies and practices** and ensure institutional commitment to adolescent SRH issues.

CARE believes that creating **inclusive spaces for meaningful adolescent participation and adolescent-led change** is key to ensuring that structures and institutions are more responsive and accountable to their needs and priorities. PCTFI Cohort 3 will use CARE's **Community Score Card (CSC)**, a citizen-driven accountability approach, to engage adolescents in the planning, monitoring, and evaluation of service delivery (health, education, financial) for improved performance and responsiveness. This approach empowers adolescents to hold programs, policies, and institutions accountable for delivering quality services that address their unique needs.⁽⁹⁾



PCTFI Cohort 3 Country Outlooks



Cambodia

CARE is working with 3,000 ethnic minority adolescents in Ratanak Kiri province to improve the learning environment, build individual agency, develop 21st century skills, provide guidance on career choices and support access to comprehensive sexual and reproductive health information.

What are we doing?

- Strengthening secondary school curriculum and implementation of 21st Century life skills education
- Developing a locally relevant *Life Skills for Reproductive Health Curriculum*
- Teacher capacity building
- Building community and school leadership support for SRH curriculum
- Providing career counseling via ICT

Rwanda

The project is reaching 24,000 adolescent girls and 22,000 boys enrolled in lower secondary schools in Southern province. Activities are designed to boost adolescent leadership and peer networks, build financial and business skills, create a culture of savings and ensure a safe environment for students by addressing GBV issues.

What are we doing?

- Girls' clubs and mentorship for building life skills and SRH awareness
- School-based savings groups and entrepreneurship skill building
- Girls and boys leading school score card accountability mechanism
- Piloting referral mechanisms to address GBV
- Engaging men & boys in addressing harmful norms

Zimbabwe

60,000 marginalized girls and boys in poor urban areas outside of Harare are participating in school activities to develop key skills for business and self-employment, increasing the relevance of education and their ability to support themselves and their families and enhancing their ASRH knowledge.

What are we doing?

- Leadership skills development (school clubs)
- Delivery of ASRH information through school clubs & ICT
- Extracurricular activities focusing on financial literacy and business development
- Facilitating access to information via mobile platforms
- Engaging adolescents in advocacy initiatives
- Girls and boys leading school Score Card

Nepal

CARE is supporting 15,000 girls and boys from marginalized castes and Muslim communities in Rupandehi and Kapilbastu to access quality education, financial literacy and skills training, and comprehensive SRH information and services; and is working to improve community attitudes.

What are we doing?

- Accelerated education program
- Life skills training
- SRH health promotion and education in schools
- Facilitating access to youth-friendly health services
- Community mobilization against gender-based violence and early marriage
- Advocacy for quality education
- Vocational skills training and job placement
- CARE's Community Score Card to improve service quality

Kenya

CARE is working with 22,000 marginalized adolescents in Nairobi and rural Kajiado to build financial literacy, strengthen support networks between girls and support adolescents to address issues related to sexual and reproductive health and GBV.

What are we doing?

- Leadership skills development
- ASRH education through school clubs and ICT
- Economic citizenship education
- Youth savings groups (in and out of school)
- E-mentorship program
- Promoting shifts in community perspectives about girls through Social Analysis and Action
- Advocacy for gender equitable policies

Mali

CARE is working with 92,500 adolescent girls and boys in the Mopti region to increase resilience to disasters, develop leadership skills and financial literacy, facilitate linkages between to savings institutions, facilitate positive social-cultural norms, and address adolescent SRH knowledge.

What are we doing?

- Establishing an mHealth platform
- Disseminating SRH content via mobile platform
- Disaster risk reduction education/mobilization using ICT
- Linkages w/microfinance institutions and savings groups
- Addressing gender norms and supporting youth rights
- Facilitating adolescent-led disaster risk reduction actions
- Training teachers on ASRH and disaster-risk reduction

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