Addressing the Needs of Young Married Women in the West Africa Region

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OUTLINE

• Why married young women?
• Learning from past programs
• Adaptation to the local context
• West Africa Initiative program design
• Program implementation
• Progress to date
• Challenges and considerations
WHY MARRIED YOUNG WOMEN IN WEST AFRICA?

• High rates of child marriage
• Among 20-24 year olds, % first birth by 18: 28% in Burkina, 40% in Guinea, and 48% in Niger
• Modern method CPR for married 15-19 year olds:
  – Burkina Faso: 6.2%
  – Guinea: 2.6%
  – Niger: 5.9%
• Married young women socially isolated
• Few programs addressing their needs and rights
LEARNING: INDIA TO UGANDA TO WEST AFRICA

PRACHAR
Bihar, India

GREAT Project
Northern Uganda

Adaptation to Burkina Faso,
Guinea, and Niger
KEY PROGRAM FEATURES: MARRIED YOUNG WOMEN

- Address structural, social, and individual factors
- Use lens of HTSP
- Empower young women and engage male partners
- Recognize and address social isolation
- Engage mothers-in-law and other gatekeepers for normative change
- Home visits to reach young women with limited mobility and high opportunity costs to leave the home
- Increase access to respectful SRH services, including postpartum contraception
CONTEXTUAL FACTORS TO INFORM ADAPTATION

- Young women married to older men who may have other wives
- Limited FP and AYSRH service delivery infrastructure
- Key influencers of couples’ reproductive decisions
  - Mother-in-law
  - Aunt, uncle, father-in-law, co-wives
  - Religious leaders
- Extreme pressure to bear children immediately after marrying
- Some pressure to closely space births
- But, some entry points:
  - Health of the existing children
  - Health of the mother
### WEST AFRICA INITIATIVE: FINAL PROGRAM DESIGN

<table>
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<tr>
<th>Category</th>
<th>Activities</th>
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| **Structural** | • Support national AYSRH policies and strategic plans  
• Support integration of YFS at public sector health facilities with focus on young married women |
| **Social** | • Small groups in safe spaces for young women’s empowerment and life-skills  
• Community dialogues for mothers in law and husbands  
• Sensitization for religious and traditional leaders |
| **Individual** | • Home visits to young married women (and co-wives, mothers-in-law, partners)  
• CBD of contraceptives and referrals |
IMPLEMENTATION

• Operational approach: build capacity of local partners to implement
  – IPPF affiliate in Guinea and Niger
  – BURCASO and SOS-JD in Burkina Faso
• Partnership with public health system at national, district, health facility level
• 1 rural and 1 peri-urban in Burkina and Guinea, 2 peri-urban areas in Niger
• Starting in Niger now, implementation underway in Burkina, and recently underway in Guinea
• Small program, looking at feasibility and ways to adjust the model for more rigorous testing and scale-up
PROGRESS TO DATE

• Development of tools and resources on unique considerations for working with married young women:
  – Supplemental training curriculum for health care providers
  – Supplemental training for CHWs
  – Training for small group facilitators
  – Adaptation of GREAT project activity cards to context

• Training
  – 15 Health care providers in Guinea and 22 in Burkina Faso
  – 42 CHWs, 50 CBD agents, and 40 small group facilitators in Burkina Faso

• 615 home visits conducted and 80 small group meetings conducted in Burkina Faso
LESSONS, CHALLENGES, AND CONSIDERATIONS FOR PROGRAMMING

• Capacity building of local partners around new approach for a specific population
• Moving beyond traditional models of YFS to better address needs of married young women
• Important to generate linkages/connections between levels of ecological model
• Challenges in monitoring service delivery (don’t want to ask about marital status, lack of age-disaggregated data)
• Better understanding of the influence of co-wives on young married women
• Need for more rigorous evaluation of programs for married adolescents
Thank You!

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