

# Action to empower adolescent mothers in Burkina Faso and Malawi to improve their sexual and reproductive health (PROMOTE)

## Background

Early childbearing in sub-Saharan Africa is associated with a negative impact on the health, education, and socio-economic wellbeing of girls. For 50% of girls, early and unintended pregnancy is the main reason for dropping out of school. Pregnancy-induced school dropout threatens the attainment of Sustainable Development Goals (SDGs) 4— ensure inclusive and equitable quality education and promote lifelong learning opportunities for all, and 5— achieve gender equality and empower all women and girls. This is because early pregnancy hinders girls from benefiting from investments in education and health that will guarantee their empowerment, economic mobility, and improved health across the life-course.

The loss of critical education investment further affects children born to adolescent girls. Often these children face marginalization because of their parents' limited resources to care for them, resulting in a continuous cycle of vulnerability to early and unintended pregnancy, disempowerment, and lack of economic mobility. Adolescent mothers are also at risk for rapid repeat pregnancies (defined as a pregnancy



within 24 months of the previous pregnancy) if they are not provided with adequate care and support. Such closely spaced births further worsen the risk of adverse outcomes and negative consequences. Research has shown that most adolescent mothers would like to return to school but lack the needed support to pursue their educational goals.

Research has shown that most adolescent mothers would like to return to school but lack the needed support to pursue their educational goals. Some countries in the region— such as Botswana, Zambia, Guinea, Malawi, South Africa and Kenya— have policies that ensure that pregnant girls are supported to continue with learning during pregnancy and to return to school after they have delivered. In other African

countries, such as Nigeria, Uganda, Mozambique, Mali, Togo and Liberia, a pregnant girl is not permitted to continue with school, nor is she allowed to return to school after delivery. Girls who get pregnant while at school face stigma, abuse, violence, or rejection and often receive little or no support from their families or school administrators.

In Burkina Faso and Malawi, as in many countries in sub-Saharan Africa, girls and women's health and social and economic well-being are negatively impacted by early childbearing. A vast majority of adolescent girls who get pregnant drop out of school, which results in widening gender inequalities in schooling and economic participation. The two countries currently face a huge burden of adolescent childbearing but have contrasting policy contexts on school re-entry.

While girls' education remains a key priority of decision-makers in Burkina Faso, there is no clear policy or guideline for supporting pregnant girls in schools. In Malawi, the policy allows school-aged mothers to resume school after giving birth though the extent to which the directive is implemented is unknown.

Building on previous research that highlights financial constraints and childcare as major barriers to school re-entry, the PROMOTE project will implement a randomized controlled trial to estimate the incremental effect of three interventions aimed at facilitating adolescent mothers' (re)entry into school or vocation training. While boosting similar ongoing government-led programs, the three main interventions are:

- Cash transfer on condition of

- (re)enrolment into school or vocational training.
- Provision of subsidized child care.
- Life-skills training offered by community health workers that will cover nurturing childcare, SRH, and financial literacy classes.

In addition, the project aims to maximize the translation of the evidence into policy and action through sustained engagement with key stakeholders and decision-makers and strategic communication of research findings using a variety of knowledge products. It also serves as an opportunity for south-to-south learning and capacity-building for the project team.

## Objectives of the study

The overarching aim of this project is to generate rigorous evidence that provides insights on how policymakers and program implementers can support adolescent mothers to continue their education, as well as improve their sexual and reproductive health (SRH) and mental health.

### Specific objectives:

1. To determine which combination(s) of interventions (cash transfer, subsidized childcare, and adolescent mothers clubs) lead to the greatest increase in adolescent mothers' (re)entry into school or vocational training.
2. To assess the effects of different combinations of the interventions (conditional cash transfer, subsidized childcare, and adolescent mothers' clubs) on SRH (e.g., SRH knowledge, contraceptive use, transactional sex) and mental health outcomes among adolescent mothers.
3. To assess the cost-effectiveness of these interventions in increasing adolescent mothers' (re)entry into school or vocational training.

## Expected outcomes

- Improved SRH and mental health outcomes for the teen mothers involved.
- Strengthened capacity of female researchers in conducting, monitoring, and evaluating rigorous, mixed-methods intervention research.
- Quality evidence that can inform policies and programs aimed at promoting the wellbeing of pregnant and parenting adolescents.
- Demonstration of the role that community health workers play in enhancing adolescent mothers' trust in the health system and, consequently, improving their health care-seeking behavior.



## At a Glance

### Partners

- The African Population and Health Research Center,
- Centre for Social Research (University of Malawi)
- Institut Supérieur Des Sciences De La Population (Université Joseph Ki-Zerbo, Burkina Faso)

### Donors

International Development Research Centre (IDRC)

### Duration

December 2021– November 2024)

### Target beneficiaries

- Direct beneficiaries: Pregnant and parenting adolescents
- Indirect beneficiaries: Young people, youth, adolescents, parents, teachers, researchers, government.

### Geographical focus

- Blantyre (Malawi)
- Ouagadougou (Burkina Faso)

## References

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