



# 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





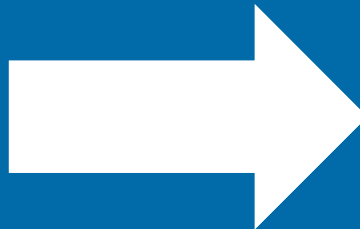
## WHY MARRIED YOUNG WOMEN IN WEST AFRICA?

- 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



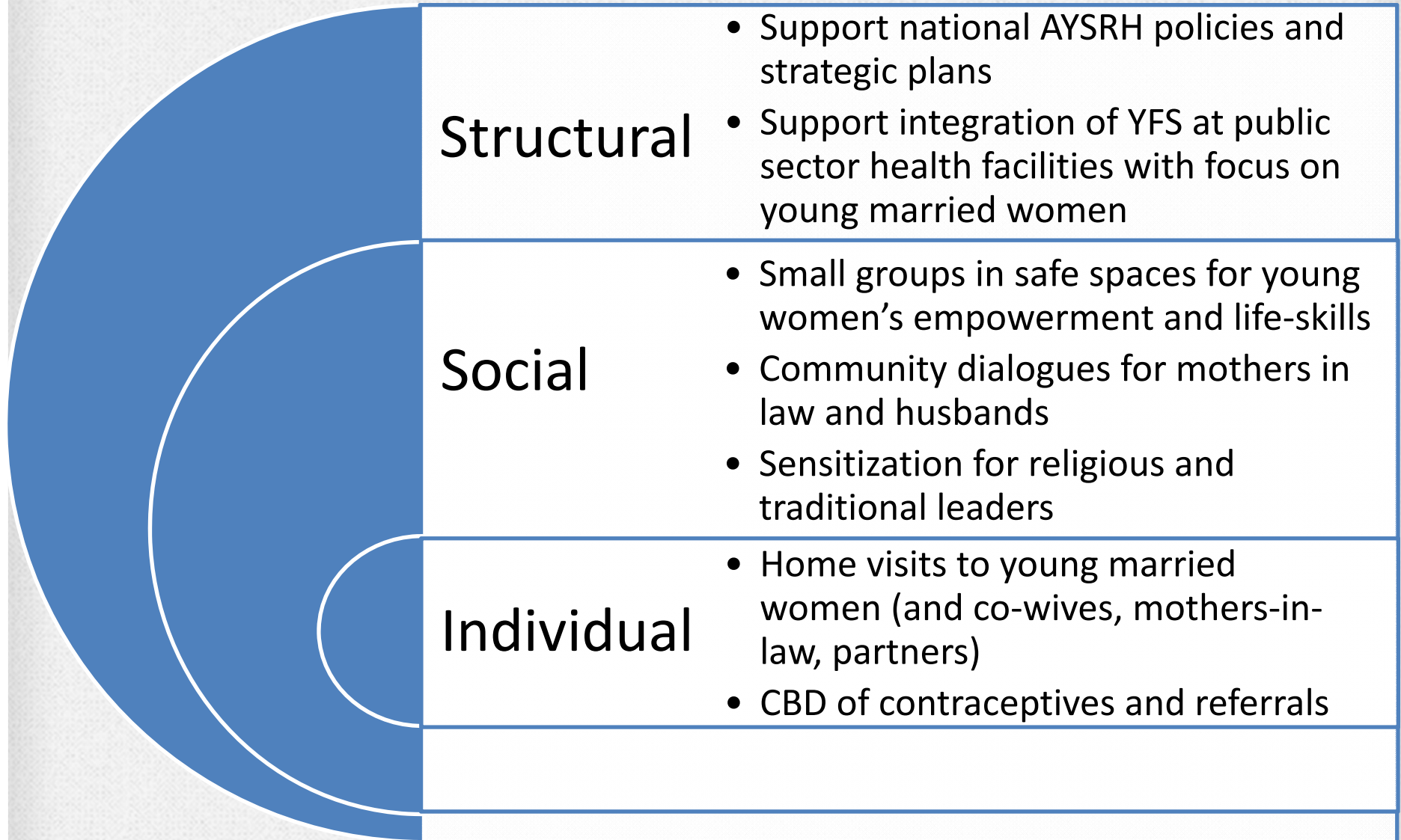
## CONTEXTUAL FACTORS TO INFORM ADAPTATION

- 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



## 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





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