

PASSAGES PROJECT

Grandmother Project

Change through Culture: Girls' Holistic Development Program

Quantitative Research Report



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Passages

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Passages Project

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This report presents the results of a quantitative study conducted in February 2019 with Grandmother Project (GMP). This study is the result of a partnership between GMP and the Institute for Reproductive Health (IRH), established with the aim of using a realist evaluation approach to understand the processes of change and the effectiveness of the Girls' Holistic Development (GHD) program for improving the well-being of adolescents. We are grateful to the participants of this study who donated their time and responses. We are grateful to GMP for their support in reviewing the research tools, helping with access to the communities where they work, and their support throughout this research and partnership. This study report was developed by Bryan Shaw, Anjalee Kohli, and Susan Igras.

EXECUTIVE SUMMARY

In rural Senegal, very young adolescent (VYA) girls face various constraints related to early and forced marriage, teen pregnancy, female genital mutilation/cutting (FGM/C), and staying in school. To date, little progress has been made in reducing these constraints. Many programs addressing these issues narrowly focus on changing attitudes and behaviors of VYA girls and occasionally, their caregivers. In this context, Grandmother Project (GMP) | Change through Culture recognizes that VYA girls alone cannot end these and other harmful practices which are collectively influenced by other family members and community actors. Sustained change to benefit VYA girls can come about only when there is change in these norms. GMP is addressing these issues through the Girls' Holistic Development (GHD) program or, as it is locally known, *Développement Holistique des Filles* (DHF). It is an intergenerational approach which involves all key categories of community actors, male and female, and particularly grandmothers, to promote community-wide support for VYA girls' upbringing and to catalyzes community-wide change related to these critical issues that limit VYA girls' development and options in life.

Study design & methods. From February to March 2019, Georgetown University's Institute for Reproductive Health (IRH) with Cheikh Diop University's Institute for Training and Research in Population, Development, and Health Reproduction (IPDSR) conducted a quantitative, cross-sectional study to assess the effects of the GHD approach after 18 months of activity in the Némataba Commune in Senegal. It was not possible to collect baseline information given that implementation in the intervention area needed to begin immediately due to donor wishes, leaving no time to prepare and obtain ethical clearance for a baseline. Consequently, the assessment was a quasi-experimental post-test intervention/control design. Seven villages in the Némataba Commune that received the full GHD intervention package over 18 months were involved in the study, and seven non-intervention villages were purposively selected for comparison. Surveys were conducted with all eligible VYA girls (12-16 years of age at endline) and grandmothers—women of an age where they could have biological grandchildren of VYA age—and a subset of VYA caregivers in selected villages. The study sample included 399 VYA girls, 196 grandmothers, and 205 caregivers. The study team developed measures for gender attitudes, social norms (through vignettes), self-efficacy, intergenerational communication, and target behaviors and behavioral intentions related to early marriage and pregnancy, girls' education, and FGM/C. Differences in these measures were assessed comparing groups in intervention and comparison villages.

Participation in the intervention. The findings from the endline clearly demonstrate that the GHD intervention reached target populations with 80.1% of VYA girls, 76.3% of their caregivers, and 85.7% of grandmothers in intervention villages reporting involvement in at least one of the GHD intervention activities. However, the extent of reported participation varied for each of the eight key intervention activities. Despite the relatively close proximity of comparison villages, less than 4% of individuals in comparison villages reported participation in any of the GHD intervention activities. In intervention villages, the findings also demonstrate that participants reported changes in attitudes, with over two-thirds of VYA girls, their caregivers, and grandmothers reporting that their participation in the GHD intervention led to changes in attitudes around early marriage and pregnancy, girls' education, and/or FGM/C.

Intervention effects. The GHD intervention clearly promoted intergenerational dialogue between elders, caregivers, and adolescents and recognition of grandmothers as a valuable community resource for shifting norms around FGM/C, girls' schooling, child marriage, and early pregnancy. In intervention villages, grandmothers were reported as more likely to be involved in family decision-making and providing advice and support to caregivers to avoid FGM/C for their daughters, to keep girls in school, and to delay marriage and pregnancy compared to comparison villages. Moreover, grandmothers in intervention villages were significantly more likely to report that they would be willing to assist a VYA girl and/or advise a caregiver to help girls' stay in school and delay marriage and pregnancy compared to grandmothers in comparison villages. Finally, grandmothers in intervention villages were significantly more likely to report that they felt valued in their communities compared to grandmothers in comparison villages. The findings also demonstrate that VYA girls, caregivers, and grandmothers in intervention villages all felt that their opinions are significantly more likely to be heard by other family members, for their opinions to be valued, and for their individual desires relating to GHD Project outcomes to be achieved compared to comparison villages.

While there were few significant differences in individual attitudes among VYA girls, caregivers, and grandmothers toward gender roles and to girls' schooling, child marriage, and early pregnancy, there were significant differences in attitudes toward FGM/C, with caregivers and grandmothers in intervention villages were significantly less likely to be supportive of the practice compared to those in comparison villages. Unlike individual attitudes, community norms related to GHD outcomes have shifted, particularly in intervention villages. There were significantly different perceptions of typical and accepted behaviors (i.e., social norms) around GHD behavioral outcomes comparing intervention and comparison villages. Practicing FGM/C, removing girls from school prior to completing their desired level of education, child marriage, and early pregnancy were significantly less likely to be perceived as the norm in intervention villages as reported by VYA girls, caregivers, and grandmothers, compared to those in comparison villages.

While the data demonstrate considerable positive effects of the intervention on intergenerational dialogue and support, self-efficacy of VYA girls, caregivers, and grandmothers, and on social norms related to FGM/C, girls' schooling, child marriage, and early pregnancy, we did not see large differences in prevalence of out-of-school girls, child marriage, or early pregnancy or differences in schooling, marriage, and fertility intentions when comparing intervention to comparison villages.

Conclusion. The results indicate that the GHD change strategies – eliciting dialogue between generations of elders, parents and adolescents, on VYA girl issues and working through existing community structures to shift norms related to adolescent girls' reproductive health (RH) and life outcomes – are shifting norms to be supportive of keeping girls in school, delaying marriage and pregnancy, and avoiding FGM/C after only 18 months of GHD intervention. Training and supporting grandmothers and other community actors as change agents in VYA girls' lives is a unique opportunity to achieve behavior change through collective community action mechanisms, focusing on issues of interest to local communities. Overall, the research lends support to the potential of norms-shifting interventions in social and behavior change (SBC) initiatives.