

SUMMARY

Gender Integration Impact in Girls' Empowerment: The IMAGINE Project

Project Background and Approach to Gender Integration

Inspiring Married Adolescent Girls to Imagine New Empowered Futures (IMAGINE) was a program implemented by CARE from 2016 to 2022 which sought to delay the timing of first births among married adolescents in Niger and Bangladesh. **IMAGINE meets the criteria of a gender transformative investment by explicitly including strengthening agency in the project's theory of change as one of the primary outcomes.** The project intended to increase agency of adolescent girls to make decisions about their life courses, among other objectives. Additionally:

- The project **included gender considerations from the outset**, codesigned by CARE's Gender Justice and Health Equity teams, and included gender experts throughout the life of the project.
- IMAGINE utilized an adaptive management tool to reflect on and **respond to unexpected challenges**, including those related to gender integration.
- **Gender-informed research** was a key component of IMAGINE, beginning with extensive formative analysis conducted in both countries and with qualitative and quantitative evaluations, all paying special attention to gender considerations.

Gender Integration Insights from Implementation and Evaluation

- The evaluation results demonstrate that **programs targeting adolescent girls can successfully shift norms and attitudes about family planning use and early childbearing, as well as health-related behaviors** (i.e., uptake of modern contraceptives). However, they also show that the relationship between gender norms and related behaviors is complex and sometimes non-linear.
- **The program did not achieve the primary outcome of delaying first birth among married adolescents, confirming how challenging it is to shift the trajectory of married girls** who often have less agency and come from households with more conservative viewpoints on gender norms compared to unmarried girls. The high participation rates in IMAGINE project activities among *unmarried* girls demonstrate that the program is well-designed to engage this population. This finding points to the need to further examine the strategic needs and barriers faced by married adolescents, to test different approaches for increasing their agency, and to engage with reference groups (husbands, mothers-in-law, religious leaders) on key social norms.
- **Learnings from implementation, as well as the cost-effectiveness evaluation, provided insights into how the program could be adapted to increase impact** through greater efficiencies (e.g., reducing the cost of livelihoods training), responding to the needs and preferences of participants (e.g., through providing pathways to return to school), and expanding work on social norms (e.g., enhancing work with key norms holders and engagement with unmarried girls).

Highlights of Impact Achieved

Findings from both the quantitative and qualitative evaluations show that the program was able to increase agency of adolescent girls, as well as shift attitudes on key norms limiting girls' life choices. The program also showed some significant impacts on behavior change related to the uptake of modern family planning methods and some promising insights on how to delay childbearing for married adolescents.

- IMAGINE **increased the uptake and use of family planning** for adolescent girl participants in Niger.
- There were some significant improvements in **girls' economic participation and empowerment** as a result of the program, particularly in Niger.
- Both contexts saw significant **improvements in girls' agency and self-efficacy**, although the specific manifestations of this agency were slightly different in each country.
- Husbands in both countries reported improved awareness of, and communication about, SRH and **greater acceptance of women pursuing income-generating activities**.
- Results from Bangladesh showed **positive changes in expectations around girls' roles and behavior**, with fewer significant changes seen in Niger.

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This brief was prepared for the Gender Integration Team with the purpose of: (1) Reporting on performance and impact of gender integration in PST investments for GE leadership and (2) Ongoing learning for the GI Team and GenderTech on effective GI approaches across PST sectors. The brief summarizes findings from IMAGINE evaluation reports, presentations delivered to foundation staff in 2023 provided by the IMAGINE project team, a focus group discussion with key members of the IMAGINE project team, and follow-up email correspondence with the team.

Project Background and Approach to Gender Integration

Inspiring Married Adolescent Girls to Imagine New Empowered Futures (IMAGINE) was a program implemented by CARE from 2016 to 2022 which sought to delay the timing of first births among married adolescents in Zinder Region in Niger and Kurigram District in Bangladesh. Core activities were aimed at married adolescents, but additional activities included participation of husbands, family, community health workers, and the broader community. **IMAGINE meets the criteria of a gender transformative investment by explicitly aiming to strengthen agency of adolescent girls to make decisions about their life courses in the project's theory of change as a primary outcome and by measuring changes in agency.**

- Approximately 1,430 girls in Bangladesh and 1,318 girls in Niger participated in 25-26 **Girls' Collective meetings** designed to enhance knowledge, skills, and self-efficacy related to sexual and reproductive health (SRH), relationships, and financial literacy, and to build connections with other girls, health services, and community role models.¹ The sessions were first led by trained local women facilitators before transitioning to a peer-led model. Approximately 1,170 Girls' Collective participants in Niger also joined Village Savings and Loan Association (VSLA) groups to further grow their savings and receive loans for income-generating activities.
- About 600 girls in Bangladesh and 991 girls in Niger were selected from the Girls' Collectives to participate in **livelihoods training**. A market analysis was conducted to determine which sectors could provide accessible yet transformational opportunities for married adolescents. The girls received training in these key sectors and market linkage opportunities through internships, craft fairs, professional associations, and mentorship.
- To ensure adolescents' access to family planning services, IMAGINE led health workers through a ten-session **"health worker transformation" curriculum** designed to change attitudes and biases. The objective of this component was to enhance health workers' ability to challenge social norms and engage in critical self-reflection to provide non-judgmental, rights-based sexual and reproductive healthcare to adolescents.

- In Bangladesh, IMAGINE provided **private couples counseling** using a nine-session, interactive curriculum over three months. Sessions covered financial planning, sexual and reproductive health and rights, social norm reflection, and joint decision-making. This component also included home visits and a 'newlywed kit' with family planning information and condoms. More than 334 couples participated in counseling, and IMAGINE hosted 35 couples' events throughout the project.
- In Niger, IMAGINE engaged 1,079 men and boys in **social clubs for men** to build support for delaying childbearing. Groups followed a 15-session curriculum designed to enhance knowledge related to SRH, relationships, and financial literacy. IMAGINE also included **Community Reflective Dialogues** in Niger following an eight-session, participatory curriculum for community members to reflect on, and challenge, social norms encouraging early birth and to build norms encouraging adolescents' access to health services and alternative life courses. Over 1,200 community members participated in these dialogues.

From the beginning, gender considerations were integrated into program design and formative phases, and gender experts were deeply involved throughout the project. This project was co-designed by the Health Equity and Gender Justice teams at CARE. The project intended to reach married adolescents, a group which is often overlooked in development programming and which presents complex challenges related to social norms.

The project utilized an adaptive management methodology to reflect on, and respond to, both positive and negative changes on the ground, including challenges related to gender integration. This methodology was used each quarter to adapt implementation and test different approaches, and to reduce risk of harm.² For example, the tool was used to reflect on possible pushback from husbands and community members to the social norms change taking place as a result of the program.

Gender-informed research was a key component of the project from conception to final evaluation. In the beginning, much attention was paid to formative research to understand the context and social dynamics and to determine what types of intervention components would be most resonant. For example, gender considerations were integrated into the market analysis that was conducted to understand what livelihoods activities to include.³ The project was evaluated both qualitatively and quantitatively, and

in terms of cost effectiveness of individual project components.⁴ Including both quantitative and qualitative research allowed the team to collect more nuanced data. For example, the quantitative evaluation in both countries found little impact on the frequency of interspousal communication, but qualitative interviewees highlighted improved communication as a key impact of the program.^{5,6}

Gender Integration Insights from Implementation and Evaluation

The evaluation of IMAGINE demonstrated that programs targeting adolescent girls can successfully shift norms and attitudes as well as health-related behaviors (see details below under Impact Achieved), but that these changes are complex and may be non-linear. In Niger, social norms around early childbearing and large family size remain strong, and interviewees described social stigma for girls who choose to delay childbearing to pursue economic activities.⁶ In Bangladesh, where family size has already shrunk, social norms may not be the greatest barrier to delaying childbearing. This reinforces the need to have layered and carefully sequenced interventions that impact girls themselves but also the ecosystem around them. Incremental change for such complex issues should be celebrated.

Although the program had many positive outcomes, it did not achieve its primary outcome of delaying first birth among married adolescents. Researchers noted that working with unmarried girls could increase the impact of this program, and that married girls already had less agency and more difficulty changing their life trajectory. In Niger, researchers noted that many married girls dropped out of the program, and that by the end of implementation, nearly 63 percent of participants in Girls' Collectives were unmarried. Over time, the project team began targeting unmarried girls more purposively. This project, however, had specifically set out to design and test a program that could be effective at reaching married girls, and it is important to continue to research and learn what can be effective at impacting the lives of married adolescents.

Learnings from implementation, as well as the cost-effectiveness evaluation, provided insights into how the program could be adapted to increase impact through greater efficiencies. The vocational training components made up most of the program budget in both countries (79 percent in Bangladesh and 63 percent in Niger), but through this round of implementation, the team learned that many participants preferred the less-costly vocational activities. The team also recommended building greater market linkages for girls to ensure they can use their vocational training. **An alternative to these activities would be encouraging reentry into schools for girls who had dropped out or were removed, and many girls expressed interest in returning.** The cost-effectiveness evaluation also highlighted how low-cost interventions, such as health worker transformation, could be expanded to enhance impact.

Highlights of Impact Achieved

Findings from both the quantitative and qualitative evaluations show that the program was able to increase agency of adolescent girls, as well as shift attitudes on key norms limiting girls' life choices. The program also showed some significant impacts on behavior change related to the uptake of modern family planning methods and some promising insights on how to delay childbearing for married adolescents. However, IMAGINE saw limited results related to the primary objective of delaying first birth. The timeframe of the project and the evaluation may not be long enough to see the full impact materialize. Additionally, birth spacing was not measured as part of this project and may be an important unmeasured impact.

- **IMAGINE increased the uptake and use of family planning for adolescent girl participants in Niger.**⁷ More respondents in the treatment group than the control group reported currently using contraception (29.4 percent and 17.1 percent, respectively) and using modern methods of contraception (24.7 percent and 13.6 percent, respectively). This did not, however, translate into delays in birth after marriage in Niger. In Bangladesh, there were no significant results related to the use of family planning or delays in birth after marriage; however, there was an observed dose effect for later timing of birth whereby girls who participated more heavily in the Girls' Collectives were more likely to delay childbearing.
- **There were some significant improvements in girls' economic participation and empowerment as a result of the program, particularly in Niger.**⁷ Girls who participated in the program there were significantly more likely than the control group to have savings and capital assets, to participate in VSLAs and vocational training, and to have engaged in income-generating activities over the past week and the past year. In Bangladesh, the economic impacts were less pronounced, with significant positive results for the likelihood of participating in vocational training and income-generating activities within the past year.
- **Both contexts saw significant improvements in girls' agency and self-efficacy, although the specific manifestations of this agency were slightly different in each country.** In Niger, girls reported greater self-efficacy to discuss and use family planning, to refuse sex, and to go to a health facility. In Bangladesh, girls reported improved mobility, social cohesion, and collective efficacy. Girls in both contexts reported higher self-efficacy to engage in income-generating activities compared to control groups.
- **Qualitative findings from both countries demonstrated that husbands and men in the community were also positively impacted by the program, with many husbands reporting improved awareness of, and communication about, SRH and greater acceptance of women pursuing income-generating activities.**⁶ Men cited benefits of delaying childbearing, such as to put life plans in place, to save money, and to protect the health of the mother. Despite many men indicating that they make decisions about childbearing jointly with their wives, many other men also indicated that the husband's opinion matters more and that he has final say in such decisions.

- **Results from Bangladesh showed positive changes in expectations around girls' roles and behavior, with fewer significant changes seen in Niger.** In Bangladesh, improvements occurred regarding expectations around girls' roles, family planning use, delaying childbirth, and income generation. Less normative change was observed in Niger, with significant changes seen only regarding expectations about girls' roles generally.⁸ In both contexts, there was no significant impact on desired family size (from either husbands or wives) or on the ideal age at birth.

With these lessons learned, the IMAGINE staff hopes to refine and adapt the program, including for replication in new country contexts. The staff sees opportunities to enhance their engagement with healthcare service providers, husbands, and religious leaders, to build efficiencies and greater market linkages into the livelihoods activities, to expand the use of savings groups, and to explore ways to facilitate girls' return to school.

References and notes

1. All IMAGINE intervention components are available at <https://www.care.org/news-and-stories/resources/imagine-intervention-components/>
2. CARE. (2017). IMAGINE: Implementation Learning Tools: CARE. Available at <https://www.care.org/news-and-stories/resources/imagine-implementation-learning-tools/>
3. CARE and MarketShare Associates. (2018). Research Brief: Learnings from Conducting Market Analyses for Married Adolescent Girls in Two Countries. CARE. Available at <https://www.care.org/news-and-stories/resources/research-brief-learnings-from-conducting-market-analyses-for-married-adolescent-girls-in-two-countries/>
4. All IMAGINE evaluations are available at <https://careevaluations.org/evaluation/improving-support-for-delaying-early-childbearing-among-newly-married-adolescent-girls/>
5. CARE and Far Harbor. (2023). IMAGINE Endline Evaluation Report. CARE. Available at https://careevaluations.org/wp-content/uploads/IMAGINE-Endline-Analysis-Final-Report_June23.pdf
6. Samandari, G. (2022). Improving Support for Delaying Early Childbearing Among Newly Married Adolescent Girls Qualitative Evaluation. CARE. Available at https://careevaluations.org/wp-content/uploads/IMAGINE-Qual-Report-Final_5.25.22.pdf
7. IMAGINE Final Endline Findings. Presentation to Bill & Melinda Gates Foundation staff. March 28, 2023.
8. Normative Expectations About Girls' Role Scale: 1) People in my village expect girls to be accompanied when going to any place. 2) People in my village think that girls should not work outside home. 3) People in our village expect that girls are not good at managing money/ do not have a mind for business. 4) People in our village expect husbands / men to earn all the money needed to support a household. 5) People in my village think a girl should marry as early as possible to protect her chastity. 6) People in our village expect a girl to marry before the age of 18. 7) People in our village expect a girl to discontinue her study after marriage. 8) People in my village expect married girls to stay at home. 9) People in our village expect girls to have their first child soon after marriage. 10) People in my village expect that a married couple will not use family planning until they have had at least 5 children.

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