

Collective Action for Adolescent Girls



Self Help Groups: Evidence Brief #4

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Introduction

Often relegated to a pit-stop between childhood and adulthood, there is an increasing awareness of adolescence as a distinct phase of the human life cycle that comes with its own set of experiences and vulnerabilities that are worthy of research and targeted programming. Adolescent girls, in particular, face distinct socio-economic barriers, with very real repercussions on their health and wellbeing. They face a disproportionate burden of unpaid work, expectations to marry, risks of early pregnancy and sexual and gender-based violence (S/GBV).¹ During the COVID-19 pandemic these threats have been heightened, putting education and potential livelihood opportunities at risk.²

To address these barriers, girls need effective tools to help them thrive. While this is an ongoing personal process, a strong foundation of health, nutrition, and safety from both internalized and externalized harm supports girls to have the agency to set their own priorities and boundaries and obtain the tools they need. These skills help them build the future they want and bounce back from the inevitable shocks and stresses they will face, fueled by their aspirations, belief in their ability to overcome, and supported by those around them.

Self Help Groups (SHGs) offer a promising approach to holistically address the multi-dimensional challenges that face adolescent girls. They have been found to offer a platform for intervention delivery, providing an effective pathway to unlock the barriers that prevent girls from thriving by leveraging the group as a way to provide them with knowledge and resources while fostering peer interactions within the group to build social networks or bargaining power.

In this evidence brief, we will explore how group based models are relevant to adolescent girls across numerous outcomes including education, sexual and reproductive health (SRH), economic strengthening, gender attitudes, resilience and protection.

¹ UNICEF Adolescent Data Portal

² Briggs et al. 2020

Self Help Groups and Adolescent Girls

SHGs are groups of 10-25 people, usually women, who meet every week to save, start small business activities, support each other, and create change for themselves and their communities. There is an established evidence base around these groups and their ability to deliver transformative impact by addressing multidimensional needs through a combination of empowerment and peer support. They were [ranked the second most cost-effective intervention in Africa in the Economist](#) for doing just that, second only to family planning. SHGs are created with the assumption that when individuals join forces to overcome obstacles and attain social change, the combination of individual agency, group solidarity and community action has a far-reaching impact.

SHGs inspire people to enact change by creating a structured space for people to articulate their vision for the future and develop strategies to realize it; building support systems through strengthened trust and social connections, harnessing pathways beyond content and resource delivery³; and increasing people's confidence as they recognize their own worth.

SHGs are amplifiers, offering a platform for intervention delivery, reaching large groups of women at once with resources, information, and training.⁴ They are most effective when layered with auxiliary services and a specific curriculum, and thus intentional program design is critical. For example, if layered with content related to gender-specific issues they can effect changes in outcomes like soft skills, violence against women, decision-making, aspirations, self-efficacy, or support for gender-equitable norms.⁵

Such outcomes are all very relevant to adolescent girls and help them access the services and support necessary for both their present and future selves. SHGs help members believe in themselves and foster optimism for the future, qualities which can encourage people to seek out new opportunities and make investments that enhance their well-being.⁶

Addressing the needs of adolescent girls directly in and of itself can have powerful impacts: girl-centered programming in general (not limited to group-based programming) can produce significant, beneficial effects for girls on a variety of outcomes. Girls participating in targeted programs stayed in school longer, married later, had greater agency, and were more likely to find employment. Some evidence suggests that multicomponent programs, relative to their single component counterparts, and longer program exposure, contribute to greater intended results for girls.⁷

³ Diaz-Martin et al. 2020

⁴ Ibid

⁵ Ibid

⁶ Bernard, Taffesse, Dercon 2008

⁷ Haberland et al. 2017

An article for the Evidence Consortium on Women's Groups (ECWG) looks at how adolescent-specific groups can lead to empowerment through the lens of a Bill and Melinda Gates Foundation framework that outlines the main elements fostered by group programming that can lead to women's economic empowerment:

- **Pooling savings and sharing risk** – girls' groups can financially benefit girls and serve as entry point for layering additional support;
- **Group solidarity networks** – group members have a safe space to share their problems and challenges with other girls and provide mutual accountability;
- **New or shared experiences and knowledge through participatory learning and life skills** –training in life skills, gender equality, and SRH through a peer education model;
- **Critical consciousness of gender, agency and social norms** – girls' groups include gender equality training and topics that target their decision making and leadership skills; ⁸ and
- **Access to markets and services** – girls' group members create individual/joint income generating activities (IGA) and can work together to strategize and scale their opportunities.

By activating these pathways, girls' groups, including SHGs, can serve as catalysts for positive change across education, health, livelihoods and protection.

⁸ Sivley 2020

Education

Globally, 30 million lower-secondary school age girls and 67 million girls of upper-secondary school age are out of school,⁹ and more than 85% of girls in low-income countries never complete secondary school.¹⁰ Primary barriers to girl’s education are poverty, child marriage, GBV, teaching practices that are not gender responsive and unmet sanitation and hygiene needs.¹¹ In the majority of the countries with data, at least 10% of adolescent girls aged 15–19 did not participate in work, school or social activities during their menstrual period.¹² Out-of-school girls are at greater risk of a range of adverse outcomes, including child marriage and adolescent childbearing.¹³

Conversely, supporting girls to get an education increases their lifetime earnings and decreases rates of child marriage, child and maternal mortality and child stunting.¹⁴ A literature review of 30 multi-sectoral programs working through community-based girl groups—most of which targeted unmarried girls aged 13 to 18 who were both in school and not in school and who met weekly in groups of 15-25 girls—found significant and positive impacts on increased numeracy and increases in school enrollment.¹⁵ One of these programs was the Bangladeshi Association for Like Skills, Income and Knowledge for Adolescents (BALIKA) program that supported girls’ groups meeting in safe spaces under the guidance of a female mentor. Each girl received basic life-skills training, and one of three additional trainings (livelihood, education and gender rights). The evaluation of the program found that girls in the program were 20% more likely to be currently in school than the control group, and 20% more likely to have improved mathematical skills if they received the education support or gender-rights awareness training.¹⁶

The importance of mentors for girls’ groups were mentioned throughout the literature. Mentors – especially those from the communities in which they work—play a fundamental role in programming and reaching girls.¹⁷

⁹ UNICEF

¹⁰ Haberland et al. 2017

¹¹ UNICEF

¹² UNICEF Adolescent Data Portal

¹³ UNICEF Adolescent Data Portal

¹⁴ UNICEF

¹⁵ Temin and Heck 2020

¹⁶ Amin et al. 2016

¹⁷ Briggs et al. 2020

Girls' groups also indirectly address the barriers that impede girls from attending school, decreasing rates of poverty, child marriage, GBV and increasing awareness around appropriate sanitation and hygiene, which will be discussed in detail in the sections that follow.

Sexual and Reproductive Health

SHGs can serve as an effective platform to increase the uptake and demand for health interventions and follow-up care and can have important effects on health outcomes. They do this through empowerment, building social capital and acting collectively.¹⁸

While many health interventions are applicable to adolescent girls, SRH is particularly relevant to this stage of life and there is significant evidence cataloging how girls' groups can increase SRH awareness when layered with relevant curriculum^{19 20}. According to a Gates/Copenhagen Consensus study, family planning is the most cost-effective intervention in Africa, and, according to national survey data from 601 districts in India, the presence of an SHG in a village is associated with a 19% higher likelihood of women using family planning for the first time (though this was not tested for adolescent girls).²¹ The economic aspect of SHGs itself has the potential to increase contraceptive use, with microfinance associated with a 64% increase in the number of women using contraceptives in a meta-analysis of 27 studies across South Asia, Sub-Saharan Africa and LAC.²² Girls in Uganda who participated in the Empowerment and Livelihood for Adolescents (ELA) program by BRAC experienced a 28% increase in self-reported condom usage and a 26% reduction in rates of early childbearing.²³

A review of 17 reviews around group-based interventions that show the most promise in economically empowering adolescent girls and young women in low and middle-income countries (LMICs) found that girls' empowerment groups with varied content and focus show promise for improving SRH/HIV knowledge outcomes, in addition to improving self-efficacy and gender attitudes.²⁴ Globally, 75% of new HIV infections among adolescents aged 10–19 occur in girls, and HIV/AIDS is the 4th largest leading cause of death in this same age group.

Groups can be used as a platform to increase HIV education. For example, adolescent girls who received HIV training through their SHG in West Bengal showed significant gains in HIV knowledge: they were 3.6 times more likely than the SHG members in the control group who only received an introductory learning session to have heard of HIV, 3 times more likely to know that condoms can prevent HIV, 2.4 times more confident in their self-efficacy for HIV prevention, and 2 times more likely to use a clean needle. They were also 14 times more likely to have given advice to someone about condom use to prevent HIV in the past 3 months. While

¹⁸ "Kumar et al. 2018

¹⁹ Austrian and Muthengi 2013

²⁰ Haberland et al. 2021

²¹ Saha et al. 2013

²² Gichuru et al. 2019

²³ ILO 2015

²⁴ Haberland et al. 2021

HIV testing was still uncommon, knowledge of HIV-testing resources significantly increased among girls participating in the program who were 2.6 times more likely to know where to get an HIV test.²⁵

SHGs are most effective at initiating behavior change when they are intentionally layered with targeted programming. The Centre for Advocacy and Research (CFAR) led a sanitation program in India with both women and adolescent groups where multiple pathways of knowledge and experience, group bargaining power, and links to services were layered to improve menstrual health, and the program observed that girl participants' attitudes and knowledge of menstrual hygiene improved, as did their use of sanitary products.²⁶

Girls' groups have strong impacts on shifting girls' attitudes on topics, like early pregnancy and female genital mutilation (FGM), that threaten their health, growth and development, and significantly increase their knowledge around their own health. Such shifts are particularly important because girls 15–19 years-old account for about 11% of all births globally, with 95% of those occurring in LMIC settings, mostly in sub-Saharan Africa. These high adolescent birth rates can have devastating consequences - complications during pregnancy and childbirth are the second leading cause of death for girls in this age group.²⁷ It is therefore critical that girls are aware of their own health needs and how to get help. Participation in women's groups is associated with a 37% reduction in maternal mortality and a 23% reduction in neonatal mortality.²⁸ When this was examined in Malawi, the numbers were even higher: a 74% decrease and a 41% decrease respectively.²⁹ While both these studies included a range of ages, the findings can likely be extrapolated to girls' groups.

Economic Strengthening

Even though the literature around the myriad benefits of women earning an income is clear, girls are less on track than boys to enter the workforce. Using the NEET rate (defined as the percentage of people in an age group who are “Not in Education, Employment or Training”), 24% of 15–19-year-old girls are “underutilized” in society compared to 13% of boys.³⁰ This gap only runs the risk of widening as female adolescents get older, causing them to miss out on opportunities that their male peers can capitalize on. Cultural and social norms can explain this discrepancy; for example, a girl may be prevented from working and studying due to early marriage or motherhood. In addition, expensive school fees, lack of schooling opportunities, and safety concerns getting to/from school can explain those not in education or training.

²⁵ Spielberg et al. 2013

²⁶ Sivley 2020

²⁷ UNICEF, Data Portal

²⁸ Prost et al. 2013

²⁹ Lewycka et al. 2013

³⁰ UNICEF Adolescent Data Portal

Girls' groups have shown promise for improving employment³¹, savings accounts and household assets.³² They are particularly prone to doing so when they are intentionally designed to include mentor-led safe spaces and layered with interactive, learner-centered life skills education that addresses gender and power and aims to build girls' social, health, economic, and cognitive assets and civic engagement. Girls in Uganda who participated in BRAC's ELA program increased their likelihood of being engaged in IGAs by 35%, primarily through increased self-employment activities. They also found a 41% increase in monthly consumption expenditure and a reduction in self-reported anxieties about finding a good job in adulthood. The program also helped increase the girls' earnings by \$26.7 USD (which offset the per girl program cost of \$17.9 USD).³³

SHG members in Uttar Pradesh, India, aged 15-21, were 2.3 times more likely to be financially independent compared to non-members (46% vs. 28%), meaning they were saving money, had a saving goal, held and managed a bank account in their name and were aware of basic banking services such as depositing money, loans and keeping valuables in the bank. A longer duration of group membership increased the likelihood of such financial independence. SHG members were also more likely to have engaged in collective action (26% vs. 6%), demanding their entitlements alongside other group members from government representatives, bank officials or health workers in the past six months.³⁴

Gender Attitudes

Adolescent girls are subject to gender attitudes and social norms that have dramatic impacts on their exposure to experiences, access to resources and opportunities. This plays out in numerous domains including expectations around how girls and boys are expected to make use of their time. 16% of girls aged 10–14 years spend at least 21 hours per week on household chores, compared to only 8% of boys,³⁵ and this uneven distribution of tasks sets the stage for unequal burdens later in life, limiting outlook and potential, while also potentially placing girls at risk: for instance, girls may be vulnerable while traveling to or from their homes to carry water or collect firewood. Such attitudes can create a negative feedback loop as girls then start to believe that they are less capable than their male peers.

Girls' groups have shown promise for improving gender attitudes, and girls' self-efficacy.³⁶ Unmarried adolescent girls and young women in SHGs in Uttar Pradesh, India were 1.5 times more likely to have progressive attitudes toward gender roles and norms than girls not in an SHG.³⁷ The Better Life Options program in Uttar Pradesh, India found that girls' groups layered with a life skills education curriculum and a livelihood skills training course (tailoring) enhanced

³¹ Haberland et al. 2021.

³² Temin and Heck 2020

³³ ILO 2015

³⁴ Ahmad et al. 2021

³⁵ UNICEF Adolescent Data Portal

³⁶ Haberland et al. 2021

³⁷ Ahmad et al. 2021

gender equitable attitudes and agency (independent decision making, self-efficacy, mobility, access to savings), in addition to awareness of SRH, communication with parents around general and SRH topics, preferred delayed age at marriage, and mean age at marriage.³⁸

Resilience

Girls' groups can provide a pathway to resilience by providing a protective and supportive space for adolescents to cope and mitigate the effects of shocks and stresses. At the beginning of COVID-19, a research team from the Evidence Consortium on Women's Groups examined the role of girls' groups in addressing the impacts of the pandemic on their members' opportunities. They found that the groups provided critical social support and connection, accurate information, access to relief, academic support, support for economic enterprises, connection to services, and support to resist child marriage and school dropout.³⁹ During the 2014 Ebola outbreak, adolescents who were part of girls' clubs in Sierra Leone were 8% less likely to drop out of school compared to those who were not in groups. There was an 8.5% rise in school enrollment caused by the intervention in addition to a 7.5% reduction in pregnancies.⁴⁰ And these impacts persisted over time: by 2019/2020, these same girls had 13% lower pregnancy rates and 14% higher school enrollment rates.⁴¹

Protection

One in five women are married before age 18, with West and Central Africa having the highest percentage of women aged 20–24 years who were first married or in a union before age 18, followed by Eastern and Southern Africa. And these unions can hold harrowing dynamics: more than 1 in 5 ever-married adolescent girls have experienced physical and/or sexual violence by a husband or partner within the past year.⁴²

The Better Life Options program in Uttar Pradesh mentioned above found that girls' groups increased both preferred age at marriage and mean age at marriage.⁴³ A study of girls in Uganda and Kenya who participated in the Safe and Smart Savings Products for Vulnerable Adolescent Girls program, attended weekly group meetings with a female mentor and were provided with financial education and an individual savings account, found both incidences of GBV and the prevalence of attitudes that support GBV to be significantly reduced. Girls in groups in Uganda were 9% less likely to agree that men rape girls because they cannot control themselves, and 7% less likely to have been touched indecently by someone of the opposite sex in their neighborhood.⁴⁴

³⁸ Acharya 2009

³⁹ Briggs et al. 2020.

⁴⁰ Bandiera et al. 2018

⁴¹ Bandiera et al. 2020

⁴² UNICEF Adolescent Data Portal

⁴³ Acharya 2009

⁴⁴ Austrian and Muthengi 2013

However, particularly when it comes to GBV, it is critical to provide holistic, multidimensional programming that does not inadvertently cause further harm. In a study of 10-19 year old girls living in low income areas of Kampala, Uganda, the group receiving a full intervention (comprised of safe spaces, group meetings with reproductive health and financial education plus savings accounts) experienced improved health and economic assets, whereas those receiving a partial intervention of just savings accounts were actually more likely to have been sexually touched or harassed by men in addition to increasing their economic assets.⁴⁵ Therefore economic asset building on its own, without appropriate strengthening of the enabling environment, can leave girls more at risk.

Conclusion

Adolescence is increasingly understood as a time of transformation, as children engage more consistently with their understanding of their identities, roles and responsibilities as an individual part of a larger community.⁴⁶ This evidence brief serves to highlight how girls' groups can serve as a promising tool to help adolescent girls approach this transformation and explore their needs and boundaries alongside peers and mentors. SHGs create a structured space for girls to articulate their hopes and dreams for their future and develop strategies to realize them, building a support system through strengthened trust and social connections and increasing girls' confidence as they recognize their own worth.

When layered with thematic curricula and training around issues such as financial literacy, gender equality, HIV or GBV, these collective models lead to significant multidimensional outcomes in a highly cost-effective way: in Ethiopia for example, SHGs have been found to provide up to \$58 in benefits for every \$1 spent⁴⁷. Such impact, as outlined but not limited to what is outlined in this brief, demonstrates the high potential of group-based programming for this age group.

⁴⁵ Austrian and Muthengi 2014

⁴⁶ Institute for Reproductive Health 2011

⁴⁷ Venton et al. 2013

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