

Increasing the participation and leadership of adolescent girls as health advocates in Ethiopia

GENDER EQUALITY GOOD PRACTICE NOTES

As part of its Right Start initiative in Ethiopia, Nutrition International worked with partners to improve the health and nutrition of adolescent girls through an integrated adolescent nutrition program. This included weekly iron and folic acid supplementation (WIFAS) to reduce anaemia in adolescent girls, as well as nutrition education for girls and boys. Adolescent girls in Ethiopia face gender inequalities in both access to good nutrition and education, with long-term consequences for their health, wellbeing and economic opportunities. An estimated 23% of adolescent girls aged 15 to 19, and women aged 20 to 49, are anaemic in the country, with a higher prevalence in rural areas (25%) than in urban areas (16%).¹ There are striking regional differences, with prevalence ranging from 16% in the Amhara and Addis Ababa regions to 59% in the Somali region. Education is one of the best tools for improving nutrition in the long-term; yet girls have described gendered barriers to attending school, including low social support for female attendance, menstrual hygiene management barriers, inadequate school latrines, early marriage, pregnancy, personal safety and economic constraints of families. Even when adolescent girls are in school, anaemia can further hold them back from academic achievement, and potential future economic empowerment.

For Ermias Mekuria, Senior Program Officer, Adolescent and Women's Health and Nutrition at Nutrition International, one of the keys to delivering successful adolescent nutrition programming in Ethiopian schools in such a normatively challenging environment has been to involve adolescent girls as health advocates and primary agents across all phases of the project.

“During the program pre-design (formative research) phase, girls were involved as research assistants using a participatory research and action approach,” says Mekuria.

¹Central Statistics Agency, Ethiopia Demographic and Health Survey (EDHS), (2016), p. 34

Unlike conventional data collection approaches, this method was successful and provided more specific and direct information about their lives, their nutritional issues, and their knowledge, perception and expectations. Moreover, they were trained to be ‘motivator girls’ and to facilitate and deliver the WIFAS to girls, and nutrition education program components to both boys and girls, especially to reach their classmates with irregular attendance, and out-of-school girls in their village.

“This played a large role in building their confidence, and helped reduce teasing and criticism from boys, as well as misconceptions about the supplements and program,” explains Mekuria. “An unexpected result described by teachers from targeted schools, the program also influenced focal teachers and motivator girls to pay due attention to girls’ attendance; after the eighth week of supplementation, they observed improved attendance at school and in the quality of participation in class.”

This project showed that involving adolescent girls in the program allowed them to be leaders in engaging with their peers and gave them an opportunity to learn about issues that related specifically to their age and gender. These components were essential to the program’s success and could be replicated across other settings.

A key to the success of this project was conducting an intentional sex- and gender-based analysis using a pre-implementation rapid assessment tool. The assessment looked at the availability of students’ basic amenities that were necessary for equitable access and outlined how best to involve key stakeholders within the woreda Nutrition Technical Committees in assessing the gaps. Key insights from this assessment have been shared and are being utilized in woreda-based program planning, including informing the key activities to be implemented and indicators with clear targets to be monitored. Beyond the direct health benefits of reducing anaemia and improving wellbeing and academic potential, Nutrition International’s strategy to optimize girls’ agency as influencers in improving their nutrition also helped uncover the importance of quality menstrual hygiene management strategies to tackle low school attendance, notably by reinforcing positive messages about menstruation as normal and healthy, and by distributing locally appropriate sanitary pads in schools to help girls be in class more days of the month. Furthermore, Mekuria stressed that ensuring the availability of sex-disaggregated data on anaemia and school attendance was key for highlighting gender inequalities and for measuring how such interventions promoted gender equality for girls and improved nutrition.

There are exciting opportunities to learn from the girls in how they perceived the project and how they feel about their own health and nutrition – and how they are influenced by social norms. Nutrition International’s adolescent nutrition project in Ethiopia certainly made one thing clear: the agency and involvement of adolescent girls in the nutrition intervention is the central ingredient for their empowerment.

