EMPOWERING ADOLESCENT GIRLS IN A CRISIS CONTEXT:
LESSONS FROM SIERRA LEONE IN THE TIME OF EBOLA

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KEY MESSAGES

• In Sierra Leone, the Empowerment and Livelihoods for Adolescents (ELA) initiative sought to enhance adolescent girls’ social and economic empowerment by providing life skills training, livelihood training, and credit support to start income-generating activities. The Ebola crisis occurred during the project, resulting in curbed implementation.

• In control communities (no ELA clubs) that were highly disrupted by Ebola, young women spent significantly more time with men, out-of-wedlock pregnancy rates rose, and we find a significant drop in school enrollment post-crisis.

• In contrast, younger girls (12-17 years old) who resided in communities that benefitted from the program in high Ebola disruption areas were more likely to be in school, and saw their numeracy and literacy levels improve. Additionally, both young and older (18-25) girls in high and low Ebola disruption areas...
who participated in the program spent less time with men and were less likely to get pregnant out of wedlock.

- However, as younger women spend less time with men in the presence of ELA, men likely shift their attention to older girls: the evaluation finds an increase in unwanted and transactional sex by older girls in areas highly exposed to the Ebola crisis.

WHY IS ADOLESCENCE A CRITICAL TIME TO INTERVENE, ESPECIALLY IN CRISIS CONTEXTS?

Of the world’s 130 million out-of-school youth, 70% are girls. Yet, adolescence is a critical time for girls. Supporting adolescent girls can help limit their risk of contracting HIV/STI and of having an unintended pregnancy.

However, adolescent girls face specific barriers, including concurrent labor market and fertility decisions. Interventions targeting adolescent girls must take into account the unique constraints that they face.

HERE’S WHAT WE DID

The ELA program, implemented by the NGO BRAC, provided life skills training, livelihood training, and credit support to start income-generating activities. Life skills training sessions covered sexual and reproductive health, family planning, rape and gender-based violence, as well as other topics such as management and negotiation skills, rights and legal knowledge. In contrast to school-based information campaigns on adolescent health, the ELA program operated outside of schools, through development clubs within the community which acts as a social and safe space. Club participation was purely voluntary.

Two hundred communities were randomly assigned to either a (control) group that did not receive any treatment, or to one of three (treatment) groups: one which was offered the ELA club and life skills training; another which was received all the previous as well as livelihood training; and a third which was offered the entire package plus microcredit support.

As the program was implemented, the Ebola epidemic hit Sierra Leone. The outbreak potentially affected the adolescent girls in a number of direct or indirect ways. First, in an effort to stem the spread of the disease, the government-imposed quarantines, limited travel and closed public spaces such as markets in certain areas, which significantly impacted the economic activities of men and women. Second, schools were closed for an entire academic year. Finally, Sierra Leone’s
limited health resources were diverted into caring for patients and preventing the spread of the epidemic, limiting their ability to attend to other issues such as sexual and reproductive health. We use these indirect impacts to define the degree to which a community was disrupted by Ebola.

HERE’S WHAT WE FOUND

• Young girls who resided in non-ELA communities that were highly affected by Ebola spent more time with men, were more likely to become pregnant, and were less likely to reenroll in school after the crisis. The girls spent an average of an additional 1.3 hours weekly with men compared to before the crisis. In accordance with this increased exposure to men, we see subsequent impacts on pregnancy: younger girls in these communities were twice as likely to be pregnant relative to girls in communities that were less affected by the Ebola crisis, and nearly all were out-of-wedlock pregnancies. Possibly as a result of Sierra Leone’s policy that forbade pregnant girls from going to school, these younger girls also suffer a strong shock to their school enrollment. They are less likely to re-enroll in schools after they reopen and they are more likely to be working—the disruption thereby seems to speed up the school-to-work transition.

• In contrast, girls in ELA communities, regardless of how disrupted these communities were by Ebola, spent less time with men and were less likely to get pregnant out of wedlock than girls who resided in non-ELA communities. They were also less likely to only engage in income-generating activities without attending school. The ELA clubs thereby seem to slow down the school-to-work transition in the most affected villages.

• The drop in enrollment for girls who lived in high Ebola-related disruption communities is cut by half if they’ve been exposed to the clubs, and they see their numeracy and literacy levels improve, notably in terms of business skills, attitudes towards gender roles,
and health-related knowledge. The mitigating effect of ELA on increases in out-of-wedlock pregnancies likely helped keep younger girls in school.

- However, as younger girls spend less time with men in the presence of ELA, men likely shift their attention to older girls: the evaluation finds an increase in unwanted and transactional sex by older girls in areas highly exposed to the Ebola crisis. The ELA program nevertheless increases the ability of older girls to compensate for some of the risks associated with transactional sex. Fortunately, as a result of the life skills provided by ELA, older girls are more likely to use modern contraceptives. Additionally, the evaluation does not find any impact on younger women learning or imitating the behavior of the older cohort in moving into transactional sex.

WHAT ARE THE POLICY IMPLICATIONS?

These results show how safe spaces interventions can be effective even in the face of large-scale shocks such as Ebola crises as we currently see in DRC and Uganda, as well as other shocks constraining economic and social life, by buffering girls from the adverse effects of crises.

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