



Original article

Effects of a Social Empowerment Intervention on Economic Vulnerability for Adolescent Refugee Girls in Ethiopia



Lindsay Stark, Dr.P.H.^{a,*}, Ilana Seff, M.P.H.^a, Asham Assezenew, M.A.^b, Jennate Eoomkham^b, Kathryn Falb, Sc.D.^c, and Fred M. Ssewamala, Ph.D., M.S.W.^d

^a Department of Population and Family Health, Columbia University Mailman School of Public Health, New York, New York

^b International Rescue Committee, Addis Ababa, Ethiopia

^c International Rescue Committee, New York, New York

^d Columbia University School of Social Work, New York, New York

Article history: Received January 25, 2017; Accepted June 22, 2017

Keywords: Social empowerment; Economic vulnerability; Refugees; Ethiopia

 A B S T R A C T

Purpose: This article examines the effects of a girls' social empowerment program, Creating Opportunities through Mentoring, Parental Involvement and Safe Spaces, on economic vulnerability of participating adolescent refugee girls in Ethiopia.

Methods: Adolescents aged 13–19 years from three refugee camps were randomly assigned to either a treatment (n = 457) or control (n = 462) condition. Participants in the treatment condition received 40 fixed-curriculum, mentor-facilitated sessions once a week over a period of 10 months, whereas those in the control condition were not exposed to the curriculum. Caregivers of girls in the treatment arm also participated in 10 discussion sessions held once a month over the same period, where they learned about issues relevant to adolescent girls' well-being and safety. Data were collected from adolescent girls at baseline and approximately 10 months following intervention initiation.

Results: Using logistic regression modeling, we found that, following the intervention, girls in the treatment arm were no more or less likely than those in the control arm to attend school, work for pay, work for pay while not being enrolled in school, or engage in transactional sexual exploitation.

Conclusions: Findings suggest that stand-alone social empowerment programs may not reduce economic vulnerability for adolescent girls without simultaneously implementing economic empowerment programs or taking additional measures to address broader structural barriers.

© 2017 Published by Elsevier Inc. on behalf of Society for Adolescent Health and Medicine.

IMPLICATIONS AND CONTRIBUTION

Findings offer insight into limitations of, and opportunities to improve, female empowerment programs to successfully attend to adolescent girls' well-being in humanitarian settings.

Conflicts of Interest: The authors have no conflicts of interest to disclose.

Disclaimer: Publication of this article was supported by the International Center for Child Health and Development (ICHD) at Washington University in St. Louis; the Dean's Office, Columbia University School of Social Work; and the Dean's Office, Brown School of Social Work, Washington University in St. Louis. The opinions or views expressed in this supplement are those of the author and do not necessarily represent the official position of the funders.

The views expressed and information contained in this article are not necessarily those of or endorsed by UK Department for International Development (DFID), which can accept no responsibility for such views or information or for any reliance placed on them.

Clinical Trials Registration: NCT02384642.

* Address correspondence to: Lindsay Stark, Dr.P.H., Department of Population and Family Health, Columbia University, 60 Haven Avenue B-4, New York, NY 10032.

E-mail address: Ls2302@cumc.columbia.edu (L. Stark).

In many cultures around the world, men and women are afforded different advantages that disproportionately favor men and marginalize women [1]. Reinforced by long-standing social norms and gender constructs, such inequality undermines female autonomy and excludes women and girls from decision-making processes [2]. Humanitarian emergencies, plagued by economic and social collapse, can further exacerbate these inequalities. Limited economic opportunities and social marginalization compound risks for women and girls, as they often face new and distinct hardships that threaten their safety, health, and well-being [3].

Gender-based violence (GBV) is an especially critical threat to women and girls' well-being in humanitarian settings and has garnered increasing attention from actors in the humanitarian sphere [4]. The negative physical, mental, and social health outcomes associated with experiencing GBV are widely established [5–7]. GBV increases risk of HIV, sexually transmitted infections, unwanted pregnancies, and pregnancy complications; and in conflict and postconflict settings, it has also been associated with forced pregnancy and elevated rates of traumatic fistula [8,9]. Importantly, these negative health outcomes may go untreated in humanitarian crises due to the weakened health services and crumbling health infrastructure characteristics of these settings [10].

Although adolescent girls in emergencies have received greater attention in the last two decades, their particular adversities continue to go largely unaddressed in humanitarian settings due to their younger age and gender [11]. Emergencies may weaken support mechanisms for already vulnerable families, increasing the likelihood that adolescent girls may be forced to leave school, marry early, and/or enter the labor workforce [12]. It is not uncommon in such circumstances for girls to be coerced or forced to engage in informal work activities that are exploitative and poorly compensated, such as transactional sex [13–15]. As a result, adolescent girls in emergencies have been shown to be at increased risk of having unprotected sex and unwanted pregnancies and of contracting sexually transmitted infections [16].

Girl empowerment programs have become increasingly popular for improving the lives of young females during crises [17]. These social empowerment programs typically include educational sessions, peer relationship building, and mentorship. Program curricula are generally intended to be culturally sensitive, while addressing female-specific issues relating to safety and wellbeing, such as child marriage, pregnancy, female genital mutilation (FGM), GBV, and seeking support services in the community. Sessions may be held in "safe spaces," purposively selected locations not accessible to boys or men, and intended to provide a physical, emotional, and psychological safe haven for girls to congregate. Additional components may include skills- and knowledge-based trainings for caregivers. Ultimately, these programs are intended to improve girls' confidence and assertiveness and lower their risk of violence and exploitation.

Although acknowledging that the primary intended outcomes of these programs may not necessarily be economic empowerment, there are questions about whether these programs may still afford some protection for indicators of economic vulnerability. Given that such programs often address healthy relationships, decision-making power, and financial planning, it is conceivable that empowerment programs may reduce some aspects of economic vulnerability. Threats to physical safety and financial stability interact in meaningful ways. For example, empowerment programs that directly curb GBV risk factors may have residual impacts on girls' financial empowerment. Indeed, evidence suggests that girls who marry during adolescence are more financially dependent on their husbands and may perceive this reliance as justification for experiencing abuse [18]. Empowerment programs that transform social norms around child marriage may, in turn, reduce girls' risk of being married at a younger age, making them more likely to complete their education and exercise financial autonomy. These programs may be particularly successful if caregivers are involved in programming and encouraged to support educational attainment.

This article evaluates the effect of an adolescent social empowerment program on economic vulnerability indicators for

refugee girls. In particular, we compare changes in schooling, labor, and engagement in transactional sexual exploitation between the intervention and control arms of female adolescents residing in refugee camps in Ethiopia. We hypothesized that program participation would positively affect girls' engagement in these activities, in other words, that the intervention would increase schooling, reduce adolescent/child labor, and decrease adolescent engagement in transactional sexual exploitation.

Methods

Study setting

Tens of thousands of refugees from Sudan, South Sudan, and neighboring countries have arrived in Ethiopia to escape protracted conflicts in the region [19]. The setting for this study comprises three refugee camps in the Benishangul-Gumuz Region of Ethiopia: Sherkole, Tongo, and Bambasi. As of September 2015, approximately 38,000 ethnically and linguistically diverse individuals, primarily from Sudan and South Sudan, were recorded to be living in these settlements. Exposure to sexual violence prior to settling in Ethiopia and early or forced marriage were identified as salient threats to adolescent girls' well-being and safety [19]. In response to these risks, the International Rescue Committee (IRC) developed and implemented the Creating Opportunities through Mentoring, Parental Involvement and Safe Spaces (COMPASS) program to help girls build (primarily social) assets that could be used to prevent and respond to violence as well as engage in mentored learning and peer interaction in "safe spaces" [20].

COMPASS program

COMPASS was administered in three country sites—Ethiopia, the Democratic Republic of Congo, and Pakistan—in order to examine a life skills and mentoring program for female adolescents across multiple contexts. The research design differed across country sites in order to offer complementary insights into COMPASS's effectiveness. In Ethiopia, the research aim was to assess the overall effectiveness of COMPASS on improving girls' safety and well-being; in the Democratic Republic of Congo, we sought to evaluate the incremental effectiveness of a parental curriculum in addition to the adolescent programming; and in Pakistan, the goal was to assess the overall acceptability and feasibility of COMPASS. Given the different aims in each setting, we draw on the Ethiopia data for this article, as the trial best able to address the research question posed previously.

The program structure involved grouping approximately 20–25 girls of similar age [13–14 and 15–19] and common language with a female mentor aged 20–30 years. Girls attended 90-minute sessions once a week for 10 months and discussed life skills content ranging from interpersonal disagreement resolution to reproductive health, gender norms, and safety planning. Curriculum content relevant to economic vulnerability included material on money management, savings plans, and decision-making. All sessions were held in traditional huts that were designated safe spaces for women and girls. Additionally, COMPASS engaged girls' parents and/or caregivers to support their understanding of existing risks for girls, as well as exploring together how caregivers might protect girls within their environment. Male and female caregivers were eligible for inclusion if they had at least one girl participating in the COMPASS

Download English Version:

<https://daneshyari.com/en/article/7517273>

Download Persian Version:

<https://daneshyari.com/article/7517273>

[Daneshyari.com](https://daneshyari.com)