BERHAN Programme: Impact on women and girls' Sexual and Reproductive Health and Rights

LEARNING BRIEF

Lead authors: Genet Ahmed & Bethlehem Ketema

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INTRODUCTION

The BERHAN program, a 48-months initiative in Ethiopia's Amhara region, aimed at improving Sexual and Reproductive Health and Rights (SRHR) of 32,116 individuals in rural communities within Este and Fogera woredas. The program was implemented by CARE from March 2020 to February 2024 with financial support from the Austrian Development Agency (ADA), the operational unit of Austrian Development Cooperation (ADC). BERHAN sought to improve the SRHR of girls and women, and to address issues of Female Genital Cutting (FGC) and Early Marriage (EM) in particular, and adopted a comprehensive approach, using evidence-based, community-led interventions to empower girls and women and transform community dynamics and structures.

OBJECTIVES OF THE STUDY

The primary objective of this learning brief is to share feedback from married women and girls on the realization of their sexual and reproductive health and rights (SRHR), what was achieved and recommendations for the future, with a focus on the impact of Social Analysis and Action (SAA).

Social Analysis and Action (SAA): is a community-led social change process developed by CARE, where individuals and communities actively explore and challenge social norms, beliefs, and practices related to gender and sexuality. The SAA approach involves ongoing transformation sessions where gatekeepers, religious leaders, and both married and unmarried women critically investigate and challenge their own biases.

METHODOLOGY

The study collected data in Fogera, as Este woreda was not accessible due to security reasons. Both quantitative and qualitative methods were utilized. Data sources include reports from health posts, health centres, Women, Children, and Social Affairs (WCSA), and the Justice Bureau.

NUMBER / MAIN FOCUS	PARTICIPANTS AND DETAILS
14 / Individual In-depth Interviews	8 married women and 6 married men in Fogera woreda, Tiwazakana kebele.
5 / Key Informant Interviews	Various stakeholders, e.g. Health Centre Heads and Health extension workers at Fogera woreda.
2 / Focus Group Discussions	1 SAA/VSLA group & 1 Girls Group (with married adolescents) in Fogera woreda
1 / Personal Testimony	One married woman, Fogera woreda, Tiwazakana kebele.

KEY FINDINGS

The project has transformed the lives of married women, bringing about notable changes. In particular:

1. Facilitating open SRHR discussions:

- A significant outcome of the project is the enhancement of open dialogues about sexual and reproductive health and rights (SRHR) among families, relatives, and partners.
- The initiative has played a pivotal role in educating married women on the importance of family planning.
- Married women have gained decision-making power in SRH service utilization, particularly in choosing the type of contraception they prefer, and there is more couple-based decision-making in family planning.
- Increased awareness regarding the benefits of antenatal care, institutional delivery, and the utilization of methods for preventing sexually transmitted diseases.
- Parents increasingly offering guidance regarding family planning to their adolescent girls who started their menses, driven by concerns about Gender-Based Violence (GBV) and unwanted pregnancies.
- Adolescent girls also gained and shared experiences to prevent arranged early marriages, especially for their little sisters.

2. Overcoming negative social norms:

- Married women have successfully challenged and transformed negative social norms related to sexuality and mobility restrictions. The project empowered women to move freely to markets and health services, breaking away from traditional limitations.
- It actively promoted the discontinuation of harmful practices such as genital cutting of female babies and early marriage.

3. Boosting self-confidence:

- The project has instilled a sense of self-confidence among married women.
- Enhanced participation of women in the public sphere, with husbands and communities volunteering and providing support for women to attend various meetings, especially those related to the BERHAN project (previously, women's attendance at public meetings was not viewed positively).
- The new confidence translated into other impacts including increased utilization of medical services.

4. Improved finances:

- Married women participating in the project have gained economic insights and improved their saving habits.

- They are empowered to identify and engage in income-generating activities, contributing to financial self-sufficiency and enabling them to purchase essential school materials for their children when needed.

- Generally greater control and improved decision-making by women regarding household finances, economic assets, etc.

5. Returning to and staying in school

- In some cases, married adolescent group members have returned to school, facilitated by improvements in weekly Girls Group discussions.

- They have been able to stay at school, using FP services, continuing their regular education and improving their academic performance.

The impact of the SRH awareness has extended beyond individual households, to the wider locality. In-depth interviews reveal that project participants have initiated SRHR discussions beyond their families to neighbours and others in their community.

"Married women have gained a clear understanding of the fundamental concepts of Sexual and Reproductive Health (SRH) through their monthly group discussions. They are now adept at effectively communicating and discussing with health extension workers, strategizing on the number of children they wish to have, pregnancy spacing, and utilizing institutional services such as Family Planning (FP), Antenatal Care (ANC), and delivery". *KII respondent*

"Adolescent girls experience fear of unwanted pregnancy upon menstruation, coupled with concerns about potential abduction or gender-based violence. To address these fears, parents initiated discussions with their daughters about the use and application of family planning methods, emphasizing emergency contraceptives and life skills." *KII respondent*

Who has benefited the most/the least from the SRHR interventions of the project?

- Married women have actively practiced and benefited from SRH services such as delivery services and family planning. They are more likely to utilize SRHR services because of community support.

- Single women or unmarried adolescents and girls have benefited to a lesser extent from SRH elements of the project through Girls Groups discussions, advancing life skills, and participating in school clubs. By contrast to married women they are less likely to be regular users of contraception and SRH services more generally.

What changes have happened particularly to adolescent girls because of the SRHR interventions?

- Adolescent girls now understand the natural occurrence of menstruation, fostering improved self-confidence among group members. This understanding has contributed to

a reduction in school absenteeism related to menstruation, with increased knowledge of Menstrual Hygiene and the products available.

- Family Planning (FP) services become crucial in preventing unwanted pregnancies.
- Married adolescents are initiating the use of FP services, resulting in a decrease in school dropouts among these married girls.
- Efforts by Girls' Group (GG) members to cancel Early Marriages (EM) have proven successful, contributing to a notable reduction in such cases among themselves and others.
- After engaging in regular Girls Group discussions, adolescent girls started to develop more self-confidence and were better able to discuss SRHR related issues more openly with their parents,

Has SAA membership among men had an impact?

The predominant response is that SAA membership:

- Improved male engagement in home-level decisions on contraception.
- Empowered men to influence others, disseminating SRHR information and enhancing service utilization.
- Increased couple decision-making on FP utilization and sparked more open discussions within families on SRHR.
- Increased number of men accompanying spouses for Antenatal Care, Family Planning and delivery.
- Contributed to reducing SGBV cases (according to KII respondent).
- Improved gender equality and shared responsibilities, fostering better family relationships.
- Enabled more open discussions on SRHR issues among men.
- Enhanced understanding of MHM, with supportive measures during menstruation.

Has engagement with WCSA, justice, and health service providers (HEWs[1]) changed, and what impact has this had?

- The project-provided training on age examination processes for health professionals. This has helped parents have legal evidence to investigate 92 suspected early marriages, 40 which were cancelled.

[1] HEW: Health Extension Workers

- Health extension workers provided information to SAA core groups[2], encouraging them to raise the awareness of mothers who had given birth to baby girls on the dangers of FGC and to closely monitor them, supporting them to challenge the practice.

- In collaboration with government, the SAA groups contributed to the cancelling of cases of early marriage, and of female genital cutting (FGC).

- GBV survivors developed trust, and generally more attention was given to GBV survivors at all levels, through the project's focus on referral systems (how they work, existing gaps and how to fill them).

- Monitoring the progress of the Social Analysis and Action (SAA) discussions has increased the government representatives' awareness and interest in contributing to the reduction of harmful traditional practices (HTP) and in improving the utilisation of antenatal care and family planning.

- Health post services have improved due to the follow up from SAA members and woreda steering committee representatives. But although the support from Health Extension Workers (HEWs) improved, shortages in the supplies for family planning (FP) remained a challenge.

CHALLENGES / BARRIERS

- Limited accessibility to Sexual and Reproductive Health and Rights (SRHR) services, particularly for adolescents and youths.

- Insufficient resources, including budget constraints, for ambulance services (fuel), FP drugs, and developing necessary infrastructures for delivery.

- Inadequate accessibility to health facilities and trained professionals, particularly at the health post-level, where the availability of public health officers and midwives is limited.

- Persons with disabilities (PWDs) face challenges in accessing SRHR information, and communities often fail to encourage the utilization of SRH services for PWDs.

- Traditional birth attendants persist in practicing home deliveries, posing potential risks because of some of their practices.

- Limited access to SRHR information, particularly for newly married women, due to mobility restrictions imposed by husbands and their family members. This challenge is exacerbated among adolescents.

- Low income for women leads to a reduction in the utilization of SRHR services.

- Inadequate legal protection against Sexual and Gender-Based Violence (SGBV) cases result in movement restrictions for women, leading to a decrease in SRH service utilization.

[2] Brings together power holders in the community and at government level.

CONCLUSION

Social Analysis and Action (SAA) group discussions played a crucial role in fostering a comprehensive understanding of Sexual and Reproductive Health (SRH) services and challenging age-old beliefs among the population. The exchange of information and experiences among group members has been extensive, contributing to a paradigm shift in perspectives. Couples have collaboratively made decisions regarding Family Planning (FP) utilization, actively promoted institutional delivery, and provided support to adolescent girls in navigating FP-related issues. Moreover, project participants have extended their valuable experiences to previously untargeted community groups, fostering a ripple effect of awareness and positive change.

Recommendations

- Ensure the project intervention targets all in the communities, including hard-to-reach areas.
- Conduct community outreach to actively support Persons with Disabilities (PWD), both women and men, in exercising and utilizing SRHR.
- Enhance adolescent girls' group discussions by incorporating a life skills curriculum.
- Allocate budget/ resources to support health services and enhance coverage, particularly for family planning drug supply, ampules, fuel and conduct capacity building for health workers to strengthen referral linkages and ambulance services.
- Align project activities strongly with government systems, ensuring reports are consistent with government formats, and integrate project follow-up activities with government checklists to enhance project sustainability.

TESTIMONY

"My name is Workie Kelebu Azene, I am 30 years old, a SAA group member living with my husband Belete Abebe in Woreta town Administrative woreda, Tiwazakana Kebele. I got married at the age of 15, unexpectedly, through arranged marriage negotiations between our families. This led to the end of my education, I was in grade 4, and I began living with my husband's family. Pressure from my husband's family compelled me to have children early, with no knowledge of family planning. They said, “Giving birth is good during childhood.” Consequently, I gave birth to three boys - the first before the age of 18, the other two in quick succession. It was during my third childbirth that CARE Ethiopia introduced the BERHAN Project in our kebele, focusing on sexual reproductive health and Harmful Traditional Practices (HTPs).

Workie Kelebu Azene. Credit: CARE Ethiopia

I became a member of the Social Analysis and Action (SAA) group, known as 'Shama.' Before joining the group, I lacked the confidence to express my thoughts, was afraid to have discussion with my husband about family

planning, could not negotiate things with my mother-in-law, and had no friend to share my thoughts and ideas with.

Initially, my husband was reluctant and believed that attending meetings wouldn't bring about any change for women. Through SAA group discussions, I learned about sexual reproductive health, family planning methods, and their advantages. This newfound knowledge empowered me to speak openly, even in public settings. I successfully changed my husband's attitude towards family planning, and now he actively supports me, and I have gained the support of my mother-in-law.

I am well-informed about health impacts related to continuous childbirth, and my communication skills enable me to gain the support of my mother-in-law. My participation in the project allowed me to understand and utilize family planning methods effectively.

I have been using Norplant (a type of contraceptive method) for three years now, maintaining my health and engaging in various income-generating activities. With a loan from my group, I invested in malt-making, poultry, and sheep rearing. We have no plan to have more children until my child is seven years old, and my income grows. I aspire to educate my children to a higher level and further enhance our household income, perhaps by purchasing a mill."

Cover image: A CARE SAA group member who is part of the BERHAN programme. Credit: CARE / Sarah Easter