Raising Awareness on Sexual and Reproductive Health Rights for Young Girls in Sindh Province, Pakistan

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Background

• Challenges persist for young girls in exercising their sexual and reproductive rights (DHS data, 2012-13)
  • Av. age of marriage for women: 19.5 years

• Young women face barriers in accessing health care services
  • 83.3% of women aged 15-19 reported at least one problem with access (permission, etc.)
Theory of Change

- Life Skills Education is a comprehensive education package for children in private schools, which focuses on core areas of SRH rights
  - Self-esteem
  - Communication skills and decision making
  - Conflict resolution skills
  - Understanding gender and puberty
  - Self and body protection
  - Human rights
  - Sexual reproductive health rights and issues
Theory of Change

• The intervention will consist of 14 sessions on the above mentioned topics.
  • The intervention will be delivered by teachers from each (private) school who will go through a five-day training on understanding and delivering the intervention to the students
  • Participatory methodology will be used in all workshops and life skills sessions
  • In the younger classes, go-rounds of personal sharing, brainstorming, use of puppets, interactive stories, role-plays, learning of messages through poems, drawings and coloring will ensure maximum participation
  • For the purpose ‘tool kits’ have been developed containing the required material to ensure interactive and creative sessions. With the older children, role-plays and group work will be used to highlight a topic
The Theory of change:

- Girls (13-14) in Sindh, Pakistan have low levels of reproductive and sexual rights (high levels of early marriage, pregnancy and poor health)

- Training for teachers and information package for young adolescent girls in private schools

- Schools allow for classes to take place
  - Students are allowed to enroll in SRH sessions in the classrooms by parents
  - Adolescents have reliable access to health services (distance, available)
  - Parents are ready to send their children to health services

- Improved awareness and life skills of girls with an increased active participation in decision making on their sexual and reproductive health issues

- Young girls (13-14) from the 5 districts of rural Sindh have improved access to health services
Evaluation Questions and Outcomes

• Does an increase in awareness of young girls on sexual and reproductive health lead to better access of health services?
  • Indicators: Percentage of young girls who have accessed a health service; percentage of young girls reporting a problem in accessing health services (permission)
Total number of private schools in 5 districts = 1500

Participating schools (willingness) = 150

Treatment 1 (training+info) 75 schools

Control 75 schools
Data and Sample Size

• Outcomes:
  • Access to Health Services

• Data:
  • 150 Schools
  • Households survey

• Power calcs:
  • Confidence level 80%
  • Standardized effect at outcome level: 20%
  • Inter cluster correlation: 0.1
  • Additional R2: 0.2
  • 150 Clusters and 9 subjects per school (1,250 questionnaires)
Data and Sample Size

Graph showing the relationship between power and number of subjects per cluster for different values of $\alpha$, $J$, $\delta$, $\rho$, and $R^2$. The graph illustrates how sample size affects the power of a statistical test.
Potential challenges

• Attrition:
  • School leavers
  • Mobility (migration)
  • Refusal to take the survey (by children/parents)

• Compliance:
  • Parents may withdraw children from school (and from programme)

• Spillover:
  • Limited spillovers expected due to the nature of the area
## Costs

<table>
<thead>
<tr>
<th>Number of Students +parents to be interviewed</th>
<th>Cost per Survey</th>
<th>Total cost of one round of survey</th>
<th>Total cost of Two rounds of surveys</th>
<th>Total cost of IE (surveys+analysis)</th>
<th>Total cost of intervention (training * number of schools)</th>
<th>Total cost of intervention plus evaluation per beneficiary</th>
<th>Total number of beneficiaries (63 per school)</th>
<th>Cost of intervention per beneficiary</th>
<th>Cost of intervention plus evaluation per beneficiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>1650</td>
<td>30</td>
<td>49500</td>
<td>99000</td>
<td>159000</td>
<td>150000</td>
<td>309000</td>
<td>9375</td>
<td>16</td>
<td>32.96</td>
</tr>
</tbody>
</table>
Results

• More effective interventions for a challenging area that lacks evidence
• Replication and up-scaling
• Influence policymakers