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Sarah Engebretsen
Population Council

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TECHNICAL
REPORT

FOLLOW-UP STUDY OF MIGRANT ADOLESCENT GIRLS IN DOMESTIC SERVICE WHO PARTICIPATED IN THE FIRST COHORT OF THE *FILLES ÉVEILLÉES* (GIRLS AWAKENED) PROGRAM



SARAH ENGBRETSSEN





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Population Council
One Dag Hammarskjold Plaza
New York, NY 10017

www.popcouncil.org

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INTRODUCTION

Circular migration (from rural to urban areas and back) among adolescents is common throughout West Africa and is viewed as a rite of passage for boys and girls (Temin et al. 2013). Motivations for migration are multiple but principal among them is the search for economic opportunities. Domestic work is one such opportunity for migrant adolescent girls, and the ILO estimates it is the largest occupation for girls under 16 worldwide (Temin et al. 2013). However, the evidence base on adolescent migration and domestic work is fairly thin, hindering priority-setting for resource allocation and programming and development of an agenda focused on protecting and promoting adolescents' health and well-being. Available evidence on programmatic effectiveness generally ends at program completion and does not follow adolescents over time, limiting our ability to see long-term effects of programs designed for mobile adolescent populations.

The current study follows a subsample of migrant adolescent girls in domestic service in urban Burkina Faso who participated in the first cohort of the *Filles Éveillées* (Girls Awakened) pilot program. *Filles Éveillées* was designed to provide migrant girls in domestic service with opportunities to build social networks and develop skills necessary for adulthood. Over a period of 30 weeks, participants attended weekly group meetings led by female mentors and developed life skills as well as skills in health, including sexual and reproductive health, and financial capabilities. Additional information on intervention design, participant selection criteria, recruitment, mentor qualifications, and mentor training are described in a report on the program's first cohort (Engebretsen 2012). The program's first cohort was implemented from 2011–2012 by Association Tié with adolescent girls aged 11–16 years old. A pre-test and post-test was conducted with program participants, and a subsample was interviewed one year after program completion.

METHODS

The Population Council conducted a pre-test and post-test with migrant adolescent girls in domestic service in Bobo Dioulasso who participated in the first cohort of the eight-month *Filles Éveillées* program (n=180). A follow-up survey was administered to a sub-sample of participants in June 2013, one year after program completion. The subsample consisted of those who were still living in the program sites (Diarradougou, Koko, Sikassocira, Accart-Ville, Sarfalao, and Lafiabougou) and who agreed to be interviewed one year later (n=50). This analysis compares a subsample (n=50) of girls who participated in the first cohort of the *Filles Éveillées* program and completed the endline survey in 2012 with those who participated in the follow-up interview in 2013.¹ The analysis was designed to assess the durability of girls' knowledge, attitudes, and behaviors in key program areas.

Migrant girls who fell within the target age range² who were currently employed as domestic workers in one of the selected project sites were invited to participate in the program. Their employers or guardians were asked for permission. Both participants and employers were asked to sign the program permission form and consent to girls' participation in program surveys. The survey, designed by Population Council researchers, was largely closed-ended and included sections on socio-demographic characteristics, life skills and social capital, health and hygiene, sexual and reproductive health, and financial capabilities. Follow-up survey questions mirrored those asked in the endline survey in 2012.

Given the somewhat sensitive nature of the survey topics, female interviewers administered the questionnaires, and questions were asked in Dioula, the local language in Bobo Dioulasso. Interviews were conducted in private, away from employers and other household members, to put the respondent at ease in answering questions. Interviews lasted between 45 minutes and one hour and were scheduled at a time most convenient for the girls. Interviewers were cognizant of domestic workers' busy schedules and scheduled interviews accordingly. A complete description of interviewer qualifications and training can be found elsewhere (Engebretsen 2012).

¹ Of the 50 girls living in Bobo Dioulasso who agreed to be interviewed one year after program completion, 41 had participated in the endline survey (the other nine had traveled home to their villages to help with agricultural tasks during the rainy season before returning to the urban areas). The analysis therefore includes 41 matched cases. We then randomly selected nine girls who participated in the 2012 endline survey to be included in the analysis in order to have 50 girls for each time point.

² Formative research revealed that adolescent girls engage in step migration, or migration to a smaller city and then onto the capital city. The target age range therefore differs between Bobo Dioulasso (11–16) and Ouagadougou (15–19), where the program was implemented during the second cohort.

Data collection was supervised by a consultant with extensive experience conducting field research. The consultant also led the interviewer training, entered and cleaned the data, and worked with a Council researcher on the analysis. A field supervisor monitored data quality and questionnaire completeness. Data were analyzed using SPSS version 20.

Composite variables were constructed to measure social capital and self-confidence. Social capital was assessed by measuring: participation in groups other than *Filles Éveillées*, having friends, having a place to meet friends, having a place to sleep in a time of need, having someone to borrow money from in an emergency, and having someone to turn to for advice. Variables were coded as 0 or 1 and summed so a range of 0-6 was possible on the social capital measurement. A score of 0-1 denoted limited social capital, 2-3 moderate, and 4-6 high social capital. Self-confidence variables were coded as 0 or 1 and summed so a range of 0-8 was possible. The following variables were included: high perceived power,³ not feeling timid in the presence of others, ability to make decisions for oneself, ability to resist peer pressure, satisfaction with educational attainment, hopeful for the future, not feeling weak or vulnerable, and ability to express herself.

This analysis comprises a comparison of means and percentages from the endline survey administered at the conclusion of the eight-month program and at follow-up one year later. Given the small sample size, this analysis does not assess statistical significance.

RESULTS

Sample characteristics

Participants in the follow-up survey ranged in age from 12-18. Among the 50 girls who completed the follow-up survey, mean age was 15.3 and 82% reported living with their employers. None of the girls reported being married, which is consistent with DHS results showing that only 2.5% of urban females 20-24 years old were married by age 15 (Population Council 2009). Six percent were either engaged or promised. More than half of the girls had never been to school, and of those who had, only 6% had completed primary. On a short literacy test, more than three-quarters of the girls were unable to read, 20% read with difficulty, and only 2% read perfectly. Four out of five girls reported having personal identity documents, likely owing to the provision of *Filles Éveillées* program identification cards.

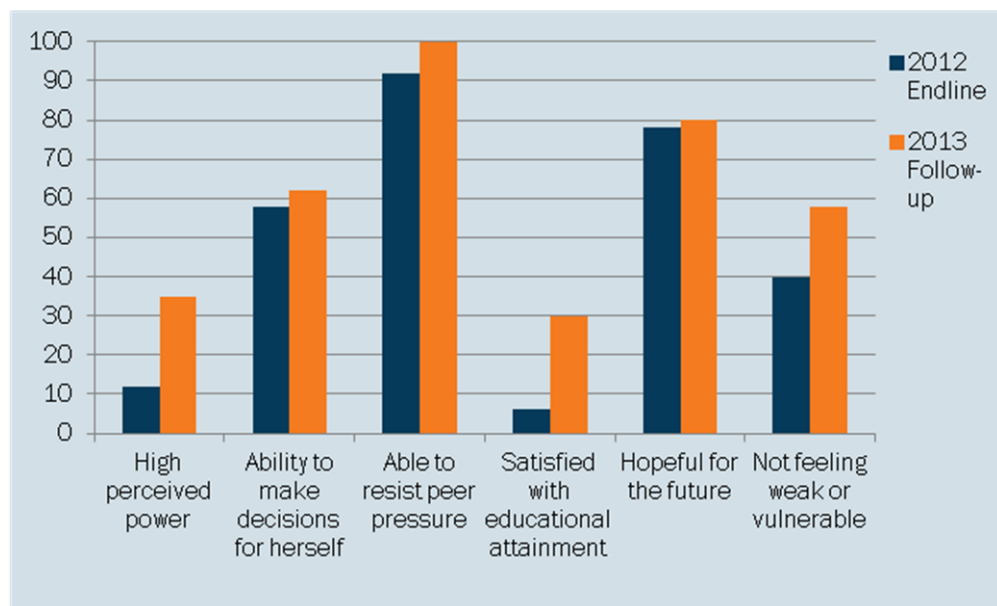
³ Respondents were shown a ladder with nine rungs according to different levels of perceived power. A range of 0-4 was coded as low perceived power, and 5-9 was coded as high.

Social capital and life skills

Recognizing the double disadvantage of newly arrived migrant girls in understanding available resources and constructing social networks to help them access those resources (Temin et al. 2013), *Filles Éveillées* provided girls opportunities to expand their social networks by participating in same sex groups led by adult female mentors. Social capital improved following program completion with 42% of endline respondents reporting high social capital and 58% at follow-up. The mean social capital score also increased from 3.12 at endline to 3.56 at follow-up.

On the composite variable for self-confidence, the mean self-confidence score increased from endline to follow-up (4.20 to 4.70). Six of the eight individual self-confidence variables increased from endline to follow-up, shown in Figure 1. The two self-confidence variables that did not change over time were not feeling timid in the presence of others and ability to express herself.

FIGURE 1: Self-confidence measures, by time of survey



Health including sexual and reproductive health

Filles Éveillées provided participants with opportunities to learn about important topics related to health and hygiene. The program also provided girls with skills to actively manage their own health and explored attitudes around health-seeking behavior. Girls' ability to recognize symptoms of common diseases improved over time as did awareness that pregnant women need prenatal care and awareness that girls can perform a breast self-exam, shown in Table 1. Respondents were asked why girls their age visit health centers. Multiple responses were possible, such as to obtain health

information, contraception, and testing. An increase in knowledge of reasons to seek health care was observed from endline to follow-up, shown in Table 1.

TABLE 1: Percent and mean distribution of surveyed girls' health knowledge, by time of survey

	Endline	Follow-up
Can recognize symptoms of common diseases	48%	74%
Aware that pregnant women need prenatal care	48%	66%
Aware that girls can perform breast self-exams	61%	64%
Mean number of reasons cited for why adolescent girls visit health centers	1.38	2.28

Changes in pregnancy knowledge were inconsistent. From endline to follow-up there was an increase in the percent reporting that missing one's period can indicate possible pregnancy (30% vs. 62%). Respondents were asked to name symptoms of pregnancy, and awareness was constructed as limited (0–1 symptoms), moderate (2–4 symptoms), and high (5 or more symptoms). The percent of respondents with high awareness doubled from endline to follow-up (4% vs. 8%). Despite these gains in pregnancy knowledge, there were no changes in knowledge of necessary prenatal care for pregnant women. Likewise, awareness of when during the menstrual cycle a woman can get pregnant and of the possibility of getting pregnant after one unprotected sex act both decreased over time (36% vs. 26% and 84% vs. 60%, respectively).

There were changes in family planning knowledge over time, although the changes were not always in the expected direction. Girls were asked to name all of the family planning methods they were aware of. The mean number of methods cited by girls decreased over time from 2.18 to 1.64. The percent of girls demonstrating knowledge of traditional family planning methods increased from endline to follow-up (44% vs. 68%) while the percent demonstrating knowledge of any modern method—such as oral contraceptive pills, injectables, IUDs, and condoms—decreased from endline to the follow-up survey one year later (82% vs. 50%). The percent of respondents who were aware of official family planning providers in the community also decreased from endline to follow-up (76% vs. 46%).

Respondents were asked a series of questions about sexually transmitted infections including HIV, and summary measures were created to show mean knowledge. The results from endline to follow-up were inconsistent, shown in Table 2. Of note, the percent of girls knowing that marriage does not protect against HIV improved from endline to follow-up (64% vs. 78%, not shown).

TABLE 2: Mean distribution of surveyed girls' STI and HIV knowledge, by time of survey

	Endline	Follow-up
Mean number of STI symptoms identified	1.34	1.02
Mean number of methods cited to protect oneself against HIV	1.46	1.36
Mean number of community outlets identified that provide HIV testing	1.00	1.06

Financial capabilities

Recognizing that migrant adolescent girls in domestic service are economically active, *Filles Éveillées* aimed to build their financial capabilities with particular attention to budgeting, saving, planning for the future, and improving ability to talk about money. Despite the fact that more than half of the program participants had never been to school, numeracy was higher than expected with 96% of girls correctly answering an addition question in 2012.

Girls' reports of the principal items they spend their money on were consistent from endline to follow-up and included things such as cosmetics, clothing, and sending remittances home to family. At endline two-thirds of girls reported that they alone decide how to spend their money, and this did not change at follow-up.

At both time points, four out of five girls reported saving their money, more than half doing so regularly, which was defined as putting a set amount aside each day, week, or month. When asked why they saved, girls reported short-term as well as long-term reasons. Short-term reasons for saving are defined as things the girl intends to do with her money in the next three months such as preparing for emergencies, personal shopping, purchasing clothes or utensils, or meeting other basic needs. Long-term reasons describe why a girl is saving for possible expenditures in the next year, such as paying for medical care, sending money to family, preparing for marriage, buying supplies for income-generating activities, or paying for professional training. From endline to follow-up there were slight increases in the proportion of girls saving for short-term (58% vs. 60%) as well as long-term reasons (24% vs. 26%). Knowledge of formal savings mechanisms improved from 2012 to 2013 (8% vs. 14%). The proportion of girls reporting having a short-term savings goal remained constant over time, with just under half reporting such goals.

DISCUSSION

The *Filles Éveillées* program was developed to increase social networks and skill-building among migrant adolescent girls in domestic service in urban Burkina Faso. Although other programs exist for this population, *Filles Éveillées* is one of the first to build girls' health, social, and economic assets before something has gone wrong in their lives. The program was piloted over two cycles: one from 2011–2012 in Bobo Dioulasso and one from 2012–2013 in Ouagadougou and Bobo Dioulasso. This follow-up analysis permitted a rare opportunity to follow girls who had participated in the first cohort of the intervention to assess possible changes in their knowledge, attitudes, and behaviors in key program areas one year after program completion. It is worth noting that a process evaluation was conducted between the two cycles to assess program effectiveness and suggest improvements to be made to the program's structure, implementation, and content before launching the second cohort. Program adaptations resulting from this process evaluation likely contributed to the changes observed among the second cohort of girls.⁴

Overall, findings suggest some positive changes in knowledge, attitudes, and behaviors in program participants one year after program completion. Findings suggest that sustained effects were more likely to be observed in migrant girls' social capital, self-confidence, and general health awareness than in the other domains of interest. Changes in sexual and reproductive health knowledge and financial behaviors were inconsistent, and, in some cases, declined over time.

This study has several limitations. First, the study sample is small, and the analysis does not include statistical significance due to this small sample size. Second, the lack of controls limits our ability to conclude that changes from endline to follow-up are, in fact, due to the intervention. Future iterations of the program would benefit from a more rigorous research design. Likewise, girls participating in the follow-up survey were a self-selected sample of girls who chose to remain living in urban areas rather than returning home to their villages, so selection bias is possible. Some of the positive changes over time may therefore not be due to the long-term effects of the program but rather to being better assimilated to life in urban areas. Finally, the present analysis compares endline measures with follow-up measures rather than comparing baseline measures with the follow-up. This design may dilute the effects observed over time.

Notwithstanding these limitations, this analysis provides important insight into how in-migrant adolescent girls fare in urban settings after the initial “settling in” period.

⁴ Please see Engebretsen (2013) for a description of changes made between the two cohorts and for an evaluation of the program's second cohort.

Inconsistent changes in sexual and reproductive health knowledge or, in some cases, declines from endline to follow-up demonstrate that knowledge is not always maintained over the long term and that it is important to continue to reach this population with “refresher” trainings. The project team has already taken that into consideration for subsequent cohorts and developed a toolkit for program graduates. This toolkit is intended to remind girls of key program learnings and enable them to teach this information to other adolescent girls, whether in urban areas or back home in the village.

Social capital has been shown to aid migrant girls’ transition to urban life (Temin et al. 2013), and programs explicitly focused on building the social capital, self-confidence, and skills of recent in-migrant girls are needed. *Filles Éveillées* demonstrated that it is possible to build migrant girls’ social capital and self-confidence, and that these constructs—and in particular those variables that relate to self-perception—can be maintained or even improve one year after program completion. Further research is needed to test the long-term effects of migrant girls’ social capital and self-confidence on knowledge, attitudes, and behaviors. Findings from this analysis also demonstrate the need for additional evaluations of programs designed for migrant adolescent girls in domestic service and more longitudinal studies on the implications of migration for girls’ social, economic, and health outcomes.

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