



QUIP IN ACTION

COMMISSIONER: GIRL EFFECT

COUNTRIES: RWANDA

SAMPLE SIZE: 48 INDIVIDUAL INTERVIEWS & 4 FGDS

YEAR OF STUDY: 2021

PROJECTS: NI NYAMPINGA GIRLS' CLUBS IN SCHOOLS

Girl Effect in Rwanda runs a branded media platform called **Ni Nyampinga (NN)** which addresses multiple thematic areas including self-esteem, education and sexual and reproductive health (SRH), amongst others. NN has a presence across 4 different media channels:

- NN clubs: school-based clubs where girls meet to discuss NN content with an aim to engage girls in discussing SRH and deepen the impact of the other media platforms;
- NN magazine: informative content aimed at increasing SRH knowledge and motivating girls through real role models;
- NN radio talk show: informative content aimed at increasing SRH knowledge and motivating girls through real role models;
- NN radio drama (called 'Sakwe'): fictional content aiming at shifting particular attitudes related to SRH

The focus of this study was on Ni Nyampinga's sexual and reproductive health (SRH) work, specifically on behaviours on the journey towards the ultimate goal of girls practising safe sex when ready. The programme is currently focused on two main intermediary behaviour change objectives around SRH:

- 1) adolescent girls are speaking to their peers about SRH
- 2) adolescent girls are using SRH services

WHY QUIP:

This **Qualitative Impact Protocol** study commissioned by Girl Effect was a deep dive study to collect information from participating adolescent girls about their experiences of SRH behaviours over the past two years, and in so doing explore the impact of the programme so far.

The aim of this study was to identify what may have changed in girls' experiences, and what helps to drive change - positive or negative. Visualising reported drivers and outcomes in the form of causal maps helps to establish to what extent the Ni Nyampinga programme may have contributed to change, and how the activities operate alongside other drivers of change. The use of causal maps was also important in these projects since the findings were presented and discussed to wider Girl Effect staff to establish implications for future planning. Having access to **visualisations and source narrative statements** makes the findings more accessible and transparent to all programme staff.

APPROACH:

Interviews were conducted by two local members of the Girl Effect research team who had experience of working with these schools and discussing sensitive issues with adolescent girls. This was an important consideration given the subject matter and age of the respondents. There was therefore no attempt at blindfolding the researchers, and they had to discuss the aims of the research with the schools in order to gain access to the girls, but the questionnaires were kept as open-ended as possible. This means that there was no reference to the NN clubs in the interviews, apart from some direct questions about the different NN products at the end of the interviews.

Schools were selected from Nyaruguru and Rulindo Districts. Following approval from district authorities to conduct the research, schools with NN clubs were identified with the help of NN brand ambassadors (girls who distribute Ni Nyampinga magazine in their original districts). Head teachers at the schools were approached and explained the purpose of the research and asked for permission to interview girls. Girls from any clubs which discussed SRH were initially sampled, and then screened by the researchers to identify NN club members. Girls in the sample were not told that they were being sampled due to their NN club membership.

The schools were selected based on status of the club, classed as either Active or Inactive. The number of interviews was split evenly between the two. The activity level was advised by brand ambassadors based on the following broad definitions:

- Active: a club that meets often and organises some activities
- Inactive: a club with low level of activity, that meets less often and does not organise many activities

Questions focused on stories of changes over the past two years and centred around the following topics:

- personal relationships (friendships and love relationships)
- knowledge and sources of information about SRH
- use of health services
- perceptions of support for accessing SRH services

Researchers carried out 8 focus group discussions, 4 in each district. Between 5-6 different girls participated in each FGD. These discussions covered the same questions as the individual interviews. FGDs are often used in QuIP studies as a control for whether respondents report any differently when in a group environment, and from a larger cohort. In this case the FGDs served to confirm that the stories of change were reported in the same way as the individual interviews.

FINDINGS

Once interviews were coded, they revealed a relatively low number of stories of change and causal links. Only around half the respondents provided detailed stories of change. A number of factors were significant in this level of reporting; the age of the respondents plays a role in this; younger respondents find it harder to give rich accounts of change over time. There was also scope for the way the questionnaire was used to be refined to generate more detailed stories of change, but this is a sensitive topic and more difficult to generate relaxed conversation about. Many girls say they are not sexually active, therefore they didn't have much to say in response to some of the questions. Additionally, the schools in Rwanda had only just re-opened following a lengthy COVID lockdown, so not much activity had been taking place over the recent months.

Most girls in the sample were aged 15-16 years, single (27% were in a relationship), and were regular or occasional users of all NN media channels. During the interviews, when asked *closed* questions about change, between 60-75% of girls reported positive changes in knowledge, healthy behaviours and support from others, related to their SRH. However, when the same girls were asked *open-ended* questions about change, a lower percentage of stories of change emerged. In the maps below, respondent counts are used – indicating how many girls have made the link displayed in the map.

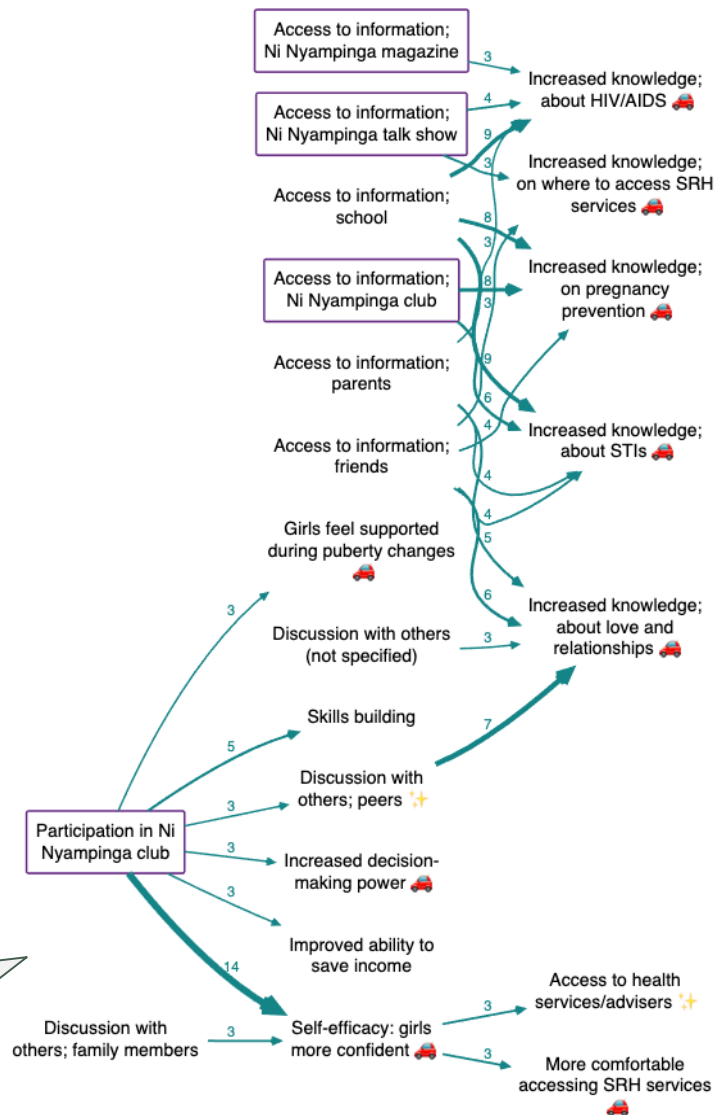
Three main areas of change were reported by girls were, as outlined in the overview map:

1) Girls had an increased knowledge, especially about love & relationships, STIs and pregnancy prevention, with discussion with and information from school, friends, peers, parents and the NN clubs as the key drivers

2) Increased self-efficacy: girls had more confidence with participation in NN clubs being the main driver

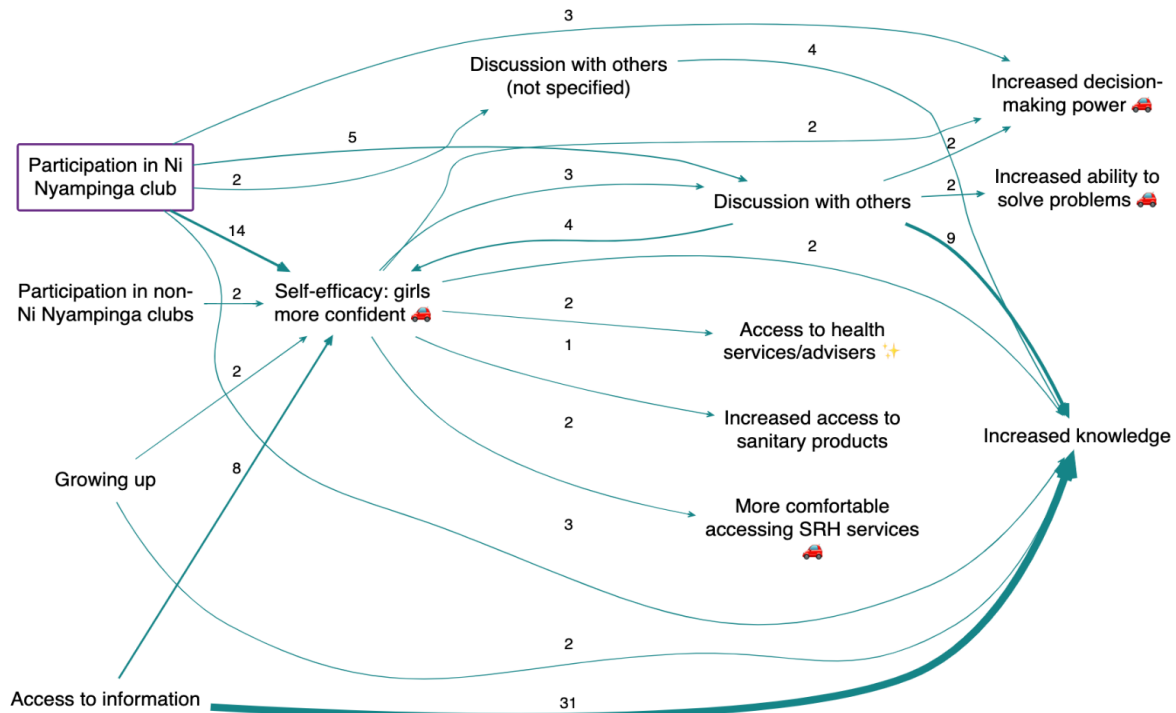
3) Increased ability to purchase goods (such as sanitary products) driven by having access to commodities which they can sell

The NN programme was cited as a driver of change, especially participation in the NN clubs which contributed to an increase in girls' confidence, as well as an increase in their knowledge on SRH. The other NN channels were cited to a lesser extent. School and other influences were typically stronger influences in the girls' lives, but there was positive interaction between the different drivers.



'It changed because before, I would be embarrassed to meet with a boy or when I met him and he touched me, I would be embarrassed to say no. [...] Talking about it in Ni Nyampinga club we became brave'

The map below focuses on the drivers leading to increased confidence and other paths downstream:



The main driver leading to increased self-efficacy/ confidence is **participation in the NN club**. There is some **impact downstream** of this increase in confidence, in relation to accessing health services for example. Other drivers influencing girls' confidence include **accessing information from school and the NN talk show** and **having discussions with family members**. When analysed by club status, 11 of the 14 girls who cited 'participation in NN club' as a driver for increased confidence were from active NN clubs.

Data was analysed by active and inactive status. Although in most cases there was no real difference, in some domains the reported change in schools with active clubs was higher. The maps below show drivers of increases in knowledge about sexually transmitted infections (STIs); the left is a combined total; the right is disaggregated between active and inactive groups.

