

ADOLESCENT IN TRANSITION IN WEST AFRICA (ATWA) OUTCOME EVALUATION 2021-22 Baseline Report



THE UCSD CENTER ON GENDER
EQUITY AND HEALTH, GRADE AFRICA,
AND SAVE THE CHILDREN

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LIST OF ACRONYMS AND KEY PHRASES

ASRHR	Adolescent Sexual and Reproductive Health Rights
ATWA	Adolescent Transitions in West Africa
CFA	Confirmatory Factor Analysis
DHS	Demographic and Health Surveys
EPA	Exploratory Factor Analysis
FGC	Female Genital Cutting
GAGE	Gender and Adolescence Global Evidence
GEAS	Global Adolescent Study
GEM	Gender Equitable Men
LSE	Life Skill Education
MHM	Menstrual Hygiene Management
MPNS	Menstrual Practice Needs Scale
MPQ	Menstrual Practices Questionnaire
SRH	Sexual and reproductive health
SRHR	Sexual and Reproductive Health Rights
UCSD	University of California San Diego
VYAs	Very young adolescents
Y/O	Year olds

BACKGROUND

The Adolescent in Transition in West Africa (ATWA) program is funded by the Dutch Ministry of Foreign Affairs. The four-year program aims to influence and promote positive adolescent sexual and reproductive health and rights (SRHR) outcomes by addressing some of the interrelated drivers of poor sexual and reproductive health and rights (SRHR) among very young (ages 10-14 years) and older (ages 15-19 years) adolescents in Mali, Burkina Faso, and Niger.

Spanning from December 2019 until November 2023, the program will improve the sexual and reproductive health and rights of adolescents by catalyzing the provision of Life Skills Education (LSE) in school settings, and in Niger and Mali outside of school settings as well. Teachers, mentors, and peers will engage adolescent girls and boys in learning about SRHR, building critical life skills and improving attitudes, behaviors and norms towards gender and SRHR. Alongside the provision of LSE, the program will increase access to, and uptake of, quality adolescent-responsive SRH services and contraception among adolescents by improving the quality and youth-friendliness of services, including the attitudes, skills and knowledge of service providers. Overall objectives of the project include:

Impact: Improved sexual and reproductive health and rights of adolescents

Outcome 1: Improved sexual and reproductive health and rights and gender equality knowledge, intent, and behaviors among adolescents

Outcome 2: Ensure health facilities offer quality adolescent responsive SRH services that are used by adolescent girls and boys

Overall, ATWA seeks to provide SRHR information to 472,180 adolescents through 2,573 teachers in 2,148 primary schools (adolescents ages 10 to 14) and 425 secondary schools (adolescents ages 14 to 19), 48,000 out of school adolescents, 1,704 health workers, and 500 health centers. Additionally, 212,090 girls in 2,537 schools in Niger, Mali and Burkina Faso are to be provided with the knowledge, materials, and facilities to manage their menstruation in a hygienic and dignified fashion. ATWA also aims to provide 48,000 out of school adolescents in Niger and 4,368 in Mali with quality ASRHR information in small groups by mentors.

To evaluate the intervention’s impact, an external outcome evaluation will be carried out each year of implementation by research partners, the Center on Gender Equity and Health at the University of California San Diego, and GRADE Africa. The evaluation design is a pre and posttest with a comparison group. As such, in each of the three countries, an intervention and a control group will be identified and interviewed at the start and end of each of the two intervention years. This report provides findings from the Year 1 baseline survey conducted in December 2021.

OUTCOME EVALUATION - STUDY DESIGN & METHODOLOGY

The overall objective of the evaluation is to evaluate the efficacy of the program in improving the knowledge, attitudes, behavioral intentions and other precursors of behavior change related to menstrual hygiene and other ASHR outcomes among adolescents receiving the intervention compared to those not receiving the program (controls). A cross-sectional design is employed to assess adolescents using the administration of a quantitative survey tool by trained enumerators at each of the four evaluation time points: baseline Year 1 (December 2021), endline Year 1 (anticipated May 2022), baseline Year 2 (anticipated September 2022), endline Year 2 (anticipated May 2023).

STUDY POPULATION

The geographic focus of ATWA is eight regions of the Liptako Gourma area, an area that covers eastern Burkina Faso, southwestern Niger, and a small portion of southeast central Mali. The intervention will be implemented in: Sikasso, Gao, Mopti, and Ségou regions of Mali; Boucle de Mouhoun, Nord, and Centre-Nord regions in Burkina Faso; and Tillabery region in Niger. The situation in the Liptako Gourma area is characterized by insecurity and violence, including against schools and health centers, and conservative attitudes towards adolescents’ SRHR.

The ATWA intervention aims to reach male and female very young and older adolescents, ages 10 to 14 years and 15 to 19 years, respectively. Although the intervention is largely school-based, ATWA also reaches a smaller percentage of adolescents who are not enrolled in schools via community small group settings. Adolescents who are not enrolled in school may be out of school

either temporarily due to political instability or COVID-related school closures, or for longer durations due to familial considerations.

SURVEY TOOL DEVELOPMENT

In coordination with Save the Children, UCSD-GEH drew upon the ATWA M&E Framework (Appendix A) and each country's curricula to develop a quantitative survey designed to assess evaluation indicators and other key intervention topics. The resulting survey tool includes 12 themes: Respondent Demographics; Puberty; Menstrual Hygiene & Management; HIV, STIs & Pregnancy Knowledge; Contraception; Personal Sexual History; Health Services; Gender Attitudes & Norms; Gender-Based Violence; Self-Efficacy; Child Marriage; and Female Genital Cutting (FGC). The construction of indicators for each of the 12 themes was guided by the following previously-validated surveys: the 2020 edition of the Performance Monitoring for Action (PMA2020), Demographic and Health Surveys (DHS), the Johns Hopkins University's Global Early Adolescent Study (GEAS), Gender and Adolescence: Global Evidence (GAGE), Menstrual Practices Questionnaires (MPQ), and the Menstrual Practice Needs Scale (MPNS-36). The demographic indicators were defined using the PMA2020 and the GEAS, while the gender attitudes and norms were defined using the GEAS after factor analysis. Contraceptive use measures among adolescents aged 10-14 and 15-19 were also defined using the GEAS. Finally, the analysis of practices during menstruation was assessed using the MPQ. In addition, UCSD researchers in collaboration with Save the Children-Netherlands staff created new indicators reflective of the unique ATWA programmatic mandate.

After initial development, the survey tool was circulated among Save the Children country offices in Burkina Faso, Mali, and Niger and reviewed to ensure included item topics matched the country's curricula and to ensure cultural considerations were made with respect to item wording and appropriateness of topics for adolescents, especially very young adolescents. This review process resulted in variation of the items asked in each country by adolescent sex, age, and school status. The final survey tool is presented in Appendix B, and a list summarizing items asked of each respondent category (e.g., in-school Malians ages 10 to 14) is provided in Appendix C.

BASELINE SAMPLING

In a coordinated effort Save the Children, GRADE Africa, and UCSD-GEH identified key demographic variables that may lead to variation in intervention effectiveness. These included: region, province, school type (primary/secondary), and urbanicity (rural/urban). Based on these considerations, sampling frames of the schools and communities (for out-of-school adolescents) were developed for each country (provided in Appendix D). Following the sampling frame development, intervention and control groups were selected. For each intervention site (i.e., a school or community) identified, a control site was matched based on region, province, school type, and urbanicity.

The study design required that the control sites (i.e., comparison groups) for the intervention sites are schools and communities that have not yet been targeted by the ATWA project. As such, sampling for controls and intervention groups occurred in separate schools and communities (a minimum of 5km apart) to minimize the potential for contamination effects between the two groups.

As indicated in the detailed technical report by GRADE Africa (Appendix E), fifty schools were to be selected in each country, where twenty-five would be assigned as intervention schools and the remaining twenty-five would be assigned as control schools. Of the twenty-five schools, seventeen would be primary schools and eight would be secondary schools. This balance between the primary and secondary schools was determined based on the targeted populations (i.e., more primary school students are reached by ATWA than secondary school students). Fifteen students would then be randomly selected at each primary school, and ten students would be randomly selected at each secondary school. In total, there would be 670 students selected to participate in each country. In addition, supplementary data collection would be conducted in eight communities in Mali (where schools are closed) and in eight communities in Niger (for out of school adolescents). Four of the eight communities would be selected as “intervention communities” and the remaining four communities would be selected as “control communities.” Fifteen adolescents would be selected in each community, for a total of 120 out of school adolescents in Mali and Niger, respectively. Thus as summarized in Table 1, a total of 2,250 adolescents were planned to be included in Year 1 baseline data collection. By study group, there was a planned 1,125 adolescents in the intervention group and 1,125 adolescents in the control group. This sample size was determined based on power calculations of outcome indicators and

budget considerations. Additional detail is provided in Section 1.4 of the GRADE Technical Report (Appendix E).

Table 1. Planned sample of adolescents by country and school status

Region	School level	Sample Size
Burkina Faso		
Boucle du Mouhoun	Primary	180
	Secondary	40
	Total	220
Nord	Primary	210
	Secondary	80
	Total	290
Centre-Nord	Primary	120
	Secondary	40
	Total	160
Overall Country Total		670
Niger		
Tillabéry	Primary	510
	Secondary	160
	Out-of-School	120
Overall Country Total		790
Mali		
Gao	Primary	116
	Secondary	40
	Out-of-School	60
Total		276
Mopti	Primary	180
	Secondary	60
	Total	300
Ségou	Primary	120
	Secondary	40
	Out-of-School	60
Total		220
Sikasso	Primary	90
	Secondary	20
	Total	110
Overall Country Total		790
Total Planned Sample		2,250

Due to security risks, several data collection sites in each country were replaced with alternative schools or communities: eleven schools in Burkina Faso and four schools in Mali were replaced with alternate sites, as were ten schools and three communities in Niger. Please see Section 2.6 of the technical report for additional detail (Appendix E). Final sample sizes by study group and key demographic variables are provided in the evaluation results section (see Table 4).

Commitment to Conducting Ethical Research and Child Safe Programming

Study protocols were prepared and submitted to Ethics Committees in each of the three countries in addition to the UCSD Institutional Review Board (IRB) (IRB Determination #210928). Regional educational directors in each of the three countries were informed of the study by the GRADE Africa team, as were provincial and departmental directors. Save the Children country office representatives informed local school officials, as well as the administrative and customary authorities within selected communities. Before data collection began, enumerators completed a six-day training in which they were provided guidance on ethical principles of research and data collection procedures.

Data Collection Procedures

Before data collection occurred, study objectives and timelines for the project were shared with local authorities. In addition, authorities helped to inform data collection teams of the changing security situations in each country. During the data collection phase, the director of each school provided a list of eligible students who met the study criteria, while local authorities in Niger and Mali worked closely with the data collection team to provide a list of eligible out of school adolescents. The data collection team used a Random Number Generator application to randomly select individuals from these lists. After the informed consent process was completed, a member of the data collection team administered the survey using electronic tablets programmed using CommCare. Care was taken to match female adolescents with female enumerators, and male adolescents with male enumerators. A monitoring and quality control tracking system was developed and updated daily.

Outcome Evaluation Indicators

The ATWA M&E Framework (provided in Appendix A) includes both monitoring and evaluation indicators. Table 2 provides a summary of the evaluation indicators included in the report, and the associated report sections in which they are discussed. The full table of evaluation indicators along with results is provided in Appendix F.

Table 2. List of ATWA outcome evaluation indicators by corresponding report section

IMPACT: Improved sexual and reproductive health and rights among adolescents		
Indicator	Indicator Definition	Report Section
[1] Decrease in adolescent birth rate <i>(NB: adolescent parity is used as a proxy as we do not assess births by year in this study)</i>	[1] The average number of births to female respondents ages 15-19	1. Demographic Characteristics
[2] Decrease in proportion of adolescents who have ever been pregnant or caused a pregnancy	[2] The percent of adolescent females who have ever been pregnant + the percent of adolescent males who have ever caused a pregnancy	1. Demographic Characteristics
[3] Increase in need for family planning satisfied with modern contraception	[3A] Percentage of [sexually active] adolescents age 15-19 years currently married or in union who have their need for family planning satisfied with modern contraceptive methods	5. Contraception & Sexual Activity
	[3B] Percentage of female adolescents (15-19) who are sexually active and who have their need for contraception satisfied with modern methods	5. Contraception & Sexual Activity
[4] Increase in adolescent modern contraceptive prevalence rate (CPR)	[4] The percent of sexually active adolescents (15-19) who are currently using (or whose partner is using) a modern contraceptive method. "Currently" is defined as 'at last sex'.	5. Contraception & Sexual Activity
[5] Decrease in proportion of adolescents married	[5A] Percentage of women 10-19 years old who were married or in union before age 18. <i>[Note: this is the percentage of the sample living with spouse before age 18.]</i>	1. Demographic Characteristics
	[5B] Percentage of women 10-19 years old who were married or in union before age 15. <i>[Note: this is the percentage of the sample living with spouse before age 15.]</i>	1. Demographic Characteristics

Outcome 1: Improved sexual and reproductive health and rights and gender equality knowledge, intent, and behaviors among adolescents

Indicator	Indicator Definition	Report Section
[1.1] Proportion of adolescents with intent to use modern contraception	Number of adolescents who respond yes to planning to use modern contraception in the future [timeframe may be defined by country program], disaggregated by method	5. Contraception & Sexual Activity
[1.2] Proportion of sexually active adolescents reporting using a condom at last sex	<i>Numerator:</i> Number of adolescents who respond yes to having used a condom at last sex <i>Denominator:</i> Number of sexually active adolescents surveyed	5. Contraception & Sexual Activity
[1.3] Proportion of sexually active unmarried adolescents who use a condom consistently in the last 6 months	<i>Numerator:</i> Number of adolescents who respond yes to having used a condom every time they had sex in the last 6 months <i>Denominator:</i> Number of adolescents surveyed who are sexually active and unmarried	5. Contraception & Sexual Activity
[1.4] Proportion of adolescents with gender equitable attitudes through average score on gender equitable attitude scale	<i>Numerator:</i> Proportion of adolescents with significant increase in average score on gender equitable attitude scale <i>Denominator:</i> Number of adolescents surveyed	7. Gender Attitudes & Norms
[1.5] Average number of modern contraceptive methods known among women 10-14 and 15-19 years old	Average number of modern contraceptive methods known to female adolescents ages 10-14 and 15-19 in the survey	5. Contraception & Sexual Activity
[1.6] Proportion of adolescents with correct knowledge about body changes during puberty, the menstrual cycle, fertility and conception, pregnancy risk and prevention.	Composite indicator of 9 items measuring proportion of adolescents who respond correctly to a series of questions on puberty, menstruation, pregnancy risk and prevention	2. Puberty
[1.7] Proportion of adolescents with correct knowledge about STI risk and prevention and treatment	Composite indicator measuring proportion of adolescents who responded correctly to series of 4 questions on STI prevention and treatment	4. HIV, STI, & Pregnancy Knowledge
[1.8] Proportion of adolescents with comprehensive knowledge of HIV prevention	Composite indicator measuring proportion of adolescents who responded correctly to series of 6 questions on HIV prevention	4. HIV, STI, & Pregnancy Knowledge
[1.9] Proportion of adolescents with knowledge of where to seek SRH services, including where to get tested for HIV, where to get condoms, and where to get contraceptives	<i>Numerator:</i> Proportion of adolescents that knows where to seek SRH services. <i>Denominator:</i> Number of adolescents surveyed	6. Access to Health Services

[1.10] Proportion of girls who report properly disposing of absorbent materials (sanitary napkins or menstrual cloth)	<i>Numerator:</i> Number of postmenarchal girls who report properly disposing of absorbent materials (sanitary napkins or menstrual cloth) (i.e., putting into the rubbish) <i>Denominator:</i> Number of girls who use absorbent materials (sanitary napkins or menstrual cloth)	3. Menstrual Hygiene & Management
[1.11] Proportion of girls who report hygienically washing and drying reusable menstrual cloth	<i>Numerator:</i> Number of girls who report hygienically washing and drying reusable menstrual cloth <i>Denominator:</i> Number of girls who washed and reused menstrual materials	3. Menstrual Hygiene & Management
Output 1.2: Adolescent girls in Niger, Mali and Burkina Faso, and out of school adolescent girls in Niger have the knowledge, materials, and in-school facilities to manage their menstruation in a hygienic, healthy, and dignified fashion		
Indicator	Indicator Definition	Report Section
[1.2.3] Proportion of girls and boys that can answer a basic set of four questions about menstruation	<i>Numerator:</i> Number of girls and boys that can answer a basic set of questions about menstruation correctly <i>Denominator:</i> Surveyed adolescents	2. Puberty
[1.2.4] Proportion of girls that know how to hygienically manage menses	<i>Numerator:</i> Number of girls that can answer a set of five questions correctly about how to hygienically manage menses <i>Denominator:</i> Surveyed female adolescents	3. Menstrual Hygiene & Management
[1.2.6] Proportion of girls and boys that can identify that menstruation is a normal biological function of the female body	<i>Numerator:</i> Number of girls and boys that answer a question correctly regarding that menstruation is a normal biological function of the female body <i>Denominator:</i> Surveyed adolescents	2. Puberty
*Indicators not included in this list are assessed using monitoring data and are not included in this report.		

YEAR 1 OUTCOME EVALUATION – BASELINE RESULTS

Overall, a total of 2,244 adolescents participated in the Year 1 Baseline Survey, with 670 from Burkina Faso, 786 from Mali, and 788 from Niger.

I. SOCIO-DEMOGRAPHIC CHARACTERISTICS

The average age of respondents across all three countries was 13.3 years old (min=10 years, max=19 years). There was an even number of boys and girls in the sample, with 1,114 boys (49.6%) and 1,130 girls (50.4%). The vast majority (98.0%) of adolescents were unmarried. Given the very small sample of married respondents (n=44), analyses disaggregated by marital status should be interpreted with caution. Respondent characteristics by country are provided in Table 3.

Table 3. Respondent characteristics by country

	Burkina Faso (n=670)	Mali (n=786)	Niger (n=788)	Total (n=2,244)
Sex				
Male	331 (49.4%)	392 (49.9%)	391 (49.6%)	1,114 (49.6%)
Female	339 (50.6%)	394 (50.1%)	397 (50.4%)	1,130 (50.4%)
Age				
10-14 years	497 (74.2%)	593 (75.5%)	532 (67.5%)	1,622 (72.3%)
15-19 years	173 (25.8%)	193 (24.5%)	256 (32.5%)	622 (27.7%)
School Status				
Primary	510 (76.1%)	506 (64.4%)	508 (64.5%)	1,524 (67.9%)
Secondary	160 (23.9%)	160 (20.4%)	160 (20.3%)	480 (21.4%)
Out-of-School	0	120 (15.3%)	120 (15.2%)	240 (10.7%)
Marital Status				
Unmarried	669 (99.9%)	769 (97.8%)	762 (96.7%)	2,200 (98.0%)
Married	1 (0.1%)	17 (1.2%)	26 (3.3%)	44 (2.0%)

Respondent characteristics by country and study group (control/intervention) are provided in Table 4. As shown, there is a largely even balance on all key demographic characteristics between the study groups. For example, by sex in the overall sample, the intervention group was comprised

of 49.1% male and 50.9% female respondents and the control group was comprised of 50.2% male and 49.8% female respondents.

Table 4. Respondent characteristics by country and study group

	Burkina Faso Intervention: n=335 Control: n=335	Mali Interv.: n=391 Control: n=395	Niger Interv.: n=390 Control: n=398	Total Interv.: n=1,116 Control: n=1,128
Sex				
Male	I: 161 (48.1%) C: 170 (50.7%)	I: 195 (49.9%) C: 197 (49.9%)	I: 192 (49.2%) C: 199 (50.0%)	I: 548 (49.1%) C: 566 (50.2%)
Female	I: 174 (51.9%) C: 165 (49.3%)	I: 196 (50.1%) C: 198 (50.1%)	I: 198 (50.8%) C: 199 (50.0%)	I: 568 (50.9%) C: 562 (49.8%)
Age				
10-14 years	I: 244 (72.8%) C: 253 (75.5%)	I: 288 (73.7%) C: 305 (77.2%)	I: 261 (66.9%) C: 271 (68.1%)	I: 793 (71.1%) C: 829 (73.5%)
15-19 years	I: 91 (27.2%) C: 82 (24.5%)	I: 103 (26.3%) C: 90 (22.8%)	I: 129 (33.1%) C: 127 (31.9%)	I: 323 (28.9%) C: 299 (26.5%)
School Status				
Primary	I: 255 (76.1%) C: 255 (76.1%)	I: 251 (64.2%) C: 255 (64.6%)	I: 254 (65.1%) C: 254 (63.8%)	I: 760 (68.1%) C: 764 (67.7%)
Secondary	I: 80 (23.9%) C: 80 (23.9%)	I: 80 (20.5%) C: 80 (20.3%)	I: 80 (20.5%) C: 80 (20.1%)	I: 240 (21.5%) C: 240 (21.3%)
Out-of-School	---	I: 60 (15.4%) C: 60 (15.2%)	I: 56 (14.4%) C: 64 (16.1%)	I: 116 (10.4%) C: 124 (11.0%)
Marital Status				
Unmarried	I: 335 (100.0%) C: 334 (99.7%)	I: 380 (97.2%) C: 389 (98.5%)	I: 376 (96.4%) C: 386 (97.0%)	I: 1,091 (97.8%) C: 1,109 (98.3%)
Married	I: 0 (0.0%) C: 1 (0.3%)	I: 11 (2.8%) C: 6 (1.5%)	I: 14 (3.6%) C: 12 (3.0%)	I: 25 (2.2%) C: 19 (1.7%)

Impact Indicator 1: Decrease in adolescent birth rate

The overall planned ATWA impact is improved sexual and reproductive health and rights among adolescents. Impact indicator 1 is the decrease in adolescent birth rate among female respondents ages 15-19 years. Given that the number of births by year is not assessed in this study, we use adolescent parity among female respondents as a proxy for this indicator. As shown in Table 5, there were a total of 21 births among 310 female respondents ages 15-19 years. This translates to 0.07 average births among the female respondents ages 15-19 years. The range in number of births among these respondents was 1 birth, with the most births reported being 4 births.

Table 5. Impact Indicator 1: Decrease in adolescent birth rate

Indicator	Indicator Definition	Baseline Level	
[Impact 1] Decrease in adolescent birth rate	The average number of births to female respondents ages 15-19	Overall Sample	0.07 average births among female respondents ages 15-19 (21 total births (min: 1, max: 4) among 310 girls ages 15-19)
		Country	
		Burkina Faso	0.01 average births (1 birth (min/max: 1) among 91 girls
		Mali	0.04 average births (4 births (min/max: 1) among 91 girls
		Niger	0.13 average births (16 births (min: 1, max: 4) among 128 girls

Results disaggregated by school status show that there were 17 total births among out of school adolescent girls (n=59), for an average of 0.29 births among out of school girls ages 15-19 years in this population. the average number of births among girls ages 15-19 attending secondary school was 0.02 births (4 births among 237 secondary school girls). Among married adolescent girls (n=34), a total of 17 births were reported, and 4 births were reported among unmarried girls (n=276), for an average of 0.5 births among married adolescent girls ages 15-19 and 0.01 average births among unmarried adolescent girls ages 15-19.

Impact Indicator 2: Decrease in adolescent pregnancy

Impact indicator 2 is the decrease in the proportion of adolescents who have ever been pregnant or caused a pregnancy. As shown in Table 6, 1.1% (n=25) of adolescents have ever been pregnant or caused a pregnancy. A lower proportion of male respondents reported having caused a pregnancy as compared to female respondents who reported they have ever been pregnant (0.5% of males versus 1.7% of females).

Table 6. Impact Indicator 2: Decrease in adolescent pregnancy

Indicator	Indicator Definition	Baseline Level	
[Impact 2] Decrease in proportion of adolescents who have ever been pregnant or caused a pregnancy	The percent of adolescent females who have ever been pregnant + the percent of	Overall Sample	1.1% of adolescents (25/2,244)
		Sex	
		Males	0.5% of male adolescents (6/1,114)
		Females	

adolescent males who have ever caused a pregnancy	Age	1.7% of female adolescents (19/1,130)
	10-14	
	15-19	0.0% of youngest adolescents (0/1,622)
	Country	4.0% of older adolescents (25/622)
	Burkina Faso	0.1% of Burkinabe adolescents (1/670)
	Mali	1.3% of Malian adolescents (10/786)
Niger	1.8% of Nigerien adolescents (14/788)	

Among married adolescent girls and boys (n=44), 43.2% (n=19) of respondents reported ever having been pregnant or caused a pregnancy, while among unmarried adolescents (n=2,200), only 0.3% (n=6) reported ever having been pregnant or caused a pregnancy. Results disaggregated by school status show that 8.3% of out of school adolescents (20 among 240 adolescents) reported ever having been pregnant or caused a pregnancy, while 1.0% of adolescents attending secondary school (5 among 480 adolescents) reported ever having been pregnant or caused a pregnancy.

Impact Indicator 5: Decrease in adolescent marriage

Impact indicator 5 is the decrease in the proportion of women 10-19 years who were married or in union before age 18 and before age 15. As shown in Table 7, 1.4% (n=16) of female respondents started living with their husbands before age 18, and 0.3% (n=1) of female respondents started living with their husbands before age 15. As compared to Mali and Burkina Faso, Niger had the highest level of adolescent marriage, with 2.5% (n=10) of Nigerienne respondents reporting they lived with their spouse before age 18 and 0.5% (n=2) of Nigeriennes reporting they were living with their spouse before age 15.

Table 7. Impact Indicator 5: Decrease in proportion of adolescents married

Indicator	Indicator Definition	Baseline Level	
[Impact 5] Decrease in proportion of adolescents married	[5A] Percentage of women 10-19 years old who were married or in union before age 18. <i>[Note:</i>	Overall Sample	1.4% (16 married females ages 10-19 who started living with their husbands before age 18/1,130 total females ages 10-19)

	<i>this is the percentage of the sample living with spouse before age 18.]</i>	Country Burkina Faso Mali Niger	0.3% (1/339) 1.3% (5/394) 2.5% (10/397)
	[5B] Percentage of women 10-19 years old who were married or in union before age 15. [Note: <i>this is the percentage of the sample living with spouse before age 15.]</i>	Overall Sample Country Burkina Faso Mali Niger	0.3% (3 married females ages 10-19 who started living with their husbands before age 15/1,130 total females ages 10-19) 0.0% (0/339) 0.3% (1/394) 0.5% (2/397)

Results disaggregated by school status show that 10.7% (13/122) of out of school girls, 0.0% (0/766) of girls attending primary school, and 1.2% (3/242) of girls attending secondary school reported having been married before the age of 18. Among girls who were married before the age of 18 (n=16), 10 (62.5%) reported ever having been pregnant, and a total of 12 births were reported among them, for an average number of 0.75 births among girls married before the age of 18.

3 adolescent girls were married before the age of 15; all of which were out of school and a total of 6 births were reported among them, for an average number of 2 births among girls married before the age of 15.

2. PUBERTY

Outcome 1 of the ATWA intervention is sexual and reproductive health and rights and gender equality knowledge, intent, and behaviors among adolescents. Output 1.2 of the ATWA intervention is that adolescent girls in Niger, Mali and Burkina Faso, and out of school adolescent girls in Niger have the knowledge, materials, and in-school facilities to manage their menstruation in a hygienic, healthy, and dignified fashion. These outcomes and outputs are in part assessed via three indicators on adolescent knowledge of: body changes during puberty, fertility, and menstruation.

Outcome Indicator 1.6: Knowledge about body changes during puberty, the menstrual cycle, and fertility

Outcome indicator 1.6 is the proportion of adolescents with correct knowledge about body changes during puberty, the menstrual cycle, fertility and conception, pregnancy risk and prevention. This was assessed using a composite indicator which measured the proportion of adolescents who responded correctly to the following nine questions:

- 401: True or false: It is normal that each adolescent boy and girl experiences changes in their body at different times as they grow up.
- 403: True or false: Only girls go through puberty, not boys.
- 404: True or false: It is normal for a young teenager to wake up and find that he has wet his underwear through ejaculation.
- 405: True or false: Boys grow hair on their face, bodies, and genital areas as they go through puberty.
- 614: True or false: A boy can get a girl pregnant before he has his first (ever) ejaculation.
- 615: True or false: A boy can be fertile every day of the month.
- 616: True or false: It is normal for a girl to have periods that don't come at the same time each month.
- 617: When in the menstrual cycle is a girl is most likely to get pregnant if she has sex?
- 618: Which of the following statements is true about pregnancy?

Only Nigeriens were asked all nine questions. Malian IS 10-14 y/o not asked 614, 616, 617, 618. Burkinabe IS 10-14 y/o not asked 617. None of the Malian respondents were asked 618. Table 8 presents results among adolescents who responded to all nine questions (don't know and refused responses are treated as missing). As shown, 2.5% (n=858) of adolescents answered all 9 questions correctly; of these, 3.2% (n=14) of male adolescents answered all questions correctly, and only 1.7% (n=7) of female adolescents answered all questions correctly.

Table 8. Outcome Indicator 1.6: Knowledge about body changes during puberty, the menstrual cycle, and fertility

Indicator	Indicator Definition	Baseline Level	
Proportion of adolescents with correct knowledge about body changes	Composite indicator of 9 items* measuring proportion of	Overall	Among respondents asked all 9 questions (n=858), only 2.5% (n=21) answered all 9 questions correctly. The average number

<p>during puberty, the menstrual cycle, fertility and conception, pregnancy risk and prevention.</p>	<p>adolescents who respond correctly to a series of questions on puberty, menstruation, pregnancy risk and prevention</p> <p><i>*Only Nigeriens were asked all 9 questions. Malian IS 10-14 y/o not asked 614, 616, 617, 618. Burkinabe IS 10-14 y/o not asked 617. None of the Malian respondents were asked 618.</i></p>	Sex	answered correctly was 5.5 questions (0-9, SD 1.64).
		Males	3.2% (n=14) of males answered all correctly. Mean # correct = 5.6 (1-9, SD 1.64)
		Females	1.7% (n=7) of females answer all items correctly. Mean # correct = 5.4 (0-9, SD 1.62)
		Age	
		10-14	0.2% (n=1) of 10-14 y/o answered all correctly. Mean # correct = 4.8 (0-9, SD 1.46)
		15-19	5.1% (n=20) of 15-19 y/o answered all correctly. Mean # correct = 6.4 (2-9, SD 1.38)
		Country	
		Burkina Faso	Excluding item 617 (not asked of 10-14 y/o), 7.6% (n=51) of Burkinabe respondents answered all 8 questions correctly. Mean # correct out of 8 = 5.4 (0-8, SD 1.66).
		Mali	Excluding items 614, 616, 617, 618, 33.3% (n=262) of Malian respondents answered all 5 questions correctly. Mean # correct out of 5 = 4.02 (1-5, SD 0.86)
		Niger	1.0% (n=7) of Nigerien respondents answered all 9 items correctly. Mean # correct = 5.2 (0-9, SD 1.52)

Results disaggregated by school status show that among out of school adolescents (n=108), 1.9% (n=2) answered all nine questions correctly. Among adolescents attending primary school (n=452), 0.2% (n=1) answered all nine questions correctly; and among adolescents attending secondary school (n=298), 6.0% (n=18) responded to all nine questions correctly.

Output Indicator 1.2.3: Knowledge and beliefs about menstruation

To assess output indicator 1.2.3, a series of four basic questions about menstruation were posed to respondents. These included:

- 402: True or false: For most girls their monthly bleeding comes every 14 days.

- 406. True or false: If a girl bleeds from her vagina every month, it is a sign of disease.
- 407: True or false: Menstruation is dirty or impure.
- 408: True or false: Used sanitary napkins can be used to cast a spell.

As shown in Table 9, in the overall sample (n=2,244), only 2.3% (n=52) of the respondents answered all four questions correctly. The mean number of correct questions was 1.2. As compared to the other two countries, Burkina Faso had the highest proportion of adolescents answering all four questions correctly, at 5.5% of the Burkinabe respondents.

Table 9. Output Indicator 1.2.3: Knowledge and beliefs about menstruation

Indicator	Indicator Definition	Baseline Level	
Proportion of girls and boys that can answer a basic set of four questions about menstruation	<i>Numerator:</i> Number of girls and boys that can answer a basic set of questions about menstruation correctly <i>Denominator:</i> Surveyed adolescents	Overall	2.3% (52/2,244) of respondents answered all four questions correctly. Mean # correct = 1.2 (min: 0, max: 4 – SD 1.05)
		Sex	
		Male	1.8% (20/1,114) of male respondents answered all four questions correctly. Mean # correct = 1.05 (0-4, SD 1.01)
		Female	2.8% (32/1,130) of female respondents answered all four questions correctly. Mean # correct = 1.31 (0-4, SD 1.07)
		Age	
		10-14	2.3% (37/1,622) of respondents ages 10-14 answered all four questions correctly. Mean # 1.10 (0-4, SD 1.06)
		15-19	2.4% (15/622) of respondents ages 15-19 answered all four questions correctly. Mean # 1.39 (0-4, SD 1.00)
		Country	
Burkina Faso	5.5% (37/670) of Burkinabe respondents answered all four questions correctly. Mean # 1.51 (0-4, SD 1.14)		
Mali	1.2% (9/786) of Malian respondents answered all four questions correctly. Mean # 1.03 (0-4, SD 0.97)		

		Niger	0.8% (6/788) of Nigerien respondents answered all four questions correctly. Mean # 1.04 (0-4, SD 0.98)
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Results disaggregated by school status show that 0.8% (2/240) of out of school adolescents answered all four questions correctly. Among adolescents attending school, 2.5% (39/1,524) of respondents in primary school answered all four questions correctly, and 2.3% (11/480) of respondents in secondary school answered all four questions correctly.

Output Indicator 1.2.6: Menstruation a normal biological function

Output Indicator 1.2.6 is the proportion of girls and boys aged that can identify that menstruation is a normal biological function of the female body. To assess this indicator, respondents were asked to respond to a true/false item stating that if a girl bleeds from her vagina every month, it is a sign of disease. As shown in Table 10, 43.4% (n=972) of respondents answered this question correctly.

Table 10. Output Indicator 1.2.6: Menstruation a normal biological function

Indicator	Indicator Definition	Baseline Level	
Proportion of girls and boys that can identify that menstruation is a normal biological function of the female body	<i>Numerator:</i> Number of girls and boys that answer a question correctly regarding that menstruation is a normal biological function of the female body <i>Denominator:</i> Surveyed adolescents	Overall	43.4% (972/2,240) of respondents answered correctly
		Sex	
		Male	37.1% (413/1,112) of males answered correctly
		Female	49.6% (559/1,128) of females answered correctly
		Age	
		10-14	37.0% (598/1,618) of 10-14 y/o answered correctly
		15-19	60.1% (374/622) of 15-19 y/o answered correctly
		Country	
		Burkina Faso	52.5% (351/669) of Burkinabe respondents answered correctly
Mali	40.8% (320/784) of Malian respondents answered correctly		
Niger	38.3% (301/787) of Nigerien respondents answered correctly		

48.3% (116/240) of out of school adolescents, 37.0% (562/1,520) of adolescents attending primary school, and 61.3% (294/480) of adolescents attending secondary school identified that menstruation is a normal biological function.

3. MENSTRUAL HYGIENE & MANAGEMENT

Proper menstrual hygiene and management among adolescent girls is a key component of the ATWA intervention in each of the three countries. This aspect of the project is assessed via three indicators that examine girls’ behaviors surrounding disposal and washing of menstrual materials and hygienically managing menses. Survey questions about menstrual hygiene and management were asked only of postmenarchal girls, which was a total of 441 (39.0%) of the 1,130 girls in the ATWA baseline sample.

Outcome Indicator 1.10: Proper disposal of menstrual materials

Outcome Indicator 1.10 is the proportion of girls who report properly disposing of absorbent materials (sanitary napkins or menstrual cloth) (i.e., putting into the rubbish). To assess this indicator, postmenarchal girls were asked where they often disposed of their used menstrual materials during their last menstrual period. As shown in Table 11, of girls who use absorbent materials, 0.7% put their materials in the trash (76.7% of them put them in the toilet/latrine).

Table 11. Outcome Indicator 1.10: Proportion of girls who report properly disposing of absorbent materials (sanitary napkins or menstrual cloth)

Indicator	Indicator Definition	Baseline Level	
Proportion of girls who report properly disposing of absorbent materials (sanitary napkins or menstrual cloth)	<i>Numerator:</i> Number of postmenarchal girls who report properly disposing of absorbent materials (sanitary napkins or menstrual cloth) (i.e., putting into the rubbish) <i>Denominator:</i> Number of girls who use absorbent materials (sanitary napkins or menstrual cloth)	Overall	0.7% (22/331) of girls put their materials in the trash (76.7% of them put them in the toilet/latrine)
		Age	
		10-14	7.3% (9/123) of girls ages 10-14 put their materials in the trash (75.6% put them in the toilet/latrine)
		15-19	6.3% (13/208) of girls ages 15-19 put their materials in the trash (77.4% put them in the toilet/latrine)
		Country	
		Burkina Faso	

		Mali	0.0% (0/125) of Burkinabe girls put their materials in the trash (97.6% used the latrine)
		Niger	9.6% (11/115) of Malian girls put their materials in the trash (66.1% used the latrine) 12.1% (11/91) of Nigerienne girls put their materials in the trash (61.5% used the latrine)

Outcome Indicator 1.11: Washing and drying of reusable materials

Outcome indicator 1.11 is the proportion of girls who report hygienically washing and drying reusable menstrual materials. Overall, as indicated in Table 12, of girls who washed and reused menstrual materials, 57.6% reported that they soaked their materials; and of these, 96.5% reported they used soap or detergent, and 18.2% reported they always exposed their soaked materials to the sun. Among girls who washed or reused their materials, 69% reported the materials were always dry before their reuse, while only 1.4% of girls reported that the materials were ironed before reusing them.

Table 12. Outcome Indicator 1.11: Proportion of girls who report washing and drying reusable menstrual materials

Indicator	Indicator Definition	Baseline Level	
Proportion of girls who report hygienically washing and drying reusable menstrual cloth	<i>Numerator:</i> Number of girls who report hygienically washing and drying reusable menstrual cloth <i>Denominator:</i> Number of girls who washed and reused menstrual materials	Overall	-Soaked materials: 57.6% (144/250) -If soaked or washed, used soap or detergent: 96.5% (139/144) -If soaked or washed, <i>always</i> exposed to sun: 18.2% (26/143) -If washed and reused, <i>always</i> dry before reusing: 69.0% (171/248) -If washed and reused, ironed before using: 1.4% (3/220)
		Country Burkina Faso	-Soaked materials: 33.3% (21/63) -If soaked or washed, used soap or detergent: 100% (21/21) -If soaked or washed, <i>always</i> exposed to sun: 28.6% (6/21) -If washed and reused, <i>always</i> dry before reusing: 16.4% (10/61)

			-If washed and reused, ironed before using: 0.0% (0/46)
		Mali	-Soaked materials: 65.9% (85/129) -If soaked or washed, used soap or detergent: 97.7% (83/85) -If soaked or washed, <i>always</i> exposed to sun: 10.7% (9/84) -If washed and reused, <i>always</i> dry before reusing: 90.7% (117/129) -If washed and reused, ironed before using: 2.5% (3/120)
		Niger	-Soaked materials: 65.5% (38/58) -If soaked or washed, used soap or detergent: 92.1% (35/38) -If soaked or washed, <i>always</i> exposed to sun: 29.0% (11/38) -If washed and reused, <i>always</i> dry before reusing: 75.9% (44/58) -If washed and reused, ironed before using: 0.0% (0/54)

Output Indicator 1.2.4: Hygienically managing menses

Output indicator 1.2.4 is the proportion of girls that know how to hygienically manage menses. This was evaluated using a composite indicator which measured the proportion of girls who responded correctly to the following questions:

- 505: Do you agree or disagree: You change the materials every 4-8 hours, or whenever needed (for example, when they are very full).
- 506: During your last menstrual period, how often did you wash your hands BEFORE changing your menstrual materials?
- 507: During your last menstrual period, how often did you wash your hands AFTER changing your menstrual materials?
- 508: How frequently did you wash your genitals during your last menstrual period?
- 509: When you washed your genitals, did you use soap?

Overall, as indicated in Table 13, 27.7% of postmenarchal girls reported they hygienically manage menses. Only 17.8% of postmenarchal girls between the ages of 10-14, and 33.5% of postmenarchal girls between the ages of 15-19, hygienically manage menses.

Table 13. Output Indicator 1.2.4: proportion of girls that know how to hygienically manage menses

Indicator	Indicator Definition	Baseline Level	
Proportion of girls aged that know how to hygienically manage menses	<i>Numerator:</i> Number of girls that can answer a set of five questions correctly about how to hygienically manage menses <i>Denominator:</i> Surveyed female adolescents	Overall	27.7% (122/441) of postmenarchal girls reported they hygienically manage menses
		Age	
		10-14	17.8% (29/163) of postmenarchal girls ages 10-14 reported they hygienically manage menses
		15-19	33.5% (93/278) of postmenarchal girls ages 15-19 reported they hygienically manage menses
		Country	
		Burkina Faso	26.4% (38/144) of postmenarchal Burkinabe girls reported they hygienically manage menses
Mali	27.6% (45/163) of postmenarchal Malian girls reported they hygienically manage menses		
Niger	29.1% (39/134) of postmenarchal Nigerienne girls reported they hygienically manage menses		

4. HIV, STI, & PREGNANCY KNOWLEDGE

The ATWA intervention aims to increase adolescents' knowledge of STI risk, prevention and treatment, as well as knowledge of HIV prevention.

Outcome Indicator 1.7: STI risk, prevention and treatment knowledge

This outcome was evaluated using a composite indicator which measured the proportion of adolescents who responded correctly to the following questions on STI prevention and treatment:

- 602: True or false: A boy/girl can get an STI or HIV the first time that he/she has unprotected sexual intercourse.

- 606. True or false: Using a condom can protect against STIs/HIV
- 607: True or false: For both men and women, signs of a sexually transmitted infection include redness, burning, or sores on the genitals
- 609: True or false: People can reduce their risk of contracting STIs and the HIV virus by having one sexual partner.

As indicated in Table 14, 42.7% of adolescents who were asked all four questions, answered all of them correctly. As compared to the other two countries, Mali had the highest proportion of adolescents answering all four questions correctly, at 99.6% of out of school and in school adolescents ages 15-19 years. Notably, in school Malian adolescents ages 10-14 were only asked one question (607); and of these adolescents, 78.7% answered the question correctly.

Table 14. Outcome Indicator 1.7: Proportion of adolescents with correct knowledge about STI risk and prevention and treatment

Indicator	Indicator Definition	Baseline Level	
Proportion of adolescents with correct knowledge about STI risk and prevention and treatment.	Composite indicator measuring proportion of adolescents who responded correctly to series of 4 questions on STI prevention and treatment <i>*IS Malians ages 10-14 (n=506) asked only 1 question and are not included in overall denominator</i>	Overall	42.7% (742 answering all four questions correctly /1,738 asked all four questions)
		Sex	
		Males	45.9% of males answered all four questions correctly (396/862)
		Females	39.5% of females answered all four questions correctly (346/876)
		Age	
		10-14	32.6% of 10-14 year olds answered all four questions correctly (335/1029)
		15-19	57.1% of 15-19 year olds answered all four questions correctly (355/622)
		Country	
Burkina Faso	48.4% (324/670)		
Mali	99.6% (279/280) OOS & IS 15-19 year olds Malian IS 10-14 year olds: 78.7% answered the 1 question correctly (398/506)		
Niger	31.5% (248/788)		

Outcome Indicator 1.8: HIV prevention knowledge

This outcome was evaluated using a composite indicator which measured the proportion of adolescents who responded correctly to the following six questions on HIV prevention:

- 602: True or false: A boy/girl can get an STI or HIV the first time that he/she has unprotected sexual intercourse.
- 606: True or false: Using a condom can protect against STIs/HIV.
- 608: True or false: People can get HIV from mosquito bites.
- 609: True or false: People can reduce their risk of contracting STIs and the HIV virus by having one sexual partner
- 610: True or false: HIV is transmitted by sharing food.
- 612: True or false: A person can take a tablet every day to protect against HIV.

As indicated in Table 15, only 5.2% of adolescents who were asked all six questions, answered all of them correctly. In school Malian adolescents ages 10-14 years were not asked any of these questions.

Table 15. Outcome Indicator 1.8: Proportion of adolescents with comprehensive knowledge of HIV prevention

Indicator	Indicator Definition	Baseline Level	
Proportion of adolescents with comprehensive knowledge of HIV prevention	Composite indicator measuring proportion of adolescents who responded correctly to series of 6 questions on HIV prevention <i>*IS Malians ages 10-14 not asked these six questions (n=506)</i>	Overall	5.2% (90 answering all six questions correctly /1,738 asked all six questions)
		Sex	
		Males	6.2% of males answered all six questions correctly (53/862)
		Females	4.2% of females answered all six questions correctly (37/876)
		Age	
		10-14	5.2% of 10-14 year olds answered all six questions correctly (58/1,116)
		15-19	5.1% of 15-19 year olds answered all six questions correctly (32/622)
		Country	
		Burkina Faso	6.6% (44/670)
Mali	5.7% (16/280)		
Niger	3.8% (30/788)		

5. CONTRACEPTION & SEXUAL ACTIVITY

A large focus of the ATWA evaluation indicators centers on adolescent behaviors and knowledge surrounding contraception and sexual activity. This section provides findings on seven indicators.

Impact Indicator 3: Need for family planning satisfied with modern contraception

Impact indicator 3A is the proportion of sexually active adolescents ages 15-19 years currently married or in union who have their need for family planning satisfied with modern contraceptive methods. As shown in Table 16, 20% (3/15 sexually active married or in union adolescents) reported using modern contraceptive methods. Impact indicator 3B is the proportion of sexually active female adolescents ages 15-19 years who have their need for family planning satisfied with modern contraceptive methods. As indicated in Table 16, 60% of sexually active adolescents are using modern contraceptive methods. As compared to the other two countries, Burkina Faso had the highest proportion of female adolescents using modern contraceptive methods, at 84.2% of the Burkinabe respondents.

Table 16. Impact Indicator 3: Need for family planning satisfied with modern contraception

Indicator	Indicator Definition	Baseline Level	
Increase in need for family planning satisfied with modern contraception	[3A] Percentage of [sexually active] adolescents age 15-19 years <i>currently married or in union</i> who have their need for family planning satisfied with modern contraceptive methods	Overall Sample	20.0% (3 using modern method/15 sexually active married adolescents ages 15-19)
		Sex	
		Males	20.0% (1 using modern method/5 sexually active married males ages 15-19)
		Females	20.0% (2 using modern method/10 sexually active married females ages 15-19)
		Country	
		Burkina Faso	100% (1 Burkinabe adolescent using modern method/1 sexually active married adolescent 15-19 years)
Mali	14.3% (2 Malian adolescents using modern method/14 sexually active married adolescents ages 15-19)		
Niger	*NA (question not asked in Niger)		

	[3B] Percentage of female adolescents (15-19) who are sexually active and who have their need for contraception satisfied with modern methods	Overall Sample	60.0% (18 using modern method/30 sexually active females ages 15-19)
		Country	
		Burkina Faso	84.2% (16 using modern method/19 sexually active Burkinabe females ages 15-19)
		Mali	18.2% (2 using modern method/11 sexually active Malian females ages 15-19)
		Niger	*NA (question not asked in Niger)

Among unmarried sexually active adolescents ages 15-19, 73.4% (47/64) reported using modern contraception. By sex, 80% (16/20) of sexually active unmarried adolescent girls and 70.5% (31/44) of sexually active unmarried boys ages 15-19 years reported using modern contraception.

Impact Indicator 4: Adolescent modern contraceptive prevalence rate

Impact indicator 4 is the proportion of sexually active adolescents (15-19) who are currently using (or whose partner is using) a modern contraceptive method. As shown in Table 17, 63.3% of respondents reported using a modern contraceptive method at last sex. As compared to the other two countries, Burkina Faso had the highest proportion of adolescents using modern contraceptive methods at last sex, at 85.7% of the Burkinabe respondents.

Table 17. Impact Indicator 4: Adolescent modern contraceptive prevalence rate

Indicator	Indicator Definition	Baseline Level	
Increase in adolescent modern contraceptive prevalence rate (CPR)	The percent of sexually active adolescents (15-19) who are currently using (or whose partner is using) a modern contraceptive method. "Currently" is defined as 'at last sex'.	Overall Sample	63.3% (50 using modern method/79 sexually active 15-19 year olds)
		Sex	
		Males	65.3% (32 using MM/49 sexually active males ages 15-19)
		Females	60.0% (18 using MM/30 sexually active females ages 15-19)
		Country	
		Burkina Faso	85.7% (30 Burkinabe adolescents using MM/35 sexually active adolescents 15-19)
		Mali	45.5% (20 Malian adolescents using MM/44 sexually active adolescents ages 15-19)
		Niger	*NA (question not asked in Niger)

By marital status, 20% (3/15) of sexually active, married adolescents 15-19 years were currently using (or reported their partner was using) a modern contraceptive method, while 73.4% (47/64) of sexually active, unmarried adolescents 15-19 years reported that they were currently using (or whose partner was using) a modern contraceptive method.

Outcome Indicator 1.1: Intent to use modern contraception

Outcome Indicator 1.1 is the proportion of adolescents with the intent to use modern contraception in the future. Overall, as indicated in Table 18, 56.4% of respondents intended to use modern contraception in the future; of these, 49% of adolescents between the ages of 10-14, and 68% of adolescents between the ages of 15-19, reported that they intended on using one or more modern contraceptive methods in the future.

Table 18. Outcome Indicator 1.1: Intent to use modern contraception

Indicator	Indicator Definition	Baseline Level	
Proportion of adolescents with intent to use modern contraception	<p><i>Numerator:</i> Number of adolescents who respond yes to planning to use modern contraception in the future [timeframe may be defined by country program], disaggregated by method</p> <p><i>Denominator:</i> Number of adolescents surveyed</p> <p><i>*This question not asked in Niger, or among in-school adolescents ages 10-14 in Mali.</i></p>	Overall Sample	56.4% (534 using one or more modern methods/946 surveyed adolescents)
		Sex	
		Males	59% (274 using one or more modern methods/468 surveyed male adolescents)
		Females	54% (260 using one or more modern methods/478 surveyed female adolescents)
		Age	
		10-14	49% (285 adolescents using one or more modern methods /580 surveyed adolescents ages 15-19)
		15-19	68% (249 adolescents using one or more modern methods /366 surveyed adolescents ages 15-19)
		Country	
		Burkina Faso	56% (370 adolescents using one of more modern methods/666 surveyed adolescents in Burkina Faso)
		Mali	59% (164 Malian adolescents using one or more modern methods/280 surveyed adolescents in Mali)
Niger	*NA (question not asked in Niger)		

Disaggregation statistics by method, method and sex, method and age, and method and country are provided below in Figures 1, 2, 3, and 4, respectively. Note that adolescents could select any/all methods in the ten option list, and thus the proportions in the figures do not total to 100%.

As shown in the figures, the male condom was the most commonly selected modern method that adolescents stated they planned to use in the future. This was true when disaggregated by age group and by country. By sex, the male condom was much more commonly chosen by male respondents than female respondents (92% versus 30%, respectively). The most commonly selected future method for female respondents was injectables, with 58% of female respondents selecting this option.

Figure 1. Planned contraceptive methods for future use

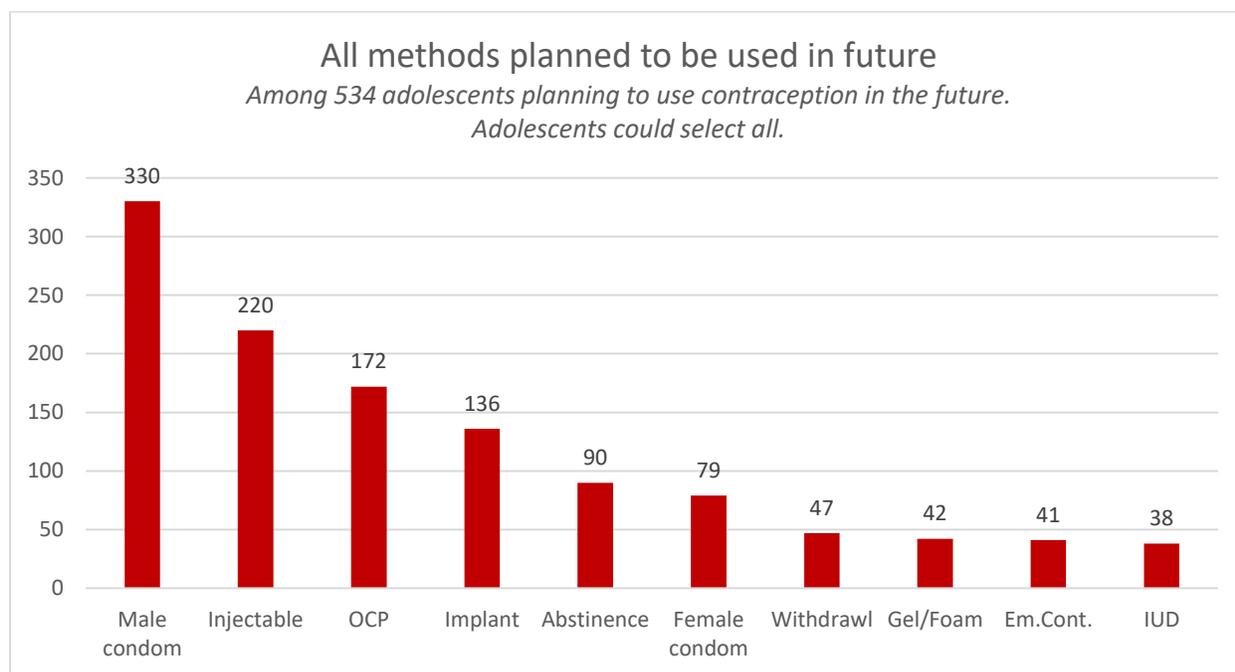


Figure 2. Planned contraceptive methods for future use, by sex

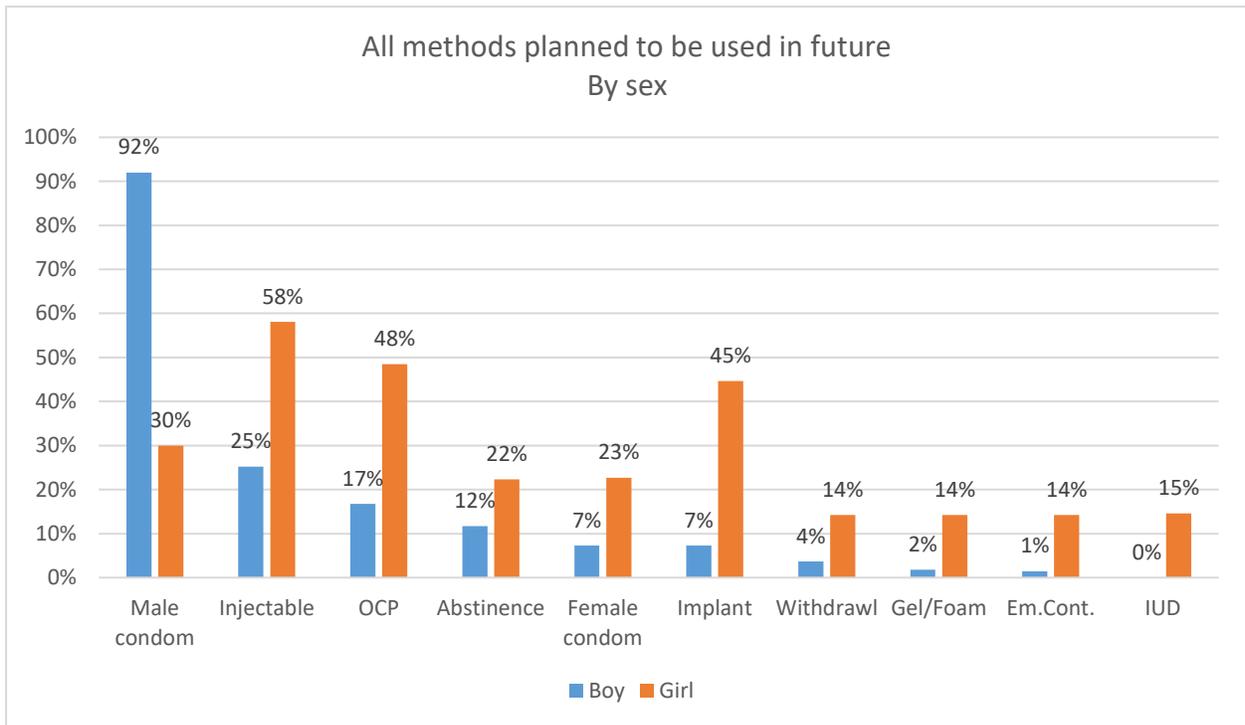


Figure 3. Planned contraceptive methods for future use, by age group

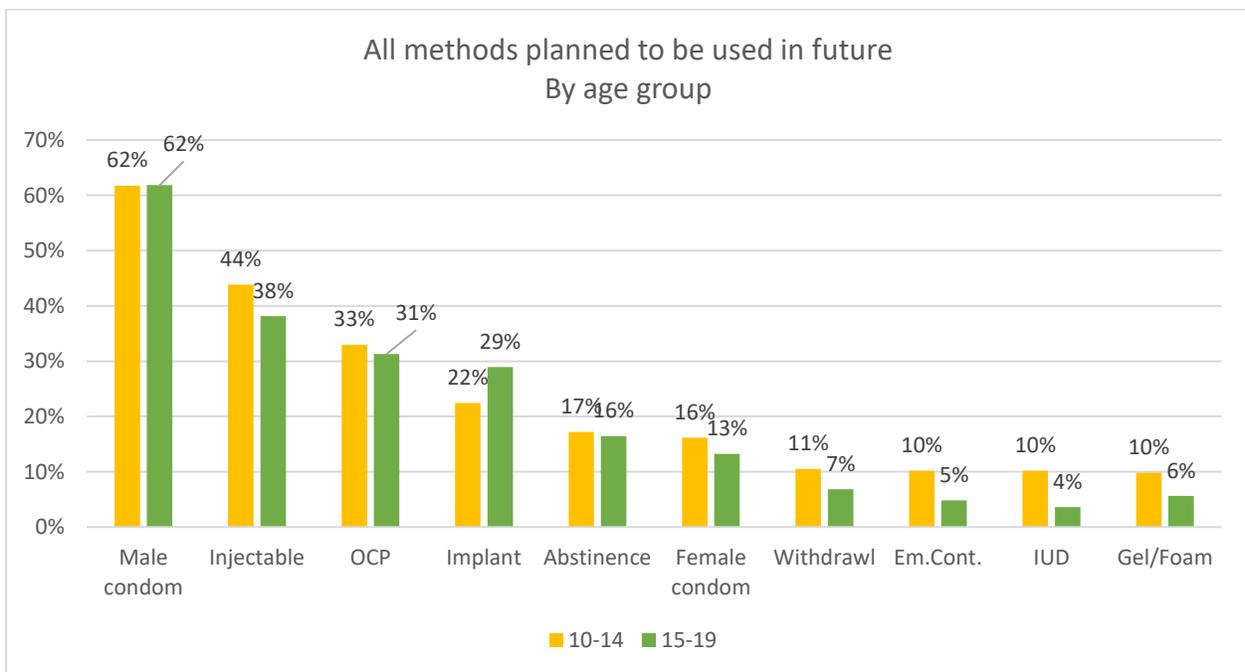
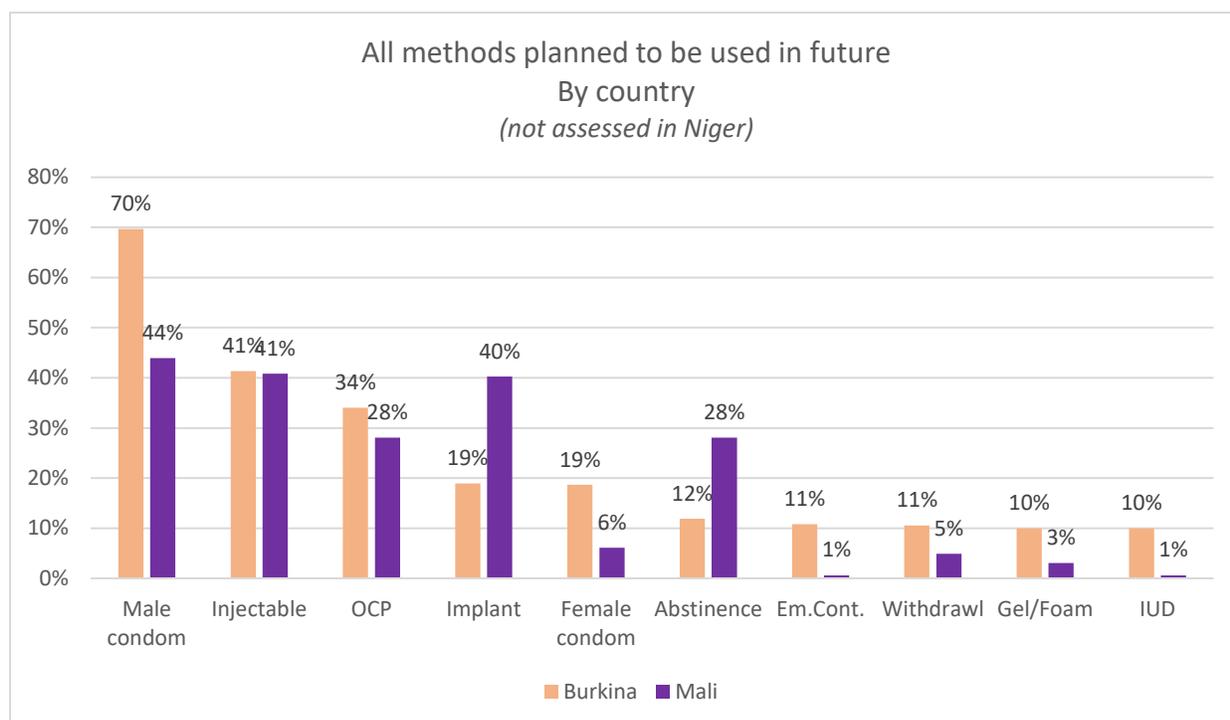


Figure 4. Planned contraceptive methods for future use, by country



Outcome Indicator 1.2: Condom use at last sex

Outcome indicator 1.2 is the proportion of sexually active adolescents reporting using a condom at last sex. As shown in Table 19, of all sexually active adolescents surveyed, 50.5% reported using a condom at last sex. 69.8% of Burkinabe adolescents reported using a condom at last sex, while only 34% of adolescents in Mali reported using a condom at last sex.

Table 19. Outcome Indicator 1.2: Condom use at last sex

Indicator	Indicator Definition	Baseline Level	
Proportion of sexually active adolescents reporting using a condom at last sex	<i>Numerator:</i> Number of adolescents who respond yes to having used a condom at last sex <i>Denominator:</i> Number of sexually active adolescents surveyed	Overall	50.5% (47 using a condom/93 sexually active adolescents)
		Sex	
		Males	54.5% (30 using a condom at last sex/55 sexually active males surveyed)
		Females	44.7% (17 using a condom at last sex/38 sexually active females surveyed)
		Age	

	<i>*This question not asked in Niger, or among in-school adolescents ages 10-14 in Mali</i>	10-14	28.6% (4 using a condom at last sex/14 sexually active adolescents ages 10-14)
		15-19	54.4% (43 using a condom at last sex/79 sexually active adolescents ages 15-19)
		Country	
		Burkina Faso	69.8% (30 using a condom at last sex/43 sexually active adolescents in Burkina Faso)
		Mali	34.0% (17 using a condom at last sex/50 sexually active adolescents in Mali)
		Niger	<i>*NA (question not asked in Niger)</i>

By marital status, 59.7% (46/77) of unmarried adolescents and 6.3% (1/16) of married adolescents ages 10-19 years reported using a condom at last sex.

Outcome Indicator 1.3: Consistent condom use

Outcome Indicator 1.3 is the proportion of sexually active unmarried adolescents who reported using a condom consistently in the last six months. As shown in Table 20, overall, 31.2% of unmarried sexually active adolescents used a condom consistently; of these, 34% of male adolescents and 25.9% of female adolescents, responded yes to having used a condom every time they had sex in the last six months.

Table 20. Outcome Indicator 1.3: Consistent condom use

Indicator	Indicator Definition	Baseline Level	
Proportion of sexually active unmarried adolescents who use a condom consistently in the last 6 months	<i>Numerator:</i> Number of adolescents who respond yes to having used a condom every time they had sex in the last 6 months <i>Denominator:</i> Number of adolescents surveyed who are sexually active and unmarried	Overall Sample	31.2% (24 always using a condom/77 unmarried sexually active adolescents)
		Sex	
		Males	34.0% (17 always using a condom/50 unmarried sexually active males)
		Females	25.9% (7 always using a condom/27 unmarried sexually active females)
		Age	
		10-14	23.1% (3 always using a condom/13 unmarried sexually active adolescents ages 10-14)

		15-19	32.8% (21 always using a condom/64 unmarried sexually active adolescents ages 15-19)
		Country	
		Burkina Faso	28.6% (12 always using a condom/42 unmarried sexually active adolescents)
		Mali	34.3% (12 always using a condom/35 unmarried sexually active adolescents)
		Niger	*NA (question not asked in Niger)

None of the sexually active married adolescents (0.0%, n=0/16) reported that they consistently used a condom in the past 6 months.

Outcome Indicator 1.5: Known modern contraceptive methods

Outcome Indicator 1.5 is the average number of modern contraceptive methods known to female adolescents ages 10-14 and 15-19. The ten possible methods included: contraceptive implant, IUD, injectables, birth control pills, emergency contraception, male and female condoms, diaphragm, foam/jelly, and the standard days method. As shown in Figure 5, the three most commonly known modern methods among female adolescents were injectables, oral contraceptive pills, and male condoms, with 72%, 71%, and 68% of the female adolescents reporting they had ever heard of injectables, OCPs, and male condoms, respectively. A greater proportion of older adolescents had heard of all types of methods as compared to the very young adolescents (ages 10-14 years). Figure 6 shows variation in methods known by female respondents across the three countries, with the male condoms being the most widely known method among Burkinabe respondents, and injectables being the most widely known method among Malian and Nigerienne respondents.

Figure 5. Knowledge of modern methods by method type (in overall sample and by age category)

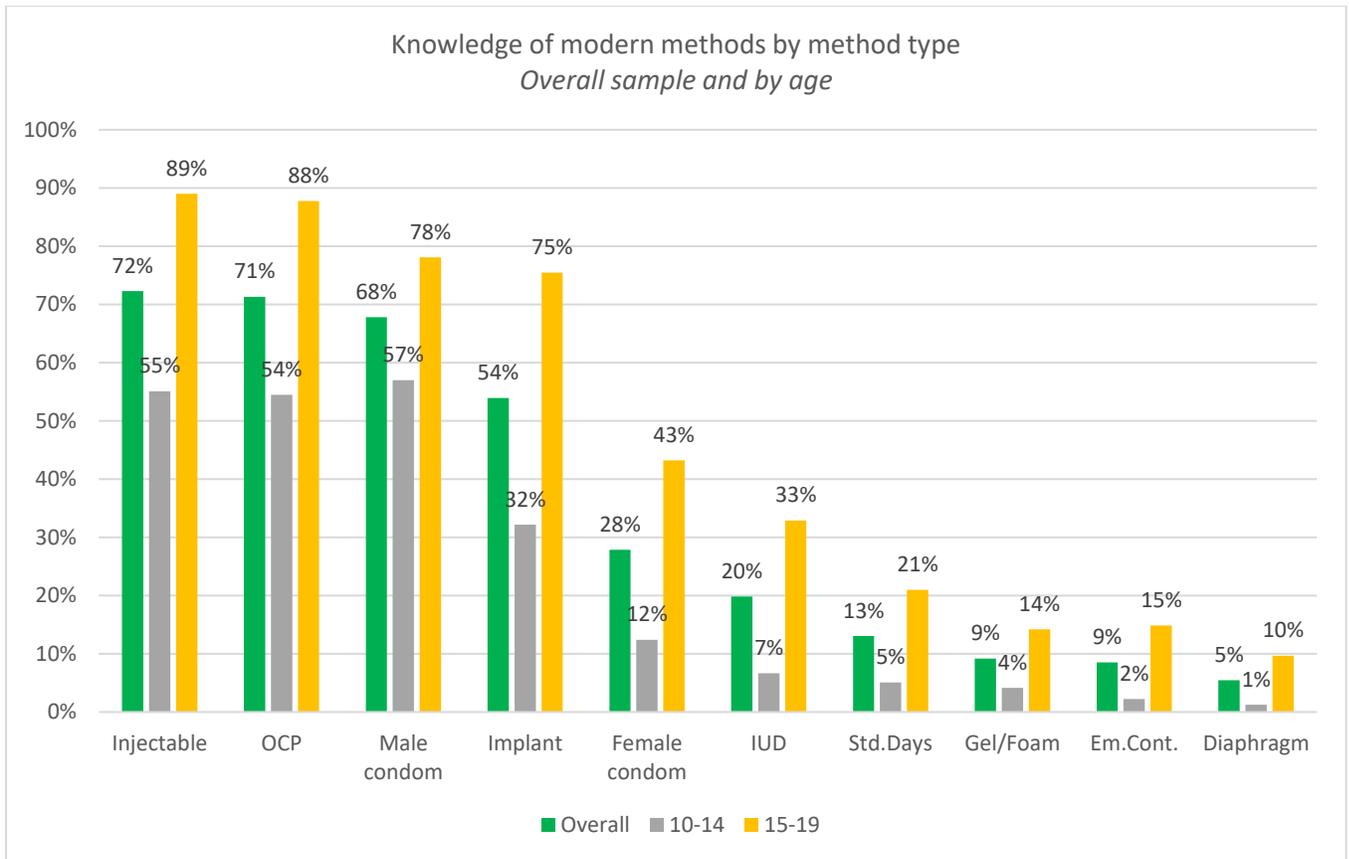
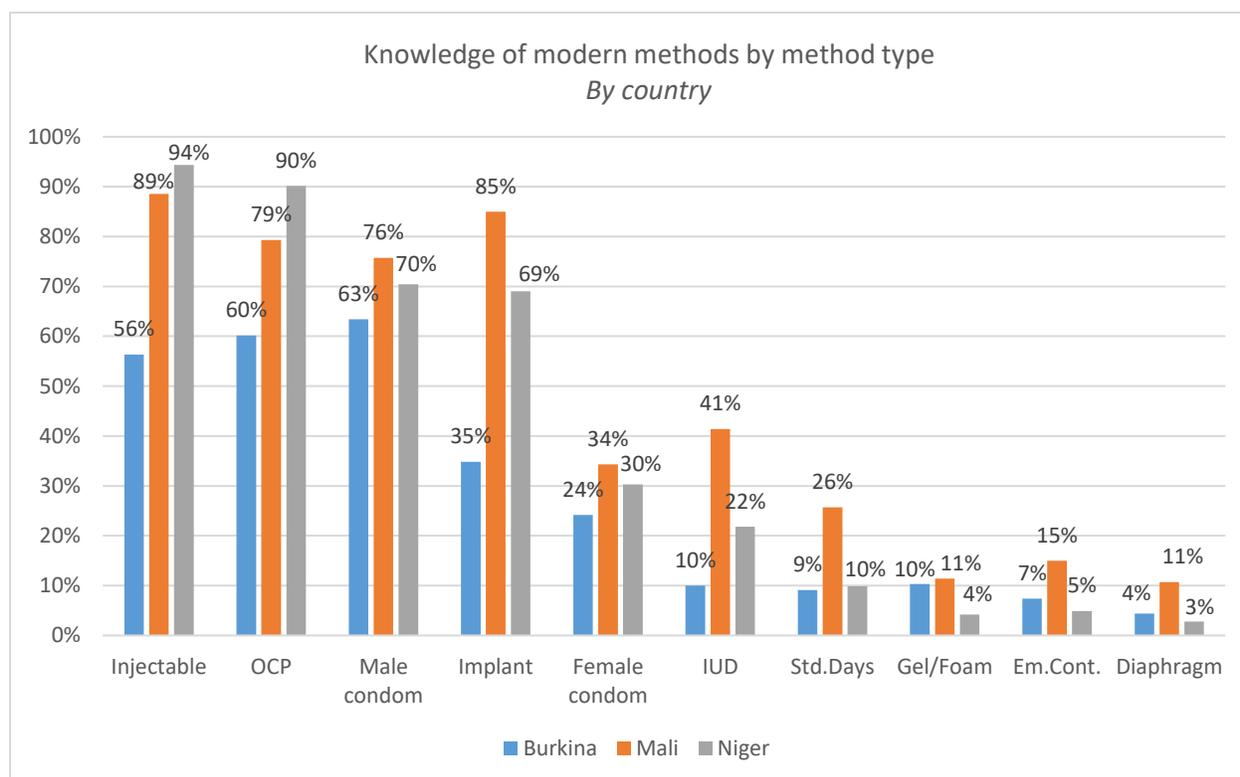


Figure 6. Knowledge of modern methods by method type (by country)



As shown in Table 21, the mean number of modern methods known to very young adolescents in the overall sample is 0.89 methods out of a possible 10. This number increased to a mean of 4.67 methods known among adolescents girls ages 15-19 years. Variation existed by country, with Nigerienne very young adolescents (ages 10-14) knowing the fewest methods (an average of 0.18 methods).

Table 21. Outcome Indicator 1.5: Average number of modern contraceptive methods known among females

Indicator	Indicator Definition	Baseline Level	
Average number of modern contraceptive methods known among women 10-14 and 15-19 years old	Average number of modern contraceptive methods known to female adolescents ages 10-14 and 15-19 in the survey	Age	
		10-14	Mean # known: 0.89 (out of a possible 10)
		15-19	Mean # known: 4.67
		Country	
		Burkina Faso	10-14: 1.99 methods 15-19: 5.02 methods
		Mali	10-14*: 0.60 methods 15-19: 5.18 methods

		Niger	10-14*: 0.18 methods 15-19: 4.04 methods *Only asked of OOS adolescents in Mali and Niger
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For unmarried adolescent girls ages 10-14 (n=819), the mean number of methods known was 0.89. At the time of data collection, there was only one married adolescent girl in the youngest age category (10-14); she knew 3 methods. For unmarried adolescent girls ages 15-19 (n=276), the mean number of methods known was 4.7, while for married adolescent girls ages 15-19 (n=34), the mean number of methods known was 4.3.

6. ACCESS TO HEALTH SERVICES

Alongside the provision of life skills education, the ATWA program seeks to increase access to quality adolescent-responsive SRH services. Outcome evaluation indicators have been included to assess the proportion of adolescents with the knowledge of where to seek SRH services.

Outcome Indicator 1.9: Knowledge of where to seek SRH services

Outcome Indicator 1.9 is the proportion of adolescents with knowledge of where to seek SRH services, including where to get tested for HIV, where to get condoms, and where to get contraceptives. As shown in Table 22, 23.7% of surveyed adolescents knew where to get condoms, STI treatment and HIV testing. 16.1% of adolescents between the ages of 10-14, and 43.4% of adolescents between the ages of 15-19, reported that they knew where to get all three SRH services.

Table 22. Outcome Indicator 1.9: Knowledge of where to seek SRH services

Indicator	Indicator Definition	Baseline Level	
Proportion of adolescents with knowledge of where to seek SRH services, including where to get tested for HIV, where to get condoms, and where to get contraceptives	<i>Numerator:</i> Proportion of adolescents that knows where to seek SRH services. <i>Denominator:</i> Number of adolescents surveyed	Overall	23.7% (531/2244) knew where to get condoms, STI treatment, and HIV testing
		Sex	
		Males	28.8% (321/1,114) of male respondents knew where to get all three SRH services
		Females	18.6% (210/1,130) of female respondents knew where to get all three SRH services

	<i>*Question 903 about where to get contraception was asked only of female respondents ages 15-19.</i>	Age	72.8% (262/360) of girls ages 15-19 knew where to get contraceptives
		10-14	16.1% (261/1,622) of 10-14 y/o knew where to get all three SRH services
		15-19	43.4% (270/622) of 10-14 y/o knew where to get all three SRH services
		Country	
		Burkina Faso	33.3% (223/670) of Burkinabe respondents knew where to get all three SRH services
		Mali	19.6% (154/786) of Malian respondents knew where to get all three SRH services
Niger	19.5% (154/788) of Nigerien respondents knew where to get all three SRH services		

By marital status, 23.2% (511/2,200) of unmarried adolescents, and 45.5% (20/44) of married adolescents knew where to get all three SRH services (condoms, STI treatment and HIV testing).

7. GENDER ATTITUDES & NORMS

One of the core elements of the ATWA program is to support the formation of positive gender attitudes and norms. Outcome evaluation indicators have been designed to assess this area.

Outcome Indicator 1.4: Gender Equitable Attitudes

Outcome Indicator 1.4 is the proportion of adolescents with gender equitable attitudes, which are evaluated based on the Gender Equitable Attitude scale. This scale was created from the following six variables:

- 1001: Boys and girls should be equally responsible for household chores.
- 1002: It is acceptable for boys to get more education than girls. (reverse-coded)
- 1008: A man should have the final word about decisions in the home. (reverse-coded)
- 1009: A woman should obey her husband in all matters. (reverse-coded)
- 1010: Men should be the ones who bring money home for the family, not women. (reverse-coded)

- 1011: It is the responsibility of girls/women AND boys/men to prevent pregnancy if they are having sex.

Response options for all items were on a 5-point Likert scale, with 1 being the lowest possible score (least gender-equitable) and 5 being the highest possible score (most gender-equitable).

In-school Malian adolescents were only asked item 1001, and Nigerien in-school adolescents ages 10-14 were only asked 1001 and 1002. As such, their scores are simply the average on responses to these items, and not the full Gender Equitable Attitudes scale that uses six items.

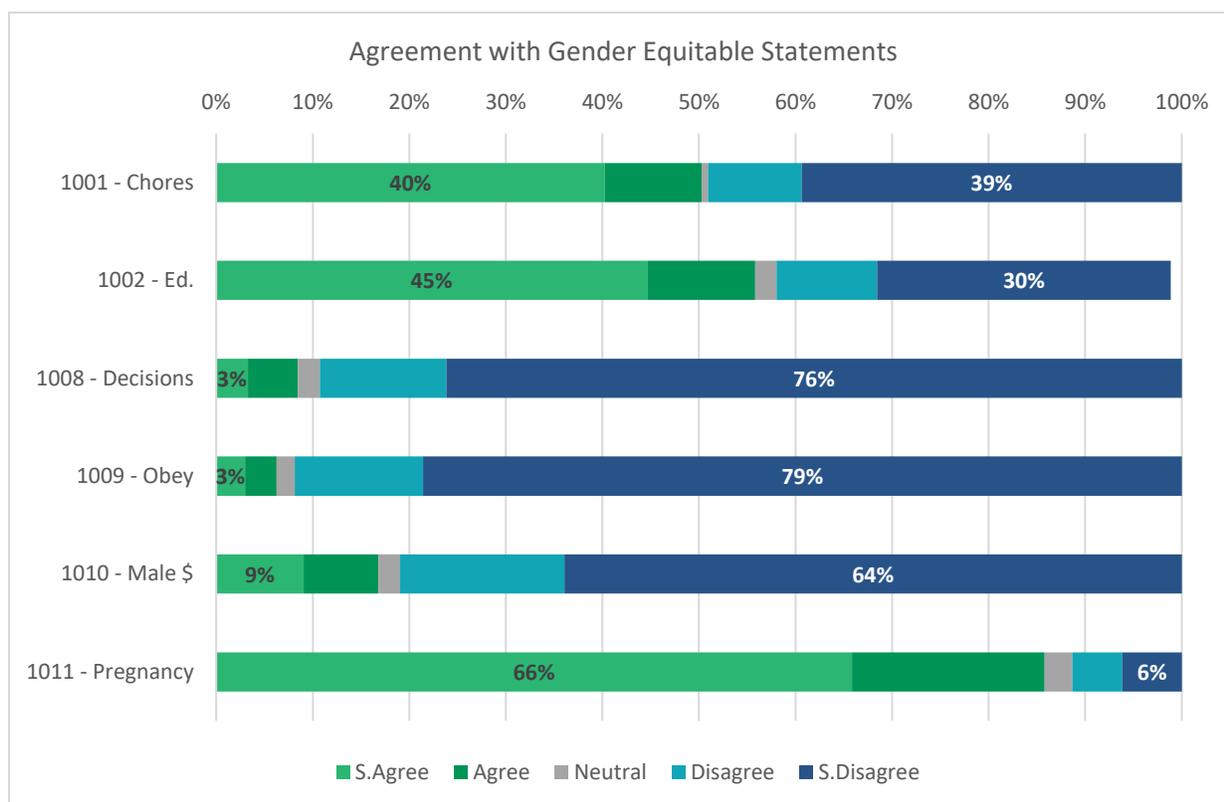
As shown in Table 23, the average score of all respondents on the Gender Equitable Attitude Scale was 2.83 (out of 5).

Table 23. Outcome Indicator 1.4: Gender equitable attitudes

Proportion of adolescents with gender equitable attitudes through average score on gender equitable attitude scale	<i>Numerator:</i> Proportion of adolescents with significant increase* in average score on gender equitable attitude scale	Overall Sample	Average Gender Equitable Attitudes Score = 2.83 (out of 5, min: 1, max: 5, SD: 1.26)
	<i>Denominator:</i> Number of adolescents surveyed	Sex	
		Males	2.82 (min: 1, max: 5, SD: 1.28)
		Females	2.84 (min: 1, max: 5, SD: 1.23)
	<i>*Increase will be determined at endline. For now, average score is provided. 1 = lowest possible score (least gender-equitable); 5 = highest possible score (most gender-equitable)</i>	Age	
		10-14	2.91 (min: 1, max: 5, SD: 1.30)
		15-19	2.64 (min: 1, max: 5, SD: 1.11)
		Country	
		Burkina Faso	2.59 (min: 1, max: 5, SD: 0.68)
		Mali	3.02 (min: 1, max: 5, SD: 1.74)
	Niger	2.85 (min: 1, max: 5, SD: 1.00)	

As shown in Figure 7, there was variation in the types of gender equity statements the adolescents most agreed with, with a greater proportion of adolescents agreeing that there should be gender equity in household chore sharing, educational attainment, and pregnancy prevention efforts. Very low agreement was seen in statements assessing traditional gender norms, highlighting that traditional gender roles (men having the final say in decisions, women obeying her husband in all matters, and men serving as the primary income earner in the household) are prevalent.

Figure 7. Agreement with Gender Equitable Statements



8. GENDER-BASED VIOLENCE

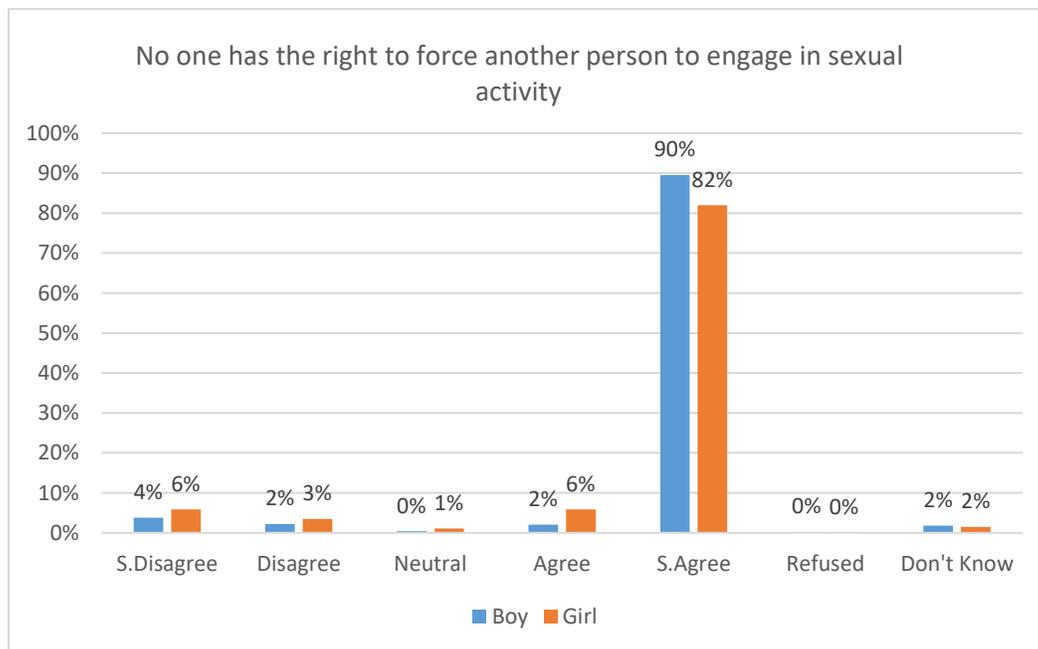
Although not included in the overall indicators in the M&E Framework, five survey items were included to assess adolescent views on gender-based violence. Country offices in Mali and Niger suggested these items not be asked of in-school adolescents. As such, the responses to these questions represent out-of-school adolescents ages 10-19 in Mali and Niger, and all adolescents in Burkina Faso (n=910). The five items were worded as follows:

- 1101. No one has the right to force another person to engage in sexual activity. Do you agree or disagree?
- 1102. If a girl refuses to have sexual intercourse with her boyfriend, it is acceptable for him to try and persuade her by using some force or pressure. Do you agree or disagree?
- 1103. It is acceptable for a man to slap or kick his wife if she does not follow his orders. Do you agree or disagree?
- 1104. A woman should tolerate violence for the sake of her family. Do you agree or disagree?

- 1105. If a woman is raped, she is usually at fault for putting herself in that situation. Do you agree or disagree?

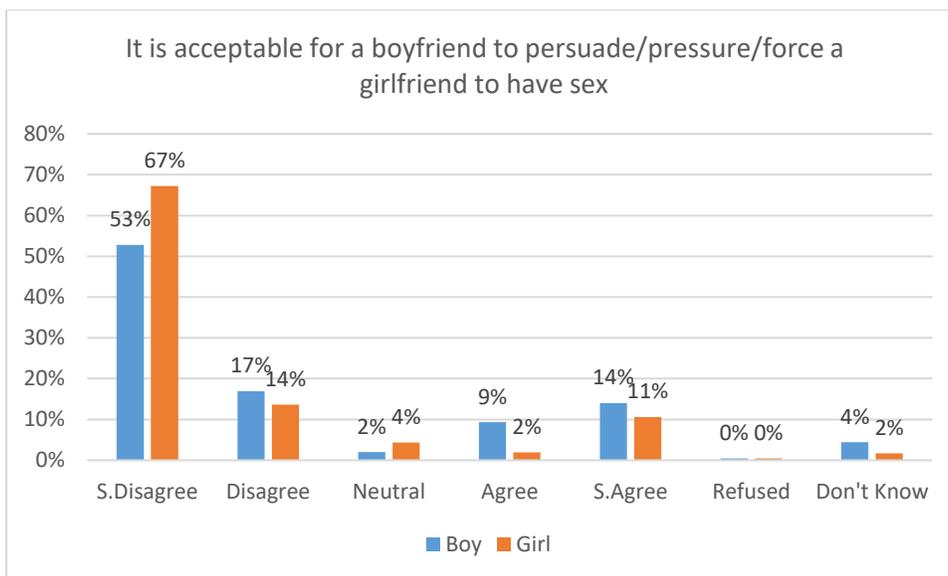
As shown in Figure 8, the vast majority of adolescents agreed that no one has the right to force another person to engage in sexual activity (90% of males and 82% of females). By age group, 84.2% of 10-14 year olds and 88.9% of 15-19 year olds strongly agreed with this statement. By country, 84.3% of Burkinabe respondents, 91.7% of Malians, and 87.5% of Nigeriens strongly agreed with this statement.

Figure 8. Agreement that forced sex is inappropriate



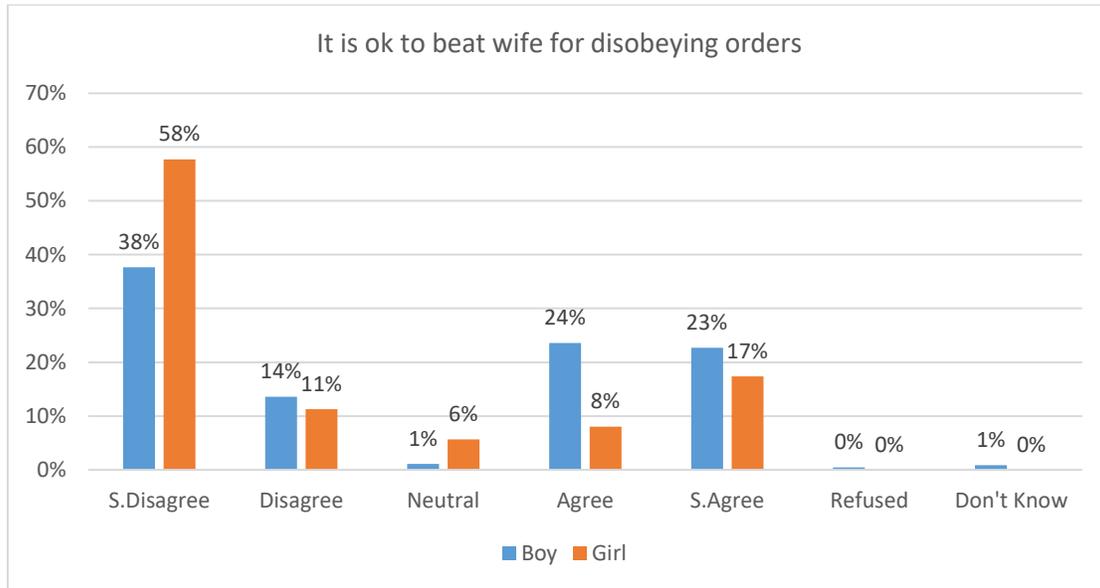
A smaller proportion (60.1%) of adolescents found it unacceptable to use pressure or force to persuade a girlfriend to have sex if she didn't want to, with notable differences by sex: 67% of girls found this unacceptable, while only 53% of males found it unacceptable (Figure 9). By age group, 56.8% of 10-14 year olds and 66.9% of 15-19 year olds found this unacceptable. Variation by country was seen, with 55.4% of Burkinabe respondents, 60.0% of Malian, and 86.7% of Nigerian respondents finding it unacceptable to use pressure or force to persuade a girlfriend to have sex if she didn't want to.

Figure 9. Agreement with statement that it is acceptable to persuade a girlfriend into having sex by use of pressure/force



Overall, only 47.8% of respondents strongly disagreed with the statement that it is ok for a man to beat his wife for disobeying his orders. Differences between sexes were seen, with 58% of girls strongly disagreed with this statement in contrast to only 38% of boys disagreeing with this statement (see Figure 10). By age group, 48.7% of very young adolescents (ages 10-14 years) strongly disagreed with this statement as compared to 46.0% of older adolescents (ages 15-19 years). A total of 22.3% of older adolescents strongly agreed that it is ok for a man to beat his wife if she disobeys his orders. By country, 49.6% of Burkinabe respondents strongly agreed with this statement on wife beating and 14.0% strongly disagreed with the statement. Among Malian respondents, 41.7% strongly agreed and 43.3% strongly disagreed that it is ok for a man to beat his wife. Among Nigerien respondents, 42.5% strongly agreed and 31.7% strongly disagreed with the statement.

Figure 10. Agreement with statement that it is ok for a man to beat his wife for disobeying his orders



Overall, 60.6% of respondents (i.e., out-of-school respondents in Mali and Niger and all Burkinabe study participants) strongly agreed that a woman should tolerate violence for the sake of her family. A majority of both boys and girls agreed with this statement, with 51% of girls strongly agreeing and 71% of boys strongly agreeing with this statement (see Figure 11). By age group, 58.1% of 10-14 year olds and 65.5% of 15-19 year olds strongly agreed. By country (Figure 12), 63.1% of Burkinabe respondents, 50.0% of Malian, and 56.7% of Nigerien respondents strongly agreed with this statement.

Figure 11. Agreement with statement that a woman should tolerate violence for the sake of her family, by sex

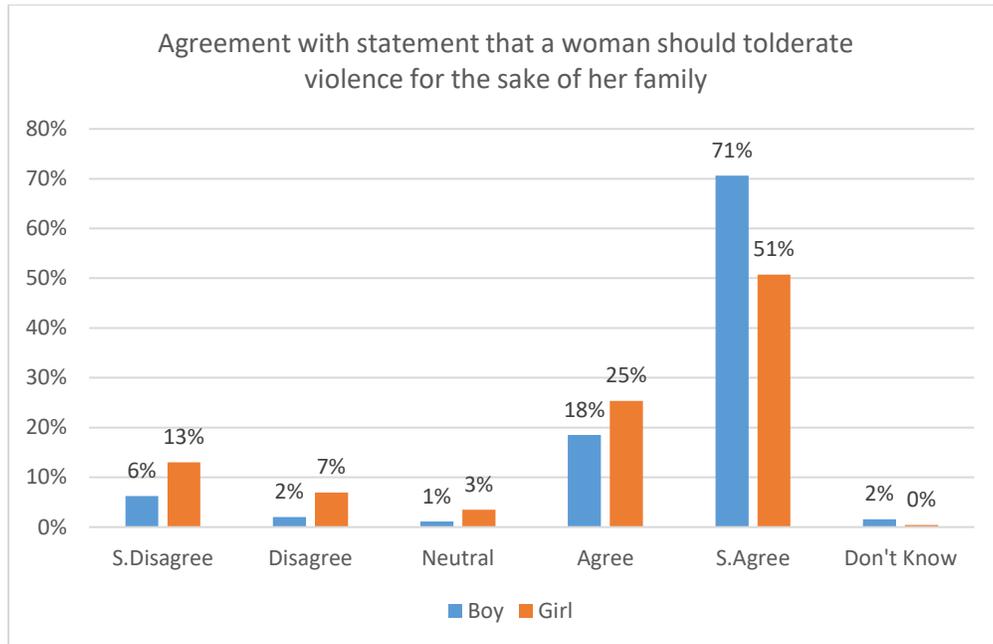
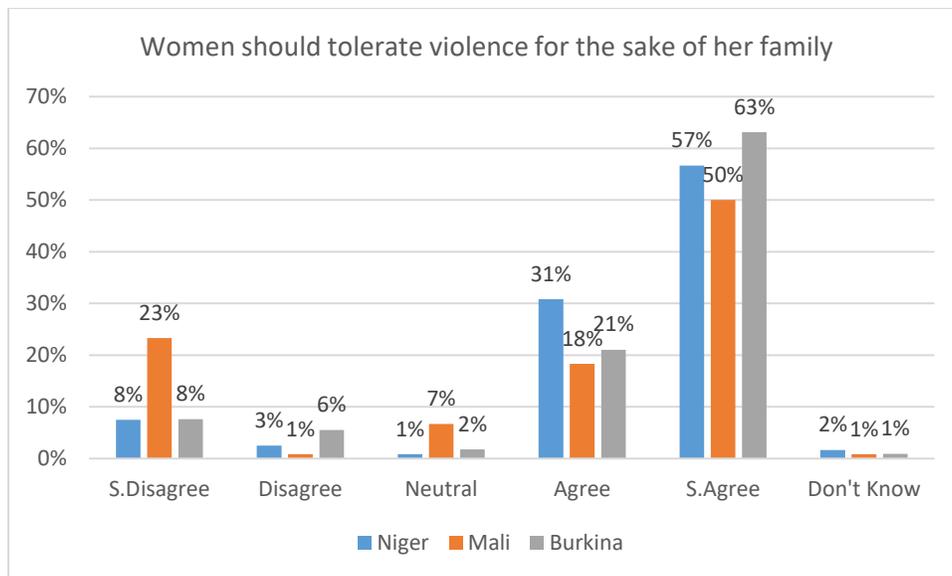


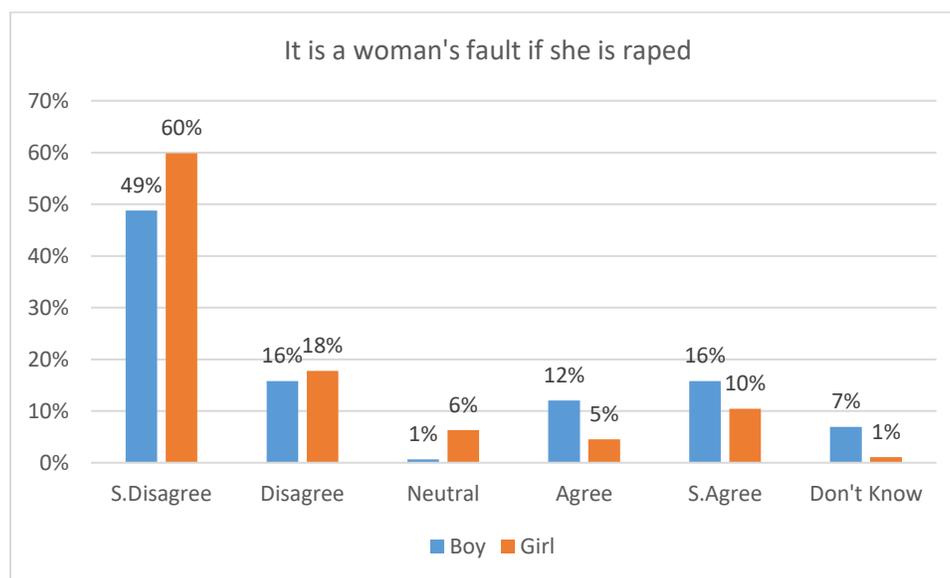
Figure 12. Agreement with statement that a woman should tolerate violence for the sake of her family, by country



Finally, 54.4% of respondents stated that they strongly disagreed with the statement that if a woman is raped, she is usually at fault for putting herself in that situation. Differences by sex were seen, with 60% of females strongly disagreeing with this statement while only 49% of males strongly disagreed with this statement (Figure 13). By age group, 52.9% of 10-14 year olds and

57.4% of 15-19 year olds strongly disagreed that it was a woman’s fault. By country, 57.5% of Burkinabe respondents, 48.3% of Malian respondents, and 43.3% of Nigerien respondents strongly disagreed that it was a woman’s fault if she was raped.

Figure 13. Agreement with statement that it is a woman’s fault if she is raped



9. SELF-EFFICACY

Although not included in the overall indicators in the M&E Framework, a number of survey items were included to assess adolescent self-efficacy with respect to general self-efficacy, self-efficacy surrounding puberty/change, self-efficacy surrounding unwanted sexual attention, self-efficacy in practicing safe sex, and ability to resist peer pressure. Response options for all items were a 5-point Likert scale where 5 is strongly agree, and 1 is strongly disagree.

Self-efficacy

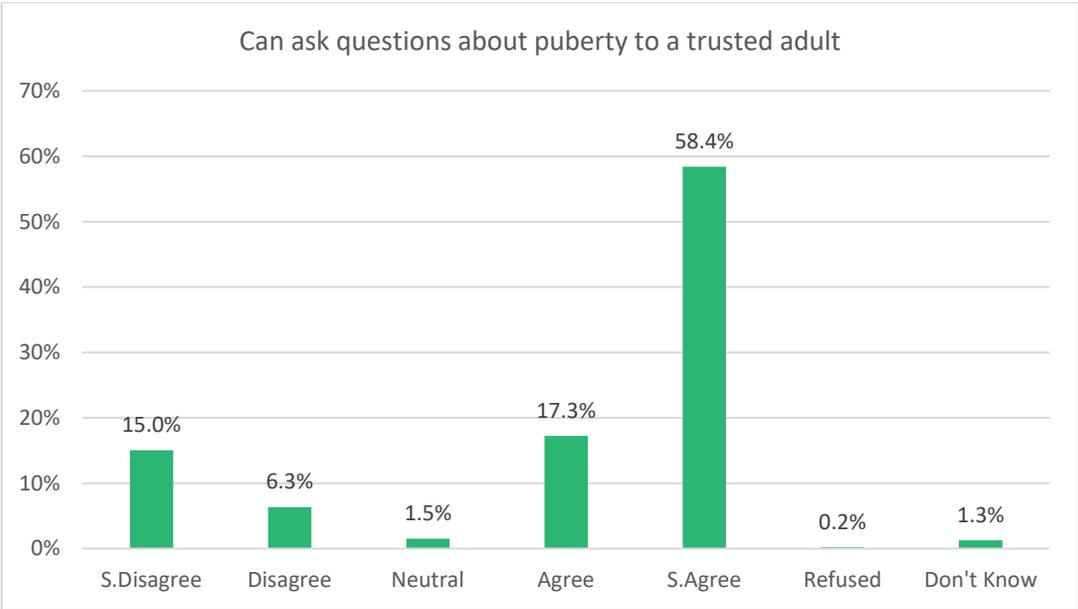
The first question assessed general levels of self-efficacy and asked, “If you try hard, you can improve your situation in life.” This item was not asked of in-school very young adolescents (ages 10-14) in Niger (n=508) by request of the country office. The vast majority (95.5%) of adolescents strongly agreed that they could improve their situation in life if they tried hard. A slightly larger proportion of boys strongly agreed as compared to girls (96.2% of boys compared to 94.9% of girls). By age, 95.3% of very young adolescents (10-14 years) strongly agreed with this statement, and 95.9% of older adolescents (15-19 years) strongly agreed. By country, 96.4% of Burkinabe

respondents strongly agreed with this statement, 95.4% of Malian respondents, and 93.6% of out-of-school and older Nigerien adolescents strongly agreed that they could improve their situation in life if they tried hard to do so.

Self-efficacy in puberty

All respondents were asked for their agreement with the statement that they are able to ask questions about puberty to a trusted adult. As shown in Figure 14, while a majority (75.7%) of adolescents agreed or strongly agreed that they could ask questions about puberty to an adult, a fifth of adolescents did not agree or strongly disagreed that they could do so (21.4%).

Figure 14. Agreement with statement that adolescent can ask questions about puberty to a trusted adult



These overall proportions were roughly the same by sex, with 73.3% of boys agreeing or strongly agreeing and 78.0% of girls agreeing or strongly agreeing that they could speak to an adult about puberty. A slightly smaller proportion (72.3%) of very young adolescents (10-14 years) agreed or strongly disagreed as compared to 84.4% of older adolescents (15-19 years). By country, 73.1% agreed or strongly agreed in Burkina Faso, 87.4% in Mali, and 66.1% agreed or strongly agreed in Niger.

Self-efficacy related to unwanted sexual attention

All respondents were asked three questions related to agreement about their self-efficacy related to unwanted sexual attention. These three items asked whether respondents agreed or disagreed with the following statements:

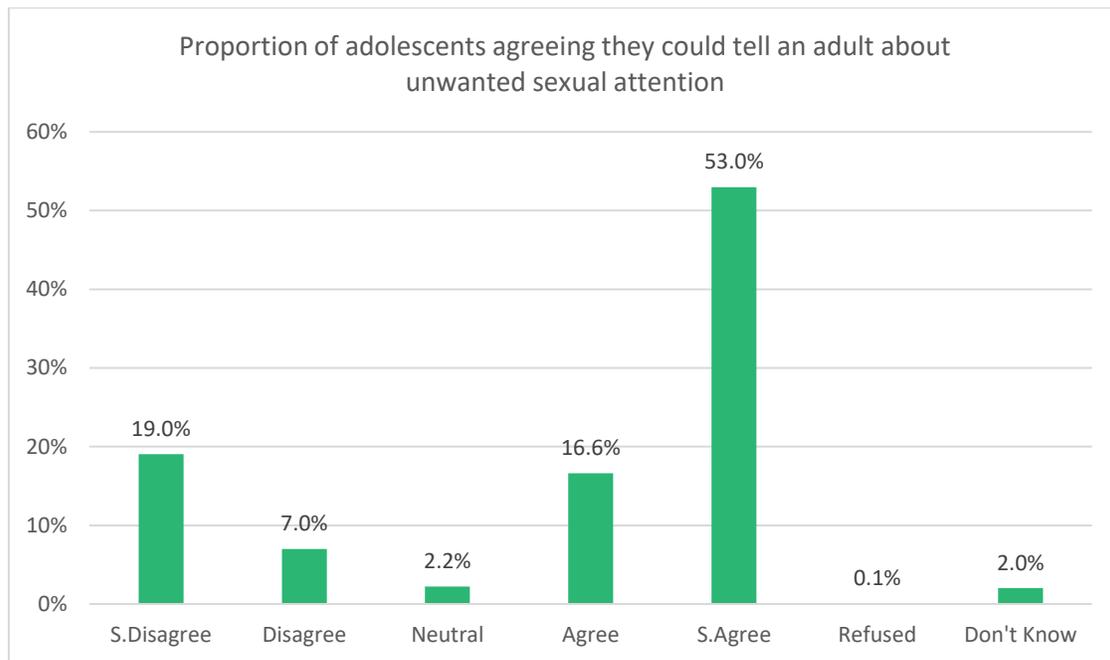
- 1203. You are able to refuse unwanted sexual attention from a stranger.
- 1204. If it happened, you could refuse unwanted sexual attention from a relative or someone else you know.
- 1205. You could tell a trusted adult about any unwanted sexual attention you may have experienced.

A majority (76.1%) of adolescents strongly agreed that they could refuse unwanted sexual attention from a stranger. Slight variation by sex was noted, with 69.2% of boys and 82.8% of girls strongly agreeing. By age, a greater proportion of older adolescents (81.5%) than very young adolescents (74.0%) strongly agreed that they could refuse unwanted sexual attention from a stranger. By country, 74.2% of Burkinabe respondents, 82.7% of Malian respondents, and 71.1% of Nigerien respondents strongly agreed they could refuse.

When asked if they could refuse unwanted sexual attention from a relative or someone else they knew, a smaller proportion of adolescents strongly agreed they could refuse, with 72.7% adolescents strongly agreeing with the statement. By sex, a smaller proportion of boys as compared to girls strongly agreed (65.8% of boys and 79.6% of girls). By age, 70.0% of very young adolescents and 79.9% of older adolescents strongly agreed. By country, 70.8% of Burkinabe respondents, 75.7% of Malian respondents, and 71.5% of Nigerien respondents strongly agreed they could refuse unwanted sexual attention from a relative or someone else they knew.

As shown in Figure 15, only half (53.0%) of adolescents strongly agreed they could tell a trusted adult about unwanted sexual attention they had experienced. By sex, 48.0% of boys and 57.9% of girls strongly agreed. By age, 49.0% of very young adolescents and 63.5% of older adolescents strongly agreed. By country, 44.9% of Burkinabe respondents, 65.4% of Malian respondents, and 47.5% of Nigerien respondents strongly agreed they could tell a trusted adult about unwanted sexual attention they had experienced.

Figure 15. Proportion of adolescents agreeing they could tell an adult about unwanted sexual attention they had experienced



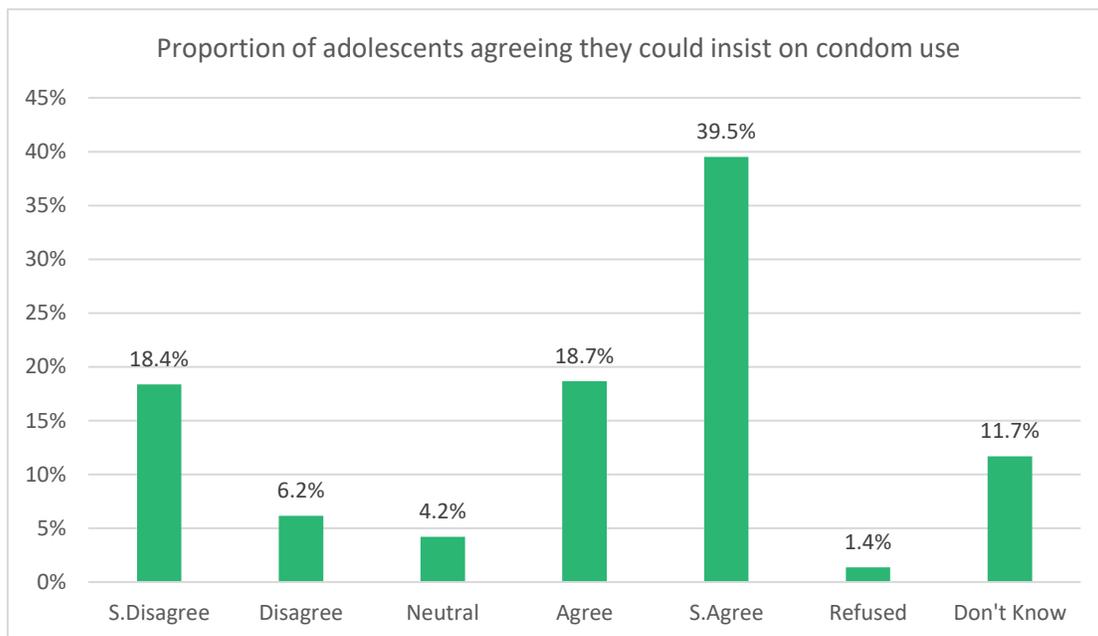
Self-efficacy in wanted and safe sex

Three survey items were designed to assess adolescents' perceived self-efficacy in refusing sexual intercourse with a partner, insisting on condom use even if a partner did not want to, and—among female adolescents—whether they would have confidence in their ability to use contraception.

The item assessing perceived self-efficacy in refusing sexual intercourse with a partner was not asked of in-school adolescents in Mali (n=666), nor among in-school very young adolescents in Niger (n=508). Exact item wording was as follows: “You could refuse sexual intercourse with a boyfriend / girlfriend even if he/she wanted to have it. Do you agree or disagree?” Roughly two-thirds (63.4%) of respondents strongly agreed and 80.2% agreed or strongly agreed with this statement. By sex, only 56.3% of boys strongly agreed as compared to 70.2% of girls strongly agreed with the statement. By age, 57.7% of very young adolescents and 71.1% of older adolescents strongly agreed with the statement. By country, 53.6% of Burkinabe respondents, 78.3% of Malian respondents, and 80.4% of Nigerien respondents strongly agreed that they could refuse sexual intercourse with a boyfriend / girlfriend even if he/she wanted to have it.

For the item assessing insistence on condom use, only very young in-school Nigerien adolescents were not assessed (n=508). As shown in Figure 16, of the remaining 1,736 adolescents, only 39.5% strongly agreed with the item stating, “If you needed to, you would feel confident in your ability to insist on using condoms with a sexual partner.” This level of agreement was 46.7% among boys and 32.5% among girls. By age, 33.8% of very young adolescents and 49.9% of older adolescents strongly agreed. Strong agreement was indicated by 44.6% of Burkinabe respondents, 33.6% of Malian respondents, and 38.2% of Nigerien respondents.

Figure 16. Proportion of adolescents agreeing they could insist on condom use



Finally, adolescent girls (save for in-school Nigeriennes ages 10-14 (n=255) where asked, “If you needed to, you would feel confident in your ability to use contraception.” Among adolescent girls in this sample, 43.0% strongly agreed they would feel confident in their ability to use contraception. By age, 36.6% of very young adolescents and 54.7% of older adolescents strongly agreed. By country, 47.8% of Burkinabe respondents, 38.8% of Malian respondents, and 43.0% of Nigerienne respondents strongly agreed they would feel confident in their ability to use contraception.

Self-efficacy in bodily autonomy

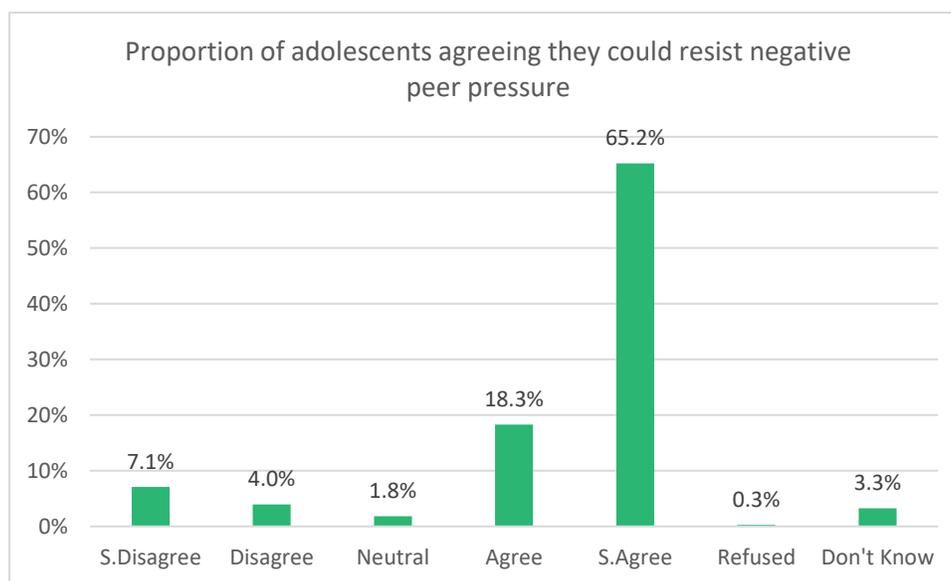
All adolescents in the sample were asked whether they agreed or disagreed with the following statement about bodily autonomy: “You feel you can make your own decisions about your body.” Overall, 69.5% of adolescents strongly agreed with this statement. By sex, a higher proportion of boys (75.9%) strongly agreed, as compared to 63.2% of girls. By age, 64.9% of very young adolescents and 81.5% of older adolescents strongly agreed that they could make their own decisions about their body. The proportion of adolescents strongly agreeing with the statement about bodily autonomy by country was 73.4% in Burkina Faso, 73.3% in Mali, and 62.4% in Niger.

Self-efficacy & peer pressure

To assess knowledge of peer pressure, adolescents were asked whether a series of statements about peer pressure were true. This was not asked of in-school Malian adolescents or very young adolescents in school in Niger. Roughly one-quarter (26.9%) of adolescents correctly defined peer pressure and chose its mechanism of action (i.e., a person is influenced by peers out of a desire to be accepted). By sex, 30.8% of boys and 23.1% answered correctly. By age, 30.2% of very young and 22.5% of older adolescents answered correctly. By country, the proportion of adolescents choosing the correct statements about peer pressure was: 34.2% in Burkina Faso, 15.8% of the surveyed out-of-school respondents in Mali, and 14.3% in Niger (among out-of-school and older in-school adolescents).

Finally, all adolescents were asked whether they would be able to resist negative peer pressure. As shown in Figure 17, roughly two-thirds (65.2%) of adolescents strongly agreed that they could resist negative peer pressure. Little variation existed by sex, with 66.9% of boys and 63.6% of girls strongly agreeing they could resist negative peer pressure. A greater proportion of older adolescents (72.2%) than very young adolescents (62.6%) strongly agreed they could resist negative peer pressure. By country, the proportion of adolescents strongly agreeing that they could resist negative peer pressure was 56.4% in Burkina Faso, 57.6% in Mali, and 80.4% in Niger.

Figure 17. Proportion of adolescents agreeing they could resist negative peer pressure



10. CHILD MARRIAGE

Two survey items assessed adolescent views on the appropriateness of child marriage, and three survey items assessed adolescents' perceptions on their ability to choose when and with whom to marry. The five items were worded as follows:

- 1301. Early marriage often has harmful consequences for a girls' health, psychological wellbeing and education. Do you agree or disagree?
- 1302. Early pregnancies carry high health risks for a young woman/girl and her baby. Do you agree or disagree?
- 1303. You have the right to choose whether, when and with whom you want to marry. Do you agree or disagree?
- 1304. If your mother/father want to marry you off, but you do not want to, would you be able to refuse?
- 1305. If your mother/father want to marry you off, but you do not want to, would you be able to seek help from a trusted adult to prevent your marriage?

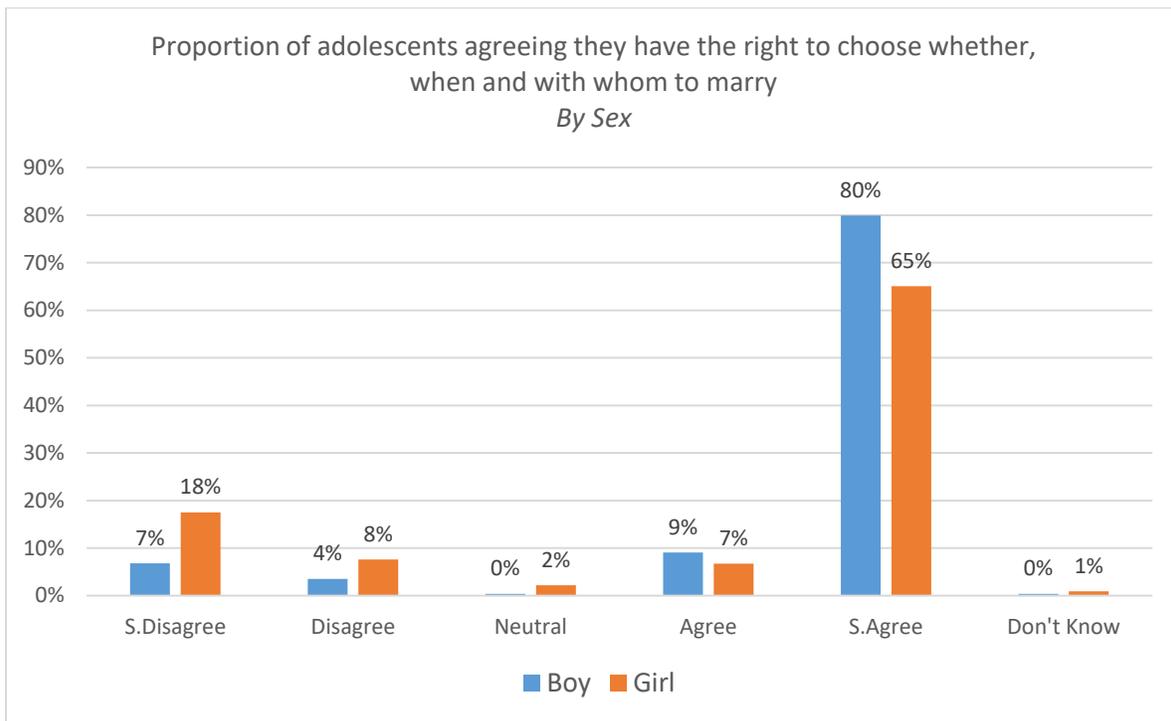
Item 1302 was not asked of in-school Malian respondents (n=666) or of very young in-school Nigerien respondents (n=508). Items 1303, 1304, and 1305 were asked of all respondents.

A large majority (82.0%) of respondents strongly agreed that early marriage often has harmful consequences for a girls' health, psychological wellbeing and education. This proportion was slightly higher among boys (84.4%) as compared to girls (79.6%). It was relatively evenly across age category, with 82.8% of very young and 82.4% of older adolescents strongly agreeing. By country, the proportion of adolescents strongly agreeing that early marriage often has harmful consequences for a girls' health, psychological wellbeing and education was 84.6% in Burkina Faso, 86.7% in Mali, and 62.5% in Niger. Item 1301 was not asked of in-school Malian (n=666) or Nigerien (n=668) respondents.

Four-fifths (79.1%) of respondents strongly agreed that early pregnancies carry high health risks for a young woman/girl and her baby. Girls had a slightly higher level of strong agreement (79.7%) as compared to boys (78.5%). Younger adolescents had a higher level of strong agreement (80.2%) as compared to older adolescents (77.5%). Mali had the highest proportion of adolescents indicating strong agreement (86.7%), followed by Burkina Faso (80.9%), and Niger (71.4%).

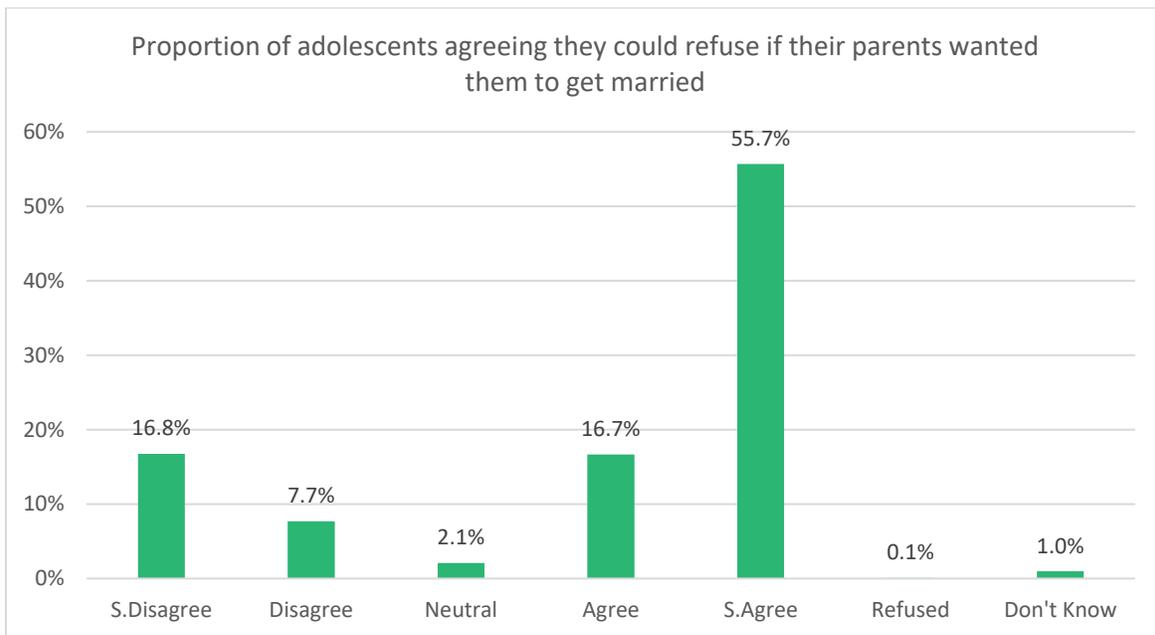
Less than three-quarters (72.4%) of respondents indicated strong agreement with the statement that they have the right to choose whether, when and with whom they want to marry, with 12.2% of respondents indicating they strongly disagreed. As shown in Figure 18, there is variation in this indicator by sex, with a greater proportion of girls strongly disagreeing with this statement as compared to boys (17.5% of girls versus 6.8% of boys strongly disagreeing). By age, 69.4% of very young and 80.4% of older adolescents strongly agreed that they had the right to choose conditions of their marriage. By country, 78.5% of Burkinabe respondents, 68.6% of Malian respondents, and 71.1% of Nigerian respondents strongly agreed they had the right to choose whether, when, and with whom to marry.

Figure 18. Proportion of adolescents agreeing they have the right to choose whether, when, and with whom to marry



As shown in Figure 19, a small majority (55.7%) of adolescents strongly agreed they could refuse if their mother/father wanted to marry them off, but the adolescent did not want to be married. This agreement was relatively similar by sex, with 53.6% of girls strongly agreeing and 57.8% of boys strongly agreeing. Younger adolescents were less likely to strongly agree as compared to older adolescents (50.0% versus 70.6%, respectively). By country, 50.9% of Burkinabe respondents, 62.8% of Malian respondents, and 52.7% of Nigerien respondents indicated they strongly agreed they could refuse if their mother/father wanted to marry them off, but the adolescent did not want to be married.

Figure 19. Proportion of adolescents agreeing they could refuse if their parents wanted them to get married



When asked whether they would be able to seek help from a trusted adult to prevent your marriage, 66.9% of respondents strongly agreed that they would be able to do so. By sex, 64.0% of boys and 69.8% of girls strongly agreed. By age, 63.2% of younger and 76.7% of older adolescents strongly agreed. Burkinabe respondents had the lowest proportion of strong agreement (60.0%), followed by Malian respondents (68.4%), and Nigerien respondents (71.4%).

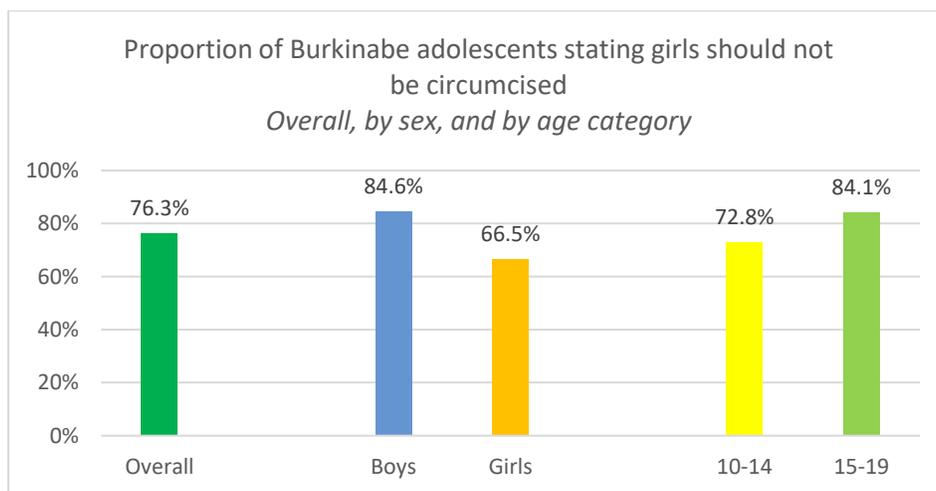
II. FEMALE GENITAL CUTTING

Finally, four survey items about female genital cutting (FGC) were included for Burkinabe respondents. These included:

- 1401E. Have you ever heard of female circumcision - a practice in which a girl may have part of her genitals cut?
- 1402E. A girl should be circumcised.
- 1403E. FGC causes serious physical and mental health complications for girls and women.
- 1404E. Do you think that this practice should be continued?

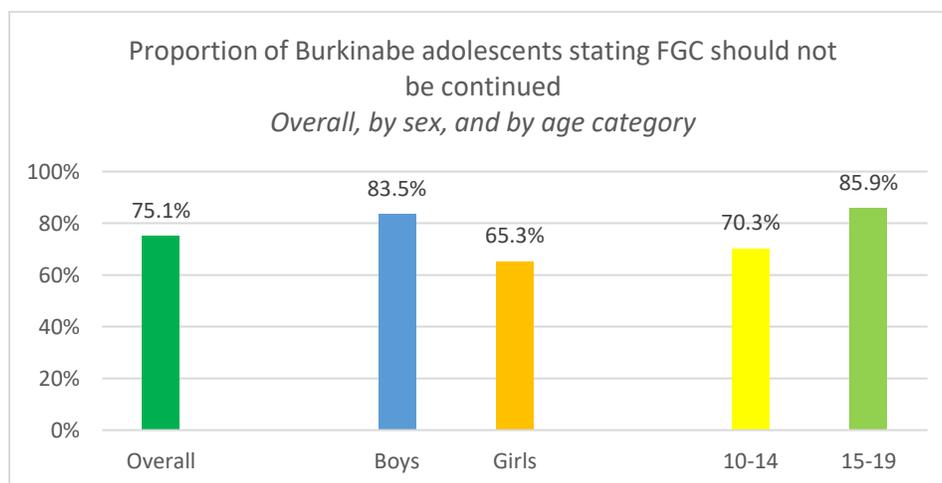
A total of 78.7% of Burkinabe respondents had heard of FGC (86.1% of boys, 71.4% of girls; 73.2% of 10-14 year olds, 94.2% of 15-19 year olds). As shown in Figure 20, three-quarters (76.3%) of respondents stated a girl should not be circumcised (84.6% of boys, 66.5% of girls; 72.8% of 10-14 year olds, 84.1% of 15-19 year olds). A large majority (89.4%) of respondents agreed that FGC causes serious physical and mental health complications for girls and women (92.3% of boys, 86.0% of girls; 87.4% of 10-14 year olds, 93.9% of 15-19 year olds).

Figure 20. Proportion of Burkinabe adolescents stating girls should not be circumcised (in overall sample, and by sex and age)



Finally, as shown in Figure 21, 75.1% of respondents felt the practice should *not* be continued (83.5% of boys, 65.3% of girls; 70.3% of 10-14 year olds, 85.9% of 15-19 year olds).

Figure 21. Proportion of Burkinabe adolescents stating FGC should not be continued (in overall sample, and by sex and age)



APPENDICES

Appendix A. ATWA M&E Framework

[available upon request]

Appendix B. ATWA Survey Instrument

[available upon request]

Appendix C. Survey Items by Respondent Type

[available upon request]

Appendix D. Sampling Frame by Country

[available upon request]

Appendix E. Data Collection Technical Report (GRADE Africa)

[available upon request]

Appendix F. Table of Evaluation Indicators

	Indicator	Indicator Definition	Baseline Level	
IMPACT: Improved sexual and reproductive health and rights among adolescents				
	[1] Decrease in adolescent birth rate <i>(NB: adolescent parity is used as a proxy as we do not assess births by year in this study)</i>	[1] The average number of births to female respondents ages 15-19	Overall Sample	0.07 average births among female respondents ages 15-19 (21 total births (min: 1, max: 4) among 310 girls ages 15-19)
			Country	
			Burkina Faso	0.01 average births (1 birth (min/max: 1) among 91 girls)
			Mali	0.04 average births (4 births (min/max: 1) among 91 girls)
			Niger	0.13 average births (16 births (min: 1, max: 4) among 128 girls)
	[2] Decrease in proportion of adolescents who have ever been pregnant or caused a pregnancy	[2] The percent of adolescent females who have ever been pregnant + the percent of adolescent males who have ever caused a pregnancy	Overall Sample	1.1% of adolescents (25/2,244)
			Sex	
			Males	0.5% of male adolescents (6/1,114)
			Females	1.7% of female adolescents (19/1,130)
			Age	
			10-14	0.0% of youngest adolescents (0/1,622)
			15-19	4.0% of older adolescents (25/622)
			Country	
			Burkina Faso	0.1% of Burkinabe adolescents (1/670)
			Mali	1.3% of Malian adolescents (10/786)
			Niger	1.8% of Nigerien adolescents (14/788)
	[3] Increase in need for family planning satisfied with modern contraception	[3A] Percentage of [sexually active] adolescents age 15-19 years currently married or in union who have their need for family planning	Overall Sample	20.0% (3 using modern method/15 sexually active married adolescents ages 15-19)
			Sex	

		satisfied with modern contraceptive methods	<p>Males Females</p> <p>Country Burkina Faso Mali Niger</p>	<p>20.0% (1 using modern method/5 sexually active married males ages 15-19) 20.0% (2 using modern method/10 sexually active married females ages 15-19)</p> <p>100% (1 Burkinabe adolescent using modern method/1 sexually active married adolescent 15-19 years) 14.3% (2 Malian adolescents using modern method/14 sexually active married adolescents ages 15-19) <i>N/A. Question not asked in Niger</i></p>
		[3B] Percentage of female adolescents (15-19) who are sexually active and who have their need for contraception satisfied with modern methods	<p>Overall Sample</p> <p>Country Burkina Faso Mali Niger</p>	<p>60.0% (18 using modern method/30 sexually active females ages 15-19)</p> <p>84.2% (16 using modern method/19 sexually active Burkinabe females ages 15-19) 18.2% (2 using modern method/11 sexually active Malian females ages 15-19) <i>*NA (question not asked in Niger)</i></p>
	[4] Increase in adolescent modern contraceptive prevalence rate (CPR)	[4] The percent of sexually active adolescents (15-19) who are currently using (or whose partner is using) a modern contraceptive method. "Currently" is defined as 'at last sex'.	<p>Overall Sample</p> <p>Sex Males Females</p> <p>Country</p>	<p>63.3% (50 using modern method/79 sexually active 15-19 year olds)</p> <p>65.3% (32 using MM/49 sexually active males ages 15-19) 60.0% (18 using MM/30 sexually active females ages 15-19)</p>

			Burkina Faso	85.7% (30 Burkinabe adolescents using MM/35 sexually active adolescents 15-19)
			Mali	45.5% (20 Malian adolescents using MM/44 sexually active adolescents ages 15-19)
			Niger	*NA (question not asked in Niger)
	[5] Decrease in proportion of adolescents married	[5A] Percentage of women 10-19 years old who were married or in union before age 18. <i>[Note: this is the percentage of the sample living with spouse before age 18.]</i>	Overall Sample	1.4% (16 married females ages 10-19 who started living with their husbands before age 18/1,130 total females ages 10-19)
			Country	
			Burkina Faso	0.3% (1/339)
			Mali	1.3% (5/394)
			Niger	2.5% (10/397)
		[5B] Percentage of women 10-19 years old who were married or in union before age 15. <i>[Note: this is the percentage of the sample living with spouse before age 15.]</i>	Overall Sample	0.3% (3 married females ages 10-19 who started living with their husbands before age 15/1,130 total females ages 10-19)
			Country	
			Burkina Faso	0.0% (0/339)
			Mali	0.3% (1/394)
			Niger	0.5% (2/397)
Outcome 1: Improved sexual and reproductive health and rights and gender equality knowledge, intent, and behaviors among adolescents				
	[1.1] Proportion of adolescents with intent to use modern contraception	<i>Numerator:</i> Number of adolescents who respond yes to planning to use modern contraception in the future [timeframe may be defined by country program], disaggregated by method <i>Denominator:</i> Number of	Overall Sample	*This question not asked in Niger, or among in-school adolescents ages 10-14 in Mali. 56.4% (534 using one or more modern methods/946 surveyed adolescents)
			Sex	
			Males	59% (274 using one or more modern methods/468 surveyed male adolescents)

		<p>adolescents surveyed</p> <p><i>*Please find disaggregation by method within the baseline report</i></p>	<p>Females</p> <p>Age</p> <p>10-14</p> <p>15-19</p> <p>Country</p> <p>Burkina Faso</p> <p>Mali</p> <p>Niger</p>	<p>54% (260 using one or more modern methods/478 surveyed female adolescents)</p> <p>49% (285 adolescents using one or more modern methods /580 surveyed adolescents ages 15-19)</p> <p>68% (249 adolescents using one or more modern methods /366 surveyed adolescents ages 15-19)</p> <p>56% (370 adolescents using one of more modern methods/666 surveyed adolescents in Burkina Faso)</p> <p>59% (164 Malian adolescents using one or more modern methods/280 surveyed adolescents in Mali)</p> <p><i>*NA (question not asked in Niger)</i></p>
	[1.2] Proportion of sexually active adolescents reporting using a condom at last sex	<p><i>Numerator:</i> Number of adolescents who respond yes to having used a condom at last sex</p> <p><i>Denominator:</i> Number of sexually active adolescents surveyed</p>	<p>Overall Sample</p> <p>Sex</p> <p>Males</p> <p>Females</p> <p>Age</p> <p>10-14</p> <p>15-19</p>	<p><i>*This question not asked in Niger, or among in-school adolescents ages 10-14 in Mali</i></p> <p>50.5% (47 using a condom/93 sexually active adolescents)</p> <p>54.5% (30 using a condom at last sex/55 sexually active males surveyed)</p> <p>44.7% (17 using a condom at last sex/38 sexually active females surveyed)</p> <p>28.6% (4 using a condom at last sex/14 sexually active adolescents ages 10-14)</p> <p>54.4% (43 using a condom at last sex/79 sexually active adolescents ages 15-19)</p>

			Country Burkina Faso Mali Niger	69.8% (30 using a condom at last sex/43 sexually active adolescents in Burkina Faso) 34.0% (17 using a condom at last sex/50 sexually active adolescents in Mali) <i>*NA (question not asked in Niger)</i>
	[1.3] Proportion of sexually active unmarried adolescents who use a condom consistently in the last 6 months	<i>Numerator:</i> Number of adolescents who respond yes to having used a condom every time they had sex in the last 6 months <i>Denominator:</i> Number of adolescents surveyed who are sexually active and unmarried	Overall Sample Sex Males Females Age 10-14 15-19 Country Burkina Faso Mali Niger	31.2% (24 always using a condom/77 unmarried sexually active adolescents) 34.0% (17 always using a condom/50 unmarried sexually active males) 25.9% (7 always using a condom/27 unmarried sexually active females) 23.1% (3 always using a condom/13 unmarried sexually active adolescents ages 10-14) 32.8% (21 always using a condom/64 unmarried sexually active adolescents ages 15-19) 28.6% (12 always using a condom/42 unmarried sexually active adolescents) 34.3% (12 always using a condom/35 unmarried sexually active adolescents) <i>*NA (question not asked in Niger)</i>
	[1.4] Proportion of adolescents with gender equitable attitudes through average score on gender equitable attitude scale	<i>Numerator:</i> Proportion of adolescents with significant increase* in average score on gender equitable attitude scale <i>Denominator:</i> Number of adolescents surveyed	Overall Sample Sex Males Females Age 10-14 15-19	Average Gender Equitable Attitudes Score = 2.83 (out of 5, min: 1, max: 5, SD: 1.26) 2.82 (min: 1, max: 5, SD: 1.28) 2.84 (min: 1, max: 5, SD: 1.23) 2.91 (min: 1, max: 5, SD: 1.30)

		<p><i>*Increase will be determined at endline. For now, average score is provided. 1 = lowest possible score (least gender-equitable); 5 = highest possible score (most gender-equitable)</i></p>	<p>Country</p> <p>Burkina Faso</p> <p>Mali</p> <p>Niger</p>	<p>2.64 (min: 1, max : 5, SD : 1.11)</p> <p>2.59 (min: 1, max: 5, SD: 0.68)</p> <p>3.02 (min: 1, max :5, SD: 1.74)</p> <p>2.85 (min: 1, max :5, SD: 1.00)</p>
[1.5] Average number of modern contraceptive methods known among women 10-14 and 15-19 years old	Average number of modern contraceptive methods known to female adolescents ages 10-14 and 15-19 in the survey		<p>Age</p> <p>10-14</p> <p>15-19</p> <p>Country</p> <p>Burkina Faso</p> <p>Mali</p> <p>Niger</p>	<p>Mean # known: 0.89 (out of a possible 10)</p> <p>Mean # known: 4.67</p> <p>10-14: 1.99 methods 15-19: 5.02 methods</p> <p>10-14*: 0.60 methods 15-19: 5.18 methods</p> <p>10-14*: 0.18 methods 15-19: 4.04 methods</p> <p><i>*Only asked of OOS adolescents</i></p>
[1.6] Proportion of adolescents with correct knowledge about body changes during puberty, the menstrual cycle, fertility and conception, pregnancy risk and prevention.	<p>Composite indicator of 9 items* measuring proportion of adolescents who respond correctly to a series of questions on puberty, menstruation, pregnancy risk and prevention</p> <p><i>*401, 403, 404, 405, 614, 615, 616, 617, 618. Only Nigeriens were asked all 9 questions. Malian IS 10-14 y/o not asked 614, 616, 617, 618. Burkinabe IS 10-14 y/o not asked 617. None of the Malian respondents were asked 618.</i></p>	Overall	<p>Sex</p> <p>Males</p> <p>Females</p> <p>Age</p> <p>10-14</p> <p>15-19</p> <p>Country</p> <p>Burkina Faso</p>	<p>Among respondents asked all 9 questions (n=858), only 2.5% (n=21) answered all 9 questions correctly. The average number answered correctly was 5.5 questions (0-9, SD 1.64).</p> <p>3.2% (n=14) of males answered all correctly. Mean # correct = 5.6 (1-9, SD 1.64)</p> <p>1.7% (n=7) of females answer all items correctly. Mean # correct = 5.4 (0-9, SD 1.62)</p> <p>0.2% (n=1) of 10-14 y/o answered all correctly. Mean # correct = 4.8 (0-9, SD 1.46)</p> <p>5.1% (n=20) of 15-19 y/o answered all correctly. Mean # correct = 6.4 (2-9, SD 1.38)</p> <p>Excluding item 617 (not asked of 10-14 yo), 7.6% (n=51) of Burkinabe respondents</p>

			<p>Mali</p> <p>Niger</p>	<p>answered all 8 questions correctly. Mean # correct out of 8 = 5.4 (0-8, SD 1.66). Excluding items 614, 616, 617, 618, 33.3% (n=262) of Malian respondents answered all 5 questions correctly. Mean # correct out of 5 = 4.02 (1-5, SD 0.86)</p> <p>1.0% (n=7) of Nigerien respondents answered all 9 items correctly. Mean # correct = 5.2 (0-9, SD 1.52)</p>
	[1.7] Proportion of adolescents with correct knowledge about STI risk and prevention and treatment.	<p>Composite indicator measuring proportion of adolescents who responded correctly to series of 4 questions on STI prevention and treatment</p> <p><i>*IS Malians ages 10-14 (n=506) asked only 1 question and are not included in overall denominator</i></p>	<p>Overall</p> <p>Sex</p> <p>Males</p> <p>Females</p> <p>Age</p> <p>10-14</p> <p>15-19</p> <p>Country</p> <p>Burkina Faso</p> <p>Mali</p> <p>Niger</p>	<p>42.7% (742 answering all four questions correctly / 1,738 asked all four questions)</p> <p>45.9% of males answered all four questions correctly (396/862)</p> <p>39.5% of females answered all four questions correctly (346/876)</p> <p>32.6% of 10-14 year olds answered all four questions correctly (335/1029)</p> <p>57.1% of 15-19 year olds answered all four questions correctly (355/622)</p> <p>48.4% (324/670)</p> <p>99.6% (279/280) OOS & IS 15-19 year olds</p> <p>Malian IS 10-14 year olds: 78.7% answered the 1 question correctly (398/506)</p> <p>31.5% (248/788)</p>
	[1.8] Proportion of adolescents with comprehensive knowledge of HIV prevention	<p>Composite indicator measuring proportion of adolescents who responded correctly to series of 6 questions on HIV prevention</p>	<p>Overall</p> <p>Sex</p> <p>Males</p> <p>Females</p> <p>Age</p> <p>10-14</p> <p>15-19</p>	<p>5.2% (90/1,738)</p> <p>6.2% (53/862)</p> <p>4.2% (37/876)</p> <p>5.2% (58/1,116)</p> <p>5.1% (32/622)</p>

		<i>*IS Malians ages 10-14 not asked these six questions (n=506)</i>	Country Burkina Faso Mali Niger	6.6% (44/670) 5.7% (16/280) 3.8% (30/788)
	[1.9] Proportion of adolescents with knowledge of where to seek SRH services, including where to get tested for HIV, where to get condoms, and where to get contraceptives	<i>Numerator:</i> Proportion of adolescents that knows where to seek SRH services. <i>Denominator:</i> Number of adolescents surveyed <i>*Question 903 about where to get contraception was asked only of female respondents ages 15-19.</i>	Overall Sex Males Females Age 10-14 15-19 Country Burkina Faso Mali Niger	23.7% (531/2244) knew where to get condoms, STI treatment, and HIV testing 28.8% (321/1,114) of male respondents knew where to get all three SRH services 18.6% (210/1,130) of female respondents knew where to get all three SRH services 72.8% (262/360) of girls ages 15-19 knew where to get contraceptives 16.1% (261/1,622) of 10-14 y/o knew where to get all three SRH services 43.4% (270/622) of 10-14 y/o knew where to get all three SRH services 33.3% (223/670) of Burkinabe respondents knew where to get all three SRH services 19.6% (154/786) of Malian respondents knew where to get all three SRH services 19.5% (154/788) of Nigerien respondents knew where to get all three SRH services
	[1.10] Proportion of girls who report properly disposing of absorbent materials (sanitary napkins or menstrual cloth)	<i>Numerator:</i> Number of postmenarchal girls who report properly disposing of absorbent materials (sanitary napkins or menstrual cloth) (i.e., putting into the rubbish) <i>Denominator:</i> Number of girls who use absorbent	Overall Age 10-14 15-19	0.7% (22/331) of girls put their materials in the trash (76.7% of them put them in the toilet/latrine) 7.3% (9/123) of girls ages 10-14 put their materials in the trash (75.6% put them in the toilet/latrine) 6.3% (13/208) of girls ages 15-19 put their materials in the trash (77.4% put them in the toilet/latrine)

		materials (sanitary napkins or menstrual cloth)	Country Burkina Faso Mali Niger	0.0% (0/125) of Burkinabe girls put their materials in the trash (97.6% used the latrine) 9.6% (11/115) of Malian girls put their materials in the trash (66.1% used the latrine) 12.1% (11/91) of Nigerienne girls put their materials in the trash (61.5% used the latrine)
	[1.11] Proportion of girls who report hygienically washing and drying reusable menstrual cloth	<i>Numerator:</i> Number of girls who report hygienically washing and drying reusable menstrual cloth <i>Denominator:</i> Number of girls who washed and reused menstrual materials	Overall Country Burkina Faso Mali	-Soaked materials: 57.6% (144/250) -If soaked or washed, used soap or detergent: 96.5% (139/144) -If soaked or washed, <i>always</i> exposed to sun: 18.2% (26/143) -If washed and reused, <i>always</i> dry before reusing: 69.0% (171/248) -If washed and reused, ironed before using: 1.4% (3/220) -Soaked materials: 33.3% (21/63) -If soaked or washed, used soap or detergent: 100% (21/21) -If soaked or washed, <i>always</i> exposed to sun: 28.6% (6/21) -If washed and reused, <i>always</i> dry before reusing: 16.4% (10/61) -If washed and reused, ironed before using: 0.0% (0/46) -Soaked materials: 65.9% (85/129) -If soaked or washed, used soap or detergent: 97.7% (83/85) -If soaked or washed, <i>always</i> exposed to sun: 10.7% (9/84)- If washed and reused, <i>always</i> dry before reusing: 90.7% (117/129)

			Niger	<p>-If washed and reused, ironed before using: 2.5% (3/120)</p> <p>-Soaked materials: 65.5% (38/58)</p> <p>-If soaked or washed, used soap or detergent: 92.1% (35/38)</p> <p>-If soaked or washed, <i>always</i> exposed to sun: 29.0% (11/38)</p> <p>-If washed and reused, <i>always</i> dry before reusing: 75.9% (44/58)</p> <p>-If washed and reused, ironed before using: 0.0% (0/54)</p>
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Output 1.2: Adolescent girls in Niger, Mali and Burkina Faso, and out of school adolescent girls in Niger have the knowledge, materials, and in-school facilities to manage their menstruation in a hygienic, healthy, and dignified fashion

	[1.2.3] Proportion of girls and boys that can answer a basic set of four questions about menstruation	<p><i>Numerator:</i> Number of girls and boys that can answer a basic set of questions about menstruation correctly</p> <p><i>Denominator:</i> Surveyed adolescents</p>	<p>Overall</p> <p>Sex</p> <p>Male</p> <p>Female</p> <p>Age</p> <p>10-14</p> <p>15-19</p>	<p>2.3% (52/2,244) of respondents answered all four questions correctly. Mean # correct = 1.2 (min: 0, max: 4 – SD 1.05)</p> <p>1.8% (20/1,114) of male respondents answered all four questions correctly (Mean # correct = 1.05 (0-4, SD 1.01))</p> <p>2.8% (32/1,130) of female respondents answered all four questions correctly (Mean # correct = 1.31 (0-4, SD 1.07))</p> <p>2.3% (37/1,622) of respondents ages 10-14 answered all four questions correctly (Mean # 1.10 (0-4, SD 1.06))</p> <p>2.4% (15/622) of respondents ages 15-19 answered all four</p>
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			Country Burkina Faso Mali Niger	questions correctly (Mean # 1.39 (0-4, SD 1.00)) 5.5% (37/670) of Burkinabe respondents answered all four questions correctly (Mean # 1.51 (0-4, SD 1.14)) 1.2% (9/786) of Malian respondents answered all four questions correctly (Mean # 1.03 (0-42, SD 0.97)) 0.8% (6/788) of Nigerien respondents answered all four questions correctly (Mean # 1.04 (0-4, SD 0.98))
	[1.2.4] Proportion of girls that know how to hygienically manage menses	<i>Numerator:</i> Number of girls that can answer a set of five questions correctly about how to hygienically manage menses <i>Denominator:</i> Surveyed female adolescents	Overall Age 10-14 15-19 Country Burkina Faso Mali Niger	27.7% (122/441) of postmenarchal girls reported they hygienically manage menses 17.8% (29/163) of postmenarchal girls ages 10-14 reported they hygienically manage menses 33.5% (93/278) of postmenarchal girls ages 15-19 reported they hygienically manage menses 26.4% (38/144) of postmenarchal Burkinabe girls reported they hygienically manage menses 27.6% (45/163) of postmenarchal Malian girls reported they hygienically manage menses 29.1% (39/134) of postmenarchal Nigerienne girls reported they hygienically manage menses
	[1.2.6] Proportion of girls and boys that can identify that menstruation is a normal biological function of the female body	<i>Numerator:</i> Number of girls and boys that answer a question correctly regarding that menstruation is a normal biological	Overall Sex Male Female	43.4% (972/2,240) of respondents answered correctly 37.1% (413/1,112) of males answered correctly

		function of the female body <i>Denominator:</i> Surveyed adolescents	Age	49.6% (559/1,128) of females answered correctly
			10-14	37.0% (598/1,618) of 10-14 y/o answered correctly
			15-19	60.1% (374/622) of 15-19 y/o answered correctly
			Country	
			Burkina Faso	52.5% (351/669) of Burkinabe respondents answered correctly
			Mali	40.8% (320/784) of Malian respondents answered correctly
			Niger	38.3% (301/787) of Nigerien respondents answered correctly