

**What can Western European organisations learn from
successful sport programmes elsewhere about preventing
gender-based violence and protecting the sexual and
reproductive health and rights of young women?**

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Anthea Connolly - 6036074

First assessor: Dr. C. Garandeau

Second assessor: Dr. P.L.M. Baar

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Abstract

This study investigates what Western European organisations can learn from sport programmes for adolescent girls and young women in the developing world about guarding them from gender-based violence (GBV) and protecting their sexual and reproductive health and rights (SRHR). The study establishes that GBV and SRHR are sources for concern in Western Europe and that action needs to be taken to protect young women in Western Europe. To understand what action should be taken by Western European organisations the study examines the experiences of eight participants in *Goal*, a ‘sport plus’ programme for adolescent girls and young women in developing countries. It examines their experiences through the Most Significant Change story method, considers the GBV and SRHR challenges they face, and highlights patterns across stories. The study proposes that although the GBV and SRHR challenges described in the MSC stories are, on the surface, different to those faced by girls and women in Western Europe, there are shared themes across contexts. The study therefore recommends that Western European organisations using sport to work with adolescent girls and young women should take note of, and learn from, what *Goal* is doing. They should, in particular, focus on implementing comprehensive sex and relationships education, raising confidence and self-esteem, and countering sexual exploitation through teaching girls about their rights and giving them support.

Keywords: Gender-based violence (GBV), Sexual and reproductive health and rights (SRHR), Western Europe, adolescent girls and young women, sport for development

What can Western European organisations learn from successful sport programmes elsewhere about preventing gender-based violence and protecting the sexual and reproductive health and rights of young women?

There are 600 million girls growing up in developing countries (UNICEF, 2009) but this population group is one of the most vulnerable in terms of education, health and employment. If a girl stays in school and gains skills, she will get married later and be able to earn an income that she can invest in her family; but if she leaves school and marries she will, as an unskilled and uneducated citizen, fail to reach her full potential and she, her family and community will suffer (Levine, Lloyd, Greene & Grown, 2009). It has therefore been said that the well-being of adolescent girls has a key role in eliminating poverty, achieving social justice, and stabilising the global population (UN Foundation, 2017). A major factor that can affect a girl's future prospects are her experiences of gender-based violence (GBV) and her ability to access her sexual and reproductive health and rights (SRHR). The European Commission defines gender-based violence as violence in close relationships, sexual violence, slavery, harmful practices (such as female genital mutilation and forced marriage), and cyberviolence (European Commission Justice, 2016); it is rooted in unequal power relationships between men and women and thus women are more commonly affected (Willman & Corman, 2013).

The current report notes Ansell's (2017) reservations about the term 'developing world' which, according to her, implies economic convergence whereas the gap between rich and poor countries is actually growing. Nevertheless, the report adopts the term on the basis of its common usage in the literature. In the past, organisations involved with international development have found it relatively easy to draw a clear demarcation between 'developed donor' and 'developing recipient' countries; recent years, however, have seen a growing number of aid providers from middle-income countries such as Mexico and India (see, for example, the 'rise of the south' in UNDP, 2013), and a growth in co-operation between developing countries (see, for example, The

South-South Opportunity, 2017). It is becoming clear that developing countries are no longer mere powerless recipients with little to offer in return for aid, and the current report takes this idea as a point of departure. Using the individual stories of young women in the developing world, it carries out a qualitative exploration of what Western European organisations can learn from successful sports programmes elsewhere about preventing GBV and protecting SRHR.

There is currently a wide range of sport programmes in the developing world addressing a number of social issues (Fleming & Escobar, 2014). For example, Grassroots Soccer, which has headquarters in the UK, US and Africa, works with communities in South America, Africa and India to help adolescents face and overcome their health challenges. Transnational companies such as Nike and Barclays Bank support sport programmes with under-served communities in poorer regions of the world (Anyangwe, 2015), and a large tranche of indigenously established organisations work with their own under-served communities. These organisations include the India-based Magic Bus that uses an activity-based curriculum to help lift children out of poverty, and Luta pela Paz in Brazil that uses boxing and martial arts combined with education and personal development to support young people in poor communities where crime and violence is rife.

The GBV and SRHR challenges facing adolescent girls and young women in developing countries

GBV has an impact on many spheres of a young woman's life but especially affects her ability to exercise her sexual and reproductive health and rights including when she decides to have sexual relations, marry and start a family, and her access to education and employment. For example, 50% of all sexual assaults worldwide are against girls aged 15 or younger (GirlUp, 2017) and in developing countries as a whole (excluding China), one in seven girls is married before she is fifteen (GirlUp, 2017). In 2014, 27% of young women globally aged 20-24 were married or in a union before the age of 18 (and 8% before the age of 15), and in Sub-Saharan Africa 40% were married or in a union before the age of 18 (and 12% before the age of 15) (UNICEF, 2014a). When

it comes to teen pregnancy, adolescent births in Africa, Asia and the Pacific accounted for almost 80% of total live births in 2015 (UN Office of the Secretary-General's Envoy on Youth, 2016), and complications linked to pregnancy and childbirth are the second leading cause of death for 15-19 year old girls globally (UNESCO, UN Women, UNFPA & the World Bank, 2015). GBV leading to early marriage and motherhood form stubborn impediments to female access to education and labour market participation in many developing countries (ILO, 2016), but GBV also occurs much earlier in a girl's life, as seen in the fact that 31 million girls of primary school age are excluded from learning (UNESCO, UN Women, UNFPA and the World Bank, 2015). Moreover, inadequate facilities in schools force millions of girls in developing countries to miss school during menstruation (UN Office of the Secretary-General's Envoy on Youth, 2016).

In addition to the specific forms of GBV above, girls can face hidden discrimination within their homes and communities. They may have second-class status as compared to male siblings and therefore be fed less and last (UNICEF, 2007), or be seen as objects that either generate income (for example 'bride price' (Women Win, 2013b) or expenditure (for example the dowry system). In many parts of the world, girls also have fixed roles and identities that prohibit their participation in activities such as sport; they may have obligations to help with income-earning activities, household chores or childcare, and especially where resources are scarce, families may not be able to release adolescent girls and young women (AGYW) for other activities (Meier, 2005). In some countries, furthermore, sport still exemplifies masculine traits, and if a girl or young woman is seen to overstep these boundaries, she may be seen as not 'natural' and as threatening the social order; she may be viewed as dishonouring her family and/or community, and thus face punishment (Saavedra, 2005).

GBV and SRHR in Western Europe

When it comes to preventing GBV and protecting SRHR there are good reasons why Western Europe should pay attention. A study of 42,000 women by the EU Agency for Fundamental

Rights, for example, has reported that one in ten women has experienced sexual violence since the age of 15, and one in 20 has been raped (EUFRA, 2014a). Furthermore, 52% of women in Denmark, 47% in Finland and 46% in Sweden had suffered physical, sexual or psychological violence before she reached 15 years of age (EUFRA, 2014a). Furthermore, growing cultural heterogeneity in Western Europe is leaving some female populations vulnerable (Harris, 2017). For instance, “global migration patterns have increased the risk of Female Genital Mutilation/Cutting among women and girls living in developed countries” (Population Reference Bureau, 2016). According to the UK Government (2016), children born in the UK may be at risk of Female Genital Mutilation/Cutting (FGM/C) when they travel with their families to visit friends and relatives in countries where the practice is common, and it has been known for ‘cutters’ to travel to the UK to carry out the practice. Overall the European Commission has reported that 500,000 women and girls in the EU have suffered FGM/C (European Commission, 2016).

Statistics on teenage pregnancy in Western Europe also give cause for concern; the rate of teenage pregnancy in the UK in 2014 was 6.8 per 1,000 15-17 year olds, compared to 1.3 in the Netherlands, and worse than the EU average of 6.0 per 1,000 15-17 year olds (FPA, 2016). Forced and child marriage is in addition a problem in parts of Europe and although gathering precise figures is problematic, available data shows that forced marriage is an important phenomenon in Europe (EUFRA, 2014c; see also Home Office, Foreign & Commonwealth Office (UK), 2016). Currently in the Netherlands girls can only marry once they reach the age of 17, however in 2015 Dutch media reported that 34 Syrian child brides had requested asylum in the Netherlands and a further 22 were expected in the future (de Verdieping Trouw, 2015). Moreover, there have been reports over several years of child marriages taking place among the families of Dutch immigrants, who organise their children’s weddings in their countries of origin (Esman, 2015).

The contribution of sports programmes to addressing GBV and SRHR challenges

Research studies have demonstrated the physical and psychological health benefits of sports (Jones-Palm & Palm, 2005) and how sport programmes can help young women, for instance Tremblay, Després & Bouchard (1985) reviewed the effects of regular physical activity and found it can have a substantial effect on body fatness if exercise sessions of sufficient intensity and duration are undertaken (Tremblay, Després & Bouchard, 1985). With respect to psychological benefits, Page & Tucker (1994) carried out a study of 1,297 adolescents in the US and showed that adolescents who did not exercise, or exercised infrequently, scored higher on three measures of psychosocial discomfort, which were loneliness, shyness, and hopelessness (Page & Tucker, 1994). Moreover, multiple studies, including meta-analyses, have shown that playing a sport improves confidence, enhances self-esteem and improves body image (for example Gruber, 1986; Hancock, Lyras & Ha, 2013; McAuley, 1994).

A fuller answer to how sports can help girls and women face GBV and SRHR challenges should, however, take into account the following factors. First, the relationship between a young woman's body, her self-image, and her reproductive health is complex (Oakley, 1993), especially because in some cultures, girls and women, particularly those with little education and reduced economic opportunities, treat their bodies as working 'capital' (Bourdieu, 1984). Moreover, as highlighted above, girls' bodies may be treated by their families as capital. Second, families and communities often have opinions of what constitutes gender-appropriate behaviour and negative views about girls conducting themselves in what they regard as an 'unfeminine' manner (Brady & Banu Khan, 2002). Furthermore in some parts of the world the dominant cultural norm is to define females in relation to others, e.g. as daughters, wives or mothers, rather than individuals with their own personalities and talents (Brady & Banu Khan, 2002). Third, girls may experience social isolation because they are more likely than boys to be out of school (UNICEF, 2014a) and may, once married, have limited mobility and be dependent on their husbands for decisions about visiting family and friends (UNICEF, 2010). Fourth, the inadequacy of sexual and reproductive health

education across the globe (Temmerman, Khosla & Say, 2014) means many girls reach adolescence without enough factual information about sexuality and too little access to healthcare (Brady, 1998).

It is possible, nonetheless, for sport programmes to mitigate these factors. For instance, girls may experience their own participation in sport programmes as a positive departure from traditional ideas about femininity and cultural myths about female frailty (see, for example, Brady & Banu Khan, 2002). Sport programmes also enable young women to build social networks and experience an improved sense of belonging, and to develop sources of support and the facility to participate in community life (Brady & Banu Khan, 2002; Walseth, 2008). In addition to this, evidence from the US suggest that sports and physical education programmes may be a good means for providing girls with basic information about their bodies and reproductive health issues (Brady, 1998).

Organisations supporting sport programmes also have their own suggestions about how sports can help. According to the international NGO Women Win, participation in sports not only offers girls the opportunity to build their self-esteem and self-efficacy, but can also help young women become leaders for social change in their communities (Women Win, 2013a). Girls in Sport (Sweden) uses sport programmes to promote inclusion and diversity in Swedish sport and to improve the social development of women and girls, as does the Muslim Women's Sports Foundation (UK). Some organisations target both males and females and conceptualise the benefits of participation in terms of promoting social cohesion. For example Altropallone Asd Onlus (Italy) uses sport as a tool for social cohesion and urban integration focusing especially on people with fewer opportunities, and StreetGames (UK) also focuses on those with fewer opportunities, using sport and physical activity to improve employability and prevent criminal/anti-social activities.

Sport for development: its history and progress

Social development through sport has antecedents in Europe stretching back to the late nineteenth century (Kidd, 2008), and engagement by developed countries with the developing world in this area first occurred in the mid-1990s with Olympic Aid, a programme of sports-focused

humanitarian assistance. From this point onwards, two slightly different approaches were taken: the use of sport and physical activity to further reconciliation and intercultural communication in areas of conflict (i.e. ‘sport for peace’); and the use of sport and physical activity to achieve the UN Millennium Development Goals to help the world’s poorest (i.e. ‘sport for development’) (Kidd, 2008). In parallel with this, the ‘women in sports’ movement was gaining pace. Early on in this movement Title IX of the Education Amendments (United States, 1972) prohibited discrimination on the basis of sex in federally-funded education programs or activities (The United States Department of Justice, 2015) and thereafter women’s participation in US college sports programmes became more commonplace. Women nonetheless struggled to fight against a widespread mentality that questioned gender and sexuality on the basis of sports participation (Elkins, 1978, Del Rey, 1978). In the following decade, however, female participation in sports in Europe and North America gained acceptability (for example the Olympic Games finally allowed women to compete in the marathon in 1984 (Kessel, 2016), and by the early 1990s discourse on ‘women in sports’ had moved towards supporting and developing top female sporting talent (see, for example, Council of Europe, 1992). Although this debate was somewhat elitist (Saavedra, 2005), the ‘women in sports’ and ‘women in development’ movements influenced one another (Meier, 2005) leading to female-focused sport for development programmes. A prominent example is the ‘Aerobics for Pregnant Women Program’ in Zimbabwe, begun by the Commonwealth Games Canada in 1994, which combined exercise with education about nutrition and parenting. ‘Women in sport’ was further advanced by efforts to improve opportunities for girls and women at the International Working Group on Women and Sport conferences in Brighton (1994), Windhoek (1998), Montreal (2002) and Kumamoto (2006) (Kidd, 2008). At the same time there was growing consensus in Western Europe about the right to, and benefits of, physical education and sport and a growing use of sport to address social problems such as juvenile delinquency. The start of the new millennium brought a slightly new focus, however, with a movement from ‘gender equity in sport’ to ‘sport *for* gender

equity’ and thus gender equity became an explicit objective in sport for development initiatives (Meier, 2005).

‘Sport-plus’ programmes and *Goal*

Pinpointing the degree to which sport programmes can help vulnerable communities, and why, has proven challenging due to the difficulty of measuring the impact of programmes, defining ‘sport’; and identifying the crucial ‘difference-making’ factors in such programmes (Coalter, 2012). Coalter (2012) has emphasised the need to move beyond the ‘black box’ approach of declaring that sports programmes can change values, attitudes and behaviours with little understanding of the processes by which this is achieved, however he has also said that where change does take place, it is most likely to occur via ‘sport-plus’ or ‘plus-sport’ programmes. In these programmes participants take part in several activities and not only sport, for instance there may be an emphasis on attaining vocational qualifications or on volunteering and youth work. The *Goal* programme (*Goal*), which is controlled by Women Win and used by its global partners, is an example of a sport programme that incorporates information-for-life and life skills.

Goal is used exclusively in developing countries, is aimed at females aged 12-19 years, takes approximately 30 weeks to cover, and contains four modules: Be Yourself; Be Healthy; Be Empowered; Be Money Savvy. Be Yourself covers topics that relate to communication, building self-confidence and valuing what it means to be a girl. Be Healthy covers topics that relate to general health, reproductive health, and hygiene. Be Empowered contains topics on rights, freedom from violence, and an understanding of how to access resources and institutions in the community. Be Money Savvy covers topics around money: saving it, spending it, making it, storing it, and borrowing it. The education activities are designed around the concept of learning through participation (activities could include a game, role play, or group discussion); participation “makes learning key messages more memorable and enables the participants to share their own personal stories and journeys - a key to empowerment” (Standard Chartered Bank, 2009). Learning also

takes place through peer education whether informally through exposure to the experiences of other participants or formally via the volunteer coaches. The Goal Activity Guide emphasises the need for cultural sensitivity when implementing the programme and asks coaches to consider whether their activities reflect the cultural context, and to make any necessary changes before running sessions (Standard Chartered Bank, 2009). Women Win is also clear about the need to pay attention to the differences between communities, and emphasises the importance of involving the community in programme planning (Women Win, 2013a).

The current report seeks to understand how the *Goal* programme enables young women in developing countries to overcome the GBV and SRHR challenges in their lives; it then uses this information to determine what Western European organisations can learn about protecting SRHR and preventing GBV in Western European contexts.

Method

Research design

The strategy of inquiry in the current report is qualitative and the data provided comes from eight adolescent girls and young women (AGYW) in five different countries who have each taken part in a *Goal* programme; the data consists, specifically, of a *Most Significant Change* (MSC) story written by each woman. The MSC technique was first developed as a means of monitoring changes in development aid projects (Davies & Dart, 2005) and was designed to enable identification and analysis of the qualitative changes taking place in the lives of the people affected by the project (CCDB, 2000 in Davies & Dart, 2005). MSC stories provide information about who did what, when and why during a moment of change (such as the installation of a village water pump), and provide reasons why the event or events were important (Davies & Dart, 2005). Gender-based violence and sexual and reproductive health and rights affect many parts of a girl's life. They are multifaceted and experienced by girls in different ways; there is no single response to, for example, the experience of menarche (Koff, Rierdan & Sheingold, 1982). Following the ecological model

(Bronfenbrenner, 1986), how a girl processes these experiences are the result of interpersonal factors (such as competence, confidence and beliefs), intrapersonal (social) factors (e.g. those within the family or peer group), environmental factors (e.g. what happens at school and within the community), and local laws and policies.

It was decided that a qualitative research design would be most appropriate for this study as qualitative research involves an interpretative approach concerned with understanding how people interpret their social reality and the meanings they attach to phenomena (such as actions, decisions, beliefs etc.) within their social worlds (Ritchie & Lewis, 2003). Qualitative research, moreover, aims to understand and take the perspective of those being studied by examining their frames of meaning and their contexts, thereby providing a holistic perspective (Ritchie & Lewis, 2003). The MSC technique is an example of the biographical method and the MSC stories in the current report provide rich information about the world of the girl as she experiences it. The MSC method is explained further in the section Instrument.

Participants

The MSC stories in the current report come from eight participants in the *Goal* programme: one located in Bangladesh; one in India; one in South Africa; two in Uganda; and three in Nairobi, Kenya. Organisations that implement the *Goal* programme are responsible for providing certain pieces of information to Women Win (WW) in its capacity as controller of *Goal*. These pieces of information include baseline and endline questionnaires, and MSC stories. One of the partners that provided MSC stories in the current study is the Bangladesh Rural Advancement Committee (BRAC), the largest non-governmental development organisation in the world (BRAC, 2015a). In the current report, BRAC Bangladesh has submitted the MSC story from Bangladesh, and BRAC Uganda has submitted the two MSC stories from Uganda. The Naz Foundation Trust (Naz), a New Delhi based NGO working on HIV/AIDS and sexual health issues, is responsible for the MSC story from India; and Altus Sport, a South African based NGO focusing on youth development through

sport is responsible for the MSC story from South Africa. Vijana Amani Pamaja (VAP), an NGO using soccer to promote the healthy development of boys and girls from Nairobi's slums, has submitted the three MSC stories from Nairobi.

Information received by WW is held on a large, password-protected database. Some of this information is anonymous and some is not. To guarantee anonymity in the current study, however, names have been replaced with a random initial. Information sent to Women Win by its partners is done so in full awareness that it will a) be processed by WW, b) contribute to WW's monitoring and evaluation work, and c) may be followed up by WW. On this basis, it was not considered necessary to seek consent from either the partners or the AGYW whose stories are analysed. The stories in the current study were written between June 2014 and December 2016. Ages of the participants are not included except in two stories: the story from Bangladesh concerns a 20 year old, and the story from India concerns a 19 year old. All of the stories are written from the point of view of the girl; five were written by the girls themselves, and three were written by staff members based on personal interviews with them.

Instrument

The MSC technique has several advantages. First, it is a participatory form of monitoring and does not require any special skills from those who wish to contribute. Second, it encourages analysis as well as data collection because people have to explain why they believe one story to be more significant than other. Third, it builds a rich picture of what is happening on the ground. Finally, it can provide insight into the average experience of participants (Davies & Dart, 2005). A first step in the MSC process can be to introduce stakeholders to the MSC technique and generate a commitment to participate. The next step is to identify the domains of change to be monitored (Davies & Dart, 2005). Domains are broad topics or themes into which MSC stories can be categorised (such as 'economic empowerment' or 'sports skills') and are deliberately ambiguous to allow different interpretations of change within a particular area. Some domains of change on the

Women Win database have been pre-determined by WW, as this can help point those collecting stories to the kind of changes they should look for, but domains are also left open so that participants can report significant changes that do not fit into the predetermined categories (Women Win, 2015). The domains of change on the MSC database are therefore often fuzzy and overlapping (they include, for example, ‘Confidence’, ‘Self-confidence’, and ‘Building confidence’). MSC stories begin with a particular domain of change in mind, and are written using a simple starting question such as “What was the most significant change that took place for you as a result of taking part in the programme?” The MSC technique is not merely, however, the compiling of stories about changes in the lives of people affected by a development project. Each story, which tells the storyteller’s feelings about the development, is reviewed and discussed by diverse stakeholders allowing dialogue about programme intention, impact and future direction (Women Win, 2015). The stories are then analysed and filtered up through the organisation: people at each level of the organisation review the stories from the level below and choose what they consider to be the single most significant account of change (Davies & Dart, 2005). Within the Women Win MSC process, programme participants share their stories in groups and collectively discuss and decide which ones they want to select and share with the next group up (who could be *Goal* ‘champions’ i.e. AGYW who have already completed *Goal* and who encourage and support other AGYW to take part, or *Goal* facilitators i.e. those who run *Goal* programmes within their organisation), and so on. The stories are ideally read out loud (Women Win, 2015) and various methods can be used to help groups choose the most ‘significant’ stories which are then uploaded to the WW database. The reasons for selection should, however, be documented and WW encourages organisations to use selection processes that best suit their cultural context (Women Win, 2015).

Procedure

After careful examination of the 117 MSC stories in the Women Win database it was noticed that some of the stories contained an account of GBV or were relevant to SRHR but did not use the

domain names ‘Gender-based violence’ or ‘Sexual and reproductive health and rights’. Therefore, *all* the stories were read and filtered according to whether they pertained to established definitions of SRHR or GBV. For SRHR the definition adopted by the International Conference on Population and Development held in Cairo in 1994, was used: “Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system” (UN, 1995). The definition furthermore says that reproductive health implies having a safe sex life, access to safe pregnancy and childbirth, the ability to decide if, when and how often to have a child, and access to family planning methods, contraceptives, and health care. For GBV, the European Commission Justice (2016) definition of it as “physical, sexual and/or psychological violence in close relationships; sexual violence; slavery; harmful practices (such as female genital mutilation and forced marriage); and cyberviolence” was used. Application of this filter to the 117 MSC stories yielded 19 relevant stories. It was apparent, however, that not all of the 19 referred to SRHR or GBV in relation to the girl herself; a number referred, for instance, to SRHR or GBV within society generally (for example, one story concerned a girl’s experience of witnessing GBV in a family in a train station). Stories of this type were discounted because, in line with the purposes of the MSC technique, the story should describe the girls’ own situation and how this changed significantly as a result of participating in *Goal*. To ensure that only the most appropriate stories were used the following five criteria were therefore applied:

- 1) The story refers to SRHR or GBV;
- 2) The story describes gaining knowledge about, or abilities relevant to, SRHR/GBV through *Goal*;
- 3) The story describes a change in attitude and behaviour of the girl herself;
- 4) It is clear that this change is a result of participation in the *Goal* programme;
- 5a) For GBV the story mentions an incidence of GBV having taken place to the girl herself; or
- 5b) For SRHR the story mentions an aspect of sex life and/or reproduction of the girl herself.

Applying these five criteria resulted in the selection of four stories about GBV, and four stories about SRHR (Appendix A).

Data analysis

Following selection, the eight MSC stories were anonymised and ‘cleaned’ to remove any typographical errors and clarify any language that was not clear. The stories were inspected again and an initial coding list was constructed with categories and subcategories drawn from the literature. Each code label was assigned a different colour and, using coloured pens, passages in the stories which referred to the code topic were highlighted. Inspection of the stories confirmed the *a priori* coding categories and also the choice of sub-categories. In accordance with the descriptive coding method, a non-hierarchical coding tree was developed and a detailed analysis of the stories carried out using the coding tree. Those parts of the stories that were coded in the same way were subsequently collected up on the computer (through ‘copying and pasting’) and read together to enable the identification of patterns and common themes.

Results

This section reports on the analysis of the MSCs, it uses the Final coding tree (Appendix B, Table 1.) and is based on the findings in the Analysis Table (Appendix C, Table 2.). The analysis is presented in a narrative format and first discusses the key challenges faced by the young women in this study, and then the effects of their participation in *Goal*. Comparison between stories is not the aim of this study; the aims are to better understand the lives of these girls and young women, and the key differences that *Goal* has made to their lives. Achieving these aims will contribute to understanding commonalities between the lives of the girls and young women in these stories and the lives of girls and young women in Western Europe. It will thus help the study reach conclusions on what Western European organisations can learn about preventing gender-based violence and protecting the sexual and reproductive health and rights of young women in the Western European context. As the aims of this section include understanding the lives of the girls and young women

who have participated in *Goal* and understanding what is common across stories, it is important to appreciate contextual factors (Kaarbo & Beasley, 1999) therefore the section also includes brief descriptions of the locations of stories.

With regards to the Analysis Table, it should be highlighted that only things explicitly mentioned in the stories are included; anything merely implied is not. For example, the story by L could be taken to imply pressure from her boyfriend to have sex but this is not explicit and is therefore not included in the Analysis Table. It should also be said that in the process of carrying out the method described above, the new category of ‘Girl’s familial situation’ emerged from the MSC data and was added to the coding list. In addition, the subcategory ‘Peer pressure to have sex’ was added to the category ‘Experiences of sexual and reproductive health/development’. Although all of the categories and many of the sub-categories in the theme ‘Effects of *Goal*’ were previously inferred from the literature, a few of the sub-categories emerged from the stories themselves (such as ‘Plays a sport professionally’, ‘Able to advise other girls about menstruation’ and ‘Received practical support from a *Goal* coach/staff to overcome a problem, for example). These changes resulted in the Final coding tree. The next section discusses four key challenges faced by the young women.

Girl’s familial situation

The girl’s familial situation is mentioned in two stories. B from Uganda was left with an aunt when she was two years old and she describes having to do hard physical work to contribute to the family income. Her story has the subcategory ‘Poor care from a non-parental care-giver’ because she explicitly says,

I felt so neglected

Y from Nairobi was dependent on her uncle after her father died and her mother was no longer able to look after her due to illness. She says,

My uncle was responsible for my stay in Nairobi, he was paying all my bills.

It could be implied that since Y's uncle tried to pressure her into having sex with him she also experienced 'Poor care from a non-parental caregiver', however she does not explicitly mention poor care and therefore it is not included in the Analysis table. N does not explicitly mention poor care either, even though her father drank heavily and spent the family's money on alcohol. N says that one of the things *Goal* taught her was her right to be free from violence, and that she and her *Goal* coach and *Goal* friends confronted her dad,

and [he] apologised for all he had done to me.

The fact that N explicitly mentions violence in her story and that her dad apologised for "all he had done" suggests paternal violence but this is not explicit. Although not explicitly said, it could furthermore be considered that M and S experienced 'Poor care from parent/s' since M's parents tried to force her into marriage aged 16, and S's parents did in fact arrange marriage for her at age 15. The high prevalence of teen marriage in Bangladesh, where M is from, and in India, where S is from, gives these stories context. Bangladesh has the highest rates in the world of marriage involving girls under 15 years and girls married after age 15 but before age 18 (United Nations Children's Fund, 2014), and in India, 47% of girls are married by the age of 18 (United Nations Children's Fund, 2016).

Economic and social position of the girl's family

The economic and social position of the girls' family is mentioned in the majority of stories and only X and L do not mention poverty or marginalisation but their stories are exclusively on the issues of menstruation and sex. M's father is the single income earner in her household and he works in a petrol station bringing in a small wage. B's aunt was reliant on B to contribute to the household income and would send B to the market to sell things, the market was, however,

very far from home. Sometimes I even failed to reach the market on time and this means I could not sell anything.

B was in fact forced to drop out of secondary school because of lack of money to pay school fees.

She grew up in rural Uganda, in the western part of the Central Region. This region has been reported to have experienced more poverty reduction than the Northern and Eastern regions (World Bank Group, 2016); nevertheless, few families in this region can afford the fees that secondary schools typically charge (Compassion International, 2017). Both N and S were also forced to drop out of school due to lack of money, and S's school drop-out coincided with her child marriage and eviction from her home. S comes from the 'Semmencherry resettlement area', a part of Chennai where over 100,000 people from Chennai's city centre slums were resettled to make way for building and development (Rajagopalan, 2013). Life in Semmencherry has, however, been little better than life in the slums. Running water only arrived two years after the first families arrived, it took five years for electricity to be connected, and although resettlement began in 2006, by 2013 Semmencherry still did not have any schools (World Policy Blog, 2013).

Experiences of gender-based inequity

The subject of gender-based inequity crops up in half of the MSC stories and involves the subcategories: i) pressure to marry; ii) forced to marry as a teen; iii) teenage pregnancy; and iv) male pressure to have sex.

i) Pressure to marry; ii) forced to marry as a teen; iii) teenage pregnancy

M faced pressure to marry, and S was forced to marry and was subsequently a mother by the time she was 18. B became a mother aged 14 however she does not mention being married to the father of her child:

Since I was tired of the situation at home, I moved to his place and during that time I got pregnant with my first child at the age of 14.

iii) Male pressure to have sex

'Male pressure to have sex' is relevant to Y whose uncle tried to compel her to have sex with him in return for paying her bills,

My uncle stopped paying my rent and buying me food. He said I should go spend a night at

his place in order to get my rent paid.

Y states that this situation made her “very scared”. She took part in a *Goal* programme organised by Vijana Amani Pamoja (VAP) which works with children and adolescents in the Eastlands area of Nairobi. Eastlands is an informal (unplanned) urban settlement borne out of the need to house low-cost labourers. Densely populated, it forms part of the marginalised urban fringe of Nairobi (Mitullah, 2003) and it is not uncommon for girls here to resort to prostitution or abusive relationships with older men in exchange for basic necessities (Global Giving, 2017). The *Goal* programme taught Y about her rights, and the effect this had on her is discussed further in Effects of participation in *Goal*.

Experiences of sexual and reproductive health/development

Just over half of the MSC stories in the current study include reference to this issue which includes the subcategories: i) No knowledge about pregnancy and family planning; ii) No knowledge about menstruation and how to cope during menstruation; iii) Peer pressure to have sex; and iv) Raising own child as a lone parent.

i) No knowledge about pregnancy and family planning

B, who was raised by her aunt, says that *Goal* taught her about early pregnancy, abstinence and family planning, and that she benefitted from this,

since I had no-one to teach me about these.

ii) No knowledge about menstruation and how to cope during menstruation

Neither D, who took part in a *Goal* programme in Pretoria, nor X, from Nairobi, had any knowledge about menstruation prior to participation in *Goal*. D says she was,

afraid when they talked about it.

and X says,

I had never talked about menstruation with anyone before.

D says that as a result of participation she knows she must continue with school during her period,

and X describes the fact that as she did not have money to buy new sanitary pads she tried to wash commercially available disposable ones but she,

didn't know people dispose pads after use.

In many parts of the world, girls use reusable pads (Ministry of Drinking Water and Sanitation, Government of India, 2015, Stopford, 2011, UNESCO, 2014) so it would not be unusual for X not to know this.

iii) *Peer pressure to have sex*

L describes the pressure she felt from her friends to have sex with her boyfriend and that she,

did not feel ready to have sex but on the other hand I did not want to lose him. I wanted to feel loved just like my friends.

In much public health research on Africa, sex is treated as a problem, sexuality and emotions have been divorced from one another, and sex is instead discussed in the contexts of danger, disease and death (Bhana, 2013). Many authors have, however, challenged the reduction of African intimacy to sex (for example Cole & Thomas, 2009, Mudaly, 2013) and have described how sex and sexual pleasure are tied to love (for example Mudaly, 2013). Authors have also claimed that discussion about love in Africa must consider the diversity of relations across the diverse sexual spectrum (Bhana, 2013). Research has shown how, in Western Europe, successful discussions about sex involve not just the mechanics of sex but also love and emotions (Lewis & Knijn, 2003) and therefore as in Western Europe, discussion about sex and relationships with African teens deserves a multifaceted and holistic understanding.

iv) *Raising own child as a lone parent*

S, who was married at the age of 15 and had a child by the age of 18, is raising her child as a lone parent since,

she lost her husband in a tragic bike accident.

B also has a baby but it is not clear whether she is raising this child by herself.

Effects of participation in *Goal*

This section discusses the effects of participation in *Goal* as stated in the MSC stories. The effects are numerous and have therefore been subdivided into the following categories: a) More positive future; b) Improved SRHR awareness; c) Improvements in the area of GBV; d) New personal attributes; and e) Gained social capital.

a) More positive future

Half of the stories include reference to ‘More positive future’ which includes becoming more educated (two girls), having higher aspirations for the future (two girls), and becoming a *Goal* coach (three girls). Following participation, for example, M enrolled at university and

after completing her study, she wants to get a job in the army or police.

S has a child to take care of and consequently does not feel able to return to her studies but she does aspire to becoming a full-time *Goal* coach.

b) Improved SRHR awareness; c) Improvements in the area of GBV

Half of the stories include ‘Improved SRHR awareness’ and three stories include ‘Improvements in the area of GBV’. In particular, two girls feel able to resist pressure to have unwanted sex as a result of learning about their right to say ‘No’ to sex. L for example says,

The Goal sessions have helped me to gain courage to talk to my boyfriend and he agreed we should not have sex until we finish school.

Y says that because of what she learnt in *Goal*,

I was able to stand my ground and did not give in to my uncle’s pressure.

d) New personal attributes

‘New personal attributes’ includes having more confidence and self esteem (four girls) and knowing about her rights and being able to exercise them (five girls). These effects of *Goal* seem to be particularly important as the stories show that, together, they enable the girls and young women to

take control of their lives (especially in the face of adversity and/or negative pressure), and to better determine their own futures. The stories from D, B, S, L and Y demonstrate this in particular. For instance L says that through *Goal* she learned she does not have to offer a boy her body for him to love her, D is confident that in the future she can lead other girls, and B says,

Interacting with other girls has helped me to live a good life again.

e) *Gained social capital*

This aspect of the effect of *Goal* is also striking as five stories mention that the girl gained social capital as a result of participation, and in N's, Y's and M's stories it is described how a *Goal* coach made an active intervention to help solve a problem. For N a *Goal* coach helped by going with her to talk to her dad; indeed N seems to have particularly benefited from the *Goal* programme in the matter of social capital saying that she, her *Goal* coach and her fellow *Goal* participants all approached her dad and

talked to him about my right to education.

For Y a *Goal* coach provided advice and support and gave her food when her uncle refused to support her, and in M's story a Women Win staff member helping with a *Goal* programme persuaded M's parents to stop forcing marriage on her. Furthermore S explicitly talks about how she has gained a support system and friends

with whom she is comfortable and can share her life

and the administrator in D's story says that having someone she can trust has had a crucial impact on D's life.

Discussion

The aim of this thesis was to determine what Western European organisations can learn from successful sports programmes elsewhere about preventing gender-based violence and protecting the sexual and reproductive health and rights of young women. To achieve this aim the thesis examined the *Goal* programme, an information-for-life and life skills sports (i.e. 'sport plus') programme

aimed at females aged 12-19 years in developing countries, and explored the experiences of eight adolescent girls and young women (AGYW) who have participated in *Goal*. It explored their experiences through the Most Significant Change (MSC) technique, a participatory method that allows people affected by a development project to describe how that project has qualitatively affected their life, and enables communities of those affected to share and evaluate each others' stories. The MSC stories were examined and filtered according to criteria to obtain four stories relevant to the topic of gender-based violence, and four relevant to the topic of sexual and reproductive health and rights. The eight stories were then analysed to uncover common themes and patterns.

Why may Western European organisations take note of successful sport programmes elsewhere?

The question of why Western European organisations may learn from sport programmes in the developing world about guarding adolescent girls and young women from GBV is important because of the high prevalence of GBV in European countries. Article 3 of the Charter of Fundamental Rights of the European Union sets out everyone's right to respect for his or her physical and mental integrity; Article 21(1) prohibits discrimination based on, among others, sex and sexual orientation, and Article 23 provides for equality between men and women in all areas. Despite official declarations (such as the one above,) just over one in ten women in EU countries reports having experienced some form of sexual violence perpetrated by an adult before the age of 15, and one in ten women says she has experienced some form of sexual violence since the age of 15 (EUFRA, 2014b). Moreover, officially reported levels are far lower than levels actually experienced; for instance only 14% of women has reported their most serious incident of intimate partner violence to the police (EUFRA, 2014b). Furthermore, approximately 65,800 women aged 15-59 resident in England and Wales has undergone female genital mutilation (IPPF, 2009).

It is also important to address this question because the SRHR of adolescent girls in Western Europe needs protecting. Although the provision of sexual and health education is mandatory in 20 of the 28 EU countries, the content and quality of it varies and this tends to have a knock-on effect for teenage births, abortions and sexually transmitted infections (European Parliament, 2013). Therefore, unintended and unwanted pregnancies are still a problematic reality for many women in the EU, including teenage girls (European Parliament, 2013). Denmark has seen a rise in the rates of sexually transmitted infections, and there is further concern about young people's experiences of abuse in close relationships in Denmark, Spain, and the UK; exposure to misleading information via online pornography; and the risk of sexual exploitation through online social media (Citizen's Rights and Constitutional Affairs, European Parliament, 2016). Effective sex and relationships education should address not only sex, but also the cognitive, emotional and psycho-social aspects of everyday life, providing young people with information that enables them to develop their relationships, stay healthy, and address the social and psychological aspects of their sexuality (Suciu *et al* as cited in Citizen's Rights and Constitutional Affairs, European Parliament, 2016). This approach is endorsed by the WHO which advocates framing sexuality and reproductive health information within a human rights context (see for example BZgA, UNFPA & WHO, 2015). In some European countries, however, government-mandated SRE provision is limited to the biological aspects of sex, pregnancy and disease prevention; there are means by which schools can avoid providing SRE; and SRE policy in the last few years has shifted to a more conservative approach (Citizen's Rights and Constitutional Affairs, European Parliament, 2016).

What should Western European organisations learn?

It has been shown that participation in sports may be a good means for girls a) to receive information about their bodies and reproductive health issues; b) to increase their self-esteem and belief in their own abilities; and c) to expand their social network and sources of support. The MSC stories confirm these benefits; four of the girls know more about their sexual and reproductive

rights following participation in *Goal*; four of them describe having improved confidence and self-esteem after participating in *Goal*; and five describe being helped to overcome problems and having a better support network. In addition five of the girls say that after participation they know about their rights and can exercise their rights.

Providing girls with information about their bodies and reproductive health issues. The *Goal* module Be Healthy contains an extensive section on sexuality, sexual health, and sexual and reproductive rights (see the excerpts in Appendix D, Figure 1.). It describes the “Right to have pleasure in sex and sexual relations irrespective of choice of sexual partner”; the “Right to be free from all forms of discrimination regardless of sex, gender, sexual orientation, age, societal status, race, religion, caste, or any type of emotional or physical disability”; and the “Right to information about family planning methods”, amongst many other rights (Standard Chartered Bank, 2009). It therefore provides young women with sex and relationships information that is both comprehensive and inclusive.

Furthermore, the current report has described how, in the developing world, inadequate water and sanitation facilities can pose a significant impediment to attending school during menstruation (Sommer & Sahin, 2013) and that girls may not have access to sanitary pads or tampons (Aizenman, 2016). In the UK, there have been recent reports of women using newspapers, socks and toilet roll as sanitary pads (Brooks, 2016) and schools in Leeds (UK) have reported girls missing school when they have their periods (Marsh, 2017). It therefore needs to be recognised that ‘period poverty’ is not just an issue for developing countries and that AGYW from marginalised and poor communities in Western Europe also need help managing their periods.

Increasing girls’ self-esteem and belief in their abilities. The *Goal* programme encourages girls to think about how they construct their identities, it sensitively encourages them to explore their relationships with their bodies and to develop a positive body image and positive sense of self (Standard Chartered Bank, 2009). This kind of activity needs to take place with girls and young

women in Western Europe because, for example, a survey of UK girls in 2016 found that 69% of girls aged 7-21 feel like they are not good enough, and 47% of girls aged 11-21 say the way they look holds them back (Girlguiding, 2016). Many girls experience dramatic drops in self-esteem upon entering early adolescence (American Association of University Women, 1991, 1994 and Pedersen & Seidman, 2004) and a meta-analysis conducted in Western industrialised nations has confirmed that women's self-esteem is significantly lower than men's, especially in middle adolescence (Kling, Hyde, Showers, & Buswell, 1999). Self-esteem is complex and touches on many areas; body image for instance plays a key role in self-esteem. A large longitudinal study found that girls are more likely than boys to have conversations with peers about appearance, and that appearance conversations and social comparison contribute to body dissatisfaction (Carlson Jones, 2004). Social comparison is, moreover, more frequent for individuals who have low self-esteem (Carlson Jones, 2004).

Improving girls' social networks and providing them with sources of support. The *Goal* programme brings girls together and provides an environment where they can learn together and share experiences. In this process, girls gain support from one another and social networks are widened. *Goal* also provides coaches who are usually older and more experienced than participants, and who provide advice and support. More than half of the girls in the current study describe how this aspect of *Goal* has helped them overcome their GBV and SRHR challenges. Evidence can be found that young women in Western Europe would also benefit from increased social support. In recent years, there has been a significant rise in levels of social distress among UK adolescent girls (Campbell, 2016) evidenced by a sharp upward trend in under-18 females being admitted to hospital after poisoning, cutting or hanging themselves (Health and Social Care Information Centre, 2015). In a recent survey of UK girls, 22% of 11-16 year olds and 29% of 17-21 year olds said they do not know who to ask for help if they need it, and 36% of 11-16 year olds said they think 'girls are just expected to cope' (Girlguiding, 2016). GBV and SRHR are complex issues and while

improved social networks cannot alone tackle them, personal adult advice and peer support are an important resource.

Giving girls information about their rights and how to exercise their rights. The *Goal* programme extensively covers violence against women, sexual abuse and sexual violence (see for example the excerpts in Appendix E, Figure 2.), and gives participants a summary of Article 34 of the UN Convention of the Rights of the Child: “You have the right to be protected from sexual abuse. Nobody can do anything to your body that you do not want them to, such as touching you or taking pictures of you or making you say things you don’t want to say” (Standard Chartered Bank, 2009). Moreover, the MSC stories in this study show that *Goal* can help girls recognise the danger signs in unhealthy relationships, help them feel empowered to say ‘no’, and give them confidence to reach out for help when they need it. Girls in Western Europe also need this kind of information. For instance, although the true scale of child sexual exploitation across the UK is largely unknown (Marshall, 2014, Brodie & Pearce, 2012), what we do know points to cause for concern. In a high profile case in the UK, for instance, a group of vulnerable teenage girls were groomed and raped repeatedly by a group of at least nine men in Rochdale between 2008-2010 (Scheerhout, 2017, Barnardos, 2014); and a study of partner exploitation and violence in teenage intimate relationships has reported that of 680 girls aged 13-17, one quarter reported some form of physical partner violence and one in three reported some form of sexual partner violence (Barter, McCarry, Berridge & Evans, 2009).

Limitations and considerations for future research

The main limitations in this study is the small number of MSC stories that has been considered and should the study be repeated it would be advisable to increase the number. In practice, this means extending the search for stories beyond the Women Win database and hence involving stories from participants in two or three ‘sport plus’ programmes. Since the research question is not solely about the *Goal* programme, however, expanding the number of stories and

combining the data from several programmes is viewed positively and is therefore put forward as a recommendation for future studies. It is considered, nevertheless, that the information yielded by the MSC stories in the current study is rich and that the process of examining them has led to relevant and valuable findings.

A further limitation of the MSC technique is that because the story is told by the participant themselves, ambiguities can be left un-clarified. This can particularly be the case if the participant has a low level of English literacy or is a child. Moreover, MSCs can point to things that are not explicitly said, thus requiring the reader to read between the lines. In the current study, for instance, ‘B’ presumably faced pressure to have sex with the older man she went to live with, but she does not refer to the pressure in her story. As the Analysis Table only captures what was actually mentioned, the analysis itself can fail to reflect such nuances; it is therefore recommended that to get a fuller picture of the girls’ lives, the Analysis Table should be read alongside the stories themselves. A further difficulty in this study is that although the MSC stories were selected according to criteria for either GBV or SRHR, it is difficult to draw the line between GBV and SRHR. A good example of this is Y’s story: Y’s uncle put her under pressure to have sex with him and this amounts to sexual harassment (GBV), but it also affected her ability to have a “safe sex life” (SRHR) (UN, 1995). This shows the extent to which GBV and SRHR are intertwined.

Conclusion

Although it can be argued that living standards in Western Europe are higher than in the locations of the MSC stories, there are nevertheless many marginalised and impoverished communities in Western Europe. In 2015, around 25 million children aged 0-17 years in the EU were at risk of poverty or social exclusion. (Eurostat, 2016a). The MSC stories in the current study show how being poor and marginalised can lead to vulnerability but this is true in Western Europe as well as in developing countries, as the girls in the Rochdale sex abuse ring exemplify (Gill, 2013). The findings of the current study show how ‘sport plus’ programmes, such as *Goal*, can give

participants an important combination of tools that enable them to protect their own SRHR and protect them from GBV. The tools delivered by ‘sport plus’ programmes are that they provide girls with information about their bodies and reproductive health issues, help them increase their self-esteem, expand their sources of social support, and provide them with information about their rights and how to exercise them.

Goal helps young women in developing countries tackle the challenges in their lives and to have more positive futures, and although the situation for young women in Western Europe is, on the surface, different from the places where the *Goal* programme runs, there are enough similarities that Western European organisations should take note of, and learn from, what *Goal* is doing.

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Appendix A - Anonymised Most Significant Change stories

MSC stories related to GBV

M participated in a Goal programme organised by BRAC Bangladesh completed in June 2014

M is a 20 years young girl. His father works in a petrol station with a small wage. Her mother does household work in the home. M is pretty quiet at home but very clever in school and outside home. In early age she used to like to play thief-police games in her house with her neighbours. Her parents were unhappy because she was their second daughter in their family. When she was 16 she completed her secondary school certificate examination. Her mother was trying to marry off her daughter. During this time she joined BRAC adolescent club and after some days she became the leader in this club. After one year Goal programme was implemented in their area and she was selected as a Goal coach. However, her mother was busy to marry off her daughter in any way. She received many sports trainings on different sports especially football. Now she is playing football professionally and wins prizes. Besides that, she is enduring to take Goal sessions regularly. She received computer literacy and communicative English training also. Women Win team member Meg visited M's club and observed her conduct a Goal session in a school. She encouraged her and talked with M's parents. M's parents were inspired by Meg and stopped their decision to marry their children. Now M is a student of Bachelor of Business Studies. She wants to be a graduate. After completing her study, she wants to get a job in the army or police.

B participated in a Goal programme organised by BRAC Uganda completed in December 2015

My name is B. I grew up in a village called Busale with my Aunt, without knowing my real parents, and I was told that my mum left me when I was two months old. My Aunt used to dig and sell things so that I may go to school but because she had other children to pay for school fees I stopped in S.1. I started helping her in the garden, she could give me foods to go and sell in the market so that I can get money to buy paraffin and other needs, the worst part of is that the market

was very far from home. Sometimes I even failed to reach the market on time and this means that I could not sell anything. With all this that I was going through at such a young age I felt so neglected that one day as I was coming back from the market I met a man who promised to take care of me. Since I was tired of the situation at home I moved to his place and during that time I got pregnant with my first child at the age of 14. One day as I was coming back from the garden, I heard a group of young girls discussing about a program that supports young child mothers and provides a free learning environment. I got interested and inquired more about the project. To my advantage, the club house where the adolescents meet, was just next to where I lived. I later joined the club and I was so happy to learn about the activities carried out; we would play games like Ludo, darts, netball and many others. My mentor started teaching us about early pregnancy, abstinence, family planning. I gained a lot in this program because it has taught me a lot since I had no one to teach me about these. Interacting with other girls has helped me to live a good life again. Being that I was active in the club I was then chosen as the mentor when our mentor left, I learnt how to talk to people confidently, I can teach adolescents and I also gained leadership skills, the goal program has taught me how to believe in myself, built high confidence and self esteem. I have learnt to deal with people living with HIV, I also learnt my rights as a lady and I can now handle money, save and budget as a result of this program. I am happy for all the support from BRAC Uganda and donors.

S participated in a Goal programme organised by the Naz Foundation Trust completed in March 2015

S is a 19 year old girl from the Semmencherry resettlement area. Her family was evicted from their home in Pattinampakkam due to a slum clearance plan proposed the city corporation. S's father, an un-skilled worker is the sole breadwinner for his family of five. The eviction changed S's life forever. Not only did she loose her childhood home but in effect lost her childhood. The eviction and resettlement was shrouded with a cloud of uncertainty. Under these circumstances S

was forced to drop out of school while she was still studying in the 9th standard. In an attempt to secure her future S's family got her married at the young age of 15 S and by the time she was 18 she had given birth to a baby boy. When her son was six months old, she lost her husband in a tragic bike accident. This was a terrible blow, S returned to her parents home an introverted, under-confident girl. She rarely left her home, the trauma had left her unable to make decisions. She was entirely dependent on her family for the simplest decisions.

In June 2014 Naz Foundation in collaboration with Thozhamai launched the Goal programme in Semmencherry resettlement. S was recruited to attend the Community Sports Coach (CSC) training and went on to become a CSC in the Goal programme. S has been with the programme for the last eight months, she has grown into a proactive young woman who spearheads netball sessions with young girls from the government schools and community. This shy reticent girl now talks with an openness and confidence that is a joy to behold. In conversation with her, she talks about how important she believes the Goal programme to be. "If someone had introduced these ideas to me while I was still in school perhaps I too would have learned to "Say No" and be in a position where I could have stopped my child marriage. I can't undo my past but through the Goal programme I am being trained to teach young girls through the Goal Life skills modules to "Say No" in the face of undue pressure which could violate their rights." S enthusiastically picks up the ball to play and talks about how through this programme she has gained a support system and friends with whom she is comfortable and can share her life. Her parents are overjoyed with the transformation in their daughter and support her participation whole-heartedly. S had dreamed of becoming a school teacher but her early marriage suspended all such aspirations. With an infant child to care for, S does not feel like she can take time to pursue her studies, however, as a CSC the opportunity of teaching children is a source of great pleasure to her and she aspires to hone her skills and one day become a full-time Goal coach.

N participated in a Goal programme organised by BRAC Uganda completed in March 2016

I am by the name of N. I used to live with my parents, my dad used to take a lot of alcohol and for that reason money to pay my school fees got finished after my primary seven. He was the only one working in our family.

A friend of mine came and talked to me about BRAC when I had spent a year not schooling because my father had told me that he did not have money for my school fees. I joined BRAC in 2014 and at my club we played netball and other games. After a year the Goal project was introduced in our club, the third topic is Be Empowered which teaches us a lot about our rights and freedom especially from violence, so because of that I told my Goal Coach about my problems and my fellow members during the story telling session. They helped me a lot and I went together with them to my dad, they talked to him about my right to education and my dad listened and apologised for all he had done to me. I went back to school and right now am in secondary school. I appreciate BRAC for the work done. Long live BRAC Uganda. Long live Goal programme.

My story is significant because I got what I desired and that is to go back to school. The training I received from BRAC has helped shape my life to be a more responsible person and an advocate for children's rights.

MSC stories related to SRHR

D participated in a Goal programme organised by Altus Sport completed in November 2015

I have learnt about my body this year. Things the boys laugh about. Our youth leader taught us that our bodies will change, and she told us about menstruation. That helped me very much because I didn't know about it. I was afraid when they talked about it. I now know you have to carry pads with you because you don't know when it might start. Our youth leader said we have to speak to our teacher because we must not stop going to school for that week.

I now feel I am a leader, because when you are a leader it doesn't mean you have to shout at people. You have to change your voice if you are really a leader. People who are leaders sometimes beat others, shout at them. They use words that are not right. I now know a person with a stick in his hand is not a real leader. I have now been a class leader for a month and I told the class that we are on the same level, but that I will give them the information that they need and will help them when I can. One girl had her period start and I knew what to do. It made me feel really good.

I've never been part of a sports team. I'm not good at sports. But at Altus I get the opportunity to try different sports. And it is not just about sport. When something happens at school I can tell my youth leader. I also learnt about how to care for my environment. We cannot just throw our cans on the ground. People make land pollution, air pollution, water pollution. They throw rubbish in the water. People here make a lot of fire. And it's not right. They don't know they are harming themselves and the environment. I want to do something that will teach more people about how to care for the environment.

Administrator's point of view:

D is a young adolescent girl living in the marginalized community of Mamelodi. She has participated in the Goal program over the last year and has developed from a shy, hesitant young girl to an expressive young leader. Her story is significant as it is a great example of the positive impact that the Goal program has made on the lives of the participants. The knowledge and understanding that D expressed are crucial as she explained that her mom works long hours and that she "does not have the time to talk about girl things". D continued talking about what has changed for her as result of participation by articulating her understanding about what a leader is. Participating in physical activities and having someone that she can trust has also had a crucial impact on her life. D ended her story by emphasising how important what she learnt about the community is to her.

X participated in a Goal programme organised by Vijana Amani Pamoja (VAP) completed in June 2016

I joined the Goal Program in Bishop Robert Mdzomba in May 2016 as a participant when they came to our school. When the Goal program started in my school I had not started menstruation and I did not know how to use pads. I had never talked about menstruation with anyone before. When I got my first periods I was very uncomfortable in class and I could not concentrate well. I had a pack of pads but I did not want them to get finished because I didn't have money to buy another one. So in the evening I washed the pad I used during the day, instead of getting clean, the inner parts started to come out and I was surprised! I didn't know people dispose pads after use. I didn't even know where to dispose them because we use a flush toilet. During Goal sessions coach Winnie taught us everything about menstruation. I was able to ask questions too. She taught me how to use pads, how to count my cycle, where to dispose used pads and how to be clean during my menses. I now understand the pains I experienced during my periods which I found to be uncomfortable. I feel confident and ready for my next periods.

Administrator's point of view:

This story was chosen because coach Winnie is very proud of this particular girl and her progress. It's a clear indication of knowledge gain and how this girl has embraced what it is to be a girl.

L participated in a Goal programme organised by Vijana Amani Pamoja (VAP) completed in September 2016

When I joined secondary school I did not have a boyfriend like many of my friends. Boys were not approaching me and I used to feel bad about it. It affected my self esteem and my friends could laugh at me. In the second year in school, a boy who is one class ahead of me started to like me. He would send me presents and I felt really appreciated. My friends advised me to sleep with

him in order to win and keep him. I am a virgin and did not feel ready to have sex but on the other hand I did not want to lose him. I wanted to feel loved just like my friends. During our life skills session our coach taught us about our emotions and sexuality. It is then I learned that I don't have to offer a boy my body for him to love me. We also learned how to use our voices. The Goal sessions have helped me to gain courage to talk to my boyfriend and he agreed we should not have sex until we finish school. I feel strong and confident. I am happy I was able to resist pressure from my friends. I also learned that I have a right to say no to sex when I don't want to. Thanks to my coach.

Y participated in a Goal programme organised by Vijana Amani Pamoja (VAP) completed in December 2016

After finishing my secondary school education, I moved to Nairobi to live with my uncle who promised to take me to a vocational training. My father had died 6 months before and I was stressed about it. My mother lived in the village and had no job and could not support me to further my education. True to his word my uncle connected me to Vijana Amani Pamoja for hair and beauty training which I started immediately. My uncle was responsible for my stay in Nairobi, he was paying all my bills. Everything was okay until my uncle started asking for sexual favours from me. This got me very scared and I could not talk to anyone about it. I was afraid of telling my mum who was sick at home. My uncle stopped paying my rent and buying me food. He said I should go spend a night at his place in order to get my rent paid.

During the training at VAP we were being taught Goal Curriculum and I was very free with the coach who was teaching us. She had taught us about empowerment and understanding our rights. I decided to say no to his demands and I stood my ground. I went hungry for several days and I decided to talk to my coach about it. She was very understanding, she advised me and supported me, she could even buy me food stuffs.

After completing the training I looked for a job because I was equipped with hair dressing skills. I got a temporary job in a salon and now I can pay my rent and I don't have to beg my uncle for money.

Through the empowerment I got in Goal I was able to stand my ground and did not give in to my uncle's pressure, and also through the learned skills I was able to get a job.

Appendix B

Table 1

Final coding tree

| THEME | Category | Sub-category |
|------------------------|--|---|
| KEY CHALLENGES | Girl's familial situation | Absent parents during childhood |
| | | Raised through childhood by a non-parental relative |
| | | Poor care from non-parental caregiver |
| | | Dependant on a non-parental relative |
| | Economic and social position of girls' family | Low family income |
| | | Belongs to a marginalised community |
| | | School drop out because of poverty/ marginalisation |
| | Experiences of gender-based inequity | Pressure to marry |
| | | Forced to marry as a teen |
| | | Teen mother |
| | | Male pressure to have sex |
| | Experiences of sexual and reproductive health and development | No knowledge about pregnancy and family planning |
| | | No knowledge about menstruation and how to cope during menstruation |
| | | Peer pressure to have sex |
| | | Raising own child as a long parent |
| EFFECTS OF GOAL | More positive future | Plays a sport professionally |
| | | Has won sports prizes |
| | | Resumed her education |
| | | |

| THEME | Category | Sub-category |
|-------|--------------------------------|---|
| | | Furthered her education |
| | | Acquired employability skills |
| | | Able to save money and make a budget |
| | | Became a Goal coach |
| | | Raised her aspirations for the future |
| | Improved SRHR awareness | |
| | | Learned about menstruation/menstrual cycle |
| | | Able to advise other girls about menstruation |
| | | Knows how to use sanitary products |
| | | Able to stay clean during menstruation |
| | | Learned about emotions and sex |
| | | Learned about family planning |
| | GBV improvements | |
| | | Parents stopped trying to force girl to marry |
| | | Resisted pressure to have unwanted sex |
| | | Able to talk to boyfriend about delaying sex |
| | New personal attributes | |
| | | Gained confidence |
| | | Gained improved self-esteem |
| | | Knows about her rights and is able to exercise them |
| | | Able to be an advocate of children's rights |
| | Gained social capital | |
| | | Gained friends and a support network |
| | | Gained a trusted other |
| | | Shared her problems with a Goal coach |
| | | Received practical support from a Goal coach/ staff to overcome a problem |

Appendix C

Table 2

*MSC Analysis Table**Note.* M = Mentioned in MSC story

| THEME, category, subcategory | <i>Interviewee initials</i> | | | | | | | |
|---|-----------------------------|---|---|---|---|---|---|---|
| | M | B | S | N | D | X | L | Y |
| KEY CHALLENGES | | | | | | | | |
| Girl's familial situation | | | | | | | | |
| Absent parents during childhood | | M | | | | | | |
| Raised through childhood by a non-parental relative | | M | | | | | | |
| Poor care from non-parental caregiver | | M | | | | | | |
| Dependent on a non-parental relative | | | | | | | | M |
| Economic & social position of girl's family | | | | | | | | |
| Low family income | M | M | M | M | | | | M |
| Belongs to a marginalised community | | | M | | M | | | |
| School drop out because of poverty/marginalisation | | M | M | M | | | | |
| Experiences of gender-based inequity | | | | | | | | |
| Pressure to marry | M | | M | | | | | |
| Forced to marry as a teen | | | M | | | | | |
| Teen mother | | M | M | | | | | |
| Male pressure to have sex | | | | | | | | M |
| Experiences of sexual & reproductive health/development | | | | | | | | |
| No knowledge about pregnancy and family planning | | M | | | | | | |
| No knowledge about menstruation and how to cope during menstruation | | | | | M | M | | |
| Peer pressure to have sex | | | | | | | M | |
| Raising own child as a lone parent | | | M | | | | | |

| THEME, category, subcategory | Interviewee initials | | | | | | | |
|---|----------------------|---|---|---|---|---|---|---|
| | M | B | S | N | D | X | L | Y |
| EFFECTS OF GOAL | | | | | | | | |
| More positive future | | | | | | | | |
| Plays a sport professionally | M | | | | | | | |
| Has won sports prizes | M | | | | | | | |
| Resumed her education | | | | M | | | | |
| Furthered her education | M | | | | | | | |
| Acquired employability skills | M | | | | | | | |
| Able to save money and make a budget | | M | | | | | | |
| Became a Goal coach | M | M | M | | | | | |
| Raised her aspirations for the future | M | | M | | | | | |
| Improved SRHR awareness | | | | | | | | |
| Learned about menstruation/menstrual cycle | | | | | M | M | | |
| Able to advise other girls about menstruation | | | | | M | | | |
| Knows how to use sanitary products | | | | | | M | | |
| Able to stay clean during menstruation | | | | | | M | | |
| Learned about emotions and sex | | | | | | | M | |
| Learned about family planning | | M | | | | | | |
| GBV improvements | | | | | | | | |
| Parents stopped trying to force girl to marry | M | | | | | | | |
| Resisted pressure to have unwanted sex | | | | | | | M | M |
| Able to talk to boyfriend about delaying sex | | | | | | | M | |
| New personal attributes | | | | | | | | |
| Gained confidence | | M | M | | | M | M | |

| THEME, category, subcategory | <i>Interviewee initials</i> | | | | | | | |
|--|-----------------------------|---|---|---|---|---|---|---|
| | M | B | S | N | D | X | L | Y |
| Gained improved self-esteem | | M | | | | | | |
| Able to care for the environment | | | | | M | | | |
| Knows about her rights and is able to exercise them | | M | M | M | | | M | M |
| Able to be an advocate of children's rights | | | | M | | | | |
| Gained social capital | | | | | | | | |
| Gained friends and a support network | | | M | M | | | | |
| Gained a trusted other | | | | | M | | | |
| Shared her problems with a Goal coach | | | | M | | | | M |
| Received practical support from a Goal coach/staff to overcome a problem | M | | | M | | | | M |

Appendix D

Figure 1. Excerpts from the Be Healthy module of the Goal programme (SCB, 2009)

What's Your Position?

LARGE GROUP DISCUSSION

| | |
|--------------------------------|---|
| Objective | • To provide an opportunity for girls to think through and discuss sensitive issues related to sexual and reproductive health and rights. |
| Length of time required | One Hour |
| Materials needed | Three Pieces of Paper (colours); List of Statements (right); Tape |
| Notes for Facilitators | <ul style="list-style-type: none"> • Refuse facilitating this activity in the group, the facilitator should read this exercise carefully and, if possible, conduct this activity alone so that during the group session you can answer all queries. • Write 'Agree', 'Disagree' and 'I am not sure' on three pieces of paper. Stick each one of these signs in a different corner or area of the wall to help you. • Ensure that the signs are placed enough together to allow for easy communication between girls under each sign. |

Instructions

1. Explain to girls that you will be reading a series of statements and after each one they should stand under a sign that reflects their opinion on the statement. These statements relate to sexual and reproductive health and rights.
2. Explain that after each statement, girls choose a sign to stand under based on whether they agree or disagree with the statement, or don't know how they feel.
3. Tell girls that while they are encouraged to share their perspectives and discuss the statements, the exercise is not a debate, and no efforts should be made to change

anyone's perspective. It is a chance to share and discuss without judgement.

4. After each statement, ask for volunteers from each of the opinion-groups to share their perspectives.
5. Choose the statements you feel are most appropriate to the group and add any others that may be interesting.
6. Use the opportunity to correct any misconceptions that are revealed during the discussions.
7. Close by discussing each of the rights listed in **Handout 18** in language that is easily understandable for girls.

Source: UNFPA, 2008 Empowering Young Women to Take Charge. Cairo, Egypt. Adapted by permission.

What's Your Position?

LIST OF STATEMENTS

- Sex before marriage is morally wrong.
- A woman who has had more than three sexual partners is promiscuous.
- One sex between unmarried adults is acceptable.
- A woman should marry the man her parents choose for her.
- A man's sexual crime is deeper than a woman's.
- After a certain point of sexual a man can not control himself.
- Men should enjoy sex.
- Women should have full control over how many children they have, and the spacing of these children.
- It is unnatural for a woman to be sexually attracted to other women.
- Abortion is only acceptable if the woman has been raped.
- A woman's job is to be sexually aroused. It is her responsibility to satisfy him.
- If a drunk woman is raped it is her own fault.
- It is okay for a woman to be attracted to both men and women.
- A husband can rape his wife.
- Teenagers should be taught about sex and provided with condoms if they decide to have sex.
- Sometimes a woman can be responsible for being raped.
- Women should have as many sexual partners as they choose.



HANDOUT 18

Sexual and Reproductive Rights

1. Right to make decisions about one's sexual life and be free from torture, violence and exploitation.
2. Right to have pleasure in sex and sexual relations irrespective of choice of sexual partner.
3. Right to be free from all forms of discrimination regardless of sex, gender, sexual orientation, age, marital status, race, religion, caste, or any type of physical or mental disability.
4. Right to sexual privacy unless it is harming someone else's rights.
5. Right to decide freely and responsibly the number, timing, and spacing of children.
6. Right to information about family planning methods.
7. Right to access safe, effective, affordable, and acceptable contraceptive methods to control your fertility at your will.
8. Right to appropriate health services to enable women to go safely through pregnancy and childbirth.
9. Right to marry or not and for establish responsible sexual relations.
10. Right to comprehensive sexuality education.
11. Right to sexual health care for prevention and treatment of all sexual concerns, problems and disorders.

Source: UNFPA and Population Foundation. Source: 2008. Best Health Practices: Gender Equity and Empowerment. New York, NY: A Family Manual New York: Population Council.

Living with HIV

LARGE GROUP DISCUSSION

| | |
|--------------------------------|--|
| Objectives | <ul style="list-style-type: none"> • To understand what HIV is and the difference between HIV and AIDS. • To learn ways to prevent the spread of the virus. • To discuss the importance of getting tested and positive living. |
| Length of time required | One Hour |
| Materials needed | Flipchart or Board; Markers |
| Notes for Facilitators | <ul style="list-style-type: none"> • This session is based on standard curriculum Living with HIV Activity Guide. In over 50 countries, Standard Curriculum has HIV Champions – experienced HIV educators – deliver HIV Education. • It is strongly recommended that you reach out to a Standard Curriculum HIV Champion to assist you with conducting an HIV Education session. • This session features four activities (as outlined below). You can conduct all four activities at once or separately. • The content demonstration is more appropriate for the older girls. |

Source: Standard Curriculum and HIV Champions. 2008. Living with HIV: Education Guide for HIV Champions. Cairo: Standard Curriculum.



Appendix E

Figure 2. Excerpts from the Be Empowered module of the *Goal* programme (SCB, 2009)

Goal

Be Empowered

6 WEEKS

What's it about?

These activities cover a range of topics that relate to rights, freedom from violence, and an understanding of sexual abuse resources and institutions in the community.

Why it's important

It'll begin with a clear outline of what a free, just and peaceful world would look like, by setting minimum standards for how individuals and institutions should treat people. They also empower people to take action to demand and defend their rights and the rights of others.

In many places in the world, girls are denied basic rights by virtue of many factors, including age and gender.

However, the starting point to making these rights is to understand them and where they come from.

Also, girls are part of a much larger environment - their families, their communities, their countries and the world. On a small scale, this section can help girls learn what resources are available in their communities and how to access them. On a larger scale, girls will learn about the environment and how to protect it.

WHEN IT'S DONE GIRLS SHOULD:


- Understand what rights are and how they should be used
- Have a basic understanding of sexual rights
- Feel safe and comfortable discussing domestic sexual violence
- Be aware of different resources and institutions that girls can access
- Be clear on environmental issues that affect the community

[illegible]

The Story of Violence

Instructions

1. Begin by writing "VIOLENCE" on the flipchart. Ask the girls to tell you what comes to mind when you say the word "violence" and write or draw these.
2. Select volunteers to read or act out selected stories to the group, either depicting different forms of violence.
3. Explain that some of the stories will be read by volunteers. The stories will present some examples of how violence affects young women.
4. The volunteers read their stories.
5. After the readings, ask the readers about their impressions of the stories they read.
6. Ask all girls what forms of violence were portrayed. Was each person experiencing violence? Were there similarities in the stories?
7. On the flipchart paper, write down any key terms as they are mentioned.
8. Talk about the different forms of violence and how violence against women can be:
 - a. PHYSICAL
 - b. EMOTIONAL
 - c. SEXUAL
 - d. PSYCHOLOGICAL
9. Note differences in what young women consider most of violence to be.
10. Present some of the information and statistics about violence against women in your country, if possible.



Let's Empower!

[illegible]