

## **Constrained Choice Theory and Factors Impacting the Education of Adolescent Girls in Sub-Saharan Africa**

Developed in Women, Gender and Health 207:  
Advanced Topics in Women, Gender and Health  
Harvard T. H. Chan School of Public Health, Spring 2021

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Appropriate Harvard T.H. Chan School of Public Health Course:

HSPH GHP 532: Introduction to Global Health Delivery (or another global public health course)

Session 4: Case Study - Tuberculosis in Dhaka: BRAC's Urban TB Program

- In this case, the importance of female economic empowerment is demonstrated through women's employment in the garment industry and how it correlates to lower rates of tuberculosis.
- Women who had the choice and opportunity to work in garment factories had better health outcomes relative to their peers, including reduced rates of tuberculosis. The choice to participate in the garment industry (and formal labor market in general) was dictated by a women's social situation: women employed in the garment factories were more likely to be single relative to other female wage workers; those who were married tended to have fewer children and completed more years of education, on average. The connections between economic opportunity, education, and better health outcomes are apparent, but can be made more explicit.
- The link between economic opportunity and education can be further investigated by looking at what factors impact girls' education in the Global South, and how it determines their available choices over the course of their life.

Public Health Skills:

HSPH Foundational Competencies

*HSPH Domain 2: Public Health & Health Care Systems*

- Discuss the means by which structural bias, social inequalities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels

*HSPH Domain 3: Planning & Management to Promote Health*

- Design a population-based policy, program, project or intervention

HSPH Global Health Field of Study Competencies

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- Design and evaluate global health interventions under different circumstances with different objectives, including their relationship with health system reform

#### Background for Instructor:

In many developing nations, the extent of a girl's education determines the course of her life and her health outcomes. The higher her education level -- even at the primary level -- the better her health outcomes.<sup>[1]</sup> Education reduces adolescent marriage rates, reduces child and maternal deaths, decreases fertility, improves child health and nutrition, and increases economic opportunities available to girls and their families.<sup>[2]</sup> However, girls face many social and structural barriers that keep them from further pursuing their education and limit their individual choices. In this class session, students will understand the factors influencing girls' education in Sub-Saharan Africa, learn the constrained choice theory, and apply their knowledge by developing policy interventions that can empower and enable girls to further their education and ultimately their quality of life.

#### Learning Objectives for Students:

- Understand the role that gender plays in girls' education in Sub-Saharan Africa (SSA)
- Describe constrained choice theory and apply it to a global health setting
- Evaluate limiting factors for continuing education in SSA
- Determine potential policy/programmatic interventions that could remove barriers that limit girls in SSA from continuing their education

#### Pre-Readings:

- Kattan, Raja B. Understanding Poverty: Girls' Education. The World Bank Group. Updated: March 05, 2021. <https://www.worldbank.org/en/topic/girlseducation#2>
- Bird, Chloe E., Rieker, Patricia P. Constrained Choice: Why Are Some Women and Men Able to Create and Maintain Health Lifestyles, While Others Are Not? The RAND Corporation. Released: 2008. [https://www.rand.org/pubs/research\\_briefs/RB9339.html](https://www.rand.org/pubs/research_briefs/RB9339.html)

#### Teaching Methods:

1. The teaching team will be provided with materials to brief themselves on how girls' education influences health outcomes and materials to teach the class.
2. Students will be assigned readings to prepare for class: the Social Determinants of Health and Education World Bank page and a factsheet summarizing Bird & Rieker's Constrained Choice Theory. The instructor will post these resources on Canvas (the online teaching platform) alongside the regular session 4 readings (if used in HSPH GHP 532), including the Tuberculosis in Dhaka: BRAC's Urban TB Program case study.
3. In class, the instructor will facilitate the case study discussion, and once finished, will transition to the role of education in bettering quality of life for girls.
4. Timeline:

- a. Instructor pulls up lecture slides (see Appendix) and lectures on the current state of girls' education in Sub-Saharan Africa (SSA) and constrained choice theory (**5 minutes**).
  - b. Instructor explains the breakout activity, reads discussion questions, and either puts students in small groups (in person) or sends students to breakout rooms (online), where they will complete a Google Slides slide in groups (**5 minutes**).
  - c. Students are brought back to the main room and the instructor facilitates a share-back based on the Google Slides students pulled together (will need to share slides - **1-2 minutes per group**). Instructor adds any further thoughts on the students' suggested policies and opens the conversation to any last thoughts from students.
  - d. Instructor returns to lecture slides and wraps up the lecture by reinforcing the barriers to educating girls in SSA, the benefits education provides girls, and what's being done to improve girls' access to education. (**5 minutes**)
5. After class, the instructor uploads materials to the online teaching platform.

Anticipated Time to Complete: 25 minutes

- Option to only present lecture material without breakout/policy discussion: 5-10 minutes

Ideal Class Size: 30+ students (groups of 4-5 students)

Lecture: (5 minutes)

### Girls' Education

- Current state of girls' education in SSA
  - Globally: 132 million girls are out of school (34.3 million primary, 30 million lower-secondary school age, 67.4 million upper-secondary school age)<sup>[5]</sup>
  - 38% of girls between ages of 12-14 and 60.5% of girls 15-17 were not in secondary school according to 2018 analysis<sup>[6]</sup>
  - SSA has highest rates of child marriage and teenage childbearing in the world
- Social norms and responsibilities
  - Family role: domestic work-cleaning, cooking, caring for younger children
  - Marriage: wealthy vs. poor family background
- Consequences of not getting a full education
  - Contributes to poor sexual health outcomes (ex. adolescent marriage and early pregnancy)<sup>[7]</sup>
  - The higher the level of education, the more likely female adolescents will use contraceptives; more predominant among those with secondary / higher education<sup>[8]</sup>

- Limited economic opportunities
- Early marriage, pregnancy —> generational impact: more children, poorer health, limited opportunity, less education, increased child mortality, decreased life expectancy<sup>[1]</sup>

#### Constrained Choice Theory (Bird & Reiker)<sup>[4]</sup>

- How decisions and actions taken at the family, work, community, and government levels shape individuals' opportunities throughout their lives and influence how individuals make choices
- This framework illuminates the relationship between gender, opportunities, and health outcomes throughout the course of one's life
- How policy decisions can have unintended and cumulative effects by discouraging or preventing healthy behavior
- Health is not only an individual responsibility but one shared by decision makers at each level
- Decision makers must understand how gender norms and roles can impact an individual's choices and the downstream effects of these choices on health outcomes. This understanding can help build towards social policies that increase opportunities for people to attain better health

#### Explain in Class Activity

#### Breakout Groups: (5 minutes)

- **Read Discussion Questions.**
  - What social determinants impact girls' education in SSA?
  - How are girls' choices constrained?
  - What policy interventions could alleviate the impact of these determinants and increase the level of education girls can receive?
- **Ask students to discuss in small groups (in-person) or breakout rooms (online) and add notes to chart paper / team notes (in-person) or Google Slides [here \(online\)](#).** *(groups of 4-5 students each)*
  - We will put students in small groups (send students into breakout rooms) to discuss these questions. You have 5 minutes to discuss and come up with a policy intervention.
  - Use the Google Slides link in the chat to share your group's thoughts on: 1) your policy intervention; 2) which social determinants it addresses; 3) how it will increase access to education. Use [this link](#) and post it in the chat (online) or include in presented slide.
  - Please identify one speaker for your group.

- When we come back together, we will start with Group 1 to quickly go over their slide. (*Calling on each group will save time.*)

Facilitate Group Share: (1 minute per group)

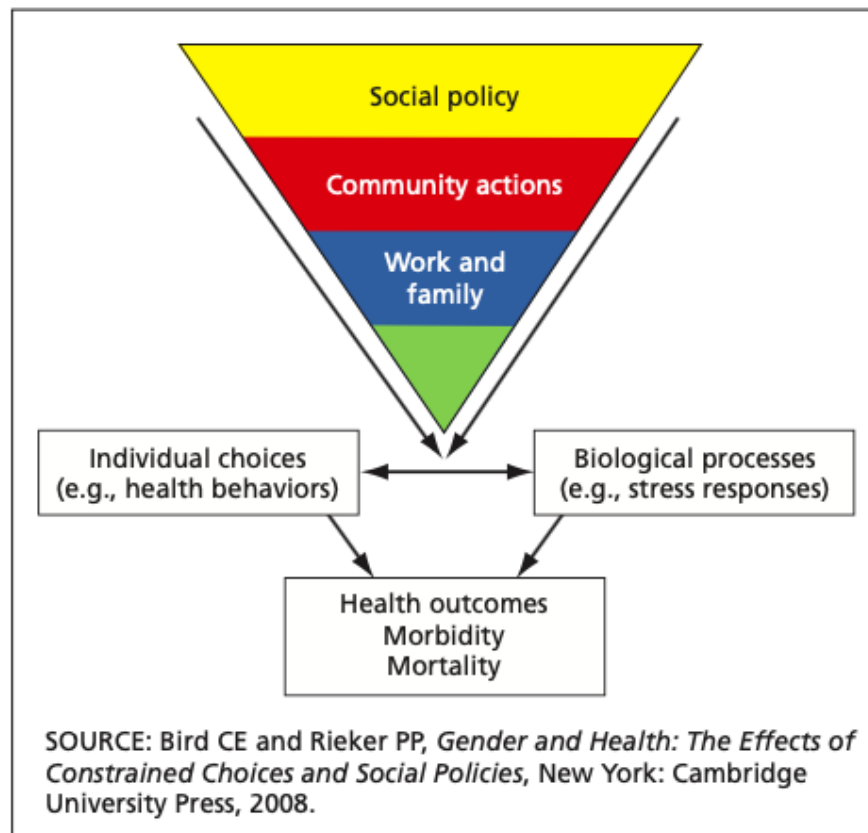
- Welcome back, everyone.
- Group 1: Please share your group's policy intervention, tell us which social determinants it will address, and how you anticipate it will increase access to girls' education. (*Repeat with subsequent groups*)
- Probing Questions:
  - How can you apply constrained choice theory to your intervention?
  - What unintended consequences do you anticipate could arise from your intervention?
  - What setting do you envision your intervention being most effective?

Wrap Up: (5 minutes)

- Barriers ([World Bank](#))<sup>[3]</sup>
  - Poverty: Many families cannot afford school fees, uniforms, supplies, transportation, or need their children to work for wages
  - Violence: increased risk of GBV while walking to school, experience violence at school
  - Burden of stigma ex. adolescent pregnancies (may be the result of sexual violence or sexual exploitation)
  - Child marriage: Early marriage is #1 predictor of teenage pregnancy, and girls are often not permitted to return to school once they are pregnant or have a child
  - Lack of schools, inadequate infrastructure and unsafe environments
  - Limitations in teaching training and teaching and learning materials which reinforce gender biases: not sensitive to the specific needs of girls, not trained to reduce gender biases
- Benefits of girls' education
  - Educating girls increases women's wages, health productivity, and access to rising job markets<sup>[1]</sup>
  - Reduce number of women living in poverty, provide economic freedom, increase literacy —> increase quality of life<sup>[1]</sup>
  - Generational impact: marry later, fewer children, healthier families (health care and nutrition), higher life expectancy, lower fertility, able to send own children to school longer<sup>[1]</sup>
  - Learn socio-emotional and life skills necessary to navigate and adapt to a changing world<sup>[3]</sup>
  - Enhances their ability to make decisions for themselves<sup>[3]</sup>

- Health outcomes: reduced child and maternal deaths, improved child health, reduced HIV/AIDS infection or transmission to baby<sup>[2]</sup>
- Benefits of reducing gender negative biases impacts both girls and boys<sup>[5]</sup>
  - Child labor
  - Gang violence
  - Recruitment into armed forces
- What is already being done (*can add to discussion at the end if students are interested*)
  - <https://www.unaids.org/en/topics/education-plus>
  - <https://www.hrw.org/news/2017/06/16/africa-make-girls-access-education-reality#>
  - <https://solutionsbank.candid.org/solutions/keeping-girls-safe-and-in-school-in-sub-saharan-africa>
  - <https://www.obama.org/girlsoportunityalliance/about/> - This program is global and not exclusive to SSA

### Conceptualization of Constrained Choice



## References:

1. Johannes, Eliza. Women's Education in Sub-Saharan Africa: Obstacles Facing Women and Girls Access to Education: The Case Of Kenya. 2021, [https://kessa.org/wp-content/uploads/2020/01/4\\_E\\_Johannes.140120240.pdf](https://kessa.org/wp-content/uploads/2020/01/4_E_Johannes.140120240.pdf). Accessed 28 Apr 2021.
2. "The Effect of Girls' Education on Health Outcomes: Factsheet". Population Reference Bureau, 2021, <https://www.prb.org/girls-education-fact-sheet/>.
3. "Girls' Education". World Bank, 2021, <https://www.worldbank.org/en/topic/girlseducation>.
4. Bird, Chloe E., and Patricia P. Rieker. "Constrained Choice: Why Are Some Women And Men Able To Create And Maintain Healthy Lifestyles, While Others Are Not?". Rand.Org, 2021, [https://www.rand.org/pubs/research\\_briefs/RB9339.html](https://www.rand.org/pubs/research_briefs/RB9339.html).
5. "Girls' Education". Unicef.Org, 2021, <https://www.unicef.org/education/girls-education>.
6. "Education +". Unaids.Org, 2021, <https://www.unaids.org/en/topics/education-plus>.
7. Melesse, Dessalegn Y et al. "Adolescent Sexual And Reproductive Health In Sub-Saharan Africa: Who Is Left Behind?". BMJ Global Health, vol 5, no. 1, 2020, p. e002231. BMJ, doi:10.1136/bmjgh-2019-002231.
8. Ahinkorah, Bright Opoku et al. "Female Adolescents' Reproductive Health Decision-Making Capacity and Contraceptive Use in Sub-Saharan Africa: What Does the Future Hold?". PLOS ONE, vol 15, no. 7, 2020, p. e0235601. Public Library Of Science (Plos), doi:10.1371/journal.pone.0235601.