Malawi, Burkina Faso - Effectiveness of conditional cash transfers, subsidized child care and life skills training on adolescent mothers’ schooling, sexual and reproductive health, and mental health outcomes in Burkina Faso and Malawi, The PROMOTE, ENDLINE

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Report generated on: October 2, 2025

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Overview

Identification

ID NUMBER
DDI-BFA-MWI-APHRC-PROMOTE-ENDLINE-2024-V1.0

Version

VERSION DESCRIPTION

PRODUCTION DATE
2025-08-08

NOTES
N/A

Overview

ABSTRACT
Introduction: In Burkina Faso and Malawi, as in many countries in sub-Saharan Africa, girls' and women's health as well as social and economic wellbeing were often negatively impacted by early childbearing. A vast majority of adolescent girls who got pregnant dropped out of school, which resulted in widening gender inequalities in schooling and economic participation. Our gender transformative research aimed to generate rigorous evidence that would provide insights on how policy makers and program implementers could support parenting adolescents. We estimated the incremental effect of three interventions aimed at facilitating adolescent mothers' (re)entry into school or vocation training in Ouagadougou (Burkina Faso) and Blantyre (Malawi). We also examined the effect of the intervention on sexual and reproductive health outcomes and mental health. The three interventions we assessed were: a cash transfer conditioned on (re)enrolment into school or vocational training; subsidized childcare; and life skills training that covered nurturing childcare, sexual and reproductive health, and financial literacy.

Study Design: A randomized trial was used to compare the effectiveness of the three interventions. We evaluated the interventions using data from surveys conducted before the start of the program and at the end of 12 months. Following the baseline, adolescent mothers (N=270) aged 10 - 19 years with a child aged 1 - 3 years were randomized into one of three study arms. Arm one received life skills training through adolescent mothers' clubs. The adolescent mothers' clubs were facilitated by community health workers (CHWs). Given their role as a bridge between the community and the health sector, working with CHWs was also critical in facilitating access to SRH and child health services for adolescent mothers and their children. The second arm received the life skills training and subsidized childcare. The third arm incorporated all three interventions. Comparing the first (mothers' clubs only) and second (mothers' clubs + subsidized childcare) allowed us to test the additional benefit of the childcare subsidy. Comparing the second and third arms (mothers' clubs + subsidized childcare + cash transfer) also allowed us to test the additional benefit of the cash transfer. Comparing the first and third arms allowed us to test the combined benefit of the subsidized childcare and cash transfers. At the endline, we assessed the average treatment effect across the three groups following intent-to-treat (ITT) analysis, comparing school or vocational training enrolment and retention, contraceptive use, and mental health at baseline and endline. To complement the quantitative data, we conducted a qualitative process evaluation which adopted an ethnographic approach combining participant observation and repeat IDIs with adolescent mothers, and key informant interviews (KIIs) with partners, teachers, parents and childcare center managers. This approach helped gather contextual subjective knowledge about adolescent mothers, their daily interactions with key actors in their lives (including their parents, partners, teachers, etc.) and their behavioral responses to different stimuli.

Dissemination: We aimed to maximize the translation of the evidence into policy and action through sustained engagement from inception with key stakeholders and decision makers and strategic communication of research findings using a variety of knowledge products, including online news articles, peer-review journal publications, policy briefs, and conference abstracts, tailored to diverse groups of end-users.

Trial registration number: AEARCTR-0009115

Budget: USD 782,746 over three years

UNITS OF ANALYSIS

Parenting Adolescent girls.

Scope

NOTES

This dataset contains Endline information collected from adolescent mothers aged 10-19 years residing in select districts in Malawi and Burkina Faso. The scope covers multiple domains relevant to the PROMOTE intervention, including:

Socio-demographics (age, marital status, education, household composition),

Educational and vocational background,

Sexual and reproductive health knowledge and behavior,

Mental and physical health status,

Financial literacy and economic practices,

Gender norms and attitudes,

Experiences with intimate partner violence (IPV),

Parenting practices and child bonding.

Coverage

GEOGRAPHIC COVERAGE

Urban areas of Malawi and Burkina Faso.

UNIVERSE

Parenting Adolescent mothers aged 10-19 years with at least one biological child aged 1-3 years, living in urban areas of Ouagadougou (Burkina Faso) and Blantyre (Malawi).

Producers and Sponsors

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FUNDING

Name	Abbreviation	Role
International Development Research Centre	IDRC	Provided primary funding
Swedish International Development Cooperation Agency	SIDA	Co-funder supporting

OTHER ACKNOWLEDGEMENTS

Name	Affiliation	Role
Kelvin Kamau Maina	APHRC	Data documentation specialist
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Metadata Production

METADATA PRODUCED BY

Name	Abbreviation	Affiliation	Role
African Population and Health Research Center	APHRC		DDI Documentation

DATE OF METADATA PRODUCTION
2025-08-27

DDI DOCUMENT VERSION
Version 1.0(August 2025)

DDI DOCUMENT ID
DDI-BFA-MWI-APHRC-PROMOTE-ENDLINE-2024-V1.0

Sampling

Sampling Procedure

For the endline survey, the sample consisted of all adolescent mothers who participated in the baseline survey and were enrolled in one of the three intervention arms. A total of 407 participants, with 201 in Burkina Faso and 206 in Malawi. This was a longitudinal follow-up, with no new sampling conducted; instead, every baseline participant was traced and re-interviewed to allow intent-to-treat analysis, regardless of their level of participation in the interventions. At baseline, participants were selected through multi-stage sampling, beginning with the random selection of enumeration areas (EAs) from a primary sampling frame, followed by a household listing to identify eligible adolescent mothers aged 10-19 years with a child aged 1-3 years who had lived in the study site for at least one year. In each EA, 20 eligible households were randomly selected, and if a household had more than one eligible adolescent, one was chosen using a Kish grid. For the endline, field teams revisited the same households and communities, and any cases of dropout were documented for attrition analysis rather than being replaced.

Deviations from Sample Design

There were no significant deviations from the original sampling design. Minor adjustments occurred at the community level to account for incomplete lists of eligible adolescent mothers, particularly in areas where formal records were lacking. In such cases, local health workers and community leaders assisted in identifying additional participants through referrals and community mapping. These adjustments ensured inclusion of all eligible participants within the targeted clusters without compromising the study's purposive sampling framework.

Response Rate

The report does not provide formal response rates. However, a total of 407 adolescent mothers aged 10–19 were successfully interviewed across Malawi and Burkina Faso (206 in Malawi, 201 in Burkina Faso). No information was provided on refusals, ineligibility, or total eligible sample approached.

Weighting

No sampling weights were applied.

Questionnaires

Overview

The PROMOTE Endline survey adopted the same questionnaire used at baseline so that changes can be measured consistently. The structured questionnaire was administered face-to-face to adolescent mothers aged 10–19 years. The instrument was delivered digitally via tablets and covered multiple modules, including socio-demographic characteristics, education and vocational training, sexual and reproductive health, mental and physical health, financial literacy, gender attitudes, intimate partner violence (IPV), childcare and bonding, and future aspirations.

Data Collection

Data Collection Dates

Start	End	Cycle
2024-06-02	2024-07-31	Malawi
2024-10-01	2024-10-30	Burkina Faso

Data Collection Mode

Face-to-face [f2f]

Questionnaires

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Supervision

Data collection for the PROMOTE Endline survey was supervised by trained field coordinators who oversaw enumerator teams in both Malawi and Burkina Faso. Supervisors were responsible for monitoring adherence to survey protocols, reviewing data quality in real time (facilitated by the use of tablets), and ensuring ethical conduct throughout fieldwork. Daily debriefings and data checks were conducted to address issues promptly, and local language support was provided to assist enumerators in engaging effectively with respondents.

Data Processing

Data Editing

Data was collected using SurveyCTO, a tablet-based platform that enabled real-time electronic entry during interviews, with automatic skip patterns and validation checks built into the forms. Completed data were securely uploaded to a central server and subsequently cleaned and processed by the research team. The cleaning process included checks for missing values, outliers, and inconsistencies. STATA software was used for data cleaning, management, and analysis, including recoding variables and generating descriptive statistics for reporting.

Other Processing

Data was collected in the field using digital tablets equipped with the SurveyCTO platform, which allowed for real-time data entry using a highly structured, pre-programmed electronic questionnaire. The system incorporated automatic skip logic, range and consistency checks, and built-in validations to prevent entry errors. Enumerators could not override these checks, ensuring high-quality data capture at the point of collection. All interviews were conducted face-to-face and recorded electronically in local languages. Upon completion of interviews each day, data were synced to a secure central server.

Each country team had dedicated data managers who supervised the uploading, monitoring, and storage of incoming data. The centralized server was maintained with restricted access and encryption protocols to ensure respondent confidentiality. After fieldwork concluded, datasets were downloaded, reviewed, and cleaned using STATA software. The cleaning process involved removing duplicates, correcting inconsistencies, managing missing values, and recoding variables based on a predefined analysis plan. Open-ended “other” responses were reviewed and, in some cases, recoded into existing categories where appropriate. Unique respondent identifiers allowed for module linkage without compromising anonymity.

Though no double data entry or manual verification was needed due to the digital collection mode, a series of consistency checks and summary statistics were generated to identify outliers or unusual patterns. Variables such as age, education level, contraceptive use, and income were grouped or transformed as needed for tabulation. Final, cleaned datasets were saved in both raw and analysis-ready formats for subsequent use in monitoring and evaluation.

Data Appraisal

Estimates of Sampling Error

N/A

Documentation

Questionnaires

PROMOTE_ADOLECENT_TOOL__endline_Burkina_printable.html (1).pdf

Title	PROMOTE_ADOLECENT_TOOL__endline_Burkina_printable.html (1).pdf
Author(s)	African Population and Health Research Center
Date	02/10/2025
Country	Burkina Faso
Language	ENGLISH
Contributor(s)	Caroline Kabiru
Publisher(s)	African Population and Health Research Center (APHRC)
Filename	PROMOTE_ADOLECENT_TOOL__endline_Burkina_printable.html (1).pdf

Other materials

PROMOTE_Study protocol (erc)_Revised_Clean copy (1).docx

Title	PROMOTE_Study protocol (erc)_Revised_Clean copy (1).docx
Author(s)	African Population and Health Research Center
Date	02/10/2025
Country	Malawi and Burkina Faso
Language	ENGLISH
Contributor(s)	Caroline Kabiru
Publisher(s)	African Population and Health Research Center (APHRC)
Filename	PROMOTE_Study protocol (erc)_Revised_Clean copy (1).docx