Title: Shield or empower – Defining, identifying, and delivering support to vulnerable young women in Burundi – Key informant interviews to build a pathway for equitable adolescent sexual and reproductive health empowerment

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Abstract:

This study explored perceptions of vulnerability to early childbearing among service providers of adolescent sexual and reproductive health care in Burundi. This focus differs from previous research by challenging the practicable pathway of inclusion of vulnerable young women in the empowerment of their sexual and reproductive health. Semi-structured key-informant interviews were conducted with 46 professionals working in the field of adolescent sexual and reproductive health in Bujumbura and Kayanza Province. Individual interviews were conducted in French, audio recorded, transcribed, and translated into English. The transcripts were analyzed by coders using Atlas.ti and an iterative process of content analysis. Findings revealed three primary themes that highlight perceptions of vulnerability to early childbearing among the service providers, including classification of vulnerable young women, a spectrum of protection to empowerment, and identification of who is responsible for these young women. Implications for professionals working with this population suggest that moving towards a process that includes empowering young women, rather than only protecting or shielding them, may provide more sustainable sexual and reproductive health across the life course of these young women. Recognizing young women as agents of control over their own bodies and lives, and incorporating this into the education and service delivery platforms, may encourage inclusive and sustained positive reproductive health as these young women transition from girlhood to womanhood.

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Introduction

In Burundi, with the second highest total fertility rate in the world (6.09 children per women), young women are at a high risk of early childbearing, and vulnerable young women are at an even greater risk. Burundi is the poorest country in the world. Childbearing in adolescence is common, but is not always desired or is an outcome that comes with undesirable consequences. Early childbearing may be a poor adolescent sexual and reproductive health (ASRH) outcome in and of itself, but it is also a proxy for exposure to other risks relating to poor ASRH – low contraceptive use, higher risk of obstetric complications, early marriage or sexual union, higher risk of maternal mortality or morbidity, higher risk of child mortality and morbidity, exposure to STIs including HIV, and forced sex (Temin & Levine, 2009).

The reasons for early childbearing may be accentuated by the long running civil war, extreme poverty, and lack of economic opportunity. Young women may seek security (Finlay, Efevbera, Karra, Ndikubagenzi, & Canning, 2016b), both emotional and economic, by creating a family (Finlay & Gausman, 2016; Graham, 2016) and believing that a husband will provide for her and her baby. However, the strain of this responsibility may be too much for young men, and they may depart to seek work or abandon the young wife and child. The girl then is left in a position worse than before she had the child, with a fractured family and lower economic prospects. The emotional and economic security that she sought backfired.

This is not the fate of every woman, and it is not the only reason for early childbearing, but it is one narrative that leads to a poor ASRH outcome. The narrative above relies on the young woman entering into the union and having a baby by choice –a "rational" decision at the time that the woman thought would improve her life and livelihood. In the resilience framework, the woman's choice of early childbearing was adaptive, but not transformative (Masten & Powell, 2003), where transformative would imply that the action of early childbearing put the young woman on a trajectory of resilience, rather than just using childbearing to adapt to a situation.

Early childbearing is not always a consequence of choice; women may be "sold" by their families into early marriage, forced to engage in transactional sex, or simply be a subject of their parents' (or grandparents' or caregiver's) decisions without any command over her own life.

In the first scenario, where the early childbearing was a result of a choice, we can implement interventions from the field of behavior economics to move young women in the "right" direction to lower the incidence of early childbearing (Ashton, Giridhar, Holcombe, Madon, & Turner, 2015). But, if a girl is a pawn shifted around by the family with no control over her life (she is not empowered), then changing the girl's behavior or preferences will have little to no effect on her outcome. To empower young women in their sexual and reproductive health and rights, first we need to establish that she has control over her life, and then we need to encourage her to make good decisions over her life trajectory. For those who are vulnerable, these young women may not have that command over their own selves, and being subjects rather than agents may be an initial hurdle to overcome. Firstly, however, we must identify what we mean by vulnerable, then work out if they are agentive to see if they are able to make a choice towards empowerment or if they are subjects of another person's or institution's maneuvering.

Some sub-groups in the population are more vulnerable to poor ASRH outcomes: they are less likely to have control over their lives, or less likely to make good decisions, both of which lead to the poor ASRH outcome.

Through our study, we want to ensure that the vulnerable young women have the same access to reproductive health services as "average" young women.

The definition of vulnerability varies according to the disciplinary approach (Moret, 2014), such as economics, sociology, food security, and disaster management, (Alwang, Siegel, & Jørgensen, 2001). We take a more conceptual approach and draw on these different approaches defining vulnerable to synthesize the core meaning of vulnerability.

One definition of vulnerable states that to be vulnerable implies a two-pronged situation: one, the young woman is subject to an external risk, stressor, or shock (war, famine, natural disaster); and two, her internal capacity to cope with this shock (resilience) is diminished. The external shock may affect the entire population equally, but it is a girl's individual capacity to cope, her resilience, that makes vulnerability an individual marker (Catino, 2012; Warenius et al., 2007).

In another definitional approach to vulnerability, the classification is by sub-groups of the population. Some groups may have a reduced capacity to cope due to their situation, which often resonates for individuals who lack a social (or familial) network: migrant workers (girls who move from the country to the city to take up work, e.g., domestic workers); orphans (Bozzoli, 2016) (girls who lost one or both parents during the civil war); married girls (10-19 years old girls who may be separated from their own families and in an unsupportive relationship or in-law household); and girls trapped in caregiving roles that may require onerous and dangerous work.

Another group of young women who may have different (could be higher or lower) resilience are those who were exposed to the civil war at birth. The length of the exposure to the war may have a compounding effect on their individual resilience (Betancourt & Khan, 2008; Finlay & Gausman, 2016).

Another way to consider characteristics of vulnerability is situational. Certain groups of people are vulnerable because of their geographic location (e.g., people living in rural areas) because of their dependency (Yousafzi & Edwards, 2004) (e.g., disabled people); living arrangement (Jocelyn E. Finlay et al., 2016) (e.g., living with grandparents); or, the type of work they do or the reason for the work (Kabeer, 2012) (e.g., household workers).

Others define vulnerability as the likelihood of an outcome that is below an acceptable threshold. This approach explores vulnerabilities to poor outcomes, as opposed to exposures that make a person vulnerable.

In the literature on disability, in which disability is a form of vulnerability, two models conceptualize the vulnerability (Yousafzi & Edwards, 2004). One is the medical model that a disabled person has a loss or impairment of function, with the expectation that the individual with the disability must adapt to society and take command of his or her own life for integration into society (*demand* for integration). The second is the social model, in which the disability of an individual is a problem for society and that barriers faced by the disabled person for inclusion into society are created by physical or attitudinal aspects of the social environment. In this second model, the goal is to fully integrate the disabled person into society (*supply* of integration).

A person is vulnerable to something. A person is made vulnerable because of something. We can say what makes a person vulnerable: that is, I am vulnerable (to a below par outcome) because of my exposure to a large shock and my capacity to cope is compromised because of the shock. I am

vulnerable because of my situation. I am vulnerable because of my characteristics (risk factors). We can also say what results from the vulnerability: that is, because of my vulnerability I must adapt to society. Because of my vulnerability society creates disabling barriers. Because of my vulnerability I have a higher likelihood of a poor outcome.

Being vulnerable implies that an individual needs to be resilient (Catino, 2012; Warenius et al., 2007) or to have a different level of resilience than an average person (Betancourt & Khan, 2008; Finlay & Gausman, 2016). Masten (Masten & Powell, 2003) categorizes protective factors that can foster resilience in an individual. The parent-child connection is paramount in enabling an individual to be resilient to a shock. In the case of natural disasters, war, or extreme poverty, young women may become disconnected from their mothers or parents either through death or physical separation. Without parental support, the girl is disarmed of the primary source of resilience. Masten also speaks to the positive roles of education, religion, and mastery in building resilience in an individual, in which mastery refers to one's skills in being able to take control of one's actions and self. As a child we learn how to do new things (shoelaces) and take pride in being able to do these things by our self. The same sense of command over personal-skill achievement (distinct from academic skills) can overlap with the notion of empowerment. If a girl can make decisions for her own daily life and routines, act on them, and recognize the consequences, then in the event of a shock she will be more likely to adapt these skills to new, heightened, demands in times of adversity.

Girls in particular are disarmed of the many protective factors that build resilience. They have less education, less self-agency or empowerment, and are more likely to be separated from parents (migrant worker, child marriage). They are disarmed through the gender inequalities that did not allow them to build their capacity for resilience to these shocks.

Yet, I would not say that because of this disarming of girls in resilience-building factors, they are more vulnerable than boys, but the reasons for their vulnerability may differ. The response to shocks, and one's resilience capacity, may vary at baseline by gender. Heckman found that in the face of shock, girls were more likely to remain committed to interventions aimed at building their resilience, whereas boys were more likely to turn to delinquency. Thus, while girls are more likely than boys to be separated from their parents, more likely to have less education, and more likely to be dis-empowered, we should not conclude that girls are more vulnerable than boys, but that their resilience-response and vulnerability may differ. Boys face their own set of vulnerabilities in relation to adolescent sexual and reproductive health that they navigate (Shefer, Kruger, & Schepers, 2015). However, given that the pathway to building resilience, responding to shocks, and targeting vulnerable populations differs for girls and boys, in this research we focus in on girls. This is not to diminish the threat that boys face, but to separate out the analysis by gender.

In this paper we explore the pathway to empowering young women in their sexual and reproductive health and rights and, in particular, focus in on vulnerable sub-groups of young women. We aim to work towards suggesting effective interventions that will target this vulnerable sub-group(s) to ensure that empowerment opportunities are equitable across the population.

Methods

Sample and Recruitment

We started this work in Bujumbura in 2016, at a time of social and political unrest. While Burundi had experienced relative peace since the end of the civil war (1992-2006), violent protests and then assassinations became a regular occurrence leading up to and following the election of the president in July 2015. As a research team, we were particularly grateful to participants who were able to talk with us during this time and ensure that the unrest did not further delay progress in empowering young women – indeed it may have been precisely because of this underlying unrest that young women were, and still are, particularly vulnerable at this time.

Despite the unrest in Burundi, and the withdrawal of many international organizations (IOs) and closure of non-governmental organizations (NGOs), some IOs and NGOs remained as did clinics that provided sexual and reproductive health services. A purposeful sampling strategy was employed to recruit key informants who worked in the domain of adolescent sexual and reproductive health. To be included in the study, key informants had to work for an organization based in Bujumbura or Kayanza, their work had to relate to adolescent sexual and reproductive health, they were able to participate in a one-hour discussion at a location agreed upon with the interviewer, and provided verbal consent. Forty-six key informants were interviewed in person over a three-month period from September 2016-November 2016.

Once the research team determined a key informant's eligibility (often via telephone), an in-person interview time was scheduled. Prior to the interview, the key informant was sent the recruitment script and interview guide that provided a preamble about the purpose of the questions that would be asked during the interview. The recruitment script and interview guides were translated into French, and the interviews were conducted in French. Two researchers were present at the interview, one leading the question-asking and the other as a support.

All procedures were approved by the principal investigator's university institutional review board as well as the Burundian National Ethics Committee. No compensation was provided to the key informants for participation.

Data Collection

The semi-structured key informant interviews were conducted by a (male) post-doctoral-level lecturer from the University of Burundi and the (female) director of Pathfinder International Burundi office. The interviewers had experience in conducting key-informant interviews and were trained for this particular study.

We did not collect any personal demographic information of the key informants, nor ask for their exact professional position or organization, as information beyond the eligibility criteria was not needed to inform the objectives of the study. The semi-structured interview guide included a preamble that provided background to the study and a list of questions that provided structure to the interview. Interviewers prompted the key informants if their responses seemed incomplete, and at the end there was an open question that invited the key informant to talk about any other thoughts.

The interview covered a range of questions covering topics of: Why do girls have children in their teen years? What would encourage girls to delay their first birth? Do ASRH programs exist in Bujumbura now, and who runs these programs? What kinds of girls are more likely to have their first birth very young? What encourages or hinders teenage girls in accessing family planning services in Bujumbura? How do the vulnerable or disadvantaged girls need different avenues for help? For the purposes of this paper, the responses that informed us of a definition of vulnerability and how to encourage young women to prevent early childbearing became the focus. Another paper addresses the barriers and solutions to accessing family planning in the Burundi context.

Data Analysis

Audio recordings of the qualitative interviews were transcribed from French and then translated into English. The transcripts were analyzed using iterative content analytic procedures (Miles & Huberman, 1984; Tolley, Ulin, Mack, Robinson, & Succop, 2016). One coder examined the 46 transcripts to identify major themes. This coder then utilized a high-inference coding process (axial coding) with the help of qualitative software Atlas.ti. This analytic process involved reading through each report multiple times to develop a list of major themes that emerged when the key informants talked about vulnerable young women and early childbearing in Burundi.

Three primary themes emerged from these data: (a) classification of vulnerable young women, (b) a spectrum of protection to empowerment, and (c) identification of who is responsible for these young women. Specific categories within these themes were then developed to further conceptualize each theme.

The coder then examined each transcript to identify words, phrases, sentences, and paragraphs that represented the themes and specific categories within the theme. The frequency of each theme and category was tallied. Quotes were extracted.

A second researcher then also read the transcripts, developing an additional set of themes and categories. This researcher then read the findings of the first coder and verified the coding into themes and categories. Where question or disagreement in the coding was identified, it was marked for discussion with the researchers and re-coded as then agreed.

The frequency of responses is reported in Table 1.

Results

Summary Responses

In the interviews with the key informants, three major themes emerged: (a) classification of vulnerable young women, (b) a spectrum of protection to empowerment, and (c) identification of who is responsible for these young women. Within each of these themes, responses could be grouped into categories. Table 1 outlines the themes and categories within these themes, as well as the frequency each item was addressed across the 46 interviews. Each key informant would often address more than one theme, and within a theme more than one category. To get a sense of relative frequency, we added

up all the possible categories within a theme and then assigned a percentage to each category. For example, within theme A, categories X, Y, and Z were mentioned a total of 100 times. Category X was mentioned 20/100 times, category Y 30/100 times, and category Z 50/100 times. Each key informant could mention more than one category, but the mention of that category was only counted once for each key informant. Even if the key informant raised a category many times, it was only counted once for this person.

Table 1: Frequency of Themes and Categories (to be completed)

Theme	**Category**		
Classification of vulnerable young women	Detached from parents		
	Financially Poor		
	Insecure environment		
	Other		
A spectrum of protection to empowerment	Shield		
	Inform to protect		
	Enable (laws, jobs)		
	Empower		
Responsible	Boy		
	Parent		
	Teacher		
	Community		

Classification of vulnerable young women

In the classification of vulnerable young women in the context of early childbearing in Burundi, the key informants spoke to four main groups of women: those who had fractured parental attachment (N=80, X%), those who lived in poverty (N=238, Y%), those who lived in insecure environments (N=17, Z%), and other kinds of vulnerable young women (N=65, T%).

Detached from parents

While the definition of vulnerable is broad, as discussed in the Introduction, interview questions prompted the key informant to list a type of person who would be vulnerable to early childbearing in Burundi. Thus, following the prompt, the key informants listed young women such as housekeepers or maids who were girls from rural areas migrating to Bujumbura. Informants also listed orphans, girls from

large families, and homeless girls. However, when reading the transcripts, researchers found that the lists of types of young women had common characteristics that enabled them to realize that informants were identifying vulnerability through the young woman's situation rather than an individual characteristic. For example, orphan describes an individual characteristic, but the orphan, maid, homeless, unprotected, and large family all have the common element of being vulnerable because of parental detachment.

In resilience literature, attachment to parents is considered the leading factor in building internal resilience to overcome adversity in a time of external shocks and stressors (Masten & Powell, 2003). Extending this to the discussion of vulnerable, a young woman who is detached from her parents does not have this great support to build internal resilience and, thus, is vulnerable to a poor outcome (early childbearing in this case). The negative effect of parental attachment on adolescent sexual and reproductive health outcomes has been noted in other sub-Saharan African contexts (Beguy, Kabiru, Nderu, & Ngware, 2009; Biddlecom, Awusabo-Asare, & Bankole, 2009; Blum, 2007; Doyle, Mavedzenge, Plummer, & Ross, 2012; Hair, Park, Ling, & Moore, 2009; Hindin & Fatusi, 2009; Kabiru, Beguy, Undie, Zulu, & Ezeh, 2010; Karim, Magnani, Morgan, & Bond, 2003; Markham et al., 2010; Meinck, Cluver, Boyes, & Ndhlovu, 2015; Sidze, Elungata'a, Maina, & Mutua, 2015; Slap et al., 2003).

Housemaids, those young women who migrated from the rural areas to the city without their parents, and worked in a household, were frequently mentioned as a group particularly vulnerable to sexual exploitation and consequently childbearing. In this discussion, housekeepers, or "abyaya", were mentioned with great frequency (X/X). None of the key informants mentioned the particulars of why the young women (often girls as young as 10 years old) would travel from the rural areas to the city to work in homes as housekeepers. We do know, however, that these young women traveled without their own parents, and the key informants explained that they were often victims of sexual exploitation by male colleagues also working in the house or by men within the household. The young women would become pregnant, lose their jobs as housekeepers, and end up as sex-workers.

"The phenomenon (early childbearing) is noticeable especially for the domestic girls, what I have seen, the girls commonly called "yaya". Ironically, it is said that when they retire, they enter prostitution."

Not everyone was sympathetic to this trajectory.

"They come to do domestic work but after failing, with the laziness of our youth, they immediate orient themselves towards this trade (sex-work), but with this job there are many risks."

The omission in the transcripts of an explanation of why these girls migrate into this vulnerable situation may reflect the key informants not knowing a general explanation, or that the general explanation is so obvious that it is not needed. Either way, the omission was systematic. In the literature relating to migration to slums, questions over why people move to situations (slums) of elevated risk and why they stay have been addressed. In his work, Bayat discusses how the new, worse, situation has become a new normal, or the new ordinary, for the people living in these bad conditions (Bayat, 2013). This narrative on the slum situation assumes that people have a choice to come and a choice to leave. For the situation of the housemaid, we question if she even has a choice over her mobility in coming to the city for the job and her ability to leave. Even for school children, mobility to attend after-school programs for SRH is sometimes limited by domestic duties (Mathews et al., 2015). Reaching housemaids may then be particularly difficult if their mobility is restricted.

Financially Poor

Girls who live in poverty were considered highly vulnerable to early childbearing as they would marry early for subsistence from the husband, or enter into transactional sex (as distinct from prostitution). The key informants described the situation as the young women being easily coerced into marriage, transactional sex, prostitution, or high-risk jobs in bars or nightclubs, for small financial reward or promises (that were later not fulfilled).

"There is a young policeman or military who comes from [country name omitted by author] who tells you that he will offer you paradise, so you are carried away by all this."

While the literature is inconclusive about the role of peers in shaping adolescent sexual behavior (Fearon, Wiggins, Pettifor, & Hargreaves, 2015), key informants mentioned poverty as a factor.

"There are even young people who are deceived by their peers. She (the peer) tells her: Well, I have a friend who gave me a watch, shoes, etc. and you, youth think you do need it! And when the girl is not really well informed about how to go about it and sleeps with the person, she does not even know how to protect herself against unwanted pregnancies, and hence, he is impregnated."

"It happens, often when a girl goes to school, she has not eaten the previous evening and meets a boy on the way that gives her lemonade and a little money, it can happen easily. It's the girls from poor families."

"Girls who are not helped, girls who have not continued their education, who are there to wait for a boy, as husband who comes, this one is welcome. It becomes for her a means of subsistence. In general, it is these girls who see it in their partner someone who comes to the rescue even if she is cut short in her own life, she believes to find a rescue. When she finds someone who giver her something, she yields easily."

"Girls in the neighborhoods, I would say, disadvantaged, where they do not have enough to eat, the family does not have enough income, and often they are used in systems, I would say, to manage the family income. They are pushed into these practices so that they do produce income for the family."

The situation of poverty means that these girls and young women are less likely to be in school and have few avenues for earning money for themselves, or as we heard from the last key informant, they are pushed into transactional sex by their families. Using sex to earn money for a little food or a treat was the only means of income generation that the key informants mentioned. This may be because the interviews were about early childbearing, but it may also reflect the lack of alternative income generating activities available for girls and young women (especially from poor neighborhoods or with little education).

Insecure environment

Another group of young women who the key informants regularly mentioned as being vulnerable to early childbearing are those who live in refugee or internal -displaced-person camps, or live in regions of Burundi that are particularly insecure. These insecure environments put the young women at risk of

sexual violence, as the stressors of the situation enhanced the frequency of violence, and the support structures were not there for prevention or to help the survivors of the sexual violence.

Other

Across the interviews, informants mentioned other groups of young women who are often highlighted in the literature but may not be the dominant vulnerable groups in the Burundi context. Disabled young women (both physically and mentally) were flagged by two key informants as being vulnerable to sexual exploitation and, consequently, early childbearing. The Batwa people (a pygmy people native to Burundi) were mentioned by one key informant. Drug addicts were mentioned by one key informant as a group vulnerable to early childbearing.

A spectrum of shield/protection to empowerment

The purpose of this study is to research ways to empower vulnerable young women in Burundi in their sexual and reproductive health. Thus, when discussing what would encourage vulnerable young women, or young women in general, to delay their first birth and avoid early childbearing, the discussion from the key informants often focused on how the young women should be protected. With the rise of literature and programmatic focus on empowerment, the attention on protection rather than empowerment in the interviews highlighted that for many people working on the ground in adolescent sexual and reproductive health the mindset was protectionist. This may not have been a conscious decision to programmatically focus on protecting *rather than* empowering. Instead, the attitudes towards young women were such that they were not considered agents of change of their own bodies and lives, but subjects in need of protection. This was intended in good faith and for the benefit of the young women, and not in a derogatory attitude suggesting incompetence on the young women's behalf.

Table 1 shows the numerical breakdown of the skewed frequency towards protectionist attitudes.

Protect

Two categories emerged on the protection end of the spectrum. At the far end, shielding, a desire to protect and shield the young women from the risk of early childbearing. For these key informants, this meant keeping the young women in school as a place to stay and be protected but not as a place of learning. It meant that the young women needed supervision.

"What we can encourage them to delay first pregnancies, it is precisely in the school environment. They must feel they have constraints."

Another group of key informants also wanted to protect the young women from early childbearing, but they wanted the young women to be informed so that they would be protected. They provided information to protect them, but not to empower them.

"Parents should find time to give their children, to exchange and tell them what can happen to them when they begin to engage in unprotected sex, of course."

This information that would guide them to abstinence or contraceptive use, but was not intended to open up their world to the possibility of a a more positive life course trajectory, such as by empowering them with negation skills and decision making, in order to be active agents over their own bodies and lives.

Thus, these two groups were on the protectionist end of the spectrum. Their attitudes did not blame or further victimize the young women in any way. In interviews they talked in good faith of their desires to help these young women by protecting them, but not by taking the next step to empower them.

Empower

To empower vulnerable girls in their sexual and reproductive health would mean that the key informants would have discussed how informing the young women would enable them in their decision-making capabilities, giving them the power to execute their own decisions, and would have included having a longer range outlook for the young women. Comments from two key informants captured this in part.

“I think that we should raise the awareness of the girl in such a way that she concentrates her time on the preparation of her future, education.”

“When they are informed and encouraged, they develop their ambition.” In general, however, the key informants did not follow the complex agenda of empowerment.

Identifying who is responsible for these young women

As a further extension of the “protect to empower” category on the spectrum, another theme that was dominant throughout the interviews with the key informants was the notion that someone, besides the young woman, should be responsible for the outcome of early childbearing. The lack of dialogue with parents regarding sexual and reproductive health, the reference to sexuality being a culturally taboo topic, and the lack of age-appropriate sex education in school curricula was frequently mentioned by the key informants. This reference to how someone should be responsible again reinforces the idea that the young women were not considered agents of their own bodies and life trajectory. The young women were considered subjects.

“The families themselves who should be a great means of communication between parents and children to convey the message. Families have abandoned their role.”

“But also there are what we call taboos about sexuality, it is not spoken in many Burundian families. There is this relationship, how can parents dare to talk about sexuality with their children; parent-child dialogue, does it exist? When you analyze in depth, you search deeply, you will find that this dialogue is not established at all. It is above all in the circles of intellectuals that they can dare to speak of this, but in reality, in general, it is not so much discussed.”

“I would say that we always need to avail quality information; let the girl have filtered information because what we notice today is that in many families they are afraid, they are afraid, really a fear that is there, which is even observed, establishing a relationship between parents and children about

sexuality. They think that talking about sexuality to the girl will expose her, the young girl will have this desire to go to taste, to go for sex but it is not true at all. When the girl is well trained, who has information of all kinds, she will make her choice, provided you increase her decision-making power."

"I would say a failure or inability of the parents because there is no open dialogue between parents and the girl at an early age to prepare her. The question of sexuality remains taboo even if we are in the capital and there is also the irresponsibility of some parents who are absent from the household, who do not target the problem and prepare to approach this age with the risks with its complexities."

"You know, the relationship between parents and girls in Burundi how it goes. Uneducated parents are most often afraid to talk about things such as sexuality and especially to their young girls. So it's a taboo to talk about sexuality. And at this time, young girls, why not young boys, tend to discover these hidden taboos."

Many of the key informants working in the field of adolescent sexual and reproductive health thought that the parents should take responsibility for informing their daughters of the risks of early childbearing (in terms of life time poverty and STIs) and believed that the young women were ill-informed specifically because the parents did not overcome cultural taboos to take on this responsibility to inform their daughters.

Discussion

In this study, we conducted key informant interviews on the topic of identifying and defining vulnerability in the context of early childbearing in Burundi with 46 professionals working in Burundi in the field of adolescent sexual and reproductive health. From the interviews, three major themes emerged: (a) classification of vulnerable young women, (b) a spectrum of protection to empowerment, (c) identification of who is responsible for these young women, and (d) barriers and solutions to prevent early childbearing of vulnerable young women.

Poverty

The reference to poverty, and how this drives young women to early marriage, transactional sex, and protection, was a common topic for the key informants. In situations of deprivation, and lack of alternatives, transacting sex for small rewards of food or money was widespread (Decoteau, 2016; Elmes et al., 2017; Stoebenau, Heise, Wamoyi, & Bobrova, 2016). Poverty reduces the decision-making capacity, as a sense of hopelessness sets in (Banerjee, 2011). Poverty and hunger are closely linked in Burundi, and hunger can also hamper rational decision making (Wang & Gang, 2017). Hunger can also be a source of shame (Fielding-Miller, Dunkle, & Murdock, 2015). The lack of alternative income generating activities for young women in Burundi may have been due to the framing of the interview questions, but also a reality of the Burundian context. While we know from other studies (Finlay, Efevbera, Karra, Ndikubagenzi, & Canning, 2016a) that trading goods at market and street vending are common, it was not mentioned here. In interventions tested in a randomized control trial framework, overcoming the barrier of poverty, using cash transfers to prevent early childbearing resulting from

transactional sex, has been considered (Handa et al., 2017). But the long term benefits of these cash transfers has been questioned.

Poverty, not just of the young woman but of her family, disempowers the young woman in her own decision making as practical and healthy options are limited, and also makes her more likely to be a subject of exploitation. In situations of extreme poverty, young women do not have agency over their bodies and lives. They are subjects under their family's control, or victims of exploitation given the situations they are pushed into. She can be used by her own parents as a tool for transactional sex to make money for the family. She is exploited by men in high-risk jobs in bars and nightclubs. She (employed as a maid) is exploited by male colleagues (employed as a cook) and household members.

Empowerment

The common discourse regarding ASRH in Africa is one of empowerment. But consensus in the field on what it actually means to empower a young woman in her SRH, and indeed if that is the goal, was a dominant undercurrent across the 46 interviews.

In the empowerment literature, empowerment has been defined in many ways, and most definitions draw on ideas developed by Sen (Sen, 1989) and include references to elements of "process of change," "ability," and "choice" (Ibrahim & Alkire, 2007; Narayan, 2002). Kabeer (Kabeer, 2012) provides a succinct definition: "[a] process of change during which those who have been denied the ability to make choice acquire such an ability." Narayan's more expansive definition suggests mechanisms through which empowerment increases: access to information, inclusion and participation, accountability, and local organizational capacity. These mechanisms all relate to empowering young women in their sexual and reproductive health. Access to information was mentioned as important by all key informants, but it was at this point that key informants diverged on the purpose of this information; they spoke of either information to empower or information to protect.

Inclusion and participation – of adolescents in the development of SRH curriculum and programs was highlighted by XX key informants. Accountability was a dominant theme, and while, for all key informants, it was the parents and teachers who had to take responsibility and not the young women, for accountability to function in the process of empowerment, it is the agent who must be part of the accountability framework. For the young woman to also become accountable, she needs to learn to navigate her own SRH and to not be dependent on others to navigate it for her. Local organizational capacity was also raised by XX key informants, either in providing youth friendly services or laws to protect victims of rape and exploitation. Providing services and laws to protect the young women does play a part in the empowerment model, and would provide the services and protection needed to enable the young women to be empowered in her sexual and reproductive health.

Yet these mechanisms of empowerment -- access to information, inclusion and participation, accountability, and local organizational capacity – when discussed and realized at the local Burundian level, translated to a protectionist or shielding framework. Consider a definition of economic empowerment by ICRW (Anne Marie Golla, Anju Malhotra, Priya Nanda, & Mehra, 2011): "A woman is economically empowered when she has both the ability to succeed and advance economically and the power to make and act on economic decisions." If we extend this definition to SRH empowerment it

would read “a woman is empowered in her SRH when she has both the ability to succeed and advance in her SRH and the power to make and act on SRH decisions.” That is, a woman would have the ability to succeed, the ability to advance, the power to make SRH decisions, and the power to act on SRH decisions. The combination of these four elements would ensure that a woman has sustainable SRH empowerment. Not just success at one time, but over her life course.

Concluding Remarks

In these key informant interviews, the definition of vulnerable was characterized by types of people – orphans, housemaids, sex workers, for example. This mode of defining vulnerable was in part due to the way the questions were asked of the key informants. But also conceptually, it is easier to think of a type of person (or a sub-group of the population) who is vulnerable to early childbearing, than thinking about vulnerability as the complex two-pronged definition of exposure to a shock and resilience to cope (Catino, 2012; Warenius et al., 2007), or to think of vulnerability in terms of being more likely to have a poor outcome because of external factors rather than because of who you are. However, even though the key informants listed types of people who are more vulnerable to early childbearing, across the interviews, common elements of these people (detachment from parents) emerged that tapped broader concepts of resilience, and the negative force of unstable environments (a shock). Thus, as a collective, the key informants spoke to these broader definitions of vulnerability even through each of the key informants described their definition of vulnerable as the direct identification of sub-groups of the population who are more vulnerable to early childbearing. This confirms a consistency of the definition of vulnerable between the theoretical literature and people working in the field with adolescents in the sexual and reproductive health.

Departing from the literature was the informants’ emphasis on shielding the young women against early childbearing rather than empowering them on a trajectory that avoided early childbearing. The protectionist view may indeed be a more valid and practical approach, and empowering may be too ambitious. Alternatively, the two approaches could run in parallel. Work on ex-orphans and vulnerable children has shown the need to continue to protect this sub-group (Popoola & McHunu, 2016). Moreover, interventions intended to empower young women and delay early childbearing do not always have positive long-term outcomes (S. Baird, Chirwa, De Hoop, & Özler, 2014; S. Baird, Chirwa, McIntosh, & Özler, 2015; S. J. Baird, Garfein, McIntosh, & Özler, 2012). Thus, while the literature leans towards the empowerment model, the practitioners in the field lean towards a protectionist or shielding model. In developing interventions to prevent early childbearing we need to incorporate the local capacity and views of this protectionist view, complemented with pathways to empowerment that are locally relevant and sustainable. If the interventions that we develop are too far beyond the local way of thinking or the local capacity, there may be a higher likelihood of adverse outcomes of these interventions. Taking a step towards empowerment, and acknowledging that many providers want to shield the young women, would create a more sustainable intervention to prevent early childbearing of the vulnerable young women of Burundi.

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