

# INVESTING IN GIRLS: MARKET OPPORTUNITIES BY SECTOR

## Health

### Scale of health-related issues facing girls

While many more people today are healthier than ever before, human health remains a huge development challenge. At the same time that technology and artificial intelligence are presenting exciting opportunities to advance healthcare, new hazards are emerging due to rapid urbanisation, population growth and climate change. Poverty status, education level, water, sanitation and hygiene, living environment and nutrition are all inextricably linked with health outcomes. In South Asia, poverty and male bias often means that girls are disproportionately at risk of ill-health, and healthcare for girls is de-prioritised. Gendered divisions of labour in both South Asia and East Africa also mean that poor girls are expected to take on more onerous work in the household compared to boys, which can undermine their health.

The most pressing health needs for girls in both East Africa and South Asia are sexual and reproductive health (SRH), prevention of sexual violence, and nutrition. Cultural practices and traditions that restrict girls' agency are closely linked to health outcomes, especially those that limit girls' access to SRH education and services, and information about their rights, as well as their ability to make decisions about their own bodies. Early childbirth and associated health complications put girls at high risk of morbidity and mortality: complications resulting from pregnancy and childbirth are among the leading causes of death for girls aged 15–19.<sup>1</sup> Girls in the poorest households are the most likely to be married and have children at the youngest age, and the least likely to receive adequate nutrition and healthcare.

Violence against women and girls is pervasive in East Africa and South Asia. When girls marry before the age of 18, they are more likely to experience domestic violence.<sup>2</sup> Mental health is emerging as a significant concern, with landscaping research highlighting self-harm and suicide as being significant problems among girls. Tragically, the leading cause of death among women of reproductive age (15–49 years) in Nepal is suicide.

### Key statistics

- Girls account for seven out of ten new HIV infections among those aged 15–19.<sup>3</sup>
- In East Africa, young women aged 15–24 are two to four times more likely to be infected with an STI than men of the same age.<sup>4</sup>
- The proportion of girls who are pregnant or already mothers by the age of 19 is 44% in Tanzania,<sup>5</sup> 24% in Uganda,<sup>6</sup> 18% in Kenya<sup>7</sup> and 12% in Ethiopia.<sup>8</sup>

- The proportion of women aged between 20 and 24 years who were married before they turned 18 is 54% in Bangladesh, 51% in Myanmar, 42% in Nepal and 26% in Pakistan.<sup>9</sup>
- In low-income countries in South Asia, 40% of women have experienced general physical or sexual violence by an intimate partner or non-partner, and sometimes both.<sup>10</sup>

## Market opportunities in the health sector

In sub-Saharan Africa, 40% of girls and young women want to use contraception but are unable to access it.<sup>11</sup> In South Asia, discriminatory social norms play a major role in limiting adolescent girls' access to information and services to improve their sexual, reproductive and mental health. Companies using digital, mobile and traditional media to provide health information to girls could present opportunities for expansion. Many examples exist of social enterprises, public-private partnerships and NGOs that are bringing innovative solutions to health services and care. Based on SPRING's experience, the most practical and feasible market-based opportunities for improving health service access for girls and young women include:

1. improving access to information and SRH education and services (including nutrition and water, sanitation and hygiene (WASH)) through digital, mobile or media channels
2. reducing the cost of health services and care through innovative solutions
3. providing useful products, such as different types of contraceptives, emergency contraceptives, clean delivery kits and maternity health management products.

## Impact of health investments on adolescent girls

Strong mental and physical health during adolescence is critical for girls' life chances, and for the potential of their future children. An investment in health can help contribute to girls' ability to:



**EARN:** As girls are often the caretakers when a child or younger sibling is sick, improved health status of the whole family can help reduce absenteeism from work.



**EARN:** Delaying the age of marriage and of child bearing positively affects girls' access to livelihood opportunities and their future productivity.<sup>12</sup>



**LEARN:** Well-nourished and physically and mentally healthy adolescent girls have a higher chance of maintaining attendance and learning at school.



**BE HEALTHY:** Delaying sexual debut and pregnancy can help girls avoid sexually transmitted infections, early childbirth and associated negative health consequences. Increasing access to contraception can help girls avert unintended pregnancies and unsafe abortions.<sup>13</sup> Support to maternal mental health can reduce incidence of clinical depression and even suicide in mothers, and also benefit the growth and development of children.<sup>14</sup>

## Examples from SPRING health businesses

**Babyl** is a first-of-its-kind digital health service in Rwanda, accessible by smartphone and feature phone, with services including medical triage, nurse and doctor consultations, e-prescriptions and electronic medical records, so that patients no longer need to walk or travel long distances to receive high-quality, affordable healthcare. Services and hotlines are confidential and convenient. A high number of consultations received by Babyl have been related to reproductive health. Girls and young women benefit from Babyl, as users of the digital service and free hotline receive timely healthcare and advice, including on sensitive topics such as SRH.

The aim is that girls will feel comfortable knowing they have somewhere to turn for advice when they need it, will save time on getting quality healthcare, and will be healthier and more informed as a result of services they receive. Babyl is innovating ways to reach last-mile customers, including those without personal ownership of digital devices. The Rwandan government has contracted with Babyl for national implementation and aims to use digital services to help to improve the lives of all Rwandans.

**Micro Health Initiative (MHI)**, a health microinsurance provider in Tanzania, saw a business opportunity in the low rates of health insurance coverage among children (and girls in particular). Noting that parents tended not to see the value in health insurance for those who don't contribute economically to the family (particularly for young, healthy girls), MHI decided to create a new girl-focused product with value-added benefits that could entice the parents. By including a gift with an insurance purchase, offering cardholder discounts on hair salons or other relevant products and services, and providing linkages to youth-friendly providers, MHI believed the product would be attractive enough to overcome indifference, and their research with parents and girls indicated willingness to buy it.

Case study from [SPRING's Impact Report: Building Businesses for Girl Impact](#)

*This brief is a combined summary of the SPRING East Africa and South Asia region-specific health briefs, which will be published in September 2019.*

## Notes

- 1 PSI (2016). 'Adolescent Girls Help Forge a New Path to Improving Access to Contraception and Reducing Unintended Pregnancies.' Population Services International.
- 2 Jones N. et al. (2010). 'Stemming girls' chronic poverty.' Chronic Poverty Research Centre.
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- 4 United Nations Population Fund (UNFPA) (2013). <https://www.unfpa.org/publications/adolescent-pregnancy>. Accessed 11 February 2019.
- 5 National Bureau of Statistics, ICF Macro (2011). 'Tanzania Demographic and Health Survey 2010.' USAID, National Bureau of Statistics, United Nations Tanzania, IrishAid, UNICEF, UNFPA, UKAID, WHO. April.
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- 7 Kenya National Bureau of Statistics, Ministry of Health, National AIDS Control Council, Kenya Medical Research Institute, National Council for Population and Development, the DHS Program, et al. (2014). 'Kenya Demographic and Health Survey 2014.'
- 8 CSA, ICF International (2012). 'Ethiopia Demographic and Health Survey 2011.' Central Statistical Agency, ICF International.
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- 10 World Health Organization. Global Health Observatory (GHO) data.
- 11 PSI (2016). 'Adolescent Girls Help Forge a New Path to Improving Access to Contraception and Reducing Unintended Pregnancies.' Population Services International.
- 12 Onarheim, K.H., Iversen, J.H. and Bloom, D.E. (2016). 'Economic Benefits of Investing in Women's Health: A Systematic Review.' PloS One, 11(3), e0150120. doi:10.1371/journal.pone.0150120
- 13 MoH (2013). 'Adolescent and Youth Sexual and Reproductive Health Evidence-Based Interventions in Kenya.' Ministry of Health.
- 14 World Health Organization (N.D.). 'Mental Health: Maternal Mental Health.' Available: [https://www.who.int/mental\\_health/maternal-child/maternal\\_mental\\_health/en/](https://www.who.int/mental_health/maternal-child/maternal_mental_health/en/). Accessed 18 February 2019.

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