



# Co-Producing Sexual and Reproductive Health and Rights Indicators-repurposing the Consensual (Poverty) Approach for Out-of-School Girls

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Accepted: 8 January 2026  
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## Abstract

Despite advancements in the measurement of poverty, efforts to assess its drivers and effects often fail to incorporate context-specific needs. Adolescents in poor communities face significantly higher barriers in accessing sexual and reproductive health rights (SRHR), yet one of the main challenges in assessing improvements in SRHR remains in creating questionnaires that capture local norms and access to rights in ways relevant to out-of-school adolescents. Failing to tackle this runs the risk of imposing external monitoring and evaluation standards, while over-focusing on local norms and preferences can reiterate injustices, underestimating presence and levels of unmet need. These issues have been at the heart of poverty measurement given the relative nature of need and the difficulty of measuring its fulfilment, particularly among those most oppressed, excluded and impoverished. This paper presents the first adaptation of the Consensual Approach to co-produce measurement and evaluation of an SRHR project for out-of-school adolescent girls. The results show that SRHR-related rights and needs were widely endorsed, with little evidence of adaptive preference; yet deprivation was stark: education deprivation dominated (mainly due to affordability), roughly 20% lacked autonomy in key relationship aspects, and roughly 1/5 faced contraception barriers driven by norms. This paper argues that the Consensual Approach can improve the range and wording of existing SRHR questionnaires and provide a solid base for informing and assessing SRHR programmes reducing.

**Keywords** Poverty · Sexual and Reproductive Health and Rights · Consensual Approach · Mixed methods · Co-production · SRHR · Out-of-school adolescents · Social norms

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## 1 Introduction

The term Sexual and Reproductive Health and Rights (SRHR) programming captures a broad range of initiatives and policies aimed at ensuring the sexual and reproductive health and rights of individuals and communities. Historically, SRHR has been predominantly aimed at adults (and particularly adult women), despite awareness that adolescents, and particularly out-of-school girls, face significantly higher barriers in accessing sexual and reproductive health services and legal protection (Seifu et al., 2006; Tanabe et al., 2012; Hailemariam et al., 2021) and the clear social, epidemiological and economic returns of investment in young women's SRHR (Patton et al., 2016). This is to a large extent still the case, particularly in low-income countries where progress on adolescent SRHR (ASRHR) has been limited (Chandra-Mouli et al., 2015; Santhya & Jejeebhoy, 2015).

On the one hand, some of these programmes have been criticised for their narrow focus on teaching biological and/or moralistic lessons on the importance of abstinence without discussions of gender norms, gender-based violence and intimate partner violence or how to empower and build agency among young people, which can result in low programme efficacy (UNESCO and UNFPA, 2012; Haberland & Rogow, 2015). On the other hand, Buller and Schulte (2018) argue that in areas where SRHR are the least prevalent, local and regional norms may be centred around the restriction and control of young women's bodies, attitudes and economic empowerment which is often at odds with the idea of consensual, safe and pleasurable sexual experiences advocated by comprehensive SRHR research. In summary, ASRHR programmes are less likely to receive approval, be implemented or be effective, unless context-specific norms are understood.

## 2 Researching Norms and Needs Through Survey Research

Research on the effect of local socio-economic contexts has further corroborated the importance of the local educational, economic and normative context. Large-scale quantitative studies in Sub-Saharan Africa have found that both individual and contextual/area-level literacy, socioeconomic status, and knowledge of modern contraceptives significantly influence the use of modern contraceptives (Ahinkorah, 2020). Larger cross-sectional analyses have underlined the importance of community-level education, gender and fertility norms on contraceptive use (Mutumba et al., 2018). Qualitative studies have also highlighted how young women learn about both true side effects and myths (e.g. risk of infertility) of contraception from their social networks (Ochako et al., 2015), yet also emphasise the importance of individual variation in opinions and autonomy.

Understanding the importance of local norms also means developing a nuanced understanding of independent decision-making and autonomy in the context of ASRHR, something that can seldom be understood by headline indicators such as teenage pregnancy or STI rates. For example, the relationship between sexual and reproductive health and autonomy is complex and requires nuanced measurement. To take one example, childbearing at a younger age can reduce independence but

can also increase standing in one's society (Burns, 2002; Heckert & Fabric, 2013). Omitting the complexity of these trade-offs from ASRHR programmes discussions may fail to change behaviour or improve ASRHR outcomes and decision-making.

Research on women's decision-making and autonomy and its impact on contraceptive use and fertility-related behaviour shows evidence that some of the main SRHR problems experienced in low-income countries are related to lower decision-making powers, especially those of women, which has led to the expansion of relevant questionnaire items and indices (Hindin, 2000; Rahman et al., 2014). However, the majority of survey questions in studies like the Demographic and Health Survey (DHS) and Multiple Indicators Cluster Surveys (MICS) do not deal specifically with adolescents and, when they do, they tend to investigate narrower outcomes, such as measurement of desired fertility and use of contraception and sexual health services (Yount et al., 2018; Mattison et al., 2023). Quantitative studies that show how adolescent women in low-income countries navigate community and family norms and how these change overtime through ASRHR programming are still rare and even more rare are those that also focus on the influence of the role of adolescent men, families and socio-cultural and health system barriers (Dworkin et al., 2015; Ainul et al., 2017). This has led some to question the value of survey methodology in assessing ASRHR progress (Greig & Flood, 2020).

In the context of large ASRHR programming, one of the most difficult aspects of survey research is to measure indicators of access to rights that young women, whether in school or out of school, can relate to, understand and endorse, that enable an understanding of ASRHR beyond just fertility and contraception and that can fully take into account the way in which socio-economic and ecological contexts (Bronfenbrenner, 1979) can constrain as well as enable these rights (Pulerwitz et al., 2019; Shukla et al., 2025). Heckert et al. (2013) argue that SRHR and Women's Empowerment are difficult concepts to measure and use interviews with survey and health programming experts and policymakers to highlight gaps in the DHS questionnaire on women's empowerment. These include women's ability to speak in public, women's ability to decide and discuss having children with their partners, permission-seeking for HIV testing, access to economic activities and land as well as knowledge of national laws regarding domestic violence. Furthermore, they suggest examining social norms to better understand how sociocultural expectations and the sanctions against violating these norms influence behaviours and empowerment.

In summary, ASRHR programmes that advocate and promote greater agency and ASRHR knowledge face several challenges when setting targets and evaluating performance of programme cohorts. On the one hand, lack of knowledge of people's perception of sexual and reproductive needs and rights can lead to imposition as well as measurement of change of hollow and out-of-context standards while, on the other hand, too much focus on local norms and preferences can end up reiterating injustices and entrenched age and gender hierarchies underestimating presence and levels of need and lead to poor comparability across interventions and regions. These questions have been at the heart of poverty measurement debates for many decades because of the accepted relative and culturally constructed nature of need and the difficulty in measuring its fulfilment, particularly among those most oppressed, excluded and impoverished (Mack & Lansley, 1985; Veit Wilson, 1987; Sen, 1999;

Halleröd, 2006; Pomati & Nandy, 2020; Pomati et al., 2020, 2024, 2025), who may struggle to be heard and may be unwilling to challenge power hierarchies and unfulfilled human rights and needs.

## 2.1 Needs, Poverty and the Consensual Approach

This paper borrows from and expands on poverty research literature that focuses primarily on two relevant challenges. The first is to agree on a set of items (e.g. goods, services, rights) deemed necessary for the relevant population. The concepts of rights (Milliano & Playgo, 2018), capabilities (Nussbaum, 2001) and socially-perceived necessities (Fahmy et al., 2015) have been used to create measures of poverty that aim to accommodate context-specific norms while maintaining comparability across contexts. Establishing consensus not only among experts but also among the relevant population regarding certain entitlements provides greater justification for investigating, advocating and guaranteeing their existence (Veit Wilson, 1987; Narayan, 2000). This, in turn, gives rise to a second challenge: determining whether individuals in this population -despite wanting to- are unable to secure these rights or necessities ('enforced lack'), a problem that raises several conceptual and methodological issues (Mack & Lansley, 1985; Burchardt, 2004; McKay, 2004; Halleröd, 2006; Pomati & Nandy, 2020; Saunders et al., 2025). Although not all notions of poverty align with the same theoretical framework, most empirical measurements of poverty have to deal with these two challenges.

SRHR research often presumes a set of basic biological requirements for sexual health, analogous to the basic caloric needs used in some poverty-line calculations. Yet, as outlined above, when assessing change SRHR research is soon presented with similar challenges because most needs and rights beyond mere physical survival are socially constructed as well as valued, expressed and contested within a specific socio-cultural setting. This paper explores the possibility of using an established poverty measurement methodology, the Consensual Approach, to create ASRHR survey questions to respond to these challenges. Poverty and (adolescent) SRHR measurement do not only share similar measurement issues, but they're also highly interconnected. Those with lower levels of economic resources are less likely to be able to afford education (which in turn leads to worse relationship and sexual health outcomes), contraception and SRHR services. Similarly, lower levels of SRH can increase the risk of poverty (Channon et al., 2010; Steinert et al., 2017; McGranahan et al., 2021). Improving the understanding and measurement of both through appropriate research tools can therefore lead to more effective poverty and SRHR interventions and better assessment of change and programme effectiveness.

## 3 Context

SHE SOARS (Sexual and reproductive Health and Economic empowerment Supporting Out-of-school Adolescent girls' Rights and Skills) is a youth-led project supported by Global Affairs Canada in informal urban settlements in Kenya, rural Zambia and refugee host communities in Uganda (CARE Canada, 2021). Roughly

3,000 adolescent girls were involved in Kenya and Uganda and 2,000 in Zambia. These are settings where the benefits of domestic legal advancements on SRHR and related health system strengthening interventions have not yet reached young people and where adolescent girls are particularly vulnerable and often forced to navigate the difficult, contradictory and changing formal and informal social norms, roles, and expectations that result in limited access to related health services. The primary focus of the project is to engage with young people, particularly young women and girls, to increase their decision-making ability about their lives and their bodies. As part of the project, adolescent girls' groups were created with the aim to provide a weekly one-hour safe space where up to twenty adolescents aged 10–19 could reflect on sexual and reproductive health and gender inequality while also being able to access evidence-based SRHRs and gender-based violence information, over a two-year period. The age-specific curriculum was provided by CARE USA ASRHR technical specialists, supported by groups of international as well as local advocates of adolescent rights<sup>1</sup>, as well as the relevant national ministers<sup>2</sup> and cover aspects ranging from puberty, pregnancy and contraception, female genital cutting, to issues of consent, how to communicate assertively, making decisions, gender equality and gender based violence, explored as part of eight modules, covered over a two-year period. Although SHE SOARS's primary aim is not poverty alleviation, it focuses on the improvement of ASRHR and more generally the improvement of human capital and agency - key factors that can help reduce the risk of future poverty and provide essential safeguards against economic hardship.

## 4 Methodology

Given the context outlined above, the simplest way to assess the effectiveness of these youth groups (YG) in promoting sexual and reproductive Health and economic empowerment would be to itemise notions within each of the relevant curricula and create related questionnaire questions, asked at the start and end of the project. However, given the challenges in understanding norms and deprivation outlined above, that strategy may lack validity. Accordingly, this paper draws heavily on the Consensual Approach to poverty measurement (Mack & Lansley, 1985; Gordon & Pantazis, 1997; Pantazis et al., 2006; Wright, 2008; Fahmy et al., 2015; Guio et al., 2016; Lau et al., 2019; Pomati & Nandy, 2020; Pomati et al. 2025), a methodology based on Peter Townsend's theory of poverty and related empirical work (Townsend, 1979). Townsend defined poverty as 'lacking the resources to obtain the types of diet, participate in the activities and enjoy the living conditions and amenities which are customary, or at least widely encouraged or approved of in the societies in which they belong' (Townsend, 1979, p. 31). Townsend's research team compiled a list of items and activities using their own ideas of needs, and then put them to the general

<sup>1</sup> These were the Youth Coalition for Sexual and Reproductive Health and Rights, the SHE SOARS Youth Advisory Board.

<sup>2</sup> Specifically, the Ministry of Health of Kenya, the Ministry of Health of Zambia and the Ministry of Gender Labour and Social Development in Uganda.

public to measure who could access these needs (Piachaud, 1987). Building on this, and with recognition of criticisms about an ‘expert-led approach’, Mack and Lansley (1985) and others (see above) developed what is now known as the Consensual Approach, which aims to seek public consensus about what was an unacceptable standard of living in the UK, and to discover if anyone fell below that publicly defined standard. Their contribution, and methodological innovation, was to give the public a voice in the process of defining what poverty was, and in doing so, suggesting how it might be measured. Using focus groups with a range of groups across the UK, they uncovered a list of items and activities that everyone in the UK should be able to have or do (known as Socially Perceived Necessities, SPNs). They then used nationally representative surveys to corroborate agreement over these necessities and to enumerate what proportion of the population had to go without them because of enforced lack (rather than preferences).

The approach first allows participants to define the needs (SPNs) of individuals in a given country/region/group, in a general way, without thinking about specific financial, legislative or infrastructural limitations. Discussions about needs often get sidetracked by what may or may not be possible according to individual or collective levels of resources, while the Consensual Approach asks respondents to discuss needs regardless of the level of resources of their government or family, or what their family may think. This allows respondents to think about needs without being constrained by current inequalities, which is particularly important for those who have been told from a young age not to act above their station, to stay in their place while others take advantage of opportunities they are denied. In contrast to consensus building techniques such as Delphi Studies, the Consensual Approach generally strives to include as many relevant socio-economic groups as possible, so as to cover a wide range of needs, vocabularies and opinions. The approach does not eradicate ideological and social inequalities but rather fosters discussion about a wide range of needs. The dialectic nature of focus group dynamics, combined with the need to aggregate findings across diverse groups generates lists of needs which are context-specific without being context-bound and therefore suitable for survey research. This is in contrast to less structured qualitative approaches (e.g. ethnography, individual unstructured or semi-structured interviews) which may provide considerable insight into specific contexts and interpretations but are not designed to provide a list of needs that are comparable across groups and contexts. Once these items have been agreed within focus groups and across focus groups by the researchers, they are then asked in a survey, with the aim of establishing that 50% or more of a representative sample agrees with the set of needs identified across focus groups. Finally, the survey also asks respondents whether they are able to fulfil these needs, and if they are not it allows respondents to choose a reason, including that they are not interested in satisfying a particular need. This provides further insights into the difference between advocating and endorsing certain rights (such as the ability to go to university) and identifying deprivation (as individuals may choose not to go to university because this does not represent the only way to realise one’s skills and ambitions), without abandoning specificity (asking people whether they “can learn what they want to learn”). Overall, the key advantages of the Consensual Approach (CA) for establishing needs and comparing needs satisfaction across large

groups and time stem from its desire to provide a democratic and pragmatic way to assess needs satisfaction through an established mixed-methods methodology (Pomati & Nandy, 2020).

The items generated through this approach are arguably more insightful and better reflect the social dimensions of need than the household-level indicators from DHS and MICS, which focus primarily on basic health, education, and ownership of items that meet minimal needs for food, shelter, and transportation. Items developed by the CA, include child-specific items gauging deprivation such as toiletries available for everyday use (e.g., soap, toothbrush/hairbrush/comb); decent clothes to wear for important occasions; presents for children once a year on special occasions (e.g., birthdays, Diwali, Christmas, Eid); ability to access healthcare and prescribed medicines when needed; uniforms of the correct size and equipment required for school (e.g., books, school bag, lunch or lunch money, stationery); safe transport to school; and a separate room for children over 12 years old from different sexes.

Adult-specific items include adult versions of the above, as well as others such as the ability to access safe, reliable public transport; visits to health facilities when needed; and a small amount of money to spend on oneself each week. Household items also ask whether the household is able to repair or replace worn-out furniture, broken pots and pans, and to make regular savings.

The approach has attracted scepticism, particularly from those who fear that adaptive preferences would lead to a restricted and biased set of socially perceived necessities and downward estimates of enforced lack. The adaptive preferences hypothesis posits that people raised or living in poverty may have “bounded horizons,” and thus lower expectations of what they (and others) should have or be entitled to (Nussbaum, 1999). Yet, many of the items listed above have been endorsed as necessary by the majority of a wide range of groups and countries—from households with different income levels in countries as diverse as Sweden and Romania, to groups varying by religion, caste, level of education, or place of residence in Telangana, India, and some of the most disadvantaged and displaced households in Uganda (Guio & Pomati, 2017; Depio et al., 2018; Pomati et al., 2024). These examples consistently show little evidence that adaptive preferences prevent the development and measurement of valid, reliable indicators of need satisfaction (Burchardt, 2004; Halleröd, 2006; Noble et al., 2006; Wright & Noble, 2013; Pomati & Nandy, 2020; Pomati et al. 2025). Attitudes toward necessities beyond basic food and shelter do vary, but a majority from a range of disadvantaged, excluded, and stigmatised groups do not systematically reject the idea that everyone should have access to these goods and services. The Consensual Approach has generally been used to measure poverty, or more specifically, enforced lack of Socially Perceived Necessities. The approach was adapted for the purposes of the SHE SOARS initiative to understand firstly which rights were endorsed and secondly to measure enforced lack of rights, or more specifically inability to access certain rights. In this particular instance the focus was on rights to education, refusing intercourse or access to contraception and SRHR more broadly. A survey of a much larger number of youth group members was then run to check the overall level of endorsement of as well as access to these among the youth group population.

## 4.1 Focus Groups

Following the initial establishment of youth groups as part of the SHE SOARS project, just over 300 volunteers from all youth groups aged 15–19 were recruited to carry out focus groups to help establish a list of candidate rights. Adolescent boys were recruited from a smaller parallel programme (HE SOARS). Between six and eight exploratory focus groups per country were followed by a similar number of confirmatory focus groups, with the exception of Uganda, where only confirmatory focus groups were carried out (see Table 1). All exploratory groups were given the starting examples of primary, secondary and university education, and were then asked to propose and discuss several other items. Following a break, the focus group moderators then asked the participants to discuss the types of decisions the respondents thought adolescent girls/young women aged 15 to 19 should be able to make on their own regarding sexual health and relationships, that is without automatic punishment from authorities, family and friends just for deciding independently. The items endorsed (generally defined as support by 50% or more of the group participants) in the exploratory focus groups were collated and inspected alongside the available comments and notes from the moderators, and finally turned into bespoke items for the confirmatory focus groups. Each focus group lasted approximately 30 min per theme (for a total of one hour plus a 10-minute break). The total number of groups was dictated by the limited resources rather than theoretical sampling and saturation. Approval was received by the participants and at least one parent/guardian<sup>3</sup>. The possibility of taking part in the focus groups was advertised in the youth group locations among those who had signed up for the youth groups. As wide a range of backgrounds as possible was encouraged, although this was not formally documented and verified. Nevertheless, the diversity in opinions and experiences within and between groups presented in the findings suggests that a variety of opinions were represented. In the exploratory stage, girls and boys were encouraged to talk and engage with each other while discussing these topics. Young men and women were kept in separate groups, but they all discussed adolescent girls' needs (Table 1).

**Table 1** Focus group details

	<b>Exploratory focus groups</b>	<b>Confirmatory focus groups</b>	<b>Regions</b>	<b>Total number of participants</b>
Zambia	6 groups (3 male, 3 female), 10 participants per group	6 groups (3 male, 3 female), 10 participants per group	Chadiza, Mambwe, Kasenegwa	120
Kenya	8 groups (6 female, 4 boys), 9 to 11 participants per group	6 groups (4 female, 2 male) 10 to 11 participants per group	Nairobi, Kajiado, Kisumu, Siaya	140
Uganda	No Exploratory Focus groups	5 groups (4 female, 1 male), 10 participants per group	Alivu, Anyara, Ocopi, Olali, Terego	50

<sup>3</sup> Ethical approval for this research was also received by local universities and Restless Development Ethics Boards.

The focus groups were led by group leaders, or volunteers from the local community aged 20–24 (female for girl groups, male for boy groups) who could read and write and had conducted PSHEA<sup>4</sup> training and signed child protection policies. All focus groups were also supervised by a senior researcher who took notes and ensured respondents could speak freely and had a say in the discussions and helped moderators with interpreting and where needed translate the focus group guidance. All moderators received bespoke training and had the opportunity to ask questions and clarifications. In line with the SHE SOARS project, the aim was to create survey items that captured the ability and obstacles to the acquisition of human capital (skills and knowledge), expressing one's opinion as well as making decisions and act independently when it came to sexual health and relationships. At the start of each focus group, after setting out ground rules regarding confidentiality and respecting the views of their peers, the moderator asked respondents to discuss the types of qualifications, knowledge, formal training and trade skills all adolescent girls should have the opportunity to access at some point in their life (from when they were born until the age of 19), regardless of the level of resources of their government or family, or what their family may think.

The focus group moderator made notes about items that emerged from these discussions using a whiteboard, and at the end of each topic session participants were then asked to express an opinion on each item by casting a vote. In the confirmatory stage focus group discussions, instead of starting with an open discussion, respondents were asked to first discuss and then cast a vote on each of the rights in the provisional necessities list that emerged from the exploratory focus groups. Each focus group spent roughly 30 min on skills and knowledge, followed by another 30 min on relationships and sexual health. Exploratory focus group moderators were provided with a starting example and a handful of further examples to be used only if the discussion stopped and no further items were suggested. Discussions were not recorded to encourage discussion among the young participants, so the analysis focused on whether consensus was reached and, where notes made it possible, reasons for (not) supporting certain items.

## 4.2 Survey

The needs and rights discussed and generally endorsed (with endorsement defined as voted necessary by 50% or more of the participants of a given focus group) were turned into questionnaire items, with the aim of corroborating the level of endorsement (whether 50% or more considered them necessary) among the population of girls in the youth groups, as well as understanding the prevalence of lack of access (deprivation), through a face-to-face CAPI-administered survey of female YG members. Respondents were able to provide one or more reasons as to why they did not have access or were not able to do certain things (e.g. able to decide who to marry or able to attend secondary school). Only a small minority of respondents (less than 10%) provided several reasons, except for the questions on the use and purchase

<sup>4</sup> Prevention of Sexual Harassment, Exploitation, and Abuse (see [https://www.careemergencytoolkit.org/wp-content/uploads/2017/03/PSHEA-Workbook\\_English.pdf](https://www.careemergencytoolkit.org/wp-content/uploads/2017/03/PSHEA-Workbook_English.pdf)).

of contraceptives (12%) and attending College/University (10%). Respondents were then categorised as deprived when the answer(s) pointed to enforced inability (i.e. enforced lack of rights). Table 4 in the 12. provides further details. During pre-testing and interviews, interviewers did not report problems with item comprehension. Because YG facilitators did not think there were major socio-economic differences in attendance, no probability sample was drawn, and all 614 YG participants present at a given session were interviewed. The overall percentage of those who had not attended primary school in the youth group population matched the one in the sample (5%). All participants answered the survey, and item non-response was low (less than 5%). The full questionnaire is provided in 12. A2. In this paper we provide descriptive statistics about SPNs as well as deprivations, and the reasons given for the latter. Confirmatory Factor Analysis was applied to the deprivation variables<sup>5</sup> to further summarise the relationship between these using latent variables, which can then be analysed in conjunction with respondents' age, education and marital status. Finally, the issue of adaptive preferences was investigated by comparing the percentage of respondents endorsing each item according to whether they have access to it.

## 5 Results

### 5.1 Focus Group

This section presents a summary of the finalised items from the focus groups. Their final wording, shown in bold below, was obtained by iteratively going through focus group notes and gradually incorporating related aspects into more general items which were then discussed and voted on in the confirmatory FGs. This also provided the wording for the questionnaire items. Some items, such as the right to learn how to drive, becoming a better person, understanding things in detail and how to manage money, especially savings, emerged only in one YG, and with limited support, and were therefore not included in the discussion below and the following survey. Thematic saturation was observed on the explored themes by the third focus group in each country; later groups refined phrasing but did not add items.

### 5.2 Knowledge and Skills

#### 5.2.1 Primary Education

- Girls should have the right to attend primary school to learn reading and writing skills, basic math, science and other useful subjects regardless of their family's income.

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<sup>5</sup> All binary indicators of deprivation (1=deprived, 0=not deprived) were treated as categorical and the model was estimated with WLSMV and theta parameterization in Mplus.

There was widespread agreement across most FGs that girls should have the right to attend primary school to learn to read and write, as well as basic understanding of all subjects. Respondents mentioned the importance of primary education for everyday communication and business skills, being independent and accessing further education, to prevent ignorance, understanding current events and for the wellbeing of children and the household. One Zambian male FG also acknowledged that this was also important in case their husband was not educated. Only one group of adolescent girls in Uganda disagreed, on the grounds that without primary school education, business skills and independence can still be achieved. In Kenya, respondents supported this, but argued in the discussion that what was equally important was *the right to learn basic business skills, such as how to count money, calculate profits and losses, budgeting and using money wisely* and was asked in the confirmatory focus groups. Overall, there was near unanimous support in the need for primary education for girls across most focus groups. These countries have compulsory primary education for girls yet, given the sizeable proportion (albeit a minority) of illiterate adolescent girls in these countries, as well as the difficult and ever-changing circumstances faced by young refugees in countries like Uganda, detecting the lack of primary education in the follow-up survey was deemed highly important.

### 5.2.2 Secondary Education

- Girls should have the right to attend secondary school to learn about history, science, and geography.

Both adolescent men and women believed that secondary schooling increased independence and future choices, although some male respondents saw this as a negative choice and argued that this resulted in promiscuousness and stubbornness. Some girls raised the problem of cost and others believed that lack of relevant jobs made this unnecessary. These respondents seemed to understand the purpose of the focus group discussion (discussion of rights regardless of household resources) but raised the prospect that granting such rights may make some girls or households worse off. Nevertheless, there was considerable endorsement across focus groups and across countries.

The discussion around university attendance attracted similar reservations and the focus group discussions were crucial in informing the exact wording of this item, with a greater focus on the types of profitable jobs in high demand across the country. Overall, most focus groups, and half or more of all focus groups within each country, endorsed the final item:

- Girls should have the opportunity to attend University to become, for example, a teacher, engineer, doctor, nurse.

### 5.2.3 Technical Training

- Girls should have the right to attend business and technical training or undertake an apprenticeship to become, for example, a cook, hairdresser, welder, seamstress, plumber, mechanic, or a lorry/truck driver.

Respondents felt this was important for acquiring useful knowledge and becoming successful business owners, but also as an additional source of income. There were also respondents (both girls and boys) who felt technical training is often associated with carpenter, mechanic, or welder jobs and these were men's jobs (for example, the Zambian boys group believed these jobs are associated with dirt and therefore not suitable for women). Nevertheless, the item was endorsed by the majority of focus groups (i.e. more than half of all respondents in more than half of all confirmatory focus groups) and the final survey item aims to include a wide range of relevant jobs. Overall, the focus group discussions showed respondents valued education for both skills as well as the jobs that could be accessed with these skills.

### 5.2.4 ICT (Information and Communication Technology) Skills

As the conversation on formal acquisition of skills drew to a close, focus group respondents were asked by the mediators to discuss whether they thought ICT or computer skills were necessary knowledge skills and many groups raised the issue that these were somewhat complex skills or that there was a lack of computers, particularly in rural areas. Respondents understood ICT skills as very formal and somewhat complicated and saw mobile phones and other devices as more relevant. Following this feedback and related explanations, the last set of confirmatory focus groups were asked instead about whether:

- Girls should be able to have access to mobile phones and other devices that allow them to access the internet for information and communication.

This question had clear everyday life applications and was generally endorsed by respondents in Zambia and adopted as an item in the survey stage.

### 5.2.5 Leadership and Leadership Skills

- Girls Should Have the Same Opportunities as Boys To Acquire Public Speaking Skills

There was widespread endorsement of this item as many believed this would increase their chances of becoming leaders in the future and some pointed to how this would also improve their ability to speak openly in times of emergency. One group of girls disagreed as they felt that these were natural skills.

## 5.2.6 Contraception, Sexual Reproduction and Menstrual Health

Girls should have the right to learn about:

- Contraception.
- Sexual reproduction.
- STI prevention.
- Menstrual Health

These topics had been previously discussed in the youth groups and received widespread endorsement in both exploratory and confirmatory groups. Many respondents mentioned how they help prevent unwanted pregnancies and STIs as well as enable child spacing. A minority of both boys and girls suggested that they may encourage promiscuity. The FG discussions also suggested that it was important to keep the items separate, because one group mentioned religious opposition to contraception but not sexual reproduction knowledge. Most discussions revolved around family planning, but one female group also stressed adolescent girls' right to enjoy sex freely without violation and diseases.

- Learn about How To Resolve Conflict in a Relationship Without the Use of Violence

Respondents felt this was important to have good and lasting relationships with their partners, to advance their right to speak and, more generally, to prepare them for independence and reduce violence. Although this emerged in only three exploratory focus groups, both male and female groups endorsed this in the confirmatory focus groups. There were no considerable gender differences across focus groups.

## 5.3 Relationship and Sexual Health

### 5.3.1 Marriage for those Over Legal Age

- If a girl is getting married, they should have the right to decide who they want to marry, regardless of their parents'/caregivers/guardians' opinion.
- Girls should have the right to make their own decisions regarding their future: whether to study, work or get married.

These were endorsed across most focus groups in all three countries on the grounds of future happiness and couple stability, but also on the grounds that women over the legal age should be free to make important life choices.

Another item that attracted widespread acceptance was:

- Girls should be able to choose to have a boyfriend/girlfriend (or not) before marriage.

Some argued that this was the right of girls who were not married or engaged, whereas others stressed the need to know about the opposite sex and the character of future spouses.

#### 5.4 Refusing Intercourse

- Girls should be able to refuse sex with a partner (boyfriend/girlfriend) they have chosen whenever they do not want to have sex for whatever reason.

Respondents mentioned that this allowed them to protect their dignity, prevent STIs and unwanted pregnancies. Respondents in Uganda and Zambia also argued that girls outside of wedlock should be in full control of their bodies, although a majority in two focus groups did not endorse this reasoning and argued instead that being in a relationship meant submission to men's needs (girls' group "If you have accepted to be in a relationship it means you have accepted everything." Boys group "A girl should be submissive to her husband or boyfriend. If she doesn't, then the relationship ends there and then.").

These ideas were confirmed when the same item, but this time in the context of marriage, was asked.

- Women of all ages should be able to refuse sex with their husbands whenever they do not want to have sex for whatever reason.

This generally received lower levels of endorsement on the grounds of seeing marriage as a relationship based on sexual intercourse and provided a rationale for including one specific item about unmarried women and girls and another one about married women in the survey.

##### 5.4.1 Purchase and use of Contraception

- Women who are not married and are having sexual intercourse should be able to purchase and use contraceptives.
- Women who are married should be able to purchase and use contraceptives.

Two FGs in Zambia disagreed with the above. For example, one confirmatory group of girls mentioned that agreement with a partner was necessary and a confirmatory group of boys mentioned that carrying condoms is associated with being a sex worker. However, all other confirmatory groups in Kenya and Zambia endorsed these two items unanimously, on the grounds that contraception allowed family planning, reducing the economic burden of unwanted pregnancies. It should be noted that an earlier and much less specific item ("ability to independently use contraceptives") was asked in Uganda and was endorsed by half of the confirmatory focus groups.

Two items about the right to ask the male partner to use contraceptives were also generally endorsed by at least half of the focus groups.

- Unmarried women and girls should be able to ask their boyfriends to use condoms during intercourse.
- Married women should be able to ask their husbands to use condoms during intercourse.

Discussions pointed to lower levels of support for the married women item, largely due to reasons similar to the ones given for the sexual intercourse item. The right to visit a health clinic to get tested received unanimous endorsement, with the exception of two confirmatory focus groups (of each gender) who opposed the item on the grounds that the circulation of results or rumours regarding HIV and STIs testing would cause upheaval, shame and breakup in the community. The final survey item was tweaked so that it included the notion of confidentiality.

- If they want to, girls should be able to go to a health clinic to get confidential counselling and get tested for HIV and other sexually transmitted infections.
- Girls should be able to decide when to get pregnant. Specifically, if they don't want to get pregnant, they shouldn't be forced to do so, even if her partner wants to have a child.

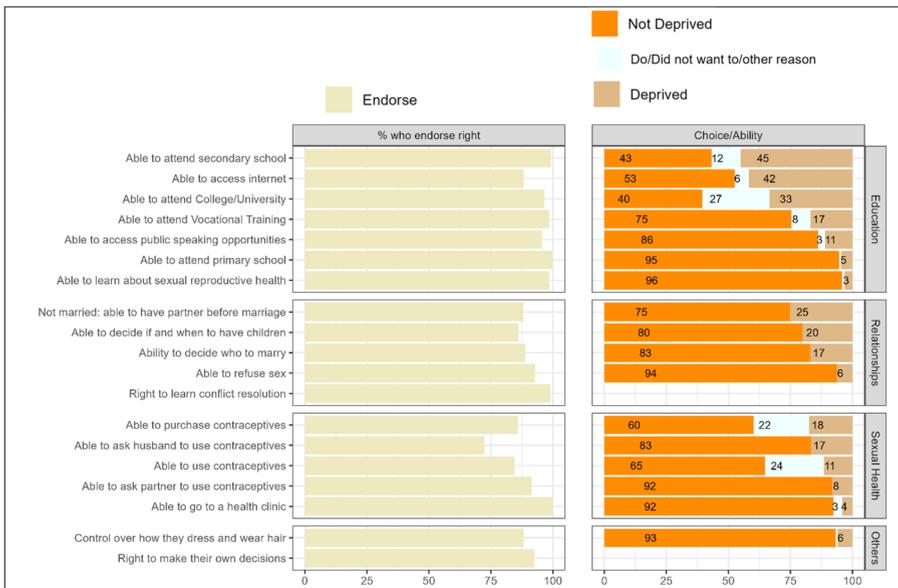
#### 5.4.2 Appearance

- Girls/young women should have control in how they dress and wear their hair so that they are able to express themselves while being appreciated and respected in the community.

The item was endorsed by all confirmatory focus groups in Kenya, but only by two out of six in Zambia. Focus groups that rejected the item mentioned this would lead to inappropriate clothing, promiscuousness and prostitution. However, it is worth noting that in Zambia the item did not mention that the primary aim should be to express themselves while being appreciated and respected in the community. These details were added to the last confirmatory focus groups, precisely because of these results in Zambia. The final amended item registered unanimous support in Kenya and was included in the final survey.

#### 5.4.3 Survey Results

All items discussed in the above section were asked as part of the survey of 614 youth group adolescent girls in November 2023, and all were endorsed (identified as necessary) by at least 50%, confirming the relevance of these needs in the youth groups population. Some items received lower levels of endorsement (see Fig. 1, left pane), such as the ability to ask husbands to use contraceptives, for which 73% of respondents across the three countries deemed a necessary right. Two questions in the rights module were not included in the deprivation module (Fig. 1, right pane) as they proved too difficult and general to ask in a deprivation module. These were the right to make their own decisions and the right to learn about conflict resolution, but over 90%



**Fig. 1** Percentage of survey respondents who endorse each item (left pane) and percentage deprived (right)

of respondents endorsed these rights as necessary. All other items were endorsed by 75% or more of respondents. Each item was also used to investigate needs deprivation among adolescent girls in these youth groups, with the exception of the right to make their own decisions and the right to conflict resolution which were considered too generic to detect deprivation. This was done by asking survey respondents whether they were able to fulfil their needs. For example, for the last item discussed in the above section regarding the ability to control how they dress and wear their hair, respondents were asked if they were personally able to do so. Respondents could answer yes or no. Those who answered yes were identified as not deprived, while those who answered no were able to pick pre-written reasons or provide an alternative (see questionnaire in the [Supplementary Material](#)). In line with the concept of enforced lack, respondents were categorised as deprived of an item if the reason chosen was because of partners/family members and/or family community taking away their inability to fulfil this need or lack of affordability. These responses were carefully inspected alongside the original questions and are further described below.

The left pane of Fig. 1 presents the percentage of survey respondents deprived of each item (the full question has been shortened for presentation purposes). The highest levels of deprivation are found in items that relate to education and skills. Almost half (45%) of adolescent girls were unable to attend secondary school, 42% were unable to access the internet, a third were unable to attend College/University and 17% were unable to attend vocational training. As mentioned above, these deprivation estimates exclude respondents who reported not wanting to access these opportunities (who were identified as non-deprived). The percentage of respondents who saw this

lack as a choice rather than enforced by lack of financial resources, services or infrastructure was particularly high for these items (see Fig. 1). As expected, because of free compulsory education and the educational resources provided by the youth groups, only 5% or fewer were unable to attend primary school or learn about sexual reproductive health.

The second pane from the top explores rights enjoyed by adolescent girls in their relationships. A quarter of unmarried respondents were unable to decide whether they could have a partner before marriage because the family or community would have either the final say or had no role at all in deciding this. A fifth were or had been unable to decide if and when to have children and who to marry (17%) because of these reasons. 6% were unable to refuse sex. The third pane shows that almost a fifth (18%) are unable to purchase or ask their husbands to use contraceptives (17%), although the latter deprivation is much lower (8%) for those who are not married and have a partner. Roughly a tenth (11%) are unable to use contraceptives despite wanting to, while 4% are unable to access or use sexual health services or go to a health clinic to get counselling and get tested for HIV and other sexually transmitted infections. Finally, only 6% felt they didn't have control over how they dress and wear their hair. Analysis not shown here suggests there were no clear differences in patterning of support for and deprivation of these rights across countries, although Uganda's youth groups (in refugee host communities) were, as expected, consistently more likely to be deprived than those in Kenya and Zambia's ones.

### 5.5 Reasons for Enforced Lack

Further unpacking the reasons behind enforced lack (see Table 2) reveals that deprived respondents mentioned affordability primarily for the education items. Affordability was the primary reason given for inability to access the education items (77% of all deprivation reasons given were due to unaffordability), although parents' permission (8%) also featured as a key reason. In contrast, all those deprived of relationships rights mentioned that they had no role or ultimate say in deciding this a reason, reflecting the coercive power of partners, parents and community when it comes to deciding who to marry and whether to have a partner before marriage, having children and refusing sex. The sexual health items showed a much more even distribution of reasons for deprivation, with 27% pertaining to affordability, 22% to age, while about 15% mentioned lack of say, fear that their choices would be disclosed or learnt about by their family or community and lack of parental permission.

These results were further unpacked for each Education and Sexual Health item in Fig. 2, which presents the distribution of responses by item.

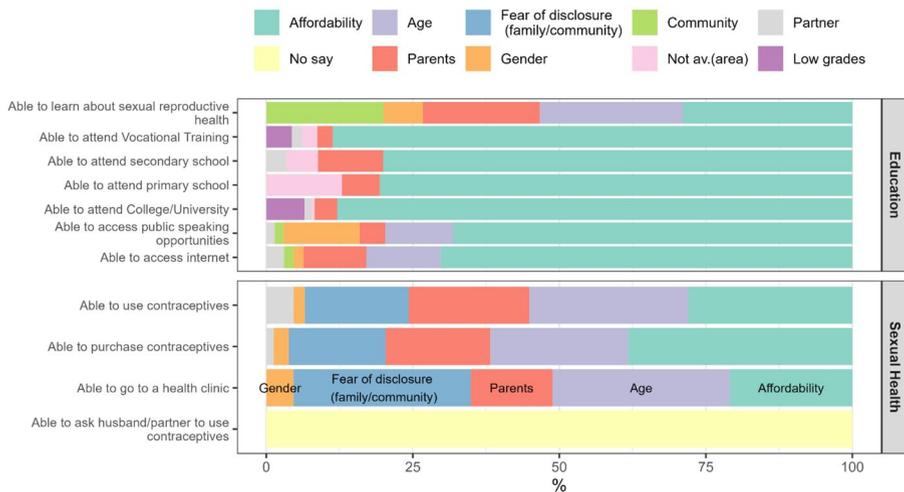
The results indicate that affordability is the dominant driver of deprivation across the Education items, except for the ability to learn about sexual and reproductive health, where deprivation reflects a more even mix of affordability, age-based restrictions and parental and community permission<sup>6</sup>. A similar pattern emerges for the Sexual Health items: deprivation stems from a blend of economic constraints and social regulation, although respondents more often cite fear of disclosure to family or

<sup>6</sup> This is derived from the response category "my community would not allow me".

**Table 2** Reasons for enforced lack (deprivation) by domain

Domain	Response	Count	% of responses indicating deprivation	Cumulative %
Education	Affordability/related expenses	837	77	77
	No, my parents did not/will not allow me	91	8	85
	No, I cannot because of my age	57	5	91
	No, my partner/boyfriend/husband did not/will not allow me	25	2	93
	No it was not available in my area	24	2	95
	No, I do not have the grades	20	2	97
	No, I am unable to access these because of my gender	17	2	99
	No, my community would not allow me	15	1	100
Relationships	No, I have no role/ultimate say in deciding this	280	100	100
Sexual Health	Affordability/related expenses	99	27	27
	No, I cannot because of my age	79	22	49
	No, I have no role/ultimate say in deciding this	60	16	65
	No, I am afraid people in my family/community will learn about this	58	16	81
	No, my parents did not/will not allow me	56	15	96
	No, I can't because of my gender	8	2	98
	No, my partner/boyfriend/husband did not/will not allow me	7	2	100

Note: The count column shows the number of times the response was given in the domain questions while the next column shows this as a percentage of all reasons indicating deprivation



**Fig. 2** Reasons given for the enforced lack (deprivation) of each item (percentage of all item responses)

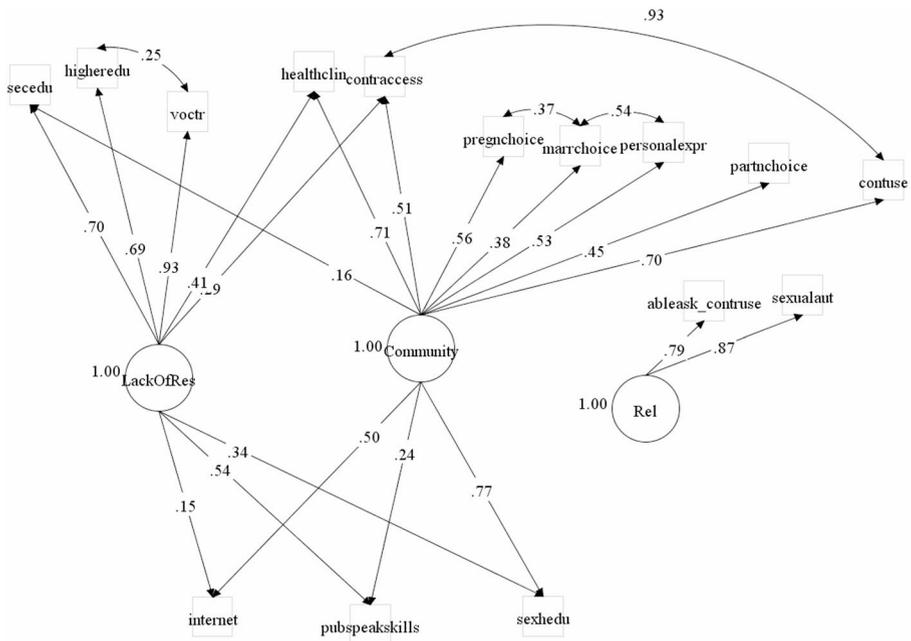
community (i.e. “I am afraid people in my family/community will learn about this”) than explicit community prohibition. The direct role of the partners in all of these deprivations seems generally small (less than 10%), with the exception of the last Sexual Health one (bottom of Fig. 2), which shows that when partners refuse to use condoms during intercourse respondents clearly identify the former as making this decision. It is also worth noting that the role of partners is clear in the Relationships items, where the only stated reason for refusing to have sex and children is not having the ultimate say (see Table 2).

Linking these patterns to the prevalence estimates (right pane of Fig. 1) suggests that the inability to access secondary school, the internet, university/college and vocational training are the most widespread deprivations (affecting between 45% and 17% of the sample) and are predominantly the result of lack of resources/affordability. Deprivation of the ability to learn about sexual reproductive health shows a much wider range of reasons but is relatively rare (3%). This is likely because of the self-selection into youth groups which had this as one of its aims. In the Relationships domain, about 20% lack a final say over marriage and childbearing, with decisions driven by parents or partners. Finally, the Sexual Health questions point to barriers to contraceptive use (just under a fifth of respondents), combining affordability constraints with age- and gender-based curbs from parents and communities, and self-curtailment stemming from fear of being found out.

Based on the findings explored above this paper now attempts to corroborate and summarise the underlying structure of the deprivation variables (binary variables showing presence of enforced lack) using a three-factor Confirmatory Factor Analysis. Focus groups and analysis of underlying reasons for deprivation point to two core reasons for deprivation: **lack of resources** i.e. affordability issues and **community curtailment** i.e. restriction of agency based on community/parents and partners and norms around gender and age. There are also two specific items which we group into a separate factor (Sexual Relationship decisions- shortened to **Rel**) that deal primarily with decision-making between partners within relationships, specifically the ability to get one's partner to use contraceptives if asked and one on the ability to refuse sex. Although there are many other possible ways to summarise the underlying data, this approach was chosen as a parsimonious model to represent the underlying correlations based on the theory and findings outlined above. A few items were also allowed to load onto more than one factor to acknowledge that both lack of resources (for education) and community curtailment played a role in some deprivations<sup>7</sup>. This theoretical model shows a good fit (RMSEA=0.016, CFI=0.99, TLI=0.99), and the three latent variables show good levels of reliability ( $\omega$  for each latent variable was between 0.7 and 0.8<sup>8</sup>) (Zinbarg et al., 2005). The model is presented below in Fig. 3.

<sup>7</sup> It is also important to acknowledge that the number of items we could do this for was also heavily restricted by model identification (Wei et al., 2022).

<sup>8</sup> We repeated the analysis using different specifications, including separate one-factor models with no cross-loadings and the results were consistent.



**Fig. 3** Percentage of respondents endorsing each item according to whether they have access to it (95% confidence intervals)

In line with the descriptive analysis findings, the strongest standardised loadings (which can be interpreted as correlations ranging from 0 (weakest) to 1 (strongest)) for the lack of resources latent variables are for the education items: vocational training (VocTr, loading=0.9) higher and secondary education (0.7). In contrast, the highest loadings for community are for ability to talk about sex/sexual health (SexHEdu, 0.8), access to SRH services and ability to use contraception (0.7). The third factor (Rel) was more narrowly defined and showed very strong loadings with sexual autonomy (0.9) and the ability to ask a partner to use contraception (0.8).

The cross-loadings in the model confirm that sexual health education (SexHEdu) and health clinic access load much more strongly on the Community curtailment factor (0.77 and 0.71) than on the lack of resources factor (0.34 and 0.41). By contrast, deprivation of the ability to attend secondary education (SecEdu) loads much more strongly on the latter (0.70) than on the former (0.16). Comparing cross-loadings for access to health services (HealthClin), internet and contraception (ContrAccess) also suggest a stronger influence of community than lack of resources. However, this also suggests that the latter captures primarily variation in lack of resources for education, rather than income or lack of general household resources. The correlation of 0.5 between the latent variables<sup>9</sup> for relationship and community factors suggest they relate to the same interpersonal space, while lack of resources shows low correlation with these two (below 0.2).

<sup>9</sup> These are not shown in Fig. 3 to improve clarity and visualisation.

**Table 3** Structural equation model linear regression coefficients

	Latent outcome variable		
	Lack of resources	Community curtailment	Sexual Relationship
MARRIED	<b>-0.30*</b>	0.01	<b>0.62*</b>
AGE	-0.01	<b>-0.19*</b>	<b>-0.11*</b>
SECONDARY		0.07	0.19
UGANDA	0.1	<b>0.37*</b>	<b>0.71*</b>
ZAMBIA	-0.019	-0.29	-0.05
R <sup>2</sup>	5%	23%	17%

\*Statistically significant at the 1% level.  $N=615$ . Reference categories are: Not Married, Less than secondary and Kenya

Note: Education was excluded from the Lack of or resources model because of its strong conceptual overlap with one of the latent variable indicators, although further analysis showed that the inclusion of this independent variable did not alter the regression coefficient for marriage status.

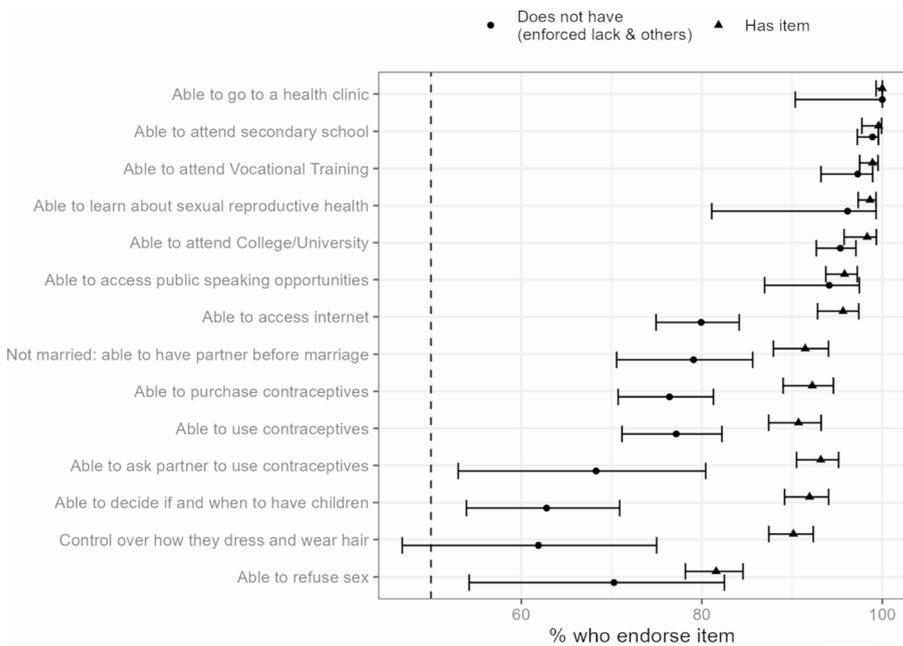
Respondents' age, marital status and education were then used as independent variables for each latent variable using a structural equation model. Because the latent variables are standardized (mean = 0, SD = 1), the coefficients can be read like outcome-standardized OLS coefficients and their size compared across outcomes.

Results shown in Table 3 suggest that being married was related to having lower issues of lack of resources (possibly through economies of scale) yet marriage was also associated with a loss of control in relationship decisions. Older respondents were also less likely to experience community and sexual relationship decisions curtailment. Respondents in Uganda also showed considerably higher levels of community curtailment and lack of power in sexual relationship decisions.

## 5.6 Enforced Lack and Adaptive Preferences

We finally turn to the question of whether the adopted methodology may lead to the underestimation of needs and deprivations because of adaptive preferences. One way to explore this is by inspecting the relationship between endorsing an item and enforced lack (deprivation) as well as unenforced lack. At the aggregate level (see Fig. 1), there seems to be no clear relationship between the level of endorsement and enforced lack (deprivation) or non-enforced lack. For example, secondary schooling is considered necessary by almost all respondents, despite the fact that 45% cannot access this and 12% feel this is not relevant to them. Other items with high levels of endorsement (e.g. ability to go to a health clinic and ability to refuse sex) have lower percentages of deprivation, which suggests no clear pattern. Further analysis not shown here suggests there is no clear linear or non-linear pattern between the level of endorsement and the responses to the deprivation questions (the estimates in the left and right panels of Fig. 1).

At the respondent level, respondents were somewhat less likely to support some items if they didn't have access to them. Figure 4 shows the percentage who endorse an item according to whether the respondent lacks access to this (whether because of enforced lack or other reasons). These differences are statistically significant



Notes: The model also includes residual covariances between Lack of resources (i.e. affordability issues), Community and Relationship latent factors, here omitted for visual presentation purposes. For estimates see main body of paper.

**Fig. 4** Confirmatory Factor Analysis model on binary deprivation indicators (0 = not deprived, 1 = deprived)

( $p < 0.05$ ) for a range of items, including access to the internet, purchasing and using, control of how to dress and wear hair. Specifically, those who are able to access these are slightly more likely to endorse them than those who don't have them. However, in all these instances, a majority of the two groups are still endorsing the items as necessities. The results remain unchanged if we compare those deprived of the item (i.e. enforced lack only) and those who are not.

The reasons given by those who did not want to attend secondary school (12%, see Fig. 1), able to attend College/University (27%), and able to purchase (22%) and use (24%) contraceptives were also further inspected. Compared to the other items and previous applications of the Consensual Approach (to the study of material and social deprivations), these are rather large rates. The data show that for attending university, the overwhelming reason (70%) was not having the grades. In contrast, the reason for not wanting to access secondary education and the contraception items was less clear; the respondents simply stated that they did not want to. This leaves open the question of whether the respondents are enduring deprivation yet not acknowledging it in the survey. However, the analysis presented in Fig. 1 suggests that almost everybody or the vast majority of the sample considered these items necessary, so it seems very unlikely that their responses are the result of preference adaptation.

## 6 Discussion

Although most respondents in these youth groups have access to some basic rights, their ability to shape their post-primary education, have pre-marital relationships and control of their fertility is more limited. A sizeable minority of girls in these youth groups therefore face lack of choice in their present and future relationships and by extension limited control over future paid and unpaid work. The survey findings also suggest that low levels of education are compatible with endorsing ASRHR rights and that respondents enjoyed some level of control in their relationships and sexual relationships. However, both FGs and surveys suggest that marriage is often associated with a lower level of control over the use of contraceptives, and that the direct purchase of contraception and access to sexual health services is still frowned upon and attracts a considerable amount of stigma. Affordability played a key role in limiting the acquisition of human capital, while adults (and particularly parents) limited adolescent girls' agency in decisions that affect their sexual and reproductive health. Although husbands and partners were only mentioned by a small minority in explanations for curtailed rights, some focus group discussions brought up norms that stopped adolescent girls from exercising contraception and sexual reproduction rights after marriage. These norms can limit the development of ASRHR, particularly for those who have little choice in who they marry and cannot choose to have pre-marital sexual relationships. These findings are also in line with research that has raised the importance of limited educational services in fostering SRHR and the negative influence of meta-norms of hierarchy, patriarchal values and adultism (Plourde et al., 2016; Buller & Schulte, 2018). It is likely that many of the adolescent girls taking part in these youth groups were not from communities and families that were completely opposed to ASRHR and yet these findings provide a snapshot of the challenges faced by ASRHR initiatives like SHE SOARS.

In the context of SHE SOARS and other specific ASRHR initiatives, these survey items can be used to track progress in adolescent girls' values and levels of deprivation. Although many existing questionnaires can estimate the extent to which adolescent girls have access to most of these rights, collecting information on whether respondents see these as rights may provide valuable information on the potential for change and reasons for lack of it within these communities. This questionnaire could also be expanded by asking the respondents whether, according to them, their parents/guardians, husband/partner and larger community think these are rights, increasing the information on socially perceived rights. Finally, although many questionnaires (e.g. DHS, MICS) ask about service use and user assessment, which can be used to assess enforced lack of services and autonomy, they assess predominantly service satisfaction, which gives a complete picture only in contexts where services are accessed without stigma, cost and are widely available. They automatically exclude people who thought they did not need them (Lanau et al., 2020), weren't comfortable accessing them or just couldn't access them at all (because of norms, availability, affordability etc.). The deprivation questions presented in this paper provide further insight by asking whether respondents can access a service or exercise a right and then provide a range of options to substantiate why they can't access it. Finally, focus

group respondents reflected upon relationships and the importance of sexual rights for ensuring unwanted pregnancies and longer-lasting relationships, but the latter sometimes overshadowed the freedom to refuse sex, particularly in the context of wedlock where sex was sometimes seen as a duty. Efforts to understand prevalence as well as changes in opinions and rights need to take these aspects into account and where possible (and especially when assessing norms) separate questions for married and non-married scenarios should be provided.

In conclusion, this paper suggests that the combination of exploratory and confirmatory aspects of the Consensual Approach as well as its focus on universal but age-specific rights and needs has the potential to provide a solid base for the creation of ASRHR evaluations survey tools. Comparing the latest DHS women's questionnaire (which incorporate decades of research on the topic) to the items and focus group discussions that emerged in this research suggest a considerable amount of overlap, especially when it comes to decision-making over the children. Yet DHS questionnaires do a much better job at detecting deprivation than the endorsement of SRH rights. For example, DHS questionnaires (versions 7 and 8) do not ask whether non-married women have a right to say no to sexual intercourse or ask men to wear condoms. Moreover, access to sexual health clinics and the ability to purchase condoms are measured primarily to enumerate the type of treatment and use, rather than to understand whether respondents see them as rights or who is prevented from accessing it and for what reason. Questionnaire questions presented in this paper around the ability to choose one's schooling and to learn specific skills as well as express oneself through things such as clothes may also build a more comprehensive picture of empowerment and relations. The focus groups also provided important points on how to phrase survey items and understand future evaluations of ASRHR initiatives. When trying to gauge support for or estimate the prevalence of the lack of education, instead of simply asking about the highest level of education or whether they attended certain school grades (a common question in survey research), researchers could spell out the specific skills and knowledge that one can acquire through, for example, primary education. Similarly, when discussing the right to post-primary education in a context of limited student grants, education was also seen as a financial undertaking. Not supporting the right to education may indeed be the result of adaptive preferences or patriarchal norms but may also stem from a belief that alternative choices may end up making a given individual or community richer. Similar messages came out of discussions on ICT skills and communication. Asking the reason for the ability or inability to use certain devices, whether mobile phones or computers, can lead to a much greater understanding (by researchers and respondents) of rights, deprivation as well as the reasons for constrained access. The focus groups were also helpful in highlighting some level of resistance to components of ASRHR initiatives, such as public speaking skills, on the grounds of these being "natural" skills, which do not need to be nurtured. ASRHR programming and policies may have to consider that among certain subgroups these activities may have, at least at face value, limited appeal. The adolescent girls in these YG overwhelmingly supported educational, relationship, fertility, and contraception rights and in the future the proposed methodology could be used to measure change but also set or fine-tune programme targets, aiding co-creation (Warwick-Booth et al., 2022).

There are clear limitations to this approach. Although adolescent girls' rights to independence through skills and schooling as well as power to make life-choices were consistently endorsed, the free enjoyment of sex, the definition of one's sexuality and the benefits of development of individual sexualities was very rarely brought up. This may point to the stigma associated with promiscuity (raised in the focus groups) and the related unwillingness to discuss such issues in focus groups.

The approach and results outlined in this paper demonstrate that local consensus over ASRHR and measurement of ASRHR deprivation can be established in disadvantaged settings without having to lower the bar to a set of few basic rights. The derived set of indicators are much closer to the comprehensive set of rights advocated by the Guttmacher-Lancet Commission (Starrs et al., 2018)<sup>10</sup> and Sustainable Development Goals than the more restrictive set proposed by the 1968 International Conference on Human Rights. These results show that the approach can be used to contest oppressive established gender norms. The strong endorsement of girls' rights to post-primary education, to decide whether and when to marry, to have a boyfriend or girlfriend before marriage and to refuse sex in intimate relationships points to a normative horizon that stretches beyond current settings. In our opinion this is consistent with the finding that adaptive preferences do not lead to the consistent and severe underestimation of needs and deprivations in the Consensual Approach. Nevertheless, it is also important to remember that the outlined approach does not operate outside gendered power relations; rather, it reveals how adolescent girls negotiate these norms, articulating claims to autonomy and SRHR that coexist with, and sometimes subtly push against, restrictive expectations about femininity, respectability and marital roles. The lack of a strong influence of adaptive preferences found in this research does not mean that all topics can and will be discussed within focus groups. Widespread stigma and social norms may indeed put certain topics outside of the reach of methodologies relying on organic discussions. In the future these topics could be included in bespoke confirmatory focus groups and questionnaire items. The assessment of changes in deprivation in each community calls for a variety of empirical strategies, frameworks and indicators. This is the case for poverty, SRHR and other research relying on complex and contested notions of need.

There are also further limitations to the generalisability of this pilot study, which aimed to establish survey items to track the changes in opinions and deprivations of a large group of girls and young women engaged in the a specific project. It is likely that discussions by youth group volunteers in the months preceding the focus groups had an influence on the types of items that were discussed and prompted some respondents to answer in certain ways. This may mean that this overestimated consensus and underestimated the level of deprivation. Yet, this challenge is intrinsic to many ASRHR programmes as they deal with a population that may struggle to have an informed and focused discussion about these issues if they had not been part of these groups. It is important to recognise that although co-production, dialogue

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<sup>10</sup> The freedom to define one's sexuality, including orientation and gender equity is the clearest mismatch between the list of rights identified in this research and the ones outlined by the Guttmacher-Lancet Commission.

and inclusiveness can counteract pre-established norms by funders, ASRHR are purposefully based on models of female empowerment that may run counter to prevailing norms in certain groups. This is often the very reason for the implementation of these programmes. The methodology outlined in this paper is an attempt to set a better baseline to assess progress rather than a solution to the much thornier issue of whether norms should and could be changed amongst all.

A better understanding and control of focus-group socio-economic demographic heterogeneity and a comparison with non-youth group responses could also enhance the generalisability of future studies. Furthermore, although focus groups allow participants to challenge extreme views and reach a total or partial consensus through group interactions, full focus group transcripts of these interactions can still be analysed to better understand a subject by shedding light on sub-cultural processes, performativity as well as how opinions can change within a group (Walker, 1987; Hyde et al., 2005). Full transcript data could have helped establish the extent to which subject saturation was achieved as well as the analysis of important group dynamics.

Finally, the analysis presented in this paper demonstrated that a detailed understanding and description of reasons for deprivation can be combined with techniques such as Structural Equation Modelling to summarise and investigate the relationship between the multifaceted drivers of deprivation. Theoretically and empirically driven factors were created to summarise variation in deprivation due to lack of resources for education, community curtailment and personal relationships. This allowed us to summarise information and corroborate findings about, for example, the loss of decision-making power experienced in sexual relationships for those who are married and the greater power of older adolescents in fighting community curtailment. Nevertheless, capturing variability in these dimensions requires further validation and collection of additional items. Specifically, better measurement of material and social deprivation (Mack & Lansley, 1985; Najera, 2023; Najera et al., 2025) would provide better understanding of the role of lack of resources and affordability of access in general and help further understand the interplay between the different dimensions explored in this paper.

## 7 Conclusion

Programme evaluation and large surveys are often juxtaposed to context-specific and cultural co-construction because of the need for standardisation across contexts, but as many have argued these are best seen as complementary strategies with different strengths and weaknesses (OHCHR, 2012; McGrogan, 2016). The methodology outlined in this paper aims to verify and question implicit assumptions about what specific groups need, a concern that has a long history in poverty measurement but that resonates with broader trends in the specific field of programme design and evaluation (Nastasi & Hitchcock, 2015). It has the potential to increase the extent to which norms, expectations and behaviour measurement and evaluation can be co-produced, which is crucial when measuring empowerment. The outlined

methodology advocates a specific combination of focus groups and survey data within which needs can be articulated using relevant vocabulary, where the ecological context (Bronfenbrenner, 1979) can be better understood and translated into relevant survey questions and responses. Finally, the outlined approach results in items that can investigate whether the respondent ultimately has the resources for and/or final say over decisions regarding sexual relations, contraception and reproductive health (Sustainable Development Goals 3.7 and 5.6.1), but also bodily integrity, personal autonomy, and access necessary information free from discrimination and coercion (as outlined in the Guttmacher-Lancet Commission (Starrs et al., 2018)). Adopting this focus on individual rights also leads to clear (single or multiple response) explanations of the causes of rights curtailment. Collecting data at subsequent waves can then help track changes in norms, deprivation and reasons and factors behind the latter in an integrated framework. Further work needs to ascertain whether this improves on the critiques of measurement accuracy and social desirability bias of established empowerment and decision-making scales (Glennerster et al., 2018; Seymour & Peterman, 2018; Acosta et al., 2020; Bernard et al., 2020).

To my knowledge, this is the first study to transfer the Consensual Approach enforced-lack logic to adolescent SRHR, producing a reusable item bank that directly elicits both endorsement (norms) and access (realised rights) with clear mapping to SDGs 3.7, 5.6. Guttmacher-Lancet rights and reasons for lack of access to guide policymakers. Compared to the conventional, population-wide Consensual Approach applications, this implementation is tailored to adolescents and low-literacy settings. This included the use of near-peer moderators (similar age/background), clear low-literacy procedures (plain language, short prompts, visual/iterative checks), and a two-stage focus-group process (exploratory then confirmatory) with explicit consensus thresholds for item inclusion. The questionnaire multiple-response format for deprivation questions (see [Supplementary Material](#)) had relatively little impact on the results as only a small minority chose several reasons for deprivation. However, this may be more important in the context of more highly entrenched disadvantages. This paper provides a framework to analyse and categorise multiple responses these using descriptive and SEM analyses. Similarly, the focus-group to survey pipeline may help expand the range of reasons in these contexts. Finally, although the focus groups also included boys, this methodology and this instrument could also be used to survey partners and parents to explore networks of norms.

As the Consensual Approach originated in the field of poverty measurement, it is also worth reflecting upon what may be gained in adapting and expanding this established methodology. This paper documents both the extent to which, and the reasons why, young women are prevented from accessing key goods and services and exercise core rights—such as choosing whom to marry, refusing sex, using or purchasing contraceptives, and deciding how to dress. Reported barriers range from lack of resources to restrictive norms (age- and gender-based rules, parental/community permission) and fear of disclosure. The reported barriers and the foregrounding of rights and agency may echo Sen's capability approach: many stated reasons operate as conversion factors—social, cultural, and environmental

conditions that mediate how resources translate into real freedoms (the capability set). Yet, in line with most other questionnaire applications, this is arguably far from a clear implementation of the capabilities approach, with its complex intersections of individual capabilities and functioning. The methodology and resulting questionnaire are more in line with the idea that economic inequalities interact with social and normative constraints, mutually amplifying or tempering one another, and together shape the degree of parity of participation (Fraser, 2009). The questionnaire items outlined in this paper could therefore be collected in future empirical studies alongside more established Consensual Approach items of material and social deprivation so as to better understand unique and overlapping processes of socio-economic (mal) distribution and cultural (mis)recognition (Fraser, 1994, 2009).

As poverty and (adolescent) SRHR measurement are causally interconnected, it is important to understand and measure both as accurately and as comprehensively as possible. Thus, it is arguable that a better understanding and measurement of poverty alone may not lead to better SRHR outcomes and vice-versa. Measurement error weakens the association between two variables found in empirical studies (Spearman, 1904; Bollen, 1989) and this in turn may weaken the support of funders prioritising only one of these two. Similarly, a better understanding of interrelated needs can improve ASRHR and poverty programme implementation and planning (Bradshaw, 1972).

## Appendix

**Table 4** Identification of rights deprivation according to response category

Answer	Recode
Yes	<b>Not Deprived</b>
No, I am afraid people in my family/community will learn about this	<b>Deprived</b>
No, I cannot because of my gender	
No, I cannot because of my age	
No, I could not afford it	
No, I have no role/ultimate say in deciding this	
No, it was not available in my area	
No, my community would not allow me	
No, my parents did not/will not allow me	
No, my partner/boyfriend/husband do/did not allow me to	
No, my partner/boyfriend/husband did not/will not allow me	
No, I did/do not want to	Do/Did not want to/other reason
No, I do not/did not have the grades	<b>Not Deprived</b>
No, not sexually active	
No, other	

When asked if they were able to go to a health clinic, have control over how they dress and wear hair, able to use contraceptives, able to purchase contraceptives.

**Supplementary Information** The online version contains supplementary material available at <https://doi.org/10.1007/s12187-026-10337-y>.

**Acknowledgements** We would like to thank the SHE SOARS participants, CARE Canada and Restless Development staff for all the work they undertook as part of this project. We would like to thank Clarissa Teixeira in particular for her vision, management and feedback.

**Author Contributions** Preparation of data collection, data collection training, sampling design, data analysis, write-up.

**Data Availability** No datasets were generated or analysed during the current study.

## Declarations

**Competing Interests** The authors declare no competing interests.

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