

Identifying Economic Status Indicators for Adolescent Girls in DREAMS Programs



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Whitney Moret

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TABLE OF CONTENTS

Introduction	1
Approach.....	1
Some Themes in the Literature	2
Existing Tools.....	5
Selecting Domains	6
Discussion.....	8
Conclusion	9
Bibliography	10

INTRODUCTION

The alarming gender and age disparity in the rate of new HIV infections in Sub-Saharan Africa has driven the development of new initiatives to address the needs of young women. One of these initiatives is DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe), a \$385 million partnership to reduce HIV infections among adolescent girls and young women in 10 sub-Saharan African countries. DREAMS targets girls and young women aged 10-24 and their male sex partners. Recognizing that HIV risk is multidimensional, DREAMS supports biomedical interventions as well as addressing structural drivers of HIV risk for girls, including poverty, gender inequality, sexual violence, and lack of education (DREAMS 2017).

Evidence suggests that economic vulnerability leads young women to stay in risky relationships, reduces their ability to negotiate condom use, and increases their likelihood of exchanging sex for goods or favors (Ricardo et al. 2006). However, evidence on the individual-level economic drivers of HIV risk for adolescent girls is limited. Most studies focus on the link between household economic status and HIV outcomes for young women rather than looking at individual characteristics. This creates difficulties for programs offering economic empowerment interventions targeted to young women, since household measures are of limited utility for monitoring and evaluation.

As a first step to developing a tool to assess individual-level economic vulnerability for adolescent girls for use in DREAMS contexts, FHI 360's Accelerating Strategies for Practical Innovation and Research for Economic Strengthening (ASPIRES) project conducted a literature review to identify evidence-based indicators of economic vulnerability for adolescent girls.

APPROACH

This review focused on identifying risk and protective factors related to transactional sex, which is the link between HIV and economic status for young women that has the strongest evidence base (Burke, Gong, and Jones 2015). We conducted a database search of published articles written over the last 10 years (2006-2016), focused on African contexts, using search terms related to economics, HIV, transactional sex, and adolescent girls. We also searched the gray literature, including general search terms related to women's economic empowerment in the HIV context, which yielded information on other pathways to HIV risk. From this literature, we identify several domains that would be relevant for an economic assessment tool for adolescent girls at the individual-level.

This review focused on studies relevant to adolescent girls, which we define according to PEPFAR's definition as girls between the ages of 10 and 19. This age group, though diverse, is an important target group for interventions seeking to prevent transactional sex. Transactional

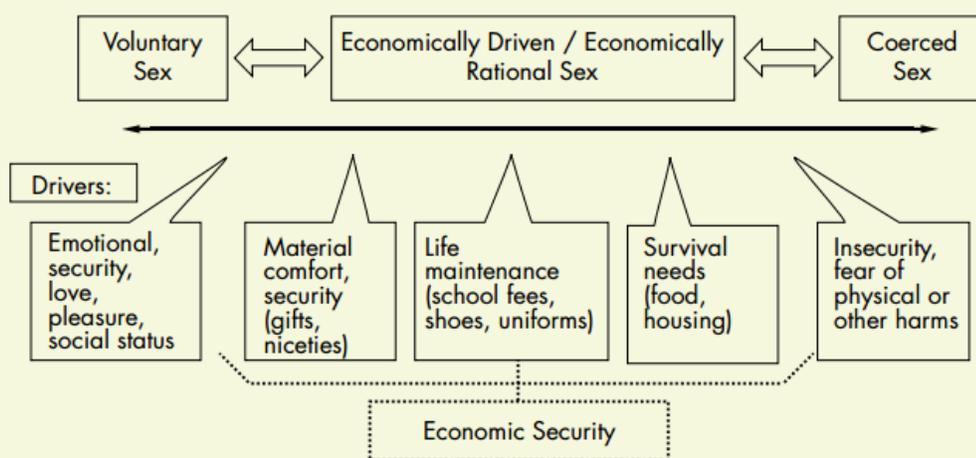
sex is most common among youth aged 15-19 throughout Africa (Chatterji et al. 2004), but early adolescence is an important time for developing positive habits and behaviors, before the likelihood of engaging in risky behavior is greatest, and an important time for intervention and risk assessment (McCarthy, Brady, and Hallman 2016).

SOME THEMES IN THE LITERATURE

A diverse range of drivers lead girls to engage in transactional sex. In their framework to describe cross-generational sexual relationships, Weissman and colleagues (2006) refer to a continuum of volition that is also relevant to transactional sex generally:

Figure 1

REASONS/DRIVERS FOR SEXUAL ACTIVITY ALONG A CONTINUUM OF VOLITION



SOURCE: A. Weissman et al., from "Cross-Generational Relationships: Using a 'Continuum of Volition' in HIV Prevention Work Among Young People," 2006. Courtesy of Save the Children.

As the figure above demonstrates, economically-driven sex is motivated by many different influences and can fall somewhere on a spectrum between voluntary and coerced. Because of the complex interplay of many factors, it is unlikely that a single tool will capture all of the drivers of transactional sex. Below, we pull out some key themes from the literature to guide the selection of economic indicators related to transactional sex.

- **The link between poverty and HIV risk is not consistent, but there are trends in the literature that show that poor women are more vulnerable to HIV.**

Different countries in Africa demonstrate different patterns in the relationship between economic status and HIV, leading some authors to the conclusion that inequality within a country is a greater driver of risk behavior than poverty generally (Mufune 2015). In a survey with 19,000 adolescents aged 12-19 from Burkina Faso, Ghana, Malawi, and Uganda, the link between household wealth and HIV risk behavior varied. However, poverty did correlate with early sexual debut and lower likelihood of using condoms, suggesting that poor girls are more likely to

engage in these risky behaviors (Madise, Zulu, and Ciera 2007). Similarly, a study across 12 countries, including Benin, Burkina Faso, Central African Republic (CAR), Chad, Guinea, Kenya, Mali, Niger, Nigeria, Togo, Zambia, and Zimbabwe, found that household economic status did not consistently correlate with likelihood to engage in transactional sex. However, it was acknowledged that economic independence may increase likelihood that a girl will be able to negotiate condom use (Chatterji et al. 2004). Furthermore, a recent analysis of 19 African countries suggests income shocks are linked to increases in transactional sex (Burke, Gong, and Jones 2015).

In South Africa, the link between poverty and HIV is clearer. Low household socioeconomic status has been identified as a major risk factor for HIV among South African women (Dellar, Waxman, and Abdool Karim 2015). A large household survey in South Africa found that among men and women aged 15 and older, poverty was found to be a social determinant for HIV infection across all age groups (Shisana et al. 2010). Low household income and the presence of economic shocks were linked to earlier sexual debut, as was community-level poverty (Dinkelman, Lam, and Leibbrandt 2008).

- **Very poor adolescent girls use transactional sex to meet their basic needs, with evidence that food insecurity drives risk behavior. When economic support is provided, risky behavior among adolescent girls is reduced.**

The necessity to cover basic needs can be a driver of transactional sex for adolescent girls. In a two-year qualitative study in Uganda, Bell and Aggleton (2014) identify a “systematic structuring of vulnerability” determined by household economic insecurity, young women’s perception that parents aren’t meeting their basic needs, and restrictions on young people in generating their own income, that can lead to transactional sexual relationships. There is evidence that transactional sex is used to meet survival needs (Parra and Holden 2014, McCleary-Sills et al. 2013), including cases of food insecurity (Kunnuji 2014, Weiser et al. 2007, Cluver et al. 2011). For example, in Malawi, economic deprivation increases girls’ likelihood to stay in informal labor relations called “ganyu” and engage in sex with employers (Mkandawire, Luginaah, and Baxter 2014).

Just as economic need drives risk behavior among adolescent girls, evidence shows that economic support can help reduce it. A number of studies show that economic support, in the form of child-focused grants, free schooling, school feeding, and matched savings reduce risky sexual behavior and/or attitudes among adolescent girls (Cluver et al. 2016, Cluver et al. 2014, Cluver et al. 2013, Ssewamala et al. 2010), including transactional sex (Cluver et al. 2016, Cluver et al. 2014, Cluver et al. 2013, Ssewamala et al. 2010).

- **However, transactional sex is not always driven by survival needs. Adolescent girls have agency and use transactional sex to achieve other goals.**

In addition to basic survival needs, transactional sex is used to meet perceived needs, including material wants that may be considered luxuries, related to social status (Zembe et al. 2013).

These can range from needs for sanitary pads in Kenya (Mason et al. 2013) to clothes, jewelry, and other sources of symbolic capital in South Africa (Leclerc-Madlala 2003). Qualitative studies from Cameroon, Kenya, Nigeria, and South Africa have found that sex is used to cover educational expenses and gain access to social networks (Chatterji et al. 2005). However, sexual relationships are not always driven entirely by material wants: adolescent girls also seek love, emotional support, and protection (Caro 2009).

- **Sexual exchange is considered a normal part of dating in some contexts – what matters is how power is exercised in these relationships.**

Interviews with 12-19 year-olds in Burkina Faso, Ghana, Malawi, and Uganda found that sexual exchange is considered normal for unmarried, sexually-active girls, regardless of household economic status, orphanhood, level of education, or age disparity in sexual partnerships (Moore, Biddlecom, and Zulu 2007). This is reinforced by findings in Tanzania (Wamoyi et al. 2011) and Malawi (Poulin 2007). It is important to recognize the cultural significance of gift-giving in a given context, and whether it is done in circumstances of equal or unequal power (Caro 2009). In cases of transactional sex with older partners, unequal power relations mean that girls have less negotiating power and are less likely to use condoms, putting them at greater risk for HIV (Weissman et al., 2006).

- **Gender inequality drives the disproportionate HIV vulnerability of young women and contributes to pressures to engage in transactional sex.**

Gender norms and cultural pressures have a major influence on the decisions of adolescent girls to engage in sexually risky behavior (Slabbert, Knijn, and Ridder 2015). Unequal access to resources encourages girls to access goods and status through relationships with older men, who are more likely to be infected with HIV (McCoy, Watts, and Padian 2010). The agency of adolescent girls is particularly constrained once they are in a relationship with a man, where lack of control over resources places them in a position of diminished power for sexual negotiation and cultural norms encourage submission by women to men and violent control over women by men (Jewkes and Morrell 2012).

- **Violence and abuse are linked to transactional sex.**

In South Africa, abuse and poverty were found to increase risk for transactional sex for adolescents from AIDS-affected families (Cluver et al. 2011), and gender-based violence as a risk factor for HIV (Dellar, Waxman, and Abdool Karim 2015). A history of sexual violence was found to be a risk factor for transactional sex among adolescent girls in Liberia (Okigbo et al. 2014) and Tanzania (McCleary-Sills et al. 2013).

- **Earning income can be protective against transactional sex, but financial independence may not be appropriate for adolescent girls.**

Adolescent girls have limited access to livelihood resources, but still experience pressure to contribute to household income (Caro 2009), which may in turn increase pressure to engage in transactional sex. Lack of earned income is associated with transactional sex in young people

14-25 in Liberia (Okigbo et al. 2014), and females who reported “sometimes” having cash on hand, rather than “always,” were found to be more likely to be infected with HIV in South Africa (Shisana et al. 2010).

Economic interventions that help increase income may also help decrease risky behaviors. A randomized controlled trial of a combined intervention package including life skills and health education, vocational training, micro-grants and social supports called Shaping the Health of Adolescents in Zimbabwe (SHAZ!) found that economic interventions with health and life skills generated better food security and greater likelihood of a girl having her own income than an intervention with health and life skills education alone. The combined intervention arm also demonstrated a lower risk of transactional sex and a higher likelihood of condom use compared to baseline (Dunbar et al. 2014).

However, other evidence has shown that increasing girls’ financial assets without providing additional social supports can result in increased harassment (Austrian and Muthengi 2014). Furthermore, although girls may experience pressure to contribute to household income, and although dependency on transactional relationships is linked to risky behavior, the desirability of financial independence will depend on the girls’ age and her specific context (Parra and Holden, 2014).

- **Premature adult death in the household increases HIV risk for young people.**

Though orphanhood is not linked to early marriage or teen pregnancy, evidence from seven countries shows that orphanhood is linked to early sexual debut (Palermo and Peterman 2009). In South Africa, parental death correlates with both HIV status and risky sexual behavior among adolescents (Operario et al. 2007, Hallman 2006). As Hallman and colleagues (2006) explain, “orphan status combined with poverty may increase young people's HIV risk through a number of mechanisms including reduced access to the protective effects of attending school, higher chances of non-consensual sex, and increased likelihood of unprotected transactional sex and other potentially exploitive and unsafe livelihoods activities.”

EXISTING TOOLS

Before developing a new tool, we looked for existing tools related to adolescent girls’ economic vulnerability/resilience to HIV in the gray literature and through published evaluations of economic empowerment programs for girls and women. We wanted either a complete tool that could be adapted for the purposes of our implementing partners for DREAMS, tools that could be re-purposed to measure domains of a newly developed tool, or tools that could be used to validate a newly developed tool. We identified a number of economic empowerment scales, but most were designed for adult women.

We were not able to identify an existing tool that could be used to meet implementing partner demand. However, we did identify a number of tools that could be used to measure indicators

related to adolescent girls' economic vulnerability:

Tool	Description
Asset measures	<ul style="list-style-type: none"> • Easier to measure than consumption/income, but less sensitive to short-term variation (Buvinic and Furst-Nichols 2015) • Usually found in DHS surveys
WE-MEASR (CARE)	<ul style="list-style-type: none"> • 12 scales to measure CARE's definition of women's empowerment: Individual Agency, Relations, and Structure. • Built on and adapted existing validated measures • Refined based on field-testing in Malawi
Adolescent girl economic and social asset indicators (Population Council)	<ul style="list-style-type: none"> • List of indicators drawn from various Population Council surveys including Siyakha Nentsha (South Africa), Berhane Hewan (Ethiopia), TAP (Kenya), Biruh Tesfah (Ethiopia), SEWA (India), Safe and Smart Savings Products for Vulnerable Adolescent Girls (Kenya/Uganda) (Austrian and Ghati 2010)
Gender scales from Empowerment and Livelihood for Adolescents (ELA) program evaluation	<ul style="list-style-type: none"> • Evaluation of economic empowerment program for adolescent girls in Uganda (Bandiera et al. 2012) used a gender empowerment index, an empowerment index, and a satisfaction index
Women's empowerment scales (C-Change)	<ul style="list-style-type: none"> • 8 validated empowerment scales combined by researchers in 2010 (Nanda, 2011)

SELECTING DOMAINS

Although the role of gender-based economic inequality is recognized throughout the literature as a driver of HIV vulnerability for adolescent girls, there is still little evidence on the role of economic empowerment programs in reducing risk for this population. Most evaluations of women's economic empowerment programs do not disaggregate by age or take into account the unique needs of adolescent girls (Taylor and Perezniето 2014), and most studies focus on the role of household and community economic status on sexual outcomes for girls rather than individual factors, making individual-level economic indicators of risk and protective factors scarce in the literature.

To best suit the function of an M&E tool, ASPIRES filtered the list of risk and protective factors related to girls' economic vulnerability to those found at the individual level that are expected to vary with exposure to ES programming. An initial list of indicators was presented to staff from CINDI, CCP, Lifeline, YFC, and an external expert on adolescent girls and HIV risk for feedback through a series of structured interviews.

Based on the results of the interviews, the list was revised to remove sensitive questions, re-

word items for context-appropriateness, and remove indicators that were determined to be less important to vulnerability. The final set of indicators include:

Table 1. Girl Tool Indicators

Indicator	Rationale and evidence
1. Survival needs	For girls who are heads of households or married, failure to meet basic needs, either independently or through spouse, also indicates financial hardship that may result in risky behavior (Burke et. al. 2015).
2. Basic needs 3. Perceived needs	For girls living with parents, they may experience financial pressure if their basic needs are not met by parents. Parents may have a different idea of what constitutes “basic needs” for the child (Bell and Aggleton 2013; Zembe 2013).
4. Pressure to contribute to the household	Pressure on girls to contribute to household resources can increase their risk for exploitation (Caro 2009).
5. Availability of cash	15-24 year old females who reported “sometimes” having cash on hand, rather than “always,” were found to be more likely to be infected with HIV in South Africa (Shisana et al. 2010).
6. Food security	Food insecurity has been found to be linked to risk for transactional sex for women in Botswana and Swaziland (Weiser et. Al. 2007)
7. Shocks 8. Safety nets	Income shocks affect transactional sex behaviors (Burke et. al. 2015). A lack of safety net, or support other than a sexual partner, may increase vulnerability.
9. Financial goals	Girls with financial goals are better able to estimate risk of HIV (Hallman 2011).
10. Control over assets 11. Control over economic decision-making	Economic dependence on men reduces women’s ability to negotiate sex (Gupta 2002).
12. Personal documentation	Relevant to acquiring savings account (control over assets) and government grants (safety net).
13. Gender attitudes	Gender norms and cultural pressures have a major influence on the decisions of adolescent girls to engage in sexually risky behavior (Slabbert, Knijn, & Ridder 2015; Jewkes & Morrell 2012).

The literature also included a number of factors associated with risky sexual behavior that an economic strengthening program cannot expect to change at the individual level. These factors

may not be useful for program monitoring, but they may be useful for targeting purposes.¹ They include:

- Premature adult death in household
- Education level
- Previous experience of violence and abuse
- Household economic status
- Community economic status

DISCUSSION

The literature on economic vulnerability to transactional sex for adolescent girls does not offer a straight-forward set of individual-level indicators that can be used by economic empowerment programs for M&E purposes. Most studies in this review focused on behavioral and community determinants of risks (Stephenson 2009, Underwood et al. 2011) and household-level economic factors (Hallman 2005), but did not explicate how economic risks manifest at the individual level for girls.

The literature does make clear, however, that individual economic factors are only part of what creates vulnerability for adolescent girls, and that social norms related to gender must also be addressed to reduce risk for transactional sex (Jewkes et al. 2012). A review of economic empowerment programs showed that “joint/mixed or integrated interventions providing economic skills and services alongside life skills and other training services (including gender training) appear to deliver the best results for women’s economic empowerment” (Taylor and Perezniето, 2014). Furthermore, ES programs for adolescent girls must consider household level indicators as well. As Parra and Holden (2014) explain, implementers cannot just work with individual girls – parents’ and husbands’ choices matter and affect program outcomes.

Although vulnerability dynamics vary across the diverse contexts of Sub-Saharan Africa, and though most of the studies reviewed focused on South Africa, the literature demonstrates key themes that are likely relevant to other DREAMS contexts in East and Southern Africa. It shows that transactional sex can be used to meet a variety of needs among adolescent girls, who may find themselves along a “continuum of volition” where gender and economic inequalities put girls’ sexual decision-making somewhere in between voluntary and coerced. It also shows that cultural norms around gift exchange make transactional sex a normalized part of social relations in some contexts. At the same time, economic need is a very real driver for transactional sex, which may be used to meet basic needs for survival or perceived needs, which may range from sanitary towels to cell phones. Ultimately, transactional sex is a powerful driver of girls’ vulnerability to HIV due to unequal power dynamics between adolescent girls and their partners.

¹ This is not an exhaustive list of targeting criteria, which will depend on individual program priorities.

Based on these complex dynamics, we were able to identify several risk and protective factors that we believe ES programs can address at the individual-level for adolescent girls. Although these indicators will likely be useful to ES programs seeking to track progress over time, we do not believe that they can be aggregated into a quantified measure of vulnerability. In fact, there is no single measure of economic vulnerability, and a single tool is not enough to serve all the data requirements of an economic empowerment program. Furthermore, it is likely that vulnerability to transactional sex cannot be quantified, and that implementers should focus on measuring the aspects of vulnerability that their programs wish to affect. For programs targeting adolescent girls, a separate mechanism for targeting should be used to make sure stakeholder needs are met and that the desired population is recruited. We recommend referring to Population Council's resources on programming for adolescent girls, including a tool to identify specific assets that a girl should have by specific age, and the Girl Roster, a tool used to identify girls less likely to be captured by conventional targeting methods.

CONCLUSION

Economic vulnerability is a major driver of transactional sex among adolescent girls, putting them at high risk for HIV in much of sub-Saharan Africa. DREAMS programs seeking to empower adolescent girls with economic strengthening interventions require individual-level indicators to measure progress over time. This review examined the literature on transactional sex and economic empowerment programming for girls to identify several risk and protective factors that can be used as indicators for this purpose. The indicators proposed should be used in addition to other tools to target participants and evaluate program efficacy, and we do not recommend quantifying them as a scale to measure vulnerability. Overall, transactional sex makes girls vulnerable to HIV because of unequal power relations between girls and their partners. Economic strengthening, when combined with life skills and other interventions to address this dynamic, can help girls attain greater independence and avoid risky relationships.

BIBLIOGRAPHY

- Austrian, K., & Ghati, D. (2010). *Girl Centered Program Design: A Toolkit to Develop, Strengthen and Expand Adolescent Girls Programs*. Retrieved from Nairobi, Kenya:
- Austrian, K., & Muthengi, E. (2014). Can economic assets increase girls' risk of sexual harassment? Evaluation results from a social, health and economic asset-building intervention for vulnerable adolescent girls in Uganda. *Children and youth services review*, 47, 168-175.
- Bandiera, O., Buehren, N., Burgess, R., Goldstein, M., Gulesci, S., Rasul, I., & Sulaiman, M. (2012). *Empowering adolescent girls: evidence from a randomized control trial in Uganda*. Washington DC: World Bank.
- Bell, S. A., & Aggleton, P. (2014). Economic vulnerability and young people's sexual relationships in rural Uganda. *Journal of Youth Studies*, 17(6), 814-828.
- Burke, M., Gong, E., & Jones, K. (2015). Income shocks and HIV in Africa. *The Economic Journal*, 125(585), 1157-1189.
- Buvinic, M., & Furst-Nichols, R. (2015). *Measuring Women's Economic Empowerment: Companion to A Roadmap for Promoting Women's Economic Empowerment*. United Nations Foundation and the ExxonMobil Foundation. Retrieved from http://www.womeneconroadmap.org/sites/default/files/Measuring%20Womens%20Econ%20Emp_FINAL_06_09_15.pdf
- Caro, D. (2009). *Livelihood Options for Girls: A Guide for Program Managers*. Washington, DC: USAID.
- Chatterji, M., Murray, N., London, D., & Anglewicz, P. (2004). *The factors influencing transactional sex among young men and women in 12 sub-Saharan African countries*. Retrieved from http://www.policyproject.com/pubs/countryreports/Trans_Sex.pdf
- Chatterji, M., Murray, N., London, D., & Anglewicz, P. (2005). The factors influencing transactional sex among young men and women in 12 sub-Saharan African countries. *Social biology*, 52(1-2), 56-72.
- Cluver, L., Boyes, M., Orkin, M., Pantelic, M., Molwena, T., & Sherr, L. (2013). Child-focused state cash transfers and adolescent risk of HIV infection in South Africa: a propensity-score-matched case-control study. *Lancet Global Health*, 1(6), e362-e370.
- Cluver, L., Orkin, M., Boyes, M., Gardner, F., & Meinck, F. (2011). Transactional sex amongst AIDS-orphaned and AIDS-affected adolescents predicted by abuse and extreme poverty. *JAIDS, Journal of Acquired Immune Deficiency Syndromes*, 58(3), 336-343.
- Cluver, L. D., Orkin, F. M., Boyes, M. E., & Sherr, L. (2014). Cash plus care: social protection cumulatively mitigates HIV-risk behaviour among adolescents in South Africa. *AIDS*, 28 Suppl 3, S389-397. doi:<http://dx.doi.org/10.1097/QAD.0000000000000340>
- Cluver, L. D., Orkin, M. F., Yakubovich, A. R., & Sherr, L. (2016). Combination social protection for reducing HIV-risk behavior amongst adolescents in South Africa. *Journal of Acquired Immune Deficiency Syndromes*, [19] p. doi:<http://dx.doi.org/10.1097/QAI.0000000000000938>
- Dellar, R., Waxman, A., & Abdool Karim, Q. (2015). Understanding and responding to HIV risk in young South African women: Clinical perspectives. *SAMJ: South African Medical Journal*, 105(11), 952-952.
- Dinkelman, T., Lam, D., & Leibbrandt, M. (2008). Linking poverty and income shocks to risky sexual behaviour: Evidence from a panel study of young adults in Cape Town. *The South African Journal of Economics. Suid-afrikaanse tydskrif vir ekonomie*, 76(supp1), s52-s74. doi:10.1111/j.1813-6982.2008.00170.x
- DREAMS. (2017). About DREAMS. Retrieved from <http://www.dreamspartnership.org/aboutdreams/#what-we-do>Dunbar, M. S., Dufour, M. S.,

- Lambdin, B., Mudekunya-Mahaka, I., Nhamo, D., & Padian, N. S. (2014). The SHAZ! Project: Results from a pilot randomized trial of a structural intervention to prevent HIV among adolescent women in Zimbabwe. *PLoS ONE*, *9*(11), e113621. doi:<http://dx.doi.org/10.1371/journal.pone.0113621>
- Hallman, K. (2006). *Orphanhood, poverty, and HIV risk behaviors among young people in KwaZulu-Natal, South Africa*. Retrieved from <http://paa2006.princeton.edu/download.aspx?submissionId=61795>
- Jewkes, R., & Morrell, R. (2012). Sexuality and the limits of agency among South African teenage women: Theorising femininities and their connections to HIV risk practices. *Social Science & Medicine*, *74*(11), 1729-1737.
- Kunnuji, M. (2014). Basic deprivation and involvement in risky sexual behaviour among out-of-school young people in a Lagos slum. *Culture, Health & Sexuality*, *16*(7), 727-740. doi:10.1080/13691058.2014.894206
- Leclerc-Madlala, S. (2003). Transactional sex and the pursuit of modernity. *Social dynamics*, *29*(2), 213-233.
- Madise, N., Zulu, E., & Ciera, J. (2007). Is poverty a driver for risky sexual behaviour? Evidence from national surveys of adolescents in four African countries. *African Journal of Reproductive Health*, *11*(3), 83-98.
- Mason, L., Nyothach, E., Alexander, K., Odhiambo, F. O., Eleveld, A., Vulule, J., . . . Phillips-Howard, P. A. (2013). 'We Keep It Secret So No One Should Know' – A Qualitative Study to Explore Young Schoolgirls Attitudes and Experiences with Menstruation in Rural Western Kenya. *PLoS ONE*, *8*(11), 1-11. doi:10.1371/journal.pone.0079132
- McCarthy, K., Brady, M., & Hallman, K. (2016). *Investing when it counts: Reviewing the evidence and charting a course of research and action for very young adolescents*. New York: Population Council.
- McCleary-Sills, J., Douglas, Z., Rwehumbiza, A., Hamisi, A., & Mabala, R. (2013). Gendered norms, sexual exploitation and adolescent pregnancy in rural Tanzania. *Reproductive Health Matters*, *21*(41), 97-105. doi:10.1016/S0968-8080(13)41682-8
- McCoy, S. I., Watts, C. H., & Padian, N. S. (2010). Preventing HIV infection: turning the tide for young women. *Lancet*, *376*(9749), 1281-1282. doi:[http://dx.doi.org/10.1016/S0140-6736\(10\)61309-8](http://dx.doi.org/10.1016/S0140-6736(10)61309-8)
- Mkandawire, P., Luginaah, I., & Baxter, J. (2014). Growing up an orphan: vulnerability of adolescent girls to HIV in Malawi. *Transactions of the Institute of British Geographers*, *39*(1), 128-139.
- Moore, A. M., Biddlecom, A. E., & Zulu, E. M. (2007). Prevalence and meanings of exchange of money or gifts for sex in unmarried adolescent sexual relationships in sub-Saharan Africa. *African Journal of Reproductive Health*, *11*(3), 44-61.
- Mufune, P. (2015). Poverty and HIV/AIDS in Africa: Specifying the connections. *Social Theory & Health*, *13*(1), 1-29. doi:10.1057/sth.2014.14
- Okigbo, C. C., McCarragher, D. R., Chen, M., & Pack, A. (2014). Risk factors for transactional sex among young females in post-conflict Liberia. *African Journal of Reproductive Health*, *18*(3), 133-141.
- Operario, D., Pettifor, A., Cluver, L., MacPhail, C., & Rees, H. (2007). Prevalence of parental death among young people in South Africa and risk for HIV infection. *Journal of Acquired Immune Deficiency Syndromes*, *44*(1), 93-98.
- Palermo, T., & Peterman, A. (2009). Are female orphans at risk for early marriage, early sexual debut, and teen pregnancy? Evidence from sub-Saharan Africa. *Stud Fam Plann*, *40*(2), 101-112.
- Parra, C. G., & Holden, J. (2014). *Economic empowerment for adolescent girls Impacts on sexual and reproductive health outcomes*. Retrieved from <https://www.gov.uk/dfid-research-outputs/economic-empowerment-for-adolescent-girls-impacts-on-sexual-and-reproductive-health-outcomes>

- Poulin, M. (2007). Sex, money, and premarital partnerships in southern Malawi. *Social Science and Medicine*, 65(11), 2383-2393. doi:<http://dx.doi.org/10.1016/j.socscimed.2007.05.030>
- Ricardo, C., Barker, G., Pulerwitz, J., & Rocha, V. (2006). Gender, sexual behaviour and vulnerability among young people. *Ingham R, Aggleton P. Promoting young people's sexual health. London: Routledge*, 61-78.
- Shisana, O., Rice, K., Zungu, N., & Zuma, K. (2010). Gender and Poverty in South Africa in the Era of HIV/AIDS: A Quantitative Study. *Journal of Women's Health*, 19(1), 39-46. doi:10.1089/jwh.2008.1200
- Slabbert, M., Knijn, T., & Ridder, D. d. (2015). Improving HIV prevention programs: the role of identity in shaping healthy sexual behavior of rural adolescents in South Africa. *Vulnerable Children and Youth Studies*, 10(1).
- Ssewamala, F. M., Ismayilova, L., McKay, M., Sperber, E., Bannon, W., Jr., & Alicea, S. (2010). Gender and the effects of an economic empowerment program on attitudes toward sexual risk-taking among AIDS-orphaned adolescent youth in Uganda. *Journal of Adolescent Health*, 46(4), 372-378.
- Stephenson, R. (2009). A community perspective on young people's knowledge of HIV/AIDS in three African countries. *AIDS Care*, 21(3), 378-383. doi:<http://dx.doi.org/10.1080/09540120802241889>
- Taylor, G., & Perezniето, P. (2014). *Review of evaluation approaches and methods used by interventions on women and girls' economic empowerment*. EPS-PEAKS. Retrieved from <https://assets.publishing.service.gov.uk/media/57a089efe5274a27b2000329/Economic-empowerment-for-adolescent-girls.pdf>
- Underwood, C., Skinner, J., Osman, N., & Schwandt, H. (2011). Structural determinants of adolescent girls' vulnerability to HIV: views from community members in Botswana, Malawi, and Mozambique. *Social Science & Medicine*, 73(2), 343-350.
- Wamoyi, J., Fenwick, A., Urassa, M., Zaba, B., & Stones, W. (2011). Women's bodies are shops: beliefs about transactional sex and implications for understanding gender power and HIV prevention in Tanzania. *Archives of Sexual Behavior*, 40(1), 5-15. doi:<http://dx.doi.org/10.1007/s10508-010-9646-8>
- Weiser, S. D., Leiter, K., Bangsberg, D. R., Butler, L. M., Percy-de Korte, F., Hlanze, Z., . . . Heisler, M. (2007). Food Insufficiency Is Associated with High-Risk Sexual Behavior among Women in Botswana and Swaziland. *PLoS Med*, 4(10), e260. doi:10.1371/journal.pmed.0040260
- Weissman, A., Cocker, J., Sherburne, L., Beth Powers, M., Lovich, R., & Mukaka, M. (2006). Cross-generational relationships: using a 'Continuum of Volition' in HIV prevention work among young people. *Gender & Development*, 14(1), 81-94.
- Zembe, Y. Z., Townsend, L., Thorson, A., & Ekström, A. M. (2013). "Money talks, bullshit walks" interrogating notions of consumption and survival sex among young women engaging in transactional sex in post-apartheid South Africa: a qualitative enquiry. *Globalization and Health*, 9(1), 1.

Mission Statement

ASPIRES accelerates evidence-based practice in economic strengthening for vulnerable populations through research and technical assistance.

Statement of Purpose

ASPIRES is a PEPFAR- and USAID-funded economic strengthening (ES) project focused on vulnerable populations, especially those affected by HIV. We aim to promote evidence-based practice by providing technical assistance (TA) for integrated ES programming most consistent with positive livelihood, health, and well-being outcomes. At the same time, we strengthen the evidentiary record through rigorous research so that future programming efforts have stronger foundations.

Research is at the heart of the ASPIRES identity, and all of our projects begin with a systematic interrogation of the existing evidence base in relevant program areas. We make major investments in original evaluation research of the highest possible rigor, both for course correction in implementation and to add to the evidence base. We share our findings on best practices with partners, the broader development community, policymakers, and other key constituents, and we offer TA to support programs that seek to replicate those practices.

ASPIRES provides limited direct implementation. Instead, we focus on providing existing USAID-funded projects with TA and research related to ES. This allows us to balance the collaboration necessary for in-depth research with independence from program operations. In this manner, we generate findings that contribute to identifying a core set of pathways to greater resilience for vulnerable households, and that provide insight into effective, efficient, and scalable interventions to achieve the desired impacts.

ASPIRES has no single theory of change; we are not a single-model or one-size-fits-all project. We are open to all manner of integrated ES interventions of interest to our USAID and PEPFAR stakeholders, with the ultimate aim to shape interventions around the best evidence available.

