

UNDERSTANDING THE EFFECTS OF ECONOMIC STRENGTHENING PROGRAMS ON ADOLESCENT GIRLS IN SUB-SAHARAN AFRICA

HES Research Dialogues: Evidence Brief 3

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With more people under the age of 20 than anywhere else in the world, the continent of sub-Saharan Africa faces unprecedented opportunity and risk. Adolescents, identified by the United Nations and the World Health Organization as individuals between 10 and 19 years of age¹, are beginning to receive due attention from policymakers as a sub-group with the power to positively affect the trajectories of public health, education and economic development globally. Yet, in sub-Saharan Africa, adolescent girls, in particular, face specific challenges. Girls bear greater responsibility for unpaid care work and domestic chores while are also at risk of early marriage, unintended pregnancy and gender-based violence. Adolescent girls are also more likely than their male peers to see their educational

and economic opportunities diminish and to experience negative health outcomes.

Economic Strengthening

Designed to reduce the economic vulnerability of individuals and households, economic strengthening (ES) interventions are varied in method and scope. Cash transfers seek to meet immediate consumption needs; microsavings promote financial inclusion and the formation of savings habits; skills development programs aim to increase human capital and prepare individuals for entry into the skilled labor workforce; and for individuals ages 18 or over, micro-credit offers loans for individuals wishing to start their own business.

When tailored specifically to the adolescent girl, ES programs are theorized to have multi-dimensional outcomes. Beyond the primary economic aims outlined above, secondary effects, such as increased rates of school completion, improved health, including HIV risk reduction, and enhanced decision making power, are of increasing interest to practitioners and policy makers who recognize the need to invest in adolescent girls.

This brief reviews the evidence from four recent publications to highlight emerging scholarship on vulnerable adolescent girls in sub-Saharan Africa. The themes derived from the literature include positive outcomes from ES programming for adolescent girls in education; sexual and reproductive health (SRH); and delayed age at first marriage.

¹ Recent research on brain development has adolescence extending to or beyond the age of 25, influencing emerging conceptualizations on this life stage.

Informed by findings from the literature and complemented by recent guidance on programming for adolescent girls, the brief then offers considerations for program and policy design. These range from integrated service delivery models, to the engagement of men and boys, to participatory policy design. Such intentionality in the design of programs and policies will serve to maximize the protective social outcomes of ES programming while laying the groundwork for broader gender equality and sustainable development.

Social Effects of ES programs

EDUCATION (BAIRD ET AL., 2014)

Research has shown that when an adolescent girl remains in school, she is more likely to be healthier, marry later, have fewer children, and earn income that can be invested back into her family.ⁱ Given the importance of education in safe and healthy transitions to adulthood, it is critical to understand the types of interventions that are effective for keeping girls in school.

In Malawi, researchers examined the comparative effects of conditional cash transfers (CCTs) and unconditional cash transfers (UCTs) on education among adolescent girls and young women.ⁱⁱ The results indicated divergent outcomes from the Zomba Cash Transfer Program (ZCTP). This randomized trial studied never-married females ages 13-22, offering monthly transfers in the form of CCTs (conditional based upon school attendance) or UCTs to eligible beneficiaries and their households over the course of two years. Cluster-randomized into 176 enumeration areas, 3,796 females took part in the study, and

were provided a CCT, a UCT, or no transfer. After two years, findings showed that the CCT arm had greater positive impacts on school attendance and test scores than the other study arms while also being more cost-effective than UCTs in raising enrollment rates.

As education is theorized to exist along the causal pathway between ES interventions and broader health and economic outcomes, to the extent that ES interventions are able to facilitate school retention and completion, they add further value to any multi-sectoral intervention for adolescent girls.

SEXUAL AND REPRODUCTIVE HEALTH (JENNINGS ET AL., 2016 & DUNBAR ET AL., 2014)

Despite significant progress globally in HIV prevention and treatment, adolescent girls are a demographic that remain at high risk. Adolescent girls account for 1 in 5 of all new HIV infections in Africa and are three times more likely than their male peers to contract HIV.ⁱⁱⁱ

As part of an integrated platform of services to adolescent girls and a complement to wider efforts at gender equality, recent research suggests that ES interventions that foster a sense of individual economic agency may add value to HIV prevention initiatives.

Analysis of baseline data from the HIV Prevention Trials Network (HPTN) 068 study found a number of statistically significant correlations between economic indicators and HIV preventative behaviors.^{iv} The study surveyed 2,533 school-going

young women ages 13-20 in the rural Bushbuckridge sub-district of Mpumalanga province in South Africa. Respondents who reported having money to spend on themselves were more likely to report a reduced number of sexual partners and also discussing HIV testing and condom use with these partners. Similarly, females who indicated having a bank account had greater odds of self-reporting regular condom use. The authors suggest that ES interventions that improve individual economic resources empower school-going adolescent females to protect themselves from HIV and should be considered for inclusion into existing HIV prevention activities.

Another recent randomized trial in the region, “Shaping the Health of Adolescents in Zimbabwe (SHAZ!)” evaluated the impact of project components on 315 participants.^v The control arm of the study received life-skills and health education only and the treatment arm received training, micro-grants, and mentorship in addition to the life-skills and health education. After two years, findings demonstrated that the adolescent girls in the treatment group who received the full package of services, were more likely to report having their own income, a lowered risk of transactional sex, and higher likelihood of condom use with an intimate partner.

The risks adolescent girls face to their SRH are influenced by long-held social norms of gender inequality that diminish the voice of women and girls and their ability to make decisions affecting their health and welfare. ES interventions that improve individual economic agency counter these norms and may facilitate greater decision-making

power for adolescent girls who might otherwise make choices such as age-disparate, transactional, or unprotected sex based upon their economic dependence on men.

EARLY MARRIAGE (BAIRD ET AL., 2014 & HANDA ET AL., 2015)

Defined as marital union prior to the age of 18, early/child marriage remains prevalent across the globe. UNICEF estimates over 700 million women living today were married before the age of 18 with one in three girls married before 15 years of age.^{vi}

The effects of early marriage are glaring, with research documenting associations between the practice and intimate partner violence, HIV, school separation, social exclusion, and a range of health consequences including maternal and infant mortality.⁶ Thus, ES interventions that are effective in delaying the age at first marriage may yield exponential benefit for adolescent girls.

The aforementioned study on the Zomba Cash Transfer Program in Malawi, which showed positive effects of cash transfers on education, also demonstrated effects on early marriage.² For the cohort of girls who were not yet attending school at the time of study enrollment and who received a monthly transfer conditional on school attendance, were 12.6 percent less likely to be married than their peers in the control group who did not receive a transfer. Conversely, no similar treatment effect was detected for girls who received the CCT but were already attending school at study baseline, suggesting CCTs may be particularly effective in reducing early

marriage for adolescents who are out-of-school by mandating attendance. For girls in school at the time of study enrollment, UCTs proved effective at increasing the age at first marriage. The authors speculate that the schooling effect most prominently influenced outcomes for out-of-school girls while the income effect was the factor influencing marital age for girls already in school.

In a study of Kenya's Cash Transfer for Orphans and Vulnerable Children program, researchers examined the effect of UCTs on early pregnancy and marriage among females ages 12-24 through a cluster randomized trial.^{vii} This study reviewed the impacts of the UCT on 1,549 females after four years of implementation (2007-2011). It found a 5 percent decrease in the likelihood of pregnancy among the treatment group but no effect on early marriage. These findings illustrate the divergence of transfer outcomes in the current literature based on context and conditionality of the transfer.

What is evident from these findings is that UCTs and CCTs have protective effects that vary based on target population and geographic setting. What is also clear is that while the education mandate associated with CCTs offers notable advantages, neither CCTs nor UCTs can be accepted as universally superior to the other. Rather, program design should be tailored based on the unique needs of the local context and target beneficiaries.

Program Design Considerations

As practitioners develop ES interventions tailored to adolescent girls, two aspects of design to consider include: 1) whether or not the ES intervention will be situated within an integrated, multi-sectoral platform, and 2) if/how the program will engage men and boys for broader, more sustainable impact.

INTEGRATED SERVICE DELIVERY MODELS

Given the range of interconnected challenges facing adolescent girls, services delivered in isolation are commonly viewed as less effective than those that are part of a combination package of complementary services, including ES.

The SHAZ evaluation demonstrated this potential for enhancing program outcomes by evaluating and documenting the added benefit of ES activities when integrated within a multi-sectoral development project. While the concept of integrated development is gaining renewed popularity, more studies are needed that document improved outcomes and value added from a multi-dimensional approach.

Further, as the vulnerabilities faced by adolescent girls are intrinsically related to long-standing gender inequalities that exist within cultural, social, legal, and political frameworks, more needs to be done to intentionally address societal norms and institutionalized risk. Integrated service delivery platforms that pair ES with enhanced dialogue on gender equality will likely yield more sustainable and longer

term impacts as communities begin to embrace gender equality.

ENGAGING MEN & BOYS

As programs deliver ES interventions within integrated development platforms, it is important to consider how men and boys can be engaged to address the power relations and cultural expectations that affect the health, economic, and social status of women and girls.^{viii} By bringing males into the dialogue on female economic empowerment and gender equality, risks associated with female-targeted ES initiatives can be mitigated while the longer-term sustainability of ES effects, including educational attainment and improved SRH outcomes, are more broadly supported.

Policy Considerations

INSTITUTIONAL FRAMEWORKS

When seeking to enact policy that supports economic interventions as a mechanism for the social protection and empowerment of adolescent girls, it is critical to take full stock of the institutional environment. A gender analysis of existing policies and laws may reveal an institutional environment that is discriminatory towards females, and thus at odds with the goals of an ES intervention for girls, both now and in the future. For instance, laws that limit the ability of females to own land, inherit property, open a bank account or otherwise accumulate financial assets, directly counter the aims and may limit the desired effects of ES interventions. Advocacy efforts may be required to harmonize initiatives for adolescent girls at the federal, regional, and local levels.

PARTICIPATORY POLICY DESIGN

Engaging girls in both program and policy development is an essential method for ensuring designs are relevant and are considered effective strategies by the girls who use them. While many of the issues adolescent girls faced are common across sub-groups, there is variation in lived experience, making it important to engage girls from a range of sub-populations, including those that are out-of-school, living with disabilities, orphaned, migrants, domestic workers, and/or married. Discussions with varied groups can help policymakers and practitioners make decisions about which form of cash transfer might be most effective for keeping girls in school within a given context and elicit information on the potential unintended consequences of ES interventions and how best to mitigate such risks.

Conclusion

This emerging research underscores the ability of ES to improve education and health outcomes and delay marriage for adolescent girls. Highlighting the intersections between gender equality, economic security, education, and health, the recent research reinforces the need to include ES interventions within a broader, multi-sectoral platform designed to meet the unique needs of adolescent girls. Such programs must be designed in an integrated manner with gender dialogues that seek male participation a critical component for long-term sustainability of program outcomes.

Further, an examination of laws and policies within the implementing country will help

situate ES work within the broader context and offer opportunities for engagement on reform efforts where existing legislation may be hindering adolescent girls from the full realization of benefits associated with ES interventions. To the extent that engagement on policy reform and development can be participatory, representation by adolescent girls themselves will undoubtedly add value, resulting in initiatives that are better informed and more relevant to meet the specific needs of this important demographic.

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About the HES Research Dialogues

In 2014, FHI 360's ASPIRES Project and the SEEP Network recognized that, while HES was a growing area of practice and research, gaps in HES research and evidence remained. To respond to this evidence gap, SEEP facilitated an HES Research Dialogues initiative, bringing together HES researchers and practitioners to define a collaborative learning agenda. Through a series of collaborative activities, the initiative aimed to identify key research questions within HES, as well as draw on existing experience related to appropriate research methods and tools.

This document is complemented by a series of research methods and evidence briefs developed out of the HES Research Dialogues initiative. Access them on FHI 360's ASPIRES Project web page on Microlinks at: <http://bit.ly/1rwRue3>

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