

The Intersection of Economic Empowerment and Youth Sexual and Reproductive Health

Today, 1.8 billion people between the ages of 10 and 24 make up the largest generation of young people in history. A growing youth population means both an expanding workforce and – given the current economic climate – higher rates of unemployment. At the end of 2010, more than 75 million people between the ages of 15 and 24 could not find work.¹ The United Nations Population Fund (UNFPA) estimates that one-quarter of the world’s young people live on less than the equivalent of US\$1 a day.²

Addressing young people’s economic vulnerability has been cited as a promising strategy for improving their sexual and reproductive health (SRH).³ Economic vulnerability is both a cause and a consequence of negative SRH outcomes. For example, girls who are living in poverty are more likely to try to support themselves by entering into intergenerational relationships, marrying early, and selling or trading sex, all of which increase their risk of HIV infection and early or unintended pregnancy.⁴ Girls who become pregnant are more likely to leave school early, have a lower income and bear more children at shorter intervals throughout their lifetime. In contrast, young women who avoid unintended pregnancy are more likely to stay in school, participate in the workforce and have healthier, better-educated children.⁵ For boys in many societies, the definition of manhood is closely tied to employment.⁶ Young men who are unemployed feel a loss of power and identity and are at increased risk of intimate partner violence, alcohol abuse and other risky behaviors.⁷

This brief reviews various types of “economic empowerment” approaches, discusses some promising programs and talks about next steps for this relatively new topic of the intersection of economic empowerment and youth SRH.

Promising Programs Addressing Economic Empowerment

Economic empowerment means increasing one’s possession of and control over economic assets. It can be achieved through different types of strategies that include microfinance, entrepreneurship training, livelihood approaches, financial literacy training, building savings, asset building and cash transfer programs, among others. See the sidebar on page 3 for more information about these strategies.

Despite the relatively new state of this combined approach, some programs with the mutual goals of economic empowerment and improved SRH have yielded positive results. For example, an evaluation of the Population Council’s Tap and Reposition Youth (TRY) program suggests that group-based savings programs, when combined with other social support, can reduce young people’s sexual risk-taking behaviors. The TRY program began in 1998 as a group-based microlending scheme. After experiencing high dropout rates and low loan repayment, however, the program shifted its focus to a group-based savings model called “Young Savers Clubs” in 2004. Under this model, youth in voluntary, self-managed groups meet regularly to contribute to their own savings and receive social support and entrepreneurship education. The effectiveness





of the TRY program was evaluated by pre- and post-intervention participant surveys, as well as surveys of a comparison group of similar nonparticipants. Evaluation results demonstrated that program participants were more likely to report financial savings and to have a bank account than nonparticipants. While SRH knowledge was similar among girls in the TRY group and the control group, TRY participants were better able to negotiate sexual relationships than control group members. TRY girls were three times more likely to insist on condom use than young women outside of the program and were more likely to be able to refuse sex. Program participants also demonstrated a statistically significant improvement in attitudes about gender roles when compared to control nonparticipants.⁸

In Kenya and Uganda, the Population Council is also working with financial institutions to implement a program in which girls open a savings account, join a savings group that meets weekly and is led by a female mentor, and receive basic financial and health education. In Kenya, girls in the program were three times more likely than girls in a comparison group to save money on a weekly basis, and they were significantly more likely to know about at least one contraceptive method and understand that HIV can be transmitted through sexual contact. In Uganda, compared to girls who did not participate in the program, girls who participated were 3.5 times more likely to name at least one correct method of HIV transmission, 3 times more likely to know at least one method of family planning and 1.5 times more likely to have had an HIV test.⁹

Cash transfers are an emerging strategy to bolster people's economic standing. In Malawi, the Schooling, Income and HIV Risk (SIHR) study (commonly referred to as the Zomba Cash Transfer study) suggested that providing young women and their families with a monthly cash transfer can delay the onset of sexual activity, reduce the number of sexual partners and significantly reduce the prevalence of HIV infection among adolescent girls attending school. The SIHR study was a two-year randomized control study conducted among never-married women ages 13 to 22. Study participants

were randomized to receive one of the following: a conditional cash transfer dependent on school attendance, an unconditional cash transfer or no intervention. Cash transfers were offered to participants and their families in amounts ranging from US\$1 to US\$10. At end line, participants were evaluated for SRH knowledge and behavior, as well as for HIV and herpes simplex virus type 2. Participants in the intervention arms self-reported lower levels of sexual activity, less frequent intercourse and younger sexual partners than participants in the control group. Females who received a cash transfer were more likely to be enrolled in school and less likely to be married at the end of the intervention. Incidence of pregnancy was the only reported difference between participants who received the conditional and nonconditional cash transfers, with participants receiving the conditional transfers less likely to report a pregnancy. No significant differences were detected in behavioral or biological outcomes observed based on the cash transfer amount. While the results of this study are experimental and the ability to transfer these findings to other settings is unknown, the results suggest cash transfer programs are a viable strategy to improve SRH outcomes.¹⁰

The Suubi project in Uganda also targeted adolescents and their families to improve youth SRH risk-taking behaviors through an asset-building approach. For this study, adolescents who reported losing one or both parents due to AIDS were randomized to receive either an asset-building intervention or a standard of care for orphans and vulnerable children. The Suubi intervention included 12 one- to two-hour workshops over a 10-month period, focusing on financial planning, a monthly mentorship program for the adolescents and a matched child savings account. Adolescents who received the Suubi intervention demonstrated significantly lower intentions to have sexual intercourse after two years than those in the control group.¹¹

Two ongoing projects, Restless Development's "Youth Empowerment Programme" and International Center for Research on Women (ICRW) and CARE's TEFSA initiative (Tertiary Education Fund of South Africa), further demonstrate promise. While

evaluation results for these two programs are not yet available, anecdotal evidence is positive. Restless Development's "Youth Empowerment Programme" in Zimbabwe aims to address both livelihoods and health, by providing career guidance sessions, personalized mentoring and support through youth-friendly resource centers at local health clinics.¹² Early accounts reveal a decrease in teenage pregnancies and an increase in condom use among program participants.¹³ Likewise, the TESFA initiative in Ethiopia, implemented by ICRW and CARE, seeks to improve the SRH and economic well-being of married, widowed or divorced adolescent girls. The program aims to improve young women's knowledge about savings, loans and microenterprise, as well as to improve their SRH knowledge, attitudes and negotiation skills. The program has reached 5,000 ever-married girls through group-based peer education. Although this program is still ongoing, participants have reported increased self-confidence, increased ability to mobilize resources for savings and feeling more valued by their communities than before participating.¹⁴

Future Considerations

In October 2012, the U.S. Agency for International Development (USAID) released its first policy on youth and development.¹⁵ The policy places a strong emphasis on integrating and mainstreaming youth across sectors and on strengthening youth development systems. The policy, entitled "Youth in Development: Realizing the Demographic Opportunity," provides guidance on pursuing innovative and cost-effective approaches to empowering youth to contribute to and benefit from their countries' development efforts. The policy highlights young people's needs across sectors — such as education, economic opportunity, health, and peace security and democracy — and the need for an integrated approach to improving youth outcomes. This policy reflects the changing rhetoric around youth health and development and sets the direction for future USAID funding.

Programs such as those discussed above demonstrate the positive impact of an integrated approach to youth health and development. These

programs not only improve young people's economic outcomes, but can also lead to improved SRH outcomes. Although momentum in this field is growing, there are still many unknowns.¹⁵

More research is needed on the effect of economic empowerment programs on the risk-taking behavior of youth, whether or not the programs explicitly address SRH. Programs that focus on economic strengthening and SRH could benefit from improved monitoring and evaluation tools, as well as research to determine which financial strengthening components have the most impact on SRH, over what time frame, and the costs and benefits of such programs. Finally, rather than

DEVELOPMENT INITIATIVES USE A COMBINATION OF STRATEGIES TO CREATE ECONOMIC OPPORTUNITIES FOR YOUNG PEOPLE

- Microfinance programs provide financial services — such as loans, savings, and insurance — to people who lack access to mainstream banks. The programs are self-sustaining by recovering operational costs through the services provided.¹⁶
- Microcredit programs provide small loans, usually in cash but occasionally in kind, to finance household activities or to start or expand business ventures.¹⁷
- Microsavings programs offer deposit services to people who lack access to mainstream banks. Microsavings models can vary; they may offer individual savings opportunities or may be a part of a group-based savings model where an entire group saves and members are able to borrow from shared savings. Microsavings is often linked to microcredit and may be a condition of receiving a loan, or offered as part of a combined intervention.¹⁸
- Other programs offer young people savings accounts and teach them how building savings and earning interest can help them develop a safety net and improve their future financial well-being.¹⁹
- Entrepreneurial programs provide young people with training on how to start and operate a small business.
- Youth livelihood development programs often focus on youth working in the informal economy and have a specific focus on self-employment. Livelihood programs often include training in life skills, as well as preparation for income-generating activities.²⁰
- Programs that offer financial literacy training often focus on increasing young people's understanding of finance with the goal of building their capacity to make appropriate decisions related to their personal finances.¹⁷
- Cash transfer programs provide youth, or the households in which they reside, with small sums of money, sometimes with no conditions attached. On the other hand, conditional cash transfer programs often stipulate that recipients meet certain behavioral requirements, such as school attendance, to remain eligible for the funds.
- Asset-building programs are based on the theory that family resources, including economic assets, may affect children's risk-taking behavior, including SRH behavior. These interventions focus on strengthening the family's economic assets.

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siloining youth programs that address economic inequalities and those that address health disparities, we need to adopt a multisectoral approach to adolescent health. Emerging research and program findings demonstrate the inextricable link between young people's economic standing and their SRH outcomes. These findings also demonstrate that it is feasible to address young people's economic and health disparities at the same time. The solutions to young people's multifaceted vulnerabilities are, much like the problems, synchronous.

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