



WOW // Work and
Opportunities
for Women

Evidence overview on Sexual and Reproductive Health and Rights and Women Economic Empowerment programming

Author: Rebecca Calder

Date: 19 October 2018

Table of contents

1. Introduction	3
2. What does the evidence say about demographic transitions/dividend and WEE?	3
2.1.1 Investing in reproductive health and education can reduce fertility, contribute to the well-being of girls and women, and lead to increased economic growth	3
2.1.2 The relationship between fertility, female labour force participation and the demographic dividend is complicated	3
2.1.3 Investing early is essential, and multi-component approaches are clearly the most effective, but there are serious gaps in understanding what works and why	4
2.1.4 There is a virtuous cycle between women’s economic empowerment and reduced fertility, and this relationship is particularly strong when linked with investments that address gender norms.	4
3. What examples of integrating WEE interventions within SRHR/demography programming	6
3.1 General findings on integrating WEE interventions within SRHR	6
3.2 Specific programme examples	7
3.2.1 Empowerment and Livelihood for Adolescents, BRAC, Uganda	8
3.2.2 The Girl Empowerment Project (2012 – 2014)	8
3.2.3 Siyakha Nentsha, South Africa	9

1. Introduction

This document seeks to understand how best to use SRH programming to reap a “gender dividend”. The two main questions the report answers are:

1. What does the evidence say about demographic transitions/dividend and women’s economic empowerment, and
2. What examples are there of integrating WEE interventions within SRHR programming

This rapid evidence review commissioned to the WOW Helpdesk was conducted in half day.

2. What does the evidence say about demographic transitions/dividend and WEE?

2.1.1 Investing in reproductive health and education can reduce fertility, contribute to the well-being of girls and women, and lead to increased economic growth

Evidence

Demographic events, such as childbearing and aging, and associated responsibilities such as child- and elder-care, may lead women in many countries to seek paid work opportunities that allow for shorter hours and more flexibility to attend to responsibilities in the home, but these types of jobs are likely to come with a significant wage penalty for that flexibility. Policies that encourage affordable market-based dependent care or that support women to continue their education and delay a first birth can boost labour force participation and higher wages for women.

References and links

[Investing in Women and Girls for a Gender Dividend.](#)

2.1.2 The relationship between fertility, female labour force participation and the demographic dividend is complicated

Evidence

Research utilising DHSs from Sub-Saharan Africa shows that, across all countries, women who have lesser education or live in rural areas are much less responsive in their labour supply decision in the event of an extra child than women who are more highly educated or live in urban areas. This suggests that reductions in fertility will reap less of an economic dividend for less well educated rural women than for better educated urban women.

The type of work women do also determines how responsive they are in their labour supply decision in the event of an extra child. Women who have strong workplace attachment are more likely to discontinue working in the event of a child than women who work in more flexible environments where work and childcare may be conducted simultaneously. This suggests that interventions that support flexible working and workplace childcare are more likely to contribute to women’s economic empowerment in the face of continued high levels of fertility.

References and links

[Fertility, Female Labor Force Participation, and the Demographic Dividend.](#)

2.1.3 Investing early is essential, and multi-component approaches are clearly the most effective, but there are serious gaps in understanding what works and why

Evidence

Early child bearing reduces both educational attainment and cognitive skills. A study in Madagascar found that having a child increases by 42 percent the likelihood of dropping out of school and decreases the chances of completing lower secondary school by 44 percent.

Reducing early marriage and early pregnancy are essential to realising a gender dividend, and there is good evidence that multi-component adolescent girl programming is effective, producing significant, beneficial effects for girls on a variety of health, education, and other outcomes. Girls participating in successful programmes stayed in school longer, married later, had greater agency, and were more likely to find employment, among other positive effects. However, few studies explicitly assess implementation questions.

References and Links

[The Impact of Early Childbearing on Schooling and Cognitive Skills Among Young Women in Madagascar.](#)

[A systematic review of adolescent girl programme implementation in low and middle income countries: evidence gaps and insights](#)

2.1.4 There is a virtuous cycle between women’s economic empowerment and reduced fertility, and this relationship is particularly strong when linked with investments that address gender norms.

Evidence

Women’s influence over financial decisions is associated with increased use of preventive health services by children and women (Lagarde et al., 2009; Ahmed et al., 2010), including use of modern contraceptive methods (Ahmed et al., 2010; Do and Kurimoto, 2012). Interventions that aim to increase the economic power of women and girls may improve reproductive health behaviours, including sustained use of modern contraception, particularly when linked with investments that directly address reproductive health and family planning and/or gender norms¹.

Economically empowered women are more likely to use contraception in some settings. Using Demographic and Health Survey (DHS) data, Do and Kurimoto (2012) attempted to quantify the relationship between economic empowerment and contraceptive use in four African countries. After controlling for individual and community characteristics, they found a positive and statistically significant relationship between economic empowerment and contraceptive use in Namibia and Uganda but no or marginal relationship in Ghana and Zambia. A meta-analysis examining the association between women’s empowerment and maternal health care using data from 31 countries found “the most pronounced association for women’s empowerment with modern contraceptive use. Women with the highest empowerment score has an 82% higher odds of using modern contraception than women with a zero empowerment score” (Ahmed et al., 2010).

¹ Gender norms related to girls’ and women’s roles and responsibilities – as wives, mothers, and unpaid workers – norms related to femininity and masculinity (appropriate work and behaviour, including mobility) – and son preference - have negative impacts on both SRHR and AGWEE. These norms providing incentives that 1. increase fertility – both early childbearing and multiple births), and 2 reduce girls’ and women’s: i. access to resources, services and opportunities that support economic empowerment(including productive assets, education and training), ii. ability to exercise voice and agency.

Family Planning High Impact Practices (FPHIP) examined 3 intervention clusters to assess the evidence on interventions used by family planning programmes that sought to improve women’s or girls’ economic empowerment and that measured key family planning outcomes².

1. **Vocational training** includes training in the use of new technologies (e.g., computers), business processes, management of assets (e.g., care and use of livestock), and entrepreneurial skills. Such training may also address behaviors valued in the labor market, such as coming to work on time, which help people gain or maintain employment or build a small business. These activities are sometimes linked to broader health and education programmes that focus on “life skills” education for adolescents to improve self-efficacy, decision-making, and risk perception. Conclusion: Although youth programmes commonly invest in vocational training, few programmes measure the effects of these investments on contraceptive or fertility outcomes. Inclusion of sexual and reproductive education appears to be critical to improving contraceptive use. Future employment expectations may also play an important role in influencing the sexual behavior of adolescents.
2. **Microfinance** provides financial services for low-income and poor women and girls, such as access to savings groups, savings and loans groups, insurance, and microcredit for their income-generating activities or micro-enterprises. Conclusion: Current research is limited and does not support a direct link between microfinance programmes and contraceptive use as measured in existing studies. However, these groups might offer a platform to reach key beneficiaries with family planning and reproductive health messaging.
3. **Cash transfers** involve the transfer of cash or other assets and are a form of social protection typically targeted to the poor. These transfers can be contingent on specific behaviors or provided without condition. Conclusion: Cash transfers may be particularly important for youth who have limited access to financial resources. However, cash transfers focused more generally on social protection (i.e., welfare safety net for poor) without a specific link to reproductive health information are unlikely to have an effect on fertility rates or reproductive behavior.

References and links

Ahmed S, Creanga A, Gillespie DG, Tsui AO. Economic status, education and empowerment: implications for maternal health service utilization in developing countries. PLoS One. 2010; 5(6):e111190. Available from: <http://doi.org/10.1371/journal.pone.0011190>

Do M, Kurimoto N. Women’s empowerment and choice of contraceptive methods in selected African countries. International Perspectives on Sexual and Reproductive Health. 2012;38(1):23–33. Available from: <http://doi.org/10.1363/3802312>

High Impact Practices in Family Planning (HIPs). Economic empowerment: a pathway for women and girls to gain control over their sexual and reproductive health. Evidence Summary. Washington, DC: USAID; 2017 Jan. Available from; <https://www.fphighimpactpractices.org/briefs/economic-empowerment/>

Lagarde M, Haines A, Palmer N. The impact of conditional cash transfers on health outcomes and use of health services in low and middle income countries. Cochrane Database of Systematic Reviews. 2009;(4):1–45. Available from:

² FPHIP only reported on the evidence related to family planning outcomes, although the studies that they used to come to conclusions are likely to include evidence on broader economic empowerment outcomes. The limited timeframe of this WOW review does not allow us to examine these primary sources in any detail.

Here is an excellent summary of findings from studies that looked at the relationship between economic empowerment (including school), SRHR and outcomes in both areas.. [Policy-Relevant Findings on Investing to Achieve Women’s Economic Empowerment](#)

3. What examples of integrating WEE interventions within SRHR/demography programming

3.1 General findings on integrating WEE interventions within SRHR

Evidence comes primarily from adolescent girls programming, but much of this includes young women aged 20 – 24.

- There are three primary strategies used to promote adolescent girls’ economic empowerment: 1. Financial Services Strategies, which include microcredit, youth savings initiatives, and financial literacy education. 2. Employment Strategies, which include vocational training and initiatives focusing on the school-to-work transition. 3. Life-Skills and Social Support Strategies, which include creating social networks and providing reproductive health and gender equity training. The latter – WEE programming integrated with SRHR is considered the “gold standard”.
- Learning from adolescent girls’ EE programming suggests the following high level lessons³:
 - **Create Age-Appropriate Financial Services** recognizing the different needs and capacities among adolescent girls of varying ages is critical to successful programs. Financial literacy and youth savings programme scan be relevant for all ages and provide a critical base for future economic advancement. However, microcredit strategies tend to be more appropriate among older adolescent girls and young women who have the mobility, resources, and social support to launch small businesses.
 - **Link Employment Programmes with Real Market Needs and Opportunities Programmes** that offer adolescent girls vocational training and employment opportunities should design their programmes to match market needs and opportunities. This approach requires designing a quality training process that builds girls’ technical and soft skills, and enlists the commitment of employers to hire programme participants. These programmes should also help address any health and social obstacles that negatively affect a participant’s ability to work, such as lack of participation in the public sphere, early marriage, and adolescent pregnancy.

³ <http://agaliprogram.org/eng/wp-content/uploads/2009/05/AGALI-Economic-Empowerment-Report-2013-.pdf>. This is a comprehensive resource with specific programming recommendations for a range of different types of programme, including: micro-credit, youth savings, financial literacy, vocational training, school to work transition, creating social networks and reproductive health and gender equity training.

- **Address the Intersection of Factors that Shape Girls' Lives** A review of programmes from across the globe reveals that an integrated approach considering adolescent girls' overall well-being is critical to achieving economic empowerment. Programmes should combine life-skills training and social support with strategies to promote access to financial services and employment. Weekly club meetings for girls can provide a safe space for reproductive health and leadership training as well as financial training and job guidance.
- Increasingly, empowerment programming utilises an ecological framework to organize multiple components at multiple levels. These are considered to be most effective⁴. At the individual level, strategies that are being implemented and seem promising are those that empower girls, build their individual economic assets, and create safe spaces⁵. At the relationship level, strategies that are being implemented and seem promising include efforts to build parental support and communication as well as peer support networks. At the community level, strategies to engage men and boys and the wider community to transform gender and other social norms are being tested and may hold promise. Finally, at the broadest societal level, efforts to promote laws and policies that protect and promote human rights and address societal awareness about ASRH issues, including through mass media approaches, need to be considered⁶.
- There is evidence that programming that does not take an integrated and multi-pronged approach can be harmful to adolescent girls. For example, some programmes (e.g. Health of Adolescents in Zimbabwe) have offered microcredit to young women to start a business or small enterprise. The lessons learned from this approach suggest microcredit in and of itself may not be appropriate for adolescent girls in isolation of other approaches to strengthen their vocational skills, provide mentoring, bolster their self-esteem, provide a sense of solidarity, and build skills in communication and negotiation with sexual partners⁷.

3.2 Specific programme examples

Many of the above sources have good information on different programme approaches. Additional programme examples that have been the subject of randomized control trials are provided below.

⁴ Nicole A. Haberland, Katharine J. McCarthy, and Martha Brady, (2017) Systematic Review of Adolescent Girl Programme Implementation in Low- and Middle-Income Countries: Evidence Gaps and Insights. *Journal of Adolescent Health* 63 (2018) 18–31. This article has a really good table of different types of multi-component programmes and what the specific outcomes for girls were.
<https://reader.elsevier.com/reader/sd/pii/S1054139X17308662?token=988339A078044072ACA7D0A25BB6A0FFC6F61565D215010E8C0117A7E3A2A4A9D6CC31ECC03DFEDD8E3B641D5F3B861F>

⁵ There is good evidence that by ensuring girls' safety, building their assets, and connecting them with a social network, programme can improve a variety of outcomes.

See, for example: Erulkar A, Medhin G. 2014. "Evaluation of Health and Education Impacts of a Girls' Safe Spaces Programme in Addis Ababa, Ethiopia," Addis Ababa: Population Council; and Bandiera O, Buehren N, Burgess R, Goldstein M, Gulesci S, Rasul I, Sualiman M. 2012. Empowering Adolescent Girls: Evidence from a Randomized Control Trial in Uganda, enGender Impact: The World Bank's Gender Impact Evaluation Database. Washington DC : World Bank; Glennerster R, Takavarasha K. (2010) Empowering young women: What do we know? Cambridge, MA: Abdul Lateef Jamal Poverty Action Lab, MIT.

⁶ https://ac.els-cdn.com/S1054139X14004236/1-s2.0-S1054139X14004236-main.pdf?_tid=f0f6b24e-d45c-4108-8a53-b158c0cac4b0&acdnat=1539639466_5dda26d8f3069887f1cbad7e07f607c2

⁷ https://ac.els-cdn.com/S1054139X14004236/1-s2.0-S1054139X14004236-main.pdf?_tid=f0f6b24e-d45c-4108-8a53-b158c0cac4b0&acdnat=1539639466_5dda26d8f3069887f1cbad7e07f607c2

3.2.1 Empowerment and Livelihood for Adolescents, BRAC, Uganda

Programme description

This programme was the subject of a randomized control trial. The programme provided adolescent girls (ages 14 – 20 years) an opportunity to accumulate two types of human capital: vocational skills to enable them to start small-scale income-generating activities, and life skills to help to make informed choices about sex, reproduction and marriage. aims to break the vicious circle between low labour force participation and high fertility by kick-starting human capital accumulation along two dimensions through the provision of: (i) vocational skills and microloans to enable adolescent girls to start small-scale income-generating activities; (ii) life skills to build knowledge enabling girls to make informed choices about sex, reproduction and marriage. In contrast to most skills programmes, the intervention was delivered from designated “adolescent development clubs” rather than in schools, and can thus reach school drop-outs as well as girls currently enrolled in school.

The study used a randomized control trial design, selecting 100 villages to participate in the intervention and 50 villages as a control. Training was delivered in “Adolescent Development Centres”, safe play and learning centres where young woman can socialize.

Findings

Results of the intervention are striking. Girls that participated in the programme showed:

1. A higher probability of being engaged in income generating activities: 98 per cent were more likely to be self-employed and there was a 50 per cent increase in self-reported entrepreneurial abilities relative to control and baseline values.
2. Greater empowerment, which is depicted by highly significant increases on girls’ control over their body: early childbearing rates fell down by 26 per cent, marriage and cohabitation rates by 58 per cent, and there was evidence of a drastic decrease in the number of girls reporting having had sex unwillingly.

These results highlight the opportunity that multi-pronged interventions, in this case the combination of life skills and vocational training, bring about a successful transition of girls into self-employment and a positive change in the quality of their relationships and self-confidence, necessary conditions to achieving durable and positive labour market outcomes.

Of further significance is that core findings to be robust to adjusting p-values for multiple inference and sample attrition, and the treatment effects along both dimensions of economic and social empowerment are found to be largely *homogeneous* across rural and urban areas, rich and poor households, and young and old girls.

[Women’s economic empowerment in action: Evidence from a randomized control trial in Africa](#)

3.2.2 The Girl Empowerment Project (2012 – 2014)

Programme description

The Girl Empowerment Project questions whether adolescent pregnancies reflect lack of economic opportunities, and whether young women need an alternative to motherhood in order to change their fertility and economic aspirations.

The main objective of the randomised control trial was to increase understanding of young girls’ fertility decisions and how these decisions interact with their economic situation. The study is a randomized control trial to provide young women in Tanzania with two different empowerment strategies: i. an information treatment containing information on reproductive health, gender

equality, and rights; and ii. an opportunity treatment providing the girls with entrepreneurship training to improve their skills and knowledge of how to run a business. By comparing the two treatments and a combination of the two, the study provides insights about the relative importance of providing teenagers with information and opportunities.

Findings

The findings show that business training successfully encourages girls to develop business plans, and new data suggest that business training has also inspired them to start income-generating activities. This training makes the girls better equipped to overcome constraints to starting and running a business. The goal of this research project was to inform the design of sound policies, and thus also assessed cost effectiveness.

The combined treatment seems to have had an even larger effect on plans to start a business than the business treatment alone. However, the study did not find that the combined treatment increased the probability of girls having an income in the long-term pilot survey. The researchers consider the possibility that receiving both the health and business training may have caused a crowding out effect. Qualitative data from the long-term pilot survey show the tendency of business treated girls handling constraints in a more proactive fashion than girls from other treatment groups. By making an effort to acquire the money and skills needed to start a business, and moving towards business opportunities, these girls clearly stand out by having a more entrepreneurial mind-set. However, as the sample examined in the long-term pilot survey does not fulfil the guidelines for achieving a representative sample, these findings cannot be generalized to the full sample. Researchers also take note of the fact that the business school is located close to a large trading center, which could explain the business treated girls' entrepreneurial behaviour.

[Girls' Economic Empowerment—The Best Contraceptive? A Randomized Controlled Trial in Tanzania](#)

3.2.3 Siyakha Nentsha, South Africa

Programme description

Based on years of formative research in KZN, the Isihlangu Health and Development Agency and the Population Council developed and piloted a life orientation program, Siyakha Nentsha (isiZulu for “building with young people”), to improve the lifelong skills and well-being of young people.

Over 1,400 young people have participated in Siyakha Nentsha since 2008. The programme took place in peri-urban communities of KwaZuluNatal Province, located outside of Durban and adjacent to the large township of Umlazi. Because the vast majority of young people in South Africa attend school during their teenage years, working through schools was the most effective way for the programme to reach large numbers of participants and to avoid the sample selection bias of including only young people who had the means, transportation, and time to participate in an after-school or weekend program. The programme aimed to work with young people who would be able to use the skills relatively quickly upon finishing school, yet not be too distracted by the programme that they would lose time in grade 12 studying for their matric (secondary graduation certificate) exams. Siyakha Nentsha therefore included students who were in grades 10 and 11 at the beginning of the program. Each session was highly interactive and included time for participation and reflection.

Two versions were tested—a basic version that focused on developing social and health capabilities and an enhanced version that also included financial capabilities. These versions were compared against a control group that received standard life skills as delivered across South Africa. Siyakha Nentsha sessions included modules on self-awareness, human rights, HIV and AIDS, reproductive health, nutrition, planning for the future, saving money, accessing financial institutions, job readiness, and basic principles of starting a business.

Findings

Both the streamlined and full versions of Siyakha Nentsha led to important changes in young people's attitudes and behaviors, though the impacts differed between versions and between males and females.

1. Compared to the control group, all Siyakha Nentsha participants (regardless of sex or version of the program) were more likely than those in the control group to know of a place to get condoms, reported a large increase in knowledge of social grant requirements and criteria, had improved budgeting and planning skills, and were more likely to have attempted to open a bank account.
2. Siyakha Nentsha girls (compared with girls in the control group) reported feeling higher self-esteem and greater confidence in their ability to obtain a condom if necessary.
3. Siyakha Nentsha boys were more likely to have remained sexually abstinent between survey rounds, and Siyakha Nentsha boys who did have sex reported having fewer sexual partners than did boys in the control group.
4. Among those of eligible age, boys participating in Siyakha Nentsha were more likely to have a South African ID than boys in the control group.
5. Compared with participants who received the partial Siyakha Nentsha package (health and social capabilities), girls with the full Siyakha Nentsha package (financial capabilities added) felt greater levels of social inclusion in their communities and were more likely to have obtained a national birth certificate.
6. Among Siyakha Nentsha boys, those who received financial education (compared to those who received the health and social education only) were more likely to have reported undertaking an income-generating activity between survey rounds.

[Siyakha Nentsha: Building economic, health, and social capabilities among highly vulnerable adolescents in KwaZulu-Natal, South Africa](#)