

## Researcher

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# Poverty, Gender Inequities, and Sexual/Reproductive Health: An Impact Evaluation of a Combined Economic and Psychosocial Intervention in Southern Tanzania

This project will evaluate the impact of a combined economic and psychosocial intervention on individual-level and household-level economic outcomes and sexual/reproductive health outcomes, among youth and young people ages 18 to 30 in a rural area of southern Tanzania. In addition to assessing impact using standard indicators of sexual/reproductive health and economic well-being, we will examine links between gender-based power and increased control in the domain of sexual and reproductive health attributable to the intervention on economic outcomes. We thus explore a key and understudied pathway linking sexual/reproductive health investments to microeconomic outcomes, including earnings, patterns of household consumption, and levels of savings and investment.

The economic component of the intervention involves the use of “conditional cash transfers” (CCT) to prevent HIV, other sexually transmitted infections (STIs), and unintended pregnancy by linking cash payments to negative laboratory test results, assessed on a quarterly basis. The psychosocial component involves gender-based counseling and “life skills” training to increase basic financial literacy, address gender/power inequities, and to encourage deliberate decisionmaking in sexual and reproductive health (including the prevention of HIV, other STIs, and unintended pregnancy). We will test the hypothesis that a system of rapid feedback and positive reinforcement using cash as a primary incentive to reduce risky sexual behavior, coupled with counseling and life skills training, will result in enhanced economic well-being in both the immediate/short term and medium term in the lives of study participants (males and females), in addition to improved sexual/reproductive health outcomes.

This three-year study will involve a randomized control trial with two main arms: a treatment arm which receives the full sexual/reproductive health intervention (CCT plus gender-based counseling and life skills training) and the control arm which receives the counseling and life skills training but not the CCT. The treatment arm will further allow substudy of the effect of varying sizes of cash transfers. The 3,000 study participants will be randomly selected from the Kilombero/Ulanga district Demographic Surveillance System (DSS) managed by the Ifakara Health Research and Development Centre (IHRDC) in Tanzania.

## Country where the research will take place

Tanzania

## How does the research describe the impact of population/reproductive health on poverty reduction and/or economic growth?

While health is a priority in its own right, it has increasingly been recognized as a central input to economic development and poverty reduction. Nonetheless, the importance of investing in health, and sexual reproductive health in particular, has until recently been underestimated by economists, policy makers and governments alike. In sub-Saharan Africa, the “triple crisis” of poverty, gender inequalities, and AIDS has generated its own momentum that threatens to undermine decades of progress in the region. While cross-sectional studies have done much to shine light on the interrelationships between these issues, more intervention trials using longitudinal data are needed to identify the critical pathways upon which it is possible to intervene to have a positive impact.

We will measure a variety of different economic outcomes at regular intervals during the year-long intervention, and again 12 months after the intervention ends. In addition, locating the study in an ongoing DSS site will allow continued longer-term follow-up of certain regularly collected economic indicators. Economic outcomes are hypothesized to change due to both the direct effects of the cash transfers (condi-

tioned on decreases in risky sex as measured by STIs), as well as the longer-term indirect effects of improved reproductive health and fertility decisions. Because participants will be aware that the cash transfers will only be available for one year, the cash will be similar to a one-time windfall that can temporarily relieve credit constraints, with the windfall being worth upwards of one-fourth of annual income for some participants. Those individuals with entrepreneurial opportunities (such as in their own businesses, home agricultural production) may directly increase investments, suggesting one important investment domain that we will measure. Others may use the cash to invest in increased human capital, which will be measured through both direct questions about training and occupational changes, as well as through time allocation modules. Still others may save the cash windfall, thus we will measure the time path of income and detailed consumption domains (food, health care, clothing, entertainment, schooling, consumer durables) as these will capture the direct and indirect effects of the many economic pathways as they cumulate over time.

### **How will the research address a policy need, and what kind of policy lesson is expected?**

The proposed study is relevant to global health policy discourse in a number of ways. First, while conditional cash transfers have been used in a number of social policy settings, they have rarely included reproductive health outcomes, such as HIV infections, other STIs, and unintended pregnancy. Second, the study is unique in its emphasis on economic gender-power inequities, which have been recognized as a driving force behind the ferocity of the AIDS epidemic in sub-Saharan Africa, but have not been made an explicit focus of large-scale prevention trials. Third, if the intervention is confirmed to be effective, it will bring added momentum to the effort to strengthen programmatic linkages between reproductive health and AIDS prevention efforts.

### **Methods used**

The study will use a strong research design based on individual-level randomization to treatment and control groups, with data collected at baseline and at several time-points

during the intervention. The design also incorporates subvillage level randomization of the proportion of the population in the treatment group, in order to test for contamination between treatment and control groups. In addition to econometric analysis of the randomized quantitative data, the project will also conduct extensive qualitative work in order to better understand the mechanisms through which the intervention is operating.

### **Data used**

Ifakara's Demographic Surveillance System (DSS) area is located in southern Tanzania in parts of two districts, Kilombero and Ulanga, located in the region of Morogoro. We will link key existing data with the data collected for this study in order to add information about the sociodemographic background and history (including marriage and partnership history, migration history, household composition history) of the study participants. Although we will use STI biological markers as our primary impact measure for the study, we will also gather additional information on participants, such as survey responses about sexual behavior using indicators and scales that have been validated in the epidemiologic and behavioral social science literatures. Because we will be working in partnership with our Tanzanian colleagues at IHRDC, we will have access to rich longitudinal, sociodemographic data collected on individuals and households in the DSS research area.

### **Research results**

Study participants who were randomly selected to be eligible for a \$20 payment every four months if they tested negative for a set of curable STIs experienced a 25 percent reduction in the incidence of those STIs. After one year, 9 percent of individuals in the group who received the \$20 quarterly payment were positive for one of the STIs, compared to 12 percent in the control group.

### **Research products**

Results brief available at <http://siteresources.worldbank.org/DEC/Resources/HIVExeSummary%28Tanzania%29.pdf>