



Change, Choice and Power:

**YOUNG WOMEN, LIVELIHOODS
AND HIV PREVENTION**

**LITERATURE REVIEW AND
CASE STUDY ANALYSIS**

Published by:
IPPF/UNFPA/YOUNG POSITIVES

Publication Team:

This document is a joint publication of International Planned Parenthood Association (IPPF), United Nations Population Fund (UNFPA), and Young Positives.

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Acknowledgements: Thanks to the following for comments and inputs: Judith Bruce, Jennifer Davis, Andrew Guise, Eve Hall, Tony Hall, Josiane Khoury, Julia Kim, Patricia Keays, Sonia Martinelli-Heckadon, Catherine Maternowska, Naana Otoo-Oyortey.

The views and opinions expressed in this paper are those of the authors and do not necessarily reflect those of IPPF, (the International Planned Parenthood Federation), UNFPA (the United Nations Population Fund), or Young Positives.



ABSTRACT

If poor young women and adolescent girls have access to their own incomes, will they better be able to protect themselves against HIV infection? Will economic independence and secure livelihoods result in economic empowerment so that they have the ability and power to refuse unwanted sex, to negotiate condom use and walk away from violent relationships? Will this improve their sexual and reproductive health? This paper sets out to explore these questions. Statistics are showing that young women and girls between the ages of 15 and 24 are the most vulnerable group. One-third of all women living with HIV are between the ages of 15 and 24, while 76% of young people who are living with HIV in sub-Saharan Africa are female. Given statistics such as these, it is clear that a focus on prevention, treatment and care for this age group is of extreme urgency.

On the one hand such assumptions are difficult to assess as few interventions are directed towards young women and adolescents, and those that do have encountered many challenges in involving this age group. It is clear that there is no narrow linear link between increased income and increased livelihoods. Many other factors come into play that relate to gender inequality and the social, political and economic contexts that push and protect gendered power relations.

In reviewing the literature, it was found that the majority of interventions concerning young women and adolescent girls are in sub-Saharan Africa. Three programmes in southern and eastern Africa provide case studies for this paper which also references a number of interventions in other regions of the world. Although many of the objectives of such interventions include enhancing sexual and reproductive health, and empowerment of young women and adolescent girls, there is a lack of clarity about what this means and how it can be measured in the short lifespan of the projects. All however

provide lessons from which recommendations can be drawn, some of which are incorporated into the last section of this paper. They also provide some positive experiences and promising results to build on. These include a better understanding of the needs of young women and adolescent girls that are separate from those of the older generations of women. The emergence of useful indicators as ways of measuring empowerment are also being tested. The importance to be innovative and experimental and to involve young women and adolescent girls in imagining their futures, futures that are more hopeful and more self-directed, cannot be over-emphasized.

The paper focuses in particular on southern and eastern Africa as these are the hardest hit areas, where prevalence rates are highest and where concerted efforts are being made to address young women in terms of prevention. It also looks more particularly at the role of microfinance, as this is often the only potential source of income for poor young women and adolescent girls. Vocational training is also reviewed. The impact of formal employment or paid work in the informal sector is not considered in this paper, as analysis is still limited and the majority of poor young women can only hope to access the informal sector. Nonetheless some of the findings regarding the need to provide a supportive environment for economic independence may be useful to illuminating issues relating to young women's empowerment in the context of HIV in the formal sector.

The urgency of addressing the vulnerability of young women and adolescent girls of all backgrounds, but particularly the poor, cannot be overstated. Innovative, far-reaching and rapid responses are needed to impact whole generations so that the Millennium Development Goals to reduce poverty can be within reach.

INTRODUCTION:

In today's world HIV feeds voraciously on poverty and gender inequality. Its most vulnerable targets are young people, especially young women and adolescent girls. UNAIDS consistently reports a growing infection rate among young women and adolescent girls between the ages of 15 and 24, their susceptibility exacerbated, beyond biology, by the interplay of poverty and gender inequality. Young people now represent half of all new cases. One-third of all women living with HIV are between the ages of 15 and 24. In sub-Saharan Africa, over three-quarters (76%) of young people in the same age bracket living with HIV are female. Adult women in sub-Saharan Africa – 59% of adults living with HIV – are infected more often and earlier in their lives than men. Worldwide, young women (15-24 years) are 1.6 times as likely as young men to be HIV positive. In the hardest hit countries, such as South Africa, Zambia and Zimbabwe, young women are five to six times more likely to be infected than their brothers, friends, and countrymen of the same age group.¹ In the Caribbean young women are 2.5 times more likely to be infected than young men. In the Middle East and North Africa, although the prevalence is lower, the young women are more than twice as likely. In East Asia it is 28 per cent; in South and South-East Asia it is 40 per cent.²

Throughout the world societal and cultural attitudes and norms which rigidly prescribe what is considered appropriate behaviour, limit young women's power to negotiate safer sex or resist unwanted sex; these make it hard for women to opt out of abusive or violent relationships, promote expectations of dependence on men, a dependence further anchored by poverty. Poverty also enables older men to prey successfully on young women by offering them money and material goods in exchange for sexual liaisons. Demands on women's care work within the household often mean that girls are pulled out of school to help in the home, denying them access to education which has been shown to reduce risk of infection, to enhance self-esteem and provide livelihood alternatives.

Thus gender inequality and poverty interact and feed off each other in ways that serve to devastate communities, push young women into further dependence and destitution and in turn spur the ever-increasing HIV infection rates for young women.

Prevention Practices – Programmes, Studies and Proposals

The surge in infection rates has led to an increasing recognition that the needs, circumstances and aspirations of adolescent girls and young women have been overlooked. As a result there are some new efforts to fill this gap, as well as research and studies that are putting the question of adolescent girls in a new light. Such analysis is vital if effective steps are to be taken to design policies and programmes to bridge the gap.³

In contrast, there is a comparatively substantial body of literature on the impact of HIV and AIDS on adult women referencing their vulnerability due to social, cultural and economic factors that shape their daily lives.⁴ For younger women there is anecdotal evidence to suggest that when women and girls gain control over economic aspects of their lives, then in turn, the power derived from this control translates to other domains of their lives, including their bodies and reproductive control. Yet, there is no direct linear relationship between economic independence and control over reproductive and sexual health. Rather many factors come into play.

This paper will review some recent initiatives in this area, giving particular attention to the concept of women's empowerment in general and economic empowerment in particular. While they remain few, relevant interventions and research offer insights into future steps that might be taken, future directions to be explored, and lessons to be learned which may maximize the progress made in any next steps. They show promise in terms of realigning the focus on prevention among young women.

EMPOWERMENT – A PLACE AT THE CENTRE OF PREVENTION

There is general agreement in the development context among all players and stakeholders that women's empowerment and gender equality are essential to the reversal of the epidemic and the amelioration of women's vulnerability to infection. As recently as the International AIDS Conference in Toronto the international, national and local communities have been called upon to place this issue square and central in all aspects of the efforts to reverse and end the epidemic, and have at the same time been excoriated for not doing so. Statements to this effect are woven through various policy documents, assessments and reports; inclusions of such references are now de rigueur. But actions to address these calls for women's empowerment and gender equality and the far-reaching implications of such actions are seldom spelled out, particularly for the most vulnerable of the vulnerable – young women and adolescent girls. For

this, it is important to understand the concepts of empowerment and equality and to be able to measure progress towards achieving it.

Recognizing Differences – Girls, Adolescents and Women

Gender, age, status and experience need to be taken into account when designing appropriate development interventions, as do culture, education, and geography. What works for a 35-year-old woman will not necessarily be true for a 15-year-old girl or even a 24-year-old young woman. Project experience underscores the reality that there is no “generic” young woman or “generic” adolescent, although common principles can unify efforts for involving individuals.

A survey of the literature shows a tendency to refer to young women and girls between the ages of 15 and 24 as one group. There is also general lack of disaggregation in terms of either age or the very different circumstances and hence vulnerabilities – or strengths and opportunities – that they experience. Some programmes refer to “girls”, but are referring for the most part to young women over 20 (e.g. TRY, see case study); some do not distinguish economic, social and educational differences. These can be slight but important to reflect – small differences in levels of poverty may allow one family to send a daughter to school and make sure she eats every day, while the daughter of another family nearby is driven to seeking work in a harsh environment; even a few years of schooling may enable a girl to gain some skills and experience that would increase her ability to benefit from a microfinance project, that her more impoverished and less literate or illiterate countrywomen cannot access. She might have lost one or both parents to AIDS and be looking after younger siblings; she might have been orphaned as a younger child, cared for by a grandmother, by an aunt, lived on the street and fended for herself, engaged in sex work, or turned to intravenous drug use.

“Many parents condone their daughters' early sexual activity because of poverty. Girls would gravitate towards slightly more affluent males because of the financial reward – they would pay for consumer niceties and support the family. Now with [microcredit] initiatives for younger women, you find there isn't that great a tendency to fall prey to these men...because women can generate their own income and the financial pressure disappears. They can earn money without sacrificing themselves Provision of credit to young women is changing the cultural perspective that women have to get married as soon as possible. Now the girls say to their parents, 'I can fend for myself and look after you, and if I don't want to get married and have children, I won't'. They are driven by a different set of incentives”

*Norman Buckham, Them bani International
Guarantee Trust, South Africa,
Interview with Christina Stucky, May 2006*

Recent figures, placing young women as representing over three-quarters of youth living with HIV, do not shed light on the differential vulnerabilities experienced by young women. Yet it is necessary to “define as clearly as possible young women’s and girls’ functionally distinct vulnerabilities” before trying to formulate and implement effective programmes intended to reduce their vulnerability.⁵

This paper will pay particular attention to vulnerabilities relating to HIV infection, the lack of access to livelihoods, and the potential for reducing these through access to livelihoods that they are able to sustain.

Women’s Empowerment is a process which embodies “self” and cannot be attained through the direct interventions of outside agents.

Empowering Women and Economic Empowerment: the Long Term Goal of Transformation

Ultimately, full empowerment enables a woman to act of her own volition in all arenas – public and private; it enables her to engage in a process of transforming gendered power relations at the personal/individual, household, community, societal and the institutional level. How this impacts on or is driven by women, depends on her age. Most of the literature and debates address the concept of empowerment from a decidedly adult perspective. These levels represent the arenas where social and gender subordination are first introduced – usually at a young age – and later perpetuated. An understanding of the impact of this interplay on the lives of young women and girls is critical to reversing women’s lack of empowerment and advancing gender equality.

Women’s empowerment is a process which embodies “self” and cannot be attained through the direct interventions of outside agents. It is self-selected and self-driven and is not susceptible to interventions of those wishing to “empower”. What can aid this process is the provision of an enabling environment such as encouragement, self-enhancing tools and other support systems that impact on their lives through their ability to make decisions and exert control.

As pointed out in a UNIFEM document, the process required for such empowerment includes many elements, each one a step to the next:⁶

- Acquiring *knowledge and understanding of gender relations* and ways in which these relations may be changed;
- Developing a *sense of self-worth*, a belief in one’s ability to secure desired changes and the right to control one’s life;
- Gaining the ability to *generate choices* and exercise bargaining power;
- Developing the ability to *organize and influence* the direction of social change to create a more just social and economic order, nationally and ultimately, internationally

While the goal of empowerment continues to be elusive, concrete goals set for the future allow for shaping the present in ways that move us all forward incrementally so that women – and men – are less vulnerable to HIV infection. As the literature grows on a link between economic empowerment and decision-making relating to sexual and reproductive health, it is also increasingly evident that this connection is complex and the former does not automatically lead to the latter.⁷ While women may increase their incomes they do not necessarily have control over expenditures. They may be in a stronger position to provide for themselves and

their children, but may still be denied the power to make choices, or stand up to and/or leave violent relationships, or negotiate safer sex; their partners may exert control over the way this income is spent. Far less evidence is available for younger women – their access to income, and the impact of incomes and/or dependency on their lives.

Programming for Economic Empowerment and Sexual and Reproductive Health and Rights of Young Women

In order to move notch by notch towards economic empowerment of young women and towards a society in which AIDS will have become a manageable disease rather than the escalating epidemic that it now is, an analysis of what has worked and what has not is needed. Why has so little progress has been made towards reversing the epidemic? What innovative mechanisms and programmes are required that build on what has been achieved and push far more rapidly for tangible and sustainable change in young women's lives? What needs-assessment tools must be developed that reflect not only immediate needs but a shared vision of the kind of future desired, tools that locate each incremental step in a longer-term change process to support long-term transformation and empowerment?

Two useful tools can be incorporated into programmes that seek to ensure that young women and girls are better able to achieve economic empowerment and reduce their vulnerability to HIV infection. The first asks the questions: What are the practical, short or medium term needs? What are the longer-term strategic interests of women? These differentiate between addressing in the shorter term the survival and basic needs of young women ("practical" daily needs) and the strategic interests that relate to transformation of gendered power relations.⁸

The second lays out a set of empowerment criteria that can be used in an initial analysis for developing indicators, and when assessing

results. This approach was taken on and adapted by a research and training project implemented by IMAGE /RADAR (Intervention with Micro-finance for HIV and Gender Equity / Rural HIV and Development Action Research) in South Africa.

Practical Needs and Strategic Interests:

Conceptually, *practical needs* arise out of the traditional roles that women play in their households and communities, whereas *strategic interests* relate to the transformation of unequal gender relations which often involve changing these roles and the relations of subordination which hold them in place. It is not one or the other. Both of these are essential to confronting the epidemic. Meeting practical needs is often a first step to identifying and addressing strategic interests. Therefore the analysis includes an assessment both the immediate needs that improve the *condition* of women, and women's longer-term interests that improve their *position*. The latter, while harder to define, can provide a way to move beyond addressing poverty and improving well-being, towards women's social, political and economic empowerment.

Practical needs are the immediate, often urgent or pressing needs that women (or men) identify in order to respond to adverse circumstances. In the context of HIV these could include support for looking after sick family members and the provision of food. For transformation of gender relations to occur, strategic interests are vital as they relate to the power to control sexuality and present a more challenging prospect. In this latter respect, Kabeer has noted that, "strategic gender interests go to the very heart of the structures of patriarchal power: the abolition of a coercive gender division of labour; unequal control over resources; ending male violence, women's control over their own bodies, the establishment of political equality and the end of sexual exploitation."⁹

Empowerment as a dynamic process may help women address practical needs, in the more immediate term, and through that process, realize their strategic interests. It is therefore not an either/or issue. At the same time it is important to understand how difficult it is for women to make the demands and choices necessary to satisfy their strategic interests.

It is not that women cannot negotiate these interests, it is that they do not generally regard them as negotiable – rather, these interests are so often ignored. Going beyond expressed practical needs to addressing strategic interests means looking not only at what women *need* but rather at what women have *rights* to and what prevents them from realizing and claiming those rights. Daily struggles for survival supersede interest in longer-term struggles for empowerment. Fully participatory analysis and problem-solving, which through the engagement of women in questioning what has been left silent, strengthens and builds the capacity for empowerment and the power to exercise their rights. As Kabeer notes, “How needs are addressed may be as critical as which needs are addressed in bringing about the larger structural transformation embodied in the idea of strategic gender interests”.

The key issue under consideration here, is how to ensure that women like Maria in Mozambique (see box, p.9) can walk away from a violent relationship she has been trapped in since her late teens. Satisfying income needs is a first practical step; but using that as a leverage for actually controlling expenditure and making decisions that affect her daily life is a next step. Developing self-confidence, making choices, becoming empowered at the family and ultimately at the community level and for working towards change at the institutional and national level is a longer term possibility. But starting with the satisfaction of her need for income can expose her to the need to take control, dream of a different life and develop the capacity to exit from the relationship. An important step in designing programmes is to distinguish between practical needs

in the context of reproductive and sexual health and livelihoods, on the one hand, and the quest for empowerment and transformed relationships (strategic interests) between men and women on the other.

Dimensions of Power

Useful indicators for women’s empowerment were effectively adapted and used by the IMAGE/RADAR project in their research and training programme that sought to understand the impact of a micro-finance-based intervention on women’s empowerment and the reduction of intimate partner violence in Limpopo Province, South Africa. (See p. 22). The indicators were based on three categories of power, namely “Power within”, “Power to” and “Power with”, eschewing the most common and most valued aspect of power, namely “power over”. These categories of power formed the basis for measuring change, with a set of indicators referring to each.¹⁰ These are:

Power within:

- Self-confidence
- Financial confidence
- Challenging Gender Norms

Power to:

- Autonomy in decision making
- Perceived contribution to household (by partner/others in household)
- Partnership relationship (degree of independence/respect)

Power with:

- Social group membership
- Collective action

It could, however, be useful to add indicators for “power over” as a way of measuring whether women are in fact able to overcome their unequal access to resources. For most poor women, equal access is not a possibility and it places them in a highly dependent position, often held in place by fear of violence or violence itself. At the same time, measuring women’s ability to make decisions that affect others and be willing to do so – a form of power over – can also

provide an indicator for change and transformation. However this latter tends to be a longer term indicator, as it reflects change over time as a result of deeper structural change in women's status in society.

The indicators proved to be a useful measure for change within the IMAGE project, enabling evaluators to measure compelling results that showed a reduction in intimate partner violence by 55% during the first phase of the project.

THE NARROW WORLD OF WORK

As young people try to enter the job market – formal or informal – they find that jobs are hard to come by. Youth unemployment rates are typically at least twice as high as adult rates and are sometimes much higher. Sixty-six million young people are unemployed, a rate two to three times higher than for adults. A much higher number, more difficult to quantify, are underemployed. The informal sector, where wages are 44 per cent lower than in the formal economy, accounts for up to 93 per cent of all jobs available to young people.¹¹ In sub-Saharan Africa, the formal sector effectively shuts out most young people, ostensibly because their lack of education and skills make them unemployable. Those with skills compete for too few positions and women and adolescent girls face even greater difficulties, as they still have less opportunity than their peer boys to enrol in primary schools or achieve a high school education. Studies have found that 57 per cent of children who do not attend primary school are girls, and of those who drop out before completing primary school, two-thirds are girls.¹²

This situation is further aggravated by the one form of work in which they are increasingly trapped as AIDS enters their homes: the unpaid care work that is for the most part the domain of women. All too often this pulls girls out of school or training, in greater and greater numbers, to support their mothers, sisters, aunts and grandmothers in taking care of the sick and dying. Income poverty is aggravated by time poverty.

Without adequate schooling, with limited skills, deprived of a social network and feeling isolated, adolescents in these situations risk growing into young women with no economic assets. Their bodies become their main asset and their only source of bargaining power or income. This is seldom a question of choice. There is little by way of other options. The poorer the girls and young women, the more likely they are to experience their first sexual encounters at an earlier age, the less likely they are to use condoms, and the greater the chance that their first sexual experience is non-consensual and that they have fewer friends. For instance, a multi-country study by the World Health Organization (WHO) found that 59% of women in Ethiopia and 50% in Bangladesh reported sexual violence by an intimate partner.¹³

MICROFINANCE

“...The provision of financial services, like the provision of any development resource, represents a range of possibilities, rather than a predetermined set of outcomes. Which of these possibilities are realized in practice will be influenced by a host of factors, including the philosophy that governs their delivery, the extent to which they are tailored to the needs and interests of those they are intended to reach, the nature of the relationships which govern their delivery and – that most elusive of all developmental inputs – the caliber and commitment of the people who are responsible for the delivery.”

Naila Kabeer, “Is Microfinance a ‘Magic Bullet’ for Women’s Empowerment?”

Microfinance is increasingly heralded as a major mechanism for overcoming poverty. It offers group-based services in the form of small loans, savings, and other financial products such as insurance along with training in business skills to enhance the possibility of success. Its potential for reducing poverty has been, for instance, emphasized as a critical element in initiatives to achieve the Millennium Development Goals.¹⁴ When

microfinance is used as an instrument to challenge not only economic constraints, but social, cultural and political structures that hold poverty in place, this potential is expanded multifold. In the area of reproductive education and services and by association HIV prevention, the relationship could be a potent one. The Microcredit Summit Campaign and UNFPA document states, “Microfinance is a viable poverty alleviation strategy at the local, national and global levels, and ... presents the perfect vehicle for offering reproductive health education to large groups of poor and very poor women”.¹⁵

The ability of a woman to transform her life through access to financial services depends on many factors—some of them linked to her individual situation and abilities, and others dependent upon her environment and the status of women as a group.

The question of just how far microfinance can go to alleviate poverty and the complexity of its driving forces is heavily debated. While no panacea, on an individual or small community basis, change has been shown to be possible. The question remains as to how much microfinance by itself can have a real impact on reducing poverty. Therefore, in the process of moving from “presenting” to becoming the “perfect” vehicle for real, measurable impact and tangible change, there are multiple aspects to consider and integrate. One of these considerations is just how far microfinance can go not only to alleviate poverty, but provide an enabling environment for the empowerment of women.

As Susy Cheston and Lisa Kuhn point out¹⁶:

Empowerment is about change, choice and power. It is a process of change by which individuals and groups

with little or no power gain the power and ability to make choices that affect their lives. Microfinance programmes can have tremendous impact on the empowerment process if their products and services take these circumstances into account.

Although microfinance is now regarded as an important tool in the arsenal of mechanisms for women to achieve economic independence and sustainable livelihoods, young women, and in particular adolescents, are noticeably absent from the services provided by an estimated 3,100 microfinance institutions. Those that include younger women, do so often by happenstance rather than design.

If most young women who live in poverty can only anticipate work in the informal sector, then enabling their access to microfinance and microloans would appear to be an urgent endeavour that can impact the lives of individual young women. In order to look at this more closely, this review includes summaries of initiatives undertaken by SHAZI (Shaping Health of Adolescents in Zimbabwe), TRY (Tap and Reposition Youth, Kenya), IMAGE (Intervention with Microfinance for AIDS and Gender Equity, Limpopo Province, South Africa) as well as briefer reference to other initiatives. There are lessons to be learned from these projects and interventions which can sharpen the focus for those seeking to move to the next phase of their work. At the same time such lessons can suggest other methods for supporting the empowerment of young women through income generation which will enable them to defeat the odds posed by their vulnerability.

The case studies presented in this review offer critical insights into what works and what does not in the context of the particular circumstances facing many poor young women and adolescents. While they differ in terms of their economic and social background, some common issues and factors cut across this group providing a useful springboard for further efforts.

VIOLENCE AND ECONOMIC DEPENDENCE FROM 18... HIV BEFORE 30

Maria said that she is feeling safer these days because it is now two months since her husband last beat her. "The last time my husband hit me, my brother beat him so badly that he has not hurt me since," said Maria, a slightly built, shy Mozambican woman of 33 years. Maria is positive. Maria (name changed) is a Mozambique woman. She has suffered violence from her husband since she married him at age 18.

During 15 years of marriage, her husband has repeatedly beaten her and even threatened to kill both her and the children. Maria showed some of the scars. "The rest of the scars have faded. He hits me with whatever he lays his hands on. He once chased me with a knife, although he did not stab me. Once he hit me against a wall," she said showing a scar on her arm. "He even hits me in front of my father. My father tries to reason with him, but it doesn't help. He has no shame. During the night our children have had to run to the neighbours to get help. And the other day he said he would lock the children in our home and burn it down. But he didn't."

She continued, "When he is violent, he is often drunk but not always." The violence has also meant that Maria has little control over her sexual life. She explained that

he becomes violent if she does not want sex and he refuses to use a condom, even though she tries to insist. "He beats me when I insist too much, so I have just given up trying to use them." That is despite both Maria and her husband testing HIV positive over a year and a half ago.

"My husband doesn't go out as much as he used to since he fell sick. He used to have lots of girlfriends and sometimes stayed away from home for three days at a time."

When asked how many relationships she has had, Maria smiles for the first time. "I do have a boyfriend now, but only because my husband was always out. Up until a year ago, my husband was the only man for me."

She met her 26-year-old boyfriend last year. She said that although she informed him of her HIV status, he did not believe her. Maria looked in perfect health and has never been sick with AIDS-related illnesses. She only tested for HIV after her husband was ill and had tested positive. "I had to take my boyfriend to the clinic with me to show my test results. He doesn't know whether he is positive or not. He is too afraid to take the test, but we always use condoms. And he is never violent with me." She added quickly, "My husband doesn't know about him. I never stay out during the night."

Ruth Ayisi, Maputo, May 2006

EXPERIENCES FROM THE FRONT LINE

Anecdotes and stories are still the main source of evidence to support an assumption that microfinance and vocational training are effective prevention strategies. There are many stories of increased self-confidence and reduced or delayed sexual activity among the young women who are involved in livelihood programmes. However, it takes more than income to bring about such results. The interplay of social, cultural, gender and economic factors need to be taken into account. The impact of these powerful forces on a young woman's or adolescent's life cannot be underestimated.

The story of Primrose provides a case in point¹⁷. *Primrose was married with one daughter. At first it was a good marriage, but a few years into it, he began coming home late and spending his money on alcohol, and she suspected, other women. When Primrose asked him for money for their child or questioned him about where he had been, his response was to beat her up. But when Primrose got her first loan from SHAZI, a microfinance programme in Zimbabwe (see below) for young women and was able to earn money through her firewood business, he began to change. He treated her with more respect. He brought more of his own money into the home, and sometimes in the evening they would sit and plan their future together and talk*

about their daughter. She was saving to open her own hairdressing salon, work that would be more stable and bring in both more income and more status. If the story stopped there, this would fulfil many of the criteria for empowerment listed above. She was being given an on-the-ground lesson in how gendered power relations could shift; she was developing a sense of self-worth, with a belief that she could bring about change; she was generating choices by deciding on where she wanted to direct her energies go in the future.

If the story ended here, it would be possible to assume that the changes wrought in Primrose's life and within her family were far reaching, demonstrating that access to microfinance and income could have a worthwhile outcome. However the ongoing dynamics in her story continues.

Walking down the street, she was accosted by another man who made a casual pass at her. "I am not the scramble for Africa"¹⁸, she retorted, and walked on. Possibly confident in the new relationship that she and her husband had forged, she made the mistake of telling him. He responded by beating the man up in a bar, breaking his glasses and getting arrested. All her savings went to get her husband out of jail, and he appeared to have no intention of paying her back. Her dreams and plans ended with her husband's deep-seated feeling of betrayal and his inability to really change.²²

The story of Primrose's initial sense of empowerment and then the dashing of her hopes, reveals the complexity of the interplay between economic independence, control of sexuality and thereby potential reduction of personal vulnerability to HIV infection. For instance, the prevalence of gender-based violence – even when, as in this case, it is not directed against an intimate partner – is a factor that must be reflected and reflected upon when designing and implementing programmes directed to young women's access to microfinance. Indeed there is evidence that such violence is sometimes

provoked by women's access to microfinance, and while these findings are have not necessarily been disaggregated by age, it is as likely to be a factor for younger women as for older women.¹⁹

MICROFINANCE IN ACTION: CASE STUDIES AND LESSONS TO BE LEARNED

Ekupholeni Mental Health Centre, Natalspruit, South Africa on Johannesburg's East Rand is an example of a group-based microfinance project – but in this case the groups grew out of the counselling provided for women who were dealing with the trauma and depression. The Centre's approach is holistic and ecosystemic – all programmes work together. It provides counselling to individuals and groups in the context of violence, poverty and HIV and AIDS in an area that experienced years of political violence in the 1980s and early 1990s.

Situated on the grounds of Natalspruit Hospital, Ekupholeni is comprised of two small brick office blocks and three narrow container buildings. The waiting room is a canopied patch of hardened dirt and grass around which the containers – the centre's consulting rooms – form a horseshoe. The Centre caters to women of varying ages and a few men who, on any given day, sit silently on plastic chairs beneath the canopy, waiting for a one-on-one counselling session or for a support group meeting to start.

Themba Njubeni, Economic Empowerment Officer for the project, explained the reason for expanding the programme to include a microfinance component: The counselling "offers a safe space [for women] to talk openly but when they go out there's a reality out there – there is poverty, they are abused in one way or another, they are powerless to make decisions in their lives". Many women come to Ekupholeni for bereavement counselling and are then referred to the credit counselor for help and support to start a small business. "Starting a business is therapeutic for them."²⁰

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EXCLUDING YOUNG WOMEN AND ADOLESCENTS FROM MICROFINANCE

Interviews with officers involved in microfinance projects in various ways reflect prevailing community attitudes. These attitudes give rise to barriers to the participation of young women in programmes directed to adult women, and therefore speak to the need for young women/adolescent girls-specific projects.²¹

Perceptions of young women:

- Young poor women do not regard themselves as independent women and do not have the confidence to believe they can run a business
- They stay with and/or are influenced by their boyfriends who do not take such women's businesses seriously or think it inappropriate for "their" women to start and run businesses.
- Traditional social networking means that older women are more likely to feel comfortable meeting in groups and sharing their problems and finding solutions collectively. Themba Njubeni, Economic Empowerment Officer, Ekupholeni found that "Younger women don't meet and share ideas and their struggles like older women do. With older women it's a cultural norm that you meet and share problems. The assumption is that younger women don't have problems."
- Resistance to incorporating young women into microfinance projects comes from the families, partners and the community but also from some microfinance programmes which are focused on older women. Programmes directed at the younger age group discount this, but still experience resistance from the community. For instance, K-Rep, the microfinance institution partnering with The Population Council in the TRY programme were warned by the community members in the initial outreach period, that working with adolescent girls is challenging. "The perception of many people was that adolescent girls are unstable, that they move in and out of communities, marriages and relationships. Although they are

motivated and energetic, they are often unclear about their personal or business goals".²²

From the perspective of socialization and social attitudes towards women:

- In the prevailing culture young women are regarded as dependents; they are not expected to save for themselves or for their future. "Culturally, the women are not taught to save for themselves or for their future. They are told to find a man to depend on and that their role is to make babies and create a home." said Njubeni."
- Empowering young women creates a sense of independence and this affects their relationships with their partners "who feel very insecure", explained Norman Buckham, Thembani International Guarantee Fund. The young women become "more energetic, creative and successful". Young women relate that their partners feel threatened and that older women still "treat them as little girls – which is even more pronounced with young single women who don't have a child. ...You are not recognised sufficiently as a woman in the rural areas until you have a husband or child."
- The view that young women are taken care of creates the impression they do not have the kind of needs that older women have, and that they have an easier life. "Culturally, young women are either not seen to have problems or struggles or if they do, then they are supposed to keep quiet about them", said Buckham. "There's a lot of awareness for women but not enough for young women"

Practical constraints:

- Generational distances make it awkward to incorporate young women, perhaps even more particularly adolescents, into groups which have been established for women who resist the inclusion of younger women.
- Many adolescents and young women have had little schooling and are therefore not literate and do not speak English. They are not aware of the information available even if it is targeted to them.
- On the other hand, there is a bias against including young women with education because older women

believe they could find a job in their formal sector. In South Africa, said Buckham, “many of the younger women are better educated than the older women who grew up during apartheid...That creates some sort of barrier between them and the older women. That is also changing because older women are beginning to realize the value of young women’s education. Generally speaking, they are marginalized by older women”

Review of programmes directed solely at young women and adolescent girls have shown that it is possible to surmount many of these constraints. Many young women, when given the opportunity, are able to overcome the resistance of their partners. While there is a belief that young women are not interested in microfinance, there is evidence that savings are of paramount importance to young women and that to be able to place their savings in a safe place is a compelling reason to join a microfinance group, particularly one based on savings. In terms of social networking, programmes have found that once young women do join groups, the most memo-

rable and valuable part of the programme is the relationship formed with other young women like themselves.

The experiences gained from a number of recent, in-depth studies and programmes show that given the chance to become involved with projects designed specifically with their needs, situations and experiences in mind, young women and adolescent girls will take advantage of them in a way that can change their lives and their relationships with their partners and with the older generations of women.

Norman Buckham, in his work over the years in microfinance, has seen how young women can become more self-confident and energetic when they are involved in microfinance projects. “We have generally found that there is a change [in their sexual behaviour]. They can earn money without sacrificing themselves... It’s empowering for young women to realise that they can drive their own destinies”.

“It’s not only about money but about their independence. If I bring in money, I can make a decision where the money goes. If I can say ‘yes’ here, I can say ‘no’ there.”

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Njubeni negotiates bursaries with vocational schools to learn skills (e.g. baking, sewing, electrical or motor mechanics) for clients without skills, who did not complete or have just completed their schooling. If the client is illiterate or unskilled or has no interest in vocational training, then the programme helps them set up their own business. They go through a two-week training course on starting a business, small business management, budgeting, marketing etc. The training includes a life skills component, e.g. dealing with family

dynamics (especially given the reasons for some of the clients seeking counselling in the first place) sex education and HIV information. At the completion of the training, each participant receives a certificate and a R500 grant (about US\$72) to buy stock and start their business (e.g. selling second hand clothes, baking, making food to sell to labourers at factories etc). They are helped to open an individual bank account. For the ensuing three months, Njubeni meets regularly with the group to discuss problems that may have arisen and to suggest other institutions they can approach to get assistance and training. After the three months, the group continues to meet without his guidance. They open a group bank account and contribute about R30 (about US \$5) each. There are a few young women in the programme among whom is Lindiwe (name changed) who expresses its impact on her life:

Lindiwe, a 24 year old woman, has reached a point where she can make hard choices about how she will live her life according to her own set of values. From the sale of cakes that she bakes, she earns R300 in what she calls a bad month and R450 in a good one. Sometimes she borrows money from her grandmother's pension to buy supplies which she pays back when she has sold the cakes. These two incomes combine to support the entire household of two aunts and eight grandchildren, the youngest of whom is four. Lindiwe had a boyfriend, a teacher who said he wanted to marry her. "He bought me gifts, everything. He treated me like a queen. He wanted to marry me but said I have to have a baby first. I said, no, first talk about lobola²³, then about a baby. He said, 'No, in my culture, the woman has to have a baby first'. She refused. "If you have a kid with a man, things fall apart. I broke up with him because I didn't want to go through that." She had to contend with the ire of her aunts. "They were pissed! They didn't understand, "Why couldn't you fall pregnant?" I didn't want to be like my aunties because they both had kids." With the help of an independent income, Lindiwe could stand her ground. She has plans for a different life.

Lindiwe displayed determination that her future would be hers to control. When and if to have children was one aspect of her self-determination, as well as her resolve to end a relationship that made what she felt to be unreasonable demands. It would seem that access to microfinance in Lindiwe's case has enabled her to become economically empowered so that she can plan a life different from her aunts, one in which she makes her own choices, express her own agency by resisting the strong pressure of both her boyfriend and her family.

Ekupholeni presents an unusual but interesting model as the microfinance and business aspects grew out of a concrete need that emerged from counselling which provides the women in the programme with specific skills to building on their recovery from trauma and depression. Analysis of results will provide lessons and potential for replicating.²⁴

SHAZ! (Shaping Health of Adolescents in Zimbabwe)

Shaping the Health of Adolescents in Zimbabwe (SHAZ!), began in 2001 and immediately confronted the multiple challenges of girls' vulnerability in the face of a downward spiralling economy and political instability. It was one of the few programmes that targeted poor adolescent girls with the goal of mitigating the problem of transactional sex, particularly with older men known regionally as sugar daddies. SHAZ! grew out of concerns of medical researchers and practitioners at the University of California, San Francisco about the toxic intersection between poverty, young girls' experience of crippling effects of gender inequality and the spread of HIV, particularly among orphan girls. The programme was set up to test the hypothesis that interventions that develop girls' economic power will enhance their decision-making ability by teaching them life skills around determination of when, where and how sexual initiations and relations occur. The larger goal was to reduce the risk of HIV infection, STI infection or unwanted pregnancy.

Zimbabwe has one of the highest HIV prevalence rates in southern Africa and therefore globally. The number of orphans is growing rapidly and life expectancy rate is now 34 years for women.²⁵ The project seeks to address the economic pressures that lead many girls to engage in transactional sex with older men – "sugar daddies" or "dbaras" as they are referred to in Zimbabwe. Formative research showed that young women had little ability to negotiate condom use and were at risk of being raped or physically abused in these relationships with sugar daddies, or "dbaras" as they are referred to in Shona, the language of the Zimbabwean majority. The predicament of women caught in the "dbara" trap was expressed by a 16-year-old orphan:

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EKUPHOLENI: IF I CAN SAY 'YES' HERE, I CAN SAY 'NO' THERE.

Lindiwe (see above), Rebecca, and Zinzi, all in their early 20s, came to Ekupholeni to be counselled for different reasons. They are young, they are black, they come from poor backgrounds. One among them has children, one miscarried as a teenager and two are HIV positive. What brought them together was the counselling provided by Ekupholeni Mental Health Centre which was followed with training business skills. Their new experience of defining their own lives came from this combination of counselling and economic independence which the three young women are getting better at as they rebuild their lives.

With a R500 grant provided at the end of the course, Rebecca bought second hand clothes to sell, Lindiwe purchased ingredients to bake cakes and Zinzi used the money for supplies to make sandals, artificial flowers and baskets. Zinzi earns up to 700 Rand a month selling her hand-crafted wares at markets, while Lindiwe and Rebecca make between 150-500 Rand a month. Earning their own income has boosted their self-esteem and given them varying degrees of independence.

"Nowadays I know how to get what I want. I don't depend on anyone," says Zinzi, who lives alone. "I can get food on the table myself. I go to bed and the next day I know I can go and buy stock. I'm not a stress to anyone and I'm stress-free. I'm happy. I sometimes forget I'm HIV positive. Before it was what would eat me. I'm not shy of anyone."

For Lindiwe, earning her own money has meant not having to ask boyfriends for help. "I was baking every night. I went to bed late and woke early. I could put food on the table and even buy clothes for myself. I know I have to depend on myself. I hate begging. I hate hate begging! If I want something I go after it. Before I had no idea about standing on my own. I had to get help from the boyfriend." She has recently received a scholarship to continue her studies and get her matriculation certificate (final national school leaving examination).

Her dream is to become an electrical engineer.

For Rebecca, a mother of three young children, the income has allowed her to buy food and medicine, but it has also increased the tensions between her and her mother with whom she lives. She used 200 Rand of the grant money to buy food for the household. If she hadn't, she says her mother would have complained. "There is conflict because my mother wanted the money."

Expectations and demands from parents and boyfriends are burdens these three women share with many young women who live in similar circumstances. Meeting these demands is what increases young women's vulnerability to HIV.

"Most young women they like things and they like money. They are poor and will do anything to get money. By doing that it [HIV] spreads and it's getting worse," Lindiwe says.

"Parents even lead us into that," adds Zinzi. "If I come back without anything, they get angry. If I came back with mielie [maize] meal or 30 Rand, they [the family] would be alright. I would sleep with boys and come back with things to please my mother. If you come back empty handed then they say, 'he is using you'." The three women nod in agreement. Rebecca's three children are from two different fathers. The first child was conceived when she was 13. The father of her last born, she says, beat her out of jealousy when she "dressed nicely".

The effect on the women's self-esteem is clear. Her boyfriend used to make her feel bad about herself. "I didn't feel OK. It's like I'm selling myself, like I'm a prostitute. He'd tell the other boys and say, 'give her R30 and you'll get whatever you want'," says Zinzi, who managed to escape a violent relationship with a boyfriend who shot at her. She says she now has no intention of ever marrying. Lindiwe adds: "You're selling yourself and you come cheap. It's not love..." Zinzi laughs and says, relationships based on exchange of money or food for sex are "business", but when Lindiwe says, "It's to survive" the three women shrug and fall silent.

Christina Stucky, Johannesburg, May 2006

Big dbaras are dirty-minded. They only think about sex. Big dbaras can force you because they say “nothing for nothing.” It’s a contract, and you can’t say no. If you refuse, you stay poor. If you take his money and refuse sex, he will rape you. He will say, “You ate my money for nothing”

SHAZ! targeted 16-19 year old out-of-school orphaned and poor girls living in two poor communities outside of Harare, the capital. Part of the project’s conceptual framework rested on the belief that providing individuals with life skills and business training would result in increased knowledge, leading to their generation of and control over economic resources, and in the long term reducing HIV infection through their increased ability to negotiate safer sex.²⁶

The baseline research for the pilot which included 49 participants for whom a complete set of data was collected, found that:

- 21 (close to half) of the 49 participants reported being sexually active;
- Of these 90% reported they became sexually involved because they were “in love” and wanted a marriage partner;
- 67% reported being either physically forced, tricked or coerced into sex;
- 10% reported having sexual encounters because they needed food, money or school fees;
- 4 of the 9 who reported being sexually active at the time of the interview, indicated that they had received money or support for basic needs from their partner.

The pilot intervention covered four components. Training in life skills and in business management were the most successful of the components, with attendance averaging 80%. Through the business training, however, the participants developed business plans and received a small loan for their own projects. This fourth microcredit compo-

nent which was something of the king pin of the project, failed in terms of repayment rates. Only 20 per cent repaid their first instalment and 5 per cent paid their loan in full. Mentoring and social support mechanisms showed no gains. Once loans were repaid, participants were generally not interested in returning for peer group meetings. However, guardian and family support proved to be more meaningful to participants than their mentors or peers.

This failure of the microcredit component may be attributable, in part, to the adverse economic conditions in Zimbabwe which placed an enormous deterrent on business opportunities. This demonstrates the difficulty of setting up microfinance programmes as stand alone initiatives and in precarious economic environments—where most vulnerable girls live.

The experience of one of the participants, a young woman named Proud, recorded by Helen Epstein,²⁷ and independent researcher, reviewing microcredit programs throughout Africa, is a case in point. Due to the collapse of the manufacturing sector in Zimbabwe, factories had closed, and 1,000’s of workers had lost their jobs, Proud was able to set up a potentially vibrant small business in selling imported second-hand clothes. With her initial loan, Proud bought clothes in Harare with the intention of selling them in her grandmother’s rural village where clothes were in great demand. While they had no money to buy the clothes, they did have a surplus of maize, one of Zimbabwe’s staple foods which was in short supply in Harare. Proud spotted an opportunity. She traded the clothes for maize and set off back to Harare with a large canvas sack filled with maize which she could sell on the black market for a profit. Her maize did not make it to Harare. The bus was stopped by the police and her maize confiscated. When she protested, one of the policemen made a pass at her.

It was common for SHAZI! participants to be subjected to such sexual advances – some even feared rape – as a result of their business efforts. Thus, rather than empowering vulnerable and very poor girls, additional economic assets, it could be argued, exposed girls to an increased risk of sexual abuse and exploitation.

Two years after the 2001 start up of the programme the outcomes of the project and the validity of its approach were assessed. It was concluded that girls' thrived in social and learning spaces where their needs were met, such as during life skills sessions. Additionally, though very few girls succeeded, some in fact did and they were the girls who had a remaining supportive family structure in place. But, the most the most ambitious goal for SHAZI!—economic empowerment leading to reproductive empowerment—fell short. But many lessons were learned which provided researchers with new information in order to change direction. One of the investigators reflecting on these lessons, particularly in relation to a Zimbabwe-specific manual that was produced for life skills sessions, commented that: “Many of the participants showed improved knowledge around high-risk behaviours and some even claimed that their ability to negotiate changes within their relationships was enhanced.”²⁸

They found, on the other hand, that the economic intervention proved too removed from the realities of the young women. “Participants who received business training, microcredit loans and mentoring overall were stymied by multiple forces – in terms of both agency and structure – that reflect their age and gender status as well as Zimbabwe's weakened political economy.”

Phase two of the study was built around the important—though sometimes sobering—issues that the SHAZI! intervention unveiled:

- **Social Support systems:** Social support - from friends, guardians or family members - was a key element. The few girls who did succeed had benefited from family or extended-family members who already had business skills. When this was absent girls were disenfranchised “from the process of individual empowerment from the start.”²⁹
- **Importance of sound mentoring:** The hope that mentors in the programme might play a support role similar to that of their friends and families did not materialize. If anything they made the situation worse. Mentors overall “either exploited girls as extra-hands in their own businesses or proved to be inaccessible given economic competitiveness to survive.” In other words they were unhelpful because they feared potential competition from the young women in the very difficult local situation.
- **Increased Vulnerability:** Young entrepreneurs who were successful, or who had money due to access to loans became more vulnerable to harassment from men. “They ultimately had more at stake than their bodies”. As Epstein concluded, “The researchers had not anticipated that their programme to “empower” these poor women was actually placing them right in the path of HIV.” They did however, acknowledge this as an important if sobering lesson.
- **Macro factors:** Factors beyond the control of the project or the young women, such as the rapid collapse of the Zimbabwean economy, made it difficult for the young girls to function in the broader Zimbabwean context. At the time rates of inflation were as high as 400 percent and “created financial challenges for first time business start ups.”³⁰ This experience confirms the need for an in-depth economic, political and social analysis prior to embarking on such programmes in order to shape the outcomes of any programme designed to enhance the economic, political and social circumstances of the participants.

The results of the pilot and the hypothesis on which it was based could not be adequately tested in the context of such a precarious economic environment. Even the experience of Primrose (cited earlier), where some measure of empowerment seemed initially to come her way, evaporated once her husband was threatened by the behaviour of another man. In order to rescue her partner from jail, Primrose lost her investment and her business. As is the case in real life, there was little room to manoeuvre around errors of judgment or unforeseen impediments.

Applying the lessons learned.

Taking into account what worked, what did not work, and what needed modifying, SHAZ! researchers decided to move away from microcredit and business skills, into vocational training as the core livelihood component of the project. Respected local institutions for youth training pro-

grammes were identified as partners. A significant amount of social support was woven into the new project design including the enhanced involvement of family members and guardians, career counselling, peer networking and the provision of safe social spaces for adolescents. The life skills education component which yielded positive results in the earlier phases has been expanded with input of the participants.

One of the strongest lessons learned from accumulating experience of vocational skills programmes—not to mention microcredit programmes—are that successful results are associated with being linked to the realities of the market, and whether opportunities and jobs are truly available in the proposed businesses and careers offered. This will be particularly challenging for the new phase of SHAZ! given the pressures on the Zimbabwean economy, where inflation has been assessed at 1000 percent and unemployment 70 percent.^{31,32}

EMPOWERING YOUNG WOMEN IN BANGLADESH: HERE WE ARE ON MORE EQUAL TERMS WITH MEN.

Shahina Akter, 20, is one of some 1,000 young women who have completed training courses offered as part of a UNFPA-supported project in Bangladesh and gone on to start their own businesses. The project aims to alleviate poverty by providing skills training and small business loans, an approach pioneered by the Grameen Bank.

Her community, Bibir Bazar, decided to concentrate on dress making, basket weaving, poultry farming and raising livestock. “I joined the club out of high school and spent six months learning to make dresses and scarves,” she explains. The project also supports other community development activities and a small clinic which provides basic health services include reproductive health and family planning.

Intelligent, ambitious and with a flair for business,

Shahina took out a small loan and in no time had recruited another 20 girls for her dress-making enterprise. She sells her products to stores in nearby Comilla, earning tidy profits. She also trains girls in dress-making. “There are no dropouts in my class,” she says proudly.

Village incomes have risen considerably as a result of the project, and women now have economic clout, can regulate their fertility, and have fewer, healthier children later than their peers in less-enabling environments.

Locals credit the project with raising the average age of marriage in Bibir Bazar from between 17 and 19 to around 24. The old dowry system has been abandoned entirely. “In this village”, explains Shahina, “the girls come to marriage with their own ‘dowries’, earned themselves. Here we are on more equal terms with men.”

Without this project, Shahina says she “would probably have married by 19, had a child already, and remained poor and malnourished.”³³

TAP AND REPOSITION YOUTH (TRY), KENYA

At 21 Wanjiku was pregnant with her first child, abandoned by her boyfriend and destitute. Her mother, who herself had raised her children as a single parent, was her only means of support. Her life began to turn around when she joined TRY. The programme's mission is to reduce adolescents' vulnerabilities to adverse social and reproductive health outcomes, including HIV infection. For her it meant access to a loan to start her own business and an ability to save.

At first she found it hard to save; even the KSH 50 (US\$0.65) per week was often out of her reach and she had to borrow from her mother. But her contribution allowed her to participate in the weekly sessions which provided skills, such as business-management training and seminars on HIV prevention. Within six months she had established a small stall selling local food which she prepared in an open market with a loan of KSH 10,000 (US\$130). Her business did well and she was able to open a savings account and put away almost half her daily income. Soon she had expanded to supplying fruit salad to office workers and employed two people to prepare and deliver the orders. Within two years she had moved into her own place, had employed household help and was about to expand her business even further with a second loan.

Wanjiku is an economic success story, and quite a dramatic one. It is a story highlighted in the report on Tap and Reposition Youth (TRY), a multiphase initiative undertaken by The Population Council and implemented by the Kenyan microfinance institution, K-Rep Development Agency (KDA). The aim of this project, which is currently in its fourth phase, is to reduce “adolescents’ vulnerabilities to adverse social and reproductive health outcomes, including HIV infection, by improving their livelihoods options.”³⁴ The site of the project was the low-income and impoverished shanty areas of Nairobi catering to adolescent girls and young women aged 16-22 years. The results of the first three phases were analysed

and documented, allowing for the fourth phase to build on the findings. As such it is one of only a few detailed documentations of programmes aimed at linking microcredit to reducing vulnerability to HIV infection. However, the outcomes in terms of the reduction of vulnerabilities, of particular interest to this review, were inconclusive.

The report indicates that although there were some measurable differences between the ‘TRY girls’ and the ‘control girls’”, the “overall response rates were relatively low (68%) suggesting that the results in relation to reducing vulnerability should be viewed with caution.” Nonetheless, there are indications of limited success that point to a greater link that would be useful for the future phases of the programme or for other programmes with similar objectives. One lesson, for instance is the improved ability on the part of some TRY members to negotiate sexual relationships and harbour more liberal gender-role attitudes as a result of exposure to the programme and the training provided. TRY participants are three times more likely than the control group to insist on condom use, and 1.7 times more likely to refuse sex and “significantly more likely than girls in the control sample to be able to insist on condom use and to refuse sex... [A]lthough condom use is not statistically significantly higher among TRY girls than among controls, their participation in the decision to use a condom is higher.”³⁵ Interestingly, the ability to enter into sexual negotiation did not differ by age or by length of time in the programme. Longer exposure to the programme apparently did not have a particular impact. It is not clear from the telling of Wanjiku’s story whether her business success contributed to her ability to control and make choices about her sexuality and reproductive rights and hence be in a stronger position to fend off HIV infection.

By the end of the six years, TRY’s phased approach showed promise. The needs that the girls express and which are incorporated into the

redesign of TRY are practical ones – such as social support, mentoring, easily accessible savings and low risk livelihood and employment opportunities. This phased approach presents a potential for moving from groups that are based on savings to ones based on microfinance loans, provides an opportunity to keep in step with the changes that take place in an adolescent girl as she moves to young womanhood and to womanhood, meeting the needs that are appropriate at each phase. One of the messages to be taken from the programme income opportunities are not sufficient in themselves. These need to be combined with exposure to training and other mechanisms for decision-making, for making choices that arise out the realities of the lives of the participants in order to ensure longer term impact - the strategic interests - that supersedes the individual, to the community and society at large.

In the end, an assessment of the programme raises a number of questions relating to the advisability of providing microfinance and microloans for the targeted age group of 16-22, who were out of school, very poor, and lacking in skills to negotiate their way through relationships with men and with their families. Those that did benefit were a small subset of the participants, who were the more capable and the less vulnerable girls and young women in the groups. Although the project is targeted at adolescents (ages 15 to 19 years) the participants referred to appear to be older than 20, who are consistently referred to in the report as “girls”.

The TRY programme went through a protracted and frank process of trial and error to identify issues that relate to young women and adolescents, and adapted their microfinance approach to better serve this age group as the programme moved forward. In so doing it demonstrated the need to take into account in the design of the programme the age differences between adolescent girls and young women who differ in self-confi-

dence, in experience, in the extent of their need for support from family, friends and mentors. These factors differ not only between ages but within age groups. Therefore a phased approach which changes as the participants get older and as their circumstances change, is pertinent when each phase takes into account of adolescent girls “capacity for development livelihoods, for civic participation and for self-protection” to grow and evolve over time.

Some conclusions to be drawn related to savings, social support, mentoring and leadership training:

- **SAVINGS:** For many of the young women the ability to save was of greater importance than acquiring loans to start business enterprises. They wanted to be prepared for future emergencies, to be able to purchase clothes, toiletries and other personal goods, to access education for themselves, their children or other family members and to make their own investment in a small business without the burden of repaying a loan. The evaluation showed that the project had not taken cognisance of the girls’ interest in savings and had ignored the pressure from the girls themselves for different kinds of savings. If they had, they acknowledged, a critical learning process might have been accelerated.

At the end of the initial phases, the model had evolved to include Young Savers Clubs. These provided an additional service to microloan groups, as well a stand alone service to young women and adolescent girls interested in savings only. By the end of 2004, 123 girls were enrolled, of whom only one quarter were under the age of 19, although the intent was to attract more adolescents. Being group based the Young Savers Clubs could provide similar services to those offered TRY groups, including weekly meetings, engagement with mentoring and recreational activities. The groups provide the support and

solidarity that young women seek, nurturing new friendships and providing a basis for building support and self-esteem. “What attracted me, apart from saving, are the seminars”, said one member, who is married and has one child. “I especially like the way we are taught about how to run businesses and about nutrition and keeping fit. We do exercises for about 20 minutes. It also takes away my idleness. In the group, problems – even individual problems – are less troublesome when we share them”.³⁶

“Because as a woman I need money for my little problems”, said a 20-year-old married participant, “I don’t even want him to know where my piggy bank is, because he can take the money and use it.” Another young woman – 24 – wanted to use her savings for her children’s education, “but I am afraid if I tell my mother, she will persuade me to use the money on other things like buying food when she has no money.”

• **NEED FOR SOCIAL SUPPORT:** For most of the members, their only source of social contact and support came from their participation in a group. They rallied in support of each other in times of stress or for a critical event such as childbirth or sickness. As one divorced twenty-two year old participant with eight years of education said: “For my part, I enjoy the boosting we give each other, be it in terms of solving social problems, business issues, or helping each other out with family or marital problems. Since I joined the group, I have acquired a number of friends with whom I share problems or with whom I just have fun. I don’t feel lonely.”³⁷

• **MENTORS:** It was found that one person could not act as both credit officer who enforced the financial aspects of the programme and mentor, who acted as confidante and trustee. The mentors had complementary skills such as a background in business skills, in public health and social work or community development. To benefit from both, the weekly meetings were conducted in two parts, the first relating to savings and credit matters, the second to activities such as group discussions, educational sessions, recreation, excursions, with specific sessions on HIV, domestic and gender-based violence, women’s rights, male-female relationships, drug and alcohol abuse and family planning. It was found that the addition of mentors provided group cohesion and boosted meeting attendance.

• **LEADERSHIP TRAINING:** Kabeer’s point about the impact of that “*most elusive of all developmental inputs – the calibre and commitment of the people who are responsible for the delivery*”³⁸ could be seen to come into play. The need for leadership training for the participants was underscored when a group fell apart after the popular credit officer took a leave of absence to attend a training course overseas. While she had energized the group they relied on her opinions and guidance, and were lacking in initiative. Girls began to miss meetings and many dropped out. The training of youth leaders does not appear to be a part of the programme design.

TRY’s evaluation showed mixed results and were particularly disappointing in the efforts to reduce the vulnerability of young women to HIV infection. Potential indicators relating to enhanced decision making, exercise of choice, control over finances, and ability, through greater self-esteem, confidence and agency, to control their reproductive health and sexuality and to

IF I HAD MY OWN MONEY, I WOULD HAVE LEFT HIM LONG BEFORE...

Twenty-three year-old Teresa (named changed) tried to amuse her lively two-year-old son, Jackson, as they waited for her appointment with a nurse at the Youth Friendly Health Service (YFHS), supported by UNFPA, Pathfinder International and Geração Biz.

Although the YFHS is for young people aged 10- 24 years, the waiting room was packed full of women of all ages. Due to lack of space the YFHS clinic has to share with the regular maternal healthcare clinic set in a health centre in a poor, congested Maputo suburb called Xipamanine. But despite the wait, Teresa looked composed. She had taken great care of appearance, dressed in simple but fashionable jeans and T-shirt, and she had an easy, confident manner.

Teresa explained that she now lives with her parents and her sisters after divorcing her husband, who she lived with in South Africa. "We didn't understand each other," she said not feeling it necessary to add more. But when asked, she was direct. "He had another girl friend. At first I was just not sure, then I found out for sure." She tried to reason with him, but not only would he not give up the other women but he insisted on still having sex with Teresa. When she asked him to use a condom, he would ironically accuse her of unfaithfulness. "He would say, you only want to use a condom because you have another man outside our relationship."

Teresa said he never beat her, but he would punish her if she did not have sex with him. "For example if

I didn't have sex with him, he would not leave money for milk for our baby." After six months of unfaithfulness on his part, she decided to leave her husband, and to seek refuge with her brothers who also work in South Africa.

She has since divorced, returned to her parents' home in Mozambique and has gone back to school. She is now in the 11th grade. "I would like to be a nurse in the future," she said.

Teresa also began a relationship with a law student. All seemed to be going well until, Teresa developed a herpes sore on her neck. "My boyfriend suggested we both go for a HIV test. He tested negative, but I tested positive," she said with the same calm confidence as she started the interview. Her son, she added, is HIV negative.

How is she coping? "I am fine and healthy. I just do regular health controls. That is why I am here today." And her boyfriend, how did he react? "He is very supportive. We have a good relationship. We understand each other well." Teresa said they have always used condoms. "We both come to the clinic (YFHS) here. I always pick up condoms and he always has a supply. Being at the clinic here has helped me a lot. I understand much more about my own sexuality."

Asked if she had had access to a clinic like this in South Africa, and had her own money would she have stayed with her husband that long. She gave one of her beautiful smiles, and said, "No I would have left him long before I finally did."

Ruth Ayisi, Maputo, May 2006

end abusive or unsatisfactory relationships were not fully assessed. Programmes such as these would benefit from indicators that match their objectives to provide the ability to assess short and medium term impact on women's lives and on the likelihood – or not – of attaining empowerment and agency over the longer term.

The aim would be to design interventions that are based on empowerment models, that go beyond providing support and income opportunities. The combination of empowerment goals and economic opportunities has potential and as such can mesh the immediate demands of group members with exposure to and training for making decisions, making choices and partici-

pating in a change process that goes beyond the individual, to the community and society at large (The RADAR/IMAGE programme (below) provides an example of the a useful tool to measure women's empowerment in the context of microfinance.)

INTERVENTION WITH MICROFINANCE FOR AIDS AND GENDER EQUITY (IMAGE)

"You Can Have Money, And Still Not Be Empowered"

Participant in IMAGE programme, South Africa

In South Africa, a programme was initiated as part of the work of the Rural AIDS and Development Action Research (RADAR)³⁹ Programme which set out to explore the intersection between microfinance, gender inequalities and HIV prevention. Dr. Julia Kim, a senior researcher at RADAR, envisioned the programme as enabling prevention to go beyond the traditional "ABC" messages (Abstain, Be faithful, use Condoms). "In South Africa, as in many places around the world, poverty and unequal power relations between men and women shape the nature of sexual relationships. What did it mean for a girl to abstain from sex when her relationship with an older man ensured that there would be food on the table? And for women experiencing domestic violence, how could they suggest using a condom, knowing the suspicion this might provoke?"⁴⁰

"In South Africa, as in many places around the world, poverty and unequal power relations between men and women shape the nature of the sexual relationship."

The "Intervention with Microfinance for AIDS & Gender Equity" (IMAGE Study) was designed as a randomized controlled trial and followed several thousand households over a two to three year

period. The study tested the hypotheses that empowering women by addressing structural factors such as poverty and gender inequalities could reduce vulnerability to intimate partner violence, and by extension have positive health outcomes. As the majority of participants are over 35 years old and outside the highest risk age-range for HIV infection, IMAGE looked in particular at the effects of the intervention on Intimate Partner Violence (IPV) in the context of gender inequality. The project does not directly target young women, but data was gained relating to the impact on young women's lives. As the relationship between intimate partner violence and HIV infection in South Africa has been well documented⁴¹, and the study explicitly explored the changes among young people directly and indirectly exposed to the intervention, there are many lessons that can be drawn from this study that can provide insights on how to best support risk reduction among young women.⁴²

The IMAGE intervention combined a participatory Gender and HIV training programme, with poverty-focused group based microfinance. The microfinance component of the intervention was implemented by the Small Enterprise Foundation (SEF) programme that has adapted the Grameen Bank model to South African rural circumstances and serves over 30,000 active clients.⁴³ The training went further than the dispensing of technical information about "how" HIV is transmitted and prevented, to confront the more sensitive issue of "why" which relate to and therefore touch on deep-seated social beliefs and cultural norms. Included in the curriculum were issues such as sexuality, traditional gender roles, cultural beliefs, relationships, communication, and domestic violence. The training included skills such as communication, critical thinking and leadership. Initial discomfort had to be surmounted. "The training sometimes met with early resistance, particularly from older women, who felt that the frank discussions about sexuality were uncomfortable or inappropriate. Younger women,

while more inclined to question traditional gender norms and cultural beliefs, were initially reluctant to voice their opinions. Over time, however, attitudes began to shift, particularly as participants began to share personal experiences and to recognize a real vulnerability to HIV infection, both for themselves, and for their children.⁴⁴

Mothers would not talk to their own daughters, they would talk to the daughters of co-members of the groups which they found easier to do.

The intervention was designed to involve and impact the wider community in two ways. Recognizing the potential for group-based learning to foster solidarity and collective action, a second phase was initiated to encourage wider community mobilization to engage both youth and men. In addition, women who were identified by their peers as ‘natural leaders’ were given the opportunity to undertake a further week of training after which they worked with their loan centres to address priority issues such as HIV and IPV. At the end of the two-year intervention, there was evidence of improvements in household assets and savings, and positive shifts in social capital. Relative to an age and wealth matched group of comparison households, the risk of past year IPV among IMAGE participants was reduced by 55%.⁴⁵ In addition, there were changes observed in several pre-defined women’s empowerment (see page 6)⁴⁶. Further quantitative and qualitative research on how the IMAGE

The study demonstrated changes in knowledge, openness, access to VCT and collective action among young people living in the homes of IMAGE participants.

intervention impacted on women’s empowerment and intimate partner violence is the subject of further study.⁴⁷

Together, these results present important implications for protection against HIV infection.

In terms of impact on young woman, it was found that communication across generations improved considerably – as reported both by survey data from the women themselves, and by young people who were members in their households. Complementary qualitative data suggest that young people were able to listen to their mothers, aunts and other women members of their households or communities, and this had a direct impact on their behaviour and confidence. It was sometimes found that mothers who participated in the IMAGE microfinance centres felt inhibited about raising highly personal subjects with their daughters such as sexuality, relationships with men – so they came up with their own solution. Mothers would not talk to their own daughters, they would talk to the daughters of co-members of the groups which they found far easier to do. As a result, communication improved not only cross-generationally, but also between mothers and daughters who, once the ice was broken in terms of addressing sensitive issues, were able then to talk to each other.⁴⁸ Despite very limited time to be exposed to the intervention, quantitative data from the IMAGE Study demonstrated encouraging changes in knowledge, openness, access to voluntary counselling and testing, and collective action among young people living in the homes of IMAGE participants.

One of the core hypotheses of this study was that the optimal way to address the complex risk of HIV infection faced by adolescents was *not* necessarily by working with them directly. In the first instance, providing credit to older women meets basic needs for entire households. Research

from the IMAGE Study has shown that boys and girls who are attending school have a substantial reduction in HIV prevalence and risk behaviour, relative to peers who are not in school. In South Africa, as elsewhere, shortages of money for school fees are a principle outcome of poverty – and carry long lasting effects on health and development.⁴⁹

In the second instance, in many rural communities, particularly where high proportions of men are economic migrants, older women play a key role in shaping and sustaining social and cultural norms. They are the mentors and role models for young women, and are best able to provide ongoing support – particularly for a ‘long-wave event’ such as HIV, where the impact will be felt over generations. IMAGE attempts to see effects through addressing vulnerability in ‘high-risk communities’. Such efforts to achieve indirect effects, while potentially taking longer to achieve, provide an important counterbalance to programmes attempting to work with ‘high-risk individuals’ directly.

Issues such as poverty and the status of women are readily acknowledged as key global priorities – both for HIV prevention and the achievement of broader development goals, as outlined in the Millennium Development Goal framework. Despite this, addressing poverty, social and cultural norms and sexuality are often seen as lofty, abstract, and very difficult to change. The IMAGE Study suggests that through a combined micro-finance and training intervention, making measurable differences in these complex yet interlinked challenges is indeed possible, even in relatively short-term programmatic time frames. Given the relationship between gender inequality, violence and broader health outcomes, this may in turn translate in a range of health and development benefits, particularly given the high prevalence rates among young women.

VOCATIONAL TRAINING: Another Alternative

The shift in the SHAZ! project from building entrepreneurial skills to vocational training reflects a growing interest in this area of livelihoods preparation and training and the potential for linking these to sexual and reproductive health. This training is more effective when the participants have some level of schooling and are already motivated to stay the course. Because the training is carried out on a regular basis with groups of participants, these programmes, like those associated with micro-finance for young people, provide opportunities for integrating education, leadership skills, information and building the life skills for young women. This can pay off through self-esteem and promote the ability to acquire agency. The pay off in the longer term is enhanced by integrating into these programmes education and knowledge building about reproductive and sexual health.

Reviews of such programmes reveal mixed results, underlying the need for assessments that analyse their structure, function and value. In particular, there are uneven and inconclusive references to whether such approaches have an impact on changing sexual behaviour and relationships so that young women and adolescents are more able to protect themselves against HIV infection.

One review by the International Center for Research on Women (ICRW) surveyed nine programmes in Africa, Asia and Latin America which link youth reproductive health and livelihoods, in order to enhance both.⁵⁰ The review examined the results achieved through a variety of approaches. Most programmes offer job training in different areas in conjunction with information and/or training on reproductive health-related issues. Some were able to achieve short term results by enabling some of the young women to find employment once they completed the training course. The secondary goal

of the programmes surveyed was the provision of opportunities to heighten information and knowledge about reproductive health and in some cases, to access treatment.

The ICRW study concluded that: “The field of linked programming is clearly in its own adolescence, with a mixture of commitment, missteps, risk-taking and optimism. Currently, most programmes are not implementing linked strategies in an optimal fashion, often achieving only marginal effectiveness in meeting both the reproductive health and livelihoods needs of young people”. There are no models among the programmes for replication, but it is an area that, like microfinance provides an arena for further research and applications. Seven of the nine programmes reviewed by ICRW over an 18 month period made links between vocational training and reproductive health information. Four of the programmes indicated that progress was made for young women in the areas of increased agency and self-esteem, but only two could be seen to potentially address empowerment issues over a longer term.

For instance, ECOSESA, a Columbian women’s cooperative which provided job training to urban and rural youth (16-25 years old) in various health disciplines and included infusing quality of care into reproductive health services. As it was designed to meet the demands of the labour market it achieved in a high rate of job placement. The exposure to sexual and reproductive health information and services was integral to the programme and participants reported that the training had influenced their own as well as their partners’ sexual behaviour. In this case some results could be discerned both in terms of practical needs and limited progress in terms of strategic interests.

A programme in Indore, India, Bharatiya Grameen Mahila Sangh, showed similar limited success. This was a large programme that worked with 5,000 unmarried and married girls and young women

between the ages of 12 and 24 of whom 250 girls received vocational training. Job placement did not necessarily translate into longer term employment. Nonetheless, the survey concluded that the “girls appear to gain self-confidence, and are more likely to continue schooling, delay marriage, increase political and civic participation and show improvement in health knowledge and practices.”⁵¹

Two other programmes reviewed demonstrated limited impact in supporting empowerment. One provides training in food services for young rural men and women, 18 years and older who were assisted in finding employment. Reproductive health needs were addressed through referrals for medical care and counselling, religious instruction and support from parents and guardians, and the community as a whole. Thus reproductive health issues were limited to medical care rather than a programme designed to build capacity to exercise choice and control. However, it was observed that the self-esteem of some students had been raised.

However for the most part the link between reproductive health services and livelihoods was inconclusive, and not inferences could be drawn about potential for supporting empowerment processes within the programmes.

While the programs were varied in their objectives and approaches, empowerment indicators and results were not factored in. The survey provided little evidence that job skills and employment, even when combined with education around reproductive health and gender concerns translate into greater control over their lives, wider choices or agency on the part of the young women and/or adolescent girls. It is necessary to factor in from the beginning empowerment indicators and results. These are gaps that future programmes need to consider. In this context it will be interesting to follow the new phase SHAZI’s that focuses on vocational training, to measure the impact it can have on young Zimbabwean women.

PROMISING PRACTICES

“Asset building and establishing good savings behaviours and more gender-equitable work roles... are longer term outcomes that may not be feasible to capture because of funding, staffing and research constraints... Evaluating livelihoods approaches has also been challenging because they are concerned with concepts that are still being developed and defined. Self-esteem, agency, social networks, and social connectedness are all domains that mean different things in different cultures, regions, and faiths”

“Building Assets for Safe, Productive Lives”
(Population Council)⁵²

There are a number of interventions, most of them small and focused, that have been able to show results in relation to young women and livelihoods. While few specifically look at the intersection between livelihoods, reproductive health and HIV prevention, and women’s empowerment, there are some indications that progress is being made at best, or lessons learned for future programmes at least. It is hoped that a review of many of these will take place in the next few years, using a consistent empowerment tool and indicators, to measure levels of increased empowerment, reduced violence against women, changed attitudes, behaviours and relationship and its impact on the progression of HIV. Currently, the results are generally inconclusive, resources too limited, or in cases where budgets are more substantial, results do not justify the budget size.

Some of the attempts to address these issues among young women and adolescent girls show promise.

India: Unmarried Adolescent Girls in Rural Gujarat

Organization: Population Council in partnership with Self-Employed Women’s Association (SEWA)⁵³

Purpose: Research to explore the following interventions for girls aged 13-19 years:

- Participation in livelihoods activities that develop skills for future income and employment
- Enhance abilities to exercise and negotiate a better future
- Strengthen and expand social networks

Activities: Youth groups of 15 to 30 members were formed in ten villages which met three or four times per week. Activities were aimed at networking and expanding the knowledge and interests of the young women (singing, sports, literacy lessons) and included vocational courses such as the traditional tailoring, embroidery and food preservation as well as the non-traditional such as computer training, hospital assistant, equipment repair) with the hope of longer term benefits and potential for changing gender norms and opening up new areas for future employment. Resistance from parents and the girls about the non-traditional courses was overcome.

Results: Girls saw the groups as safe space to interact with their peers, developing strong bonds and sharing strategies for solving problems. They were more willing to talk in front of groups, became more independent in being able to negotiate public transport or attend overnight training sessions. The girls expressed a strong desire to save and to have greater control over their resources.

Comments: The desire for saving by adolescent girls and young women is a recurring theme. It would therefore be important for interventions to include savings components. While it is a leap from the results to control over their sexuality and reproduction, and thereby protection against HIV, some steps towards empowerment have been taken. Long terms results will need to be tracked. The opportunity was missed to link the groups to sexual and reproductive health services, training and information.

India: Vocational Counselling and Training, Uttar Pradesh⁵⁴

Organization: Population Council; CARE

Purpose: To provide reproductive health information, vocational counselling and training and assistance with opening savings accounts for 14 to 19 year-old young women in slum areas of Allahabad and demonstrate the benefits of synthesizing economic, social and reproductive health activities.

Activity: Groups of 15 to 30 girls met weekly and shared reproductive health information, and received

vocational and savings counselling. 18 vocational courses were developed based on the girls' particular interests. 500 girls completed at least one course. Assistance was given to the girls to open new accounts at banks or the post office. Only 250 girls opened accounts. It was speculated that this was a result of "difficulties the girls encountered with post-office staff who expressed their distaste for working with girls, chastised the girls for disturbing their work, and sometimes even harassed the girls."

Results: Those who were exposed to the intervention (more than the number who completed the vocational training) were more likely to have knowledge of safe spaces, to be a member of a group, to have higher social skills, to be more informed about reproductive health, and to engage in leisure activities. The duration of the intervention was not long enough to affect gender disparities and decision-making power.

Comments: It seems questionable whether results went beyond meeting the practical, basic income needs of the participants. The project refers to reproductive health "information", which in itself offers no potential for change, unless services, training and an empowerment approach are adopted.

Zambia: Partnerships for Adolescent Sexual and Reproductive Health (PALS)⁵⁵

Organizations: CARE International and Planned Parenthood Association, Zambia

Purpose: To improve youth sexual and reproductive health. One aspect was the promotion of safer sex through a more positive view of self and of the future by building skills to improve livelihood status of out of school young people, through a microfinance component.

Activity: The project was based in Lusaka and Livingstone from 1996-1999 and as such was one of the earlier interventions with a microfinance focus. The 300 participants were formed into groups and a 14-hour business course was provided during each member produced a business plan. 221 adolescents (both boys and girls) received loans of Kwacha 100,000 with the

expectation to repay Kw. 120,000 to cover the interest and loan insurance within six months. 95% of the loans were for small scale vending business.

Results: By the end of the project (1999) 35 percent of the loans had been recovered in one project site, 11% in the other. In the first, only seven (six girls, one boy) repaid more than Kw. 100,000. An internal PALS evaluation attributed the low repayment rate to the "generally poor state of the Zambian economy, the pressure of family responsibilities, the need to pay for funerals or theft of the money by friends, relatives or thieves", as well as rushed implementation. As the loans were disbursed at one time, peer pressure could not be relied on for repayment. The repayment pattern for girls was consistently higher than that of boys and the credit officers felt that the girls took the project and their responsibilities more seriously. In terms of sexual reproductive health, the report noted "many [respondents] said they reduced the amount of sexual activity or partners because this type of behaviour is not conducive with good business and they 'feared misusing money'".

Most credit recipients (78%) felt that their loans had been useful but that they could have benefited from additional vocational and business skills training. Seventy percent were still in business at the time of the follow up interviews (1999). Impact on the protective factor provided by their increased livelihoods was not assessed, and would need a longer follow up period. In one area the number of recipients who reported having sex and using contraception increased, in the other it decreased. However almost half (47%) said that receiving the loan had changed their plans for the future. In regards to her future, one young woman said: "*I seem to have a bright one*".

Comment: A recurring reality in microfinance programmes is that young women and adult women have an unfailingly higher repayment rate than men, sometimes at their own expense (borrowing from family to pay the loans back, paying only the loans but making no profit for themselves, hooking up with boyfriends in the hope of a monetary benefit).

CONCLUSION

The programmes and projects reviewed in this paper illustrate the imperative for clarity in the choice and development of tools and methodologies to assess the level of support for empowerment and the extent to which it is achieved. Without these, the results are at best anecdotal, at worst not calculated at all, making it difficult to draw lessons learned that can be applied to efforts in the near future that support the empowerment women in the context of microfinance, job skills training and the promotion of sexual and reproductive rights.

The good news is that a growing concern is giving rise to interventions... that show promising potential for supporting the urgent need for young women's and adolescent girls' empowerment.

The curtain that presents the barrier between young women and their ability to exercise autonomy over the different parts of their lives consists of many threads that together weave a tight web of resistance. While pulling at one thread can weaken the barriers, all aspects need to be addressed to dismantle it. Providing microfinance and job training in order to access income is not sufficient when violence against women in intimate relationships is condoned and dismissed as inevitable and where young women's expression of independence heightens violence or create a fear of violence. Providing microfinance also becomes a fairly futile project when women are unable to exercise control over their expenditure and when their partners – or in the case of young women, their parents and

other family members - will take their assets to sell or assume the money earned is theirs to spend. Independent incomes dwindle when young women are expected and needed to fulfill additional care giving roles and to look after sick and dying members of their families – and are as a result unable to pursue their income generating activities. When taken out of school for the same purpose they lose the opportunity to access the education needed to heighten their income prospects and to learn life skills that enable them to prevent transmission. The end result is a spiral downward into increased poverty, and not the reverse.

The good news is that a growing concern is giving rise to interventions, based on research, training and other initiatives that show promising potential for supporting the urgent need for young women's and adolescent girls' empowerment. This approach is still in its infancy but there are definite signs of progress. Lessons – both the positive and the negative - that can be tapped to contribute to the design of new interventions or new phases of existing interventions are being assessed. In order to expand this still fragile field, resources must be made available. With continually increasing infection and death rates among adult women, the need to include young women and adolescent girls in interventions taking the needs and circumstances and social and economic contexts into account should be of immediate priority. This is an imperative that cannot be delayed given that there is a slim window for change in behaviour and achieving agency constitutes but a few years.

LESSONS LEARNED:

The following are some of the lessons and recommendations culled from reviewing the literature, which, it is hoped can be used to move the process along more rapidly and more equitably.

- **Specific issues for young women and micro-finance:** Given the urgency of addressing prevention for young women, all stops should be out to tackle prevention in as diverse and innovative ways as possible, revisiting interventions and approaches that have shown promise, and figuring out new ones, with adequate resources to support these efforts. Despite attention to microfinance for women in general, more understanding and analysis is needed of the potential and differential impact of microfinance programmes targeted at young women and adolescent girls. These need to be developed with their specific situations, perspectives, possibilities and needs in mind and with their full participation. In this context it is particularly important to emphasize their longer term need for empowerment and transformation of gender power relationships, which is essential to holding in place prevention mechanisms over the longer haul.
- The interventions directed towards young women and adolescents are few in number. Those that are in place do not, in general, adequately look at the impact on young women and adolescent girls in order to ensure their capacity to make the necessary choices and decisions relating to safer sex and establishing relationships that are based on mutual trust, respect and equality.
- Microfinance programmes for young women are still scattered, ad hoc, and often unsustainable. Microfinance interventions based on the group model have the potential to reach young women and adolescent girls on a regular basis, thereby ensuring a 'captive' audience and an incentive to meet. On the one hand they need business skills training; on the other there is opportunity to provide training and information about critical issues such as sexual and reproductive health, HIV in particular, leadership training, negotiation techniques, gender based violence, communication skills etc. In order to do this, a balance is required between these two sets of skills and interventions so that the participants do not drop out because the sessions are too time consuming.
- Working in groups is important for social networking which has shown to be of particular importance to young women and adolescents. This social networking and the support they derive from these friendships are sometimes more important than the savings and loans aspect of the microfinance programme.
- Groups that are run by adults as mentors and credit officers can result in passivity and lack of involvement by the members. The emergence of youth leadership and active participation is an important ingredient for success. Reliance that is too heavy on adult group leaders and mentors can undermine self-confidence and the development of leadership skills, which are needed for sustainability of the programme.
- Vocational training is an important option for many, particularly those with some schooling and who are not the "poorest of the poor." Ways of reaching those who fall outside this category is urgent, because their need for basic survival is even greater.
- It is important to disaggregate "young women" and "adolescents" in terms of age as well as social and economic circumstances. Micro-finance may not be as effective for adolescent girls between 15 and 19 years of age, but as they are in adolescence for only a few years, the building of self-esteem and confidence, that will prepare them for running their own business enterprises later, as well as a sense of entitlement to the right to control their own bodies and sexual and reproductive choices are important. Interventions need to be flexible enough to support diverse adolescents from different economic backgrounds, whether they are married, heads of households, orphans, in school, out of school, illiterate, support the care economy within their households, etc.

- Existing microfinance programmes that target older women may still be effective vehicles for reducing vulnerability for the younger women and adolescent girls in their households and communities, particularly if they incorporate a specific gender and HIV training focus. As such older women may be the “cultural gatekeepers” within their communities, interventions that aim to empower them to shift norms around gender, gender based violence, and the discussion of sexuality and HIV may in turn, create an enabling environment for younger women. Moreover, the increased income brought into households by these women can allow young women to stay in school longer, an important factor in reducing their vulnerability to HIV infection. Given the many challenges identified in targeting and sustaining microfinance programmes for young women and adolescent girls, such “indirect” methods warrant further investment.
- Young women and adolescents are not younger versions of women. They have their own situations, emotions, needs, fragilities and strengths which should be taken into account in the design of any approach and intervention with them in mind.
- The programmes which involve the community for a broader based support system for the young women and adolescents have shown considerable potential. The involvement of men and young men is critical in order to address gender inequality from both sides of the gender divide to ensure longer term results. Wider support, understanding and accountability for change by both women and men in the community could help facilitate a process of change for the young women and adolescent girls that enables them to more effectively bring about and sustain personal change.
- The empowerment of young women requires fundamental change in the macro-level development agenda while at the same time ensuring support for young women to challenge gender subordination at the micro-level.

While these are some of the messages to emerge from a review of interventions supporting livelihoods directed at young women and adolescents, one overriding message/lesson is key: the potential is great, but only if combined with a variety of skills training and other outputs that enhance their life skills in general, and their self-esteem, confidence, and leadership potential and community involvement and community based activism in particular.

RECOMMENDATIONS:

- **SITUATIONAL ANALYSIS:** A situational analysis and base line survey that includes a full assessment of the gendered social, cultural, economic and political contexts for the intervention is essential in order to identify as fully as possible the challenges and opportunities for young women and link these directly to their vulnerability to HIV infection. Programmes need to go beyond satisfying the practical, short term survival needs to addressing the strategic (empowerment) interests of the young women and adolescent girls. An approach that focuses on the goal of young women’s empowerment is critical here, and empowerment indicators such as those developed for the IMAGE initiative are helpful guides. This analysis will help inform the range of activities to be included in a microfinance programme, as well as ensure that there is a market for the outputs of the business enterprises. For vocational training, it will ensure that the skills acquired will be marketable.
 - Mechanisms and tools for rapid but encompassing analyses need to be developed so that scarce time and financial resources are not squandered.
 - Involvement of young women and adolescent girls in the process is essential from the beginning, which has the added benefit of identifying potential leaders for the programme once it has been initiated.

Some issues to be identified in the situational analysis:

- Educational opportunities, drop out rates, reasons for drop out rates (e.g. need in supplement family income, marriage, orphaned, lack of uniforms, books, school fees, need to shoulder increased care load in the household due to illness from HIV)
- Prevailing attitudes about gender norms, and any efforts in the community that recognize the urgency to address violence against women and to set up mechanisms and strategies to do so
- Extent of transactional sex work and when these occur (occasionally for food, at particular points such as when school fees are due, desire for consumer goods and status, inter-generational sex between young women/adolescents and older men who provide favours in the form of money or consumer goods)
- Level of friendships and social networking between young women and girls (across generations with older women who act as mentors in a positive way or who constrain young women's potential for making their own choices, breaking away from limitations imposed by gender norms)
- Ability of girls to access sexual and reproductive health information and services
- Ability of girls to negotiate condom use, refuse unwanted sex, leave from abusive relationships, and as a corollary their attitudes towards violence on the part of their partners and whether they find this inevitable and acceptable and as such are a controlling force in their relationships.
- **MONITORING AND EVALUATION:** A participatory monitoring and evaluation tool needs to be introduced from early stages of the intervention. Time constraints and the urgency of ensuring effective results no longer allow for lengthy pilot phases, which are then found to miss the goal

and purpose of the intervention. Flexibility is critical. Lessons learned need to be gathered and assessed on a regular, on going basis so that adjustments can be made consistently. Even where frank assessments of the difficulties in developing programmes to suit the needs of the young participants are documented, this is usually produced years into the programme by which time the young women involved in the programme initially, are older and no longer included the category of “adolescent” or “youth”.

- **DOCUMENTATION:** Thorough documentation of the process will provide important lessons for replication and upscaling. Too often documentation is undertaken at the end of a pilot or of the programme. It is important to gain insights into the issues, lessons, strengths and weaknesses of the process on an ongoing basis, which will support and strengthen the results of the monitoring and evaluation process. Such a process will benefit from stories, tracking the impact on individuals, groups and communities, involving participants in the programme in the documentation process so that their own perceptions of change are included. Numerous tools are being developed in this regard, and a scan of useful tools for working with youth in a participatory and self-examining way would be useful.
- **MICROFINANCE INTERVENTIONS:** Interventions for young women and adolescent girls need to take into account the differences between providing such services for older women, and for young women/adolescent girls. The latter are not simply younger versions of the former – their perceptions, experiences, needs, desires differ according to age. Microfinance interventions, while being able to build upon the experiences and lessons of those directed at older women, need at the same time to incorporate innovative approaches based on *young* women's circumstances and perspectives, and their particular

vulnerability, as well as the specific issues that confront their generation-specific quest for empowerment. Young women are particularly eager to figure out ways of gaining an income and they often have enormous energy in terms of setting about tasks for themselves, particularly when they can work in cooperation or coalition with other young people. Donors need to trust the process and resist controlling the intervention in order to 'protect' their investments.

Some specific issues:

- Need for designing microfinance and vocational training programmes that integrate fully a range of focus areas for training, discussion, and encouraging community activism in order to challenge negative gender norms and harmful practices that would limit success of business initiatives and hamper the ability of young women to benefit from a process of empowerment. Interventions would be strengthened in this regard with the inclusion of training on sexual and reproductive health, HIV in particular, leadership training, negotiation techniques, communication skills, gender based violence, exercises that enhance potential for empowerment.
- Input from young women and adolescent girls regarding their interests, hopes, responsibilities and commitments are critical for the design of effective programmes with lasting impact. For instance, savings are sometimes more important for adolescents and young women; they are often less confident in their ability to run a business, are discouraged by family and friends because they are considered too young, may want to purchase specific items or pay for specific services such as school fees for themselves or their children or the children they are responsible for. Often they are able to save a little, but do not have a safe place to hide their savings, and fear that they will be taken by their partners or other

members of their family. A strong savings component to a microfinance programme is therefore particularly beneficial to young women and will serve to keep them involved.

- Mentoring between young women and charismatic older women, or young women new to the programme and more experienced young women, is needed to draw new participants into a group and to keep them there. However mentors themselves are to be chosen for their own sense of empowerment and autonomy to act as role models for the younger women, and for their ability to identify with the experiences of the young women. They require a range of skills as facilitators, and communicators in microfinance, reproductive health, HIV awareness, ending gender based violence and their situations and personalities assessed to prevent competition between the mentors and the new young entrepreneurs for limited, often scarce, resources and clients/customers.
- Identification of potential young leaders and provision of specific leadership training, in order to support the skills of young women are able to develop their leadership capacity which will remain with them as they get older. Bringing these young leaders into the programme as paid mentors to complement work of older women could be a valuable addition.
- **MACRO LEVEL:** The potential of microfinance programmes to empower young women and adolescent girls in the longer term is promising, but it can not be achieved if the focus is the micro community, household and individual level. Policy at the state level needs to be reviewed and revised, with the provision of resources, a re-examination of attitudes towards young women as small scale (and bigger scale) entrepreneurs. Young people are targeted with messages, often messages that are indiscriminate in terms of whether they can be heard and heeded by young women or by young men or both. They tend



to fall on deaf ears and youth become inured to them because they are impractical to apply. There is an urgent need to move beyond messages to providing policies, resources and an innovative and new thinking that goes beyond an acknowledgement that women's empowerment and gender equality will reduce the vulnerability of young women on the one hand, to active, pro-active and strategic measures to ensure that this happens at the community, national and global level on the other. The window for young women and adolescent girls' ability to overcome their vulnerability and live to be older women – mothers and grandmothers – is a brief one. The international community needs to be more aware of this urgency and the fact that we have no time. ■

ENDNOTES

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