



GOAL-SETTING AND INCLUDING MALES: IMPROVING SEXUAL AND REPRODUCTIVE HEALTH FOR FEMALE ADOLESCENTS AND YOUNG WOMEN

Researchers: Manisha Shah & Jennifer Seager

One in three adolescents in Tanzania, aged 15-24, will experience intimate partner violence (IPV)

Engaging males through a soccer-based health intervention decreases female reports of IPV

Engaging females in a goal-setting exercise around staying healthy reduces IPV

Location: Tanzania - Dodoma, Iringa, and Mbeya Regions

Sample: ~4,500 adolescents (~3,000 females and ~1,500 males) in 150 communities

Timeline: 2016 – 2020

INTRODUCTION

Adolescents in sub-Saharan Africa experience the highest rates of unintended pregnancy, HIV infection, and intimate partner violence in the world. In Tanzania, where this study was conducted, only 10 percent of adolescents aged 15-19 use any modern contraceptive method. In sub-Saharan Africa, four in five new HIV infections among 10-19 year olds are among girls; and a staggering one in three adolescents in Tanzania, aged 15-24, will experience intimate partner violence (IPV).¹

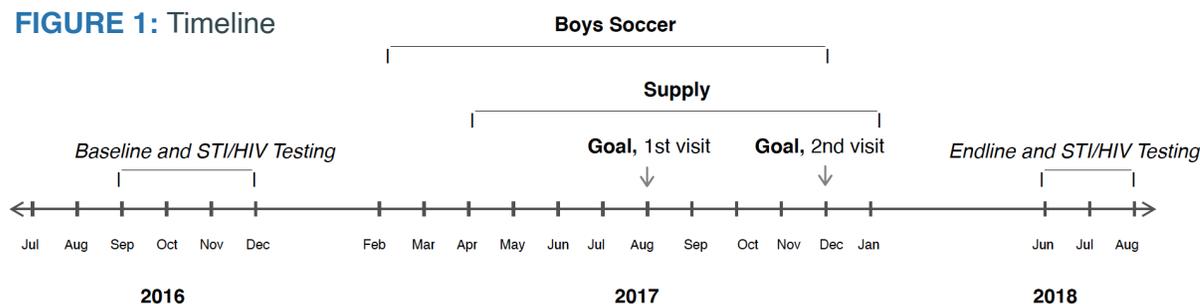
Earlier family planning studies have bundled together interventions, making it difficult to establish which interventions are effective and which are not. Furthermore, sexual and reproductive health programs often target only adult married couples or older females, excluding males, even though descriptive data suggests that men and boys may ultimately hold much of the control over decisions related to contraceptive use.²

STUDY DESIGN

The Global Lab for Research in Action at UCLA, in collaboration with BRAC Tanzania, evaluated methods to improve sexual and reproductive health outcomes (SRH) for adolescents across the country. By implementing a randomized controlled trial (RCT)— a rigorous research design to identify causal impacts to determine which interventions are effective and which are not— we can quantify the impact of three interventions on the following sexual and reproductive health outcomes of interest: unintended teenage pregnancy, HIV/STI, and intimate partner violence (IPV).

We implemented three new interventions in BRAC's 150 Empowerment and Livelihood for Adolescents (ELA) clubs throughout Tanzania. ELA clubs function as a fun and safe space for 11-24 year old adolescent girls and young women to spend time together and socialize, but also learn about basic life skills (adolescence, reproductive health, menstruation, pregnancy, HIV/AIDS, relationships with partners, building confidence, and abuse) and receive livelihood training (income generating opportunities for those age 16+ and microfinance for those age 18+).

FIGURE 1: Timeline



Of the three new interventions, two were randomized at the ELA club level and one at the individual level.

1. SUPPLYING CONTRACEPTIVES: Nurses from Marie Stopes Tanzania visited each ELA club once every 2 months for a total of 4-5 visits to provide free contraceptives to club members, including: condoms, female condoms, birth control pills, and long-acting reversible contraceptives (LARCs) such as IUC (intra-uterine contraceptive), implants (in arm), and injectable contraceptives.

2. BOYS SOCCER: Through our partner, Grassroot Soccer, adolescent boys and young men were invited to participate in soccer while receiving lessons on topics related to: risky behavior, risky partners, using contraceptives, HIV/AIDS prevention, intimate partner violence/respecting girls/women, alcohol abuse, and other SRH issues, as well as one lesson on malaria. We targeted the boyfriends of the adolescent girls and young women participating in the ELA clubs in randomly selected communities. Grassroot Soccer educates, inspires and mobilizes young men to make better SRH choices by providing life skills training through sport.

3. GOAL-SETTING: Adolescent girls and young women participating in BRAC's ELA program were invited to participate in a goal-setting exercise focused on healthy living and SRH decisions. Conducted through the SMART framework— encouraging the participants to focus on outcomes that were specific, measurable, achievable, relevant, and timely— the adolescent girls and young women were asked to write down 0-3 strategies to help them remain healthy and STI/HIV free.³

This methodology is often used in cognitive behavior therapy and has previously been used in educational settings to help boost test scores and to encourage healthy eating in dietary programs, but not generally adapted for use in adolescent health programs. At the outset of the study, all participants received HIV/STI tests. Six months after the adolescent girls and young women participated in the activity, they received a check-in, and one year after the participants completed their goal-setting exercise, they were tested for HIV/STI infections again.

Guiding our work were three research questions:

1. Does including males improve female SRH (unintended teen pregnancy, HIV/STI, IPV) outcomes?
2. Does goal-setting improve female SRH (unintended teen pregnancy, HIV/STI, IPV) outcomes?
3. Does access to contraceptives decrease unintended pregnancies and can we disentangle impacts of supply (contraceptives) vs. demand side (education) interventions?

Figure 1 describes the study timeline. We collected a detailed baseline survey including socio-demographics, risk behavior and household characteristics from all participants in 2016. Then the various interventions began. In 2018, two years after our initial visit and after the soccer and goal-setting interventions had ended, we collected another round of detailed endline data on all participants. We also tested all the participants for STIs and HIV.

RESULTS

The study finds that offering male partners a soccer-based health intervention significantly reduces female reports of intimate partner violence occurring often in the past year by 0.16 standard deviations. Furthermore, boys who participate in Grassroot Soccer are less likely to believe women should tolerate violence from her partner and report more egalitarian gender attitudes. Female adolescents in the goal-setting arm also report significant decreases in intimate partner violence occurring often in the past year by 0.13 standard deviations.

While reductions in IPV associated with the soccer intervention appear to be driven by reductions in the likelihood of having a male partner and spending less time with partners, reductions in IPV as a result of the goal-setting activity can be explained by improvements in reported partner quality and increased locus of control. Overall, these effects had a larger impact on adolescent girls and young women who reported sexual activity at the outset of the study, as compared to those who initiated sexual activity during the study or did not participate in sexual activity at all.

Access to free contraceptives did not have a statistically significant impact on unintended pregnancy, HIV/STI or IPV outcomes. Take-up of the contraceptives offered among the studied population was very low, and this is something we are looking to explore further. Participants had lower rates of HIV and STIs at baseline than anticipated and therefore the study is underpowered to detect changes in these outcomes.

IMPLICATIONS

Our study shows that engaging males in a soccer-based health intervention and females in a goal-setting activity are two effective interventions that are low-cost and easy to replicate, not only in sub-Saharan Africa, but around the world. This novel evidence highlights important lessons that are relevant not only to practitioners and policymakers, but the wider public, including parents, teachers, and even adolescents themselves:

- Engaging adolescent boys and young men is important in order to reduce intimate partner violence and shift cultural norms associated with attitudes towards violence against women.
- Adolescents benefit from participating in forward-looking activities like health focused goal-setting, as it increases their locus of control and encourages them to make better choices today.
- Supplying contraceptives alone is not enough to have a meaningful impact on sexual and reproductive health outcomes but should be considered alongside educational programs.

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To learn more about this study, please contact ManishaShah@UCLA.edu

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