Empowering Adolescent Girls: Evidence from a Randomized Control Trial in Uganda

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| Intervention Category | Training, Cash Transfer |
| Sector | Social Development |

**Abstract**

Nearly 60% of Uganda’s population is aged below 20. This generation faces health and economic challenges associated with HIV, early pregnancy and unemployment. Whether these challenges are due to a lack of information and/or vocational skills is however uncertain. We evaluate the impact of a programme that simultaneously provides: i) vocational training to run small-scale enterprises; ii) information on health and risky behaviors. The evaluation uses a randomized control trial, tracking 4,800 girls over two years. We find the programme positively impacts behaviors on both economic and health margins. On economic margins, the intervention raises the likelihood that girls engage in income generating activities by 32%, mainly driven by increased participation in self-employment. On health related margins, self-reported routine condom usage increases by 50% among the sexually active, and the probability of having a child decreases by 26%. Strikingly, the share of girls reporting sex against their will drops from 21% to almost zero. The findings suggest combined interventions might be more effective among adolescent girls than single-pronged interventions aiming to improve labor market outcomes solely through vocational training, or to change risky behaviors solely through education programmes.

**Gender Connection**

Gender Focused Intervention

**Gender Outcomes**

Girls vocational knowledge or skills, labor force participation, psychological agency, reproductive health

**IE Design**

Difference in Difference

The authors evaluate the Empowerment and Livelihood for Adolescent program operated by the Ugandan NGO, BRAC Uganda. The program initiated "Adolescent Development Clubs" that aimed to provide vocational skill training and life skills to adolescent girls aged 14-20. The club is led by a female mentor. The clubs provide courses that provide income generating skills with focus geared towards micro-enterprises. Life skills courses cover topics related to sexual reproductive health, menstruation, pregnancy, family planning, rape, conflict resolution and leadership. Participation in the club, and in each specific course is voluntary. The club also hosts recreational activities such as plays, games and opportunities for socializing.

**Intervention Period**

The majority of clubs were established between June and September 2008
BRAC Uganda chose 10 branch offices to receive the program, 5 from rural regions, and 5 from Semi-Urban regions. In each branch 15 communities were identified; 10 of which randomly received the treatment. Overall, there were 150 communities in the sample, 100 in the treatment group and 50 in the control group. From each of the communities 40 girls were randomly selected to be surveyed. There were 5,966 girls surveyed, 3,964 resided in treatment communities while 2,002 girls lived in control communities. 82% of the girls were tracked for the follow up survey. The baseline characteristics between the girls who were tracked and who attrited are not significantly different.

For the Intention to Treat Effect, the comparison condition is the control communities that did not have clubs. For the Average Treatment Effect, the comparison condition is girls who did not join the clubs. It is important to note that almost 5% of girls in control communities did join clubs in treatment communities. Additionally, approximately 21% of girls in treatment communities actually participated club activities.

Randomization occurred at the community level. Average Treatment Effects are analyzed at the individual level for girls who actually participated in the clubs. Intention to treat effects are analyzed at the village level for girls who joined and did not join clubs.

The baseline survey was administered between March and June 2008, the follow up survey was administered between March and June 2010.

The program significantly increases self-reported entrepreneurial skills. There is a 4.2 percentage point increase in likelihood of participation in income earning activities, which represents a 32% increase. Almost all of this increase is seen in self-employment activities. The ITT effect on income is a 14.8% increase over baseline incomes. Expenditures rise by 34%. With regards to risky behaviors, knowledge about pregnancy increases 7.2% and an HIV knowledge index increases by .462 from a baseline 3.83. The ITT impact on having a child is reduced by 2.7 percentage points which corresponds to a 26% drop in fertility. There is no change in self-reported incidence of STDs. Most strikingly, there was a 16.1 percentage point decrease in girls who self-reported that they had unwanted sex corresponding to a 76% reduction.

Many of the outcome measures are self reported; it is possible the girls are just saying what they think the interviewers want to hear. However, girls report increased condom use and not other contraception that is discussed in the intervention. This results in lower fertility rates.

Bank Netherlands, MasterCard, Nike, The Gender Action Plan, Improving Institutions for Pro-Poor Growth at DFID


http://econ.lse.ac.uk/staff/rburgess/wp/ELA.pdf