Empowering Adolescent Girls in Uganda
Oriana Bandiera, Niklas Buehren, Robin Burgess, Markus Goldstein, Selim Gulesci, Imran Rasul and Munshi Sulaiman

Summary
The productive potential of adolescent girls in Uganda is critically limited by the reciprocal relationship between low health, education and employment indicators. With little incentive to attain relevant skills training, girls choose to have children early and become engaged in risky behavior, further hampering their ability to generate income. To address these challenges, we evaluated the impact of a BRAC program that simultaneously provided livelihoods training to run small-scale enterprises, and education on health and risky behaviors. After tracking 4,888 girls over a period of two years, we found that the program had strong positive impacts on economic, health and agency outcomes for the girls. The program increased the likelihood of participants engaging in income-generating activities by 32%; self-reported routine condom use by those who were sexually active increased by 50%; fertility rates dropped by 26%; and there was a 76% reduction in adolescent girls reporting having had sex against their will during the past year.

THE PROBLEMS GIRLS FACE IN UGANDA
Almost 60% of Uganda’s population is under the age of 20. The country has one of the highest rates of young women out of the labor force. For those in the labor force, females at all ages have higher unemployment rates than men, and this trend is especially pronounced among younger women. Uganda has the second highest child dependency ratio in the world. Relative to females in the same age range in richer economies, fertility rates (the number of births per 1,000 women) are three to four times higher in Uganda, and again, this gap is starkest for younger women.

These adolescent girls are not only struggling with labor force constraints but are also facing severe health related challenges that make it even more difficult for them to become economically active. They are dealing with early wedlock, pregnancy, exposure to STDs, and HIV infection. Teen pregnancy and early marriage limit the ability of these girls to go to school and find gainful employment. Additionally, the lack of job potential reduces incentives for young girls to attend school and obtain other types of training. As a result, adolescent girls get married early and have children early, increasing their dependency on older men. This cycle of early fertility and lower economic outcomes can be curtailed and can result in substantial payoffs. Demonstrating that there are income-generating opportunities for adolescent girls to tap into will have significant impacts on younger girls facing the same decision-making point.

WHAT CAN BE DONE ABOUT IT?
Many policy interventions have focused exclusively on classroom-based education courses designed to reduce risky behaviors, or exclusively on livelihood training designed to improve employment opportunities for youth. As a body of randomized control trials suggest, these single-pronged programs have met with, at best, rather mixed success. It is this breadth of research that has informed this intervention, which targeted adolescent girls using a combined life-skills and livelihood training approach. Using this two-pronged approach addresses the inter-linkages between the health and economic challenges that they face.

Our evidence indicates that the combined program was more successful than most interventions that have exclusively targeted life skills or livelihood skills in similar contexts. This suggests that the individual program elements are complementary to each other: girls are more likely to internalize health-related education in terms of knowledge and behaviors when they are simultaneously offered new income-generating skills. At the same time, the expected returns to
providing livelihood training to this target population might be larger when girls are simultaneously provided information to help reduce their exposure to activities that involve risky behaviors. Our findings complement a small body of research that uses large-scale randomized control trials to provide evidence on the links between economic and health challenges.

THE ELA PROGRAM

The Empowerment and Livelihood for Adolescents (ELA) program was designed to improve the cognitive and non-cognitive skills of adolescent girls. The program was developed and is being implemented by the NGO, BRAC, in several countries of Asia and Africa, including Uganda. In contrast to some other school-based information campaigns on adolescent health, the ELA program operated through “adolescent development clubs,” a meeting place within each community that normally included 20-35 girls. Club participation was voluntary and unrelated to engagement with other BRAC activities. Eligibility was based on gender and age: only girls were permitted to participate, and the program was intended for adolescent girls between the ages of 13 and 20.

The two forms of skills training provided in the ELA program were life skills training and livelihood training, both of which took place within the clubs. In addition, the clubs also hosted popular recreational activities such as reading, staging dramas, singing, dancing and playing games.

Training Types

The livelihood training included a series of courses on income-generating activities informed by local market conditions: agricultural training on local crops, vegetable cultivation, poultry rearing, animal vaccinator training, tailoring, other non-farm businesses, and community health training. Although many of the skills are applicable for either wage or self-employment, more focus was placed on the adolescent girls establishing small-scale enterprises based on their own environment and the demand for such services. The key topics covered in the life skills training sessions included sexual and reproductive health, menstruation and menstrual disorders, pregnancy, sexually transmitted infections, HIV/AIDS awareness, family planning, and rape; other sessions covered enabling topics such as management skills, negotiation and conflict resolution, and leadership among adolescents. A final class of life skills training focused on providing girls with legal knowledge on women’s issues such as bride price, child marriage and violence against women.

ELA METHODOLOGY

We evaluated the ELA program in Uganda using a randomized control trial. The evaluation took place during the initial phase of the program, as it was being rolled out. As part of an earlier program, BRAC had established branch offices throughout the country: 10 of these branch offices were chosen for the ELA evaluation. Five branches are located in the urban or semi-urban regions of Kampala and Mukono; the remaining five branches are located in the mostly rural region around Iganga and Jinja. In each branch, at least 15 communities with the potential to host an ELA club were identified. From this list, 10 locations within each branch office were randomly assigned to receive the treatment, i.e., to set up a club and deliver the ELA program, with the remaining five locations randomly assigned as controls and not receiving the program. In each treatment community, a single club was opened up. Hence, the research design involved 100 treatment and 50 control communities. Within these communities, we surveyed 5,966 girls as well as their parents at baseline. In the follow-up survey, we interviewed 4,888 girls, resulting in an attrition rate of 18%.

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2 Given the difficulties of verifying ages in this setting and the demand for club activities arising from other girls, in practice some girls outside of the 13-20 age range also attended the clubs. However, these spillovers did not have significant impacts on results presented.
which is in line with previous studies dealing with this type of highly mobile population.

**EFFECTS OF THE ELA PROGRAM**

The program demonstrated positive impacts on adolescent girls in terms of their economic behaviors, health outcomes and their agency and aspirations.

**Economic Behaviors**

Prior to the introduction of the program, only 6.5% of girls reported being self-employed. But following the intervention, girls were 32% more likely to engage in income generating activities - and most of this change was due to increased participation in self-employment.

**Health Outcomes**

Initially, 51% of girls reported that they always used a condom when sexually active, and 11% of the girls had at least one child. With the ELA training on risky behaviors, self-reported routine condom usage increased by 50% among the sexually active, and the probability of giving birth decreased by 26%.

**Agency and Aspirations**

Strikingly, the share of girls who reported having had sex against their will over the past year dropped from 21% to almost zero following ELA life skills training, demonstrating a 76% decrease. When asked about their perspectives on marriage, childbearing, expectations about their children's lives and women's empowerment, the ELA program had considerable effects on girls' perspectives. The girls who were in the treatment group expected: (1) that their age at first marriage was almost one year higher than those in the control group; (2) an increase in their ideal age of marriage for men and women in society as a whole; (3) an increase in the suitable age for women to have their first child; (4) a decrease in the preferred number of children; (5) preference for their daughters to get married at an older age; (6) that the lives of their sons and daughters would be better than their own; (7) that females should earn money for the family; and (8) an increase in satisfaction with earnings and income.

**COSTS AND BENEFITS**

Because the program increased labor force participation and earnings, and reduced risky behaviors, its benefits per participant were much larger than its costs. During the second year, the per-girl incurred cost of the program was $17.90. For girls engaged in self-employment at baseline and follow-up, the increase in earnings alone was $32.10. While it is difficult to monetize the impact of the reduction in risky behaviors such as unprotected sex and teenage pregnancy, these benefits add to those of the labor market impacts. The difference between the costs and the benefits highlight the high rate of return to the ELA program.

**CONCLUSION**

The struggle to halt the cycle of uninspiring employment opportunities, early marriage and adolescent fertility leading to untrained and economically inactive girls in Uganda is consequential. While various approaches to policy reforms are being discussed and tested, the ELA program demonstrates the strong positive effects of a combined life and livelihood skills training. Though the benefits of the program outweigh its costs, the question of whether the same resources could be spent more effectively remains open. However, the high returns to the program demonstrate its viability as a long-term solution. With a 32% increase in the likelihood for participants to engage
in income-generating activities; a 50% increase in self-reported routine condom use by those who were sexually active; a 26% decrease in fertility rates; and a 76% reduction in adolescent girls reporting having had sex unwillingly during the past year, this multi-pronged intervention underscores the importance of testing and scaling up comparable approaches that address the personal agency, health and economic challenges faced by adolescent girls in environments similar to Uganda.

Finally, the results also emphasize the need for interventions that will capitalize on the skills of these newly entrepreneurial young women. BRAC has tapped into the talents of this group of adolescent girls in Uganda by introducing a microfinance program. The program offers participating adolescents the opportunities to take on desired credit in order to benefit from their livelihood and self-employment training and abilities. Results from the program will be revealed in the follow-up ELA policy brief.