

Towards Improved Economic and Sexual/Reproductive Health Outcomes for Adolescent Girls (TESFA)



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Overview of TESFA Program



- Two rural *woredas* in the Amhara region of Ethiopia
- Targeted 5,000 ever-married girls, aged 14-19
- Three training ‘arms’
 - Financial training
 - Sexual and Reproductive Health training
 - Combination

TESFA Project Implementation

- Innovative group-based, peer-education model
- Content delivered by peer facilitators
- Critical support from key community members
- Curricula tailored to socio-cultural context and unique needs of adolescent girls
- Combined curriculum designed to integrate content rather than be simply additive



TESFA Evaluation

- Key Evaluation Question

Does providing programming that combines both economic and health aspects to adolescent girls result in better economic and health outcomes than if each is provided individually?

- Evaluation Design

- Quasi-experimental
- Outcomes compared across the three ‘arms’ and delayed implementation



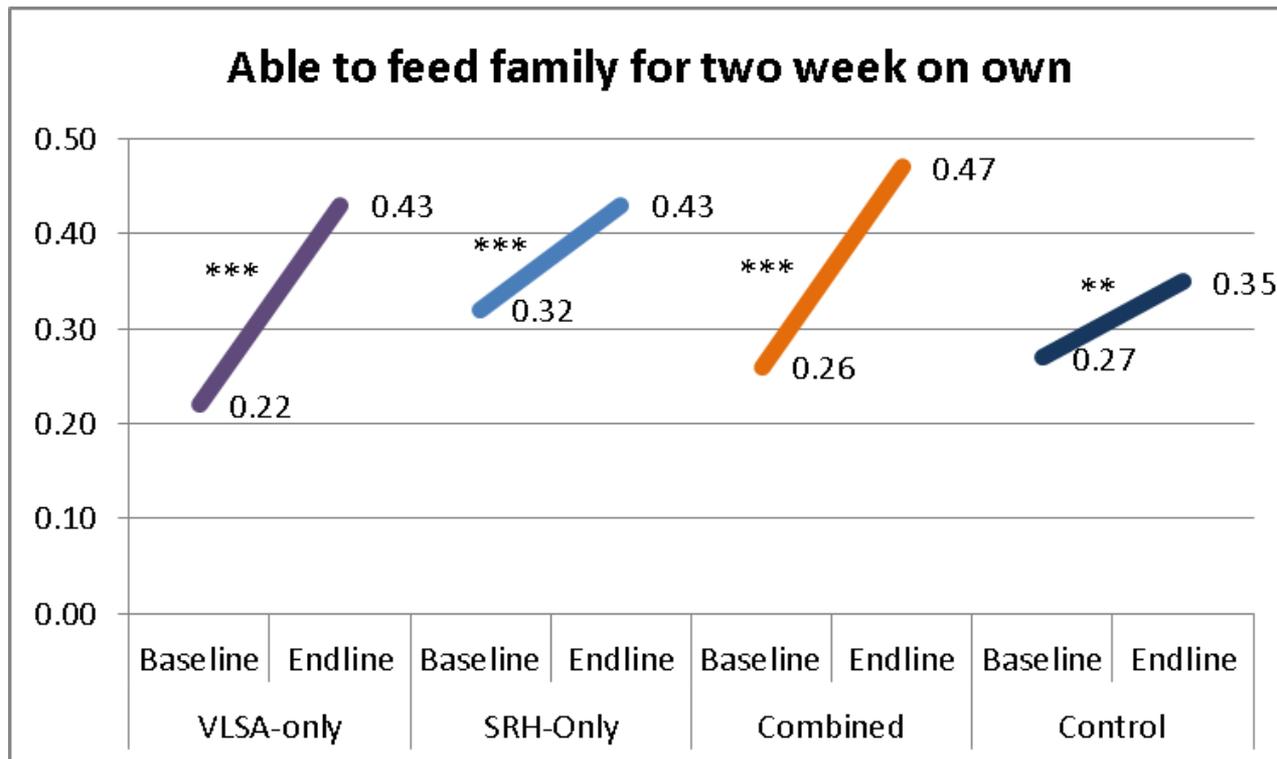
Evaluation Data

- Quantitative baseline-endline data collected one year apart between 2011 and 2013
 - 3771 interviewed at baseline, 3079 (82%) successfully reinterviewed at endline
 - Analyses found few significant differences between those retained and lost to follow-up
- Qualitative data, including PhotoVoice, collected at endline
- Monitoring data collected throughout life of project

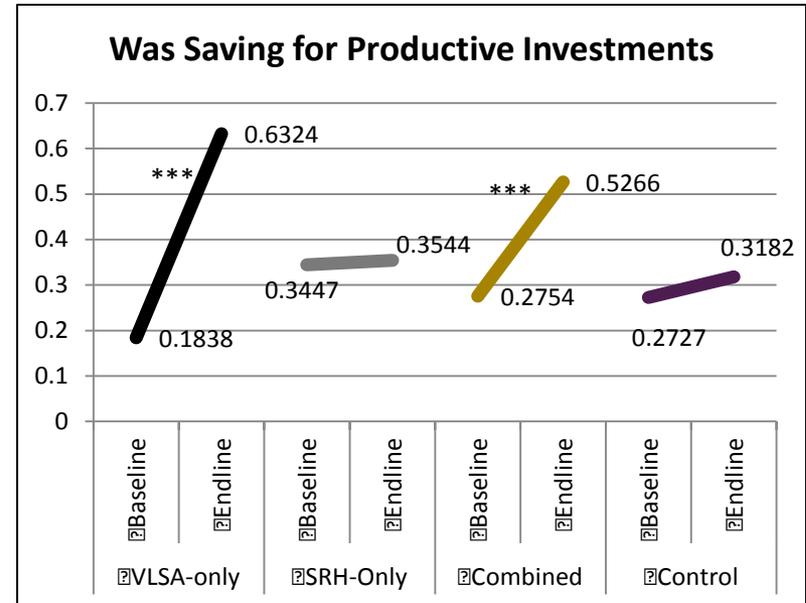
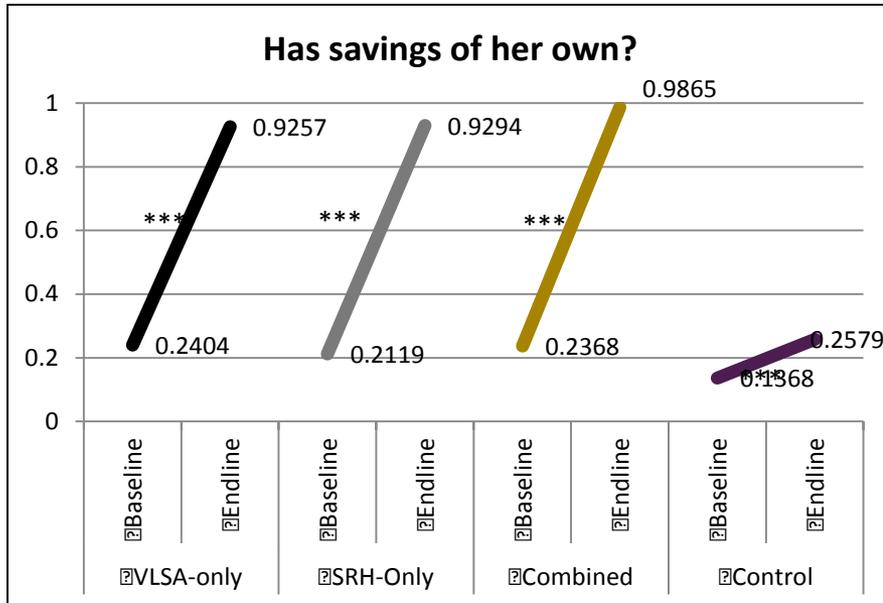


Results – Economic factors

- Overall, economic activity and economic confidence has increased across the board, but increases greater in each of the intervention arms, but especially in combined arm
- Notable gains in some areas that promise long-term benefits for girls and their families



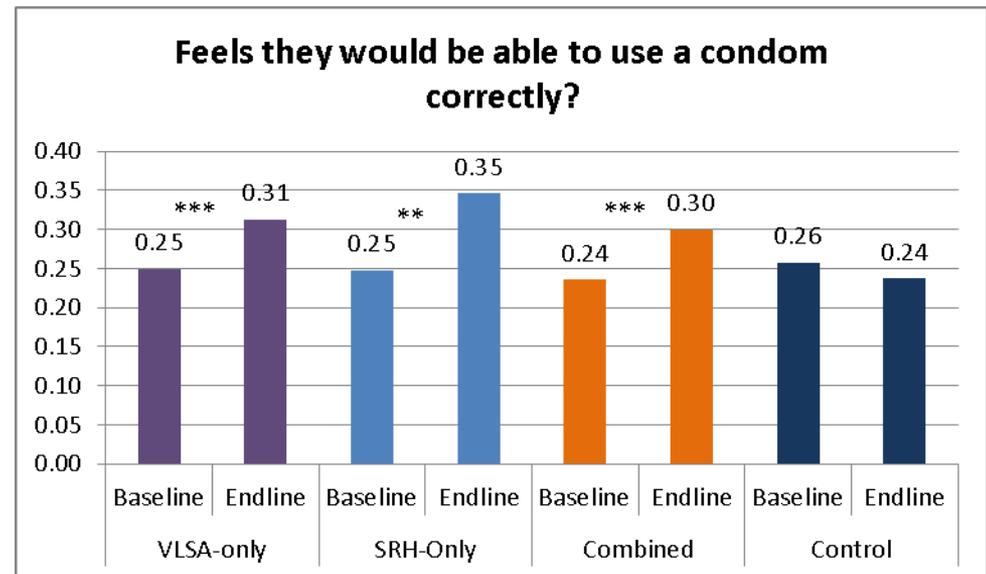
Results – Savings



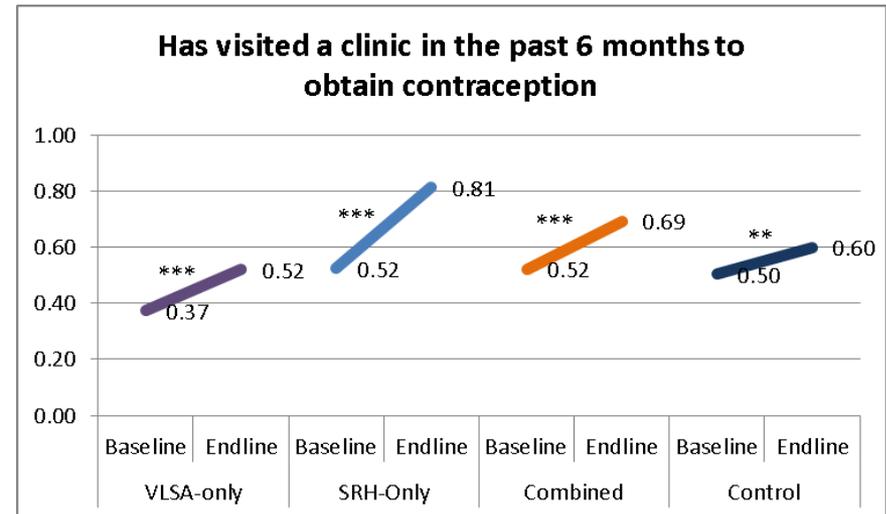
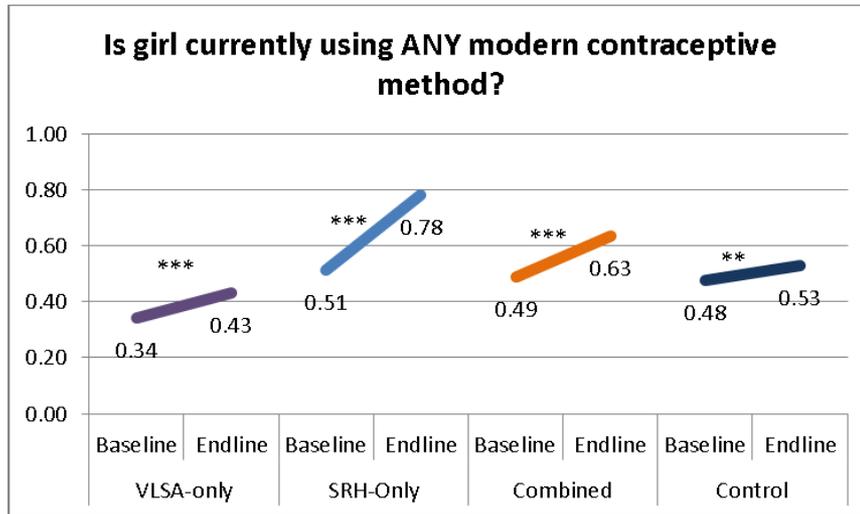
- Important changes seen in *how* girls plan to use savings
- But increase in savings much higher in three intervention arms
 - No statistically significant differences between arms but all greater than control
- Much higher percentages of girls in EE and combined arms planned to use saving for productive investments
 - Differences between those arms statistically significant

Results – SRH

- Very large changes in specific SRH knowledge in all program arms, but minimal in control
- STD knowledge (of symptoms and prevention) increased tremendously, particularly in arms where SRH curriculum was taught
- Broader use and knowledge also increased
- Favorable attitudes towards contraception increased
- Overall strong evidence of program effect and of impact of receiving SRH curriculum



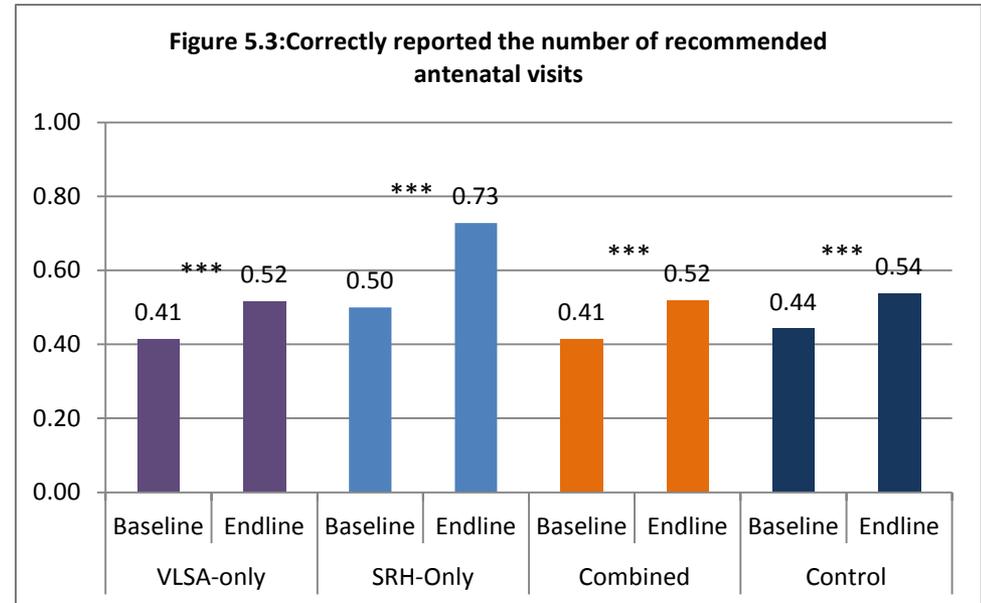
Results – Change in SRH behavior



- Very large changes in actual behavior across the board
- Largest gains in two arms providing SRH training
- Contraceptive use increased quite dramatically
- Use of health clinics did as well
- Very large increases also seen in communication with spouse about SRH, cooperative decision-making about SRH, and decreased sexual violence
- Overall very strong evidence of program impact, particularly of SRH curriculum

Results – Intergenerational Factors

- Increases in all arms in correct knowledge about antenatal care and limited evidence of improved behavior
- Important changes in intentions to give birth at health center
- Significant improvements in couple communication on variety of topics
- Improvement in relationship satisfaction
- Positive changes in important aspects of mental health, including self confidence and self esteem
- Participants became activists in preventing child marriage



Conclusions

- Overall impact
 - Strong evidence of beneficial effects of participation in the program, particularly for SRH that far exceed changes in control group
 - Very large and significant changes in other social factors, including community and family support, couple communication, mental health and social support
- Effect of combining programming
 - Overall improvements in combined arm were lower than in the dedicated arms, but not by much
 - Girls in combined arms benefited from improvements in *both*
 - Implementing combined approach did not require additional resources
 - Results suggest combined approach does result in best overall outcomes for girls