

**STRATEGIC ASSESSMENT TO DEFINE A
COMPREHENSIVE RESPONSE TO
HIV IN IRINGA, TANZANIA**

RESEARCH BRIEF

STRUCTURAL INTERVENTIONS FOR YOUNG WOMEN

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INTRODUCTION

The Iringa region of Tanzania has among the highest rates of HIV in the country at 9.1% prevalence in the general population (Tanzania Commission for AIDS [TACAIDS], 2013). The reasons behind this elevated HIV prevalence are not fully understood, and the response to HIV in Iringa has thus far been insufficient to match the need. The Iringa strategic assessment was designed to inform the development of comprehensive HIV prevention interventions that respond to key factors linked to HIV-related risk in Iringa, Tanzania. The strategic assessment synthesized existing data; conducted additional analyses of representative population-based data from the Tanzania HIV/AIDS and Malaria Indicator Survey; and conducted a large number of qualitative interviews and focus groups with key informants, service delivery providers and clients, and people at heightened risk of HIV in Iringa. Together, these findings provide a better understanding of the reasons behind the high HIV prevalence in the region and help to identify and tailor an appropriate set of interventions to address it. In this brief, we present findings related to a variety of potential structural interventions for young women. Specifically, we explored unconditional cash transfers, interventions to expand economic opportunities (including vocational training and small business development), interventions to address unequal gender norms, and financial support for secondary school education.

In Iringa, young women are at heightened vulnerability to HIV infection; 7% of young women aged 15 to 24 years are infected with HIV compared with 1.5% of young men the same age (TACAIDS, 2013). Structural intervention programs are designed to address the underlying social and economic inequalities and unequal gender norms which can lead young women to engage in behaviors that put them at risk of HIV, such as multiple sexual partners, sex with older partners, transactional sex, unprotected sex, and leaving sexually transmitted infections (STIs) untreated. In this way, structural intervention programs can address the causal pathway linking poverty and unequal gender norms to HIV infection (Bhargava, 2005).

Some structural interventions address poverty and economic inequality among young women. These include cash transfer programs, both conditional and unconditional, and microfinance. Others address harmful gender norms and practices and encourage young women to develop skills or attend school.

Cash transfer programs provide financial support to participants. This support is either conditioned on certain desired behaviors or provided unconditionally. A recent literature review examining the evidence that cash payments can affect HIV prevention-related outcomes identified 16 studies, although only ten have been completed and have results available (Pettifor et al., 2012). Many of these studies provided school fees or uniforms instead of direct cash to reduce financial barriers to schooling (Cho et al., 2011; Duflo et al., 2006; Hallfors et al., 2011); these studies demonstrated that indirectly incentivizing schooling can delay marriage and sexual activity, but none measured the effect on HIV. Other studies provided cash incentives for achieving particular risk reduction outcomes, such as learning HIV test results, remaining HIV-negative, or remaining STI-negative (Kohler & Thornton, 2011; Thornton, 2008; de Walque et al., 2012). These latter studies demonstrated mixed results, with positive effects on learning HIV test results, and smaller positive effects on purchasing condoms, and remaining free of STIs.

However, there was no demonstrated effect of cash incentives on other key outcomes such as HIV incidence and overall sexual risk reduction.

Although several ongoing randomized trials are planned, no studies have examined the effect of cash transfer programs on HIV incidence among young women to date. One study has examined the effect of cash transfer programs for young women on HIV prevalence. The Zomba Cash Transfer Study in Malawi provided cash to 13 to 22-year-old never-married young women (Baird et al., 2012; Baird et al., 2010). After one year of follow-up, there was a 60% reduction in HIV prevalence among young women in the cash transfer arm compared to the control arm. Young women in the cash transfer arm were less likely to be pregnant, marry early, or engage in sexual activity or sexual risk behaviors, including unprotected sex with older male partners. The type of conditionality of the cash payments (conditional or unconditional) had no impact on any HIV outcome assessed in the study, except that unconditional cash transfer recipients were significantly less likely to be married and pregnant compared to women in the conditional cash transfer or control arms. Investigators attributed the change in HIV prevalence to reductions in transactional sex and argued that it was cash rather than conditioning on school attendance that contributed to decreased HIV risk.

Microfinance involves the provision of a range of financial services, including savings, insurance, and fund transfers, to individuals or groups who would normally not be reached by traditional financial institutions. In addition to microfinance, other income generation interventions train participants in vocational skills, either for positions within existing industries or to develop small businesses of their own. Both microfinance and vocational skills training programs may include additional components not related to income generation, such as health education, gender awareness, critical thinking, or communication skills, and many have strong social support components, as participation is in groups rather than as individuals.

The Intervention with Microfinance for AIDS and Gender Equity (IMAGE) study was a community randomized trial evaluating a microfinance program combined with a gender empowerment and HIV training curriculum in Limpopo, South Africa. While the intervention did not demonstrate an impact on HIV incidence, it contributed to a 55% reduction in partner violence (adjusted risk ratio=0.45, 95% CI: 0.23-0.91) and showed improvements in social capital, household economic well-being, and women's agency in the intervention group relative to the comparison communities (Pronyk et al., 2006). However, there were limited improvements in sexual risk behavior among women under age 35 (Pronyk et al., 2008).

The Shaz! Project in Zimbabwe was also a microfinance project aimed at young out-of-school women orphaned by at least one parent (Dunbar et al., 2010). A microfinance intervention combining life skills education with business training was piloted among a group of young women fitting these criteria. At six months, the study found improvements in HIV-related knowledge. However, due to lack of adequate support, many adolescents who participated in the intervention had problems with loan repayments and with attaining business success. Further, there were anecdotal reports that young women were harassed by men and police while transporting goods to market and lacked safe accommodation or

secure places to store money against theft. The authors concluded that microcredit may not be the best intervention to reduce risk among adolescent girls who were out of school and orphaned in this setting.

The relationship between poverty, transactional sex and other high-risk behaviors, and HIV among young women in Iringa could potentially be addressed through a structural intervention that focuses on poverty, gender norms, or both. However, it is unclear which approach might be most acceptable and successful in Iringa. In this brief, we discuss strategic assessment findings on Iringa residents' perceptions of potential structural interventions in order to recommend approaches that would be acceptable and appropriate for young women in Iringa.

METHODS

Between January and May 2012, the Iringa strategic assessment conducted 116 in-depth interviews to gain a variety of perspectives on the proposed combination HIV prevention intervention components. Interviews were conducted with a wide range of community members, service delivery recipients, and key informants. These included 34 key informants (7 health care workers, 6 religious leaders, 9 non-governmental organization [NGO] workers, 6 government administrators, 2 village leaders, and 4 other individuals), 30 HIV-related service delivery users (6 each from HIV testing and counseling, HIV treatment, male circumcision, prevention of mother-to-child transmission, and gender-based violence services), and 52 members of populations at heightened risk for HIV (10 sex workers, 10 truckers, 10 drug users, 2 men who have sex with men, and 20 plantation workers).

An interview guide was developed to direct questioning around certain topic areas, but interviewers were encouraged to probe on responses to explore related topics and experiences. All in-depth interviewees were asked to share their thoughts on a potential unconditional cash transfer intervention.

In October 2012, 6 focus group discussions (FGDs) were conducted with young men and women ages 18-24. Participants were recruited through local HIV-related services (such as HIV testing and counseling and male circumcision services) and on local plantations. Three were conducted with young women (10 women in Iringa town, 7 in Mafinga town, and 10 in a plantation in Mufindi District) and 3 were conducted with young men (7 men in Mafinga town, 6 in Isele Village [Kilolo District], and 10 on a plantation in Mufindi District). These FGDs were designed to build off of interview findings on cash transfer programs and explore five additional intervention types: life skills groups, gender norms transformation groups, vocational training, income generation/business skills training, and financial support for secondary school education. For the first four intervention types, youth were asked about general reactions to the ideas, what topics the intervention should address, improvements or additions to the program, what community members might think, whether the intervention would work or help, whether the intervention would change young women's sexual behaviors, if young women would be willing to participate, and if they knew of other programs that provided similar interventions. Questions differed slightly when exploring the possibility of financial support for secondary education.

All interviews and FGDs were conducted in Kiswahili or English, transcribed, and translated into English if necessary. Qualitative data analysis followed Crabtree and Miller's (1999) five steps in the "interpretive process": (1) Describing, (2) Organizing, (3) Connecting, (4) Corroborating, and (5) Representing. First, regular debriefing sessions with interviewers and study staff were used throughout data collection to identify preliminary findings for rapid use and to facilitate an iterative process of data collection and analysis. After data collection was complete, full transcripts were analyzed in a two-step process. First, for interviews, because of the large amount of data, a simple initial set of codes was developed to identify text relevant to the five key intervention components for the overall Iringa strategic assessment: cash transfers, HIV testing, HIV treatment, male circumcision, and interventions with sex workers. These codes were applied using the computer software package Atlas.ti (version 5.2, Scientific Software Development GmbH, Eden Prairie, MN). Following this initial coding, the resultant text coded under the cash transfer topic was reviewed and a more detailed codebook was developed based on preliminary

identification of themes specific to the cash transfer topic. This codebook was discussed among team members. After agreement, codes were applied using Atlas.ti. For FDGs, coding was completed in one stage as discussions focused only on structural interventions. Once all coding was complete, summary memos were created for each major theme. Corroboration was conducted by going back to the original text as needed. Data from summary memos and representative quotes were developed into the results presented here.

Ethical approval for this study was received from institutional review boards at Muhimbili University of Health and Allied Sciences, Johns Hopkins Bloomberg School of Public Health, and the Tanzania National Institute for Medical Research.

RESULTS

Below, we discuss findings based on the following intervention types: unconditional cash transfers, interventions to increase economic opportunities, interventions to address unequal gender norms, and financial support for secondary education.

Unconditional cash transfers

Effectiveness

The majority of participants felt that a cash transfer program would help young women in Iringa avoid transactional sex. They described how transactional sex is common in the area and how money and desire for school-related expenses, snack food, clothing, soap, and other household products was the driving force behind these relationships. For example, a plantation worker said:

To give them some money, this can help them. It can help because many young girls get infected [with HIV] because of temptations to money and these small gifts from men. Because if she is a student, for example, and she doesn't have money to buy an exercise book or school fees, somebody can easily tempt her by giving money because her parents can't afford that. So the government can at least give them a small amount of money [...] it will really help these young girls from getting HIV infection and unwanted pregnancies when they are still young, and right now the majority of secondary school girls are the ones who get pregnancies. For that the biggest temptation is money.

A female sex worker said, "I like that plan, and it will greatly reduce the spread of HIV, because the person who has a legal, secure source of money will no longer need to depend on sexual intercourse to earn her daily bread." Other participants noted that by reducing transactional sex, a cash transfer program would not only prevent HIV, but also STIs and unintended pregnancies, which they noted were also common among young women in the region.

However, several participants said that such an initiative would help some young women, but not all. As one plantation worker described it:

For those who don't lust for money, it will help. But for those who lust for money, it won't help them because they will never get satisfied. They will want more and more. But for those who have the knowledge, they see [transactional sex] as a risk and will be satisfied with a small amount.

These participants often said that young women who had already started engaging in transactional sex would have a hard time stopping the behavior. They said that sometimes, no matter how much money a girl had from her family, sex was "in the blood" and she would be motivated by sexual desire, or by greed. Other participants simply said that when people were used to earning money through sex, it would be tempting to return to it. One sex worker considered her own situation and said:

It's a good idea. But someone's behavior, it's like the skin, you can't change it madam. If she was doing it – let's take my case. I have decided to work in a bar, but I do have my plans. When I receive my money at the end of the month, if I say I don't [want to] do sex work, I can do it again. If for sure you want to change. You may give someone money but she may use it and finish it. If there is someone who can listen and leave doing sex work, it is okay, she can change.

A few participants said that they simply didn't think such a program would change behavior at all. These participants generally said that instead, young women should be educated on the dangers of sex and that it was the responsibility of parents to raise their daughters correctly.

Sustainability and dependency

A handful of participants expressed concerns that a cash transfer program would not be sustainable or would encourage dependency by recipients. These statements often came from key informants, particularly government officials, NGO workers, and health care workers. One key informant, a District AIDS Coordinator, asked, "For how many years are you expecting to implement this program?" When the interviewer guessed perhaps five years, the respondent said, "This plan is not sustainable. It can't help these people, unless you can find an alternative means of giving people a sustainable income." An NGO worker echoed these sentiments, saying, "It will be a short-term help. It won't be continuous."

While most community members did not talk about the sustainability of the program, about a quarter of participants overall did suggest that it would be better to design the project to provide micro-credit loans or capital to invest in small businesses. These participants said that using the money to develop an income generating project would not only be a more sustainable way to achieve financial goals, but would also give young women something to do to keep busy so that they wouldn't be as tempted by men. As one NGO worker put it:

I would advise if there is a sum of money that was planned for girls who have hard times in life, that money should be used to start projects, and such works should be done by these girls to keep them busy, which will help them avoid just loitering around without work and engaging in unprotected sexual activities.

Distribution of funds

Participants were asked who should receive funds distributed through the programs: young women themselves, their parents or guardians, or someone else. About half of participants said the money should be given directly to the young women. Most justified this choice by saying that this way, the program would be sure that they money reached its intended audience. Others worried that if cash were given to parents, they might use it for their own household needs:

If you give it to parents, they may not give the money on time to their kids. They may use it to buy fertilizer, or pay for a hospital bill if her younger sister falls sick, and so on. So the money should be given to the girl.

Some suggested this would be the case particularly if money were given to children from poor families, as the parents have already demonstrated that they have “failed to give the basic needs to the girl.” Other participants suggested that fathers, in particular, might use the money on women and alcohol:

Parents in the villages here, if you give them money, you’ll find them in the local pubs getting high, getting what we call booze [...] so I think the child should be given [the money] herself.

While the most common feeling was that money should be given to young women themselves, about half of participants suggested that the money should be given to someone other than the girl. Many of these participants worried that young women would mismanage or misuse the money, spending it on luxuries rather than investing it in more useful activities, such as school fees or small business development. Of the participants who felt that money should not be given directly to young women, some suggested that the cash should go to the young women’s parents, as they could advise their daughters on how to make best use of the funds and distribute the money slowly over the course of the month. Others suggested that the cash should go to schoolmasters, who could apply it directly to school fees and expenses, and who might be more trustworthy than parents. For young women who were not in school, a couple of participants said that instead of headmasters, local government officials could be entrusted to receive and manage the funds on behalf of young women.

A few participants suggested that money be given to both parents and young women, or that the distribution should depend on the age of the girl, or whether she was still in school, as this respondent suggested: “You have to consider the age of the child. If she is very young, you give it to the parent to keep it for her, but if she is a bit older, you give it to her [...] a bit older” meaning] like 15 years.”

Suggested cash amounts

Many participants were hesitant to suggest a specific amount of money that would be appropriate to distribute per month, although with encouragement from interviewers, most finally did. Participants often said the amount of money would depend on the circumstances of particular groups of young women, including their ages, financial need, and whether they lived in urban or rural areas.

Most participants discussed monthly distribution amounts, as this is how the interviewers presented the hypothetical cash transfer program to them. Recommendations for an appropriate monthly amount ranged from Tsh 5,000 to Tsh 100,000, with the most common suggestions being Tsh 20,000 to 30,000 per month (approximately US \$13-20).

As discussed above, several participants said money should be paid in one lump sum, to be invested in a small business. These amounts ranged from Tsh 100,000-500,000 (approximately US \$65-320).

Target groups

Participants varied in their recommendations for who should be targeted with a cash transfer program. Many suggested that young women attending school would be the most appropriate recipients, while others said that orphans, young widows, or all young women would benefit from such a program.

Suggested target ages ranged from ten to 25. Several participants suggested that selection of participants should be based on financial need, with funds going to the poorest young women first.

A minority of participants worried that a cash transfer program could lead to jealousy within the community if some young women benefited while others did not. “Human beings will always complain,” said one plantation worker. While a few people suggested that for this reason, cash should be provided to all young women (and in a few cases, young men) in the program area, most participants did not seem to think that jealousy would be a major impediment to the program. “Honestly,” said one respondent, “the community will be touched knowing that girls are the ones who are given that money.”

Recommendations for program design

Participants provided a variety of recommendations for how to best administer a cash transfer program in Iringa. These included recommendations about working with local leaders, avoiding corruption, and including education as a significant component of the intervention.

First, several participants suggested that the local government and leaders should be involved in the management of the program. Several suggested that local officials could best identify potential recipients, as they were “in the neighborhood” and know their constituents. A health care worker argued this by saying that the program “could be made more effective if we collaborate with the village chairperson and executives to identify [the living situations of potential beneficiaries...] The village chairperson knows his or her people. It would be easy to work together with them.” A plantation worker added, “If you are not familiar with the place, you can’t just come and say that you need girls. You may not know where they all come from.”

Corruption and financial mismanagement of the program was a concern raised by several participants. One sex worker said:

I would also like to advise you that as you commence this project, you should know: are the targeted people of interest getting reached? [...] You might aim to help me out through someone, but that person may not carry out what you have asked. For example, you have asked that this young girl be given 5,000 shillings, right? But then she is given only 3,000 – the other 2,000 has been pocketed by a middle-man. I know Iringa is a large region, but I would like to insist that you keep records of the targeted people and their signatures to verify that the person who signed has really received [the money].

A recipient of gender-based violence services suggested that to avoid corruption, the program “should not channel the money through many people.” This respondent added, “I hear there is lots of aid money that comes here but does not reach the target people,” and suggested that churches should be involved in the distribution of funds, because “I really trust churches to do the right thing.”

Several participants said that in order for the program to be successful, young women should first be educated about HIV and why they were being provided with this money. “When you give aid like that,

you must tell this person the purpose of that aid,” said one plantation worker. Another plantation worker agreed, saying, “At the beginning of the program, you must educate them so that they understand what is taking place.” The importance of education was raised by many participants; some suggested education be provided to young women, parents, or communities alongside the cash transfer intervention, while a few others suggested that education on HIV risk was what young women in Iringa really need to prevent HIV acquisition and not cash.

Ultimately, most participants seemed to feel that the program could be successful with careful administration. As one respondent said, “In everything you do, you will have problems in the beginning, but after people know it, then it will be easy.”

Similar programs

Participants did not discuss any other cash transfer programs, either conditional or unconditional, in the region.

Interventions to expand economic opportunities

Focus groups were presented with several potential interventions to expand economic opportunity structures for young women, including vocational training and training in small business development. Participants also discussed training in general financial management skills and microfinance, specifically loans for initiating a small business.

Effectiveness

Participants in FGDs confirmed that transactional sex motivated by poverty and need for material goods was common among young women in Iringa. They explained that many young women have no way to earn money, so they rely on sexual relationships with older men to fulfill needs for materials such as toothbrushes and soap. Women talked about the perceived economic necessity of having a “*ndoo na kidumu*” (a big bucket and a gallon container for carrying water); if the bucket falls and the water spills, at least the gallon of water is still intact. In other words, a woman needs a main sexual partner to meet most of her material needs, as well as one or more additional partners to supplement those needs and provide a financial safety net.

All young women had positive general reactions to the idea of interventions to expand economic opportunities. They felt that if young women could be more financially self-reliant, they could reduce their dependence on transactional sex as a form of income, and that interventions to expand economic opportunities for young women would be effective in achieving these goals. As one woman put it,

Yes [it will change sexual behaviors], because what I think is that many young people get into having sex, maybe casual sex with many men or those who are older than us, because of income, she doesn't have income and now she looks for a way out, “Now, what should I do?” She decides to find maybe three men, thinking “This one will help me with this thing, that one with the other thing, and the third [with] another thing.” But now if you enable a girl to stand on her own feet independently, then you have helped her, and she won't fail to think, “Maybe now I can provide myself with

everything, maybe I'll buy myself a phone, if I need clothes, I will buy them for myself, I see there is no need to go with three men, or older men."

Participants said that many young women lack the business skills or financial capital to start a small business, and that interventions could help change this. They also said that training on financial literacy would help young women learn to save money rather than spend it on material desires. They also felt such interventions would teach self-reliance and that young women would gain satisfaction in knowing that they earned money themselves and purchased things on their own, rather than waiting to receive money from a man.

All groups repeatedly expressed the idea that employment or a small business would not only provide women with financial independence, but it would also keep them busy and provide them with something to think about other than men and sex. As one woman said,

I myself think it will help a lot, because there won't be any time that I would arrange to meet with Ali or Juma. All the time you will be thinking "this item of clothing needs to be finished at such-and-such a time," or "these bricks need to be delivered by such-and-such a time," and "I must arrive at that house at such-and-such a time." So it will help, so you are not just sitting thinking, "Will I see Ali at such-and-such time?" "Will I see Juma at such-and-such a time?" You see?

Finally, participants also stressed the benefits of being in a group with other young women. They said that young women would learn more about HIV/STI prevention and that group members would advise each other on how to avoid risky sexual behaviors. They said it would build group support and cooperation among young women, who could learn from each other as part of the intervention.

Regarding vocational training specifically, participants noted the difficulty of finding a job in Iringa. They said that many young women leave school early due to pregnancy or family issues, and vocational training could help these women find employment.

Suggested employment or small business opportunities

Participants were asked to list what types of vocations and opportunities for small business were available in their areas. There was no overlap in the three FGDs in types of vocations listed, suggesting a significant difference in opportunities across locations. In Iringa, participants listed teaching, nursing, entrepreneurship, tourism, cooking, law, secretarial services, and security services. In urban Mufindi, they listed plaiting hair, teaching preschool, and making pottery. In rural Mufindi (plantation areas), they listed selling flour, corn, or vegetables; picking tea; and subsistence farming.

Barriers to employment

Participants were also asked to describe barriers to obtaining employment in their areas. One barrier was lack of sufficient education for certain jobs, such as medicine and teaching. In a rural area, participants stated that a major barrier to obtaining higher levels of education were the long hours that many individuals were required to spend working in farms or picking tea. Another barrier was lack of job

opportunities even for those with higher educations; for example, participants said that Iringa's universities conferred many law degrees, but there were few legal jobs.

Gender discrimination was also a barrier. Community attitudes favored men for certain jobs, such as carpentry, driving, and construction, while other jobs were considered more appropriate for women, such as sewing. One young woman explained, "Since I was born, I have never seen a woman building a house, or carving a bed frame. So it builds ideas that this work is men's work."

Barriers to starting a small business

Participants were also asked to describe barriers to starting small businesses. One barrier listed was lack of education on how to run a business. A second barrier was monetary; young women said they lacked the capital to start a small business, even if they had an idea or skills. Furthermore, especially in rural areas, there was a lack of cash flow to support businesses. In rural Mufindi, participants explained, everyone buys on credit; businesspeople do not get money, and the people themselves are always in debt, so no one thrives. The third barrier was psychosocial. Some women felt fear, lack of support from others, lack of self-confidence, and lack of self-efficacy, which hindered them from pursuing small businesses. One woman explained:

In your business, you have to believe in yourself [...] You have to be motivated. You have to think, "Me, I will become like that person I saw. At first, she was selling sugarcane or mangoes, then later I saw she had a shop" [...] I'll think, "I used to see her selling mangoes, and now she has become like *this*?" [...] And I will be motivated, I will say, "Oh, wow, if you work like this, and believe in yourself, later you will become someone."

Recommendations for program design

Participants provided several recommendations for administration of a program to provide vocational training or small business development skills.

For vocational training, participants suggested that a program should include a component where members teach/counsel others about staying in school, or recruiting them to the program. They also stressed the importance of having good, committed teachers and providing not only theoretical training, but hands-on and experiential opportunities. Finally, to keep the program organized, participants also suggested having a secretary who could keep track of the members and their financial activities.

Business-related suggestions included providing start-up funds for small businesses and ensure women learn skills or make products with existing markets.

Suggested improvements followed three themes: loans, markets, and membership. Across all FGDs, participants felt like such a program must provide loans, and not simply training. They also asked that the interest rates not be too high, which could be discouraging to women. Women expressed concerns with limited markets, especially in small, rural areas. Thus, they suggested that the program should help women identify appropriate markets for their goods or skills. Women worried that small businesses may not thrive in rural areas where there may not be customers and cash flow, and where there may be too

much competition for a single product. Regarding membership, young women asked that many people be trained—not just a select few—and expressed desire for more training colleges to be opened.

Willingness to participate

Participants said that young women would be willing participants in interventions to expand economic opportunities. Young women described job skills and financial literacy as felt needs in their lives. They said that many young women wanted to pull themselves out of poverty, but did not know how to do so. Others had ideas for small businesses, but do not know where or how to get the necessary training. Still others knew where to go for training, but could not pay tuition or fees. They felt that a program that expanded the economic opportunities available to them would help to address these needs.

Perceived community reactions

Young women felt that the community would have positive reactions to interventions to expand economic opportunities for several reasons. They thought that community elders and parents would appreciate that young women were employed rather than spending idle time engaging in sexual risk behaviors. They also felt that such interventions would reduce financial burden on families as young women become increasingly able to take care of themselves (and their children, when relevant). However, participants stressed that community leaders and parents should be informed of the group’s purpose and value prior to initiating the intervention to ensure acceptance of it and respect for the members.

Participants also stressed that such interventions would ultimately benefit the whole community. One participant explained:

The way I understand it is that the whole community likes development, and there is not a person who doesn’t like development. So a community is affected by this. For example, I, as a youth, join a trade that most of the time benefits me myself, but also I feel it will help not just me. It will help the community too, because if I am taught to make baskets, I can go home and start to teach my younger siblings [...] You can’t say that those younger children are not the community of tomorrow. In the future they will be the important people who do things even bigger than you did.

Similar programs

One participant from Iringa had heard of a non-gender specific program for youth focused on entrepreneurship. This program taught youth how to make powdered soap and candles and also provided education about gender-based violence, family planning, and HIV. Participants from Mufindi had not heard of any similar program.

Interventions to address unequal gender norms

General reactions

Participants were asked about an intervention that would bring young women together to discuss topics such as relationships and the challenges that they faced as young women in their lives and how to overcome these challenges. Participants generally had positive reactions to the idea of an intervention

to address unequal gender norms, saying it would boost self-esteem and psychological health and help young women confront life's challenges. They liked the idea of giving young women a place to ask questions about life, sex, pregnancy, and other sensitive topics that they may not feel comfortable discussing elsewhere. They felt that the program could also provide a forum where more experienced young women can talk with younger ones about their experiences and encourage them to make good life decisions.

Effectiveness

Two ideas emerged about whether or not a gender norms intervention would be successful. All young women in the focus groups thought it would be effective, in particular that it would help stop the spread of HIV by reducing the frequency of sex and number of partners and by providing a safe space for questions and exchange of ideas and advice. Specifically, participants said that a gender norms intervention would reduce sexual risk behavior among young women by educating them about HIV risk and by keeping them occupied and reducing idle time when they might engage in sexual activity.

Suggested topics

Young women suggested that a gender norms intervention should cover four key topic areas: 1) HIV – including HIV prevention and living with HIV; 2) Pregnancy – including unintended pregnancies and reducing sexual partners; 3) Financial issues – including financial management, getting out of poverty, becoming financially self-reliant; and 4) Dealing with life's problems in general – including communication and problem-solving skills.

Recommendations for program design

Young women had many suggestions for designing a gender norms intervention. Administratively, they suggested creating a group constitution and bylaws, as well as a way for members to select activities and educational topics. Regarding membership, participants suggested restricting the groups to young women only, so that they feel able to talk freely, but mixing HIV-positive and HIV-negative members so as not to stigmatize people living with HIV. Regarding activities, they suggested inviting guest speakers to teach about different topics. They also suggested including activities such as basketball or other physical activities or reading groups, in addition to group discussion. Physical activity was presented as a way to reduce sexual desire, thus reducing frequency of sex. They suggested providing financial aid for members with the greatest need and having members serve as ambassadors or peer educators to share what they learned in the community

Willingness to participate

Female participants felt that young women like them would be willing to participate in a gender norms intervention, as the idea of forming groups in the community is normal and expected. However, they did identify some caveats. First, they said that young women would need to hear about the benefits, the topics, and what education will be given before being willing to join. They said that some young women who were more reluctant would need additional or different motivations to join, although they did not explain what these additional motivations would be. They said that young women would join if the group included fun and interesting activities, such as sports or games, but that education alone would be too boring. Finally, they noted that the community will watch the members, and if they do not

“practice what they preach,” the group will gain a bad reputation and others will be discouraged from joining. Examples of “bad” behavior were wearing immodest, revealing clothing and have multiple sexual partners.

Perceived community reactions

Young women felt that others in the community, such as parents, elders, and community leaders, would feel positively about a gender norms intervention for two reasons. First, they said that parents would be happy knowing that their daughters were occupied with positive activities rather than spending their time aimlessly wandering the neighborhood and having sex. Second, they said that elders and parents recognized the importance of education and its positive impact on the community.

They cautioned, however, that the presence, function, and purpose of the group must be well explained to the village leaders first, who could then communicate this message to parents. They said that if parents were to hear about the intervention initially from their daughters, they could become suspicious and unsupportive.

Similar programs

Participants from Iringa listed a few similar programs. For example, some young women from an HIV clinic formed their own group and were looking for sponsors. Iringa participants named a program that operated in Mufindi and Makete Districts called *Dada wa Leo* (Young Women of Today) and *Kaka wa Leo* (Young Men of Today). This intervention included both young men and women ages 10-24, but separated activities by gender, and included both recreational and a variety of educational topics including gender discrimination, rights, HIV testing, and HIV treatment. For young women, they concentrated more on teenage mothers; for young men, they oriented more toward sports activities. Young women from both rural and urban Mufindi District had never heard of similar programs.

Financial support for secondary school education

This intervention idea was presented to participants as a program to pay school fees for secondary school-age young women, but there was additional discussion about secondary school educational support for adults who, for various reasons, may have left school as teenagers.

General reactions

Participants had mixed reactions to the idea of paying school fees to keep young women in school. On the one hand, some participants thought it was a good idea. They said that there were some young women who had trouble paying fees, but had the desire to stay in school and work hard:

Many girls face issues with school fees, so you can find that a person who was wanting to go to school, but just because of economic issues, they [finances] were low at home, she had to leave school. And now in that case she has dropped out of school because she was relying on school, she does not know where to go, so she will have to just spend her time in the neighborhood. But we, if you give out assistance, if you pay for that girl, she will study hard, because she knows she is being helped. I have faith that she will

study with all her effort and she will arrive at that place, she will achieve her goals which she planned for herself.

On the other hand, participants argued that lack of money was not the only reason young women left school, so money alone would not solve the problem. Instead, they recommended targeting young women high motivation and ability, who realize the importance of education, and who will most likely succeed if provided with the monetary assistance. Participants discussed several reasons why adolescent girls leave school early, including lack of financial ability to pay, family pressures to work to earn money, pregnancy, competing priorities (such as friends, boyfriends, and work), and families who place little value in education. They noted that only some of these would be changed by a program to pay for school fees.

Effectiveness

There were also mixed views about the effectiveness of this intervention. On the positive side, participants in rural Mufindi felt it would be effective. “If a girl is saved, the whole community is saved,” said one young woman.

Young women from urban Mufindi, however, had some reservations, saying such a program would only help a select few young women. “For 95% it will not help; for the remaining 5% it will help,” said two participants. They cautioned that it would be necessary to target the right young women—the ones with motivation and determination. One participant cautioned that some young women would drop out anyway, even if fees were paid:

It cannot help. I mean, you can give fees to one girl, but she does not have a studying spirit, I mean she has no desire. She doesn't like to study [...] I mean, whether you give her the fees or not, she'll drop out.

Similarly, participants felt that such a program would help some young women change their sexual behaviors, but not all. For orphans who would be kicked out of school for failure to pay and “end up just in the bar,” it would help. For those who have strong educational goals, it would help. Likewise, it would help those who get their money for books and fees through transactional sex with older men (“*fataki*”).

Me, I think it will help reduce sex for girls because, well, that period of time the girl was using to go after money for notebooks, maybe to be tricked out there by sugar daddies, finding money for notebooks so she sleeps with him [...] because that time spend on money for notebooks, it will be that her notebooks are paid for, she will have them already, so it will reduce it [sex] by a large amount, yes.

On the other hand, some felt such an intervention would not be likely to change sexual behaviors. As with cash transfers, these participants argued that whether or not school fees are paid, some young women will study and others will not. “It depends on the child's habits,” one explained, saying that some young women just like sex.

Recommendations for program design

Youth presented suggestions for how to design an intervention to finance education. First, they said that program recipients should be chosen very carefully. There was lively discussion about who exactly would be in the best position to choose the students, and how exactly they should be chosen. Participants suggested that headmasters, teachers, parents, and community members or leaders should be involved in choosing students for the program. For example, one participant argued that teachers know the students best, saying:

I think if you visit the schools, the teachers themselves are knowing the students well, their characters and their [economic, social] situations.

Some fellow FGD participants agreed, while others wondered whether teachers would show favoritism or nepotism. Some argued that financial need could only be identified by visiting the household, and that parents would be best able to identify potential program recipients. Yet others felt that parents could not give an honest assessment, but neighbors could. In any case, participants urged that students needed to be chosen carefully, and target students who not have only financial need, but also the motivation to study hard and the desire to stay in school.

Another idea was to create detailed expectations for program recipients, including that they are disciplined about studying and that they not display “bad behaviors.” Participants felt that students should be trustworthy and have intrinsic motivations to study. Participants recommended selecting young women with good character (*tabia* in Kiswahili, meaning individual behavior, character, personality, or habits).

Finally, participants felt that a program that provides financial support for education should ideally continue to support students through a university degree or their highest desired education, and that long-term academic potential and character should be considered when selecting women for the program. Supporting young women with aspirations of post-secondary education would help them maximize their potential as contributing members of the community and future role models to other young women.

Additional components

Participants were asked what additional components in addition would be helpful to a school fees program. One suggestion was to also provide school supplies, such as notebooks, pens, and pencils. Another was to provide additional cash for personal necessities. As one young woman explained,

You know girls, we have different needs from the boys, you see? There are this personal needs and things, you can see that a girl, maybe, doesn't have oil, doesn't have lotion, you see, eh? So things like this are necessary also to empower us so that she feels that the program has decided to help me, and it will help me with everything, so I will do my best so that later I am able to fulfill the promise which I made to the program.

However, participants suggested that young women should be given “not too much, or she will spend it recklessly on luxuries.” One young woman suggested Tsh 30,000 per month (approximately US \$20), as

that was how much she needed while she was in school. Another explained how this would reduce sexual activity:

She should be given [a little money] for her little needs, so that she isn't itching for those desires from outside [school], because if she has fees paid [only...] straight away, she has nothing for her other needs, so she looks for any way to fulfill her needs, and then she comes to get pregnant when she hasn't finished school.

Finally, participants suggested that a program could provide employment after graduation. As one said, "What good is school if there is no job later?"

Inclusion of adults returning to school

Another question in the FGDs asked whether such a program should also provide secondary school education for adults or adolescents who dropped out of school due to pregnancy. This idea was received positively in all groups of young women. They felt that some young women had difficult life circumstances, bad luck, or mistakes that led to them dropping out, and returning later would help advance their own educations and develop the community as a whole. The idea of having a separate educational structure for older students was generally well received. As one explained:

This is what I think. For example, they got pregnant or are adults that have left school, and then now they have returned to school again. As they continue, they will be different from they who are there in their childhoods. It's different for those who have [...] already learned the hardships of life.

Perceived community reactions

Participants felt that the community would generally be pleased with a program that provides financial support for education. On the positive side, young women felt such a program would be good for orphans and for parents who want to send their children to school, but cannot due to poverty. They felt that community members would appreciate the desire to bring development to the community. However, there was some concern that certain parents would not like the program, specifically ones who "do not know the importance of education." There was also concern about jealousy by families who were not selected for participation in the program.

Similar programs

In Iringa, participants had not heard of any similar programs. In urban Mufindi, participants named two programs: FAWE, which helps orphans pay for secondary school; and UMELE Group, which helps with primary and secondary school fees, uniforms, soap, and other small necessities. In rural Mufindi, participants had heard of school assistance for orphans, but did not name any specific program.

DISCUSSION

Overall, most participants felt that structural interventions for young women in Iringa would help to address transactional sex that results from poverty, and ultimately reduce HIV, STIs, and unintended pregnancies. However, there was also no clear consensus on which type of structural intervention would be the most effective way to reduce HIV risk for young women in Iringa. Scientific literature has also not come to a clear consensus, as comparisons of different types of structural interventions for young women have not shown substantial differences in effectiveness across program designs, such as conditional versus unconditional cash transfers, or across different types of income generation interventions (Dworkin & Blankenship, 2009; Kennedy et al., 2012; Pettifor et al., 2012).

Across discussions of potential intervention types, participants noted that the relationship between poverty and transactional sex was a significant problem in Iringa, and that economic interventions might reduce this risk. However, they also noted the social benefits of participating in a group intervention. Many participants said that young women in Iringa lacked activities to keep them busy and that an intervention would keep them occupied and limit their opportunities to meet men. They also suggested that the group could reinforce positive social norms among participants and that members could educate and reinforce positive behaviors in each other.

Participants did raise a number of potential concerns with the management of any structural interventions program, including that it would lead to jealousy, that it would be unsustainable or lead to dependency, or that corrupt leaders or irresponsible parents would divert the money for their own needs and prevent it from reaching its intended recipients. They also suggested the need to carefully select participants, particularly for a program covering school fees.

These findings have several implications for the design of a structural intervention program in Iringa: **(1) programs should consider working through local authorities and educating both communities and recipients about the purpose of the intervention.** Transparency in program administration should help to prevent both fraud and jealousy among community members; **(2) programs should carefully consider their target groups and selection process.** Thinking through the specific needs of a population and the ways in which young women will be selected for participation will help to reduce jealousy and maximize chances for success.

Multiple small business and group micro-credit lending programs already exist in Iringa. Finca, BRAC, Faidika, and National Microfinance Bank all provide micro-loans. There are also schemes called SACCOS, where participants invest money and, after a few months, are able to borrow several times the initial investment. There are also schemes called “mikopo,” where groups of participants each invest a small amount of money monthly and rotate who receives a lump sum in particular intervals. Of these various programs, some are targeted to certain groups, such as women or people living with HIV, while others are available to the broader population. Evidence from other settings suggests that microfinance programs are generally most successful in supporting previously established businesses, however small, so older women are more likely to be targeted in schemes like Mikopo than are younger women (Dworkin & Blankenship, 2009). In South Africa, the IMAGE microfinance and gender equity project

found only limited positive effects on sexual behavior among participants under age 35, while in Zimbabwe, the SHAZ! study provided anecdotal reports that certain small business activities might threaten adolescent girls' personal safety through harassment by men and police while transporting goods to market and the potential of theft due to the lack of safe places to store money (Dunbar et al, 2010; Pronyk et al., 2008). While these concerns have not been sufficiently substantiated to prevent microcredit interventions among young women, they do raise issues that should be considered in selection and design of microfinance programs for young women.

Participants also described several existing structural interventions. In Iringa town, participants mentioned an entrepreneurship program which taught youth about soap and candle-making as well as health topics such as gender-based violence, family planning, and HIV. Also in Iringa town, participants talked about a program operating in Mufindi and Makete Districts called *Dada wa Leo* (Young Women of Today) and *Kaka wa Leo* (Young Men of Today), which focused on recreational and education activities for young women (particularly teenage mothers) and young men. In Mufindi, participants discussed programs which pay for school fees and other small necessities for orphans and other underprivileged youth. Finally, one participant mentioned VETA, a vocational training college. Future interventions in Iringa should seek to build off of the lessons learned from these existing programs.

Strengths and limitations

Findings from this study should be considered in light of its limitations. Interviews were designed to cover a wide variety of topics related to HIV prevention, of which a hypothetical cash transfer intervention was only one. Most participants talked for no more than five minutes about their perspectives on a cash transfer program. However, in other sections of the interviews, the themes of poverty and transactional sex as contributing factors to HIV in Iringa were raised multiple times. Focus groups similarly covered a wide range of structural interventions, and thus time spent considering any one intervention was limited. While we received feedback from a wide range of participants on an hypothetical cash transfer intervention, we only discussed the other intervention types with youth. Strengths of this study include the large number and diversity of participants who gave opinions on a cash transfer program, including both key informants who might be responsible for implementing or monitoring such a program as well as community members and potential program recipients of various types. To our knowledge, this is the first study to conduct formative research on cash transfer programs for HIV prevention.

Conclusions

In sum, a structural intervention to reduce HIV risk associated with transactional sex due to poverty seems to be an important component in a combination HIV prevention strategy for the region. Cash transfer programs, microfinance, and income generation interventions have been shown to hold promise for HIV prevention in other settings in sub-Saharan Africa and globally (Kennedy et al., 2012; Pettifor et al., 2012). Our diverse group of participants from Iringa held a variety of opinions about the pros and cons of different structural intervention approaches and how, exactly, such a program should be implemented. But overall, there was a general consensus that structural interventions could benefit young women of Iringa.

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