Evidence on the Impact of Financial Literacy and Reproductive Health Education for Adolescent Girls – A randomized control trial from Tajikistan

Rigorous research is gaining importance in international development work. Due to decreasing funding for foreign assistance and the Paris Declaration on Aid Effectiveness, organizations rightly invest more in their M&E and research work to demonstrate the impact of their programmes. Although the need for social and financial education for adolescent girls is generally recognized, there has been debate regarding the effectiveness of such programmes. A recent realist review shows that financial education to adolescent girls is effective, especially when combined with social education or sexual and reproductive health components.

In Tajikistan, girls and women are generally disadvantaged, both socially and financially. Mercy Corps and Aflatoun, with funding from the Nike Foundation, therefore developed an educational curriculum for adolescent girls (aged 14-18) in the Tajikistan context that combines financial literacy and child rights education topics with content on sexual and reproductive health, HIV/AIDS and family planning. It's a school-based intervention that targeted 2,030 girls in two regions and in 30 schools in Tajikistan. In the same regions, 2,280 girls from 30 schools were included in a control group. The purpose of this study is to evaluate the impact of the programme with a cluster randomized control trial. Randomized control trials are most the appropriate method to examine whether a programme is successful because it removes the chance that findings are caused by anything other than the programme.

Why is the focus on adolescent girls in Tajikistan? Girls and women in Tajikistan are generally disadvantaged compared to their male counterparts. Nearly twice as many men earn wages as compared to women, primarily because of women's lower levels of education, training and work experience, as well as cultural barriers that limit professional opportunities available to them. In addition, there is an increase in rates of early marriages in Tajikistan. One-third of the women officially marry before the age of 18 and girls marry at an increasingly younger age and often against their will. Unregistered marriages which have been on the rise and may constitute 50% of all marriages – are not even taken into account here. Early marriage is generally associated with health risks for adolescent girls. Gender relations are impaired even more by the fact that roughly one quarter of the male population from Tajikistan works in Russia. They travel back and forth and are a source of HIV infection and other STDs because of their contact with sex workers in Russia. These developments indicate the urgency of an increase in employability of women to create a boost in Tajikistan's economic productivity. Additionally, they indicate the urgency for more positive attitudes, self-efficacy and competencies to manage their financial behavior.

Financial education provides adolescent girls with the possibility of creating financial opportunities for themselves, as well as maximizing their resources and creating a better life. Sexual and reproductive health and rights education makes girls aware of the physical risks and poorer outcomes associated with early marriage and childbirth, and increases knowledge about family planning. Teenage girls are often unaware of the dangers and risks to their reproductive health and life, including STDs and HIV, thus limiting the choices that they have to actively make positive decisions. The combination

of financial and SRHR education is expected to ultimately lead to better, safer, and healthier lives of women and girls in Tajikistan.

To measure the impact of the intervention, a randomized control trial was conducted. The study used an interviewer–administered survey, which provides information on age, the highest grade completed, language and ethnicity, education and occupation of parents, and household economic status. Information on perceived agency, attitudes towards savings, gender norms, reproductive health and family planning, HIV knowledge and attitudes, and social networks were collected. Data were collected in 60 schools, before and after the intervention, in control (n=576) and treatment (n=693) groups. The data were analyzed using multilevel mixed-effects models to account for clustering of subjects within schools.

The results show positive effects on girls' internal locus of control (the "powerful others" subscale), indicating that girls in the treatment group felt more in control over their own lives, compared to girls in the control group. We also found positive intervention effects on gender attitudes and girls' confidence in the future. Girls' knowledge related to pregnancy, although not affected by intervention, was positively associated with their education level. We found positive effects on girls' knowledge on HIV/AIDS and STDs. The results show positive effects of intervention on the frequency of saving: the girls in the intervention group reported savings more frequently than other girls. No effects were found for other scales that measure self-esteem, self-efficacy, independence and leadership, and self-reported social participation. In addition, no effects were found on self-projected length of schooling, self-projected age for marriage, self-projected age for

having first child, and the ideal age for finishing school, getting married and having a baby.