

**What role can economic empowerment strategies play in reducing HIV risk
and vulnerability among girls and young women?**

A Briefing Note for Global Technical Meeting
“Emerging Insights on Economic Empowerment and HIV Interventions for Girls
and Young Women”

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Introduction

As HIV prevalence continues to rise globally among girls and young women¹, the need to develop effective prevention and mitigation strategies for this population is urgent. HIV prevention strategies have historically focused on individual behavior change and have produced limited success in reducing HIV risk among some vulnerable populations, including girls and young women. There is growing interest in HIV programming that encompasses a broader scope for intervention by addressing girls' and young women's underlying social and economic vulnerabilities in the context of HIV and AIDS (Gupta et al. 2008; Kippax 2008; Sumartojo et al. 2000). The literature strongly suggests that economic factors, either at the household or individual level, contribute to girls' and young women's HIV risk and vulnerability² (Hallman 2005; Turmen 2003; Weissman et al. 2006). And emerging evidence suggests that economic strategies may contribute to some improvements in social, economic, and health outcomes among women (Dworkin and Blankenship 2009).

Economic empowerment strategies are increasingly being incorporated into HIV and AIDS programming targeting girls and young women, as well as orphans and vulnerable children. However, these efforts have tended to be small in scale and their outcomes, if assessed, uneven (Glennister and Takavarasha 2010).

In order to move the field forward, more analysis is needed on the relationship between economic vulnerability and HIV risk and vulnerability, and on the role that economic strategies may play as part of the solution to HIV prevention and mitigation. This paper addresses three key questions:

- 1) Why focus on girls? Why are girls and young women particularly vulnerable to HIV? How does economic vulnerability intersect with gender inequality to exacerbate HIV risk and vulnerability?
- 2) What is economic empowerment? Through what pathways might economic empowerment contribute to HIV risk reduction among girls and young women?
- 3) To what extent are girls currently being reached by combined economic empowerment and HIV programs?

By laying out what is known and where there are gaps in our understanding of theoretical and programmatic linkages between economic empowerment and HIV outcomes for girls and young women, we hope to establish suggested areas

¹ For the purposes of this paper, we refer to females ages 10-19 as girls and to those ages 20-24 as young women.

² We use the UNAIDS definitions for HIV risk the likelihood that an individual will be exposure to HIV in any given encounter; and HIV vulnerability refers to the extent to which the risk of transmission is affected by factors in the broader social and/or physical environment, which may be beyond the control of any individuals involved.

for investment in research, programs, and evaluation for this age group.

For this paper we draw on the published and grey literature related to HIV and girls and young women, and economic empowerment programs among adult and younger women and girls.

Why focus on girls?

Girls and young women are disproportionately affected by HIV/AIDS.

Women and young people are bearing the burden of the global AIDS epidemic. Globally, over half of all HIV infections are among women (UNAIDS 2009), and the World Health Organization has found that HIV/AIDS is the leading cause of death for women of reproductive age (World Health Organization 2009). Young people ages 15 to 24 account for almost one out of every two new HIV infections worldwide, and the infection rates for young women are higher than that of young men: 0.6 percent versus for young women versus 0.4 percent for young men (UNAIDS 2008). Girls and young women are among the most vulnerable populations worldwide, particularly in Southern Africa. Although there are regional variations in HIV incidence and prevalence, the growing impact of the AIDS epidemic on girls and young women is clear (UNAIDS 2009).

In Sub-Saharan Africa, women account for nearly 60 percent of those living with HIV, and young women are at particularly high risk. Gouws and others (2008) found that the prevalence of HIV increases after the age of 15 years more rapidly among women than among men, peaking among women in their twenties and men in their thirties. Studies performed in Kenya, Tanzania, Central African Republic, Cameroon, and Swaziland show young women aged 15-24 years are 3-5 times more likely to be HIV positive than their male peers (Gouws et al. 2008; UNAIDS 2009).

In Latin America, the HIV epidemic is primarily concentrated among high-risk populations, and HIV prevalence is higher among men than women (UNAIDS 2009). However, the burden of disease for women appears to be growing in several Central American countries and among some indigenous populations (UNAIDS 2009). Girls are at disproportionately higher risk of transmission as compared to boys in several countries. In Honduras in 2004, the prevalence in young people was 2.0 percent in women and 1.7 percent in men, and in Argentina new infections since 2004 have increased among young women in the 15-24 age group (UNFPA 2004).

The Caribbean has a mix of concentrated and generalized epidemics, and young women are more affected at the population level by HIV/AIDS. Women account for about half of all infections in the Caribbean, and young women are particularly vulnerable (UNAIDS 2009). Caribbean countries have primarily young

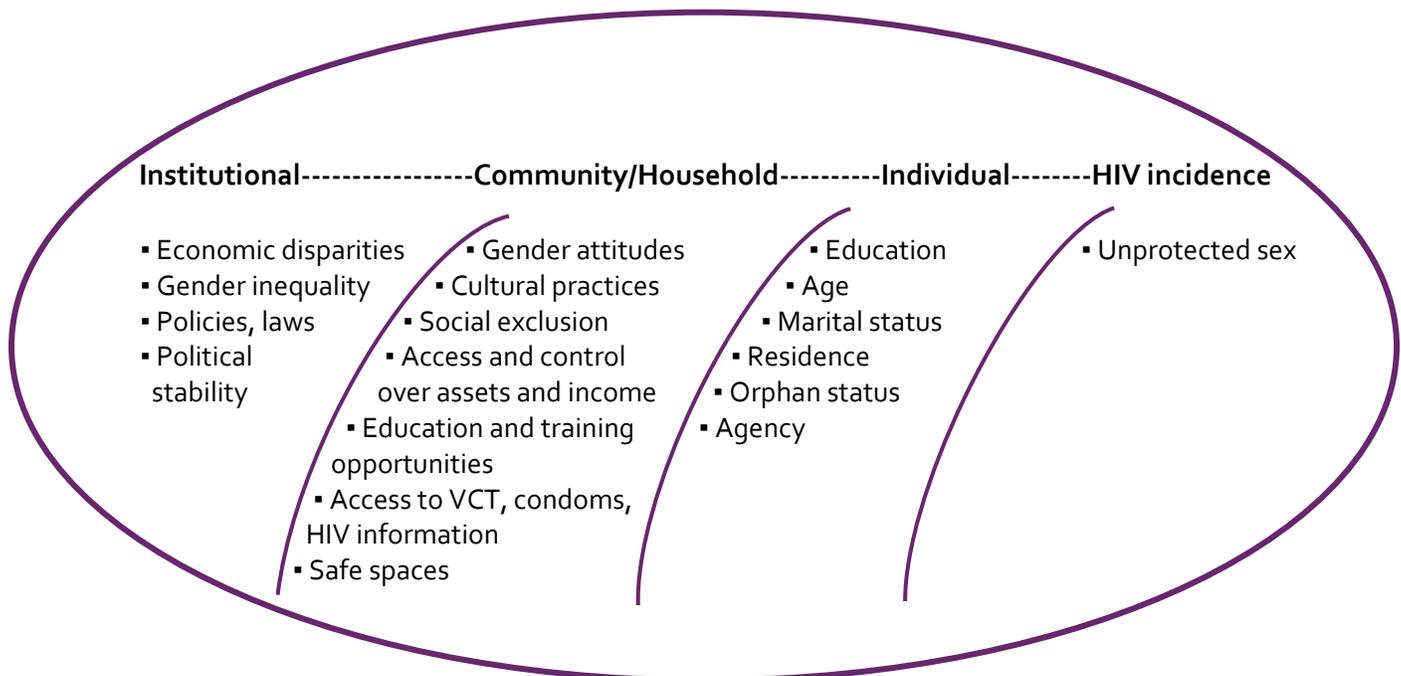
populations and heterosexual transmission is the main mode of HIV infection. In Haiti, 1.4 percent of women aged 15-24 are infected with HIV, compared to 0.6 percent of males (UNAIDS 2008). In Trinidad and Tobago, the ratio of HIV in adolescent girls and young women, aged 15-19, was 1.0 to 0.3 (UNAIDS 2009).

In Asia and South East Asia, the epidemic has been concentrated in high-risk groups, but it is now expanding to the general population through sexual transmission (UNAIDS 2009). The proportion of women living with HIV in the region rose from 19 percent in 2000 to 35 percent in 2008. In India, women accounted for an estimated 39 percent of prevalence in 2007 (UNAIDS 2009). While there is less age and sex-disaggregated data available, the epidemic has been growing among young people in many countries: in Malaysia and India, the number of 15 to 24 year olds with HIV is growing and is expected to increase until 2025 (aids2031 2009). Girls in high-risk populations are at acutely high risk for HIV. For example, in a study among women and girls who were trafficked for sex work from Nepal to India, more than 60 percent of the girls who had been forced into sex work before the age of 15 were HIV positive (compared to 38 percent of adult women in the same study) (Silverman et al. 2007).

Girls “stand at the interface of gender and generation” (Mabala 2006)

There are many factors that shape HIV risk and vulnerability for girls and young women, including biological, social, and economic factors. Figure 1 describes pathways through which multi-level economic, social, environmental, and individual factors can affect girls' and young women's HIV risk.

Figure 1. Multi-level determinants of HIV risk and vulnerabilities for girls



Adapted from Loevinsohn and Gillespie 2003

This framework shows overarching macro factors that influence the lives of girls and have presented challenges for some economic empowerment interventions that aim to address a set of complex issues. The intermediate factors at the level of community and household, such as gender attitudes, and access to educational and economic opportunities, influence the level of risk and vulnerability for girls in terms of the options and opportunities and the freedom of choice that girls enjoy. Specific demographic characteristics such as age, education, marital status and agency, determine, in part, access to information, social networks, and educational and economic opportunities.

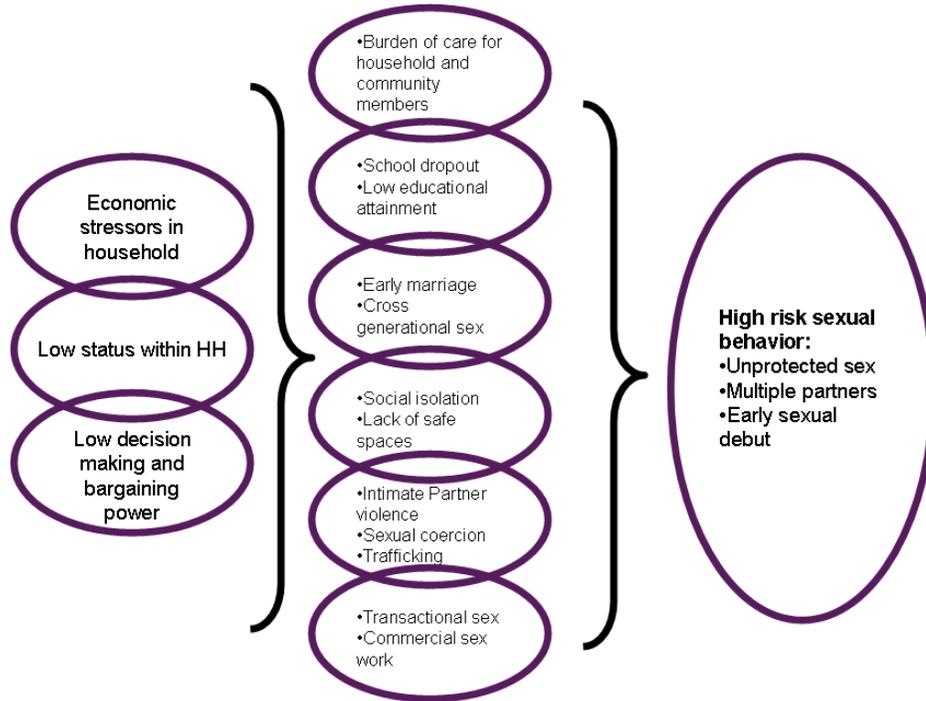
It is also important to remember that young women and girls are not a homogenous category (Urdang 2007). There is great demographic diversity among girls in terms of age, marital status, and schooling. Girls' roles in their households and in their communities varies greatly, as do the social, economic, political, legal and environmental contexts that they live in.

How does economic vulnerability intersect with gender inequality to exacerbate HIV risk and vulnerability?

Figure 2 illustrates some of the pathways through which economic stressors, combined with gender and generational disparities at the household level, can contribute to increased vulnerability to HIV/AIDS among girls and young women. The circles in this illustration are interlinked, representing the fact that many of

these intermediate factors are overlapping and can influence one another. Each of these examples illustrates how gender, age, and economic vulnerability interact to make girls particularly vulnerable to HIV infection. These intermediate factors are described briefly below.

Figure 2. Potential causal pathways for girls related to economic, gender, and generational disparities



Responsibility for caring for household and community members: In places where health care systems are too weak to support HIV care and treatment programs, households must rely on home-based care. Within this “care economy,” women and children provide the overwhelming burden (Urdang 2007). While caring for others, young women and girls are often required to reduce their time spent in school and earning incomes, leaving them with fewer educational and economic resources (Opiyo, Yamano, and Jayne 2008). In countries with high HIV prevalence, girls are twice as likely then boys to be taken out of school to take care of sick relatives (Urdang 2007). Brown et al. (2008) found that among youth ages 12-24 years who are heading households in Rwanda, females have higher levels of depression and experience greater maltreatment (e.g., sexual abuse, exploitation, and theft) than males. Fleischman (2007) documents the pervasive experience of sexual abuse among girls in Zambia, including incidents of abuse among female orphans by their male guardians.

School drop-out: Dropping out of school has serious implications for girls’ well-being: girls who have less education are more likely to marry at a younger age, have more children (with fewer resources to care for these children), and have

fewer opportunities to participate in the labor market and formal paid employment – all of which can lead to vulnerability to HIV as well as other negative development outcomes. Research has shown that primary education increases girls and women’s ability to discuss HIV with a partner, ask for condom use, or negotiate sex with a partner. Girls with a secondary education are more likely to understand the costs of risky behavior and even know effective refusal tactics in different sexual situations (Grown, Gupta, and Pande 2005). School can also be an important venue for learning about HIV and how to prevent transmission. Several studies indicate that girls have more limited knowledge about HIV transmission and how to protect themselves against HIV infection than boys of the same age (Levine et al. 2008).

Early marriage: Although early marriage is on the decline globally, this phenomenon is not uncommon in South Asia and Sub-Saharan Africa and some areas of Latin American and the Caribbean, and in the Middle East (Mathur, Greene, and Malhotra 2003). Research indicates that young women most at risk for early marriage are from poorer, rural households and have less education (Mathur, Greene, and Malhotra 2003). Early marriage and pregnancy tend to follow school drop-out (Lloyd 2009). The practice of early marriage is reinforced by both economic pressure in households with few resources and by the traditional norm of marrying girls at a young age. Young married women are responsible for much of the household work and typically have little decision making authority, including decisions about the conditions of sexual relationships with their husbands (Mathur, Greene, and Malhotra 2003). Early marriage increases the risk of exposure to HIV because older husbands are more likely to have had more sexual partners. Clark (Clark 2004) found in two high HIV prevalence sites in Zambia and Kenya, married girls’ husbands were twice as likely to be HIV-positive than the partners of their unmarried sexually active cohorts.

Social isolation: Friendship networks and social support in the community have been associated with some HIV risk behaviors. Living in a “non-cohesive” society or having weak social networks is associated with earlier sexual initiation and higher likelihood of having non-consensual sex for boys and girls (Bruce and Hallman 2008). Girls are less likely to have strong social networks than boys, and girls of lower economic status are reported to have less access to social networks than girls from higher socioeconomic status. In a study in South Africa, girls consistently reported fewer friends than boys across socioeconomic levels, and girls in wealthier households reported more social connections than girls residing in poor households (Mathur, Greene, and Malhotra 2003). Two studies in Ethiopia showed that girls had fewer friendships and fewer safety nets than boys. For girls in all income categories, having weak social networks increased the likelihood that they had experienced sexual coercion (Mathur, Greene, and Malhotra 2003).

Violence: Physical and sexual violence against women and girls has been

identified in the literature as both a risk factor for HIV infection and a consequence of HIV status (Jewkes, Levin, and Penn-Kekana 2003; Maman et al. 2000). Results from the World Health Organization Multi-country Survey on Women's Health and Domestic Violence revealed that as many as half of the married or partnered young women aged 15-19 in the countries surveyed experienced physical or sexual violence by an intimate partner (Garcia-Moreno et al. 2006). Young women with violent partners are less likely to be able to control the timing of sex or the use of condoms. Moreover, young men who perpetrate violence against women have been found to engage in more HIV risk behavior than their cohorts who do not perpetrate violence against women (Dunkle et al. 2006). In a study in South Africa, being poorer was significantly associated with greater changes of having been physically forced to have sex – underscoring the multi-layered vulnerabilities that poor young women face (Hallman 2005).

As many as 1 in 4 girls and young women have been sexually abused by someone, usually a family member or acquaintance. Analysis of survey data in South Africa found that 36 percent of girls reported having sex against their will, tricked or forced by rape (Manzini 2001). Similar data have emerged from other studies in Ghana, where 21 percent of girls said their first sexual experience was rape (Population Council and Horizons 1999). Sexual assault, as well as abuse in childhood, has been shown to increase the risk of acquiring HIV/AIDS directly, as well as indirectly, as the emotional trauma of sexual abuse often leads to high risk sexual behaviors later in life (Heise, Ellsberg, and Gottemoeller 1999). Trafficking of women and girls for sexual exploitation is another form of violence that greatly increases the risk of HIV infection (Silverman, Decker, Gupta, Maheshwari, Willis, and Raj 2007).

Transactional sex: Exchanges of sex for money, goods or other favors – a phenomenon often known as “transactional sex” is cited in the literature as occurring among some girls and young women. The common rationale given for transactional sex is that women lack alternative economic opportunities (Hallman 2005; Luke 2003). Girls' and young women's potential exposure to HIV is increased when they have multiple partners, and/or when partners are older. While the prevalence of and motivations behind transactional sex are contested, a study among young women in South Africa confirms that young women living in poorer households have a higher likelihood of having exchanged sex for money (Hallman 2005).

Can economic empowerment contribute to reducing girls' vulnerability to HIV/AIDS?

Defining Empowerment and Economic Empowerment

Because economic disenfranchisement is often linked to girls' increased vulnerability to HIV, “economic empowerment” has been cited as a promising strategy for reaching girls and young women. But what is “empowerment”? Most

of the relevant literature on empowerment focuses on the empowerment of adult women. Empowerment has been defined as, “the ability to make strategic choices where that ability did not previously exist” (Kabeer 1999). In their review of literature on measuring empowerment, Malhotra and Schuler (Malhotra and Schuler 2005) empowerment is commonly described as a process, and that it includes two essential components:

- 1) Resources (not only financial and productive assets but also opportunities, capabilities, social networks and other environmental factors); and,
- 2) Agency, or the ability to act in one’s own interest.

Empowerment is also conceptualized as being multi-dimensional; occurring in social, economic, legal and political dimensions (Malhotra and Schuler 2005).

Importantly then, economic empowerment requires more than financial resources; the holder of those resources must also have the authority and opportunities to control and apply those resources. Moreover, because empowerment is understood to be multi-dimensional, we cannot necessarily expect that empowerment in the economic dimension will lead to empowerment in all realms of a person’s life.

Taking these differences into account, young women’s and girls’ economic empowerment can be defined as **“a process of expansion of current and future abilities to make strategic life decisions in the economic sphere.”**

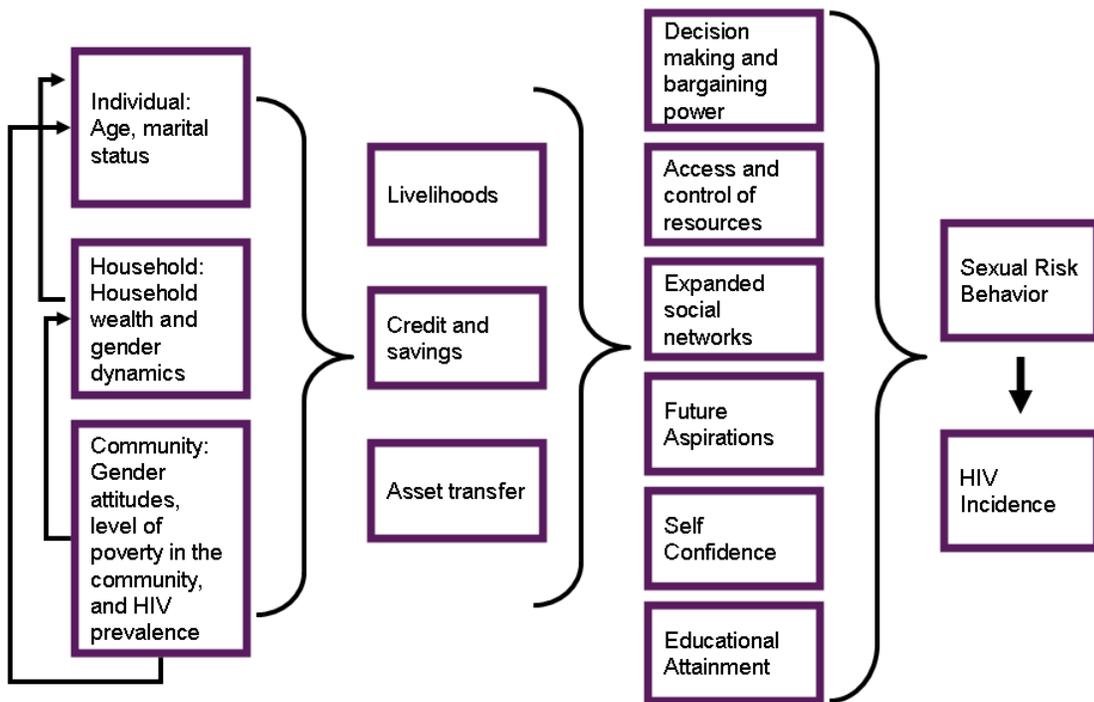
How does economic empowerment affect vulnerability to HIV, and how do these linkages apply to girls and young women?

The entry point for economic empowerment programs is to provide access to financial products and resources, such as credit, savings; and employment, which are likely to build assets. Economic assets can increase economic security, self-esteem and enhance long-term planning. Economic assets are also theorized to influence attitudes about risk taking and risk behavior, including sexual risk. Programs that provide skills building (business and life skills to increase participants’ business planning and management skills, communication and negotiation skills) can lead to increased self-esteem, self-efficacy around communication and negotiation skills, increased autonomy and decision making. Participation in group-based programs also has the effect of reducing isolation and building social capital.

In the context of HIV, the theory is that the assets, skills and social connections forged by economic empowerment programs can help improve resistance – the “ability to avoid HIV infection”, as well as resilience – “the ability to recover quickly from the effects of major shocks” (Loevinsohn and Gillespie 2003).

For girls and young women, the theory of economic empowerment holds that the ownership and control of economic assets, including access to training, services and savings products, may help keep girls in school, reduce the likelihood of transactional sex, delay early marriage and pregnancy, and mitigate the consequences of HIV when a household becomes affected. Participation in economic activities may also reinforce social networks and shift social attitudes about the roles of men and women. When economic empowerment interventions are combined with training on gender and HIV, this may translate into increasing gender equitable attitudes, improving understanding of HIV transmission and prevention and the role of gender relationships in the context of HIV and AIDS. Figure 3 illustrates the theoretical pathways of individual economic empowerment interventions.

Figure 3: Conceptual Links between Economic Empowerment and Sexual Risk Behavior

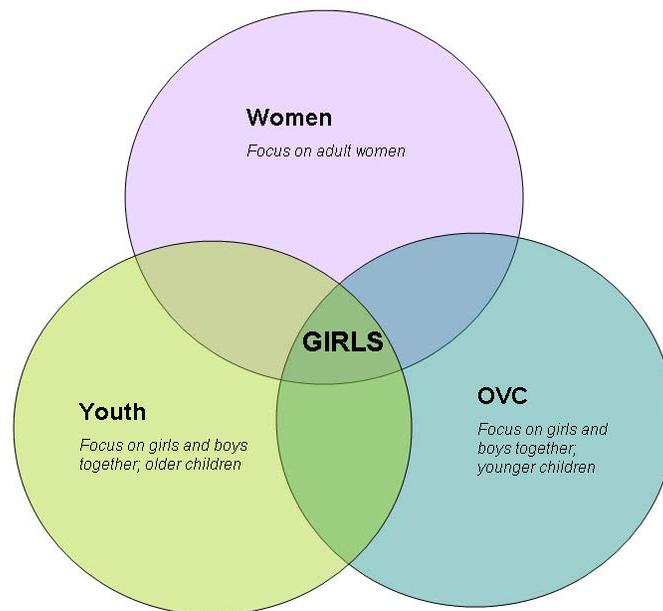


While the design and implementation of economic empowerment programs to reduce HIV risk and vulnerability for adult women is still in its nascence, even less is known about how these theories apply to girls and younger women. We do not yet know if the linkages hold for girls and young women, who face unique constraints, as compared to adult women, boys, and young men.

To what extent are girls currently being reached by combined economic empowerment and HIV programs?

As discussed earlier, girls lie at the intersection of both “gender” and “generational” vulnerabilities (Mabala, 2006). In high-HIV-prevalence settings, girls also tend to be highly affected by economic vulnerability. While vulnerability is layered and multi-faceted, traditional HIV programming has tended to focus on one of these layers at a time. In terms of power, access, and opportunities, girls are different from both women and from boys.

The following diagram provides a simple illustration of how programs addressing particular populations with economic empowerment approaches may overlap. Few of these programs reach girls directly.



Some programs address the particular economic issues and HIV risks faced by adult women, by youth both in and out of school, or by orphans and vulnerable children. ***Relatively few programs explore the intersection of various kinds of vulnerability faced by girls of different ages, or the role of girls within their households and communities.***

For example, several different programming approaches have been developed that are designed to reduce HIV risk among **women** by strengthening their economic empowerment. Studies on microfinance programs targeting adult women provide some evidence to support the links between microcredit program participation, and individual factors of empowerment, as well as health outcomes. Several studies show links between access to microcredit and empowerment outcomes (Goetz and Gupta 1996; Hashemi 1996); and increased contraceptive use (Hashemi, Schuler, and Riley 1996). The strongest evidence that microfinance can influence women’s empowerment comes from the IMAGE

study in South Africa (Kim et al. 2008). Other examples illustrate the value of microfinance participation as an effective HIV mitigation strategy for HIV-affected women and their households (Barnes 2002; Hendricks and Jain 2005; Longuet et al. 2009). Research studies have also shown a link between women's access to microcredit and other positive development outcomes, including school enrollment for children – which, in turn, can have positive impacts for HIV prevention for children (Hargreaves et al. 2008).

While these various programming approaches have begun to address some of the socio-economic factors driving women's vulnerability to HIV, few economic empowerment programs have been designed to focus on younger women and girls' particular vulnerabilities.

There has been a great deal of prevention programming developed to target young people. Many prevention approaches for youth use media and social marketing to promote behavior change among young people. These campaigns often rely on "youth-friendly" multi-media messages and spokespersons. However, they have often been criticized as treating youth as homogenous populations – undifferentiated by class or gender, among other criteria (Chandler 2010; Kistner, Fox, and Parker 2004). Multi-purpose youth centers and peer education strategies are also popular mechanisms for reaching youth with prevention information. However, Mabala (Mabala 2006) finds that "vulnerable adolescents and young women are the very people who are never reached by these interventions."

There have been relatively fewer programs that use economic empowerment approaches to directly address HIV vulnerability among young people. One example is the Youth Skills Enterprise Initiative (YSEI), which was a joint undertaking by the Zambia Red Cross Society, the YWCA Council of Zambia, and Street Kids International (SKI), which was designed to reach out-of-school street-based youth ages 14-22 with credit, training, peer support and counseling to start up businesses. While the quantitative data is not available, the program reports decreased risk behavior and increased HIV/AIDS knowledge among participants (Street Kids International 2002).

Within the HIV/AIDS sector, orphans and vulnerable children have been reached with economic approaches designed to support prevention and mitigation goals. In recognition that this is a highly vulnerable population, more programs are taking on economic and social approaches. Various economic strengthening approaches have been directed toward orphans and vulnerable children, including asset transfer and vocational training.

For example, in Rakai district, Uganda, the project SUUBI, an economic empowerment program based on asset theory, was integrated into care and support services for AIDS orphans aged 11-17 in 15 comparable primary schools to affect outcomes in mental health, education, and attitudes on sexual risk

behavior (Ssewamala, Han, and Neilands 2009). Children in the intervention group had significantly higher levels of self-esteem and had significantly greater odds of rating their health as good or excellent from baseline to 10 months after the start of the intervention (Ssewamala, Han, and Neilands 2009). Boys in the intervention group significantly reduced their agreement with sexual risk taking behaviors. *These attitudes about sexual risk taking behavior did not change for intervention group girls* (Ssewamala, Han, and Neilands 2009). Children in intervention and control groups were able to save with no difference between girls and boys.

Few evaluations show links between cash transfer programs and HIV. While a range of economic strengthening programs for orphans and vulnerable children and household members exist, many of these programs do not directly address gender issues, and may particularly neglect the unique needs of older adolescent girls. Older vulnerable children require different and more complex kinds of assistance than younger children because of their changing physical and psychological development (Ruland et al 2005).

Many traditional programs targeting youth and children are gender-neutral, failing to account for the differences between boys and girls, and how their gender affects the experience and outcomes for participants.

Relatively few “economic empowerment” programs have targeted girls directly or evaluated their impact on girls in terms of both economic outcomes and factors of HIV vulnerability. Table 1 presents findings from select evaluation studies on economic empowerment interventions that target girls and young women.

Table 1: Overall results of Published Evaluations

	Strong	Modest	Inconclusive
Action for Slum Dwellers: •Peer educators trained in RH and vocational training •Group formation (CARE-India, Population Council)		<input checked="" type="checkbox"/>	
Adolescent Girls' Adventure: •Livelihoods and vocational training •SEWA's adapted awareness building training •Group formation (SEWA and Population Council)		<input checked="" type="checkbox"/>	
Development Initiative Supporting Healthy Adolescents (DISHA): •Youth livelihood skills and capacity building •Enabling environments and community mobilization •Youth-friendly RSH services (ICRW and Indian NGO's)		<input checked="" type="checkbox"/>	
Nepal Adolescent Health Project: •Adolescent friendly RH services •Peer education and training •Livelihoods •Teacher training •NGO capacity building. (ICRW, EngenderHealth, and Nepali NGOs)		<input checked="" type="checkbox"/>	
Randomized trial of cash transfer program: •Conditional/unconditional cash transfers (conditional on school attendance) •(World Bank, UCSD, University of Malawi, and a local NGO is the implementing partner)	<input checked="" type="checkbox"/>		
SHAZI: •Microfinance •Savings, business and life skills training •Mentors (Women's Global Health Imperative, University of Zimbabwe, and UCSF)		<input checked="" type="checkbox"/>	
The SUUBI Project: •Child Development Accounts (CDA), or matched savings accounts •Asset building and planning workshops •Mentors (US-based and international universities, three types of local community-based institutions (financial, faith-based and primary schools)	<input checked="" type="checkbox"/>		
Tap and Reposition Youth: •Microfinance, savings •Business and life skills training •Group formation (Population Council, K-REP Development Agency)		<input checked="" type="checkbox"/>	

This analysis of existing programs and the evaluation and documentation of operating such programs provide key messages for future programming. This table shows suggests that the more complex the project, the more activities put into an intervention to address multiple determinants of HIV risk and vulnerability, the more challenging it is to measure outcomes. Multiple activities require larger sample sizes to evaluate each component rigorously. Several key lessons from these evaluations have been documented.

1. Analyses of social and economic conditions in the local context are necessary to inform program design with feasible strategies given economic or other conditions.
2. Vocational training and livelihoods components must be informed by market and employment research so that skills can be linked to specific opportunities in, and market demand for, goods, services, and employment in the local context.
3. Group formation is important for girls to have opportunities to strengthen social networks, and to have opportunities to socialize and receive social support from peers.
4. Engaging significant others in the program to provide social support mechanisms for girls whether through mentors, parents/guardians, peers can be important for girls.
5. Multi-phased programming that corresponds to youth development so that earlier components are appropriate for younger girls and later components appropriate for older girls.
6. Programs must be age and target population appropriate - savings programs may be more desirable among younger girls and credit programs more effective for older girls.
7. Groups of girls should be homogenous in background and age.
8. Program components and approaches should be designed with input from program participants in terms of their interests, needs, and desires.

Preliminary Conclusions

Although there is limited information on interventions that combine economic strategies and HIV outcomes, experiments and experiences thus far contribute to useful learning for further development of effective integration of economic empowerment and HIV programs. Girls and young women are often left out of traditional HIV prevention and mitigation programming, and programs that do utilize economic strategies for this group do not necessarily “empower” girls and young women.

There is some evidence to support the application of some economic approaches to girls, but there are important cautions to note. The social, environmental and legal constraints faced by girls and young women challenge the very feasibility of some economic interventions. Moreover, since girls’ education has been shown to be the single most important factor for delaying sexual debut, age of marriage,

and future earning potential, it could be argued that the ultimate goal of economic activities involving girls should be to help them stay in school. It is important to consider not only the feasibility of reaching girls, but also the possible unintended consequences of economic empowerment activities, if they increase incentives to leave school or expose girls to different kinds of risk.

Because of the complexity and variation of the relationships between economic status and HIV outcomes, there is no “one size fits all” approach for girls, and economic empowerment approaches alone are unlikely to reduce girls’ vulnerability to HIV. More research is needed to understand the linkages among age, gender and poverty in specific contexts. Programs will likely have to have longer time horizons and more effective targeting and monitoring systems. And more systems to monitor and evaluate impact on distal and intermediate factors, and connecting these factors to HIV-specific indicators, are crucial aspects of “making the case” for increased investment. In the policy realm, there are implications for increased coordination among previously disparate realms of development, as well as implications for increased funding to target girls.

In light of these considerations, some of the key questions that we hope this meeting will address include:

- 1 What are the **key gaps** in our theoretical understanding of the linkages between economic empowerment and HIV outcomes for girls and young women?
- 2 What are **promising areas for future investment** in research on these linkages?
- 3 What are some **key opportunities for innovation** for economic empowerment and HIV for girls and young women?
- 4 What are the **key factors** that will most affect girls’ ability to benefit from economic empowerment approaches?
- 5 What are the **key ethical issues** to consider when targeting girls?
- 6 What are the **methodological issues** that apply to measurement and impact evaluation?
- 7 How can we overcome **structural and institutional barriers** to increased integration of economic empowerment and HIV programming?

The global rise in HIV prevalence among young women and girls calls for innovative strategies that harness what we have learned in HIV prevention programming to date and that capitalize on what could be exponential returns of integrated economic empowerment and HIV prevention strategies. In order to get there, we need to increase investments in research, identify effective cross-sector economic and HIV programs, and strengthen institutions to ensure that we have the financial and human capital to implement successful programs.

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