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Understanding the Adolescent Experience in Tanzania

In 2014, UNICEF and UNAIDS announced an initiative to reduce the high levels of HIV infection among adolescents in Tanzania. Although adolescent girls and boys (ages 10–19) in Tanzania make up nearly a quarter (23 percent) of the country’s population, there was a lack of evidence about adolescents, especially younger girls. The Tanzania Commission for AIDS (TACAIDS) and UNICEF-Tanzania commissioned the Population Council to analyze multiple sources of data in order to better understand the situation faced by adolescents. The Council’s comprehensive analysis found that while young people’s vulnerability to HIV is widely acknowledged, programs to address the risks they face are lacking.

“Reducing HIV among young people in Tanzania requires bold action,” explains Kelly Hallman, Population Council Senior Associate and primary investigator on the analysis. “But in order to create effective programs, we need evidence.”

Population Council researchers conducted a secondary analysis of data drawn from the 2010 Tanzania Demographic and Health Survey, the 2011–12 Tanzania HIV and Malaria Indicator Survey, and the 2009 Violence against Children in Tanzania Survey. To determine specific vulnerabilities at national and regional levels and in urban and rural areas, the researchers analyzed approximately 40 key indicators related to knowledge, attitudes and behaviors, and outcomes (including living arrangements, school attendance, illiteracy, marriage, pregnancy, violence, and HIV) among females and males ages 10–14, 15–19, and 20–24 years.

“Our objective was to provide fine-grained details on what it means to be a young female or male in Tanzania,” says Hallman. “We are thrilled that program managers and policymakers are using this valuable information to inform policy formulation, planning, monitoring, and evaluation of HIV and AIDS, child marriage, education, child protection, and social protection programs.”

Living locations and arrangements

The analysis revealed that the migration of young people is substantial: while 80 percent of adolescents ages 10–14 live in rural areas, that proportion declines to 70 percent among young adults ages 20–24. Rural–urban differences are also seen in living arrangements: while 25 percent of girls and 20 percent of boys nationally live with neither parent, this is true for 50 percent of girls and 35 percent of boys ages 15–17 in urban areas. There are a number of possible explanations for this difference. Girls may migrate to urban areas to attend school or seek employment (including domestic labor), or they may move as a result of child marriage.

School attendance, literacy rates, and child marriage

School attendance rates for young adolescents are similar for boys and girls ages 10–12 (over 90 percent of young boys and girls attend school), but girls, particularly in rural areas, start to drop out at age 12, and the gender gap in attendance widens as children age. By age 14, only 66 percent of girls nationally attend school, compared with 76 percent of boys. In urban areas, girls are more than twice as likely as boys ages 10–14 to be out of school and not living with either parent (8 percent versus 3 percent).

Around 5–6 percent of girls are married by age 15, and 31–37 percent by age 18. About 25 percent of married or cohabiting young women ages 15–24 are living with partners at least 10 years older. Girls ages 15–17 from the poorest households are more than twice as likely as girls of the same age from the wealthiest households to have ever been married. Married girls are much less likely to continue their education: 58 percent of young women ages 15–24 who had been married by age 15 were unable to read a sentence, compared with 12 percent of their unmarried peers.

Sexual activity and pregnancy rates

Approximately 50 percent of girls ages 20–24 had their first sexual encounter before the age of 18; boys reported initiating sexual activity later in life. Researchers found that girls from the wealthiest households were less likely to report early pregnancy than girls from poorer households. Overall, 5 percent of girls age 15 have been pregnant, while nearly all young women aged 24 (91 percent) have been pregnant.

Violence against girls and women

Rates of physical and sexual violence, and the acceptance of violence toward women and girls, vary considerably by region in Tanzania. Thirty percent of girls and 20 percent of boys ages 15–24 report that their first sexual experience was forced. Ten percent of girls report that they were hit or slapped during pregnancy. Furthermore, more than half (55 percent) of young women ages 15–24 agree with at least
one justification for wife beating, although this rate is slightly lower among males of the same age (50 percent). This is significant, because acceptance of violence toward girls and women early on can result in future violent physical and sexual relationships.

**Knowledge of HIV prevention and use of modern contraception**

The majority of adolescents in Tanzania have basic knowledge of HIV-prevention methods. Most young people are aware that using condoms and limiting the number of concurrent sexual partners can reduce the risk of HIV transmission. However, less than half of young people have comprehensive HIV knowledge (for example, knowing that a healthy-looking person can have HIV), and more girls than boys know about preventing mother-to-child HIV transmission.

In general, adolescents are aware of HIV testing locations, but they may not have access to testing. Older adolescents and those living in urban areas are more likely to have been tested. Although a relatively small proportion of adolescents report having multiple sexual partnerships, these partnerships are more typical among older adolescents and those living in rural areas. Young people report low use of condoms in both paid and unpaid premarital sex. More girls than boys ages 15–17 reported using a condom during premarital sex, but by ages 20–24, men report greater condom use than women. Additionally, 15 percent of males ages 15–24 report paying for sex in the past 12 months, although less than half reported using a condom when they last paid for sex.

Modern contraception use among girls, especially in urban areas, is low; only 20 percent of married girls and 30 percent of unmarried, sexually active girls report using contraception. More than half (60 percent) of young women ages 15–24 who have ever been pregnant were assisted by a health professional during their most recent delivery.

**Policy implications**

The significant findings that have emerged from this research can help guide government policies and programs focused on adolescents in Tanzania. The study authors point specifically to findings related to child marriage, school re-entry after dropout, pregnancy, and HIV testing and counseling as areas where change is needed in the government’s approach. Overall, there is an urgent need to improve coordination in existing adolescent sexual and reproductive health programs, and to create policies to address critical gaps in such programs.

The Government of Tanzania and several organizations are using these rich data to shape programs for young people. The findings and policy recommendations are being used by: the Government of Tanzania, to design a national cash-transfer program to keep children in school and facilitate their re-entry if they drop out; TACAIDS, for national and regional planning and to identify topics for high-impact interventions for adolescents; UNICEF; to form its adolescent strategy in Tanzania; and the U.S. Agency for International Development mission in Tanzania to shape its activities for young people. Tanzania is planned as a priority country for the US government’s new DREAMS (Determined, Resilient, AIDS-free, Mentored, and Safe) initiative and the report is also being used to inform decisionmaking for that program.

**SOURCE**


**FUNDING**

UNICEF Tanzania
New Program Demonstrates Success in Reducing Gender-Based Violence in Bangladesh

A new study by the Population Council and the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) found that an innovative program in Bangladesh has demonstrated a reduction in violence against women and girls. The “Growing Up Safe and Healthy” project, also known as SAFE, sought to improve sexual and reproductive health and reduce gender-based violence among women living in urban slums in Dhaka. The project ran from March 2012 to October 2013.

While it is illegal in Bangladesh for girls under age 18 to marry, more than 60 percent of Bangladeshi girls marry before they reach this age. Girls married early are particularly vulnerable to domestic violence, and legal and policy reforms to address gender-based violence have had limited impact. Research shows that less than 2 percent of married women in Bangladesh who have experienced physical violence seek any kind of remedy or service.

Young women and girls living in urban slums experience the highest rates of violence and poor sexual and reproductive health. This is of particular concern in Dhaka, where the slum population is growing rapidly as young men and women migrate in search of employment. These young people face poverty, insecure living arrangements, frequent squatter evictions, weak social networks, the absence of civic society institutions, the lack of public services, and poor coordination among services.

SAFE was created to address some of the problems faced by young women and girls living in slums. The project provided access to health and legal services, interactive sessions with men, young women, and girls, and community-based awareness-raising campaigns to determine what combination of strategies, if any, would reduce violence faced by women and girls in urban slums.

SAFE evaluation methods

The SAFE program’s rigorous evaluation explored sexual and reproductive health, gender-based violence, and marriage and childbearing outcomes. Participating communities were randomly divided into three intervention arms. Community campaign activities and health and legal services were present in all three arms. The difference was the presence or absence of group sessions, and the goal of the evaluation was to determine the impact—if any—of including group sessions as part of the program. Arm A included sessions with men and women; Arm B included sessions only with women; Arm C had no group sessions. A baseline survey was conducted before SAFE was launched, and an endline survey was conducted following the conclusion of the program.

Evaluation findings

SAFE increased awareness about women’s sexual and reproductive health and rights, gender-based violence, and rights and laws regarding marriage and dowry. In addition, it increased access to support services, including reproductive and maternal health and legal services. In communities that included group sessions with men, use of modern contraceptives increased and the proportion of marriages that involved dowry declined.

“Most notably, spousal violence against women and girls dropped. Group sessions that included both men and women seem to have been the key intervention.” —Sajeda Amin

Senior Associate, Population Council

Lessons learned and policy implications

The evaluation identified several key factors that can explain SAFE’s success:

• It is possible to improve sexual and reproductive health and reduce violence but, to be successful, interventions must integrate interactive group sessions, community campaigns, and services.
• It is critical to target vulnerable women and girls and especially to reduce their isolation and build their confidence through group sessions and peer-support networks so that they choose to seek help when they do experience violence.
• Working with men will significantly improve outcomes.
• Community campaigns are critical for promoting awareness about sexual and gender-based violence and improving knowledge about laws and the availability of legal services.

Future interventions that seek to improve sexual and reproductive health and reduce gender-based violence in urban slum settings can use these findings to guide program development. In particular, successful interventions should take an integrated approach, strengthen informal (such as peer networks) and formal (i.e., legal systems) support systems, and engage men in order to alter gender norms and change behaviors.

SOURCE

FUNDING
The Embassy of the Kingdom of the Netherlands, DANIDA, and the John D. and Catherine T. MacArthur Foundation

The findings of the SAFE project in the slums of Bangladesh demonstrated that community awareness-raising sessions about gender equity that included both men and women were most effective at reducing gender-based violence.
A study by the Population Council and partners has found that use of the Council’s investigational one-year reusable contraceptive vaginal ring (CVR) does not increase the risk of vaginal infections or disrupt the balance of microbes in the vagina when it is used for up to 13 cycles. Although past studies have examined the effects of short-term contraceptive vaginal ring use on risk of vaginal infection, this is the first study of a CVR intended for a full year’s use.

The one-year reusable CVR contains Nestorone® and ethinyl estradiol. Nestorone (NES) is an investigational progestin that has been shown in clinical studies to prevent ovulation and pregnancy. Ethinyl estradiol (EE) is an approved, marketed, synthetic version of the female hormone estrogen.

“We are very excited about this new contraceptive ring,” said Ruth Merkatz, PhD, RN, Director of Clinical Development, Reproductive Health, at the Council’s Center for Biomedical Research and corresponding author of the study. “It can be inserted and removed by the woman herself rather than by a specially trained health care provider, it does not require daily action, and it can be reused for a full year. It has been designed so that refrigeration is not required when it is not being used, which will be important in many low-resource settings.”

Study design

To assess the microbiological safety of the new CVR, the researchers looked for vaginal infections and changes in the balance of microbes in the vagina during cyclic use of a single NES/EE CVR for up to one year. This study, part of a Phase III safety and efficacy trial of the NES/EE CVR, took place at the Magee-Womens Research Institute in Pittsburgh under the direction of Dr. Mitch Creinin, and was supported by the National Institute of Child Health and Human Development (NICHD) of the National Institutes of Health. The study protocol was approved by the Institutional Review Boards of the NICHD Coordinating Center, the Population Council, and the University of Pittsburgh.

120 women enrolled in the study. Participants were seen by the researchers seven times throughout the study year and were interviewed about any problems they may have encountered with the ring. At three of the visits researchers obtained vaginal swabs to measure vaginal microflora and the presence of bacteria. At the completion of the study, the ring surface was swabbed and compared with the vaginal swab sample to measure for the same organisms.

The researchers assessed the occurrence of common vaginal infections, specifically bacterial vaginosis, trichomoniasis, and vulvovaginal candidiasis. They also evaluated changes in vaginal microflora. It is normal for microorganisms to colonize the vagina. However, changes in the amount and type of bacteria present in the vagina may lead to infection.

Study findings

Researchers found no significant changes in the detection rate of vaginal infections between baseline to Cycle 6 or between baseline to Cycle 13. In general, they found that the prevalence of typical vaginal infections in the study population was comparable to the overall prevalence of infections among women of reproductive age. Similarly, there were no significant changes in the prevalence or concentration of the microorganisms that were cultured at baseline and at follow-up visits, i.e. Lactobacillus, Gardnerella vaginalis, Enterococcus faecalis, Staphylococcus aureus, Escherichia coli, Candida albicans or other yeast, all of which remained at very low levels. Although the prevalence of microbes called anaerobic gram negative rods (GNRs) increased, the concentration remained very low. The researchers noted that the presence of anaerobic GNRs can be attributed to characteristics of individuals in a study population, including younger age and having a culture swab obtained within three days after vaginal intercourse. Importantly, the researchers found that the cultures they took from the surface of the vaginal rings were similar to the microbes in the vaginal fluid, suggesting that the ring surface does not promote proliferation of microorganisms that cause infections.

Conclusion: The investigational CVR poses no increased risk of vaginal infections

The researchers found no substantial effects on the vaginal ecosystem of long-term repeated use of the NES/EE CVR.
The study findings suggest that the ring surface does not promote proliferation of microorganisms that cause infections.

The researchers have confidence in their findings because the study used a prospective design to evaluate the effects of one-year use of a single CVR. It also included assessments of more microorganisms than have previously been investigated prospectively with vaginal rings. Additionally, obtaining cultures of the vaginal rings themselves had not been described previously. The researchers recommend that future studies include women from more diverse populations, specifically from countries in sub-Saharan Africa and South Asia where the unmet need for contraception remains high and vaginal infections are prevalent.

“The results of this study will be valuable in our efforts to gain regulatory approval for this novel contraceptive that is under the control of women. It has the potential to be an important addition to the contraceptive method mix available to women,” said Merkatz.

The Population Council has a long history of developing long-acting, reversible contraceptives to meet the growing worldwide demand for modern family planning methods. Council-developed contraceptive products include the Copper T intrauterine device (IUD), the levonorgestrel intrauterine system known as Mirena®, and the implants Jadelle® and Norplant®. Currently, 170 million women worldwide are using a Council-developed contraceptive.

SOURCE

FUNDING
National Institute of Child Health and Human Development of the National Institutes of Health
A study of people who inject drugs in Kenya has found a high prevalence of HIV infection and high levels of risk behavior. This study, the first to report population-based prevalence of HIV, sexually transmitted infections, and risk behaviors among people who inject drugs in Kenya, was led by the Population Council and conducted with researchers from the US Centers for Disease Control and Prevention/Kenya (CDC), the Kenya National AIDS and STI Control Programme (NASCOP), the Kenya National AIDS Control Council (NACC), and the University of California (San Francisco).

People who inject drugs are at very high risk for HIV. Of the estimated 15.9 million injection drug users globally in 2010, approximately one in five was HIV-positive. While the majority of persons who inject drugs live in Southeast and East Asia, the number of such persons in sub-Saharan Africa is growing rapidly. This is of particular concern because of African countries’ limited capacity to address HIV infection.

**Study methods**

From January to March 2011, Population Council researchers used respondent-driven sampling to recruit study participants. They selected a small group of individuals who met a specific set of characteristics—men or women aged 18 and older who reported injecting drugs in the previous 3 months, lived in or around Nairobi, and were willing to provide written informed consent. These people then recruited their peers, who in turn recruited additional peers, and so on. More than 350 individuals were recruited to the study; 269 participants were eligible.

Participants were interviewed by trained nurse counselors about their HIV knowledge, sexual risk and prevention behaviors, drug use, HIV testing history, and experience with violence and discrimination. HIV counseling and testing was offered to participants who elected to be tested, and participants were also tested for sexually transmitted infections.

**Characteristics of Kenya’s injection drug using population**

The study found that the median age of people who inject drugs in Kenya is 31 years, a majority of whom are unmarried men who earn money through informal or irregular employment. While almost half of the people who inject drugs began only recently, over 20 percent had been doing so for over five years. Most of this population also engages in high-risk injection practices at least monthly, including sharing syringes and other equipment. Over half the population was not sexually active in the last month, and the majority did not engage in casual or commercial sex. Among those who were sexually active, condom use was rare and almost one-quarter of women interviewed reported selling sex.

A majority of participants had previously been tested for HIV. Among people who inject drugs, HIV prevalence was 18.7 percent, compared to approximately 5.6 percent in the general Kenyan population. Notably, the rate among women who inject drugs was much higher, at approximately 60.7 percent, a finding that is confirmed by other studies of people who inject drugs in Africa.

**“This study has helped firmly establish the existence of an HIV epidemic among people who inject drugs in Nairobi, and confirms an extremely high HIV prevalence rate among those who have ever shared injection syringes.”**

—Scott Geibel
Senior Associate, Population Council
The researchers contend that these programs are particularly critical because more than half of the sexually active men who inject drugs had non-injecting female partners, meaning that there is a high likelihood of the HIV epidemic moving from the injection drug using population to the general population, potentially compromising efforts to reduce the spread of HIV more broadly. The researchers also recommend that prevention programs should specifically target drug users who recently began injecting, in order to establish safer injection practices early on and ideally to stop drug use while the habit is new.

Another recommendation responds to the very high HIV prevalence rate the study found stop drug use while the habit is new. "We recommend that programs should specifically target drug users who recently began injecting, in order to establish safer injection practices early on and ideally to stop drug use while the habit is new."

The authors call for increased HIV testing among people who inject drugs, pointing out that at least one-quarter of HIV-positive individuals in this population did not know they were infected. They caution that HIV prevention programs must ensure that people who inject drugs are not denied HIV treatment because of stigma and discrimination.

Finally, the authors note that further research and evaluations are needed to determine the effectiveness of harm-reduction efforts to reduce the HIV prevalence rate in this highly vulnerable population.

**SOURCE**


**FUNDING**

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**RECENT PUBLICATIONS**

**HIV AND AIDS**


**continued**


POVERTY, GENDER, AND YOUTH


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OTHER


The SAFE project increased awareness among people living in slums in Dhaka, Bangladesh about women’s sexual and reproductive health and rights, and reduced intimate partner violence. See page 4.