



This brief highlights **key findings** related to youth characteristics, school enrolment, mental health, sexual behaviour and HIV risk, contraception and fertility, and experiences of physical, sexual and emotional violence.

More details can be found in the report: <https://transfer.cpc.unc.edu/>

BASELINE HIGHLIGHTS

This research brief highlights key findings from the Impact Evaluation of the Productive Social Safety Net (PSSN) on Youth Well-being and the Transition to Adulthood being conducted by Policy Research for Development (REPOA) and UNICEF Office of Research – Innocenti as part of the Transfer Project. The PSSN represents the third phase of the social protection programme being implemented by Tanzania Social Action Fund (TASAF). The objectives of this third phase include: 1) increase consumption of the extremely poor on a permanent basis, 2) smooth consumption during lean seasons and shocks, 3) invest in human capital, 4) strengthen links with income generating activities, and 5) increase access to improved social services.

There are three components of the programme targeted to households living below the food poverty line: 1) a conditional cash transfer (CCT), 2) a public works programme (PWP) and 3) a livelihoods enhancement (LE) intervention. To maintain eligibility for the cash transfers, participating households are required to comply with certain conditions related to children's school attendance and health care, although a portion of the cash transfer is fixed and unconditional. The programme utilizes a three-stage targeting process, including geographical targeting, community-based targeting, and a proxy-means test (PMT). The targeting is followed by a community validation.

STUDY AIMS

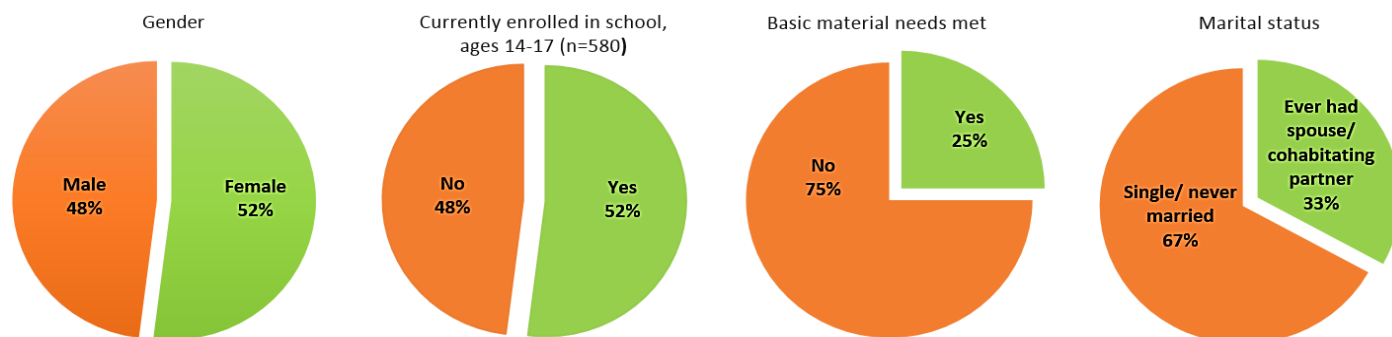
The overarching research questions guiding the youth study are, does the PSSN positively impact youth well-being and the transition to adulthood, and if so, through what pathways? Study design and conceptual framework details can be found in Transfer Project Research Brief 12: Evaluating Impacts of the PSSN on the Transition to Adulthood in Tanzania.

RESEARCH METHODOLOGY

This third phase of the PSSN and corresponding scale-up is currently undergoing two official impact evaluations, one led by the World Bank and the National Bureau of Statistics (NBS) to measure overall impact of the PSSN on key indicators and a second being led by REPOA to evaluate PSSN impacts on women's empowerment. The REPOA/UNICEF Youth Study presented here comprises a sub-sample of the latter REPOA-led impact evaluation, which utilizes a cluster randomised control trial (RCT) design, where TASAF randomised 102 villages into the following three arms: the CCT, the CCT plus PWP, and the control condition (delayed entry). A mixed-method, longitudinal evaluation, the Youth Study includes 1,357 individuals aged 14 to 28 years at baseline within 801 households in 84 villages (mainland only). The qualitative study sample consists of 16 youth who were administered in-depth interviews. Baseline data were collected between August and October 2015.



Figure 1: Youth characteristics, ages 14-28 years (n=1,357)



YOUTH CHARACTERISTICS

Of the 1,357 youth aged 14-28, just about half are male and half female (52% female). One in three have ever been married or cohabited with a partner (47% of females and 17% of males). Approximately half (52%) of youth aged 14-17 are enrolled in school. Only one in four youth have all three basic material needs (defined as a pair of shoes, blanket, and two set of clothes) met.

MENTAL HEALTH

One of the main objectives of the PSSN Youth Study is to gain a better understanding of how cash transfers impact young people's health and well-being. Poor mental is associated with negative health and behavioural outcomes. In the current evaluation, mental health was assessed using two main outcomes: 1) a short form of the Centre for Epidemiological Studies-Depression Scale (CES-D)¹ and 2) Snyder's Hope Scale.² Binary indicators were created from both scales resulting in proportion of youth reporting depressive symptoms and proportion of youth who report being hopeful.

As shown in Figure 2, female respondents were more likely to exhibit depressive symptoms than males, and in both genders, the prevalence of depressive symptoms increased markedly with age. Although males were more hopeful than females, the youth are *more* hopeful as they age.

SEXUAL BEHAVIOUR AND HIV RISK

We assessed a variety of HIV risk factors, including condom use, perceived HIV risk, age-disparate sexual partners, and concurrent sexual relationships. Of the 59 percent of youth who reported ever having had sex, only one in five used a condom at first sex, and one in four reported condom use at last sex. Twenty-one per cent of sexually experienced youth reported concurrent sexual relationships in the previous 12 months.

Thirty-one per cent of youth reported that their most recent sexual partner was five or more years older than the youth (42 per cent among females). One in five youth in the sample reported transactional sex in the previous 12 months (26 per cent of males and 17 per cent of females). Finally, one in five youth perceive their risk of contracting HIV as being moderate or high, and 43 per cent had received an HIV test in their lifetime.

Figure 2: Mental health, by age and gender

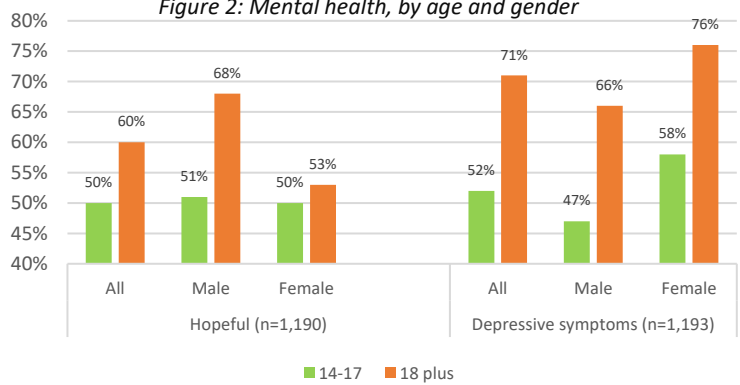


Figure 3: Experiences of transactional sex, by gender (n=1,333)

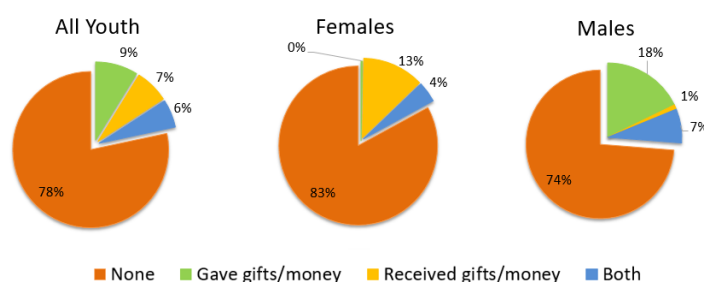
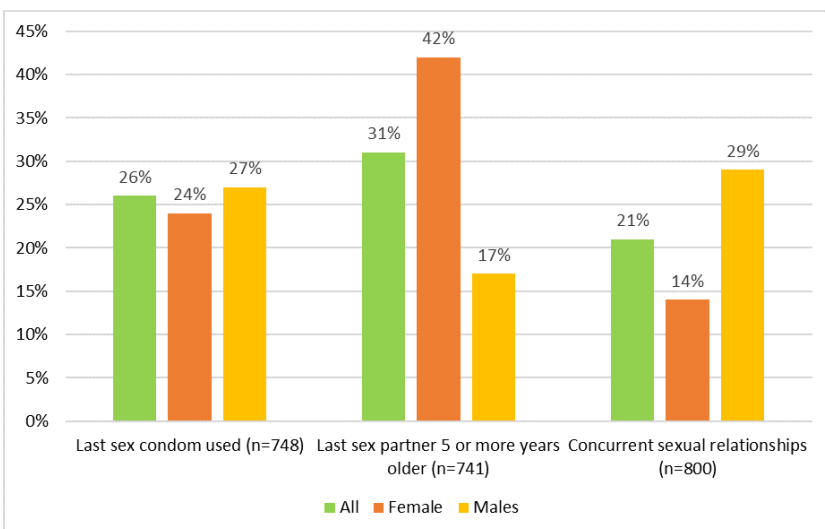




Figure 4: Risky sexual behaviours past 12 months, among sexually experienced



CONTRACEPTIVE USE

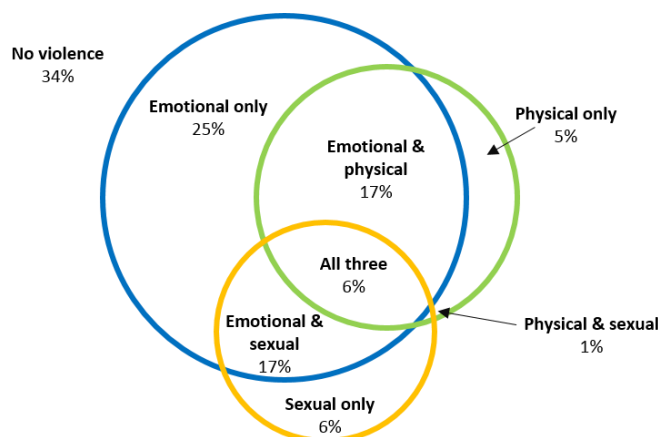
Contraceptive use was relatively low; one in four youth in the sample reported current use of a modern method (27 per cent among females in our sample, compared to 40 per cent of all females ages 15-49 in Eastern Africa overall)³. Further, 52 per cent of females in the sample had ever been pregnant.

EXPERIENCES OF PHYSICAL AND EMOTIONAL VIOLENCE

The PSSN does not include violence reduction as an objective, however by reducing poverty-induced stress and risky coping strategies that put youth at risk of violence, the PSSN may indirectly reduce violence experienced by youth in beneficiary households. To help understand the impact of the PSSN on violence, an additional module was administered to females only, which examined experiences of violence perpetrated by a range of individuals, as well as attitudes regarding justification of violence from partners. There were high levels of both experiences and acceptance of violence in the study sample. Seventy per cent of females agreed that husbands were justified in beating their wives in at least one of five hypothetical circumstances.

In the 12 months prior to being interviewed, just over half of the female sample experienced emotional violence, one in three experienced physical violence, and one in five experienced sexual violence. The most common perpetrators were intimate partners (husbands, boyfriends) and family members. Among victims of violence, only 27 per cent ever told anyone about their experiences, and only two per cent sought help from formal sources including social, judicial, police or health services combined.

Figure 5: Experiences of emotional, physical, and sexual violence, females (n=701)



CONCLUSION

This brief summarized key highlights of the PSSN youth study baseline findings, focusing on mental health, risk behaviours, and violence. More comprehensive results can be found in the full report. These baseline findings help understand youth's well-being prior to their households' enrolment in the PSSN, and our longitudinal, mixed methods study will help elucidate impacts of the programme on their well-being and safe transitions to adulthood, as well as pathways through which programme impacts work.

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All reports can be found at <https://transfer.cpc.unc.edu/>

¹ Radloff, L. S. (1977). The CES-D scale a self-report depression scale for research in the general population. *Applied psychological measurement*, 1(3), 385-401.

² Snyder, C. Richard, et al. (1997). The development and validation of the Children's Hope Scale. *Journal of pediatric psychology* 22(3), 399-422.

³ United Nations, Department of Economic and Social Affairs, Population Division (2015). Trends in Contraceptive Use Worldwide 2015 (ST/ESA/SER.A/349).



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