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POPULATIONBRIEFS

Protecting migrant girls, reducing child marriage, developing green family planning, and understanding the needs of men who have sex with men

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Migrant girls need support before, during, and after they move. The Population Council's Filles Eveillées program, shown here, builds the knowledge and skills of urban domestic workers in Burkina Faso, many of whom are migrant girls (see story on page 2).

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Understanding and Empowering Migrant Girls

People have always migrated as they seek better lives for themselves. This is true even for adolescent girls, who are on the move in ever greater numbers. Because of their age and sex, migrant girls are especially vulnerable to risks, such as exploitative employment. To learn more about the motivations and needs of migrant adolescent girls, Population Council staff and colleagues wrote *Girls on the Move: Adolescent Girls & Migration in the Developing World*, a new report in the Girls Count series.

The report is the first of its kind to examine the social and economic determinants of internal migration to urban areas for adolescent girls in developing countries, as well as the links between migration, risk, and opportunity. The report's authors—Miriam Temin, Mark R. Montgomery, Sarah Engebretsen, and Kathryn M. Barker—explore a wide range of evidence on migrant girls, including findings on programs.

Migration can certainly be risky. But the research conducted for *Girls on the Move* shows that given the right support and protection, adolescent girls' migration can increase their autonomy, opportunities, and economic and social well-being. To make the most of the opportunities migration can provide, girls need adequate preparation before they migrate, safe travel during their journey, and support once they arrive at their destination.

Why Girls? Why Urban Migration?

When a migrant girl is successful, she creates a ripple effect through generations: families and future children will be better off because of her ability to finish school, get a job, and stay healthy. If these girls arrive at their destination and settle in safely, their diligence and industriousness can enable them to capitalize on new opportunities and become productive, contributing members of their community—making lasting changes in their lives and the lives of their family members. Cities are areas that provide concentrated resources that girls seek—schools, diverse job markets, health care—and new ways of thinking about gender. The authors found that girls who move to cities may be better able to make choices about their own lives, given the greater autonomy they may have after migration.

"I decided myself to leave and come bere because I want to belp my family because they are poor." — Phuong, 18, Vietnam

What Do We Know?

Research for the report revealed that a substantial percentage of adolescent girls in the cities of developing countries are recent in-migrants. The circumstances behind the decision to migrate vary, and the decisionmaking preceding a girl's migration can be complex. Familial pressure and obligations interact with a girl's personal desire to move. New research for *Girls on the Move* shows that school and work opportunities are the primary reasons adolescent girls give for migration. A significant minority of girls move to escape hardship—such as neglect or abuse resulting from poverty or disruption of their family structure—and to escape child marriage.

Girls also move to keep up with peers, who return to rural villages with new clothing and goods available only in cities. As a young migrant from Tanzania describes:

> "When [a girl who had migrated to the city] came back, she was very beautiful and she had money and everything, so I knew no matter how

difficult life might be in the cities, still you can't compare with the village life...so I was waiting for an opportunity to come [to the city]."

-Sabina, 17, Tanzania

In addition to their personal betterment, girls also move to help provide for their family's needs, such as helping to pay for younger siblings' school fees. A girl from Vietnam explained:

> "I decided myself to leave and come here because I want to help my family because they are poor."

> > -Phuong, 18, Vietnam

Benefits of Migration

Migrant girls in urban areas typically have higher educational levels than rural nonmigrant girls. These girls may start out more highly educated, and this may make them more likely to migrate. However, urban migrant girls are also more likely than rural nonmigrant girls to be enrolled in school in their new urban homes, though not at the levels achieved by urban nonmigrant girls.

Many migrant girls who are not enrolled in formal education also benefit from living in urban areas. Migrant adolescent girls engaged in domestic work in West Africa stress the value of urban employment, which provides "on the job training" and a way to gain practical skills and knowledge that could not be attained through formal schooling.

Migration can also empower adolescent girls economically. Working migrant girls can generate savings, which allow them to meet their basic needs and plan for the future. Evidence shows that some migrant girls also provide for their families with their earnings by caring for aging parents and paying for siblings' schooling. Remittances from migrant daughters can help raise the living standards of families in rural homes. Many parents report that a girl's status increases because of her ability to contribute financially to the family budget. This gives girls a greater say in family decisionmaking. When migrant girls successfully participate in school and work, they change the perception of girls' roles and position in society. In areas where many girls migrate, this may lead communities to re-think the value of girls. This can affect marriage practices by reducing parents' and community elders' influence over the timing and choice of a husband.

Qualitative research shows that even in difficult circumstances—enduring harsh work environments or living on the street—many migrant girls say they prefer their lives after migration to the lives they left behind. These girls see themselves as taking action to improve their circumstances and prospects, even if they must endure difficult situations to do so.

Accelerating Action for Migrant Girls

Enabling migrant girls to secure their human rights, build their protective assets, and unlock their considerable potential requires actions at three distinct phases of migration: pre-departure, in transit, and settling in. The researchers found that current programs and policies for migrant girls tend to be reactive, responding to harmful outcomes when they occur but often failing to build the protective assets girls need to make the most of the potential benefits of migration. The authors did uncover and describe some promising programs that recognize the importance of building girls' assets before things go wrong.

Preparing Migrant Girls before Departure

A few programs aim to improve readiness for safe and informed migration by providing information on legal procedures, services, and support systems in destination communities. Pre-departure programs are especially relevant in communities with well-established migration routes, involving networking between community members from sending and receiving areas.

In response to high rates of rural-to-urban labor migration, World Education Cambo-

dia implemented the Pre-Industry Life Skills Programme (PILS) in a sending community of rural Cambodia, reaching almost 600 adolescents (90 percent female). PILS provided health skills and knowledge about safer migration, including information on how to secure a job in a garment factory, worker rights, maps of factory locations, how to live in a new city, and general financial management. Pre- and post-test measures showed that the program raised knowledge and improved girls' ability to protect themselves.

Protecting Migrant Girls in Transit

Transit hubs such as bus and train stations can be particularly dangerous for unaccompanied girls. The International Programme on the Elimination of Child Labour (IPEC) and the Project to Prevent Trafficking in Girls and Young Women for Labor Exploitation launched the Spring Rain Campaign in bus and train stations in China, where they distributed nearly 1 million brochures and provided young female migrants with basic information on transport, accommodation, and employment agencies to link them to legitimate work opportunities.

Following the Spring Rain Campaign, more than 60,000 girls visited safe recruitment agencies, and one-third of them found employment. Local governments embraced the campaign messages and materials and incorporated them into their work in a number of cities. Campaigns continue to be organized at transportation hubs in China.



The Population Council's Biruh Tesfa program is a promising model for supporting migrant girls once they have arrived at their destinations.

Building Migrant Girls' Social Capital in Cities

Social networks are essential to stabilizing migrant girls' lives in their new homes and helping them deal with unexpected events, but migrant girls often lack such social support. The *Biruh Tesfa* program—a partnership between the Population Council, the Ethiopian Ministry of Women, Children, and Youth (WCY) Affairs, Regional Bureaus of WCY, and local administrations—aims to reduce the social isolation of out-of-school girls aged 10–19 living in low-income urban areas of Ethiopia. These hard-to-reach girls were recruited by mentors who went door-to-door in program areas. To date, some 60,000 girls in 18 cities have participated in *Biruh Tesfa*, nearly two-thirds of whom are migrants.

The program gathers girls in a safe location and provides training in basic and financial literacy, HIV/reproductive health education, and gender-based violence. The girls also receive identification cards, referrals to social services, subsidized medical services, and material support such as books, pencils, reusable sanitary pads, and soap.

Girls in *Biruh Tesfa* were found to be more than twice as likely to report having social support as girls in control sites. They were also twice as likely to have high scores for their knowledge about HIV and where to obtain voluntary counseling and testing, and to want to be tested.

Without support, girls can find themselves isolated or in circumstances that are dangerous, abusive, or economically exploitative. Preparing girls before they leave, protecting them along the way, and assisting them where they land will help ensure that they flourish. Their success will make greater prosperity possible for them, their families, their communities, and the world.

SOURCE

Temin, Miriam, Mark R. Montgomery, Sarah Engebretsen, and Kathryn M. Barker. 2013. *Girls on the Move: Adolescent Girls & Migration in the Developing World*. A Girls Count report on Adolescent Girls. New York: Population Council. http://www.popcouncil.org/ pdfs/2013PGY_GirlsOnTheMove.pdf

OUTSIDE FUNDING

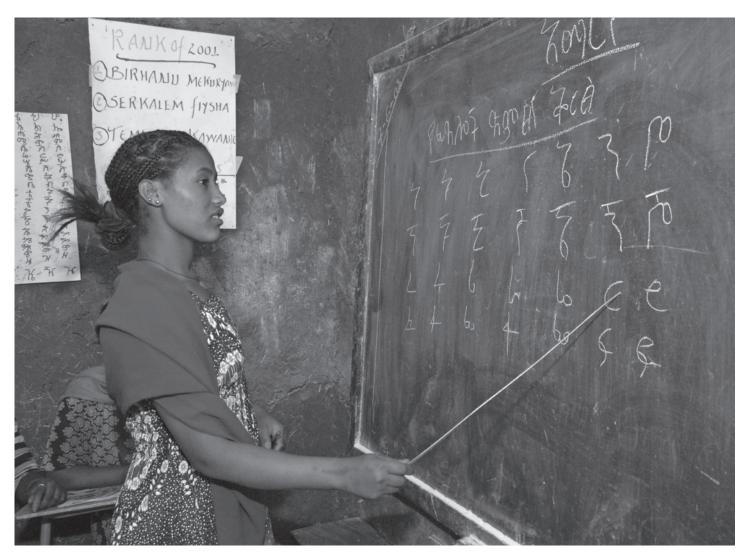
The Nike Foundation and the United Nations Foundation

Study Highlights Data Needed to Reduce Child Marriage

Few investigations have explored the diversity of married girls' experiences depending on how old they were when they got married. A new study by the Population Council's Ethiopia country director, Annabel Erulkar, highlights the unique vulnerability of Ethiopia's youngest married girls and calls for specific programs to delay marriage among those under age 15—a population of young girls often missed by current programs aimed at curbing child marriage.

Risks of Early Marriage

Without significant changes in current investments and programs, experts estimate that by 2020 more than 100 million young girls worldwide will be married before they reach their 18th birthday; 14 million of them will be married before they reach 15. In Ethiopia's Amhara region, rates of child marriage are among the highest in the world. Child marriage (defined as marriage before age 18) not only prevents girls from reaching their personal and economic potential but poses serious health risks and increases girls' vulnerability to sexual abuse, intimate partner violence, and HIV.



Getting Ethiopian girls into school and keeping them there holds great promise for reducing rates of child marriage.

Not surprisingly, the likelihood of a woman bearing children before age 18 greatly increases if she is married. In low- and middleincome countries, complications of pregnancy and delivery are a leading cause of death among women ages 15-19.

Girls Under 15 are Most At-risk

Erulkar examined data gathered from 1,671 rural and urban women aged 20-24, who were interviewed as part of a population-based survey conducted in 2009-10 in seven of Ethiopia's nine major regions. The information in the data set is far more detailed on the topic of marriage than data available from the Demographic and Health Survey.

Erulkar found that one in six of the young women interviewed (ages 20-24) had married by age 15 and that 90 percent of those marriages had been arranged (compared with 50 percent of marriages among women who married at 18 or 19). Girls who were younger than 15 when they married were less likely than girls who married when they were older to know about their impending marriages or to want the marriage. They were at an increased risk of intimate partner violence and were four times more likely than those who married later (ages 18-19) to have experienced forced first sex. Most of them experienced their first marital sex before they started menstruating.

Lack of Educational Opportunities

The study found that level of education—for both the girls and their parents—was a significant determinant of whether, and at what age, a young girl was married. As compared with those who had some formal education, women who had no education had nine times the risk of being married before age 15 (and five times the risk of being married between ages 15 and 17). The younger a woman was at the time she married, the more likely it was that her parents had no education (97 percent "Child marriage bas far-reaching impacts on populations, development, and girls' health and well-being. To have the greatest impact, programs to address child marriage should focus on regions where large proportions of girls are married before age 15."

-Annabel Erulkar, Population Council's Ethiopia country director

of mothers and 91 percent of fathers of girls married under 15).

Erulkar also found that, contrary to common belief, most girls did not leave school to marry. Instead, the study showed that girls who married very early were less likely than girls who married later to have attended school at all.

The Need for Targeted Prevention Programs

Erulkar states that to effectively address child marriage, investments should be made in regions where large proportions of girls are married before age 15. The study's findings demonstrate the need for significant programmatic shifts to prevent child marriage. Most prevention programs fail to make distinctions between girls of different ages. Many of these programs are school-based. However, the girls most vulnerable to child marriage have no education, are younger than 15, and reside in rural areas.

"These findings have implications for the design of programs aimed at reducing the prevalence of child marriage," explains Erulkar. "Girls who are young and out of school may be highly vulnerable to being married off; if so, community-based programs that get girls into school and keep them there may be more effective at combating early child marriage than are strategies to address the school environment or community attitudes toward early marriage."

One example of an effective program is the Population Council's *Berhane Hewan* ("Light for Eve") project, which has used conditional cash transfers, the provision of school supplies, and community involvement to successfully increase school enrollment and delay marriage among girls aged 10-14. Erulkar is spearheading an ambitious expansion of this approach in Ethiopia, Tanzania, and Burkina Faso.

"Child marriage has far-reaching impacts on populations, development, and girls' health and well-being," says Erulkar. "To have the greatest impact, programs to address child marriage should focus on regions where large proportions of girls are married before age 15."

SOURCE

Erulkar, Annabel. 2013. "Early marriage, marital relations and intimate partner violence in Ethiopia," *International Perspectives on Sexual and Reproductive Health* 39(1): 6-13.

OUTSIDE FUNDING

United Nations Population Fund/Ethiopia

Researchers Call for a Green Contraceptive Research and Development Agenda

"We've gone from 30 million contraception users in 1960 to 645 million in 2010—and that number is projected to jump to one billion by the end of the century," observes John Townsend, vice president and director of the Population Council's Reproductive Health program. "As more and more women gain access to contraception, we want to make sure that developers, manufacturers, and distributors are doing their part to help protect the environment."

At a 2011 meeting co-convened by the Population Council and the Reproductive Health Technologies Project, reproductive and environmental health experts developed a "greenprint"—a vision for a green contraceptive research and development (R&D) agenda.

Green contraception refers to any method that minimizes environmental impact. This could mean methods that do not use hormones; that implement green standards in their manufacturing, packaging, and transport; and those whose waste and disposal have a minimal environmental impact. Of the methods currently available, copper intrauterine devices (IUDs) that are long-lasting and non-hormonal, and natural latex condoms (made from biodegradable, sustainably grown rubber) are considered green. So why not just use the green methods already available? Experts contend that searching for one or a handful of "'ultimately green' contraceptive product[s]" is not the answer for more environmentally sustainable contraception. Women's contraceptive needs differ. And their needs change over their reproductive lives, as their circumstances and priorities shift. Therefore, advocates for green contraceptives call for an overall greening of the contraceptive life cycle-from a method's initial design to its eventual disposal.

How To Go Green

Experts have identified six major phases of a contraceptive's life cycle where greening could take place (see Figure 1).

- First, researchers and developers could increase the efficient use of currently available resources and materials and investigate new, eco-friendly materials that could be used throughout the contraception life cycle.
- Second, researchers could design new products or modify existing products to minimize their impact on the environment (e.g., limiting hormones or hormone levels, incorporating green principles like reusable applicators, and/or minimizing the number of times a product needs to be used).
- Third, contraceptive developers could institute green manufacturing standards to decrease waste and reduce the carbon footprint of both producing and transporting contraceptives.
- Fourth, developers could further reduce the environmental impact of contraceptive commodities by reducing packaging and

by building in-country capacity to produce contraceptives closer to where they are distributed.

- Fifth, developers could explore ways to make green contraceptives more appealing to consumers.
- Sixth, developers could reduce the amount of waste involved in contraceptive R&D and use by minimizing the amount of materials used in production and packaging; reusing, recycling, or using biodegradable materials; and reducing the impact of hormones (particularly estrogens) on water supplies.

Developing countries with inadequate sewage and waste disposal systems will benefit most from these efforts.

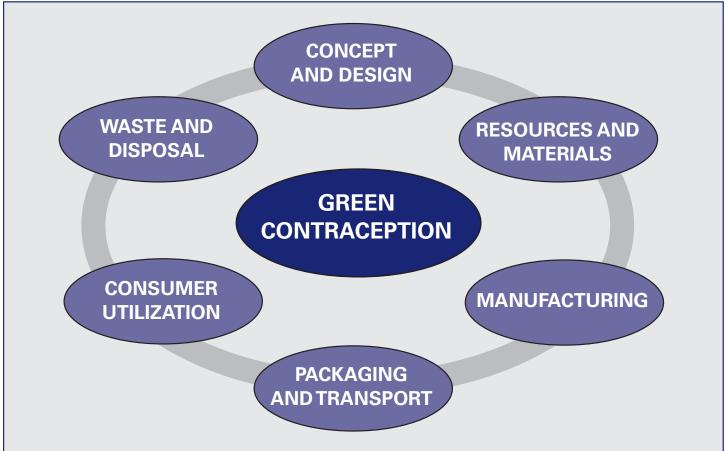
Next Steps

Implementing these changes will not be without challenges—namely, the potentially higher cost of green contraceptives to consumers and donors, the need to generate increased interest among donors, and the difficulty of locating the necessary manufacturing knowledge and expertise.

"One of our roles at the Population Council is to develop safe, effective, user-friendly contraceptives. While doing so, we also want to make sure we are protecting communities and the environment."

> -John W. Townsend, director of the Population Council's Reproductive Health program

Figure 1: Green Contraception Life Cycle



SOURCE: Blithe 2013.

Apart from these potential challenges, advocates of green contraception can begin to advance the R&D agenda by taking a few important steps. Specifically, they can:

- Refine the vision of green contraception by seeking input from a broader range of stakeholders.
- Conduct a cost-benefit analysis that includes financial, health, and opportunity costs.
- Learn more about the principles of green chemistry and green manufacturing standards.
- Give companies already involved in contraception development and manufacturing incentives to implement green principles.

- Seek to stimulate green research (possibly in the form of a grand challenge to innovators for environmentally conscious reproductive health technologies in which the winner would receive both recognition and support).
- Take advantage of readily available opportunities to implement green principles.

The greening process will clearly take time. As Townsend observes, "We ought to be thinking more broadly when we're developing products. One of our roles at the Population Council is to develop safe, effective, user-friendly contraceptives. But while doing so,we also want to make sure we are protecting communities and the environment. We need to ask, 'How do we reduce packaging and distribute the products in-country, how are they stored, and what is left behind when the products are no longer in use?' It's a long process that will need to take place over many years, but one that we need to begin now."

SOURCES

Blithe, Diana. 2013. "Green contraceptive research and development," Contraceptive Discovery and Development Branch, NICHD, NIH, DHHS.

Moore, Kirsten, John Townsend, Jeff Spieler, Patricia S. Coffey, Diana Blithe, Elizabeth Arndorfer, and Elizabeth Dawes. 2013. "A greenprint for sustainable contraceptive research and development," *Contraception* 87: 347-351.

FUNDING

William and Flora Hewlett Foundation and Population Council

HIV AND AIDS

Lessons from a Decade of MSM Research in sub-Saharan Africa

It has been just over a decade since the first large behavioral survey of men who have sex with men (MSM) in Africa was conducted by the Population Council in Senegal. To uncover what has been learned since then and to explore future directions for research and programs for MSM, Scott Geibel, Nicholas Muraguri, and Marleen Temmerman—all experts at organizations at the forefront of addressing these issues—reviewed the existing research and offered guidelines for the next decade of research and policy.

Geibel is an associate with the Population Council's HIV and AIDS program based in the Council's Lusaka, Zambia office. Muraguri is the former head of Kenya's National AIDS and STI Control Programme and is currently Executive Director of the Secretariat for the Global Task Team on the Elimination of New HIV Infections among Children and Keeping Their Mothers Alive, based in Nairobi. Temmerman is a professor of obstetrics and gynecology at Ghent University and Director of the Department of Reproductive Health and Research at the World Health Organization.

In developed countries, it has long been recognized that MSM are at high risk for HIV and other sexually transmitted infections. However, in Africa, the stigma associated with homosexual behavior—and the fact that it is illegal in some countries—have kept the health needs of MSM largely hidden. As a result, health systems have lacked vital information for creating effective programs and policies that meet the health needs of this at-risk population.

"Our review brings to light how much has been revealed and learned in the past decade about MSM and HIV in Africa, yet also how far there is to go," says Geibel.

What We Currently Know: Biology and Behaviors

The studies included in the review showed that—while little is known about general rates of sexually transmitted infections (STIs) among MSM—HIV disproportionately affects MSM throughout the region. One analysis estimated that MSM in Africa were nearly four times more likely to be HIV positive than men in the general population.

MSM have high levels of behaviors that raise their risk of HIV. Specifically, many of the MSM surveyed reported that they had multiple partners. Some studies found that as many as 86 percent of men reported having more than five partners in the last six months, some of them concurrently. Consistent condom use and transactional sex among MSM in Africa were found to vary widely. Reported rates of condom use ranged from 9 percent to 80 percent. Several studies documented a high use of products associated with condom breakage, including petroleum products, baby oils, and other lotions used for lubrication during anal sex, indicating an urgent need for further education. Between 6 and 74 percent of respondents reported getting paid to engage in anal sex or engaging in sex work.

While the heightened prevalence of HIV among MSM is well established, the ability to accurately estimate the size of MSM populations is far more difficult. This is particularly true in areas where stigma around homosexuality persists.

As Geibel noted, "MSM are one of the most stigmatized of all HIV risk groups in sub-Saharan Africa." The often-hostile social, political, and legal environments for MSM, as well as the widespread human rights abuses they suffer, further increase their risk of HIV and complicate the estimation of MSM population size and the prevalence of samesex sexual behavior. Yet, the ability to more accurately estimate MSM populations in Africa would greatly aid in the appropriate provision of programs for MSM to prevent or treat HIV or care for those affected by it.

Instead, there is limited information on the effectiveness of MSM-targeted interventions, and current HIV testing rates among MSM are very low. While results from recent studies testing the potential use of antiretroviral therapy for the prevention of HIV (pre-exposure prophylaxis or PrEP) hold new promise, more accurate estimates of MSM populations as well as strategies to combat human rights abuses and other structural barriers will still be necessary for their widespread success.

Future Directions

The authors identified key limitations in the studies reviewed—most notably a bias toward urban, sex worker populations and a tendency to treat MSM as a homogeneous group. However, the past decade of research has confirmed the existence of MSM throughout sub-Saharan Africa and described factors that contribute to their risk of acquiring HIV. To produce quality data to inform both policy dialogue and the planning of appropriate HIV prevention and care services for MSM, the authors identified the following research priorities for MSM in sub-Saharan Africa:

• The improvement and harmonization of surveillance and research methodologies and indicators.



In Africa, the stigma associated with homosexual behavior has kept the health needs of men who have sex with men largely hidden. As a result, health systems have lacked vital information for creating effective programs and policies that meet the health needs of this at-risk population.

- A greater emphasis on qualitative studies, specifically those that explore sexual identities, typologies, and social and cultural contexts of sexual behavior, to enhance the field's understanding of survey findings.
- The recruitment of MSM to support scientific research.
- Increased research on STIs and STI treatment to inform appropriate health services for MSM and the feasibility of presumptive STI treatment.

- Additional research on the safety of waterbased lubricants.
- The continued study of PrEP as an intervention for high-risk MSM.

"We know that there is heightened HIV vulnerability among MSM compared to the general population, and have a better sense of what contributes to this in terms of behaviors, stigma, and discrimination," reflects Geibel. "But there is so much more to learn with regard to effective prevention and treatment strategies, as well as the need to reach more MSM in countries that still struggle to recognize and address MSM in national HIV policy and programming." ■

SOURCE

Muraguri, Nicholas, Marleen Temmerman, and Scott Geibel. 2012. "A decade of research involving men who have sex with men in sub-Saharan Africa: Current knowledge and future directions," SAHARA-J: Journal of Social Aspects of HIV/AIDS: An Open Access Journal 9(3): 137-147.

RECENT PUBLICATIONS-

HIV AND AIDS

Derby, Nina R., Thomas M. Zydowsky, and **Melissa Robbiani**. "In search of the optimal delivery method for anti-HIV microbicides: Are intravaginal rings the way forward?" *Expert Review of Anti-infective Therapy* 11(1): 5–8.

"Documentation of HIV prevention research and programmatic learnings from India," *Selected peerreviewed journal publications from the Knowledge Network Project, Volume 1.* New Delhi: Population Council.

"Evidence for action: News from the Population Council in Nigeria," *Issue no. 3, May.* Abuja: Population Council.

Kalibala, Sam, Waimar Tun, Chabu Kangale,

Jill Keesbury, Ray Handema, and Mwaka Monze. "Implementing incentive-based HIV interventions in Zambia: The COMPACT model," Baseline evaluation report. Lusaka: Population Council.

Mahapatra, Bidhubhusan, Catherine M. Lowndes, Sanjay Kumar Mohanty, Kaveri Gurav, Banadakoppa M. Ramesh, Stephen Moses, Reynold G. Washington, and Michel Alary. "Factors associated with risky sexual practices among female sex workers in Karnataka, India," *PLoS ONE* 8(4): e62167.

Parikh, Urvi M., Photini Kiepiela, Shayhana Ganesh, Kailazarid Gomez, Stephanie Horn, Krista Eskay, Cliff Kelly, **Barbara S. Mensch**, Pamina M. Gorbach, Lydia Soto-Torres, Gita Ramjee, John W. Mellors, on behalf of IPTc Taskforce. "Prevalence of HIV-1 drug resistance among women screening for HIV prevention trials in KwaZulu-Natal, South Africa (MTN-009)," *PLoS ONE* 8(4): e59787.

Pullikalu, Renuka Somanatha, **Ram Manohar Mishra**, **Niranjan Saggurti**, and Prabhakar Parimi. "The association between noncommercial partnerships and risk of HIV among female sex workers: Evidences from a cross-sectional behavioral and biological survey in southern India," *AIDS Research and Treatment* 2013(Article ID 108630).

Rai, Sandeep, **Bidhubhusan Mahapatra**, Subhashish Sircar, Pinnamaneni Yujwal Raj, Srinivasan Venkatesh, Mohammed Shaukat, and Bharat Bhusan Rewari. "Adherence to antiretroviral therapy and its effect on survival of HIV-infected individuals in Jharkhand, India," *PLoS ONE* 8(6): 66860.

Rao, Vasudha Tirumalasetti, **Bidhubhusan Mahapatra**, Sachin Juneja, and Indra Ramayash Singh. "Evaluating the McDonald's business model for HIV prevention among truckers to improve program coverage and service utilization in India, 2004–2010," *HIV/AIDS*— *Research and Palliative Care* 5: 51–60.

Saggurti, Niranjan, Ram Manohar Mishra,

Laxminarayana Proddutoor, Saroj Tucker, Dolly Kovvali, Prabhakar Parimi, and Tisha Wheeler. "Community collectivization and its association with consistent condom use and STI treatment-seeking behaviors among female sex workers and high-risk men who have sex with men/transgenders in Andhra Pradesh, India," *AIDS Care* 25(Supplement 1): 55–66.

Sarna, Avina, Stanley Luchters, Eustasius Musenge, Jerry Okal, Matthew F. Chersich, Waimar Tun, Sabine Mall, Nzioki King'ola, and Sam Kalibala. "Effectiveness of a community-based positive prevention intervention for people living with HIV who are not receiving antiretroviral treatment: A prospective cohort study," *Global Health: Science and Practice* 1(1): 52–67.

Vu, Lung, Sylvia Adebajo, Waimar Tun, Meredith Sheehy, Andrew Karlyn, Jean Njab, Aderemi Azeez, and Babatunde Ahonsi. "High HIV prevalence among men who have sex with men in Nigeria: Implications for combination prevention," *Journal of Acquired Immune Deficiency Syndromes* 63(2): 221–227.

Woodsong, Cynthia, Kathleen M. MacQueen, K. Rivet Amico, **Barbara A. Friedland**, Mitzy Gafos, Leila Mansoor, Elizabeth E. Tolley, and Sheena McCormack. "Microbicide clinical trial adherence: Insights for introduction," *Journal of the International AIDS Society* 16: 18505.

POVERTY, GENDER, AND YOUTH

Austrian, Karen and Eunice Muthengi-Karei. "Safe and smart savings products for vulnerable adolescent girls in Kenya and Uganda: Evaluation report." Nairobi: Population Council.

Blanc, Ann K. and Judith Bruce. "Commentary: Explicit attention to age and gender disparities is key to understanding adolescent experiences and outcomes," *Journal of Research on Adolescence* 23(1): 191–192.

Blanc, Ann K., Andrea Melnikas, Michelle Chau, and Marie Stoner. "A review of the evidence on multi-sectoral interventions to reduce violence against adolescent girls," *Integrated Approaches to Improving the Lives of Adolescent Girls Issue Papers Series*: Girl Hub.

Blanc, Ann K., William Winfrey, and John A. Ross. "New findings for maternal mortality age patterns: Aggregated results for 38 countries," *PLoS ONE* 8(4): e59864.

Dessalegn, Banchiamlack and **Annabel S. Erulkar**. "*Kalkidan* ('Promise'): Addressing marital transmission of HIV in Ethiopia," program brief. Addis Ababa: Population Council.

Erulkar, Annabel S. "Early marriage, marital relations and intimate partner violence in Ethiopia," *International Perspectives on Sexual and Reproductive Health* 39(1): 6–13.

Erulkar, Annabel S. and Eunice Muthengi-Karei.

2012. "Berhane Hewan ('Light for Eve'): Increasing opportunities to delay marriage and promote schooling," policy brief. Addis Ababa: Population Council. Girma, Woldemariam, Diane Rubino, Annabel S. Erulkar, Worku Ambelu, and Ayenechew Kerie. 2012. "Addis Birhan Wendoch ('New Light Boys'): Working with boys and young men to create healthier futures," program brief. Addis Ababa: Population Council.

Grant, Monica J., Cynthia B. Lloyd, and **Barbara S. Mensch**. "Menstruation and school absenteeism: Evidence from rural Malawi," *Comparative Education Review* 57(2): 260–284.

Hallman, Kelly, Marie Stoner, Michelle Chau, and Andrea Melnikas. "A review of control-comparison interventions on girls and health," *Integrated Approaches* to Improving the Lives of Adolescent Girls Issue Papers Series: Girl Hub.

Kelly, Christine A., Erica Soler-Hampejsek, Barbara S. Mensch, and Paul C. Hewett. "Social desirability bias in sexual behavior reporting: Evidence from an interview mode experiment in rural Malawi," *International Perspectives on Sexual and Reproductive Health* 39(1): 14–21.

Population Council. "Financial education curriculum for the Adolescent Girls Empowerment Program (AGEP)." Lusaka: Population Council.

-------. "Health and life skills curriculum for the Adolescent Girls Empowerment Program (AGEP)." Lusaka: Population Council.

Sabarwal, Shagun, **K.G. Santhya**, and **Shireen J.** Jejeebhoy. "Determinants of marital violence: Findings from a prospective study of rural women in India," *Economic and Political Weekly* 48(16).

Santhya, K.G., Shireen J. Jejeebhoy, Iram Saeed, and Archana Sarkar. "Growing up in rural India: An exploration into the lives of younger and older adolescents in Madhya Pradesh and Uttar Pradesh," technical report. New Delhi: Population Council.

Sathar, Zeba A., Rabbi Royan, and John Bongaarts (eds.). *Capturing the Demographic Dividend in Pakistan.* Islamabad: Population Council.

Selim, Mona, Nahla Abdel-Tawab, Khaled El-Sayed, Asmaa Elbadawy, and Heba El Kalaawy. "The Ishraq Program for out-of-school girls: From pilot to scale-up," final report. Cairo: Population Council.

Temin, Miriam, **Mark R. Montgomery, Sarah Engebretsen**, and **Kathryn M. Barker**. "Girls on the move: Adolescent girls & migration in the developing world," A *Girls Count* Report on Adolescent Girls. New York: Population Council.

REPRODUCTIVE HEALTH

Askew, Ian and Martha Brady. "Reviewing the evidence and identifying gaps in family planning research: The unfinished agenda to meet FP2020 goals," background document for the Family Planning Research Donor Meeting, Washington, DC, 3–4 December 2012. New York: Population Council.

Publications are by Population Council staff members, consultants, or staff from partner organizations. Year of publication is 2013 unless otherwise noted. Names in boldface are staff members, consultants, or those seconded from partner organizations.

RECENT PUBLICATIONS

Brody, Carinne D., Julie Freccero, Claire D. Brindis, and **Benjamin Bellows**. "Redeeming qualities: Exploring factors that affect women's use of reproductive health vouchers in Cambodia," *BMC International Health and Human Rights* 13(1): 13.

Decker, Michele R., Saritha Nair, **Niranjan Saggurti**, Bushra Sabri, Meghna Jethva, Anita Raj, Balaiah Donta, and Jay G. Silverman. "Violence-related coping, help seeking and health care-based intervention preferences among perinatal women in Mumbai, India," *Journal of Interpersonal Violence* 28(9): 1924–1947.

Decker, Michele R., **Eileen A. Yam**, Andrea L. Wirtz, Stefan Baral, Alena Peryshkina, Vladmir Mogilnyi, and Chris Beyrer. "Induced abortion, contraceptive use, and dual protection among female sex workers in Moscow, Russia," *International Journal of Gynecology and Obstetrics* 120(1): 27–31.

Donaldson, Peter J. and **Régine Sitruk-Ware**. "New vision for contraceptive research and development," *Huffington Post*, 8 March.

"FP2020: A research roadmap," policy brief. New York: Population Council.

"How does the PVR prevent pregnancy?" Progesterone Vaginal Ring fact sheet. New York: Population Council, 2012.

Ibrahim, Mahad, **Benjamin Bellows**, and Jaspal S. Sandhu. 2012. "Defining effective voucher management information systems: A blueprint for information systems to support scalable reproductive health voucher programs, based on system evaluations with programs in Bangladesh, Cambodia, Kenya, Uganda, and Tanzania," research report. New York: Population Council.

Ishaku, Salisu Mohammed and **Saumya RamaRao**. 2012. "Country mapping: Nigeria," Progesterone Vaginal Ring Technical Report. New York: Population Council.

Khan, M.E., Deepthi S. Varma, Isha Bhatnagar, Anvita Dixit, and Martha Brady. 2012. "Attitudes, beliefs, and practices of providers and key opinion leaders on emergency contraception in India." New Delhi: Population Council.

Lundgren, Rebecka, Mihira V. Karra, and **Eileen A. Yam**. 2012. "The role of the Standard Days Method in modern family planning services in developing countries," *European Journal of Contraception and Reproductive Health Care* 17(4): 254–259. Machiyama, Kazuyo and John C. Cleland. "Insights into unmet need in Ghana," *STEP UP Research Report*, February. London: London School of Hygiene & Tropical Medicine.

Mane, Babacar, Nafissatou Diop, Nancy Termini, Saumya RamaRao, and Heather Clark. 2012. "Country mapping: Senegal," Progesterone Vaginal Ring Technical Report. New York: Population Council.

Mane, Babacar, Saumya RamaRao, Martha Brady, Fatou Bintou Mbow, and Ababacar Thiam. 2012. "Attitudes, croyances et pratiques des leaders d'opinion clés (loc) et des prestataires sur la contraception d'urgence (CU) au Sénégal." Dakar: Population Council.

Ndwiga, Charity, Harriet Birungi, Chi-Chi Undie, Herman Weyenga, and Joseph Sitienei. "Feasibility and effect of integrating tuberculosis screening and detection in postnatal care services: An operations research study," *BMC Health Services Research* 13: 99.

Obare, Francis, Wilson Liambila, Harriet Birungi, Eseoise Itombra, Heather Clark, and Saumya RamaRao. 2012. "Country mapping: Kenya," Progesterone Vaginal Ring Technical Report. New York: Population Council.

Population Council Nigeria. "Day of dialogue: Expanding opportunities for increased access to emergency contraception (EC) in Nigeria," meeting report. Abuja: Population Council.

"Safe for mothers and babies," Progesterone Vaginal Ring fact sheet. New York: Population Council.

Talukder, Md. Noorunnabi, Ubaidur Rob, Laila Rahman, A.K.M. Zafar Ullah Khan, Riad Mahmud, Azizul Alim, Ismat Ara Hena, Farhana Akter, and Anup Kumar Dey. 2012. "Incentivizing providers to improve maternal, newborn and child health services in Bangladesh: Pay-for-performance model refinement and advocacy (P4P MRA) final report." Dhaka: Population Council.

Undie, Chi-Chi, Francis Obare, Saumya RamaRao,

and Lynn Van Lith. "Communities take action in Kenya: Strengthening postabortion care," *RESPOND Project Brief* no. 13. New York: EngenderHealth (RESPOND Project).

Yam, Eileen A., Zandile Mnisi, Bheki Sithole, Caitlin E. Kennedy, Deanna Kerrigan, Amy Ong Tsui, and Stefan Baral. "Association between condom use and use of other contraceptive methods among female sex workers in Swaziland: A relationship-level analysis of condom and contraceptive use," *Sexually Transmitted Diseases* 40(5): 406–412.

Yam, Eileen A., Freddy Tinajeros, Rita Revollo, Kara Richmond, Deanna Kerrigan, and Sandra G. Garcia. "Contraception and condom use among Bolivian female sex workers: Relationship-specific associations between disease prevention and family planning behaviors," Health Care for Women International 34(3–4): 249–262.

OTHER

"Family planning," Momentum, May.

Mierzwa, Stan, Samir Souidi, Irene Friedland, Lauren L. Katzen, and Sarah A. Littlefield. "Effective approaches to user-interface design with ACASI in the developing world," *Interactions* XX.3(May-June 2013): 58–61.

Mierzwa, Stan, Samir Souidi, Irene Friedland, Sarah A. Littlefield, Lauren L. Katzen, Craig Savel, Deborah Boccio, and Saumya RamaRao. "Approaches that will yield greater success when implementing selfadministered electronic data capture ICT systems in the developing world with an illiterate or semi-literate population." New York: Population Council.

Population Council Annual Report 2012.

Population and Development Review 39(1) and 39(2).

Studies in Family Planning 44(1) and 44(2).

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