# Gender and Adolescence Research Panorama

Quarter 1 2020 Edition

Authors: Lopita Huq and Megan Devonald

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During these unprecedented times, it is important to reflect on the impact of the current COVID-19 pandemic on adolescents across the globe. Although the more immediate effects are on physical health, this pandemic will have knock-on effects on all capability domains: children and women will be left more vulnerable to violence, families will face economic insecurity, school closure will interrupt educational trajectories, and disruptions to mobility will result in psychosocial consequences. During shocks like this, it will be critical to monitor the role of social safety nets, accessible basic services, information and communication mechanisms, and community-based organisations in protecting adolescents and their families. Through GAGE’s longitudinal research on gender and adolescence, we will aim to shed light on those personally affected – both adolescents and their caregivers – feeding into knowledge on ‘what works’ for adolescents in times of crisis.

It is also critical that we collectively maintain a strong focus on the most vulnerable populations, who are often hit the hardest during crises. Those in humanitarian settings face extreme challenges, especially those living in camps, where conditions do not allow for adequate social distancing measures. This quarter we would like to highlight three recently produced briefs on Rohingya refugee and host adolescents living in Cox’s Bazar, Bangladesh, which summarise some of the key challenges facing young people in terms of age- and gender-based violence, psychosocial well-being and education and learning. For this, and forthcoming editions of the Research Panorama, we are going to be putting a spotlight on one of GAGE’s focal countries. This edition features Bangladesh (see Box 1 below), and will include key publications published in the last quarter on Bangladesh, as well as emerging research on gender and adolescence more broadly.

Cross-cutting findings

Although some countries are making rapid progress towards gender equality, 67 countries will not achieve key gender equality targets if they continue at their current pace (Equal Measures 2030, 2020). A review of successful gender-equality programmes found that 74% showed significant improvement in health- and gender-related indicators; however, only 16% showed evidence of (or potential for) broader gender norm change, with most programmes focusing on improvements at the individual level, rather than on broader system change (Levy, 2020).

Engaging with boys and men has long been recognised as an important component to achieving gender equality. International standards, and a number of influential actors, have set the precedent for a shift in focus at the global and national levels on how to best engage men. In Bangladesh, this includes the National Development Plan – a comprehensive policy that contains a programme for changing men’s attitudes to gender (Walker et al., 2019).

There has been less attention paid to the impact of social norms on men and boys. A recent GAGE brief highlights this and shows that deeply entrenched norms can have negative impacts on boys and men, including norms surrounding financial responsibility which can result in boys being pressured into dropping out of school to start earning (Ghimire and Samuels, 2020).

The GAGE Research Panorama provides an overview of current research on adolescents over the most recent GAGE quarter, as well as external grey and published literature, specifically looking at articles that relate, from a gender perspective, to GAGE’s key capability domains: education and learning; bodily integrity and freedom from violence; health, nutrition, and sexual and reproductive health; psychosocial well-being; voice and agency; and economic empowerment. It also aims to look at the ways specific vulnerabilities such as age, disability and refugee status further disadvantage adolescents in achieving these capabilities.
Education and learning

Globally, progress has been made in reducing the gender gap in primary education, which has narrowed from 6% to 2% in favour of girls in the last 20 years. In the same time period, the percentage of secondary school-age girls enrolled in school has also increased from 60% to 67% (UNICEF et al., 2020). However, some adolescent cohorts remain more disadvantaged in accessing their education. In Bangladesh, Rohingya refugees in Cox’s Bazar, Bangladesh have low educational attainment. This is particularly true of adolescent girls. GAGE data found that while in the host communities 73% of adolescents are enrolled in school, Rohingya refugees in camps are denied any formal education and only 49% of Rohingya adolescents are currently attending informal education, where the quality of education is also notably poorer than that of formal school. There is a significant gender difference for Rohingya adolescent attendance with boys 35% more likely to attend than girls, because of strict gender norms that preclude girls’ mobility around the camp. In host communities, child marriage is a key driver of school dropout, as are cost barriers (Guglielmi et al., 2020). This echoes findings in a recent study that highlights inequities in public spending on education, such that in some countries children from the poorest households get as little as 10% of public education spending (UNICEF, 2020).

Policy and programming implications

» Ensure that public funding is concentrated at lower education levels – as this is where the poorest children are most prominently represented – by encouraging national governments to sign up to clear action plans that include mandatory expenditure tracking.

» Target enrolment rates through delivering social and gender norms awareness packages to parents and the community that highlight the importance of education for girls and the negative impacts of child marriage. Delivery of social protection schemes could also mitigate educational costs.
Bodily integrity

In 2018, 415 million children around the world were living in conflict-affected regions. However, conflict has differential impacts on boys and girls. Whereas girls are more likely to face sexual abuse (87% of all verified cases involved girls compared to 1.5% for boys), boys are more likely to be killed by direct warfare, recruited by armed forces or abducted (Save the Children, 2020). State fragility also appears to be linked to levels of child marriage, with 9 out of 10 of the countries with the highest child marriage rates having fragile or extremely fragile contexts. However, many aspects of child marriage in these settings are understudied (Mazurana and Marshak, 2019). GAGE baseline data found that rates of child marriage in older girls were four times higher for Rohingya adolescents in camps, compared to Bangladeshi adolescents in the host communities. Furthermore, married girls were 14% more likely to experience gender-based violence than their peers (Guglielmi et al., 2020).

Policy and programming implications

» Provide tailored gender-based and psychosocial services such as mobile centres that account for the mobility challenges faced by married girls.
» Ensure that psychosocial services are an essential component of the humanitarian response, and are easily accessible and adolescent and child friendly, in order to help address the negative legacy of age- and gender-based violence.
» Invest in systematic research on child marriage in humanitarian settings to fill evidence gaps and help inform a multi-pronged response.

Health, nutrition, and sexual and reproductive health

Social norms play an integral role in shaping attitudes on health and nutrition. In South Africa, weight loss attempts were found to be related to maternal body image norms for boys but not for girls, suggesting a generational shift in females’ body image norms from more traditional African ideals of stoutness to norms that promote thinness as the preferred body shape and are more in line with Western culture (Cohen et al., 2020). In Bangladesh, negative attitudes to physical activity were higher in girls, overweight adolescents and adolescents who had insufficient sleep (Burton, 2019). A further study in Bangladesh found that children from poorer households with less educated mothers were more likely to have poorer nutrition (both stunting and underweight) (Hasan et al., 2019).

Policy and programming implications

» Incorporate into public health interventions a better understanding of the wider societal factors that shape adolescent attitudes and behaviours around healthy eating and body image, particularly for girls, and target socioeconomic inequalities that can result in malnutrition.
» Target strategies for increasing physical activity to populations at risk of negative attitudes to physical activity, for example, in Bangladesh this could be adolescents who lack of sleep and those who are overweight.
Psychosocial well-being

Positive social environments can have large impacts on adolescents’ well-being. A study of children living in informal settlements in Nairobi, Kenya found that adolescents’ coping mechanisms for positive psychosocial well-being largely stem from strong family and peer networks. However, adolescent boys were found to be overlooked and many felt unsupported by their families and communities, often leading to negative coping mechanisms (Plan International and PRUV, 2020). In addition to this, in Ghana, family social capital – such as a sense of belonging and autonomy – was found to have protective effects on adolescents’ life satisfaction and happiness against low socioeconomic status (SES). School sense of belonging had no mediating effect, suggesting that the role of family is more important than the role of school as a protective measure against low SES (Addae, 2020). Globally, parenting programmes can also be an effective way to increase parental–child communication and improve adolescents’ psychosocial well-being (Marcus et al., 2019). In Bangladesh, GAGE research with Rohingya and Bangladeshi adolescents found they were more likely to confide in their mothers than their fathers. Although, some respondents reported that their parents were their primary source of support, Rohingya girls in particular noted that they have more distant relationships with their parents and find it difficult to discuss personal topics with them (Guglielmi et al., 2020).

Policy and programming implications

» Target family support networks in programming, particularly for adolescents from poorer households. For example, parent–adolescent support groups could provide a useful mechanism to increasing positive communication within families.

» Support services need to be aimed at, and accessible to, adolescent boys. There needs to be an integrated approach to psychosocial health, with families and school authorities playing key roles in supporting adolescents.

» Parenting programmes need to be tailored for parents of adolescents, engage both mothers and fathers, and tackle harmful gender norms that can lead to adolescent boys seeking negative coping mechanisms.

Voice and agency

The Girl Empower programme in Liberia – aimed at providing adolescent girls with the skills to make healthy life choices and stay safe from sexual abuse – found that although it did not have impacts on reducing sexual violence, it did lead to improvements in sexual and reproductive health, gender attitudes and life skills (Ozler et al., 2020). Furthermore, a review of school-based gender transformative programming for adolescent boys in India found that gender egalitarian attitudinal change was generally greater for younger adolescents compared to older adolescents (Guper and Santhya, 2020). Individual-level factors such as hope and self-efficacy are beneficial in helping adolescent girls achieve their goals; however, wider societal factors such as poverty and early marriage can curtail these positive traits (Packer, 2020).

Policy and programming implications

» Target gender-transformative programmes for boys during early adolescence rather than in later years, given the evidence on greater efficacy at an earlier stage of adolescence.

» Ensure interventions target individual-level improvements in self-efficacy through life skills programmes but also address wider factors at the community and system level.
Economic empowerment

A review of cash transfer programmes found that the magnitude of their impact on health differed across subgroups, particularly how this related to child health, and that the greatest differences found were by child age but also sex and education (Cooper et al., 2020). An economic empowerment programme involving animal microfinance for parents and young adolescents in the Democratic Republic of the Congo found that there were significant impacts on asset building, school attendance and prosocial behaviour on adolescents. Compared to the parent-only programmes, groups where both adolescents and parents attended showed the greatest impacts on adolescents’ prosocial behaviour, whereas adolescent-only programmes showed the greatest impacts on school attendance (Glass et al., 2020).

Policy and programming implications

» Ensure that cash transfer programmes aimed at health-related outcomes are disaggregated by, and tailored to, specific age groups, to take into account the differential impacts of cash transfers on adolescents and children throughout their development.

» Consider integrating economic asset transfer programmes that provide assets to both adolescents and their parents, in order to maximise programme efficacy.
LATEST RESEARCH ON GENDER AND ADOLESCENCE

Abstracts are quoted from the original source. For more information, please use the hyperlinks.

Adolescent well-being: Cross-cutting findings

A tale of contradictions: understanding the impact of social norms on Nepali men and boys

This GAGE brief is part of a baseline study of Word Vision’s peer-to-peer life skills education initiative— the Rupantaran programme— in Nepal. It uses qualitative data to highlight how men and boys are also harmed by social norms in relation to their adolescent female family members or peers.

‘Adolescence has powerful impacts on young people’s capabilities, partly because of the physical transformations wrought by puberty and partly because children’s place in their family and broader community shifts as they approach adulthood (Gender and Adolescence: Global Evidence (GAGE) consortium, 2019). In countries where cultural beliefs dictate that female sexuality needs to be controlled by men, adolescence is an even more difficult life stage, as the physical changes brought about by puberty invite stigma and censorship, and social norms become more stringent. However, patriarchy also has another face, which remains largely unseen: the harmful impact of social norms on men and boys themselves – particularly expectations around what responsibility males, as fathers and brothers, should take for women in their families. In Nepal, research by GAGE over recent years finds that fathers and brothers, who are considered ‘guardians’ of women and girls, have social obligations to protect and provide for their sisters and daughters but also make sure women in the family adhere to traditional social norms. Because men in the family are seen as guardians of women, they are expected to take decisions for their female relatives. In such situations, the distinction between protection and control is often blurred. In their role as ‘guardians’, men and boys also face stringent social norms, which means their lives are often no less difficult. Providing the country-specific context to GAGE’s global synthesis of how to work effectively with adolescent boys in LMICs to promote gender-equitable masculinities, this policy brief discusses some rarely explored issues. It addresses the complexities, contradictions and deprivations in the lives of men and boys, highlighting how fathers and brothers can also experience harmful norms in the family, community and school, in relation to their adolescent daughters/sisters/peers.’


Positioning GAGE evidence on masculinities A mapping of stakeholders and policies relating to the engagement of boys and men for gender equality

This GAGE report outlines the current research on programmes, key players and policy opportunities that aim to engage men and boys in achieving gender equality and maps the key players in GAGE focal regions.

‘Engaging boys and men in development and humanitarian interventions provides an important counterpoint for activities that seek to promote gender equality by addressing the needs and interests of women and girls only. The
argument for such a collective approach can be made on the basis of established thinking that gender equality is achieved on the basis of a progressive interchange of social relations between girls, boys, women and men, as well as programme interventions that rely on the participation of men and boys in order to be efficient and effective. This brief summarises research undertaken to determine the range of key players and policy opportunities in engaging men and boys in promoting gender equality. The mapping of associated stakeholders and policies provides guidance to researchers, policy-makers and practitioners seeking to engage on subject matter relating to the inclusion of men and boys in interventions aimed at gender equality and the empowerment of women and girls. The research findings show that there are gradual but noticeable shifts in global and national conversations on how best to engage men and boys over the past few decades. These shifts have been supported by the development of normative standards (particularly over the past 15 years) such as the Human Rights Council Resolution 35/10 (2017), and also the various standards mapped in this study, but also by a handful of influential actors who have driven the agenda at global and national levels.


The impact of large-scale forced displacement on Rohingya refugees and host communities in Cox’s Bazar, Bangladesh

This brief by Innovations for Poverty Action provides an overview of their qualitative and quantitative study in partnership with the Macmillan Center, Yale University and GAGE on the social, economic and health challenges faced by Rohingya refugees in Cox’s Bazar and outlines some preliminary findings.

‘Despite the scale and persistence of forced displacement, little data and evidence exists to inform long-term policy responses. The arrival of hundreds of thousands of refugees in southern Bangladesh beginning in August 2017 poses a significant policy question: how to integrate refugees into the host economy while simultaneously maintaining or improving the wellbeing of nationals. Researchers are working with IPA to collect detailed social, economic, and health data from previously arrived refugees, recently arrived refugees, and Bangladesh nationals in southern Bangladesh to explain the impact of the recent large refugee flow on the host economy.’


Every last child: The children the world chooses to forget

Save the Children highlight the children that are often forgotten in this recent report, particularly focusing on the issues faced by children excluded due to: ethnicity, race, religion, and cast, refugee status, gender, region, disability status and sexuality.

‘Extreme poverty continues to be a fatal outrage, but a disproportionate number of children who die or lose out on education are not ‘just’ poor. Whether they live in a rich country or in one of the world’s poorest countries, they tend to experience a combination of poverty and discrimination. Together these two injustices add up to exclusion. For nearly a century, Save the Children has been fighting to save children from poverty. Now we are determined to defeat an enemy every bit as deadly and destructive: the discrimination and exclusion that means millions of children are dying needlessly, being denied the chance to learn or being exposed to violence, just because of who they are. This report tells the story of these forgotten children and sets out what is required to reach every last child.’

Download: Save the Children (2020) Every last child: the children the world chooses to forget. London: Save the Children Open Access
A New Era for Girls Taking Stock of 25 Years of Progress
This joint review by UNICEF, UN Women and Plan International takes stock of progress for girls in a number of key domains such as education, gender-based violence and health.

‘Nearly 64 million girls were born in 1995, the year the Beijing Declaration and Platform for Action was adopted, beginning their lives as the global community committed to improving their rights. In 2020, nearly 68 million girls are expected to be born. The analysis presented in this report shows that while girls’ lives are better today than they were 25 years ago, these gains are uneven across regions and countries. This is particularly true for adolescent girls. To accelerate progress, girls need to be involved in both the decisionmaking and designing of solutions that impact their future. This report demonstrates the need to focus on the realities girls face today and addresses the critical issues of ending gender-based violence, child marriage and female genital mutilation (FGM); making sure girls have access to 12 years of education and the skills they need for the workforce; and improving girls’ health and nutrition. This analysis is not intended to be an exhaustive assessment of girls’ rights and well-being, but rather a review of progress for girls in key dimensions of their lives. It draws upon internationally comparable time series data to assess advancements against the strategic objectives for girls set out in the Beijing Platform for Action 25 years ago. Where a lack of data prevents trend analysis, the current situation of girls is highlighted. The evidence provides a foundation for recommendations to global, national and regional stakeholders on important actions that would enable girls to successfully transition into adulthood with the ability to make their own choices and with the social and personal assets to live a fulfilled life’.


Progress Bending the Curve Towards Gender Equality by 2030
To mark 25 years since the Beijing Declaration, this report by Equal Measures uses the SDG Gender Index to assess the levels of progress 129 countries across the world have made in gender equality.

‘2020 marks 25 years since 189 countries signed up to the Beijing Declaration and Platform for Action – an ambitious and progressive blueprint for gender equality. The clock is ticking for governments to take action to achieve the promises made to girls and women in these ambitious frameworks. Gender equality cuts across and throughout the entire SDG framework, and the design of the SDG Gender Index is informed by the insight that gender equality can be a catalytic policy intervention, compounding and accelerating progress across the development spectrum. The 2019 SDG Gender Index – the most comprehensive measure of gender equality aligned to the Sustainable Development Goals (SDGs) – showed that gender equality is still unfinished business worldwide: across the 129 countries studied, no country has fully achieved the promise of gender equality envisioned in the ambitious 2030 Agenda. We also found that nearly half of the world’s girls and women – 1.4 billion – live in countries that get a “failing grade” on gender equality, where the gender gaps are particularly acute. Since the SDG Gender Index launched in 2019, the Equal Measures 2030 partnership has had conversations about the data with women’s rights organizations, advocates and gender equality champions from across sectors. Some of the most common questions we get asked are about pace and nature of change: are countries moving towards greater equality or in the wrong direction? What are the prospects for bending the curve to reach the gender equality promises laid out in the SDGs by 2030?’

EDUCATION AND LEARNING

‘I don’t have any aspiration because I couldn’t study’: Exploring the educational barriers facing adolescents in Cox’s Bazar

This brief draws on data collected by GAGE in Cox’s Bazar and highlights the challenges faced by Rohingya and Bangladeshi adolescents in their education and learning and shows differences found in age and gender.

‘The right to education is stipulated in the 2018 Global Compact on Refugees (UNHCR, 2018) setting out a vision for all stakeholders to work in unison to expand national educational systems and accommodate refugee and host community children and adolescents alike. This vision is further articulated in Refugee Education 2030: A Strategy for Refugee Inclusion (UNHCR, 2019) and aligned with Sustainable Development Goal 4 calling for ‘inclusive and equitable quality education and promote lifelong learning opportunities for all’ (United Nations, 2015). Education for adolescents in Cox’s Bazar, Bangladesh, however, is a serious concern. Approximately half of the Rohingya children living in the area had not participated in any form of learning prior to displacement from Myanmar (Education Cannot Wait, 2018) and the recent influx has placed pressure on the fragile structures serving host community adolescents. Although the UN Convention on the Rights of the Child mandates the sacrosanct right to education (UN General Assembly, 1989), Rohingya refugees have been denied formal education. Children aged 4–14 receive informal learning via a tailor-made Learning Competency Framework curriculum developed by UNICEF and partners, delivered in more than 2,000 learning centres across the refugee camps (UNICEF, 2020b). Many adolescents are not able to access learning, however, and the 2020 Joint Response Plan for the Rohingya crisis warns that ‘an alarming 83 percent of the [Rohingya] adolescents and youth aged 15-24 years old don’t have access to any educational or skills development activities’ (ISCG et al., 2020: 70). This brief draws on mixed-methods data collected in 2019 as part of the GAGE longitudinal research programme, which explores what works to support the development of adolescents’ (10–19 years) capabilities (GAGE consortium, 2019).’


The Influence of Schooling on the Stability and Mutability of Gender Attitudes: Findings From a Longitudinal Study of Adolescent Girls in Zambia

This report uses longitudinal data from the Adolescent Girls Empowerment Program in Zambia which includes data collected from unmarried vulnerable 10–19-year-old girls to understand changes in gender attitudes over time and compares differences in urban and rural settings.

‘Inequitable gender norms are thought to harm lifelong health and well-being. We explore the process of gender attitude change and the role of schooling in shifting or reinforcing gender norms among adolescent girls in Zambia. We used longitudinal data collected from unmarried, vulnerable girls (aged 10–19 years) as part of the Adolescent Girls Empowerment Program. We conducted random effects multinomial logistic regression to determine whether schooling-related factors were associated with shifts in adolescent girls’ gender attitudes across three survey rounds and explored whether these relationships varied by age. Mean gender attitude scores at the aggregate level remained stable over time among rural girls and improved slightly for urban girls. At the individual level, about half the girls had relatively unchanged scores, whereas the other half shifted to higher or lower scores between rounds. Rural and urban girls currently attending school were more likely to have relatively stable equitable attitudes than stable, inequitable attitudes, or attitudes that shifted to inequitable. Educational attainment was not associated with shifts in gender attitudes among rural girls. Urban girls with higher educational attainment were more likely to have relatively stable equitable attitudes than stable, inequitable attitudes, or attitudes that shifted to inequitable or more equitable. Patterns of gender attitude stability and change differed more for urban girls than rural girls and varied by age and schooling-related factors. In general, schooling appears to be an institutional lever that holds promise for shifting gender attitudes toward greater equality. Our study
In 2019, GAGE completed baseline studies in Africa, the Middle East and South Asia.

We found that adolescent boys and girls face multi-dimensional challenges which need to be urgently addressed to achieve the SDGs.

However, fewer than 8% of the 232 SDG indicators are disaggregated by age and gender.

Graphic designed for GAGE by Ottavia Pasta/GAGE 2020
Of the 53 gender-specific indicators, only 18 are disaggregated by age.

Gender- and adolescent-sensitive indicators are limited to just 6 goals:

- SDG 1 - poverty
- SDG 3 - health and well-being
- SDG 4 - education
- SDG 5 - gender equality
- SDG 8 - decent work
- SDG 11 - sustainable cities

Critical gaps remain. For example, SDG 3.7.2 monitors adolescent birth rates but no country data is being collected for 10-14 year olds when girls face the greatest risks.

Of the 53, only 2 are disaggregated by disability, in SDG 8.

For more information, please see the accompanying GAGE report at www.gage.odi.org/publication/the-invisibility-of-adolescents-within-the-sdgs-2/
highlights the importance of looking longitudinally at the effects of social context and reinforces calls for targeted, context-specific interventions for this age group.’


**Are out-of-school adolescents at higher risk of adverse health outcomes? Evidence from 9 diverse settings in sub-Saharan Africa.**

This evidence review analyses data from nine sites in seven different sub-Saharan countries in Africa to better understand the association between school enrolment and health outcomes, and additionally looks for differences in gender and location.

‘We analysed mutually comparable surveys on adolescent attitudes and behaviours from nine sites in seven sub-Saharan African countries, to determine the relationship between school enrolment and adolescent health outcomes. Data from the Africa Research, Implementation Science, and Education Network cross-sectional adolescent health surveys were used to examine the associations of current school enrolment, self-reported general health and four major adolescent health domains: (i) sexual and reproductive health; (ii) nutrition and non-communicable diseases; (iii) mental health, violence and injury; and (iv) healthcare utilisation. We used multivariable Poisson regression models to calculate relative risk ratios with 95% confidence intervals (CI), controlling for demographic and socio-economic characteristics. We assessed heterogeneity by gender and study site. Across 7829 adolescents aged 10-19, 70.5% were in school at the time of interview. In-school adolescents were 14.3% more likely (95% CI: 6-22) to report that their life is going well; 51.2% less likely (95% CI: 45-67) to report ever having had sexual intercourse; 32.6% more likely (95% CI: 9-61) to report unmet need for health care; and 30.1% less likely (95% CI: 16-43) to report having visited a traditional healer. School enrolment was not significantly associated with malnutrition, low mood, violence or injury. Substantial heterogeneity was identified between genders for sexual and reproductive health, and in-school adolescents were particularly less likely to report adverse health outcomes in settings with high average school enrolment. School enrolment is strongly associated with sexual and reproductive health and healthcare utilisation outcomes across nine sites in sub-Saharan Africa. Keeping adolescents in school may improve key health outcomes, something that can be explored through future longitudinal, mixed-methods, and (quasi-)experimental studies.’


**Addressing the learning crisis: An urgent need to better finance education for the poorest children**

This advocacy report from UNICEF uses data from 42 countries to highlight the inequalities in education funding for the poorest children and provides key recommendations to tackle this inequity.

‘Although more children than ever are enrolled in school, far too many are not learning. A key factor that affects quality of education is the availability of public funding. Underinvestment in education can result in several conditions that negatively impact how and what children learn. This advocacy brief presents data and analysis on education funding from 42 countries and highlights major disparities in the distribution of public education funding. The brief notes that the lack of resources available for the poorest children is exacerbating a crippling learning crisis, as schools fail to provide quality education for their students. It calls on governments and key stakeholders to urgently address equity in education funding and presents specific actions required to achieve equitable quality education for every child.’

BODILY INTEGRITY AND FREEDOM FROM VIOLENCE

Age- and gender-based violence risks facing Rohingya and Bangladeshi adolescents in Cox's Bazar

This GAGE policy brief discusses the experiences of Rohingya and Bangladeshi adolescents in Cox's Bazar in relation to age- and gender-based violence and provides key policy recommendations.

‘Many of the 860,000 Rohingya refugees living in Cox's Bazar have been – and continue to be – affected by human rights abuses, domestic violence, sexual and gender-based violence (SGBV) (ISCG, et al. 2020) and are also at risk of trafficking. Host community residents also have complex unaddressed protection needs, including a high risk of child marriage for adolescent girls in the Ukhia and Teknaf upazilas (ISCG, et al., 2019b), coupled with a perceived deterioration in community security, exacerbating women and girls’ freedom of movement in particular (ISCG et al., 2020). To address these risks, humanitarian organisations have mobilised to provide a range of services including referrals, case management and gender-based violence (GBV) services across all 34 camps and in 6 host communities (ISCG, et. al, 2019a). Critical service gaps remain, in terms of funding and coverage. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA)’s Financial Tracking Service (FTS) reported that only 75% of the Rohingya and host community response plan appeal funding was met in 2019 and that the GBV sub-cluster received just 46% of appeal requirements (OCHA FTS, 2020). In terms of coverage, adolescents are among those most at risk of being left behind: the Inter-Sector Gender in Humanitarian Action Working Group reported that ‘adolescents are increasingly marginalized and at risk of significant protection threats’ (ISCG, 2019) and concluded that programming does not accurately address the specific risks faced by adolescent girls and boys. Drawing on data from the Gender and Adolescence: Global Evidence (GAGE) study nested within the larger Cox’s Bazar Panel Study,2 this policy brief discusses the age- and gender-based violence risks facing adolescents from Rohingya refugee and Bangladeshi host communities. It concludes with recommendations to accelerate progress towards addressing critical protection gaps for adolescents as the Rohingya crisis becomes more protracted.’


Stop the War 2020: Gender Matters

This new report by Save the Children is part of a series on the ‘Stop the War on Children’ campaign, and aims to highlight the risks faced by children living in conflict. This edition uses a gender lens to show the differing challenges and experiences faced by boys and girls.

‘The third report of Save the Children’s Stop the War on Children campaign reveals shocking trends in the threats to the safety and wellbeing of children living in areas impacted by conflict. While fewer children are living in conflict-affected areas, those who do face the greatest risk of falling victim to serious violence since systematic records began. This report delves into the differences between boys’ and girls’ experiences through a gendered analysis of the six grave violations of children in conflict. A common understanding of conflict violations focuses on those violations that occur in public spaces, such as the street or out in the community, and are more likely to be experienced by boys, such as killing and maiming. By their very nature, these violations are easier to verify than violations that take place in private spaces, such as the home, which are more commonly experienced by girls. These violations include sexual violence and early/forced child marriage; not easily or often recorded, these violations often go unseen or ignored. Furthermore, the experiences of children with diverse gender identities are not represented at all’.

Attitudinal Acceptance of Intimate Partner Violence Among Adolescents and Young Adults in Nigeria and Tanzania: An Exploration into Target Reference Groups

This report analyses nationally representative data from the Violence Against Children Survey conducted in Nigeria and Tanzania to understand how age, marital status, education and experiences of intimate partner violence (IPV) influence adolescents’ and young adults’ acceptance of IPV.

‘Attitudinal programming for the prevention of intimate partner violence (IPV) among adolescents and young adults often focuses on whom to target based on gender or age; yet other pivotal junctures may relate to when to intervene, such as critical events (e.g., marriage). Using data from the nationally representative Violence Against Children Survey in Nigeria and Tanzania, this study examines the gendered association of acceptance of IPV across 3 reference groups—age, marital status, and education attainment—for male and female adolescents and young adults. Data were analyzed from a sample of 2,437 and 1,771 males in Nigeria and Tanzania, respectively, and 1,766 and 1,968 females in each respective country. Logistic regressions were used to estimate the odds of agreeing with at least one of 5 scenarios when it is acceptable for a husband to beat his wife. A second model examined how experience of IPV in the prior 12 months influences the attitudinal outcome for females. Age was not found to be a significant predictor for attitudinal acceptance of IPV in either country or for either gender. Level of schooling was found to be a significant predictor for decreased odds of attitudinal acceptance of IPV for males but not females in both countries. In contrast, being married was associated with IPV acceptance for females in Tanzania (adjusted odds ratio [aOR]: 1.56; confidence intervals [CIs]: 1.03–2.37) and Nigeria (aOR: 1.66; CIs: 1.19–2.30), but not for males. The significance of marriage for females in Nigeria remained (aOR: 1.67; CIs: 1.20–2.33), even adjusted for past 12-month IPV experience (aOR: 1.86; CIs: 1.11–3.07) and the interaction of IPV experience and marriage (aOR: 3.42, CIs: 1.72–6.80). Among adolescents and young adults in Nigeria and Tanzania, there are gendered associations for attitudinal acceptance of IPV. Marriage appears to be a strong predictor for females, even adjusted for IPV experience, thus indicating that there is something unique to marriage among female adolescents and young adults that influences acceptance of IPV.’


Violence against children and intimate partner violence against women: overlap and common contributing factors among caregiver-adolescent dyads

This article use secondary data from a cluster randomised control trial conducted in Ugandan schools with caregivers and adolescents to assess the association of violence against children with intimate partner violence.

‘Intimate partner violence against women (IPV) and violence against children (VAC) are both global epidemics with long-term health consequences. The vast majority of research to date focuses on either IPV or VAC, however the intersections between these types of violence are a growing area of global attention. A significant need exists for empirical research on the overlap of IPV and VAC, especially in contexts with particularly high rates of both types of violence. This exploratory study includes secondary analysis of data from a cluster randomized controlled trial in Ugandan schools. Using baseline reports from a random sample of early adolescents attending school and their caregivers, this study uses a probability sample across all eligible schools of adolescent-caregiver dyads (n = 535). We categorized adolescent-caregiver dyads into four groups: those reporting VAC ‘only’, IPV ‘only’, both VAC and IPV, or ‘no violence’. Two separate multinomial logistic regression models for male and female caregivers explored adolescent and caregiver characteristics associated with the VAC ‘only’, the IPV ‘only’, or the both VAC and IPV dyads, each compared to the ‘no violence’ dyad. One third of dyads reported both IPV and VAC and nearly 75% of dyads reported VAC or IPV. Dyads reporting IPV were more likely to also report VAC. Common contributing factors for female caregiver-adolescent dyads with both VAC and IPV include lower SES, less caregiver education, higher caregiver mental distress, more frequent caregiver alcohol use, and caregivers who report less emotional attachment to their intimate partner. Male caregiver-adolescent dyads with both VAC and IPV included caregivers with less emotional attachment to their intimate partner and more attitudes accepting VAC. Findings
reveal a significant overlap of IPV and VAC and the importance for violence prevention and response programming to consider coordinated or integrated programming. Unique results for female and male caregivers highlight the importance of a gendered approach to addressing IPV and VAC intersections.


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**Exploring married girls’ subjective experiences of well-being and challenges**

This article uses a phenomenological approach with data collected from a series of in-depth interviews with early married girls aged 12–19 in the northern region of Ghana, in order to explore their subjective experiences of their marriages.

‘The well-being of married girls is often significantly affected by their early transitioning into the institution of marriage. This is accompanied by a normative shift in their focus from education and personal development to family life and motherhood. However, it is important we understand married girls’ perspectives of what their marriage mean to them and how that affects their well-being. Therefore, this study explored the subjective experiences of well-being and challenges among married girls in the Northern region of Ghana. A phenomenological approach was used to gather data through in-depth interviews. Twenty-one married girls between the ages of 12 and 19 years in Sagnarigu, Tolon and Mion districts of the Northern Region of Ghana were interviewed and data were analysed using thematic analysis. Findings revealed that girls who perceived their marriage as early reported negative emotions whereas those who perceived their marriage as timely reported positive emotions. Married girls’ positive experiences were characterised by child bearing, higher social status, received social support and satisfaction of needs in their marriage. Challenges identified included poor socio-economic status, inadequate parenting skills, pregnancy and childbirth related distresses. Married girls expressed more positive outcomes in their marriage than they did for negative outcomes despite their general perception of their marriage being early. Implications for interventions and policy decision making are discussed.’


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**Addressing Data Gaps on Child, Early, and Forced Marriage in Humanitarian Settings**

This report from Save the Children summarises the key data gaps on early marriage in humanitarian settings and provides key recommendations on how to bridge these gaps. It was informed by a series of key informant interviews as well as a comprehensive literature review.

‘Over the last decade, there has been a significant push by the United Nations (U.N.) and its partner agencies to focus on the eradication of child, early, and forced marriage (CEFM). Biannual resolutions, since 2014, in both the U.N. General Assembly and the Human Rights Council (HRC) have contributed greatly to the normative framework on preventing and responding to CEFM. Political leadership at the regional and national level taking concrete action to address CEFM, including through the development of National Action Plans to end CEFM, have also led to significant progress and continued momentum. The need for better data collection and disaggregation of that data for improved analysis and learning is crucial and has been emphasized consistently in multiple platforms and by multiple actors, including in the last two substantive resolutions on ending CEFM at the U.N. General Assembly and the HRC respectively. To that end, Save the Children commissioned this discussion paper with the goal of producing a comprehensive and user-friendly proposal for how to address current data gaps, with a specific focus on addressing the need for better and more comprehensive data on CEFM in humanitarian settings, which includes humanitarian emergencies, situations of forced displacement, armed conflict, and natural disaster. This discussion draft was developed after extensive interviews with key stakeholders on CEFM across program, policy, and academia in combination with a comprehensive literature review. The result is a
A report that identifies the existing knowledge and data on CEFM in humanitarian settings, reveals gaps in that evidence base, and provides recommendations for moving forward to address data gaps on CEFM in humanitarian settings.


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**SEXUAL AND REPRODUCTIVE HEALTH**

**Adolescent sexual and reproductive health in sub-Saharan Africa: who is left behind?**

This review examines published literature and demographic and health survey data in 33 countries in sub-Saharan Africa to understand the inequalities within key sexual and reproductive health outcomes for certain populations.

‘Adolescent sexual and reproductive health (ASRH) continues to be a major public health challenge in sub-Saharan Africa where child marriage, adolescent childbearing, HIV transmission and low coverage of modern contraceptives are common in many countries. The evidence is still limited on inequalities in ASRH by gender, education, urban–rural residence and household wealth for many critical areas of sexual initiation, fertility, marriage, HIV, condom use and use of modern contraceptives for family planning. We conducted a review of published literature, a synthesis of national representative Demographic and Health Surveys data for 33 countries in sub-Saharan Africa, and analyses of recent trends of 10 countries with surveys in around 2004, 2010 and 2015. Our analysis demonstrates major inequalities and uneven progress in many key ASRH indicators within sub-Saharan Africa. Gender gaps are large with little evidence of change in gaps in age at sexual debut and first marriage, resulting in adolescent girls remaining particularly vulnerable to poor sexual health outcomes. There are also major and persistent inequalities in ASRH indicators by education, urban–rural residence and economic status of the household which need to be addressed to make progress towards the goal of equity as part of the sustainable development goals and universal health coverage. These persistent inequalities suggest the need for multisectoral approaches, which address the structural issues underlying poor ASRH, such as education, poverty, gender-based violence and lack of economic opportunity.’


**Characteristics of successful programmes targeting gender inequality and restrictive gender norms for the health and wellbeing of children, adolescents, and young adults: a systematic review**

This systematic review analyses programmes for people aged 0–24 years old across the world that aim to increase gender equality by targeting harmful gender norms and influencing health-related outcomes.

‘In the context of the Sustainable Development Goals and the shifting global burden of disease, this systematic review analyses the evidence from rigorously evaluated programmes that seek to transform the gendered social norms undermining the health and wellbeing of children, adolescents, and young adults. The aim of this study was threefold: to describe the landscape of gender-transformative programmes that attempt to influence health-related outcomes; to identify mechanisms through which successful programmes work; and to highlight where gaps might exist in implementation and evaluation. We systematically reviewed rigorous evaluations published between Jan 1, 2000, and Nov 1, 2018 of programmes that sought to decrease gender inequalities and transform restrictive gender norms to improve the health and wellbeing of 0–24 year olds. We included rigorously evaluated health programmes that met the Interagency Gender Working Group definition of gender-transformative programming, regardless of where in the world they were implemented and what area of health they focused on. Among 22,993 articles identified by our search, 61 evaluations of 59 programmes met review criteria. Programmes were concentrated in sub-Saharan Africa (25 [42%]), south Asia (13
and North America (13 [22%]) and mainly measured health indicators related to reproductive health (29 [48%]), violence (26 [43%]), or HIV (18 [30%]). Programmes most frequently focused on improving the individual power of the beneficiaries, rather than working on broader systems of inequality. 45 (74%) of the evaluations measured significant improvements in health-related and gender-related indicators; however, only ten (16%) showed evidence of, or potential for, broader norm change. These ten programmes worked with sectors beyond health, included multiple stakeholders, implemented diversified strategies, and fostered critical awareness and participation among affected community members. This review can accelerate efforts to improve global health by leading to more strategic investment in programmes that promote gender equality and target restrictive gender norms among young people. Such programmes can lead to a lifetime of improved health and wellbeing by challenging not only attitudes and behaviours related to gender at an early age, but also the gendered systems that surround them.


HEALTH AND NUTRITION

Relationships Between Maternal Factors and Weight Loss Attempts Among Urban Male and Female Adolescents Living in Soweto, Johannesburg, South Africa

This article uses longitudinal data from the Birth to Twenty Plus study of adolescents (aged 13, 17 and 22 years) in South Africa to analyse the relationship between maternal attitudes to weight loss and their adolescent daughters’ or sons’ own attitudes.

‘South Africa is undergoing rapid urban transition favoring ideals of thinness, which increases eating disorders risk for female adolescents, whereas older women continue to uphold corpulence as a female cultural value. This study aimed to assess the potential conflicting relationship between urban male and female adolescents’ weight loss attempts (WLA) and maternal body image norms within households. The study included a longitudinal sample of mother–daughter and mother–son pairs from the Birth to Twenty Plus Cohort (N = 1,613), using data collected at 13, 17, and 22 years. Sociodemographic characteristics, eating attitudes, WLA, and body mass index were assessed in mothers and their offspring. Relationships between maternal factors and offspring’s WLA were assessed using both logistic regression and structural equation modeling. More females had WLA compared with their male counterparts at 13, 17, and 22 years. Multivariable models showed an independent positive association between maternal household socioeconomic status and boys’ WLA at 13 years, whereas independent negative associations were found between mothers’ body mass index and boys’ WLA at 17 and 22 years. Mothers’ age and sons’ WLA at 22 years showed an independent positive association. No association was found between maternal factors and daughters’ WLA. Strong gender-differentiated intergenerational patterns were observed between maternal factors and offspring’s WLA from early adolescence to early adulthood. The lack of relationship between maternal factors and daughters’ behavior in contrast to that of sons suggests that Western acculturation may pose a greater risk for females to modern body image disturbances and eating disorders.’


Physical activity attitudes among adolescents in Bangladesh

Qualitative research was conducted with 781 adolescents in Dhaka, Bangladesh to understand their positive and negative attitudes to physical activity and the factors that influence these attitudes, in order to help design interventions to address poor physical activity in youth.
The purpose of this study was to examine physical activity (PA) attitudes among adolescents in Bangladesh and their associations with sociodemographic, lifestyle and activity-related factors. A total of 781 students (52% female; mean age 14.3 years, SD 1.1) from eight secondary schools in Dhaka, Bangladesh, completed a written questionnaire. Exploratory factor analysis was used to derive positive and negative PA attitude measures. Generalized estimating equations were used to examine the associations. The most frequent positive attitudes were PA would ‘get or keep me in shape’ (81%) and ‘be fun’ (73%). Common negative attitudes were PA ‘would make me hot and sweaty’ (51%) and ‘is hard work’ (42%). Multivariable analysis showed that positive PA attitudes were more likely among adolescents who had physical education classes, adolescents involved in school sports, adolescents who ate fresh fruit and vegetables daily, and adolescents who had breakfast regularly. Negative PA attitudes were more likely among girls, adolescents who slept ≤8 h/night, and adolescents who were overweight or obese; and were less common among adolescents who ate fresh fruit and vegetables daily. This study suggests that PA interventions for adolescents should highlight benefits for being in shape and having fun as key components of positive PA attitudes; and address negative attitudes of PA being hot and hard work. Specific strategies may be needed to address negative PA attitudes among girls, adolescents who are overweight or obese, and adolescents with insufficient sleep.


Socioeconomic Inequalities in Child Malnutrition in Bangladesh: Do They Differ by Region?
This article uses data from the Bangladesh Demographic and Health Survey to assess the regional differences in socioeconomic inequalities in relation to stunting and underweight.

‘Socioeconomic inequality in child malnutrition is well-evident in Bangladesh. However, little is known about whether this inequality differs by regional contexts. We used pooled data from the 2011 and 2014 Bangladesh Demographic and Health Survey to examine regional differences in socioeconomic inequalities in stunting and underweight among children under five. The analysis included 14,602 children aged 0–59 months. We used logistic regression models and the Concentration index to assess and quantify wealth- and education-related inequalities in child malnutrition. We found stunting and underweight to be more concentrated among children from poorer households and born to less-educated mothers. Although the poverty level was low in the eastern regions, socioeconomic inequalities were greater in these regions compared to the western regions. The extent of socioeconomic inequality was the highest in Sylhet and Chittagong for stunting and underweight, respectively, while it was the lowest in Khulna. Regression results demonstrated the protective effects of socioeconomic status (SES) on child malnutrition. The regional differences in the effects of SES tend to diverge at the lower levels of SES, while they converge or attenuate at the highest levels. Our findings have policy implications for developing programs and interventions targeted to reduce socioeconomic inequalities in child malnutrition in subnational regions of Bangladesh.’


Adverse Childhood Experiences: Prevalence and Association With Adolescent Health in Malawi.
This article examines the association of adverse childhood experiences of adolescents with their self-rated health, mortality expectations, and mental and physical health outcomes in Malawi.

‘Childhood adversity is robustly associated with poor health across the life course. However, very few studies have examined the prevalence and implications of adverse childhood experiences in low- and middle-income countries. The objective of this study is to measure adverse childhood experiences among adolescents in Malawi and examine the association with mental and physical health outcomes. From 2017 to 2018, baseline data were collected among
adolescents aged 10-16 years (n=2,089). Respondents were interviewed in their local language at their homes. Respondents completed questions on childhood adversity (Adverse Childhood Experiences-International Questionnaire), self-rated health, mortality expectations, and mental health (Beck Depression Inventory and Post-Traumatic Stress Disorder Scale). Stunting, obesity, and grip strength were measured. Analyses were conducted in 2018. Frequencies described the prevalence of adverse childhood experiences, and adjusted multivariate models examined whether cumulative adversity predicts current health. Adolescents reported a high burden of adversity (i.e., 5 lifetime adverse childhood experiences on average). Adolescents who scored in the top adverse childhood experiences quintile were more likely to report depression (OR=3.11, 95% CI=2.10, 4.60), post-traumatic stress disorder (OR=4.19, 95% CI=2.43, 7.23), worse self-rated health (OR=3.72, 95% CI=2.03, 6.81), and a higher expected likelihood of dying in the next 5 years (RR=5.02, 95% CI=2.15, 7.88) compared with those in the bottom quintile. However, adverse childhood experiences did not demonstrate a graded relationship with obesity, stunting, or grip strength. These patterns are quite consistent with evidence from high-income countries and suggest that primary prevention of adverse childhood experiences should be a priority to ensure lifelong health in low-resources settings.


**PSYCHOSOCIAL WELL-BEING**

‘*How will my life be?*: Psychosocial well-being among Rohingya and Bangladeshi adolescents in Cox’s Bazar’

This brief summarises the key findings of GAGE research in Cox’s Bazar with Rohingya and Bangladeshi adolescents on psychosocial well-being and highlights key difference found by age and gender.

‘Psychosocial well-being for Rohingya and Bangladeshi adolescents in Cox’s Bazar, Bangladesh remains fraught. In addition to collectively carrying the trauma of displacement and statelessness, the Rohingya face daily environmental stressors including difficulty in obtaining basic needs, congested living arrangements, limited privacy, perceived insecurity and a lack of livelihood opportunities which have adverse effects on well-being (Riley et al., 2017). UNHCR (2019) notes that one-third of refugee families have at least one protection vulnerability requiring specialised attention, and while significant progress has been made by the humanitarian response in addressing vulnerabilities, the 2020 Joint Response Plan for the Rohingya Crisis (ISCG et al., 2020) highlights that the need for scaled-up psychosocial support services for boys and girls under 18, ‘remains urgent’ (p. 57). Negative coping mechanisms due to poverty and lack of livelihood prospects also plague the current and future well-being of Bangladeshi adolescents residing in host communities, comprising child labour for boys – including hazardous work – and child marriage for girls; as well as a perceived deterioration in the security environment (ISCG et al., 2019 and 2020). Notwithstanding progress in amplifying community-based protection programmes and improving the uptake of dedicated services, stronger community buy-in will be needed to ensure that gaps are addressed. Drawing on data from the Gender and Adolescence: Global Evidence (GAGE) study nested within the larger Cox’s Bazar Panel Study, this policy brief discusses the psychosocial risks facing adolescent girls and boys from Rohingya refugee and Bangladeshi host communities. It concludes with recommendations to accelerate progress towards addressing critical protection gaps for adolescents as the Rohingya crisis becomes more protracted.’

What are the impacts of parenting programmes on adolescents? A review of evidence from low- and middle-income countries

This GAGE evidence review analyses the impacts of parenting programmes on adolescents in low- and middle-income countries, and looks at their effects on parenting skills, psychosocial well-being, sexual and reproductive health, and gender equality.

‘Recognising the critical role of families in adolescents’ development and well-being, and the widening set of challenges facing adolescents today, governments and non-governmental organisations (NGOs) in low and middle-income countries (LMICs) are increasingly implementing parenting programmes to better equip families to support healthy adolescent development. In this review, we define parenting programmes as ‘activities oriented to improving how parents approach and carry out their role as parents and to increasing parents’ child-rearing resources, including, knowledge, skills and social support’. Such programmes initially focused on the parents of young children; their expansion to parents of older children is relatively recent, and there is no synthesised analysis of their impact. Qualitative research by the Gender and Adolescence: Global Evidence (GAGE) programme highlights the high priority adolescents give to warm and supportive intra-family relationships, but also the extent to which they experience violence from parents and caregivers. This review aims to understand how far parenting programmes are useful tools for policy-makers and programmers aiming to promote adolescent well-being and development. It also aims to synthesise what is known about gender-differentiated effects and gendered participation in these programmes – a topic that is under-explored in the literature.’


Child Protection and Resilience: A PRUV Report

This report by Plan International and PRUV uses qualitative research to assess the resilience, optimism and risk perception of adolescents living in urban settlements in Kenya, Nairobi, as well as highlighting their positive and negative coping mechanisms.

‘In a rapidly urbanising world, the number of children living in informal settlements in urban areas is growing. The life these children face can be characterised by chronic insecurity and precarious living conditions. But beyond the challenges are stories of adolescents’ resilience, optimism and coping mechanisms. This qualitative research in 2 informal urban settlements in Nairobi, Kenya, explores how adolescents perceive the risks in their community and the kinds of coping strategies they mobilise in order to manage and mitigate adversity and insecurity.’


The mediating role of social capital in the relationship between socioeconomic status and adolescent wellbeing: evidence from Ghana

This article looks at the ability of social capital to provide some protection for adolescents’ health and well-being against the impact of socioeconomic inequalities in Ghana. It measures the impact of both familial and school capital (such as sense of belonging and autonomy).

‘Social capital is generally portrayed to be protective of adolescents’ health and wellbeing against the effects of socioeconomic inequalities. However, few empirical evidence exist on this protective role of social capital regarding adolescents’ wellbeing in the low-and middle-income country (LMIC) context. This study examines the potential for social capital to be a protective health resource by investigating whether social capital can mediate the relationship between socioeconomic status (SES) and wellbeing of Ghanaian adolescents. It also examines how SES and social capital relate to different dimensions of adolescents’ wellbeing in different social contexts. The study employed a cross-sectional survey
involving a randomly selected 2068 adolescents (13-18 years) from 15 schools (8 Senior and 7 Junior High Schools) in Ghana. Relationships were assessed using multivariate regression models. Three measures of familial social capital (family sense of belonging, family autonomy support, and family control) were found to be important protective factors of both adolescents’ life satisfaction and happiness against the effects of socioeconomic status. One measure of school social capital (school sense of belonging) was found to augment adolescents’ wellbeing but played no mediating role in the SES-wellbeing relationship. A proportion of about 69 and 42% of the total effect of SES on happiness and life satisfaction were mediated by social capital respectively. Moreover, there were variations in how SES and social capital related to the different dimensions of adolescents' wellbeing. Social capital is a significant mechanism through which SES impacts the wellbeing of adolescents. Social capital is a potential protective health resource that can be utilised by public health policy to promote adolescents' wellbeing irrespective of socioeconomic inequalities. Moreover, the role of the family (home) in promoting adolescents’ wellbeing is superior to that of school which prompts targeted policy interventions. For a holistic assessment of adolescents’ subjective wellbeing, both life evaluations (life satisfaction) and positive emotions (happiness) should be assessed concomitantly.’


Open Access

Global risks of suicidal behaviours and being bullied and their association in adolescents: School-based health survey in 83 countries

This paper examines data from the Global School-based Health Survey – which covers adolescents in 83 countries – and assesses the association of being bullying with suicidal behaviours, looking for differences in location and gender.

‘Global risks of suicidal behaviours (SB) and being bullied as well as their association among adolescents have been poorly understood. We aimed to determine the risks of suicidal ideation (SI), suicide planning (SP), suicide attempt (SA) and being bullied in adolescents and their related associations across gender, countries and different WHO regions. We examined data from the Global School-based Health Survey (GSHS), which recorded health behaviours among adolescents aged 12 to 15 years from 83 countries. We computed prevalence rates of SB and being bullied and their 95% confidence intervals (CIs). Multilevel models were employed to examine the association of being bullied with risks of SI, SP and SA. The overall prevalence of SI was 16·5%, SP 16·5%, SA 16·4%, and being bullied 35·3%. The highest risks of SB and being bullied were in Africa (SI 19·9%, SP 23·2%, SA 20·8%, being bullied 48·0%). Compared to boys, girls had an increased risk for SI (18·2%) and SP (17·3%) but similar risk for SA (16·7%) and being bullied (33·3%). Being bullied was associated with SA (adjusted odds ratio – aOR 2·14, 95%CI 2·06–2·23), more strongly than SI (1·83, 1·78–1·89) and SP (1·70, 1·65–1·76). The strongest association with SA was in the Western Pacific (2·68, 2·46–2·92) and with SI (2·04, 1·93–2·15), ratio of two odds ratios was 1.12 (P = 0.008). SB and being bullied were common among adolescents worldwide. The findings of gender differences in SB, being bullied and their association could inform the design of prevention programmes to reduce the risks of SI, SP and SA in adolescents worldwide.’


This longitudinal qualitative study of adolescent girls assesses their future aspirations in relation to their ability to achieve these goals, particularly looking into relations with marriage and childbearing.

“In rural Mozambique, girls commonly marry and have children before age 18. We use a Positive Youth Development lens to examine how constructs of confidence and competence were related to adolescent girls’ ability to and progress toward achieving their future aspirations. As part of an intervention evaluation, we used a longitudinal qualitative design, conducting in-depth interviews with 47 adolescent girls aged 13 to 19 at the end of the intervention and 1 year later. We explored adolescent girls’ future aspirations and examined their progress toward achieving their goals and three distinct groups emerged: (a) hopeful with self-efficacy, on track to reach goals; (b) hopeful with mixed levels of self-efficacy, not on track to reach goals; and (c) lacking hope and self-efficacy, not taking any actions to reach goals. Having hope and self-efficacy and behavioral competence enabled progress toward achieving goals, but poverty, early marriage, and childbearing were major obstacles. We conclude that fostering individual-level protective factors (e.g., hope and self-efficacy) is useful in interventions targeted toward young women to prevent pregnancy and child marriage, but that external assets (e.g., community, structural interventions) should be promoted to facilitate girls staying in school, provide sustainable economic opportunities, and improve adolescent contraceptive access and use.’


Girl Empower – A gender transformative mentoring and cash transfer intervention to promote adolescent wellbeing: Impact findings from a cluster-randomized controlled trial in Liberia

This review evaluates the Girl Empower programme in Liberia – a life skills programme for girls aged 13–14 – to assess its impact on a range of factors including, violence, sexual and reproductive health, psychosocial well-being and gender attitudes.

“We evaluated Girl Empower – an intervention that aimed to equip adolescent girls with the skills to make healthy, strategic life choices and to stay safe from sexual abuse using a cluster-randomized controlled trial with three arms: control, Girl Empower (GE), and GE+. GE delivered a life skills curriculum to girls aged 13-14 in Liberia, facilitated by local female mentors. In the GE + variation, a cash incentive payment was offered to caregivers for girls’ participation in the program. We evaluated the impact of the program on seven pre-specified domains using standardized indices: sexual violence, schooling, sexual and reproductive health (SRH), psychosocial wellbeing, gender attitudes, life skills, and protective factors. Participation rates in the program were high in both GE and GE+, with the average participant attending 28 out of 32 sessions. At 24 months, the standardized effects of both GE and GE+, compared to control, on sexual violence, schooling, psychosocial wellbeing, and protective factors were small (ß, ≤ 0.11 standard deviations [SD]) and not statistically significant at the 96% level of confidence. However, we found positive standardized effects on Gender Attitudes (GE: ß, 0.206 SD, p<0.05; GE+: ß, 0.228 SD, p<0.05), Life Skills (GE: ß, 0.224 SD, p<0.05; GE+: ß, 0.289 SD, p<0.01), and SRH (GE: ß, 0.244 SD, p<0.01; GE+: ß, 0.372 SD, p<0.01; F-test for GE = GE+: p = 0.075). Girl Empower led to sustained improvements in several important domains, including SRH, but did not reduce sexual violence among the target population.’

Promoting Gender Egalitarian Norms and Practices Among Boys in Rural India: The Relative Effect of Intervening in Early and Late Adolescence.

This study explores gender-transformative programmes in India aimed at boys in early and late adolescence and highlights the different impacts these programmes can have on gender attitudes and practices.

‘Although the importance of exposing adolescent boys to gender transformative programs has been recognized, such programs are limited in India. Studies that assessed the relative effect of intervening in early compared with late adolescence are even more limited. This article examines the differential effect of exposing boys to a gender transformative program in early and late adolescence on their gender role attitudes and practices. We used data from a cluster randomized trial of a gender transformative life-skills education cum sports-coaching program for younger boys (aged 13-14 years) and older boys (aged 15-19 years) (N = 962) and used generalized estimating equation model to examine the differential effect. The intervention had a greater effect in helping younger than older boys to espouse gender-egalitarian attitudes (β = .669; p < .001 vs. β = .344; p < .001) and attitudes rejecting men’s controlling behaviors (β = .973; p < .003 vs. β = .453; p < .088), men’s perpetration of wife beating (β = .423; p < .002 vs. β = .282; p < .035), and violence on unmarried girls (β = .332; p < .038 vs. β = .306; p < .045). Younger boys had higher odds of reporting that their peers would respect them for acting in gender-equitable ways (odds ratio [OR] = 2.16; p < .003) compared with older boys (OR = 1.78; p < .014). However, younger boys had lower odds of intervening to stop incidents of violence that they had witnessed, compared with older boys (OR = 2.17; p < .03 vs. OR = 2.56; p < .002). These differences remained significant even when difference in regular exposure to the intervention was adjusted. Gender transformative programs are likely to be more effective in changing traditional attitudes and practices among boys if they target them during early adolescence compared with late adolescence.’


ECONOMIC EMPOWERMENT

Cash transfer programs have differential effects on health: A review of the literature from low and middle-income countries

This review aims to understand the impact of cash transfer programmes on the health outcomes of different sub-groups, and assesses whether the programmes are more effective for certain populations compared to others.

‘Cash transfer programs have grown increasingly popular and are now used as interventions to target a wide array of health outcomes across many diverse settings. However, cash transfer experiments have yielded mixed results, highlighting gaps in our understanding of how these programs work. In particular, we do not yet know whether cash transfers are more effective for certain health outcomes compared to others, or are more effective for some population subgroups compared to others. Here, we ask whether the effects of cash transfers on health outcomes differ across study subgroups. We reviewed the literature on cash transfer experiments conducted in low and middle income countries, published in English between 1985 and 2015. We documented whether the investigators reported either i) stratum-specific estimates or ii) the interaction term between subgroups and exposure to the intervention. For studies that presented stratum-specific estimates without statistical tests for heterogeneity, we assessed heterogeneity across subgroups with a Cochran Q test. Of the 56 studies we reviewed, 40 reported effects on study subgroups. The majority of the cash transfer interventions had different magnitudes of effects on health across subgroups. This heterogeneity was often underreported or not formally analyzed. We find substantial heterogeneity of cash transfers on child health and on adult health yet little heterogeneity of cash transfers on sexual and reproductive health. Accounting for the heterogeneous impacts of cash transfers during program design and evaluation is necessary to better target cash transfer programs and generate more precise data on their effects.’

Adolescence: a second window to address child poverty in Ethiopia

This brief from Young Lives is part of a series that aims to explore transitions into adulthood in Ethiopia. It highlights differential gender impacts and the importance of investing in adolescents.

‘Experiences of adolescence are diverse and changing fast in Ethiopia, a country with the highest proportion (22 per cent) of 15 - 24 year olds in the world. Young Lives research has shown that adolescence provides a second crucial window of intervention to improve children's opportunities and well-being. Yet in Ethiopia there is insufficient investment in development interventions designed to support this age group. This brief, produced in partnership with UNICEF, draws on evidence from Young Lives and offers a range of measures to address this gap. It is part of a series that explores transitions from childhood to young adulthood in Ethiopia.’


Comparative effectiveness of an economic empowerment program on adolescent economic assets, education and health in a humanitarian setting

This paper analyses the impact of an integrated adolescent and parent animal microfinance programme in the Democratic Republic of the Congo on adolescent health and education outcomes.

‘Adolescence is a critical period of human development, however, limited research on programs to improve health and well-being among younger adolescents living in conflict-affected and humanitarian settings exists. The purpose of this study was to assess the comparative effectiveness of an economic empowerment program on young adolescent outcomes in a complex humanitarian setting. This longitudinal, mixed methods study examined the relative effectiveness of an integrated parent (Pigs for Peace, PFP) and young adolescent (Rabbits for Resilience, RFR) animal microfinance/asset transfer program (RFR + PFP) on adolescent outcomes of asset building, school attendance, mental health, experienced stigma, and food security compared to RFR only and PFP only over 24 months. A sub-sample of young adolescents completed in-depth qualitative interviews on the benefits and challenges of participating in RFR. Five hundred forty-two young adolescents (10–15 years) participated in three groups: RFR + PFP (N = 178), RFR only (N = 187), PFP only (N = 177). 501 (92.4%) completed baseline surveys, with 81.7% (n = 442) retention at endline. The group by time interaction (24 months) was significant for adolescent asset building (X2 = 16.54, p = .002), school attendance (X2 = 12.33, p = .015), and prosocial behavior (X2 = 10.56, p = .032). RFR + PFP (ES = 0.31, ES = 0.38) and RFR only (ES = 0.39, ES = 0.14) adolescents had greater improvement in asset building and prosocial behavior compared to PFP only, respectively. The odds of missing two or more days of school in the past month were 78.4% lower in RFR only and 45.1% lower in RFR + PFP compared to PFP only. No differences between groups in change over time were found for internalizing behaviors, experienced stigma, or food security. Differences by age and gender were observed in asset building, prosocial behavior, school attendance, experienced stigma, and food security. The voices of young adolescents identified the benefits of the RFR program through their ability to pay for school fees, help their families meet basic needs, and the respect they gained from family and community. Challenges included death of rabbits and potential conflict within the household on how to use the rabbit asset. These findings underscore the potential for integrating economic empowerment programs with both parents and young adolescents to improve economic, educational, and health outcomes for young adolescents growing up in rural and complex humanitarian settings.’

SPECIAL ISSUE CALLS

Gender and Development

Call for contributions: Health
This issue of *Gender and Development* will focus on gender and health. It calls for contributions that take a feminist approach to the right to health. Submission ideas include, case studies on the social determinants of women's health, feminist analysis to promote women's health, insights into local action in different contexts and funding challenges for gender-sensitive and transformative approaches to health. **Submit your proposal by 9 April 2020.**

Further information can be found here.

Child Abuse and Neglect

Child abuse and resilience in sub-Saharan Africa: The role of systemic resilience-enablers
This collection will aim to take an interdisciplinary approach and provide evidence base on local, national and international initiatives to reduce health inequalities. In particular, it is looking for studies that examine the socioeconomic patterning of health worldwide and provide knowledge on various risk factors that impact health inequalities. **Submit your proposal by 11 May 2020.**

Further information can be found here.

The Journal of Early Adolescence

Socio-ecological Predictors, Consequences, and Prevention of Bias-Based Cyberaggression in Early Adolescence
The online world is fast becoming an important place for adolescents to increase their skills and opportunities, but it also offers a platform for online violence and discrimination. This special issue will focus on papers that take a socio-ecological approach to understanding cyberaggression in early adolescents, aiming to understand the factors that influence adolescents' involvement in bias-based cyberaggression. **Abstract deadline is 1 May 2020.**

Further information can be found here.

Theory and Decision

Special Issue on Poverty and Economic Decision-Making
This special issue focuses on papers examining the link between poverty and decision-making, particularly individual decision-making. The majority of the contributions will focus on low-income countries but contributions on middle-income and rich countries will also be considered. **Abstract deadline is 1 July 2020.**

Further information can be found here.
CONFERENCES

SECOND INTERNATIONAL CONFERENCE ON MENTAL HEALTH, DIGNITY, SOCIETY & MENTAL HEALTH

Date: 21–22 May 2020  
Location: Colombo, Sri Lanka

Conference outline: This conference’s central theme is ‘Dignity, Society & Mental Health’. Invitations for paper proposals and abstract submissions are now open for both oral and poster presentations.

More information on the conference can be found here (deadline for paper proposals is 31 March 2020)

RISE ANNUAL CONFERENCE 2020

Date: Postponed until 2021  
Location: Oxford, United Kingdom

Conference outline: Due to the current COVID-19 outbreak the conference has been postponed to 2021. RISE will instead curate a series of presentations online in the absence of the conference.

More information on the conference can be found here.

Send us your UPDATES!

Please send us details of upcoming events, publications or opportunities which you would like featured in subsequent editions of the digest. You can email the details to Megan Devonald (m.deonald.gage@odi.org.uk).

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