INTRODUCTION

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.

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.
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).

### 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 50% 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).
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).

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 (Özler 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.

- 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.

- 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.

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A review of cash transfer programmes found that the magnitude of their impact on health differed across sub-groups, 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.

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.