Gender and Adolescence: Capabilities, change strategies and contexts for well-being
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What is GAGE?

GAGE is a new nine-year (2015-2024) longitudinal research programme

New evidence on programmes and policies that support adolescent girls in the Global South to reach their full potential.

A consortium of international research institutions and INGOs working in Africa, Asia and the Middle East

Co-directed ICRW (New Delhi) and ODI (London)
GAGE Research Countries

- Middle East: Palestine, Jordan, and Lebanon
- South Asia: Bangladesh and Nepal
- East Africa: Ethiopia and Rwanda
- West Africa: Niger and Nigeria (TBC)

Workstream countries:
- Participatory Action
- Longitudinal
Why adolescence?

- A **window of opportunity**—with pubertal changes reworking not only the body, but also the brain.

- The adolescent brain is **especially vulnerable** to a wide variety of **risk-taking** that jeopardises longer-term outcomes
  - but also opens **new routes** for intervening because of the way teens process social information.

- Social norms become more **rigidly enforced**: girls’ **worlds** often **shrink** as boys’ worlds expand.
Contexts: the interplay of micro- to macro- context dynamics
Girls’ capabilities

**ECONOMIC EMPOWERMENT**
- Parental aspirations
- Employment options
- Access to savings and credit

**PHYSICAL CAPABILITIES**
- Nutritional status
- Menstrual practices
- Sexual and reproductive health

**PSYCHO-SOCIAL WELLBEING**
- Social connectedness with peers
- Support networks
- Mental health

**BODILY INTEGRITY**
- Child marriage
- FGM/C and HTPs
- Sexual + GBV

**VOICE AND AGENCY**
- Access to safe spaces
- Opportunities for voice in family/community
- Role models

**EDUCATION AND LEARNING**
- Access
- Substantive access
- Educational outcomes
- Transitions
Better understanding programme effectiveness

**TIMING**
When is the best time to intervene in adolescence, using what types of change strategies in what contexts?

**DURATION / INTENSITY / COMBINATION**
- Are current interventions too short and/or lack intensity?
- How do existing programmes compare to approaches such as cash transfers?
- Are there gains from (un)bundling programme components?
- What sorts interventions can catalyse change for girls?

**LEGACY EFFECTS**
What are the cumulative benefits of interventions on adolescent girls’ individual and collective capabilities?
Multi-Country cluster-randomized control trial:
11 year old cohort

Cohort of 11 year-old girls (2017)

- Early treatment (start at Year 1)
  - Short duration (2-3 years)
  - Long duration (5-7 years)

- Control Group (never treated)
- Late treatment (start at Year 4)
  - Short duration (2-4 years)
Policy makers and GAGE

GAGE will provide policy makers with the evidence and tools they need to design policies and programmes to fast-track social change for adolescent girls in diverse contexts.

GAGE’s unique credentials

- South-south learning and partnerships
- GAGE Academy
- A multi-dimensional understanding of adolescent girls’ empowerment and wellbeing
- Focused on age-tailored, catalytic programming
- Tracking adolescent development trajectories over the second decade of life
- Championing adolescents’ voices
- Placing a premium on creative, targeted and innovative uptake and communication
Some knowledge about SRH through, friends and family (boys - the internet)

No access to SRH services for unmarried adolescents

- Early marriage – girls are seen as ready by age 15
- Sexual harassment is common, reducing mobility and increasing early marriage
Ethiopia – Sexual and Reproductive Health

Very limited opportunities for discussions about SRH with trusted adults, outside of school biology lessons

Good access to free contraceptives down to village levels

- Strong focus on curbing child marriage and related SRH risks, but emergence of worrying trend of **abduction** of girls for the purposes of rape

- Exposure to **mobile and internet** in the absence of adult guidance means exposure to pornographic materials rather than safe factual information about SRH
Relatively good knowledge about SRH, but limited uptake of SRH services

- Some youth responsive SRH services but adolescents rarely access them because of stigma
- Early marriage persists with girls being pulled out of school, bearing children early and being isolated in in-laws homes
Very low levels of knowledge about SRH among younger adolescents

School-based SRH education is minimal or absent.

- Girls know little about puberty or menstruation before they experience it; managing menstruation is difficult.
- Girls are vulnerable to coercive “sugar daddy” relationships.
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