



Gender and Adolescence: Capabilities, change strategies and contexts for well-being

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NOVEMBER | 2016

What is GAGE?

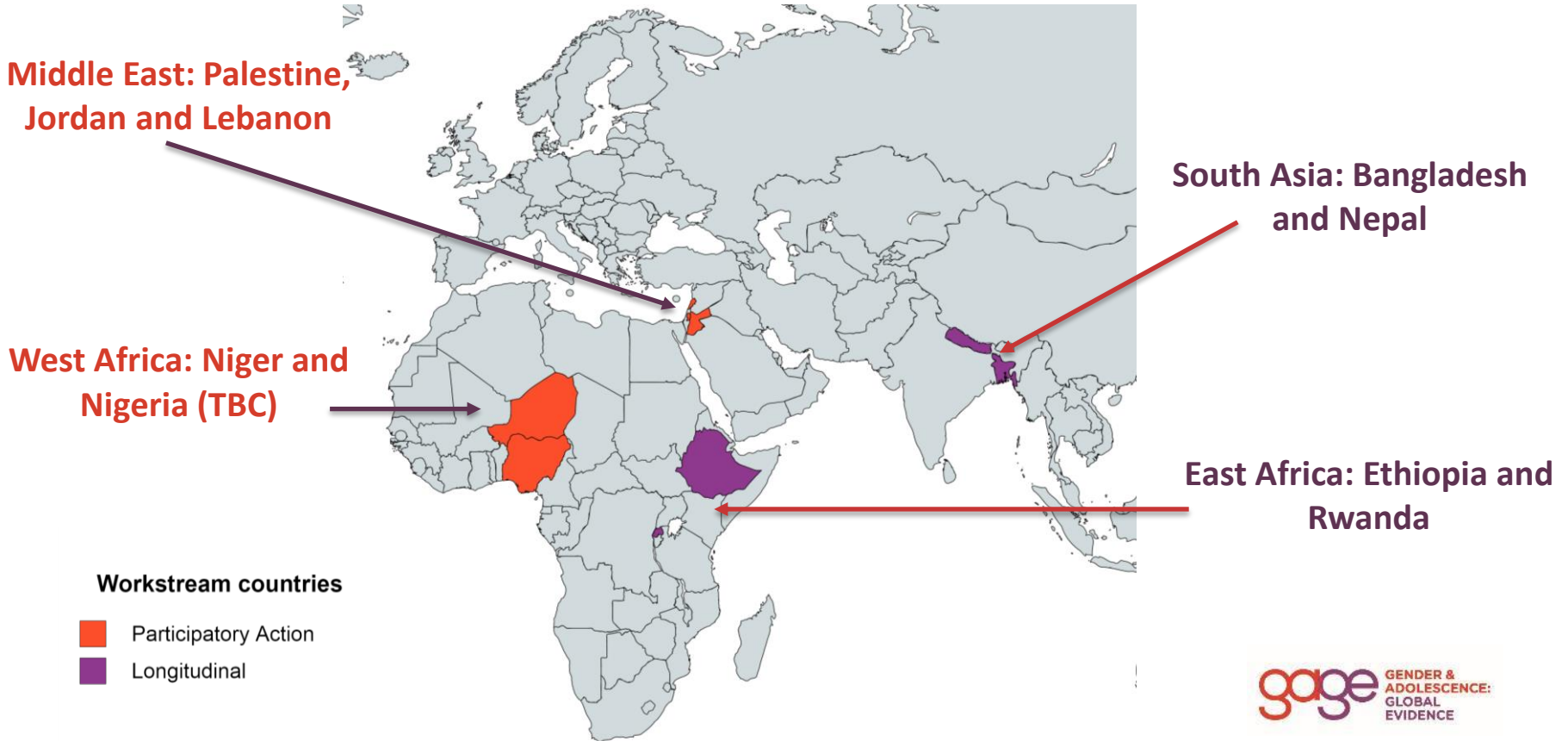
GAGE is a new nine-year (2015-2024) longitudinal research programme

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

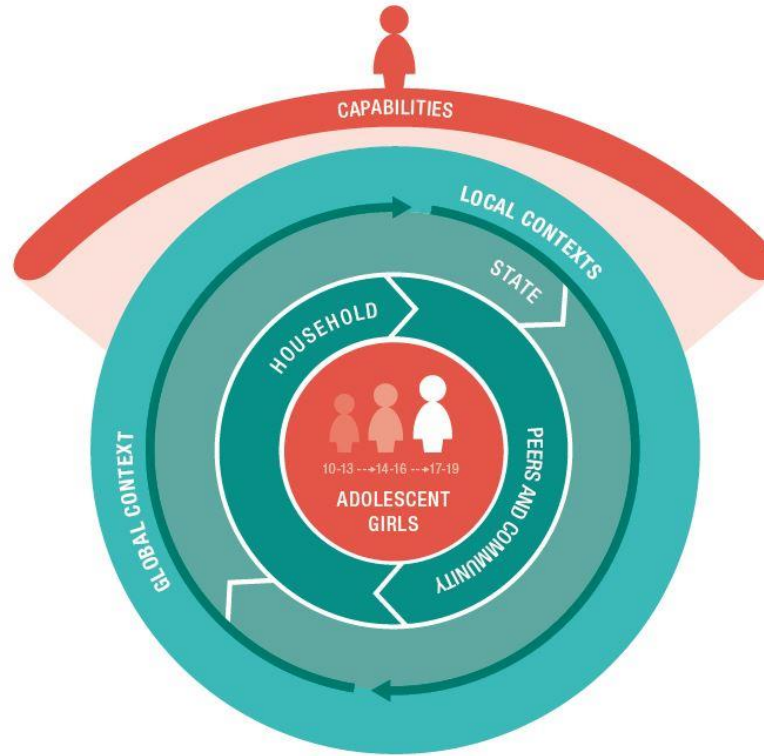


Why adolescence?

- 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?

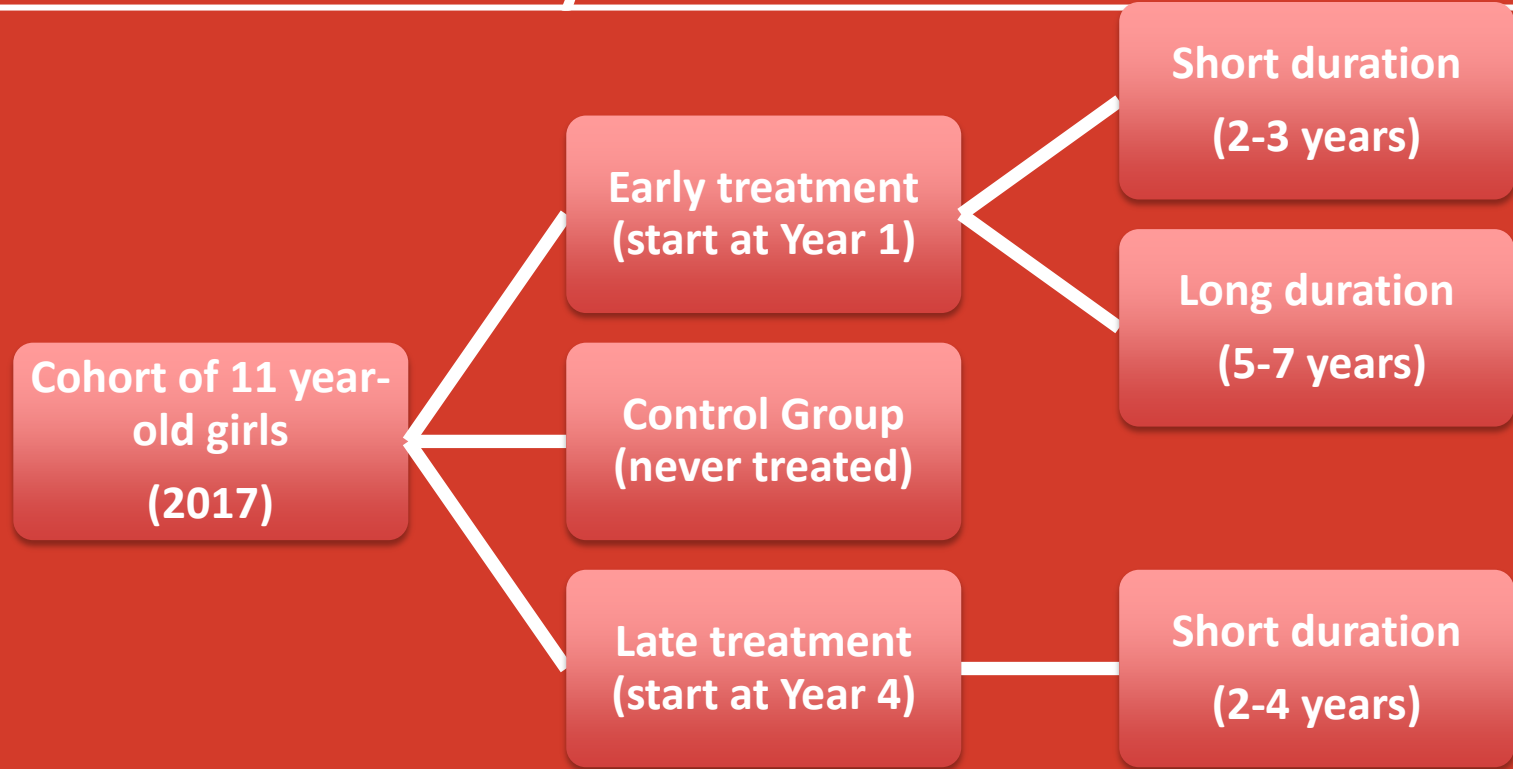
DURATION / INTENSITY / COMBINATION

- 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



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

Bangladesh – Sexual and Reproductive Health

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

Nepal - Sexual and Reproductive Health

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

Rwanda – Sexual and Reproductive Health

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.

Acknowledgements

GAGE is funded by UK Aid from the UK government (DFID)

Thank you to the Population and Poverty Research Network for funding to attend the conference



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RESEARCH NETWORK

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