INTRODUCTION

This quarter, adolescents in humanitarian contexts have been brought into sharper focus. UNICEF’s Uprooted Report presents new data and policy asks for 37 million young people ‘on the move.’ The recent Declaration for Refugees and Migrants and related dialogues have reiterated child rights commitments to ensuring the safety, health, education and psycho-social development of migrant and refugee children in countries of origin, transit and destination.

Two reports – Missing Out: Refugee Education in Crisis and A Time of Transition – examine the flexible and specific way service providers can respond to adolescent needs in emergency events, and in situations of protracted displacement. Adolescents share with other age groups the more generalised losses and risks that arise from disruptions caused by crises: however, this disruption can have particular ramifications for young people and their aspirations – affecting opportunities to learn, for livelihoods and for sexual and reproductive health – and requires specialised support for mental health. Attention is also drawn to the scarcity of useful qualitative and quantitative evidence to inform good programming in these settings, noting the potential benefits in considering adolescent’s own views.

Research that considers meaningful youth participation and privileges children’s perspectives can demonstrate the pervasive impacts of loss of freedom, extreme violence and trauma on social emotional well-being. Youth voices can also help dispel myths and politically-charged anxieties about migrant or adolescents associated with armed groups, whose identities can become caught in contentious webs of discourse.

Consultations such as “We Believe in Youth” challenge and remind scholars, activists and policymakers, working in all contexts, to conceive children not as objects of learning or vessels for knowledge, but as social actors in their own right. Adolescents are simultaneously becoming something else and subject to structural forces beyond their direct control. That they are sometimes viewed as neither child nor adult can challenge crisis response frameworks. Efforts need to encourage youth ambition and creativity, in preparedness or peacebuilding programmes, while also addressing their entitlements and protection needs.

Although literature has tended to cast children’s experience in relation to adults, age (including within the 10-19 range) and life course are important but not the only factors that structure childhood experience. Place, migration status, homelessness, violence, marginalisation, fear, surveillance, gender, race, caste, sexuality and connectedness can separately and in-conjunction affect an adolescent’s well-being and how they understand and map out meaning in their worlds.

Launched last month, the Global Kids Online research network also emphasises child rights and contextualises adolescent internet use. Early findings point to exciting opportunities that access
Innocenti Adolescence Research Digest 04-2016

Innocenti Adolescence Research Digest 04-2016

affords for facilitating participation, bolstering resilience and learning.

Importantly, contributions this quarter on health and fertility, education, and violence explore ‘what works’. Engaging with younger age groups could help reduce intimate partner violence risk for girls who marry young; social protection and non-cognitive skills development were also noted to play important roles in reducing disparities, HIV risk and improving other outcomes. The new Lancet supplement has outlined the effectiveness of adolescent health interventions covering health services, school, community and family-based strategies.

The importance of cross-sectoral collaboration is noted by programmers and researchers alike. If we are to meet the SDGs in 2030, existing conceptual frameworks still require refinement to allow us to best select and gauge intervention designs according to the right criteria and in a way that does not dilute the relationship and nuance between interventions at the individual, community level and on broader scales. Work remains to better understand which strategies matter when and where, including in low- and middle-income settings.

This final edition of the research digest covers a broad range of disciplines and themes. As children lead rapidly changing and increasingly complex and global lives, and considering the ‘transition to adulthood’ is emphasised as a complex time, it is perhaps unsurprising that integrated and mixed-method approaches are required to understand adolescence. As part of Innocenti’s programme on adolescent wellbeing, the Digest will continue into 2017! In partnership with Social Development Direct and UK Department for International Development (DFID) we look forward to learning together with you and in receiving your feedback and ideas.

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NEWS

UNESCO launched its new strategy on Education for Health and Well-being in November 2016. The strategy articulates UNESCO’s commitment to ensuring that all young people have access to comprehensive sexuality education, healthy learning environments, and to the information needed to protect themselves from HIV and develop healthy relationships.

UNHCR and the Women’s Refugee Commission released “We Believe in Youth,” findings of the Global Refugee Youth Consultations. The process resulted in seven core actions for refugee youth: (1) empower refugee youth through meaningful engagement; (2) recognise, utilise, and develop refugee youth capacities and skills; (3) ensure refugee youth-focused protection; (4) support refugee youth physical and emotional well-being; (5) facilitate refugee youth networking and information sharing; (6) reinforce refugee youth as connectors and peace builders; and (7) generate data and evidence.

The Special Representative of the Secretary-General (SRSG) on Violence against Children, Marta Santos Pais, presented a new report Protecting Children from Bullying to the General Assembly. It reviews measures adopted by Member States and other stakeholders to prevent and respond to bullying, shares good practices and provides guidance on priority actions to ensure protection from bullying, including cyberbullying.

An event on Urban Agents of Change: Ensuring the Health and Wellbeing of Adolescents in Cities was held at Habitat III – the UN Conference on Housing
and Sustainable Urban Development – in October 2016 in Quito, Ecuador. Participants discussed the key challenges for improving the health and well-being of adolescents living in cities, particularly focusing on humanitarian crises and the vulnerability of migrant and refugee adolescents in cities.

**UPCOMING EVENTS**

The International Symposium on School Violence and Bullying: From Evidence to Action is being held in Seoul, Korea on 17-19 January 2017. Co-organized by UNESCO and the Institute of School Violence Prevention at Ewha Womans University, the event will explore how to deliver safe and non-violent learning environments.

The first International Conference on Modern Slavery and Human Trafficking will take place on 8-10 February 2017 in London, UK. The conference will connect policymakers, practitioners and academics to share evidence and encourage collaboration around addressing the subject of human trafficking and modern slavery.

The 2nd annual Conference on the Global Status of Women and Girls: Understanding, Defining, and Preventing Violence is being held on 24-26 March 2017 at Christopher Newport University’s College of Arts and Humanities in Newport, USA.

The Society for Adolescent Health and Medicine (SAHM) will hold its Annual Meeting (SAHM 2017) on 8-11 March 2017 in New Orleans, USA. The theme is: Cultivating Connections: the Importance of Relationships in Adolescent and Young Adult Health.

The 2017 LEAD Conference (Leadership, Evidence, Analysis, Debate) will be held on 6-7 April 2017 in Washington D.C., USA. The theme is: Moving from Research to Policy & Practice to Improve the Lives of Youth.

Save the Date: the International Day of Zero Tolerance to Female Genital Mutilation is 6 February 2017 and International Women’s Day on 8 March 2017.

**RESOURCES**

UNESCO and UN Women have developed Global Guidance on School-Related Gender-Based Violence (SRGBV) – a one-stop resource to help ministries of education and education stakeholders to understand more about SRGBV and identify ways to both prevent and respond effectively to such cases of violence. It includes clear, knowledge-based operational guidance, case studies and recommended tools around key areas of practical action, including strengthening the legal/policy framework, prevention, response, working in partnership, and monitoring and evaluation of SRGBV. An expanded and regularly updated version of the guidance is available online at: www.endvawnow.org

Two new resources on adolescents in humanitarian contexts have been produced. UNHCR’s report Missing Out: Refugee Education in Crisis features new data and personal stories of refugee children and adolescents’ educational needs and aspirations. Plan International has developed a resource aimed at emergency response staff working with adolescents: A Time of Transition: Adolescents in Humanitarian Settings. The report examines nine of Plan International’s country programmes (in Central African Republic, Dominican Republic, Egypt, Ethiopia, Nepal, Philippines, Rwanda, Sierra Leone, and Tanzania), and draws out useful insights, approaches, implementation methods and best practice from targeted adolescent programming.

Promundo has shared its resource manual for its Programme Ra (named after Rajol, the word for man in Arabic), which targets young men aged 14-24 years from refugee and marginalised
host communities in Lebanon. Programme Ra is a capacity building training curriculum which challenges gender-based stereotypes and questions traditional ideas of manhood. Promundo has also launched a new Eastern Europe and Central Asia (EECA) MenEngage Platform, together with UNFPA and MenEngage. The platform aims to exchange best practices and share tools for engaging men and boys in gender justice.

The Population Council has developed a collection of tools on Building Girls’ Protective Assets. The resources aim to help programmers translate evidence on “what works” into girl-centred programming. The tools and exercises will help to assess and adjust target groups to ensure they are reaching those most in need of protective assets; adapt programme materials to respond to the reality of adolescent girls’ lives; and monitor and evaluate to measure effects and increase impact.

USAID’s new Evidence Gap Maps on Safe Learning Environments are a useful visual overview of the relationship between interventions and outcomes on safe learning environments, for both internal threats (such as SRGBV) and external threats (e.g. gang violence and attacks on schools and other educational settings). The maps aim to provide evidence-based resources to practitioners that can be helpful in planning and implementing programmes around safe learning environments for young people, as well as identifying where evidence gaps exist and new research is needed.

In 2015, the number of international migrants reached 244 million; 31 million of them were children.

Note: ‘International migrants’ refers to people living in a country or area other than where they were born. In cases where information on the country of birth was not available, it refers to people living in a country other than that of their citizenship.

Global Kids Online – a collaborative research project between UNICEF Innocenti, London School of Economic (LSE) and the European Union (EU) Kids Online – has launched the Global Kids Online research toolkit. The free online toolkit contains a selection of quantitative and qualitative tools to design, carry out and analyse research on children’s online experiences.

IPPF and the World Association for Sexual Health have developed Fufil! – a new guide for implementing young people’s sexual rights. The guide provides a practical decision-making model for providers and programmers to support the implementation of young people’s sexual rights. IPPF have also developed a new guide to Putting Sexuality Back into Comprehensive Sexuality Education, which provides practical tips for putting a rights-based, sex-positive approach into practice, including sexual confidence, sexual literacy, empowerment, competence and solidarity.

LATEST RESEARCH

A selection of the latest research on adolescent well-being, released in the last three months:

Adolescents in Humanitarian Settings

Uprooted: The growing crisis for refugee and migrant children

Garin, E. et al., UNICEF, September 2016

Approximately 37 million young people (aged 10-24) migrated across borders or were forcibly displaced in 2015. This UNICEF report on the growing crisis for refugee and migrant children includes a focus on adolescence and youth. It notes the limited safe and legal pathways for adolescent boys and girls, who are increasingly exposed to violence and other risks during their journey and at their destination. Undocumented adolescents and youth are often denied basic rights – a situation which is compounded by a lack of comprehensive and accurate data disaggregated by age. The report observes that adolescent girls and young women often face triple discrimination due to their gender, age and migration status.

Mental health outcomes for youth living in refugee camps, a review

Vossoughi, N. et al., Trauma Violence Abuse, October 2016

Adolescent girls and boys living in refugee camps are highly vulnerable to physical and sexual violence, and often have limited access to food, water, shelter and education. As such, they are at increased risk of trauma exposure. To date, the evidence base has focused on the mental health of youth during the different phases of displacement, rather than while living in camps. In response, this systematic review examines the mental health outcomes for refugee/displaced youth in camps across twenty country studies, including Uganda, Iraq, Palestine and Pakistan. The prevalence of mental health disorders is shown to vary significantly across context, but in some cases reaches 87 per cent. Overall, the evidence highlights a range of negative mental health outcomes for young people in this context, with implications for practice, policy and research, including a need to focus on intervention strategies which address young people’s boredom and lack of autonomy, consider the role of parental health, and focus on developing young people’s coping skills.

Adolescent Health and Fertility


Santelli, J et al., Journal of Adolescent Health, November 2016

Adolescent birth rates have declined globally, with median national rates for adolescent fertility declining by around 40 per cent from 1990 to 2012. This paper explores the associations between trends in national socioeconomic status and adolescent birth rates using national-level data from the World Bank on birth rates per 1,000 women aged 15-19 years, national wealth (per capita gross domestic product or GDP), income inequality (Gini index), and expenditures on education as a percentage of GDP. It finds that adolescent health is significantly influenced by national wealth, income inequalities and education expenditure. National strategies to reduce adolescent fertility should focus on investments in economic development, job creation, improved access to contraception, and improvements in and expansion of schooling.
Interventions to address adolescent health and well-being: current state of the evidence
Patton, G. et al., Journal of Adolescent Health Supplement, October 2016

The rapidly changing physical, intellectual, and emotional development of adolescents makes their health and well-being a particularly challenging area of investigation when compared to adults and children. This supplement to the October edition of the Journal of Adolescent Health features a collection of articles which evaluate the evidence on the effectiveness of interventions for improving adolescent health and well-being across reproductive health, nutrition, immunisation, mental health, substance abuse, and accident and injury prevention. The papers highlight that most evidence comes from high-income countries, and calls for future studies to specifically target low- and middle-income countries. Key findings include: education, counselling, and contraceptive provision are shown to be effective in increasing sexual knowledge, and decreasing adolescent pregnancy respectively; community mobilization and female empowerment strategies can raise awareness of the adverse health consequences of female genital mutilation/cutting; micronutrient supplementation among adolescents (predominantly females) can significantly decrease anaemia prevalence; and school-based prevention programmes and family-based intensive interventions, which look at family structures and functioning, are effective in reducing smoking.

Can social protection improve Sustainable Development Goals (SDG) for adolescent health?
Cluver, L. D. et al., PLoS ONE, October 2016

The SDGs present many opportunities for improving the health of high-risk populations such as adolescents, as illustrated in the goals’ first policy action focused on the implementation of national social protection systems. Conducting a longitudinal survey of adolescents (aged 10–18) between 2009 and 2012, this study assesses whether social protection impacts 17 indicators of five key health-related SDG goals amongst adolescents in South Africa. The study finds that in 12 of 17 gender-disaggregated indicators, cash and/or care were associated with significant reductions in adolescent health-related risks, and that positive associations were found across all five goals where measures were available: hunger (SDG 2), health (SDG 3), education (SDG 4), gender equality (SDG 5) and peaceful societies (SDG 16). However, findings also emphasise that social protection is not a panacea; the study found no statistically significant associations with indicators of tuberculosis, girls’ mental health, violence perpetration, or boys’ victimisation by sexual violence, concluding that targeted interventions are required along with a gendered understanding and analysis to inform and target combinations of interventions.

Violence
Child marriage and intimate partner violence: a comparative study of 34 countries

Young women (aged 20-24) who are married before the age of 18 are at increased risk of intimate partner violence (IPV), according to analysis of data from Demographic and Health Surveys in 34 countries. The study found that past year physical IPV is higher among women who married as children (29%) compared with those who married as adults (18%). Similarly, past year sexual IPV is higher for women married as children (10% for girls married before the age of 15 and 9% for girls married aged 15-17), as compared with women who married as adults (6%). This difference persists when the model is adjusted for sociodemographic characteristics. The study finds considerable differences between countries, particularly in sub-Saharan Africa where child marriages were
associated with increased odds of IPV in Ghana, Uganda and Zambia, but not in Côte D’Ivoire, Democratic Republic of the Congo, Kenya, Liberia, and Nigeria. Further research is recommended to explore the factors that best predict IPV risk within child marriage and identify policies and norms that can protect adolescent girls who marry young.

**Intimate Partner Violence perpetration among adolescent males in disadvantaged neighborhoods globally**

Peitzmeier et al., Journal of Adolescent Health, September 2016

More than one in three young men living in economically disadvantaged neighbourhoods in Johannesburg and New Delhi have perpetrated IPV in the past year, according to the first internationally comparative study on IPV perpetration among urban male adolescents. A cross-sectional survey was conducted with 751 ever-partnered males (aged 15-19) in four cities: Baltimore (United States), New Delhi (India), Johannesburg (South Africa) and Shanghai (China). It found high-levels of past-year physical or sexual IPV perpetration across the four cities, ranging from 9% in Shanghai to 40% in Johannesburg. Factors associated with perpetration include: binge drinking, depressive symptoms, and experiencing violence in the home and community. The study found that perpetration of IPV was prevalent even among boys aged 15-16 years, suggesting the importance of early primary prevention interventions that target adolescent boys before the age of 15.

**Effects of PREPARE, a Multi-component, School-Based HIV and Intimate Partner Violence (IPV) Prevention Programme on Adolescent Sexual Risk Behaviour and IPV: Cluster Randomised Controlled Trial**

Mathews, C. et al., AIDS and Behavior, September 2016

Current evidence highlights that adolescents are the only age group in which AIDS-related mortality is increasing. PREPARE is a multi-component school-based HIV prevention intervention, comprising an educational programme, a school health service and a school safety programme. It aims to prevent HIV among adolescents by reducing sexual risk behaviours and IPV. Using a cluster RCT among grade eight students in 42 high schools in South Africa, a recent evaluation finds that despite low participation rates in the intervention, reductions in IPV were observed. The evaluation concludes that young adolescents are likely to require more intense and sustained exposure to interventions such as PREPARE and others which address a greater range of structural, social and environmental barriers to behaviours that prevent HIV infection if they are to experience an impact on sexual risk behaviour.


Behrman, J. et al., Journal of Adolescent Health, September 2016

Can keeping adolescent girls in schools help protect them from sexual violence during their lifetime? A quasi-experimental study of exposure to Universal Primary Education policies in the mid-1990s in Malawi and Uganda, using data from Demographic and Health Surveys, finds that only in Uganda does increased schooling for adolescent girls reduce lifetime sexual violence. A one-year increase in grade attainment leads to a nine percentage point reduction in the probability of ever experiencing sexual violence among a sample of 1,028 Ugandan women (aged 18-29). However, the study finds no effect in a sample of 4,413 Malawian women (aged 19-31). Possible reasons for the differences include variations in school quality, average educational attainment, violence prevalence, and policy implementation. Further research on how, when, and where, schooling may protect against young women's lifetime experiences of sexual violence is recommended in order to improve the design of scalable violence prevention interventions.

**HIV**

**Transactional sex and risk for HIV infection in sub-Saharan Africa: A systematic review and meta-analysis**


A number of studies have suggested that the practice of transactional sex can partially explain young women’s heightened risk of HIV infection. This systematic review of cross-sectional and longitudinal data uses random effects meta-analysis to examine the relationship between transactional sex and prevalent HIV infection across a subset of studies with the same exposure period in sub-
Saharan Africa. In total, 19 papers representing 16 studies met the inclusion criteria, with 14 studies (15 papers) providing data on women, and seven of these studies focusing specifically on adolescence and young women (age range 13-26 years). The studies focusing on young women (from Zimbabwe, Kenya and South Africa) revealed that the prevalence of reported transactional sex ranged from 2.1 to 14 per cent. The results indicate that transactional sex is a risk factor for HIV acquisition among women – those who practice transactional sex are between 1.5 and 2 times more likely to have HIV. However, findings with respect to this association among men are far less conclusive and indicate that transactional sex may not increase men’s risk of HIV. There remains a need for better measurement of the practice of transactional sex and additional longitudinal studies to establish the causal pathways between transactional sex and HIV.

**The effect of a conditional cash transfer on HIV incidence in young women in rural South Africa (HPTN 068): a phase 3, randomised controlled trial**


Despite the increased use of cash transfers as a strategy to reduce HIV-infection amongst young women, there is limited evidence to demonstrate a direct causal relationship, as illustrated in the first randomised controlled trial of its kind in sub-Saharan Africa. Examining the effect of conditional cash transfers on HIV acquisition in young women in a rural sub-district of South Africa (based on research with 10,134 young women aged 13–20), HIV incidence was not found to be significantly different between those who received a cash transfer and those who did not. However, the study finds that girls receiving the cash transfer were less likely to have experienced physical violence from a partner, to have had a sexual partner in the past 12 months, or to have had unprotected sex in the past 3 months. The trial highlights that the design of cash transfer programmes for HIV prevention should consider the social and economic context. It calls for an approach that combines cash transfers with other biomedical and behavioural interventions, particularly targeting young women as they transition from adolescence to adulthood.

**Youth Participation**

**Child-participatory Budgeting: A review of global practice**

Marshall, C., Lundy, L. and Orr, K., Queens University Belfast / Plan International / Government of Sweden, October 2016

How can young people be involved in decisions about public expenditure in ways that are effective, inclusive and impactful? This report looks at what factors make child-participatory budgeting a success, using case studies from Croatia, Guatemala, Kenya, Togo and Wales. It finds that young people’s participation in budgetary planning and decision-making works best when young people are: provided with accessible information; receive support to develop and express their views freely; have the time to process the information and prepare their inputs; receive feedback on what happened to their input; and adults listen to their views and engage with respect. Where there is meaningful engagement in participatory budget processes, the report concludes that children and young people have been able to produce significant gains in efficiency, equity and accountability in public spending.

**My Rights, My Voice completion report (2011-2016)**

Oxfam, Queens University Belfast / Plan International / Government of Sweden, November 2016

Oxfam’s My Rights My Voice (MRMV) programme (2011-2016) aimed to unlock young people’s potential by giving them the knowledge, skills and confidence to become ‘active citizens’, able to voice their rights to education and healthcare, and to hold duty bearers to account. This report reflects on the learning from this innovative programme which worked with more than 400,000 young people in eight countries: Afghanistan, Georgia, Mali, Nepal, Niger, Pakistan, Tanzania and Viet Nam. Most country programmes began by developing the knowledge, awareness and capacity of youth to articulate their needs and aspirations. This prepared the ground for developing young people’s collective skills, resources and leadership. By the end of the programme, an estimated 699 children’s and youth groups had been established. The endline evaluation found that most countries recorded important changes in parents’ views and attitudes – for example, becoming more open to discussing sexual
and reproductive health issues with their children, allowing their daughters to participate in youth-led activities, and liaising with authorities to defend the rights of their children. At the community level, an important change was that young people were considered to be important change agents in their own right – able to play an active role in decision-making processes and to pursue change.

**Transferable Skills**

*What evidence do we have on transferable skills programming for youth in low- and middle-income countries?*

International Initiative for Impact Evaluation (3ie), September 2016

Transferable skills, also defined as ‘non-cognitive’, ‘soft’ or ‘life’ skills, equip young people with the ability to adapt to and solve problems experienced in their work and life environments. This briefing paper draws on findings extracted from 3ie’s youth and transferable skills Evidence Gap Map (EGM), which identified 90 impact evaluations of youth and transferable skills intervention in low- and middle-income countries, with just over half of the evaluated interventions located in sub-Saharan Africa. The brief highlights the limited evidence base, for example, only one third of the evidence base relates to livelihoods and work readiness, and studies on education have rarely measured academic outcomes. Furthermore, the majority of current evidence relates to health and focuses largely on HIV prevention. The brief proposes ‘priority questions’ for future impact evaluation investments that could help fill evidence gaps, including a focus on curriculum reform and teacher training to build transferable skills, teacher incentives and capacity building, and learner-centred approaches for teaching transferable skills.

**ADDITIONAL READINGS**

Other interesting readings selected by our team (*= not open access).

Aurino, E., *Do boys eat better than girls in India? Longitudinal evidence on dietary diversity and food consumption disparities among children and adolescents* Economics & Human Biology, October 2016.


Child Soldiers International, *If I could go to school…* Education as a tool to prevent the recruitment of girls and assist with their recovery and reintegration in Democratic Republic of Congo, Child Soldiers International, November 2016.


ECPAT UK and Missing People, *Heading back to harm: a study on trafficked and unaccompanied children going missing from care in the UK*, Queens University Belfast / Plan International / Government of Sweden, November 2016.


Patton, G. et al., *From advocacy to action in global adolescent health*, Journal of Adolescent Health, October 2016.*


Rock, A. et al., *Social networks, social participation, and health among youth living in extreme poverty in rural Malawi*, Social Science & Medicine, December 2016.*


Stoebenau, K. et al., *Revisiting the understanding of “transactional sex” in sub-Saharan Africa: A review and synthesis of the literature*, Social Science & Medicine, November 2016.*

Watters, C. and O’Callaghan, P. *Mental health and psychosocial interventions for children and adolescents in street situations in low- and middle-income countries: A systematic review*, Child Abuse and Neglect, October 2016.*

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If you find it useful, could you kindly let us know by responding to the three questions on this LINK (no registration needed)