



Initial Research Findings on Adolescent Well-being from the Office of Research – Innocenti

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This brief draws together findings from the ongoing research programme on the *Social and Structural Determinants of Adolescent Well-being* led by the UNICEF Office of Research at Innocenti. The Brief provides an update of five major areas covered by the programme: exposure to violence, internet technologies, income inequalities, family and parenting support, and cash transfers.

This research programme aims to advance global understanding of social and structural determinants of adolescent well-being by:

- *understanding the drivers of well-being outcomes ('causes and consequences');*
- *examining effective policy and programme interventions ('what works').*

The programme addresses formal institutions, systems and policy processes as well as social and cultural norms affecting behaviours and policy implementation. It also aims to provide an analytical focus on age and gender gaps to shed light on the main drivers of adolescent vulnerability.

The multi-donor research programme on social and structural determinants of adolescent well-being is working with national government partners, academics, think tanks, and institutions to improve understanding of various dimensions of adolescents' lives. The programme is producing cutting-edge research that explores what works to improve outcomes for adolescents. Quality evidence can then inform effective policy and interventions for young people.

EXPOSURE TO VIOLENCE

Corporal punishment is associated with negative educational outcomes among adolescents.¹ In a

four-country study, corporal punishment was prevalent despite legal prohibition: after controlling for a number of factors, corporal punishment at age 8 was associated with poorer outcomes at age 12, as measured by maths scores. A study in Peru² showed that the relationship between experiencing violence and educational outcomes varied by gender: girls who experienced violence at home were more

likely to fail a course or repeat a grade, while boys were more likely to be expelled from school. Sexual violence experienced by boys was associated with multiple negative educational outcomes.

Bullying is a global problem and is associated with a range of negative effects during adolescence.³ Data from

106 countries shows that the proportion of 13- to 15-year-olds who report being bullied recently ranges from 7 per cent in Tajikistan to 74 per cent in Samoa. According to this data, Pakistan, Indonesia and Peru had bullying rates between 41-50 per cent while Canada, France and Russia had bullying rates between 31-40 per cent. Emerging findings from the Innocenti-Young Lives⁴ research collaboration identify the long-term impact of bullying on children in Ethiopia, India, Peru and Vietnam, showing that bullying at age 15 is associated with a range of negative effects on self-efficacy, self-esteem, peer and parental relations at age 19, suggesting potential long-term consequences.⁵

To be effective in reducing interpersonal violence, programmes and policies should target adolescents.⁶

Analysis of Demographic and Health Survey (DHS) data in 30 low- and middle-income countries shows that women enter their first marriage/partnership on average at about age 19, which means that many have started intimate relationships before this age. Physical or sexual violence perpetrated by a male intimate partner typically starts 3.5 years later, or at about 22 years of age. However, by the first year of partnership, over one third (38.5 per cent) of women have already experienced violence. Therefore, if programmes target married women and their partners, they are likely to have already missed the best window of opportunity for primary prevention for a large number of victims. The study concludes that it is critical to target adolescents before they first enter romantic relationships (before 18.6 years on average) to be effective at preventing violence.

¹ Ogando Portela, M.J. and K. Pells (2015). Corporal Punishment in Schools: Longitudinal evidence from Ethiopia, India, Peru and Viet Nam, *Innocenti Discussion Paper* 2015-02, Office of Research, Florence.

² Fry D, et al., (2016). Prevalence of Violence in Childhood and Adolescence and the Impact on Educational Outcomes: Evidence from the 2013 Peruvian national survey on social relations, *Int. Health* 8 (1): 44–52.

³ Global expert consultation on bullying hosted by UNICEF Office of Research – Innocenti and the Office of the Special Representative of the Secretary General on Violence against Children, May 2016.

⁴ Young Lives is an international research project on childhood poverty that was established in 2000 and is coordinated by a team based at the University of Oxford's Department of International Development, Great Britain.

⁵ Ogando Portela and Pells op. cit.

⁶ Peterman et al., (2015). Age and Intimate Partner Violence: An analysis of global trends among women experiencing victimization in 30 developing countries, *Journal of Adolescent Health* 57(6) 624-630

INTERNET TECHNOLOGIES

Adolescents from low- and middle-income countries

(LMICs) are a rising proportion of all internet users; however their needs and rights are not acknowledged by internet governance bodies. The pervasive role played by the Internet in the lives of adolescents is by now well established.⁷ A recent Innocenti report⁸ notes that one in three internet users are children and ‘young people aged 15 to 24 are between two and three times more likely to be online than older people, and this ratio is also higher in developing countries.’ The report states ‘little consideration (is given to)... children’s rights, despite growing calls from international child rights organizations to address their rights in the digital age. Typically, when children are acknowledged it is in the context of child protection while their rights to provision and participation are overlooked.’

INCOME INEQUALITY AND ADOLESCENT OUTCOMES IN HIGH-INCOME COUNTRIES

Income inequality may shape child developmental trajectories in ways that manifest in reduced health and well-being during adolescence⁹ and family socio-economic status is one of the most consistent and persistent predictors of low achievement across a range of educational systems.¹⁰ An analysis of data from the Household Behaviour in School-aged Children (HBSC) survey shows evidence of the effects of income inequality during childhood (5-9 years) on health symptoms and life satisfaction in adolescents (11-15 years), controlling for other factors. The results not only show negative health consequences of income inequality early in life, but they also suggest that inequality alters formative developmental pathways to adult health and well-being during this under-studied stage of the life course. Using HBSC data from 32 European and North American countries in the EU and/or OECD, in the vast majority of the countries studied, adolescents from families with a relatively low socio-economic status had a greater likelihood of reporting poor health. In a sizeable minority of the countries studied, socio-economic inequalities in physical activity and healthy eating have widened between 2001/02 and 2013/14, while inequalities in unhealthy eating and life satisfaction have narrowed in several countries.

⁷ Lenhart, A., L. Rainie, O. Lewis (2001). Teenage Life Online; The rise of the instant-message generation and the Internet’s impact on friendships and family relationships, Pew Internet and American Life Project; Roberts, D.F., U.G. Foehr, V.J. Rideout, and M. Brodie (1999). Kids & media @ the new millennium. Menlo Park, CA: Kaiser Family Foundation.

⁸ Livingstone, S., Byrne, J., Carr, J. (2016). One in Three: Internet governance and children’s rights, *Innocenti Discussion Paper* 2016-01, UNICEF Office of Research - Innocenti, Florence.

⁹ Elgar, F. J., Currie, C. (2016). Early-life Exposure to Income Inequality and Adolescent Health and Well-being: Evidence from the Health Behaviour in School-aged Children Study, *Innocenti Working Papers* no. 2016-07, UNICEF Office of Research - Innocenti, Florence.

¹⁰ Chzhen, Y., Moor, I., Pickett, W., Toczydlowska, E., Stevens, G. (2016). Family Affluence and Inequality in Adolescent Health and Life Satisfaction: Evidence from the HBSC study 2002-2014, *Innocenti Working Papers* no. 2016-10, UNICEF Innocenti Research Centre, Florence.

FAMILY AND PARENTING SUPPORT INTERVENTIONS, AND VIOLENCE/RISKY BEHAVIOURS

Initial findings in a LMIC setting suggest positive impacts of a ‘parenting for teens’ programme on violence reduction and risky behaviours. Evidence from high-income countries shows that family-oriented programmes that strengthen parent and adolescent relationships, parental monitoring and engagement, contribute to improved school performance by adolescents, reduce risky behaviour (alcohol and drug use, risky sexual behaviour) and improve adolescents’ social competence.¹¹

Recent research from Innocenti¹² on parenting for adolescents shows that:

- parenting in low-income settings especially in southern Africa, takes different forms and by different adults responsible for the adolescents’ upbringing;
- adolescents in southern and eastern Africa prioritize the following aspects of parenting: provision of basic needs, unconditional love, acceptance and support, empathy, communication and opportunity to contribute to household production;
- in a study from South Africa and Malawi, positive parenting showed direct correlation with improved child self-esteem and less “risky” behaviour;
- results from an impact evaluation of the “parenting for teens” programme show reductions in physical violence, emotional abuse, adolescent risky behaviour and aggression, and improved mental health.

CASH TRANSFERS AND ADOLESCENT OUTCOMES

Cash transfers increase secondary school enrolment by 5 to 12 percentage points in a number of African countries.¹³

Further, evidence shows that these programmes have the ability to encourage out-of-school students to return. There are several ways that cash transfers might increase school enrolment for children:

- first, increased income in the short term through cash transfers might allow households to pay for school fees, uniforms, other supplies, and transportation;
- second, they might alleviate the need for children to work, therefore allowing them to attend school;
- third, they might alter household members’ outlook on the future and decisions to invest in their children’s schooling.

¹¹ Moore, K.A., K. Whitney and A. Kinukawa (2009). Exploring the Links between Family Strengths and Adolescent Outcomes. *Child Trends Research Brief*. No. 2009-20; Jackson, A.C. et al. “An Overview of Prevention of Multiple Risk Behaviour in Adolescence and Young Adulthood.” *Journal of Public Health* | Vol. 34, No. S1, pp. i31–i40.

¹² Bray, R. with A. Dawes (2016). Parenting, Family Care and Adolescence in East and Southern Africa: An evidence-focused literature review, *Innocenti Discussion Paper* 2016-02, UNICEF Office of Research Innocenti, Florence.

¹³ UNICEF Office of Research – Innocenti (2016) blog post available at: <https://blogs.unicef.org/blog/evidence-from-africa-shows-cash-transfers-increase-school-enrollment/>

Poverty matters for adolescent mental health; cash transfers can reduce negative psychological effects.

Evidence from Africa shows that cash transfers result in a pronounced reduction in psychological distress among adolescents. A more positive effect was seen in orphans compared to non-orphans.¹⁴ Given the inextricable link between poverty and mental well-being, the global research agenda should prioritize exploring the role of poverty-alleviation programmes, such as social cash transfers, on mental health in different settings.

Evidence from the transfer programme in Kenya found that a cash intervention reduces the probability of early pregnancy for young women aged 12 to 24 who had never given birth by 5 percentage points (34 per cent decrease).¹⁵

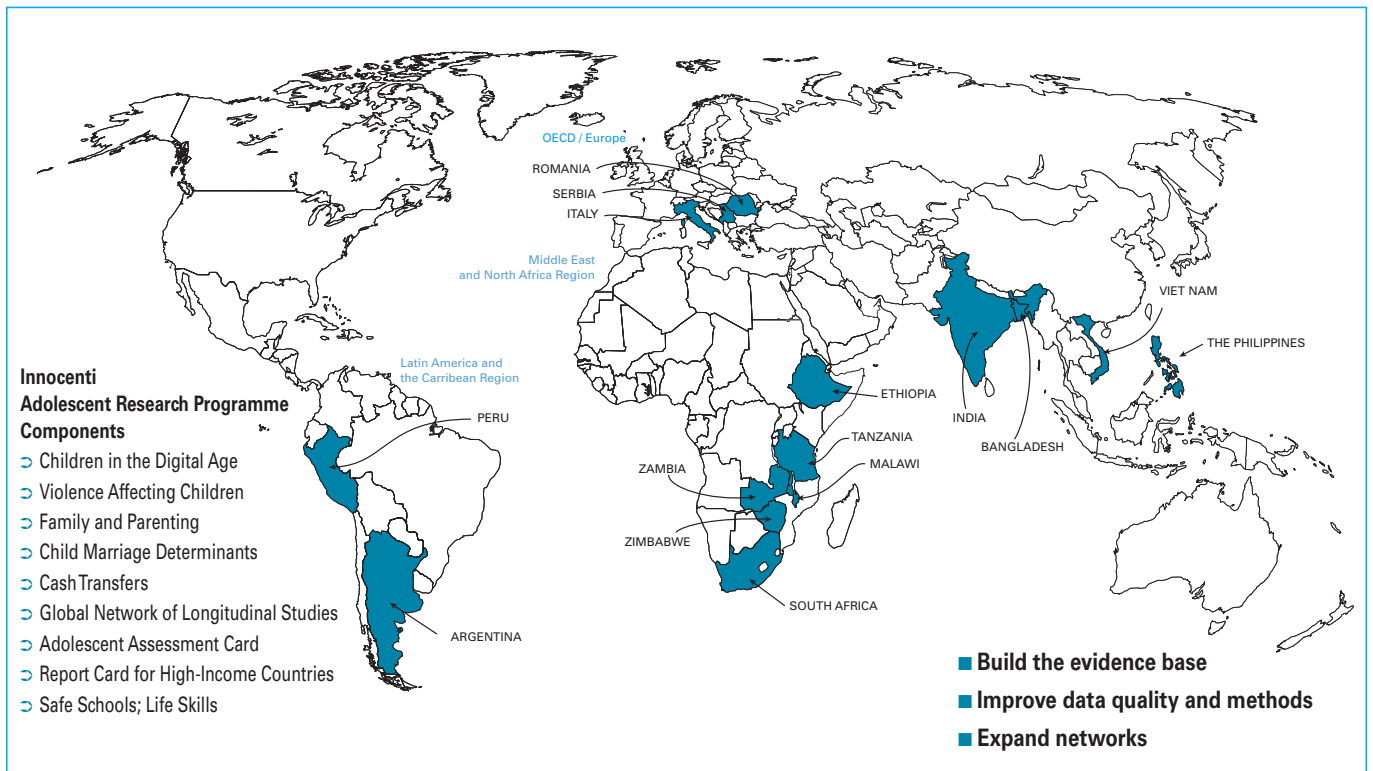
The researchers attributed this effect partially to increased

enrolment and attainment of young women in school, increased financial security, as well as a delay in sexual debut. Notably, the largest impact was among the group of most disadvantaged girls (those not enrolled in school). Follow-up studies are necessary to more adequately gauge the dynamics of how cash transfers can impact outcomes, including:

- focusing on the link between marriage (including those already married), fertility and adolescence for girls who move out of households in the study;
- learning more about the behaviour of boys vis-à-vis their female counterparts; and
- understanding complementary strategies which can be bundled with cash transfers to improve reproductive health and life trajectories for young women.

Many of these findings are based on data from a small number of countries, and further research is needed to ensure generalizability.

¹⁴ Pereira, A. (2016). Cash Transfers Improve the Mental Health and Well-being of Youth: Evidence from the Kenyan Cash Transfer for Orphans and Vulnerable Children, *Innocenti Research Brief* 2016-02, UNICEF Office of Research, Florence.
¹⁵ Peterman, A. and A. Pereira (2015). Social Cash Transfers, Early Pregnancy and Marriage in the Kenyan National Cash Transfer Programme, *Innocenti Research Brief* 2016-05, UNICEF Office of Research - Innocenti, Florence.



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