



University of California at San Diego Center on Gender Equity and Health Response to the *US Global Strategy to Empower Adolescent Girls*

The Center on Gender Equity and Health (GEH) at the University of California, San Diego, welcomes the opportunity to provide a response to the *United States Global Strategy to Empower Adolescent Girls*, jointly issued by the U.S. Department of State, USAID, Peace Corps, and the Millennium Challenge Corporation. The mission of GEH is to create and support the use of scientific research to improve global health and development via the elevation of women and girls' status, opportunities and safety. We applaud the U.S. government in their effort to ensure the health, safety, and dignity of adolescent girls, globally. In this document, GEH responds to the Strategy across the following themes: Education, Economic Empowerment, Gender-Based Violence, Child Marriage and Reproductive Health, Adolescent Mental Health, Sexual and Gender Minority Girls, Social Norms, and Implementation Science.

We strive to bridge the gap between academic research and translation to implementation of sustainable and scalable solutions, and support the development and evaluation of evidence-based policies and practices related to reduction of gender inequities and gender-based violence in order to promote the rights and health of populations. Our Center's response aims to address where, and recommend how, the *Strategy to Empower Adolescent Girls* can build upon or consider existing scientific evidence in terms of the aforementioned themes, which are key areas of our expertise, as they relate to adolescent health in diverse global contexts. This response was generated by GEH faculty and staff with training in public health, medicine, and the social sciences and expertise in gender equity and health, broadly.

Education

The Strategy's attention to the quality of girls' education, as well as their access, will be a key component of its work to empower adolescent girls. In much of the developing world, the quality of education is dictated largely by teacher capacity and school infrastructure. We commend the Strategy's emphasis on creating gender-sensitive school curriculums and recruiting more female teachers. However, these measures may not address the broader structural issues that are often the legacy of frequent regime change or colonial systems designed to systematically disenfranchise certain segments of the population. The evidence suggests that a multi-level approach to support youth development (Bronfenbrenner, 1970; Vander Zanden et al., 2007) combined with community participation efforts (Uemura, 1999) is most likely to be successful at addressing these fundamental causes of education quality, and this approach is consistent with the Peace Corps' plan. However, a greater focus on support for teacher training and capacities could be included.

We recommend: 1.) Interventions that emphasize teacher training, by investing and partnering with tertiary institutions to build human capital, and building on Peace Corps' excellent track record teaching in K-12 classrooms and at teacher training institutions, and **2.)** Programs that emphasize skillsets necessary to employment and tailored to the local context. For example, programs that bolster teachers' math and science skills (which may have been neglected in their own education) or provide female role models who have succeeded in math and science fields and are from similar community backgrounds.

Economic Empowerment

We agree with the Strategy's statement that economic approaches are important measures for girls' empowerment. Cash transfer programs have shown promising results in terms of improvements in girls' education across multiple contexts (Darney et al., 2013; Baird et al., 2010). Savings programs also show promise, perhaps more extensively than suggested by the Strategy. Savings programs for girls promote financial security, as noted in the document, but evidence also exists that programs promoting savings are associated with improved perceptions of future vocational opportunities and career

expectations, improved confidence in carrying out educational plans (Jennings et al., 2016; Karimli and Ssewamala, 2015), and improved child development by influencing parenting practices and parents' expectations for their children (Huang and Sherraden, 2016). Thus, programs that promote savings may need more emphasis, both as a means for improving household financial security as well as girls' education. While we resolutely support the economic empowerment of girls, such efforts must consider the social constraints that girls may face upon receipt of such opportunities. For example, cash transfer-based programs may face challenges to make sure that funds are used to support girls, depending on who has financial decision-making power in households (Reed et al., 2016) and may lead to backlash within communities, potentially increasing risk for discrimination or violence against women and girls if they are perceived as a threat to male authority (Evans and Lambert, 2008; Ahmed et al., 2006; Amin et al., 2001; Vyas and Watts, 2009; Rocca et al., 2009). Vocational training programs may also limit girls' opportunities if they only include training in certain areas historically represented by women and girls, and which may be lower-paying jobs compared to work generally provided to males.

We recommend: 1.) Acknowledging the value of economic empowerment programs beyond school retention, recognizing that such support can provide immediate reprieve for girls, which is particularly important in contexts where inequitable gender norms have been slower to change, and **2.)** Using multilevel programs, engaging families, schools, communities, and other social structures, to support girls' economic empowerment programs and to ensure girls benefit directly and are safe from violence as a consequence.

Gender-Based Violence

The Strategy has done an excellent job of highlighting that efforts are needed to raise awareness about, and effectively reduce adolescent girls' risk for and experience of gender-based violence (GBV) worldwide. We were pleased to see GBV broadly defined to include physical, emotional, and psychological violence, rape, and other forms of sexual abuse. It was also informative to read select global GBV trends, such as "1 in 10 girls worldwide has experienced some form of forced sexual activity," and "Worldwide, an estimated 150 million girls and 73 million boys have experienced sexual violence." We nonetheless, have some recommendations regarding considerations for the various forms of gender-based violence against girls, with consideration of the state of the evidence.

Intimate Partner Violence (IPV), also referred to as domestic violence, is the most commonly documented form of GBV experienced by women and girls globally (Devries et al., 2013). A 2013 World Health Organization report found lifetime prevalence of physical and/or sexual IPV to be 29.2% among ever-partnered girls 15-19 years and 31.6% among young women 20-24 years (Garcia-Moreno, 2013), heavily implying a need for targeted IPV intervention programs for adolescent girls and young women. Empirical evidence documents links between IPV and myriad adverse health consequences (Campbell, 2002) including HIV/AIDS (Campbell et al., 2008; UNAIDS/WHO, 2013); reinforcing the need for prioritization of this issue for girls. We know IPV occurs primarily in the context of marriage or cohabitation and child, early, and forced marriage (CEFM) are well established in the Strategy as priority areas for empowering adolescent girls (Garcia-Moreno, 2013; Lundgren and Amin, 2015). While efforts are made to reduce CEFM worldwide, it is critical that simultaneous work be done to increase awareness and prevention of IPV. Recent literature reviews suggest that while a range of best practice interventions exists for reducing adverse outcomes related to risky sexual behavior among adolescents (Salam et al., 2016), approaches for reducing IPV among young people aged 12-25 years are less promising (Fellmeth, 2013). Further, most IPV reduction interventions targeting adolescents that have been implemented and evaluated to date, have been conducted in high income countries, limiting their generalizability to low resource settings (Fellmeth, 2013).

We recommend: 1.) Clear definitions of intimate partner violence to aid in accurate measurement and monitoring, **2.)** Development of acceptable and effective IPV prevention approaches be highlighted as a priority area for global empowerment of adolescent girls, and **3.)** Greater emphasis on the need for rigorous research to evaluate the effectiveness of programming to prevent IPV, as well as other forms of GBV, among adolescents, especially in lower and middle income countries.

Sexual Violence, including forced, unwanted, or coerced sexual activity, is most likely to occur against adolescent girls and young adult women (Garcia-Moreno et al., 2013), and the Strategy does well to reference the high prevalence of forced

sexual activity and unwanted or coerced sexual intercourse experienced by adolescent girls, globally, particularly in the context of CEFM. We do recommend extending the language defining sexual violence to include sexual activity when incapacitated, based on the growing recognition of this as a sex crime that may disproportionately affect young populations (Krebs et al., 2007, 2011). We also appreciate the Strategy's recognition of heightened vulnerability to sexual violence in contexts of distant schools, conflict, and emergency settings, and from military and police. However, there is inadequate recognition of child sex abuse and its longer term effects on adolescent girls, or relatedly, the sexual abuse adolescent girls may face from family, friends, or in dating relationships. Perpetrators of sexual assault are most likely to be known to victims, and youth can have impeded recourse to escape their perpetrator (Garcia-Moreno et al., 2013). Although we appreciate the Strategy's focus on education and health system responses to meet the needs of survivors of sexual assault, we remain concerned about the inadequate evidence of effective interventions for adolescents with demonstrated effects on sexual violence, in terms of either prevention or intervention for victims and perpetrators (Patton et al., 2016). Trauma-informed care is a promising approach that may be considered for intervention efforts with victims (Reeves, 2015; Suarez et al., 2014). Far more work is needed to consider how to engage and affect those who may perpetrate violence; the Strategy would benefit by inclusion of directives in that regard. For prevention, multi-level approaches inclusive of girls' empowerment and safety are needed, including work to understand climates of sexual violence that reinforce its use and acceptability, and how such climates compromise girls' freedom in terms of both social and physical mobility.

We recommend: 1.) Development of a definition of sexual violence that includes recognition of the unacceptability of sexual activity when someone is incapacitated and thus unable to provide consent, **2.)** Recognition of effects of childhood sexual abuse on adolescent girls, and sexual violence risk for adolescent girls from within families and communities, **3.)** Directives with regard to education and counseling of boys and potential perpetrators, as well as consideration of a trauma-informed care approach for victims, particularly for those where conflict and displacement intersect with sexual violence, and **4.)** Prioritization of understanding and addressing a broader climate of sexual violence that maintains its use and acceptability, as well as its role in restricting girls social and physical mobility.

Sex Trafficking and Sexual Exploitation affects an estimated 4.5 million people worldwide, 98% of whom are female and 21% of whom are minors (International Labour Office, 2012). Forced or coerced sex trade entry of individuals under age 18 has been found to confer high risk for multiple forms of gender-based violence and other serious health threats (Decker et al., 2011; Silverman, 2011; Urada et al., 2014; Goldenburg et al., 2015; Silverman et al., 2015), and is a serious impediment to empowering adolescent girls globally. While trafficking of adolescents and girls is mentioned as a concern in the US Global Strategy, we were unable to identify concrete strategies in the document regarding how to address, reduce, or eliminate this persistent issue. Globally, little attention has been paid to the identification of risk factors for sexual exploitation, potential mechanisms and programs to prevent sex trafficking, or testing of such approaches. This leaves an extremely high-profile threat to adolescent girls with no demonstrated solutions. Although USAID Counter-Trafficking in Persons Policy and other policy statements are intended to provide system-level accountability regarding US international efforts, most resources and efforts are currently focused on criminal justice responses which can only respond to, and not prevent, this widespread victimization of adolescent girls.

We recommend: 1.) Development, testing and scale-up of sustainable evidence-based prevention research and strategies, which are critical to a comprehensive effort to eliminate sex trafficking and, thus, empower adolescent girls, globally.

Child Marriage and Reproductive Health

We appreciate the emphasis the Strategy has on addressing child, early and forced marriage (CEFM) and mitigating its consequences for married adolescent girls, with an emphasis on prevention of unintended and adolescent pregnancies. Implementation and monitoring, however, are greatly affected by the reliability and validity of measures assessing CEFM. This is contrary to child marriage, which has an internationally agreed upon definition of marriage prior to age 18 years, and is well captured via self-report (UNICEF, 2014). Improvements in birth registration are a global priority, and are expected to further support valid capturing of age at marriage, especially if combined with marriage registration data (UNICEF, 2013). However, with regard to early and forced marriage, there are no standard measures, and there appears to be a lack of

consensus on the definition of early marriage. Our experience in India revealed little to no endorsement of “forced marriage” among married women participating in household surveys. In contrast, our qualitative data with this same sample revealed their lack of involvement in decision-making regarding the timing of marriage or the person they married. This measure may benefit from language reflective more of women’s absence of choice rather than direct force. We would also like to highlight that displacement of families where child marriage has declined can result in an elevation of the practice, as is being seen in many areas in the Middle East and North Africa, as well as West and Central Africa (e.g., Sieff, 2016; Spencer, 2015; Save the Children, 2014; Garba 2015; Bartels & Hamill, 2014). Parents and girls may look to child marriage as a means of protection only to learn of increased risk for violence in marriage (Raj, 2010).

With regard to interventions, we wish to highlight that the most robust evidence for prevention of child marriage, retention of girls in school as a means of delayed marriage, and delayed first pregnancy through later marriage or use of contraceptives, suggests the power of incentives, in the form of cash or resource transfers to girls and households (Kalamar, 2016; Hindin, 2016). The evidence on more resource intensive interventions, including safe spaces, peer mentoring, school-based sexuality and reproductive health education programs, and life skills, show some promise but have yielded mixed findings (Kalamar, 2016; Hindin, 2016). Ecological analyses further indicate that a nation’s level of gender development, even more than their level of human development, is predictive of both child marriage and early childbearing (Decker, 2016; Raj, 2013). Taken together these studies suggest that structural approaches to intervention that support gender development broadly and not just for groups of vulnerable girls, may be key for creating more population level impact on both child marriage and adolescent pregnancy. The more resource intensive approaches may still be important to support the “voice and agency” required to build girls into women leaders, for longer term and broader change. Sadly, there remains little evidence regarding how best to support girls once married, and this requires greater focus.

We recommend: 1) Clarity on the definition of early marriage for purposes of measurement and monitoring, **2)** Development and validation of an agreed upon measure of forced marriage, **3)** Gender development focus as a cornerstone of child marriage prevention programs, and **4)** Greater emphasis on how we can better support married girls and girls in conflict or crisis circumstances that may elevate their risk for child marriage and violence.

Adolescent Mental Health

We appreciate that within the Strategy, adolescent girl’s mental health is identified as an emerging field in need of further consideration of the development and implementation of programs and interventions. The mental health needs of adolescent girls, including mental health disorders (i.e. depression, anxiety), alcohol/substance use, and suicide are neglected globally despite being leading causes of mortality and morbidity (WHO, 2015). This highlights the importance of including adolescent mental health in the Strategy, particularly because roughly half of mental disorders begin by age 14, but access to treatment globally is scarce and recent data suggest that suicide is the leading cause of death among adolescent girls aged 15-19 (WHO, 2015). Studies show connections between unwanted pregnancy, intimate partner violence and suicidal thoughts or attempts (WHO, 2014). Although alcohol and substance use are more common among adolescent males, we would also like to suggest that there is a need for greater attention to these issues and their linkages to unsafe sex, injury, experiences of intimate partner violence and suicide attempts among girls (WHO, 2015). The underlying causes of these key health issues affecting adolescent girls intersect with and include barriers to health care access, stigma and discrimination, trauma, abuse, violence, relationship conflict, economic marginalization, and social isolation (WHO, 2015). We are confident that addressing mental health needs among adolescent women can have far reaching influence across other issues, such as education retention, reproductive and sexual health, and experiences of violence (WHO, 2015). Despite having such potential to affect positive change, there is a dearth of data on mental health needs, suicide attempts and the use of services among adolescents globally (WHO, 2015).

We recommend: 1.) Greater attention to the stigmatized issues of substance use, suicidality, and trauma due to violence for adolescent girls, **2.)** Implementation of early mental health monitoring and intervention, **3.)** Greater consideration of how health care workers can be trained and supported to more appropriately address the mental health needs of adolescent girls, and **4.)** Integration of mental health programs into education, health and service programs.

Reaching Gender and Sexual Minorities

While the Strategy gives mention to gender and sexual minorities and their vulnerabilities broadly, there is a lack of focused efforts to ensure protections for girls who may be further marginalized by their intersecting sexual (lesbian, bisexual) and/or gender (transgender and other gender-nonconforming youth) minority status. Available research, primarily from the US and other Western nations, suggest pervasive social stigma and discrimination (Saewyc et al., 2008; Himmelstein and Bruckner, 2011; Birkett et al., 2014) frequently places sexual and gender minority girls at greater risk for poorer educational attainment, GBV, early pregnancy, and HIV/AIDS, as compared to their heterosexual and cisgender counterparts (Herbst et al., 2008; Stotzer, 2009; Kosciw et al., 2012; Baral et al., 2013; Mitchell et al., 2014; Tornello et al., 2014). Furthermore, institutionalized discrimination such as the criminalization of LGBT persons most recently observed in Uganda, India, and Russia (Semugoma et al., 2012; Beyrer, 2013; Beyrer, 2014) will severely compromise supports for sexual and gender minority girls, and this requires greater attention.

We recommend: **1.)** Recognition of sexual and gender minority adolescent girls by counting them, through collection of data on sexual orientation and gender identity (separately), **2.)** Employing culturally sensitive language to reflect ways sexual orientation and gender identity might be explained in respective host countries, **3.)** Development of safe space for gender and sexual minority adolescent girls, and engaging those girls to educate and guide discussion of relevant topics for them with key stakeholders/policy makers in participating agencies and nations, **4.)** Creation of youth development opportunities tailored to these youth in order to promote the success of sexual and gender minority adolescent girls and their empowerment, and **5.)** More research to support the development, piloting, and evaluation of special projects of global significance aimed at reducing vulnerabilities unique to sexual and gender minority girls.

Addressing Social Norms

The challenges outlined in the Strategy, as well as our recommendations above, are reflective of social contexts in which cultural practices, attitudes, beliefs and social norms result in inequitable opportunities and treatment of girls versus boys, women versus men. For any of these problems to be addressed in a long-term sustainable way, these social contexts must change (Bicchieri and Mercier, 2014; Mackie et al., 2015). We appreciate the fact that the document acknowledges social norms as an important contributing factor to the unequal treatment of girls in communities around the world. However, while the term “social norms” has become somewhat of a global health and development buzzword in the past few years, it is often used loosely and with little clarity around what is meant by the term. The term “norms” is often conflated with personal attitudes, resulting in confusion regarding what is being discussed and how to best approach strategies for change. In order to create meaningful and sustainable change within the social contexts that perpetuate inequity for girls and women, it is crucial to have a rigorous understanding of social norms, the mechanisms by which they influence behavior, the challenges of their measurement, and the strategies for promoting their change, including utilization of innovative measurement and intervention approaches such as social network analysis (Young, 2007; Shakya et al., 2014; Mackie et al., 2015; Shakya et al., 2016).

We recommend: **1.)** Consensus building on a clear definition of social norms that is measurable, resonates with girls, and is meaningful to the gender equity, health and well-being issues related to girls’ empowerment, **2.)** Clarity regarding norms we wish to affect and how normative change approaches can occur in ways that are respectful of culture and context but consistent with a human rights perspective, and **3.)** Program and measurement approaches that delineate norms we wish to understand at the community versus individual level, to support longer term intergenerational changes.

Implementation Science

While we offer many recommendations for programs and policies, we are cognizant that the state of the science sometimes provides more insight into what can create impact rather than how impact can be created at scale. For this reason, we very much appreciate the Strategy’s emphasis on implementation of evidence-based interventions to improve outcomes for girls across its primary areas of focus. The Strategy also appropriately highlights the importance of engaging communities to adapt, implement, and evaluate programs to ensure local meaning and use. PEPFAR has documented dramatic successes

in these areas, as they relate to HIV (Padian et al., 2011), and the promise shown in that work could serve as a model for this Strategy across a variety of social and health aims. In contrast, the Peace Corps' Camp GLOW program, which has a promising concept and is in widespread use, has not been evaluated, nor is implementation science effectively used to help monitor quality implementation of the model (Johnson, 2015).

We recommend: 1.) Employing an implementation and fidelity monitoring framework (Glasgow et al., 1999; Vega, 2009; Dolcini et al., 2010) to inform an evolving evidence-base for identifying the core elements needed for interventions with proven effectiveness to maintain their effects in novel contexts (Dworkin et al., 2008), **2.)** Provision of directive guidelines based on such monitoring to ensure communities will be informed about the core elements of the interventions (Kworda, 2013; Metz & Albers, 2014), monitoring of the fidelity to these core elements once implemented, and utilizing data to provide real-time feedback for ongoing strategic improvements (Kershner, 2014), **3.)** Capacity building for local agencies and communities to adapt and scale up evidence-based programs for their needs and populations (Cohen et al., 2008; Walker et al., 2014; McCoy, 2015), and **4)** Support and training for local data-driven decision making to monitor and strengthen the on the ground work (Glasgow et al., 2006; Metz & Albers, 2014).

Conclusion

The Center on Gender Equity and Health (GEH) concurs with, supports and commends the acknowledgment of existing challenges specific to adolescent gender equity and the proposed approaches outlined to address them, in the *US Global Strategy to Empower Adolescent Girls*. We appreciate and value the emphasis that the strategy has placed upon the importance of addressing the many challenges faced by adolescent girls, worldwide. As an academic center conducting innovative global public health research to understand and address the health impact of gender inequities, we reviewed the strategy through an academic and scientifically-rigorous lens that aimed to identify and recommend areas in which the strategy and those that will monitor its implementation could look to the science of the field to identify and consider existing gaps and how to address them, as well as support the rigorous evaluation of the existing implementation plans.

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