



## LEARNING BRIEF

# Adolescents and Agency: Evidence from a Global Investment in Gender Equality and Women's Empowerment

*Ted Rizzo, Elizabeth Anderson and Emily Schaub*

### KEY FINDINGS

1. Shame, stigma and a lack of infrastructure around menstruation can lead to girls falling behind or dropping out of school. Programs that provide both behavior change programming and sanitary supplies can support adolescent girls to stay in school.
2. Strong peer mentors and role models can support behavior and attitude change around gender roles, sexual and reproductive health and gender-based violence.
3. It is important to address social norms at the individual, peer and community levels to create an enabling environment to support girls' empowerment.
4. Intentional integration of gender-transformative or gender-sensitive components into existing curricula can help to identify and challenge gender-based inequalities that pose barriers to developmental outcomes.

Adolescence represents a critical period in the development of young people, in which gender attitudes and perceived differences between boys' and girls' roles and abilities are constructed. Gender norms can profoundly and negatively affect both adolescent girls and boys, but particularly constrain girls' aspirations and opportunities. Gender-specific risk factors for girls include unequal access to resources, information and opportunities, restricted

mobility, poverty, low decision-making power and education, unemployment and under-employment, poor health, early and forced marriage and gender-based violence (Blum et al., 2017; Landry et al., 2020; Patton et al., 2016). For these reasons, adolescents – both girls and boys – are a critical intervention group. Transformation of harmful gender norms, before they are fully internalized, can lift barriers that prevent girls from reaching their full potential. At the same time,

empowering girls and building their agency to make informed choices about their lives – and have those choices respected – gives them the skills needed to succeed in adulthood.

Evidence shows empowerment programming, including evidence-based adolescent clubs and curricula, impart vocational and life skills, improve self-efficacy, expand social networks, promote healthy behaviors and reduce violence (Marcus, 2015). Empowerment is critical to Positive Youth Development (PYD). PYD cultivates individual strengths and provides support to family, educational, and community institutions to facilitate the transition to adulthood. PYD programs support young people to gain valuable assets and skills, support their development and build their agency. (Alvarado et al., 2017). Youth clubs, especially for girls, are effective for empowerment and gender norm transformation. The effects are either strengthened or tempered by contextual factors such as parental and community support for girls' education and development, engagement of parents and family heads, existing economic opportunities for women and legal protections against domestic, workplace and public violence (Austrian & Ghati, 2010).

Despite growing support for adolescent-focused programming with an emphasis on PYD, evidence gaps persist in what works to empower girls and increase their agency and how to address gender norms with adolescent girls and boys. Questions remain about the influence of contextual factors that affect these programs. The Women and Girls at the Center of Development (WGCD) Learning Agenda, an investment of the Bill and Melinda Gates Foundation, captures and disseminates new findings and identifies innovative solutions to challenges facing women and girls. In a review of adolescent-focused programs funded between 2015-2020 by the WGCD Grand Challenge, we provide evidence on the following learning questions:

- What components of adolescent girl-focused programming contribute to increased agency?
- What are the effects of deliberately addressing gender norms in adolescent girls' programs?
- How do contextual factors in the enabling environment influence interventions to increase adolescent girls' agency?

Each project in this review designed and implemented a unique intervention to improve girls' agency, transform traditional gender norms and create change at the household or community level. Strategies included life skills and employability clubs, teen magazine-based curricula, storytelling sessions and intergenerational dialogues. Monitoring and evaluation evidence from these programs is presented across three interlinked domains: sexual and reproductive health (SRH), gender-based violence (GBV) and self-efficacy.

## SEXUAL AND REPRODUCTIVE HEALTH PROMOTION

Adolescent girls face harmful social restrictions during puberty, particularly around menstruation. Lack of information and sanitary products, as well as period stigmatization by peers, teachers and family, reduces the likelihood girls will stay in school once they reach menarche (Kirk & Sommer, 2006). This is compounded by taboos around acknowledgement or acceptance of girls' sexual activity. Where this is common, girls are less likely to ask for (or be granted) methods of birth control when they are sexually active (Hall et al., 2018).

However, recent community-based initiatives to improve girls' access to sanitary pads have been increasingly incorporated into girls' empowerment programming (Crofts & Fisher, 2012; Philips-Howard et al., 2016). Researchers found that preventing school dropout by even one year by enabling girls to attend while menstruating can lead to critical improvements in long-term outcomes such as health literacy and delayed marriage (Schultz, 2019). Further, normalization of SRH discussions may improve girls' SRH decision-making ability.

Adolescents benefit from education that addresses myths about menstruation, puberty and sexual debut, and works in tandem with other programming to reduce gender stereotypes and harmful beliefs about gender roles. However, resistance to programming that challenges firmly held beliefs about sex and gender roles indicate a need to tailor SRH programming for youth to the socio-cultural context where it is implemented (Marcus & Brodbeck, 2015).

The Kissa Kahani project, run in Lucknow, India by the Center for Interdisciplinary Inquiry & Innovation in Sexual and Reproductive Health at the University of

**FIGURE 1. WGCD Projects Referenced in this Brief**

<b>PARTNER</b>	<b>COUNTRY</b>	<b>BRIEF DESCRIPTION</b>
<b>4-H Ghana</b>	Ghana	Gender-conscious curriculum incorporated into new and existing 4-H clubs; gender quota for club leadership positions
<b>CARE</b> (Abdiboru)	Ethiopia	Comparison of life skills training for adolescent girls and community norm change intervention to improve reproductive health, nutrition and educational achievement
<b>CARE</b> (Umodzi)	Malawi	Life skills and sexual education curriculum combined with dialogues between women and men on SRHR, GBV and male champions as agents of change
<b>Child in Need Institute</b>	India	Training young couples to act as role models to change gender norms and women's and girls' participation in contraception decisions
<b>Public Health Institute</b> (ENGAGE)	Malawi	Girls' clubs, civil society engagement and SMS/radio messaging to support adolescent girls' SRHR and end child marriage
<b>icddr,b</b>	Bangladesh	Pilot project to design a focused MHM intervention
<b>ICRW Asia</b> (Plan-it Girls)	India	Skills, resources and connections for adolescent girls to improve access to employment opportunities
<b>Population Foundation of India</b> (Bas Ab Bahut Ho Gaya)	India	Media campaign featuring champions contesting GBV and promoting equal gender norms
<b>Room to Read</b> (Girls' Education Program)	India	Life skills, mentoring and community support for girls to complete secondary school
<b>SWAGAA</b>	Swaziland	Engagement of out-of-school girls in girls' empowerment clubs to strengthen self-efficacy around SRHR, GBV, HIV; engagement of boys to promote gender equality and transform gender norms
<b>University of Chicago</b> (Kissa Kahani)	India	Digital storytelling to empower youth and advance learning on gender-related challenges in adolescent SRH
<b>Wits RHI</b> (GAP Year)	South Africa	Positive youth development intervention including sports-centered program for girls and boys, school safety curriculum, linkages to healthcare facilities, parent discussions and targeted SMS messaging
<b>ZanaAfrica</b> (The Nia Project)	Kenya	Facilitated sessions on SRHR, MHM, gender norms; girls' magazines reflecting topics discussed; provision of sanitary pads and underwear

More information on each of these projects can be found at [www.icrw.org/wgcdpartners](http://www.icrw.org/wgcdpartners).

Chicago, explores the relationship between gender, SRH and poor outcomes for girls and women through the medium of storytelling. The project employed participatory research methods including life course interviews, character games, story circles and body mapping to understand and describe adolescent SRH, engaging young people and amplifying their voices. Nearly 30 digital stories were created around topics

such as son preference, unequal education access and lack of public safety for young girls.

The storytelling project provided a window into the daily lives of adolescents, particularly around gender norms and SRH. Young people regarded school as a haven for gender equity, and a source of employment and economic development. However, participants

also described barriers to school attendance, including lack of menstrual hygiene products and facilities and sexual harassment that limits adolescent girls' mobility generally. Therefore, the need to address these barriers is clear.

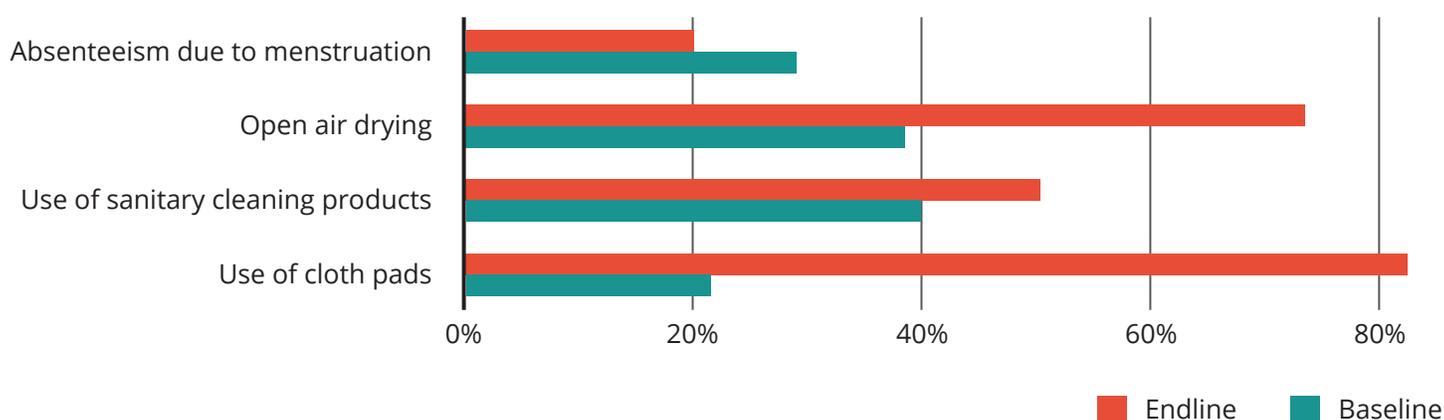
A project run by the International Center for Diarrhoeal Disease Research, Bangladesh (icddr,b) investigated the barriers to menstrual hygiene management (MHM) among girls in rural and urban Bangladesh as a way to develop a suite of interventions to improve girls' school attendance and academic performance through support of healthy MHM. During formative research, icddr,b determined that in both rural and urban settings there were insufficient functional toilets for girls in their focus schools (194 girls per functional toilet in rural schools and 723 in urban schools), limited soap and handwashing stations and insufficient disposal bins for sanitary products. Furthermore, interviews with both girls and boys found that they had inadequate and incorrect information about menstruation, which led to stigma, fear and shame around menstruation, which limited girls' ability to go to school during their menstrual period.

To respond to these challenges, icddr,b piloted an intervention which included access to disposal bins, MHM products, behavior change communications and teacher training to respond to girls' menstrual health needs. icddr,b also renovated toilet facilities and installed piped disposal systems. Social and behavior change communication components included gender clubs, teacher trainings and teacher-led sessions in classrooms, menstrual tracking calendars and sessions through the intervention to sensitize the communities

to MHM issues, deliver puberty education and ensure proper maintenance of the facilities and conduct ongoing awareness building. The results of a six-month feasibility study were highly promising, indicating substantial increased use of cloth pads (jumping from 22% to 83%), increased sanitary pad cleaning approaches (use of detergent, soap and water rose from 40% to 55%), increased drying of pads in the open air (38% to 74%) and decreased absenteeism due to menstruation (28% to 20% among girls in the study; 68% to 39% among their friend groups). The findings around increased open air drying indicate reduced stigma around the use of pads and point to a more sanitary means of cleaning and storing menstrual hygiene products. Overall, this program provided a promising pilot for a potential suite of interventions which includes both sanitary pads and behavior change communications in classroom settings.

Another WGCD project, run by ZanaAfrica in eastern Kenya, also explored the efficacy of an MHM intervention that included both provision of resources such as sanitary pads when combined with a curriculum to promote behavior change. Called the Nia Project, the curriculum component of this intervention centered on "Nia Teen" magazine, which were delivered at the beginning of each school term and were used as a textbook to support the curriculum. The curriculum focused on adolescent health – including pregnancy, drugs and alcohol, sexually transmitted infections and menstrual health – gender and power, human rights, violence and resiliency. It was conducted through 25 sessions across two academic years. The project also provided physical resources – packages of sanitary pads and clean underwear.

**FIGURE 2. Changes Observed in icddr,b's Feasibility Study (6 months)**



Overall, the Nia Project improved girls' understanding of gender norms and their perception of the sexual double standard, wherein boys are praised for engaging in sexual activities and girls stigmatized. They also showed increased knowledge around SRH and improved attitudes towards menstruation, though this improvement was greater among girls who received menstrual pads than those who received just the curriculum. Overall, the Nia Project showed some promising outcomes and provided some evidence around the importance of different components of MHM interventions, however more work remains to be done, particularly around finding ways to successfully integrate boys into such interventions (and to explore the results of doing so) and around finding ways to leverage these interventions to improve school attendance and performance.

**Overall, the Nia Project improved girls' understanding of gender norms and their perception of the sexual double standard, wherein boys are praised for engaging in sexual activities and girls stigmatized.**

Kissa Kahani's findings around menstruation echo those explored by the Nia Project and icddr,b. Participants recalled experiences with menarche with shock and shame, and discussed lack of infrastructure and social support for menstruating girls as a key cause for missing school. Indeed, over half of participating girls reported missing school during menstruation, and over a fifth reported feeling shy or embarrassed to attend school while menstruating. The Nia Project and icddr,b's pilot highlight the importance of including material resources such as menstrual pads, clean underwear and improved toilet facilities along with social and behavioral change interventions aimed at improving girls' school and life outcomes through improved MHM. Further work needs to be done to parse out how best to sustainably deliver these services beyond the life of particular projects and to optimize curricula so they can reduce stigma against menstruation among girls, boys and the adults in their lives.

Child in Need Institute (CINI) implemented a project in Jharkhand, India, focused on young couples in which either the wife or both partners was an adolescent at

the time of marriage. The project used a peer-to-peer advocacy approach in which Lead Peer Couples (LPCs) were trained to serve as community leaders. Following training, the LPCs conducted regular home visits to other couples to discuss their reproductive health and available service providers. LPCs also led monthly, gender-segregated group meetings to discuss harmful gender norms and community events in order to inform and motivate other couples on gender issues, equitable relationships, joint decision-making and intention to use family planning. Though formal evaluation of the project was suspended due to time constraints, monitoring records show that more than 650 young couples adopted family planning services, and more than 1500 couples reported starting discussions about family planning. Nearly 80 percent of couples reported that they became more vocal, learned skills to negotiate with their family members and gained confidence in

decision-making. These findings point to the value of peer mentorship for enabling change around SRH practices and attitudes.

## PRIMARY PREVENTION OF GENDER-BASED VIOLENCE

Lifetime exposure to GBV varies

widely between countries, yet most victims of such violence in low-and middle-income settings are girls and women (Garcia-Moreno et al., 2005). GBV is associated with women's lower economic security, educational attainment, healthcare access and perceived social value (Oduro et al., 2012; Djamba & Kimuna, 2015). In addition to physical violence, GBV includes social behaviors such as perpetuating gender-specific myths and beliefs that create barriers to women's access to public spaces, participation in public and private decisions-making, discrimination against sexual and gender minorities and reinforcement of structural barriers to girls' schooling (Heise et al., 2002). Girls subjected to acts of GBV, including female genital cutting, forced marriage and forced early sexual initiation, are more likely to have a high-risk adolescent pregnancy, suffer from physical violence by an intimate partner or family member, and have lower lifetime decision-making power related to reproductive health outcomes (Salihu et al., 2012). Sexual violence against women is globally prevalent, with up to 59 percent of women being victimized by a current or former intimate partner over their lifetime (Garcia-Moreno et al., 2005).

It may be more prevalent where attitudes towards GBV are lax and overall gender equality is worse (Archer 2006).

While realistic solutions to reducing GBV are multifaceted and are frequently driven by broad social and economic changes, evidence-based research into GBV prevention overwhelmingly indicates that primary prevention is the most cost-effective and health-protective approach (Arango et al., 2014; Montesanti 2015). In the public health model, primary prevention is action to prevent a negative event—exposure to GBV—from happening in the first place. Primary prevention additionally incorporates elements of cultural humility and cultural justice in that it identifies existing local protective factors that can be leveraged to reduce risk of violence perpetration or victimization. Primary prevention of GBV is strongly indicated for children and adolescents of all genders as their attitudes towards gender are most malleable (Carlson et al., 2015; Crooks et al., 2019).

There are numerous benefits to both single- and mixed-gender programming that directly or indirectly addresses GBV and its individual, interpersonal and societal harms. Positive masculinity programming, which has often been incorporated into organized after-school sports programs, can provide boys with education that violence against girls and women is not a part of manhood. The use of adult men as role models may be an important element of long-term change (Marcus et al., 2019). Girls' programming often centers on self-efficacy and increasing their ability to identify behaviors that predict GBV exposure. Mixed-gender programs, even those in which GBV prevention is not the primary focus, promote respect and understanding between boys and girls in a safe environment. These programs are intended to challenge harmful gender norms that may influence future likelihood of GBV perpetration or victimization by participants. Primary prevention of GBV for adolescents is a key opportunity to assess how contextual and environmental factors influence intervention efficacy, especially in the short term.

The Girls Achieve Power (GAP) Year project, run by the Wits Reproductive Health & HIV Research Institute (RHI) in South Africa, sought to empower adolescent girls as they progress in education. The program sought to

increase their educational, health, social and economic assets, while at the same time shifting gender attitudes. The program uses sports to teach boys and girls ages 14-17. Students are separated by sex in the first year, with dedicated, tailored curricula for each group. Topics include gender norms and empowerment, violence, HIV prevention and treatment, sexuality, risky sexual behaviors and decision making. After establishing single-sex safe spaces in the first year, the project brought girls and boys together in the second year to explore these topics together. The intervention also includes parent dialogues and a text-messaging platform to keep parents engaged and informed about the program. This response system further promotes the idea that violence is not the norm and is unacceptable.

Baseline findings from the GAP Year program demonstrated some important nuances around the experience of violence, namely highlighting large age gaps between students and their sexual partners (often 10 years or more) and the experience of violence perpetrated by boys against other boys, pointing to a need to challenge GBV in several manifestations. Boys' experience of violence can drive their own perpetration of violence against both girls and other boys.

Another WGCD project focused on preventing GBV is implemented in eSwatini by the Swaziland Action Group Against Abuse (SWAGAA). Like Wits RHI's program in South Africa, SWAGAA's program runs parallel Girls Empowerment Clubs and Boys for Change Clubs. Boys participate in weekly facilitated discussions around gender norms, GBV and the harmful results of some conceptions of masculinity on people of all genders. Like the GAP Year program, SWAGAA's program works to alter the environment that promotes violence as a common and acceptable norm. SWAGAA works through training head teachers and focal teachers as facilitators to support clubs, and through training young people ages 18-30 in the community as mentors to lead weekly sessions. The program also engages parents and GBV stakeholders, who help to strengthen the multi-sectoral GBV prevention and response mechanisms and to ensure adolescent-friendly services.

SWAGA's evaluation is ongoing and focuses on how the girls' program impacts participants' health and self-efficacy along context-appropriate measures for SRH,

violence, service use, school retention and psychosocial health. The boys' club evaluation investigates how the project impacts boys' attitudes, knowledge and actions related to gender equality and rights, SRH issues (including HIV) and violence. Additionally, schools that include boys' clubs will be used to assess how violence features in the lives of in-school boys, and how this informs girls' experience of violence. Program monitoring has provided promising anecdotes, including that students are recognizing their behaviors as bullying and taking steps to apologize for and change their past behavior. Mentors and teachers also report improved relationships between girls and boys at school events.

**Students are recognizing their behaviors as bullying and taking steps to apologize for and change their past behavior. Mentors and teachers also report improved relationships between girls and boys at school events.**

The Enabling Girls to Advance Gender Equity (ENGAGE) project in southern Malawi is run by a consortium of partners, including Rise UP, Girls Empowerment Network of Malawi, Youth Tech Health and YONECO.

The ENGAGE project consists of 1) A girls' empowerment intervention wherein a cadre of girl leaders (ages 15-17) receive training on child marriage, SRH and community advocacy. They also create girls' clubs with other girls in their communities (ages 10-18) that engage in community advocacy with local leaders and decision-makers; 2) A Civil Society Organization (CSO) Leader intervention to develop the capacity of civil society leaders and their organizations to create and implement girl-centered advocacy campaigns. The purpose of the campaigns is to push key decision-makers at local and district level to address the root causes of child marriage; and 3) SMS and Radio interventions that focus on building community support to end child marriage and reinforcing program messages.

Although the evaluation is ongoing, qualitative midline findings show that CSOs find their advocacy work is progressing more easily when there are trained girl leaders in their communities.

This may indicate that thorough training of girl leaders

is necessary for organizations focused on girl-centered advocacy. The interventions support and reinforce each other. Like CINI, ENGAGE shows the importance of peer mentors to create change.

The Abdiboru project, run by CARE in Ethiopia, aims to prevent child marriage. This project combines three different levels of intervention to try to improve girls' skills and resources to resist child marriage, while also transforming the enabling environment at both the government and community levels, to support girls in delaying marriage. The individual-level intervention supports girls by providing training around SRH, nutrition and life skills while also establishing village

savings and loan associations (VSLAs). At the government level, a community score card tracks the quality, efficiency and accountability of social services in terms of how they serve adolescent girls. The community level intervention

involves group dialogues for an in-depth exploration of the social norms which undergird different health outcomes in the community.

**CSOs find their advocacy work is progressing more easily when there are trained girl leaders in their communities.**

The midline evaluation of Abdiboro revealed a few key observations and challenges to implementation. Firstly, there are some reports that the VSLAs are less successful among very young adolescents (10-14), as they have more disagreements around how the VSLA should progress, and face more difficulty resolving these disagreements, than their older counterparts. This may indicate that the VSLA approach, which has been successfully implemented with adults and older adolescents in other contexts, might not effectively reach very young adolescents. The governmental intervention was delayed due to time-consuming government buy-in. However, the training to implement the scorecards has begun. There were challenges hosting meetings, although in communities where the meetings were consistent, there was community buy-in.

While the other WGCD projects discussed in this section

used clubs to shift norms around GBV, the Bas Ab Bahut Ho Gaya (Enough is Enough) Campaign to End Gender-based Violence in India, run by the Population Foundation of India (PFI), partnered with a film and theater initiative, to use digital media entertainment to change cultural and social norms underlying GBV in India. PFI recruited national celebrities to relay messages to motivate young girls to stand up against violence and to show boys that masculinity is not connected with violence. They also produced six short films and an anthem condemning GBV. Additionally, they held a digital film contest for Indian youth to tell stories about combating GBV and discrimination in their own lives. The three winning films were shown at the project's final event: a concert during which noted male and female Indian celebrities spoke out against GBV.

There was limited evidence that individual videos affected viewers' beliefs, attitudes and intentions to change violent behavior towards women. However, among people exposed to the full campaign (rather than to a single video), there were significant improvements in both knowledge of and attitudes towards GBV.

Most of the WGCD projects with a primary focus on prevention of violence have ongoing evaluations. However, there are important learnings from midline evaluations and monitoring data. The first of these is the importance of implementing anti-violence interventions at multiple levels. This includes targeting potential perpetrators, engaging community gatekeepers to normalize non-violence and healthy gender attitudes and training providers to serve hard to reach populations.

Furthermore, the WGCD projects highlight the importance of directly engaging boys in violence reduction projects. Even programs like ENGAGE, which initially focused on older adult community leaders and decision-makers, added work with younger male champions. This helps ensure that boys and young men support projects as allies, rather than feeling left out and becoming hinderances to the project.

### ADOLESCENT SELF-EFFICACY

Girls' wellness and lifetime trajectories are influenced by their general self-efficacy, or belief that they can execute a desired behavior. Individual self-efficacy is

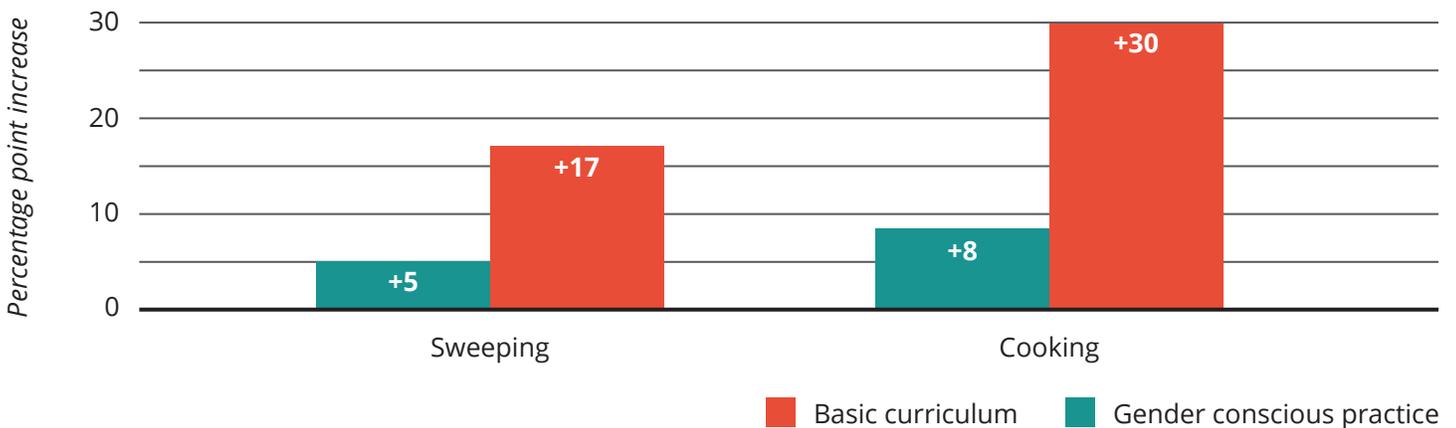
a critical component of personal, interpersonal and community-level outcomes that are gender-equitable (Pearson 2006). Adolescent girls are less likely to participate in mixed gender extracurriculars, achieve high test scores, or advocate for their long-term interests than their male counterparts, even when their baseline skills are equivalent (World Bank Group, 2016; Hallman et al., 2015).

Extracurricular programming for adolescent girls builds self-confidence and self-efficacy through multiple pathways (Marcus & Brodbeck, 2015). First, increasing awareness of professional and economic opportunities for women as alternatives to early marriage and early motherhood enables girls to envision themselves with choices. Second, this type of programming allows young people to practice forming and articulating opinions of their own wants and needs, as well as negotiating these needs with individuals in positions of power.

Improved self-efficacy is a desirable evaluation outcome because it is well-studied and many instruments reliably measure it across different populations (Scherbaum et al., 2006; Pajares 1997).

CARE's Umodzi project in Malawi promoted gender equality incorporating a Gender Conscious Practice (GCP) curriculum into an existing life skills and SRH program. CARE engaged adolescents (10-19 years old) in after-school gender dialogue sessions, and an intergenerational role model program for both boys and girls, to integrate gender-equitable attitudes and behavior in schools. Sex-segregated, intergenerational gender dialogues occurred between male youth and adult male champions and between female youth and mothers' group members.

The Umodzi project improved knowledge, attitudes and behaviors in support of gender equality. The evaluation findings show it was most effective for older adolescent boys and girls (15-19). Intervention participants identified the difference between gender and sex, adopted attitudes against harmful gender norms (as measured by the Gender Equitable Men's Scale) and improved attitudes on gender roles. Additionally, there were greater improvements in the intervention group regarding attitudes toward gendered chores as compared to the control group. Girls' self-efficacy to communicate their choices

**FIGURE 3.** Umodzi's observed improvement over time: *The chore can be done by both girls and boys*

increased 10 points in both intervention and control arms.

The evaluation showed changes in knowledge and attitudes in division of labor at the household level, leadership and decision-making, communication and negotiation, and care and support between boys and girls. There were fewer differences in SRH and GBV outcomes between intervention and control arms. This highlights the importance of increasing an intervention's focus not just on improving student expressions of self-efficacy but also on providing more demonstrable opportunities for boys and girls to show self-efficacy in challenging gender norms in order to understand nuances around improvements in self-efficacy.

WGCD supported 4-H Ghana to integrate gender into their existing programming, to include girls and promote female leadership. 4-H Ghana recruited and trained women to facilitate clubs, engaged girls and trained girls to mentor others. Further, they trained male club facilitators to work with girls and encouraged a team facilitator approach (with one female and one male facilitator). Through a gender-conscious curriculum, they challenged boys' and girls' attitudes toward traditional gender roles and norms. Finally, the program team instituted a quota to ensure girls held leadership roles in the clubs.

In comparing baseline and endline results, 4-H Ghana observed differences between intervention and control students in decision-making power (a

14-point improvement in control schools and an 88-point improvement in intervention schools), self-efficacy (a 3-point decrease in control schools and a 46-point increase in intervention schools) and beliefs about gender roles (various measures, but all favoring intervention schools over control). These findings indicate the program effectively supported students, particularly in improving their decision-making confidence, increasing their resources, and improving their gender equitable attitudes. There were minimal differences between genders in program outcome indicators at endline. Girls had better self-efficacy and school fee indicator scores in the intervention group at endline as compared to boys in this group. The program achieved a 1 to 1 ratio of female to male club leaders by the end of the project. The evaluation results indicate the successful integration of gender into a large, existing program.

Room to Read sought to improve girls' self-efficacy and empowerment in Rajasthan, India. The WGCD grant supported implementation over two years of life skills and mentorship components of Room to Read's Girls' Education Programme (GEP), which helps girls develop the necessary skills to negotiate key decisions in their lives.

Relative to girls in the control schools, girls who received the intervention had a 25 percent lower dropout rate and a 4 percent increase in grade progression. Furthermore, they showed a 17 percent increase in self-identification as the primary decision-maker in their education decision, a 40 percent increase

in their belief they could decide who and when to marry and a 20 percent increase in their ability to articulate a goal. However, the evaluation results showed limited associations between improved life skills and regular school attendance, and cognitive skills and child labor inside the home. Some of these issues may be resolved by a more thorough evaluation of the full GEP, which includes a family and community component and has 7 years of engagement with each cohort of girls enrolled in the program. This extensive engagement may allow more time for the development of cognitive skills. The evaluation of Room to Read's WGCD program is positive, but there is a need for a longer-term evaluation of the full program that engages students and their families on multiple levels.

The Plan-it Girls program, run by the International Center for Research on Women Asia (ICRW Asia), consisted of 5 simultaneous intervention components implemented in two sites, rural Jharkhand and urban Delhi with the objective of economically empowering adolescent girls. The intervention consists of a two-year gender curriculum with girls, offering a gender perspective, life skills and employability skills, as well as engagement of male peers, parents, teachers and community stakeholders to create an enabling environment. The program was implemented and evaluated using standard measures in Delhi and

Jharkhand to capture the differential impact in urban and rural sites.

In Delhi, self-efficacy was found to high among girls across intervention and control schools at the time of the baseline. The program showed a statistically significant positive change in self-esteem and gender attitudes among girls in both Class 9 and Class 11. However, while Class 9 girls reported higher economic self-efficacy and preparation for future work, the Class 11 girls did not experience a change. This indicates that the younger cohort was able to develop more confidence in employability skills than their older counterparts. In Jharkhand, both age groups improved in self-efficacy, but there were no significant changes in employability indicators, except career decision-making efficacy, in which Class 11 girls did show significant improvement.

The WGCD girls' self-efficacy projects show promise and areas for improvement. There are encouraging results from the projects; however, the measurement of outcomes varied, and thus the findings are not directly comparable. Each program had some limitations in the efficacy of their model. Many of them are affected by the length of program implementation, which is often too short to detect changes in girls' self-efficacy or in girls' and boys' attitudes and beliefs.

**FIGURE 4. Plan-it Girls Evaluation Results**

		Delhi		Jharkhand	
		Class-9	Class-11	Class-9	Class-11
<b>Empowerment</b>	Self-esteem	1.552***	1.311**	1.118*	0.156
	Self-efficacy	0.413	-0.113	1.727**	1.499*
	Gender attitudes	4.588**	2.735*	0.187	1.81
<b>Employability</b>	Career decision-making efficacy	-0.593	-0.891	2.345	2.812*
	Economic self-efficacy	1.289**	0.252	0.3	-0.366
	Preparation for work in future	1.366***	0.547	-0.053	-0.287

\*\*\* p<0.01, \*\* p<0.05, \* p<0.1

## MALE ENGAGEMENT

Male engagement is important for program efficacy. Engaging men and boys leads to girl's empowerment and improved standards of gender equality and equity. Male change agents can facilitate community

buy-in and work as an effective mechanism to shift gender norms. Structured spaces for boys to explore inequitable gender norms and traditions and to rethink notions of masculinity help them overcome taboos and their discomfort discussing reproductive health.

Finally, gender synchronized programs produce rich discussions about sexual health but must also address social and gender norms.

More qualitative research is needed to understand the needs and perspectives of boys and men related to different development issues. Understanding supportive and challenging attitudes and behaviors of boys and men would aid in improving male involvement programs. Gender-synchronized programs should be piloted and evaluated for their effectiveness. Research on male engagement should measure changes in social norms over time.

### A REMAINING GAP: ISSUES IN MEASUREMENT OF INTERVENTION EFFECTS

Evaluating the impact of adolescent empowerment clubs and other interventions is a major challenge.

Changes in the program outcomes of interest take a long time to occur. In low-resource contexts, where youth are most vulnerable, club sustainability often depends on tenuous local politics and access to funding. In the longer term, program participants are lost to follow up (Kranzer et al., 2017). Most programs to increase adolescent agency are not long enough to monitor long-term change. Instead, evaluators rely on measures of, or proxies for, self-efficacy to provide a useful estimate of short-term program effect. Many approaches documented in the literature emphasize the value of qualitative results as the best available indicators of program success (Gabarino & Holland, 2009). Long-term, quantitative measurement is a challenge experienced by community program implementors worldwide. WGCD evaluations reflect this in that they show shorter-term changes in attitudes and beliefs, but not longer-term changes in behaviors.



Photo credit: 4-H Ghana

### CONCLUSIONS

The WGCD projects aim to reduce girls' and women's risks to current and future harms. The project results highlight the need to understand the long-term impacts at the individual and community-levels.

Development practitioners interested in girls and women will benefit from the findings of this learning cluster. Evidence that primary prevention programming—whether to reduce school dropout, GBV, or early marriage—is acceptable to youth around the world is clear. Partnerships with NGOs, community leaders and families are critical to program implementation. The local context of partnerships and approvals are paramount, as each program evaluated was context specific. Scaling up adolescent agency programming should include program sustainability, incorporate adolescent and adult voices, and set reasonable evaluation goals.

## THE WGCD LEARNING AGENDA

Facilitated by the International Center for Research on Women (ICRW) between 2016 and 2020, the WGCD Learning Agenda provided for mutual and peer-to-peer learning among the WGCD partners to inform the global development field of approaches that boost women's empowerment, improve adolescent agency and reduce gender inequalities in the household and in the labor market. The Learning Agenda leveraged partners' research to build the evidence and practice base emerging from this unique and cross-sectoral global investment by the Bill and Melinda Gates Foundation with the goal of understanding how to most effectively and intentionally address gender inequalities and empower women and girls.

The WGCD Learning Agenda consisted of three learning clusters - subsets of partners with complementary programs and research. The three clusters were:

1. Adolescents and Agency
2. Pathways to Income Generation
3. Intrahousehold Bargaining and Decision-making

ICRW brought together cluster members to synthesize their research and program data and jointly disseminate learnings for greater impact. Each cluster had a set of key learning questions crafted to fill gaps in gender data. The interactions supported and collective analysis undertaken improved project outcomes and leveraged greater learning for the field as well as for the participants.