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Working Group 3: Empowering Girls
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1. Why is a special focus on adolescent girls so important in education programmes? How does supporting them affect their sexual and reproductive health?

Schooling builds human capital – it increases knowledge, provides vital literacy and numeracy skills, connects young people to non-familial peers and mentors, and, ideally, builds critical thinking and decisionmaking skills. All of these contribute to empowered individuals that can act on their own behalf and thrive in a rapidly changing world. While education programs are thus important for all young people, they are particularly urgent for adolescent girls. In most settings, gender norms, power disparities in intimate relationships, gender inequality in employment and government, and routine violation of girls and women’s rights – including child marriage and violence against women and girls – make such investments in asset building and empowerment vital for adolescent girls’ wellbeing, prospects, and indeed, their survival.

For girls, formal schooling also has added benefits for sexual and reproductive health: it delays first sex, marriage, and childbearing, and decreases risk of HIV infection (Lloyd 2009; Mensch 2010; Gulemetova 2011). The link between schooling and sexual and reproductive health are particularly intertwined for girls. In most settings, girls’ school leaving is higher than boys’. Girls who drop out have few options aside from marriage and childbearing and, indeed, for girls who leave school, pregnancy and/or marriage often quickly follow. While marriage and pregnancy are more often the result of school leaving than a cause of drop out for girls, nonetheless pregnancy and marriage can result in the end of schooling for girls, whereas they are rarely threats to boys’ schooling.

Additional benefits of schooling are also linked to sexual and reproductive health outcomes. Recent findings from the WHO Multi-country Study on domestic violence show that secondary school completion has a protective effect on females’ risk of intimate partner violence (Abramsky et al, 2011).¹ Intimate partner violence in turn has been linked with unintended pregnancy, condom use, contraceptive use, sexually transmitted infections, and HIV infection (Haberland 2010a, Dworkin et al 2011). Schooling can also foster gender equality (Lloyd 2009). Gender equality is a good in its own right, and more equitable gender norms are also associated with lower rates of intimate partner violence (Gomez et al 2011) and greater condom and contraceptive use.

2. What are the special needs of adolescent girls when it comes to education and why are their needs so often neglected?

Despite these benefits, few girls complete secondary school. The most vulnerable girls – girls at risk of child marriage, girls in HIV-affected families, those not living with parents, ethnic minorities, rural girls, the poorest girls – are at particularly high risk of dropout. Getting girls into school and keeping them there through adolescence is a critical step (Temin and Levine 2009; Lloyd 2009; Bruce and Hallman 2008). Defraying costs to girls and their families via scholarships, stipends, cash transfers, etc., have proven successful in increasing the number of girls in school (Lloyd 2009) and – whether directly or indirectly – can also improve girls’ sexual health outcomes. A cash transfer program in Malawi, for example, is showing promising results, especially for more vulnerable girls (Baird et al 2010). School enrollment increased and onset of sexual activity was delayed for program participants; among those participants who were dropouts at baseline, marriage and childbearing were

¹ “Results suggesting increased protection when both women and their partners complete secondary education, and those pointing towards increased IPV risk where there is disparity in educational attainment, confirm the importance of promoting equal access to education for boys and girls...” (Abramsky et al 2011, p 14).

significantly delayed. Providing the social support for vulnerable girls to stay in school is also promising. In Zimbabwe, orphan girls received fees, uniforms and a school-based helper (a female teacher) to monitor attendance and resolve problems. The result: school dropout decreased by 82%, and marriage decreased by 63% (Halifors et al, 2011). A number of studies have shown that trained female teachers are another factor that positively affects school enrollment for girls (Lloyd 2009).

Once in school, the quality of schooling and the school environment also matter for girls. Schools can serve to reinforce traditional gender attitudes and gender inequality, or they can be a force for social change. While a non-discriminatory environment – where all students are encouraged and there are no biases in how students are treated in the classroom – is important for all young people, it may be particularly salient for girls. For example, in Kenya, school environments that were more gender equitable had lower dropout rates for girls, but did not affect boys' school leaving (Lloyd, Mensch, and Clark 2000). The benefits for girls again accrue for sexual and reproductive health, with those who attended schools with greater gender equity less likely to initiate sex (Mensch et al 2001). More overt actions against girls by students, teachers, or other adult school staff – such as sexual harassment, coercion, and violence – plausibly undermine girls' school retention and achievement, and certainly violate girls' rights and serve to perpetuate conservative gender norms and hierarchies. Interventions to foster safe schools are being tried in a variety of settings, but as of yet remain “promising but unproven” (Lloyd 2009).

Curricular content bears on girls' empowerment as well. Young people need information on sexuality, gender, HIV, and human rights. Girls, who are more vulnerable to adverse sexual and reproductive health outcomes than boys (including incident ratios of HIV cases in Sub-Saharan Africa among 15-24 year olds typically 3 to 1 female to male),² also suffer greater consequences (including those of unintended pregnancy and maternal mortality and morbidity). Comprehensive and accurate information on sexuality and HIV increases knowledge and promotes safer sexual behavior (Kirby et al 2007). Still, there is considerable room for improvement. Changes in actual health outcomes (such as reductions in unintended pregnancy and STIs) remain elusive for most sex/HIV education programs.³ Moreover, recent reviews and meta-analyses in the U.S (CDC, 2010) and in Sub-Saharan Africa (Michielsen et al, 2010) find that boys tend to benefit more than girls from existing sex/HIV education. Evidence strongly suggests that sex/HIV education curricula that pay attention to gender and/or power in intimate relationships are more likely to demonstrate positive health outcomes than those curricula that are gender-blind (Haberland 2010b).

How teachers teach is equally important. Pedagogical approaches that are participatory, learner-centered, and skills-based are more effective (Kirby et al 2007; Crepaz et al 2009). Fostering critical thinking and reflection are vital for transformative education (Freire, 1970) and enable young people to question the social context, attitudes and behaviors that undermine their health, wellbeing, and rights.

Yet girls' distinct and urgent needs are routinely overlooked by the preponderance of gender-blind approaches and the lack of gender disaggregated data. Resources that flow to generic “youth” programs and gender-blind educational interventions will not ameliorate the disadvantage that girls face in terms of access (Weiner, 2007), will not address girls' distinct learning needs,⁴ and will not overcome the routine discrimination and inequality females experience in ways large and small.

3. How does investing in adolescent girls' education improve the sustainable development of communities? What's the return on investment?

Investing in adolescent girls' education benefits not only the girl herself, but her community and future children and family. More educated girls will provide their future children with better health and hygiene, and more

² In some countries reaching as high as 5 to 1 (Malawi) and 8 to 1 (South Africa).

³ For example, a review by Unesco finds that among studies that analyzed the effects of sex education programs on actual health outcomes, only 28% had a positive impact on pregnancy or STI rates (Unesco, 2009).

⁴ A review of curricular-based sex and HIV education program evaluations found that 84% of programs had different effects on girls and boys (Haberland 2006), strongly suggesting distinct and differential learning needs.

resources for health and education (Lloyd 2009). Education – particularly education that fosters critical thinking and agency – can lay the groundwork for meaningful citizenship that benefits communities and nations. Schooling delays marriage and childbearing; and delaying marriage and childbearing decreases population growth (Bruce and Bongaarts, 2009). Indeed, delaying childbearing past adolescence could decrease projected population size by 18% (analysis by Bongaarts, 2011).

Increasing investments in girls schooling can have significant economic returns as well. A recent analysis by the World Bank shows that if girls in Kenya, Tanzania, Senegal and Uganda had completed secondary school, they would contribute 48%, 32%, 24%, and 34% more to their economies over their lifetimes (Chaaban and Cunningham, 2011). A girl who drops out of school in Ethiopia makes almost \$130 less per year; this translates into a \$582 million per year cost for Ethiopia due to lack of investment in girls' education (Girl Effect, 2011 based on Chaaban and Cunningham, 2011).

4. Recommendations

(Many of these are drawn from Bruce and Joyce, 2006; Lloyd 2009; Temin and Levine 2009)

- At a minimum, disaggregate data by sex to highlight disparities and differential needs of adolescent girls and boys. Further disaggregate by marital status, rural/urban, wealth/poverty quintiles, and/or subnational divisions to provide additional insight.
- Keep girls in school through adolescence, or, at a minimum, to age 16.
- Defray costs of schooling to girls and their families via scholarships, stipends, cash transfers, etc.
- Complement these interventions with social support for the girls at highest risk of drop out.
- Provide training and opportunities for women to become teachers and remain in teaching.
- Implement and test interventions to foster safer and more gender equitable schools.
- Improve capacity of teachers to use pedagogical methods that are participatory and learner centered, and that foster critical thinking.
- Implement and test sex and HIV education curricula that place a central emphasis on gender and rights (Haberland and Rogow, 2009). While a gender and rights perspective is needed throughout sex/HIV education, gender and rights education need not fall solely to sex/HIV education – social studies/civics, history, and language arts classes can also contribute.
- Through the education system and curricula, connect with the community and social change movements by fostering girls' agency and advocacy/civic participation.
- Education programs can contribute significantly to adolescent girls' empowerment, but they are not alone responsible. Given the large numbers of girls who will be outside the formal education system, also vital is support and evaluation of non-formal education, its quality and content, and its linkages with the formal education system (e.g. to allow adolescents to reenter the formal system); and support of "safe spaces" programs for girls that build their social, health, and economic assets.
- Assess a broader range of outcomes in impact evaluations, including critical thinking skills, gender attitudes, girls' agency, measures of civic participation, wantedness of sex, and intimate partner violence.

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