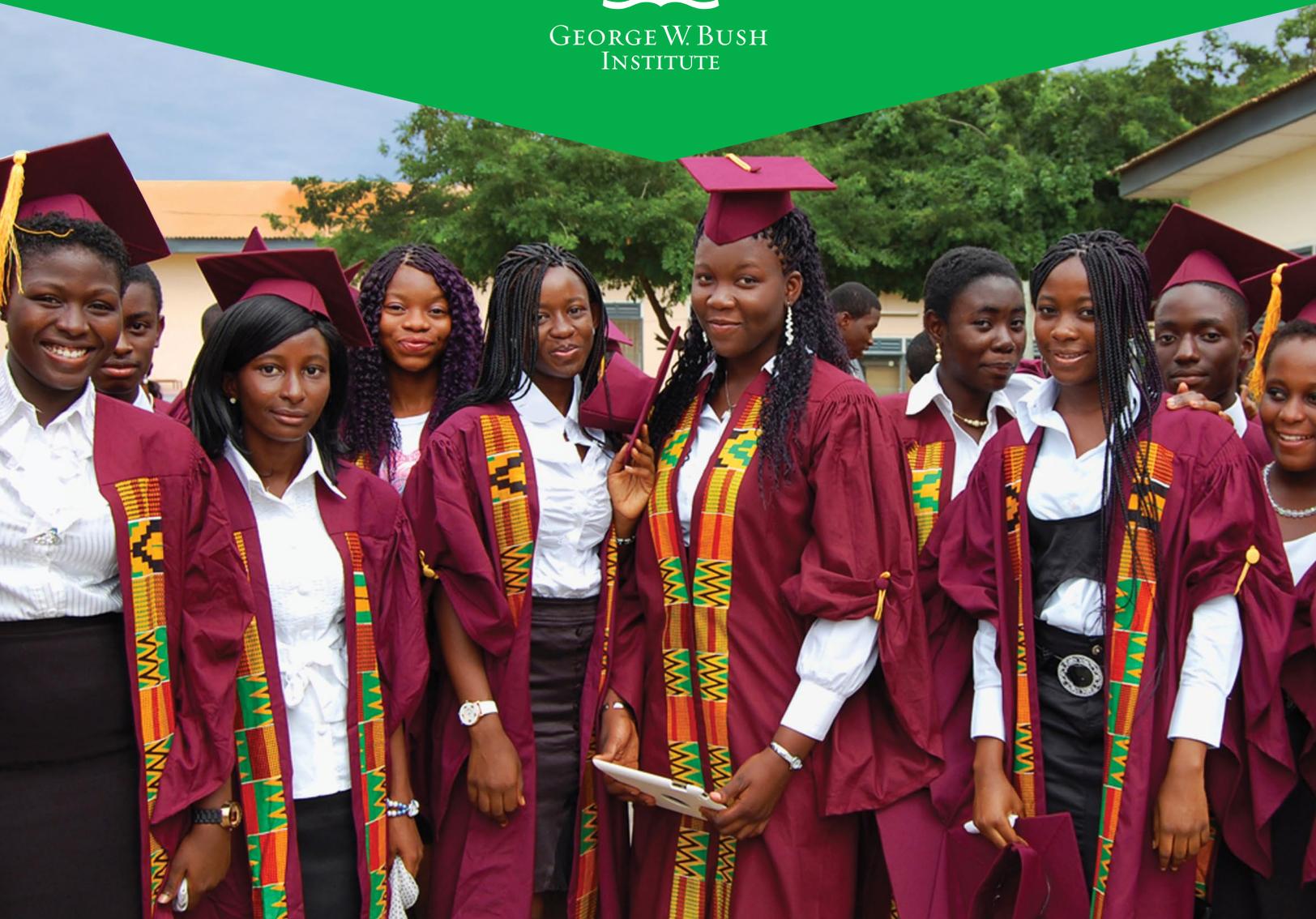


T H E K E Y T O
AFRICA'S FUTURE
I S
F E M A L E

BY NATALIE GONNELLA-PLATTS AND CRYSTAL CAZIER



GEORGE W. BUSH
INSTITUTE



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INTRODUCTION

Adolescence and young adulthood are a seminal time for individuals – especially females. Now more than ever, the United States and the international community must do a better job of directly engaging and supporting adolescent girls and young women (AGYW). This is particularly important in sub-Saharan Africa, home to the highest saturation of young people between the ages 15 to 24 in the world.^{1,2}



On April 5, 2017, President and Mrs. Bush visited Ella Du Plessis High School in Windhoek, Namibia. President and Mrs. Bush visited Botswana and Namibia as part of their continued commitment to the people of Africa through the work of the Bush Institute's global leadership program. Photo by Paul Morse for the George W. Bush Presidential Center.

Equipping AGYW with the education, access, and resources needed to effectively contribute to their economies advances communities and countries and emboldens the leaders of tomorrow. Providing pathways for girls to lead improves stability and peace. Engaging them at decision-making tables ignites ingenuity, inclusion, and innovation.

Yet lack of recognition of AGYW agency and rights; inadequate access to health care, education, and skills training; and restrictive and patriarchal gender norms make the climb to contribute and succeed exceptionally steep for AGYW. As the Gates Foundation underscores in the 2019 Goalkeepers Annual Report, “Gender inequality cuts across every single country on Earth. No matter where you are born, your life will be harder if you are born a girl. If you are born in a poor country or district, it will be even harder.”³

1 The widely accepted definition of “youth” describes the period between childhood and adulthood. While there is agreement on the definition, the age range included varies. The U.N. defines youth as those between 15 and 24 years of age, but also recognizes that some member states and other institutions focus more broadly (sometimes with an upper limit of 30 or 35 years of age). Additionally, the term “young people” is often attributed with the age range of 10 to 24 years old, and “adolescents” with 10 – 19 years old.

2 <https://www.un.org/en/africa/osaa/peace/youth.shtml>

3 www.gatesfoundation.org/goalkeepers/report/2019-report/

BACKGROUND: WHY THIS POPULATION MATTERS NOW

Thinking about the nexus of challenges, COVID has exposed the fault lines of inequality in [Africa] and around the world.

- Bernardus Steven Harageib

Technical Director in the Office of the First Lady of Namibia

The median age across sub-Saharan Africa is roughly 20, compared with 39 in North America.⁴

Right now, nearly half of the world's young people live in sub-Saharan Africa. Forty percent are under the age of 15 and just 6% of the population is 60 or older.⁵ By 2050, the entire population across the continent is expected to double.

When empowered, educated, and healthy, young people are able to meaningfully contribute in ways that support accelerated progress for all.⁶ In the context of economic opportunity alone, “estimates indicate that 11 million

youth will be entering the labor market in sub-Saharan Africa each year for the coming decade, with the potential to dramatically promote growth and reduce poverty,” according to the World Bank.⁷

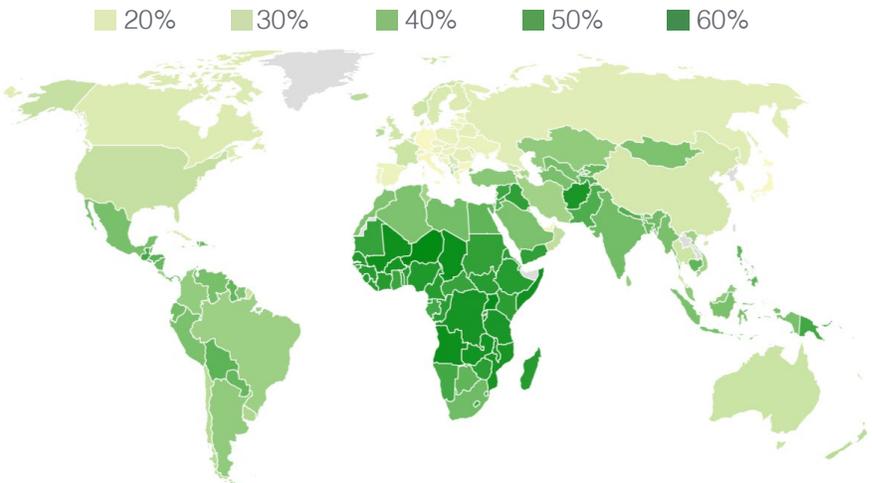
Young people across the region are organizing and speaking out to protect human dignity and demand transparency and accountability from governments and private-sector institutions.

But while sub-Saharan Africa's young population offers great potential for the future, persistent and multifaceted challenges warrant increased attention. Worldwide, 80% of the world's poorest billion people are under age 40. Before the COVID-19 pandemic, young people accounted for 60% of Africa's jobless.⁸

As the Mo Ibrahim Foundation says, “due to a lack of formal jobs and social safety nets, many young Africans have to find an alternative in the informal sector in order to ‘get by,’ getting trapped in a precarious employment status which contributes to a delayed transition to adulthood (‘waithood’).” A pre-pandemic estimate indicated that without adequate economic opportunities, by midcentury, 86% of the world's extremely poor will live in sub-Saharan Africa.

These and other barriers, and their direct and indirect impacts, are even more severe for AGYW. Case in point: Though sub-Saharan Africa has the highest ratio of female to male labor-force participants in the world, the full scale of female potential remains unrealized. While gender gaps in education have closed in

Percentage of country's population under 20 years old in 2015



Source: UN World Population Prospects. <https://blogs.worldbank.org/opendata/chart-worlds-youngest-populations-are-africa>

4 <https://www.pewresearch.org/fact-tank/2020/04/22/populations-skew-older-in-some-of-the-countries-hit-hard-by-covid-19/>

5 <https://www.pewresearch.org/fact-tank/2020/04/22/populations-skew-older-in-some-of-the-countries-hit-hard-by-covid-19/#africa>

6 <https://www.gatesfoundation.org/goalkeepers/report/2018-report/?download=false>

7 <http://documents1.worldbank.org/curated/en/72543151188618886/pdf/WPS8245.pdf>

8 <https://www.un.org/africarenewal/magazine/may-2013/africa%E2%80%99s-youth-%E2%80%9Cticking-time-bomb%E2%80%9D-or-opportunity>

some capacities within developing economies, the gender gap in labor-force participation continues to rise.⁹

Unfortunately, COVID-19 has further compounded challenges.

“Thinking about the nexus of challenges, COVID has exposed the fault lines of inequality in [Africa] and around the world,” said Bernardus Steven Harageib, Technical Director in the Office of the First Lady of Namibia, during a meeting in August 2020.

Despite years of hard-fought efforts to achieve gender parity in education, millions of girls will not return to school when it is safe to do so, according to a 2020 Malala fund report on girls’ education and COVID-19.¹⁰

“In a crisis like COVID-19, girls and young women are the first to be removed from school and the last to return... But educated young women are also critical to public health and economic recovery,” Nobel Prize winner Malala Yousafzai, an education advocate, said when the report was released. Girls are at risk of losing upward of 50% of their total years of education.¹¹

Gender-based violence (GBV), a shadow pandemic on its own, is also on the rise and remains an immense concern for AGYW around the globe, including in sub-Saharan Africa. Instability exacerbates abuse and exploitation, with sexual assault and domestic violence at risk of sustained increases, data from the Ebola epidemic in West Africa and early COVID-19 lockdown periods shows.¹²

Rising rates of teenage pregnancy have been reported, and increasing rates of HIV and other sexually transmitted infections (STI) are a concern. During a three-month lockdown in Kenya, 152,000 AGYW became pregnant, an increase of 40% over last year’s average for the same period.¹³ Additionally, UNAIDS and the World Health Organization (WHO) estimate increased HIV incidence and more deaths attributed to HIV due to COVID-19,¹⁴ with girls especially impacted.¹⁵

Perhaps most worrying, the COVID-19 pandemic has halted and reversed progress in reducing global poverty rates. Despite significant economic growth in the region before the pandemic, the United Nations (U.N.) estimates that an additional 32 million people in Africa will drop below the international poverty line as a result of the global health emergency,¹⁶ and the accelerated poverty burden will more acutely impact women and girls.¹⁷

At a time when AGWY need uninterrupted access to services, opportunities, and care, COVID-19 has created additional barriers to resources and support.¹⁸

9 <https://www.worldbank.org/en/programs/adolescent-girls-initiative>

10 <https://malala.org/newsroom/archive/malala-fund-releases-report-girls-education-covid-19>

11 https://downloads.ctfassets.net/0oan5gk9rgbh/6TMYLYAcUpjhQpXLDgmdla/3e1c12d8d827985ef2b4e815a3a6da1f/COVID19_GirlsEducation_corrected_071420.pdf

12 <https://kujenga-amani.ssrc.org/2020/05/20/violence-against-women-and-girls-in-the-shadow-of-covid-19-insights-from-africa/>

13 <https://www.voanews.com/episode/teen-pregnancies-spike-kenya-schools-remain-shuttered-4344051>

14 <https://www.who.int/news-room/detail/11-05-2020-the-cost-of-inaction-covid-19-related-service-disruptions-could-cause-hundreds-of-thousands-of-extra-deaths-from-hiv>

15 <https://www.reuters.com/article/us-health-coronavirus-women-aids-trfn/coronavirus-lockdowns-seen-increasing-hiv-risk-to-women-and-girls-idUSKBN2472CL>

16 <https://unstats.un.org/sdgs/report/2020/The-Sustainable-Development-Goals-Report-2020.pdf>

17 https://www.unaids.org/sites/default/files/media_asset/women-girls-covid19_en.pdf

18 https://www.unaids.org/sites/default/files/media_asset/women-girls-covid19_en.pdf

THE LIFE CYCLE OF WOMEN'S WELL-BEING

*Today's young people are dealing with multiple challenges and they have to take on so much—at school, within changing family dynamics, societal expectations. They question their norms, values and their own worth... We need to treat them as leaders so that they can feel valued.*¹⁹

- Mrs. Neo Masisi
First Lady of Botswana

Of course, the incredible progress that has been achieved in support of and in partnership with women and girls across sub-Saharan Africa cannot be discounted. This includes significant steps forward in responding to issues like maternal and infant mortality and communicable diseases.

Between 2000 and 2017, the maternal mortality ratio (MMR), or number of maternal deaths per 100,000 live births, dropped by about 38% worldwide, including by 40% in sub-Saharan Africa, according to data from the WHO.²⁰

In parallel, sub-Saharan Africa has seen some of the most significant reductions in infant mortality and under-5 mortality rates. Even though it is still the region with the highest under-5 mortality in the world, there has been a 56% reduction since 1990.²¹

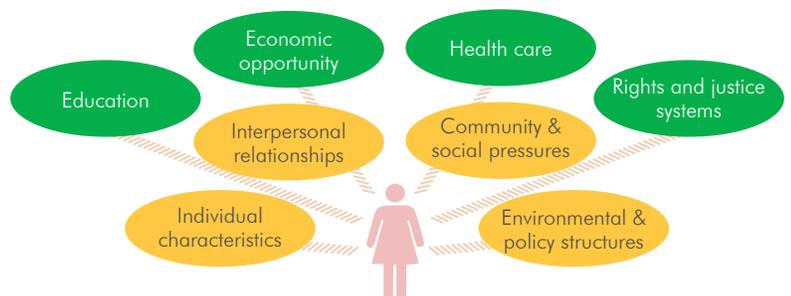
New HIV infections – among both men and women – have declined, including by 39% in Eastern and Southern Africa and 25% in Central and West Africa since 2010. However, girls and women still account for a greater share of new infections across the region.²² Progress has also been made on preventing transmission of HIV from mother to baby during pregnancy or breastfeeding. Over the past decade, rates have declined by more than half.²³

While advancements should be praised and continued, we must also recognize where intent has fallen short. Despite laudable efforts to combat the unnecessary tragedies of infant, under-5, and maternal mortality, we have overlooked some of the most formative years in an individual's life: Adolescence and young adulthood. For AGYW, this has come at a cost.

CONNECTING THE DOTS

The challenges AGYW face are complex. If well-being could have been achieved by tackling a single issue, equal opportunities and outcomes might have been secured long ago. Unfortunately, it is not that simple.

AGYW are affected by multiple influences within society: individual characteristics, interpersonal relationships, community and social pressures, and environmental and policy structures that all play a part in the lives of AGYW. From education to economic opportunity, health care to rights and justice systems, these influences are also dependent upon one another.



19 https://www.unaids.org/en/resources/presscentre/featurestories/2019/july/20190725_botswana

20 <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>

21 <https://data.unicef.org/topic/child-survival/under-five-mortality>

22 https://www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_en.pdf

23 https://www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_executive-summary_en.pdf

For example, health issues and the likelihood of experiencing violence are often related to lack of education and lower income levels.^{24,25,26,27} For a girl to do well in school and get the most out of her education, she is not just dependent on her own self-determination; there are other factors that contribute to her success. She needs access to additional resources including health care, nutrition, basic hygiene products,²⁸ and contraception.²⁹ Poverty and financial insecurity significantly restrict opportunity and the agency used by AGYW and their families to chart their futures and make decisions affecting well-being.

Using statistical modeling, one study among black South African adolescents found that the ability of this group to persevere in education came from a combination of personal behaviors, close relationships, access to resources, and cultural influences and concluded that educational resilience was more than just a product of individual abilities.³⁰

While this is not new to the communities facing many of the interrelated challenges presented in this paper, public- and private-sector actors have long been siloed when it comes to providing resources for AGYW.

The overview that follows will outline some of the most immediate issues affecting AGYW, how these issues are interrelated, and key recommendations to support better outcomes for this critical demographic.

ECONOMIC OPPORTUNITY AND POVERTY

*To make a difference, we need to believe in our power as young women. Our power not to watch and blame the system, but to change it. Our power to better humanity.*³¹

- Aya Chebbi

AU Youth Envoy

Before 2020, global poverty rates were declining.³² COVID-19 has reversed this trend, and women and girls are more likely to be affected.³³ Economic opportunity is a clear determinant for the future of AGYW because economic metrics often indicate how a country fares in other development outcomes.

About 654.9 million people, or 12.5% of the world's population, live in poverty. Nearly half are in sub-Saharan Africa, even though the region is home to less than 15% of the world's people.³⁴ While overall poverty rates are similar for females and males, there are differences across age groups.³⁵ Children comprise 44% of the world's extremely poor, and there are 105 girls living in extremely poor households for every 100 boys in the same situation.³⁶ As boys and girls get older, the poverty gender gap widens further. Among women between the ages of 25 and 34, 122 live in poor households for every 100 men of the same age group.³⁷

A pre-pandemic estimate indicated that, without adequate economic opportunities, 86% of the world's extreme poor will live in sub-Saharan Africa by midcentury.³⁸

24 https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/12753/How_does_economic.pdf?sequence=1
25 <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0222950>
26 <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-018-5051-3>
27 <https://www.measureevaluation.org/resources/publications/tr-19-317>
28 <https://www.globalpartnership.org/blog/can-better-sanitary-care-help-keep-african-girls-school>
29 <https://journals.sagepub.com/doi/abs/10.1177/1090198119831755>
30 https://repository.up.ac.za/bitstream/handle/2263/72325/VanRensburg_Social_2019.pdf?sequence=1
31 <https://www.one.org/us/blog/aya-chebbi-pass-the-mic-covid19/>
32 <https://www.worldbank.org/en/topic/poverty/overview#1>
33 <https://www.gatesfoundation.org/goalkeepers/report/2020-report/#GlobalPerspective>
34 <http://documents1.worldbank.org/curated/en/135731520343670750/pdf/WPS8360.pdf>
35 <http://documents1.worldbank.org/curated/en/135731520343670750/pdf/WPS8360.pdf>
36 <https://blogs.worldbank.org/developmenttalk/no-70-world-s-poor-aren-t-women-doesn-t-mean-poverty-isn-t-sexist>
37 <https://blogs.worldbank.org/developmenttalk/no-70-world-s-poor-aren-t-women-doesn-t-mean-poverty-isn-t-sexist>
38 <https://www.wsj.com/articles/extreme-poverty-concentrates-in-sub-saharan-africa-1537243201>

Other indicators illustrate women's exclusion from economic opportunities, such as lack of access to financial institutions and money management systems. In sub-Saharan Africa in 2019, 23% of women had accounts with financial institutions, compared with 38% of men, and 18% of women were using mobile money accounts compared with 27% of men.³⁹

Moreover, unpaid dependent and domestic care is largely done by females. Women in Africa contribute an average of 263 minutes of unpaid work each day, compared with 78 minutes from men.⁴⁰ This unequal share has been exacerbated during the pandemic, with children home from school and elderly family and community members requiring increased support.⁴¹ When women and girls spend unequal amounts of their time engaged in unpaid labor, they have an unequal opportunities to generate income. In most countries across the continent, even in formal sectors, it is easier for men to find employment than it is for their female peers, despite comparable education, skills training, and experience.⁴²

The Broader Connections: Why Economic Opportunity Matters

Studies and analyses trace negative health outcomes, lack of education, and rates of violence, back to poverty. Poverty keeps families and particularly AGYW in a rut of deprivation. A growing body of literature across various outcomes, including education and health, has found that empowering young women economically improves multiple facets of their lives. This in turn has positive benefits as they grow up, for them as well as for their future families.

Poverty is a key determinant of AGYW well-being, according to evaluations by DREAMS (Determined, Resilient, Empowered, AID-free, Mentored, and Safe), a partnership led by the U.S. Department of State through the President's Emergency Plan for AIDS Relief (PEPFAR), which provides holistic interventions to address factors that make AGYW vulnerable to HIV. Giving women and girls access to tools to enhance economic opportunity has led girls to be able to make their own choices unhindered by financial concerns. For example, a DREAMS program in Uganda found that girls experiencing poverty or financial insecurity were more likely to drop out of school, get married early, or engage in transactional sex, which increased their risk for early pregnancy and HIV infection.⁴³

Giving young people access to capital and improving their earning potential to counter the effects of poverty can immediately benefit AGYW individually as well as their families. UNAIDS notes that "cash transfers can keep young people, particularly girls, in school, improve their academic outcomes, increase their use of health services, delay their sexual debut, reduce early marriage and teen pregnancy, and promote safer sexual behaviors."⁴⁴ Interviews with 60 DREAMS participants in rural Tanzania identified that cash transfers allowed them to buy basic items for themselves rather than engaging in transactional sex for food and toiletries.⁴⁵

Financial or business education and vocational training has also shown promise. When women are better equipped with financial literacy and basic business understanding, they are more empowered to refuse unwanted sexual partners.⁴⁶ This not only reduces negative health outcomes, but provides a buffer against interpersonal violence (IPV). After nine months of vocational training that was part of a DREAMS program in Uganda, family incomes of AGYW participants grew by 63%, which improved AGYW ability to contribute to

39 <https://qz.com/africa/1724299/gender-gaps-in-education-land-rights-in-africa-boost-poverty/>

40 <https://ilostat.ilo.org/topics/unpaid-work/>

41 <https://unstats.un.org/sdgs/report/2020/The-Sustainable-Development-Goals-Report-2020.pdf>

42 <https://www.un.org/africarenewal/magazine/special-edition-youth-2017/africas-jobless-youth-cast-shadow-over-economic-growth>

43 <https://www.measureevaluation.org/resources/publications/tr-19-317>

44 https://www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_en.pdf

45 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6643075/>

46 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6643075/>

the basic needs of their families by 44%. Because AGYW were more equipped with the agency and ability to earn their own income, transactional sex fell by 70%, reducing the number of unwanted pregnancies, improving AGYW relationships with their families and communities, and leading to fewer sex partners and greater condom use.⁴⁷

EDUCATION

Because of school, I found the power in my voice and am using it to advocate for education for all.

- Vivian Onano

Kenya

Education is transformative, especially when combined with access to parallel services and financial empowerment. Former South African President Nelson Mandela said, “The power of education extends beyond the development of skills we need for economic success. It can contribute to nation-building and reconciliation.”

Educational access in sub-Saharan Africa has improved over the past 50 years, and the education gender gap has narrowed.⁴⁸ Unfortunately, progress has plateaued in the last decade.⁴⁹ Sub-Saharan Africa has the world’s highest rate of school-age children who are not accessing education. Thirty-one percent of school-age children, adolescents, and youth in sub-Saharan Africa are not in school. Of the 258 million children, adolescents, and youth who are not in school globally, more than one third live in sub-Saharan Africa.⁵⁰ The likelihood that a child is not in school is correlated with basic demographics, including age, sex, and income level.⁵¹ Girls are more likely not to be in school than boys. In the region, 21% of girls are not enrolled in primary school, compared with 16% of boys. Among adolescents, 38% of girls are not in school, compared with 35% of boys. By the time they reach upper secondary school, 61% of girls are not in school, compared with 55% of boys. Across sub-Saharan Africa, an estimated 4 million girls will never attend school, twice the estimate of boys.⁵²



President George W. Bush visits with students in a classroom at the Maasai Girls School in Arusha, Tanzania. Photo from the Records of the White House Photo Office (George W. Bush Administration), 1/20/2001 - 1/20/2009. <https://catalog.archives.gov/id/7369352>

47 <https://meddocsonline.org/journal-of-psychiatry-and-behavioral-sciences/vocational-skills-training-a-complimentary-strategy-in-addressing-structural-factors-associated-with-HIV-risk-among-AGYW-in-rural-districts-in-uganda.pdf>

48 <http://uis.unesco.org/en/blog/data-celebrate-50-years-progress-girls-education>

49 <http://uis.unesco.org/sites/default/files/documents/new-methodology-shows-258-million-children-adolescents-and-youth-are-out-school.pdf>

50 <http://uis.unesco.org/sites/default/files/documents/new-methodology-shows-258-million-children-adolescents-and-youth-are-out-school.pdf>

51 <http://uis.unesco.org/sites/default/files/documents/new-methodology-shows-258-million-children-adolescents-and-youth-are-out-school.pdf>

52 <http://uis.unesco.org/sites/default/files/documents/new-methodology-shows-258-million-children-adolescents-and-youth-are-out-school.pdf>

Poorer children and young people are also less likely to be in school than those in higher income brackets. Among the poorest young people in the world, 74% of adolescent girls and 68% of boys do not have access to secondary school education. The exclusion is even more stark in sub-Saharan Africa, where 93% of the poorest young women and 90% of the poorest young men have never been to secondary school.⁵³

AGYW's access to education is also the result of factors and dynamics within families, communities, and society at large. A recent UNAIDS report summarizes it well: "Despite evidence for the multiple benefits of remaining in school, girls and young women in multiple settings around the world face significant barriers to education, driven by poverty, unequal social and cultural norms, harmful practices (such as child, early, and forced marriage), poor infrastructure, gender-based violence and instability."⁵⁴

For example, the more time girls must spend on domestic or care work – paid or unpaid – the less likely they are to be in school. When girls dedicate 28 hours or more per week to domestic and care work, they are in school 25% less than their peers who spend less than 10 hours a week on the same work.⁵⁵

Living in a conflict-affected area is a determinant of education. Girls who live in countries affected by conflict are nearly two and a half times more likely to be out of school. Moreover, young women are nearly 90% more likely to be out of secondary school than their peers in countries not affected by conflict.⁵⁶

Natural disasters, including the current COVID-19 pandemic, pull AGYW out of school and can have long-term effects on their futures, families and communities. In the aftermath of temporary school closures in 2020,⁵⁷ girls will be less likely to return to classrooms and complete their education, according to a report from the Malala Fund.⁵⁸ The COVID-19 pandemic is not only affecting AGYW now, but their earning potential in the future. School closures across sub-Saharan Africa could result in a lifetime earning losses of \$4,500 per child.⁵⁹

The physical school environment is also an important factor. For example, lack of access to clean water, privacy, and sanitation products and facilities can affect AGYW education. Girls need to be able to properly care for their health and hygiene to stay in school. This includes a private toilet area and feminine sanitation products. A 2016 assessment found that in sub-Saharan Africa, one in four secondary schools did not have appropriate facilities.⁶⁰ Lack of facilities and products leads to one in 10 girls missing school due to menses.⁶¹ Private, secure toilet facilities also protect girls from harassment and violence.

The Broader Connection: Why Education Matters

When AGYW have access to education, especially secondary and tertiary education, their economic opportunities increase across their lifetimes. The World Bank estimates that women with any primary education earn 19% to 30% more than women with no education, while incomes of those with secondary educations double and those with university-level educations or higher make five times more.⁶²

Beyond individual earnings, poverty rates decline as educational attainment increases. As more education is achieved, poverty rates for women drop more drastically than poverty rates for men. Among people with

53 <https://www.unicef.org/media/59856/file/UNICEF-education-strategy-2019-2030.pdf>

54 https://www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_en.pdf

55 <https://unesdoc.unesco.org/ark:/48223/pf0000368753>

56 <https://unesdoc.unesco.org/ark:/48223/pf0000368753>

57 <https://en.unesco.org/covid19/educationresponse>

58 <https://www.malala.org/newsroom/archive/malala-fund-releases-report-girls-education-covid-19>

59 <https://news.un.org/en/story/2020/08/1070702>

60 <https://unesdoc.unesco.org/ark:/48223/pf0000368753>

61 <https://www.vox.com/2015/6/24/8838201/girls-school-attendance-rates-menstrual-period>

62 <http://documents1.worldbank.org/curated/en/268251542653259451/pdf/132200-WP-P168381-PUBLIC-11-20-18-Africa-GE-CM-Conference-Edition2.pdf>

secondary education, 29% of women are likely to be poor, compared with 33% of men, while, among those with tertiary education, 10% of women are poor compared with 15% of men.⁶³

Additionally, “investing holistically in adolescent girls – across education, health, violence and economic independence – to reach 100% upper secondary school completion rates by 2030 could lift GDP in developing economies by on average 10%,” according to a 2020 CITI GPS report.⁶⁴

Education also serves as a protection against child marriage. The more education a girl receives, the less likely she is to be married as a child. Secondary school is critical. For each additional year of secondary schooling a girl receives, the risk of marrying as a child and having a child before age 18 drops by an average of 7.5%. The World Bank estimates that if all girls received secondary education, child marriage would essentially be eradicated, and the prevalence of early childbearing, which causes increased health risk to mother and baby, could be reduced by up to 75%.⁶⁵

Lower educational attainment is associated with increased health risks among AGYW, including HIV infection and unintended pregnancy. Among a cohort of rural South African AGYW, those with poor attendance were nearly three times as likely to have become infected with HIV, compared with AGYW who attended 80% or more days of school. AGYW who had dropped out of school completely were even more likely to become infected with HIV.⁶⁶ In a separate South African study of rural young women age 13 to 20 who were enrolled in school, AGYW who dropped out were almost four times more likely to become pregnant than girls who stayed in school. The relationship was also seen in the inverse. AGYW who became pregnant were more than twice as likely to drop out than girls who did not become pregnant.⁶⁷

When AGYW have more education, health outcomes improve. Across 29 sub-Saharan African countries with available data, 37% of unintended pregnancies between 2010 and 2016 occurred among women who had only primary-level education, while women with higher education accounted for 19% of unintended pregnancies.⁶⁸ Women with higher education levels are also more likely to demand access to modern family planning methods than women with no education, allowing them to decide when and how many children to have.⁶⁹ At the national level, countries that have a secondary school completion rate above 50% for AGYW have also achieved accelerated progress in reducing new HIV infections in this population.⁷⁰

Later in life, women who have more education are more likely to look after the health of their families. For example, the World Bank estimates that under-5 mortality could be reduced by 20% in countries where secondary education for AGYW becomes universal.⁷¹



In sub-Saharan Africa, **66%** of girls with no education are married before they turn 18, compared with just **13%** of girls with secondary or higher education.



Source: <https://www.one.org/us/blog/early-marriage-and-poverty-why-we-must-break-the-cycle/>

63 <http://documents1.worldbank.org/curated/en/135731520343670750/pdf/WPS8360.pdf>
 64 https://ir.citi.com/q9Fgzjwi8--6NWEHhk_xgWRWiPlcjxZfF6s3WX8BldF06ldfgsT_7O3Vvor5Mf0cvq7yk2zD0ec%3D
 65 <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/268251542653259451/pdf>
 66 <https://europepmc.org/article/med/28692544>
 67 <https://journals.sagepub.com/doi/abs/10.1177/1090198119831755>
 68 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6688809/#pone.0220970.ref001>
 69 https://www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_en.pdf
 70 https://www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_en.pdf
 71 <http://documents1.worldbank.org/curated/en/268251542653259451/pdf/>

ERADICATING GENDER-BASED VIOLENCE



A woman in Nairobi, Kenya, calls for empowerment of women on November 13, 2019. (Yasuyoshi CHIBA / AFP via Getty Images)

An egregious violation of human rights, violence against women and girls remains one of the most widespread challenges of our time. The impact of gender-based violence is extremely concerning for AGYW: “[A]dolescent girls face intersecting risks of violence due to their relative lack of power because of both their gender and their status as children or young people in a world dominated by men,” according to the Global Women’s Institute at George Washington University.⁷²

Even more tragic, most violence perpetrated against AGYW comes from those closest to them – partners, parents, or other family members. For example, research examining the prevalence of IPV in rural South Africa reveals that nearly a quarter of AGYW between the ages of 13 and 20 have experienced physical or sexual IPV by a partner.⁷³ The same study also documented that over 14% of participants reported having had transactional sex within the previous 12-month period.

Poverty, lack of schooling, and other factors that inhibit socioeconomic status all increase the risk of GBV. A 2020 study published in *BMJ Global Health* that examined rates of GBV in 30 countries across sub-Saharan Africa revealed that as “wealth decreases, the risk of both physical and sexual violence increases simultaneously.” Those categorized in the lowest wealth category across the study were most likely to experience both physical and sexual violence. Likewise, individuals “who had no education were 3.1 times

⁷² <https://globalwomensinstitute.gwu.edu/sites/g/files/zaxdzs1356/ff/downloads/GWI%20Policy%20Brief%20-%20Violence%20against%20Adolescent%20Girls.pdf>

⁷³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6697129/>

more likely to have experienced physical violence” and “2.35 times more likely to have experienced sexual violence” within the past year, compared with peers who had exposure to higher education.⁷⁴

An examination of sexual violence against AGYW worldwide (including emphasis on low- and middle-income countries) documented the highest prevalence in sub-Saharan Africa.⁷⁵ Though the burden of forced and coerced sexual debut varies widely across the continent, various studies reveal that a significant number of young people have experienced at least one instance of sexual coercion.^{76,77} According to an analysis from the U.S. Centers for Disease Control and Prevention’s (CDC) Violence Against Children survey, of the sub-Saharan Africa countries where data sets are available, between 9% and 57% of 13- to 24-year-old females reported their first sexual experience as forced or coerced.⁷⁸

Across sub-Saharan Africa, approximately one in three young women were married before their 18th birthday, and one in 10 before the age of 15.⁷⁹ While recent data has demonstrated a decrease in instances of formal and informal unions before the age of 18 in countries across sub-Saharan Africa, progress has been fragmented. “This is especially true for child marriage before 15,” which according to a 2017 analysis from Girls Not Brides, “has not decreased in half of the countries examined.”⁸⁰ Of the 10 countries with the highest rates of child marriage in the world, seven are in sub-Saharan Africa.⁸¹ And, as of 2017, only five countries in sub-Saharan Africa have levels of early marriage below 10%. These include Djibouti, Eswatini, Namibia, Rwanda, and South Africa.⁸² Just 30 years ago, Namibia was the only country with comparably low rates of early marriage.

Transactional and intergenerational relationships also contribute additional complexities and challenges for AGYW, often due to the age and economic dynamics involved. While these types of relationships are not always nonconsensual, studies have found that they do increase the risk of IPV, HIV, and overall unsafe sex practices. As an analysis on risk factors of intergenerational sex from BMC Women’s Health summarized, “the greater the asymmetry in partner age and wealth, the less room for sexual negotiation on the female’s part.”⁸³

Agency and the ability to determine and act on individual choice matters immensely, particularly for well-being. Unfortunately for AGYW, society’s respect for and encouragement of one’s agency remains a sizable barrier – especially in the context of legal protections and systems and their equitable and sustained application.

“Adolescence provides a unique window of opportunity to prevent this injustice by changing the social norms that rob children of their childhoods and building the political will required to end this practice, once and for all,” UNICEF Deputy Executive Director Omar Abdi stressed ahead of a 2017 high-level meeting on ending child marriage in Africa.⁸⁴

In addressing GBV, social norms and institutional gaps have left AGYW vulnerable. For example, World Bank data reveals that women “are more likely to tolerate domestic abuse in countries with fewer legal provisions against domestic violence.”⁸⁵ Research from Indiana University and the University of Cape Town notes

74 <https://www.medrxiv.org/content/10.1101/2020.05.19.20107029v1.full.pdf>

75 [https://www.jahonline.org/article/S1054-139X\(14\)00383-8/pdf](https://www.jahonline.org/article/S1054-139X(14)00383-8/pdf)

76 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4582936/>

77 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2367148/>

78 <https://www.cdc.gov/violenceprevention/childabuseandneglect/vacs/reports.html>

79 <https://www.unicef.org/press-releases/high-level-meeting-accelerating-progress-ending-child-marriage-africa>

80 https://beta.girlsnotbrides.es/aprendizaje-recursos/centro-de-recursos/child-marriage-declined-sub-saharan-africa-analysis-trends-31-countries/?view_original

81 https://www.unicef.org/media/files/Child_Marriage_Report_7_17_LR..pdf

82 <https://www.unicef.org/press-releases/high-level-meeting-accelerating-progress-ending-child-marriage-africa>

83 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3877959/>

84 <https://www.unicef.org/press-releases/high-level-meeting-accelerating-progress-ending-child-marriage-africa>

85 <http://datatopics.worldbank.org/sdgdAtlas/archive/2017/SDG-05-gender-equality.html>

that just under two dozen countries in sub-Saharan Africa have rigorous laws against sexual and domestic violence.⁸⁶ However, as a 2013 analysis examining domestic violence legislation shows, a “sufficiently comprehensive approach” was still lacking.⁸⁷

Where legal protections exist, universal enforcement of laws can be limited, notably in rural settings. Not surprisingly, these gaps in the system further impunity and restrict progress in addressing longstanding challenges including domestic violence, sexual assault, statutory and marital rape, child and early marriage, and age of consent. For example, “though Niger, Chad, Central African Republic, and Mali legally prohibit child marriage, and there are penalties for authorizing or knowingly entering into early marriage, more than half of all girls are married by age 18,” according to the World Bank.⁸⁸

The Broader Connection: Why Gender-Based Violence Matters

*I live in... a hub of early and teenage pregnancies, gender-based violence, and intergenerational relationships. It is about making informed decisions and shining peer pressure for one not to fall into the trap of vulnerability such as HIV/AIDS.*⁸⁹

- Ndloyu

Zimbabwe, DREAMS Ambassador

Gender-based violence has a direct and reciprocal influence on health, education, and economic opportunity. Limited agency coupled with a lack of legal protections affirming the rights and status of AGYW can have devastating consequences on individuals and communities as well as the broader pursuit of peace and prosperity at regional and global levels.

The psychological and physical trauma of coercion and abuse can significantly inhibit confidence and well-being. Not surprising, studies show GBV can have debilitating health effects, including unintended pregnancy, STI exposure, gynecological trauma, post-traumatic stress and other mental health challenges, self-harm, and addiction. In areas with high HIV prevalence, IPV alone has been found to increase the risk of infection for women by as much as 50%.⁹⁰

Initially refused agency and the ability to determine and act on one’s choices, survivors of GBV are also often stigmatized and revictimized. This includes barriers to access critical services and opportunities, including education.

Women who are married as minors have fewer years of schooling, lower labor-force participation, and limited economic opportunities. Across 12 African countries that make up 50% of the continent’s population, the loss in wealth incurred because women were married as children is estimated at \$63 billion.⁹¹ Child brides also face higher rates of HIV and other sexually transmitted infections than peers who marry as adults.

Early marriage, sexual assault, intergenerational and transactional relationships, and coercion force many girls to experience pregnancy and childbirth earlier, shorten timeframes between pregnancies, and increase rates of unintended pregnancies. And babies born to adolescent mothers face a higher risk of infant mortality and pre-and postnatal challenges.

86 https://www.domesticviolenceintervention.net/wp-content/uploads/2016/08/Africa.DV_Programs.pdf

87 <http://cegensa.ug.edu.gh/sites/cegensa.ug.edu.gh/files/Beyond%20Domestic.pdf>

88 <http://datatopics.worldbank.org/sdgatlas/archive/2017/SDG-05-gender-equality.html>

89 <https://www.youtube.com/watch?v=En7PEpKX2Gs&list=UUwCjHh8RLfkH4MjG6i8P0w&index=18>

90 https://www.unaids.org/sites/default/files/media_asset/2020_ZeroDiscrimination_spotlight_en.pdf

91 <http://documents1.worldbank.org/curated/en/268251542653259451/pdf/132200-WP-P168381-PUBLIC-11-20-18-Africa-GE-CM-Conference-Edition2.pdf>

Unfortunately, age of consent does not always match age of access to youth friendly health services, further compounding the risks of early sexual debut for AGYW. Few countries have taken steps to provide any real protection to pregnant girls' right to education, and young mothers have to deal with discrimination and a lack access to child care while completing an education.⁹²

Eighteen countries in sub-Saharan Africa have no laws or government documentation supporting girls' return to school after pregnancy, and four countries in the region have a total ban on pregnant girls and young mothers attending public school.⁹³

This is more concerning in the age of COVID-19, when early data has already demonstrated both an increase in rates of GBV and a decrease in access to essential health services including family planning and pre- and postnatal care. During the Ebola crisis in Sierra Leone, for comparison, socioeconomic circumstances and mandatory lockdown measures inadvertently exposed AGYW to abuse and assault. In some regions of the country, teen pregnancy increased by as much as 65%.⁹⁴

HEALTH

Health-related priorities for AGYW in sub-Saharan Africa are primarily related to preventing HIV and unplanned or early pregnancy. In addition, there is a growing body of evidence exploring the mental health of this population, especially as a result of trauma or violence, a new HIV diagnosis, or unplanned pregnancy. Protecting the health of AGYW is predominantly linked to their ability to access accurate information and health care, free of stigma or discrimination. Empowering AGYW with appropriate information and comprehensive services increases their ability to make their own decisions about their health and prevents HIV, other sexually transmitted infections, and unintended pregnancies. Achieving AGYW health priorities also requires engagement with the community and a broader structural context.



Mrs. Laura Bush at Girls Leading Our World (GLOW) in Lusaka, Zambia, on December 3, 2011.
© Paul Morse 2011

HIV disproportionately affects women and girls. In 2019, women and girls accounted for 59% of all new HIV infections in sub-Saharan Africa.⁹⁵ Among adolescents ages 15 to 19, five of every six new HIV infections are among girls, and young women between 15 and 24 are twice as likely to be living with HIV as men the same age.⁹⁶ In 2019, AGYW in sub-Saharan Africa accounted for 25% of new HIV infections despite comprising 10% of the total population.⁹⁷

92 https://www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_en.pdf

93 <https://unesdoc.unesco.org/ark:/48223/pf0000368753>

94 <https://docs.google.com/viewer?url=http%3A%2F%2Fwww.sl.undp.org%2Fcontent%2Fdam%2Fsierraleone%2Fdocs%2FEbola%2520Docs.%2Ffundp.sle.ebola.SGBV.doc>

95 <https://www.unaids.org/en/resources/fact-sheet>

96 <https://www.unaids.org/en/resources/fact-sheet>

97 https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf

Globally, pregnancy and childbirth complications are the leading cause of death among adolescent girls ages 15 to 19.⁹⁸ Low- and middle-income countries account for almost all (99%) of maternal deaths among girls and women between 15 and 49 in the world.⁹⁹ Sub-Saharan Africa has the highest adolescent fertility rate, with a majority of countries reporting more than 93 births per 1,000 adolescent girls ages 15 to 19.¹⁰⁰ In sub-Saharan Africa, a 15-year old has a one in 40 chance that she will eventually die from a maternal cause in her lifetime, compared with one in 4,500 for a 15-year old girl in North America.¹⁰¹ Girls who get pregnant before they are 18 years old have an increased likelihood of experiencing violence within a marriage or partnership.¹⁰²

The children of young mothers are also impacted. Babies born to young mothers face higher risks of low birth weight, preterm delivery, and other severe complications as newborns.¹⁰³ Data from West and Central Africa show that young mothers seek care for sick children less often than older mothers, due to a lack of decision-making power, inability to cover health care costs, and fear of discrimination from health care workers.¹⁰⁴

In sub-Saharan Africa, almost half of all women are not able to access modern contraception.¹⁰⁵ Among adolescent girls, 60% do not have access to contraception.¹⁰⁶ A report determined that sub-Saharan Africa requires the largest boost in funding because the region currently has the largest gap in unmet needs for contraception, pregnancy-related and newborn care, and care for the major treatable STIs.¹⁰⁷

The onset of half of all mental health disorders experienced in adulthood starts by age 14, but goes undetected and untreated, according to the WHO.¹⁰⁸ Women are more than twice as likely as men to experience depression¹⁰⁹ and more likely to have adverse mental-health issues as a result of violence.¹¹⁰ In a study of adolescents in Soweto, South Africa, girls were nearly two and a half times more likely to be depressed as boys.¹¹¹ Mental health challenges are often linked to experiences of violence,¹¹² a new HIV diagnosis, or stresses related to an unplanned pregnancy.^{113,114,115,116,117}

In addition to adequate mental health care, AGYW often lack access to the confidential and nondiscriminatory health care services and comprehensive information that would empower them to make the best decisions for their health and well-being. Population-based surveys show only about a third of AGYW in sub-Saharan Africa have adequate and accurate knowledge about the prevention of HIV and STIs.¹¹⁸ Without comprehensive education, adolescents have a higher risk of becoming infected with HIV or other STIs, and lack of information about sexual and reproductive health is associated with an increased prevalence of unwanted pregnancies.¹¹⁹ Regarding service access, 90% of sub-Saharan African countries

98 <https://www.unfpa.org/featured-publication/trends-maternal-mortality-2000-2017>

99 <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy#:~:text=Babies%20born%20to%20mothers%20under,delivery%20and%20severe%20neonatal%20conditions.&text=In%20some%20settings%2C%20rapid%20repeat,the%20mother%20and%20the%20child.>

100 <https://data.worldbank.org/indicator/SP.ADO.TFRT?view=map>

101 https://www.everywomaneverychild.org/wp-content/uploads/2017/10/EWEC_GSUpdate_Full_EN_2017_web-1.pdf

102 <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy#:~:text=Babies%20born%20to%20mothers%20under,delivery%20and%20severe%20neonatal%20conditions.&text=In%20some%20settings%2C%20rapid%20repeat,the%20mother%20and%20the%20child.>

103 <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy#:~:text=Babies%20born%20to%20mothers%20under,delivery%20and%20severe%20neonatal%20conditions.&text=In%20some%20settings%2C%20rapid%20repeat,the%20mother%20and%20the%20child.>

104 <https://www.unicef.org/wca/media/3861/file/Adolescents%20girls%20in%20West%20and%20Central%20Africa.pdf>

105 https://www.unaids.org/sites/default/files/media_asset/2020_ZeroDiscrimination_brochure_en.pdf

106 https://www.unaids.org/sites/default/files/media_asset/2020_ZeroDiscrimination_brochure_en.pdf

107 https://www.gutmacher.org/sites/default/files/report_pdf/adding-it-up-investing-in-sexual-reproductive-health-2019.pdf

108 <https://www.afro.who.int/health-topics/adolescent-health>

109 https://www.who.int/mental_health/prevention/genderwomen/en/

110 <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-017-4348-y>

111 <https://www.tandfonline.com/doi/abs/10.1080/17450128.2016.1198854?journalCode=rnch20>

112 https://www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_en.pdf

113 <https://link.springer.com/article/10.1007/s10461-020-02974-3>

114 <https://pubmed.ncbi.nlm.nih.gov/30289374/>

115 <https://www.tandfonline.com/doi/abs/10.1080/17450128.2016.1198854?journalCode=rnch20>

116 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6697336/>

117 <https://pubmed.ncbi.nlm.nih.gov/29776353/>

118 https://www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_en.pdf

119 https://www.unfpa.org/sites/default/files/pub-pdf/UF_SupplementAndUniversalAccess_30-online.pdf

require parental or guardian consent for adolescent access to HIV testing and 60% to 65% require consent for adolescent access to HIV treatment.¹²⁰

The Broader Connection: Why Health Matters

Protecting a girl's health now protects her health in the future and has benefits for her family, community, and country. For example, the human papillomavirus (HPV) vaccine reduces the risk of girls getting cervical cancer as adults as well as other cancers and infections. Vaccinating girls against HPV would cut cervical cancer incidence by nearly 90% in low-and-middle income countries over the next century, averting nearly 61 million cases of cervical cancer.¹²¹

Access to testing for and treatment of HIV are essential for individual as well as community health. When AGYW are tested, know their status, and empowered to make their own decisions, they can take appropriate action to protect their health and the health of their partners. A study in Malawi found that AGYW receiving youth-friendly services were 23% more likely to be tested for HIV, 57% more likely to receive condoms at the health center, and 39% more likely to be given access to contraception.¹²²

Investing in appropriate health care services for AGYW now pays dividends in the future and reduces the burden on the community and health care system, allowing more resources to support other objectives. For example, every additional dollar spent on contraceptive services over current investments is expected to reduce the cost of pregnancy-related and newborn care by nearly \$4. Ensuring access to contraception and antenatal and neonatal care would result in global cost savings of \$11 billion, compared with only investing in pregnancy-related and newborn care.¹²³



RECOMMENDATIONS

The following recommendations to ensure a better future for AGYW should be key considerations for policymakers and government institutions, as well as corporate, nonprofit, and civil society actors. While these recommendations were developed within the context of sub-Saharan Africa and the evidence presented above, they also have wider applicability.

Prioritize disaggregated data collection and youth-focused research

The United States and other international stakeholders should initiate and support data collection and research focused on youth populations and the issues they face. This includes the prioritization of disaggregated data sets for broader analysis by age, sex, and region. While attention to the importance of data and storytelling has grown, existing data platforms often do not offer clear perspectives on the status and lived experience of youth and female populations. Much of the differentiated analysis that would

120 https://www.unaids.org/sites/default/files/media_asset/2020_women-adolescent-girls-and-hiv_en.pdf

121 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30068-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30068-4/fulltext)

122 <https://pubmed.ncbi.nlm.nih.gov/30085953/>

123 https://www.guttmacher.org/sites/default/files/report_pdf/adding-it-up-investing-in-sexual-reproductive-health-2019.pdf

be most helpful in the development of gender-, community-, and age-appropriate policy measures is not currently tracked. For example, in the context of COVID-19 alone, “fewer than one in three of the world’s countries are reporting sex-disaggregated data for both COVID-19 cases and deaths,” according to a [data project](#) from Global Health 50/50, ICRW, and the African Population and Health Resource Center. And, more broadly, data needed to monitor 80% of the indicators for global gender equality is lacking, with adolescent girls often overlooked in official data counts, per Citi’s 2020 analysis.¹²⁴

Knowledge is power. AGYW play a pivotal role in the pursuit of a better world. Thoughtful evaluation of their status, challenges, and contributions is an important tool to ensure the implementation of responsive and sustainable interventions.

Implement holistic solutions that meet the complex challenges AGYW face

Governments, nongovernmental organizations, and corporations should ensure they are working across and between issues affecting AGYW. This includes funding holistic programs that address complex challenges, developing partnerships that increase cooperation and avoid duplication, and broadening focus to also address structural, cultural, and policy factors that hold girls back. Importantly, the perspectives and input of AGYW should be taken into account when designing, implementing, and evaluating programs.

Well-being is not determined by one specific issue. Likewise, effective and sustainable interventions cannot overlook the intersecting issues that contribute to well-being. Greater collaboration and investment in holistic solutions is imperative to ensure AGYW have every opportunity to fulfill their potential. Governments can set up working groups on youth to map and monitor partner activities and direct resources where gaps remain. Single-focus interventions should be expanded to address the interwoven challenges facing AGYW. Program implementers and policymakers should consider and respond to the role community and family members play in the lives of AGYW to foster a more supportive social structure.

The interplay between these factors is why programs such as the DREAMS partnership focus on providing multiple interventions at once as well as engage the families, communities, and partners of AGYW.¹²⁵ By the end of FY2020, DREAMS had achieved at least a 25% reduction in new HIV incidence among AGYW in most of the districts where it operates by investing in AGYW via holistic programs.¹²⁶ But in measuring HIV incidence as a result of the DREAMS program, AGYW have also been empowered with education, information, and opportunity that increase their choices and bolster their potential to contribute to their families, communities, and countries.

Include AGYW in decision-making processes

The United States and other international decision-makers should ensure the perspectives of AGYW are included in policy development, implementation, and evaluation. AGYW are key stakeholders and their experiences and feedback should be incorporated throughout decision-making processes. Meaningful involvement of AGYW could be through appointment and inclusion as youth ambassadors and advisory committee members; expanding opportunities for youth advocates to testify before legislative leaders and participate in town halls; and increasing outreach and two-way communication with youth-led movements and organizations. [Girl Up](#), an initiative of the United Nations Foundation, consults with Teen Advisors who undertake advocacy work, provide strategy feedback, and draw attention to key issues affecting AGYW. Girl Up also helps to inform U.N. agencies working in support of young people worldwide. Visible influencers,

124 https://ir.citi.com/q9Fgzjwi8--6NWEHhk_xgWRWiPlcjxZf6s3WX8BldF06ldfgsT_7O3Vvor5Mf0cvq7yk2zD0ec%3D

125 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6285267/>

126 <https://www.state.gov/results-and-funding-pepfar/>

like first ladies, can also ensure young people have the chance to actively contribute. As apolitical [bridge builders](#), spouses of state and government leaders are uniquely positioned to amplify local solutions and to elevate the [participation](#) of youth activists in critical policy discussions.

Invest in youth-led solutions and organizations

Government, corporate, and foundation donors should purposefully fund youth-led interventions and organizations focused on improving outcomes for AGYW. In addition to increasing access to financial resources, this includes confronting age and gender bias in grantmaking and supporting opportunities that build the capacities of youth leaders and organizations.

A 2018 [toolkit](#) from You(th) Do It revealed that over half of the youth-led organizations interviewed “believed that there is a fundamental lack of accessible funding for youth-led initiatives.” And a [2019 study](#) from the Women’s Philanthropy Institute at Indiana University showed that organizations dedicated to women and girls received just 1.6% of total U.S. charitable giving. AGYW are eager to advance action-oriented solutions that improve the lives of their peers and their communities. For example, [80,000](#) youth across four countries in sub-Saharan Africa took part in UNICEF’s Design Innovation challenge, with top innovators receiving funding, mentorship, and other support to implement ideas and expand skills sets. But sufficient resources and training remain out of reach for many.

Engage men and boys in gender-equality efforts

The United States and international actors should ensure gender equality policy and programs include intentional outreach to men and boys. Women and girls are essential leaders in the pursuit of free and fair societies. However, the successful realization of a more equitable future also requires the meaningful participation of whole societies. Directly engaging male communities on gender equality opens reciprocal lines of communication, empathy, and respect. It also leverages the vital influence of allyship to challenge and dismantle restrictive social norms and behaviors – like toxic masculinity – that hold women back. Unfortunately, the first-ever [study](#) examining gender-transformative interventions targeting male communities (published by *BMJ Global Health*), showed that just “8% of interventions that involve men and boys actually challenge male norms or unequal power privileging men over women.” New resources are very needed in this area and require increased investment that does not detract from existing and vital support for women and girls.

Strengthen and enforce policies that protect agency and promote well-being

Governments should review existing policies to make sure there is an enforceable structure in place to safeguard AGYW. Where policy and legal structures are enforced, AGYW not only have better outcomes and opportunities, but are more protected on their journey to adulthood. Too often policies are antiquated, discretionary, not enforced, or nonexistent. Donors and other international influencers can call for such structures and systems to be in place and support their development where they are not. Civil society can and should hold governments accountable. Global guidance on policy development and frameworks is readily available and can be adapted to different contexts. For example, in the case of female genital mutilation/cutting, significant progress has been made over the past two to three decades to develop policies that restrict or outlaw the practice, and there is some evidence it has declined.^{127,128} But enforcing laws against FGM requires continued community engagement and support.¹²⁹

127 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4437659/>

128 <https://www.28toomany.org/country/kenya/>

129 <https://pubmed.ncbi.nlm.nih.gov/26897911/>

Improve access to information

Governments and implementers need to ensure AGYW have access to accurate and comprehensive health knowledge and best practices. Providing complete information and confidential access to services equips AGYW with the resources needed to enhance their well-being and safeguard their futures. This in turn positively influences outcomes such as delaying sexual initiation, reducing risk-taking behavior, and increasing protective behavior. Mental health support and training that builds resilience and confidence among AGYW to negotiate what they do and do not want in relationships are equally vital. Delivery of youth friendly guidance should also remain adaptable and responsive to communities. This includes leveraging technology, privacy, and youth-appropriate service delivery to bypass stigma and misinformation, and to meet AGYW where they are.

CONCLUSION

Investing in AGYW offers an incredible opportunity for progress in the pursuit of a more peaceful and prosperous world. But this potential can never be fully realized until AGYW have the access and support to fulfill their potential.

Innovative programs that have holistically improved the lives of AGYW provide a guide for future investments. These efforts work across issues to address poverty, access to services and resources (like education and skills training), and health. They also work across societal levels, directly engaging AGYW and broader communities and institutions.

There is an African proverb that states, where you will sit when you are old shows where you stood in youth. Today and tomorrow, the status of AGYW in sub-Saharan Africa matters to us all. The United States and other international stakeholders must do a better job of ensuring adequate investment and advocacy on their behalf.

AUTHORS' BIASES AND PAPER LIMITATIONS

AGWY health, well-being, and empowerment is central to the Bush Institute's global programs, particularly the organization's work with first ladies and in global health. Although there are wide variances in historical, political, geographic, and sociocultural realities, the purpose of this paper is to synthesize the most relevant research and data describing the challenges facing AGWY in sub-Saharan Africa. We aimed to consider reasonable generalizations related to health, education, economic opportunity, gender-based violence, and the explanations for their outcomes in this demographic. Moreover, AGYW represent the best of Africa's leaders of today and tomorrow. This demographic has tremendous power, but their agency needs to be recognized and respected. We include datapoints to illustrate the potential impact when the power of AGYW is fully unleashed. Many of the issues affecting AGYW are common across geographic and cultural divides around the world, but regional contextualization allows exploration of the landscape with a more focused lens, while recognizing that each country, each community, and each individual has a unique perspective and experience that cannot be fully captured in a broad overview. Recognizing this limitation, stakeholders who seek to engage in these issues should work directly with community leaders and AGYW themselves to identify problems and implement relevant, effective, and sustainable solutions. As a U.S.-based organization, the recommendations we laid out are also challenges to us as we build our impact.

Further, assumptions should not be made that these challenges are unique only to AGYW in sub-Saharan Africa. Across the world, including in the United States, AGYW face comparative barriers with striking disparities across racial, ethnic, and socioeconomic status. We all benefit when the futures of girls everywhere are secured equitably across demographic differences.



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