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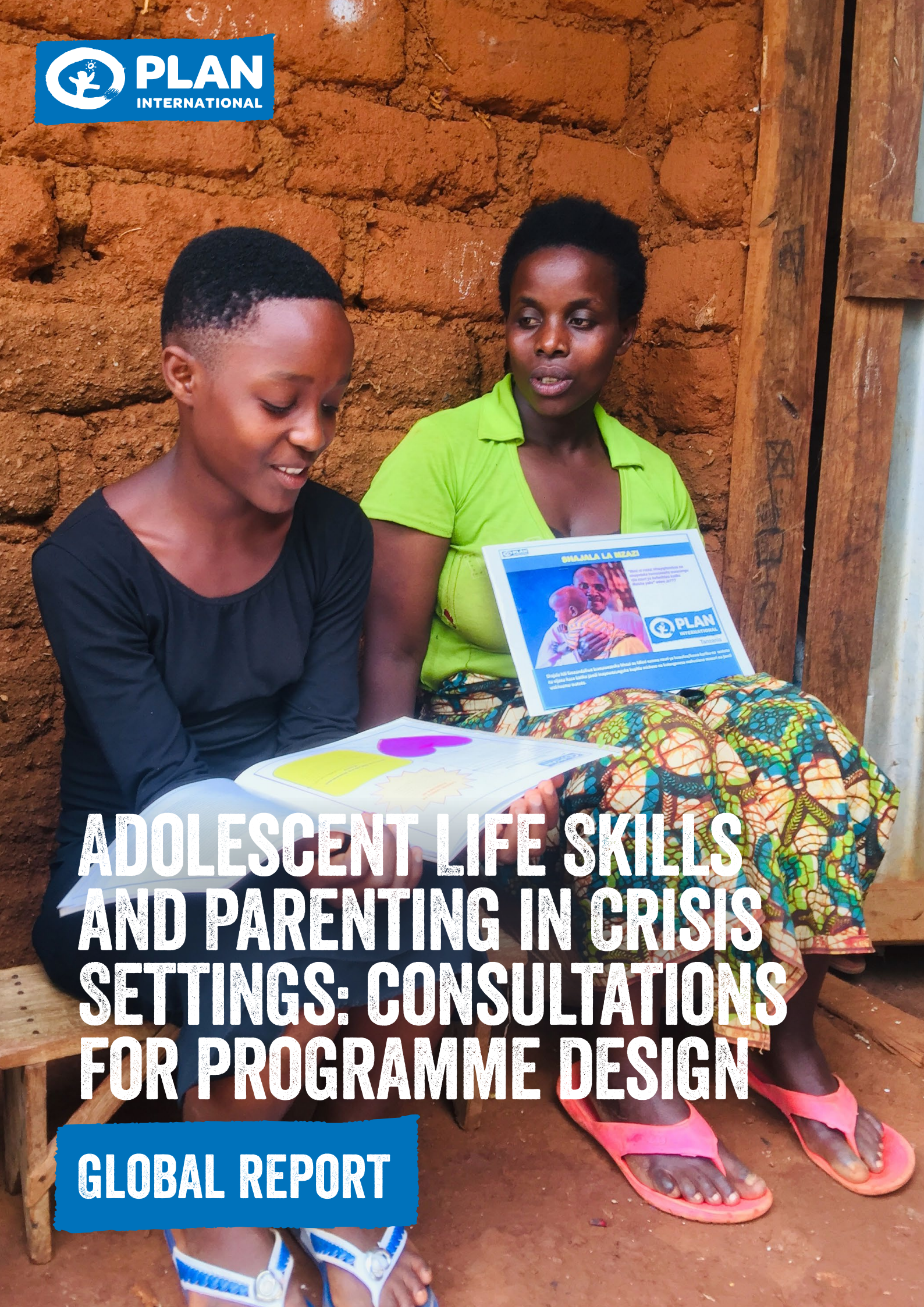

ADOLESCENT LIFE SKILLS AND PARENTING IN CRISIS SETTINGS: CONSULTATIONS FOR PROGRAMME DESIGN

GLOBAL REPORT

May 2021

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CONSULTATIONS: SUMMARY OF FINDINGS AND RECOMMENDATIONS

This consultation report highlights the findings of global consultations that were held between May and July 2019 with adolescents aged 10 to 19 years and their parents/caregivers in displacement settings in Bangladesh, the Lake Chad Basin (Cameroon, Niger, Nigeria), Central African Republic and Tanzania. Adolescent girls and boys of different ages shared their interests and priorities for humanitarian programming, specifically focused on knowledge, skills and practices that are important for their emotional wellbeing, social relations, health, safety and protection.

THE CONSULTATIONS HIGHLIGHTED THE FOLLOWING:

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Adolescents want to know what they can do to stay healthy and show specific interest in learning about sexual and reproductive health, including preventing unwanted pregnancies and sexually transmitted infections (STIs). Adolescent mothers highlighted the importance of information about and access to pre- and postnatal care for themselves and their children.

MENTAL HEALTH AND PSYCHOSOCIAL WELLBEING

Adolescents know what they need for their wellbeing but highlight that lack of access to basic services, violence, parental neglect, and lack of opportunities severely affect their mental health and psychosocial wellbeing. Adolescents of all ages and genders warn that married girls especially suffer from serious mental health issues.

FAMILY AND PEER RELATIONS

Adolescents identify significant risks in the relationships with parents and caregivers, including neglect, abuse and gender-based violence – particularly in foster care. Adolescents also highlighted a lack of positive peer role models and a lack of guidance in navigating intimate partner relationships.

SAFETY AND PROTECTION

Adolescents, particularly girls, have significant concerns about their safety, at home, in the community and in intimate partner relationships. Married girls, young mothers and adolescents in foster care are among those who face the highest risks of gender-based violence, abuse, exploitation and neglect.

CHILD MARRIAGE

Child marriage is a key concern for adolescent girls. It links to many of the identified risks and needs across mental health and psychosocial wellbeing, protection, sexual and reproductive health. Adolescents point out that child marriage risks increase in situations of crisis, displacement, income poverty and lack of opportunities. Married girls struggle with high levels of distress and serious mental health issues, including suicidal ideation. They face significant health risks resulting from early pregnancy, and report enduring violence and abuse from their husbands and family members.

PROGRAMMING RECOMMENDATIONS

Adolescents and their parents/caregivers have shared clear priorities for life skills and parenting programming as well as for broader adolescent-responsive programming, including the following:

- **Prioritise the following themes for the life skills programme:** socio-emotional skills, protection including child protection and SGBV, and health including SRHR, child marriage, conflict resolution, social cohesion, and peace-building.
- **Prioritise the following themes for the parenting programme:** promoting positive and supportive parent–child relationships, dealing with challenging behaviour, promoting psychosocial wellbeing, protection, and health (including SRHR) of adolescents.
- **Target adolescents with specific needs and where required, provide tailored content and support.** For example for adolescents who are separated, unaccompanied or heads of households, adolescents who are married, pregnant or caregivers, working adolescents and adolescent survivors of SGBV.
- **Work with adolescents and parents/caregivers at the same time** to reinforce key information, knowledge and skills, and to strengthen the parent–child relationship. Where possible, organise joint sessions for adolescents and their parents/caregivers to build mutual trust.
- **Consider a wide range of caregivers:** one of the findings of the consultation is that many adolescents do not live with their biological parents but with other caregivers who play a key role in their upbringing, such as extended family members (aunts, uncles, grandparents, older siblings), foster caregivers, or their family in-law. Therefore, it is important to ensure that the parenting programme is inclusive of this wide range of caregivers for adolescents and the roles they play.
- **Embed life skills and parenting into broader programme interventions** that address the educational, livelihoods, health and protection needs and priorities of adolescents and their families.

1. INTRODUCTION

In 2018, Plan International launched the Adolescents in Crisis Settings initiative to promote evidence-based, multi-sectoral programming with and for adolescents in all their diversity. One of the key priorities under this initiative was the development of a tailored support package that meets the needs of at-risk adolescents (aged 10 to 19), including a life skills curriculum for adolescents and a parenting curriculum for parents/caregivers of adolescents.

The rationale for developing a new life skills and parenting programme package was that existing curricula were often not specifically designed for crisis situations. Some curricula lacked gender responsive and age-specific content or lacked relevant themes for younger and older adolescents. Other materials lacked participatory, interactive, engaging or stimulating activities that support individual and groups learning. To ensure the new programme content was relevant and suitable for a variety of crisis settings, consultations were held with adolescents, parents/caregivers and frontline staff in Bangladesh, Central African Republic, Tanzania and the Lake Chad Basin covering Cameroon, Niger, Nigeria.

The development process of the life skills and parenting programme included the following phases between May 2019 and December 2020:

- consultations with adolescents and their parents/caregivers in six crisis settings (2019)
- consultations with frontline staff on key gaps, themes and modalities (2019)
- a desk review of existing materials and resources and a systematic literature review on life skills in humanitarian settings (2019-2020)
- an iterative process of developing and field-testing content (delayed in 2020 due to the COVID-19 pandemic).

This report describes the consultation methodology, findings and key recommendations made by adolescents and parents/caregivers.

What is the role of adolescent life skills and parenting programmes in crisis settings?

Life skills programmes support adolescents to develop essential competencies to cope with adversity, to stay safe and to adopt healthy behaviour. Life skills interventions offer structured sessions which can cover multi-sectoral competencies related to socio-emotional learning, protection, sexual and reproductive health and rights (SRHR), menstrual hygiene management (MHM), nutrition and financial skills. Life skills programmes may also promote social cohesion, peacebuilding, and positive gender norms.

Parenting programmes involve structured sessions that aim to equip parents and other caregivers of adolescents, including foster caregivers, with tools to practise self-care, and positive parenting skills in crisis settings. Regular group-based sessions provide parents and caregivers with a better understanding of the impact of emergencies and crises on adolescents, and strengthen skills to promote self-care, positive parent–child communication, and non-violent family relationships.

Adapted from: Plan International (2020). Adolescent Programming Toolkit.

UNIS POUR LA VIE

2. CONSULTATION SITES: CRISIS CONTEXT

LAKE CHAD BASIN

The crisis affecting the Lake Chad Basin is one of the most severe humanitarian emergencies in the world. Violent conflict displaced more than 2.9 million people, more than half of whom are children, and left more than 12.5 million people in need of humanitarian assistance across northeast Nigeria, Cameroon's far north, western Chad and southeast Niger.[i] The conflict has been characterised by rampant levels of gender-based violence (GBV) and violence against children, including forced recruitment of children into armed groups and forces, and child marriage among children and adolescents.

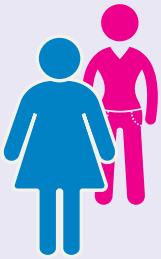
IN NIGER, RATES OF CHILD EARLY AND FORCED MARRIAGE ARE ALWAYS HIGH; BUT IN THE REGION OF NIGER MOST AFFECTED BY THE CRISIS, RATES ARE THE HIGHEST IN THE WORLD:

89%

OF GIRLS MARRY AS CHILDREN

THE LAKE CHAD BASIN HAS ONE OF THE HIGHEST RATIOS OF MATERNAL DEATHS ANYWHERE IN THE WORLD:

773.4 PER 100,000 LIVE BIRTHS



52%

OF THE REFUGEE POPULATION ARE WOMEN AND GIRLS

55-60%

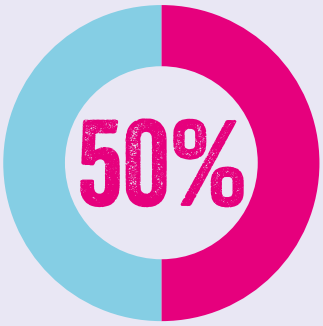
OF REFUGEES ARE CHILDREN

BANGLADESH

The Rohingya people have been persecuted in Myanmar for decades but in August 2017 the crisis escalated after an outbreak of violence in Rakhine state. Almost 1 million Rohingya people were forced to flee Myanmar and now live in refugee camps in Cox's Bazar in neighbouring Bangladesh.[ii] Dire living conditions, lack of education and livelihoods opportunities, child labour and child marriage are key concerns for children and adolescents.

900.000

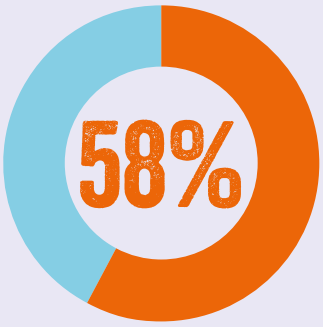
CHILDREN AND ADOLESCENTS IN NEED OF PROTECTION SERVICES



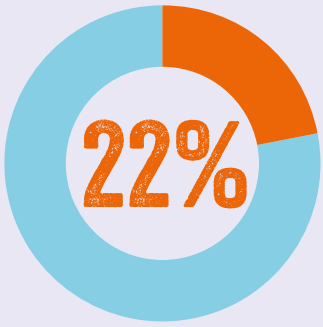
OF ALL CHILDREN AND ADOLESCENTS ARE OUT OF SCHOOL

CENTRAL AFRICAN REPUBLIC (CAR)

The outbreak of violent conflict in CAR led to mass displacement in December 2013. Due to the combined effects of enduring violence, displacement and structural fragility, an estimated 2.8 million people (57 per cent of the population) need humanitarian assistance, including 1.3 million children. Key risks for children and adolescents include risks of sexual and gender-based violence (SGBV), family separation, child labour and association with armed forces and groups.[iii]



OF REFUGEES ARE CHILDREN AND ADOLESCENTS.



OF ADOLESCENT GIRLS HAVE GIVEN BIRTH TO THEIR FIRST CHILD BY THE TIME THEIR REACH THE AGE OF 18 YEARS.

OVER

35.000

ADOLESCENTS AGED 12-17 YEARS ARE IN NEED OF COMPREHENSIVE PROTECTION SERVICES

TANZANIA

The United Republic of Tanzania hosts more than 260,000 refugees and asylum seekers from Burundi (67%) and the Democratic Republic of Congo (32%). The majority of the refugees and asylum seekerws are hosted by the Government of Tanzania in three refugee camps in north western Tanzania: Nyarugusu (50%), Nduta (25%) and Mtendeli (10%)[iv]. Key risks faced by adolescents living in the camps include child marriage and related teenage pregnancy, child labour, psychosocial distress and mental health problems, children in conflict and contact with the law, family separation, school drop-out and limited life skills and financial opportunities. Since September 2017, the governments of Tanzania, Burundi, and UNHCR have supported the repatriation of over 130,000 refugees.

3. METHODOLOGY

WHAT DID WE WANT TO FIND OUT?

The consultations explored the needs and resources of adolescents (aged 10 to 19) and their parents/caregivers in Bangladesh, the Lake Chad Basin (Cameroon, Niger, Nigeria), Central African Republic and Tanzania. During the consultations adolescents and their parents/caregivers identified key risks as well as resources, including knowledge, skills and practices that are important to them.

The consultations were driven by two main questions:

1. **What are the main needs, risks and resources of adolescents related to their psychosocial wellbeing, health and protection?**
2. **What type of support, activities or services do adolescents and their parents/caregivers prioritise?**

COUNTRIES AND PARTICIPANTS

Across the six countries, a total of **70** focus group discussions were carried out, raising the voices of **752** individuals: **501** adolescents (263 female, 238 male) and **251** parents/caregivers (139 female, 112 male).

Table 1. Overview of consultation groups and participants per country, gender and age group

Country	Number of groups	Girls 10–14	Girls 15–19	Boys 10–14	Boys 15–19	Female caregivers	Male caregivers	Total # of participants
Cameroon	12	20	21	20	23	36	12	**132**
Niger	24	40	40	40	39	40	40	**239**
Nigeria	9	20	34	11	22	10	0	**97**
Tanzania	11	5	20	9	31	15	16	**96**
Bangladesh	3	12	9	11	7	7	7	**53**
CAR	11	17	25	15	10	31	37	**135**
Total	**70**	**114**	**149**	**106**	**132**	**139**	**112**	**752**

CONSULTATION TOOLS AND METHOD

Two focus group discussion tools were developed to guide the consultations with adolescents and parents/caregivers:

- **Adolescent consultation tool** with questions related to current programming for adolescents and adolescents' wishes for future programming including risk and protective factors in relation to their health (including SRHR), safety and protection, relationships with parents and peers, and intimate partner relationships.

- **Parent consultation tool** with questions related to current support for parents and caregivers, and their wishes for future programming, including risk and protective factors for adolescent wellbeing and parenting practices, as well as parent support needs and priorities.

The focus group discussions (FGDs) were carried out in small groups of 8 to 15 participants, divided by gender (female, male) and age (adolescents aged 10 to 14 years and 15 to 19 years; parents/caregivers). Adolescents were selected in locations where Plan International is present, and included at-risk groups such as separated adolescents, adolescents in child labour, married adolescents, and young caregivers (14 to 19 years). Frontline staff and community facilitators were trained to carry out the FGDs in the local language, and they ensured participants were comfortable and at ease about engaging in the consultations.

The discussions were semi-structured and the FGD questions varied across the different countries, depending on the distinct information gaps and programming priorities in each context. For example, in the Lake Chad Basin and Tanzania, the discussions covered a wide range of themes, while in CAR the discussions were mostly tailored to health and gender-based violence issues as these themes presented the biggest information gaps. The consultations in Bangladesh were shorter compared to the other consultations, and across all countries, the parenting consultations focused mainly on “programming priorities”. To prevent (over)generalisation of the findings, country-specific findings and examples are highlighted in the report.

The safeguarding and ethics protocols included: safeguarding policies and code of conduct signed by all staff and associates involved; informed consent from all consultation participants and their parents/caregivers; safeguarding risk assessment undertaken; referral mechanisms in place for potential protection or safeguarding concerns; local safeguarding focal point for the consultations; design of adolescent-friendly consultation tools; and training of data collectors on safeguarding, reporting and referral procedures.

4. CONSULTATION FINDINGS

Despite the different crisis settings, the adolescents consulted have a lot in common. Their experiences of risk and resilience provide clear priorities related to their health, including mental health and psychosocial wellbeing, and their safety and protection. The findings are structured by thematic area and highlight the most common issues that were identified across the countries.

1. ADOLESCENTS WANT TO STAY HEALTHY

Across the three **Lake Chad countries** and in **Tanzania** adolescents of all ages highlighted the following:

- **Adolescents want to know what they can do to stay healthy.** Adolescents highlighted the importance of knowing what good hygiene entails, including washing hands, menstrual hygiene management (MHM), washing laundry and a clean environment, eating good food, and drinking safe water. They also stressed that it is important that adolescents understand their own bodies and know how to prevent diseases, for example by using mosquito nets, vaccinations, safer sex, the importance of the sanitation of medical equipment, and of going to the hospital when needed.

- **Adolescents want to learn about SRHR.** Across all countries, adolescents highlighted the importance of receiving sexual education including information on MHM, pregnancy, childbirth and preventing STIs. Furthermore, adolescents indicated their interest in understanding the opposite sex, and how to understand and deal with sexual feelings.

- **Adolescents' lives take a turn during puberty.** Across the countries, many adolescents mentioned that entering puberty meant big changes in their lives. In Niger, adolescent boys indicated that entering puberty meant that they must "act as big" and adopt adult behaviour, while adolescent girls face more restrictions in participating in activities within the community. Across all countries, child marriage and teenage pregnancies were highlighted as two major changes in girls' lives (see section on "child marriage" below for more details).

- **Adolescents need trusted people to talk to about their health.** Adolescents highlighted that they have supportive persons around them whom they can talk to about health and who can provide them with information. Generally, adolescent girls said that they preferred to discuss health and puberty-related topics with their family members, especially with their mother (occasionally also their father), older sisters, aunts and female friends. Adolescent boys mentioned that they were less likely to speak to their parents/caregivers, and that they preferred to talk to their siblings and friends.

- **Adolescents need trusted places to access health information.** Across all countries, adolescents highlighted that the best places to access information on health issues include health clinics and hospitals, as well as schools, mosques and safe spaces. Nonetheless, adolescents indicated that local health providers were not available in all locations, making local access to information difficult. In Niger, adolescents mentioned that they receive health-related information via the radio and from their parents/

caregivers, peers, and other community members such as community leaders. They also indicated an interest in information or sessions organised by Plan International.

In **Central African Republic (CAR)** adolescents highlighted more about the cultural understanding of adolescence and that limited sex education contributes to high risks of STIs and teenage pregnancy.

- **Puberty marks the transition into adulthood.** More specifically, puberty is not just recognised as a transition period from childhood to adulthood, but as a completion of maturity. This means that adolescents who have completed puberty are often seen and treated as adults. As a result, many adolescent girls are expected to get married and start a family when they are as young as 14 years.

- **Adolescents are sexually active but not educated.** Adolescents start having sexual relationships at a very young age, around 12 years old. At the same time, adolescents highlight that they do not receive information on their SRHR and hygiene. Sexuality is seen as a sensitive or even taboo topic and most children and adolescents do not receive sexuality education from their parents or in schools.

- **Adolescents face high risks of STIs but lack access to treatment.** Both adolescents and their parents/caregivers, highlighted serious SRHR risks associated with being sexually active without the proper information and supplies. They highlight the high prevalence of STIs, including HIV/AIDS, among adolescents, which are often not being treated. Many young people do not have the means to receive treatment at health clinics and instead resort to street drugs.

- **High levels of teenage pregnancies are linked to high mother and child mortality.** In CAR, 125 births in 1,000 occur among adolescent girls, making it one of the highest adolescent birth rates in the world. [v] It is a cultural practice that first births take place at home, in the presence of elderly and traditional midwives. As a result, the health of mother and baby are often not or are less frequently monitored during pregnancy and after the birth of the baby, resulting in higher child mortality during birth, and higher prevalence of preventable diseases among children under five years such as malaria, diarrhoea, dermatosis and malnutrition.

- **Many adolescent mothers are single caregivers.** In the consultations, adolescent mothers highlighted that young mothers often have children from different fathers and that often the fathers refuse to recognise or support their children. As a result, adolescent mothers are often single caregivers, and are ill-prepared for their caregiver responsibilities. Most adolescent mothers indicated that they are supported by their own parents, who co-parent their children.

2. ADOLESCENTS ARE WORRIED ABOUT THEIR MENTAL HEALTH

Across the three **Lake Chad countries** and in **Tanzania** adolescents of all ages highlight common causes of emotional distress, and there are commonly expressed emotions among adolescents of different ages and genders.

- **Adolescents have a broad understanding of wellbeing.** Adolescents across all countries define wellbeing as a state of mind that they describe as "being happy", "smiling", "having peace of mind" or "having the freedom to walk around and play". Factors that contribute to wellbeing include being healthy, having enough food and clothes, being able to buy things they like, living with supportive families, having friends with whom they can spend time and play – and most mentioned by older adolescent boys – having a job. In Tanzania, one adolescent said: "We are very happy but also concerned how we can avoid engaging in bad groups because we are not aware of ourselves and the friends that we have. Our parents also need to understand us by entering into our world and understand the problems we experience on a day to day basis". For some adolescents, wellbeing also means the absence of violence. Adolescent girls (15 to 19 years) in Nigeria stressed that "wellbeing means not being forced to marry".

- **Adolescents identify conflict, lack of access to basic services, and violence as main threats to their wellbeing.** In the consultations, adolescents identified risk factors for their wellbeing at four levels, including high incidence of parental neglect and violence in their environment:
  - **At the societal level** adolescents indicated that armed conflict, terrorist attacks, poverty, and their rights not being respected form threats to their wellbeing.
  - **At community level** adolescents highlight the following risk factors: violence, abuse, being insulted or punished, harassment, having to work without breaks and being discriminated against. Adolescents also shared that they feel there is no space for them to express or exchange their opinions in their communities.
  - **At family level** adolescents highlight the following risk factors: being deprived of food, being separated from their families, being prevented from seeing friends, being forced to marry or move away from their family, and being excluded from decision-making.
  - **At individual level**, adolescents identified the following threats to their wellbeing: getting sick, being unemployed, and having a lack of food.

- **Adolescent girls, particularly married girls, face serious mental health issues.** Across all countries signs of distress were prevalent, with some gendered differences. Externalising behaviour (e.g., aggressive behaviour, bullying) was more commonly linked to adolescent boys, while internalising behaviour (e.g., crying, social isolation, refusal of domestic work or participation in activities) was more often linked to adolescent girls. In Niger, adolescents warned that many girls, particularly married girls, are facing serious mental health issues and that suicide attempts are prevalent among adolescent girls, especially married girls.

- **At-risk groups who are more likely to experience high levels of distress.** Adolescents highlighted that certain groups of adolescents are more disadvantaged compared to others, and experience higher levels of distress. These include:
  - **Younger and older adolescent girls, especially girls who are home-bound and/or married,** are often isolated and overlooked, compared to their male peers who can go outside, have their needs met and work.
  - **Adolescent boys** who have negative peer groups are more commonly involved in drugs, stealing from their parents/caregivers, and externalising or criminal behaviour.
  - **Separated and unaccompanied adolescents including child-heads of households:** this is a specific risk group that adolescents describe as feeling sad and isolated, hiding emotions, struggling with low self-esteem, fighting, or having to steal food because their basic needs are not met at home. Child headed households are pushed into adult roles and might have less access to, or interest in activities for children and adolescents.
  - **Adolescent boys who are engaged in child labour** are often responsible for providing family income and struggle with hunger and exhaustion. Some consulted adolescents also highlighted that working boys can behave aggressively.

3. FAMILY AND PEER RELATIONS ARE A SOURCE OF RISK AND RESILIENCE

RELATIONSHIPS WITH PARENTS, CAREGIVERS AND OTHER FAMILY MEMBERS

Across the three **Lake Chad** countries and in **Tanzania** adolescents offered valuable insights about the important adults in their lives and the roles they play in supporting adolescents.

- **Adolescents have a wide range of caregiver figures.** When asked which adults play a role in their upbringing, adolescents identified a wide range of important adults in their lives. In Tanzania, adolescents most mentioned their (foster) parents, especially mothers as the primary caregiver. However, in the Lake Chad countries, many adolescents also mentioned the important roles played by extended family members such as aunts, uncles and grandparents as well as neighbours. Adolescent boys also mentioned that local and religious leaders play an important role in their lives.

- **Protective factors in the parent–child relationships.** In most of the consultation groups, adolescents described the relationship with their parents/caregivers as generally positive, characterised by adolescent girls in Nigeria as “togetherness and support for each other” and by adolescents in Niger as “mutual respect, understanding, and harmony”. Adolescents highlighted that they particularly enjoyed it when their parents can provide them with their physical and material needs such as food, clothes, shoes, a pair of glasses or accessories such as a watch. Moreover, they also enjoy when their parents are showing them care, affection and love, being available for them, including them in decision-making and including all members of the family in an equal way, without discrimination and preferential treatment. Some adolescents also indicated that their parents helped them to grow up as responsible citizens.

- **Risk factors in the parent–child relationships.** Despite many positive aspects, adolescents also highlighted many risk factors related to the relationships with their parents/caregivers. Many adolescents, girls and boys alike, highlighted that their parents/caregivers demand their children to be respectful and obedient, while they are often **not consulted or involved in decisions affecting their lives.** More significantly, adolescents also highlighted many **emotionally and physically abusive parenting practices** including verbal threats of violence, beating, excessive work, discrimination, child and early marriage, and severe restrictions in movements for adolescent girls, resulting in their non-participation in education and other activities. Adolescents in the Far North region of Cameroon highlighted that some caregivers are "alcoholics who are aggressive and make their children scared". In Tanzania, one adolescent reported that the parent/caregiver "is chasing me, not allowing me to sleep inside the home when I make a mistake". [vi]

- **When it comes to family relations, children in foster families face highest risks of violence, abuse, neglect and exploitation.** Across groups, adolescents highlighted that adolescent girls, separated and unaccompanied children living in foster or kinship care face highest risks of abusive and exploitative behaviours at the hands of their parents/caregivers. For instance, adolescent girls in Niger mentioned that girls are at risk of sexual abuse in their own homes and that commonly the (foster) parents/caregivers are the perpetrators of abuse.

PEER RELATIONS

Across the three **Lake Chad countries** and in **Tanzania**, adolescents shared their experiences in navigating peer relations, friendships and intimate relationships.

- **Adolescent girls have less access to peer relations and friendships.** Across all consultation groups, adolescents felt that despite the conflict and displacement it was generally easy to find peers and to make friends in the community. However, most groups highlighted that this is harder for adolescent girls, adolescents with disabilities and adolescents who engage in criminal behaviour. Adolescent girls in Nigeria explained that it is harder for them to meet with friends because their parents restrict them from going outside, out of fear that they will adopt "bad behaviour" from their peers.

- **Adolescents feel insecure about navigating intimate relationships.** Across all groups, adolescents highlighted that they are interested in relationships, but that they do not know how to behave around the other gender, or how to have an intimate relationship. They highlighted that they want to have a better understanding of what a loving relationship is, how to choose a loving partner and how to be in a good relationship. While some adolescents highlighted that they do not know what to expect from an intimate relationship or marriage, some older adolescents mentioned that they wish to "know how to resolve conflicts", "know how to reach healthcare services", "be mature enough" and "have an income". Some adolescents were also worried that intimate relationships often lack harmony and are full of abuse, neglect and ignorance of the needs of their partners.

In **Central African Republic (CAR)** adolescents highlighted specific risk factors in relation to peer relations and positive role models:

- **Adolescents lack positive role models.** Adolescents highlighted a high prevalence of verbal and physical aggression between children and adolescents in the community. Adolescents mentioned that many children and adolescents "have poor anger-management skills" and "vindictive spirits" which result in frequent conflicts and fights between them, often involving cold weapons such as knives. In addition, the adolescents often described their peers as "materialistically oriented, easily attracted by money and fashion" and "lacking tolerance and respect". They highlighted risks of peer pressure that ends with engaging in risky behaviours. Girls lack self-confidence and have no role models to follow. In general, there is a lack of self-confidence and a sentiment of "lost hope for future" among the adolescents.

4. ADOLESCENTS ARE CONCERNED ABOUT THEIR SAFETY

Across the three **Lake Chad countries, Tanzania** and **CAR** adolescents highlight specific safety and protection concerns in their communities, families and workplaces.

- **Adolescents have significant concerns about their safety.** Across all consultation groups, adolescents highlighted a multitude of serious safety and protection risks affecting adolescents of all ages and genders including physical and emotional risks, discrimination, neglect, harmful practices such as female genital mutilation and cutting (FGM/C), harmful substance abuse such as drugs and alcohol, kidnappings by Boko Haram armed groups (Lake Chad Basin) and inter-communal conflict. These risks were identified at both family and community levels.

- **Adolescent girls face disproportionate protection risks.** Across all countries, adolescents of all genders and ages highlighted that adolescent girls face disproportionate protection risks in comparison to their male peers. This includes:
  - **Sexual and gender-based violence** taking place at home, in the community and in the workplace. The forms of SGBV most mentioned include sexual abuse and sexual violence such as rape, child marriage, sexual exploitation and abuse, and FGM/C. Adolescent girls also face gender discrimination and are often treated unequally when it comes to accessing help for basic needs, going to school and engagement in domestic work. In CAR, rape is perceived as a curse for families which must be "reversed" by performing rituals; this often involves beating, further abuse and forced marriage, depriving the survivors of appropriate care and comprehensive response services.
  - **Sexual exploitation and abuse:** Older adolescent girls (15 to 19 years) in Nigeria mentioned that one of the biggest safety concerns for them is sexual exploitation in exchange for humanitarian assistance. Adolescent mothers in particular highlighted that financial pressure increases risks of exploitation: "We and our children are forced to think of ways to support ourselves". In CAR, adolescents also linked sexual exploitation and abuse risks to income poverty, and mentioned that mothers are often the ones who force their daughters into sexually exploitative work.
  - **Mental health issues:** In Niger, adolescents shared their concerns about mental health problems and prevalence of suicide among adolescents, particularly married girls, resulting from protracted and compounding experiences of violence and distress.

- **Recruitment into armed groups:** In CAR, recruitment into armed groups was highlighted as a protection concern for both adolescent girls and boys. While such risks are also prevalent in the Lake Chad Basin, these were not mentioned in the consultations.

- **Adolescents are most likely to report protection concerns to people they trust.** Most adolescents indicated that to report protection concerns, they prefer to talk to their parents/ caregivers or another trusted family member or a community leader. Other options that were mentioned by some groups include: international and local non-governmental organisations (NGOs), the local police and child protection committees.

- **At-risk groups who face high protection risks.** The following groups were identified as facing specific protection risks:
  - **Married girls** are at high risk of discrimination, intimate partner violence, and pregnancy-related health issues.
  - **Adolescent mothers** are also often stigmatised and discriminated against by their families, peers and community members. In Nigeria, adolescent mothers shared that they are often called “Boko Haram wives who were used and dumped” and that no one in the community wants to be associated with them or to marry them.
  - **Adolescent boys** are often at higher risk of delinquency and harmful substance abuse such as drugs, alcohol and cigarettes.
  - **Separated and unaccompanied children living foster care** face higher risks of physical and emotional abuse, neglect, secondary separation, discrimination and exploitation.
  - **Working adolescents** face high risks of (worst forms of) child labour, exploitation and abuse in the workplace, experiencing health issues, and risks of sexual abuse and harassment.

5. CHILD MARRIAGE IS A KEY CONCERN FOR ADOLESCENT GIRLS

Child marriage is a number one concern for adolescent girls across all consultation groups, especially in **Niger, Nigeria** and **CAR**. This was not surprising, as Niger has the highest prevalence of child marriage in the world (76 per cent), followed by CAR (68 per cent)[vii] while in Nigeria many girls were forced to marry Boko Haram fighters during the conflict. Child marriage is a harmful practice that is connected to many health concerns, including SRHR and mental health, and protection concerns highlighted by adolescents. The findings below show the main issues and priorities outlined by adolescent girls of different ages:

- **Married girls are disproportionately affected by crisis.** Child marriage has serious consequences for girls' mental and physical health and wellbeing and their overall development. Adolescents highlighted that once married, husbands and in-laws restrict girls in their movements and force them to carry out domestic work. Many married girls become increasingly socially isolated and are often denied their basic human rights, needs and access to education and services. Married girls also face high levels of stigma and discrimination in their communities.

- **Married girls have limited control over their lives and bodies.** Adolescents in Nigeria explained how adolescent girls "must follow the instructions of their extremely religious husbands" and "have unhealthy relationships with their husbands" while others state that married girls "are very unhappy". They highlight that adolescent girls have limited control over their own bodies, and that it is the husband who decides when and how many children the couple will have. They often do not consider girls' mental and physical states and their ability and wishes to have children at a young age.

- **Married girls face intimate partner violence.** Married girls are at high risk of experiencing intimate partner violence and sexual violence including marital rape. It is important to stress that the alarming consequences of early/forced marriage can also include the death of the girls, due to (early) pregnancy risks and the serious consequences for their mental health.

- **Married girls face critical mental health issues.** Adolescent girls in Niger feel that child marriage is a sign that their parents do not love and care for them, stating that: "girls got married off this young because their parents/caregivers did not like them and wanted to get rid of them". Adolescents across all countries indicate that child marriage and early pregnancies are key causes of both mental and physical health issues among adolescent girls and can even cause death. In Niger, adolescents highlighted the high suicide rates among married adolescent girls as a key concern.

- **Insecurity, parental neglect and poverty fuel child marriage.** While child marriage is deeply rooted in social, religious and cultural practices, especially in countries like Niger and CAR, adolescents across all countries point out that the issue has been made worse by the ensuing insecurity, poverty and parental neglect resulting from displacement and crisis.
    - **Crisis and insecurity:** Many adolescents explain that many families marry off girls out of fear that they might experience something that would bring "shame" or "indignity" to the family. This could be sexual violence, including rape, sexual relationships with boys before marriage, pregnancy outside of marriage, "bad" behaviour with peers, including criminal acts, or getting kidnapped by armed groups. For many families, marriage is seen as providing security for girls.

- **Parental neglect:** Adolescent girls highlight that a poor parent–child relationship and a lack of parental care and support are risk factors for child marriage. Adolescent girls in Tanzania explained that conflict with parents, neglect and domestic abuse are the main reasons for girls to leave their family and marry early. Parents are also the main holders of superstitious beliefs around child marriage; for example, in CAR, many families believe that child marriage can prevent bad luck, younger girls go through childbirth faster and married girls will not age fast. Some parents feel that marriage is part of normal upbringing and helps girls to become independent.
- **Poverty:** Adolescents across all settings highlighted that in crisis times, child marriage is an economic coping mechanism for families. Marrying off a girl releases families from a financial "burden", and often they receive a bride price from the husband's family. Some adolescent girls highlight that also girls themselves view marriage as a way out of poverty or excessive domestic work, or see it as a way to gain material needs such as clothes, food, or beauty products. Older adolescent girls in Cameroon highlight that girls often believe false promises of "a beautiful future full of money and gifts" and enter abusive relationships.

5. THE PRIORITIES OF ADOLESCENTS AND PARENTS/CAREGIVERS

Across all three **Lake Chad countries, Tanzania, Bangladesh,** and **CAR**, both adolescents and their parents/caregivers were consulted about the ongoing humanitarian programmes and asked to share their views on future activities and services for both adolescents and parents/caregivers.

PRIORITIES OF ADOLESCENTS

- **Education and livelihoods.** Across all countries, adolescents expressed high motivation to learn, through both formal and non-formal learning activities. Older adolescents, girls and boys alike, are thinking about their future and expressed the desire to become responsible, educated citizens with the skills to earn an income. Adolescent girls in Niger underlined the need for girls to follow education and vocational skills, so they can become self-reliant in the future. In terms of activities, literacy, numeracy and vocational training were commonly requested activities. Adolescents in Tanzania also added that it might be beneficial for adolescents to participate in various community activities such as running businesses.

- **Life skills.** Younger and older adolescents also expressed an interest in developing skills in other areas such as:
  - peace awareness and social cohesion
  - socio-emotional skills such as promoting tolerance, respect, caring for others and dealing with strong emotions such as anger
  - maintaining healthy personal relationships
  - health including menstrual hygiene management
  - self-protection skills including how to report protection concerns, follow safety advice, understand rights and responsibilities, and spread awareness on safety and GBV
  - discussing issues related to relationships and (child) marriage
  - adolescent mothers aged 15 to 19 years also indicated a specific interest in understanding more about their bodies, menstruation, pregnancy, and pre- and postnatal care.

- **Sexual and gender-based violence.** Adolescents in CAR felt that future programming for adolescents should have a predominant focus on addressing SGBV. This included by promoting child protection and SRHR along with sexuality education (e.g., education about puberty, sexual relationships, pregnancies, STIs), discussing child marriage, and supporting adolescent caregivers.

- **Psychosocial and play activities.** Adolescents in Bangladesh appreciated the playful elements in the sessions that they had previously participated in and especially highlighted their interest in activities and sports, focusing on trust-building, collaboration and resilience.

PRIORITIES OF PARENTS AND CAREGIVERS

- **Things parents and caregivers wish for their children.** Parents and caregivers of adolescents express specific expectations for the future of their adolescent children. Many parents and caregivers wish that their children could study, have respect for their parents and for elders in the family and community, be obedient, grow up responsibly, contribute to the household and take care of their parents/caregivers financially. Many parents also expressed the wish for their children to get married and have children.

- **Priorities for parental support.** When it comes to support and services for parents and caregivers, they highlighted three main priorities:
  - **Livelihoods.** Firstly, most parents/caregivers prioritised access to livelihoods. Some parents explained that they would use the income to enrol their children into school and continue supporting their education. Most parents/caregivers also expressed a desire to educate themselves, for example through literacy, numeracy and vocational training.
  - **Parenting support.** Secondly, parents and caregivers were also interested in parenting sessions with a focus on emotional care and positive relationships between them and their adolescent children, including how to handle challenging behaviour and how to support adolescents with disabilities.
  - **Information and awareness sessions.** Lastly, many parents and caregivers expressed an interest in education and awareness sessions focused on various protection issues such as gender-based violence, promoting social cohesion and peace-building to prevent conflict in the future. The parents/caregivers in Bangladesh also expressed their wish to learn about specific risks in their camps and communities, and how to keep their children safe – for example, what to do in case of fire or dangerous insects.

6. NEXT STEPS: HOW DO WE RESPOND TO THESE PRIORITIES?

The multi-country consultations showed once again that a adolescents know best about what they need in their own lives. The findings cover a broad range of themes and can be used to inform future adolescent-responsive programming. This section is divided into two sections; firstly, recommendations for the development of the new adolescent life skills and parenting programme; and secondly, recommendations for other programme activities.

RECOMMENDATIONS FOR THE LIFE SKILLS AND PARENTING PROGRAMME

- **Prioritise the following themes for the life skills programme:** socio-emotional skills, protection including child protection and SGBV, and health including SRHR, child marriage, conflict resolution, social cohesion, and peace-building.
- **Prioritise the following themes for the parenting programme:** promoting positive and supportive parent–child relationships, dealing with challenging behaviour, promoting psychosocial wellbeing, protection, and health (including SRHR) of adolescents.
- **Target adolescents with specific needs and where required, provide tailored content and support.** For example for adolescents who are separated, unaccompanied or heads of households, adolescents who are married, pregnant or caregivers, working adolescents and adolescent survivors of SGBV.
- **Work with adolescents and parents/caregivers at the same time** to reinforce key information, knowledge and skills, and to strengthen the parent–child relationship. Where possible, organise joint sessions for adolescents and their parents/caregivers to build mutual trust.
- **Consider a wide range of caregivers:** one of the findings of the consultation is that many adolescents do not live with their biological parents but with other caregivers who play a key role in their upbringing, such as extended family members (aunts, uncles, grandparents, older siblings), foster caregivers, or their family in-law. Therefore, it is important to ensure that the parenting programme is inclusive of this wide range of caregivers for adolescents and the roles they play.
- **Embed life skills and parenting into broader programme interventions** that address the educational, livelihoods, health and protection needs and priorities of adolescents and their families.

RECOMMENDATIONS FOR OTHER PROGRAMME ACTIVITIES

- **Promote adolescent-responsive programming** that covers multi-sectoral support services including but not limited to:
  - formal/non-formal education and informal education activities
  - youth livelihoods opportunities tailored to older adolescents – as well as economic strengthening for families to support adolescents' participation and access to services
  - protection programming including family- and community-based psychosocial support
  - health services including mental health services, SRHR information services and supplies, in particular comprehensive sexuality education.
- **Engage adolescents** in programming and community activities; involve them in decision-making at local level and support adolescents' own initiatives. Also engage with parents and families to ensure adolescents can meaningfully participate in programme activities.
- **Engage key people at multiple levels in promoting adolescent wellbeing** including, but not limited to, adolescents themselves, their peers and partners, parents/caregivers and other key family members, peers, influential community members such as local and religious leaders, as well as state actors and service providers.
- **Develop comprehensive programme models to prevent and respond to child marriage in humanitarian settings.**

ENDNOTES

i. UN OCHA (2020). Lake Chad Humanitarian Snapshot 23 November 2020.
ii. United Nations (2020). 2020 Mid-Term Review: Rohingya Humanitarian Crisis.
iii. UN OCHA (2021). CAR Humanitarian Situation Update: 22 March 2021.
iv. UNHCR. Operational Data Portal Tanzania [accessed on 24 May 2021].
v. World Bank data, 2019: https://data.worldbank.org/indicator/SP.ADO.TFRT?locations=CF [accessed on 4 May 2021)
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vii. Girls Not Brides. Under 18 Prevalence [accessed on 4 May 2021].

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