

A Systematic Literature Review of Positive Youth Development Impacts on Marginalized and Vulnerable Youth

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Acronyms and Abbreviations

AGEP	Adolescent Girls Empowerment Program
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ASHI	Adolescent Sexual Harassment Index
COMPASS	Creating Opportunities through Mentoring, Parental, and Safe Spaces
DoCTER	Document Classification and Topic Extraction Resource
FGD	Focus Group Discussion
FGM/C	Female Genital Mutilation or Cutting
FP/RH	Family Planning and Reproductive Health
FTYP	First-Time Young Parents
GiE	Girls in Emergencies
HH	Household
HIC	High-Income Country
HIV	Human Immunodeficiency Virus
ICS	Intrinsic, Contextual, and Structural
KII	Key Informant Interview
LGBT	Lesbian, Gay, Bisexual, and Transgender
LMIC	Low- and Middle-Income Country
MTBA	More Than Brides Alliance
NEET	Neither in Education, Employment, or Training
PICO	Population, Intervention, Comparison, and Outcome
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
PYD	Positive Youth Development
RHR	Reproductive Health and Rights
SCY	Street-Connected Youth
SSA	Sub-Saharan Africa
STI	Sexually Transmitted Infections
UNFPA	United Nations Fund for Poverty Action
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VGI	Vulnerability Girls Index
VMY	Vulnerable and Marginalized Youth
WHO	World Health Organization
YP2LE	YouthPower2: Learning and Evaluation
YPLHIV	Young People Living with Human Immunodeficiency Virus

Abstract

An estimated 85 percent of the world's youth population live in low- and middle-income countries (LMICs). Although evidence exists that millions of young people are vulnerable to multiple levels of economic, health, and social challenges, our understandings of youth vulnerability and marginalization remains siloed. To address this gap, we systematically searched the academic and grey literature and conducted focus groups and key informant interviews (KIIs) to appraise the state of knowledge and evidence on youth vulnerability and marginalization across the international development community. Our search yielded 118 publications that met the inclusion criteria. Our review of these publications revealed valuable insight into a complex issue. We developed the Intrinsic, Contextual and Structural (ICS) approach to define vulnerability and inform our analyses and interpretation of study findings. Using the ICS approach, we identify the primary social determinants of vulnerability, describe diverse experiences of vulnerable youth, and characterize programming for vulnerable youth. Our review revealed few measures or tools for determining the vulnerability and marginalization of youth in LMICs. Although we found 38 programs across 27 countries, most programs included in our review did not identify as using a Positive Youth Development (PYD) approach. Youth-focused programs were comparably distributed across three development sectors—health; democracy and governance; and economic development and education. While 25 programs focused on one of three sectors, 13 programs included more than one sector, including three programs for adolescent girls and young women that encompassed all three sectors. Further, the interplay of intrinsic, contextual, and structural factors created additional barriers to accessing youth-focused programs, including poverty, stigma, and discrimination as well as cultural and social norms related to gender. Alternatively, our review found various enabling factors supporting vulnerable youth's access to programs, including youth-friendly public policies, community involvement, compatibility with cultural and social norms, and creative use of media. Our review also found that multicomponent, cross-sectoral interventions tend to yield more positive outcomes than standalone or individual programs targeting a specific issue. While PYD programs are promising interventions to improve the welfare of vulnerable youth, the number of programs with high-quality evaluation design remains scarce, restricting our ability to assess program impacts. Findings from KIIs and youth focus group discussions (FGDs) supported the key themes we found in our review of the literature. Policy, practice, and research implications are discussed.

Table of Contents

EXECUTIVE SUMMARY	5
SECTION I. INTRODUCTION	10
SECTION II. PURPOSE AND OBJECTIVES OF SYSTEMATIC REVIEW	11
SECTION III. METHODOLOGY AND LIMITATIONS	12
Search Concepts and Strategy	12
Eligibility Criteria	13
Retrieval, Appraisal, and Synthesis	13
Key Informant Interviews and Focus Groups	14
SECTION IV. FINDINGS	15
How Does the International Youth Development Community Define Vulnerable and Marginalized Populations of Youth and How Do Definitions Differ Across the Donor Community, Regions, and Age Groups?	15
What Are the Social Determinants of Marginalization for Youth?	19
What Do Experiences of Marginalization Look Like Among At-Risk Sub-Populations of Youth?	20
What Existing Tools can be Used to Measure Experiences of Marginalization (e.g., ACES, Youth Services Eligibility Tool, WORQ Tools)? What Gaps Exist that YP2LE Could Close with Tools to Measure?	27
How Do Experiences of Marginalization Create Additional Barriers for Vulnerable Populations to Access PYD and Other Youth-Focused Programs (e.g., Gender-Based Discrimination in Community Settings and Impact on Accessing Community Resources)?	32
What Enabling Factors Support Vulnerable and Marginalized Populations' Access to PYD Programs? What Are Program Characteristics or Factors that Helped PYD Programs Best Reach Marginalized and Vulnerable Youth?	34
What Does the Evidence Show Are the Interventions Most Responsive to Marginalized and Vulnerable Youth's Needs (e.g., Education, Economic, Civic Participation)? What Strategies or Models Are Most E	36
Where Does Scale Intersect with Reaching Marginalized and Vulnerable Youth? How Can these Program Models Be Scaled or What Are the Most Scalable Interventions?	39
FINDINGS FROM KEY INFORMANT INTERVIEWS AND YOUTH FOCUS GROUP DISCUSSION	40
How and for Which Youth Has the COVID-19 Global Pandemic Illuminated Additional Novel Dimensions of Vulnerability and Heightened Risks for Experiencing Marginalization?	40
SECTION V. DISCUSSION	43
Practice Implications and Recommendations	43
Policy Implications and Recommendations	46
SECTION VI. RESEARCH RECOMMENDATIONS AND NEXT STEPS	47
REFERENCES	48
ANNEX I: KEY INFORMANT INTERVIEW AND YOUTH FOCUS GROUP DISCUSSION PROTOCOL	57
A Systematic Literature Review of Youth Vulnerability	4

Executive Summary

Across the globe, vulnerable and marginalized youth (VMY) are often excluded from social, economic, or educational opportunities enjoyed by their peers due to factors beyond their control (Auerswald, Piatt, and Mirzazadeh, 2017). Vulnerable and marginalized youth exist in all countries and contexts, however, it is also true that due to poverty and limited access to resources, youth from low- and middle-income countries (LMICs) are exposed to more risk factors of vulnerability (Hardgrove 2014).

The goal of this report is to appraise the youth development field's understanding of youth vulnerability; its measurement; best practices to address it as well as marginalization; and understand the effectiveness of positive youth development (PYD) programs in addressing it among youth in LMICs. The review was guided by nine research questions (Box 1). The research team assessed relevant peer-reviewed and grey literature of youth between the ages of 15-24 years. The focus of youth between 15 and 24 years old is consistent with definitions of youth across multilaterals, LMICs, and regional organization which is also acknowledged by USAID (USAID Policy, 2012). Further the literature search was restricted to articles published between 2010 – 2020 and only those published in English. Guided by PRISMA guidelines for systematic reviews, the research team devised an appropriate strategy to search bibliographic databases and conducted a purposive search of the collections maintained by international development organizations and donors. We identified a total of 118 peer-reviewed or grey literature publications (from an initial citation list of 24,373) that met the criteria for inclusion. In addition to the literature search, the research team conducted key informant interviews (KIIs) and a youth focus group discussion (FGD) to understand emerging gaps and further contextualize our findings.

Summary of Key Findings

Our assessment of the literature yielded six core findings, which we elaborate below

Definitions of vulnerability are specific to culture and context. We did not find an established, clear, and consistent definition of vulnerability. The meanings of the term “vulnerability” are complex and context-specific, but its uses in the extant literature do not reflect this complexity. Historically, vulnerability in LMICs has been applied to groups, subgroups, or categories of people (e.g., “persons with disabilities,” “refugee,” “Indigenous”). This prioritization of who is vulnerable fails to account for why vulnerability may exist. For instance, the literature to date has defined refugee youth as a vulnerable population. Although refugee status may certainly impact the vulnerability of youth, by failing to account for the factors that led to a person’s refugee status, we can only use this identity of refugee status but cannot determine the what or why of vulnerability.

There exists an intrinsic, contextual, and structural typology that frames the definition of vulnerability in LMICs. Vulnerability for youth in LMICs results from a culturally specific interplay of individual or intrinsic, contextual, and structural factors. Assessing youth vulnerability in LMICs using the ICS typology is an initial step towards promoting a more culturally responsive and comprehensive approach to understanding and measuring vulnerability. Using the ICS typology would illustrate the ways that the social determinants lead to vulnerability, identifying malleable leverage points that practitioners can address to support youth agency in addressing some of their vulnerabilities.

Tools for measuring vulnerability are not comprehensive. Our review identified few tools or measures for determining the vulnerability and marginalization of youth in LMICs. The tools, like the definitions of vulnerability that underwrote them, were tailored to a population (e.g., girls), specific issues (e.g., HIV), or implementation-related issues (e.g., strengthening programs for female youth). Because these tools did not account for the interplay of different determinants of vulnerability, they offered an incomplete measure of it.

Most programs do not identify as PYD, but incorporate aspects of PYD. Consistent with previous systematic reviews on PYD programs in LMICs (Alvarado et al. 2017), most programs in our

review did not identify as PYD. However, almost all programs for VMY did incorporate aspects of PYD (e.g., assessment development, enabling environment, and agency domain components). Notably, one major component of PYD was missing from most studies: youth contribution. Explicitly identifying youth-focused programs as PYD would require these programs to include all aspects of PYD, including increasing the limited opportunities for VMY to participate fully in programs and be consulted as experts on their own experiences and issues.

Intrinsic, contextual and structural factors impact access to PYD programs for VMY in LMICs. Despite the availability of PYD programs in LMICs, intrinsic, contextual, and structural factors influenced VMY's access to or engagement in the programs. Structural concerns that inhibited youth engagement included lack of income and structural poverty. Contextual barriers were identified as social and cultural norms (e.g., gender inequities) and stigma (e.g., HIV/AIDS, female menstruation). We found several factors that facilitated VMY engagement in PYD programs in LMICs. These contextual factors included public policies that promote youth access to PYD and community support of programs. Barriers and facilitators that promote or inhibit access to PYD programs need to be acknowledged and assessed, to understand youth vulnerability.

Multi-component and cross-sectoral approaches may be most beneficial for PYD with VMY. Multi-component and cross-sectoral approaches to developing interventions for VMY offer the most promising strategies for addressing vulnerability because they can simultaneously address intrinsic, contextual, and structural factors. At the intrinsic level, programs should address multiple risks for vulnerability by introducing programs that focus on various characteristics of a subgroup (e.g., refugee status, gender, sexual and reproductive health) as opposed to one aspect alone (e.g., gender). Support at the contextual level may include community-based participatory projects with VMY's family and community members that focus on addressing social norms that increase vulnerability. At the structural level, programs should consider pursuing legal and policy reforms that protect youth and enable them to become active, capable, and contributing adults.

Box 1. Research Questions

How does the international youth development community define vulnerable and marginalized populations of youth and how do definitions differ across the donor community, regions, and age groups?

What do experiences of marginalization look like among at-risk sub-populations of youth?

What are the social determinants of marginalization for youth?

How do dimensions of marginalization differ by age-segmented groups of youth and young adults?

How do experiences of marginalization create additional barriers for vulnerable populations to access PYD and other youth-focused programs (e.g. gender-based discrimination in community setting and impact on accessing community resources)? What enabling factors support vulnerable and marginalized populations' access to PYD programs?

What are program characteristics or factors that have helped PYD programs best reach marginalized and vulnerable youth? What does the evidence show are the types of interventions that are the most responsive to marginalized and vulnerable youth's needs (e.g. education, economic, civic participation)?" What strategies or models are the most effective?

Where does scale intersect with reaching marginalized and vulnerable youth? How can these program models be scaled or what are the most scalable interventions?

What existing tools can be used to measure experiences of marginalization (e.g. ACES, Youth Services Eligibility Tool, WORQ Tools)? What gaps exist in measurement that YP2LE could contribute tools to measure?

How and for which youth has the COVID-19 global pandemic illuminated additional novel dimensions of vulnerability and heightened risks for experiencing marginalization?

Practice Implications and Recommendations:

Adopt and implement a reliable framework to allow practitioners and researchers to assess vulnerability across contexts and cultures and plan for differentiated programming.

We present our *Intrinsic, Contextual, and Structural Analytical Framework for Vulnerability framework* (ICS framework), which represents a critical first step toward shifting practitioners' and researchers' understanding of vulnerability. This framework allows practitioners and researchers to identify what underpins vulnerability in different contexts and cultures, allowing researchers to accurately measure vulnerability in a way that can best inform targeted programming to address issues of contextually and culturally specific forms of vulnerability. The strength of this approach is that understandings of vulnerability emerge organically from communities, rather than imposing a preformed or universal definition of vulnerability on those communities. The ICS framework helps researchers and practitioners identify contextually and culturally specific understandings of vulnerability by gathering data on the intrinsic factors (e.g., biological, individual, often innate, physiological and psychological characteristics), contextual factors (e.g., family, school, and peer groups), and structural factors (e.g., a country's political or economic climate) that contribute to vulnerability. Supporting and enabling factors at all levels promote youth's capacity and resilience. Suppressive contextual and structural factors may compound the vulnerability youth experience due to intrinsic factors, placing them at greater risk of negative outcomes. For this reason, our strength-based framework highlights the importance of the enabling environment in building the capacities of young people to have more agency and contribute to their communities.

Develop multicomponent, cross-sectoral interventions that are responsive to the diverse needs of VMY. Our review found that multicomponent, cross-sectoral approaches offered a promising strategy for developing interventions for VMY. An important component of cross-sectoral approaches is purposeful programming at the community or structural level (Melinkas *et al.* 2019; Stark *et al.* 2018). Because many VMY think and behave in ways inconsistent with social and cultural norms, increasing societal awareness of and destigmatizing VMY's social circumstances is essential to building effective interventions in a given context. That is, optimizing interventions' effectiveness at the individual level requires broader structural or cultural transformations.

Promote an enabling environment for youth because it is critical for VMY's positive development. Although our review revealed several features of optimal programming for VMY that are consistent with a PYD approach, one domain stood out as critical for VMY: **an enabling environment**. There are several examples of what constitutes an enabling environment, for example, **available and accessible financial- and social-support structures; youth-responsive services; youth-friendly laws and policies; and gender-responsive services**. The choice of what enabling environment is optimal for PYD depends on the type of VMY as illustrated by their intrinsic characteristics and relevant contextual and structural factors. Gender-biased cultural and social norms; public policies; stigma and discrimination; and poverty and social exclusion are some examples of structural factors that need to be thoughtfully addressed so PYD programming for VMY can be contextually meaningful. Thus, PYD programming should tailor its implementation to engage with sensitive and (in some places criminalized) issues affecting VMY in LMICs. Our review found that **mentorships, safe spaces, and support from youth's parents, peer groups, schools, and communities** are important cross-cutting components of successful youth-focused programming that has assisted VMY in various transitions in their lives.

Adopt differentiated models of programming to address a variety of VMY needs. The nuanced needs, preferences, and circumstances of different VMY populations cannot be addressed by universal interventions in all contexts and for all outcomes. Rather, an adaptable cross-sectoral approach that addresses specific needs of VMY populations and their communities will be required to deliver effective programming tailored to different settings. Depending on the desired outcomes, the

components, contents, and materials of this cross-sectoral approach will likely be different and context-specific.

Promote the participation of VMY in all aspects of the development of interventions for VMY. The current consensus among development practitioners and researchers indicates that youth's participation in the development of youth-directed programming increases program efficacy. However, VMY traditionally have not participated in the development of VMY-directed programming. This lack of participation is a major missed opportunity: many of the studies we reviewed indicated that the most helpful and poignant information that researchers gathered about the lives and experiences of VMY came from VMY themselves. Youth programming should intentionally include youth in conceptualizing needs; addressing those needs; monitoring and evaluating programs; and course correcting service delivery when needs are not being met.

Research Implications and Recommendations

Develop and rigorously test frameworks that will identify VMY in different contexts and develop targeted programs that will address VMY needs. Using frameworks similar to the ICS framework for assessing vulnerability, develop tools to identify vulnerable youth in different contexts, and measure their vulnerability in accordance with the concept. This will require a process of developing indicators, measuring vulnerability, validating these measures and testing their reliability. Further, these tools could be used to identify leverage points for targeted programming to address the needs of vulnerable youth and build their capacity and agency.

Develop a white paper on who and what youth are today. Researchers should produce an expository paper proposing a clear age-based definition of youth and explaining why the proposed age range makes sense from a developmental, biological, psychological, and social perspective. This paper should also provide guidance for systematically establishing age-based distinctions between youth, adolescents, children, and adults, even if it does not resolve the current age overlaps between these categories. To date, literature has provided justifications for definitions of children and adolescents, but no similar publications have provided explanations for contemporary definitions for youth.

Rigorously test multi-component, cross-sectoral interventions to build evidence of the efficacy of these intervention designs for supporting VMY. Both our findings and the youth development field have emphasized the importance of multi-component, cross-sectoral interventions that address the multi-layering of vulnerabilities among young people. However, little evidence exists regarding best practices and the effects of such interventions. More research and investment in building evidence for multi-component, cross-sectoral interventions will help establish the relative efficacy of these intervention designs for supporting VMY.

Develop localized, participatory frameworks to address harmful social norms that affect vulnerable youth. Harmful social norms can have far-reaching impacts and, when internalized by VMY, can diminish well-being in the short term and exacerbate negative outcomes in the longer term. However, because social norms are both context-specific and sensitive, interventions seeking to change harmful social norms must be tailored to the specific values of the communities where they will be implemented. Although there are no established best practices for addressing harmful social norms, our review of the literature indicates that localized, participatory learning processes may offer a promising approach.

Conduct a rigorous, systematic qualitative study with hard to reach vulnerable and marginalized youth. Conduct rigorous and systematic qualitative studies to understand what vulnerability is for the most vulnerable and hard-to-reach youth. The studies in this systematic review demonstrated the challenges in reaching youth who are vulnerable, for reasons that have been adequately presented in this paper. Amplifying the voices of youth who may face substantiated or several layers of vulnerability or marginalization will require additional effort to reach them and build their

agency to present a more authentic picture of their challenges. The benefit of doing this is that the youth development field will move from using proxies to understand VMYs and have a clearer picture of who these youth are, their needs and experiences, and how to move the needle toward well-being for these youth.

Policy Implications and Recommendations

Advocate for policy and legal frameworks that will protect, decriminalize, and provide access to needed services for VMY youth. Findings in this systematic review indicate that identities of VMY youth, for example, sexual orientation is a crime in some countries and may put youth at risk for harm, violence and denial of basic services . Consequently, such youth may not seek the services they need for fear of being discriminated against or targeted for violence because of laws that further exacerbate their marginalization and exclusion. Advocating for legal reform and frameworks that will decriminalize the identities of some VMY youth, will ensure the protection of youth and promote accessible services. Similarly, developing policies that focus on upholding the human rights of youth with disabilities in alignment with the UN Convention on the Rights of Persons with Disabilities could ensure that youth with disabilities have their right to access to services realized.

Enact policies that will mandate cross-sectoral and integrated approach to youth development. The youth development field has acknowledged the value of cross-sectoral and integrated programming as an optimal approach to youth development particularly for VMY youth. However, knowledge exchange and acknowledgement alone does not integrate this approach into development plans for local and national governments. Until there is national development policy that acknowledges and integrates cross-sectoral programming as the approach for VMYs, knowledge exchange and reporting on promising programming will not enhance integration across planning at the local, regional, and national level of the development processes.

Insert social norms assessments and approaches in local and national youth development plans. Similar to gender analysis and assessment that national policies across the LMICs have now integrated into their plans of action, social norms should also be considered at the national level. Although not all social norms are harmful, an assessment of how social norms are affecting VMYs should be a standard procedural assessment for all youth programming so that youth development approaches can address negative social norms and integrate positive ones across programs.

Section I. Introduction

Across the globe, vulnerable and marginalized youth (VMY) are often excluded from social, economic, or educational opportunities enjoyed by their peers due to factors beyond their control (Auerswald, Piatt, and Mirzazadeh, 2017). Among other reasons, youth are marginalized because of their membership in certain groups, including gender, ethnicity, race, (dis)ability, sexual orientation, migration status, economic status, religion, education level, and mental/physical health (Powers, Evangelides, and Offerdahl, 2014). Youth are further marginalized within these identified communities due to their age. The interplay of this marginalization (age and group exclusion) negatively impacts the development and progression of youth. Indeed, nearly all youth, particularly marginalized youth, are regularly excluded from development activities that have direct impacts on their growth (Powers, Evangelides, Offerdahl, 2014).

Vulnerable and marginalized youth exist in all countries and contexts. While many youth experience adversities similarly, it is also true that “youth are as diverse as the societies in which they live” (USAID Youth Policy 2012, p. 13) and that this diversity is reflected in the challenges they face every day. Culturally and contextually specific factors influence youth’s development and adaptation to their daily surroundings. While some of these factors exist at the individual level (e.g., age, ethnicity, gender, disability status, sexual orientation) others are embedded in their immediate context or environment (families, communities) and at the more structural level of societies they live in (e.g., poverty, racism, political insecurity). Notably, structural and contextual factors can shape how youth thrive in their individual lives. Poverty and limited access to resources exacerbate the negative experiences of youth from low- and middle-income countries (LMICs) as they are exposed to more risk factors of vulnerability than youth from high-income countries (HICs) (Hardgrove 2014).

USAID’s Youth in Development Policy (the Youth Policy) acknowledges that youth as a life stage is neither finite nor linear and that key multilaterals define youth as 15 – 24 years. However, many countries and organizations use a broader range to reflect the changes and developmental needs of youth as they transition to adulthood (USAID Youth Policy, 2012). The Youth Policy takes a broader understanding of the definition of youth and defines young people as those aged 10 to 29 years, with a general programmatic focus on those aged 15 to 24 years. In this systematic review, we chose to limit our analysis to the 15 – 24-year range to be consistent with the definitions across the spectrum on multilaterals, LMICs and regional organizations such as the African Union.

With a vision to achieve youth development across the globe, USAID has utilized the positive youth development (PYD) framework for its youth development approach globally. USAID defines PYD as: engaging youth along with their families, communities, and/or governments so that youth are empowered to reach their full potential. PYD approaches build skills, assets, and competencies; foster healthy relationships; strengthen the environment; and transform systems. Although PYD is a central thrust for USAID programming, this systematic review covered a broader spectrum of programs to answer the research questions that motivated the investigation. As a result, the PYD framework is only addressed in the latter half of this report.

This report was motivated by the goal to widen our understanding of youth vulnerability broadly, its measurement, best practices to address it, and how effectively PYD programs have addressed it so far in LMICs. Consequently, USAID commissioned YouthPower2: Learning and Evaluation (YP2LE), to systematically review academic and grey literature to better understand current trends, future directions, and opportunities for addressing the varied needs of VMY in LMICs. By collecting and reviewing the extant literature, the report identifies knowledge gaps and makes recommendations to guide future PYD research and youth programming with VMY in LMICs.

We begin this report by presenting the purpose, objectives, methodology, and limitations of the systematic review. We then discuss the findings of our review, using the research questions to organize our presentation. Core to adding value to the field of working with VMY youth, we propose the Intrinsic, Contextual, and Structural (ICS) framework for assessing vulnerability as the first step to defining and identifying vulnerability among youth in low and middle-income countries, in a culturally sensitive way. We then conclude by presenting recommendations for future research and programming.

Section II. Purpose and Objectives of Systematic Review

The objective of this review is to: 1) establish an understanding of youth populations deemed “vulnerable” in LMICs, 2) identify what contributes to youth’s vulnerability in LMICs, 3) understand how experiences of vulnerability and marginalization impact youth’s access to PYD and youth-focused programming in LMICs, 4) investigate PYD and youth-focused programming features and scaling models in LMICs, and 5) identify novel dimensions of vulnerability and approaches to enhance the capability of youth as revealed by experts and practitioners who work with VMYs. This systematic review answers the questions presented in Table 1.

Table 1. Research Questions

Research Questions	Effectively Addressed	Moderately Addressed	More Evidence Required
(a) How does the international youth development community define vulnerable and marginalized populations of youth and how do definitions differ across the donor community, regions, and age groups?	✓		
(b) What do experiences of marginalization look like among at-risk sub-populations of youth?	✓		
(c) What are the social determinants of marginalization for youth?	✓		
(d) How do dimensions of marginalization differ by age-segmented groups of youth and young adults?		✓	
(e) How do experiences of marginalization create additional barriers for vulnerable populations to access PYD and other youth-focused programs (e.g., gender-based discrimination in community setting and impact on accessing community resources)? What enabling factors support vulnerable and marginalized populations’ access to PYD programs?	✓		
(f) What are program characteristics or factors that have helped PYD programs best reach marginalized and vulnerable youth? What does the evidence show are the types of interventions that are the most responsive to marginalized and vulnerable youth’s needs (e.g., education, economic, civic participation)? What strategies or models are the most effective?	✓		
(g) Where does scale intersect with reaching marginalized and vulnerable youth? How can these program models be scaled or what are the most scalable interventions?		✓	
(h) What existing tools can be used to measure experiences of marginalization (e.g., ACES, Youth Services Eligibility Tool, WORQ Tools)? What gaps exist in measurement that YP2LE could contribute tools to measure?		✓	
(i) How and for which youth has the COVID-19 global pandemic illuminated additional novel dimensions of vulnerability and heightened risks for experiencing marginalization?			✓

Section III. Methodology and Limitations

The research questions were developed by USAID and reviewed by a team of experts from Making Cents International, who provided guidance and recommendations to the main authors as the report developed. Figure 1 outlines the steps taken throughout the review process.

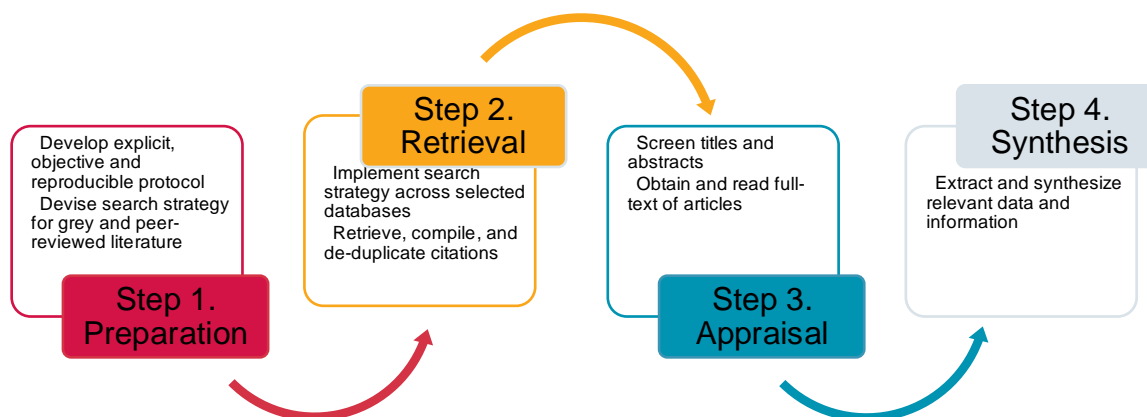


Figure 1. Review Process

Search Concepts and Strategy

We adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines for systematic reviews. The team searched 19 databases and collections maintained by international development organizations and donors. Search terms were grouped into three broad categories: vulnerable/marginalized, target population, and location (Table 2).

Table 2. Search Strategy and Databases

Category	Search Terms Combined with AND
Vulnerable/Marginalized	vulnerabl* OR vulnerability OR marginaliz* OR underserved OR sensitive OR stigmatiz* OR stereotyp* OR discriminat*
Target Population	youth* OR adolescen* OR teen* OR young OR young people* OR young person* OR young adult* OR early adult* OR minor*
Location	low and middle income OR international OR Africa OR Asia OR Southeast Asia OR Caribbean OR West Indies OR South America OR Latin America OR Central America OR Middle East OR all countries classified as low- and middle- income following the World Bank Classification list ¹
Databases:	Academic Search Premier (EBSCO), CINAHL Plus with Full Text (EBSCO), Education Full Text (EBSCO), ELDIA, Global Health (EBSCO), Google Scholar, International Development Research Centre (IDRC), Pop Council, PsycINFO (EBSCO), PubMed/MEDLINE, SciELO, Social Services Abstracts (ProQuest), Social Work Abstracts (EBSCO), United Nations (UN) Digital Library, Web of Science and World Health Organization's (WHO) Institutional Repository for Information Sharing (IRIS)

¹ World Bank Country and Lending Groups – World Bank Data Help Desk. Accessed June 26, 2020. <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>

Eligibility Criteria

As noted in Figure 1, our review included grey and peer-reviewed literature. We excluded publications if the documents:

- provided insufficient information (e.g., abstracts only or conference papers);
- were published before 2010;
- were not specific to LMICs;
- were published in a language other than English;
- did not refer to the concept of vulnerability or marginalization;
- or did not focus on youth populations between the ages of 15-24.

To answer our supplementary questions (b-i), in addition to the criteria mentioned, we excluded publications that analyzed data gathered before 2016.

Retrieval, Appraisal, and Synthesis

Figure 2 describes the number of citations retrieved at each stage. The initial search was conducted between June 25, 2020 and July 5, 2020 and returned 24,373 citations. Following the removal of duplicates, 20,761 citations remained. The team used ICF's Document Classification and Topic Extraction Resource (DoCTER), a web-based software application that uses machine learning through supervised clustering, to prioritize relevant citations. Forty citations were randomly selected as seed studies and the remaining citations received a numerical priority code ranging from 0 (least relevant) to 6 (most relevant). The team selected records assigned a priority code of 4, 5, and 6 ($n = 7,036$) for inclusion in the screening phase.

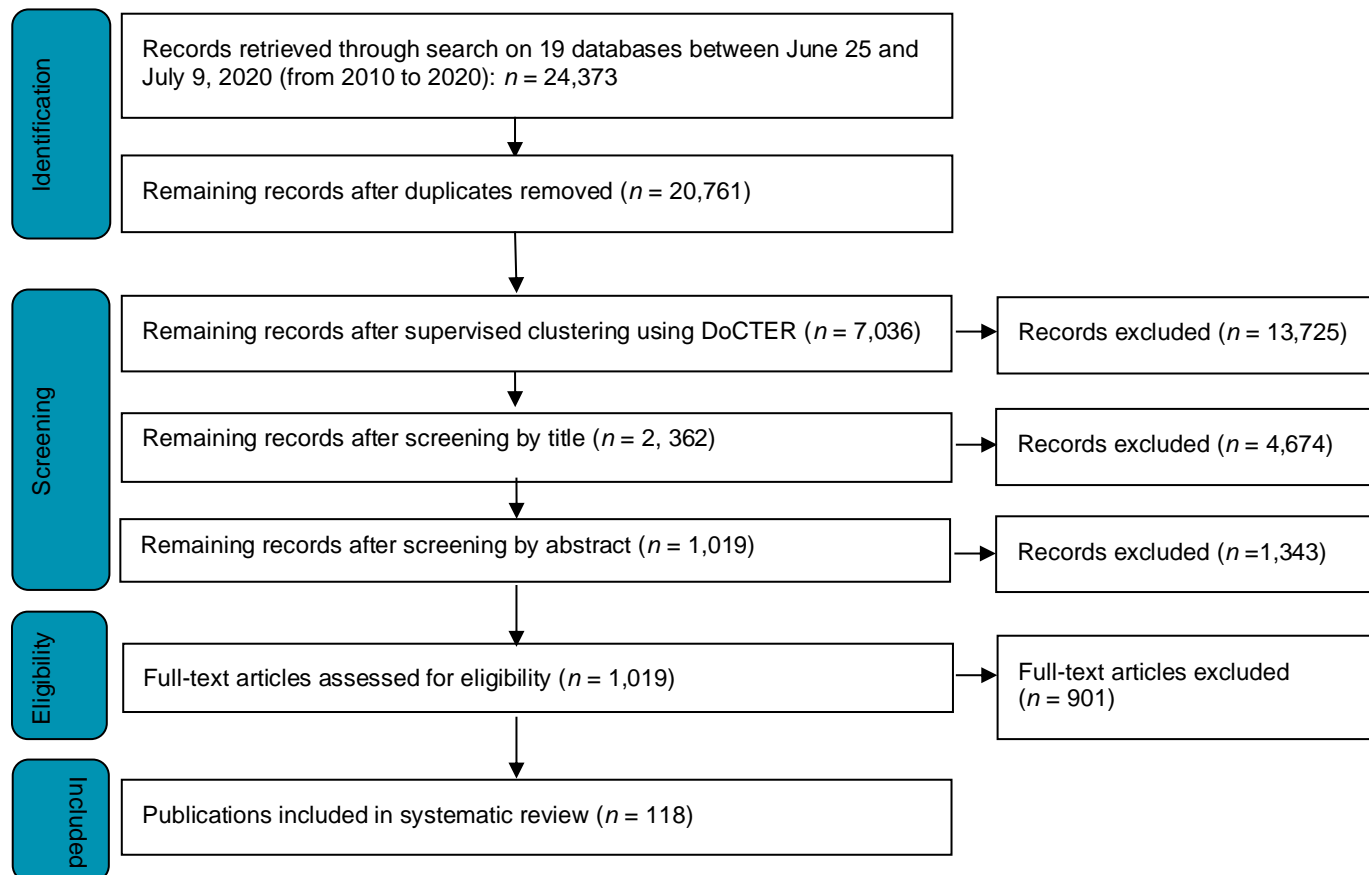


Figure 2. PRISMA Diagram

Key Informant Interviews and Focus Groups

To strengthen our team's understanding of the gaps in the relevant research literature and further contextualize what we were learning, the research team conducted KIIs and a youth FGDs. The KIIs ($n = 12$) were conducted with representatives from USAID Headquarters and USAID Missions, consultants from YP2LE, research experts, and youth development practitioners in Uganda. The FGDs ($n = 4$) were conducted with youth ages 18-27 years, who represented Pakistan, Kenya, and Zambia, recruited through the USAID YouthLead Network. To conduct these activities, the research team secured permission from the Health Media Lab IRB and the University of North Carolina at Chapel Hill IRB.

Limitations

The condensed timeline for conducting the review led to the use of an automated document classification system. Systematic reviews generally involve a narrow but well-defined research question. Most reviews use the PICO (Population, Intervention, Comparison, and Outcome) framework to formulate a research question. Although systematic literature reviews that use the PICO framework vary in scope, their specific research questions set additional limits or defines a narrow set of search terms. The broad scope of the primary research question and inclusion of multiple secondary questions yielded 24,373 articles. Given the condensed timeline to complete this review, we used an automated document classification technology that use machine learning algorithms to categorize each publication according to a fixed set of possible categories. While the ICF's DoCTER improved efficiency in our first round of document classification, it might have eliminated relevant documents (Albalade *et al.* 2010; Varghese *et al.* 2017). To minimize this error, two reviewers manually screened the titles of the eliminated documents to ensure accuracy of the first round of document classification.

The nature of this systematic review made it difficult to present findings in a straightforward manner. The multiple research questions that we covered in this review could include hundreds of search terms. For example, a systematic review of definitions, experiences, and social determinants of youth vulnerability and marginalization could include search terms that might not be relevant to a review that focuses on PYD programming for VMY, facilitators and barriers to access, and impact of programming for VMY. Thus, the review's multiple research questions and corresponding results could not be presented straightforwardly in a manner consistent with a typical systematic review and meta-analysis.

A definitive recommendation on programming for VMY may be premature because of the differing levels of study quality and the fledgling state of the literature on PYD and other youth-focused programming for VMY in LMICs. The recommendations for programming from this review is focused on promising strategies or possible approaches that can be useful for designing interventions for VMY in LMICs.

The KIIs and FGD were conducted with individuals who were not necessarily representative of in-country development experts or VMY populations. For example, 11 of the 12 KIIs participants were representatives of USAID Headquarters and USAID Missions, YP2LE consultants, or research experts. Furthermore, FGDs were conducted with youth representatives of USAID's YouthLead Network, a network of youth who are active changemakers within their communities, not necessarily those youth who are most vulnerable and marginalized. This limitation suggests that the KII and FGD findings presented in this report may not be entirely reflective of VMY populations and should be interpreted with caution.

Section IV. Findings

This section presents findings that answer the main research questions. Sections are organized according to the research question that guided the investigation.

KEY TAKEAWAYS

Various age segmentations that define youth exist across development organizations, countries, and continents. This lack of consensus makes it difficult to clearly distinguish who is being referred to when discussing children or youth or adolescents or young people and what their respective experiences or needs are.

Definitions of vulnerability center on the individual, focusing on who is categorized as vulnerable instead of accounting for why vulnerability exists.

Definitions ignore vulnerability's various meanings in different contexts and cultural settings because definitions are grounded in Eurocentric understandings of what it means to be vulnerable.

Strengths-based approaches attempt to reframe vulnerability through introducing the concept of resilience. These approaches remain problematic because resilience is often discussed as a skill that youth do or do not have rather than a capacity that can be enhanced across all youth, limiting the populations that researchers deem resilient.

How Does the International Youth Development Community Define Vulnerable and Marginalized Populations of Youth and How Do Definitions Differ Across the Donor Community, Regions, and Age Groups?

Youth Age Segmentation Across the Globe

There are varying definitions of youth across different development organizations, continents, and countries. The World Health Organization (WHO), United Nations Children's Fund (UNICEF), and United Nations Fund for Poverty Action (UNFPA) define youth as people between the ages of 15 and 24 years, adolescents as those between the ages of 10 and 19 years, and young people as those between the ages of 10 and 24 years. USAID defines young people as those aged 10 to 29 years, with a general programmatic focus on those aged 15 to 24 years. At the same time, UNICEF's Convention on the Rights of the Child defines a child as any one below the age of 18 years. In its Agenda 21, the UN Habitat Youth Fund defines youth as those between the ages of 15 and 32 years. The African Union's Youth Charter defines youth as those between the ages of 15 to 35 years.

By these definitions, a person who is 15 years old may be considered a child, an adolescent, and a youth simultaneously. This overlap highlights the difficulty of demarcating youth or adolescents or young people by an age range and, more importantly, the difficulty of understanding and addressing the specific risks that these young people face in their lives. However, given the consensus across countries, development organizations, and regional blocks that the beginning age of youth is 15 years, this paper will use 15 years as the lower anchor to define youth. In addition, the majority of the articles we reviewed in this systematic review from abstracts to the selected full text articles used 15 – 24 years to define youth. Therefore, to achieve some uniformity across articles, we only used literature that identifies youth as people from 15-24 years old.

Table 3. Organizational Definitions/Ages of “Young People”

Organization	Young Person	Age Range
United Nations Children’s Fund (UNICEF); World Health Organization (WHO); United Nations Population Fund (UNFPA)	“Young People” “Adolescents” “Youth”	10-24 years 10-19 years 15-24 years
United States Agency for International Development (USAID)	“Youth” Programmatic Focus	10-29 years 15-24 years
UNICEF’s Convention of the Rights of the Child (CRC)	“Child”	Below 18 years
UN Habitat Youth Fund (Agenda 21)	“Youth”	15-32 years
African Union’s Youth Charter	“Youth”	15-35 years

Definition of Vulnerability

There is no standard framework for defining marginalized and vulnerable youth. Since the development and adoption of the PYD framework in 1990, USAID programs sought to design, implement, and evaluate programming for VMY populations. Despite the success of many programs, this work has not established clear, consistent definitions of vulnerability or marginalization or agreed on factors that contribute to youth’s vulnerability and marginalization. To date, no standard frameworks exist for defining marginalization or vulnerability—a complex concept. The section of this report reviews several conceptualizations of youth vulnerability from academic and grey literature. We then introduce an adaptation of the socioecological model (encompassing intrinsic, contextual, and structural factors) to demonstrate how best to conceptualize vulnerability based on our findings.

One body of scholarship defines vulnerability as the state or condition of being weak or poorly defended on physical and emotional levels (Arora *et al.* 2015). This concept of vulnerability can refer to one’s level of risk exposure compared to peers (Prinstein *et al.* 2005). The term and concept of vulnerability is used in several fields (sociology, medicine, public health) to refer to the potential for poor outcomes, risk, or danger (Burg 2008). Other related definitions of vulnerability center on deprivation and the fulfilling of basic rights (Skinner *et al.* 2006). These definitions use vulnerability to anchor discussions of inequalities or adversities, including insecurity, relative economic or social disadvantage, limited coping capacity, and unmet needs.

Others define vulnerability via association with a specific attribute, context, or group membership. This approach focuses on vulnerability *in terms of something*, such as a physical or social vulnerability (e.g., geographic location or poverty), vulnerability in terms of lacking capacity (e.g., ability to cope following a natural disaster), vulnerability in terms of belonging to a certain identifiable group (e.g., youth with disabilities), or vulnerability in connection to a marginalized community (e.g., indigenous populations) (Wrigley and Dawson 2016).

The use of vulnerability is often normative in that it implies a deviation from what is considered normal. Ideas of what is “normal” are often based on vague, Eurocentric standards of living or behavior (Brown, Ecclestone, and Emmel 2017). These normative accounts of vulnerability are often used to describe situational concerns (e.g., circumstances of social, emotional, or physical difficulty) based on standards or values that may not be held by the individuals or communities in question. Recently, Ungruhe (2019) discussed the negative impact of applying a normative, primarily Eurocentric definition of an “adequate” living environment to youth globally. Ungruhe argues that using such an approach minimizes youth’s

agency and ignores their capacity to navigate their challenging circumstances. Mizen and Ofofu-Kusi (2013) demonstrated not only that young people have a significant capacity for agency and action based on their self-determination, but they also demonstrated that this agency is shaped by youth's understandings of their own vulnerability. This finding suggests that vulnerability should be assessed by examining the interplay of individual, structural, and contextual factors, rather than with a single universal standard.

Table 4. "Vulnerability" as Defined in Academic and Grey Literature

Definitions of Vulnerability	Main Tenets	Source
The state or condition of being weak or poorly defended on physical and emotional levels	Deficits-based	Arora et al. 2015
Level of risk exposure as compared to peers	Exposure to risk	Prinstein et al. 2005
The potential for poor outcomes, risk, or danger	Negative outcomes	Burg 2008
Vulnerability as a deprivation and the fulfilling of basic rights	Deficits-based	Skinner et al. 2006
Vulnerability in terms of something, for instance: <ul style="list-style-type: none"> • physical or social vulnerability (e.g., geographic location or poverty) • lacking capacity (e.g., ability to cope following a natural disaster), • belonging to a certain identifiable group (e.g., youth with disabilities) • connection to a marginalized community (e.g., indigenous populations) 	Individually centered; Deficits-based	Wrigley and Dawson 2016

Intrinsic, Contextual, and Structural Approach to Defining Vulnerability

The concept of ICS approaches is useful for addressing risk and harm reduction. McNamara (2019) discusses the internal and external factors that influence vulnerability. According to McNamara, vulnerability has become a useful concept for addressing risk and harm reduction. In this case, susceptibility to harm is characterized as a response to exposure to a stressful situation imposed by both an external component and an internal sensitivity or capacity to cope and draw upon one's internal resilience. If someone has the capacity to navigate the external component well, then they are resilient. If their internal sensitivities overwhelm their capacity to cope, then they are vulnerable.

World Bank's Downward Spiral of Childhood Vulnerability underlines another key aspect of the relationship between the internal and external factors that contribute to vulnerability. Namely, vulnerability rarely has a single cause, and often results from an interplay of political, economic, socio-cultural, environmental, historical, and ideological factors. This insight aligns with earlier work that describes vulnerability as a multidimensional phenomenon spurred by associated forms of social exclusion, discrimination, and marginalization (Leonard 1984; Razaak 2009; Satterfield et al. 2004). This literature defines social exclusion as a process whereby individuals, groups, or communities are cut off from community networks and activities due to the range of risk factors that they experience (Duchak 2010). Social exclusion can stem from a host of structural factors, including institutional prejudice, lack of access to social services and the labor market, and limited opportunities to participate in decision making processes in society (Leonard 1984). Unfortunately, a society's most vulnerable members are often those who are socially excluded.

Another definition of vulnerability foregrounds one's susceptibility to risk and harm. That is, a vulnerable individual is one who is at greater risk of a negative outcome due to an intrinsic, contextual, or structural risk factor that they face. This definition of vulnerability as susceptibility to negative outcomes, aligns with the social-psychological framing of discrimination, which entails perceived personal fragility, perceived economic insecurity, and/or physical risk (Satterfield *et al.* 2004). In this view, discrimination is a dimension of vulnerability as well as marginalization. Marginalization (*i.e.*, treating a person as insignificant or peripheral) combines social exclusion and discrimination and is a form of disregarding human rights, dignity, and equality (Duchak 2014).

As we see from this brief review of relevant literature, the concept of vulnerability is complex and eludes precise definition. The lack of a clear, universally accepted definition of vulnerability has multiplied its conceptualizations and definitions. This may in fact have benefits for researchers and practitioners in the field. Because ideas of vulnerability are highly contextual, a universal definition would problematically remove the culturally specific understandings of vulnerability local to different contexts. In this case, the question becomes: If ideas of vulnerability are influenced by context and culture, how do we then define it in order to identify, measure, and address it?

In the literature, we observed a typology of risks that either mitigate or exacerbate young people's vulnerability: risks embedded within (a) individual or intrinsic factors, (b) structural or institutional factors, or (c) contextual or extrinsic factors. This typology provides a framework for practitioners and researchers to identify the salient risks at play for a given individual in a given context and culture. Once identified, these risks can be measured and addressed either through tailored programming or by changing the legal or regulatory frameworks that inhibit young people's well-being. When youth interact with enabling environments, their capacity and agency are improved and they contribute positively to their communities (Svanemyr, Amin, Robles, & Greene, 2015).

Individual or intrinsic factors are biological, and the majority are constant, suggesting that an individual is unable to change them. Examples of intrinsic factors are cognitive, biological, emotional, and physical capabilities. These include age, gender, ethnicity, physical or mental health, developmental stage, and disposition. *Structural and institutional* risk factors include social, cultural, political, economic, and environmental aspects of a youth's life. *Contextual or extrinsic* factors are those that are rooted in young people's context and influence their world view, development, perceptions, and freedom. These can include family structure, peer influence, social exclusion, ethnic/racial/religious/sexual identity, culturally specific practices, experiences of maltreatment, being an unaccompanied minor, or being placed in out-of-home care.

Youth's ability to navigate challenges is based on their susceptibility to risk from extrinsic and structural factors, their sensitivity to and capacity to cope with those factors, and their level of resilience (Romero-Lankao *et al.* 2016; UNDP 2014). Youth thrive in and gain resilience from positive extrinsic factors (*e.g.*, social support networks; access to youth-friendly health care providers; experiences of observing or providing care to a child; and opportunities to learn the skills needed to provide care over time) (Mangeli *et al.* 2018). Collectively, intrinsic, extrinsic, or contextual and structural factors can promote personal agency or inhibit youth from thriving by constituting either aversive or supportive environments. Without targeted support designed to help youth address issues at the individual or intrinsic, contextual, or extrinsic and structural level, youth may be vulnerable. Based on our analysis of literature, Figure 3 presents a typology of the factors of vulnerability.

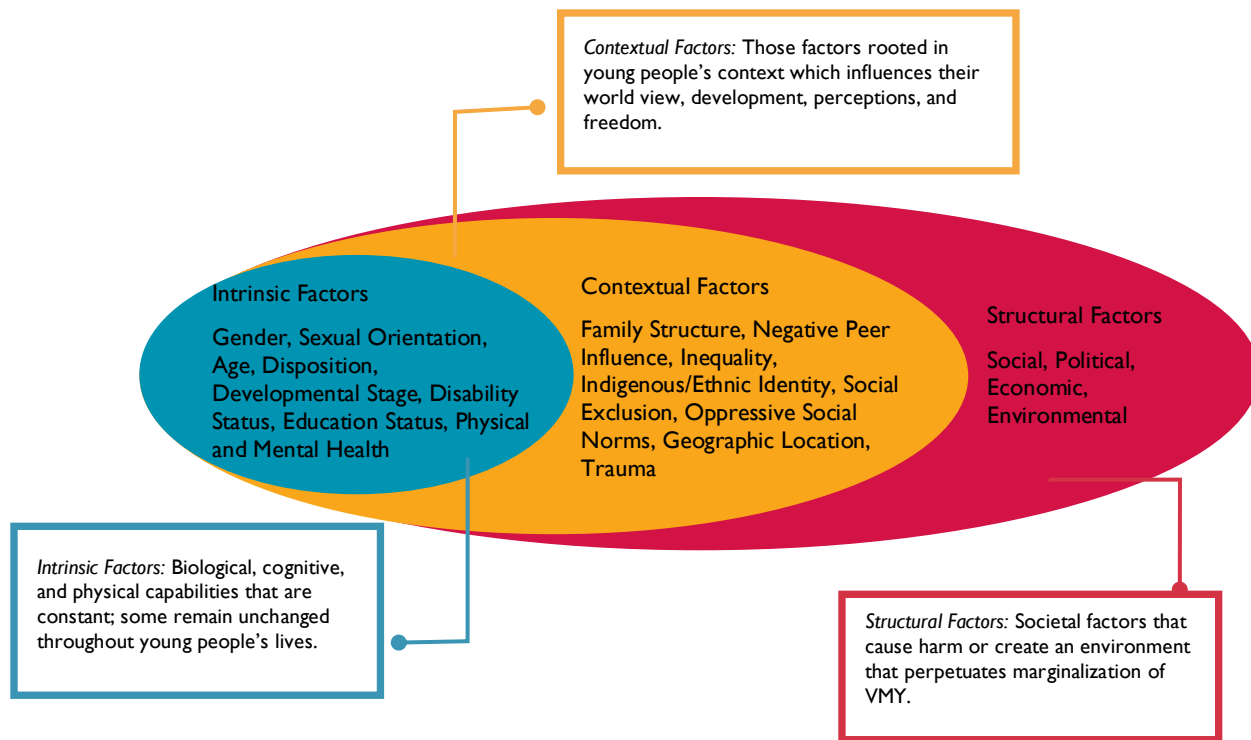


Figure 3. Typology of Intrinsic, Contextual, and Structural Factors Contributing to Youth's Vulnerability

What Are the Social Determinants of Marginalization for Youth?



Figure 4. Primary Social Determinants of Vulnerability for Youth as Represented in the Literature

Using ICS, we identified five social determinants for a range of vulnerabilities discussed in the selected studies: poverty, family disposition, gender, government, and race and ethnicity. Poverty was the most influential social determinant and influenced how youth engaged in risk behaviors. For instance, household poverty, unemployment, and desire for steady income were key determinants of the livelihood vulnerabilities of female head porters in Kasoa, Ghana (Otieku *et al.* 2017). Poverty also influenced harmful youth behavior including non-fatal suicide behaviors (e.g., suicidal ideation, suicide planning, and non-life-threatening self-harm behaviors) in Johannesburg townships in South Africa (Banjtes *et al.* 2018); caused some Rwandese refugee young women living in refugee camps to engage in transactional sex and exploitation in order to meet their material and economic needs (Williams *et al.* 2018); and hindered Romani ethnic minorities in Serbia from accessing education and receiving support in school (Bhabha *et al.* 2017). Furthermore, a study from The Brookings Institute (Villar-Márquez 2018) reported that the social determinants of poverty, race/ethnicity, and gender all influenced the

vulnerability of Afro-Peruvian youth. Clearly, the vulnerability that youth experience due to poverty can lead to a wide range of negative outcomes and additional risk factors regardless of their cultural or contextual environment.

Rather than existing in isolation, social determinants of youth vulnerability interact. For instance, contextual factors such as family and community factors can impact youth's intrinsic resources, skills and competencies and their perceived ability to employ their assets to make decisions and achieve desired outcomes. In the Indian slum communities of Kerala, Pulickal (2020) found that the psychological well-being of the youth in the study was significantly associated with community disadvantage, domestic violence, and single-parent households. By contrast, youth in enabling environments often thrive even in the face of challenges. Mangeli *et al.* (2018) found several enabling intrinsic factors (e.g., recognition of capabilities, future orientation, individual agency, and spirituality) that supported positive experiences for adolescent mothers transitioning into their maternal role. Another example of the interaction of social determinants was reported by Sahu and Nakkeeran (2017), who explored barriers to higher education for young women in India. The authors found that financial challenges, a lack of security in public spaces, and gender inequality all served as barriers to accessing higher education for Hindu and Muslim young women. However, for Muslim participants, gender inequity was compounded by their minority status, and, when it came to economic constraints, the researchers noted that Muslim participants generally faced harder economic constraints than the Hindi participants. This difference might be due to preference of one religion over the other in the Indian context.

Researchers have also observed the interplay among intrinsic, contextual, and structural factors in studies of how youth's education, family income, social networks, and employment opportunities interact to enhance youth's participation in society. Education level and family income level can be used as proxy measures of poverty and are established predictors of a young person's life chances. In a study conducted in Egypt, Sika (2019) found that even if a young person was able to attain university-level education, their chances of obtaining employment opportunities depended on their family's income level and networks rather than their education level. Further, the more a young person's family is connected to the Egyptian government, the less likely they will face vulnerability. This finding is a clear example of a structural risk factor captured by the ICS framework. The education levels of youth can also interact with other contextual factors, such as violence, to increase youth vulnerabilities. For instance, Okeyo *et al.* (2019) reported that levels of education and physical and sexual violence influenced young Kenyan women's (aged 15-19 years) likelihood of becoming pregnant.

As this section has demonstrated, intrinsic, contextual, and structural social determinants impact youth vulnerability. These factors may act independently or may compound to produce greater effects. The next section explores the diverse experiences of vulnerable youth.

What Do Experiences of Marginalization Look Like Among At-Risk Sub-Populations of Youth?

The team reviewed 35 studies describing specific experiences of vulnerable youth in LMICs. Most of the studies were conducted in Africa ($n = 23$) followed by Asia ($n = 6$), Middle East ($n = 3$), Latin America ($n = 2$), and Eurasia ($n = 1$). Experiences were also categorized into eight broad categories based on the primary experience discussed in each publication. These categories include family planning and reproductive health (FP/RH) ($n = 10$); pregnancy ($n = 7$); physical health, mental health, and disability ($n = 4$); care transition ($n = 4$); immigration ($n = 3$); social and gender norms ($n = 3$); early marriage ($n = 2$); and employment ($n = 2$). Eight publications discussed more than one experience faced by vulnerable youth further suggesting the many experiences that different sub-populations may encounter. For example, youth experiencing care transitions or living with a disability are also likely to experience difficulties in employment and youth experiences with FP/RH or immigration are also challenged to navigate non-encouraging social and gender norms.

Social and Gender Norms

Vulnerable and marginalized youth populations must constantly navigate social and gender norms. Gender norms are embedded within the communities, systems, and countries where these youth reside and interact. Perceived gender norms are also a result of adolescents' socialization in early childhood. For example, a study in Uganda found that gender norms resulting from adolescent's socialization experiences in urban and rural environments influenced the degree of agency that female youth exhibited when making FP/RH choices (Ninsiima *et al.* 2018). Gender norms can change during adolescence (10-19 years) and these changes vary by geographic location, different kinds of school settings, and age (Chae *et al.* 2020). However, Chae and colleagues (2020) found that as girls grow older, gender biases, including views of gender (in)equity, may actually become stronger in the school environment and via peer and parental influences.

Gender norms often present in contexts where there exists an unequal distribution of power between male and female populations. For example, one study in Uganda (Ninsiima *et al.* 2018) found that gender norms that absolved young boys and men of their role in perpetuating harm to girls and women also resulted in restrictions on girls' and women's ability to exercise choice and their being forced to conform to those expectations already in place. This study also found that gender norms were more prevalent in rural than in urban communities: in rural areas young girls and women were expected to perform household chores, whereas in urban areas, boys were also expected to contribute to household chores (Ninsiima *et al.* 2018). Here we see how the vulnerability resulting from individual factors (in this case, gender) may vary based on contextual factors.

In several studies, adolescent girls and young women reported experiences of forced or transactional intercourse resulting from the gendered power dynamics of male-female relationships, underlining gender's role in youth vulnerability (Cadena-Camargo *et al.* 2020; Ivanov *et al.* 2019; Williams *et al.* 2018). For instance, one study found that pregnancy among displaced young women was related to interpersonal family violence and societal-level armed conflict, which included sexual violence and rape (Cadena-Camargo *et al.* 2020). Williams *et al.* (2018) explored the social and economic challenges associated with refugee life for young women in Rwanda. The authors found that the abject poverty was far worse for girls and young women than for men. Namely, the lack of economic opportunities along with gendered social expectations to perform household chores (e.g., washing dishes, cooking, collecting firewood, fetching water, looking after young siblings) limited girls' and young women's means of fulfilling their basic material needs. As such, many young women resorted to transactional sex and exploitation in order to meet material and economic needs.

Our search yielded only one study that focused on sexually marginalized youth. In this study, Valkova (2020) found that sports programs appeared to be successful in creating space for LGBT youth to openly disclose, express, and claim their sexual identities. In this case, both intrinsic (e.g., youth agency) and contextual factors (e.g., family and community) helped promote sexual agency among youth. This study demonstrates that safe spaces, such as sports activities, provide enabling environments for LGBT youth to address vulnerabilities and risks that they may face.

Family Planning and Reproductive Health

Youth experiences with FP/RH are varied. A range of studies have sought to better understand family planning knowledge and service use experiences among vulnerable youth. In a study conducted among young refugee women in Uganda (Ivanov *et al.* 2019), participants reported that teachers, parents, and guardians were their primary sources of information on family planning. Beyond HIV, abstinence, and condom use, these youth reported limited knowledge of family planning practices and subjects. Worse, due to unfriendly services, perceived lack of confidentiality, and limited awareness of facilities, many reported not using FP/RH services. Similarly, Mkhize and Maharaj (2020) found that South African youth generally reported that FP/RH services were youth-unfriendly (e.g., services not acceptable

or appealing to youth service recipients) and driven by stigma, prejudices, and social norms. These findings aligned with data obtained from sexual minority youth populations in the same study. These youth likewise reported experiences of stigmatization and prejudice, particularly from older providers who, in their opinion, were more likely to be trained through heteronormative pedagogy and thus less likely to provide care that addresses the unique needs and experiences of sexual minority youth (Mkhize and Maharaj 2020). However, despite these barriers, youth also identified several enabling factors for seeking care, including accessibility, affordability, availability, Internet-based care (to avoid negative interactions), private doctors for confidentiality, and the supportive role of NGOs (Mkhize and Maharaj 2020).

Contextual factors including service availability, infrastructure, and culture (e.g., parent-child interactions, religion) can influence youth's FP/RH information channels and their engagement with those services. In their study, Coast and colleagues (2019) assessed how context-specific factors informed the sexual and reproductive practices of young people in Rwanda and Ethiopia. They found that in both countries adolescent girls' needs for FP/RH information remained largely unmet. For instance, female youth reported commonly receiving fragmented and often erroneous information from their peers. Further, in these countries, conservative social norms largely forbid communication about FP/RH matters, particularly between parents and children. Another study conducted in Uganda (Kiggundu *et al.* 2020) found that numerous factors inhibited young people from utilizing family planning and contraception services, including religious affiliation; long distance to health clinics; perceived menstruation interference; a fear of cancer; a fear of the center "disabling" the unborn child; and a fear of losing fertility.

Youth's perceptions of menstruation, an important subject within FP/RH services, are also shaped by information learned primarily through formal education, the cultural context, and misinformation or myths. When youth are recipients of misinformation and myths, they are at risk for engaging in behaviors that further exacerbate their vulnerabilities. Accurate information and ensuring that youth have access to this information is very important at this stage in their lives. Another study found that young women experienced embarrassment, shame, or fear during menstruation when they did not have adequate resources to secure feminine hygiene products (Secor-Turner *et al.* 2016). For example, culture dictates that Rohingya youth, living in Bangladesh, remained "indoors" assisting with "indoor activities when menarche occurs (Ahmed *et al.* 2019). As discussed earlier, social exclusion and not having the feeling of belonging is a dimension of vulnerability. The embarrassment and exclusion from the community.

Pregnancy

Studies that investigated the experiences of pregnant young women reported risks that would lead to vulnerabilities at the individual, contextual, and structural levels. At the individual (intrinsic) level, studies have shown that young women who become pregnant can experience depression, anxiety, stress, a lack of basic needs, provisions, and care (Osok *et al.* 2012), poor academic performance, loss of self-confidence, and feelings of discrimination, shame, and familial isolation (Moridi and Aminoshokravi 2018; Mudau and Ncube 2018). At the same time, other studies identified several intrinsic factors that optimize the maternal experience, including recognition of capabilities, individual agency, future orientation, contributions, spirituality (Mangeli *et al.* 2018), self-esteem, self-confidence, independence, positive regard for appearance, and decreased feeling of loneliness (Moridi and Aminoshokravi 2018).

Contextual risk factors for young pregnant women include social stigma, poor access to youth-friendly healthcare, inability to secure material resources (Kumar *et al.* 2018), perceived stigma within the service environment that is deeply rooted in cultural beliefs, and perpetuation of negative stereotypes (Kola *et al.* 2020). In a cross-sectional study, Hackett *et al.* (2019) facilitated 14 focus group discussions with 112 adolescents aged 15-20 years in Tanzania and Ghana who had received antenatal care (ANC) during their most recent pregnancy. The study explored how young women who received ANC

understood their experiences of being pregnant and receiving ANC. They found that young women were more inclined to use ANC in contexts with lower stigmatization of adolescent pregnancy. According to participants, the primary sources of stigmatization were peers and health care professionals.

Structural factors that support young women who become pregnant include the existence of a positive enabling environment including social support networks, access to youth-friendly health care providers, experiences of observing or providing care to a child, and opportunities to learn the skills needed to provide care to their babies (Mangeli *et al.* 2018). Another study found that risk factors for adolescent pregnancies included low contraceptive use, poverty, low literacy rates, inadequate FP/RH education, and community normalization of adolescent pregnancies (Bain *et al.* 2019). A third study (Igras *et al.* 2019) conducted in Madagascar found that first-time young parents (FTYP) consulted family members (specifically female family members) for advice and postpartum support and consulted health workers for information on service availability. FTYP participants reported that their service-seeking and utilization behaviors were influenced by trust and perceptions of skill among health workers.

Early Marriage

Vulnerability is a contributor to early marriage. Our search yielded two studies on early marriage in LMICs which suggested that early marriage could both result from and further increase youth's vulnerability. Mourtada *et al.* (2017) used focus groups to identify the factors that promote child marriage practices among Syrian refugees in Lebanon. The authors found that child marriage was common in pre-conflict Syria and there appeared to be a high risk of child marriage among Syrian refugees in Lebanon. Contributing factors to the risk of child marriage included being in the midst of conflict or war, safety issues, feelings of insecurity, harsh economic conditions, and disrupted education for many female youth. In another qualitative study, Maharjan *et al.* (2019) explored the experiences of young Nepali women who were married prior to turning 18 years old and were pregnant or had at least one child. Their findings indicated that communal and cultural pressure to give birth, limited autonomy, and minimal education around FP/RH contributed to early marriage and pregnancy.

Immigration

Young people decide to leave their home country due to a combination of push and pull factors. These push and pull factors are indicators of vulnerability. Push factors (*i.e.*, factors that cause young people to want to leave their home country) include experiences of poverty, abuse, political unrest, and limited economic and educational opportunities. Pull factors (*i.e.*, factors that draw young people away from their home country) include the hope of living a better life and perceptions of better jobs, education, care, and safety.

During and after immigration, young people often experience xenophobia and discrimination based on their foreign nationality. Structural barriers that complicate immigration can include difficulties gaining access to a shelter, school, or legal documentation (Magqibelo *et al.* 2016). For example, in a South African study (Chinyakata *et al.* 2019), Zimbabwean female immigrants reported experiencing physical, verbal, spousal, and sexual-partner abuse, and that these forms of abuse occurred in school, at work, and in their day-to-day social interactions. They also reported challenges to accessing health care and exclusion from formal employment and permanent positions due to their status, nationality, gender, legality, poverty, and desperation. In another study in South Africa, immigrant students reported experiencing oppression, bullying, xenophobia, and discriminatory attitudes related to their native language. However, the immigrant learners reported that their social networks (*e.g.*, supportive familial and school-based relationships) helped them navigate these challenges and increased their resilience (Isseri *et al.* 2018).

Bermudez *et al.* (2018) examined the nature of violence against young people in the Kiziba refugee camp in Rwanda and the factors that promote protection from risks and abuse disclosure within the camp.

The study reported that three categories of factors inhibited abuse disclosure among adolescent refugees: structural factors (e.g., limited firewood and economic insecurity) that would lead to more risky behaviors; contextual factors (e.g., intergenerational conflict between young people and caregivers); and stigma around reporting abuse, specifically linked to gender inequities. It seems that structural and contextual factors were influencing the choices youth made to let others know when they were at risk and to seek help, thus contributing to the vulnerabilities that immigrant youth experience.

Vandeyar, Vandeyar, and Gamedze (2017) found that youth's home country remained a primary facet of their identities in their new contexts after immigrating. Their study segmented and labeled youth in schools in Swaziland on the basis of accent, phenotypic features, and nationality. They found that immigrant students often faced alienation as a result of differences in language and, in many cases, were not able to freely practice their religion. This finding is another demonstration of how discrimination, social exclusion, and dimensions of vulnerability interact to activate a spiral of vulnerabilities for youth.

Employment

Unemployment is a structural problem with far-reaching impacts at the individual, community, and societal level (Diraditsile *et al.* 2017; Thern *et al.* 2017). Its impacts on youth expose them to risks that cause them to be vulnerable to exploitation and manipulation by those who have power over them due to the precarious position they find themselves in of lacking a source to generate income. Our review of the literature indicates that unemployment made youth feel hopeless, ashamed, not in control of their lives, and unable to make decisions. Further, youth felt that they had limited employment opportunities and that their lack of skills diminished their chances of employment. Using a mixed-methods approach, Kitiashvili and Sumbadze (2019) explored the experiences and perceptions of unemployment among young people aged 21 to 29 years. A key finding was that unemployed young people experienced limited financial independence and decision-making opportunities.

As reported by young people, unemployment could also lead to feelings of dependence, shame, and embarrassment and reduce the number of social relationships they formed (Kitiashvili and Sumbadze 2019). Youth participants also attributed unemployment to their lack of knowledge or skills, a lack of demand for qualifications, and employer favoritism. At the same time, study participants reported that social perceptions of unemployment depended on its perceived cause. For example, unemployment resulting from a broader economic context is perceived more favorably than unemployment attributed to an individual's lack of work-seeking behaviors or qualifications (Kitiashvili and Sumbadze 2019).

In another study in Peru by Alcazar *et al.* (2019), youth reported that dropping out of school, coming from a poor family or a single-parent home, and early pregnancy were push factors for youth to become unemployed or becoming precarious workers. In addition, whereas proximity to urban areas increased their chances of getting a job, it also increased their chances of joining gangs and engaging in criminal behaviors (Alcazar *et al.* 2019).

As shown by Kamara *et al.* (2019), persistently limited economic opportunities in Uganda's slum communities exacerbate young people's vulnerabilities as they seek alternative sources of income to sustain themselves. Namely, they found that the limited opportunities for employment caused by tribalism or gatekeeping often cause young people (and particularly young girls) to engage in transactional sex work in order to secure an income and/or necessities. Their suggested solutions to improving the economic opportunities among young people in slum communities included creating safer living environments and promoting socioeconomic participation, specifically among girls and young women.

Physical Health & Mental Health

Health is at the core of youth well-being. When youth experience ill health, other capacities that they have are affected, causing them to be at risk and shy away from seeking the help that they need. Particularly when the health issue they face has the potential to attract stigma and discrimination. In the case of a study of young people living with HIV (YPLHIV), Govindasamy *et al.* (2020) explored the perceptions and experiences of well-being among YPLHIV and without HIV in South Africa. YPLHIV's perceptions and experiences of well-being were closely linked to their social networks, social integration, and social contributions. For example, positive perceptions and experiences of well-being were linked to positive relationships within the family (*i.e.*, supportive caregivers) and in society (*i.e.*, support groups). YPLHIV reported that their perceptions and experiences of stigma generated more negative perceptions of their self-worth and self-esteem and diminished their ability to form positive relationships. On the other hand, YPLHIV reported a more positive outlook on their well-being if perceived that they had social value (e.g., via educational attainment or achieving career goals).

Enabling environments where youth feel accepted and can acquire the knowledge they need to navigate their health issues are critical to a young person's capacity to address the challenges of their health issues. In another study, Mwalabu *et al.* (2017) explored the sexual and relationship experiences of 15- to 19-year-old Malawian youth with perinatally acquired HIV. They found that despite their HIV-positive status, some participants became sexually active at an early age for several reasons, including a desire for intimacy, acceptance, and belonging that they did not experience in their childhood home lives. Other participants claimed that their sexual activity was more related to meeting survival needs, and they expressed minimal control over negotiating safe sex practices.

Mental health is another health issue that youth contend with and due to the stigma that is attached to mental health, most youth who experience challenges with mental health withdraw from society as a result of the failure within the community to support these youth. The discrimination against these youth amplifies their mental health conditions. On the other hand, supportive contextual environments can build the capacity of youth to thrive. A study by Lee *et al.* (2018) invited VMY to share their experiences of their mental health's impact on their well-being and perceptions. These researchers found that while experiencing mental health diagnoses, many young people reported dropping out of school, engaging in substance misuse, lacking money, and having unwanted pregnancies. Young people attributed their mental health experiences to external stressors in their environments (e.g., poverty, poor nutrition, stigma, discrimination) that amplified their likelihood of reporting a mental health condition. On the other hand, some VMY with mental health issues reported that drawing upon existing or learned coping mechanisms or seeking help from a trusted adult, community organization, or peer networks helped them to thrive. We should keep in mind, however, that cultural factors also influence youth's perceptions of mental health, meaning that VMY may seek out help and foster resilience in different ways based on their cultural context. For instance, Choundhry *et al.*'s (2018) qualitative study of 12 Indigenous Kalasha emerging adults (ages 18-26 years) found that the etiology of participants' mental health issues was connected to biological, supernatural/spiritual, and environmental factors. Study participants tended to be interested in herbal methods and shamanic treatment for cognitive impairments, indicating that culture influences the treatment interventions trusted and used by VMY with mental health issues.

Disability

Having a disability can place youth at greater risk for vulnerability and marginalization if societal barriers prevent their full and effective participation in life.. These barriers in most cases are ones that can be addressed with interventions at the individual, contextual, or structural level. At the structural and contextual level, interventions of infrastructure, accessibility of services, and supportive families are a few that would alleviate the intensity with which youth experience risk and ultimately the magnitude of their vulnerability. For instance, whether and how young people with disabilities are deemed eligible for

and receive services largely depends on their familial environment (Yu *et al.* 2020) and employment experiences of youth with disabilities are influenced by the family, which affects their career choices and quality of life. In addition, the family's economic resources also affect the social capital of youth with disabilities. Similarly, in a study in Sudan by Daoud *et al.* (2018), young women reported that the different types of discrimination they experienced due to their disability affected their economic situation. Participants also reported that others viewed them as incapable of romantic interactions and believed they were not “wife material” because they would bear children who would also be disabled (Daoud *et al.* 2018). However, when parents have positive, supportive views of disability they can promote positive self-conceptions among their children with disabilities on how they perceive themselves (Yu *et al.* 2020).

Residential Care Transition

Young people transitioning out of residential or foster care often report vulnerability. For instance, Dickens (2017) found that although young people exiting residential care were generally successful in refraining from substance use and crime, they faced difficulties related to education and employment outcomes, increasing their vulnerability during an important period of transition in their lives. Similarly, Dutta's (2017) study of the experiences of youth after leaving residential care also found that only half of respondents reported being able to pursue higher education after leaving care, suggesting that education support for youth transitioning out of care may be a high-impact strategy for mitigating vulnerability among these youth. Securing an education, however, is not the only issue confronting young people as they transition out of residential or foster care. Through in-person interviews, Pryce *et al.* (2016) found that young people making this transition as they entered adulthood faced challenges related to employment, performing basic skills, community integration, and socioemotional development. These challenges were exacerbated by a lack of supportive social networks, limited opportunities for education, money management and tasks of daily living deficits, experiences of discrimination, and risk of victimization. Encouragingly, despite disruptions in familial relationships, these young people maintained their capacities for connection by acting as sources of support for one another and relying on their faith.

Other studies have also identified important means of mitigating youth's vulnerability as they transition out of residential care. Dutta's (2017) study found that social networks facilitated a positive reintegration experience, and that support networks assisted these youth in securing employment. In another study, Frimpong-Manso (2020) interviewed adolescents who had successfully transitioned into emerging adulthood in order to identify factors that enabled them to succeed after leaving residential care. These enabling factors included the cultivation of positive relationships with adults, providing care for other children in the home, receiving guidance and motivation from adult role models, receiving training on tasks of daily living, and having opportunities for phased transition by living in a semi-independent community while finishing school.

What Existing Tools can be Used to Measure Experiences of Marginalization (e.g., ACES, Youth Services Eligibility Tool, WORQ Tools)? What Gaps Exist that YP2LE Could Close with Tools to Measure?

KEY TAKEAWAYS

Few empirically tested tools exist for measuring vulnerability in LMICs.

ACES, Youth Services Eligibility Tool, and WORQ Tools did not show up in our review of the literature suggesting that these tools are not typically used in LMICs.

Our review revealed few measures or tools for determining the vulnerability and marginalization of youth in LMICs. Further, the measures and tools included in our review do not measure the overall vulnerability and marginalization experiences of VMY. Rather, these tools are tailored to a subgroup of VMY (e.g., adolescent girls), to an issue (e.g., HIV risk), or to implementation-related issues (e.g., strengthening programming for adolescent girls). In Zambia, the Adolescent Girls Empowerment Program (AGEP) developed and empirically evaluated a measure of youth vulnerability. To develop this measure, researchers estimated the ordinary least squares (OLS) regression using the number of grades behind for age as the dependent variable. Independent variables in the regression model included age, school attendance status, marital status, and having at least one child. This report, published by The Population Council (2020), indicates that the number of grades a student is behind for their age is associated with an array of indicators of vulnerability. This means that among adolescent girls, delays in typical grade attainment by age may be a useful indicator of vulnerability and marginalization (Population Council 2016).

Although this measure may not apply to other issues affecting VMY, researchers developed and tested an HIV vulnerability index in Botswana, Malawi, and Mozambique (Underwood *et al.* 2016). The Vulnerability Girls Index (VGI) comprises 16 items and was created by assigning participants one point for each of the indicators, including orphans (i.e., maternal, paternal or dual orphan); early school leavers (i.e., never attended school, not currently in school); live in impoverished conditions (i.e., lives in a household (HH) that falls in the two bottom of the wealth quintiles); lives in a child-headed HH; often goes to bed hungry; slept without an adult in the HH often in the past 12 months; are recent migrants; are socially marginalized (i.e., has no close female friends); identified no caring adult; poor relationships with their parents (i.e., poor relationship with mom and/or dad); and/or have been exposed to alcohol (i.e., visited an alcohol establishment often or every day, have ever drunk alcohol, and who have slept in a HH where an adult was often drunk). The higher the score, the more vulnerable the girl was considered.

In Egypt, Soliman *et al.* (2020) developed an adolescents' sexual harassment index (ASHI) that included variables for the salient factors of and causes for the spread of sexual harassment in Arab countries and in Egypt. These variables, which are believed to influence women's vulnerability to sexual harassment, include: a lack of safety measures for protection, exposure to sexual harassment (i.e., verbal or nonverbal remarks directed at women), perceptions of violence against women in the media; societal awareness (i.e., the level of understanding of sexual harassment from social, cultural, and legal dimensions); and religiosity.

A tool for strengthening girl-centered programming is the Girl Roster tool developed by the Population Council (2019) in collaboration with the Women's Refugee Commission and other members of the Girls in Emergencies (GiE) Collaborative. The tool provides a user-friendly, efficient, and cost-effective way to collect relevant information about girls in a particular community using a mobile phone-based questionnaire (or, where resources do not permit, paper and pencil). Information collected focuses on age, school enrollment, marital/childbearing information, and living arrangements. This information allows practitioners to assess the life trajectories of young women in light of local laws regarding education, marriage, childbearing, and other relevant factors. To date, the Girl Roster has been utilized by approximately 100 organizations in more than 35 countries including Africa, Asia, and Central America.

Positive Youth Development (PYD) Programming: Barriers, Enabling Factors, Program Characteristics and Scale-Up

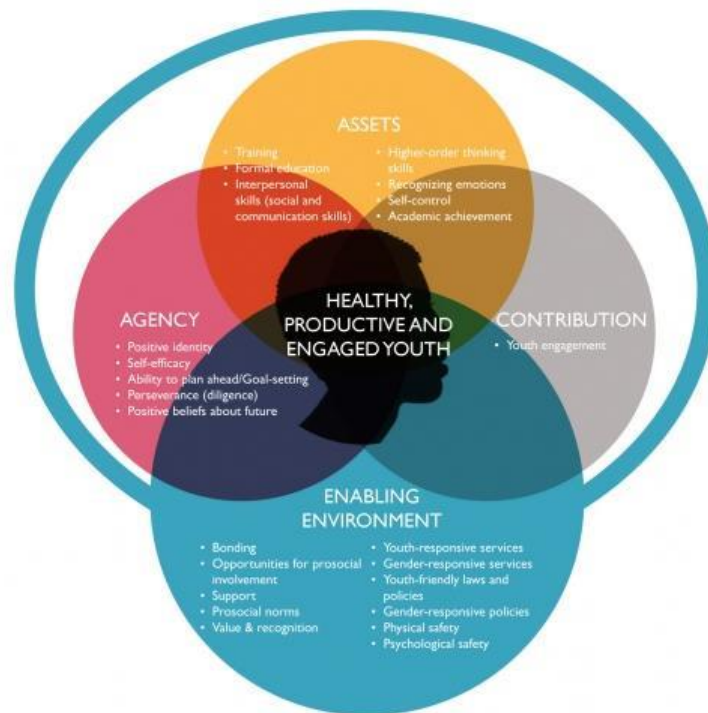


Figure 5. PYD Domains and Associated Constructs

To identify relevant PYD programming and other youth-focused programs, we used YouthPower Learning’s definition of PYD, which aligns with the key elements of the USAID Youth Development in Policy report and existing definitions and frameworks of PYD (e.g., Alvarado *et al.* 2017; Benson *et al.* 1998; Catalano *et al.* 2002; Eccles and Gootman 2002; Lerner 2004). We restricted our review to programs that explicitly served vulnerable or marginalized youth. We also limited our review to programs that reached participants ages 15 to 24 years old.

Programming by PYD Domains

Figure 5 displays the PYD framework and the interplay between each of the four PYD domains: Assets, Agency, Contribution, and Enabling Environment. The figure also illustrates the central outcomes directly linked to each domain. Consistent with results of an earlier YouthPower Learning systematic review on PYD programs in LMICs (Alvarado *et al.* 2017), most programs in our review did not identify as using a PYD approach. One exception was Compassion International’s youth development projects in El Salvador (Tirrell *et al.* 2019). For the purpose of our review, we classified programs as using a PYD framework if at least one of the four PYD domains was integrated into programming for VMY populations. Using this definition, we identified 38 programs in our review. We used the Positive Youth Development Measurement Toolkit (Hinson *et al.* 2016) to identify whether a program included one of the four PYD domains. In particular, we used the Positive Youth Development Illustrative Indicators as a checklist for identifying whether each program for VMY aligned with the PYD framework, its four domains, constructs, definitions, and indicators (Hinson *et al.* 2016). For example, a program that provided training in skills specific to vocation, employment, or financial capacity was classified as using the asset domain. Similarly, programs were classified as consistent with PYD’s contribution domain if program descriptions included meaningful youth engagement through advocacy, volunteering, youth-

focused clubs, and peer mentorship. Figure 6 illustrates the number of programs for VMY represented in each PYD domain.

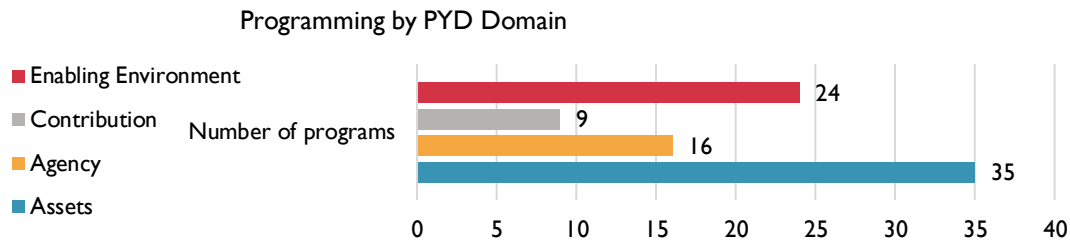


Figure 6. Programming by PYD Domain

Thirty five of the 38 programs for VMY had an *asset development* component, which comprises skills training, exposure to formal education, interpersonal skills, higher order thinking skills, emotion recognition, self-control, and academic achievement. In addition to these intangible *assets*, cash transfers were a common financial asset component. The second most common PYD domain represented in VMY programming was *enabling environment*. *Enabling environments* maximize youth’s ability to avoid risks, stay safe and secure, and be protected. An enabling environment may include the social, normative, structural (e.g., laws, policies, programs, and systems), and physical environment (e.g., safe, supportive spaces). The prevalence of programs for VMY addressing the enabling environment PYD domain illustrates the precarious conditions of VMY, many of whom attended programs because they offered a safe, supportive space (Embleton *et al.* 2019; Valkova *et al.* 2020). PYD programming among VMY is different from PYD programming offered to the general youth population in LMICs due to the ICS factors that influence vulnerability and marginalization in these environments. For example, a dedicated safe space is provided to allow VMY to participate freely without fear of social stigma. Similarly, programming for VMY should consider the use of relevant and non-stigmatizing language, and tailor implementation to engage with sensitive (in some places criminalized) issues affecting VMY’s engagement. In addition to assets and enabling environment, over a third of PYD programs addressed the *agency* domain. *Agency* facilitates development or enhancement of youth’s positive identity, self-efficacy, perseverance, positive beliefs about the future, and ability to plan ahead. *Contribution* was the least common PYD domain addressed in the 38 programs we reviewed. This low number reflects the limited opportunities for VMY to participate fully in various activities and meaningfully engage in an inclusive and mutually respectful partnership in which VMY are viewed as experts on their own issues and needs.

Programming by Sector

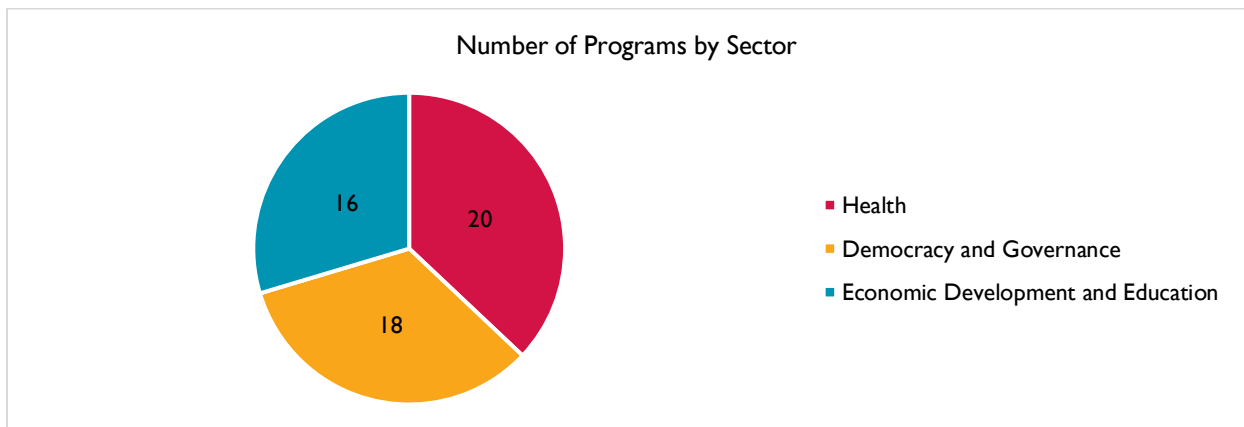


Figure 7. Number of Programs by Sector

Programs for VMY populations were distributed almost uniformly across different sectors.

We used Alvarado *et al.*'s (2017) classification of programs into three primary sectors: (a) Health, (b) Democracy and Governance, and (c) Economic Development and Education. As illustrated in Figure 7, Health was the most commonly represented program sector ($n = 20$), with programs related to Democracy and Governance ($n = 18$) and Economic Development and Education ($n = 16$) represented at comparable levels. Among the 38 programs that we reviewed; 13 programs addressed more than one sector. Four programs combined Health with Democracy and Governance topics; four programs integrated Health with Economic Development and Education; two combined Democracy and Governance and Economic Development and Education; and three programs addressed all three sectors. The three programs with all three sectors as foci were the Adolescent Girls Empowerment Program (Zambia), the Adolescent Girls Initiative (Kenya), and the Marriage: No Child's Play program (India, Malawi, Mali, Niger, and Pakistan). All three programs covered topics such as FP/RH, child marriage, violence, education, and economic resources, with a primary focus on adolescent girls.

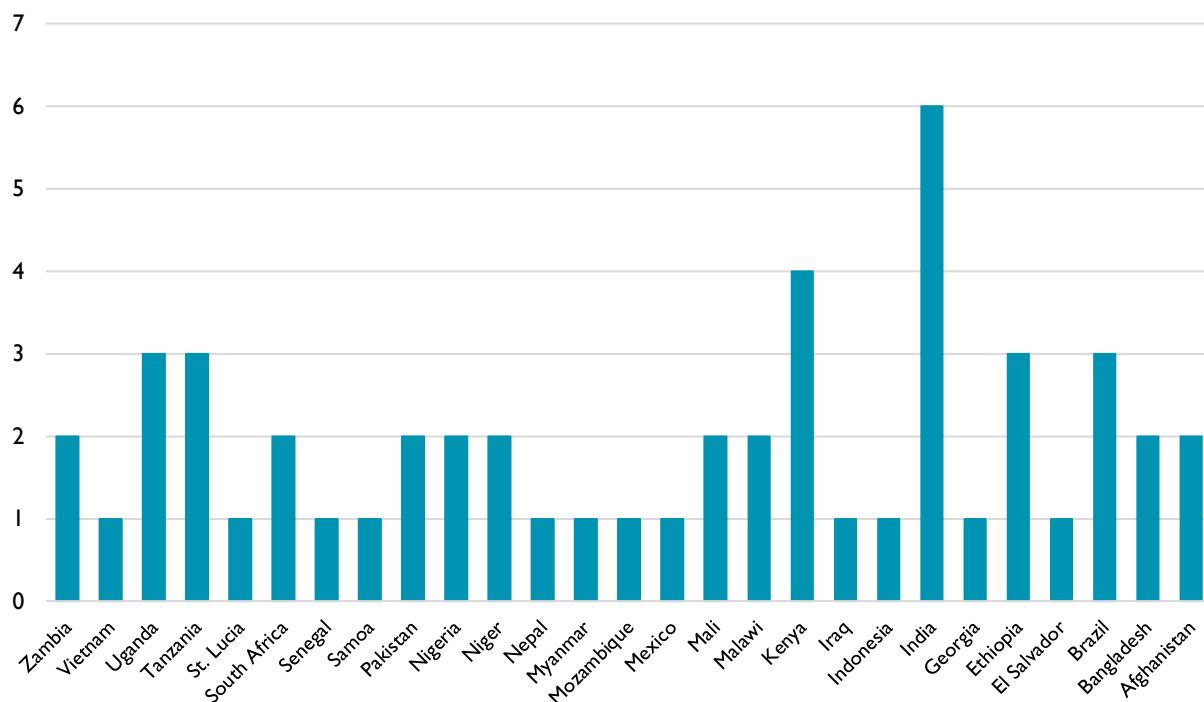


Figure 8. Number of Programs by Country

We found 25 standalone programs for VMY. There were an equal number ($n = 9$) of Health-focused and Democracy and Governance-focused programs. Seven programs centered on Economic Development and Education. Our review identified programs for VMY in 27 LMICs. Sub-Saharan Africa (SSA) was the most represented region, with 12 countries and 24 programs. South Asia was second, with five countries and 12 programs. Six programs were established in four countries in Latin America and the Caribbean, three in Southeast Asia, two in Middle East and Eurasia, and one in Oceania/Pacific Islands. Among the 38 reviewed programs, three were implemented in multiple LMICs, such as the Marriage: No Child's Play program by More than Bride Alliance (India, Malawi, Mali, Niger, and Pakistan), My Rights, My Voice (Afghanistan, Georgia, Mali, Nepal, Niger, and Pakistan), and the Link Up Project (Bangladesh, Ethiopia, Myanmar, and Uganda). Figure 8 lists the number of programs by country. India ($n = 6$) had the greatest number of programs, followed by Kenya ($n = 4$), Ethiopia, Tanzania, and Uganda ($n = 3$), and Brazil ($n = 3$).

How Do Experiences of Marginalization Create Additional Barriers for Vulnerable Populations to Access PYD and Other Youth-Focused Programs (e.g., Gender-Based Discrimination in Community Settings and Impact on Accessing Community Resources)?

PYD and youth-focused programs may not be accessible to all eligible youth, and ICS factors can create additional barriers for VMY populations. It is evident from our review that intrinsic factors, such as gender, disability status, and sexual orientation, make it more challenging to access PYD and other youth-focused programs. We used our ICS typology to illustrate the interplay of intrinsic factors and contextual- and structural-level barriers faced by VMY populations seeking to engage in PYD and other youth-focused programs (Figure 9). Given the robust literature on young people's barriers to engaging in PYD and youth-focused programs, we highlight barriers that are distinctive to VMY populations.

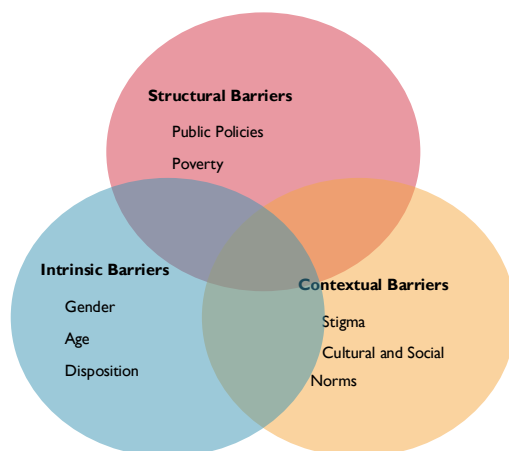


Figure 9. Intrinsic, Contextual, and Structural Barriers to Accessing PYD Programs

Structural Barriers

Structural barriers include societal factors that cause harm or create an environment that perpetuates marginalization of VMY. Public policies are a primary societal factor that shapes VMY's enabling environment. Public policies (or lack thereof) on health, democracy and governance, economics, education, and gender equity can maintain economic or social inequalities that create additional barriers to participating in PYD and other youth-focused programs. We found public policies that restricted access to programs due to youth's disability status (e.g., China, in Yu, Qi, and To 2020), and sexual orientation and gender identity (e.g., Bangladesh, Burundi, Ethiopia, Myanmar, and Uganda, in Stackpool-Moore *et al.* 2017). PYD and other youth-focused programming should tailor project implementation to engage with sensitive (and sometimes criminalized) issues in the project countries.

Poverty is another structural barrier that decreases a person's likelihood of accessing PYD and other youth-focused programs. Lack of income is a common structural barrier to accessing a host of different services. Adolescent girls and young women continue to be disadvantaged as they are the first to lose or be deprived of access to programs when their families are poor, whether in non- or post-conflict settings (Bilagher 2020; Prakash *et al.* 2017).

Contextual Barriers

Stigma is an important contextual barrier that affects VMY. Contextual barriers refer to factors that can emerge in the various settings (e.g., schools, health facilities, and neighborhoods) in which social relationships occur. We identified several characteristics of and practices within these

settings that can create additional barriers to VMY youth's access to PYD and other youth-focused programs. *Stigma* is a common contextual barrier that prevents access to relevant programs and services among VMY. Stigma related to HIV, disability, and sexual orientation has contributed to VMY's underrepresentation in PYD and other related programs (Quereshi *et al.* 2017; Stackpool-Moore *et al.* 2017). Our review showed that internalized stigma discourages VMY youth from accessing services, interacting with providers, or seeking to change community stigma (Gramaans *et al.* 2019). Additionally, felt or perceived stigmatization may exacerbate negative health outcomes by causing VMY to delay care-seeking behaviors (Dahourou *et al.* 2017; Nkosi *et al.* 2019; Stackpool-Moore *et al.* 2017). Stigmatization is also reinforced by family (Avuvika *et al.* 2017; Quereshi *et al.* 2017), which further prevents youth from accessing services.

The effect of stigma on access to programs appears to be worse among girls than boys (Avuvika *et al.* 2017; Bilagher 2020; Gramaans *et al.* 2019; Prakash *et al.* 2017). This finding might be due to persistent gender-biased norms about the potential economic and social value of girls. Our search revealed that cultural and social norms promoting gender inequity were a common barrier experienced by adolescent girls and young women. In cultures that believe girls and women have less economic and social potential, girls and women are unlikely to engage in programs that can improve their socioeconomic standing. The low expectations for women's economic and social standing perpetuate their traditional roles in the household. Gender-specific household obligations may prevent adolescent girls and young women from attending training programs (Huda 2018).

Adolescent girls' and young women's access to programs are also negatively influenced by norms related to age-appropriate health needs. Girls who are deemed too young to access reproductive health services have been denied care or received poor-quality services (Kola *et al.* 2020; Mat 2017; Mugore 2019). One common example is the belief among service providers and adults that adolescents are too young to receive services or education related to their reproductive health needs (Mat 2017; Mugore 2019). This belief has also contributed to incomplete or impartial implementation of programs on youth's reproductive health, resulting in disproportionate access to programs and services among youth in nonpoor and urban communities (Chau *et al.* 2016; Chirba-Kambole *et al.* 2020).

Cultural and social norms related to gender further shape context-specific ideologies about adolescent reproductive health (Mumtaz *et al.* 2019; Muwonwa 2017). When adolescent girls and young women have access to programs and services, they are required to observe stricter rules than adolescent boys and young men. In turn, girls and young women are discouraged to access resources due to their onerous requirements. For instance, a study in Pakistan found that girls reported not using water, sanitation, and hygiene (WASH) facilities because their disposal approaches conflicted with cultural norms and practices around menstrual hygiene management (Mumtaz *et al.* 2019). Our review points to fear of violating cultural and social norms as an important barrier to accessing PYD and other youth-focused programming. The perceived consequences or repercussions (e.g., further marginalization, bullying, or exclusion) that may result from violating norms creates additional barriers to VMY's access that might be difficult to overcome without community or institutional support (Gramaans *et al.* 2019).

The interplay of intrinsic and contextual factors also manifests through lack of commitment to ensure successful implementation of youth-focused programs and services. Our review revealed that youth-responsive implementation is rare. Although policies and programs have been developed for youth, institutional support, for example training and resources, to implement the programs is limited and inadequate (Dahourou *et al.* 2017; Van Hout 2019; Sikenyi 2017; Uduji *et al.* 2019). In turn, programs become less relevant and responsive to the needs and challenges experienced by VMY. We observed this barrier, in which resources (e.g., time, training materials, financial capital) were not adequate to provide access and support the needs of VMY, across various types of programming—health, education, and economic (e.g., Chau *et al.* 2016; Chirwa-Kambole *et al.* 2020; Iseselo *et al.* 2019; Sikenyi 2017).

Adequate resources to support youth-responsive implementation are not only necessary to create effective programming; they are necessary to ensure engagement with and the success of that programming.

What Enabling Factors Support Vulnerable and Marginalized Populations' Access to PYD Programs? What Are Program Characteristics or Factors that Helped PYD Programs Best Reach Marginalized and Vulnerable Youth?

We identified several facilitators of access to and engagement with PYD and youth-focused programming among VMY in LMICs. We classified the facilitators by themes, which are based on the ICS typology described in Section IV of this review (Figure 10).

Public policies that promote access to youth-focused programming are key facilitators of service use. Public policies remain an essential lever for expanding programs' access to the greatest number of VMY across territorial jurisdictions. They could, for example, integrate youth-focused programming into school curricula nationwide, such as Senegal's school-based sexuality education program (Chau *et al.* 2016). This program has evolved from pilot projects on family life education into cross-curricular subjects incorporated into Senegalese primary and secondary school curricula (Chau *et al.* 2016).

Community involvement can be a powerful facilitator of VMY's access to PYD programming. In the studies reviewed, community participation ranged from community-led initiatives for change to rapport-building with community members and leaders. Indeed, we found that engaging community leaders contributed to greater outreach and mobilization of eligible community members. In India, rapport-building with village leaders led to participation of ambivalent villages in a community-wide gender equality intervention for young men (Freudberg *et al.* 2018). Similarly, in rural Mozambique, community leaders invited vulnerable girls (*i.e.*, having lost one or both parents, living in a child-headed household, and/or engaging in transactional sex or other HIV risk behaviors) to participate in an economic and social empowerment intervention for women (Burke *et al.* 2019). The invitations by community leaders resulted in greater participation by the young women. Because VMY are commonly hidden and hard-to-reach populations, engaging and involving trusted community leaders can help track and recruit eligible VMY, which in turn leads to greater representation of target populations in PYD and other youth-focused programming.

Further, encouraging community members to participate in project implementation can lead to greater outreach, particularly among youth who may not be identified by implementing organizations (Burke *et al.* 2019). In addition to leaders and elders, the participation of men in community-based gender equality interventions has a demonstrated potential to increase the involvement of other men (particularly young men) in promoting gender equity in their communities (Freudberg *et al.* 2018).

The relevance and responsiveness of a program to the experiences and needs of VMY was commonly cited as a facilitator of engagement. For example, youth clubs focusing on comprehensive sexual and sensitive reproductive health education were well-received by rural youth in Zambia due to their use of participatory learning methods, films, and role plays (Chirwa-Kambole *et al.* 2020). Similarly, another study examined the effects of street-connected youth's (SCY) participation in the adaptation of the Stepping Stones and Creating Futures programs in Kenya. VMY's involvement ensured that the adapted program addressed SCY's needs and included materials relevant to their lived experiences (Embleton *et al.* 2019), which led to a high level of program acceptability among SCY. Relevance can also be supported at the linguistic level. Facilitators of the Link Up project found that the academic term "young key population" (meaning youth at risk for HIV infection) did not resonate with many young people (Stackpool-Moore *et al.* 2017).

The reviewed studies indicate that including VMY's peers as educators or training facilitators may increase program reach. Peer educators use the same language as VMYs, understand and answer questions clearly, convey information in an engaging and less stigmatizing way than older adults, and talk openly about sensitive issues (Stackpool-Moore *et al.* 2017). Peers are also sources of support, as illustrated by programs implemented in India (Nagler 2019), Malawi (Kaunda-Khangamwa *et al.* 2010) and South Africa (Forbes-Grenade *et al.* 2019). In addition, youth peers are effective recruiters because they belong to the same social networks as VMYs and are likely to be trusted by young people with similar ages and interests.

This review suggests that programs' relevance and responsiveness can be enhanced by providing physical, safe spaces that are accessible to everyone. A consistent safe space or physical environment facilitates both the access and engagement of VMY with programming because, for example, going to the same place for weekly sessions may be comparatively easy for VMY to incorporate into their weekly routines (Chirwa-Kambole *et al.* 2020; Embleton *et al.* 2019; Kaunda-Khangamwa *et al.* 2020; Nagler 2019). Additionally, providing safe spaces and stigma-free programming is crucial to facilitating VMY's initial and recurrent access. For example, in the Link Up Project, sexual and reproductive health and rights (SRHR) interventions for youth at risk for HIV were integrated into existing community-based HIV programs, creating links between SRHR and HIV service providers (Stackpool-Moore *et al.* 2017). The use of existing services increased VMY's engagement and precluded the need for separate spaces within the health facilities, avoiding further stigmatization.

Programs that acknowledge and are compatible with cultural and social norms tend to be well-received by youth, their parents, and the community at large (Chirwa-Kambole *et al.* 2020; Mumtaz *et al.* 2019). For example, mental health programs that consider local contexts are more likely to be accepted than programs that rely on culturally incongruent methods. In collectivist societies such as those found in Afghanistan, programs should consider cultural and contextual barriers related to interactions between people of different genders and attitudes related to care-seeking for mental health issues. As noted earlier, working with respected community members and involving family members in mental health programs can lead to improved access to needed programs and services for VMY (Ayubi 2018; Zipp 2017).

Reach may be optimized by integrating programs and services with current community-based, youth-focused programming. Health programs for VMY have collaborated with communities' existing service providers in order to maximize their reach and, in some cases, mitigate potential risk for VMY who may use those programs, particularly those related to highly stigmatized issues (Huda *et al.* 2018; Stackpool-Moore *et al.* 2017). Utilizing existing institutions and resources is also helpful when scaling up programs. For example, in Bangladesh, the Strengthening Evidence for Programming on Unintended Pregnancy (STEP UP) has the potential to easily scale up due to its use of existing services, such as community health workers and *kazis* (or marriage registrars).

Creative uses of media have made it more possible to reach many VMY. For example, Girl Rising launched a social media campaign in 2016 in India. The social media campaign (We Dream, We Rise) was designed to stimulate reflections and discussions about adolescent girls and daughters in the country and raise awareness about the gender biases internalized by girls and their families (Vyas 2020). New media, including websites and social media platforms, have also been used to engage a wider audience of VMY in decision-making processes (Hassan 2016). In a recent study, youth reported a number of media technologies (e.g., hard copy novels, cellphones, and the Internet) as their main sources of information about family-planning and reproductive health issues (Olumide *et al.* 2016). Unsurprisingly, youth's use of media technologies—particularly smartphones—has led to widespread fear and anxiety among older generations that young people, especially adolescent girls, are accessing culturally sensitive content over the Internet (Rao and Lingam 2020). However, this view fails to recognize the potential of Internet

access to reach greater numbers of VMY with important information related to their mental and physical health and well-being.

What Does the Evidence Show Are the Interventions Most Responsive to Marginalized and Vulnerable Youth's Needs (e.g., Education, Economic, Civic Participation)? What Strategies or Models Are Most Effective?

Overall, there is little empirical evidence that identifies which interventions are most responsive to VMY's needs. In addition to siloed or standalone implementation, the studies included in this review did not include subgroup or moderation analyses to determine which VMY groups were more likely to benefit from which program. There is also a paucity of evidence on fidelity of intervention receipt among VMY to assess, for example, which subgroups understand the intervention, demonstrate responsiveness or receptivity to the interventions, or are able to perform the intervention skills. However, this review identified more studies that examined impact of interventions on different developmental outcomes for VMY than studies that assessed fidelity of intervention receipt. In this section, we first describe results of our assessment of the quality or rigor of evaluation design, followed by impact on intrinsic, contextual and structural factors, and impact on VMY outcomes by development sectors. Evaluation Design and Impact on Intrinsic, Contextual, and Structural Factors

Our review of the 38 programs found that they had a range of impacts. Although a few programs have been rigorously evaluated using experimental and quasi-experimental designs, most programs either have not been evaluated or have been evaluated using designs that can only provide weak evidence of causality. Also, we did not find rigorous published research identifying the specific program features responsible for impact. Rather, the published studies that we reviewed remarked on which program features could be responsible for impact, but these remarks were anecdotal and did not emerge out of the systematic collection, analysis, and interpretation of data and evidence.

Experimental and quasi-experimental designs. We identified five programs that had been evaluated using an experimental design: Bridges/Bridges Plus in Uganda (Ssewamala *et al.* 2018); Adolescent Girls Empowerment Program (AGEP) in Zambia (Austrian *et al.* 2020a); Adolescent Girls Initiative – Kenya (Austria *et al.* 2020b); Creating Opportunities through Mentoring, Parental, and Safe Spaces (COMPASS) in Ethiopia (Stark *et al.* 2018); and the Food-for-Education school feeding program in Uganda (Adelman *et al.* 2019). Evaluations of the AGEP program in Zambia and the school feeding program in Uganda used a cluster randomized controlled trial design. Although randomization was not a feature of their evaluation designs, three programs—True Love in Mexico (Sosi-Rubi *et al.* 2017), Compassion International PYD programming in El Salvador (Tirrell *et al.* 2019), and the Women First program in Mozambique (Burke *et al.* 2019)—used a quasi-experimental design and advanced quantitative methods to assess program impact. Table 5 lists the 38 programs by sector and quality of study design. Table 5 also provides the program name and countries of implementation. References included in our review of the 38 programs are marked with an asterisk in the reference list.

Table 5. Programs by Sector and Type of Design

	Experimental	Quasi-Experimental	Nonexperimental
Health	<p>1</p> <ul style="list-style-type: none"> • Food-for-education school-based feeding program, (Uganda) 		<p>8</p> <ul style="list-style-type: none"> • National sexual education curriculum (Senegal) • <i>Link Up</i> (Bangladesh, Ethiopia, Myanmar, and Uganda) • <i>Strengthening Evidence for Programming on</i>

			<p><i>Unintended Pregnancy</i> (Bangladesh)</p> <ul style="list-style-type: none"> • Family counseling (Afghanistan) • Teen club (Malawi) • School-based drug prevention programs (Brazil) • Tobacco prevention (India) • <i>POD Adventures</i> (India)
Democracy and Governance	<p>1</p> <ul style="list-style-type: none"> • <i>Creating Opportunities through Mentoring, Parental Involvement and Safe Spaces [COMPASS]</i> (Ethiopia) 	<p>1</p> <ul style="list-style-type: none"> • <i>True Love</i> (Mexico) 	<p>6</p> <ul style="list-style-type: none"> • <i>We Dream, We Rise</i> (India) • <i>Suiga/Change</i> (Samoa) • Better Future International's Family care model (Tanzania) • Sports development program for girls (St. Lucia) • <i>Girls in Risk Reduction Leadership</i> (South Africa) • Sport for development and peace program (Brazil)
Economic Development and Education			<p>7</p> <ul style="list-style-type: none"> • Economic interventions in cultural tourism projects (Nigeria) • Socio-educational projects for youth (Brazil) • Accelerated learning programs (Iraq) • School-based sexuality education (Ethiopia) • Entrepreneurship education (Nigeria) • <i>Youth Enterprise Development Fund</i> (Kenya) • Financial literacy program (Indonesia)
All three sectors	<p>2</p> <ul style="list-style-type: none"> • <i>Adolescent Girls Empowerment Program</i> (Zambia) • <i>Adolescent Girls Initiative</i> (Kenya) 	<p>1</p> <ul style="list-style-type: none"> • <i>More than Brides Alliance</i> (India, Malawi, Mali, Niger and Pakistan) 	
Health + Democracy and Governance			<p>4</p> <ul style="list-style-type: none"> • Anti-FGM/C program (Kenya)

			<ul style="list-style-type: none"> • Community gender equality intervention with young men (India) • <i>Research Initiative to Support the Empowerment of Girls'</i> youth clubs (Zambia) • Pilot intervention for social inclusion of young people with disability (India)
Health + Economic Development and Education	1 <ul style="list-style-type: none"> • <i>Bridges/Bridges Plus</i> (Uganda) 		3 <ul style="list-style-type: none"> • Training interventions in entrepreneurship, beekeeping, and health (Tanzania) • <i>Stepping Stones ya Mshefa and Kujijenga Kimaisha</i> (Kenya) • Psycho-educational and social interventions (South Africa)
Democracy and Governance + Economic Development and Education		3 <ul style="list-style-type: none"> • Compassion International PYD program (El Salvador) • World Vision's <i>Women First</i> (Mozambique) • <i>My Rights, My Voice</i> (Afghanistan, Georgia, Mali, Nepal, Niger, Pakistan, Tanzania, and Vietnam) 	

In this section, we used the ICS typology to classify the impact of PYD and other youth-focused programming on VMY's well-being.

Intrinsic outcomes. Self-efficacy was one of the most frequently evaluated intrinsic outcomes. Researchers observed a positive impact on youth's self-efficacy in several asset development programs for adolescent girls and AIDS-affected youth (Austrian *et al.* 2020a; Austrian *et al.* 2020b; Ssewamala *et al.* 2018; Tozan *et al.* 2019), in a social inclusion and mental health program for youth with disabilities (Mathias *et al.* 2019), and in a sport development program for young survivors of interpersonal violence (Zipp 2019). Knowledge was another commonly evaluated intrinsic outcome. A positive effect on knowledge related to SRHR, HIV, financial literacy, and child marriage was reported in various asset development and financial education programs (Austrian *et al.* 2020a; Austrian *et al.* 2020b; Lopus *et al.* 2019; Melnikas *et al.* 2019; Ssewamala *et al.* 2018; Tozan *et al.* 2019). In this study, positive impact on self-efficacy and knowledge was observed at two- and four-year follow-ups post-intervention, which indicates that programming for VMY can sustain positive effects years after a program ends. Evaluations of VMY programming also documented positive effects on gender-biased attitudes (Sosi-Rubi *et al.* 2017), self-concept (Ssewamala *et al.* 2018), optimism (Nagler *et al.* 2019), character (Figueriedo *et al.* 2019; Tirrell *et al.* 2019), spirituality (Tirrell *et al.* 2019), and psychological well-being (Mathias *et al.* 2019; Sitienei *et al.* 2019).

Contextual outcomes. Among the studies reviewed, outcomes related to schools were one of the most frequently evaluated contextual outcomes. Evaluations of VMY programming have found positive impacts on school enrollment, attendance, retention, academic achievement (Adelman *et al.* 2019;

Melnikas *et al.* 2019; Ssewamala *et al.* 2018; Nabunya *et al.* 2019), and reducing violence in schools (Sosi-Rubi *et al.* 2017). Beyond schools, these programs have yielded positive effects on a broad scope of contextual outcomes, including community participation and recognition of youth's economic and entrepreneurial abilities (Iseselo *et al.* 2019, Mathias *et al.* 2019); peer and mentor relationships (Zipp 2019); social capital (Kali *et al.* 2020); perceived social inclusion (Mathias *et al.* 2019); reduction in the prevalence of psychological and sexual violence (Sosi-Rubi *et al.* 2017); soft and entrepreneurial skills (Figueriedo *et al.* 2019; Iseselo *et al.* 2019; Sitienei *et al.* 2019); financial management skills (Iseselo *et al.* 2019); and individual wealth (Austrian *et al.* 2020b). Reductions in transactional sex among vulnerable adolescent girls were also observed in the AGEF (Austrian *et al.* 2020).

We classified PYD outcomes as contextual outcomes based on the ICS framework. The key desired outcomes (e.g., higher-order thinking skills, self-control, positive identity, self-efficacy, and positive beliefs about the future) of PYD programs were not consistently measured and evaluated across the programs we reviewed. Still, a number of programs reported positive effects on interpersonal skills, financial capacity, formal education, academic achievement, self-efficacy, optimism, positive identity, pro-social norms, recognition by adults, and opportunities for pro-social involvement (Austrian *et al.* 2020a; Figueriedo *et al.* 2019; Mathias *et al.* 2019; Melnikas *et al.* 2019; Nagler *et al.* 2019; Siteinei *et al.* 2019; Ssewamala *et al.* 2018; Tirrell *et al.* 2019; Tozan *et al.* 2019; Zipp 2019). However, only the documented effects on self-efficacy, identity, and financial capacity came from programs that used experimental designs that could provide strong evidence of causality (Austrian *et al.* 2020a; Ssewamala *et al.* 2018; Tozan *et al.* 2019).

Null effect and structural outcomes. None of the reviewed programs reported a negative impact on VMY's well-being. However, two rigorously evaluated programs (i.e., AGEF in Zambia and COMPASS in Ethiopia) did not find evidence of an effect on participants' economic and educational outcomes (Austrian *et al.* 2020a; Melnikas *et al.* 2019; Stark *et al.* 2018). Also, AGEF in Zambia did not have an impact on fertility outcomes (Austrian *et al.* 2020). Similarly, Women First, an economic and social empowerment program for adolescent girls and young women in Mozambique, did not have an impact on knowledge of gender-based violence or school attendance (Burke *et al.* 2019). Although most programs did not assess a structural outcome, the few programs that did found no impact on structural outcomes, such as norms related to gender equity (Austrian *et al.* 2020) and collective self-efficacy (Figueriedo *et al.* 2019).

Impact on VMY Outcomes by Development Sectors. Our review revealed heterogeneity of impact on VMY outcomes in three development sectors: health, democracy and governance, and economic development and education. First, PYD programs appear to have consistent positive impact on knowledge and attitudes across development sectors—health, democracy and governance, and economic development and education (Austrian *et al.* 2020a; Austrian *et al.* 2020b; Lopus *et al.* 2019; Melnikas *et al.* 2019; Ssewamala *et al.* 2018). Second, PYD programs for VMY also had positive impact on VMY outcomes in the economic and education sector, including school enrollment and academic achievement (Adelman *et al.* 2019; Melnikas *et al.* 2019; Ssewamala *et al.* 2018; Nabunya *et al.* 2019) and economic and entrepreneurial skills (Iseselo *et al.* 2019, Mathias *et al.* 2019; Sitienei *et al.* 2019). Third, PYD programs' positive impact on VMY outcomes in the democracy and governance sector include better interpersonal relationships (Zipp 2019); higher social capital (Kali *et al.* 2020); perceived social inclusion (Mathias *et al.* 2019); and reduction in the prevalence of school-based violence (Sosi-Rubi *et al.* 2017). Although these results are promising, the limited number of PYD programs for VMY does not allow for conclusive determination of impact across development sectors.

In addition, the compounded effect of vulnerability and marginalization on young people's well-being has led to development and testing of multicomponent, cross-sectoral programs. These programs provide interventions from different development sectors, including health, democracy and governance, and, 2020a) economic development and education. Although impact evidence on VMY outcomes is either

preliminary (as some programs are still ongoing) or lack generalizability due to geographic foci (Austrian *et al.* 2020a; Melnikas *et al.* 2019) these multicomponent, cross-sectoral interventions offer insights in addressing the intrinsic, contextual and structural factors contributing and reinforcing vulnerability and marginalization of youth. Notable interventions include the Adolescent Girls Empowerment Program in Zambia (Austria *et al.* 2020), the Adolescent Girls Initiative in Kenya (Austrian *et al.* 2020), and the More Than Brides Alliance (MTBA) program in India, Malawi, Mali, Niger, and Pakistan. These programs respond to VMY's needs by purposefully addressing ICS barriers to improved outcomes for VMY. For example, the MTBA program has defined key intervention areas to improve outcomes for adolescent girls in five LMICs (Basu *et al.* 2017; Kelly *et al.* 2017; Melnikas *et al.* 2019; Saul *et al.* 2017):

1. Empowerment of at-risk and already-married adolescent girls with life skills education, comprehensive sexuality education, and FP/RH and rights information;
2. Alternative paths to child marriage and mitigated impact on married girls through enhanced access to education, economic opportunities, and child protection systems for girls and their families;
3. Increased access to health services for VMY; and
4. Changes in social norms, laws, and policies.

As seen from this list of key intervention targets, programs, such as MTBA, recognize the importance of purposefully targeting VMY and their *intrinsic* characteristics (e.g., at-risk and already-married adolescent girls). Multicomponent, cross-sectoral programs also acknowledge that VMY's lives will not meaningfully change if interventions are limited to one level of experiences, consequences, or determinants of young people's vulnerability and marginalization. Therefore, interventions targeting different levels of factors affecting vulnerability are likely to be more responsive and effective than single-level interventions. In the case of MTBA, *structural* (e.g., changes in social norms, laws, and policies) and *contextual* (e.g., alternative paths to child marriage, empowerment of adolescent girls, and increased access to health services) factors are directly targeted to facilitate change and improved outcomes for at-risk and already-married adolescent girls.

Overall, PYD programs are promising interventions to improve welfare of VMY across health, democracy and governance, economic, and education. However, the current published literature on PYD programs and their impacts remains limited. Most programs were created to improve adolescent girls' and young women's outcomes across all development sectors. There is a paucity of PYD programs for other VMY, including youth with disabilities and sexual and gender minority youth, and youth in post-conflict settings. In addition, the reviewed programs have not consistently used comparable measures and examine identical outcomes, which make comparisons across programs in each sector ineffectual. The limited number of PYD programs for VMY and the variation of programming components did not allow us to meaningfully compare program effects by type of VMY and age in each development sector. In addition, cost-effectiveness and benefits valuation of multicomponent and cross-sectoral programs remains understudied. Although one study in Kenya reported lower monetary benefits than implementation cost per participant, this study's benefits valuation was underestimated as qualitative or unquantifiable benefits (e.g., confidence, voice, and choice) were not assigned monetary value (Austrian *et al.* 2020a). Future research should focus on rigorously evaluating PYD program impacts on VMY by development sector, type of vulnerability, and age. Also, more research is needed to adequately assess cost effectiveness of multisectoral programs and account for the qualitative and nonmonetary impacts in benefits valuation. The anecdotal evidence reported in our review of the literature needs to be complemented with systematic collection and analysis of data, and interpretation of results.

Where Does Scale Intersect with Reaching Marginalized and Vulnerable Youth? How Can these Program Models Be Scaled or What Are the Most Scalable Interventions?

The literature on scaling up successfully tested interventions to benefit more VMY and facilitate policy adoption remains limited. This limited evidence may be partly due to the small number of interventions for VMY that have demonstrated effectiveness in various contexts and on a range of outcomes. Nonetheless, we found one article (Chau *et al.* 2016) that described the scaling up of sexuality education in Senegal. Enabling factors for scale-up included:

- Clarity of program's aims, objectives, and components;
- Program adaptability to young people's evolving needs and priorities of young people;
- Collaboration between government and civil society agencies;
- Favorable national and international policy environment; and
- Strategic choices for horizontal and vertical scale-up.

Conversely, barriers to scale up are consistent with our findings from the review of barriers to access to youth-focused programming. A crucial barrier was social and cultural norms on adolescent sexuality, particularly the inclusion of topics deemed to be culturally sensitive. Incompatibility with local norms resulted in partial scale-up as some topics were removed, and other areas chose not to fully implement the curriculum (Chao *et al.* 2016). Another significant barrier was related to the school-level implementation of sexuality education as teachers found it challenging to find space in their curriculum or time within designated subjects to introduce the content. This structural barrier resulted in incomplete delivery of sexuality education content (Chao *et al.* 2016).

Using lessons from the Chau *et al.* (2016) article and the ExpandNet/WHO (2011) framework for scale-up, our review showed that some programs for VMY have the potential to scale up more quickly. For example, some programs have been implemented with organizations that seek or are expected to adopt and implement the innovation on a larger scale (Stackpool-Moore *et al.* 2017). A typical example is the use or expansion of existing services, such as the use of community health workers and marriage registrars in Bangladesh (Huda *et al.* 2017) and integration of new SRHR interventions to existing community-based HIV programs in Bangladesh, Burundi, Ethiopia, Myanmar, and Uganda (Stackpool-Moore *et al.* 2017). Some programs have also shown the potential to scale up more quickly by combining innovation and adaptability to VMY's needs and priorities. The adaptation of the Stepping Stones and Creating Futures interventions for street-connected youth in Kenya showed the feasibility of a youth participatory approach to program adaptation and acceptability as well as suitability of the adapted intervention to the local social, cultural, and economic contexts of the streets (Embleton *et al.* 2019). As illustrated by two adapted programs (Carney *et al.* 2020; Embleton *et al.* 2019), the ADAPT-ITT framework (Wingood and DiClemente 2008) is useful for adapting existing PYD and youth-focused programming for VMY.

Although there are examples of where scaling up intersects with programming for VMY, the literature remains limited. In addition to inadequate evidence on impact, more research needs to be done to understand how best to scale up VMY programming. To date, we know little about optimal and strategic choices for scaling up, specifically related to dissemination and advocacy, organizational processes, resource mobilization, and monitoring and evaluation to facilitate scale-up. While the ExpandNET/WHO framework for scale-up (2011) and related toolkits are valuable resources to practitioners and researchers, we need additional evidence on enabling factors for and barriers to scale up.

Findings from Key Informant Interviews and Youth Focus Group Discussion

The KIIs and youth FGD supported many of the key findings reported in previous sections, including 1) definitions of vulnerability are inconsistent and deficits-based, 2) experiences of VMY youth are dependent on ICS factors, 3) existing measures or tools to identify vulnerability are specific to HICs or limited in scope, and 4) PYD or other youth-focused programs do not adequately address VMY participants unique needs. In addition to these findings, the KIIs and youth FGD revealed findings not addressed in the literature, including 1) failure of PYD and other youth-focused programs to consider the impact of accessibility and existing structural oppression on program outcomes and 2) strategies for effective program scale-up. These emerging themes are reported in Table 6.

With respect to accessibility in PYD and other youth-focused programming, USAID Headquarters, USAID Missions KIIs, and youth FGD respondents revealed that the failure to consider accessibility at the forefront of program conception directly affects program participation noting that youth with disabilities cannot participate and implementing organizations cannot provide reasonable accommodations. Moreover, by ignoring structural oppression, USAID Missions KIIs and YP2LE consultants noted that despite effective programming, the broader structural oppression experienced by youth in-country further restrain their economic and social mobility. Continuing, USAID Headquarters, USAID Missions, and practitioner KII respondents shared that effective program scale-up requires the development of country-specific earmarks, strengthening of existing infrastructure, and leveraging of tripartite partnerships. By engaging in these actions, KII respondents reveal that programs will be consistent, sustainable, and have a greater impact on improving the livelihoods of youth participants.

How and for Which Youth Has the COVID-19 Global Pandemic Illuminated Additional Novel Dimensions of Vulnerability and Heightened Risks for Experiencing Marginalization?

Due to the conclusion of our search in July 2020, relevant literature regarding the impacts of COVID-19 remained unpublished. However, our discussions with KIIs and youth FGD respondents anecdotally confirm that the global pandemic is exacerbating existing and creating new vulnerabilities for VMY populations. KII and youth FGD respondents report that communities and youth are experiencing upticks in early and forced marriages, teenage pregnancy rates, gender-based or interpersonal violence, psychological or mental health related concerns, a loss of educational and economic opportunities, and inadequate health service provision all the while being increasingly exposed to novel digital vulnerabilities

Table 6. Emerging Themes from Key Informant Interviews and Focus Group Discussion

Focus Area	Key Informant Interviews	Focus Group Discussion
Defining or Conceptualizing Vulnerability and Marginalization	<ul style="list-style-type: none"> • Driven by social norms • Deficits-based • Context-specific and sector-specific • Dependent on the history of the country (e.g., colonialism, corruption, violence) • Dependent on legal frameworks 	<ul style="list-style-type: none"> • Youth who have “untapped potential” or “have been coerced to believe they are unworthy” and dependent • “Invisible” youth

<p>PYD Programming</p>	<ul style="list-style-type: none"> ● Not designed with accessibility in mind ● Fail to address individual needs (e.g., transportation and childcare costs) ● Evidence-base across sectors and contexts is not fully developed ● Meaningful engagement for youth participants is needed ● Emphasis on cost-effectiveness is a major barrier for holistic programming ● Fail to address in-country structural oppression ● Community-led participatory models are necessary for program success 	<ul style="list-style-type: none"> ● Youth need to be meaningfully engaged ● Community stakeholders need to transfer power to youth ● Program consistency and sustainability is important to youth ● Youth with disabilities need to be included ● Youth need support from parents and mentors; programming should take this into consideration ● Language barriers are observed by youth; many youths in vulnerable and marginalized communities do not understand English and information cannot be shared ● Digital divide, not all youth have network access
<p>PYD Program Scaling</p>	<ul style="list-style-type: none"> ● Need country-specific youth-focused programming earmarks ● Community-led participatory models ● Leverage Public-Private Partnerships ● Strengthen existing systems for implementation 	<p>Not applicable</p>
<p>Measuring Vulnerability and Marginalization</p>	<ul style="list-style-type: none"> ● Utilize sector-specific data (e.g., rate of teen pregnancy) ● Rely upon social determinants of health (e.g., education, income, geographic location) ● Adaptation of a tool used predominantly in high-income countries 	<p>Not applicable</p>
<p>Experiences of Vulnerability and Marginalization</p>	<p>Not applicable</p>	<ul style="list-style-type: none"> ● A young person’s environment plays a large role in how vulnerability and marginalization are experienced ● LGBT youth experience stigmatization by health professionals especially when seeking information about HIV ● LGBT youth experience discrimination based upon religion ● Youth are not valued or are treated as “helpless”
<p>Impacts of COVID-19</p>	<ul style="list-style-type: none"> ● Increase of gender-based violence ● Increase in teen pregnancy, ● Increase in early and forced marriage ● Increase in mental health/psychological vulnerability ● Increase in digital vulnerability ● Possible strengthening of family and community relationships in close-knit communities 	<ul style="list-style-type: none"> ● Fear of seeking and utilizing health services ● Inadequate service provision (e.g., not able to receive medications, no time to meet with doctor) ● Increased depression and suicide ● Increased violence, decreased sense of safety ● Inability to access education ● Loss of economic opportunities (e.g., employment, small business)

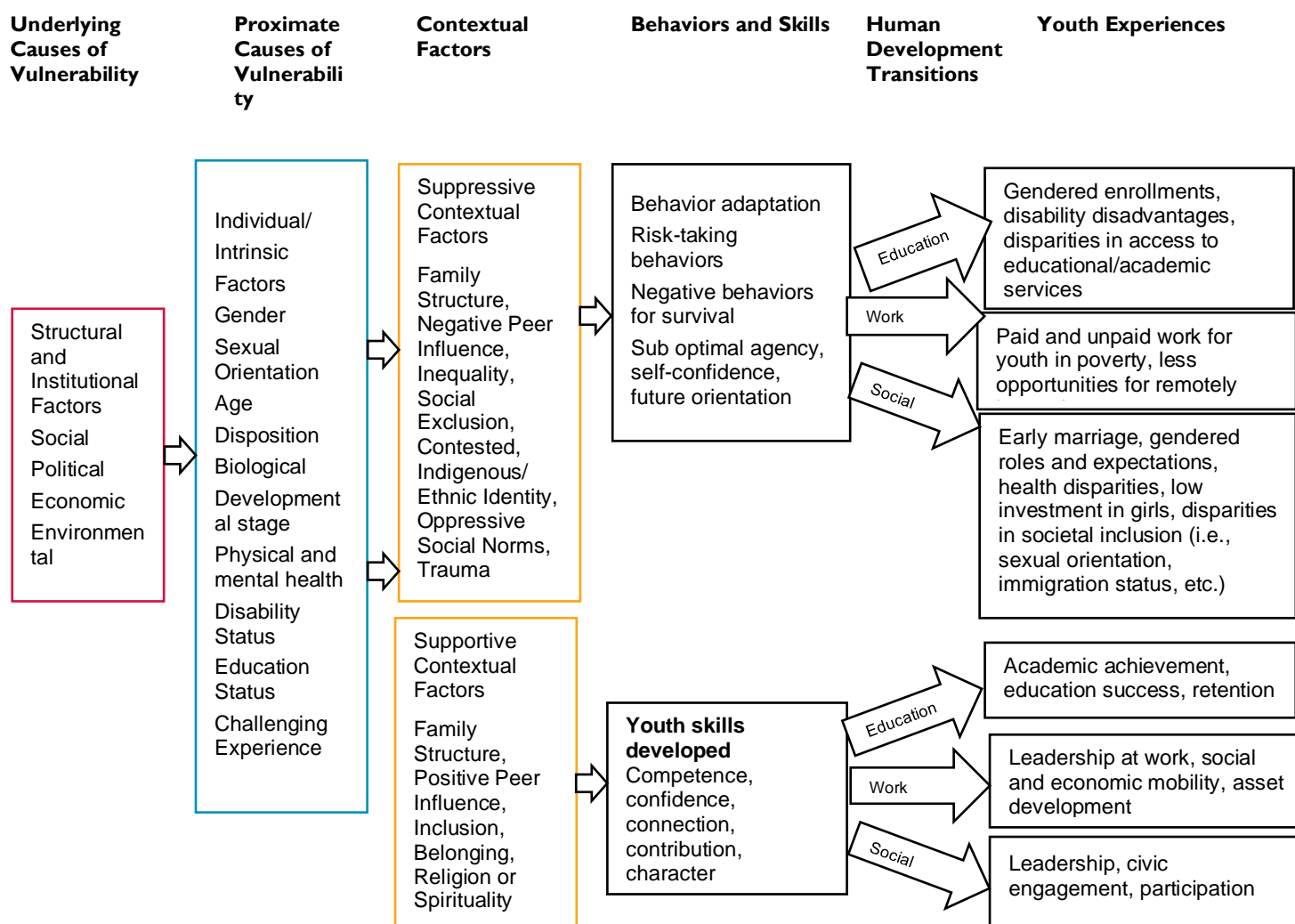
Section V. Discussion

Practice Implications and Recommendations

Develop a reliable framework to allow practitioners and researchers to assess vulnerability across contexts and cultures and plan for differentiated programming. Vulnerability is a complex concept that eludes precise definition. In many existing definitions, vulnerability is used as a term to group behaviors, situations, or circumstances. These definitions avoid the underlying question of what vulnerability *is*. We present our *Intrinsic, Contextual and Structural Analytical Framework for Vulnerability* framework (ICS framework), which represents a critical first step toward shifting practitioners' and researchers' conceptions of vulnerability. This framework allows practitioners and researchers to identify what vulnerability is in different contexts and cultures, allowing researchers to accurately measure it in unique ways that can best inform targeted programming to address issues of contextually and culturally specific forms of vulnerability. This will allow specific understandings of vulnerability to emerge from communities, rather than imposing a preformed definition of vulnerability on those communities. The ICS framework expresses youth vulnerability via a strengths-based approach that depicts youth as contributors to and assets of society, rather than a deficits-based approach that depicts youth as perpetrators of negative outcomes to society. The ICS framework allows researchers to define and measure youth vulnerability while acknowledging the various meanings and effects of vulnerability in different contexts. Indeed, several types of risk factors, protective factors, and their risk modification trajectories are local to particular cultural or social systems.

The ICS framework helps researchers identify contextually and culturally specific understandings of vulnerability by gathering data on the intrinsic factors (e.g., individual physiological and psychological characteristics), contextual factors (e.g., family, school, and peer groups), and structural factors (e.g., a country's political or economic climate) that contribute to vulnerability. Supporting and enabling factors at all levels promote youth's capacity and resilience. Suppressive contextual and structural factors may compound the vulnerability youth experience due to intrinsic factors, placing them at greater risk of negative outcomes. For this reason, our strength-based framework highlights the importance of the enabling environment in building the capacities of young people to have more agency and contribute to their communities. Figure 10 illustrates the relationships between the factors that affect the young people's vulnerability. Using this framework, practitioners can identify leverage points for intervention to build the capacity and agency of the young person. The next section elaborates what optimal programming features could be helpful in enabling youth to contribute positively to their communities.

Figure 10. Intrinsic, Contextual, and Structural Framework



Developing multicomponent, cross-sectoral interventions will be most responsive to the diverse needs of VMY. Our review found that multicomponent, cross-sectoral approaches offered a promising strategy for developing interventions for VMY. An important component of cross-sectoral approaches is purposeful programming at the community or structural level (Melinkas *et al.* 2019; Stark *et al.* 2018). Because many VMY think and behave in ways consistent with social and cultural norms, increasing societal awareness of and destigmatizing VMY’s social circumstances is essential to building effective interventions in a given context. That is, optimizing interventions’ effectiveness at the individual level requires broader structural or cultural transformations. Community sensitization to VMY issues (e.g., adolescent sexual and reproductive health, gender-biased norms, mental health, disability, physical and psychological safety, and sexual identity) requires structural-level intervention. This intervention should be consistent with the values of the community and meaningfully engage youth in its development and implementation.

Cross-sectoral approaches, such as the MTBA and Adolescent Girls Initiative – Kenya, combine training on health, democracy and governance, and economic development and education. Rigorous evidence from experimental and quasi-experimental evaluations of cross-sectoral approaches, including the MTBA, AGEP in Zambia, and Adolescent Girls Initiative – Kenya, indicates increased positive outcomes among VMY, particularly adolescent girls (Austrian *et al.* 2020a; 2020b; Melnikas *et al.* 2019). These

approaches recognize the various asset-related needs of youth and their families, including the need for training in skills specific to vocation, employment, and financial capacity. Cross-sectoral approaches address all PYD domains (i.e., assets, contribution, agency, and enabling environment), recognizing that VMY's needs are multidimensional and complex. Cross-sectoral approaches also recognize youth's resilience. This recognition is exemplified by the approaches' focus on asset development. Recognizing VMY's resilience may enhance their intrinsic capabilities, including their agency and related outcomes (e.g., positive identity, self-efficacy, ability to plan ahead, perseverance, and positive beliefs about the future), in turn promoting program success.

Because cross-sectoral approaches bridge individual, contextual, and structural interventions to address VMY's needs, these approaches may require longer-duration programs. Furthermore, because the types of changes and outcomes of interest (e.g., social norms, transitions to higher education and labor market) take substantial time, programs should plan for implementation periods of at least five years (Austrian *et al.* 2020). This recommendation particularly applies to programs implemented in politically fragile countries or countries with low levels of institutional development (Bilagher *et al.* 2020; van Esbroeck *et al.* 2016). Programs in these countries should account for potential delays due to political instability or a need for preliminary infrastructural work.

Promote an enabling environment for youth because it is critical for VMY's positive development. Although our review revealed several features of optimal programming for VMY that are consistent with a PYD approach, one domain stood out as critical for VMY: ***an enabling environment***. There are several examples of what constitutes an enabling environment, for example, **available and accessible financial and social support structures, youth-responsive services, youth-friendly laws and policies, and gender-responsive services**. The choice of what enabling environment is optimal for PYD depends on the type of VMY as illustrated by their intrinsic characteristics and relevant contextual and structural factors. Gender-biased cultural and social norms, public policies, stigma and discrimination, and poverty and social exclusion are some examples of structural factors that need to be thoughtfully addressed so PYD programming for VMY can be contextually meaningful. Thus, PYD programming should tailor its implementation to engage with sensitive and (in some places criminalized) issues affecting VMY in LMICs. Our review found that ***mentorships, safe spaces, and support from youth's parents, peer groups, schools, and communities*** are important cross-cutting components of successful youth-focused programming that has assisted VMY in various transitions in their lives.

Adopt differentiated models of programming to address the variety of VMY needs. Recent systematic reviews of interventions designed to improve outcomes of adolescents and young adults (including VMY) in LMICs have shown that while a wide array of interventions can yield desired effects, no one intervention can do so in all contexts and for all outcomes (Kalamar *et al.* 2016; Kalamar *et al.* 2016; Meinck, 2019). These findings are consistent with our review of PYD and youth-focused programming for VMY. Various interventions focusing on health, economic development and education, and/or democracy and governance have had demonstrably positive effects on individual- and community-level outcomes, while similar interventions did not have any impact on similar individual- and community-level outcomes. The nuanced needs, preferences, and circumstances of different VMY populations necessarily cannot be addressed by the same intervention in all contexts and for all outcomes. Rather, an adaptable cross-sectoral approach that addresses specific needs of VMY populations and their communities will be required to deliver effective programming tailored to different settings. Depending on the desired outcomes, the components, contents, and materials of this cross-sectoral approach will likely be different and context-specific. Indeed, our findings underscore the importance of recognizing and engaging with the diversity of VMY. For example, VMY aged 15-18 have different needs and priorities compared to those aged 19-24 years. Differentiated models of programming will require innovations in service delivery that respond to different contexts and, in turn, reach more VMY and their communities.

Promote the participation of VMY in all aspects of the development of interventions for VMY. The current consensus among development practitioners and researchers indicates that youth's participation in the development of youth-directed programming increases program efficacy. However, VMY traditionally have not participated in the development of VMY-directed programming. This is a major missed opportunity. Many of the studies we reviewed indicated that the most helpful and poignant information that researchers gathered about the lives and experiences of VMY came from VMY themselves. Youth programming should intentionally include youth in conceptualizing needs, how to address those needs, monitor and evaluate programs and course correct service delivery when needs are not being met.

Policy Implications and Recommendations

Advocate for policy and legal frameworks that will protect, decriminalize, and provide access to needed services for VMY youth. Findings in this systematic review indicate that identities of VMY youth, for example, sexual orientation is a crime in some countries and may cause youth to face legal action. Consequently, such youth do not seek the services they need for fear of being a victim of the law which further exacerbate their marginalization and exclusion. Advocating for legal frameworks that will decriminalize the identities of some VMY youth will ensure the protection of youth so they can access the services they need. Similarly, developing policies that focus on protecting and promoting the rights of youth with disabilities could ensure that youth with disabilities have access to services on an equitable basis as others.

Coordinate with National Governments to establish policies that prioritize cross-sectoral and integrated approaches to youth development. The youth development field has acknowledged the value of cross-sectoral and integrated programming as an optimal approach to youth development particularly for VMY youth. As the emerging evidence show promise, national development policy should consider acknowledging and integrating cross-sectoral programming as the approach for VMYs to enhance knowledge exchange.

Insert social norms assessments and approaches in local and national youth development plans. Similar to gender analysis and assessment that national policies across the LMICs have now integrated into their plans of action, social norms should also be considered at the national level. Although not all social norms are harmful, an assessment of how social norms are affecting VMYs should be a standard procedural assessment for all youth programming so that youth development approaches can address negative social norms and integrate positive ones across programs.

Section VI. Research Recommendations and Next Steps

Based on the findings of our systematic review, we developed research recommendations and next steps:

Rigorously test the ICS framework's ability to identify and develop targeted programs for VMY in different contexts. Using the ICS framework, develop a tool for identifying who are vulnerable youth in different contexts and measure their vulnerability as proof of concept. This step will require a process of developing indicators, measuring vulnerability, validating these measures and testing their reliability. Further, this tool can be used to identify leverage points for targeted programming to address the needs of vulnerable youth and build their capacity and agency.

Rigorously test multi-component, cross-sectoral interventions to build evidence of the efficacy of these intervention designs for supporting VMY. Both our findings and the youth development field broadly have emphasized the importance of multi-component, cross-sectoral interventions that address the multi-layering of vulnerabilities among young people. However, little evidence exists regarding best practices and the effects of such interventions. More research and

investment in building evidence for multi-component, cross-sectoral interventions will help establish the relative efficacy of these intervention designs for supporting VMY.

Collect cost data and conduct economic evaluations of multi-component, cross-sectoral interventions

A critical step to conducting rigorous economic evaluations is to collect and integrate cost-related data in a project's data collection procedures. In addition to impact, rigorous economic evaluations, such as cost-benefit and cost-effectiveness analyses, are needed to identify, measure, value, and compare the costs and results of multicomponent, cross-sectoral interventions. To date, there is little evidence to support that cross-sectoral interventions are more cost-effective than individual or standalone interventions when promoting VMY's well-being.

Develop localized, participatory frameworks to address harmful social norms that affect vulnerable youth. Harmful social norms can have far-reaching impacts and, when internalized by VMY, can diminish well-being in the short term and exacerbate negative outcomes in the longer term. However, because social norms are both context-specific and sensitive issues, interventions seeking to change harmful social norms must be tailored to the specific values of the communities where they will be implemented. Although there are no established best practices for addressing harmful social norms, our review of the literature indicates that localized, participatory learning processes may offer a promising approach.

Conduct a rigorous, systematic qualitative study with hard to reach vulnerable and marginalized youth. Conduct rigorous and systematic qualitative studies to understand what vulnerability is for the most vulnerable and hard to reach youth. The studies in this systematic review demonstrated the challenges in reaching youth who are truly vulnerable, for reasons that have been adequately presented in this paper. Amplifying the voices of youth who may face substantiated or several layers of vulnerability or marginalization will require additional effort to reach them and build their agency to present a more authentic picture of their challenges. The benefit of doing this is that the youth development field will move from using proxies to understand VMYs and have a clearer picture of who these youth are; their needs and experiences; and how to move the needle toward well-being for these youth.

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Annex I: Key Informant Interview and Youth Focus Group Discussion Protocol

Background and Purpose

This systematic review seeks to better understand, through an examination of available literature, current trends, future directions, and opportunities for addressing the varied needs of vulnerable and marginalized youth (VMY) populations. The central question of this review is: *How does the international youth development community define vulnerable and marginalized populations of youth?* The central research question is expected to inform additional inquiries, including, but not limited to:

1. How do definitions of vulnerability and marginalization differ across the donor community, regions, and age groups?
2. How do experiences of marginalization promote or limit youth's ability to access, participate, and thrive in PYD programs?
3. What resources and tools for capturing the experiences of marginalization exist to inform future PYD programming?

To supplement the peer-reviewed and grey-literature searches, the Key Informant Interview (KII) and Focus Group Discussion (FGD) activities will serve as a mechanism to further our understanding of emerging gaps and assist us in further contextualizing our learnings. These activities are part of a larger systematic review funded by the United States Agency for International Development (USAID) through the mechanism YouthPower2: Learning and Evaluation (YP2LE), a project led by Making Cents International (MCI). This systematic literature review is an activity under YP2LE, which is being carried out by YP2LE research partners from Global Social Development Innovations (GSDI) at the University of North Carolina at Chapel Hill.

Key Informant Interview

KIIs will be one-on-one interviews conducted with adult researchers and practitioners whose expertise is related to serving vulnerable and marginalized youth (VMY) populations. These one-on-one interviews will include independent consultants working in low- and middle-income countries (LMICs) and representatives from USAID Washington, USAID Missions, International Center for Research on Women, Restless Development, Save the Children, Georgetown University Institute for Reproductive Health, University of Washington, University of Melbourne, and YouthAlive Uganda.

Focus Group Discussion

FGDs will be conducted with youth. For the purpose of this activity, youth are defined to be between the ages of 18-35. These discussions will include youth representatives from the USAID YouthLead Networks.

All procedures for recruitment, obtaining consent, data collection, data safety and monitoring, and maintaining anonymity and confidentiality regarding the virtual KIIs and FGDs are outlined below.

Procedures

i. Recruitment

Team members from Making Cents International (Making Cents) are responsible for helping to identify and recruit KII and FGD participants for this activity. Team members from Making Cents will provide electronic introductions between GSDI research team members and adult KII participants and youth

FGD participants. The GSDI Project Coordinator will lead and be responsible for scheduling of KII and FGD activities on behalf of GSDI research team members.

ii. Eligibility Criteria

All participants within the adult KIIs must meet the following eligibility criteria to participate.

1. Must be 18 years of age or older.
2. Must have at least two years of professional experience in servicing or researching VMY populations.
3. Must provide verbal consent.
4. Must be able to speak and understand English.
5. Must have access to reliable internet connection.
6. Must have access to or create a Zoom account.
7. Must have a working email address.

All participants within the youth FGDs must meet the following eligibility criteria to participate.

1. Must be between the ages of 18 – 35 years old.
2. Must provide written and verbal consent.
3. Must be able to speak and understand English.
4. Must have access to reliable internet connection.
5. Must have access to or create a Zoom account.

iii. Informed Consent

Adult KII and youth FGD participants will be required to provide verbal consent to participation and having the virtual KII and FGD recorded. Upon obtaining informed consent, youth FGD participants will be encouraged to not share information learned as part of the discussion with people outside of the FGD. Only participants who consent to participate will be included in the virtual KIIs and FGDs.

iv. Data Collection

All adult KIIs and youth FGDs will be conducted virtually through Zoom, a secure video conferencing platform. Adult KIIs and youth FGDs will be facilitated by members of the Global Social Development Innovations (GSDI) research team. Virtual KIIs and FGDs will be up to 60 minutes in length. Each session will have its own unique link and a unique password that only members of the GSDI research team and participants will be provided with. KII and FGD participants will be placed into a waiting room prior to joining the virtual FGD and will be admitted into the virtual meeting by a member of the GSDI research team leading the KII or FGD. GSDI personnel responsible for leading the adult KIIs and youth FGDs will receive training prior to conducting virtual KIIs or FGDs.

v. *Data Safety and Monitoring*

To ensure data collected through virtual KIIs and FGDs is safeguarded, KII notes and FGD transcripts will be stored on a password protected computer in separate password protected files on Box. Access to these files will be restricted to members of the GSDI research team. The GSDI Project Coordinator will create a separate document that links the deidentified data to interview participants. This document will be saved in a password protected document on a password protected computer. Only the GSDI Project Coordinator will have access to this document with identifiers. Other members of the research team, including members from GSDI, Making Cents, USAID, and Mathematica, will have access to deidentified data only. Nonmembers of the research team will have access to deidentified transcripts, when requested.

Audio recordings will be stored in a password protected account on Zoom's cloud recording platform. Audio recordings will be transcribed and stored on a password protected computer in a password protected file on Box. Audio recordings will not be shared with anyone outside the research team.

The GSDI Project Coordinator will destroy all data by permanently deleting the files and its contents following conclusion of YouthPower 2: Learning and Evaluation activities in 2022. Per contractual agreement, deidentified transcripts will be submitted to the Development Data Library within 30 days of publication of the Systematic Review of PYD Impacts on Marginalized and Vulnerable Youth.

vi. *Anonymity and Confidentiality*

Any personal information that could identify adult KII and youth FGD participants will be removed or changed before the final report is shared with other researchers and findings are made public. No participant names or unique identifying information, which may reveal participants' identity, will be mentioned in the report. To further ensure anonymity and confidentiality, during virtual KIIs and FGDs, participants will be given the option to turn off their video cameras and utilize a pseudonym.

Questions

During virtual KIIs and FGDs, GSDI research team members responsible for leading KIIs and FGDs will ask participants to provide responses to the questions below. GSDI facilitators will use the below questions as a guide but will include clarifying questions as needed.

Adult KII Questions

1. When you think of vulnerable and marginalized youth populations, what comes to mind?
 - a. Probe: What do you think contributes to youth's vulnerability and/or marginalization?
2. How do you determine or measure vulnerability and marginalization in your work? What tools do you use or what tools do you think might be helpful?
3. What are some of the interventions that have worked to serve vulnerable and marginalized youth populations and why, in your perspective, have those programs worked?
 - a. Probe: Can you provide specific examples of programs or interventions that have targeted VMY?
 - i. Probe: What makes those programs successful in identifying VMY and providing their unmet needs?
 - ii. Probe: What are some characteristics of interventions and programs that have had a positive impact on the well-being of VMY?
 - b. Probe: What have you adapted to have greater impact in your work?

- c. Probe: When thinking about scaling PYD programs, what might be most helpful to ensure scalability of these programs for vulnerable and marginalized youth populations?
4. From your work, what have been some immediate impacts of the COVID-19 global pandemic on vulnerable and marginalized youth populations?
5. How do you see social norms impacting vulnerability and marginalization for youth populations?
 - a. In your opinion, what are the best ways to address social norms?

Youth FGD Questions

1. What does vulnerability and/or marginalization mean to you?
 - a. Probe: How would you describe someone who is vulnerable or marginalized?
2. How would you describe experiences of “vulnerability” or “marginalization”?
 - a. Probe: Would you like to provide any personal examples of your experience?
3. Have you participated in any programs that help young people like you? For example, these programs could include those that helped you to be healthy, stay in school, or access training and employment opportunities?
 - a. Probe: What did you enjoy most about that/those program(s)?
 - b. Probe: What prevents you from participating in that/those program(s)?
 - c. Probe: What would you like to see done differently in that/those program(s)?
 - d. Probe: Are there any programs that do not exist that you would like to exist?
4. How has the COVID-19 pandemic impacted your life?
 - a. Probe: In what ways have you had to change your daily activities?