INVESTING WHEN IT COUNTS:
REVIEWING THE EVIDENCE AND CHARTING A COURSE FOR VERY YOUNG ADOLESCENTS

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9 May 2016

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A resource and action plan on the distinctive needs of very young adolescents (VYAs)

- Illuminate health and social dimensions of lives of VYAs
- Summarize efforts to improve outcomes, disaggregated by gender and age
- Identify evidence gaps and areas for investment
- Recommendations for research and programming

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Gathering Information on VYAs — Practical Tools
Recognizing the Needs and Importance of Investing in VYAs
Investing in VYAs: Why It Matters

- VYAs are generally overlooked, relatively low burden of disease
- Critical life phase for shaping future health and development

Source: Sawyer et al., Lancet 2012
VYA Health Concerns

**Mental health**
- Depressive disorders are leading cause of health-related disability among girls and third among boys

**Under and over-nutrition**
- Iron-deficiency anemia is second largest cause of health-related disability
- Effects of inadequate or excessive food intake also manifests later in life
- Non-communicable diseases will be leading causes of death in many LMIC

**Sexual activity, reproductive health and child marriage**
- 11% of females and 6% of males report having had sex before age 15
- Earlier sexual experiences, more likely to be coerced
- Proportion of girls married before age 15 remains substantial in some countries
VYAs (Ages 10-14) in the World

Data Source: UN. World Population Prospects, 2012 Revision.
# Stages of Early Adolescence

<table>
<thead>
<tr>
<th>Age</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
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<th>21</th>
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<th>24</th>
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<tbody>
<tr>
<td>GIRLS</td>
<td>PREADOLESCENCE</td>
<td>EARLY ADOLESCENCE</td>
<td>MIDDLE ADOLESCENCE</td>
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<td>BOYS</td>
<td>PREADOLESCENCE</td>
<td>EARLY ADOLESCENCE</td>
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Domains of change that occur between ages 10 and 14, differentiated by sex, include:

- **PHYSICAL DEVELOPMENT**
- **BIOLOGICAL CHANGES** (onset of puberty)
- **COGNITIVE AND EMOTIONAL DEVELOPMENT**
- **CHANGES IN SOCIAL ROLES** (among the poorest, a dramatic shift to adult responsibilities)

Source: Adapted from Breinbauer and Maddaleno (2005).
Pivotal Moment

Lives Can Go Off-Track

A. Four-country case study: Percentage of girls ages 10–17 attending school, by age

B. Guatemala example: School enrollment and early transition to adulthood among girls ages 10–19


Source: Hallman et al. 2007.
Critical Domains of VYA Lives

Key Influences:

- Education (school enrollment)
- Parenting (HH residence)
- Gender norms
- Exposure to violence
- Specialized vulnerabilities: Migration, trafficking, crises contexts

Source: Blum et al., 2012.
Examine Key Influences

- DHS statistics on measures of the VYA immediate environment (household and school)

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>MOST RECENT DHS SURVEY YEAR</th>
<th>% OF POPULATION AGED 10-14</th>
<th>% LIVING IN RURAL AREAS</th>
<th>% FOR WHOM ONE OR BOTH PARENTS ARE DECEASED</th>
<th>% WHO LIVE WITH NEITHER PARENT</th>
<th>% NOT ATTENDING SCHOOL</th>
<th>OF THOSE IN SCHOOL, % NOT AT GRADE FOR AGE</th>
<th>% WHO LIVE WITH NEITHER PARENT AND WHO ARE NOT ATTENDING SCHOOL</th>
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<tbody>
<tr>
<td>West and Central Africa</td>
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<td>37</td>
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<td>Burkina Faso</td>
<td>2010</td>
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<td>80</td>
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<td>16</td>
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<td>49</td>
<td>45</td>
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<td>Burundi</td>
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<td>17</td>
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<td>11</td>
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<tr>
<td>Cameroon</td>
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<td>11</td>
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<td>Chad</td>
<td>2004</td>
<td>14</td>
<td>79</td>
<td>13</td>
<td>17</td>
<td>17</td>
<td>60</td>
<td>44</td>
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</tbody>
</table>
Diverging Worlds of Girls and Boys

Percentage of adolescents ages 10-14 and 15-19 enrolled in school by gender, four selected countries

Data Sources: Demographic and Health Surveys, Ethiopia 2005; Zambia 2007; Kenya 2008-9; Malawi 2004.
Diverging Worlds of Girls and Boys


Diverging Worlds of Girls and Boys

Percent of rural girls ages 13-14 who have experienced sexual abuse, Nimba County, Liberia

Percentage (N=1216)

- Sexually touched
- Unsuccessful attempted sex
- Non-physically pressured
- Physically forced
- "Yes" to any type

Making Progress: Programs for VYAs

• VYAs tend to ‘fall through cracks’ in prevention programming
• Few large scale programs for VYAs
• Little rigorous evaluation
• Despite this, some promising evidence
Interventions of Promise

- Parenting interventions
- Education transitions
- Health awareness and disease prevention
  - “Health wellness check” including, mental health, sports and physical activity
- Comprehensive sexuality education (CSE)
- Puberty programming
- Gender norms, equity and rights
School and Guardians

**EDUCATION**

- Parents and students underestimate economic returns of additional schooling
- Conditional and unconditional cash transfers (CCTs and UCTs) raise VYA primary attendance
- CCTs are more effective than UCTs, especially for girls
- School-based health interventions increase primary-school participation

**PARENTING**

- Few studies focus on the VYA age group
- Most studies report either parent or adolescent outcomes, and few report on both
- Regarding reporting methods, there are no studies with direct observation of parent-child interactions
# Mental Health: Risk and Protective Factors

<table>
<thead>
<tr>
<th>RISK FACTORS</th>
<th>PROTECTIVE FACTORS</th>
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<tbody>
<tr>
<td><strong>Biological</strong></td>
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<tr>
<td>Exposure to toxins in pregnancy</td>
<td>Prenatal support programs</td>
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<tr>
<td>Genetic background</td>
<td>Good physical health and nutrition</td>
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<tr>
<td>Malnutrition</td>
<td>Postpartum support for mother</td>
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<tr>
<td>Perinatal and postpartum depression</td>
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<tr>
<td>Other illnesses</td>
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<tr>
<td><strong>Physiological</strong></td>
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<tr>
<td>Developmental and behavioral problems</td>
<td>Enhanced self-esteem</td>
</tr>
<tr>
<td>Physical and emotional abuse</td>
<td>Social skills</td>
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<tr>
<td>Neglect</td>
<td>Problem-solving ability</td>
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<tr>
<td><strong>Social</strong></td>
<td></td>
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<tr>
<td>Family</td>
<td></td>
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<tr>
<td>Family conflict</td>
<td>Family attachment</td>
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<tr>
<td>Inadequate caregiving</td>
<td>Positive family involvement</td>
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<tr>
<td><strong>School</strong></td>
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<tr>
<td>Educational disadvantage</td>
<td>Educational opportunities</td>
</tr>
<tr>
<td>Inadequate learning environment</td>
<td>Rewarding educational achievement</td>
</tr>
<tr>
<td>Bullying, harassment, victimization</td>
<td>Identity with school</td>
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<tr>
<td><strong>Community</strong></td>
<td></td>
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<tr>
<td>Transitions (e.g., urbanization, conflict, displacement, war)</td>
<td>Connectedness to community</td>
</tr>
<tr>
<td>Discrimination/marginalization</td>
<td>Positive role models</td>
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<tr>
<td>Exposure to violence</td>
<td>Rewards for community involvement</td>
</tr>
</tbody>
</table>

Source: Adapted from Patel et al. 2007.
Responding to VYAs in Acute and Specialized Circumstances

- Humanitarian, crisis and emergency settings
- Voluntary migration
- Trafficking

“I’m Here Approach” for Humanitarian Crises

I dentify specific crisis-affected community
M ake universe of adolescent girls visible
H old group meetings with girls of specific vulnerabilities and capabilities to learn urgent needs
E laborate specific plans to respond to universe of girls in crisis-affected area
R ally support across humanitarian sectors
E ngage the capacity of girls to support recovery operations
Health Promotion: Age and Gender Specific Wellness Check

**HEALTH**
- Physical exam
- Immunization review and catch-up
- Nutrition/growth check-up
- Sexual and reproductive health information and services
- HPV vaccine*
- HIV and AIDS prevention information
- Violence screening and support
- Mental health screening and support
- Injury screening and prevention
- Physical activity/play/sports check-in

**SOCIAL**
- Counseling
- Life-skills building
- Educational assessment and support
- Peer and social-support screening and improvement
- Drugs/alcohol/smoking screening and support for addiction prevention
- Family wellness and social support
- Citizenship and social-participation skill-building, including acquisition of ID documents

Source: Catino 2012.
*NOTE: The World Health Organization recommends that girls ages 9–13 years receive the human papillomavirus (HPV) vaccine. While ideally both boys and girls should be vaccinated, given the cost limitations of the vaccine and the challenges of getting boys vaccinated, targeting girls and increasing coverage for girls is a priority.
Benefits of Good Nutrition, Physical Activity and Sports

A young person's participation in sports can lead to healthy fitness habits for life, which helps reduce chronic disease and boosts mental health by reducing symptoms of stress and depression.
Recommendations for Research

- Validate methods of gathering information among VYAs
- Establish a data repository
- Conduct fresh analyses of existing data disaggregated by age and gender
- Disaggregate data by 2-and 3-year intervals
- Focus on marginalized VYA populations
- Build the program evidence base about what works, for which segments of VYAs
- Embed research into program initiatives
- Conduct research to guide scale-up and measure impact
Thank you

Learn More at Women Deliver
Join us for Coffee with Martha Brady
Wednesday, 18 May
4:00 – 5:00 pm
Booth C3-019

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Questions

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1. Send a chat to the Population Council Host
2. Send an email to Irene Friedland (ifriedland@popcouncil.org)
3. Use the Raise Hand option to ask a question yourself
   - In the Participants window, click the Raise Hand button next to your name
   - You will be unmuted by the Host when it is your turn to ask your question