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**Calling attention to young adolescents: Building the evidence base to inform policies and programs**

Martha Brady  
*Population Council*

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Calling attention to young adolescents: Building the evidence base to inform policies and programs

Prepared by Martha Brady

Young adolescence (10-14 years of age) is a critical lifecycle stage marked by a dynamic combination of opportunity and risk. During this time, children undergo tremendous physical, emotional, social, and cognitive changes as well as socialization into prevailing sexual and gender norms. For the majority, young adolescence is characterized by relatively good health and stable family circumstances, but it can also be a period of vulnerability due to a number of rapid transitions that force some young people into adult roles. It is a time of inter-connected developmental processes. Girls and boys experience these processes in particular ways and at different times that are determined by both individual and contextual factors. For example, most young adolescents experience the onset of puberty (girls earlier than boys), which typically marks an abrupt life change. Some young adolescents will experience their first sexual encounter, which may not be volitional; girls (and some boys) are especially vulnerable to sexual coercion during early adolescence (Jejeebhoy 2005). Other transitions may include leaving school, entering the labor force, moving away from or losing parents, and, for some, early marriage.

Neglected population for research, programming, and advocacy

Young adolescents have received less policy and program attention than young children, older adolescents, and young adults. Public health campaigns focus on early childhood nutrition and immunization, while sexual and reproductive health information is usually reserved (if provided at all) for older adolescents. Many government policies, international donors, and research institutions have also focused on 15-24-year-olds, to the neglect of this pivotal younger age group. In light of the HIV/AIDS epidemic in which half of all new cases of HIV infection occur among young people aged 15-24 and disproportionately among females, equipping young adolescents with knowledge and skills can help them avoid negative sexual and reproductive health outcomes.

What do we know about the lives of young adolescents?

Despite the impressive size of this age cohort (over 500 million young adolescents in developing countries) and the seminal changes many undergo, there has been scant documentation of the factors that contribute to their social and economic vulnerabilities and poor health outcomes. Much of what we know about this age group, such as school attendance and health indicators, comes from the household register of the Demographic and Health Surveys (DHS). Questions in these surveys about sex, knowledge of HIV, and other sexual and repro-
Biological and cognitive characteristics by stages of adolescence

Pre-adolescence

Girls: 9-12
- Growth spurts, sensation-seeking, engagement in logical thinking.
- Underdeveloped prefrontal lobe, which controls the executive function of managing oneself, planning ahead, and impulses
- Increased craving for information

Boys: 10-13
- Underdeveloped prefrontal lobe, which controls the executive function of managing oneself, planning ahead, and impulses
- Increased craving for information

Early adolescence

Girls 12-14
- Marked increase in sensation-seeking, especially among boys
- Changes in biological and cognitive characteristics (more rapid for girls)
- Increasing capacity for empathy; understanding how another person can think and the consequences of actions on others
- Peak susceptibility to peer pressure (declines after this age group)

Boys 13-15
- Changes in biological and cognitive characteristics (more rapid for girls)
- Increased susceptibility to peer pressure (declines after this age group)

Middle adolescence

Girls 14-16
- Peak sensation-seeking
- Major opening to abstract thinking (e.g. about social justice and gender equality)
- Biological development is a key part of this age group. Self-image is affected.

Boys 15-17
- Changes in biological and cognitive characteristics (more rapid for girls)
- Increased susceptibility to peer pressure (declines after this age group)
- Major opening to abstract thinking (e.g. about social justice and gender equality)
- Biological development is a key part of this age group. Self-image is affected.

Source: Breinbauer and Maddaleno 2005.

The work to date on adolescents underscores the importance of developing appropriate and effective policy and programs that focus on an earlier life stage than is traditionally addressed. Young adolescents are often embedded in households, and the most vulnerable may already be experiencing transitions that lead them toward dangerous future pathways (school-leaving, migration, absorption into unsafe work, and as well as into coerced and unprotected sexual relations or forced marriage). Research on this age group would widen the lens through which we view this cohort and deepen our understanding of their risk and protective factors. In light of the rapid transitions that occur during young adolescence, researchers might be well-advised to focus on one- or two-year cohorts; a 10-year-old’s experiences will differ from those of a 14-year-old. This variability in the rate of development is also a challenge for researchers since any group of 10-14-year-olds may include those at different stages of biological and social development.

A number of the Population Council’s adolescent programs include girls in the 10-14 age group. Key issues being explored include: time use, mobility, and social networks; living arrangements, gender socialization, and sexual experiences (whether coerced or not); the nature of schooling experiences—reasons for schooling interruptions and leaving school; and safety issues at home, in communities, and within schools. A key insight from this work is the importance of working with younger girls—as young as 12—potentially an opportune moment to positively influence their life course.

Fostering a new generation of research and program experimentation

The paucity of research on young adolescents has resulted in knowledge and program gaps. In response, the Population Council initiated a program of work aimed at understanding the risks and vulnerabilities, as well as the strengths and capacities, of young adolescents with the longer term goal of building the evidence base to inform policy and program development. Council researchers developed a program-
for younger adolescents. Questions need to be short, clear, and appropriate to the age, developmental stages, and experiences of adolescents and cannot be the same across all age groups. Less structured methods such as cognitive interviewing, visual methods, use of cell phones, APDAs (audio-enhanced personal digital assistants), and other techniques need to be applied and evaluated.

While 10-14-year-olds are not likely to be sexually active in most settings, many typically have been exposed to sexual messages and images, are absorbing gender and sexual norms in their communities, and are becoming aware of themselves as sexual beings. In general, researchers have found that young people are eager to talk about their lives but are often not used to expressing themselves.

Areas for future work
The crucial bridge linking childhood to a safe and productive young adulthood is far too precarious for many children in the developing world. Strengthening this transition deserves explicit policy and program attention. While momentum around young adolescents builds, several topics have emerged that require focused attention:

- Development of guidance for the ethical conduct of research to ensure the safety of young adolescents;
- Application and validation of methods of information gathering/data collection;
- Research on marginalized populations, especially on the needs and concerns of young married girls, female domestic workers, young adolescents boys and girls living in AIDS-affected families, young orphans, urban slum dwellers, boys and girls living on the street, refugees, and other vulnerable populations;
- Identification and testing of strategies for building young adolescents’ social and health assets, including personal competencies and social support, critical thinking, and decisionmaking skills;
- Program experimentation and research with parents and guardians of young adolescents;
- Development and testing of age-appropriate health information and services.

As we look toward the future, we envision a stronger, bolder, and more dynamic strategy of research and action to support innovative polli-

### Percent of women aged 20-24 who were married by age 15 and median age at marriage, by geographic area

<table>
<thead>
<tr>
<th>Area</th>
<th>Percent Married by 15</th>
<th>Median age at Marriage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rajshahi, Bangladesh</td>
<td>52</td>
<td>14</td>
</tr>
<tr>
<td>Amhara, Ethiopia</td>
<td>48</td>
<td>14</td>
</tr>
<tr>
<td>Bihar, India</td>
<td>24</td>
<td>16</td>
</tr>
<tr>
<td>Kayes, Mali</td>
<td>39</td>
<td>15</td>
</tr>
<tr>
<td>Jinotega, Nicaragua</td>
<td>19</td>
<td>16</td>
</tr>
<tr>
<td>Northwestern Nigeria</td>
<td>40</td>
<td>15</td>
</tr>
</tbody>
</table>


### National data for 10-14-year-old girls, by living arrangement and schooling status

<table>
<thead>
<tr>
<th>Country</th>
<th>% living with one parent</th>
<th>% living with neither parent</th>
<th>% living with neither parent and not in school</th>
<th>Estimated number of girls living with neither parent and not in school*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria (2003)</td>
<td>21</td>
<td>19</td>
<td>5</td>
<td>402,800</td>
</tr>
<tr>
<td>Malawi (2004)</td>
<td>23</td>
<td>31</td>
<td>5</td>
<td>45,100</td>
</tr>
<tr>
<td>Mozambique (2003)</td>
<td>27</td>
<td>25</td>
<td>9</td>
<td>125,247</td>
</tr>
<tr>
<td>Ethiopia (2005)</td>
<td>21</td>
<td>15</td>
<td>8</td>
<td>391,400</td>
</tr>
<tr>
<td>Haiti (2000)</td>
<td>31</td>
<td>30</td>
<td>13</td>
<td>70,600</td>
</tr>
<tr>
<td>Peru (2000)</td>
<td>21</td>
<td>11</td>
<td>2</td>
<td>30,000</td>
</tr>
<tr>
<td>Bolivia (2003)</td>
<td>22</td>
<td>8</td>
<td>4</td>
<td>21,000</td>
</tr>
<tr>
<td>Dominican Republic 2002</td>
<td>32</td>
<td>22</td>
<td>2</td>
<td>9,600</td>
</tr>
<tr>
<td>Indonesia (2002/03)</td>
<td>9</td>
<td>7</td>
<td>1</td>
<td>109,100</td>
</tr>
</tbody>
</table>

cies and programs that will provide young adolescent girls and boys a safe, healthy, and productive transition to adulthood. Young adolescents, even those in precarious circumstances, are resilient and flexible. Much can be done to remedy their situations before the circumstances of their later lives become set. We urge policymakers, service providers, and program managers to draw on information gleaned from emerging research to develop program and policy interventions that are designed to better protect and support younger adolescents.

References and related publications


Dixon-Mueller, Ruth. 2010. The Sexual and Reproductive health of Younger Adolescent; Research Issues in Developing Countries. Background paper for WHO Consultation on Young Adolescents.


Donors

Department for International Development (DfID)
United Nations Population Fund (UNPFA)