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

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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 knowl-



Young adolescence is a critical yet often overlooked life stage. Strengthening the passage from childhood to young adulthood capitalizes on the gains made in child health, while charting a solid course for the future.

edge 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**
- Boys: 10-13**
- 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

Early adolescence

- Girls 12-14**
- Boys 13-15**
- 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)

Middle adolescence

- Girls 14-16**
- Boys 15-17**
- 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.

Source: Breinbauer and Maddaleno 2005.

ductive health issues are asked only of older adolescents and young adults. Researchers shied away from investigating sensitive topics with 10-14-year-olds because of social norms concerning age-appropriate behaviors, ethical concerns regarding potentially harmful effects of research, or doubts about the validity of the responses of young adolescents. Nevertheless, retrospective data allow us to compare across and within countries the percentages of male and female respondents aged 15-19 or 20-24 years who first had intercourse before age 15 and of females who married or cohabited and/or bore a child during early adolescence.

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-

matic guide and toolkit, *Investing When It Counts*, which lays out key issues, approaches, and research methodologies for collecting data on and from young adolescents. Drawing primarily on DHS data, the Council produced *The Adolescent Experience In-Depth* series, which provides information on young adolescent cohorts, such as the percent of 10-14-year-old boys and girls who are neither in school nor working, and/or are living with one or neither parent. In some of the poorest countries a surprisingly high proportion of 10-14-year-olds are neither in school nor living with parents. Their lives outside the protective structures of family and school are often precarious. The key message of these and other data sources—including country-specific surveys and qualitative studies of smaller populations—is the diversity of young adolescents' lives in various settings. Researchers must take these contextual factors into account in generating data that are appropriate for programming and policy purpose.

Implications for policy, programs, and research

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, 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.

Documenting and addressing the needs of younger adolescents will require new methods, as it is not simply a matter of transferring an existing set of questions and research approaches to an earlier age group. Research methods that have been successful in eliciting sensitive information from older adolescents are not necessarily appropriate

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

Area	Percent Married by 15	Median age at Marriage
Rajshahi, Bangladesh	52	14
Amhara, Ethiopia	48	14
Bihar, India	24	16
Kayes, Mali	39	15
Jinotega, Nicaragua	19	16
Northwestern Nigeria	40	15

Source: Demographic and Health Surveys, 1998–2006.

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 poli-

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

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

Source: Demographic and Health Surveys (DHS).

Tabulations: Adam Weiner, Population Council.

*Calculations based on DHS and individual country census data.

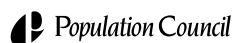
cies and programs that will provide young adolescent girls and boys a safe, healthy, and productive transition to adulthood. Young adolescents, even those in precarious circumstances, are resilient and flexible. Much can be done to remedy their situations before the circumstances of their later lives 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.

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